

Maricopa County 2017 CCHNA Public Health Priorities Prioritization Process Report

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Executive Summary

The prioritization of strategic issues plays a significant role in the transition between the findings of the Community Health Assessment (CHA) and the development of the Community Health Improvement Plan (CHIP). This activity is the fourth phase of the Mobilizing for Action through Planning and Partnerships (MAPP) approach to community health improvement (National Association of County and City Health Officials, 2016) and will be referred to as the Prioritization Process throughout the remainder of the document. The Prioritization Process helps communities narrow their focus into selected key issues in order to utilize their resources in the most effective ways. The National Association of County and City Health Officials (NACCHO) recommends that communities select three to five of the highest-priority strategic issues to address in their CHIP. Criteria that may be considered in determining priorities for community health improvement include factors such as number of persons affected, the seriousness of the problem, trends, value and the importance of the problem in the community, consequences of inaction, and whether or not a problem is a social determinant or a root cause. (National Association of County & City Health Officials, n.d.)

In the summer of 2016, Maricopa County Department of Public Health (MCDPH) and the Health Improvement Partnership of Maricopa County (HIPMC) completed its Coordinated Community Health Needs Assessment (CCHNA) and began to plan its own strategic Prioritization Process. Emphasis was placed on engaging community members and other Public Health Partners to participate in the decision-making process as well as providing transparency related to that decision making across all audiences. Official planning began in August 2016 and continued through October 2016. During this phase, CHA results were analyzed, a timeline was developed, goals and objectives were established, and prioritization criteria were selected.

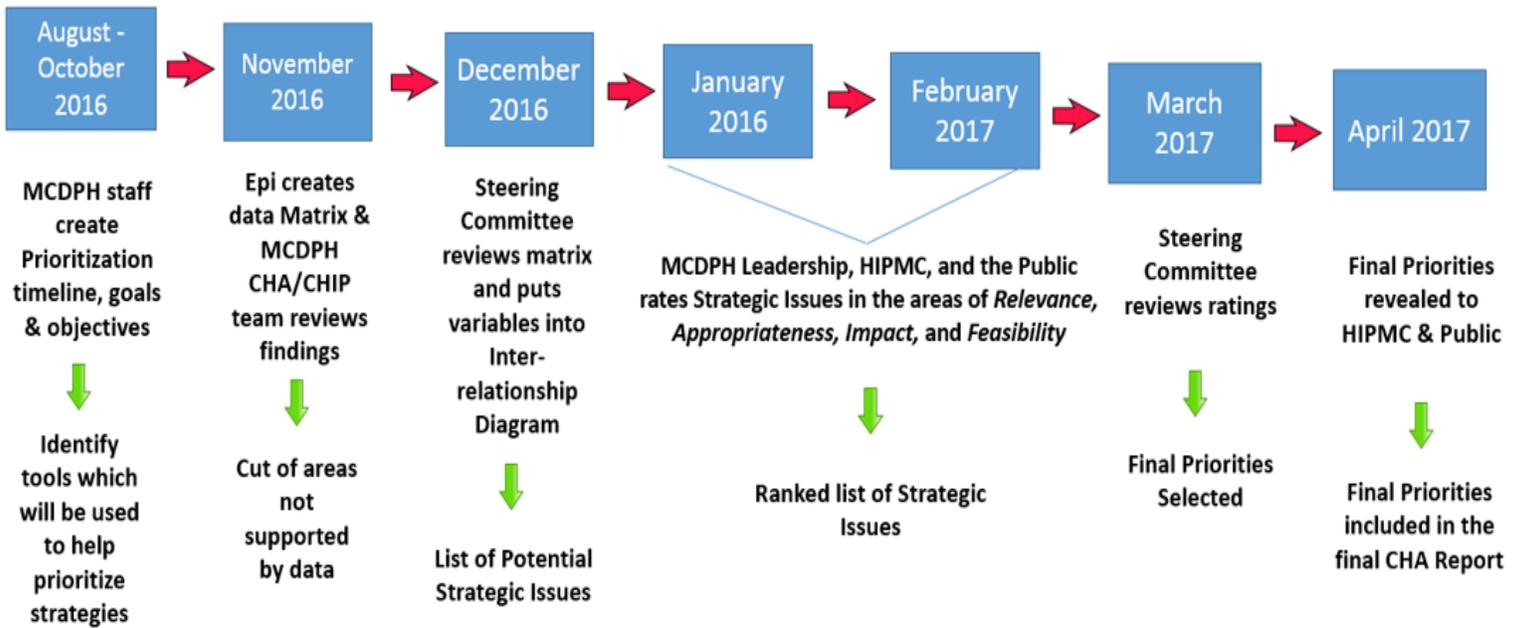
In the fall, MCDPH Office of Epidemiology finalized a Prioritization Data Matrix for presentation to internal staff along with HIPMC Steering Committee and community partners. The Prioritization Data Matrix was developed to allow for a large number of indicators to be reviewed in a consistent way and reflect all of the previous data gathering steps ([see CHA reports here](#)). Based on the information from the Matrix, findings were reviewed and cuts were made based on data support and relevance to the community.

The next phase took place in December 2016 when the HIPMC Steering Committee reviewed the remaining health indicators and placed them into an Interrelationship Diagram. This tool looks at how different issues are related to one another in order to identify root causes. This further allowed for a cut to the potential strategic issues moving to the next phase of prioritization. Between the months of January and February 2017, MCDPH leadership, the HIPMC membership, and the public ranked the list of strategic issues in the areas of Relevance, Appropriateness, Impact, and Feasibility (see Appendices E and F). In March of 2017, the final results were presented to the HIPMC Steering Committee and MCDPH leadership for their final approval. A unanimous decision was made between these two groups in selecting three final priority strategic issues. These final

priorities were shared with the HIPMC membership and made publicly known in April 2017. Looking forward, these priorities will be the focus of the CHIP to be developed by the end of 2017:

1. Access to Health Care
2. Early Childhood Development
3. Food Access

Prioritization Process



Planning Stages- August through October 2016

MCDPH Epidemiology staff analyzed the results of the Community Health Assessment (CHA) data. This included community health surveys, key informant interviews, and an Epi Expert Workgroup (EEW) review of health data. The Epidemiology staff met with other internal teams and began to develop the Prioritization Process. With the time needed to develop the necessary tools, the team set up a timeline for each step of the Prioritization Process. The tools, such as, the Prioritization Indicator Matrix, the Inter-Relationship Diagram, and Ranking Tool were identified and modified to fit our specific needs. The above timeline was created in order to have ample time to present to each strategic group and provide enough notice for input. In addition, based on supporting national data and other health department strategic models, a decision was made to focus on moving upstream into root causes, instead of disease outcomes.

Prioritization Indicator Matrix- November 2016

Health topics under consideration were grouped into categories based on topic, an individual category might have zero indicators and up to six indicators. These indicators were calculated from secondary data according to recommended practices; those with zero indicators were health topics which have been shown to be contributors to or outcomes of health behaviors but there is no available data source for our community. The health topic could still be identified as a priority by the community through one of the other data gathering methods which is why they continued to be included for consideration. Information on each health topic was collected and consolidated across all of the data gathering and analysis mechanisms into one overall view, referred to as the Indicator Matrix. Four data gathering processes were considered: EEW, community surveys, focus groups, and key informant interviews. These four processes were grouped into either Data Support (EEW and community surveys) or Context Support (focus groups and key informant interviews) based on the representativeness of the data collected as well as its purpose. For example, the rate of deaths due to stroke as identified through death certificates was considered fully representative because all death certificates for Maricopa County were included in the data. However, if stroke came up as a significant theme in the focus groups, it was still important to include but likely did not reflect the concerns of the full community, as less than 300 people participated in the focus groups.

Data Support:

The EEW reviewed over 153 indicators in 36 categories and scored each indicator from 1-5 based on that indicator's link to prevention as well as its importance to community health. If an indicator received an average score of 3 or higher during that review, it received a "Yes" on the Indicator Matrix for Data Support from the EEW. If 50% or more of the indicators in a category received "Yes" marks then the overall category also received a "Yes" mark. This was necessary because much of the data reviewed by EEW was extensive and granular, much more so than could be collected from any of the other data sources.

Three questions from the community surveys were included in the Indicator Matrix: what are the three most important factors that will improve quality of life in your community, the three most important health problems that impact your community, and the three most important unhealthy behaviors seen in your community. The answer choices for each question were put in frequency order and the top 50% of responses received a "Yes" on the Indicator Matrix. The same questions were also broken down by demographic group based on race/ethnicity, special populations (LGBTQ, refugee, person with disability, Veteran, children with special healthcare needs), and age. If a health topic was in the top 50% of responses for three or more of these demographic groups then it received a "Yes" on the Indicator Matrix for Community Surveys Health Equity. An indicator could only receive one "Yes" for the Community Survey portion, either the overall or the health equity portion, not both.

Context Support:

Standard qualitative analysis methods were used to examine the focus group and key informant interview feedback¹. Because the importance of a theme is already included within that analysis process, anything that was listed as a key theme on either of those analyses received a “Yes” under the corresponding heading under Context Support. Additionally, the community surveys filled out by professional organizational representatives were included with the Key Informant interviews.

Final Weighting:

The focus groups and key informant interviews were instrumental in understanding the context of the data being reviewed, but were not likely as representative of the community as the data indicators themselves or the community surveys. For instance, there were over 6,000 community surveys completed and only 12 key informant interviews. As a result, the final category scores were weighted. Each category received a point for each “Yes” on the matrix with the Data Support total (maximum value of 2) counting 60% towards the overall score and the Context Support (maximum value of 2) contributing 40%. The final weighted scores ranged from 0-2. Anything with a score of 1 or above moved on to the next stage of consideration, a total of 23 health topics.

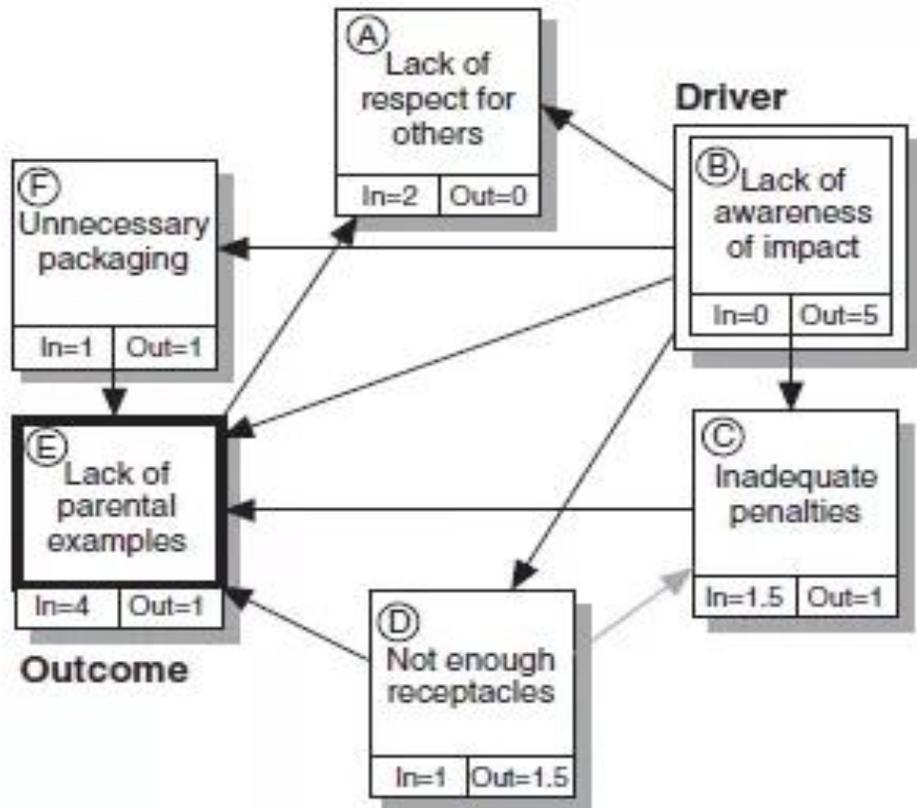
Interrelationship Diagram December 2016

Once a manageable list of topics was produced using the Indicator Matrix described above, the next step involved analyzing the relationships between these health topics to determine which topics were key drivers of the health of our community. While all of the topics that made it to this stage of the prioritization process were supported by multiple data sources, it was acknowledged that if we focus on those health topics ‘upstream’, meaning those that cause more poor health outcomes, it may offer a greater opportunity to affect multiple health outcomes with a smaller number of strategies. In order to systematically determine which of the 23 topics were key drivers and which were better classified as key outcome indicators, an interrelationship diagram, was used.

The interrelationship diagram is a quality improvement tool that is used to explore causal relationships between multiple items in a group. Each pair of topics is examined independently and the stronger cause or influence relationship between the two topics is identified. On a traditional interrelationship diagram, causal relationships between items are represented by arrows and the items with the most outgoing arrows are identified as key drivers while the items with the most incoming arrows are identified as key outcomes as is shown in the figure below:

¹ Arizona Health Matters:

<http://www.arizonahealthmatters.org/index.php?module=Tiles&controller=index&action=display&alias=20152017CCHNA>



What are the issues related to reducing litter?

Source: <http://isoconsultantpune.com/seven-new-management-planning-tools/>

In order to apply this tool to the larger group of 23 health topics under consideration for CHA priorities, an activity was facilitated at the December 2016 HIPMC Steering Committee meeting using a combination of individual assessment, voting and group discussion:

1. Steering Committee members used a paper survey [please see Appendix B] to draw arrows indicating relationships between all pairings of the 23 indicators
2. MCDPH staff tallied results by entering responses into survey monkey
3. If there was consensus of at least 2/3rds of the steering committee members, the consensus result was entered into the tabulation spreadsheet. Pairings where there was less than 2/3rds consensus were set aside for discussion.
4. Steering Committee members discussed their reasoning and finalized decisions on the causal relationship for several additional pairs during the remaining meeting time.
5. Due to time constraints, not all pairings with less than a 2/3rds consensus were able to be discussed with the group, so it was determined that a straight majority rule logic would be applied to the remaining pairings.

6. The tabulation spreadsheet was updated with the remaining consensus results using the majority rule logic.

Results of the interrelationship diagram activity were as follows:

The 10 topics with the greatest number of outgoing arrows were identified as key drivers and advanced to the next stage of prioritization:

- Inadequate access to healthcare
- Lack of Physical Activity*
- Poor Recreation Access
- Poor Nutrition*
- Inadequate food access
- Low Social Capital/Connectedness
- Poor Education Quality
- Poor Early Childhood Development
- Inadequate Housing
- Inadequate Transportation

Additionally, the following 10 topics had the most number of incoming arrows and were thus identified as key outcomes and will be considered in developing evaluation plans:

- Overall Health Status
- Mental Health Conditions
- Physical Activity*
- Nutrition*
- Violence & Crime
- Stroke
- Diabetes
- Obesity
- Heart Disease
- High Blood Pressure

*It should be noted that physical activity and nutrition came up both as key drivers influencing some of the other topics and as key outcomes that were influenced by a number of the other key drivers.

The remaining 5 topics were not identified as key outcomes or key drivers although they did each have some causal relationship arrows to other topics in the list.

