Valleywise Community Health Centers Governing Council Meeting

January 5, 2022
6:00 p.m.

Agenda

Council Members Ryan Winkle, Chairman Michelle Barker, Vice Chairman Nelly Clotter-Woods, Ph.D., Treasurer Terry Benelli, Member Salina Imam, Member Scott Jacobson, Member Joseph Larios, Member Liz McCarty, Member Daniel Messick, Member	**AGENDA** **Valleywise Community Health Centers Governing Council** **Mission Statement of the Valleywise Community Health Centers Governing Council** Serve the population of Maricopa County with excellent, comprehensive health and wellness in a culturally respectful environment.

▪ Valleywise Health Medical Center ▪ 2601 East Roosevelt Street ▪ Phoenix, Arizona 85008 ▪

Meeting will be held remotely. Please visit https://valleywisehealth.org/events/valleywise-community-health-centers-governing-council-meeting-01-05-22/ for further information.

Wednesday, January 5, 2022
6:00 p.m.

One or more of the members of the Valleywise Community Health Centers Governing Council may be in attendance telephonically or by other technological means. Council members participating telephonically or by other technological means will be announced at the meeting.

Please silence any cell phones, pagers, computers, or other sound devices to minimize disruption of the meeting.

Call to Order

Roll Call

Call to the Public

This is the time for the public to comment. The Valleywise Community Health Centers Governing Council may not discuss items that are not specifically identified on the agenda. Therefore, pursuant to A.R.S. § 38-431.01(H), action taken as a result of public comment will be limited to directing staff to study the matter, responding to any criticism, or scheduling a matter for further consideration and decision at a later date.

Agendas are available within 24 hours of each meeting via the Clerk's Office, Valleywise Health Medical Center, 2601 East Roosevelt Street, Phoenix, Arizona 85008, Monday through Friday between the hours of 9:00 a.m. and 4:00 p.m. and on the internet at https://valleywisehealth.org/about/governing-council/. Accommodations for individuals with disabilities, alternative format materials, sign language interpretation, and assistive listening devices are available upon 72 hours advance notice via the Clerk's Office, Valleywise Health Medical Center, 2601 East Roosevelt Street, Phoenix, Arizona 85008, (602) 344-5177. To the extent possible, additional reasonable accommodations will be made available within the time constraints of the request.

12/30/2021 11:09 AM

ITEMS MAY BE DISCUSSED IN A DIFFERENT SEQUENCE

General Session, Presentation, Discussion and Action:

1. Approval of Consent Agenda: 15 min

Any matter on the Consent Agenda will be removed from the Consent Agenda and discussed as a regular agenda item upon the request of any voting Governing Council member.

a. Minutes:

i. **Approve** Valleywise Community Health Centers Governing Council meeting minutes dated December 1, 2021

b. Contracts:

i. INTENTIONALLY LEFT BLANK

c. Governance:

i. **Accept Recommendations** from the Finance Committee to **Accept** the Maricopa County Special Health Care District dba Valleywise Health, annual audit for fiscal year ending June 30, 2021, including information related to the Federally Qualified Health Center Clinics

ii. **Approve** revisions to the organizational chart for the Federally Qualified Health Center Clinics

iii. **Approve** registration fee for Nelly Clotter-Woods, Ph.D., to attend the Arizona Alliance for Community Health Centers (AACHC) conference held April 20, 2022 through April 21, 2022

iv. **Approve** Health Resources and Services Administration grant application for funding in the amount of $680,985, for four years, for Ryan White Part D, Women/Infant/Children/Youth (WICY), to provide health care services for low-income patients with human immunodeficiency virus

v. **Acknowledge** grant application to Arizona Women's Board for funding in the amount of $100,000, for one year, for the expansion of the food pharmacy program at Valleywise Community Health Centers-South Phoenix/Laveen and South Central, to assist patients with obesity, hypertension, and/or pre-diabetes

d. Medical Staff:

i. **Acknowledge** the Federally Qualified Health Centers Medical Staff and Allied Health Professional Staff Credentials

_____End of Consent Agenda_____

2. Presentation on Arizona State University Southwest Interdisciplinary Research Center COVID-19 focus groups report 20 min

Annie Daymude, MPH, Community Health Impact Analyst, Maricopa County Department of Public Health

General Session, Presentation, Discussion and Action, cont.:

3. Recent meeting reports from the Valleywise Community Health Centers Governing Council's committees 5 min

   a. Compliance and Quality Committee
      Michelle Barker, Committee Chair

   b. Executive Committee
      Ryan Winkle, Committee Chair

   c. Finance Committee
      Nelly Clotter-Woods, Ph.D., Committee Chair

   d. Strategic Planning and Outreach Committee
      Joseph Larios, Committee Chair

4. Federally Qualified Health Center Clinics Chief Executive Officer's report 5 min
   Barbara Harding, Chief Executive Officer, Federally Qualified Health Center Clinics

5. Valleywise Health's President and Chief Executive Officer's report 5 min
   Steve Purves, President and Chief Executive Officer, Valleywise Health

6. Chairman and Council Member Closing Comments/Announcements 5 min
   Valleywise Community Health Centers Governing Council

7. Review Staff Assignments 5 min
   Cassandra Santos, Assistant Clerk

   Old Business:

   December 1, 2021
   Strategic Planning and Outreach Committee is tasked with discussion on resources needed to support diversity, equity, inclusion, and justice efforts

Adjourn

Valleywise Community Health Centers Governing Council Meeting

January 5, 2022

Item 1.

Consent Agenda

Valleywise Community Health Centers Governing Council Meeting

January 5, 2022

Item 1.a.i.

Minutes:
December 1, 2021

Minutes

Valleywise Community Health Centers Governing Council
Valleywise Health Medical Center
December 1, 2021
6:00 p.m.

DRAFT

Members Present:
Ryan Winkle, Chairman - *participated remotely*
Michelle Barker, Vice Chairman - *participated remotely*
Nelly Clotter-Woods, Ph.D., Treasurer - *participated remotely*
Terry Benelli, Member - *participated remotely*
Salina Imam, Member - *participated remotely*
Scott Jacobson, Member - *participated remotely*
Joseph Larios, Member - *participated remotely*
Daniel Messick, Member - *participated remotely*

Members Absent:
Liz McCarty, Member

Others/ Guest Presenters:
Barbara Harding, Chief Executive Officer, Federally Qualified Health Center Clinics - *participated remotely*
Steve Purves, President & Chief Executive Officer, Valleywise Health - *participated remotely*
Michael White, M.D., Chief Clinical Officer - *participated remotely*
Claire Agnew, Chief Financial Officer - *participated remotely*
Kari Lockwood, Project Manager - *participated remotely*
Ijana Harris, Assistant General Counsel - *participated remotely*
Cynthia Cornejo, Deputy Clerk of the Board - *participated remotely*

Recorded by:
Cassandra Santos, Assistant Clerk - *participated remotely*

Call to Order

Chairman Winkle called the meeting to order at 6:01 p.m.

Roll Call

Ms. Cornejo called roll. Following roll call, it was noted that five of the nine voting members of the Valleywise Community Health Centers Governing Council were present, which represented a quorum. Vice Chairman Barker, Ms. Imam, and Mr. Larios joined the meeting shortly after roll call.

For the benefit of all participants, Ms. Cornejo announced the Governing Council members participating remotely.

NOTE: Ms. Imam joined the meeting at 6:02 p.m.

Call to the Public

Chairman Winkle called for public comment.

Ms. Harding announced that it was world acquired immune deficiency syndrome (AIDS) day and requested a moment of silence to reflect upon those who lost their lives to the disease.

General Session, Presentation, Discussion and Action:

NOTE: Vice Chairman Barker and Mr. Larios joined the meeting at 6:04 p.m.

1. Approval of Consent Agenda:

   a. Minutes:

      i. Approve Valleywise Community Health Centers Governing Council meeting minutes dated September 29, 2021

      ii. Approve Valleywise Community Health Centers Governing Council meeting minutes dated November 3, 2021

   b. Contracts:

      i. Acknowledge amendment #10 to the contract (90-13-140-1-10) between Health Net of Arizona, Inc. dba Arizona Complete Health, and the Maricopa County Special Health Care District dba Valleywise Health, for the provision of comprehensive healthcare services including medical and behavioral inpatient and outpatient hospital, Federally Qualified Health Center medical and behavioral clinic and professional services

      ii. Acknowledge amendment #5 to the agreement (90-14-223-1-05) between National Research Corporation dba NRC Health, and the Maricopa County Special Health Care District dba Valleywise Health, to extend membership for an additional three years

      iii. Acknowledge a new intergovernmental agreement (90-22-113-1) between Maricopa County and the Maricopa County Special Health Care District dba Valleywise Health, for the use of real property at 33 West Tamarisk Avenue, Phoenix, Arizona, 85041

   c. Governance:

      i. Accept Recommendations from the Compliance and Quality Committee to Approve the Quality Improvement/Quality Assurance Plan for the Federally Qualified Health Center Clinics for calendar year 2022

      ii. Acknowledge policy 20086 S: Social Determinant of Health Screening

   d. Medical Staff:

      i. Acknowledge the Federally Qualified Health Centers Medical Staff and Allied Health Professional Staff Credentials

      ii. Acknowledge the appointment of Abraham Cholakathu Kuruvilla, MD, as Interim Department Chair of Family and Community Medicine

General Session, Presentation, Discussion and Action, cont.:

1. Approval of Consent Agenda, cont.

MOTION: Mr. Jacobson moved to approve the consent agenda. Vice Chairman Barker seconded.

VOTE: 8 Ayes: Chairman Winkle, Vice Chairman Barker, Ms. Benelli, Dr. Clotter-Woods, Ms. Imam, Mr. Jacobson, Mr. Larios, Mr. Messick
0 Nays
1 Absent: Ms. McCarty
Motion passed.

2. Considerations for Health Center Boards: Diversity, Equity, Inclusion, and Justice in Governance

Ms. Harding said the objective was to ensure that the Governing Council was aware of their roles and responsibilities, including community engagement, understanding and addressing health disparities and inequities, and team building development. The discussion would center around key components related to the application of practice, policy, and procedure.

She highlighted the recent Governing Council retreat, noting that the first part dealt with racial equity and social justice and the second part was an overview of the True Colors personality assessment. The goal was to have a greater understanding of self-awareness, health disparities, and racial equity.

In order to improve care within the community, Ms. Harding stated the importance of identifying the vulnerable and marginalized populations. She outlined tools available to assist in that identification, including but not limited to, the uniform data system (UDS) annual report and UDS mapper.

The Governing Council had recently studied the UDS mapper, an online tool that identified underserved areas and demographically categorized marginalized populations within Maricopa County. The tool assisted in recognizing these populations or areas with high rates of health disparities and comparative ratios related to chronic health conditions.

Ms. Harding then presented a video titled Considerations for Health Center Boards: Diversity, Equity, Inclusion, and Justice in Governance from the National Association of Community Health Centers (NACHC). The video centered around components related to diversity, equity, inclusion, and justice (DEIJ) within health care boards.

She said that per Health Resources and Services Administration (HRSA) Compliance Manual, the Governing Council was required to consist of at least nine voting members. She pointed out that the Governing Council currently was at the minimum requirement, therefore a pressing need to recruit.

Ms. Harding solicited feedback on whether members considered the Governing Council to be a diverse group and whether they represented the population served by Valleywise Health's Federally Qualified Health Center (FQHC) clinics.

Mr. Jacobson felt that the Governing Council was more diverse than in previous years.

Chairman Winkle commented that improving DEIJ would likely require a budget to appropriately fulfill those efforts.

Ms. Harding reiterated that the video was about the roles and responsibilities related to DEIJ within health care boards and reminded the Governing Council that all members had a voice.

General Session, Presentation, Discussion and Action, cont.:

2. Considerations for Health Center Boards: Diversity, Equity, Inclusion, and Justice in Governance, cont.

Mr. Larios believed that diversity within the Governing Council had improved over time but mentioned that the video failed to name the harmful impact of white fragility within institutionalized settings. He said that more marketing and communication were needed to promote equity within the community.

Chairman Winkle said that the Governing Council had the potential to become more diverse and asked for feedback on next steps to elevate that change.

Mr. Messick agreed with previous comments but emphasized that diversity did not necessarily mean objectives would be met. He too believed the Governing Council was more diverse compared to prior years.

Ms. Harding stated that although Valleywise Health served a large Hispanic population it was important to also acknowledge Native American, Pacific Islander, and African American populations.

She explained that per the HRSA Compliance Manual, the Governing Council was required to be comprised of at least 51% members who were Valleywise Health FQHC clinic patients, representing the patients served. She reiterated the importance of active recruitment efforts.

