



Maricopa County 2020 CCHNA Key Informant Interviews Report

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Overview

The Key Informant Interviews are part of the Maricopa County Coordinated Community Health Needs Assessment (CCHNA) designed to identify health indicators, barriers and resources to consider within Maricopa County through a community-driven process known as Mobilizing for Action through Planning and Partnerships (MAPP)¹. Of the four primary components of the MAPP framework, the key informant interviews were specifically targeted towards the 'Community Themes and Strengths' and 'Forces of Change' assessments.

Maricopa County Department of Public Health (MCDPH) has partnered with community health partners to conduct a series of twenty-one key informant interviews with representatives from various community sectors. Input from key informants provides insight to the essential needs of the community, and how certain issues can be best addressed for the inclusion of change; to which will inform the Community Health Assessment (CHA) and its corresponding Community Health Improvement Plan (CHIP) for the next three-year cycle.

The Key Informant Interview report is a result of CCHNA, also referred to as the 2020-2023 Community Health Assessment or 'CHA 3.0.' The data collected by CHA 3.0 will help to inform and reassess our current CHIP health priorities; Access to Care, Access to Healthy Food, and Access to Early Childhood Development. These KII results are intended to inform the 2018-2023 CHIP.

Methods & Samples

In order to maintain diversity among participants, eleven different community sectors were selected to be the focus of recruitment. The sectors chosen are as follows:

Built Environment, Business, Education, Grassroot Community Leaders, Elected Officials, Healthcare, Justice/Law Enforcement, Philanthropy, Public Health, State/Local Government/Military, and Volunteer/Civic sectors.

Each interview lasted approximately sixty to ninety minutes and was recorded using an audio-recording device. During each interview, a note-taker was present with the interviewer to take additional notes. The notes were utilized to capture non-verbal communication that audio was not able to, such as facial expressions and other non-verbal cues. In addition, the audio and notes were separately transcribed to verify the accuracy of interview content. During each session, participants were asked about their expertise and opinions on public health in Maricopa County. They were asked about their perceptions on important characteristics of a healthy community, the health of Maricopa County residents, and areas which they feel need improvement. If they agreed to participate, MCDPH staff took strict measures to protect their privacy by not disclosing any identifiable information at any point in time. Audio recordings were then transcribed verbatim by a specially trained staff of MCDPH. Once all transcribing was complete, the data was sent to a third-party contractor for analysis of thematic coding. Having a third-party contractor complete the analysis also helped reduce bias in interpretation. The Key Informant interview questions are included for reference purposes in Appendix B.

Consent. Participants were provided with copies of a consent form in advance. On the day of the interview, participants were given an additional copy and the interviewer recited the consent form verbatim. In order to proceed with the interview, the participants were required to sign the consent form at that time. Participants were fully informed of any benefits, risks, and expectations associated with their participation. In addition, they were given the option to skip any questions or stop the interview process at any point in time. Upon completion of the interview, a copy of the signed consent form was provided to participants. All original signed documents were kept separate in a locked filing cabinet at the MCDPH office, where staff members assigned to the project were the only ones with access to the interview documents. The consent form can be viewed in its entirety in Appendix A.

Recruitment and Securement

Participants. This study included a total of twenty-one participants representing eleven different community sectors. A total of 24 individuals were invited to participate in the interviews, and 21 total interviews were conducted. Interviews took place during October and November of 2019.

Recruitment. Recruitment for these interviews was conducted through multiple venues and events, each which consisted of a diverse network of partners to best identify the most influential leaders who serve and are also part of the Maricopa County community. During meetings with three local coalitions (HIPMC, Synapse, and Collective STEP for Youth) members were informed of the process and given the opportunity to provide names of key leaders to be considered via information cards. A follow-up email was sent to these groups through newsletters and post-meeting communications to capture additional recommendations. MCDPH staff asked partners to provide contact information for the recommendations made by each, and to briefly explain why they feel this individual would be a good fit for the KII. This was done to ensure there was a clear connection to one of the eleven sectors, to maintain representation from each. In addition to these external partnership meetings, emails were sent out via Arizona Public Health Association (AzPHA), which has a wide-ranging partnership and member base throughout the state. This helped to identify people who might not have been connected to MCDPH and the CHA/CHIP work previously. All collected names and recommendations were presented to a panel consisting of the MCDPH internal CHA/CHIP team, and representatives from other offices in the department. This group helped to vet all recommendations and identify the best interviewee(s) for each sector. A total of 24 individuals were selected. Each member of the CHA/CHIP team was assigned 2-4 individuals to interview; including email follow-up, answering questions, scheduling a face to face/telephone/virtual interview, working with another team member to take notes and set up for audio recordings, and then finally uploading all content to SharePoint. Audio file transcripts were created with *Dragon Pro Group Speech Recognition* software and were then reviewed to consistently format them in preparation of analysis. MCDPH staff received training prior to any of the participant selection or interviews, which included an overview of the CHA 3.0 process, interview purpose and sectors being represented, interview scheduling criteria, documentation technique and recording guidelines, and submission due dates for all components.

Key Informant Data Collection

Characteristics related to the populations each participants' organization serve were collected as part of three supplemental questions asked at the time of each interview. The full set of interview questions, followed by these supplemental questions, can be found in Appendix B. Table 1 (below) displays a summary of the geographic area(s), specific population(s), and age group(s) served by all participants' organizations, to identify levels of representation as well as identify any gaps in these population groups.