- Substance Use/Misuse/Abuse
- Cancer Rates (All)
- Domestic Violence & Child Abuse
- Alzheimer's Disease
- STD/HIV incidence/prevalence

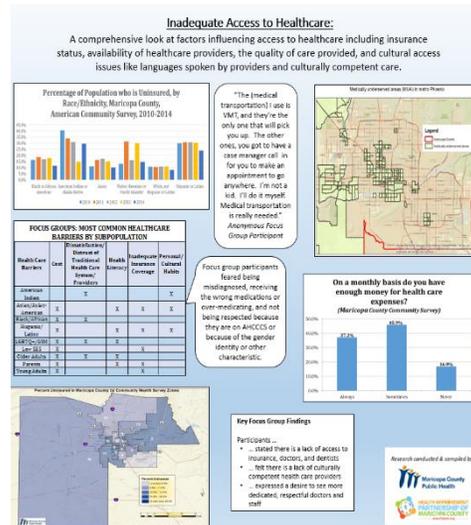
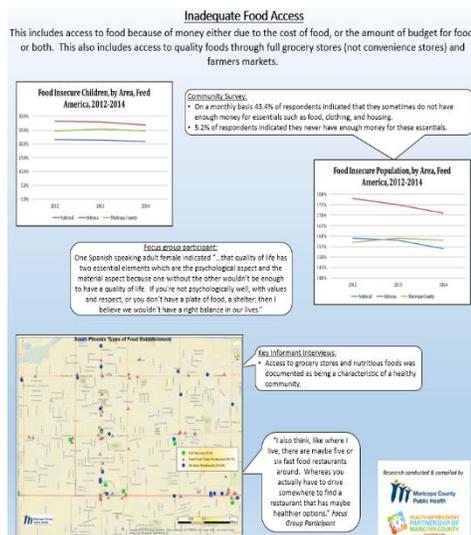
Overview of Comprehensive Rating

With the help of the Interrelationship diagram exercise, the health indicators were narrowed down to the top ten. In order to further refine the list to the final list of manageable and achievable priorities, the top ten indicators were presented to various community groups and feedback was provided through a structured process. The community groups include the following: the HIMPC membership, MCDPH leadership, and five community forums.

A total of eight community meetings were held in January and February 2017. The first meeting was held with the full HIPMC membership, followed by two sessions with MCDPH leadership, and finally, five community forums.

At each of the meetings the top ten health indicators were presented via individualized posters that allowed participants to familiarize themselves with the data surrounding the topic (see below for two examples). Each health topic was represented on a poster which contained relevant data, findings or quotes from the focus groups, key informant interviews, community surveys, and secondary data analysis. In addition, info-graph flyers were created which contained user friendly and easy to read information corresponding to the content on each poster.

All meetings began with a welcome and a short presentation of the process used for data collection, review, and the topics which had been cut in the previous stages. This was followed by a description of how participants will be casting their vote on how the ten priorities will be narrowed down. Participants were then allowed to go around the meeting room and visit each of the 10 health indicator posters. Each poster had an expert from either MCDPH staff or from the HIPMC to answer any questions from participants. When each participant felt they were informed they returned to their table and were provided with the Ranking Tool. In addition to being able to go back to any posters, the previously mentioned info-graph flyers were on each table in English and Spanish.



After participants completed the Ranking tool they were provided with three tokens which would be used to “vote” for their choices for the top health priorities [please see Appendix C]. The participants placed one token in a box corresponding to each of the three health topics they felt were most important to community health. The following sections elaborate on the processes and participation for each of the three audiences previously mentioned.

Ranking: HIPMC- January 2017

Representing a collaboration of more than 100 public and private organizations, the HIPMC played an active role in the CHA, using the quarterly scheduled meetings as opportunities to gather input and feedback throughout the process.

The top ten root cause indicators were first ranked by the HIPMC partnership on January 12th, 2017, at Dignity Health St. Joseph’s Hospital Sontag Pavilion. This meeting attracted a total of 111 participants. The meeting agenda was planned with participation from MCDPH staff in coordination with Steering Committee members. Design of the ranking activity meeting facilitation was led by the Office of Epidemiology with input from HIPMC support staff. The HIPMC quarterly meeting was advertised through the HIPMC electronic newsletter, reaching more than 600 discrete email addresses. HIPMC partners were encouraged to share the invitation with additional individuals and organizations. The meeting registration link was also shared through HIPMC and MCDPH social media accounts (Facebook and Twitter).

The meeting followed the steps outlined in our process and a total of 66 fully completed ranking worksheets were collected and aggregated.

Ranking: Maricopa County Department of Public Health Leadership - February 2017

MCDPH leadership identified key staff within the Department who are knowledgeable about the community health needs as well as those that might interact with clients, interface with other health improvement agencies, or those with a unique perspective on specific population needs or barriers to health improvement. All managers were asked to supply the names of their staff that they felt should participate in the prioritization process. Invites were then sent out to those staff to attend one of two meetings. The first meeting was held on February 1st, 2017 at the MCDPH Clinical Services office located at 1645 E. Roosevelt St., and the second meeting was held on February 7th, 2017 at the MCDPH main office located at 4041 N. Central Ave.

This meetings began with an educational presentation of what a CHNA is and how we have been collaborating with our hospital and FQHC partners, and participants were provided a brief overview of the MAPP process and the timeline from our previous CHA and CHIP to where we are now. The different data collection methods were discussed to show how qualitative and quantitative data were utilized to drill down the one-hundred plus

indicators to a manageable ten. These additional pieces of information were provided in order to educate key staff members on the process so that they would be better informed when talking with key community members. Staff viewed the ten different posters created around the data indicators, and when they were ready they were provided with the Ranking tool and instructed on how to fill out each of the categories. Upon completion of the Ranking tool staff received their tokens to rank the indicators that represent the three areas they feel are most important for the community to focus on. A total of 50 staff participated in the two meetings and ranked the priorities through the Ranking tool and the token process.

Ranking: Public Forums-February 2017

Public Forums were a priority for MCDPH as a part of this process to ensure transparency, provide an opportunity for community members to engage with the health department, and to set the stage for community-driven health improvement activities.

There were five different public forums spread across Maricopa County in order to allow for geographic representation at the meetings. Additionally, all meetings were held in the evenings to not conflict with work schedules of members interested in participating. Sessions offered Spanish and American Sign Language interpretation, daycare and food were provided, and all sites were ADA compliant. There were 48 participants spread out between the five locations listed below:

- February 2, 2017 – Mesa Community College [see Appendix I]
- February 9, 2017 – HonorHealth Cowden Center [see Appendix J]
- February 16, 2017 – Estrella Mountain Community College [see Appendix K]
- February 21, 2017 – Roosevelt Wellness Center [see Appendix L]
- February 28, 2017 – Surprise City Hall [see Appendix M]

The public meetings were advertised to the public by MCDPH staff via various social media outlets. The flyer announcing the meetings was created both in English and Spanish (please see Appendix D).

The public meetings were organized similarly as the HIPMC and MCDPH Leadership Meetings. However, the information and content at the public meetings were tailored towards community members. The beginning of each meeting started off with MCDPH staff giving an overview on HIPMC and social determinants of health. This accompanied with a [video](#) where social determinants of health were further clarified. Participants were then provided with information on the CHNA and MAPP Process. The presentation led to a discussion on root causes of health and the different data collection methods. This illustrated how qualitative and quantitative data were utilized to drill down the one-hundred plus indicators to a manageable ten.

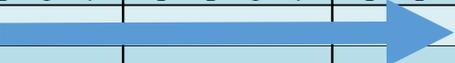
Participants then followed the process for reviewing the posters, filling out the Ranking tool, and use of the tokens. A total of 48 community members participated in the five meetings and ranked the priorities through the Ranking tool and the token process.

Final Priority Selections & Next Steps- April 2017

Ranking Tool

The Ranking Tool was designed to help rate certain key health issues our communities face. The instrument aimed to provide reliable quantitative feedback on ranking of each health issue that would be valid across the three audiences. During the forums, participants were instructed to review the list of key health issues labeled on the left-hand side of the page. The 10 Key Health issues, were placed in alphabetical order, and participants rated the health issues based on priority level within each of the four criteria (Relevance, Appropriateness, Impact, and Feasibility). The priority levels were listed as:

- “1” being **low** priority.
- “2” being **medium** priority.
- “3” being **high** priority.
- “4” being **very high** priority.

Ranking Tool				
				
Maricopa County Department of Public Health recognizes the value of your participation in our Community Health Improvement Plan. The Ranking Tool is designed to help you rate key health issues our communities face. Please follow the instructions below to complete the Ranking activity.				
STEP 1:	STEP 2:			
KEY HEALTH ISSUES	SELECT A PRIORITY LEVEL FOR EACH CRITERIA BELOW 1=Low Priority 2=Medium Priority 3=High Priority 4=Very High Priority			
	<i>RELEVANCE</i> <i>How important is it?</i>	<i>APPROPRIATENESS</i> <i>Should we do it?</i>	<i>IMPACT</i> <i>How much of a difference can we make?</i>	<i>FEASIBILITY</i> <i>How likely are we to succeed?</i>
INADEQUATE ACCESS TO HEALTH CARE	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
INADEQUATE FOOD ACCESS	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
INADEQUATE HOUSING	1 2 3 4	1		
INADEQUATE TRANSPORTATION	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
LACK OF PHYSICAL ACTIVITY	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
LOW SOCIAL CAPITAL/CONNECTEDNESS	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
POOR EARLY CHILDHOOD DEVELOPMENT	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
POOR EDUCATION QUALITY	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
POOR NUTRITION	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
POOR RECREATION ACCESS	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4

Clarification was given to participants to assign a criteria number for each health issue in a horizontal fashion. This means that each health issue was scored from left to right prior to the participant moving forward in scoring the next health issue.

Ranking Tool-Data Analysis

Upon the completion of all forums, the analysis for the Prioritization Process began. The completed Ranking Sheets were counted and all responses were entered into an online survey tool called Qualtrics. Qualtrics allows a user to enter survey responses and then export them into a third-party program for analysis, such as excel. Once the responses were exported into excel, the data was reviewed and analyzed by audience (HIPMC, MCDPH, Public Forums) as well as combined scores.

Upon exportation from Qualtrics to excel each health issue and its categories (Relevance, Appropriateness, Impact, and Feasibility) were placed into columns. Each response from community members, HIPMC, and MCDPH were then averaged for each entry to get a final score. Each of the three groups (HIPMC, MCDPH, and Public Forms) were individually tallied and then compared to one another. All scores across all groups were then combined to provide a final list of health indicators in descending order.

	Average Score
1. Inadequate Access to Health Care	13.12
2. Poor Nutrition	12.91
3. Inadequate Food Access	12.75
4. Poor Early Childhood Development	12.67
5. Poor Education Quality	12.31
6. Lack of Physical Activity	11.92
7. Inadequate Transportation	11.59
8. Inadequate Housing	11.37
9. Poor Recreation Access	10.75
10. Low Social Capital/Connectedness	10.48

Ranking Tool Results

The results were presented to the HIPMC Steering Committee and MCDPH Leadership Team in March 2017. After some deliberation, both groups came to a unanimous consensus to select three health priorities. This includes: Inadequate Access to Health Care, Inadequate Food Access, and Poor Early Childhood Development. Both groups were in agreement that Inadequate Food Access provided more of an upstream process when it

came to root causes, whereas, Poor Nutrition could be a measurable outcome to Food Access. The final selection of the three health priorities was presented publically at the HIPMC Meeting on April 11th, 2017.

Token Data Analysis

At the end of each forum, two team members counted the number of tokens in each health issue box and recorded the tally. The tally numbers were entered into Qualtrics for each meeting. After all of the meetings were completed the responses were exported into excel, the data was reviewed, and the data was broken down into four separate groups: by audience (HIPMC, MCDPH, and Public Forums) as well as combined scores.

Token Results

To get the final results, staff added the number of votes for each indicator across all groups (HIPMC, MCDPH, and Public Forums) and got the following results:

1. Inadequate Access to Health Care
2. Poor Education Quality
3. Poor Early Childhood Development
4. Inadequate Food Access
5. Inadequate Housing
6. Low Social Capital/Connectedness
7. Poor Nutrition
8. Inadequate Transportation
9. Lack of Physical Activity
10. Poor Recreation Access

Next Steps

Now that the final health priorities have been selected, the next steps will focus on the creation and implementation of the Community Health Improvement Plan (CHIP). MCDPH staff and HIPMC will create a new CHIP with strategies surrounding these specific health priorities. The implementation work will began in January 2018 and continue on for the next three years.

Appendix A:

Top 10 Health Issues

Category	Description
Inadequate Access to Healthcare	This concept is a comprehensive look at factors influencing access to healthcare including insurance status, availability of healthcare providers, the quality of care provided, and cultural access issues like languages spoken by providers and culturally competent care.
Inadequate Food Access	This includes access to food because of money either due to the cost of food, or the amount of budget for food, or both. This also includes access to quality foods through full grocery stores (not convenience stores) and farmers markets.
Inadequate Housing	Affordable and safe housing, regardless of whether it is rental or owned.
Inadequate Transportation	Access to transportation including the ability to own a car as well as access to (and use of) public transportation.
Lack of Physical Activity	Lack of physical activity including not meeting recommended guidelines for daily physical activity.
Low Social Capital/Connectedness	This reflects the spirit of community connectedness within a group. This can reflect neighborhood connectedness (geographic groups) as well as cultural connectedness, meaning that people have a social group that is defined by something other than geography (church/religion, race, hobby, etc.).
Poor Access to Early Childhood Development	This covers access to and affordability of high quality day care and pre-K programs.
Poor Education Quality	This reflects the quality of the education system and covers elementary, middle, and high school.
Poor Nutrition	This reflects the composition of people's diets including not meeting daily fruit and vegetable consumption recommendations, regular consumption of sugar sweetened beverages, and other similar reflections of poor nutrition in their diet.
Poor Recreation Access	This includes availability of recreation such as the number of parks per capita as well as the accessibility of those locations (include hours of operation and distance from people's residence).

Appendix B:

Instructions:

Look at each question and **determine the cause/influence relationships between the items** listed, then draw arrowheads or an X on each line. (see example below):

If you feel that the **item in the left column causes or influences the item on the right**, fill in the arrowhead facing right

Example:

Low Job Satisfaction -----> Poor Performance at Work

However, if you feel the **item on the right causes or influences the item in the left column**, fill in the arrowhead facing left.

Example:

Low Job Satisfaction <----- Poor Supervision

If you decide **they are NOT related**, put an X in the middle of the line.

Example:

Low Job Satisfaction -----X----- Tornados

Another way to ask this key question is:

If we improve [Job Satisfaction], will [Supervision] improve?

OR is it more likely that,

If we improve [Supervision], then [Job Satisfaction] will improve?

Full Example:

Low Job Satisfaction <----- Poor Supervision
<----- Inadequate Training
-----> Poor Performance at Work
>
-----> Stress in your personal life
>

Please **DO NOT** draw an arrowhead on both ends. This will be counted as an X. If you feel that both items can cause or influence each other, please determine which one more strongly influences the other and draw the arrow accordingly. Any double sided arrows will be scored as if there was no response or an X was drawn.