Chairman Winkle commented that diversity was not only about different races but included a wide range of mixed demographics. He was curious about the type of budget that would support ongoing DEIJ efforts.

Ms. Benelli said she did not consider the Governing Council to be diverse due to the majority of members being Caucasian. She shared her concern about the membership turnover rate linked to individuals of Hispanic descent and non-white races, doubting that it was coincidental.

Although Mr. Messick agreed about the lack of diversity, he pointed out that many non-white Governing Council members had lengthy terms. He said he believed the turnover rate to be common for governing boards and said the likelihood of new members resigning within six months was high.

Ms. Harding suggested the topic be slated for further discussion within the standing committees.

Chairman Winkle suggested improving education and onboarding engagement practices to increase member retention and asked for feedback on ways to improve.

Mr. Larios questioned the potential budget for such efforts noting that meaningful and sustainable change was dependent on resource allocation.

Ms. Harding stated that specific needs should be identified first to create a budget that could generate funds.

Mr. Messick agreed that the topic be tasked to a standing committee for further discussion.

Ms. Benelli recommended the Strategic Planning and Outreach Committee based on the concept of DEIJ. She said after the need was justified then a budget could be created.

Ms. Agnew reminded the Governing Council that budget limitations existed within the organization, specifically pointing out the fiscal impact catalyzed by the COVID-19 pandemic.

General Session, Presentation, Discussion and Action, cont.:

2. Considerations for Health Center Boards: Diversity, Equity, Inclusion, and Justice in Governance, cont.

Ms. Benelli pointed out a decline in Governing Council catering expenditures due to the COVID-19 pandemic and said that unused funds could potentially be utilized for other needs.

Chairman Winkle asked for clarification on whether a standing committee would be tasked with the DEIJ discussion moving forward.

Ms. Harding said that was her suggestion. The Strategic Planning and Outreach Committee would be tasked with the future discussion to identify resources needed to support DEIJ efforts at Valleywise Health.

3. Overview of the upcoming Service Area Competition (SAC) application to Health Resources and Services Administration

Ms. Lockwood gave an overview of the service area competition (SAC) application to HRSA for the continuation of funding and FQHC designation. She explained components of the application and outlined a timeline of the process.

Key dates included the notice of funding opportunity (NOFO), which would be released by HRSA on December 9, 2021 and project abstract due to HRSA February 7, 2022. The completed application would be submitted March 9, 2022.

Ms. Lockwood added that the application demonstrated an understanding of the need for primary health care services within the service area and proposed a plan to remain compliant with health center program requirements.

4. Recent meeting reports from the Valleywise Community Health Centers Governing Council's committees

   a. Compliance and Quality Committee

   b. Executive Committee

   c. Finance Committee

   d. Strategic Planning and Outreach Committee

Vice Chairman Barker reported that the Compliance and Quality Committee met and reviewed National Research Corporation (NRC) patient satisfaction data, UDS quality metrics, the annual national/state FQHC clinics' UDS comparison report, and quarterly compliance reports. The committee also reviewed the Quality Improvement/Quality Assurance Plan for the FQHC clinics effective January 1, 2022 and discussed potential revisions to NRC patient survey questions.

Chairman Winkle noted there was nothing to report related to the Executive Committee.

Dr. Clotter-Woods said the Finance Committee met and reviewed recent financial statistics for October 2021. She updated the Governing Council with details related to FQHC clinic visits compared to budget and other key takeaways.

General Session, Presentation, Discussion and Action, cont.:

4. Recent meeting reports from the Valleywise Community Health Centers Governing Council's committees, cont.

Mr. Larios said that the Strategic Planning and Outreach Committee appointed Ms. Runjhun Nanchal, Senior Vice President of Strategy, Marketing, and Communications to the committee as a non-voting member. The committee also discussed the Governing Council retreat and conversation surrounding white fragility, DEIJ, and diverse cultures. The committee reviewed action plans for the FQHC clinics' Strategic Plan which included discussion surrounding cultural competence training investment and community engagement and outreach.

NOTE: Mr. Messick disconnected from the meeting at 6:53 p.m.

5. Federally Qualified Health Center Clinics Chief Executive Officer's report

Ms. Harding gave an update on FQHC clinic staffing shortages attributed to and intensified by the COVID-19 pandemic. She explained that maintaining appropriate staffing was essential to providing safe and effective patient care. Multiple clinical positions across the organization/system had vacancies yet staff would continue to work on strategies to mitigate shortages in order to provide quality patient care.

She stated that Valleywise Health was currently experiencing a surge in positive COVID-19 cases with most of the cases being unvaccinated individuals. She announced that COVID-19 vaccinations were offered at Valleywise Community Health Centers and Comprehensive Health Centers.

6. Valleywise Health's President and Chief Executive Officer's report

Mr. Purves voiced his appreciation for the discussion on DEIJ stating that although progress was evident there was room for improvement.

As the board chair of America's Essential Hospitals, he mentioned that DEIJ was an active nationwide conversation. He shared examples of those efforts at Valleywise Health, spoke about cultural competency and health disparity and acknowledged the majority of Valleywise Health patients were of vulnerable status. He discussed the role that the Maricopa County Special Health Care District (MC SHCD) Board of Directors and Valleywise Health leadership played in assuring that DEIJ efforts were carried out.

Mr. Purves gave an update on legislative progress related to safety net funding from the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

In closing, he expressed his gratitude to the Governing Council for their time, service and dedication. He highlighted current affairs related to the MC SHCD and Valleywise Health's organizational endeavors and commitment to excellence.

In closing, Mr. Purves announced that Dr. White recently received the Pete Wertheim Leadership Award for outstanding leadership throughout the COVID-19 pandemic and thanked him for his efforts.

General Session, Presentation, Discussion and Action, cont.:

7. Chairman and Council Member Closing Comments/Announcements

Chairman Winkle reported that he attended a recent event coordinated by Arizona State University's knowledge exchange for resilience and noted public support shown for Valleywise Health's refugee health initiatives.

Ms. Imam voiced her appreciation to Valleywise Health for their assistance during the recent influx of Afghan refugees resettling within the Maricopa County.

8. Review Staff Assignments

Ms. Santos reviewed staff assignments and follow up stemming from the meeting.

She recapped old business from November 3, 2021 regarding additional information to complete the True Color personality assessment which was provided to the Governing Council via email.

Chairman Winkle suggested that the Ad Hoc Membership Committee also be tasked with the discussion on DEIJ, however, there was no consensus from the Governing Council on the matter.

Adjourn

MOTION: Mr. Jacobson moved to adjourn the December 1, 2021 Valleywise Community Health Centers Governing Council meeting. Vice Chairman Barker seconded.

VOTE: 7 Ayes: Chairman Winkle, Vice Chairman Barker, Ms. Benelli, Dr. Clotter-Woods, Ms. Imam, Mr. Jacobson, Mr. Larios
0 Nays
2 Absent: Ms. McCarty, Mr. Messick
Motion passed.

Meeting adjourned at 7:20 p.m.

_____
Cassandra Santos,
Assistant Clerk

Valleywise Community Health Centers Governing Council Meeting

January 5, 2022

Item 1.b.i.

Contracts:
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(No Handout)

Valleywise Community Health Centers Governing Council Meeting

January 5, 2022

Item 1.c.i.

Governance:
Committee Recommendation -
Annual Audit for Fiscal Year Ending
June 30, 2021

Maricopa County Special Health Care District (Valleywise Health)

2021 audit results

November 23, 2021

Building a better working world

Executive summary

1

2021 audit results

- We have completed our audit procedures and plan to issue an unmodified opinion on the financial statements of Valleywise Health
- Refer to the required communications for additional information

2

Digital audit delivery

We incorporated the following digital tools within our audit process:

- Health Revenue Analyzer
- General Ledger Analyzer
- Enhanced use of EY's Canvas Client Portal to facilitate transmission and tracking of support

3

Areas of audit emphasis

We identified following areas of emphasis, which we considered in performing the 2021 audit:

- Revenue recognition, account receivable and related allowances
- Proposition 480 bond funds and capital expenditures
- Professional liability, workers' compensation and other self-insurance accruals
- Pension plan
- Risk of management override of controls

4

Looking forward

New accounting guidance effective in fiscal 2022:

- Governmental Accounting Standards Board (GASB) Statement No. 87: *Leases*

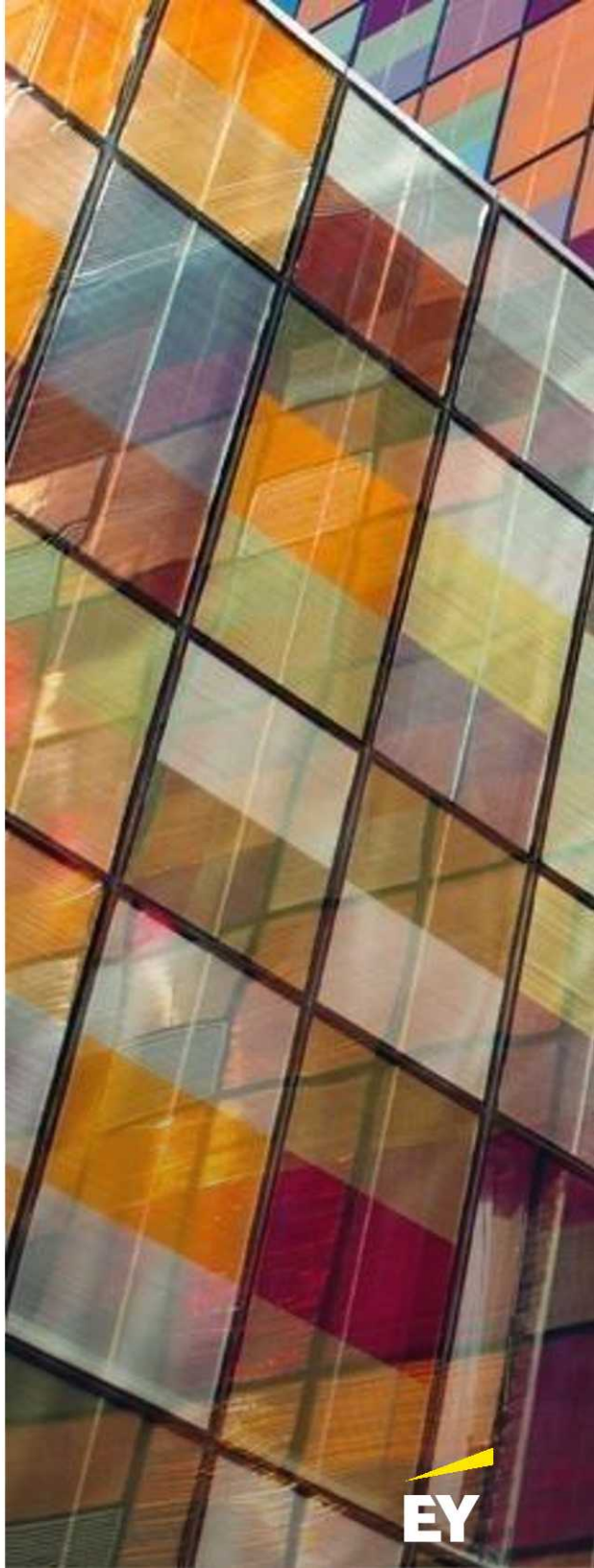
Uniform Guidance audit for the 2021 Schedule of Expenditures of Federal Awards:

- Provider Relief Fund reporting – the first round of reporting had an original due date of September 30, 2021, but an additional 60 day grace period was provided
- Uniform Guidance audit – due by September 30, 2022