Table 1. Summary of Demographics Served by Participant Organizations

Demographic	Number of organizations	% of organizations
What geographic area(s) do you serve?		
All of Maricopa County	8	38.1%
All of Arizona	9	42.9%
City of Phoenix	5	23.8%
Northwest Valley	1	4.8%
Southwest Valley	6	28.6%
Northeast Valley	2	9.5%
Southeast Valley	1	4.8%
Rural West Maricopa County	0	0%
Rural East Maricopa County	0	0%
Native American Reservation	0	0%

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What population(s) do you serve?		
Adults with Special Health Care Needs	4	19.0%
African American / Black	8	38.1%
American Indian / Native American	8	38.1%
Asian / Pacific Islander	6	28.6%
Children with Special Health Care Needs	4	19.0%
Hispanic / Latinx	9	42.9%
Homeless / Housing Insecure	7	33.3%
Immigrants / Migrants	9	42.9%
LGBTQ	7	33.3%
Older Adults / Seniors	3	14.3%
Recently Incarcerated	3	14.3%
Refugees / Asylum Seekers	3	14.3%
Veterans	4	19.0%
Other	2	9.5%
All of the Above	10	47.6%
What age group(s) do you serve?		
Children (0-5)	3	14.3%
Children (6-11)	3	14.3%
Adolescents (12-17)	5	23.8%
Adolescents / Young Adult (18-24)	4	19.0%
Adults (25-34)	2	9.5%
Adults (35-64)	3	14.3%
Seniors (65-74)	2	9.5%
Seniors (75+)	1	4.8%
All Age Groups	10	47.6%

Analysis Methodology

Instrument. The Key Informant questionnaire included a total of twelve (plus three supplemental) questions. The survey began by asking participants their role within their organization, and to describe the population(s) that organization serves. Question 3 asked participants to rate (on a 1-10 scale) their perception of overall health and quality of life for Maricopa County residents, and an explanation of their rating¹. As a way to expand upon this question, questions 4 and 5 asked participants the 2-3 most important characteristics of a healthy community, and the 2-3 most positive factors promoting health and well-being within Maricopa County.

Question 6 asked, within the past ten years, whether health and well-being in Maricopa County have improved, remained the same, or decreased – and why. Questions 7 and 8 asked participants to identify the most critical issues related to health status and quality of life for Maricopa County residents, and what they feel needs to be done in order to address those issues. Question 9 prompted identification of any specific populations within the county viewed as most concerning and why; then identification of potential solutions to improve the health and well-being of these populations. These were asked in order to address specific health inequities related to health outcomes.

Questions 10 and 11 asked participants to identify the most significant barriers they perceive as preventing health and quality of life improvement for Maricopa County residents; and to identify any specific actions, policies, or funding priorities that would address such barriers. Question 12 then wrapped up the formal interview process, providing an opportunity for participants to share any additional thoughts, questions, or concerns which were not addressed during the interview.

A thematic analysis on all 21 interviews was conducted, using qualitative coding techniques in Microsoft Excel; conducted by a third-party contractor extensively trained in qualitative data analysis. Ten codes were used to analyze the interviews, representing the ten overarching themes identified in the 2016 KII report and set of interviews. This allows identification of any shift or deviation in priorities and perception of health and health-related outcomes over the past three years.

The ten overarching themes are presented in the Results and Findings section of this report, along with a description and frequency (of all 21 interviews) for each. An overview of how participants responded overall to each question then follows, each also including verbatim quotes that call out relevant statements, and significant or powerful declarations.

Results and Findings

Overarching Themes and Frequencies

¹ This question was asked in the 2016 Key Informant Interviews without any numerical scale. Participant feedback overwhelmingly described it as feeling too arbitrary to answer sufficiently; prompting the decision to add a 1-10 scale in the 2019 KIIs.

The ten prominent overarching and cross-cutting themes determined in the 2017 KII Report are similarly identified and described throughout the remainder of this report. The top three overarching themes identified in 2017 were: 1) Role of Government and Legislation; 2) Success of Community-based Organizations; and 3) Education and Awareness. This greatly differs from the top themes determined in this cycle of interviews, which were identified to be: 1) Accessibility of Environments and Systems; 2) Inequities and Social Justice Issues; and 3) Health Outcomes.

Each subsection below represents one of the ten overarching themes, listed in order by most to least prevalent of the collective set of interviews. Each theme subsection also contains a summary of the primary way(s) in which that theme was discussed by key informants - "participants."

1. Accessibility of Environments and Systems

Prevalence: 95% of interviews (20)

All but one interview mentioned access in some regard. Access was mentioned several times in nearly all interviews and related to various resources that certain populations within Maricopa County lack direct access to, or experience difficulty in trying to obtain access to.

Access was most mentioned regarding housing; or rather, the lack of affordable housing available to Maricopa County residents. Housing, while not newly concerning for public health entities, is significant because it was not specifically called out in the 2017 KII report. It was also one of the most common issues discussed by a majority of participants; also, interesting because participants represent all health sectors and were consistent in identification of the lack to affordable, safe, and stable housing. One causative factor mentioned by several participants is the local economy still being in recovery after the economic recession a decade ago.