Category	Description
Overall Health Status	This is a rating of a person's overall health by the individual. This can reflect things like chronic conditions, mental health status, disabilities, and other intangible factors influencing health. People rate their health as excellent, very good, good, fair, or poor.
Inadequate Access to Healthcare	This concept is a comprehensive look at factors influencing access to healthcare including insurance status, availability of healthcare providers, the quality of care provided, and cultural access issues like languages spoken by providers and culturally competent care.
Substance Use/ Misuse/Abuse	This category includes a wide range of substances including alcohol, tobacco, prescription drugs, and illicit drugs.
Mental Health Conditions	This includes things like the prevalence of mental health conditions (e.g. depression, other serious mental illness) as well as the availability and accessibility of mental health resources.
Cancer (All)	The data groups examined prostate, breast, lung, colorectal, and skin cancers specifically, but no single cancer was prioritized. Cancers, including some specific ones, were included on other data collection mechanisms but overall cancer incidence remained the common concern.
Lack of Physical Activity	Lack of physical activity including not meeting recommended guidelines for daily physical activity.
Poor Recreation Access	This includes availability of recreation such as the number of parks per capita as well as the accessibility of those locations (include hours of operation and distance from people's residence).
Poor Nutrition	This reflects the composition of people's diets including not meeting daily fruit and vegetable consumption recommendations, regular consumption of sugar sweetened beverages, and other similar reflections of poor nutrition in their diet.
Inadequate Food Access	This includes access to food because of money either due to the cost of food, or the amount of budget for food, or both. This also includes access to quality foods through full grocery stores (not convenience stores) and farmers markets.
Domestic Violence and Child Abuse	Domestic violence can include physical violence, sexual violence, psychological violence, and emotional abuse. This may occur between members of the same household or in other types of relationships not living in the same household. Child abuse includes physical, sexual, and emotional/psychological abuse, as well as neglect and medical neglect.
Violence and Crime	This includes both property crimes (theft, vandalism, etc.) as well as violent crimes (assault, sexual assault, homicide, etc.).

Low Social Capital/Connectedness	This reflects the spirit of community connectedness within a group. This can reflect neighborhood connectedness (geographic groups) as well as cultural connectedness, meaning that people have a social group that is defined by something other than geography (church/religion, race, hobby, etc.).
Poor Education Quality	This reflects the quality of the education system and covers elementary, middle, and high school.
Poor Access to Early Childhood Development	This covers access to and affordability of high quality day care and pre-K programs.
Inadequate Housing	Affordable and safe housing, regardless of whether it is rental or owned.
Inadequate Transportation	Access to transportation including the ability to own a car as well as access to (and use of) public transportation.
Alzheimer's Disease	
Stroke	
Diabetes	
Obesity	
STD/HIV incidence and prevalence	
Heart Disease	
High Blood Pressure	

1. Draw an arrowhead or X on the lines below to show the relationship:



- Low Social Capital/Connectedness
-
- Poor Education Quality
-
- Poor Access to Early Childhood
Development
-
- Inadequate Housing
-
- Inadequate Transportation
-
- Alzheimer's Disease
-
- Stroke
-
- Diabetes
-
- Obesity
-
- STD/HIV incidence and prevalence
-
- Heart Disease
-
- High Blood Pressure
-

2. Draw an arrowhead or X on the lines below to show the relationship:

Inadequate
Access
to Health Care

- Substance Use/Misuse/Abuse
-
- Mental Health Conditions
-
- Cancer (All)
-
- Lack of Physical Activity
-
- Poor Recreation Access
-
- Poor Nutrition
-
- Inadequate Food Access
-
- Domestic Violence & child abuse
-

- Violence & Crime
-
- Low Social Capital/Connectedness
-
- Poor Education Quality
-
- Poor Access to Early Childhood Development
-
- Inadequate Housing
-
- Inadequate Transportation
-
- Alzheimer's Disease
-
- Stroke
-
- Diabetes
-
- Obesity
-
- STD/HIV incidence and prevalence
-
- Heart Disease
-
- High Blood Pressure
-

3. Draw an arrowhead or X on the lines below to show the relationship:

Substance Use/
Misuse/ Abuse

- Mental Health Conditions
-
- Cancer (All)
-
- Lack of Physical Activity
-
- Poor Recreation Access
-
- Poor Nutrition
-
- Inadequate Food Access
-
- Domestic Violence & child abuse
-
- Violence & Crime
-

- Low Social Capital/Connectedness
-
- Poor Education Quality
-
- Poor Access to Early Childhood
Development
-
- Inadequate Housing
-
- Inadequate Transportation
-
- Alzheimer's Disease
-
- Stroke
-
- Diabetes
-
- Obesity
-
- STD/HIV incidence and prevalence
-
- Heart Disease
-
- High Blood Pressure
-

4. Draw an arrowhead or X on the lines below to show the relationship:

Mental Health
Conditions

- Cancer (All)
-
- Lack of Physical Activity
-
- Poor Recreation Access
-
- Poor Nutrition
-
- Inadequate Food Access
-
- Domestic Violence & child abuse
-
- Violence & Crime
-
- Low Social Capital/Connectedness
-

- Poor Education Quality
-
- Poor Access to Early Childhood
Development
-
- Inadequate Housing
-
- Inadequate Transportation
-
- Alzheimer's Disease
-
- Stroke
-
- Diabetes
-
- Obesity
-
- STD/HIV incidence and prevalence
-
- Heart Disease
-
- High Blood Pressure
-

5. Draw an arrowhead or X on the lines below to show the relationship:

Cancer (All)	-----	Lack of Physical Activity
	-	
	-----	Poor Recreation Access
	-	
	-----	Poor Nutrition
	-	
	-----	Inadequate Food Access
	-	
	-----	Domestic Violence & child abuse
	-	
	-----	Violence & Crime
	-	
	-----	Low Social Capital/Connectedness
	-	
	-----	Poor Education Quality
	-	
	-----	Poor Access to Early Childhood Development
	-	
	-----	Inadequate Housing
	-	
-----	Inadequate Transportation	
-		
-----	Alzheimer's Disease	
-		
-----	Stroke	
-		
-----	Diabetes	
-		
-----	Obesity	
-		
-----	STD/HIV incidence and prevalence	
-		
-----	Heart Disease	
-		
-----	High Blood Pressure	
-		

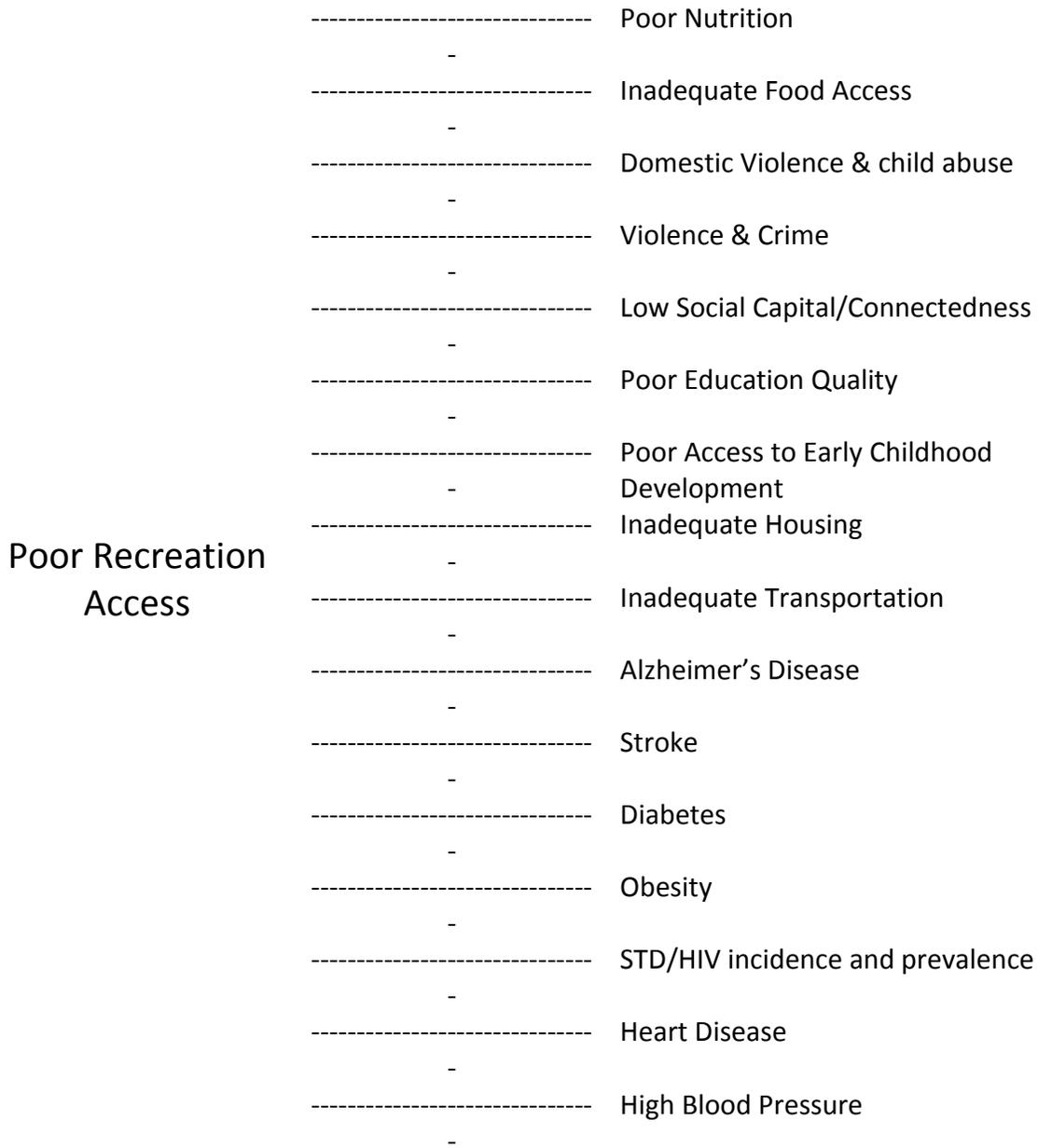
6. Draw an arrowhead or X on the lines below to show the relationship:

Lack of	-----	Poor Recreation Access
	-	

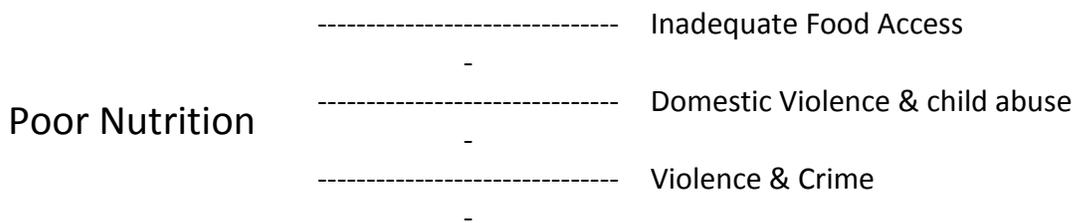
Physical Activity

-----	Poor Nutrition
-	
-----	Inadequate Food Access
-	
-----	Domestic Violence & child abuse
-	
-----	Violence & Crime
-	
-----	Low Social Capital/Connectedness
-	
-----	Poor Education Quality
-	
-----	Poor Access to Early Childhood Development
-	
-----	Inadequate Housing
-	
-----	Inadequate Transportation
-	
-----	Alzheimer's Disease
-	
-----	Stroke
-	
-----	Diabetes
-	
-----	Obesity
-	
-----	STD/HIV incidence and prevalence
-	
-----	Heart Disease
-	
-----	High Blood Pressure
-	

7. Draw an arrowhead or X on the lines below to show the relationship:



8. Draw an arrowhead or X on the lines below to show the relationship:



- Low Social Capital/Connectedness
-
- Poor Education Quality
-
- Poor Access to Early Childhood
Development
-
- Inadequate Housing
-
- Inadequate Transportation
-
- Alzheimer's Disease
-
- Stroke
-
- Diabetes
-
- Obesity
-
- STD/HIV incidence and prevalence
-
- Heart Disease
-
- High Blood Pressure
-

9. Draw an arrowhead or X on the lines below to show the relationship:

	-----	Domestic Violence & child abuse
	-	
	-----	Violence & Crime
	-	
	-----	Low Social Capital/Connectedness
	-	
	-----	Poor Education Quality
	-	
	-----	Poor Access to Early Childhood Development
	-	
	-----	Inadequate Housing
	-	
	-----	Inadequate Transportation
	-	
	-----	Alzheimer's Disease
	-	
	-----	Stroke
	-	
	-----	Diabetes
	-	
	-----	Obesity
	-	
	-----	STD/HIV incidence and prevalence
	-	
	-----	Heart Disease
	-	
	-----	High Blood Pressure
	-	

Inadequate Food Access

10. Draw an arrowhead or X on the lines below to show the relationship:

	-----	Violence & Crime
	-	
	-----	Low Social Capital/Connectedness
	-	
	-----	Poor Education Quality
	-	
	-----	Poor Access to Early Childhood Development
	-	
	-----	Inadequate Housing
	-	

Domestic Violence & Child Abuse

- Inadequate Transportation
-
- Alzheimer's Disease
-
- Stroke
-
- Diabetes
-
- Obesity
-
- STD/HIV incidence and prevalence
-
- Heart Disease
-
- High Blood Pressure
-

11. Draw an arrowhead or X on the lines below to show the relationship:

Violence
& Crime

- Low Social Capital/Connectedness
-
- Poor Education Quality
-
- Poor Access to Early Childhood Development
-
- Inadequate Housing
-
- Inadequate Transportation
-
- Alzheimer's Disease
-
- Stroke
-
- Diabetes
-
- Obesity
-
- STD/HIV incidence and prevalence
-
- Heart Disease
-
- High Blood Pressure
-

12. Draw an arrowhead or X on the lines below to show the relationship:

Low Social Capital/Connectedness	-----	Poor Education Quality

	-----	Poor Access to Early Childhood Development

	-----	Inadequate Housing

	-----	Inadequate Transportation

	-----	Alzheimer’s Disease

	-----	Stroke

-----	Diabetes	

-----	Obesity	

-----	STD/HIV incidence and prevalence	

-----	Heart Disease	

-----	High Blood Pressure	

13. Draw an arrowhead or X on the lines below to show the relationship:

Poor Education Quality	-----	Poor Access to Early Childhood Development
	-----	Inadequate Housing
	-----	Inadequate Transportation
	-----	Alzheimer’s Disease
	-----	Stroke
	-----	Diabetes
	-----	Obesity
	-----	STD/HIV incidence and prevalence
	-----	Heart Disease
	-----	High Blood Pressure

14. Draw an arrowhead or X on the lines below to show the relationship:

Poor Access to	-----	Inadequate Housing
	-	

Early Childhood
Development

- Inadequate Transportation
-
- Alzheimer's Disease
-
- Stroke
-
- Diabetes
-
- Obesity
-
- STD/HIV incidence and prevalence
-
- Heart Disease
-
- High Blood Pressure
-

15. Draw an arrowhead or X on the lines below to show the relationship:

Inadequate
Housing

- Inadequate Transportation
- Alzheimer's Disease
- Stroke
- Diabetes
- Obesity
- STD/HIV incidence and prevalence
- Heart Disease
- High Blood Pressure

16. Draw an arrowhead or X on the lines below to show the relationship:

Inadequate
Transportation

- Alzheimer's Disease
-
- Stroke
-
- Diabetes
-
- Obesity
-
- STD/HIV incidence and prevalence
-
- Heart Disease
-
- High Blood Pressure
-

17. Draw an arrowhead or X on the lines below to show the relationship:

Alzheimer's Disease	-----	Stroke
	-----	Diabetes
	-----	Obesity
	-----	STD/HIV incidence and prevalence
	-----	Heart Disease
	-----	High Blood Pressure

18. Draw an arrowhead or X on the lines below to show the relationship:

Stroke	-----	Diabetes
	-----	Obesity
	-----	STD/HIV incidence and prevalence
	-----	Heart Disease
	-----	High Blood Pressure

19. Draw an arrowhead or X on the lines below to show the relationship:

Diabetes	-----	Obesity
	-----	STD/HIV incidence and prevalence
	-----	Heart Disease
	-----	High Blood Pressure

20. Draw an arrowhead or X on the lines below to show the relationship:

Obesity	-----	STD/HIV incidence and prevalence
	-----	Heart Disease
	-----	High Blood Pressure

21. Draw an arrowhead or X on the lines below to show the relationship:

STD/HIV incidence & prevalence	-----	Heart Disease
	-----	High Blood Pressure

22. Draw an arrowhead or X on the lines below to show the relationship:

Heart Disease	-----	High Blood Pressure
---------------	-------	---------------------

Appendix C:



Appendix D:

BUILDING HEALTH COMMUNITY FORUM

WHAT IS MOST
IMPORTANT TO
YOUR HEALTH?

