

# Community Health Needs Assessment

2023-2025



*Neighborhood Outreach Access to Health*

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# Executive Summary

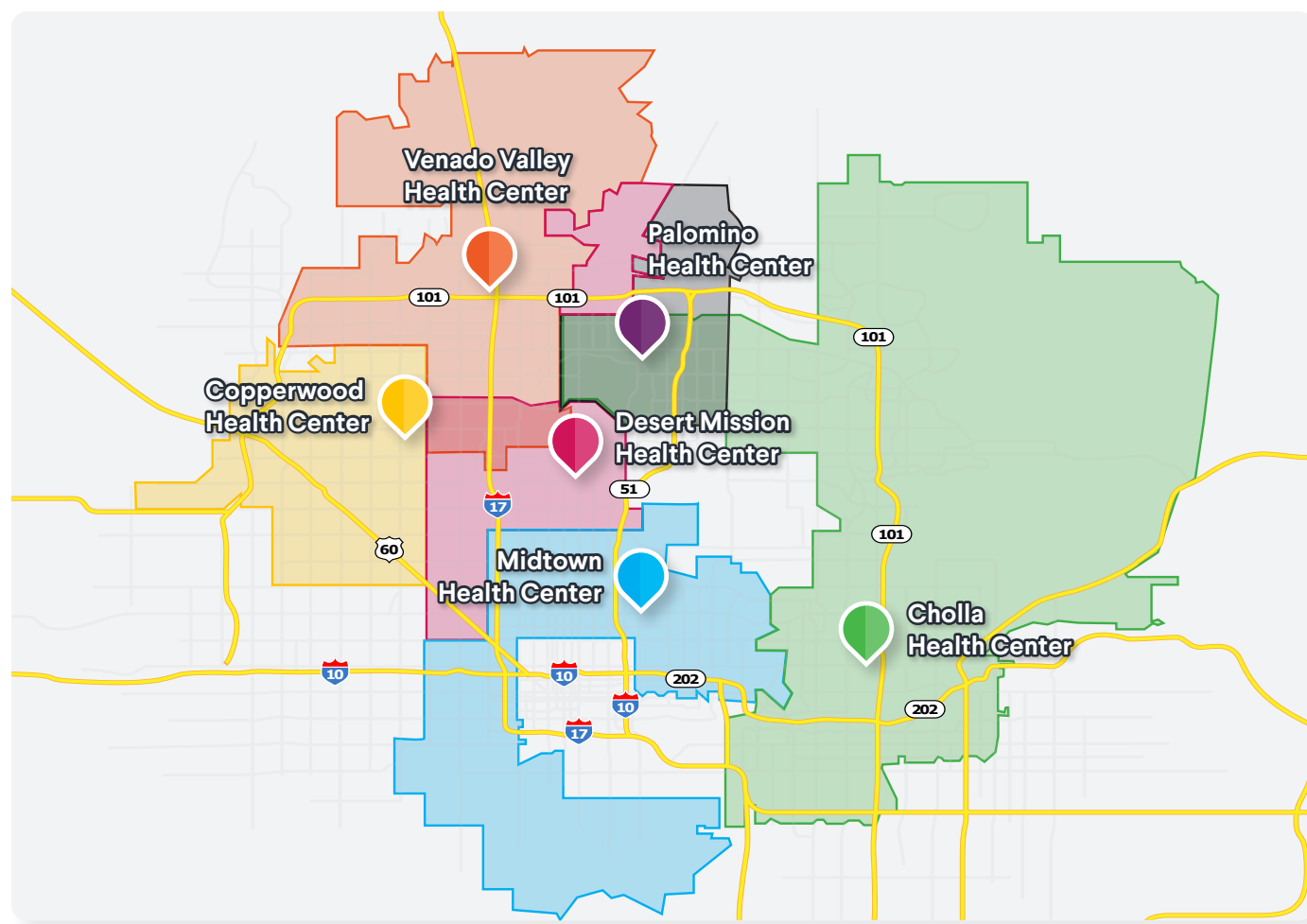
## Purpose

**N**eighborhood Outreach Access to Health (NOAH) conducts a Community Health Needs Assessment (CHNA) once every three years to ensure health center services and locations align with the needs of the neighborhoods we serve.

## About NOAH

**P**roviding healthcare to a diverse population of 50,000 patients at every stage of life, NOAH's six health centers deliver high-quality, comprehensive health and social services support to resource disadvantaged communities in the Phoenix-metro area.

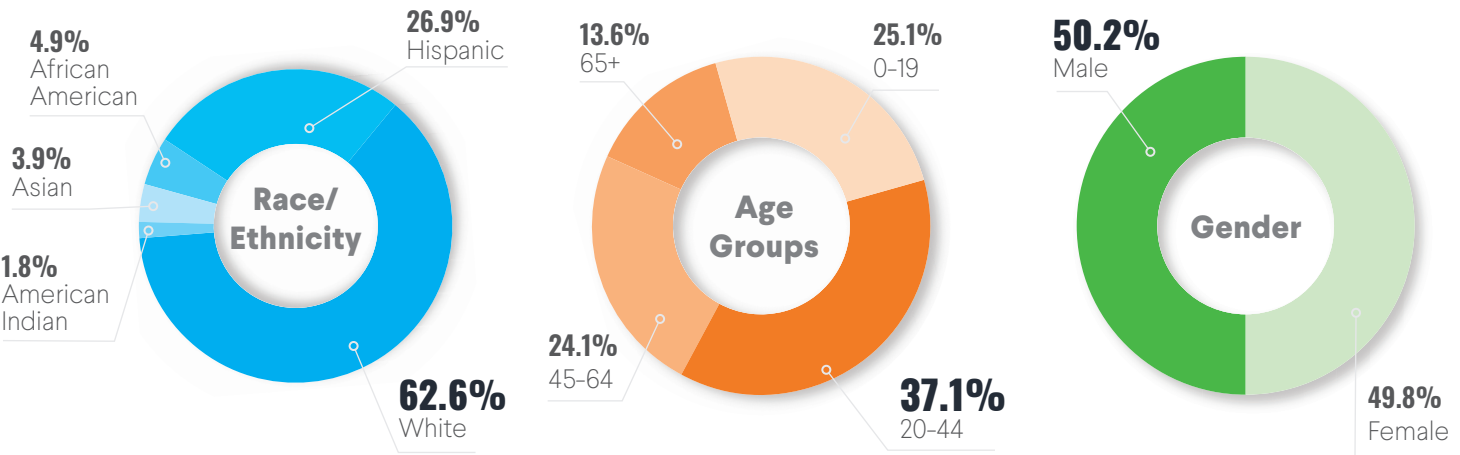
## NOAH Health Centers



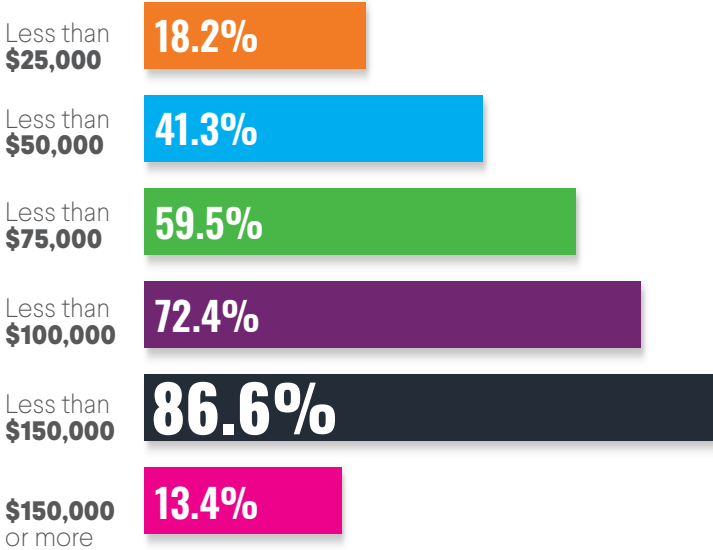
Primary Service Areas (PSA) are defined for each of NOAH's six health centers based on demographic data by zip code population. The combined PSA includes the total service area for all NOAH health centers.



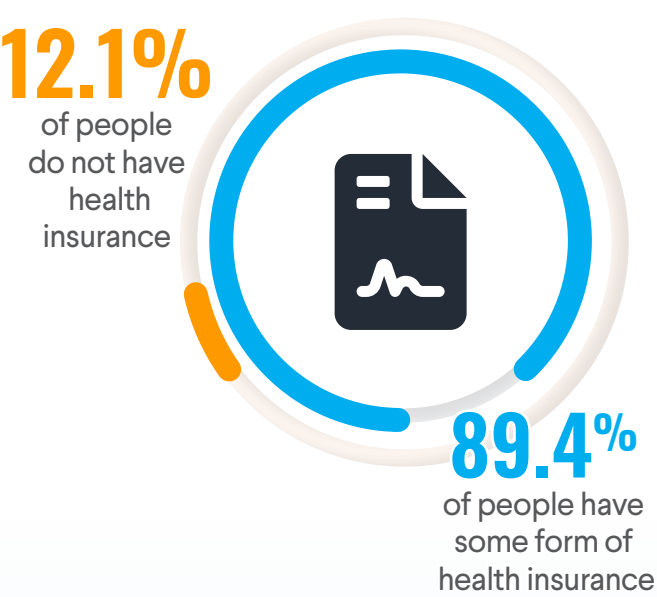
# Population Demographics for NOAH Primary Service Areas (PSA)



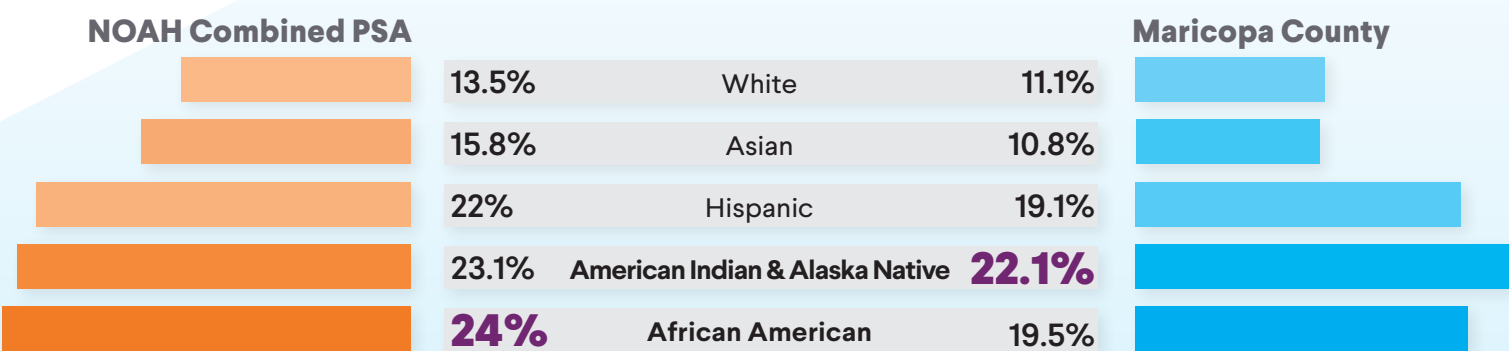
## Annual Household Income



## Insurance Status



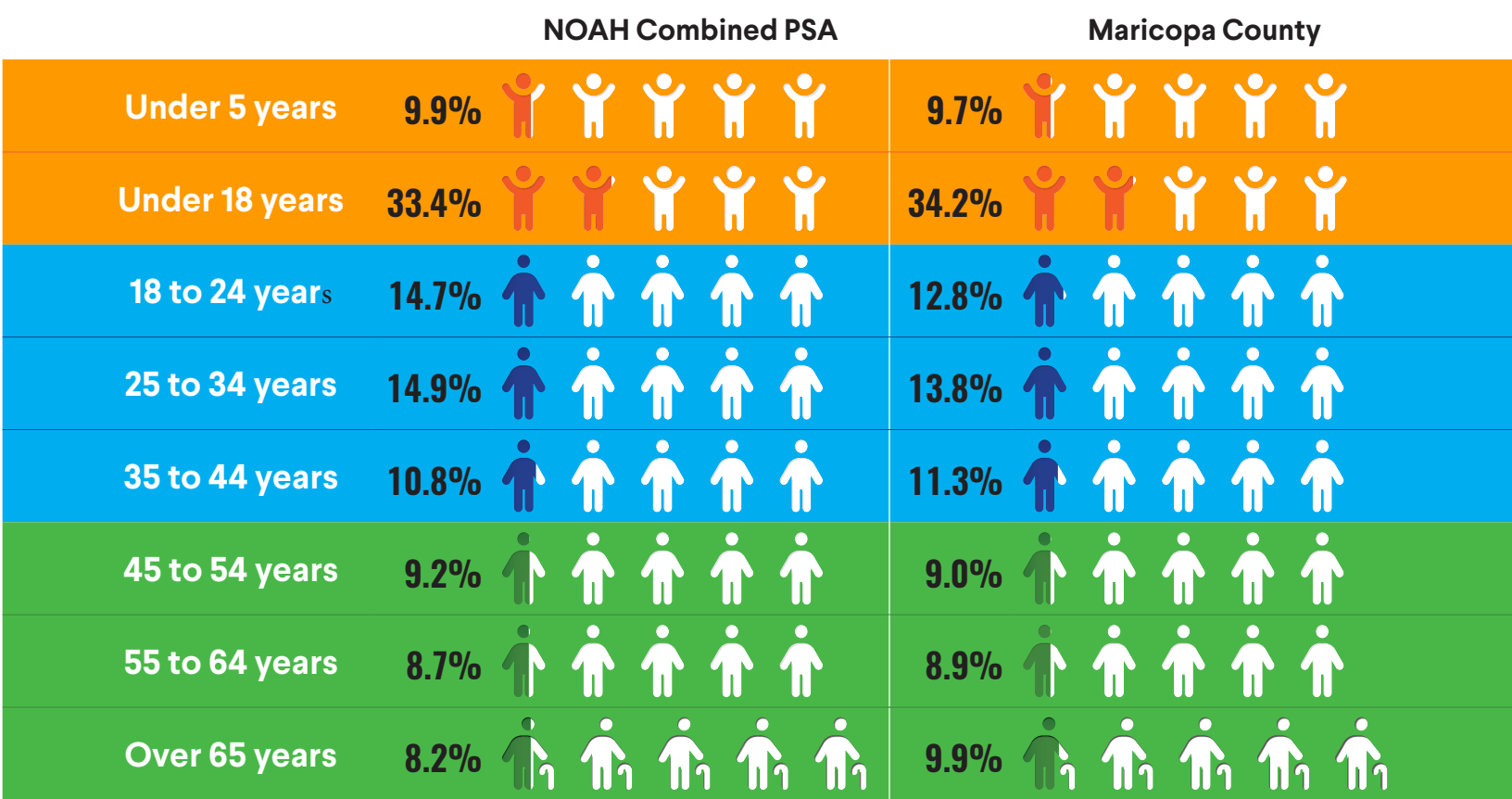
## Poverty Conditions by Race



(Source: PolicyMap; ACS 5 Year Estimates 2020)

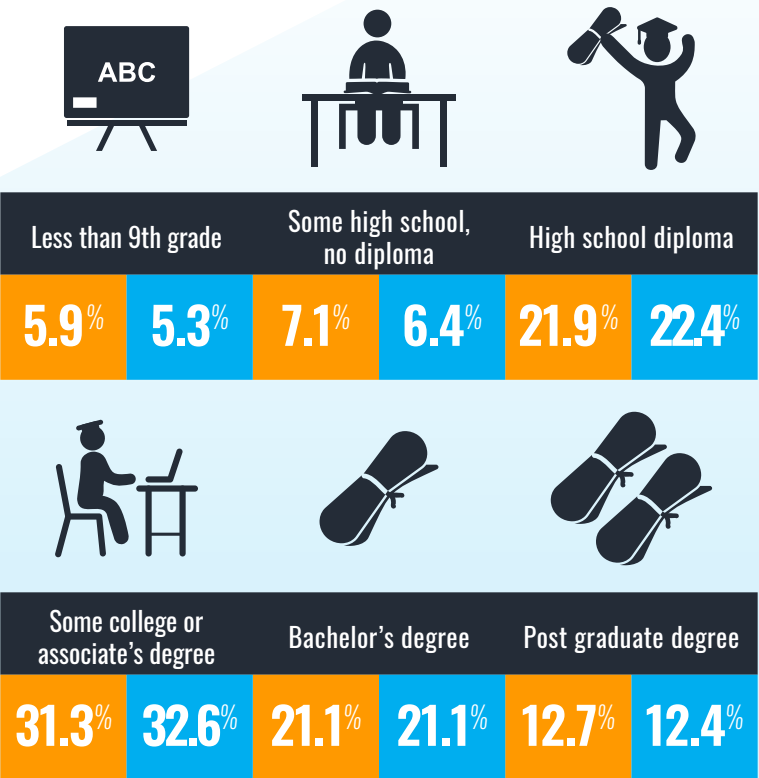
\*Numbers reflect percent rounded to nearest tenth.

# Poverty Conditions by Age



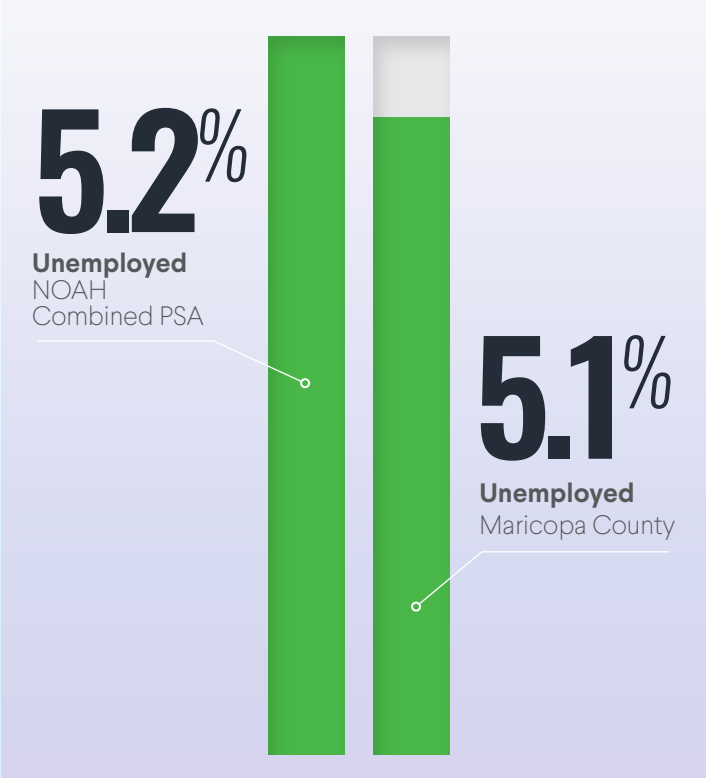
## Education

NOAH Combined PSA Maricopa County



(Source: PolicyMap; ACS 5 Year Estimates 2020)

## Employment Status








(Source: Census; ACS 5 Year Estimates 2020)

# NOAH Priorities

Analysis of the CHNA findings has highlighted three specific areas of need in NOAH's Combined PSA.



## 1. Mental Health

	Race	Age	Gender
 <b>Anxiety</b>	<b>Black/African Americans</b> had the highest hospitalization and emergency department rates.	<b>Ages 45-64</b> had the highest hospitalization rate. <b>Ages 25-44</b> had the highest emergency department rate. <b>Black/African Americans</b> had the highest hospitalization and emergency department rates.	<b>Females</b> had the highest hospitalization and emergency department rates.
 <b>Mood &amp; Depressive Disorders</b>	<b>Black/African Americans</b> had the highest hospitalization and emergency department rates.	<b>Ages 25-44</b> had the highest hospitalization and emergency department rates.	<b>Females</b> had the highest hospitalization and emergency department rates.
 <b>Suicide</b>	<b>American Indians</b> had the highest death rate.	<b>Ages 25-44</b> had the highest death rate.	<b>Males</b> had the highest death rate.
 <b>Substance Use (Alcohol Related)</b>	<b>American Indians</b> had the highest hospitalization and emergency department rates.	<b>Ages 45-64</b> had the highest hospitalization rate. <b>Ages 25-44</b> had the highest emergency department rate.	<b>Males</b> had the highest hospitalization and emergency department rates.
 <b>Substance Use (Opioid Overdose)</b>	<b>Black/African Americans</b> had the highest hospitalization rate. <b>American Indians</b> had the highest emergency department and death rates.	<b>Ages 25-44</b> had the highest hospitalization, emergency department, and death rates.	<b>Males</b> had the highest hospitalization, emergency department, and death rates.

NOAH Combined PSA

## 2. Chronic Disease

### Race

### Age

### Gender



#### Cardiovascular Disease (CVD)

**Black/African Americans** had the highest hospitalization and emergency department rates. **White/Caucasians** had the highest death rate.

**Ages 65+** had the highest hospitalization, emergency department and death rates.

**Males** had the highest hospitalization, emergency department, and death rates.



#### Diabetes

**Black/African Americans** had the highest hospitalization and emergency department rates. **American Indians** had the highest death rate.

**Ages 45-64** had the highest hospitalization and emergency department rates. **Ages 65+** had the highest death rate.

**Males** had the highest hospitalization, emergency department, and death rates.

## 3. Social Determinants of Health (SDoH)

Social Determinants of Health (SDoH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

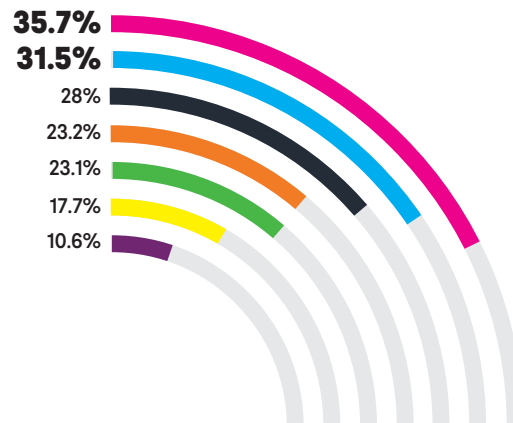
### Ability to Pay for Essentials

Since March of 2020, have you had enough money to pay for essentials such as \_\_\_\_\_?

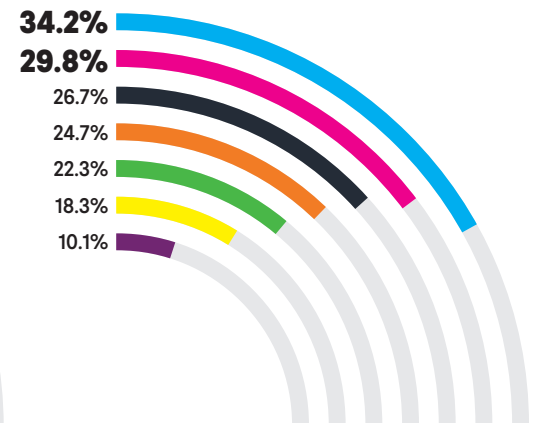
(% of survey respondents that stated "sometimes" or "never" by race)

- African American/Black
- American Indian/Native American
- Asian/Native Hawaiian
- Caucasian/White
- Hispanic or Latinx
- Two or more Races
- Unknown/Not Given

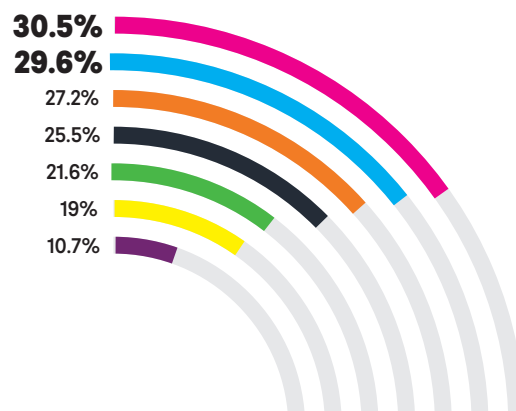
#### Food



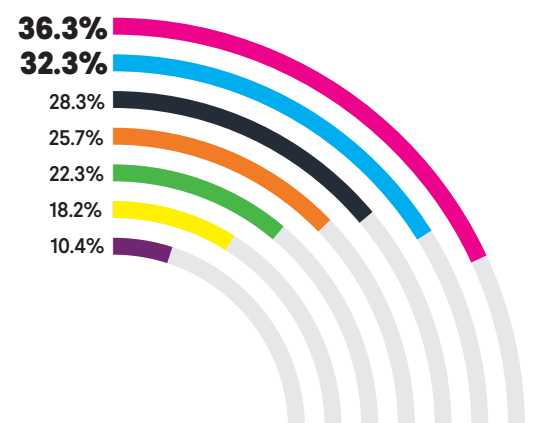
#### Housing



#### Transportation



#### Utilities





## Conclusion

*“To truly improve the health of our neighbors, it is vital to understand and address the disparities people are experiencing throughout Maricopa County. Findings from this study ensure NOAH continues to support our patients in living their healthiest lives.”*

### **Wendy Armendariz**

**CEO**, NOAH Neighborhood Outreach Access to Health

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In addition to identifying priorities for growth and change, this assessment provides a benchmark for understanding NOAH’s impact on the overall health of our community.



# About NOAH

## Services

Neighborhood Outreach Access to Health (NOAH) has provided affordable, high-quality healthcare services throughout Maricopa County for the last 25 years. As a Federally Qualified Health Center (FQHC), NOAH is focused on reducing barriers to healthcare including cost, lack of insurance, language, culture, and other Social Determinants of Health (SDoH).

Serving a diverse population of 50,000 neighbors at every stage of life, NOAH's model of care places patients' needs at the center of attention while delivering comprehensive health services including medical, dental, behavioral health, psychiatry, nutrition, preventive health, enrollment assistance, and health education programs. This whole-person approach creates an opportunity for integrated care where providers can work together to ensure all our patients' needs are met in one place.

## History

NOAH was established in 1997 as a program of Scottsdale Healthcare (now HonorHealth) in response to local school districts' concerns that not all students were able to access quality healthcare. Volunteers and a nurse practitioner visited schools across the Scottsdale and Paradise Valley Unified School Districts to provide on-the-spot care for children, especially those from Title I schools and low-income families.

By 2001 NOAH had deployed a mobile clinic and established a brick-and-mortar health center at the Palomino Primary School in the Paradise Valley School District. Recognizing the community need was larger than school-aged children, NOAH organized as a 501(c)(3) organization, achieved FQHC status in 2013 and began supporting children, youth, adults, and seniors. The Palomino Health Center grew to serve adults and children and added dental care while NOAH opened the Heuser and Paiute Clinics in central Scottsdale.

NOAH continued to expand its footprint to areas throughout the Valley. Over time, NOAH has opened some health centers and closed others, following changing demographics and providing quality care where it's needed most.

With community need driving continued growth, NOAH created the framework to operate independently from the hospital system in late 2021. More than tripling the number of employees, NOAH departments were added for functions previously shared with HonorHealth including Human Resources, Revenue Cycle, Community Resources, Information Technology, Building Maintenance, Security, etc.

# CHNA Purpose

NOAH completes a Community Health Needs Assessment (CHNA) of the current or proposed population at least once every three years. CHNA results are used to inform and improve the delivery of health center services including adding or modifying existing services and identifying potential locations for new health centers. Any relevant changes impacting NOAH's services provided, services sites, or other activities/locations are then reflected in a Change in Scope (CIS) and submitted to HRSA for approval.

The needs assessment utilizes the most recently available data for the service area and, if applicable, special populations and addresses the following:

- Factors associated with access to care and healthcare utilization including geography, transportation, occupation, transience, unemployment, income level, and educational attainment.
- Any other unique healthcare needs or characteristics that impact health status or access to, or utilization of, primary care. Examples include social factors, the physical environment, cultural/ethnic factors, language needs, and housing status.
- The most significant causes of morbidity and mortality, which often include diabetes, cardiovascular disease, cancer, low birth weight, behavioral health issues and any associated health disparities.

This CHNA has been created in partnership with the Maricopa County Department of Public Health and Synapse, a collaborative group including local hospitals and federally qualified health centers. Members of Synapse work with a collective approach to identify “community needs, assets, resources, and strategies toward assuring better health and health equity for all Maricopa County residents” (<https://www.maricopa.gov/5102/Synapse>). A variety of data was used to complete the CHNA including:

- Maricopa County: COVID-19 Impact/Community Survey (2019 & 2021), Death Records, Hospital Discharge/Emergency Department Visits (2020).
- United States Census Bureau: American Community Survey (2020).
- NOAH: Community Partner Survey and Patient Focus Groups (2022).
- United States Department of Health and Human Services: Centers for Disease Control and Prevention: Behavioral Risk Factor Surveillance System (BRFSS) (2020).

NOAH's CHNA is presented to NOAH's Board of Directors for information and review and is made available to community partners and stakeholder groups.

The results of NOAH's previous CHNA indicated continued need for affordable healthcare along with an increase in the need for behavioral health services including psychiatry. These findings anchored NOAH's objectives to expand patient capacity and provide additional service lines for quality integrated care. NOAH completed its first ground-up development with the launch of the new Desert Mission Health Center in 2022. The new 23,000 square foot facility has the capacity to serve five times as many patients as the previous location addressing the growing need for access to healthcare in the Sunnyslope area. The new space also accommodates all of NOAH's service lines in one location embracing the concept of fully integrated care. Similarly, NOAH also began planning for the consolidation of three existing health centers into the new Cholla Health Center which will open in late 2022. The Cholla Health Center will be NOAH's largest facility, and like Desert Mission, will provide increased access to behavioral health and psychiatry including Medication Assisted Treatment (MAT) for opioid use disorders and co-occurring mental health disorders.

# CHNA Process

The health needs prioritization process began with an initial review and analysis of primary and secondary data sources. Primary sources included data that was derived from a MCDPH 2021 community survey, focus groups, and NOAH's 2022 community partner survey and patient focus groups. Secondary sources included 31 health indicators derived from county inpatient hospitalization, emergency department use, and death rate data. Additionally, external data sources such as PolicyMap, Behavioral Risk Factor Surveillance System (BRFSS), and the U.S. Census Bureau were utilized to analyze and highlight four social indicators including; housing, food, transportation, and utilities. Initial data was reviewed and prioritized by NOAH CHNA leadership based on needs that could be impacted through resources and partnerships.

## NOAH Patient and Partner Input

To solicit input from the community and partner organizations about top health and social needs, NOAH collected additional data from a partner survey and a patient advisory focus group in 2022. These additional sources of data helped the NOAH team identify the most prominent health issues impacting patients in addition to needs visible to peer organizations working in the community.