Some participants related lack to affordable housing to the increasing homeless population within the county, as well as populations experiencing homelessness and additional characteristics contributing to their health status; such as homeless aging adults/seniors; homeless refugees and immigrants; those experiencing mental health challenges who are also homeless; the working-middle class (those with 1+ job or who occupy a minimum wage job) who cannot afford to provide care for, or provide housing for their families.

Other areas which Maricopa County residents lack access to included: transportation (though many acknowledged this access having improved over the last several years); healthy and affordable food (lack in nutrition education, low health literacy in all age groups, and relative affordability of food with little/poor nutritional value); and affordable care.

2. Inequities and Social Justice Issues

Prevalence: 95% of interviews (20)

Similar to lack in accessing services and/or care, inequity and social justice issues were mentioned commonly among all interviews. Groups experiencing distinct inequities were called out, and factors affecting levels of equity in the county were also discussed.

Some of the populations commonly facing inequities discussed by participants include: immigrant and refugee populations; older/aging populations; groups residing in rural/less-incorporated areas within county boundaries (the term "socially isolated" used to describe this by one participant); transient and 'unstable' groups often forced to choose between unsafe but affordable housing or homelessness;

those affected by systemic racism such as Native Americans/Indians, Latin(x) groups, African Americans; those with minimum wage jobs who cannot afford safe and stable housing; and young children & adolescents who will have to overcome barriers (not having safe and stable housing, lack of access to care and services, low health and nutrition literacy). Each of these groups were pointed out by participants in that they are most in need of intervention or assistance due to competing inequities.

Many times, it was acknowledged that there has been progress made within Maricopa County, in addressing some of these inequities. Several participants mentioned that some local organizations have started to offer wraparound or holistic services and assistance programs, specifically around mental and physical health care - or, the "360 perspective."

3. Health Outcomes

Prevalence: 90% of interviews (19)

Many participants related poor health outcomes directly to poor environmental conditions, or specifically those in unsafe living conditions as well as generally lacking stability at home. The general state of economic insecurity, unemployment, and low access to reliable public transportation were commonly mentioned as other factors that lead to poorer health outcomes. Employment was also linked to calling out persons who go to their jobs while ill, as missing as little as one day could cause them to lose their housing, as well as causing disease and spread of illness transmission in a community.

Another factor largely affecting health outcomes was public education; the lack in government funding going to schools, schools under-equipped to help students address challenges, and insufficient childcare - in that it can cause learning challenges and inability to adapt to new situations.

Many participants also mentioned an increase seen in residents affected by chronic illness or disease; as this means residents are becoming unhealthier, and also feeds into potential poorer health status for their families and immediate communities.

4. Role of Government and Legislation

Prevalence: 86% of interviews (18)

A majority of the interviews mentioned policy or legislation in some manner, whether it be related to existing policymakers and leaders, budgets and funding for public assistance programs, or policy and legislation issues and actions.

Policy was discussed most often in regard to affordable housing. More specifically - the lack of quality and affordable housing; rising costs of low-income housing; strict eviction laws that push residents out of housing situations; and poor living conditions associated with much of the county's affordable housing. Each of these were also referenced as contributing to rising homelessness rates, as well.

In addition to allocating more funding to low-income housing, another top area in need of funding was public education, on a statewide level. This was mentioned as being a direct, lasting result of the 2010 economic recession, and budget cuts made to public programs

during that time. One interesting trend is that many recognized a need for increased minimum wage, making residents better equipped to sustain the cost of living. This was also something many cited as being a causative factor when looking at rising homeless populations.

A common perception of participants is that funding and resources are primarily allocated to treating health conditions, rather than preventative care or health education and promotion – simply due to a lack of knowledge in basic public health principles. Much discussion around health care funding (for public programs & education) named legislators’ and policymakers’ lack of public health knowledge as being to blame, as well as not taking a holistic approach to improving levels of care.

Overall, participants’ consensus on government and funding matters led to a reform in policymaker and elected leadership; to have the best chance of improving health and quality of life for Maricopa County residents.

5. Success of Community-Based Organizations

Prevalence: 86% of interviews (18)

Many participants mentioned efforts already occurring within the public health sector, and that some of these efforts could be used as models for other agencies working towards improving health status of residents, but not as effectively doing so.

Several times, efforts made in food access and insecurity were mentioned; most commonly resulting from the Maricopa County Food System Coalition (“MarCo”), in their innovative collaboration and solidifying their stance as a leader in such efforts.

Other community wins mentioned by participants included: expansion of federally-qualified health centers (FQHCs) and their taking a more holistic approach to care; increased access to transportation (Valley Metro/Circulator bus routes, Dial-A-Ride, light rail extensions); entrepreneurial and skills-based training and development offered; an increased focus on physical activity in adolescents by (some, not all) school districts; care coordination by Valley Wise (formerly MIHS); Vitalyst Health Foundation’s ‘Elements of a Healthy Community’ framework; Community Health Workers (CHWs) and promotores’ success in providing culturally-competent and sensitive health education and promotion, which elicits a positive response by the communities they work in; initiatives that have gained momentum as a result of the CHA/CHIP 2.0; and effective communication of zero- or low-cost health programming throughout the county via the Maricopa Healthy app.