ATTEND A
FORUM.

TELL US WHAT
WORK NEEDS
TO BE DONE.

Free childcare will be available
at all forums except the
Sunnyslope forum.

* Indicates forums with a
Spanish interpreter.

 Maricopa County
Public Health
WeArePublicHealth.org
wearepublichealth.org

East Valley

Thursday, February 2*

Mesa Comm. College
Navajo Room
1833 W. Southern, Mesa

South Phoenix

Tuesday, February 21*

Roosevelt Wellness Center
1030 E. Baseline, Phoenix

Sunnyslope

Thursday, February 9

HonorHealth
Cowden Center
9202 N. 2nd St., Phoenix

West Valley

Tuesday, February 28

Surprise City Hall
Community Room
16000 N. Civic Center Plaza,
Surprise

West Valley

Thursday, February 16*

Estrella Mountain Comm. College
Center for Teaching & Learning
3000 N. Dysart Rd., Avondale

All forums are from 5:00-7:30 PM
Snacks & refreshments provided

FORO COMUNITARIO MEJORANDO SU SALUD

¿QUE ES
IMPORTANTE
PARA SU SALUD?

QUEREMOS
ESCUCHAR DE
USTED LO QUE
DEBEMOS
HACER, ACUDA A
ALGUNO DE
ESTOS FOROS.

Habra cuidado de niños
excepto en la localidad de
Sunnyslope.

* Estos sitios tendrán
traducción al español.

 Maricopa County
Public Health
WeArePublicHealth.org
wearepublichealth.org

Este del Valle
Jueve 2 de febrero *
Mesa Comm. College
Navajo Room
1833 W. Southern, Mesa

Sur Phoenix
Martes 21 de febrero *
Roosevelt Wellness Center
1030 E. Baseline, Phoenix

Sunnyslope
Jueves 9 de febrero
HonorHealth
Cowden Center
9202 N. 2nd St., Phoenix

Oeste del Valle
Martes 28 de febrero
Surprise City Hall
Community Room
16000 N. Civic Center Plaza,
Surprise

Oeste del Valle
Jueves 16 de febrero *
Estrella Mountain Comm. College
Center for Teaching & Learning
3000 N. Dysart Rd., Avondale

Todos los foros son de 5:00-7:30 PM
Se proveeran aperitivos

Appendix E:

Ranking Tool



<p>Please review each category and the questions listed. This information is intended to be used as a guide and to help participants reflect on each Ranking Category. Indicators are listed as considerations ONLY and participants can assign any priority score as they deem appropriate.</p>	<u>RELEVANCE</u> <i>How important is it?</i>	<u>APPROPRIATENESS</u> <i>Should we do it?</i>	<u>IMPACT</u> <i>How much of a difference can we make?</i>	<u>FEASIBILITY</u> <i>How likely are we to succeed?</i>
	<ul style="list-style-type: none"> How much of a burden does this issue cause to Maricopa County residents? How urgent is this issue in Maricopa County? How concerned is the community about this issue? Are some community residents affected by this issue more than others? Do some community residents have less access to resources related to this issue than others? 	<ul style="list-style-type: none"> What is the public's attitude towards addressing this issue? If we do NOT address this issue, are there any: <ul style="list-style-type: none"> -ethical or moral dilemmas -human rights issues -legal or policy obligations Are there political or social factors that support addressing this issue? 	<ul style="list-style-type: none"> How effective will the Health Improvement Partnership of Maricopa County (HIPMC) be in addressing this issue? Are there other successful proven strategies to address this issue? Is there room to build upon or enhance current efforts? What is the likelihood of moving the needle and demonstrating measurable outcomes? 	<ul style="list-style-type: none"> Does the community have the capacity, tools, & resources to address this issue? Does the HIPMC have the technical capacity to address this issue ("know-how")? Is the political environment supportive in addressing this issue? How strong are the social or cultural barriers in addressing this issue? Can we identify easy short-term wins?

Appendix F:

Ranking Tool



Maricopa County Department of Public Health recognizes the value of your participation in our Community Health Improvement Plan. The Ranking Tool is designed to help you rate key health issues our communities face. Please follow the instructions below to complete the Ranking activity.

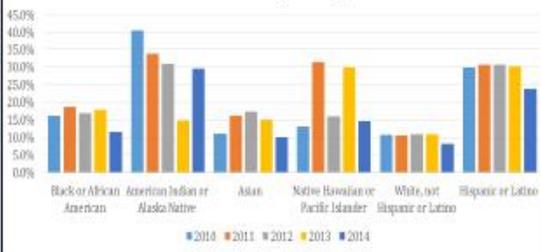
STEP 1:	STEP 2:			
KEY HEALTH ISSUES	SELECT A PRIORITY LEVEL FOR EACH CRITERIA BELOW 1=Low Priority 2=Medium Priority 3=High Priority 4=Very High Priority			
	<u>RELEVANCE</u> <i>How important is it?</i>	<u>APPROPRIATENESS</u> <i>Should we do it?</i>	<u>IMPACT</u> <i>How much of a difference can we make?</i>	<u>FEASIBILITY</u> <i>How likely are we to succeed?</i>
INADEQUATE ACCESS TO HEALTH CARE	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
INADEQUATE FOOD ACCESS	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
INADEQUATE HOUSING	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
INADEQUATE TRANSPORTATION	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
LACK OF PHYSICAL ACTIVITY	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
LOW SOCIAL CAPITAL/CONNECTEDNESS	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
POOR EARLY CHILDHOOD DEVELOPMENT	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
POOR EDUCATION QUALITY	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
POOR NUTRITION	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
POOR RECREATION ACCESS	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4

Appendix G:

Inadequate Access to Healthcare:

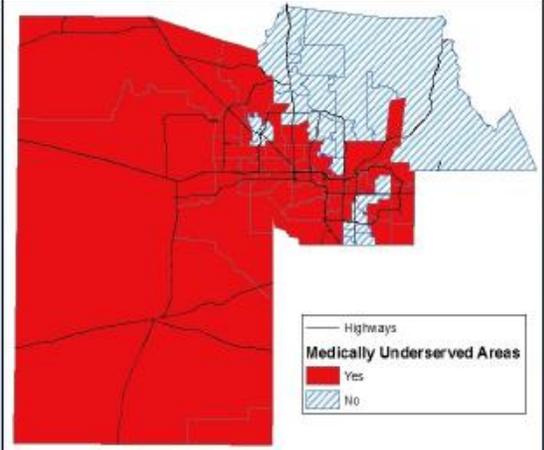
A comprehensive look at factors influencing access to healthcare including insurance status, availability of healthcare providers, the quality of care provided, and cultural access issues like languages spoken by providers and culturally competent care.

Percentage of Population who is Uninsured, by Race/Ethnicity, Maricopa County, American Community Survey, 2010-2014



“The (medical transportation) I use is VMT, and they’re the only one that will pick you up. The other ones, you got to have a case manager call in for you to make an appointment to go anywhere. I’m not a kid. I’ll do it myself. Medical transportation is really needed.”
Focus Group Participant

Areas Designated as Having a Limited Number of Health Care Professionals

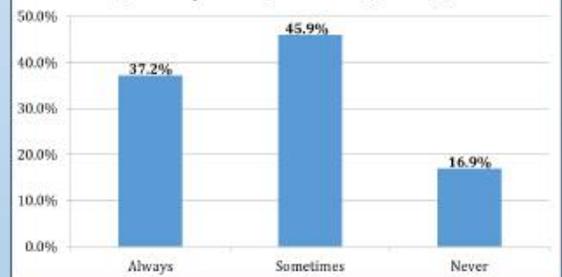


FOCUS GROUPS: MOST COMMON HEALTHCARE BARRIERS BY SUBPOPULATION

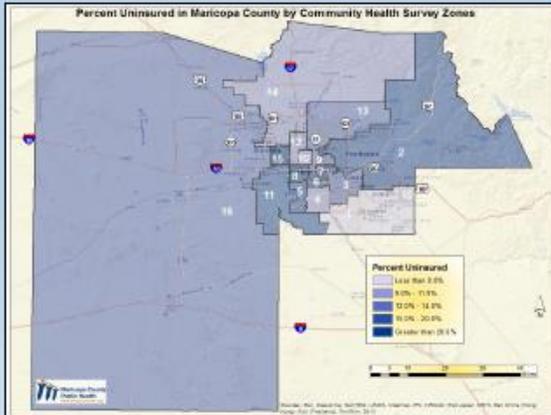
Health Care Barriers	Cost	Dissatisfaction/Distrust of Traditional Health Care System/Providers	Health Literacy	Inadequate Insurance Coverage	Personal/Cultural Habits
American Indian		X			X
Asian/Asian-American	X		X	X	X
Black/African	X	X			
Hispanic/Latino	X		X	X	X
LGBTQ+/GSM	X	X	X		
Low SES	X			X	
Older Adults	X	X	X		
Parents	X		X	X	
Young Adults	X			X	

Participants feared being misdiagnosed, receiving the wrong medications or over-medicating, and not being respected because they are on AHCCCS or because of their gender identity or other characteristic.
Focus Groups

On a monthly basis do you have enough money for health care expenses?
(Maricopa County Community Survey)



Percent Uninsured in Maricopa County by Community Health Survey Zones



Key Focus Group Findings

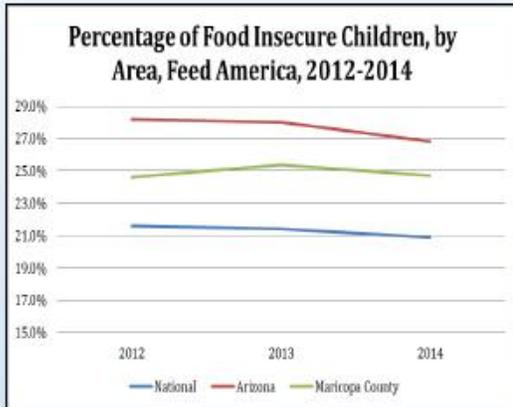
- Participants ...
- ... stated there is a lack of access to insurance, doctors, and dentists
 - ... felt there is a lack of culturally competent health care providers
 - ... expressed a desire to see more dedicated, respectful doctors and staff

Research conducted & compiled by



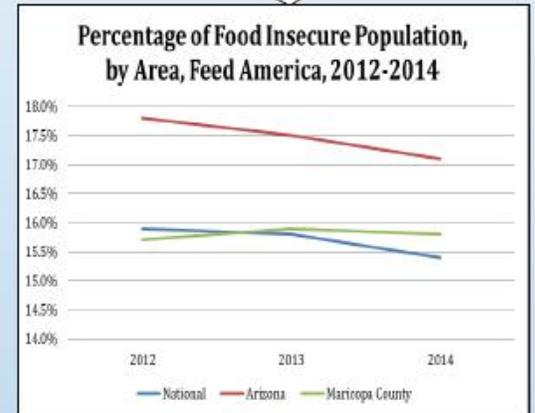
Inadequate Food Access

This includes food access limitations because of the cost of food or the amount of a person's budget available for food, or both. This also includes access to quality foods through full grocery stores (not convenience stores) and farmers markets.



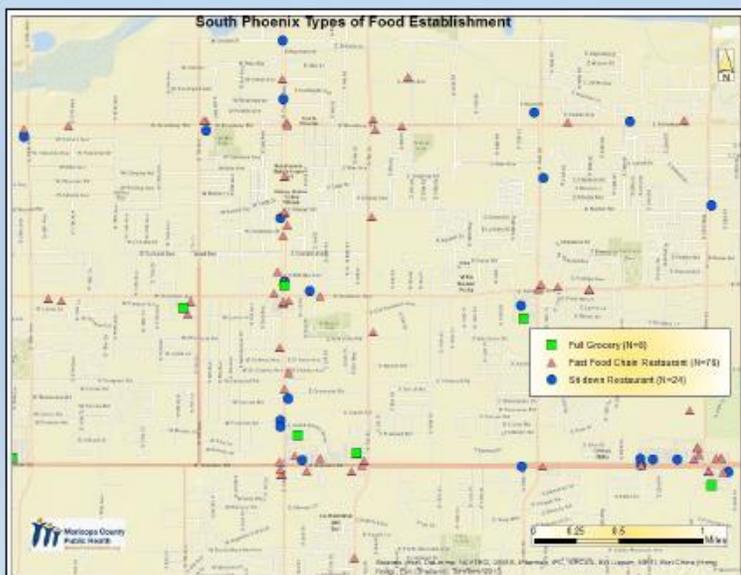
- On a monthly basis 43.4% of respondents indicated that they sometimes do not have enough money for essentials such as food, clothing, and housing.
- 5.2% of respondents indicated they never have enough money for these essentials.

Community Survey



One Spanish speaking adult female indicated "...that quality of life has two essential elements which are the psychological aspect and the material aspect because one without the other wouldn't be enough to have a quality of life. If you're not psychologically well, with values and respect, or you don't have a plate of food, a shelter; then I believe we wouldn't have a right balance in our lives."

Focus group participant



Access to grocery stores and nutritious foods was documented as being a characteristic of a healthy community.

Key Informant Interviews

"I also think, like where I live, there are maybe five or six fast food restaurants around. Whereas you actually have to drive somewhere to find a restaurant that has maybe healthier options."