Required communications

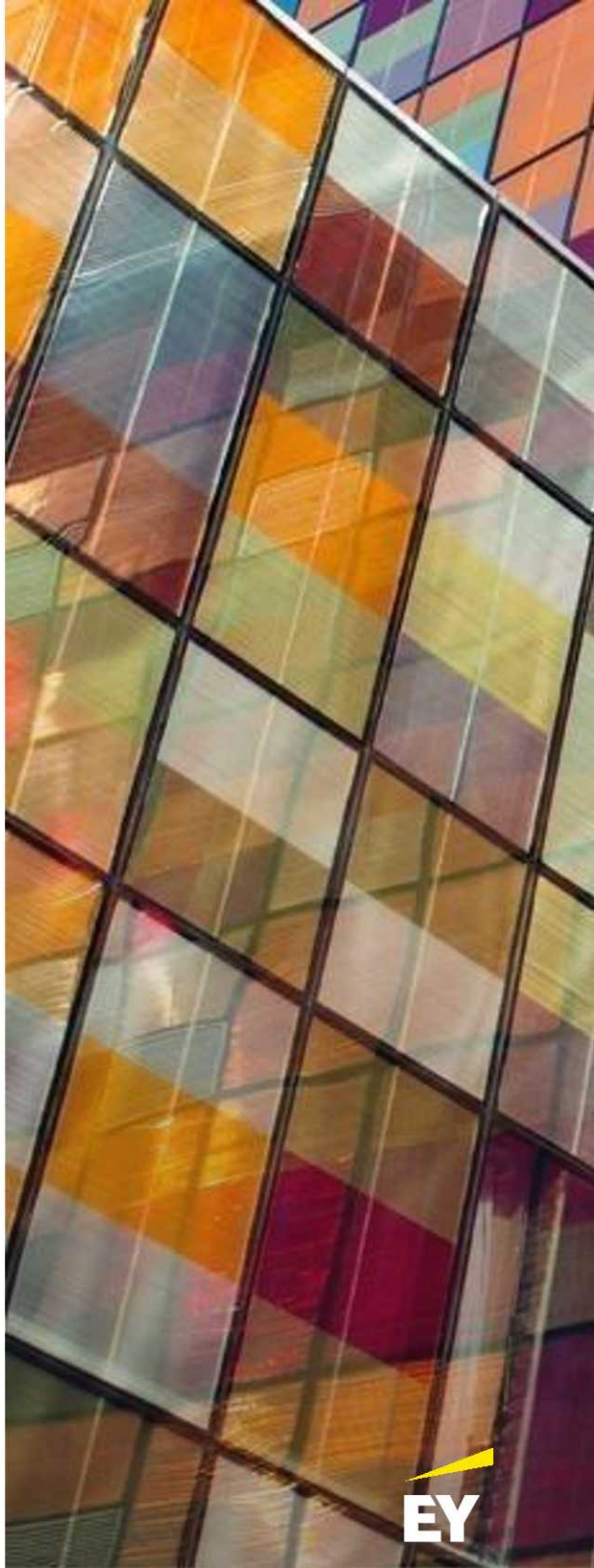
Required communications

Area	Comments
▸ Auditor's responsibility under generally accepted auditing standards, including our discussion of the type of auditor's report we are issuing	Our responsibilities are included in our audit engagement agreement. A copy of such agreement will be provided upon request. We have plan to issue an unmodified opinion on the District's financial statements as of and for the year ended June 30, 2021.
▸ Changes to the audit strategy, timing of the audit and significant risks identified	Our audit strategy is consistent with the plan communicated to the Finance, Audit and Compliance Committee during their April 2021 and August 2021 meetings.
▸ Matters relevant to our evaluation of the entity's ability to continue as a going concern	We did not identify any events or conditions that led us to believe there was substantial doubt about the District's ability to continue as a going concern.
Our views about the qualitative aspects of the entity's significant accounting practices, including: ▸ Accounting policies ▸ Accounting estimates	Management has not selected or changed any significant policies or changed the application of those policies in the current year. We do not take exception to any of the accounting policies or procedures of the District.



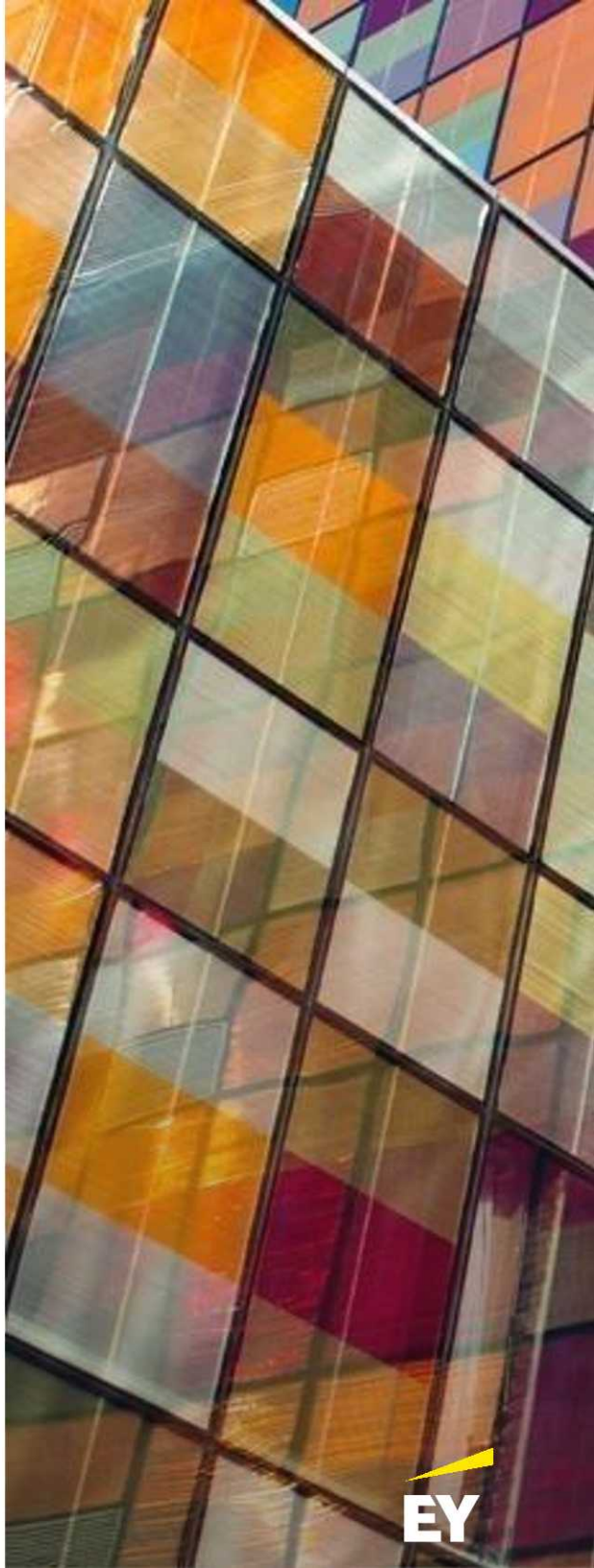
Required communications

Area	Comments
▸ Related party relationships and transactions	We noted no significant matters regarding the District's relationships and transactions with related parties.
▸ Changes to the terms of the audit with no reasonable justification for the change	None.
▸ Significant unusual transactions	We are not aware of any significant unusual transactions executed by the District.
▸ Material corrected misstatements related to accounts and disclosures ▸ Uncorrected misstatements related to accounts and disclosures, considered by management to be immaterial	There were no material corrected or uncorrected misstatements.
▸ Significant deficiencies and material weaknesses in internal control over financial reporting	No material weaknesses have been identified.
▸ Our responsibility, any procedures performed and the results of those procedures relating to other information in documents containing audited financial statements	We have reviewed the District's Supplementary Information and did not identify anything requiring communication.
▸ Fraud and noncompliance with laws and regulations (illegal acts)	We are not aware of any matters that require communication.



Required communications

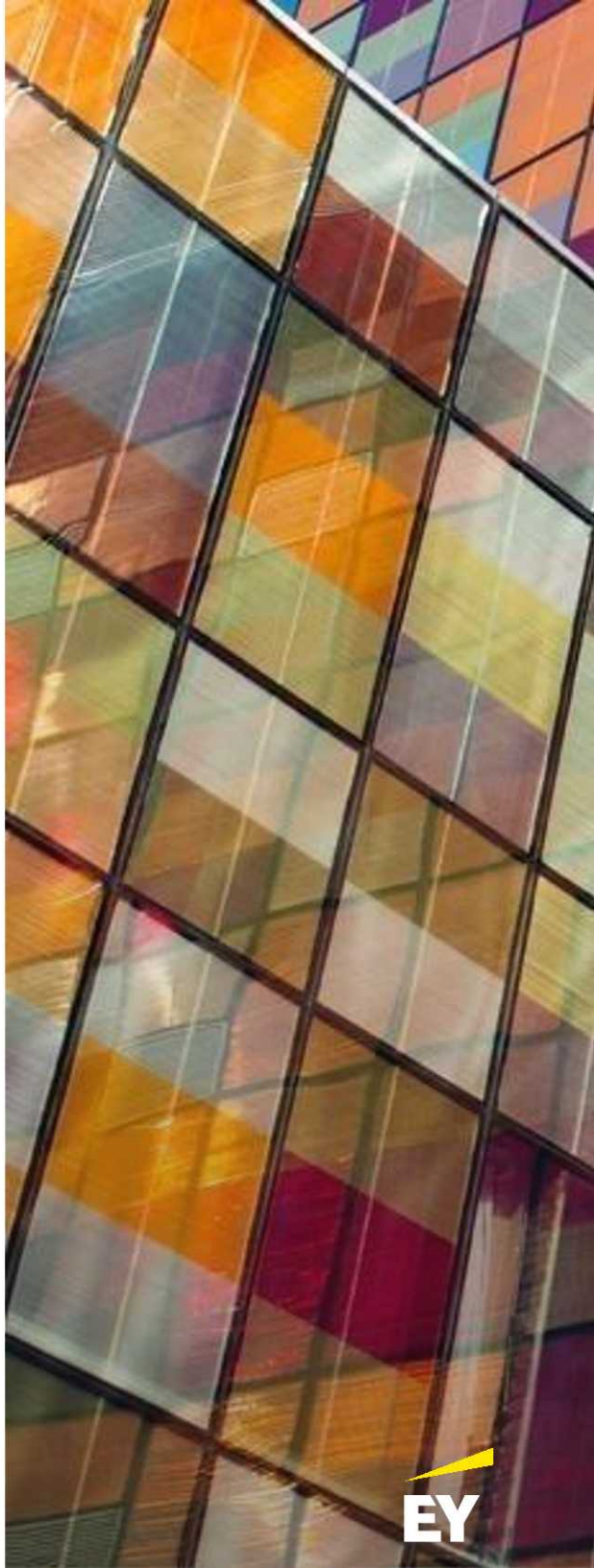
Area	Comments
▸ Obtain information relevant to the audit	Inquiries regarding matters relevant to the audit are to be performed at this meeting.
▸ Independence matters	We are not aware of any matters that in our professional judgment would impair our independence.
▸ New accounting pronouncements	No issues have been identified with regard to management's planned application of new accounting pronouncements.
▸ Significant issues discussed with management in connection with the auditor's initial appointment or recurring retention** ▸ Disagreements with management and significant difficulties encountered in dealing with management when performing the audit** ▸ Management's consultations with other accountants**	None.
▸ Other material written communications with management	There are no other findings or issues arising from the audit that are, in our judgment, significant and relevant to those charged with governance regarding the oversight of the financial reporting process.
▸ Other matters	There are no other matters arising from the audit that are significant and relevant to those charged with governance regarding the oversight of the financial reporting process.



Required communications

Area	Comments
▸ AICPA ethics ruling regarding third-party service providers	From time to time, and depending on the circumstances, (1) we may subcontract portions of the Audit Services to other EY firms, who may deal with the District or its affiliates directly, although EY alone will remain responsible to you for the Audit Services and (2) personnel (including non-certified public accountants) from an affiliate of EY or another EY firm or any of their respective affiliates, or from independent third-party service providers (including independent contractors), may participate in providing the Audit Services. In addition, third-party service providers may perform services for EY in connection with the Audit Services.
▸ Representations we are requesting from management	See letter of representations related to the audit.

As required, provided above is a summary of required communications between the audit team and those charged with governance, as required by AICPA Clarified US Auditing Standard (AU-C) 260, *The Auditor's Communication With Those Charged With Governance,* and other applicable auditing standards. This communication is intended solely for the information and use of the audit committee and, if appropriate, management, and is not intended to be, and should not be, used by anyone other than these specified parties.



Industry insights

Now, next and beyond: health sector insights

Now

COVID-19 impact and operational and strategic shifts

- Providers focus on retaining and supporting their workforce as the pandemic continues.
- Virtual care, which became a necessary norm in the first year of the pandemic, is now a fundamental channel.
- Equity in health care access, delivery and outcomes has risen to the forefront of the public's and industry's attention.

Next

Patient centricity, technology and the diffusion of care

- Patient engagement and personalization take on heightened importance with more care being virtual.
- Cost pressures spur hospitals and health systems to look to artificial intelligence and other technologies to automate operations, gain efficiencies and improve outcomes.
- Hospitals explore both traditional and novel partnerships to retain and grow market share and services.

Beyond

Transformation and the value of data

- Digital transformation (cloud migration, platform development, tele- and mobile health, strengthened cybersecurity) enables health systems to scale and secure their care models.
- Data and analytics become a currency as providers harness information to drive the care process.
- Regulators and government focus on investments in infrastructure and government-led health care programs, and consider drug pricing reform.