6. Community Diversity

Prevalence: 81% of interviews (17)

Diversity of Maricopa County residents was mentioned often throughout a majority of the interviews. Groups of residents named as comprising the county’s diversity included: immigrants, undocumented and/or non-US citizens, non-English speakers, LGBTQ, older adults/seniors, children, adolescents, and many others.

The diversity of the community was often mentioned as being a factor in lack of access and/or low utilization of care and services. One example given by a participant was a group of non-English speakers who are unaware of programs and services available to them so lack access; or others who are aware they have access to such programs but lack trust in the entities and institutions providing them. Frequently mentioned by participants, the zip code that community members live in directly affects health status; a result of a large, sprawling county

boundaries. Residential location has shown to affect access to health care providers and facilities; access to physical activity resources (parks, hiking trails, gyms, etc.); access to healthy, affordable, and high-quality food; and access to places where people must congregate (schools, job sites, places of worship, etc.).

County diversity was also identified as an obstacle of entities and organizations who provide services; as certain interventions may be effective for some groups but may inadvertently exclude other groups who are not receptive to the same type of intervention.

7. Economic and Financial Situations

Prevalence: 76% of interviews (16)

Money was commonly identified as a barrier to achieving improved health status – both on an individual level, in residents’ inability to afford suitable housing or health care; and in the lack of funding allocated to health, furthering low health status of those who could benefit from additional services and access. Mirroring other discussions, the ability to afford housing was identified as most prominent.

Another point mentioned by participants was the rising cost of health care and insurance/health plans. Some residents will simply avoid seeking care due to this; working to decrease lifespan and poorer overall health status of the community. Others may seek care by way of sacrificing other costs such as safe, reliable housing or healthy food choices – or, even forgoing food entirely. All of these choices further devolve into what many participants referred to as a “homeless crisis,” or an unrelenting rise in homeless populations.

Several participants mentioned high costs of childcare and an increasing inability to afford childcare, as being detrimental to the child’s health status. One example provided by a participant was an elementary-age child whose only source of health care being the school health office and nurse; while suitable, likely are not equipped or prepared to treat anything past minor injuries or illness.

Mentioned several times in this report, a common solution of many participants was a need to increase minimum wage. This was referenced as a way to overcome unaffordable housing, increase access to resources, and generally improve county health status.

8. Education and Awareness

Prevalence: 71% of interviews (15)

Several participants called out increased awareness of health-related issues and barriers, factors causing low overall health status, and public assistance programs available to county residents. Areas in which participants mentioned increased awareness included: food access and nutrition; heat-related illness; physical activity importance and direct effect on physical and mental health; and social determinants of health, in identification of root causes as related to health status and outcomes.

Many discussed improvements seen in food access and nutrition education; however, many acknowledged that there is still systemic change and furthering of interventions needed. While increased awareness of diet-related health and nutrition has been beneficial for the community, participants reiterated that there will always be others who remain unaware of food assistance programs, proper nutrition, and lifestyle choices that directly affect health status.

Participants indicated that there seem to be more organizations and agencies approaching health and care from a more holistic or comprehensive model, than was done previously. That being said, many indicated a large amount of those who do not focus on or put much stock into preventative care. The education system was noted as needing to teach and employ preventative care most commonly.

9. Sense of Community and Family

Prevalence: 43% of interviews (9)

Community and family were sparsely referred to in discussion; primarily in that Maricopa County is not a cohesive community. A sense of community or shared values and ideals was instead referred to for the smaller subpopulation groups, many of which are underserved and who lack access.

Maricopa County existing more as a business-minded community came up again here, many participants discussing the individualistic nature of residents. Local government and legislators' primary focus on small business was alluded to again; in that public education, health prevention and education, and affordable housing suffer as a result of poor funding and policies which could increase access.

A positive mention of 'community' came up several times, in the integration of Community Health Workers (CHWs) in underserved, low-access communities. CHWs were highly regarded by participants, in their ability to become a reliable, trusted resource for populations which might have typically mistrusted the entities which offer access to services and care.

Only two participants mentioned a sense of community as being critical to positive health outcomes.

10. The Individual's Role

Prevalence: 43% of interviews (9)

Individual responsibility and accountability in relation to health were mentioned least of all ten themes. This was discussed most commonly when participants made a point to differentiate between those who lack access entirely, and those who may lack some access but also choose not to utilize services and care made available to them/their families.

Individual responsibility was mentioned in regard to family units, specifically in parents' or caregivers' health behavior and choices that are witnessed by their children. Examples of reinforcing positive behaviors and habits included decreased "screen time," engaging in physical activities (taking a walk, playing a sport, etc.); and seeking care when needed rather than avoiding it.

Some participants were more optimistic when referring to responsibility - in that it is up to an individual to determine what kind of life they want to lead, and healthy choices/behaviors being a way to achieve increased health status.

Avoidance of physical and/or mental care was discussed as increasing residents' likelihood of suffering from chronic disease (diabetes, hypertension, etc.) at some point in their life. However, this may not be entirely due to individual responsibility; as one participant pointed out those lacking proper job skills or training also lacking a certain autonomy (social interaction, positive reinforcement of factors leading to success, etc.) that having an occupation can provide. Low-income housing complexes were called out as having a newfound emphasis on skill-building and personal development opportunities; as residents become more empowered through these activities, and helps

residents to find and maintain a job where they make enough money to provide for their families and have access to health benefits; thus increasing access to care and services and experiencing improved health status for all.