# Strategic Planning Committee

The NOAH team integrated patient and partner feedback with the primary issues identified by previous data sources to propose priority health indicators to the Strategic Planning Committee (SPC). On June 14, 2022, MCDPH presented in-depth data on the proposed priorities to the SPC. Members of the SPC provided feedback and engaged in conversation to develop a consensus on the most critical health needs. The discussion was guided by the following questions:

- Are there any health and social issues that have not been addressed?
- What data supported this direction?
- Are these priorities in the appropriate category?
- Is there anything we need to further define?
- Is there anything else that should be fleshed out in the report to be a useful instrument?

## Health Equity Lens Throughout

Improving health and healthcare requires a focus on equity – equity of access, treatment, and outcomes for all persons. Health equity is realized when each individual has a fair opportunity to achieve their full health potential. Health data shows that racial and ethnic minority groups experience higher rates of illness and death across a wide range of health conditions, including diabetes, obesity, and heart disease when compared to their White counterparts. Acknowledging and addressing the fairway between racial inequities and poor health outcomes is necessary to bridge the health equity gap. MCDPH and NOAH utilized a health equity lens to analyze disparities in health and wellbeing based on race, gender, age, economic status, and other social factors. These differences are detailed throughout the report to provide a framework for next steps in addressing ways in which the social and built environments impact health.

Based on the identified health and social needs, approval was granted from the SPC to move forward with the focus on 11 significant prioritized needs.

- **Cost of care**
- **Transportation**
- **Utilities**
- **Housing**
- **Anxiety**
- **Depression**
- **Suicide**
- **Substance use**
- **Diabetes**
- **Obesity**
- **Cardiovascular disease**

# Data Sources

The CHNA utilized a mixed-methods approach that included the collection of secondary data from existing sources and community input from focus groups, surveys, and meetings with stakeholders. The process was iterative as both the primary and secondary data were used to help inform each other. The advantage of using this approach is that it validates the data by cross verifying a multitude of sources. Focus group content and survey questions are further defined below and in Appendix 2.

## Primary Data

The first round of community data collection occurred in the fall of 2019 and involved a community survey as well as a series of focus groups. MCDPH contracted with the Southwest Interdisciplinary Research Center at Arizona State University (SIRC) to conduct the focus group analysis. In response to severe changes in the community health landscape due to the COVID-19 pandemic, a supplemental survey and focus group cycle was conducted in the summer of 2021. In 2022, NOAH conducted a community survey and held patient focus groups. These data sources are included in this assessment to provide a robust evaluation of community needs, both before and during the pandemic.

## Focus Groups

**2019 Coordinated Community Health Needs Assessment Focus Groups** A total of 52 focus groups were conducted between August 2018 and December 2019 with medically underserved populations across Maricopa County including youth 12-17 in the third and final cycle. The groups consisted of specific ethnic groups: (1) African American, (2) Native American, (3) Congolese, (4) Hispanic, and (5) Filipino. Other groups represented were: (6) homeless populations, (7) Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ), (8) veterans, (9) migrant seasonal farmworkers, (10) people who've been incarcerated, (11) people in rural communities, (12) new parents, and (13) parents of children with special healthcare needs. Six groups were conducted in Spanish, one in Mandarin, one in Swahili, and the remainder in English.

The focus group design and execution consisted of five phases: (1) initial review of literature; (2) discussion guide development; (3) recruitment; (4) data collection; and (5) report writing and presentation of findings. Focus group participants were asked to complete a survey that assessed a variety of factors that could have an important impact on individual and community health and quality of life. These were mainly closed-ended questions to augment the focus group discussions. The focus group data were analyzed and organized thematically to highlight prevalent ideas across the groups as well as surprising/unique responses from particular focus groups.

### **COVID-19 Focus Groups**

Between February and June 2021, a series of focus groups were conducted including participants across various community regions, service providers, and individual residents to better understand the impact of COVID-19 on Maricopa County residents. Focus groups helped to identify and address health needs, resource allocation, and long-term services needed for COVID-19 response efforts. Members of the community representing subgroups, defined as groups with unique attributes (race and ethnicity, age,

sex, culture, lifestyle, or residents of a particular area of Maricopa County), were recruited to participate in focus groups. A standard protocol was used for all focus groups (see Appendix B) to understand the experiences of these community members as they relate to the impact of COVID-19 on Maricopa County residents. In all, a total of 33 focus groups were conducted with 186 community members from five geographic Maricopa County locations based on the following groups: (1) older adults; specific ethnic groups (2) African American; (3) Hispanic/Latino; (4) Native American; (5) Asian American; (6) ethnic minority young adults; (7) Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) persons; (8) veterans; (9) new parents; (10) parents of young children, and (11) refugees.

The focus groups explored the topics of COVID-19 impact, barriers, concerns, messaging, trust in public health, vaccine intent, vaccine choices, and vaccine hesitancy. Participants also spent a great deal of time discussing healthcare, obstacles to care, access to food, financial well-being, and quality of life. To complement the focus groups, 158 respondents (most but not all of whom participated in the focus groups) completed an anonymous online questionnaire that asked about COVID-19 concerns, social determinants of health, medical trust, and mental and physical health. Participants discussed declines in mental and physical health, barriers to the vaccine, along with vaccine hesitancy and confusion.

Suggestions were offered for effective messaging and for who would influence their vaccine decisions, noting that one size does not fit all. Again, focus group data were analyzed and organized thematically to highlight prevalent ideas across the groups as well as surprising/unique responses from particular focus groups.

### **NOAH Patient Focus Groups**

Patient focus groups were conducted utilizing a mixed-methods research design to triangulate data from multiple sources. In April 2022, one focus group comprised of five English speakers and one key informant interview comprised of a Spanish speaker were conducted. MCDPH and NOAH sought to hold several patient focus groups in Spanish and English. However, time constraints and logistical challenges became barriers. The smaller participant pool is a limitation in the findings. All participants were provided informed consent, and patients were incentivized with bento boxes and beverages. To ensure quality, the focus group and key informant interview were recorded using multiple audio recording devices. The audio was transcribed and translated by MCDPH staff. Thematic analysis was performed on the transcripts using Microsoft Word.

## **Surveys**

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

Between February and June 2019, MCDPH collected community surveys from residents and professionals within Maricopa County. This survey was part of the Coordinated Maricopa County Community Health Needs Assessment (CCHNA) designed to identify priority health issues, resources, and barriers to care within Maricopa County through a community-driven process known as Mobilizing for Action through Planning and Partnerships (MAPP). A total of 22 survey questions were included, organized by the following sections: Physical and Mental Health, Health Care and Living Expenses, Barriers and Strengths of the Community, and Health and Wellness of the Community.

The survey questionnaire was originally developed by the National Association of County and City Health Officials (NACCHO). The survey was modified from its original version by NOAH, members of

the Synapse Coalition, a group of non-profit hospitals and federally qualified health care providers, the Health Improvement Partnership of Maricopa County (HIPMC), and MCDPH staff. Response options were expanded from the original format to include additional health issues and social determinants of health. The questionnaire was provided on a digital platform using Qualtrics® in addition to a paper format. All surveys were provided in English and Spanish. Since there was minimal request for additional language translations, MCDPH worked with partners who were able to assist individuals as translators to complete the survey.

The goal for the community survey was 15,000 responses, however once all data was cleaned to ensure usability, a total of 11,893 surveys were collected from community residents ages 14 and above. The digital survey was sent out via extensive community partner networks throughout Maricopa County, hospital/healthcare systems, municipalities, school districts, and social media, utilizing MCDPH internal programs to maximize resources. The survey was widely publicized with community and healthcare partners prior to March 1, 2019 to secure presence at community events and provide online advertisement to redirect individuals to the survey.

### **COVID-19 Community Impact Survey**

COVID-19 was declared a global pandemic in March of 2020, and this set off a series of drastic changes to everyday life for residents of Maricopa County. From May to July 2021, MCDPH mobilized data collection resources and community partnerships to explore how COVID-19 had impacted residents. This COVID-focused survey is part of the Coordinated Maricopa County Community Health Needs Assessment (CCHNA) designed to identify priority health issues, resources, and barriers to care. Survey questions were grouped into the following sections: Demographics, Physical and Mental Health, Health Care and Living Expenses, COVID-19 Impact on Employment, Barriers, Strengths, Health Conditions, Community Issues, Survey Usability, and Other Noteworthy COVID-19 Experiences. The questionnaire was primarily provided on a digital platform using Alchemer® and was translated into 12 languages (Arabic, Burmese, Chinese, English, French, Kinyarwanda, Korean, Lao, Spanish, Swahili, Tagalog, Thai, and Vietnamese). The foundation for this survey questionnaire was developed by the National Association of County and City Health Officials (NACCHO). The survey was modified from its original version by Mayo Clinic, members of the Synapse Coalition, a group of non-profit hospitals and federally qualified health care providers, the Health Improvement Partnership of Maricopa County (HIPMC), and MCDPH staff. Additional questions and response options were added and modified from the original format to assess the impact of COVID-19 on Maricopa County residents and explore additional health issues and social determinants of health. Free response questions were analyzed through a thematic analysis. A codebook was developed inductively based on the response data, and key themes were identified with the consensus of the MCDPH epidemiology team. At least 50% of the collected responses from each region in Maricopa County were analyzed and coded with key themes, totaling 2,186 responses analyzed. Key themes were ranked by frequency.

The goal for the community survey was 15,000 responses, however a total of 14,380 surveys were completed by residents of Maricopa County. MCDPH partnered with an extensive network of community-based organizations and healthcare partners to collect community surveys from residents and professionals within Maricopa County. The MCDPH team wanted to ensure diverse community representation and insight from all regions (northeast, northwest, nentral, southeast, and southwest) of the county. MCDPH collaborated with several community-based organizations to provide stipends ranging from \$2,000-\$5,000 to support survey translation, distribution and completion, social media outreach via networks, purchase of incentives for survey completion, and administrative expenses.

## **NOAH Community Partner Survey**

From April to May 2022, NOAH conducted a community partner survey that was distributed to 70 individuals and received 16 submissions. Respondents were predominantly from the healthcare industry (44%) and nonprofits (31%). Twenty-five percent (25%) of the participants represented state agencies, government, and the educational sector. The final survey instrument was comprised of 11 questions: six close-ended, two rank order, and three open-ended. Questions spanned several domains, including mental health, chronic illness, substance use, and social determinants of health.

## **Secondary Data**

Many of the challenging health problems facing the United States in the 21st century require understanding the health of communities – not just individuals. The challenge of maintaining and improving community health has led to the development of a “population health” perspective. Population health can be defined as “the health outcomes of a group of individuals, including the distribution of such outcomes within the group.” A focus on population health implies a concern for the determinants of health for both individuals and communities. The health of a population grows directly out of the community’s social and economic conditions as well as the quality of its medical care. As a result, the CHNA utilizes a population health framework for this report to develop criteria for indicators used to measure health needs.

Quantitative data used in this report are high quality, population-based data sources and were analyzed by MCDPH, Office of Epidemiology. Secondary data was collected from local, state, and national sources including the Maricopa County Department of Public Health, Arizona Department of Health Services, American Census Survey, and U.S. Centers for Disease Control and Prevention (CDC). Secondary data includes Maricopa County Hospital Discharge Data, Maricopa County Death Data, Maricopa County Birth Data, Behavioral Risk Factor Surveillance Survey (BRFSS) and PolicyMap, and the American Census Survey.

### **Hospital Discharge Data, Death Data, and Birth Data**

MCDPH receives Hospital Discharge Data (HDD) bi-annually from the Arizona Department of Health Services (ADHS). HDD consists of inpatient (IP) and emergency department (ED) discharge data for most Maricopa County hospitals. Data is collected based on the discharge date of the patient. Diagnoses have been coded using International Classification of Diseases – 10th Revision (ICD-10) since 2015.

MCDPH receives vital death data annually from ADHS for the previous year. This data includes deaths in Maricopa County regardless of residency status. The finalized and cleaned vital data consists of death data for residents of Maricopa County. Data is collected based on the event date of the patient, i.e. date of death. The death database is coded using ICD-10. MCDPH receives vital birth data annually from ADHS. This data includes births in Maricopa County regardless of residency status. Data is collected based on the event date of the patient, e.g. birth date.

Hospital discharge, death and birth data are obtained from ADHS and cleaned by MCDPH to use for analyses. These datasets are used along with population estimates from the American Census Survey to analyze health indicators for Maricopa County residents. All health indicator rates are age adjusted using the 2000 Standard Population. Age-adjustment methods allow for fairer comparisons between

population groups even if the size of the groups is different. The National Center for Health Statistics recommends using the 2000 Standard Population when calculating age-adjusted rates. In this report, the 2000 Standard Population is used to standardize HDD and vitals data. Health indicators that were analyzed include fatal and nonfatal chronic conditions, fatal cancer indicators, fatal and non-fatal injuries, mental and behavioral health indicators, and infant birth indicators. Each indicator is analyzed as an overall rate for Maricopa County, and then further analyzed by age, race, and gender to highlight disparities. In 2020, there were over 4.4 million Maricopa County residents.

## **Other Secondary Data**

Other secondary data includes publicly accessible data from the U.S. Census, CDC, and PolicyMap to elaborate on health and social indicators. The Behavioral Risk Factor Surveillance System (BRFSS) survey is developed by the CDC and conducted for each state to monitor the health and social behaviors of adults. In this assessment, BRFSS survey data was analyzed by county and state levels. The American Census Survey by the U.S. Census Bureau measures the social and economic characteristics of U.S. populations. For this assessment, 2020 data is used to analyze Maricopa County population and demographics. PolicyMap provides geographic data that maps demographic, social, and health indicators across the United States. PolicyMap is used in this assessment to evaluate social indicators in Maricopa County for 2020 when accessible.



# Results

## Health Behaviors

### Actions to Prevent Illness

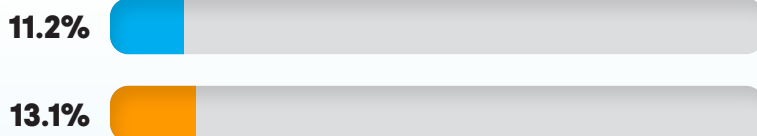
(Source, BRFSS) – Data only available for county and state

■ Maricopa County
 ■ Arizona

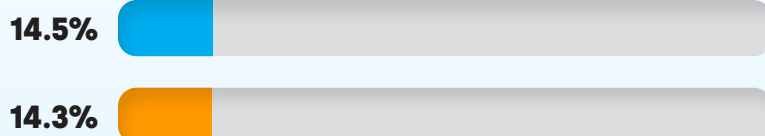
**Participated in physical activities in the past month (2020)**



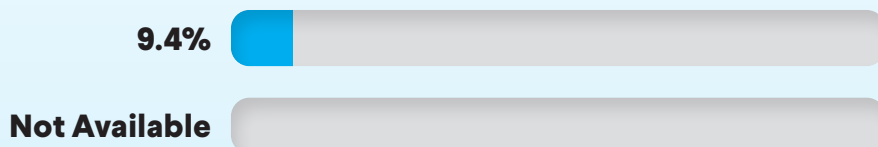
**Adults who are current smokers (2020)**



**Binge drinkers (males having 5+ drinks/ females having 4+ drinks on 1 occasion) (2020)**






























**Fruit & vegetable consumption – 5 or more servings/day (2019)**



# Health Statistics

## Morbidity/Mortality Data

	 Hospitalization	 Emergency Department	 Death
Rank			
1	 All Mental Health Disorders	 All Mental Health Disorders	 Cancer
2	 Cardiovascular Disease (CVD)	 COVID-19	 COVID-19
3	 COVID-19	 Flu Pneumonia	 Cardiovascular Disease (CVD)
4	 Cancer	 Chronic Lower Respiratory Disease	 All Drug Overdoses
5	 Diabetes	 Cardiovascular Disease (CVD)	 Chronic Lower Respiratory Disease
6	 Stroke	 Diabetes	 Stroke
7	 Chronic Lower Respiratory Disease	 COPD	 All Mental Health Disorders
8	 Flu Pneumonia	 Cancer	 Suicide
9	 COPD	 Stroke	 Diabetes
10	 Infectious Disease	 Infectious Disease	 Falls



# Access to Care

(Source: PolicyMap)

**Percent people without health insurance (2020)**

**NOAH Combined PSA**  
**12.1%**

**Maricopa County**  
**10.9%**

■ Glendale ■ Phoenix ■ Scottsdale

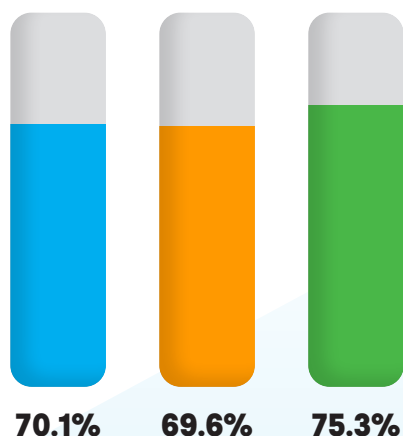
**Average dollars spent out of pocket per person on medical care (2019)**

**\$810**

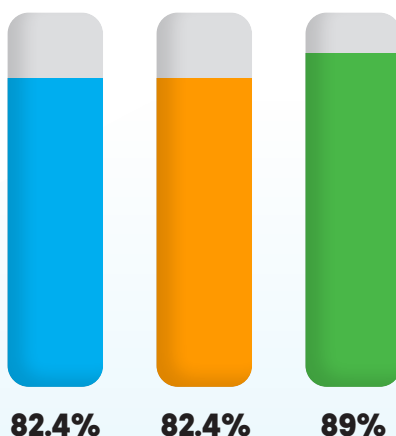
**\$790**

**\$1,200**

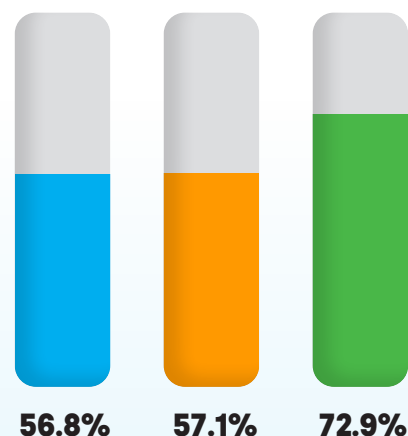
% of adults who received a routine checkup within the past year (2019)



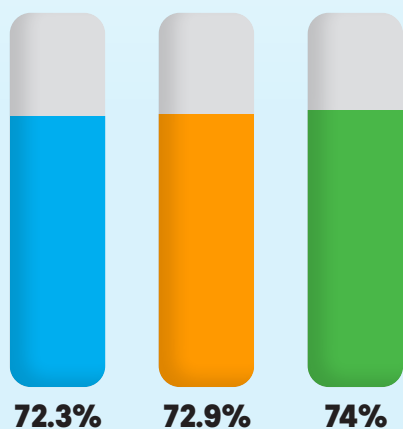
% of adults screened for high cholesterol (2019)



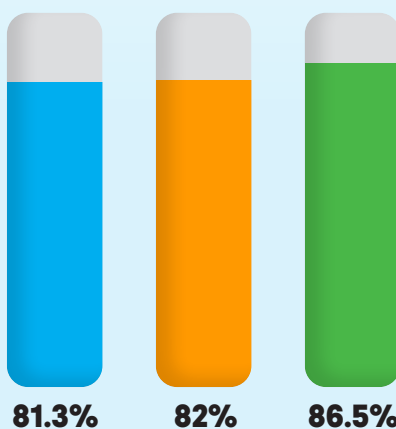
% of adults who visit the dentist/dental clinic (2018)



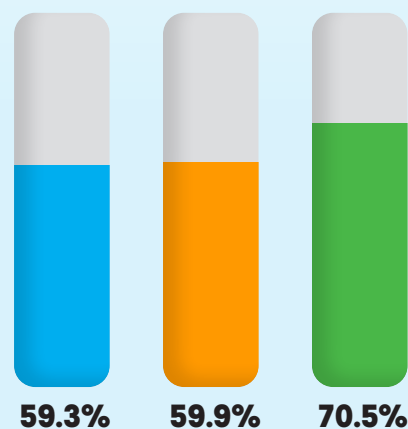
% of women aged 50-74 who have gotten a mammogram (2018)



% of women aged 21-65 who get screened for cervical cancer (2018)

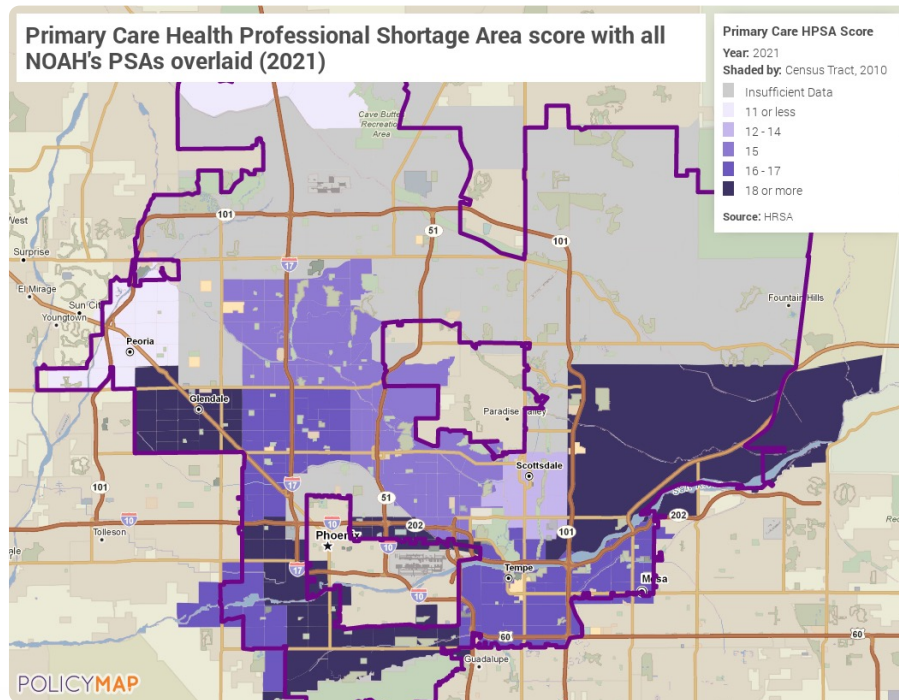


% of adults aged 50-75 who have had colorectal cancer screening (2018)



# Primary Care Provider Availability

(Source: BRFSS, 2020) – Data only available for county and state



■ Maricopa County ■ Arizona

**Had a routine check-up within the past year**

**71.2%**



**72.3%**

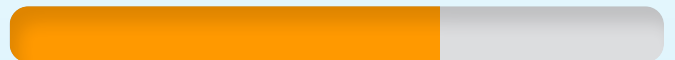


**Has a consistent doctor/healthcare provider**

**70.2%**



**65.7%**



**Has some kind of health care coverage**

**79.9%**

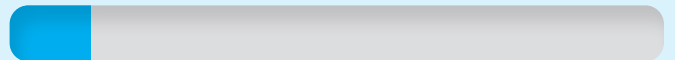


**85.4%**

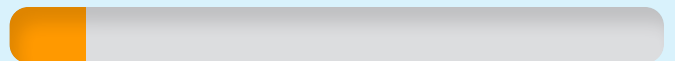


**Experienced a time in the past year when they needed to see a healthcare provider but could not because of cost**

**12.5%**



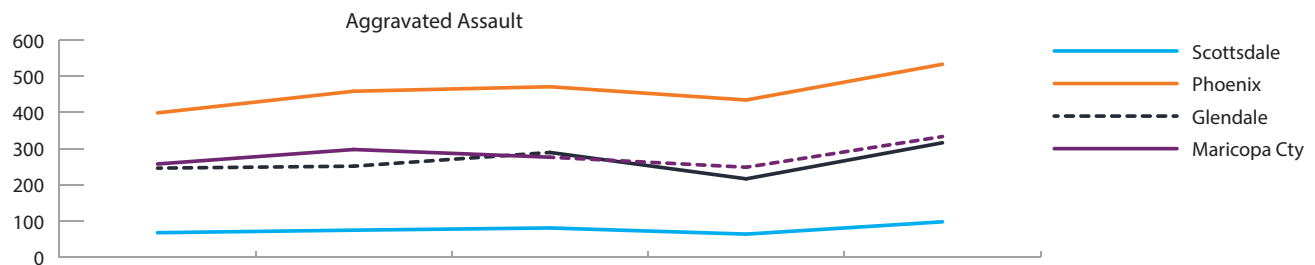
**11.7%**



# Safety and Crime

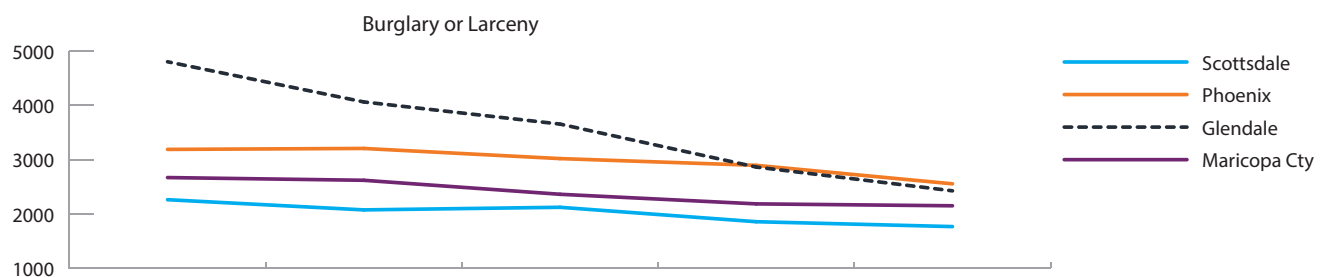
(Source: PolicyMap – FBI Uniform Crime Reports & DOJ) –  
Data only available for county and city

## Aggravated Assault -Rates per 100,000 people (2020)



	2016	2017	2018	2019	2020
<b>Maricopa Cty</b>	<b>257.6</b>	<b>297.6</b>	<b>276.3</b>	<b>248.6</b>	<b>333.3</b>
<b>Glendale</b>	246.1	251.5	289.4	216.5	316.2
<b>Phoenix</b>	398.9	458.7	471.1	434.4	533.2
<b>Scottsdale</b>	67.6	74.6	80.7	63.7	97.7

## Burglary or Larceny -Rates per 100,000 people (2020)

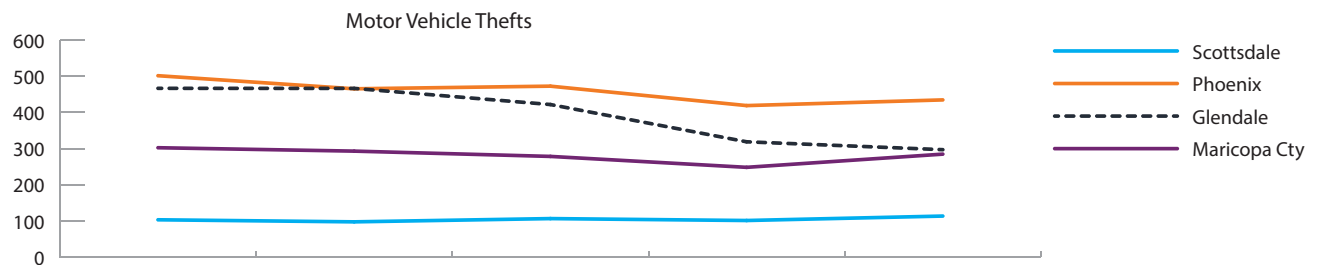


	2016	2017	2018	2019	2020
<b>Maricopa Cty</b>	<b>2670</b>	<b>2620</b>	<b>2362</b>	<b>2185</b>	<b>2150</b>
<b>Glendale</b>	4804.1	4063.8	3655.7	2863.9	2425.7
<b>Phoenix</b>	3189.3	3206.6	3019.6	2895.5	2554.7
<b>Scottsdale</b>	2262	2074.3	2122.2	1856.3	1766.4

# Safety and Crime

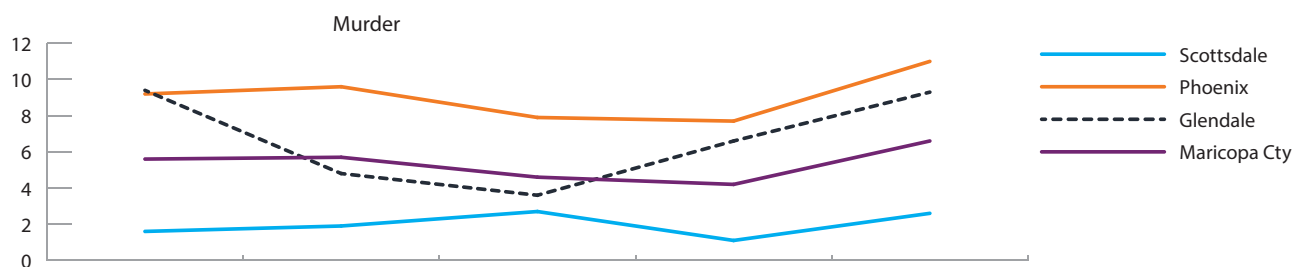
(Source: PolicyMap – FBI Uniform Crime Reports & DOJ) –  
Data only available at county and city level

## Motor Vehicle Thefts -Rates per 100,000 people (2020)



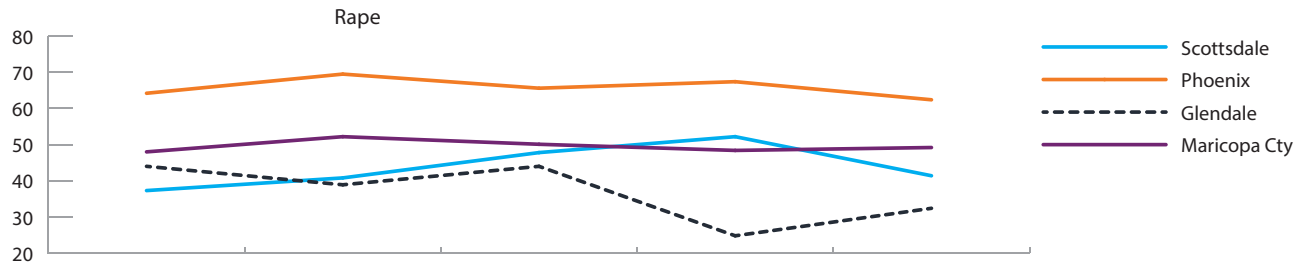
	2016	2017	2018	2019	2020
<b>Maricopa Cty</b>	<b>302.5</b>	<b>293.1</b>	<b>278.5</b>	<b>248.3</b>	<b>284.8</b>
<b>Glendale</b>	466.7	466.5	421.9	318.9	297.1
<b>Phoenix</b>	501.6	465.4	472.7	419	434.7
<b>Scottsdale</b>	103.3	97.6	106.6	101.3	113.6

## Murder -Rates per 100,000 people (2020)



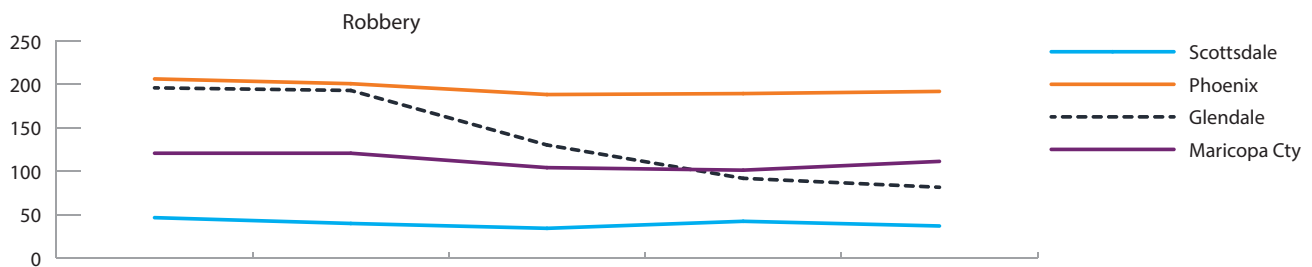
	2016	2017	2018	2019	2020
<b>Maricopa Cty</b>	<b>5.6</b>	<b>5.7</b>	<b>4.6</b>	<b>4.2</b>	<b>6.6</b>
<b>Glendale</b>	9.4	4.8	3.6	6.6	9.3
<b>Phoenix</b>	9.2	9.6	7.9	7.7	11
<b>Scottsdale</b>	1.6	1.9	2.7	1.1	2.6

## Rape -Rates per 100,000 people (2020)



	2016	2017	2018	2019	2020
<b>Maricopa Cty</b>	<b>48</b>	<b>52.2</b>	<b>50.1</b>	<b>48.4</b>	<b>49.2</b>
<b>Glendale</b>	<b>44</b>	<b>38.9</b>	<b>44</b>	<b>24.8</b>	<b>32.4</b>
<b>Phoenix</b>	<b>64.2</b>	<b>69.5</b>	<b>65.6</b>	<b>67.4</b>	<b>62.4</b>
<b>Scottsdale</b>	<b>37.3</b>	<b>40.8</b>	<b>47.8</b>	<b>52.2</b>	<b>41.4</b>

## Robbery -Rates per 100,000 people (2020)





























	2016	2017	2018	2019	2020
<b>Maricopa Cty</b>	<b>120.6</b>	<b>120.6</b>	<b>104</b>	<b>101.1</b>	<b>111.2</b>
<b>Glendale</b>	<b>195.9</b>	<b>192.9</b>	<b>130.1</b>	<b>91.7</b>	<b>81.4</b>
<b>Phoenix</b>	<b>206.2</b>	<b>200.7</b>	<b>188.2</b>	<b>189.3</b>	<b>191.8</b>
<b>Scottsdale</b>	<b>46.4</b>	<b>39.7</b>	<b>34.1</b>	<b>42.2</b>	<b>36.8</b>

\*The crime rates per 100,000 persons in the Census Place and county in which the study area is located, as reported by the FBI's Uniform Crime Reports, are as follows. Data was reported by the FBI for selected Census Places and counties, so data may be unavailable for your study area.