Top of mind: industry matters

1	COVID-19 impacts on utilization and margin
2	Channel shift: virtual care is now an essential mode of care delivery
3	Technology and data strategy to contain costs and enable effective and equitable care
4	Conventional and creative partnerships across the ecosystem
5	Governmental audit and compliance requirements, including Uniform Guidance

100%*

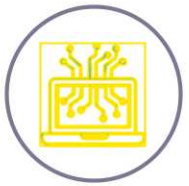
Percentage of health systems surveyed that invested in new telehealth systems, or repurposed or added on to existing telehealth capabilities, during the pandemic

* EY: *How US health systems are focusing their future*, 29 July 2021.

Five foundational market forces are impacting today's health systems and the industry overall

Care affordability

- Cost reduction
- Service line management
- Care model standardization
- Value-based care



Digitization of health care

- Consumerism and patient experience
- Data analytics
- Cloud-based platforms (ERP)
- Digital health

Site of service transformation

- Virtual/telehealth
- Hospital-at-home
- Ambulatory network management
- Real estate portfolio

Establish and optimize strategic relationships

- Joint ventures
- Funds flow reconfiguration
- Outsourcing and offshoring

Capital infusion from new entrants

- Private equity
- Non-traditional players
- Employer groups

With the rise of healthcare costs and new federal regulations, payers look to transfer risk to providers and to provide delivery

Cost mandate

Cost pressures in our health care system, compounded by the pandemic, continue to strain hospitals and consumers

4.3%
US health care sector projected growth in through 2028 (1.1% higher than projected US GDP growth overall)

$405.1b
estimated amount Americans spent out-of-pocket on healthcare costs in 2020

3.57%
US health systems and hospitals' median operating margin, 2015-2020[1]

19.2%
US health care sector projected share of GDP in 2028

up to $935b
estimated total annual cost of waste in health care spending

$3.8t
US health care spending in 2019, up 4.7% from the previous year

Value based models

The transition to value-based care may be accelerated by the pandemic and market forces

46%
projected percent of value-based reimbursements in 2021, up >20% over 2018

The industry is currently caught between fee-for-service and value-based models, creating the need to preserve volume during the transition

Provider risk Low ··· High

Value-based care spectrum

1. 2020 median EBITDA margin without CARES

Source: The Journal of the American Medical Association, Health Affairs, CMS, Kaufman Hall

Health Thought Leadership

[The patient experience: How US health execs are reframing care models]

Key takeaways from a virtual roundtable where health execs share their views on the transformation of patient experiences and care models. Discussion includes how technology is improving the patient experience, navigating challenges in transforming operating models, and sustaining transformation at scale.

[Health care organizations realign strategies for resilience and growth]

In EY's latest Global Capital Confidence Barometer, health care executives report feeling satisfied with their performance during the pandemic, but recognize the need to invest for the upturn. Surveyed leaders accelerated strategic and portfolio reviews prioritizing managing longer term pandemic impacts, along with investing in digital and divestment.

[How health care organizations can improve their digital strategy]

Digital capabilities are essential for health care organizations, but most say they lack a clearly defined digital strategy. EY's Digital Investment Index survey of industry leaders found that despite health care investments in digital capabilities, many organizations still have gaps. Lack of skills and talent are frequently seen as stalling digital initiatives.

[Why health care is increasing M&A to build digital health and services]

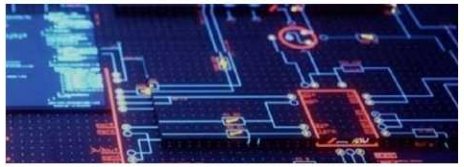
Health care M&A is expected to strengthen in 2021 as organizations look to build strategic capabilities. EY-Parthenon's Strategy Realized survey found that the pandemic has underlined the benefits of breadth in health care, not only for financial stability but also to leverage capabilities.

[How boards can lead on racial diversity, equity and inclusion]

Working to achieve racial diversity, equity and inclusion (RDEI) is a renewed priority for companies looking to drive sustainability and overall performance.

[Global Board Risk Survey: Four ways to advance risk oversight]

The unprecedented scale and pace of disruption in the market today requires a new way of thinking about risk and transformation.



[What companies are disclosing about cybersecurity risk and oversight]

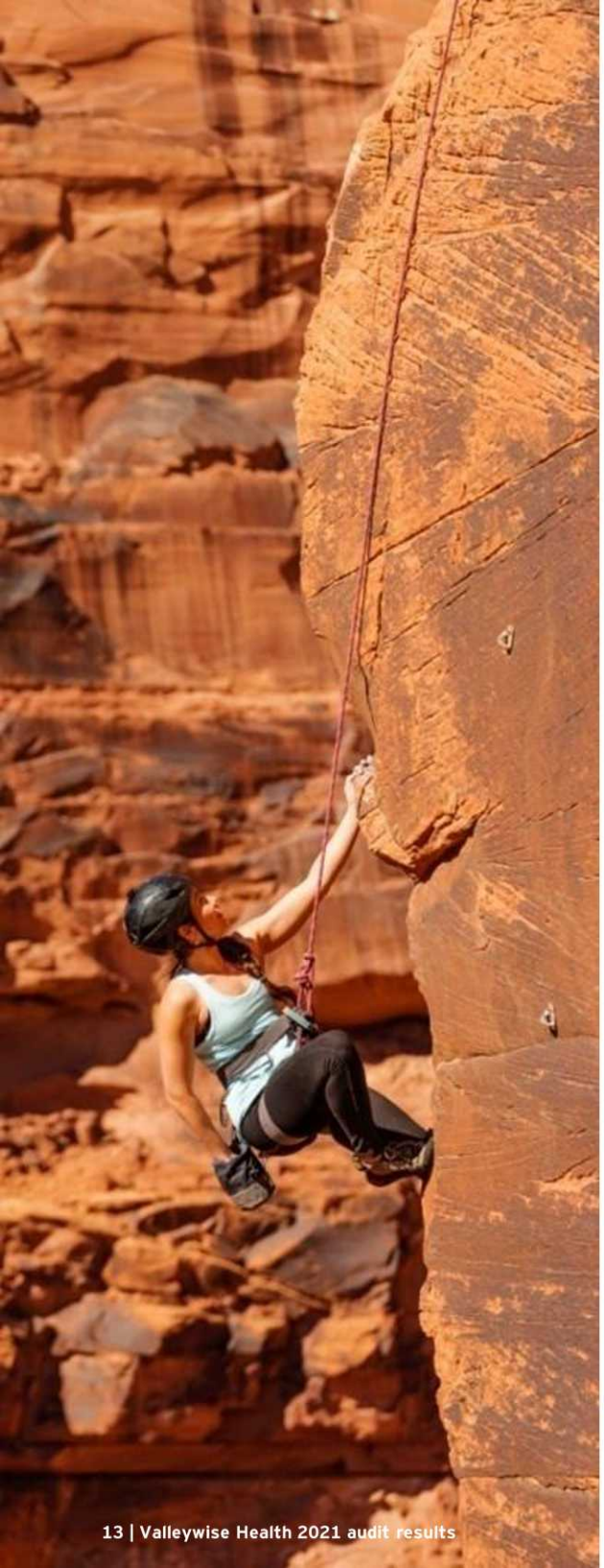
Digital strategy and technology infrastructure have become critical elements of differentiation in today's business environment.

[Six priorities for boards in 2021]

Following a year of global upheaval, organizations are evaluating every aspect of their business.

These articles and other health thought leadership can be found on ey.com/health and additional audit committee thought leadership is available on ey.com/boardmatters.

Business insights



Business insights: three lessons in resiliency from the data-driven audit

The challenges of this past year have taught us many important lessons that we can now employ to execute audits in this radically transformed environment.

The data-driven audit – one that relies on the analysis of full populations of our clients' data, rather than on statistical sampling – is profoundly resilient. COVID-19 introduced a new kind of test and it underlined the need for infrastructure and a culture to reinforce each other. It is our people and technologies together that have allowed us to maintain high standards for audit quality, performance, reliability and security at a moment of disruption.

Looking ahead at the new normal, we are building on this experience to strengthen the data-first mindset to help drive quality audit execution.

A data-first approach is essential to delivering an audit that is responsive to changes in the risk profile and the demand for a continuous audit process.

Three lessons

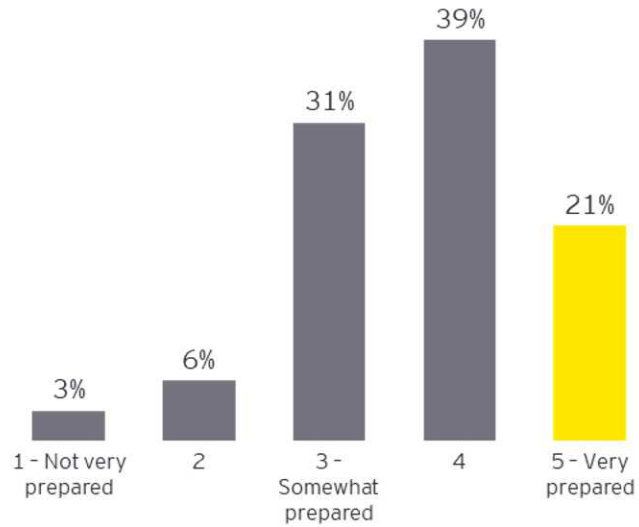
1. The right technology helps to streamline the audit process, enable real-time communication, monitor the status of requests and safeguard sensitive financial information.
2. Advanced analytics underpin the digital audit and help to focus on the key issues, pinpoint risks as they arise and inform new strategies.
3. A data-first audit is a continuous audit that allows companies to respond to findings by making an immediate course correction. It gives the companies we audit more transparency up front into the scope, nature and intent of the audit.

Business insights: four ways to advance risk oversight

The unprecedented scale and pace of disruption in the market today require a new way of thinking about risk and transformation. We surveyed 500 global board members and CEOs to better understand their perspectives on today's top risks and what resources they need to better execute risk oversight while sustaining trust in today's business climate. Our risk survey indicates that boards can advance their oversight of risk in four ways, which will require enhancements to enterprise risk management, insightful risk reporting and new remits between boards and CEOs.

1. **Reprioritize top risks to keep pace with market disruption**
   As market disruption and changing stakeholder expectations rewrite the risk landscape, board oversight priorities need to keep pace.
2. **Turn risk into strategic value**
   Risk is no longer viewed as just "downside."
3. **Redefine risk reporting to reflect the dynamic risk landscape**
   Board members are satisfied with the risk reporting they receive, but they recognize the need for improvement.
4. **Evolve the board's role in ERM**
   Most boards believe they are well equipped to effectively oversee risk management, but there is no room for complacency.

Only 21% say their organization is very prepared to respond to an adverse risk event



How prepared is your organization to respond to an adverse risk event, from a planning, communications, recovery and resilience standpoint? (Please rank on a scale of 1 to 5 where 1 is not very prepared, 3 is somewhat prepared and 5 is very prepared.)

EY | Building a better working world

EY exists to build a better working world, helping create long-term value for clients, people and society and build trust in the capital markets.

Enabled by data and technology, diverse EY teams in over 150 countries provide trust through assurance and help clients grow, transform and operate.

Working across assurance, consulting, law, strategy, tax and transactions, EY teams ask better questions to find new answers for the complex issues facing our world today.

About EY's Assurance Services

Our assurance services help our clients meet their reporting requirements by providing an objective and independent examination of the financial statements that are provided to investors and other stakeholders. Throughout the audit process, our teams provide a timely and constructive challenge to management on accounting and reporting matters and a robust and clear perspective to audit committees charged with oversight.

The quality of our audits starts with our 90,000 assurance professionals, who have the breadth of experience and ongoing professional development that come from auditing many of the world's leading companies.

For every client, we assemble the right multidisciplinary team with the sector knowledge and subject matter knowledge to address your specific issues. All teams use our Global Audit Methodology and latest audit tools to deliver consistent audits worldwide.

Financial Statements and Required Supplementary Information

Maricopa County Special Health Care District
d/b/a Valleywise Health
Years Ended June 30, 2021 and 2020
With Reports of Independent Auditors

Ernst & Young LLP

Maricopa County Special Health Care District
d/b/a Valleywise Health

Financial Statements and Required Supplementary Information

Years Ended June 30, 2021 and 2020

Contents

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Report of Independent Auditors

Management and the Board of Directors
Maricopa County Special Health Care District
d/b/a Valleywise Health

Report on the Financial Statements

We have audited the accompanying financial statements of the Maricopa County Special Health Care District d/b/a Valleywise Health (the District), as of and for the years ended June 30, 2021 and 2020, and the related notes to the financial statements, which collectively comprise the District's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Building a better working world

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the District as of June 30, 2021 and 2020, and the respective changes in its financial position and its cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

Other Matters

Required Supplementary Information

U.S. generally accepted accounting principles require that the management's discussion and analysis on pages 3–15, the Schedule of District's Proportionate Share of the Net OPEB Liability on page 54, the Schedule of Contributions – Pension Plan on page 56, and the schedule of Contributions – OPEB Plan on page 57 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, which considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we also have issued our report dated November 19, 2021, on our consideration of the District's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance, and the results of that testing, and not to provide an opinion on the effectiveness of the District's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control over financial reporting and compliance.