Overall Health and Quality of Life in Maricopa County

Question 3 on the survey instrument asked participants how they perceive the overall level of health and quality of life for Maricopa County residents, on a 1-10 scale. Most participants answered this question based on Maricopa County as one unit, or else provided one answer for the whole county and then also provided an answer for a subpopulation or specific group(s). One participant focused solely on the specific population their organization serves rather than the entirety of Maricopa County; and four participants were unable to provide a numerical ranking, due to vast differences in certain subpopulations and the overall size of the county.

Overall, participants rated the health and quality of life for Maricopa County residents near the middle of the scale, at 5.8. Participants who provided numerical responses for this question often mentioned difficulty in coming to one score, again due to the county size and thus, diversity in subpopulations. The overall rating of 5.8 was determined by averaging all ratings provided by participants.

Sampling of verbatim responses on current health & quality of life status for Maricopa County residents:

"It's hard for me to give Maricopa County a score, because in some sectors we're doing really well and with some specific populations we're doing really well... Life expectancy in the more affluent areas is very good, right - above the nation, for sure. But in some sectors, we're not doing well, such as South Phoenix and Central Phoenix, so I would say it's mixed."

"In Maricopa...ZIP [code] matters....I think it's a matter of, as the population has grown there's just proportionate growth in some areas, which creates a greater disparity in use on the overall systems."

"The concern is the forces that are creating a greater gap in the middle, between those who can and cannot have the resources to be able to access a lot of great strengths and resources that we have in the Valley....we're still looking at poverty rates that are pretty significant."

"We're doing the work, we're trying; but there's still a lot more to be done."

"I am really concerned about prevention of disease and health problems, and I feel like we're always chasing our tails and trying to fix something once it's already happened; like diabetes, heart disease, and cancer. We don't spend enough time on prevention."

"They can still fall down and you have to make sure that you still have this system in place to keep them going." (on having wraparound or holistic care available)

Characteristics of a Healthy Community & that Promote Health & Well-Being

Questions 4 and 5 prompted participants to discuss characteristics which must be in place for any community to be considered healthy, and specific characteristics identified within Maricopa County which work towards that goal, of improved health and well-being.

Sampling of verbatim responses on what makes a “healthy” community:

“To be healthy or self-sufficient, we don’t always need the same amount of resources; we don’t always need the same types of resources. But if you have a resilient or healthy community, that community has the right connections so that people can get the resources that they need or the help that they need when they need them.”

“I think the big piece to this is education, and I think of education not just as middle school and high school, but education that begins early so it includes childhood development programs.”

“Education is very important, particularly for the young population... for the adult population, having a job is very important and so job opportunities, right... for the seniors- isolation, socialization is very important, because when you’re isolated it leads to many things. In addition to that, civil reintegration. And then last but not least we’re putting a lot of focus on substance abuse.”

“If you want to keep the community healthy, you have to have healthy kids. They have to be grown and mature into good, healthy adults. And then go out into the community and work and be a part of that community. If we don’t raise healthy kids, our communities are not going to get any better.”

“That’s the most important thing, is how our young children start. They don’t start on equal ground...We know from the research that kids having too many barriers in terms of income, the safety of their neighborhood, their access to employment; those are challenges. Those kids stay in the low socioeconomic level.”

“There’s a lot of work we have to do, particularly with our attention to social determinants of health. Our attention to not just providing health care, but it’s a culturally competent caregiving that’s not always care received.”

“I think it’s important for the bigger community to come together and I think that when they do that, it shows that there’s some health because people are interested in bringing everyone up to be as level as they can.”

“Valley Wise has an interesting structure for serving the needs of some of our most vulnerable in the county. And I think that they do a really, really good job at that.”

Health and Well-Being within Maricopa County: Now vs Past 10 Years

Question 6 prompted participants to discuss the health and well-being of Maricopa County, specifically in how it may have changed over the past ten years; and reasoning behind their response. This question, while showing how priorities and health matters may have shifted in general over time, also can help to identify changes in the community since the previous (2017-2020) CHA/CHIP and today.

Sampling of verbatim responses for health & well-being status in Maricopa County over time:

"In my opinion, I feel like the quality of life [in Maricopa County] has decreased. And when I say that it's not necessarily because of lack of structured resources, but I feel like it's the lack of affordable housing that has happened in the last 10 years, the economic recession that happened in '08-'09."

"In the last several years I've seen a pretty significant increase in our chronic illness. ...Our Type I and Type II Diabetics have gone up tremendously in the last few years."

"There's a reason that health disparities in our nation are widening rather than narrowing for specific populations...there are specific segments of our population where affordability, accessibility, and equitable resources are not as tangible for them."

"It's interesting because we've really focused a lot of our work in more recent years, not as much on specific populations but on helping to build systems...One of the more recent shifts, if you will, has been around seniors...But we also know that - by a percent - that there's an increasing number of seniors who are experiencing or are on the brink of experiencing homelessness."

"Just driving to the Capital, you could see the change in the homeless population from a quantity standpoint; there's more homeless people on the street that is progressively getting worse in the last 10 years."