# Employment and Income









(Source: Census; ACS 5 Year Estimates 2020, PolicyMap)

Employment Status (2020)	NOAH Combined PSA	Maricopa County
Population 16 years and over	<b>1,150,561</b>	<b>3,482,330</b>
In labor force	66.4% 	64.6% 
Civilian labor force	66.4% 	64.4% 
Employed	63.0% 	61.1% 
Unemployed	3.4% 	3.3% 
Armed forces	0.07% 	0.2% 
Not in labor force	33.6% 	35.4% 
Civilian labor force	<b>763,594</b>	<b>2,243,162</b>
Unemployment rate	5.2% 	5.1% 

Annual Income Category (2020)	NOAH Combined PSA	Maricopa County
<b>Less than \$25,000</b>	<b>18.2%</b> 	<b>15.4%</b> 
Less than \$50,000	41.3% 	36.3% 
Less than \$75,000	59.5% 	54.7% 
Less than \$100,000	72.4% 	68.3% 
Less than 150,000	86.6% 	84.8% 
150,000 or more	13.4% 	15.1% 

# Internet and Device Access

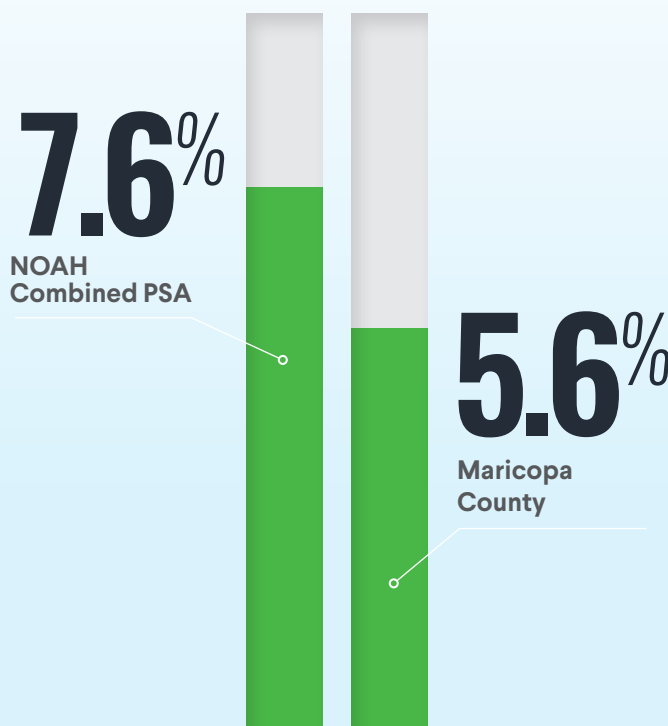
(Source: PolicyMap - Census) – Data only available for county and city

	% of households with no internet access (2016-2020)	% of households with no computer access (2016-2020)
Maricopa County	8.7% 	5.2% 
<b>Cities within NOAH PSAs</b>		
Glendale	13.9% 	6.5% 
Scottsdale	5% 	3.3% 
Phoenix	11.3% 	6.2% 

## Transportation

(Source: PolicyMap; ACS 5 Year Estimates 2020)

### Estimated % of housing units of which no vehicles are available (2020)





# Chronic Diseases

## Alzheimer's

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH), “.” Indicates that the sample size was <5



### Overall Death

(2020 rates per 100,000)

NOAH Combined PSA .....**37**

Maricopa County .....**37**



### Gender

(2020 rates per 100,000)



Male

Death .....**65**



Female

Death .....**102**

Race (2020 rates per 100,000)	NOAH Combined PSA	
White/Caucasian	Death	48.3
Black/African American	Death	20.8
Asian	Death	15.2
Hispanic	Death	14.2
American Indian	Death	.

Age (2020 rates per 100,000)	NOAH Combined PSA	
1-14	Death	.
15-24	Death	.
25-44	Death	.
45-64	Death	0.5
65+	Death	36.1



# COPD and Asthma

## COPD

Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH), “.” Indicates that the sample size was <5

### Overall Death

(2020 rates per 100,000)

NOAH Combined PSA .....**39**

Maricopa County .....**36**

### Gender

(2020 rates per 100,000)








**Male** Death .....**93**



**Female** Death .....**81**

Race (2020 rates per 100,000)	NOAH Combined PSA	
White/Caucasian	Death	53.9
Black/African American	Death	23.8
Asian	Death	7.6
Hispanic	Death	7.3
American Indian	Death	.

Age (2020 rates per 100,000)	NOAH Combined PSA	
 1-14	Death	.
 15-24	Death	.
 25-44	Death	.
 45-64	Death	5.3
 65+	Death	33.2

## Asthma

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH), “.” Indicates that the sample size was <5

### Overall Death

(2020 rates per 100,000)

NOAH Combined PSA .....**2**

Maricopa County .....**2**

### Gender

(2020 rates per 100,000)








Male Death.....**2**



Female Death.....**4**

Race (2020 rates per 100,000)	NOAH Combined PSA	
	Death	
White/Caucasian	Death	2.1
Black/African American	Death	.
Asian	Death	.
Hispanic	Death	.
American Indian	Death	.

Age (2020 rates per 100,000)	NOAH Combined PSA	
	Death	
 1-14	Death	.
 15-24	Death	.
 25-44	Death	0.3
 45-64	Death	0.8
 65+	Death	0.6

# Mental Health

## Schizophrenia

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH), “.” Indicates that the sample size was <5

### Overall

(2020 rates per 100,000)

#### NOAH Combined PSA

 Hospitalization ..... **376**

 Emergency Department ..... **271**

#### Maricopa County

 Hospitalization ..... **378**

 Emergency Department ..... **283**

### Gender

(2020 rates per 100,000)



Male

Hospitalization..... **591**

Emergency Department ..... **405**








Hospitalization..... **356**

Emergency Department ..... **272**

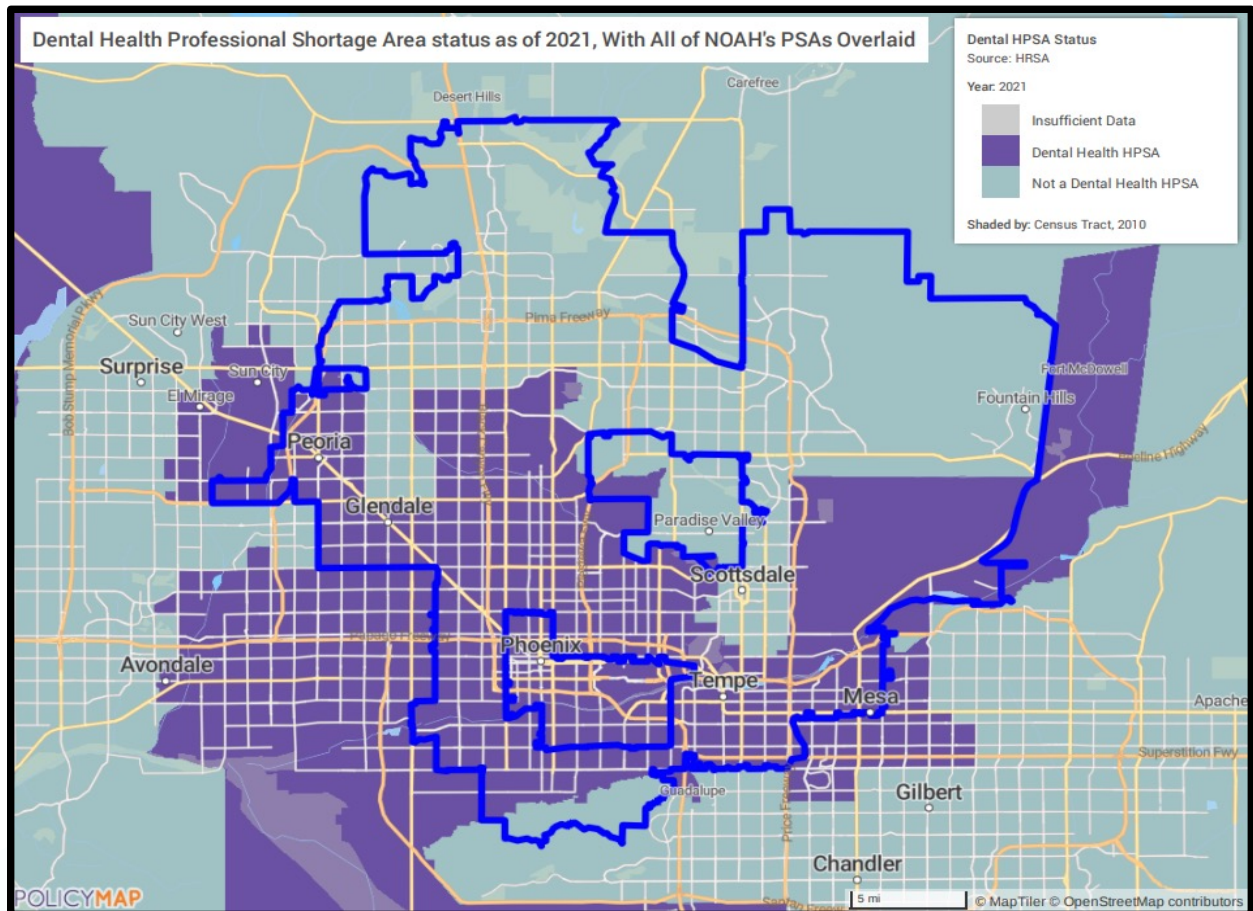
Female

Race (2020 rates per 100,000)	NOAH Combined PSA	
White/Caucasian	Hospitalization	330.7
	Emergency Dept.	238.3
Black/African American	Hospitalization	1207.0
	Emergency Dept.	831.1
Asian	Hospitalization	205.2
	Emergency Dept.	93.7
Hispanic	Hospitalization	244.9
	Emergency Dept.	185.2
American Indian	Hospitalization	473.4
	Emergency Dept.	387.1

Age (2020 rates per 100,000)	NOAH Combined PSA	
 1-14	Hospitalization	5.2
	Emergency Dept.	1.5
 15-24	Hospitalization	40.2
	Emergency Dept.	22.2
 25-44	Hospitalization	171.7
	Emergency Dept.	134.2
 45-64	Hospitalization	122.3
	Emergency Dept.	89.3
 65+	Hospitalization	36.1
	Emergency Dept.	23.5

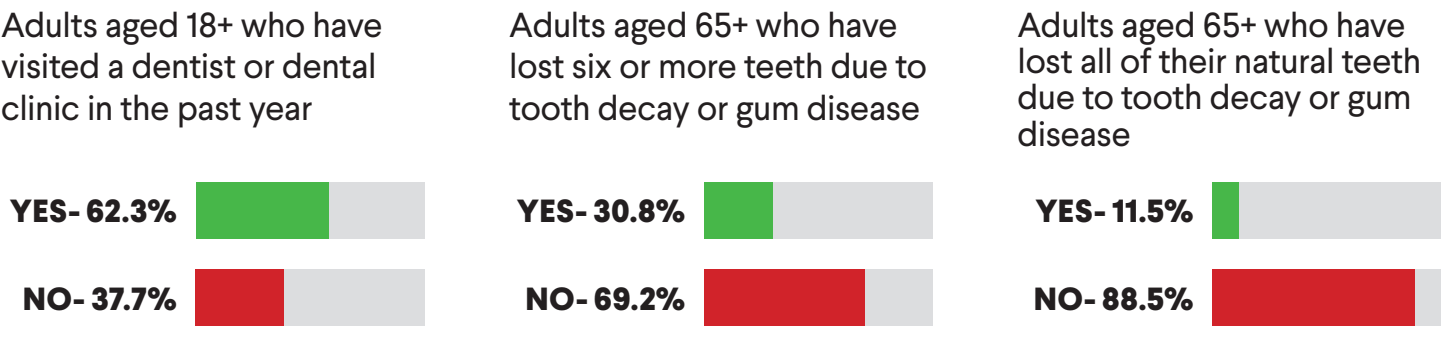
## Barriers to Dental Care

(Source: PolicyMap)

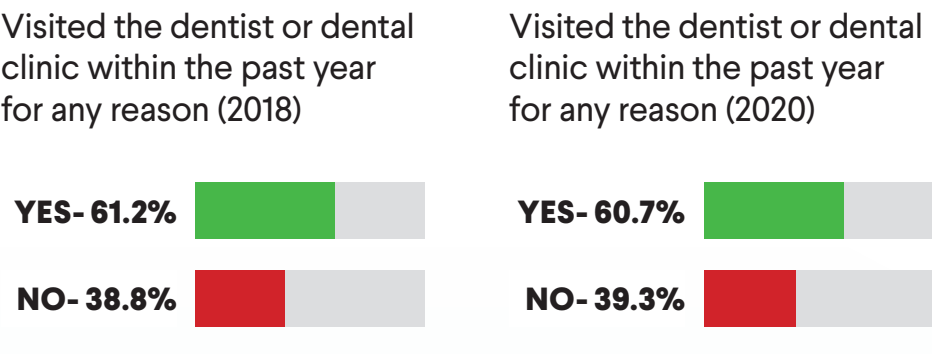


\*Health Professional Shortage Areas (HPSAs) are defined by the Health Resources and Services Administration (HRSA) as areas that need more health providers in primary care, dental health, or mental health. All HPSAs are defined on the basis of three basic criteria: the ratio of population to health providers, percent of population below the federal poverty level, and travel time to the nearest source of care outside the HPSA area.

(Source: CDC Oral Health Data, Arizona 2018)



(Source: BRFESS, Arizona)



(Source: PolicyMap)

	Maricopa County	Arizona
Rate of Dentist's Offices per 100,000 people in 2019	47	40
Average annual dollars spent out of pocket on dental care in 2019	\$190	\$200
Aggregated Cost of Dental Care in 2019	\$1,741,667,000	\$22,891,324,500

# Maternal and Infant Health



(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH), “.” Indicates that the sample size was <5

## Overall





(2020 rates per 100,000)

## Gender

(2020 rates per 100,000)

	NOAH Combined PSAs Overall	Maricopa County Overall	 Male	 Female
Infant Mortality Rate	554	499	n/a	n/a
Low Birth Weight	84	85	84	89
Preterm Births	105	109	117	101
Teen Births	59	54	33	37
Adequate Prenatal Care	744	811	774	781
Inadequate Prenatal Care	209	206	221	214

Race (2020 rates per 100,000)	Infant Mortality Rate	Low Birth Weight	Preterm Births	Teen Births	Adequate Prenatal Care	Inadequate Prenatal Care
White/Caucasian	350.5	40.1	51.0	12.6	444.2	73.5
Black/African American	1141.9	223.2	234.1	94.2	1009.6	518.7
Asian	.	119.0	103.8	10.1	943.5	182.4
Hispanic	647.8	112.1	148.5	143.6	1011.5	356.3
American Indian	.	75.9	128.2	86.3	648.6	434.2

Age (2020 rates per 100,000)	Infant Mortality Rate	Low Birth Weight	Preterm Births	Teen Births	Adequate Prenatal Care	Inadequate Prenatal Care
 1-14		.	.	0.6	.	.
 15-24		20.5	23.5	58.3	159.8	72.0
 25-44		63.1	80.5	.	581.7	136.6
 45-64		.	0.3	.	1.5	.

# HIV

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH), “.” Indicates that the sample size was <5

## Overall

(2020 rates per 100,000)

### NOAH Combined PSAs

 Hospitalization ..... **6**

 Emergency Department ..... **2**

### Maricopa County

 Hospitalization ..... **5**

 Emergency Department ..... **2**

## Gender

(2020 rates per 100,000)



Hospitalization..... **13**






Emergency Department ..... **3**



Hospitalization..... **2**

Emergency Department ..... **1**

Race (2020 rates per 100,000)	NOAH Combined PSA	
White/Caucasian	Hospitalization	3.7
	Emergency Dept.	1.0
Black/African American	Hospitalization	23.8
	Emergency Dept.	.
Asian	Hospitalization	.
	Emergency Dept.	.
Hispanic	Hospitalization	6.0
	Emergency Dept.	1.8
American Indian	Hospitalization	.
	Emergency Dept.	.

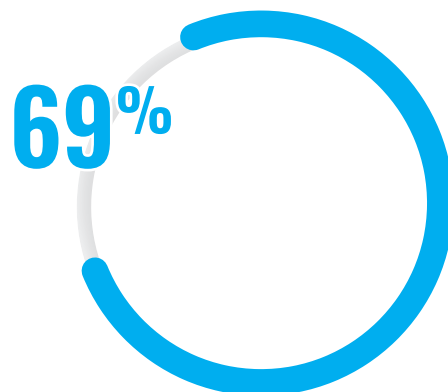
Age (2020 rates per 100,000)	NOAH Combined PSA	
 1-14	Hospitalization	.
	Emergency Dept.	.
 15-24	Hospitalization	.
	Emergency Dept.	.
 25-44	Hospitalization	2.3
	Emergency Dept.	0.6
 45-64	Hospitalization	2.8
	Emergency Dept.	0.7
 65+	Hospitalization	0.3
	Emergency Dept.	.

# NOAH Community Survey and Focus Group Feedback on Priorities

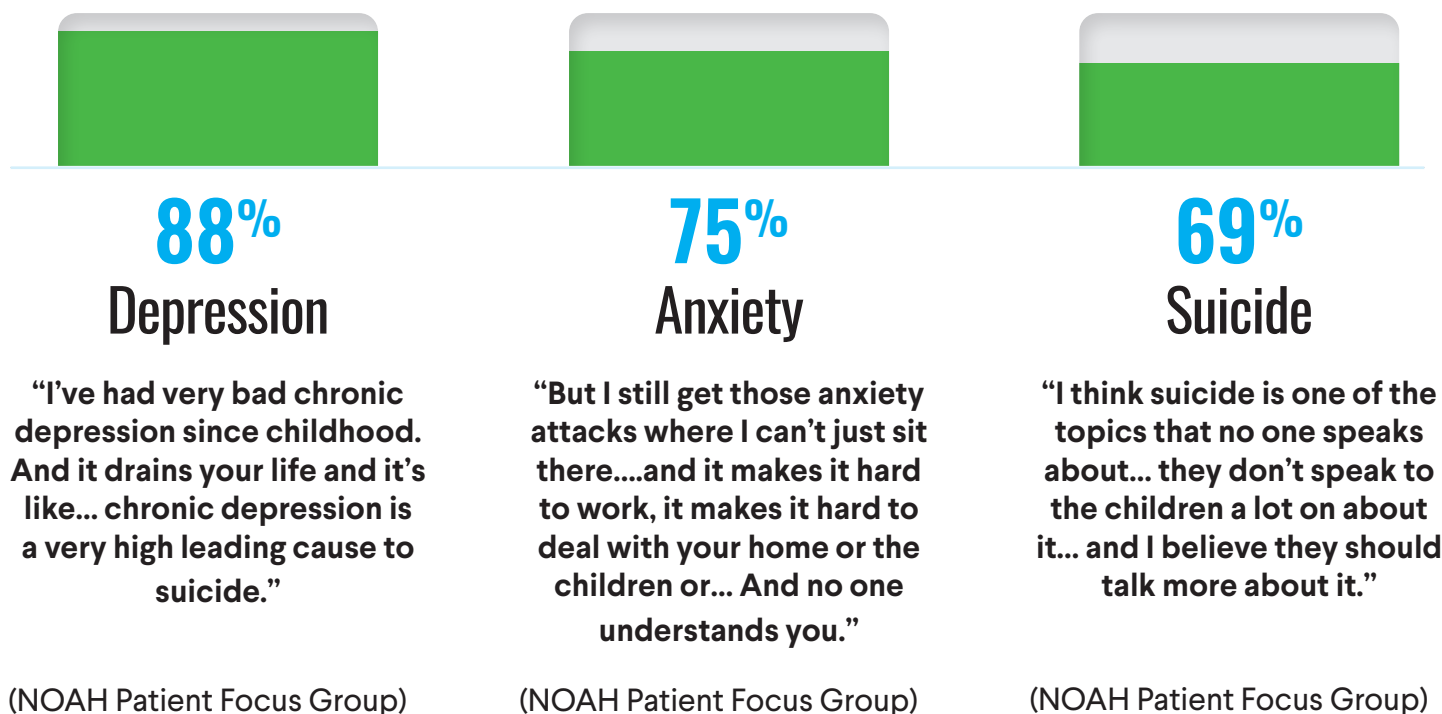
## Mental health

Almost three-fourths of survey respondents (69%) expressed being ‘extremely concerned’ about mental health in the community.

Source: NOAH Community Partner Survey



## Top Mental Health Concerns from 2022 Community Partner Survey



“Fentanyl is off the walls. I have had multiple people that I’ve been in contact with through work in the past year that have died from Fentanyl. One of them did not even know they were using it, it was laced. And they ended up passing away.”

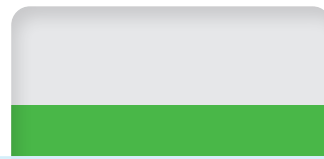
(NOAH Focus Group)



## Most important issue to address in the community from 2022



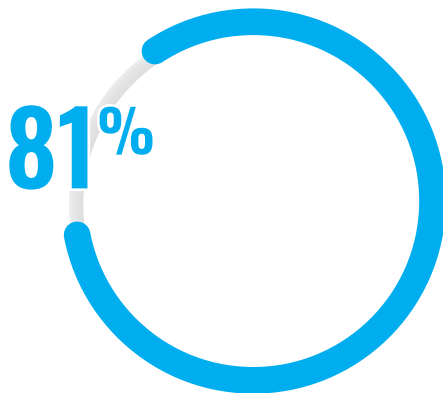
**60%**  
Opioid



**33%**  
Alcohol Related  
Death and Overuse



### Chronic Disease



**The majority of survey respondents expressed being 'extremely concerned' about chronic illness in the community**

- Participants discussed the prevalence of diabetes and lack of treatment specifically in the Native American and Latino communities
- Obesity was viewed as a platform for multiple chronic conditions (e.g. diabetes, cardiovascular disease, etc.)
- Focus group participants felt that increased education and early intervention would help in reducing obesity and its associated comorbidities
- Focus group participants discussed an increase in autoimmune disorders and chronic conditions (e.g. Fibromyalgia, Crohn's Disease, Rheumatoid Arthritis) in population

### Chronic Illness - Partner Survey



**75%**  
Diabetes



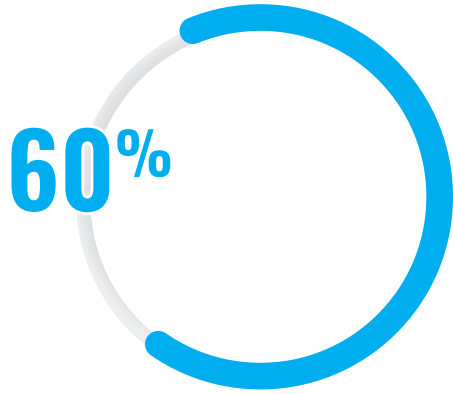
**69%**  
Obesity



**56%**  
Cardiovascular  
Disease (CVD)



# Social Determinants of Health



**Most survey respondents (60%) expressed being 'extremely concerned' about cost of care in the community.**

All participants stressed:

- critical need for more affordable healthcare despite having jobs and insurance, they incur debt when seeking medical care.
- scarcity of affordable healthcare is deterrent in seeking medical care.
- struggle with accessing healthcare during hours of operations.

Participants agreed:

Without secure and safe housing, all other needs (physical health, mental health, work, etc.) become secondary.

## Social Determinants of Health - Partner Survey



**60%**  
**Cost of care**



**53%**  
**Access to  
transportation**



**47%**  
**Convenient  
appointment  
availability**

**Cost of care was ranked number one most frequently (60%) as an important issue to address in the community**

# Conclusion

## Prioritization of Health Needs

After collection and thorough review of primary and secondary data, three areas were identified as priorities for NOAH going forward: mental health, chronic disease, and social determinants of health. In most areas, data tables indicated only minor differences between NOAH's combined PSA and Maricopa County overall, which was expected due to areas of overlap.

Within the category of mental health, NOAH's focus will be on anxiety, mood and depressive disorders, suicide, and substance use (alcohol related and opioid overdose). With extensive psychology and psychiatry services including Medication-Assisted Treatment (MAT) for opioid disorders, NOAH is well-positioned to support patients in these areas. NOAH's integrated model of care combined with additional expansion of services will ensure high-quality, affordable care for patients in our community who struggle with mental illness.

Cardiovascular disease and diabetes were selected as priorities in the chronic disease category. The outcome of both these illnesses can be greatly improved by healthy diet and lifestyle choices along with regular and evaluation and testing. NOAH's team of dedicated registered dietitians and medical providers will continue to work collaboratively with patients to improve health indicators associated with these conditions.

The areas where data tables indicate the most disparity between NOAH's combined PSA and Maricopa County fall under Social Determinants of Health. Specifically in the ability to pay for essentials, NOAH patients indicated inability to pay for basic needs including food, housing, transportation, and utilities. While there are many factors that can impact these areas, as a community health center, NOAH is connected with public and private resources who can assist with obtaining employment and access to programs for free or reduced goods and services. The Community Resources team at NOAH works across all service lines to ensure accurate and timely screening of every patient as well as direct response to those in need of support.

## NOAH Commitment

The Community Health Needs Assessment process has helped to identify areas of focus that align with NOAH's mission to provide compassionate, quality healthcare for the community.

Organizational growth in numerous areas over the past year has fueled success for NOAH and opened doors to further impact not only the health, but the lives of patients in the communities served by NOAH Health Centers.

NOAH's commitment is driven by the vision to become a community health leader by improving health outcomes, providing accessible and affordable healthcare, educating patients and healthcare professionals, and ensuring efficient and effective use of resources.

# Board Review and Approval

The Community Health Needs Assessment was presented for board approval in fall of 2022 and unanimously approved.

## Acknowledgements from NOAH

NOAH would like to thank the following groups who contributed to the content of this Community Health Needs Assessment:

### **Patient Focus Group Participants –**

It's not easy to share your personal experiences, thoughts, and feelings with a group of strangers. We appreciated your participation in this process and sincerely thank you for your time and contribution.

### **Community Partners –**

Your expertise and feedback has been instrumental to the Community Health Needs Assessment. We rely on support from our partners and are truly grateful for your help.

### **NOAH Board of Directors –**

Your guidance of our organization goes above and beyond. We are so fortunate to have such a diverse pool of volunteer board members who support NOAH's vision while pushing our team to be the best we can be.