Ernst & Young LLP

November 19, 2021

Maricopa County Special Health Care District
d/b/a Valleywise Health

Management's Discussion and Analysis

Years Ended June 30, 2021 and 2020

The following discussion and analysis of the operational and financial performance of Maricopa County Special Health Care District d/b/a Valleywise Health (the District) provides an overview of the financial position and activities for the years ended June 30, 2021 and 2020. This discussion has been prepared by management and should be read in conjunction with the accompanying financial statements, as well as the notes to the financial statements, which follow this section. The financial statements discussed in this section offer short-term and long-term financial information about the District's activities, including:

Statements of Net Position: This statement includes all of the District's assets, deferred outflows of resources, liabilities, deferred inflows of resources, and net position and provides information about the nature and amounts of investments in resources (assets) and the obligations of the District to creditors (liabilities). It also provides the basis for evaluating the capital structure, and assessing the liquidity and financial flexibility of the District.

Statements of Revenues, Expenses, and Changes in Net Position: This statement accounts for all of the current year's revenues and expenses, measures changes in operations over the past two years, and can be used to determine whether the District has been able to recover all of its costs through several revenue sources.

Statements of Cash Flows: The primary purpose of this statement is to answer questions such as where cash came from, what cash was used for, and what was the change in the cash balance during the reporting period.

Organizational Overview

Founded in 1877, the District has served as Maricopa County's public teaching hospital and safety net system, filling critical gaps in care for underserved populations. In partnership with District Medical Group, an unrelated not-for-profit entity, the District provides care throughout Maricopa County.

The District is an academic training center, a regional provider of primary and specialized medical services, and a leading provider of mental health services. It provides clinical rotations each year for allopathic and osteopathic medical students, nursing students, and allied health professionals.

Licensed for 758 beds, the District provides a full range of inpatient acute and intensive care, inpatient and outpatient behavioral health, and a full complement of ancillary, support, and ambulatory services. The facilities that are housed on the District's main campus include:

- Valleywise Health Medical Center
- Valleywise Health - Arizona Burn Center
- Valleywise Comprehensive Health Center - Phoenix
- Valleywise Behavioral Health Center - Phoenix

The facilities that are located external to the main campus include:

- Valleywise Behavioral Health Center - Maryvale
- Valleywise Behavioral Health Center - Mesa
- Valleywise Comprehensive Health Center - Peoria

Ambulatory care is also provided at ten Community Health Centers located throughout Maricopa County. In addition to ambulatory services, many of these locations offer outpatient behavioral health and dental services.

COVID-19

In 2020, the world was introduced to the Coronavirus Disease 2019 (COVID-19), creating a new historic public health crisis. The District met this challenge through many actions, including:

- Added Incident Decision Units to isolate and treat patients with the disease;
- Established protocols for addressing COVID-19 positive behavioral health patients;
- Formed rapid testing capabilities;
- Acquired personal protective equipment despite disrupted supply chain;
- Created telehealth visits for ambulatory care to provide safe patient access; and
- Implemented work-from-home options to provide social distancing for support staff.

These efforts required increased costs, while revenue was lessened by fewer emergency department and ambulatory visits and canceled or forgone elective procedures. Additionally, an

Executive Order by the Governor of Arizona declared a public health emergency and paused all nonessential or elective surgeries from March 21, 2020 through April 30, 2020.

Through the passage of the Families First Coronavirus Response Act (Families First) and the Coronavirus Aid, Relief and Economic Security (CARES) Act, Congress provided financial support to hospitals and health care providers during the pandemic for financial stabilization. Additional information related to the financial support are included in the District's financial statements (Note 16).

Care Reimagined

On November 4, 2014, the voters of Maricopa County approved Proposition 480. Proposition 480 allows the District to issue up to $935,000,000 in general obligation bonds to be repaid in 30 years to fund outpatient health facilities, including improvement or replacement of existing outpatient health centers, a behavioral health hospital, and the construction of a new acute medical center

In 2017, the District Board set a roadmap for our organization's future by receiving the final report resulting from the Proposition 480 implementation planning initiative. This plan, known as Care Reimagined, will ensure our organization continues to be recognized for high-quality care, innovation, and service. It creates a better model of patient care and medical education that improves access, quality, cost, and outcomes for patients and increases the supply of future health care professionals.

The implementation of this capital plan is well underway; as of June 30, 2021, $534,027,000 of the bond proceeds have been expended. During fiscal year 2021, the majority of project funds were expended on the main campus for the construction of the new hospital scheduled to be complete in October 2023. The Comprehensive Health Center-Peoria (Peoria), project was substantially completed as of June 30, 2020, and its opening was delayed to January 2021 due to COVID-19. Peoria includes an outpatient surgery center, endoscopy suites, dialysis services, primary and specialty clinics, and a family learning center. Two new Community Health Centers, in South Phoenix/Laveen and North Phoenix, also opened during fiscal year 2021, replacing old clinics at 7th avenue, Glendale, and El Mirage locations.

In June 2021, the District issued the fourth bond tranche in the amount of $244,070,000 General Obligation Bonds, Series D (2021). The District was authorized to issue $935,000,000, in aggregate, principal amount toward the project. At June 30, 2021, all of the District's authorized amount has been issued.

Proposition 449

In November 2020, Proposition 449 was approved by the voters of Maricopa County to authorize the District to continue the levy of property taxes for 20 years to support its operations.

Financial Highlights

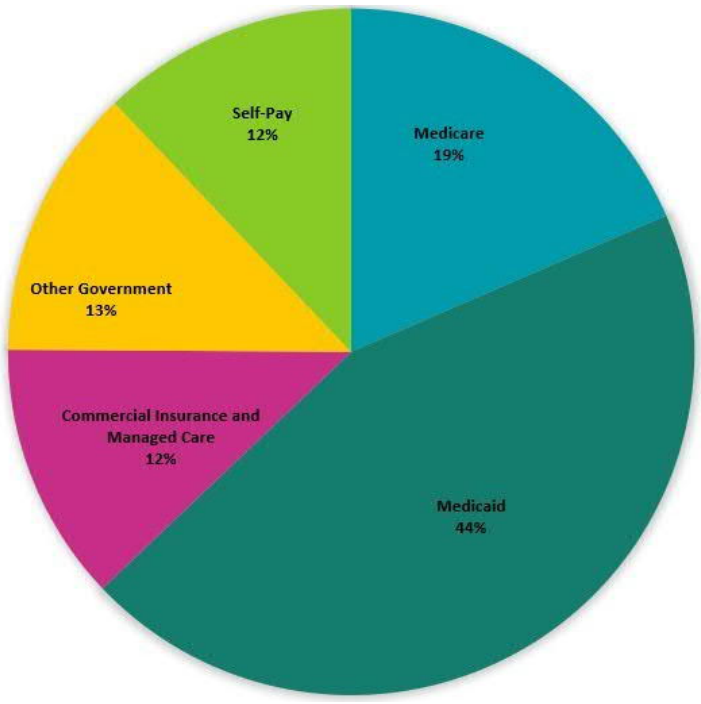
Year Ended June 30, 2021, Compared to Year Ended June 30, 2020	Year Ended June 30, 2020, Compared to Year Ended June 30, 2019
Net patient services revenue increased by $35 million or 7.7% from the prior year 2020. Other operating revenue increased $23.1 million, largely due to an increase in Graduate Medical Education (GME) revenue, contract pharmacy, and the new Arizona Health Care Cost Containment System (AHCCCS) program, HEALTHII.	Net patient service revenue increased $26.8 million or 6.3% in fiscal year 2020 as compared to fiscal year 2019. Other operating revenue increased $14.3 million, largely due to the increase in GME revenue and contract pharmacy.
Operating expense increased from $669.7 million in 2020 to $755.1 million in 2021, a $85.4 million or 12.8% increase from the prior year. This is largely due to the increase in salaries and benefits as a result of the higher cost of treating patients with COVID-19 and related illnesses as well as an increase in depreciation due to the accelerated depreciation expense related to the anticipated decommissioning of the current medical center building.	Operating expense increased from $572.6 million in fiscal year 2019 to $669.7 million in fiscal year 2020, a $97.1 million or 17.0% increase from the prior year. Most of the increase is in salaries, benefits and supplies especially during the last four months of FY2020 due to the COVID-19 pandemic. Increased usage of registry nurses and other clinical staff due to patient volume increase related to the pandemic also contributed to increases in expenses.

Gross charges by major payor financial class for fiscal years 2021, 2020, and 2019 are as follows:

	Year Ended June 30		
	2021	**2020**	**2019**
Medicare	18.5%	17.4%	16.4%
Medicaid	44.4	45.7	44.6
Commercial insurance and managed care	12.2	12.7	14.1
Other government	12.8	12.3	12.5
Self-pay	12.1	11.9	12.4
Total	100.0%	100.0%	100.0%

The District's payor mix has stayed relatively stable over the past three years. The proportion of Medicare patients has increased as a result of the greater COVID-19 impact to the older population in fiscal year 2021.

Payor mix for fiscal year 2021:



Financial Statements

Statements of Net Position

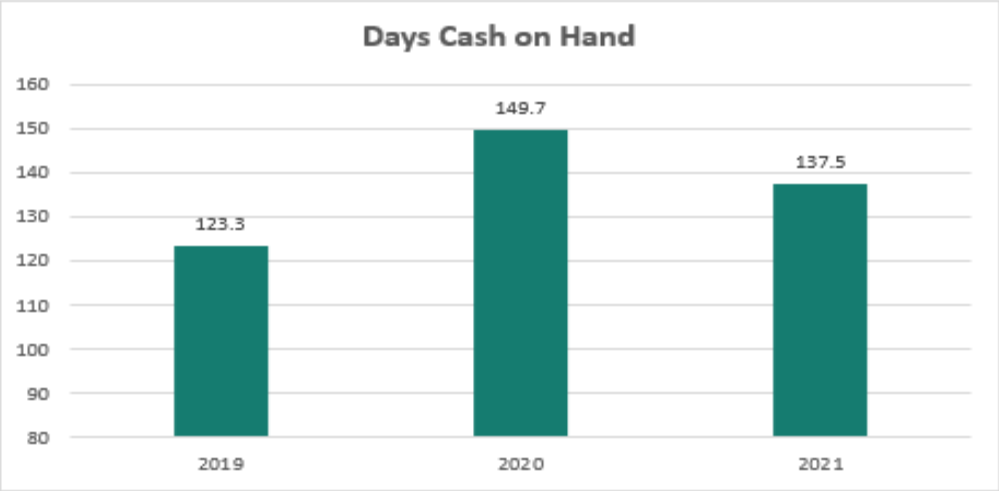
Condensed Statements of Net Position

	Year Ended June 30		
	2021	**2020**	**2019**
Assets			
Current assets	**$ 526,969,313**	$ 547,204,175	$ 689,363,400
Other assets	**400,889,608**	175,203,778	167,737,590
Capital assets	**594,155,126**	501,967,393	359,840,756
Total assets	**1,522,014,047**	1,224,375,346	1,216,941,746
Deferred outflows of resources	**89,357,989**	48,799,387	65,048,262
Liabilities			
Current liabilities	**198,571,207**	185,465,444	163,282,578
Risk claims payable, less current portion	**9,283,822**	10,660,315	11,177,826
Net pension and OPEB liability	**394,175,117**	311,945,423	300,585,929
Long-term debt	**736,110,659**	463,170,813	501,163,873
Total liabilities	**1,338,140,805**	971,241,995	976,210,206
Deferred inflows of resources	**3,972,294**	23,950,283	47,528,446
Net position			
Unrestricted deficit	**(510,048,594)**	(213,062,448)	(128,763,175)
Net investment in capital assets	**298,100,940**	242,926,918	212,962,293
Restricted for bonds	**477,027,521**	245,576,963	171,579,684
Restricted for grants	**4,179,070**	2,541,022	2,472,554
Total net position	**$ 269,258,937**	$ 277,982,455	$ 258,251,356

Cash and Cash Equivalents

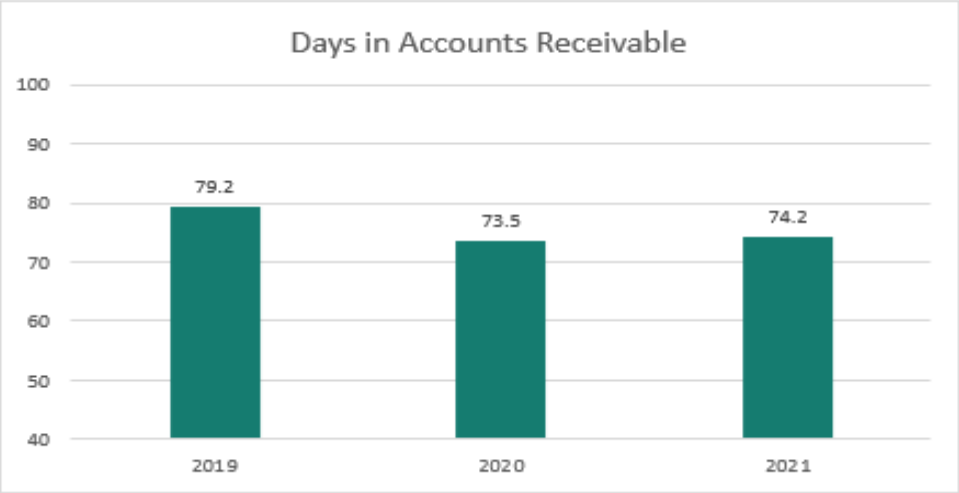
Unrestricted cash and cash equivalents for fiscal year 2021 were approximately $262.2 million, an increase of approximately $1.2 million from the $261.0 million in fiscal year 2020. Days cash on hand decreased 12.2 days to 137.5 days in fiscal year 2021 from the fiscal year 2020 days of 149.7. The timing of Provider Relief Funds and Medicare Advanced Payments in late fiscal year 2020, coupled with increased operating expenses attributed to the COVID-19 pandemic, contributed to the decrease in days cash on hand. Unrestricted cash and cash equivalents for fiscal year 2020 were approximately $261.0 million, an increase of approximately $76.9 million from fiscal year 2019. Days cash on hand increased 26.4 days to 149.7 days in fiscal year 2020 from the fiscal year 2019 days of 123.3. Increased cash collections and the timing of Provider Relief Funding and Medicare Advanced Payments in late fiscal year 2020 contributed to the increase in days cash.