"I know livable wages have not come back out of the recession. I know that even though unemployment has dropped, those sustainable wages have not increased. Although people are working, they are working 2 or 3 jobs. So that is the basis for why I feel health and quality of life has dropped the last 10 years. And I think there is a lot we can do to work on those things."

Critical Health and Quality of Life Issues in Maricopa County

Questions 7 and 8 prompted identification of the most critical health and quality of life issues seen within Maricopa County, and any specific actions or changes that could work to overcome these challenges. This question is important because it can identify major gaps in providing health-related access and/or services that may not be known issues for the county's population.

Sampling of verbatim responses on health-related issues in the county and how to overcome these:

"[There is a] lack of affordable housing that has happened in the last 10 years... our social services haven't been able to catch up because I don't believe our individual wealth has increased substantially after the recession. We've got a lot of building right now, a lot of housing, revitalization of communities; but that's pushing housing higher and so the affordability has been dropping."

"[Maricopa County has] some real problems, we've got homelessness that's increasing on a statewide basis, there's a failure to make coordinated and consistent investments in early childhood and K-12, and I think that's affecting our quality of life. Even though we're one of the more affordable places to live in the nation, we've got a shortage of affordable housing in Phoenix...there's some real deficits here."

"I don't think that we have enough affordable housing and if you don't have a house over your head, your quality of life is not good. But I think health care costs are still significant for some people."

"[The cost of living; opportunities for jobs in today's market] are fairly competitive...there are some concerns of future potential for pricing out folks around housing- around just what it costs to live and work here."

"Transportation, housing, being able to get to and from those appointments; especially for lower-income populations. And again, awareness. It has struck me very deeply that there is so much out there that goes unutilized."

"I am genuinely concerned about behavioral health and homelessness. I think that's gotten worse and whether there is a substance abuse component to that as well."

"We've got to do something about diet; otherwise, we can put all the trails in the world in and we can build all the houses in the world and everybody's on insulin, they're paying \$1,000 a month...we're going to go broke."

"It's about the food. It's always about the food."

Populations of Special Concern in Maricopa County

Building off questions 7 and 8, question 9 prompted participants to discuss any specific populations they see as being most marginalized, those with less access to resources than others, and groups that may not be typically perceived as marginalized due to biases or preconceived notions. This question is critical to the KII analysis and resulting CHA/CHIP, as these subpopulations likely experience greater health (and other) inequities than others and may not be known yet by agencies who can provide access to them.

Sampling of verbatim responses on concerning groups within the county:

"I am concerned about the K-12 population because that is our future. Anything we do today isn't going to matter if we don't fix that."

"The vast majority, 60%, [of Pre-K age children] are in informal childcare situations. So they're being cared for by family, friends, and neighbors because it's prohibitive by cost to be in a formal childcare setting...It does concern me...In terms of the type of developmental preparation that those children are or are not receiving to be able to get to school- Kindergarten-ready."

"The uninsured and uninsurable population is growing despite their status or despite why they're uninsured and uninsurable."

"Graduated from college - [young adults] are not able to find employment as they had planned...they go back to school to try and figure something out, and all this time they're uninsured."

"I worry about the working poor. The working poor families who have to work all day, and who can't get into centers for services because they're at work. I worry about them because for them, it's either 'I'm putting food on the table,' or 'I'm going to the doctor,' and they don't have the financial means or the resources to really take care of themselves or their families sometimes."

"I think that there's a lot of things that we need to do that make people extremely vulnerable to lose their home. We are probably - we have the least restrictive, or one of the easiest eviction legislations in the country. Somebody could be homeless within 30 days..."

"I would say some of our veteran populations as well as Native Americans and the formerly incarcerated. Not necessarily our transitioning military veterans, but more our older military veterans are having issues, as well as some of those experiencing mental health issues, migrant populations, and homeless populations."

"Refugee, immigrant, undocumented populations...there's pockets of folks who are either distrustful and afraid of institutions... and they're not accessing the resources; or there are language or transportation barriers, or they just really don't know how to plug in."

"I worry about noncitizens in the City of Phoenix and in Maricopa County who are in a shadow economy and are not seeking urgent or emergent health care when they need it, because they're so afraid they're keeping their kids out of school, even kids who are citizens. I see so much fear in our communities. I think I would put immigration right now as a problem in the climate of fear that's been created."

"I think that we don't always provide enough resources for people in their later years of life, and I believe that we have a real crisis with homeless seniors."

"I think we often spend a lot more dollars towards children and - the dollars for Child Protective Services or whatever we call it - and Adult Services... the comparison is just almost ridiculous. I know we need to do everything to protect children as well, but we also need to look at our vulnerable adults and why is it that we don't protect our vulnerable adults to the degree we look at protecting children."

"The propensity of [chronic] disease in Latino children is 40% overweight and 40% obese. And if we continue to have these trends, these young individuals- if this is carried into adulthood, we're going to see a lot more diabetes. Diabetes is almost twice in the Latino community than that of the normal community- of non-Hispanic whites."

Barriers to Improving Health and Quality of Life in Maricopa County, and Ways to Overcome those Barriers

Questions 10 and 11 prompted participants to talk about specific barriers or challenges for Maricopa County residents, and then to identify specific approaches that will lessen or diminish these barriers. This question addresses both whether or not participants see current efforts and actions as lessening the effect of barriers on health and calls on participants' expertise from their own sectors to brainstorm ways in which barriers can be addressed differently than current efforts do.