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We would like to take this opportunity to also recognize the people who are the foundation of our organization:

Private and corporate donors, grant funders, and everyone else who has made a cash or in-kind donation to our efforts. Your support funds our dreams. A small donation here, significant funding there, it all adds up and allows our team to deliver the kind of care our patients need and deserve. Thank you from the bottom of our hearts.

To our team of dedicated employees ranging from healthcare providers and patient service representatives to accounting teams and project managers, your daily commitment and dedication to our mission is unwavering. Thank you for all you do to make NOAH a better place for our fellow employees and our patients.

And finally, to our patients, thank you for choosing NOAH and allowing us to be your healthcare provider. You inspire us to do what we do every day and our gratitude for that is beyond words.

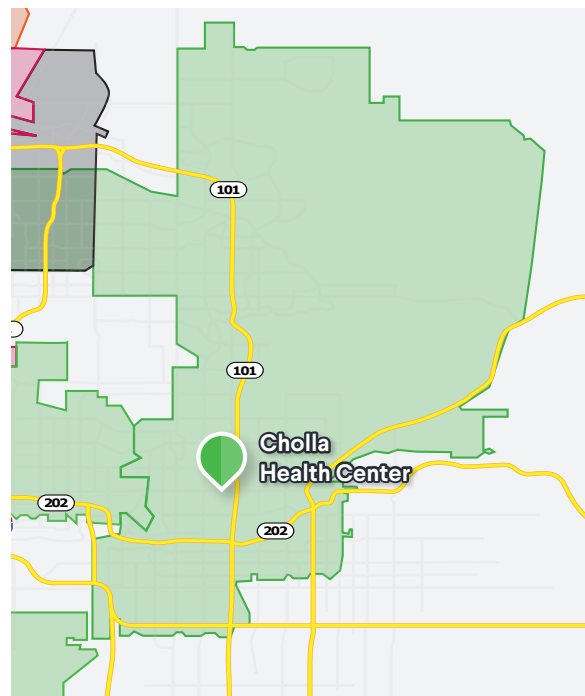
# Appendix 1: NOAH Community Profiles

The following data provides an assessment for each of NOAH's Health Centers based on geographical PSA.





# NOAH Health Centers



## Cholla Health Center Demographics

### Gender



**50%**

Male



**50%**

Female

### Race and Ethnicity

**1.8%**  
American Indian

**3.9%**  
Asian

**4.9%**  
African American

**26.9%**  
Hispanic

**62.6%**  
White



### Age

0-19

**21.2%**



20-44

**38.5%**



45-64

**24.1%**



65+

**16.1%**



### Income

Less than **\$25,000**

**17.2%**

Less than **\$50,000**

**38.5%**

Less than **\$75,000**

**55.8%**

Less than **\$100,000**

**68.8%**

Less than **\$150,000**

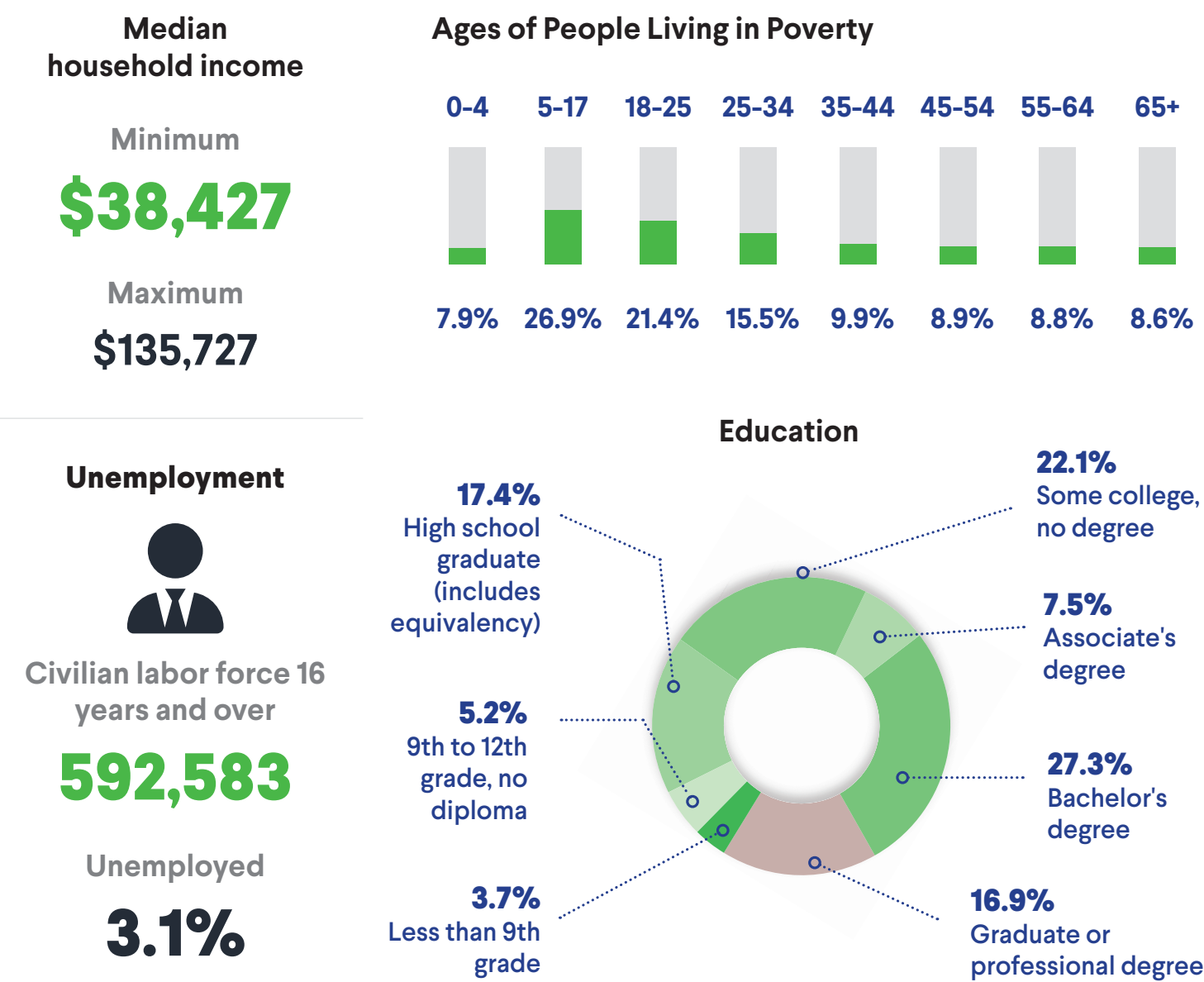
**83.7%**

**\$150,000 or more**

**16.3%**

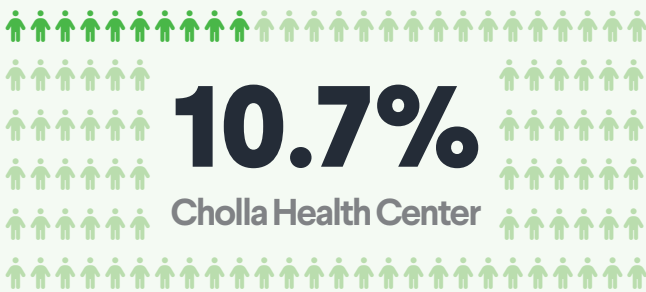
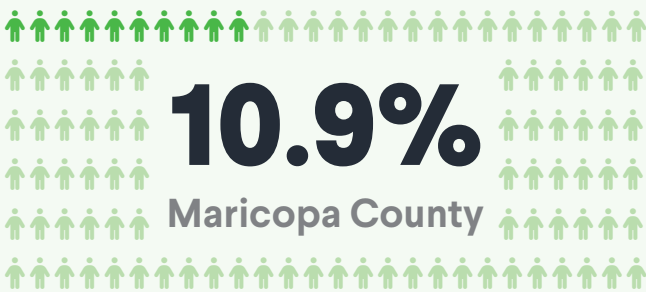
# Social Determinants of Health

## Cholla Health Center Economic Factors



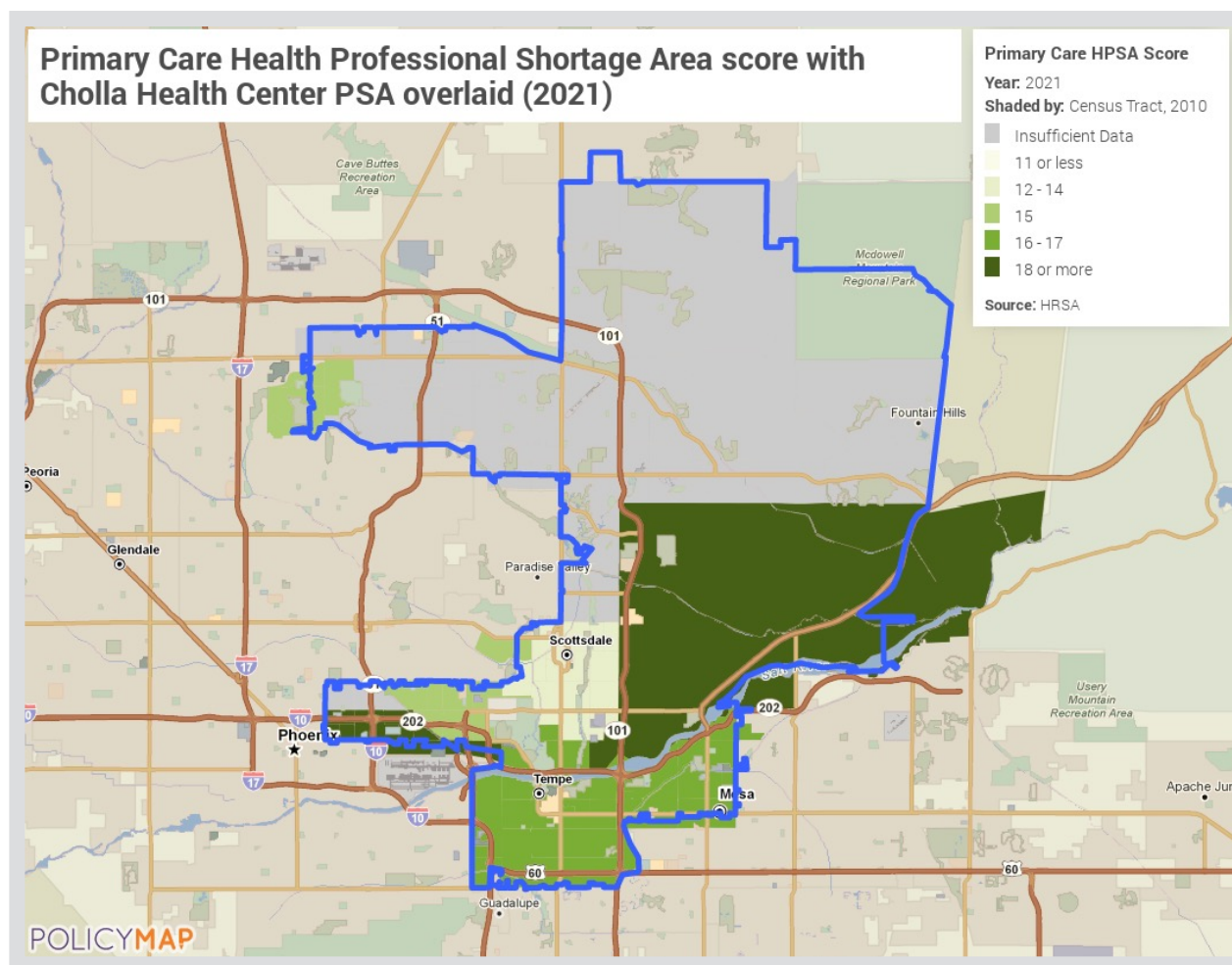
## Access to Care

Uninsured (2020)



# Primary Care Provider Availability

(Source: PolicyMap – HRSA)



This score is calculated on a scale of 1 -25, where higher scores represent areas with greater shortages. Health Professional Shortage Areas (HPSAs) are defined by the Health Resources and Services Administration (HRSA) as areas that need more health providers in primary care, dental health, or mental health. All HPSAs are defined on the basis of three criteria: the ratio of population to health providers, percent of population below the federal poverty level, and travel time to the nearest source of care outside the HPSA area. Primary Care HPSAs also consider infant mortality rate and low birth weight rate.



# Mental Health Anxiety

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)

## Overall

(2020 rates per 100,000)

### Cholla Health Center

 Hospitalization ..... **992**

 Emergency Department ..... **1,415**

### Maricopa County

 Hospitalization ..... **1,409**

 Emergency Department ..... **1,674**

## Gender

(2020 rates per 100,000)



Male

Hospitalization..... **1,128**

Emergency Department ..... **1,308**



Female

Hospitalization..... **1,625**

Emergency Department ..... **2,245**

## Race

(2020 rates per 100,000)






### Cholla Health Center

White/Caucasian	Hospitalization	1172.7
	Emergency Dept.	1509.7
Black/African American	Hospitalization	1202.6
	Emergency Dept.	2035.4
Asian	Hospitalization	289.7
	Emergency Dept.	570.7
Hispanic	Hospitalization	590.7
	Emergency Dept.	1082.6
American Indian	Hospitalization	1315.4
	Emergency Dept.	1995.3

## Age

(2020 rates per 100,000)

### Cholla Health Center

 1-14	Hospitalization	33.3
	Emergency Dept.	25.6
 15-24	Hospitalization	90.6
	Emergency Dept.	174.6
 25-44	Hospitalization	308.6
	Emergency Dept.	580.9
 45-64	Hospitalization	296.3
	Emergency Dept.	429.9
 65+	Hospitalization	262.6
	Emergency Dept.	203.8

# Mood and Depressive Disorders

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)

## Overall

(2020 rates per 100,000)

### Cholla Health Center

 Hospitalization ..... **1,459**

 Emergency Department ..... **1,294**

### Maricopa County

 Hospitalization ..... **1,986**

 Emergency Department ..... **1,536**

## Gender

(2020 rates per 100,000)



Male

Hospitalization..... **1,805**

Emergency Department..... **1,194**



Female

Hospitalization..... **2,155**

Emergency Department..... **2,096**

## Race

(2020 rates per 100,000)






### Cholla Health Center

White/Caucasian	Hospitalization	1674.3
	Emergency Dept.	1434.8
Black/African American	Hospitalization	2156.6
	Emergency Dept.	1985.7
Asian	Hospitalization	424.4
	Emergency Dept.	330.7
Hispanic	Hospitalization	891.1
	Emergency Dept.	848.4
American Indian	Hospitalization	2084.3
	Emergency Dept.	1817.4

## Age

(2020 rates per 100,000)

### Cholla Health Center

 1-14	Hospitalization	66.5
	Emergency Dept.	41.3
 15-24	Hospitalization	166.0
	Emergency Dept.	150.7
 25-44	Hospitalization	461.9
	Emergency Dept.	454.4
 45-64	Hospitalization	411.7
	Emergency Dept.	435.7
 65+	Hospitalization	352.0
	Emergency Dept.	211.9


# Suicide

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)

## Overall

(2020 rates per 100,000)

### Cholla Health Center

 Death ..... **15**

### Maricopa County

 Death ..... **16**

## Gender

(2020 rates per 100,000)



Male






Death ..... **31**



Female

Death ..... **11**

Race (2020 rates per 100,000)		
Cholla Health Center		
White/Caucasian	Death	17.6
Black/African American	Death	15.5
Asian	Death	.
Hispanic	Death	8.7
American Indian	Death	.

Age (2020 rates per 100,000)		
Cholla Health Center		
 1-14	Death	.
 15-24	Death	1.4
 25-44	Death	6.0
 45-64	Death	4.6
 65+	Death	2.7

# Substance Abuse

## Opioid Overdose

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)


### Overall

(2020 rates per 100,000)

#### Cholla Health Center

 Hospitalization ..... **38**


 Emergency Department ..... **49**

 Death ..... **30**

#### Maricopa County

 Hospitalization ..... **35**

 Emergency Department ..... **70**

 Death ..... **30**

### Gender

(2020 rates per 100,000)



Male

Hospitalization ..... **47**

Emergency Department ..... **64**

Death ..... **50**








Female

Hospitalization ..... **33**

Emergency Department ..... **35**

Death ..... **20**

Race (2020 rates per 100,000)			Cholla Health Center	
White/Caucasian	Hospitalization		34.1	
	Emergency Dept.		38.5	
	Death		28.6	
Black/African American	Hospitalization		91.8	
	Emergency Dept.		97.9	
	Death		46.6	
Asian	Hospitalization		.	
	Emergency Dept.		.	
	Death		.	
Hispanic	Hospitalization		34.0	
	Emergency Dept.		44.9	
	Death		25.4	
American Indian	Hospitalization		.	
	Emergency Dept.		.	
	Death		108.0	

Age (2020 rates per 100,000)			Cholla Health Center	
 1-14	Hospitalization		.	
	Emergency Dept.		.	
	Death		.	
 15-24	Hospitalization		8.6	
	Emergency Dept.		14.0	
	Death		4.4	
 25-44	Hospitalization		14.1	
	Emergency Dept.		26.1	
	Death		15.8	
 45-64	Hospitalization		10.8	
	Emergency Dept.		6.3	
	Death		8.8	
 65+	Hospitalization		3.0	
	Emergency Dept.		2.0	
	Death		0.9	

## Alcohol Related

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)

### Overall

(2020 rates per 100,000)

#### Cholla Health Center

 Hospitalization ..... **47**

 Emergency Department ..... **11**

#### Maricopa County

 Hospitalization ..... **46**

 Emergency Department ..... **14**

### Gender

(2020 rates per 100,000)



Male

Hospitalization..... **89**

Emergency Department ..... **19**



Female

Hospitalization..... **35**

Emergency Department ..... **8**

### Race

(2020 rates per 100,000)






#### Cholla Health Center

White/Caucasian	Hospitalization	47.9
	Emergency Dept.	9.4
Black/African American	Hospitalization	65.3
	Emergency Dept.	.
Asian	Hospitalization	32.2
	Emergency Dept.	.
Hispanic	Hospitalization	21.4
	Emergency Dept.	6.7
American Indian	Hospitalization	228.8
	Emergency Dept.	82.6

### Age

(2020 rates per 100,000)

#### Cholla Health Center

 1-14	Hospitalization	.
	Emergency Dept.	.
 15-24	Hospitalization	.
	Emergency Dept.	.
 25-44	Hospitalization	18.4
	Emergency Dept.	5.6
 45-64	Hospitalization	22.7
	Emergency Dept.	4.5
 65+	Hospitalization	5.0
	Emergency Dept.	.

# Chronic Disease

## Diabetes

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)

### Overall

(2020 rates per 100,000)

#### Cholla Health Center

 Hospitalization ..... **135**

 Emergency Department ..... **157**

 Death ..... **10**

#### Maricopa County

 Hospitalization ..... **194**

 Emergency Department ..... **220**

 Death ..... **12**

### Gender

(2020 rates per 100,000)



Male

Hospitalization..... **247**

Emergency Department ..... **221**

Death ..... **21**








Female

Hospitalization..... **141**

Emergency Department ..... **192**

Death ..... **15**

Race (2020 rates per 100,000)			Cholla Health Center
White/Caucasian	Hospitalization	117.0	
	Emergency Dept.	112.9	
	Death	9.0	
Black/African American	Hospitalization	366.7	
	Emergency Dept.	528.3	
	Death	24.9	
Asian	Hospitalization	58.5	
	Emergency Dept.	67.3	
	Death	.	
Hispanic	Hospitalization	144.2	
	Emergency Dept.	192.9	
	Death	10.7	
American Indian	Hospitalization	470.2	
	Emergency Dept.	641.8	
	Death	57.2	

Age (2020 rates per 100,000)			Cholla Health Center
 1-14	Hospitalization	6.6	
	Emergency Dept.	7.2	
	Death	.	
 15-24	Hospitalization	8.2	
	Emergency Dept.	7.2	
	Death	.	
 25-44	Hospitalization	36.7	
	Emergency Dept.	51.0	
	Death	.	
 45-64	Hospitalization	49.4	
	Emergency Dept.	67.4	
	Death	4.2	
 65+	Hospitalization	33.5	
	Emergency Dept.	23.9	
	Death	5.5	

# Cardiovascular Disease

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)

## Overall

(2020 rates per 100,000)

### Cholla Health Center

 Hospitalization ..... **862**

 Emergency Department ..... **625**

 Death ..... **179**

### Maricopa County

 Hospitalization ..... **1,163**

 Emergency Department ..... **893**

 Death ..... **201**

## Gender

(2020 rates per 100,000)



Male

Hospitalization..... **1,983**

Emergency Department..... **1,101**

Death..... **430**








Female

Hospitalization..... **1254**

Emergency Department..... **907**

Death..... **309**

Race (2020 rates per 100,000)			Cholla Health Center
White/Caucasian	Hospitalization		1144.5
	Emergency Dept.		726.7
	Death		260.8
Black/African American	Hospitalization		1131.1
	Emergency Dept.		1283.4
	Death		149.2
Asian	Hospitalization		362.9
	Emergency Dept.		316.1
	Death		64.4
Hispanic	Hospitalization		450.5
	Emergency Dept.		401.2
	Death		83.4
American Indian	Hospitalization		991.3
	Emergency Dept.		667.2
	Death		95.3

Age (2020 rates per 100,000)			Cholla Health Center
 1-14	Hospitalization		3.7
	Emergency Dept.		11.2
	Death		.
 15-24	Hospitalization		3.0
	Emergency Dept.		17.2
	Death		.
 25-44	Hospitalization		63.5
	Emergency Dept.		112.2
	Death		3.1
 45-64	Hospitalization		253.1
	Emergency Dept.		225.4
	Death		30.5
 65+	Hospitalization		538.1
	Emergency Dept.		258.6
	Death		144.4

# Stroke

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)

## Overall

(2020 rates per 100,000)

### Cholla Health Center

 Hospitalization ..... **177**

 Emergency Department ..... **35**

 Death ..... **31**

### Maricopa County

 Hospitalization ..... **271**

 Emergency Department ..... **49**

 Death ..... **34**

## Gender

(2020 rates per 100,000)



Male

Hospitalization..... **396**

Emergency Department..... **63**

Death..... **66**








Female

Hospitalization..... **271**

Emergency Department..... **54**

Death..... **62**

Race (2020 rates per 100,000)			Cholla Health Center	
White/Caucasian	Hospitalization		239.0	
	Emergency Dept.		43.6	
	Death		45.0	
Black/African American	Hospitalization		217.5	
	Emergency Dept.		40.4	
	Death		28.0	
Asian	Hospitalization		73.2	
	Emergency Dept.		14.6	
	Death		14.6	
Hispanic	Hospitalization		86.1	
	Emergency Dept.		18.7	
	Death		14.7	
American Indian	Hospitalization		101.7	
	Emergency Dept.		31.8	
	Death		.	

Age (2020 rates per 100,000)			Cholla Health Center	
 1-14	Hospitalization		1.0	
	Emergency Dept.		.	
	Death		.	
 15-24	Hospitalization		.	
	Emergency Dept.		.	
	Death		.	
 25-44	Hospitalization		10.4	
	Emergency Dept.		4.1	
	Death		0.9	
 45-64	Hospitalization		51.2	
	Emergency Dept.		11.9	
	Death		4.3	
 65+	Hospitalization		113.0	
	Emergency Dept.		17.5	
	Death		25.7	



# Community Resources

---



**Schools – Public**  
(2020)

**178**



**Schools – Private**  
(2020)

**32**



**Fitness and Recreational  
Sports Centers** (2019)

**122**



**Hospital and Community  
Health Centers** (2021)

**31**



**Libraries**  
(2017)

**11**



**Non-Profit  
Organizations** (2015)

**786**



**Grocery Retail Stores**  
(2016)

**118**



**Pharmacies/Drug Stores**  
(2019)

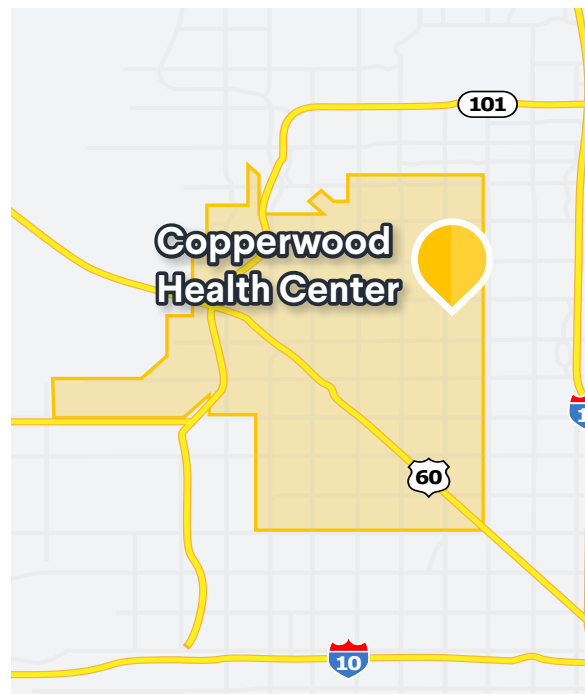
**70**



**Public Parks**  
(2020)

**171**

# NOAH Health Centers



## Copperwood Health Center Demographics

### Gender



**51.4%**

Male



**48.6%**

Female

### Race and Ethnicity

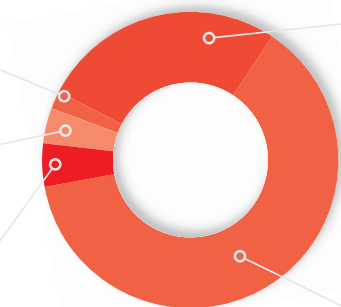
**1.8%**  
American Indian

**3.9%**  
Asian

**4.9%**  
African American

**26.9%**  
Hispanic

**62.6%**  
White



### Age

0-19

**21.2%**



20-44

**38.5%**



45-64

**24.1%**



65+

**16.1%**



### Income

Less than **\$25,000**

**20.5%**

Less than **\$50,000**

**47%**

Less than **\$75,000**

**66.5%**

Less than **\$100,000**

**79.6%**

Less than **\$150,000**

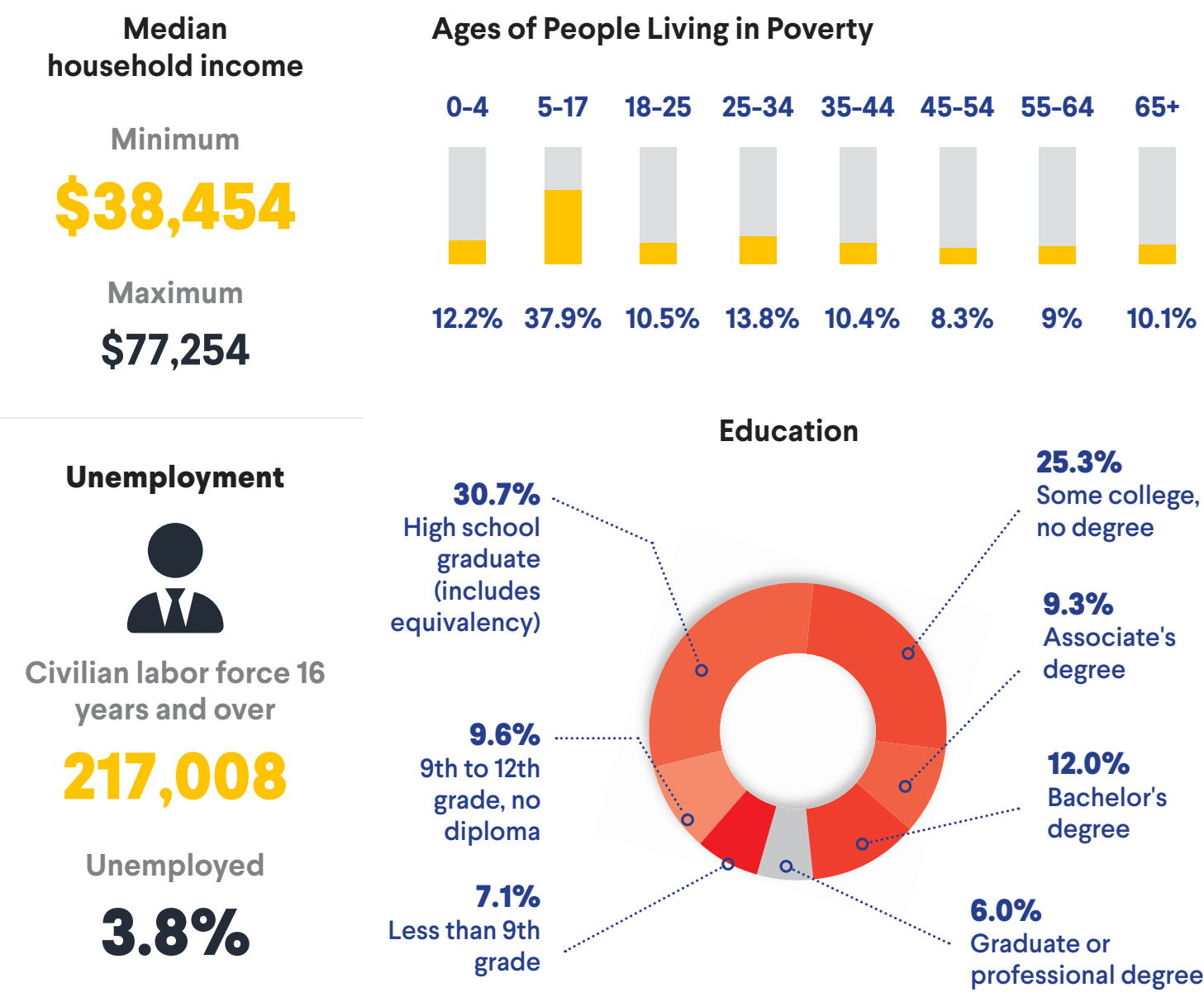
**93.5%**

**\$150,000** or more

**6.5%**

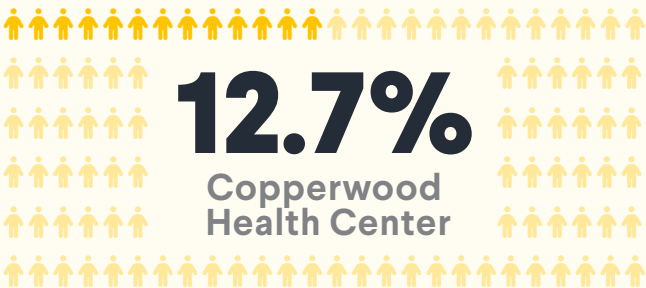
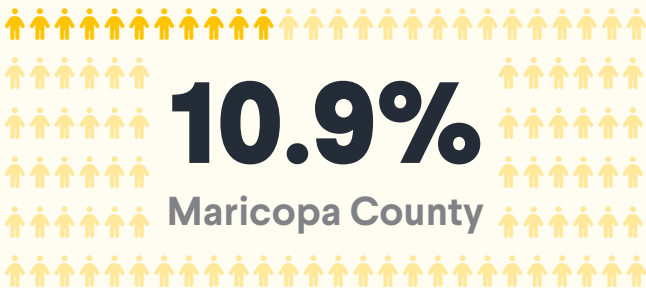
# Social Determinants of Health