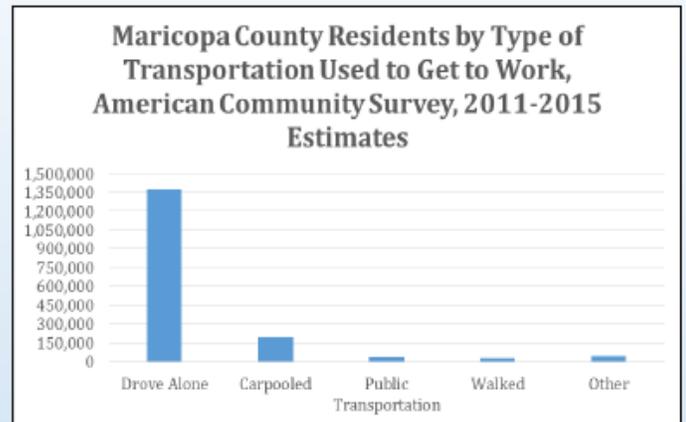
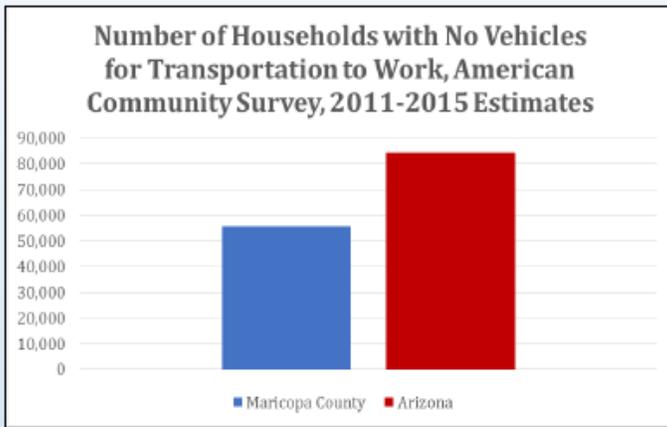
Focus Group Participant

Research conducted & compiled by



Inadequate Transportation

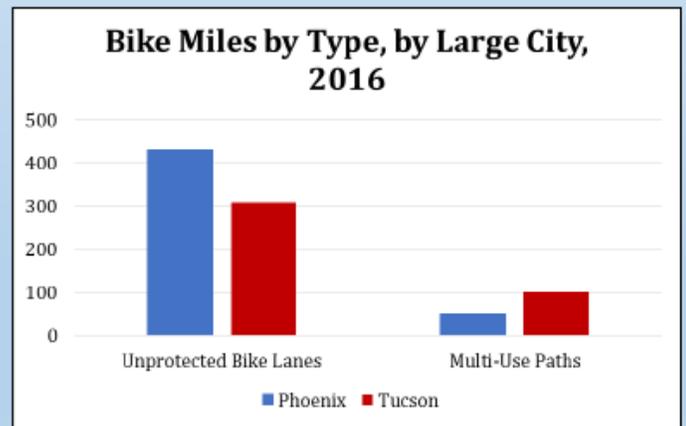
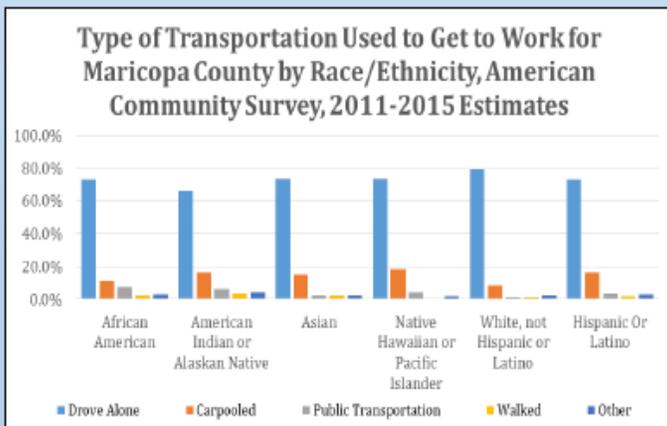
Access to transportation including the ability to own a car as well as access to (and use of) public transportation.



Multiple participants in the Focus Groups noted a need for greater access to affordable medical transportation. These issues were particularly salient for those who have to travel long distances for services or do not drive (elderly, disabled, those without vehicles or gas money).

Key Informant Interview participants indicated that access to public transportation services is an important characteristic of a healthy community.

The average employee in Maricopa County drives 15.2 miles to work one way and the average commuter spend almost 25 minutes getting to work.
-Maricopa County Trip Reduction Program 2015 Report

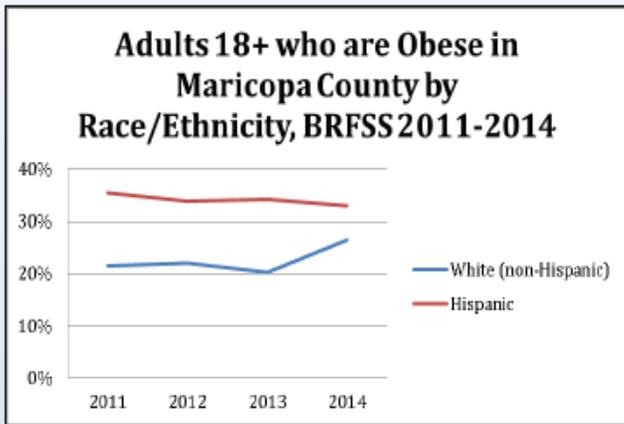


Transportation Barriers were identified as also a health care barrier and a community concern by 8 of the 10 focus group populations (African Americans, American Indians, Hispanics, LGBTQ, those with low socio-economic status, older adults and caregivers of older adults, young adults).
Focus Groups

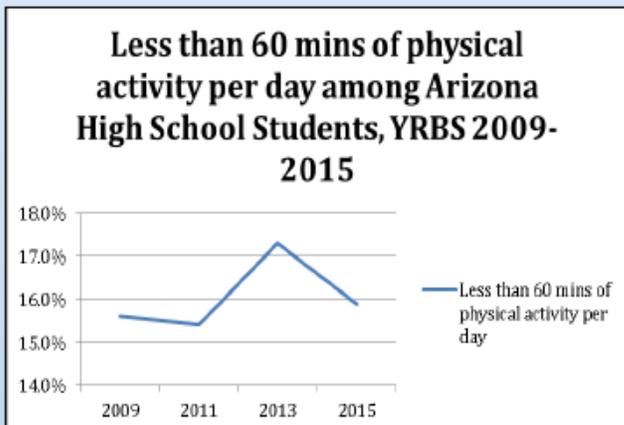
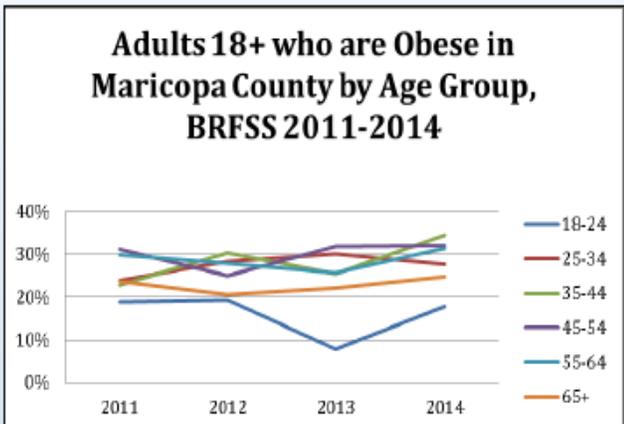


Lack of Physical Activity

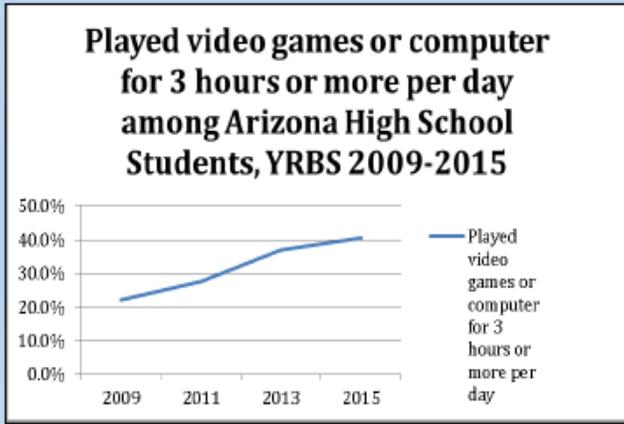
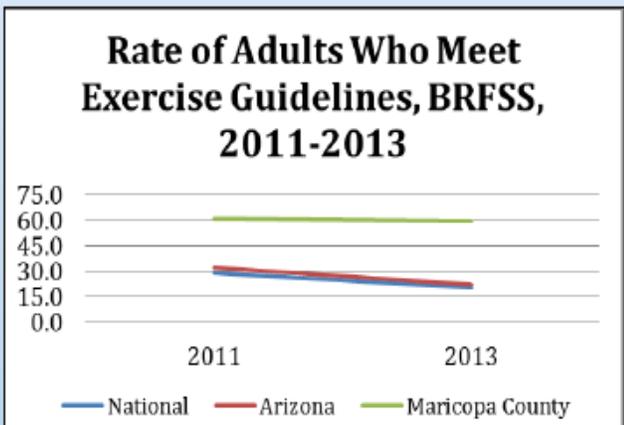
Lack of physical activity including not meeting CDC recommended guidelines for daily physical activity.



American Indians, Hispanics, and Parents indicated concern over the limited opportunity for physical activity and/or exercise.
Focus Groups



"...most kids would rather sit home on their iPad or their tablet game playing. They don't go outside and play anymore..."
Focus Group Participant



Physical activity was noted as an important prevention strategy by Focus Groups. Participant's of Low socio-economic status and those living in low-income communities desired access to physical fitness facilities and activities.
Focus Groups

"There's got to be more programs geared towards getting kids outside at low cost or no cost."
Focus Group Participant

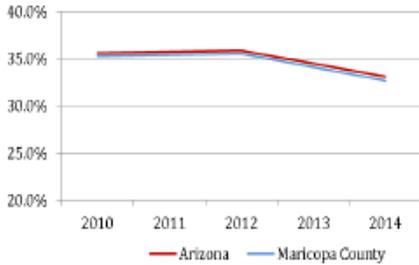
In 2015, over 15% of AZ youth indicated they had less than 60 mins of physical activity per day.
Youth Risk Behavior Survey



Low Social Capital/Connectedness

This reflects the spirit of community connectedness within a group. This can reflect neighborhood connectedness (geographic groups) as well as cultural connectedness, meaning that people have a social group that is defined by something other than geography (church/religion, race, hobby, etc.)

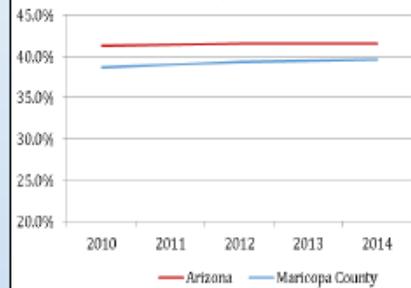
Percentage of youth who perceive there are community rewards for prosocial involvement, by Area, AYS, 2010-2014



“The communication factor ... one thing I’ve noticed – I’ve been in Arizona for a year and a half – is that there are a ton of resources around, but people don’t know about those resources.” – *Focus Group Participant*

Lack of community or social cohesion was specifically noted by African American Focus Group participants.

Percentage of youth with low neighborhood attachment, by Area, AYS, 2010-2014

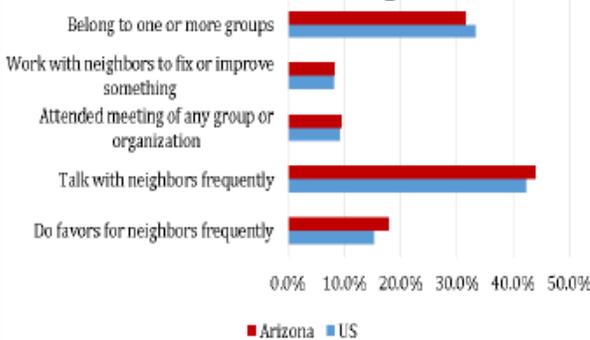


“A lot of people that live here have no family around. They come here to retire, and ... it’s amazing how many have nobody around.” – *Focus Group Participant*

People beginning to recognize the importance of feeling at home within their communities. If they feel more invested, this will make the community stronger, especially as homes become more multi-generational.– *Key Informants Theme*

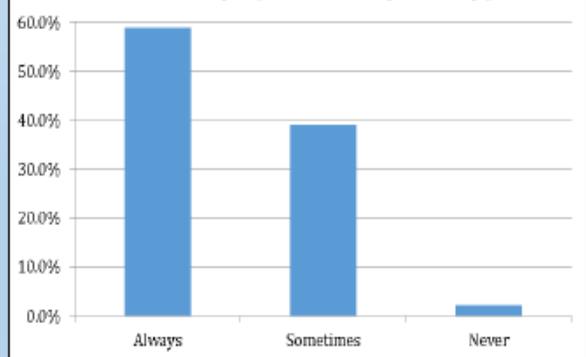
African American male focus group participants seemed not to experience the friendliness or sense of community that other groups noted.

Respondents Who Engage in Actions that Build Community, ArizonaIndicators.org, 2011



“Cultural differences affect people’s relationships and communications. A refugee face[s] unique emotional and social and cultural adjustment ... during the period of their resettlement process.” – *Focus Group Participant*

Are you proud to be living in your community? (Community Survey)



Discrimination was noted by 6.9% of respondents as an unhealthy behavior seen in their community.
–*Community Survey Respondents*

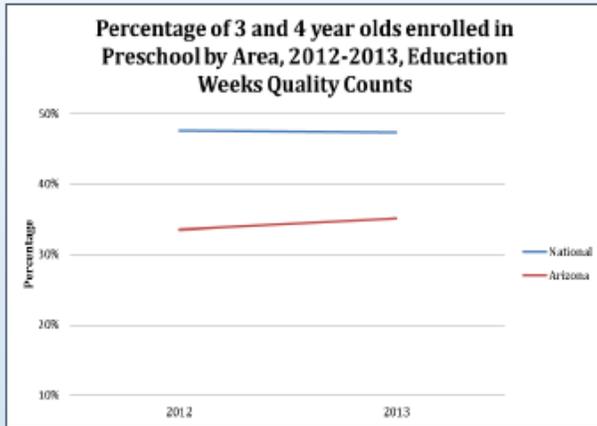
“I have seen neighbors who don’t speak to each other, and that is so sad, and communication could be so good, helping each other.” – *Focus Group Participant*

Research conducted & compiled by

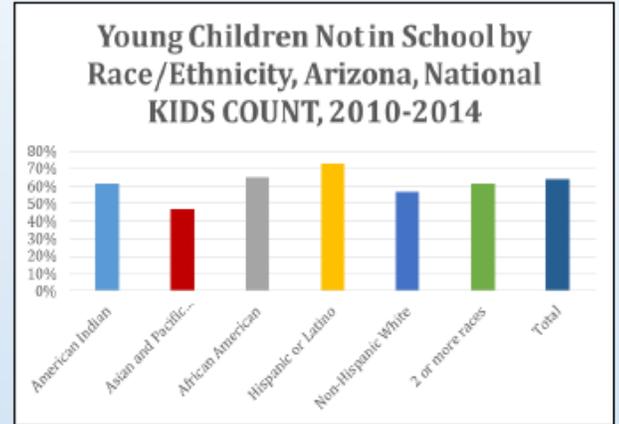


Poor Access to Early Childhood Development

This covers access to and affordability of high quality day care and pre-K programs.