Days Cash on Hand



Accounts Receivable – Days Outstanding

While net accounts receivable increased by approximately $7.8 million, net days in accounts receivable increased from the prior year by approximately 0.4%, from 73.9 to 74.2 days. Increase in the amounts of charges in treating patients with COVID-19 related illness contributed to the increase in account receivable. Net account receivable in fiscal year 2020 decreased by $1.6 million from fiscal year 2019 and net days also decreasing by 7.2% from 79.2 to 73.5 days. Increase cash collection contributed to the decrease in account receivable and number of days.



Capital Assets

As of June 30, 2021 and 2020, the District had $594.2 million and $502.0 million, respectively, invested in capital assets, net of accumulated depreciation. For the years ended June 30, 2021, 2020 and 2019, the District purchased capital assets amounting to $151.3 million, $173.9 million, and $133.6 million, respectively. The organization has made significant investments in new facilities through the Care Reimagined project and plans to continue this investment within the coming years. These investments include:

- Valleywise Comprehensive Health Center – Peoria, which opened in January 2021 providing ambulatory care and outpatient surgery.
- Community Health Centers, which opened in August 2021 in South Phoenix Laveen and November 2021 in North Phoenix providing ambulatory care.

- New Community Health Centers will open in West Maryvale and Mesa in fiscal year 2022 to provide ambulatory care.
- New acute care hospital (Valleywise Health Medical Center), currently under construction and planned to be completed in October 2023.

Debt

As of June 30, 2021, 2020, and 2019, the District had bonds payable of $763.0 million, $493.1 million, and $538.5 million, respectively. As set forth in the voter-approved Proposition 480 language, bond proceeds are used to purchase various equipment and to fund various improvement projects on the District's existing acute behavioral health facilities and outpatient health centers. A portion of the bond proceeds, $36.0 million, was used to reimburse the District's general fund for prior capital asset purchases. For the year ended June 30, 2021, the District had no outstanding capital lease and other long-term obligations. For the years ended June 30, 2020 and 2019, the District had capital lease and other long-term obligations totaling $0.5 million and $1.3 million, respectively, to various other entities.

Statements of Revenues, Expenses, and Changes in Net Position

The following table summarizes net operating revenues, operating expenses, and non-operating revenues (expenses) for the fiscal years ended June 30, 2021, 2020, and 2019.

	Year Ended June 30		
	2021	**2020**	**2019**
Operating revenues			
Net patient service revenue	**$ 489,209,495**	$ 454,144,793	$ 427,301,404
AHCCCS medical education revenue	**51,866,779**	42,516,595	38,607,817
Other	**66,022,660**	52,295,096	41,904,850
Total operating revenues	**607,098,934**	548,956,484	507,814,071
Operating expenses			
Salaries and wages	**278,443,621**	267,919,233	242,211,381
Employee benefits	**105,599,319**	81,795,822	48,286,608
Purchased services	**144,360,745**	138,223,397	122,387,122
Medical claims and other expenses	**72,572,408**	59,751,185	52,736,053
Supplies and other expenses	**95,262,465**	90,233,509	79,134,622
Depreciation	**58,845,414**	31,806,516	27,902,991
Total operating expenses	**755,083,972**	669,729,662	572,658,777
Operating loss	**(147,985,038)**	(120,773,178)	(64,844,706)
Nonoperating revenues (expenses)			
Property tax receipts	**139,606,198**	143,303,021	119,074,910
Noncapital grants	**5,890,625**	11,915,514	12,466,739
Noncapital subsidies from State	**3,547,896**	3,547,896	3,547,896
Other nonoperating revenues (expenses), net	**3,212,369**	(12,868,425)	(16,009,627)
Investment income, net	**2,031,886**	8,344,261	10,325,302
Interest expense	**(15,027,454)**	(13,737,990)	(13,477,470)
Total nonoperating revenues	**139,261,520**	140,504,277	115,927,750
Increase (decrease) in net position	**(8,723,518)**	19,731,099	51,083,044
Net position, beginning of year	**277,982,455**	258,251,356	207,168,312
Net position, end of year	**$ 269,258,937**	$ 277,982,455	$ 258,251,356

Revenues

Net Patient Services Revenue

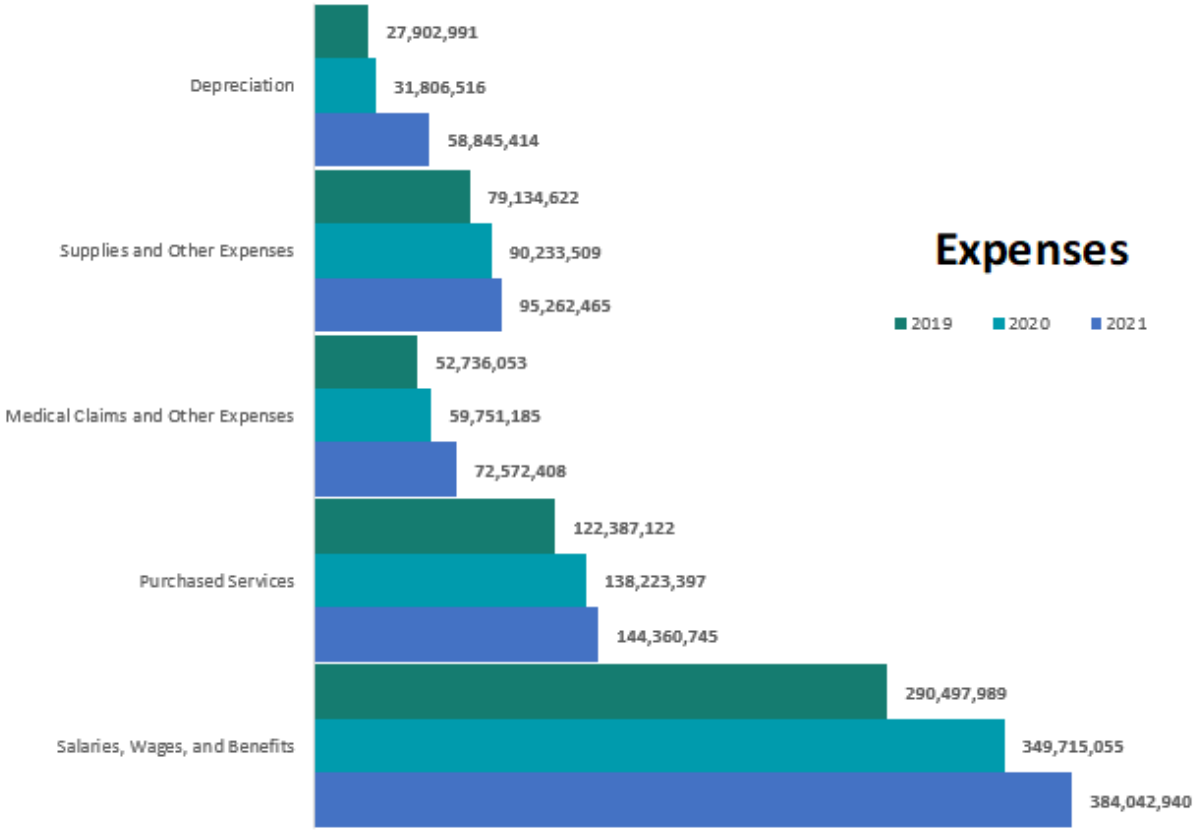
Net patient service revenue is derived from inpatient, outpatient, ambulatory, and emergency services provided to patients. Net patient service revenue for the year ended June 30, 2021, was $489.2 million, an increase from the prior year net patient service revenue of $454.1 million. Net patient service revenue increased $35.1 million or 7.7% in the year ended June 30, 2021, due to changes in payor mix, COVID-19 acute patient volume surges, and recovery from the elective case mandated pause experienced in late fiscal year 2020. Net patient service revenue saw an increase for the year ended June 30, 2020, compared to June 30, 2019, increasing by $26.8 million or 6.3%. The increase in net patient service revenue was attributed to increased patient volume, mainly in our behavioral health services due to the opening of additional inpatient units and increase in our emergency room visits from 2019 to 2020.

	Year Ended June 30		
	2021	**2020**	**Increase (Decrease)**
Gross charges	**$ 2,336,814,373**	$ 2,251,575,862	3.8%
Contractual deductions	**1,650,131,212**	1,581,656,633	4.3%
As a percentage of gross charges	**(70.6)%**	(70.2)%	
Charity care	**165,752,428**	176,637,180	(6.2)%
As a percentage of gross charges	**(7.1)%**	(7.8)%	
Bad debt	**56,976,701**	39,137,256	45.6%
As a percentage of gross charges	**(2.4)%**	(1.7)%	
Net patient service revenue	**$ 489,209,495**	$ 454,144,793	7.7%
As a percentage of gross charges	**20.9%**	20.2%	

Total operating revenues in fiscal year 2021 were $607.1 million in comparison with the prior year of $549.0 million, due in great part to the quality of gross revenue and improved payor mix as noted above and increased other revenues, mainly in the Graduate Medical Education (GME) and the new AHCCCS program, HEALTHII.

Operating Expenses

Total operating expenses in fiscal year 2021 were $755.1 million, which is an increase of $85.4 million (12.8%) over the prior year operating expenses of $669.7 million. Of the total increase, $34.3 million or 9.8% of the increase is related to increased salaries and wages and employee benefits expense due to higher acuity of patients, and higher case mix index. Depreciation increased by $27.0 million related to routine capital additions and the opening of new facilities, and also includes $14.6 million in accelerated depreciation expenses due to the anticipated decommissioning of the current medical center building. Total operating expenses in fiscal year 2020 were $669.7 million, which is an increase of $97.1 million (17.0%) over fiscal year 2019 operating expenses of $572.6 million.



Nonoperating Revenues and Expenses

Nonoperating revenues and expenses consist primarily of property tax receipts, both for maintenance and operation, bond debt service, and CARES Act funding. These amounts were $84,240,979 and $55,365,219, respectively, for the year ended June 30, 2021, $80,459,388 and $62,843,633, respectively, for the year ended June 30, 2020, and $76,921,021 and $42,153,889, respectively, for the year ended June 30, 2019. The decrease in the property tax receipts of 3% for the years ended June 30, 2021 and 2020 respectively, was primarily due to the reduction in tax levies to cover the bond debt service costs. Also included in nonoperating revenues are noncapital grants and noncapital subsidies from the state. These amounts were $5,890,625 and $3,547,896, respectively, for the year ended June 30, 2021, $11,915,514 and $3,547,896, respectively, for the year ended June 30, 2020, and $12,466,739 and $3,547,896, respectively, for the year ended June 30, 2019. Other nonoperating revenues and expenses for the year ended June 30, 2021 and 2020 consisted primarily of investment income, interest expense and other nonoperating expenses. Investment income and interest income for the year ended June 30, 2021 were lower than the previous year due to maturities of investments held on behalf of the District. Investment income for the year ended June 30, 2021 decreased from the prior year by $6,265,834. Interest expense for the year ended June 30, 2021 increased from the prior year by $1,289,464, mostly related to general obligation bonds issued by the District.