## Copperwood Health Center Economic Factors



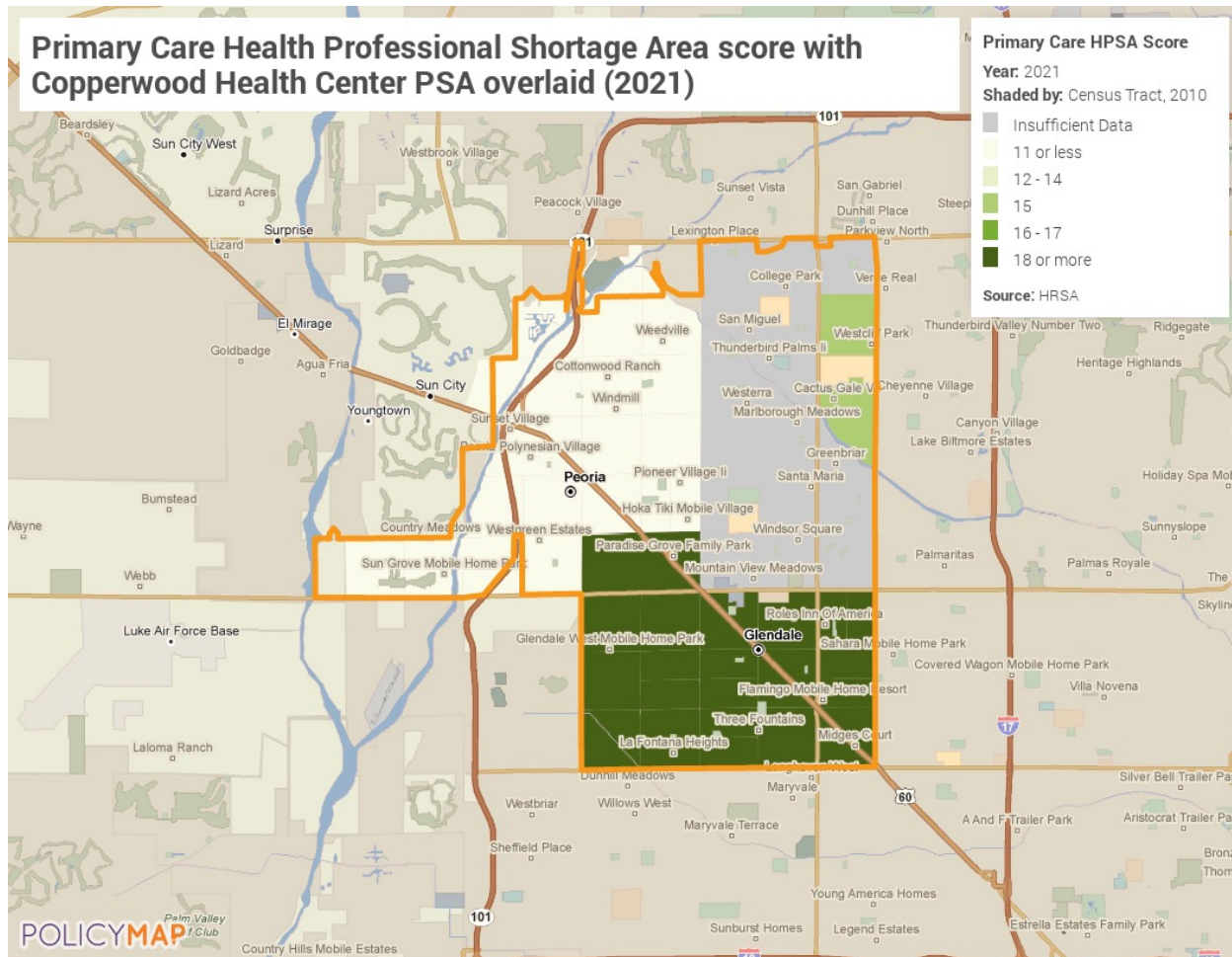
## Access to Care

Uninsured (2020)



# Primary Care Provider Availability

(Source: PolicyMap – HRSA)



This score is calculated on a scale of 1-25, where higher scores represent areas with greater shortages. Health Professional Shortage Areas (HPSAs) are defined by the Health Resources and Services Administration (HRSA) as areas that need more health providers in primary care, dental health, or mental health. All HPSAs are defined on the basis of three criteria: the ratio of population to health providers, percent of population below the federal poverty level, and travel time to the nearest source of care outside the HPSA area. Primary Care HPSAs also consider infant mortality rate and low birth weight rate.

# Mental Health Anxiety

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)

## Overall

(2020 rates per 100,000)

### Copperwood Health Center

 Hospitalization ..... **1,545**

 Emergency Department ..... **2,003**

### Maricopa County

 Hospitalization ..... **1,409**

 Emergency Department ..... **1,674**

## Gender

(2020 rates per 100,000)



Male

Hospitalization..... **1,882**

Emergency Department ..... **1,918**








Female

Hospitalization..... **2,479**

Emergency Department ..... **3,207**

Race (2020 rates per 100,000)			Copperwood Health Center	
White/Caucasian	Hospitalization	1,621.8		
	Emergency Dept.	1,834.0		
Black/African American	Hospitalization	1,768.7		
	Emergency Dept.	2,506.6		
Asian	Hospitalization	1,037.6		
	Emergency Dept.	1,171.5		
Hispanic	Hospitalization	848.5		
	Emergency Dept.	1,526.1		
American Indian	Hospitalization	1,024.4		
	Emergency Dept.	1,155.8		

Age (2020 rates per 100,000)			Copperwood Health Center	
 1-14	Hospitalization	29.9		
	Emergency Dept.	33.4		
 15-24	Hospitalization	149.3		
	Emergency Dept.	237.4		
 25-44	Hospitalization	466.6		
	Emergency Dept.	806.9		
 45-64	Hospitalization	498.7		
	Emergency Dept.	590.5		
 65+	Hospitalization	400.6		
	Emergency Dept.	334.6		

# Mood and Depressive Disorders

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)

## Overall

(2020 rates per 100,000)

### Copperwood Health Center

 Hospitalization ..... **2,196**

 Emergency Department ..... **1,916**

### Maricopa County

 Hospitalization ..... **1,985**

 Emergency Department ..... **1,535**

## Gender

(2020 rates per 100,000)



Male

Hospitalization..... **2,895**

Emergency Department..... **1,940**








Female

Hospitalization..... **3,100**

Emergency Department..... **3,140**

Race (2020 rates per 100,000)	Copperwood Health Center	
White/Caucasian	Hospitalization	2,279.7
	Emergency Dept.	1,977.6
Black/African American	Hospitalization	2,720.7
	Emergency Dept.	2,653.1
Asian	Hospitalization	1,662.4
	Emergency Dept.	557.9
Hispanic	Hospitalization	1,150.7
	Emergency Dept.	1,089.5
American Indian	Hospitalization	2,469.1
	Emergency Dept.	1,471.0

Age (2020 rates per 100,000)	Copperwood Health Center	
 1-14	Hospitalization	92.9
	Emergency Dept.	61.6
 15-24	Hospitalization	288.8
	Emergency Dept.	216.1
 25-44	Hospitalization	692.9
	Emergency Dept.	640.7
 45-64	Hospitalization	625.2
	Emergency Dept.	616.8
 65+	Hospitalization	496.0
	Emergency Dept.	381.1

# Suicide

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)


## Overall

(2020 rates per 100,000)

### Copperwood Health Center

 Death ..... **17**

### Maricopa County

 Death ..... **16**

## Gender

(2020 rates per 100,000)








**Male** Death ..... **42**



**Female** Death ..... **7**

Race (2020 rates per 100,000)	Copperwood Health Center	
White/Caucasian	Death	18.6
Black/African American	Death	.
Asian	Death	.
Hispanic	Death	10.9
American Indian	Death	.

Age (2020 rates per 100,000)	Copperwood Health Center	
 1-14	Death	.
 15-24	Death	2.4
 25-44	Death	6.6
 45-64	Death	5.5
 65+	Death	2.5



# Substance Abuse

## Opioid Overdose

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)


### Overall

(2020 rates per 100,000)

#### Copperwood Health Center

 Hospitalization ..... **42**


 Emergency Department ..... **91**

 Death ..... **42**

#### Maricopa County

 Hospitalization ..... **35**

 Emergency Department ..... **70**

 Death ..... **30**

### Gender

(2020 rates per 100,000)



**Male**

Hospitalization ..... **67**

Emergency Department ..... **143**

Death ..... **66**








**Female**

Hospitalization ..... **48**

Emergency Department ..... **61**

Death ..... **26**

Race (2020 rates per 100,000)			Copperwood Health Center	
White/Caucasian	Hospitalization		38.3	
	Emergency Dept.		70.7	
	Death		30.9	
Black/African American	Hospitalization		50.7	
	Emergency Dept.		123.9	
	Death		50.7	
Asian	Hospitalization		.	
	Emergency Dept.		.	
	Death		.	
Hispanic	Hospitalization		30.6	
	Emergency Dept.		85.9	
	Death		43.5	
American Indian	Hospitalization		.	
	Emergency Dept.		131.3	
	Death		.	

Age (2020 rates per 100,000)			Copperwood Health Center	
 1-14	Hospitalization		1.8	
	Emergency Dept.		1.8	
	Death		.	
 15-24	Hospitalization		5.5	
	Emergency Dept.		21.2	
	Death		9.3	
 25-44	Hospitalization		16.0	
	Emergency Dept.		49.2	
	Death		22.2	
 45-64	Hospitalization		11.7	
	Emergency Dept.		14.3	
	Death		9.1	
 65+	Hospitalization		7.5	
	Emergency Dept.		5.0	
	Death		.	



## Alcohol Related

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)

### Overall

(2020 rates per 100,000)

#### Copperwood Health Center

 Hospitalization ..... **47**

 Emergency Department ..... **46**

#### Maricopa County

 Hospitalization ..... **15**

 Emergency Department ..... **13**

### Gender

(2020 rates per 100,000)



Male

Hospitalization..... **91**

Emergency Department ..... **28**








Female

Hospitalization..... **35**

Emergency Department ..... **10**

Race (2020 rates per 100,000)	Copperwood Health Center	
White/Caucasian	Hospitalization	48.4
	Emergency Dept.	14.9
Black/African American	Hospitalization	50.7
	Emergency Dept.	.
Asian	Hospitalization	66.9
	Emergency Dept.	.
Hispanic	Hospitalization	15.8
	Emergency Dept.	8.9
American Indian	Hospitalization	131.3
	Emergency Dept.	.

Age (2020 rates per 100,000)	Copperwood Health Center	
 1-14	Hospitalization	.
	Emergency Dept.	.
 15-24	Hospitalization	.
	Emergency Dept.	.
 25-44	Hospitalization	23.4
	Emergency Dept.	9.4
 45-64	Hospitalization	18.8
	Emergency Dept.	5.2
 65+	Hospitalization	3.9
	Emergency Dept.	.

# Chronic Disease

## Diabetes

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)


### Overall

(2020 rates per 100,000)

#### Copperwood Health Center

 Hospitalization ..... **226**

 Emergency Department ..... **289**

 Death ..... **18**

#### Maricopa County

 Hospitalization ..... **194**

 Emergency Department ..... **220**

 Death ..... **11**

### Gender

(2020 rates per 100,000)



Male

Hospitalization..... **446**

Emergency Department ..... **431**

Death ..... **50**








Female

Hospitalization..... **241**

Emergency Department ..... **382**

Death ..... **29**

Race (2020 rates per 100,000)	Copperwood Health Center	
White/Caucasian	Hospitalization	201.6
	Emergency Dept.	204.3
	Death	18.6
Black/African American	Hospitalization	445.0
	Emergency Dept.	642.1
	Death	.
Asian	Hospitalization	145.0
	Emergency Dept.	111.6
	Death	.
Hispanic	Hospitalization	166.9
	Emergency Dept.	291.4
	Death	12.8
American Indian	Hospitalization	131.3
	Emergency Dept.	394.0
	Death	.

Age (2020 rates per 100,000)	Copperwood Health Center	
 1-14	Hospitalization	9.2
	Emergency Dept.	8.8
	Death	.
 15-24	Hospitalization	12.0
	Emergency Dept.	16.1
	Death	.
 25-44	Hospitalization	57.0
	Emergency Dept.	93.6
	Death	.
 45-64	Hospitalization	97.3
	Emergency Dept.	113.5
	Death	5.8
 65+	Hospitalization	50.7
	Emergency Dept.	57.1
	Death	12.1

# Cardiovascular Disease

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)


## Overall

(2020 rates per 100,000)

### Copperwood Health Center

 Hospitalization ..... **1,135**


 Emergency Department ..... **1,005**

 Death ..... **243**

### Maricopa County

 Hospitalization ..... **1,163**

 Emergency Department ..... **892**

 Death ..... **200**

## Gender

(2020 rates per 100,000)



Male

Hospitalization..... **2,796**

Emergency Department..... **1,853**

Death..... **669**








Female

Hospitalization..... **1,709**

Emergency Department..... **1,534**

Death..... **424**

Race (2020 rates per 100,000)	Copperwood Health Center	
White/Caucasian	Hospitalization	1,222.3
	Emergency Dept.	920.2
	Death	278.2
Black/African American	Hospitalization	1,616.6
	Emergency Dept.	1,977.1
	Death	270.4
Asian	Hospitalization	781.0
	Emergency Dept.	914.9
	Death	189.7
Hispanic	Hospitalization	557.1
	Emergency Dept.	669.7
	Death	93.8
American Indian	Hospitalization	472.8
	Emergency Dept.	577.9
	Death	.

Age (2020 rates per 100,000)	Copperwood Health Center	
 1-14	Hospitalization	3.5
	Emergency Dept.	18.3
	Death	.
 15-24	Hospitalization	7.9
	Emergency Dept.	26.7
	Death	.
 25-44	Hospitalization	83.5
	Emergency Dept.	192.7
	Death	7.0
 45-64	Hospitalization	375.8
	Emergency Dept.	356.1
	Death	39.2
 65+	Hospitalization	663.8
	Emergency Dept.	410.9
	Death	195.5

# Stroke

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)

## Overall

(2020 rates per 100,000)

### Copperwood Health Center

 Hospitalization ..... **245**


 Emergency Department ..... **55**

 Death ..... **49**

### Maricopa County

 Hospitalization ..... **270**

 Emergency Department ..... **49**

 Death ..... **34**

## Gender

(2020 rates per 100,000)



Male

Hospitalization..... **595**

Emergency Department..... **109**

Death..... **48**








Female

Hospitalization..... **387**

Emergency Department..... **87**

Death..... **105**

Race (2020 rates per 100,000)	Copperwood Health Center	
White/Caucasian	Hospitalization	257.4
	Emergency Dept.	45.7
	Death	52.1
Black/African American	Hospitalization	388.7
	Emergency Dept.	129.6
	Death	62.0
Asian	Hospitalization	223.1
	Emergency Dept.	89.3
	Death	.
Hispanic	Hospitalization	126.4
	Emergency Dept.	39.5
	Death	23.7
American Indian	Hospitalization	.
	Emergency Dept.	.
	Death	.

Age (2020 rates per 100,000)	Copperwood Health Center	
 1-14	Hospitalization	.
	Emergency Dept.	.
	Death	.
 15-24	Hospitalization	.
	Emergency Dept.	.
	Death	.
 25-44	Hospitalization	15.6
	Emergency Dept.	4.7
	Death	.
 45-64	Hospitalization	82.7
	Emergency Dept.	20.4
	Death	6.2
 65+	Hospitalization	145.5
	Emergency Dept.	28.4
	Death	41.5

# Community Resources

---



**Schools – Public**  
(2020)

**84**



**Schools – Private**  
(2020)

**11**



**Fitness and Recreational  
Sports Centers** (2019)

**16**



**Hospital and Community  
Health Centers** (2021)

**8**



**Libraries**  
(2017)

**3**



**Non-Profit  
Organizations** (2015)

**90**



**Grocery Retail Stores**  
(2016)

**43**



**Pharmacies/Drug Stores**  
(2019)

**22**



**Public Parks**  
(2020)

**98**

# NOAH Health Centers



## Desert Mission Health Center Demographics

### Gender



**50%**  
Male



**50%**  
Female

### Race and Ethnicity

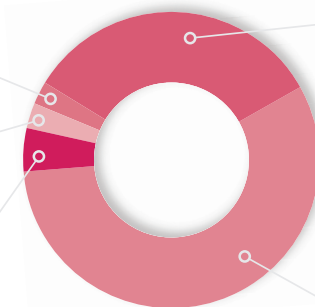
**2.4%**  
American  
Indian

**2.9%**  
Asian

**4.8%**  
African  
American

**33.1%**  
Hispanic

**56.8%**  
White



### Age

**0-19**

**28.7%**



**20-44**

**36.4%**



**45-64**

**23.1%**



**65+**

**11.8%**



### Income

Less than **\$25,000**

**22.4%**

Less than **\$50,000**

**48.6%**

Less than **\$75,000**

**68.6%**

Less than **\$100,000**

**79.6%**

Less than **\$150,000**

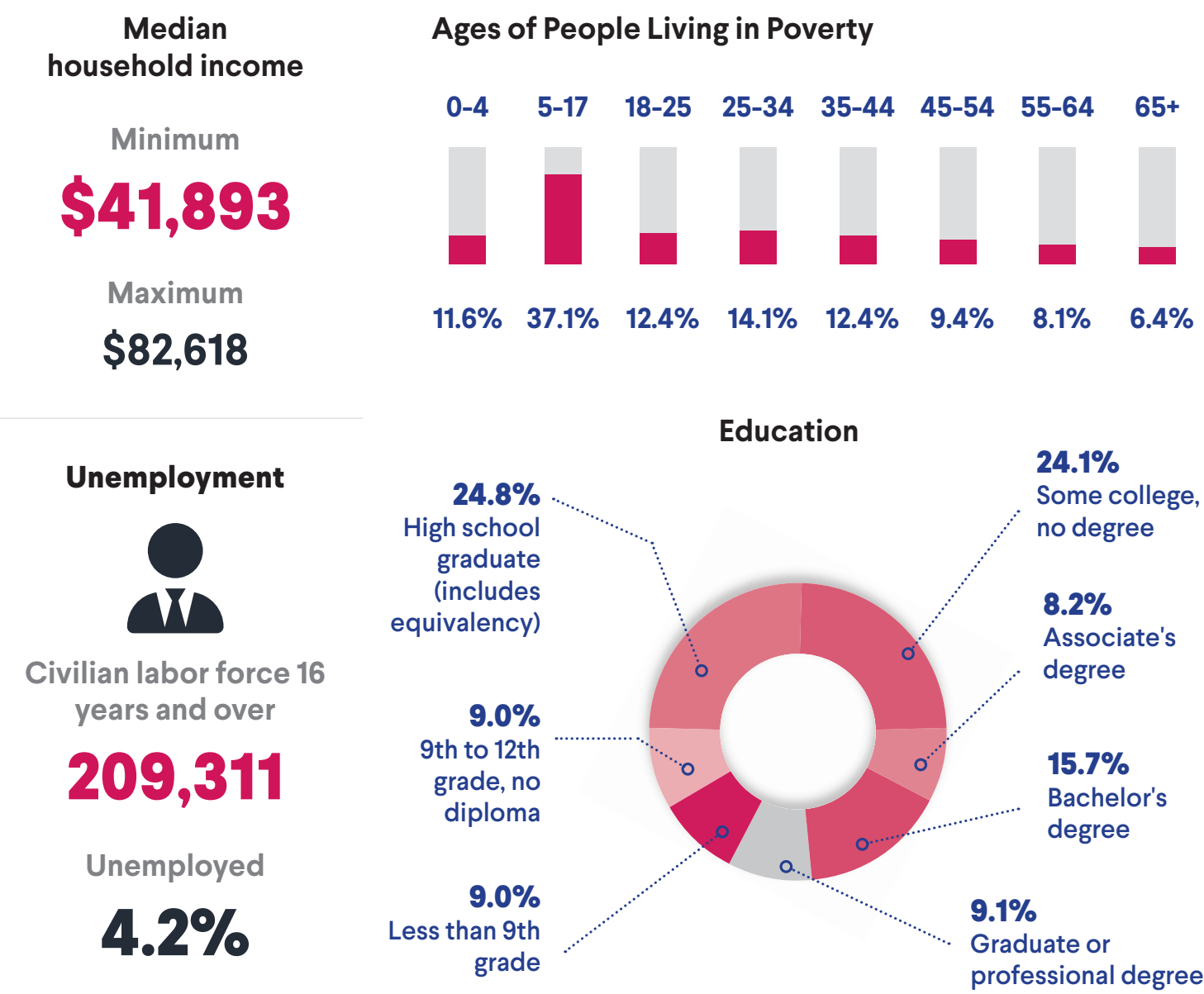
**91.9%**

**\$150,000** or more

**8.1%**

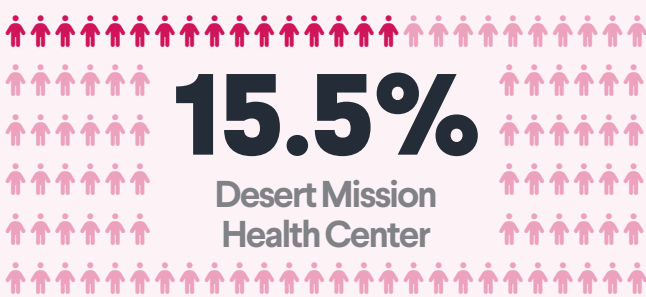
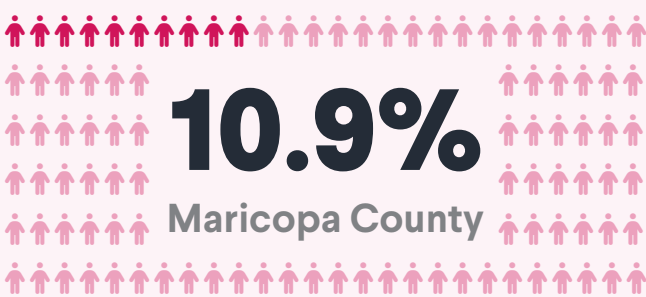
# Social Determinants of Health

## Desert Mission Health Center Economic Factors



## Access to Care

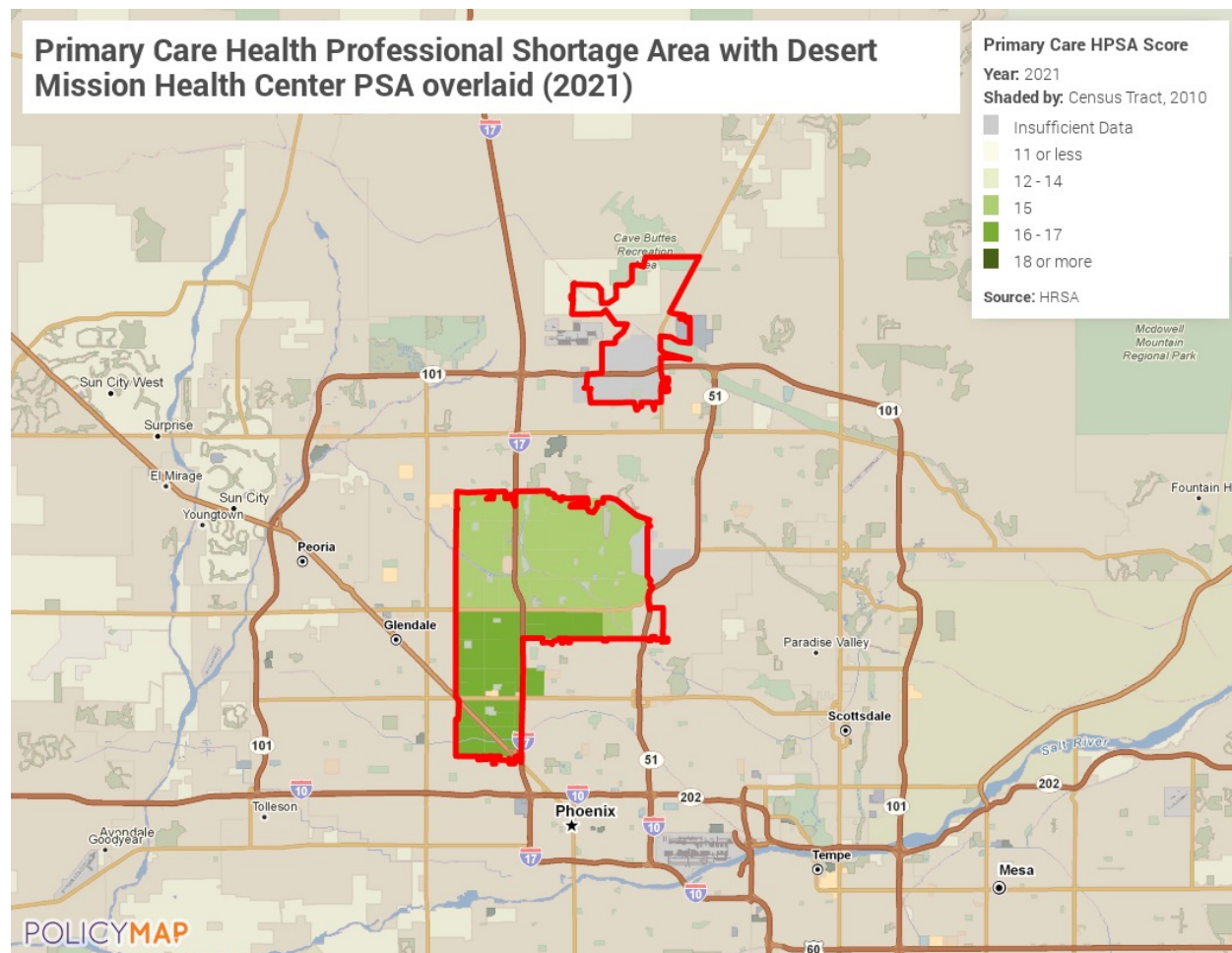
Uninsured (2020)





# Primary Care Provider Availability

(Source: PolicyMap – HRSA)



This score is calculated on a scale of 1 -25, where higher scores represent areas with greater shortages. Health Professional Shortage Areas (HPSAs) are defined by the Health Resources and Services Administration (HRSA) as areas that need more health providers in primary care, dental health, or mental health. All HPSAs are defined on the basis of three criteria: the ratio of population to health providers, percent of population below the federal poverty level, and travel time to the nearest source of care outside the HPSA area. Primary Care HPSAs also consider infant mortality rate and low birth weight rate.



# Mental Health Anxiety

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)

## Overall

(2020 rates per 100,000)

### Desert Mission Health Center

 Hospitalization ..... **1,241**

 Emergency Department ..... **1,792**

### Maricopa County

 Hospitalization ..... **1409**

 Emergency Department ..... **1674**

## Gender

(2020 rates per 100,000)



Male

Hospitalization..... **1,511**

Emergency Department ..... **1,616**








Female

Hospitalization..... **1,932**

Emergency Department ..... **2,945**

Race (2020 rates per 100,000)	Desert Mission Health Center	
White/Caucasian	Hospitalization	1,278.4
	Emergency Dept.	1,666.0
Black/African American	Hospitalization	1,944.4
	Emergency Dept.	3,022.5
Asian	Hospitalization	509.1
	Emergency Dept.	531.2
Hispanic	Hospitalization	613.1
	Emergency Dept.	1,178.8
American Indian	Hospitalization	986.5
	Emergency Dept.	1,148.7

Age (2020 rates per 100,000)	Desert Mission Health Center	
 1-14	Hospitalization	21.1
	Emergency Dept.	22.9
 15-24	Hospitalization	127.2
	Emergency Dept.	196.3
 25-44	Hospitalization	412.1
	Emergency Dept.	736.4
 45-64	Hospitalization	408.6
	Emergency Dept.	580.8
 65+	Hospitalization	272.4
	Emergency Dept.	255.4

# Mood and Depressive Disorders

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)

## Overall

(2020 rates per 100,000)

### Desert Mission Health Center

 Hospitalization ..... **1,941**

 Emergency Department ..... **1,780**

### Maricopa County

 Hospitalization ..... **1985**

 Emergency Department ..... **1536**

## Gender

(2020 rates per 100,000)



**Male**

Hospitalization..... **2,474**

Emergency Department..... **1,767**








**Female**

Hospitalization..... **2,769**

Emergency Department..... **2,946**

Race (2020 rates per 100,000)			Desert Mission Health Center	
White/Caucasian	Hospitalization		2,006.9	
	Emergency Dept.		1,835.0	
Black/African American	Hospitalization		3,386.2	
	Emergency Dept.		3,293.7	
Asian	Hospitalization		774.7	
	Emergency Dept.		298.8	
Hispanic	Hospitalization		867.0	
	Emergency Dept.		846.7	
American Indian	Hospitalization		2,135.1	
	Emergency Dept.		864.9	

Age (2020 rates per 100,000)			Desert Mission Health Center	
 1-14	Hospitalization		61.8	
	Emergency Dept.		30.2	
 15-24	Hospitalization		236.6	
	Emergency Dept.		170.3	
 25-44	Hospitalization		650.5	
	Emergency Dept.		637.8	
 45-64	Hospitalization		609.4	
	Emergency Dept.		643.9	
 65+	Hospitalization		383.0	
	Emergency Dept.		297.3	

# Suicide

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)

## Overall

(2020 rates per 100,000)

### Desert Mission Health Center

 Death ..... **20**

### Maricopa County

 Death ..... **16**

## Gender

(2020 rates per 100,000)








**Male** Death ..... **55**



**Female** Death ..... **9**

<b>Race</b> (2020 rates per 100,000)	<b>Desert Mission Health Center</b>	
White/Caucasian	Death	19.7
Black/African American	Death	.
Asian	Death	.
Hispanic	Death	11.6
American Indian	Death	.