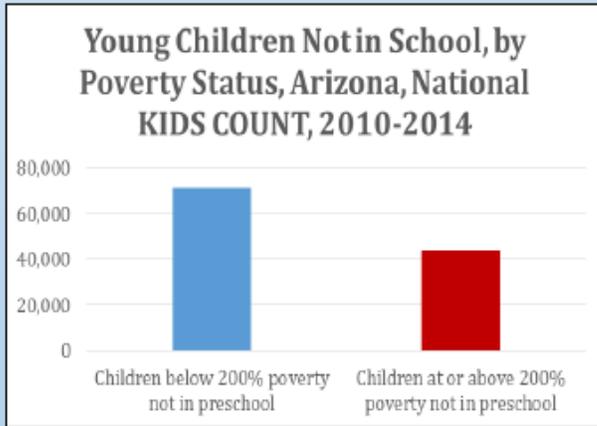


35.4% of Maricopa County 3 to 4 years old that are enrolled in nursery school or preschool. *US Census 2015*



Community issues specifically highlighted included limited access to quality and affordable childcare; specifically among Native Americans and those of Low Socio-Economic Status. *-Focus Groups*

Good schools ranked as the 3rd highest factor that would help improve the quality of life in their communities. *-Community Survey Respondents*



Long-term individual and community benefits were shown as a result of providing high-quality preschool for children from disadvantaged backgrounds, including higher graduation rates, fewer teen pregnancies, higher median income, less dependence on government services and more. *-The HighScope Perry Preschool Study*

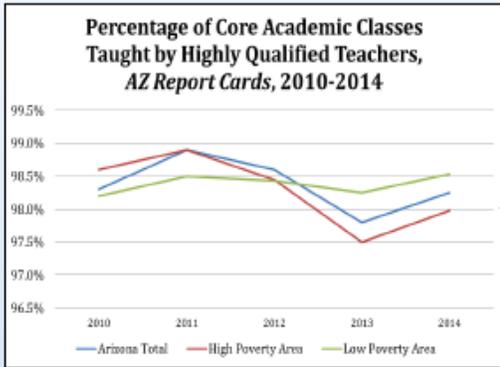
Early childhood intervention for low-income children in public schools, have shown better long-term educational and social outcomes – higher rate of high school completion, more years of education completed, and lower rates of juvenile arrest, violent arrest and school dropout. *Landmark studies of the Chicago Child-Parent Center Program*

Another research study demonstrated the positive, long-term effects of high-quality early care and education, including being four times more likely to graduate from college. *The Abecedarian Project*



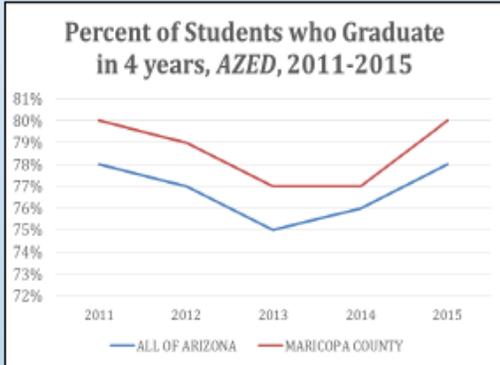
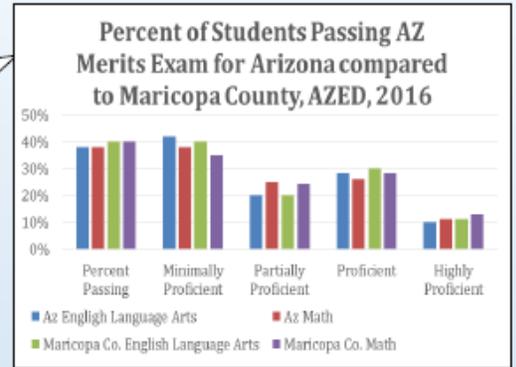
Poor Education Quality

This reflects the quality of the education system and covers elementary, middle, and high school.

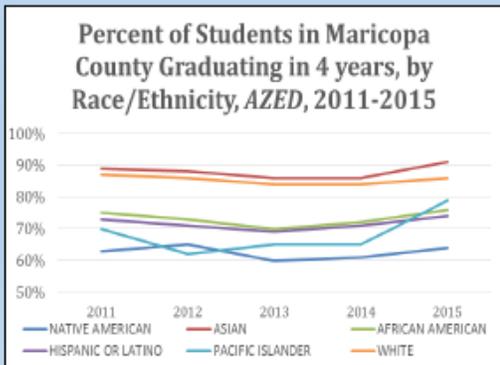
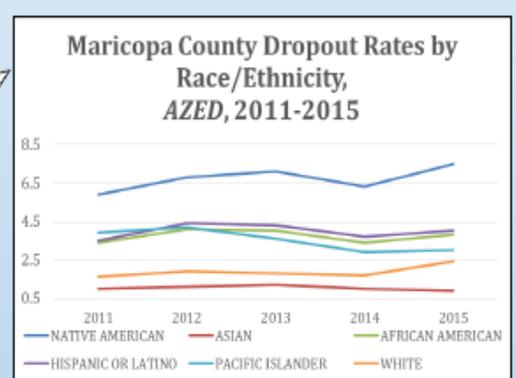


Focus Group participants felt that schools did not teach necessary life and coping skills.

“Access to good schools and education for my son. It’s important.”
– Focus Group Participant



“Where people live, the community they grow up in, the people who are around them, the lack of access to all sorts of things including an education, including enough of an education to understand the issues that are keeping you down.”
-Focus Group Participant



Access to schools and other opportunities for education were noted as being an important characteristic of a healthy community.
Key Informants

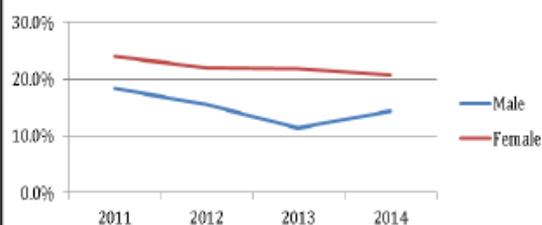
32.8% of Community Survey participants indicated that good schools will help to improve the quality of life in their community.



Poor Nutrition

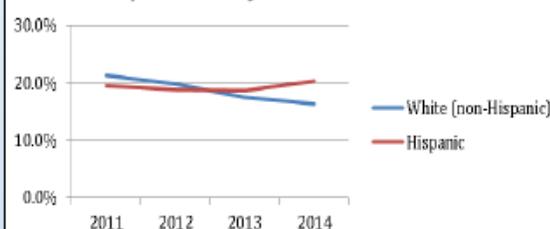
This reflects the composition of people's diets including not meeting daily fruit and vegetable consumption recommendations, regular consumption of sugar sweetened beverages, and other similar reflections of poor nutrition in their diet.

Adults 18+ Who Consumed 5+ Fruits & Vegetables Servings a Day in Maricopa County by Gender, BRFSS 2011-2015



When asked how healthy are residents in their community Key Informants indicated that communities face food security issues, which include access to adequate nutrition.

Adults 18+ Who Consumed 5+ Fruits & Vegetables Servings a Day in Maricopa County, by Race/Ethnicity, BRFSS 2011-2014



"What they need is more classes on nutrition and stuff like that cuz[sic] a lot of people don't go to doctors or clinics to get educated in that area about eating right..." -Focus Group Participant

"[Food] prices have a terrible influence because although you want to eat healthy food you prefer to buy what is cheaper. I'm saying this out of experience because I think, it would be great to have a salad, but it cost \$6.00 so I prefer to eat a hamburger." -Focus Group Participant

Percentage of Adults 18+ who ate out by type of food establishment, Maricopa County, ACS, 2015



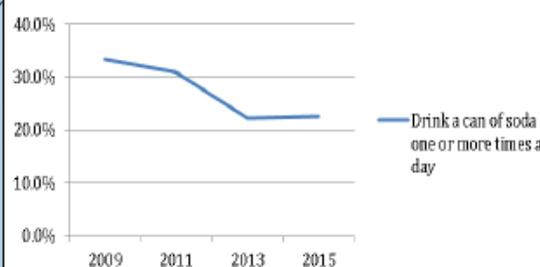
"I also think, like where I live, there are maybe five or six fast food restaurants around. Whereas you actually have to drive somewhere to find a restaurant that has maybe healthier options."

-Focus Group Participant

"At school they have started with a program focused on improving the children's health, for them to eat more vegetables. However, in the menu they send me I only see pizzas and hamburgers, and only once in a while a salad."

-Focus Group Participant

Drink a can of soda one or more times a day among Arizona High School Students, YRBS 2009-2015



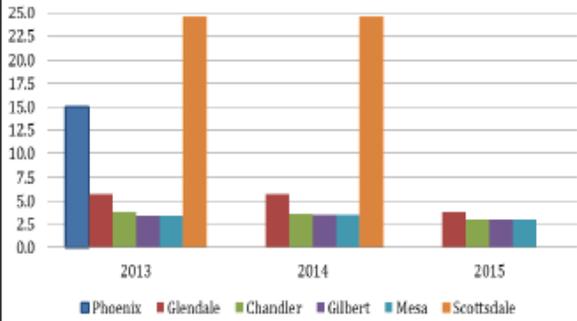
Research conducted & compiled by



Poor Recreation Access

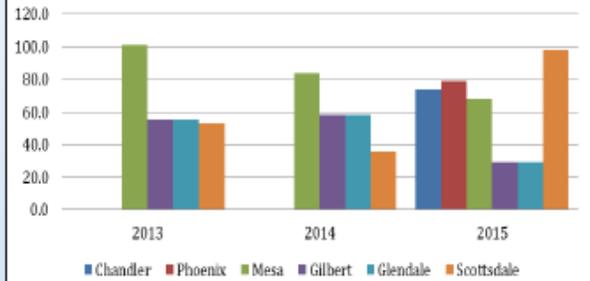
This includes availability of recreation such as the number of parks per capita as well as the accessibility of those locations (include hours of operation and distance from people's residence).

Percentage of Parkland of adjusted city area, The Trust for Public Land, 2013-2015



7.9% of respondents indicated that improved parks and recreation were important to improving the quality of life in their community.
-Community Survey

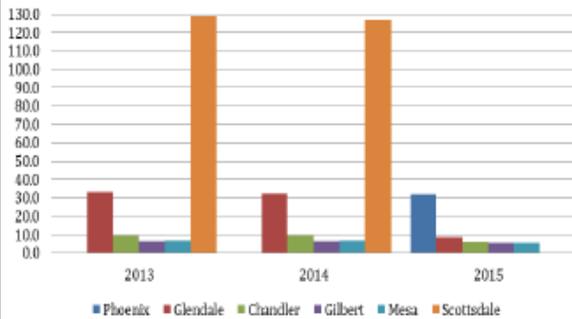
Total Spending on Parks and Recreations per Resident by City, Trust for Public Land, 2013-2015



"I think access to fitness, low cost fitness, or pre-fitness programs, parks with walking trails, things that enable us to get out and do stuff."
-Focus Group Participant

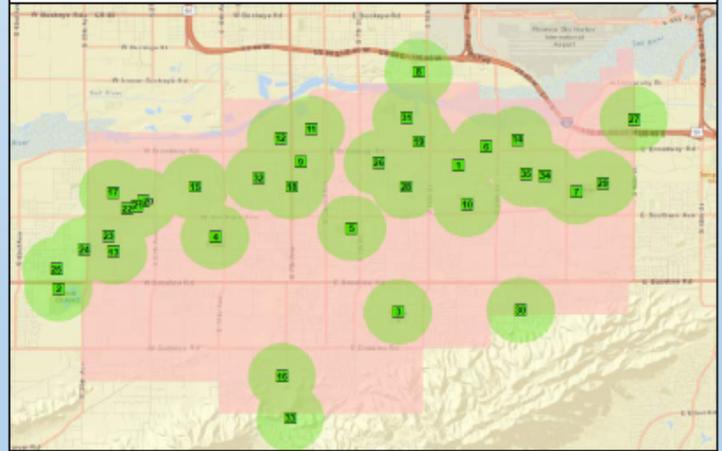
"I mean for me, the renovation of the parks, it's a good idea. That would make the community healthy or add the healthiness in the community. Because the park out there, if you could see it, if they hadn't started renovation it, it's just all dead grass, and the water and stuff."
-Focus Group Participant

Park Acres per 1,000 Residents by City, The Trust for Public Land, 2013-2015



"More places where you can do exercise. I have noticed that in the streets in Phoenix, near the lights, they have machines to do exercise... I think that would be a good idea for the young people who want to do exercise and they can't go to the gym because it's very expensive."
-Focus Group Participant

Locations of Parks in the Roosevelt School District with 1/2 mile buffer.



"There's no playground that's a walking distance, which would be easier for me to take [my kids] out for a while and have them play and run and jump, have them be free for a while."
-Focus Group Participant

Research conducted & compiled by



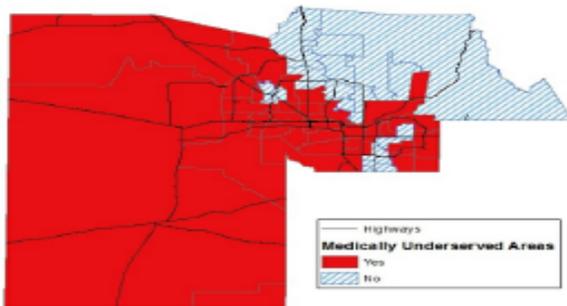
Inadequate Access to Healthcare



Did you know?

Most of Maricopa County is designated as having a limited number of healthcare professionals

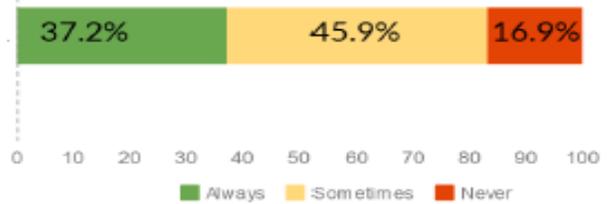
Medically Underserved Areas



0 10 20 30 Miles



37% of survey respondents always have enough money for monthly healthcare expenses



American Indians and Hispanics are more likely than others to be uninsured.

What we heard



"The [medical transportation] I use is VMT, and they're the only one that will pick you up. The other ones, you got to have a case manager call in for you to make an appointment to go anywhere. I'm not a kid. I'll do it myself. Medical transportation is really needed."
~Focus Group Participant

Focus Group Participants feared being misdiagnosed, receiving the wrong medications or over-medicating and not being respected because they are on AHCCCS or because of their gender identity or other characteristic.



- Focus Group Participants:
- stated there is a lack of access to insurance, doctors and dentists
 - felt there is a lack of culturally competent healthcare providers
 - expressed a desire to see more dedicated, respectful doctors and staff

Most common healthcare barriers varied by population	Population Groups								
	American Indian	Asian/ Asian-American	Black/African	Hispanic/Latino	LGBTQ+/GSM	Low SES	Older Adults	Parents	Young Adults
Cost		X	X	X	X	X	X	X	X
Dissatisfaction/ Distrust of Traditional HC System/ Providers	X		X		X		X		
Health Literacy		X		X	X		X	X	
Inadequate Insurance Coverage		X		X		X		X	X
Personal/Cultural Habits	X	X		X					

The Community Health Assessment (CHA) of Maricopa County looks at data and listens to community residents to see what issues should be targeted to improve the health and well-being of Maricopa County residents. To learn more about how the Health Improvement Partnership of Maricopa County (HIPMC) is using these assessment results, visit hipmc.org or email hipmc@mail.maricopa.gov. Data sources available upon request. (01/2017)

Inadequate Food Access

Did you know?

On a monthly basis 43.4% of Community Survey participants indicated that they sometimes do not have enough money for essentials such as food, clothing, and housing.

24.9%

of children in Maricopa County are food insecure (struggling to avoid hunger).

Food Insecure Population

And...



5.2% of Community Survey respondents indicated they never have enough money for these essentials.