Contacting the District's Financial Management

This financial report is designed to provide the District's patients, suppliers, community members, and creditors with a general overview of the District's finances and to show the District's accountability for the money it receives. Questions about this report and requests for additional financial information should be directed to District Administration by telephoning (602) 344-8425.

Maricopa County Special Health Care District
d/b/a Valleywise Health

Statements of Net Position

	Year Ended June 30 2021	2020
Assets		
Current assets:		
Cash and cash equivalents	**$ 262,238,041**	$ 210,048,255
Short-term investments	**–**	50,913,029
Restricted cash – bond	**76,137,914**	70,373,184
Restricted short-term investments – bond	**–**	69,958,826
Patient accounts receivable, net of allowances	**99,414,043**	91,656,453
Receivable from AHCCCS for medical education, net	**51,866,779**	10,198,375
Other receivables	**12,161,962**	17,912,959
Due from related parties	**1,766,465**	1,204,159
Supplies	**9,812,194**	8,837,983
Prepaid expenses	**13,571,915**	16,100,952
Total current assets	**526,969,313**	547,204,175
Other assets:		
Restricted cash – bond	**400,889,608**	175,203,778
Total other assets	**400,889,608**	175,203,778
Capital assets:		
Land	**26,342,487**	25,342,118
Depreciable capital assets, net of accumulated depreciation	**567,812,639**	476,625,275
Total capital assets, net of accumulated depreciation	**594,155,126**	501,967,393
Total assets	**$ 1,522,014,047**	$ 1,224,375,346
Deferred outflows of resources		
Employer contributions made after measurement date	**$ 31,099,745**	$ 29,900,925
Difference between expected and actual experience	**3,717,510**	5,787,664
Changes in assumptions	**1,096,313**	2,708,042
Net difference between projected and actual investment earnings	**39,875,175**	–
Change in proportion and differences between employer contributions and proportionate share of contributions	**13,569,246**	10,402,756
Total deferred outflows of resources	**$ 89,357,989**	$ 48,799,387

Maricopa County Special Health Care District
d/b/a Valleywise Health

Statements of Net Position (continued)

	Year Ended June 30 2021	2020
Liabilities and net position		
Current liabilities:		
Current maturities of long-term debt	**$ 32,505,103**	$ 30,507,041
Accounts payable	**48,614,945**	51,920,034
Accrued payroll and expenses	**43,855,191**	32,597,614
Risk claims payable, current portion	**1,747,762**	1,484,931
Overpayments from third-party payors	**42,445,374**	33,783,500
Other current liabilities	**35,051,110**	35,172,324
Total current liabilities	**204,219,485**	185,465,444
Risk claims payable less current portion	**9,283,822**	10,660,315
Net pension and OPEB liability	**394,175,117**	311,945,423
Long-term debt	**730,462,381**	463,170,813
Total liabilities	**1,338,140,805**	971,241,995
Deferred inflows of resources		
Difference between expected and actual experience	**3,270,330**	776,644
Change in assumptions	**–**	12,389,925
Difference between projected and actual investment earnings	**–**	7,804,600
Change in proportion and differences between employer contributions and proportionate share of contributions	**701,964**	2,979,114
Total deferred inflows of resources	**3,972,294**	23,950,283
Net position:		
Unrestricted deficit	**(510,048,594)**	(213,062,448)
Net investment in capital assets	**298,100,940**	242,926,918
Restricted for bonds	**477,027,521**	245,576,963
Restricted for grants	**4,179,070**	2,541,022
Total net position	**$ 269,258,937**	$ 277,982,455

See accompanying notes.

Maricopa County Special Health Care District
d/b/a Valleywise Health

Statement of Revenues, Expenses, and Changes in Net Position

	Year Ended June 30	
	2021	**2020**
Operating revenues:		
Net patient service revenue	**$ 489,209,495**	$ 454,144,793
AHCCCS medical education revenue	**51,866,779**	42,516,595
Other revenue	**66,022,660**	52,295,096
Total operating revenues	**607,098,934**	548,956,484
Operating expenses:		
Salaries and wages	**278,443,621**	267,919,233
Employee benefits	**105,599,319**	81,795,822
Purchased services	**144,360,745**	138,223,397
Other expenses	**72,572,408**	59,751,185
Supplies	**95,262,465**	90,233,509
Depreciation	**58,845,414**	31,806,516
Total operating expenses	**755,083,972**	669,729,662
Operating loss	**(147,985,038)**	(120,773,178)
Nonoperating revenues (expenses):		
Property tax receipts	**139,606,198**	143,303,021
Noncapital grants	**5,890,625**	11,915,514
Noncapital subsidies from State	**3,547,896**	3,547,896
Other nonoperating revenues (expenses), net	**3,212,369**	(12,868,425)
Investment income	**2,031,886**	8,344,261
Interest expense	**(15,027,454)**	(13,737,990)
Total nonoperating revenues, net	**139,261,520**	140,504,277
(Decrease) increase in net position	**(8,723,518)**	19,731,099
Net position, beginning of year	**277,982,455**	258,251,356
Net position, end of year	**$ 269,258,937**	$ 277,982,455

See accompanying notes.

Maricopa County Special Health Care District
d/b/a Valleywise Health

Statements of Cash Flows

	Year Ended June 30	
	2021	**2020**
Operating activities		
Receipts from and on behalf of patients	**$ 481,451,905**	$ 451,090,804
Payments to suppliers and contractors	**(316,212,087)**	(286,363,752)
Payments to employees	**(331,114,271)**	(315,815,926)
Other operating receipts	**114,732,144**	122,605,977
Other operating payments	**(43,607,203)**	(10,173,627)
Net cash used in operating activities	**(94,749,512)**	(38,656,524)
Noncapital financing activities		
Property tax receipts supporting operations	**84,240,979**	80,459,388
Noncapital contributions and grants received	**5,890,625**	11,915,514
Noncapital subsidies and other nonoperating receipts (payments)	**6,760,265**	(9,320,529)
Net cash provided by noncapital financing activities	**96,891,869**	83,054,373
Capital and related financing activities		
Property tax receipts for debt service	**55,365,219**	62,843,633
Principal payments on long-term debt and capital leases	**(28,001,938)**	(46,124,672)
Purchase of capital assets	**(151,033,147)**	(173,933,153)
Bond proceeds	**297,291,568**	–
Interest paid on long-term debt	**(15,027,454)**	(13,737,990)
Net cash provided by (used in) capital and related financing activities	**158,594,247**	(170,952,182)
Investing activities		
Proceeds from sale of investments	**305,783,289**	723,103,615
Purchases of investments	**(184,911,434)**	(398,668,591)
Interest from investments	**2,031,886**	8,344,261
Net cash provided by investing activities	**122,903,741**	332,779,285
Increase in cash and cash equivalents	**283,640,345**	206,224,952
Cash and cash equivalents, beginning of year	**455,625,217**	249,400,265
Cash and cash equivalents, end of year	**$ 739,265,563**	$ 455,625,217

See accompanying notes.

Maricopa County Special Health Care District
d/b/a Valleywise Health

Statements of Cash Flows (continued)

	Year Ended June 30	
	2021	**2020**
Reconciliation of operating loss to net cash used in operating activities		
Operating loss	**$ (147,985,038)**	$ (120,773,178)
Depreciation	**58,845,414**	31,806,516
Changes in operating assets and liabilities:		
Patient, other accounts receivable, and other assets	**(43,674,997)**	17,729,816
Due from related parties	**(562,306)**	476,024
Supplies and prepaid expenses	**1,554,826**	(1,722,876)
Overpayments from third-party payors	**8,661,874**	22,983,641
Risk claims payable	**(1,113,662)**	(1,682,580)
Accounts payable and accrued expenses	**29,524,377**	12,526,113
Net cash used in operating activities	**$ (94,749,512)**	$ (38,656,524)

See accompanying notes.

Maricopa County Special Health Care District
d/b/a Valleywise Health

Notes to Financial Statements

June 30, 2021

1. Nature of Operations and Summary of Significant Accounting Policies

Nature of Operations and Reporting Entity

Maricopa County Special Health Care District d/b/a Valleywise Health (the District) is a health care district and political subdivision of the state of Arizona. The District is located in Phoenix, Arizona, and is governed by a five-member Board of Directors elected by voters within Maricopa County, Arizona (the County).

The District was created in November 2003 by an election of the voters of the County. In November 2004, the voters first elected the District's governing board. An Intergovernmental Agreement (IGA) between the District and the County was entered into in November 2004, which, among other things, specified the terms by which the County transferred essentially all of the assets, liabilities, and financial responsibility of the medical center facility to the District effective January 1, 2005. The District operates a medical center facility (the Medical Center), which was formerly owned and operated by the County, three freestanding inpatient behavioral health facilities located on the Medical Center campus and in Maryvale, Arizona and Mesa, Arizona; a specialty clinic located on the Medical Center campus; and various outpatient health centers throughout Maricopa County. The District has the authority to levy ad valorem taxes. The District had no significant operations prior to January 1, 2005. In conjunction with the IGA, the County and the District entered into a 20-year lease for the Medical Center real estate.

On September 3, 2013, a second Amended and Restated Intergovernmental Agreement (the Amended IGA) was entered into by the District, whereby all the land and real property located at the Maricopa Medical Center and Desert Vista campuses (the Property) subject to the prior 20-year lease were donated to the District. The Property was recorded at its fair value at date of donation, determined by a third-party valuation services firm, totaling $117,075,000. The Property donated consisted of land of $9,000,000, buildings of $104,375,000 and land improvements of $3,700,000.

The Amended IGA also provided for the District's purchase of supplies from the County and the sublease of certain space to the County, and for the County to be able to purchase supplies and utilize the District's services, among other items.

If the Property is not used for county hospital purposes, the Property shall (at the election of the County) revert to the County.

Effective October 1, 2019, as a part of a rebranding initiative, the District, which was formerly known as Maricopa Integrated Health System, is now officially called Valleywise Health.

1. Nature of Operations and Summary of Significant Accounting Policies (continued)

Basis of Accounting and Presentation

The District prepares its financial statements as a business-type activity in conformity with applicable pronouncements of the Governmental Accounting Standards Board (GASB). The financial statements of the District have been prepared on the accrual basis of accounting using the economic resources measurement focus. Revenues, expenses, gains, losses, assets, and liabilities from exchange and exchange-like transactions are recognized when the exchange transaction takes place, while those from government-mandated and voluntary non-exchange transactions (principally federal and state grants and appropriations from the County) are recognized when all applicable eligibility requirements are met. Operating revenues and expenses include exchange transactions and interest on capital assets-related debt are included in nonoperating revenues and expenses. The District first applies its restricted net position when an expense or outlay is incurred for purposes for which both restricted and unrestricted net position are available. The District primarily earns revenues by providing inpatient and outpatient medical services.

Cash and Cash Equivalents and Restricted Cash

For purposes of the statements of cash flows, the District considers all liquid investments, including those that are restricted, with original maturities of three months or less, to be cash equivalents. At June 30, 2021 and 2020, the District had approximately $739,266,000 and $455,625,000, respectively, of cash and cash equivalents and restricted cash. Restricted cash includes cash and cash equivalents that are restricted for use and includes approximately $76,138,000 and $70,373,000 as of June 30, 2021 and 2020, respectively, of tax proceeds restricted for debt service on the general obligation bonds and approximately $400,890,000 and $175,204,000 as of June 30, 2021 and 2020, respectively, of bond proceeds restricted for use under the bond agreement. A portion of the restricted cash has been classified as a long-term asset as the funds will be used to purchase long-term assets.

Investments

The District records its investments in accordance with GASB Statement No. 31, *Accounting and Financial Reporting for Certain Investments and for External Investment Pools,* and GASB Statement No. 72, *Fair Value Measurement and Application.*

1. Nature of Operations and Summary of Significant Accounting Policies (continued)

The District categorizes its fair value measurements within the fair value hierarchy established by generally accepted accounting principles in the United States (U.S. GAAP). These guidelines recognize a three-tiered fair value hierarchy, as follows:

- Level 1: Unadjusted quoted prices for identical investments in active markets
- Level 2: Observable inputs other than quoted market prices
- Level 3: Unobservable inputs

Risk Management

The District is exposed to various risks of loss from torts; theft of, damage to, and destruction of assets; business interruption; errors and omissions; employee injuries; medical malpractice; and natural disasters. The District participated in the County's self-insurance program through December 3, 2012. The IGA between the District and County was amended to reflect that the District would no longer participate in the County's self-insurance program effective December 4, 2012, except for workers' compensation claims. The Amended IGA also stipulated that the County would provide a mutually agreed-upon amount to fund estimated outstanding losses and estimated future claim payments for the period January 1, 2005 through December 3, 2012. In return, the District accepted responsibility for the payment and management of these claims on an ongoing basis.