Sampling of verbatim responses on challenges discouraging improved health:

"We are spread out and the problems go far and wide, so it's not even condensed geographically. I think that's a unique barrier to Maricopa County that other counties don't necessarily face."

"Some of the things that I think might have in fact worsened some of our health is just the growth that we continue to experience; I think we are the fastest growing county in the US for the third year in a row now, and we have to think of what that means in terms of the supports and resources we have and whether it can keep up with population growth."

"To a certain extent, culture guides the way that many ethnic minority populations do health utilization, health prevention, and health prioritization. So I do think that there's so much more that we need to do in that space."

"I think we're still very siloed in the community... It's just very disjointed and fragmented in terms of [organizations] being able to coordinate. To a point where individuals in the community don't know how to navigate [care]. They don't know how to access it."

"I think that if we could somehow empower individuals in the community to be able to identify and then access some of their own kind of resources, we probably could get healthier... So, more of that blending between 'What do communities really need?' and 'What do individuals living in specific communities really need?' because that will vary, and then working to empower communities to become self-sufficient in terms of accessing the resources that they need."

"Teaching people that exercise is positive, it's not negative, you know. 'I have to exercise,' no, I get to exercise. Because when you-sometimes just reframing and inspiring goes a long way."

"I'd love to see more community liaisons and things like that to help families to navigate some of these programs... we don't have well-connected resources for our community... it's overwhelming [for parents]."

"There hasn't been built a really good safety net or even a safety line for [seniors]. So we're exploring some ideas around senior navigators that are embedded in the community, like the promotores."

"A higher minimum wage [as a way to overcome health barriers], and I think even more serious investments in our K-12 system. For instance, school districts in poor neighborhoods could be- instead of using their Title I funds to pay for full-day Kindergarten, they could use these funds to pay for supplementary programs for children."

"They don't have stability in their homes and their housing, so that increases stress and they tend to miss appointments, or not follow-up with their own health care because they're too stressed trying to live the day-to-day manageable housing situation."

"If we are going to, let's say, move the needle on obesity, it takes everything from families, school districts, right? Providers... I mean, everyone needs to rally on this. And there probably needs to be some policy change at some level...It's a society that needs to change their frame of thinking, not just providers or not just [county organizations], and not just families, right - it's everyone."

"[There is a] conflicting role of beliefs about the role of government in these areas. I think some people think government is the problem, and some people think the government is not an appropriate role to promote things like healthy lifestyles. So, I think there is a belief that the government's role should be limited in that."

"The governor has pushed health. They're worried about the suicide rates, and things are happening with our high school and junior high age kids and rightly so. But if we don't start it at five, we're not going to impact it up here."

"I met with AHCCCS, the DES office, and I asked them why they would pay me - a community partner - to sign people up for AHCCCS when they can do it. And they said people wait in the office for 7-10 hours to be able to get their AHCCCS eligibility, and a lot of them don't have the right paperwork so they are going to have to go home, get it, and then come back and wait another 7-10 hours. Whereas community partners can go out there and sign them up in 15 minutes."

Next Steps

The findings from this report, along with the remaining components of the Maricopa County 2019 Coordinated Community Health Needs Assessment, will be utilized to provide further and in-depth context and detail to the three county-wide health priorities determined in the last cycle of the CHA - being: Access to Healthy Food; Access to Care, and Early Childhood Development. All data findings and results will be shared through the Maricopa County Department of Public Health website; HIPMC and Synapse websites, meetings, and member/non-member communications; traditional and social media outlets; public forums; and community hearing sessions.

Appendix A: Informed Consent Form



MARICOPA COUNTY DEPARTMENT OF PUBLIC HEALTH KEY INFORMANT INTERVIEW COSENT FORM

1. PURPOSE OF THE STUDY

This study is designed to obtain information from our Community Key Informants-otherwise considered community leaders in Maricopa County. The Key Informant Interview (KII) process is a component of our Community Health Assessment (CHA). This assessment is being conducted through a partnership between Maricopa County Department of Public Health (MCDPH), the Health Improvement Partnership of Maricopa County (HIPMC), and the Synapse Coalition comprised of several hospital and community health center partners. Your input will help us understand what is important to the community and how we can best address certain issues. All information and data gathered will help us to determine health priorities and design interventions for inclusion in our Community Health Improvement Plan (CHIP) for the next three-year cycle.

2. PROCEDURES, PRIVACY AND CONFIDENTIALITY

This interview will last approximately 60 to 90 minutes and will be audio taped on a MCDPH approved mini iPad, iPhone, or digital voice recorder. In addition, there will be a note-taker in the room taking separate notes. The notes will be utilized to capture communication, in which audio may not be able to do so. In addition, the audio and notes will be transcribed to verify accuracy of interview content. During the session, you will be asked about your expertise and opinions on public health in Maricopa County. You will be asked about important characteristics of a healthy community, along with areas which need improvement. If you agree to participate, we will take steps to protect your privacy by not disclosing your name at any point in time. Also, your name will not be mentioned during the interview so that your name will not be recorded in any documentation related to your comments today. The audio file and this consent form will be stored in a secure location to which only specific internal staff will have access to. This helps ensure your name will not be used in any reports and you will not be contacted again as a result of participating in this interview. Although your name will not be disclosed at any point in time, please be aware that information on the community sector in which you work in, along with a summary of our key informant findings will be provided to the public. This summary will be included in our CHIP.