<b>Age</b> (2020 rates per 100,000)	<b>Desert Mission Health Center</b>	
 1-14	Death	.
 15-24	Death	3.8
 25-44	Death	6.1
 45-64	Death	4.9
 65+	Death	5.5

# Substance Abuse

## Opioid Overdose

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)


### Overall

(2020 rates per 100,000)

#### Desert Mission Health Center

 Hospitalization ..... **37**

 Emergency Department ..... **54**

 Death ..... **47**

#### Maricopa County

 Hospitalization ..... **35**

 Emergency Department ..... **70**

 Death ..... **30**

### Gender

(2020 rates per 100,000)



**Male**

Hospitalization ..... **51**

Emergency Department ..... **73**

Death ..... **71**








**Female**

Hospitalization ..... **40**

Emergency Department ..... **45**

Death ..... **35**

Race (2020 rates per 100,000)			Desert Mission Health Center	
White/Caucasian	Hospitalization		34.9	
	Emergency Dept.		49.6	
	Death		38.9	
Black/African American	Hospitalization		66.1	
	Emergency Dept.		52.9	
	Death		72.8	
Asian	Hospitalization		.	
	Emergency Dept.		.	
	Death		.	
Hispanic	Hospitalization		23.2	
	Emergency Dept.		39.6	
	Death		36.7	
American Indian	Hospitalization		.	
	Emergency Dept.		94.6	
	Death		108.1	

Age (2020 rates per 100,000)			Desert Mission Health Center	
 1-14	Hospitalization		.	
	Emergency Dept.		.	
	Death		.	
 15-24	Hospitalization		5.9	
	Emergency Dept.		10.4	
	Death		6.6	
 25-44	Hospitalization		14.9	
	Emergency Dept.		32.1	
	Death		24.8	
 45-64	Hospitalization		9.2	
	Emergency Dept.		9.2	
	Death		14.1	
 65+	Hospitalization		5.1	
	Emergency Dept.		.	
	Death		.	

## Alcohol Related

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)

### Overall

(2020 rates per 100,000)

#### Desert Mission Health Center

 Hospitalization ..... **40**

 Emergency Department ..... **16**

#### Maricopa County

 Hospitalization ..... **46**

 Emergency Department ..... **13**

### Gender

(2020 rates per 100,000)



**Male**

Hospitalization..... **76**

Emergency Department ..... **31**








**Female**

Hospitalization..... **34**

Emergency Department ..... **8**

<b>Race</b> (2020 rates per 100,000)	<b>Desert Mission Health Center</b>	
<b>White/Caucasian</b>	Hospitalization	38.3
	Emergency Dept.	17.5
<b>Black/African American</b>	Hospitalization	46.3
	Emergency Dept.	.
<b>Asian</b>	Hospitalization	.
	Emergency Dept.	.
<b>Hispanic</b>	Hospitalization	15.5
	Emergency Dept.	5.8
<b>American Indian</b>	Hospitalization	162.2
	Emergency Dept.	.

<b>Age</b> (2020 rates per 100,000)	<b>Desert Mission Health Center</b>	
 <b>1-14</b>	Hospitalization	.
	Emergency Dept.	.
 <b>15-24</b>	Hospitalization	.
	Emergency Dept.	.
 <b>25-44</b>	Hospitalization	16.8
	Emergency Dept.	8.4
 <b>45-64</b>	Hospitalization	18.0
	Emergency Dept.	6.7
 <b>65+</b>	Hospitalization	4.7
	Emergency Dept.	.

# Chronic Disease

## Diabetes

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)


### Overall

(2020 rates per 100,000)

#### Desert Mission Health Center

 Hospitalization ..... **218**

 Emergency Department ..... **267**

 Death ..... **14**

#### Maricopa County

 Hospitalization ..... **194**

 Emergency Department ..... **220**

 Death ..... **11**

### Gender

(2020 rates per 100,000)



**Male**

Hospitalization..... **376**

Emergency Department ..... **417**

Death ..... **30**








**Female**

Hospitalization..... **232**

Emergency Department ..... **309**

Death ..... **24**

Race (2020 rates per 100,000)			Desert Mission Health Center	
White/Caucasian	Hospitalization	174.1		
	Emergency Dept.	174.7		
	Death	12.4		
Black/African American	Hospitalization	568.8		
	Emergency Dept.	866.4		
	Death	.		
Asian	Hospitalization	55.3		
	Emergency Dept.	154.9		
	Death	.		
Hispanic	Hospitalization	155.4		
	Emergency Dept.	243.3		
	Death	11.6		
American Indian	Hospitalization	337.8		
	Emergency Dept.	162.2		
	Death	.		

Age (2020 rates per 100,000)			Desert Mission Health Center	
 1-14	Hospitalization	10.9		
	Emergency Dept.	8.0		
	Death	.		
 15-24	Hospitalization	28.1		
	Emergency Dept.	18.4		
	Death	.		
 25-44	Hospitalization	51.2		
	Emergency Dept.	83.3		
	Death	.		
 45-64	Hospitalization	85.0		
	Emergency Dept.	120.7		
	Death	5.7		
 65+	Hospitalization	42.3		
	Emergency Dept.	36.8		
	Death	8.3		

# Cardiovascular Disease

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)

## Overall

(2020 rates per 100,000)

### Desert Mission Health Center

 Hospitalization ..... **1,112**


 Emergency Department ..... **879**

 Death ..... **247**

### Maricopa County

 Hospitalization ..... **1,163**

 Emergency Department ..... **892**

 Death ..... **200**

## Gender

(2020 rates per 100,000)



**Male**

Hospitalization..... **2,644**

Emergency Department..... **1,636**

Death..... **635**








**Female**

Hospitalization..... **1,638**

Emergency Department..... **1,296**

Death..... **446**

Race (2020 rates per 100,000)	Desert Mission Health Center	
White/Caucasian	Hospitalization	1,131.9
	Emergency Dept.	785.4
	Death	268.2
Black/African American	Hospitalization	1,785.7
	Emergency Dept.	2,123.0
	Death	304.2
Asian	Hospitalization	520.1
	Emergency Dept.	531.2
	Death	276.7
Hispanic	Hospitalization	504.0
	Emergency Dept.	523.3
	Death	73.4
American Indian	Hospitalization	675.7
	Emergency Dept.	337.8
	Death	121.6

Age (2020 rates per 100,000)	Desert Mission Health Center	
 1-14	Hospitalization	4.7
	Emergency Dept.	12.4
	Death	.
 15-24	Hospitalization	3.8
	Emergency Dept.	22.6
	Death	.
 25-44	Hospitalization	85.2
	Emergency Dept.	163.9
	Death	5.0
 45-64	Hospitalization	421.7
	Emergency Dept.	352.9
	Death	50.8
 65+	Hospitalization	596.9
	Emergency Dept.	327.7
	Death	190.5

# Stroke

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)


## Overall

(2020 rates per 100,000)

### Desert Mission Health Center

 Hospitalization ..... **260**


 Emergency Department ..... **41**

 Death ..... **39**

### Maricopa County

 Hospitalization ..... **270**

 Emergency Department ..... **49**

 Death ..... **34**

## Gender

(2020 rates per 100,000)



**Male**

Hospitalization..... **634**

Emergency Department..... **77**

Death..... **89**








**Female**

Hospitalization..... **398**

Emergency Department..... **74**

Death..... **84**

Race (2020 rates per 100,000)			Desert Mission Health Center	
White/Caucasian	Hospitalization		268.8	
	Emergency Dept.		41.7	
	Death		44.0	
Black/African American	Hospitalization		370.4	
	Emergency Dept.		72.8	
	Death		33.1	
Asian	Hospitalization		154.9	
	Emergency Dept.		.	
	Death		55.3	
Hispanic	Hospitalization		111.0	
	Emergency Dept.		20.3	
	Death		9.7	
American Indian	Hospitalization		216.2	
	Emergency Dept.		.	
	Death		.	

Age (2020 rates per 100,000)			Desert Mission Health Center	
 1-14	Hospitalization		2.2	
	Emergency Dept.		.	
	Death		.	
 15-24	Hospitalization		.	
	Emergency Dept.		.	
	Death		.	
 25-44	Hospitalization		18.7	
	Emergency Dept.		2.7	
	Death		.	
 45-64	Hospitalization		90.7	
	Emergency Dept.		16.6	
	Death		6.4	
 65+	Hospitalization		148.6	
	Emergency Dept.		20.6	
	Death		32.4	



# Community Resources

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**Schools – Public**  
(2020)

**79**



**Schools – Private**  
(2020)

**14**



**Fitness and Recreational  
Sports Centers** (2019)

**6**



**Hospital and Community  
Health Centers** (2021)

**7**



**Libraries**  
(2017)

**2**



**Non-Profit  
Organizations** (2015)

**205**



**Grocery Retail Stores**  
(2016)

**40**



**Pharmacies/Drug Stores**  
(2019)

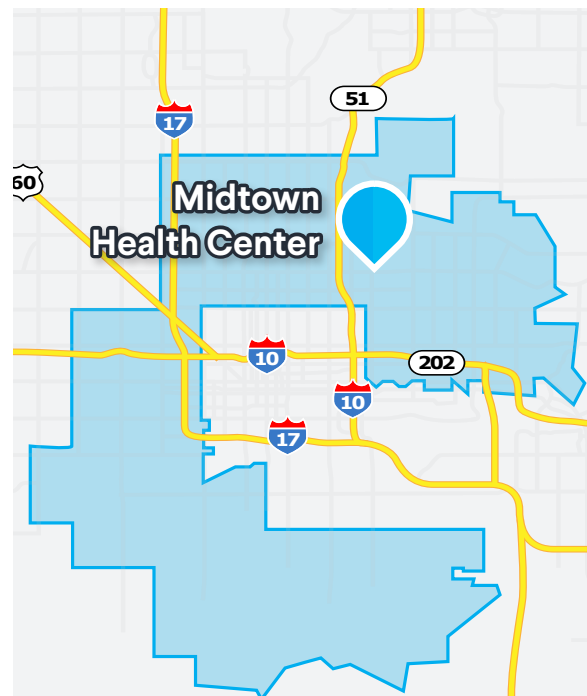
**18**



**Public Parks**  
(2020)

**35**

# NOAH Health Centers



## Midtown Health Center Demographics

### Gender



**50.6%**

Male



**49.4%**

Female

### Race and Ethnicity

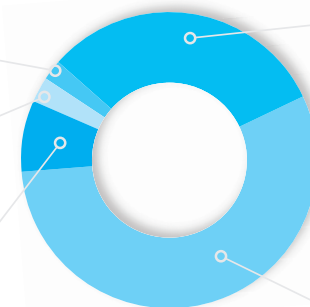
**2.2%**  
American Indian

**2.3%**  
Asian

**7.2%**  
African American

**38.2%**  
Hispanic

**50.1%**  
White



### Age

0-19

**27.2%**



20-44

**39.7%**



45-64

**23%**



65+

**10%**



### Income

Less than **\$25,000**

**20.3%**

Less than **\$50,000**

**46.8%**

Less than **\$75,000**

**65.7%**

Less than **\$100,000**

**77.2%**

Less than **\$150,000**

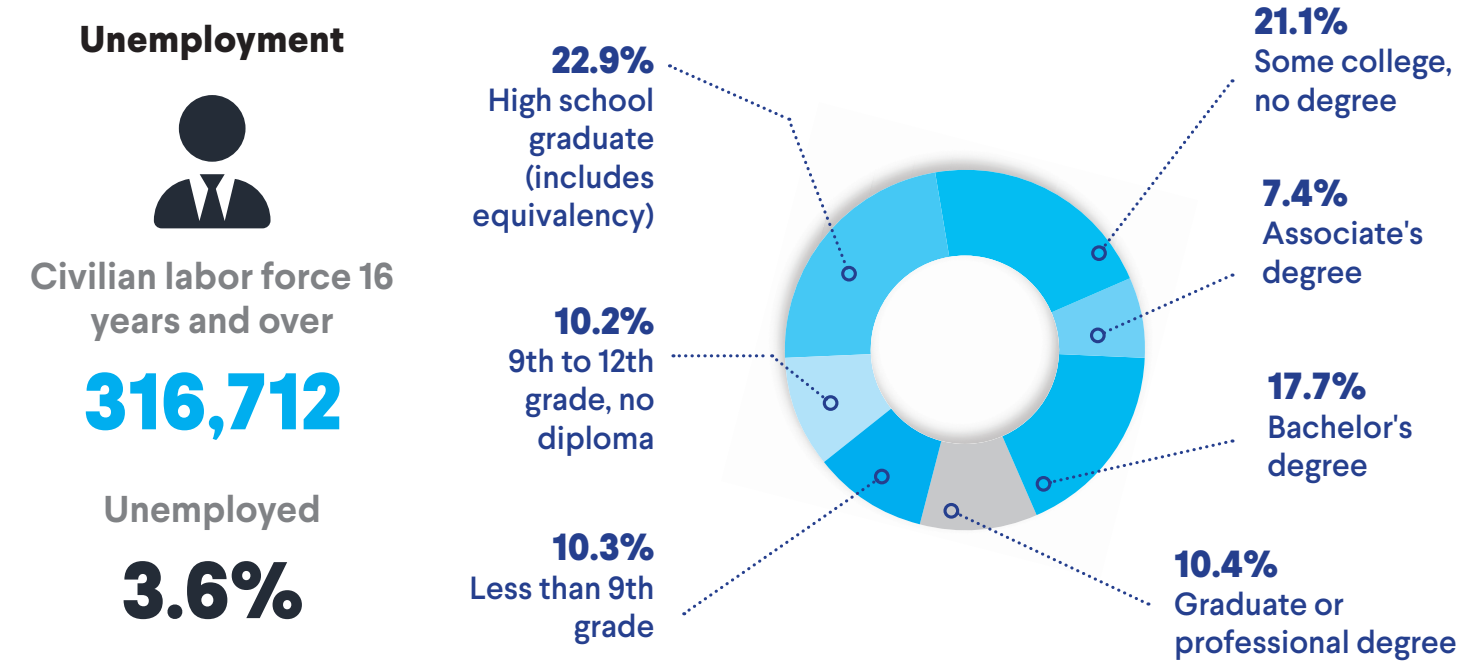
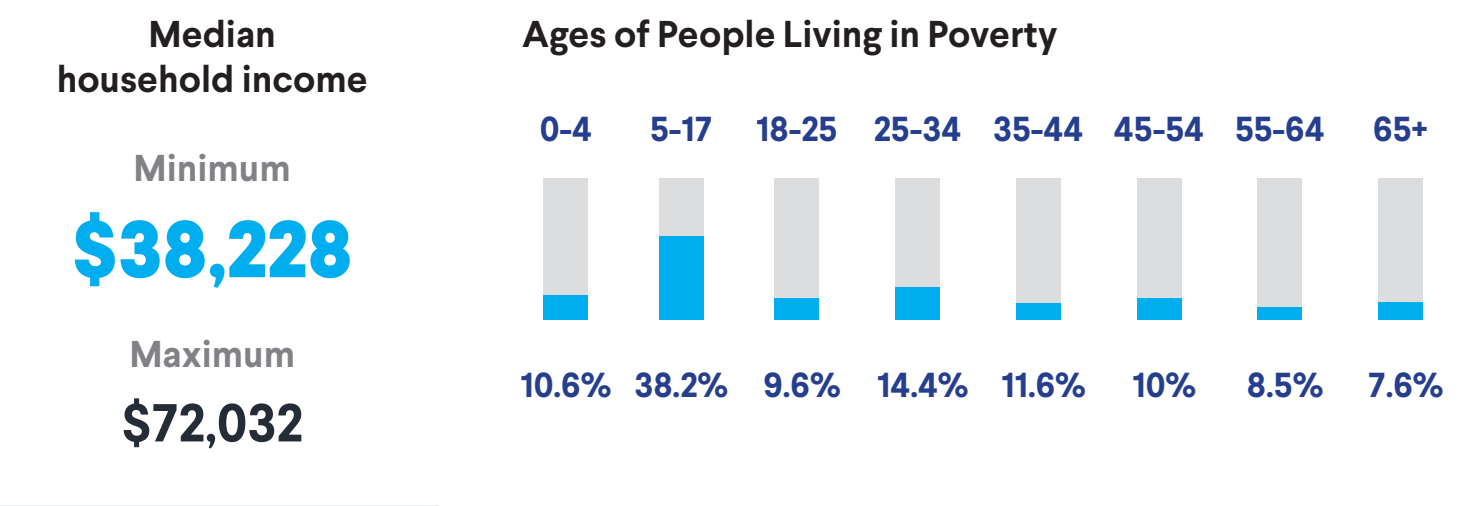
**88.9%**

**\$150,000** or more

**11.1%**

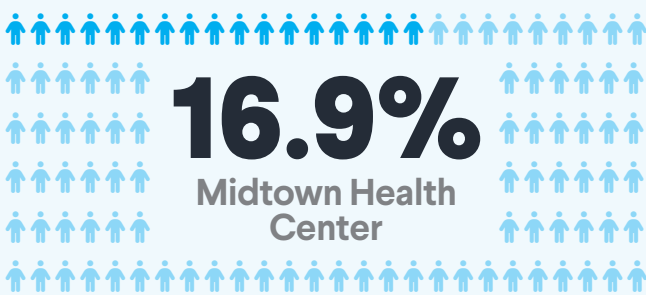
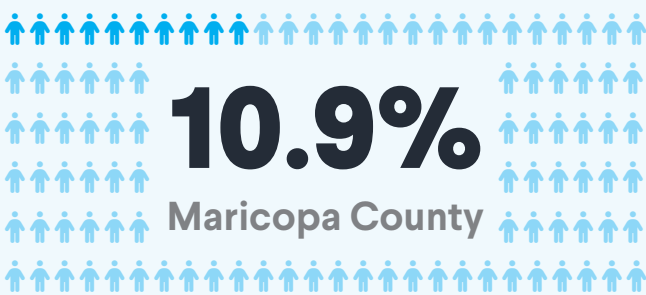
# Social Determinants of Health

## Midtown Health Center Economic Factors



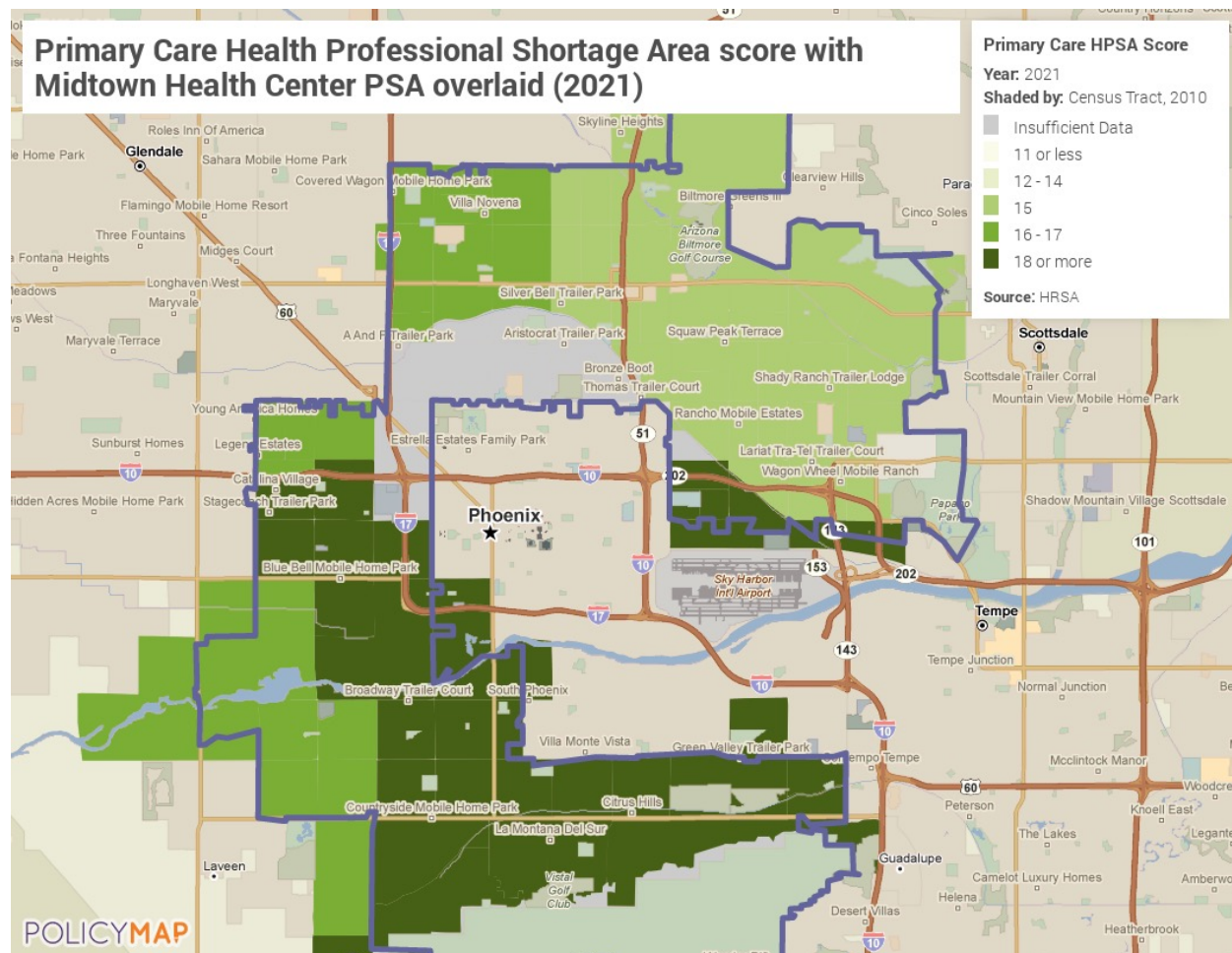
## Access to Care

Uninsured (2020)



# Primary Care Provider Availability

(Source: PolicyMap – HRSA)



This score is calculated on a scale of 1-25, where higher scores represent areas with greater shortages. Health Professional Shortage Areas (HPSAs) are defined by the Health Resources and Services Administration (HRSA) as areas that need more health providers in primary care, dental health, or mental health. All HPSAs are defined on the basis of three criteria: the ratio of population to health providers, percent of population below the federal poverty level, and travel time to the nearest source of care outside the HPSA area. Primary Care HPSAs also consider infant mortality rate and low birth weight rate.

# Mental Health Anxiety

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)

## Overall

(2020 rates per 100,000)

### Midtown Health Center

 Hospitalization ..... **1,145**

 Emergency Department ..... **1,408**

### Maricopa County

 Hospitalization ..... **1,336**

 Emergency Department ..... **1,673**

## Gender

(2020 rates per 100,000)



Male

Hospitalization..... **1,538**

Emergency Department ..... **1,387**



Female

Hospitalization..... **2,023**

Emergency Department ..... **2,340**

## Race

(2020 rates per 100,000)






### Midtown Health Center

White/Caucasian	Hospitalization	1,089.3
	Emergency Dept.	1,127.1
Black/African American	Hospitalization	1,328.3
	Emergency Dept.	1,643.3
Asian	Hospitalization	471.6
	Emergency Dept.	349.3
Hispanic	Hospitalization	656.5
	Emergency Dept.	1,031.4
American Indian	Hospitalization	1,027.4
	Emergency Dept.	1,036.9

## Age

(2020 rates per 100,000)

### Midtown Health Center

 1-14	Hospitalization	27.7
	Emergency Dept.	25.9
 15-24	Hospitalization	124.1
	Emergency Dept.	171.7
 25-44	Hospitalization	344.9
	Emergency Dept.	531.4
 45-64	Hospitalization	359.3
	Emergency Dept.	397.6
 65+	Hospitalization	289.2
	Emergency Dept.	209.5

# Mood and Depressive Disorders

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)

## Overall

(2020 rates per 100,000)

### Midtown Health Center

 Hospitalization ..... **1,816**

 Emergency Department ..... **1,346**

### Maricopa County

 Hospitalization ..... **1,985**

 Emergency Department ..... **1,536**

## Gender

(2020 rates per 100,000)



Male

Hospitalization..... **2,592**

Emergency Department..... **1,471**



Female

Hospitalization..... **2,831**

Emergency Department..... **2,427**

## Race

(2020 rates per 100,000)






### Midtown Health Center

White/Caucasian	Hospitalization	1,696.7
	Emergency Dept.	1,221.7
Black/African American	Hospitalization	2,334.3
	Emergency Dept.	1,873.2
Asian	Hospitalization	908.3
	Emergency Dept.	454.2
Hispanic	Hospitalization	1,033.5
	Emergency Dept.	835.4
American Indian	Hospitalization	1,894.6
	Emergency Dept.	1,244.2

## Age

(2020 rates per 100,000)

### Midtown Health Center

 1-14	Hospitalization	90.4
	Emergency Dept.	39.5
 15-24	Hospitalization	241.6
	Emergency Dept.	156.3
 25-44	Hospitalization	532.6
	Emergency Dept.	425.7
 45-64	Hospitalization	548.5
	Emergency Dept.	474.1
 65+	Hospitalization	403.7
	Emergency Dept.	249.9



# Suicide

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)

## Overall

(2020 rates per 100,000)

### Midtown Health Center

 Death ..... **15**

### Maricopa County

 Death ..... **16**

## Gender

(2020 rates per 100,000)








**Male** Death ..... **32**



**Female** Death ..... **9**

Race (2020 rates per 100,000)			Midtown Health Center
White/Caucasian	Death		13.0
Black/African American	Death		.
Asian	Death		.
Hispanic	Death		11.7
American Indian	Death		.

Age (2020 rates per 100,000)			Midtown Health Center
 1-14	Death		.
 15-24	Death		2.2
 25-44	Death		6.8
 45-64	Death		4.3
 65+	Death		1.6

# Substance Abuse

## Opioid Overdose

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)


### Overall

(2020 rates per 100,000)

#### Midtown Health Center

 Hospitalization ..... **41**

 Emergency Department ..... **65**

 Death ..... **40**

#### Maricopa County

 Hospitalization ..... **35**

 Emergency Department ..... **70**

 Death ..... **30**

### Gender

(2020 rates per 100,000)



Male

Hospitalization ..... **67**

Emergency Department ..... **83**

Death ..... **67**



Female

Hospitalization ..... **40**

Emergency Department ..... **56**

Death ..... **22**

Race (2020 rates per 100,000)			Midtown Health Center	
White/Caucasian	Hospitalization		28.4	
	Emergency Dept.		46.7	
	Death		30.1	
Black/African American	Hospitalization		45.4	
	Emergency Dept.		124.9	
	Death		45.4	
Asian	Hospitalization		.	
	Emergency Dept.		.	
	Death		.	
Hispanic	Hospitalization		37.8	
	Emergency Dept.		51.7	
	Death		36.2	
American Indian	Hospitalization		66.0	
	Emergency Dept.		94.3	
	Death		75.4	

Age (2020 rates per 100,000)			Midtown Health Center	
1-14	Hospitalization		.	
	Emergency Dept.		1.5	
	Death		.	
15-24	Hospitalization		9.3	
	Emergency Dept.		19.6	
	Death		9.1	
25-44	Hospitalization		13.2	
	Emergency Dept.		31.5	
	Death		18.4	
45-64	Hospitalization		11.8	
	Emergency Dept.		9.5	
	Death		11.6	
65+	Hospitalization		5.6	
	Emergency Dept.		2.5	
	Death		.	



## Alcohol Related

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)

### Overall

(2020 rates per 100,000)

#### Midtown Health Center

 Hospitalization ..... **38**

 Emergency Department ..... **12**

#### Maricopa County

 Hospitalization ..... **46**

 Emergency Department ..... **13**

### Gender

(2020 rates per 100,000)



Male

Hospitalization..... **87**

Emergency Department ..... **21**



Female

Hospitalization..... **25**

Emergency Department ..... **9**

### Race

(2020 rates per 100,000)

#### Midtown Health Center

White/Caucasian	Hospitalization	38.6
	Emergency Dept.	11.4
Black/African American	Hospitalization	36.9
	Emergency Dept.	.
Asian	Hospitalization	.
	Emergency Dept.	.
Hispanic	Hospitalization	19.7
	Emergency Dept.	6.4
American Indian	Hospitalization	113.1
	Emergency Dept.	.

### Age

(2020 rates per 100,000)

#### Midtown Health Center

1-14	Hospitalization	.
	Emergency Dept.	.
15-24	Hospitalization	.
	Emergency Dept.	1.7
25-44	Hospitalization	12.7
	Emergency Dept.	5.0
45-64	Hospitalization	20.1
	Emergency Dept.	4.7
65+	Hospitalization	4.1
	Emergency Dept.	.

# Chronic Disease

## Diabetes

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)

### Overall

(2020 rates per 100,000)

#### Midtown Health Center

 Hospitalization ..... **226**

 Emergency Department ..... **287**

 Death ..... **16**

#### Maricopa County

 Hospitalization ..... **194**

 Emergency Department ..... **220**

 Death ..... **11**

### Gender

(2020 rates per 100,000)



Male

Hospitalization..... **460**

Emergency Department ..... **428**

Death ..... **46**








Female

Hospitalization..... **258**

Emergency Department ..... **472**

Death ..... **31**

Race (2020 rates per 100,000)			Midtown Health Center	
White/Caucasian	Hospitalization		142.6	
	Emergency Dept.		147.5	
	Death		8.5	
Black/African American	Hospitalization		403.0	
	Emergency Dept.		573.3	
	Death		34.1	
Asian	Hospitalization		96.1	
	Emergency Dept.		122.3	
	Death		.	
Hispanic	Hospitalization		185.8	
	Emergency Dept.		277.4	
	Death		9.6	
American Indian	Hospitalization		339.3	
	Emergency Dept.		414.7	
	Death		.	