■ National (31.88%) ■ Arizona (35.40%)
■ Maricopa County (32.71%)

What we heard



"...that quality of life has two essential elements which are the psychological aspect and the material aspect because one without the other wouldn't be enough to have a quality of life. If you're not psychologically well, with values and respect, or you don't have a plate of food, a shelter; then I believe we wouldn't have a right balance in our lives."
~Focus group participant



Access to grocery stores and nutritious foods was documented as being a characteristic of a healthy community.
~Key Informants



"I also think, like where I live, there are maybe five or six fast food restaurants around. Whereas you actually have to drive somewhere to find a restaurant that has maybe healthier options."
~Focus Group Participant



The Community Health Assessment (CHA) of Maricopa County looks at data and listens to community residents to see what issues should be targeted to improve the health and well-being of Maricopa County residents. To learn more about how the Health Improvement Partnership of Maricopa County (HIPMC) is using these assessment results, visit hipmc.org or email hipmc@mail.maricopa.gov. Data sources available upon request. (01/2017)

Inadequate Housing

Did you know?



The median cost for rent in Maricopa County is on the rise and is currently

\$970

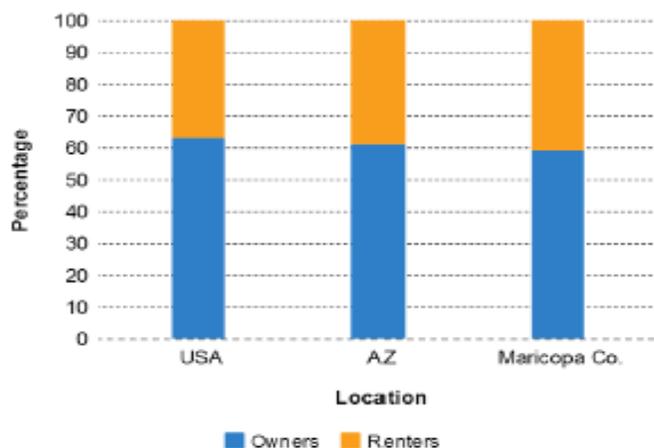
Residents report spending approximately

1/2

of their income on rent alone.

The number of people who own homes is decreasing.

Who is in homes?



What we heard



The communication factor... One thing I've noticed--I've been in Arizona for a year and a half--is that there are a ton of resources around, but people don't know about those resources.

~Focus Group Participant



Affordable housing was ranked as the 2nd highest factor that would help improve the quality of life by Community Survey participants.

Affordable housing was a concern among focus group participants who identified as African-American, Hispanic, and/or low socio-economic status.



Homelessness is a problem. There is a concern about affordable and adequate housing.

~Key Informants



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Inadequate Transportation

Did you know?



Over 55,000 Maricopa County working adults don't own a vehicle for transportation to work.



Use of Public Transportation to Work by Race/Ethnicity



■ African American (33.48%)
 ■ Native American (27.68%)
■ Pacific Islander (18.30%)
 ■ Hispanic or Latino (13.84%)
■ White (6.70%)

What we heard



Multiple participants in the Focus Groups noted a need for greater access to affordable medical transportation. These issues were particularly salient for those who have to travel long distances for services or do not drive (elderly, disabled, those without vehicles or gas money).



Access to public transportation services is an important characteristic of a healthy community.
~Key Informants



Transportation barriers were identified as a health care barrier and a community concern by 8 of the 10 focus group populations (African Americans, Native Americans, Hispanics, LGBTQ, those with low socio-economic status, older adults and caregivers of older adults, and young adults).

-Focus Group Participants



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Lack of Physical Activity



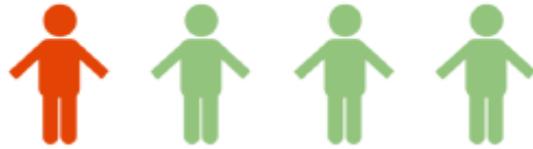
Did you know?

In 2015, almost 16% of AZ youth indicated they had less than 60 mins of physical activity per day



of Arizona High School students reported playing video games or computer for 3 or more hours per day in 2015. This is nearly twice what it was in 2009

At least 1 in 4 adults in Maricopa County are Obese



■ Obese (28.30%) ■ Not Obese (71.70%)



Obesity Rates are higher among Hispanics (32.8%)



Maricopa County's rate of adults who meet exercise guidelines is more than double the state of Arizona and national averages

What we heard



Physical Activity was noted as an important prevention strategy by focus groups. Participants of low socio-economic status and those living in low-income communities desired access to physical fitness facilities and activities.



Native Americans, Hispanics and parents participating in focus groups indicated concern over the limited opportunity for physical activity or exercise.



"There's got to be more programs geared towards getting kids outside at low cost or not cost."
~Focus Group Participant



"Most kids would rather sit at home on their iPad or their tablet game playing. They don't go outside and play anymore..."
~Focus Group Participant

The Community Health Assessment (CHA) of Maricopa County looks at data and listens to community residents to see what issues should be targeted to improve the health and well-being of Maricopa County residents. To learn more about how the Health Improvement Partnership of Maricopa County (HIPMC) is using these assessment results, visit hipmc.org or email hipmc@mail.maricopa.gov. Data sources available upon request. (01/2017)

Low Social Capital/Connectedness

Did you know?



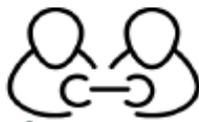
Discrimination was noted by 20% of respondents as an unhealthy behavior seen in their community.
Community Survey Respondents

Only 32.7% of Maricopa County Youth perceive there is a reward for being socially involved in their community.



And...

39.6% of Maricopa County Youth have low neighborhood attachment.



45% of Arizona residents talk with neighbors frequently while only 17.9% do favors for neighbors frequently.



39%

Of Community Survey respondents indicated they are only sometimes proud to be living in their communities.

What we heard

"The communication factor ... one thing I've noticed - I've been in Arizona for a year and a half - is that there are a ton of resources around, but people don't know about those resources."

Focus Group Participant

Lack of community or social cohesion was specifically noted by African Americans.

Focus Groups



"I have seen neighbors who don't speak to each other, and that is so sad, and communication could be so good, helping each other."

Focus Group Participant

African American male focus group participants seemed not to experience the friendliness or sense of community that other groups noted.

Focus Groups



People beginning to recognize the importance of feeling at home within their communities. If they feel more invested, this will make the community stronger, especially as homes become more multi-generational.

Key Informant Interviews

"Cultural differences affect people's relationships and communications. A refugee face[s] unique emotional and social and cultural adjustment ... during the period of their resettlement process."

Focus Group Participant

The Community Health Assessment (CHA) of Maricopa County looks at data and listens to community residents to see what issues should be targeted to improve the health and well-being of Maricopa County residents. To learn more about how the Health Improvement Partnership of Maricopa County (HIPMC) is using these assessment results, visit hipmc.org or email hipmc@mail.maricopa.gov. Data sources available upon request. (01/2017)

Poor Access to Early Childhood Development

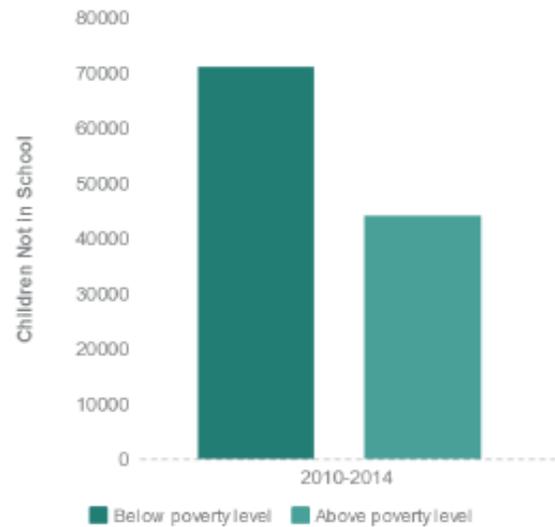
Did you know?



Only 35.4% of Maricopa County 3 to 4 year olds are enrolled in a nursery school or preschool

There are long-term benefits associated with providing high-quality preschool for children from disadvantaged backgrounds, including higher graduation rates, fewer teen pregnancies, and higher median income.

Children experiencing poverty are less likely to attend preschool



90%

Of a child's brain develops by the age of 5.

What we heard

18% of Community Survey participants indicated that having access to affordable daycare would improve their quality of life.



Good schools ranked as the 3rd highest factor that would help improve the quality of life by Community Survey participants.



Community issues specifically highlighted included limited access to quality and affordable childcare; specifically among Native Americans and those of Low Socio-Economic Status.



~Focus Groups

The Community Health Assessment (CHA) of Maricopa County looks at data and listens to community residents to see what issues should be targeted to improve the health and well-being of Maricopa County residents. To learn more about how the Health Improvement Partnership of Maricopa County (HIPMC) is using these assessment results, visit hipmc.org or email hipmc@mail.maricopa.gov. Data sources available upon request. (01/2017)

Poor Education Quality

Did you know?



The percentage of High School Students who graduate in 4 years is on the rise and currently at 77%



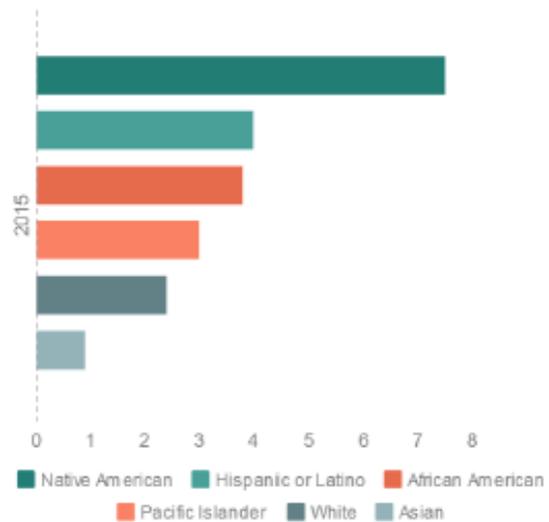
98%

Of Students in Arizona are taught by "Highly Qualified Teachers."

.....But Only 60% of Maricopa County students are passing the AZ Merit Exam



Maricopa County Drop Out Rates vary by Population



What we heard



"Access to good schools and education for my son. It's important."

~Focus Group Participant

50% of Community Survey participants indicated that good schools will help to improve their quality of life.



Access to schools and other opportunities for education were noted as being an important characteristic of a healthy community.

~Key Informants

"Where people live, the community they grow up in, the people who are around them, the lack of access to all sorts of things including an education, including enough of an education to understand the issues that are keeping you down."



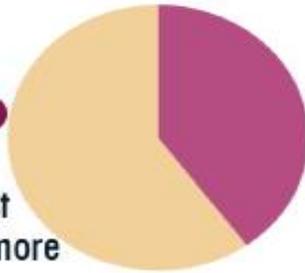
~Focus Group Participant

Poor Nutrition

Did you know?

41.6%

of adults eat out at fast food restaurants 9 or more times per month



Less than **1** in **4** Adults eat the recommended amount of Fruits and Vegetables



But...



Fewer than 30% of high school students drink one or more cans of soda daily



10%

less than in 2009

What we heard



"Where I live, there are maybe five or six fast food restaurants around. Whereas you actually have to drive somewhere to find a restaurant that has maybe healthier options."
~Focus Group Participant

"What they need is more classes on nutrition and stuff like that cuz[sic] a lot of people don't go to doctors or clinics to get educated in that area about eating right..."
~Focus Group Participant



Key Informants indicated that communities face food security issues, which include access to adequate nutrition.



"At school they started a program focused on improving the children's health, for them to eat more vegetables. However, in the menu they send me I only see pizzas and hamburgers, and only once in a while a salad."
~Focus Group Participant

"Although you want to eat healthy food you prefer to buy what is cheaper. It would be great to have a salad, but it cost \$6.00 so I prefer to eat a hamburger."
~Focus Group Participant



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Poor Recreation Access



Did you know?

Phoenix ranks 96th of 100 cities in number of parks (per 10,000 residents)

55% of Phoenix residents do not have a park close enough to walk. (0.5 mile)



AND...

Phoenix has more park area than Chandler, Glendale, Gilbert, and Mesa COMBINED.



Total spending on Parks and Recreations are about average with other states in the US.



What we heard



"There's no playground that's a walking distance, which would be easier for me to take [my kids] out for a while and have them play and run and jump, have them be free for a while."

~Focus Group Participant

"I think access to fitness, low cost fitness, or pre-fitness programs, parks with walking trails, things that enable us to get out and do stuff."

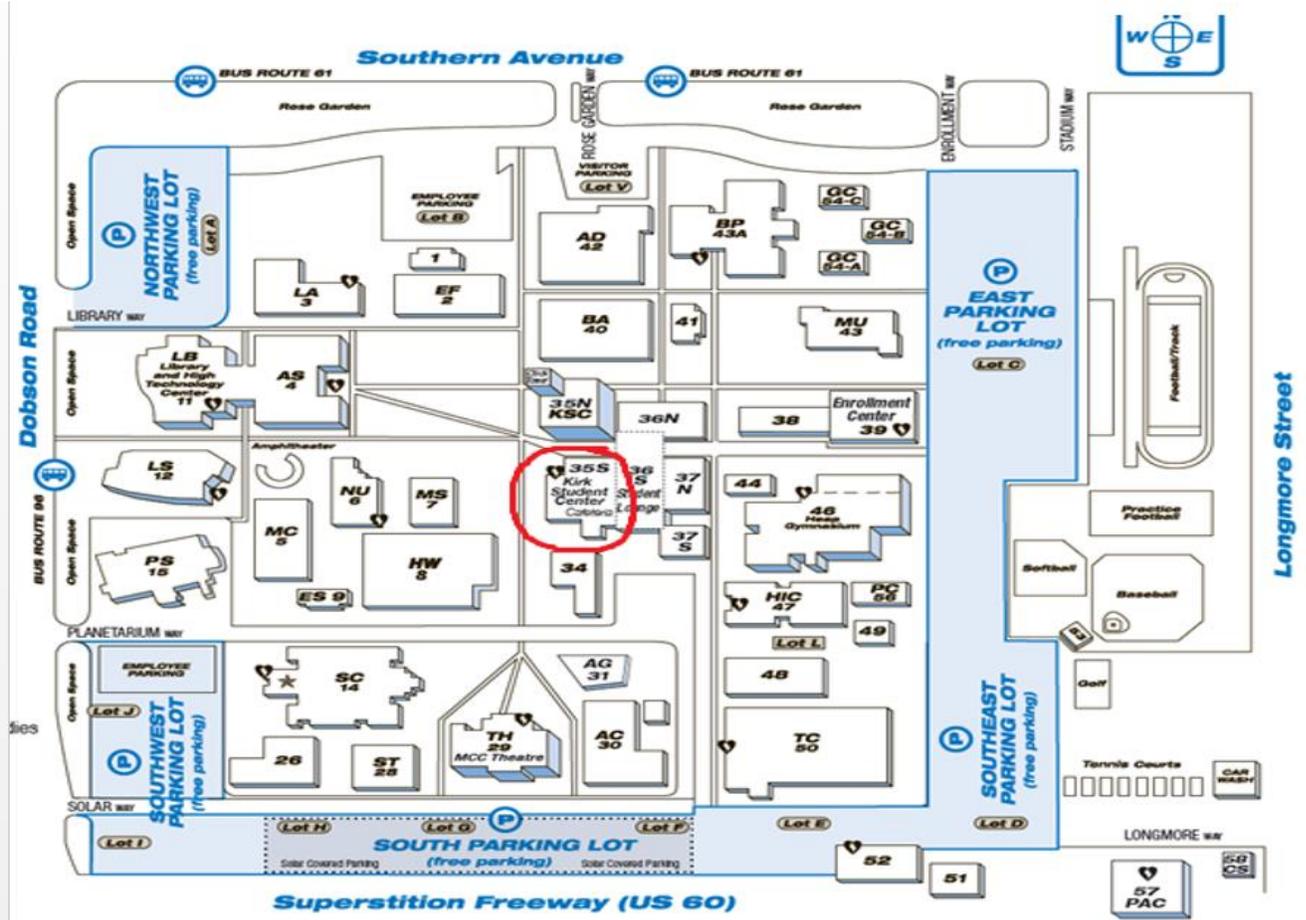
~Focus Group Participant



7.8% of respondents indicated that improved parks and recreation were important to improving the quality of life in their community.
-Community Survey