3. POTENTIAL RISKS AND DISCOMFORTS AND RIGHT TO REFUSE

The conversation might involve asking personal questions and opinions on the topic of public health that might make some individuals uncomfortable. Participating in this interview is completely voluntary. You can decide to skip or not to answer questions or to stop the interview at any time you wish to do so.

4. ANTICIPATED BENEFITS

You may benefit personally from being part of the Key Informant Process. However, we hope that, in the future, other people might benefit from this project because your answers will help MCDPH determine health priorities and design interventions for inclusion in our CHIP for the next three-year cycle.

NOTE: We invite you to join HIPMC with more than 100 diverse agencies who are working together to improve our county's health. If you would like to learn more, please ask the interviewer or note taker for additional information. We will be providing a brief packet with information on Maricopa County Department of Public Health and the HIPMC.

INITIALS OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE

I have read the information provided in this consent/authorization form. I have been given an opportunity to ask questions and all of my questions have been answered to my satisfaction.

If I have questions later, I understand I can contact Lilliana Cardenas at Maricopa County- Department of Public Health at 602-506-5783 or Lilliana.Cardenas@maricopa.gov

I give consent to be audiotaped during this study.

Please initial: ___ Yes ___ No

I give consent for my quotes to be used in the research; however, I will not be identified.

Please initial: ___ Yes ___ No

Your signature indicates that this interview process has been explained to you, that your questions have been answered, and that you agree to take part in this interview.

Subjects Name: _____

Signature of Subject

Date

I have discussed the above points with the subject or, where appropriate, with the subject's legally authorized representative.

Signature of Person Who Obtained Consent

Date

Interviewer Name: _____

Respondent Code: _____

Appendix B: Key Informant Interview Questions

I. Introduction

(Introduce yourself. Shake hands with interviewee.)

“Thank you for taking the time to participate in this key informant interview. This interview is a component of our Community Health Assessment (CHA). This assessment is being conducted through a partnership between the Maricopa County Department of Public Health, the Health Improvement Partnership of Maricopa County and several hospital and community health center partners. The result of this CHA helps to determine the health priorities for Maricopa County and is translated into a community health improvement plan.

The interview will take approximately 60 minutes. Participation in this study is voluntary. You do not have to answer every question, and you can stop the interview at any time. In order to keep your responses anonymous, they will be coded and the link between your name and the code will be kept in a separate, secured location.”

“I will start by asking you a few questions about your title and role in your organization, we will continue with some questions about healthy communities, and finish by asking about your role in community health related projects.”

“Do you have any questions before we continue?”

II. Interview Questions

1. What is your title or role in your organization?
2. Please describe the population(s) you serve in the community.

Before we move on to our next set of questions we would like to provide you with the World Health Organization's definition of health in order to provide context for questions 3-6. WHO defines Health as *a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.*

Now with that definition in mind.....

3. What does a healthy community mean to you and your organization?

4. What are the important characteristics of a healthy community?

5. How healthy are residents in your community and Maricopa County as a whole?

6. Who do you think is responsible for community health in Maricopa County?

(Interviewer: Please probe interviewee with following question, "Who do you think is responsible for community health specifically in your community?")

7. What changes have you seen in your community over the past 3-5 years regarding employment, health, crime, socioeconomic status, attitudes, and demographics?

8. What individuals, community organizations or governmental entities do you feel are influential in the community?

9. What strengths or resources are present in the community to build upon in improving quality of life and well-being for residents?

10. What do you think are the main concerns of your community? Which of these do you think is the most important?

11. Do you believe there are factors in your community that are keeping people from doing what needs to be done to improve the health and quality of life?

12. Are there any health-related projects that are being successfully implemented in the community? Are you involved in any of these projects, whether it is on a personal or professional level?

Yes..... (Ask b)

No..... (Skip to c)

b. Can you elaborate on those projects?

c. Would you be interested in getting involved?

13. Is there anything else that you would like to add about the topics we discussed?

III: Demographic Information

14. What geographic area do you serve? (select all that apply)

- All of Maricopa County Central Valley East Valley All of Arizona
 North Valley South Valley West Valley Other: _____

15. What population(s) do you serve?

- African American/Black LGBTQ Young Adults
 American Indian/Native American Older Adults/Seniors Youth
 Asian/Pacific Islander People with disabilities Other: _____
 Children with special health care needs Refugees All of the above
 Hispanic/Latino Veterans

16. What age groups do you serve?

- 0-5 6-11 12-17 18-24 25-34 All age groups
 35-44 45-54 55-64 65-74 75+

17. What is your organization primary or office zip code? _____

18. Sex: Male Female Other

19. Race/Ethnicity:

- African American/Black American Indian/Native American
 Asian (please specify): _____ Pacific Islander (please specify): _____
 Hispanic/Latino White/Caucasian
 Other: _____

20. What is your age group?

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

21. Would you be interested in joining the Health Improvement Partnership of Maricopa County (HIPMC)?

Yes No