Age (2020 rates per 100,000)			Midtown Health Center	
 1-14	Hospitalization		10.8	
	Emergency Dept.		8.0	
	Death		.	
 15-24	Hospitalization		20.1	
	Emergency Dept.		15.7	
	Death		.	
 25-44	Hospitalization		49.5	
	Emergency Dept.		80.1	
	Death		.	
 45-64	Hospitalization		92.1	
	Emergency Dept.		118.9	
	Death		4.3	
 65+	Hospitalization		53.2	
	Emergency Dept.		63.8	
	Death		11.5	

# Cardiovascular Disease

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)

## Overall

(2020 rates per 100,000)

### Midtown Health Center

 Hospitalization ..... **1,051**

 Emergency Department ..... **824**

 Death ..... **235**

### Maricopa County

 Hospitalization ..... **1,163**

 Emergency Department ..... **893**

 Death ..... **201**

## Gender

(2020 rates per 100,000)



Male

Hospitalization..... **2,795**

Emergency Department..... **1,674**

Death..... **699**








Female

Hospitalization..... **1,784**

Emergency Department..... **1,377**

Death..... **460**

Race (2020 rates per 100,000)	Midtown Health Center	
White/Caucasian	Hospitalization	819.9
	Emergency Dept.	562.3
	Death	184.5
Black/African American	Hospitalization	1,453.1
	Emergency Dept.	1,683.0
	Death	289.5
Asian	Hospitalization	576.4
	Emergency Dept.	454.2
	Death	113.5
Hispanic	Hospitalization	587.8
	Emergency Dept.	554.3
	Death	110.2
American Indian	Hospitalization	697.5
	Emergency Dept.	565.6
	Death	122.5

Age (2020 rates per 100,000)	Midtown Health Center	
 1-14	Hospitalization	5.7
	Emergency Dept.	10.5
	Death	.
 15-24	Hospitalization	10.3
	Emergency Dept.	26.3
	Death	.
 25-44	Hospitalization	78.5
	Emergency Dept.	143.0
	Death	6.6
 45-64	Hospitalization	343.9
	Emergency Dept.	319.5
	Death	44.3
 65+	Hospitalization	612.9
	Emergency Dept.	325.0
	Death	183.6

# Stroke

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)

## Overall

(2020 rates per 100,000)

### Midtown Health Center

 Hospitalization ..... **223**

 Emergency Department ..... **34**

 Death ..... **38**

### Maricopa County

 Hospitalization ..... **271**

 Emergency Department ..... **49**

 Death ..... **34**

## Gender

(2020 rates per 100,000)



Male

Hospitalization..... **610**

Emergency Department..... **85**

Death..... **97**








Female

Hospitalization..... **381**

Emergency Department..... **57**

Death..... **90**

Race (2020 rates per 100,000)			Midtown Health Center	
White/Caucasian	Hospitalization		171.9	
	Emergency Dept.		19.9	
	Death		26.0	
Black/African American	Hospitalization		306.5	
	Emergency Dept.		53.9	
	Death		28.4	
Asian	Hospitalization		96.1	
	Emergency Dept.		.	
	Death		.	
Hispanic	Hospitalization		126.7	
	Emergency Dept.		27.2	
	Death		25.6	
American Indian	Hospitalization		94.3	
	Emergency Dept.		.	
	Death		.	

Age (2020 rates per 100,000)			Midtown Health Center	
 1-14	Hospitalization		.	
	Emergency Dept.		.	
	Death		.	
 15-24	Hospitalization		1.5	
	Emergency Dept.		.	
	Death		.	
 25-44	Hospitalization		14.5	
	Emergency Dept.		2.3	
	Death		1.1	
 45-64	Hospitalization		70.6	
	Emergency Dept.		14.5	
	Death		4.7	
 65+	Hospitalization		134.8	
	Emergency Dept.		17.1	
	Death		31.4	

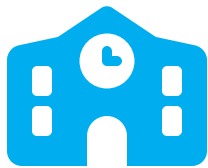
# Community Resources

---



**Schools – Public**  
(2020)

**130**



**Schools – Private**  
(2020)

**24**



**Fitness and Recreational  
Sports Centers** (2019)

**41**



**Hospital and Community  
Health Centers** (2021)

**36**



**Libraries**  
(2017)

**4**



**Non-Profit  
Organizations** (2015)

**528**



**Grocery Retail Stores**  
(2016)

**75**



**Pharmacies/Drug Stores**  
(2019)

**29**



**Public Parks**  
(2020)

**58**

# NOAH Health Centers



## Palomino Health Center Demographics

### Gender



**50.8%**

Male



**49.2%**

Female

### Race and Ethnicity

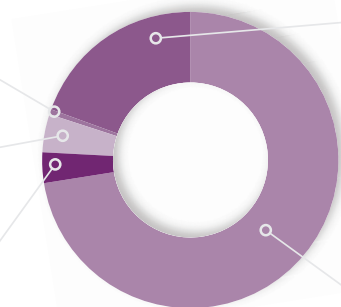
**0.8%**  
American Indian

**4.1%**  
Asian

**3.4%**  
African American

**19.4%**  
Hispanic

**72.3%**  
White



### Age

0-19

**21.2%**



20-44

**38.5%**



45-64

**24.1%**



65+

**16.1%**



### Income

Less than **\$25,000**

**15.4%**

Less than **\$50,000**

**38%**

Less than **\$75,000**

**56.5%**

Less than **\$100,000**

**70.4%**

Less than **\$150,000**

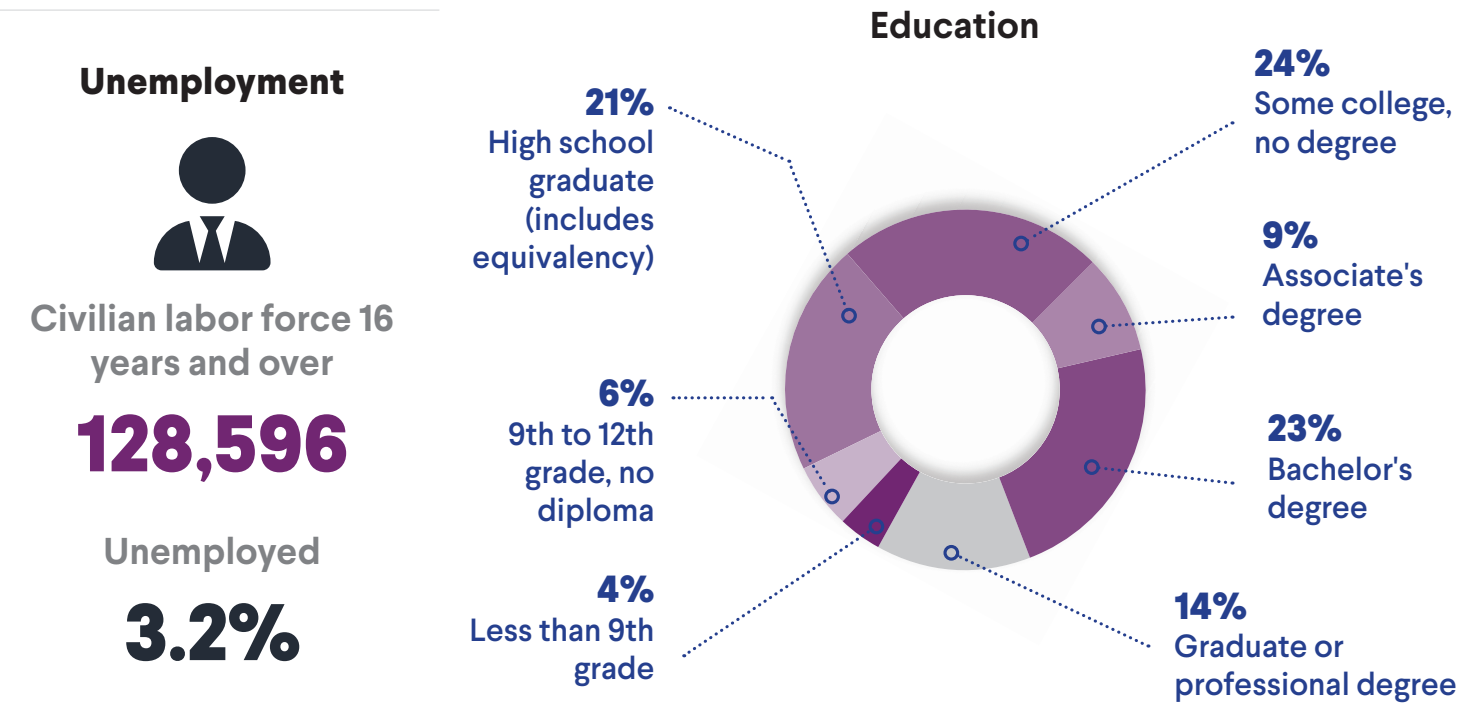
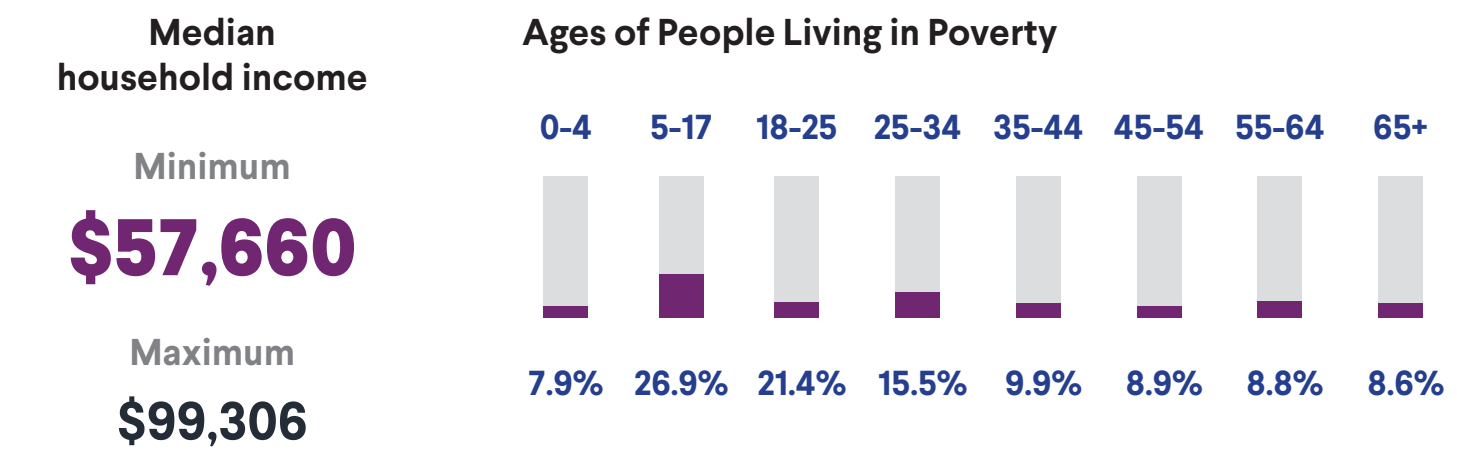
**85.1%**

**\$150,000** or more

**14.9%**

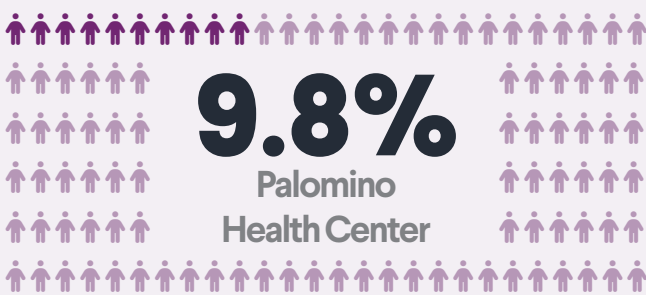
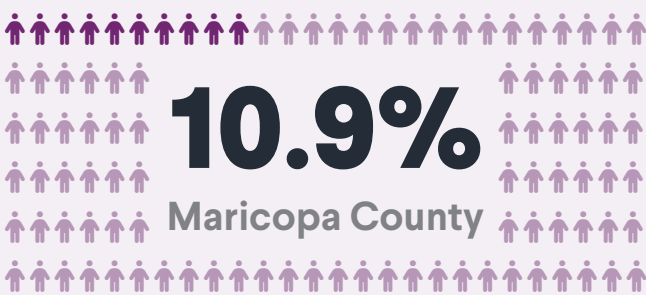
# Social Determinants of Health

## Palomino Health Center Economic Factors



## Access to Care

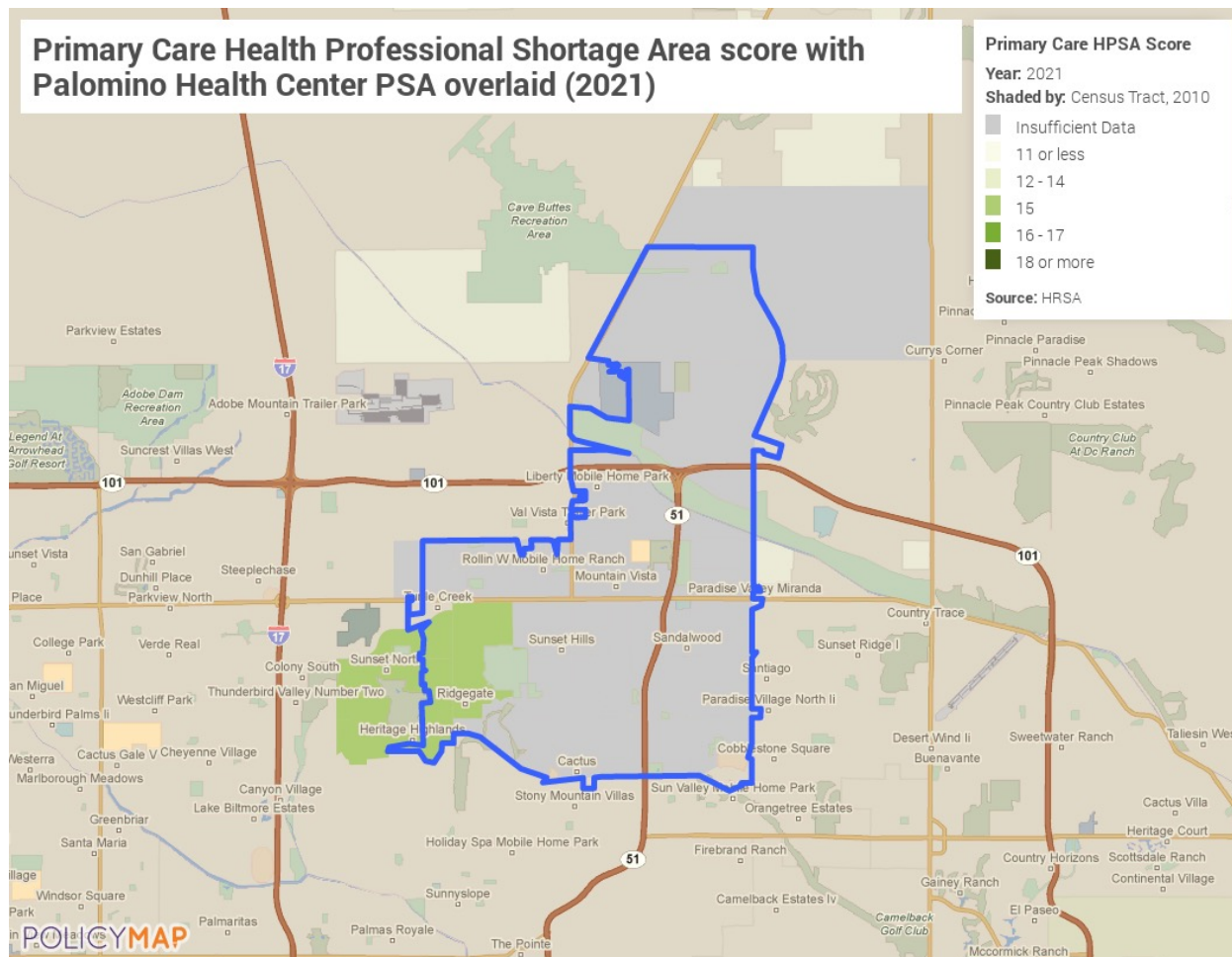
Uninsured (2020)





# Primary Care Provider Availability

(Source: PolicyMap – HRSA)



This score is calculated on a scale of 1-25, where higher scores represent areas with greater shortages. Health Professional Shortage Areas (HPSAs) are defined by the Health Resources and Services Administration (HRSA) as areas that need more health providers in primary care, dental health, or mental health. All HPSAs are defined on the basis of three criteria: the ratio of population to health providers, percent of population below the federal poverty level, and travel time to the nearest source of care outside the HPSA area. Primary Care HPSAs also consider infant mortality rate and low birth weight rate.

# Mental Health Anxiety

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)

## Overall

(2020 rates per 100,000)

### Palomino Health Center

 Hospitalization ..... **1,016**

 Emergency Department ..... **1,303**

### Maricopa County

 Hospitalization ..... **1409**

 Emergency Department ..... **1674**

## Gender

(2020 rates per 100,000)



Male

Hospitalization..... **1,201**

Emergency Department ..... **1,145**



Female

Hospitalization..... **1,603**

Emergency Department ..... **2,954**

## Race

(2020 rates per 100,000)






### Palomino Health Center

White/Caucasian	Hospitalization	1,212.1
	Emergency Dept.	1,485.1
Black/African American	Hospitalization	1,292.8
	Emergency Dept.	1,311.0
Asian	Hospitalization	309.7
	Emergency Dept.	457.2
Hispanic	Hospitalization	519.2
	Emergency Dept.	799.3
American Indian	Hospitalization	1,456.7
	Emergency Dept.	801.2

## Age

(2020 rates per 100,000)

### Palomino Health Center

 1-14	Hospitalization	27.7
	Emergency Dept.	28.5
 15-24	Hospitalization	99.8
	Emergency Dept.	176.1
 25-44	Hospitalization	307.2
	Emergency Dept.	531.1
 45-64	Hospitalization	308.5
	Emergency Dept.	410.4
 65+	Hospitalization	272.1
	Emergency Dept.	156.5

# Mood and Depressive Disorders

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)

## Overall

(2020 rates per 100,000)

### Palomino Health Center

 Hospitalization ..... **1,441**

 Emergency Department ..... **1,098**

### Maricopa County

 Hospitalization ..... **1,986**

 Emergency Department ..... **1,536**

## Gender

(2020 rates per 100,000)



Male

Hospitalization..... **1,720**

Emergency Department..... **1,002**








Female

Hospitalization..... **2,107**

Emergency Department..... **1,668**

Race (2020 rates per 100,000)			Palomino Health Center	
White/Caucasian	Hospitalization			1,669.3
	Emergency Dept.			1,283.1
Black/African American	Hospitalization			2,130.4
	Emergency Dept.			1,220.0
Asian	Hospitalization			457.2
	Emergency Dept.			309.7
Hispanic	Hospitalization			682.8
	Emergency Dept.			566.4
American Indian	Hospitalization			2,476.3
	Emergency Dept.			946.8

Age (2020 rates per 100,000)			Palomino Health Center	
 1-14	Hospitalization			61.8
	Emergency Dept.			37.2
 15-24	Hospitalization			198.1
	Emergency Dept.			144.5
 25-44	Hospitalization			462.1
	Emergency Dept.			391.1
 45-64	Hospitalization			368.3
	Emergency Dept.			370.5
 65+	Hospitalization			350.6
	Emergency Dept.			153.8

# Suicide

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)


## Overall

(2020 rates per 100,000)

### Palomino Health Center

 Death ..... **14**

### Maricopa County

 Death ..... **16**

## Gender

(2020 rates per 100,000)








**Male** Death ..... **24**



**Female** Death ..... **14**

<b>Race</b> (2020 rates per 100,000)	Palomino Health Center	
White/Caucasian	Death	15.2
Black/African American	Death	.
Asian	Death	.
Hispanic	Death	.
American Indian	Death	.

<b>Age</b> (2020 rates per 100,000)	Palomino Health Center	
 1-14	Death	.
 15-24	Death	.
 25-44	Death	7.1
 45-64	Death	.
 65+	Death	3.2

# Substance Abuse

## Opioid Overdose

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)


### Overall

(2020 rates per 100,000)

#### Palomino Health Center

 Hospitalization ..... **33**


 Emergency Department ..... **32**

 Death ..... **27**

#### Maricopa County

 Hospitalization ..... **35**

 Emergency Department ..... **70**

 Death ..... **30**

### Gender

(2020 rates per 100,000)



**Male**

Hospitalization..... **43**

Emergency Department ..... **40**

Death ..... **40**








**Female**

Hospitalization..... **30**

Emergency Department ..... **28**

Death ..... **20**

Race (2020 rates per 100,000)			Palomino Health Center	
White/Caucasian	Hospitalization		35.5	
	Emergency Dept.		28.7	
	Death		29.6	
Black/African American	Hospitalization		.	
	Emergency Dept.		.	
	Death		.	
Asian	Hospitalization		.	
	Emergency Dept.		.	
	Death		.	
Hispanic	Hospitalization		18.9	
	Emergency Dept.		22.0	
	Death		.	
American Indian	Hospitalization		.	
	Emergency Dept.		.	
	Death		.	

Age (2020 rates per 100,000)			Palomino Health Center	
 1-14	Hospitalization		.	
	Emergency Dept.		.	
	Death		.	
 15-24	Hospitalization		5.9	
	Emergency Dept.		6.6	
	Death		3.7	
 25-44	Hospitalization		14.2	
	Emergency Dept.		19.4	
	Death		16.8	
 45-64	Hospitalization		9.2	
	Emergency Dept.		3.2	
	Death		5.9	
 65+	Hospitalization		.	
	Emergency Dept.		.	
	Death		.	

## Alcohol Related

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)

### Overall

(2020 rates per 100,000)

#### Palomino Health Center

 Hospitalization ..... **49**

 Emergency Department ..... **9**

#### Maricopa County

 Hospitalization ..... **46**

 Emergency Department ..... **14**

### Gender

(2020 rates per 100,000)



**Male**

Hospitalization..... **113**

Emergency Department ..... **21**








**Female**

Hospitalization..... **21**

Emergency Department ..... **n/a**

<b>Race</b> (2020 rates per 100,000)	<b>Palomino Health Center</b>	
<b>White/Caucasian</b>	Hospitalization	56.6
	Emergency Dept.	6.8
<b>Black/African American</b>	Hospitalization	.
	Emergency Dept.	.
<b>Asian</b>	Hospitalization	.
	Emergency Dept.	.
<b>Hispanic</b>	Hospitalization	31.5
	Emergency Dept.	.
<b>American Indian</b>	Hospitalization	.
	Emergency Dept.	.

<b>Age</b> (2020 rates per 100,000)	<b>Palomino Health Center</b>	
 <b>1-14</b>	Hospitalization	.
	Emergency Dept.	.
 <b>15-24</b>	Hospitalization	.
	Emergency Dept.	.
 <b>25-44</b>	Hospitalization	16.1
	Emergency Dept.	5.8
 <b>45-64</b>	Hospitalization	28.0
	Emergency Dept.	2.7
 <b>65+</b>	Hospitalization	4.8
	Emergency Dept.	.

# Chronic Disease

## Diabetes

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)


### Overall

(2020 rates per 100,000)

#### Palomino Health Center

 Hospitalization ..... **146**


 Emergency Department ..... **131**

 Death ..... **13**

#### Maricopa County

 Hospitalization ..... **194**

 Emergency Department ..... **220**

 Death ..... **12**

### Gender

(2020 rates per 100,000)



Male

Hospitalization..... **277**

Emergency Department ..... **174**

Death ..... **22**








Female

Hospitalization..... **151**

Emergency Department ..... **163**

Death ..... **23**

Race (2020 rates per 100,000)	Palomino Health Center	
White/Caucasian	Hospitalization	137.8
	Emergency Dept.	109.0
	Death	15.2
Black/African American	Hospitalization	382.4
	Emergency Dept.	509.8
	Death	.
Asian	Hospitalization	118.0
	Emergency Dept.	.
	Death	.
Hispanic	Hospitalization	144.8
	Emergency Dept.	157.3
	Death	.
American Indian	Hospitalization	728.3
	Emergency Dept.	509.8
	Death	.

Age (2020 rates per 100,000)	Palomino Health Center	
 1-14	Hospitalization	9.5
	Emergency Dept.	5.5
	Death	.
 15-24	Hospitalization	11.7
	Emergency Dept.	14.7
	Death	.
 25-44	Hospitalization	36.1
	Emergency Dept.	36.1
	Death	.
 45-64	Hospitalization	48.0
	Emergency Dept.	52.3
	Death	5.9
 65+	Hospitalization	39.8
	Emergency Dept.	21.8
	Death	6.4



# Cardiovascular Disease


(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)


## Overall

(2020 rates per 100,000)

### Palomino Health Center


 Hospitalization ..... **891**


 Emergency Department ..... **698**

 Death ..... **183**

### Maricopa County

 Hospitalization ..... **1,163**

 Emergency Department ..... **893**

 Death ..... **201**

## Gender

(2020 rates per 100,000)



Male

Hospitalization..... **2,029**

Emergency Department..... **1,283**

Death..... **416**








Female

Hospitalization..... **1,302**

Emergency Department..... **979**

Death..... **340**

Race (2020 rates per 100,000)	Palomino Health Center	
White/Caucasian	Hospitalization	1,174.9
	Emergency Dept.	842.7
	Death	262.0
Black/African American	Hospitalization	1,056.1
	Emergency Dept.	1,402.0
	Death	.
Asian	Hospitalization	501.4
	Emergency Dept.	309.7
	Death	.
Hispanic	Hospitalization	374.5
	Emergency Dept.	383.9
	Death	44.1
American Indian	Hospitalization	946.8
	Emergency Dept.	364.2
	Death	.

Age (2020 rates per 100,000)	Palomino Health Center	
 1-14	Hospitalization	4.8
	Emergency Dept.	25.3
	Death	.
 15-24	Hospitalization	5.9
	Emergency Dept.	24.9
	Death	.
 25-44	Hospitalization	78.7
	Emergency Dept.	116.8
	Death	.
 45-64	Hospitalization	272.3
	Emergency Dept.	245.4
	Death	32.9
 65+	Hospitalization	529.4
	Emergency Dept.	284.8
	Death	145.9

# Stroke

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)


## Overall

(2020 rates per 100,000)

### Palomino Health Center

 Hospitalization ..... **189**


 Emergency Department ..... **48**

 Death ..... **29**

### Maricopa County

 Hospitalization ..... **271**

 Emergency Department ..... **49**

 Death ..... **34**

## Gender

(2020 rates per 100,000)



Male

Hospitalization ..... **451**

Emergency Department ..... **98**

Death ..... **47**








Female

Hospitalization ..... **254**

Emergency Department ..... **70**

Death ..... **72**

Race (2020 rates per 100,000)	Palomino Health Center	
White/Caucasian	Hospitalization	249.3
	Emergency Dept.	59.2
	Death	39.7
Black/African American	Hospitalization	200.3
	Emergency Dept.	.
	Death	.
Asian	Hospitalization	132.7
	Emergency Dept.	.
	Death	.
Hispanic	Hospitalization	72.4
	Emergency Dept.	22.0
	Death	.
American Indian	Hospitalization	.
	Emergency Dept.	.
	Death	.