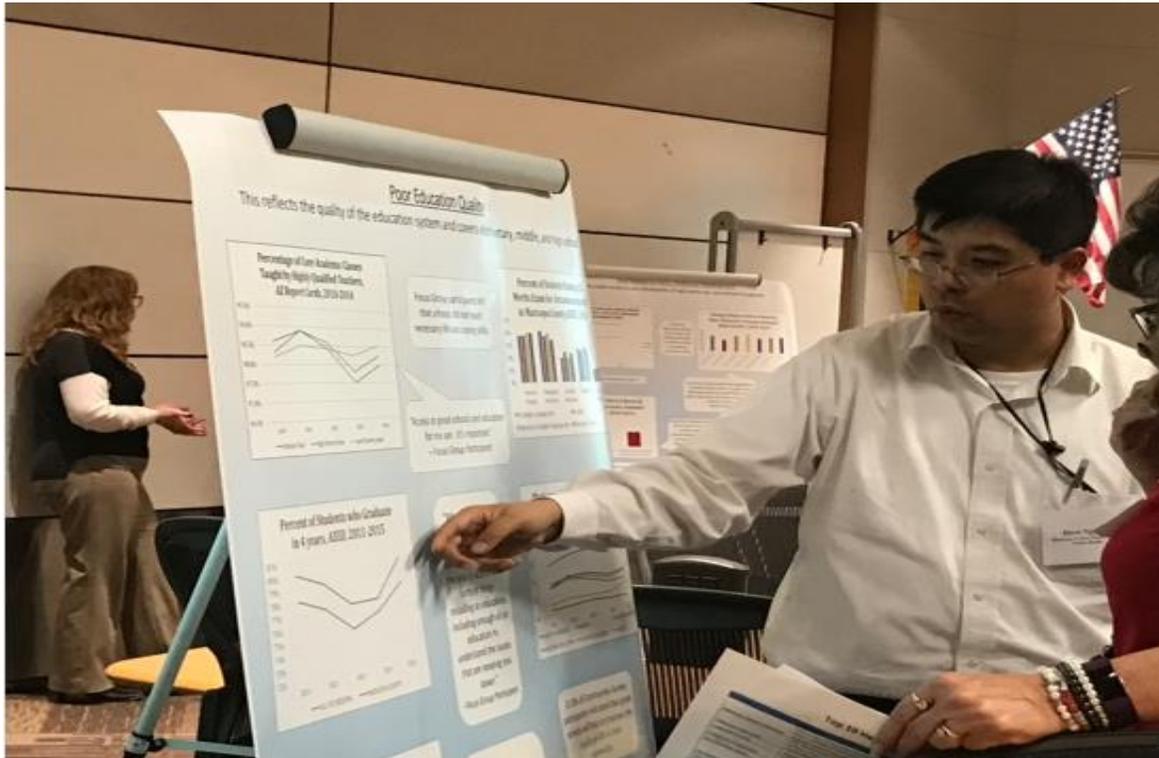
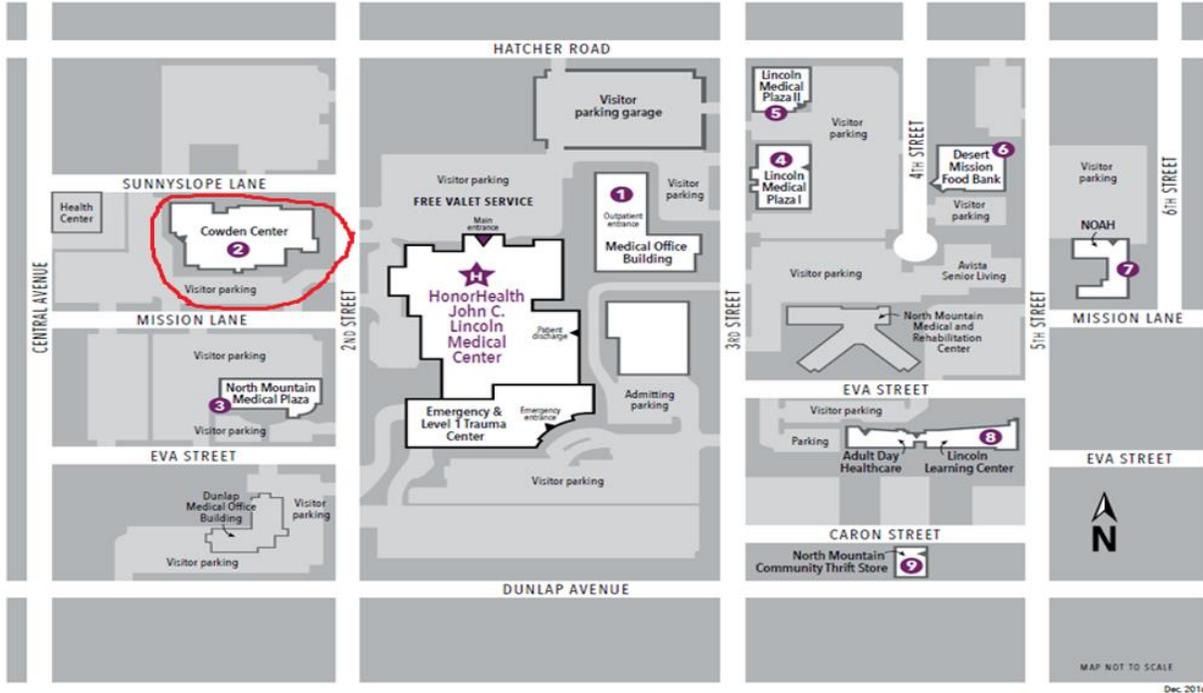
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Appendix I



Appendix J

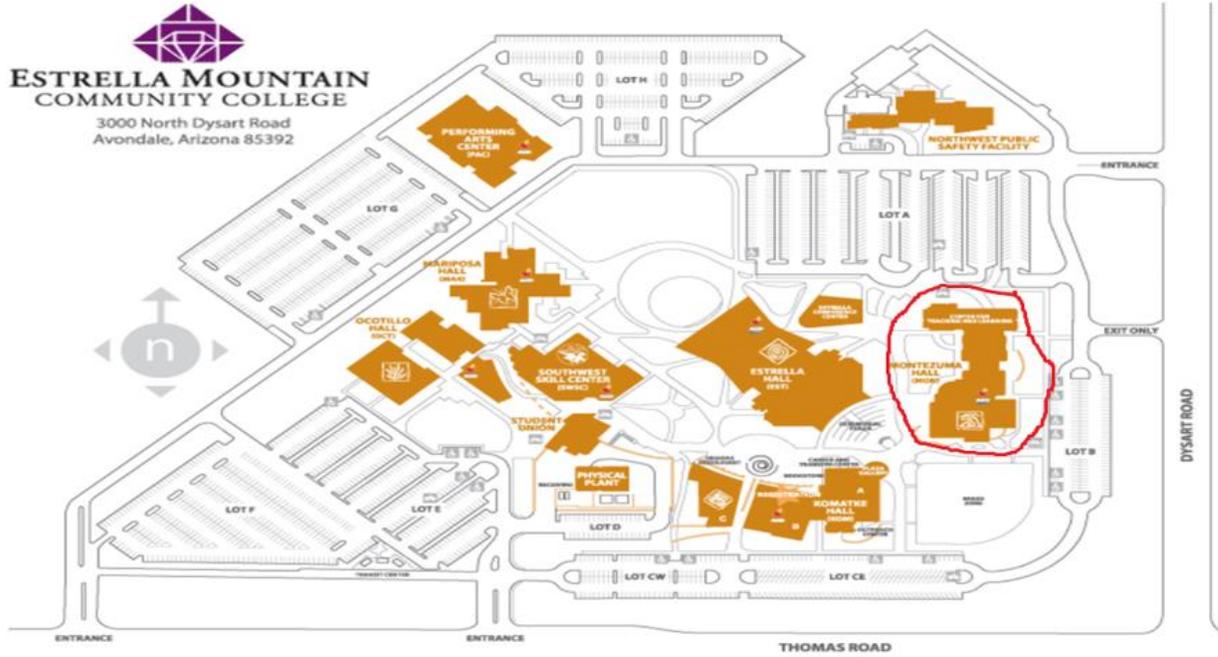
Honor Health- Cowden Center
 9202 N 2nd Street
 Phoenix, AZ 85020 (fits max of 75 people)



Appendix K

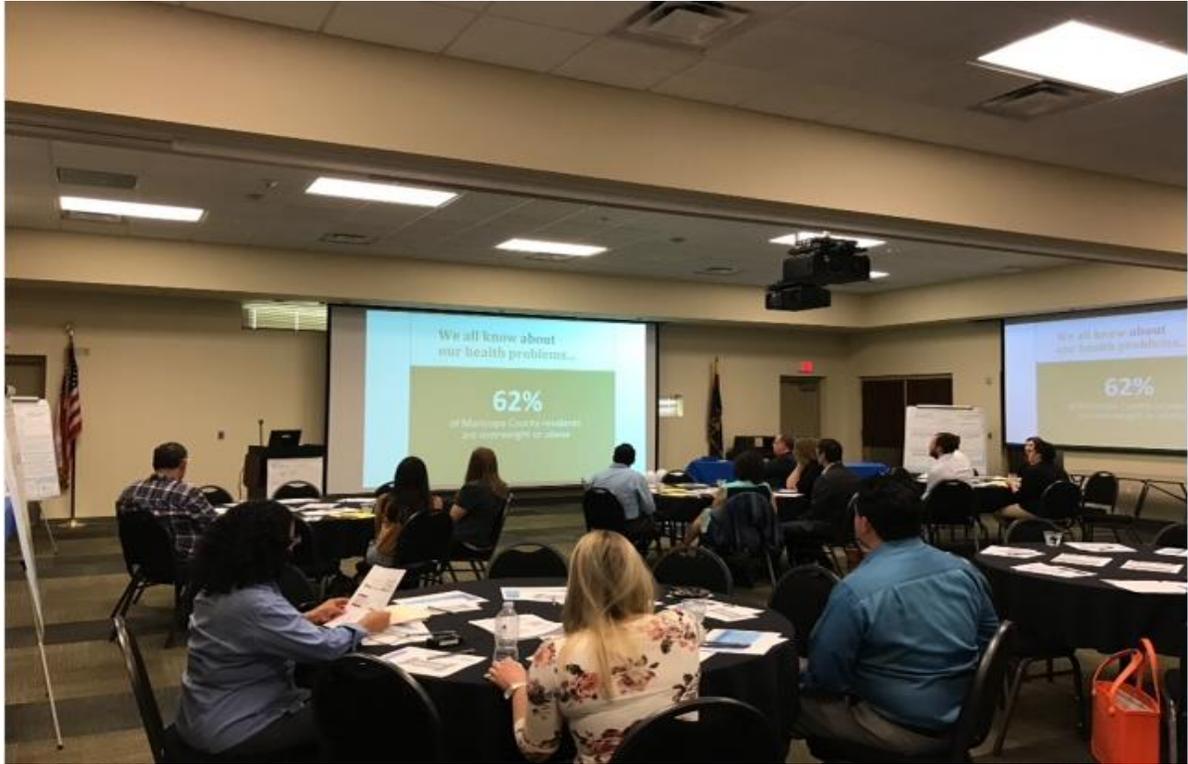
Estrella Community College Center for Teaching and Learning (up to 105 people)
3000 North Dysart Road | Avondale, AZ 85392 (north end of Montezuma Hall)

Main Campus Interactive Map



Appendix L

Roosevelt Wellness Center- Phoenix
1030 E Baseline Rd, Phoenix, AZ 85042



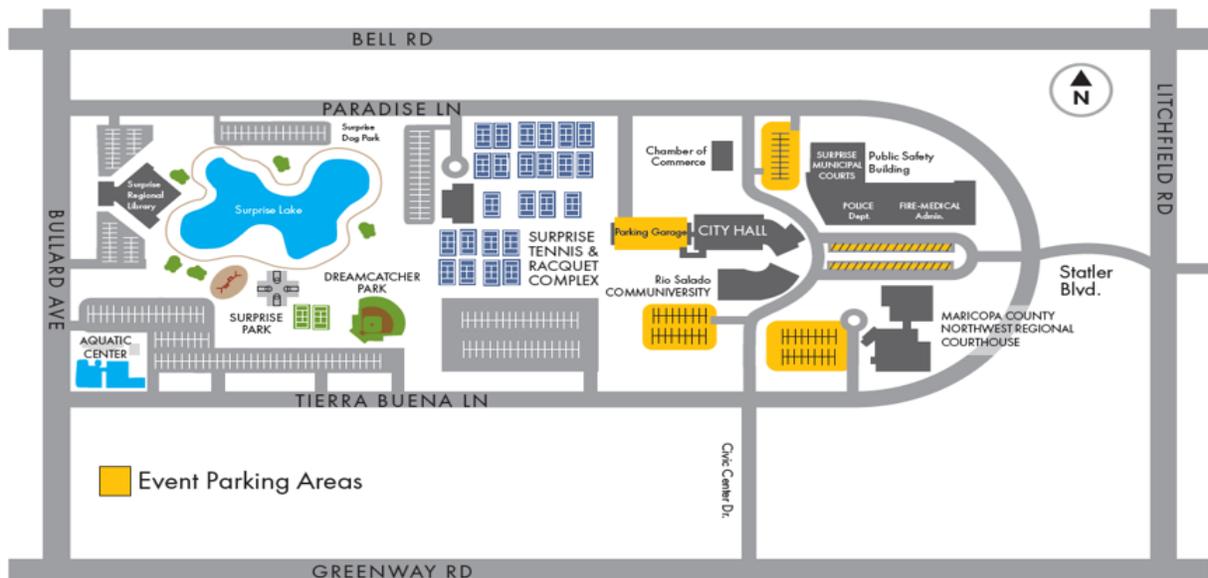
Appendix M

City of Surprise- City Hall (Community Room)
16000 N. Civic Center Plaza, Surprise AZ

- free parking available around city hall, in front of city & county court, & city parking structure.
- Can fit 85-100 people comfortably



CIVIC CENTER PARKING MAP





MCDPH Staff at Surprise City Hall, City of Surprise

References

National Association of County & City Health Officials. (n.d.). *Guide to Prioritization Techniques*. Retrieved April 24, 2017, from NACCHO:
<http://archived.naccho.org/topics/infrastructure/accreditation/loader.cfm?csModule=security/getfile&pageid=215301>

National Association of County and City Health Officials. (2016). *Mobilizing for Action through Planning and Partnerships*. Retrieved April 25, 2017, from NACCHO.org:
<http://www.naccho.org/programs/public-health-infrastructure/mapp>