Age (2020 rates per 100,000)	Palomino Health Center	
 1-14	Hospitalization	.
	Emergency Dept.	.
	Death	.
 15-24	Hospitalization	.
	Emergency Dept.	.
	Death	.
 25-44	Hospitalization	15.5
	Emergency Dept.	6.5
	Death	.
 45-64	Hospitalization	65.3
	Emergency Dept.	15.6
	Death	3.2
 65+	Hospitalization	105.6
	Emergency Dept.	24.4
	Death	24.9

# Community Resources

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**Schools – Public**  
(2020)

**32**



**Schools – Private**  
(2020)

**2**



**Fitness and Recreational  
Sports Centers** (2019)

**27**



**Hospital and Community  
Health Centers** (2021)

**2**



**Libraries**  
(2017)

**1**



**Non-Profit  
Organizations** (2015)

**111**



**Grocery Retail Stores**  
(2016)

**29**



**Pharmacies/Drug Stores**  
(2019)

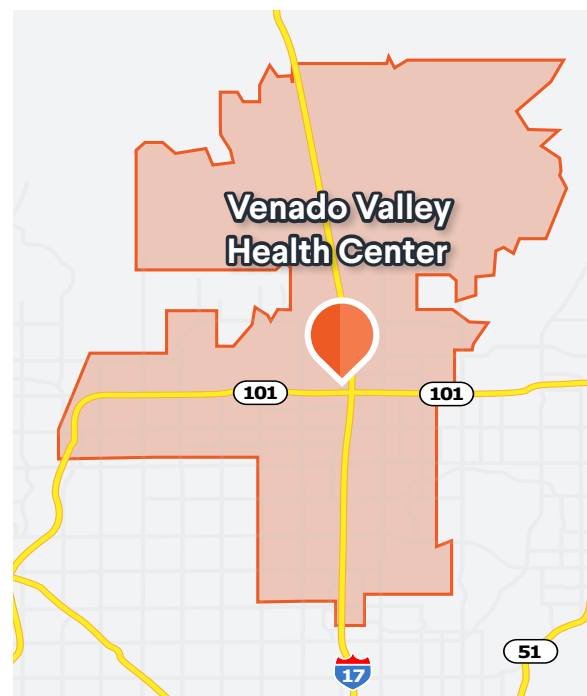
**13**



**Public Parks**  
(2020)

**24**

# NOAH Health Centers



## Venado Valley Health Center Demographics

### Gender



**50.5%**

Male



**49.5%**

Female

### Race and Ethnicity

**1.2%**  
American  
Indian

**5.6%**  
Asian

**3.6%**  
African  
American

**18.1%**  
Hispanic

**71.5%**  
White



### Age

0-19

**24.8%**



20-44

**35.9%**



45-64

**25.8%**



65+

**13.4%**



### Income

Less than **\$25,000**

**18.2%**

Less than **\$50,000**

**41.3%**

Less than **\$75,000**

**59.5%**

Less than **\$100,000**

**72.4%**

Less than **\$150,000**

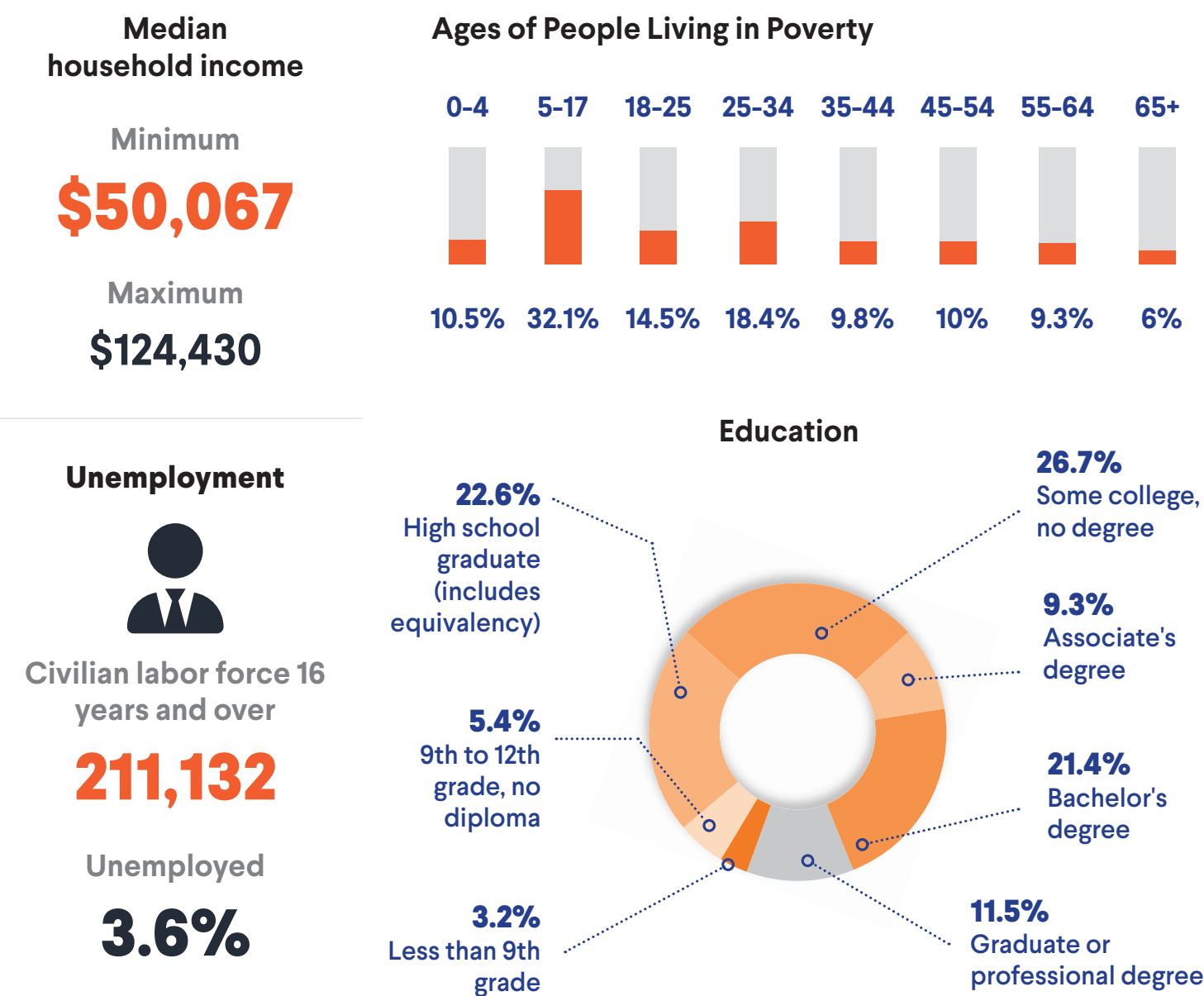
**86.6%**

**\$150,000** or more

**13.4%**

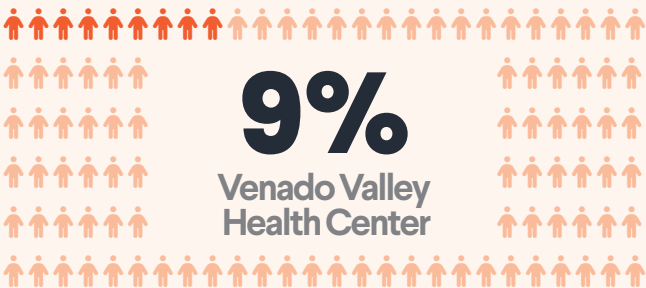
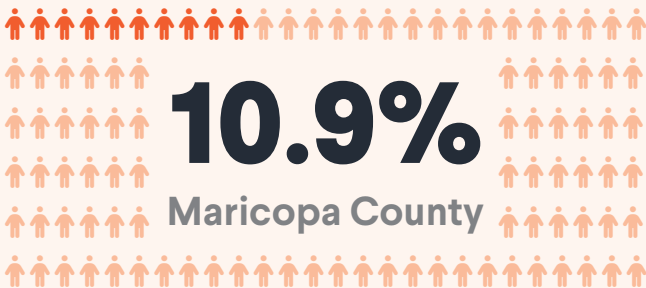
# Social Determinants of Health

## Venado Valley Health Center Economic Factors



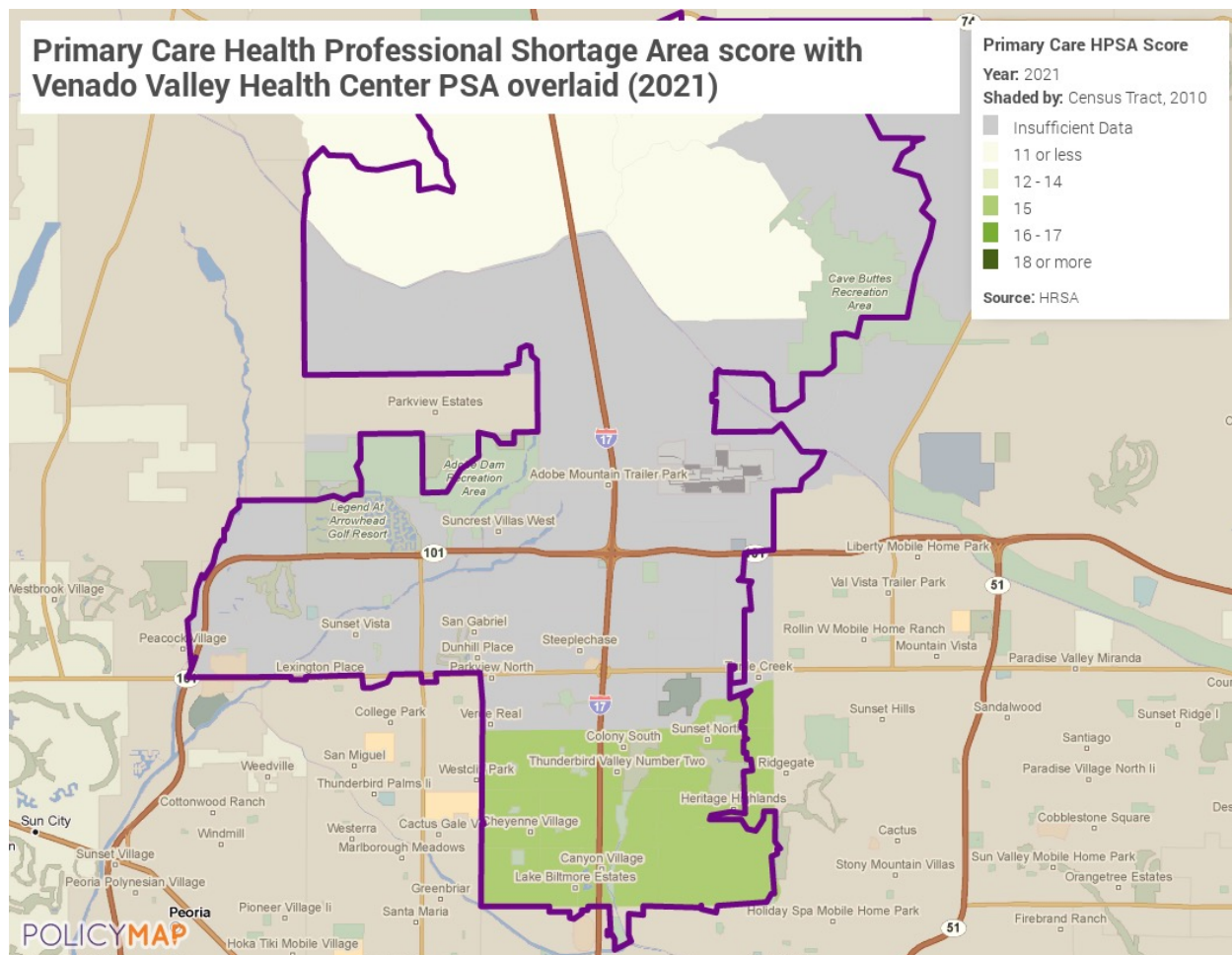
## Access to Care

Uninsured (2020)



# Primary Care Provider Availability

(Source: PolicyMap – HRSA)



This score is calculated on a scale from 1 to 25, where higher scores represent areas with greater shortages. Health Professional Shortage Areas (HPSAs) are defined by the Health Resources and Services Administration (HRSA) as areas that need more health providers in primary care, dental health, or mental health. All HPSAs are defined on the basis of three basic criteria: the ratio of population to health providers, percent of population below the federal poverty level, and travel time to the nearest source of care outside the HPSA area. Primary Care HPSAs also consider infant mortality rate and low birth weight rate.



# Mental Health Anxiety

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)

## Overall

(2020 rates per 100,000)

### Venado Valley Health Center

 Hospitalization ..... **1,218**

 Emergency Department ..... **1,767**

### Maricopa County

 Hospitalization ..... **1,409**

 Emergency Department ..... **1,674**

## Gender

(2020 rates per 100,000)



Male

Hospitalization **1,498**

Emergency Department **1,572**



Female

Hospitalization **1,988**

Emergency Department **2,815**

## Race

(2020 rates per 100,000)






### Venado Valley Health Center

White/Caucasian	Hospitalization	1,414.0
	Emergency Dept.	1,872.6
Black/African American	Hospitalization	1,570.9
	Emergency Dept.	3,079.8
Asian	Hospitalization	376.4
	Emergency Dept.	409.4
Hispanic	Hospitalization	679.5
	Emergency Dept.	1,342.6
American Indian	Hospitalization	1,004.1
	Emergency Dept.	2,067.3

## Age

(2020 rates per 100,000)

### Venado Valley Health Center

 1-14	Hospitalization	28.0
	Emergency Dept.	32.3
 15-24	Hospitalization	141.8
	Emergency Dept.	239.9
 25-44	Hospitalization	392.0
	Emergency Dept.	777.0
 45-64	Hospitalization	366.7
	Emergency Dept.	483.2
 65+	Hospitalization	289.2
	Emergency Dept.	234.6



# Mood and Depressive Disorders

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)

## Overall

(2020 rates per 100,000)

### Venado Valley Health Center

 Hospitalization ..... **1,743**

 Emergency Department ..... **1,681**

### Maricopa County

 Hospitalization ..... **1,986**

 Emergency Department ..... **1,536**

## Gender

(2020 rates per 100,000)



Male

Hospitalization..... **2,139**

Emergency Department..... **1,611**



Female

Hospitalization..... **2,658**

Emergency Department..... **2,733**

## Race

(2020 rates per 100,000)






### Venado Valley Health Center

White/Caucasian	Hospitalization	1,979.7
	Emergency Dept.	1,830.3
Black/African American	Hospitalization	2,837.4
	Emergency Dept.	3,513.9
Asian	Hospitalization	508.5
	Emergency Dept.	211.3
Hispanic	Hospitalization	1,001.9
	Emergency Dept.	1,085.5
American Indian	Hospitalization	1,772.0
	Emergency Dept.	1,712.9

## Age

(2020 rates per 100,000)

### Venado Valley Health Center

 1-14	Hospitalization	73.3
	Emergency Dept.	50.9
 15-24	Hospitalization	273.0
	Emergency Dept.	237.0
 25-44	Hospitalization	553.1
	Emergency Dept.	632.1
 45-64	Hospitalization	458.1
	Emergency Dept.	484.8
 65+	Hospitalization	384.9
	Emergency Dept.	276.0

# Suicide

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)

## Overall

(2020 rates per 100,000)

### Venado Valley Health Center

 Death ..... **15**

### Maricopa County

 Death ..... **16**

## Gender

(2020 rates per 100,000)








**Male** Death ..... **31**



**Female** Death ..... **11**

Race (2020 rates per 100,000)			Venado Valley Health Center
White/Caucasian	Death		17.6
Black/African American	Death		15.5
Asian	Death		.
Hispanic	Death		8.7
American Indian	Death		.

Age (2020 rates per 100,000)			Venado Valley Health Center
 1-14	Death		.
 15-24	Death		1.4
 25-44	Death		6.0
 45-64	Death		4.6
 65+	Death		2.7

# Substance Abuse

## Opioid Overdose

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)

### Overall

(2020 rates per 100,000)

#### Venado Valley Health Center

 Hospitalization ..... **38**

 Emergency Department ..... **49**

 Death ..... **30**

#### Maricopa County

 Hospitalization ..... **35**

 Emergency Department ..... **70**

 Death ..... **30**

### Gender

(2020 rates per 100,000)



**Male**

Hospitalization ..... **47**

Emergency Department ..... **64**

Death ..... **50**








**Female**

Hospitalization ..... **33**

Emergency Department ..... **35**

Death ..... **21**

Race (2020 rates per 100,000)			Venado Valley Health Center	
White/Caucasian	Hospitalization		34.1	
	Emergency Dept.		38.5	
	Death		28.6	
Black/African American	Hospitalization		91.8	
	Emergency Dept.		97.9	
	Death		46.6	
Asian	Hospitalization		.	
	Emergency Dept.		.	
	Death		.	
Hispanic	Hospitalization		34.0	
	Emergency Dept.		44.9	
	Death		25.4	
American Indian	Hospitalization		.	
	Emergency Dept.		.	
	Death		108.0	

Age (2020 rates per 100,000)			Venado Valley Health Center	
 1-14	Hospitalization		.	
	Emergency Dept.		.	
	Death		.	
 15-24	Hospitalization		8.6	
	Emergency Dept.		14.0	
	Death		4.4	
 25-44	Hospitalization		14.1	
	Emergency Dept.		26.1	
	Death		15.8	
 45-64	Hospitalization		10.8	
	Emergency Dept.		6.3	
	Death		8.8	
 65+	Hospitalization		3.0	
	Emergency Dept.		2.0	
	Death		0.9	

## Alcohol Related

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)

### Overall

(2020 rates per 100,000)

#### Venado Valley Health Center

 Hospitalization ..... **47**

 Emergency Department ..... **11**

#### Maricopa County

 Hospitalization ..... **46**

 Emergency Department ..... **14**

### Gender

(2020 rates per 100,000)



Male

Hospitalization..... **89**

Emergency Department ..... **20**








Female

Hospitalization..... **35**

Emergency Department ..... **8**

Race (2020 rates per 100,000)	Venado Valley Health Center	
White/Caucasian	Hospitalization	47.9
	Emergency Dept.	9.4
Black/African American	Hospitalization	65.3
	Emergency Dept.	.
Asian	Hospitalization	32.2
	Emergency Dept.	.
Hispanic	Hospitalization	21.4
	Emergency Dept.	6.7
American Indian	Hospitalization	228.8
	Emergency Dept.	82.6

Age (2020 rates per 100,000)	Venado Valley Health Center	
 1-14	Hospitalization	.
	Emergency Dept.	.
 15-24	Hospitalization	.
	Emergency Dept.	.
 25-44	Hospitalization	18.4
	Emergency Dept.	5.6
 45-64	Hospitalization	22.7
	Emergency Dept.	4.5
 65+	Hospitalization	5.0
	Emergency Dept.	.

# Chronic Disease

## Diabetes

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)

### Overall

(2020 rates per 100,000)

#### Venado Valley Health Center

 Hospitalization ..... **135**

 Emergency Department ..... **156**

 Death ..... **10**

#### Maricopa County

 Hospitalization ..... **194**

 Emergency Department ..... **220**

 Death ..... **12**

### Gender

(2020 rates per 100,000)



**Male**

Hospitalization..... **247**

Emergency Department ..... **221**

Death ..... **21**








**Female**

Hospitalization..... **141**

Emergency Department ..... **192**

Death ..... **15**

Race (2020 rates per 100,000)			Venado Valley Health Center	
White/Caucasian	Hospitalization		117.0	
	Emergency Dept.		112.9	
	Death		9.0	
Black/African American	Hospitalization		366.7	
	Emergency Dept.		528.3	
	Death		24.9	
Asian	Hospitalization		58.5	
	Emergency Dept.		67.3	
	Death		.	
Hispanic	Hospitalization		144.2	
	Emergency Dept.		192.9	
	Death		10.7	
American Indian	Hospitalization		470.2	
	Emergency Dept.		641.8	
	Death		57.2	

Age (2020 rates per 100,000)			Venado Valley Health Center	
 1-14	Hospitalization		6.6	
	Emergency Dept.		7.2	
	Death		.	
 15-24	Hospitalization		8.2	
	Emergency Dept.		7.2	
	Death		.	
 25-44	Hospitalization		36.7	
	Emergency Dept.		51.0	
	Death		.	
 45-64	Hospitalization		49.4	
	Emergency Dept.		67.4	
	Death		4.2	
 65+	Hospitalization		33.5	
	Emergency Dept.		23.9	
	Death		5.5	

# Cardiovascular Disease

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)

## Overall

(2020 rates per 100,000)

### Venado Valley Health Center

 Hospitalization ..... **862**

 Emergency Department ..... **625**

 Death ..... **179**

### Maricopa County

 Hospitalization ..... **1,163**

 Emergency Department ..... **893**

 Death ..... **201**

## Gender

(2020 rates per 100,000)



**Male**

Hospitalization..... **1,983**

Emergency Department..... **1,101**

Death..... **430**








**Female**

Hospitalization..... **1254**

Emergency Department..... **907**

Death..... **309**

Race (2020 rates per 100,000)	Venado Valley Health Center	
White/Caucasian	Hospitalization	1144.5
	Emergency Dept.	726.7
	Death	260.8
Black/African American	Hospitalization	1131.1
	Emergency Dept.	1283.4
	Death	149.2
Asian	Hospitalization	362.9
	Emergency Dept.	316.1
	Death	64.4
Hispanic	Hospitalization	450.5
	Emergency Dept.	401.2
	Death	83.4
American Indian	Hospitalization	991.3
	Emergency Dept.	667.2
	Death	95.3

Age (2020 rates per 100,000)	Venado Valley Health Center	
 1-14	Hospitalization	3.7
	Emergency Dept.	11.2
	Death	.
 15-24	Hospitalization	3.0
	Emergency Dept.	17.2
	Death	.
 25-44	Hospitalization	63.5
	Emergency Dept.	112.2
	Death	3.1
 45-64	Hospitalization	253.1
	Emergency Dept.	225.4
	Death	30.5
 65+	Hospitalization	538.1
	Emergency Dept.	258.6
	Death	144.4

# Stroke

(Source: Hospital Discharge Data, obtained from ADHS, cleaned and analyzed by MCDPH)

## Overall

(2020 rates per 100,000)

### Venado Valley Health Center

 Hospitalization ..... **177**

 Emergency Department ..... **35**

 Death ..... **31**

### Maricopa County

 Hospitalization ..... **271**

 Emergency Department ..... **49**

 Death ..... **34**

## Gender

(2020 rates per 100,000)



**Male**

Hospitalization..... **396**

Emergency Department..... **63**

Death..... **66**








**Female**

Hospitalization..... **271**

Emergency Department..... **54**

Death..... **62**

Race (2020 rates per 100,000)	Venado Valley Health Center	
White/Caucasian	Hospitalization	239.0
	Emergency Dept.	43.6
	Death	45.0
Black/African American	Hospitalization	217.5
	Emergency Dept.	40.4
	Death	28.0
Asian	Hospitalization	73.2
	Emergency Dept.	14.6
	Death	14.6
Hispanic	Hospitalization	86.1
	Emergency Dept.	18.7
	Death	14.7
American Indian	Hospitalization	101.7
	Emergency Dept.	31.8
	Death	.

Age (2020 rates per 100,000)	Venado Valley Health Center	
 1-14	Hospitalization	1.0
	Emergency Dept.	.
	Death	.
 15-24	Hospitalization	.
	Emergency Dept.	.
	Death	.
 25-44	Hospitalization	10.4
	Emergency Dept.	4.1
	Death	0.9
 45-64	Hospitalization	51.2
	Emergency Dept.	11.9
	Death	4.3
 65+	Hospitalization	113.0
	Emergency Dept.	17.5
	Death	25.7



# Community Resources

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**Schools – Public**  
(2020)

**178**



**Schools – Private**  
(2020)

**32**



**Fitness and Recreational  
Sports Centers** (2019)

**122**



**Hospital and Community  
Health Centers** (2021)

**31**



**Libraries**  
(2017)

**11**



**Non-Profit  
Organizations** (2015)

**786**



**Grocery Retail Stores**  
(2016)

**118**



**Pharmacies/Drug Stores**  
(2019)

**70**



**Public Parks**  
(2020)

**171**

# Appendix 2:

## Primary Data Collection Tools

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

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

#### Opening Question (5 minutes)

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

#### General Community Questions (15 minutes)

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

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

#### Community Health Concerns (15 minutes)

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

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

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

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

6. A) What makes it hard to access healthcare for people in your community?  
[Prompt – ask this if it does not come up naturally]
- i. Are there any cost issues that keep you from caring for your health? (such as copays or high-deductible insurance plans)
  - ii. If you are uninsured, do you experience any barriers to becoming insured?
  - iii. If you do not regularly seek care, are there provider concerns that keep you from caring for your health? (prompt – ask if there are concerns about providers not identifying with them)
- B) How do these barriers affect the health of your community? Your family? Children? You?
7. For this question, think about the last year. Was there a time when you or someone in your family needed to see a doctor but could not? Did anything keep you from going?

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

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

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

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

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

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

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

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

# 2021 COVID-19 Focus Group Questions

## A. Information about COVID-19

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

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

- c. PROBE: Language preference? Radio? TV? Pamphlets?
- 6. Where do you usually go to get health care or for your health needs?
  - a. PROBE: Urgent care? Hospital/ER? Clinic? Telehealth?
- 7. What thoughts do you have on preventing COVID-19?
  - a. Where did you get that information?

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

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

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

## **C. Communication and Messaging**

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

- 1. What information would your reluctant family/friends need before getting the vaccine?
- 2. What are some ways we can communicate updates on “COVID-19 vaccines and research information” specifically to [BLACK, INDIGENOUS, HISPANIC/LATINO] communities?
  - a. PROBE: What are some things that may work?
- 3. What ways could community leaders build and maintain trust with your community [or BLACK, INDIGENOUS, HISPANIC/LATINO] communities?

4. What kind of messaging would you or your community need to know the vaccine is safe?
5. Do you think COVID has affected different groups of people differently? (Why do you think this is and how do you think we could we improve this situation?)

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

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

## **2022 NOAH Focus Group Questions**

### **I. Opening (after consents are signed)**

We will discuss nine questions over the sixty-minute focus group. We will only allow for about seven minutes of discussion on a topic to make sure we cover all the topics. We would like to hear from all of you and learn about your thoughts and opinions. Therefore, I may interrupt you if we are running short on time, or I may call on you if you have not spoken. If we run out of time on a topic, we ask you email or call Dora Correal to share any additional thoughts. We value your opinion and would like to know your thoughts!

There are no right or wrong answers to the questions and your views are valued. It is acceptable that you disagree with other participants on issues. We value a range of opinions on the questions.

### **II. Questions (7 minutes each)**

Facilitator: Questions 1-7 are most important to answer thoroughly (only ask questions 7 - 8 if time allows). Italicized questions are only to be asked if initial question is not stimulating enough discussion.

#### **1. Are you concerned about mental health in our community? Mental health could be depression, anxiety, suicide, schizophrenia, etc.**

- Do you think mental health is a problem in our community?

#### **2. Of the previous mental health issues discussed, which do you think are the most important to address in our community?**

- Read: Depression, Anxiety, Suicide, Schizophrenia, Other\_\_\_\_\_
- Follow-up (if not already answered): Why did you select this concern?

#### **3. Are you concerned about chronic illness in our community? Chronic illness could be Alzheimer's, Respiratory conditions (Asthma & COPD), Diabetes, Cardiovascular Disease & Stroke, HIV, Obesity, etc.**

- Do you think chronic illness is a problem in our community?

**4. Of the previous chronic illness issues discussed, which do you think are the most important to address in our community?**

- Read: Alzheimer's, Respiratory conditions (Asthma & COPD), Diabetes, Cardiovascular Disease & Stroke, HIV, Obesity, Other\_\_\_\_\_
- Follow-up (if not already answered): Why did you select this concern?

**5. Eighty percent of your health is driven by social needs, such as: economic, housing, transportation, access to food, access to health care. Which do you think are most important to address in our community?**

- Read: Economic, Housing, Transportation, Access to food, Access to healthcare, Other\_\_\_\_\_
- Follow-up (if not already answered): Why did you select this concern?

**6. Are you concerned about substance abuse in our community? Substance abuse could be alcohol overuse, opioid use and overuse, cocaine and stimulant abuse, and prescription pain medication abuse.**

**7. Of the previous substance abuse issues discussed, which do you think are the most important to address in our community?**

- Alcohol related death and overuse (binge and heavy drinking)
- Opioid use and overdose
- Cocaine and stimulant abuse
- Prescription pain medicine

**8. Does your community have the resources to improve the health issues discussed today?**

- If answer is "no": Who are some partners that we could work with to improve the health issues discussed today?

**9. Is there anything you would like to add?**

**III. Closing**

Thank you for participating today! Your input is important. If there was anything that you wanted to share that you were not able to please contact Dora Correal at 602-786-0043 or [dncorreal@Honorhealth.com](mailto:dncorreal@Honorhealth.com)



# 2019 Maricopa County Community Health Needs Assessment Survey

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

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

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

Poor Fair Good Very Good Excellent

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

Poor Fair Good Very Good Excellent

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

Never Sometimes Always

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

Never Sometimes Always

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

Never Sometimes Always

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

Never Sometimes Always

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

☐ 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

**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), how would you rate your physical health?

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                      Not Applicable

**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)**

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

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

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

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

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

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

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Ability to communicate with city/town leadership and feel that my voice is heard | <input type="checkbox"/> Accepting of diverse residents and cultures | <input type="checkbox"/> Access to schools or school alternatives | <input type="checkbox"/> Access to affordable childcare       |
| <input type="checkbox"/> Access to affordable healthy foods   | <input type="checkbox"/> Access to COVID-19 testing events           | <input type="checkbox"/> Access to cultural & educational events  | <input type="checkbox"/> Access to medical care               |
| <input type="checkbox"/> Access to affordable housing   | <input type="checkbox"/> Access to COVID-19 vaccine events           | <input type="checkbox"/> Access to quality online school options  | <input type="checkbox"/> Access to mental health services     |
| <input type="checkbox"/> Access to community programming such as classes & trainings                      | <input type="checkbox"/> Access to Flu vaccine events                | <input type="checkbox"/> Access to jobs & healthy economy         | <input type="checkbox"/> Access to parks and recreation sites |

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Access to public libraries and community centers          | <input type="checkbox"/> Access to safe walking and biking routes | <input type="checkbox"/> Access to substance abuse treatment services                      | <input type="checkbox"/> Access to low crime / safe neighborhoods |
| <input type="checkbox"/> Access to public transportation                           | <input type="checkbox"/> Access to services for seniors           | <input type="checkbox"/> Access to support networks such as neighbors, friends, and family | <input type="checkbox"/> Access to religious or spiritual events  |
| <input type="checkbox"/> Access to social services for residents in need or crisis | <input type="checkbox"/> Access to clean environments and streets | <input type="checkbox"/> Other: _____  |   |

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

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

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

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

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

- |   |                                      |  |   |  |
|---|--------------------------------------|--|---|--|
| <input type="checkbox"/> Very easy to use | <input type="checkbox"/> Easy to use | <input type="checkbox"/> Neither easy nor difficult to use | <input type="checkbox"/> Difficult to use | <input type="checkbox"/> Very difficult to use |
|---|--------------------------------------|--|---|--|



**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.**

# 2022 NOAH Community Partner Survey

Thank you for participating in our Community Health Needs Assessment Prioritization Survey. The information you provide will inform our prioritization process, which determines how our energy and resources will be directed to meet the healthcare needs of our community. This survey will take about 15 minutes to complete. All responses will be anonymous and confidential. Your feedback is valuable to us and we appreciate your time.

## **1. Hello, what kind of industry do you work for?**

- a. Healthcare
- b. Nonprofit
- c. Education
- d. State & Government
- e. Finance
- f. Other

## **7. When it comes to the health of your community, are there specific areas that you are concerned about?**

- a. Concern for cost of care
- b. Access to transportation
- c. Access to timely appointments
- d. Other

## **3. How concerned are you about mental health in our community?**

- a. Extremely concerned
- b. Somewhat concerned
- c. Slightly concerned
- d. Not at all concerned

## **4. Which of the following mental health concerns are the most important to address in our community?**

- a. Depression
- b. Anxiety
- c. Suicide
- d. Schizophrenia

## **5. How concerned are you about chronic illness in our community?**

- a. Extremely concerned
- b. Somewhat concerned
- c. Not at all concerned
- d. Slightly concerned

- 6. Which of the following chronic illnesses are the most important to address in our community?**
- a. Diabetes
  - b. Obesity
  - c. Cardiovascular & Stroke
  - d. Respiratory conditions (asthma and chronic obstructive pulmonary disease)
  - e. Alzheimer's
  - f. HIV
- 7. Please rank the following social determinant of health needs by level of importance, with the first item being the most critical issue to address in our community.**
- a. Poverty (education attainment and employment)
  - b. Housing
  - c. Transportation
  - d. Access to food
  - e. Access to healthcare
- 8. Please rank the following substance abuse issues by level of importance, with the first item being the most critical issue to address in our community.**
- a. Alcohol related death and overuse (binge drinking & heavy)
  - b. Opioid use and overdose
  - c. Cocaine and stimulant abuse
  - d. Prescription pain medicine
- 9. What resources need to be developed or increased to address the health concerns in our community?**
- 10. Who are some partners that could be engaged to help impact health concerns in our community?**
- 11. Is there any additional feedback you have about the health concerns discussed in this survey?**

## References

<sup>i</sup> Institute for Healthcare Improvement. Health Equity. Retrieved from <http://www.ihi.org/Topics/Health-Equity/Pages/default.aspx>

<sup>ii</sup> Centers for Disease Control and Prevention. Racism and Health. Retrieved from <https://www.cdc.gov/healthequity/racism-disparities/index.html>

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

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



# Desert Mission Health Center

NOAH  
*Neighborhood Outreach Access to Health*





*Neighborhood Outreach Access to Health*



For more information,  
call **480-882-4545**  
or visit **noahhelps.org**

add us on social media

**@noahhelps**