The District, through its Risk Management Department, is now responsible for identifying and resolving exposures and claims that arise from employee work-related injury, third-party liability, property damage, regulatory compliance, and other exposures arising from the District's operations. Effective December 4, 2012, the District's Board of Directors approved and implemented risk management, self-insurance, and purchased insurance programs under the Maricopa Integrated Health System Risk Management Insurance and Self-Insurance Plan (the Insurance Plan). As authorized under the Insurance Plan, the District purchases excess insurance over the District's self-insured program to maintain adequate protection against the District's exposures and claims filed against the District. It is the District's policy to record the expense and related liability for professional liability, including medical malpractice and workers' compensation, based upon annual actuarial estimates.

1. Nature of Operations and Summary of Significant Accounting Policies (continued)

Patient Accounts Receivable

The District reports patient accounts receivable for services rendered at estimated net realizable amounts due from third-party payors, patients, and others. The District provides an allowance for uncollectible accounts based upon a review of outstanding receivables, historical collection information, and existing economic conditions. The District bills third-party payors directly and bills the patient when the patient's liability is determined. Patient accounts receivable are due in full when billed. Accounts are considered delinquent and subsequently written off based on individual credit evaluation and specific circumstances of the account.

Supplies

Supplies inventories are stated at the lower of cost or market, determined using the first-in, first-out method.

Capital Assets

Capital assets are recorded at cost at the date of acquisition, or fair value at the date of donation if acquired by gift. The dollar threshold to capitalize capital assets is $5,000. Depreciation is computed using the straight-line method over the estimated useful life of each asset. Assets under capital lease obligations and leasehold improvements are amortized over the shorter of the lease term or the assets' respective estimated useful lives. The following estimated useful lives are being used by the District:

Land improvements	2–25 years
Buildings and leasehold improvements	5–40 years
Equipment	3–20 years

Compensated Absences

District policies permit most employees to accumulate vacation and sick leave benefits (personal leave) that may be realized as paid time off or, in limited circumstances, as a cash payment. Expense and the related liability are recognized as personal leave benefits and are earned whether the employee is expected to realize the benefit as time off or as a cash payment. Employees may accumulate up to 240 hours of personal leave, depending on years of service, but any personal

1. Nature of Operations and Summary of Significant Accounting Policies (continued)

leave hours in excess of the maximum amount that are unused by the calendar year-end are converted to the employee's extended illness bank (EIB). Generally, EIB benefits are used by employees for extended illness or injury, or to care for an immediate family member with an extended illness or injury. EIB benefits are cumulative but do not vest and, therefore, are not accrued. However, upon retirement, employees with accumulated EIB in excess of 1,000 hours are entitled to a $3,000 bonus. The total compensated absence liabilities are computed using the regular pay and termination pay rates in effect at the statement of net position date plus an additional amount for compensation-related payments such as social security and Medicare taxes, computed using rates in effect at that date.

Net Position

Net position of the District is classified into three components. Net investment in capital assets consists of capital assets net of accumulated depreciation and reduced by the outstanding balances of borrowings used to finance the purchase or construction of those assets. Restricted net position consists of noncapital assets that must be used for a particular purpose as specified by creditors, grantors, or donors external to the District. Unrestricted net position consists of the remaining assets plus deferred outflows of resources less remaining liabilities plus deferred inflows of resources that do not meet the definition of net investment in capital assets, or restricted net position.

Net Patient Service Revenue

The District has agreements with third-party payors that provide for payments to the District at amounts different from its established rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered and includes estimated retroactive adjustments and a provision for uncollectible accounts. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such estimated amounts are revised in future periods as adjustments become known. The District participates in the Federally Qualified Health Center (FQHC) program and receives supplemental payments from AHCCCS. The payments are made based on information filed with AHCCCS on the Annual Reconciliation and Rebase Data (ARRD) report. The District is currently in the process of reconciling with AHCCCS and various health plans regarding the federal fiscal year 2020 ARRD report.

1. Nature of Operations and Summary of Significant Accounting Policies (continued)

Charity Care

The District provides services at amounts less than its established rates to patients who meet the criteria of its charity care policy. The criteria for charity care take into consideration the patient's family size and income in relation to federal poverty guidelines and type of service rendered. The total net cost of charity care provided was approximately $43,936,000 and $45,110,000 for the years ended June 30, 2021 and 2020, respectively. Charity care cost is based on the percentage of total direct operating expenses less other operating revenue divided by the total gross revenue for the Medical Center. This percentage is applied to the amount written off as charity care to determine the total charity care cost. The net cost of charity care is total charity care cost less any payments received. Payments received were approximately $12,239,000 and $15,604,000 for the years ended June 30, 2021 and 2020, respectively.

Property Taxes

On or before the third Monday in August, the County levies real property taxes and commercial personal property taxes on behalf of the District, which become due and payable in two equal installments. The first installment is due on the first day of October and becomes delinquent after the first business day of November. The second installment is due on the first day of March of the next year and becomes delinquent after the first business day of May.

The County also levies mobile home personal property taxes on behalf of the District that are due the second Monday of the month following receipt of the tax notice and become delinquent 30 days later. A lien assessed against real and personal property attaches on the first day of January after assessment and levy.

Proposition 480 allows the County to levy additional property taxes for principal and interest debt service related to general obligation bonds (see Note 10).

Income Taxes

The District is a health district and political subdivision of the state of Arizona and is exempt from federal and state income taxes.

1. Nature of Operations and Summary of Significant Accounting Policies (continued)

Pension and Postemployment Benefits Other Than Pensions (OPEB)

The District participates in the Arizona State Retirement System (ASRS) pension plan for employees. For purposes of measuring the net pension and OPEB liability, deferred outflows of resources and deferred inflows of resources related to pension and OPEB, and pension and OPEB expense, information about the fiduciary net position of ASRS and additions to/deductions from ASRS's fiduciary net position have been determined on the same basis as they are reported by ASRS. For this purpose, benefit payments are recognized when due and payable in accordance with the benefit plan terms. Investments are reported at fair value.

New Accounting Pronouncements

The GASB issued Statement No. 84, *Fiduciary Activities*, in January 2017. The standard establishes criteria for identifying fiduciary activities of all state and local governments. The standard identifies four fiduciary funds that should be reported, if applicable: (1) pension (and other employee benefit) trust funds, (2) investment trust funds, (3) private-purpose trust funds, and (4) custodial funds. The standard is effective for the District as of July 1, 2020. There was not a material impact on the District.

The GASB issued Statement No. 87, *Leases*, in June 2017. The standard requires recognition of certain lease assets and liabilities for leases that previously were classified as operating leases. The guidance establishes a single model for lease accounting based on the principle that leases are financing the right to use an underlying asset. The standard is effective for the District as of July 1, 2021. The District is evaluating the impact of adopting the accounting standard.

The GASB issued Statement No. 89, *Accounting for Interest Cost Incurred before the End of a Construction Period*, in June 2018. The standard requires that interest cost incurred before the end of a construction period be recognized as an expense in the period in which the cost is incurred for financial statements prepared using the economic resources measurement focus. As a result, interest cost incurred before the end of a construction period will not be included in the historical cost of a capital asset reported in a business-type activity or enterprise fund. The standard is effective for the District as of July 1, 2021. The District is evaluating the impact of adopting the accounting standard.

1. Nature of Operations and Summary of Significant Accounting Policies (continued)

The GASB issued Statement No. 96, *Subscription-Based Information Technology Arrangements*, in May 2020. The standard requires recognition of certain subscription-based information technology arrangements (SBITAs) as intangible assets and corresponding subscription liabilities for SBITAs that previously were classified as operating arrangements. The guidance establishes a model based on the standards established in Statement No. 87, *Leases*, to treat SBITAs as financing the right to use an underlying subscription asset. The standard is effective for the District as of July 1, 2021. The District is evaluating the impact of adopting the accounting standard.

2. Net Patient Service Revenue

Net patient service revenue is presented net of provision for uncollectible accounts of approximately $56,976,000 and $63,650,000 for the years ended June 30, 2021 and 2020, respectively.

The District has agreements with third-party payors that provide for payments to the District at amounts different from its established rates. These payment arrangements include the following:

- Medicare – Inpatient acute care services, certain inpatient non-acute care services, and substantially all outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic, acuity, and other factors. Inpatient psychiatric services are paid based on a blended cost reimbursement methodology and prospectively determined rates. The District is reimbursed for certain services at tentative rates with final settlement determined after submission of annual cost reports by the District and audits thereof by the Medicare fiscal intermediary. The Medicare fiscal intermediary has audited the District's cost reports through June 30, 2017.

- AHCCCS – Inpatient acute services are paid at prospectively determined rates. Inpatient psychiatric services are paid on a per diem basis. Outpatient services rendered to AHCCCS program beneficiaries are primarily reimbursed under prospectively determined rates.

- The District has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the District under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

2. Net Patient Service Revenue (continued)

Approximately 54% and 55% of net patient service revenues were from participation in the Medicare and state-sponsored AHCCCS programs for the years ended June 30, 2021 and 2020, respectively. Laws and regulations governing the Medicare and AHCCCS programs are complex and subject to interpretation and change. As a result, it is reasonably possible that recorded estimates will change materially in the near term.

3. AHCCCS Safety Net Care Pool

The District participated in the AHCCCS Safety Net Care Pool (SNCP) program that provided reimbursement to Safety Net Hospitals for uncompensated cost incurred in providing services to Medicaid and uninsured/underinsured patients. The program was terminated by AHCCCS effective December 31, 2013. Amounts recorded under the SNCP program are subject to final settlement by AHCCCS. During fiscal year 2021, the District took into income, through net patient service revenue, the net settlement amount of $1,316,000 related to the SNCP program for calendar years 2006 through 2013.

4. Deposits and Investments

The District's deposits are held by the County in separate accounts, and the District can draw them upon demand. A compensating balance is maintained in these accounts at a sufficient amount so that earnings on these accounts offset the fees charged for services. Any amounts above the compensating balance are swept daily overnight into a commercial paper investment account.

Fair Value Measurements

The District categorizes its fair value measurements within the fair value hierarchy established by U.S. GAAP. The hierarchy is based on the inputs used in valuation and gives the highest priority to unadjusted quoted prices in active markets and requires that observable inputs be used in the valuation when available. The disclosure of fair value estimates in the hierarchy is based on whether the significant inputs into the valuations are observable. In determining the level of the hierarchy in which the estimate is disclosed, the highest level, Level 1, is given to unadjusted quoted prices in active markets and the lowest level, Level 3, to unobservable inputs.

4. Deposits and Investments (continued)

In instances where inputs used to measure fair value fall into different levels, fair value measurements in their entirety are categorized based on the lowest level of input that is significant to the valuation. The District's assessment of the significance of particular inputs to these measurements requires judgment and considers factors specific to each investment. At the end of June 30, 2021, the District had no outstanding investments. The table below shows the fair value leveling of the District's investments at the end of June 30, 2020.

	June 30, 2020			
	Level 1	**Level 2**	**Level 3**	**Total**
Government agencies	$ –	$ 26,290,367	$ –	$ 26,290,367
Government bonds	–	34,604,183	–	34,604,183
Corporate bonds	–	24,622,662	–	24,622,662
Short-term bills and notes – U.S. agencies	35,354,643	–	–	35,354,643
	$ 35,354,643	$ 85,517,212	$ –	$ 120,871,855

Interest Rate Risk

Interest rate risk is the risk that changes in interest rates will adversely affect the fair value of an investment. At June 30, 2021, the District's funds were held in cash, cash equivalents, and restricted cash, and the carrying value approximates to fair value. The District had no investments at June 30, 2021, that were subject to interest rate risk.

Credit Risk

Credit risk is the risk that the counterparty to an investment will not fulfill its obligation. The District has an investment policy that authorizes the following instruments for investment: (1) negotiable direct obligations of, or obligations the principal and interest of which are unconditionally guaranteed by, the United States government; (2) obligations of federal agencies and instrumentalities; (3) interest-bearing notes, bonds, debentures, and other such evidence of indebtedness with a fixed maturity of any domestic listed corporation within the United States that when purchased carry ratings in one of the three highest classifications of at least two nationally recognized debt rating agencies; and (4) municipal bond investments that carry ratings in one of the top two classifications of at least two nationally recognized rating agencies or secured by bond insurance.

5. Patient Accounts Receivable

The District grants credit without collateral to its patients, many of whom are area residents and are insured under third-party payor agreements. Patient accounts receivable is presented net of allowance for uncollectible accounts of $55,847,000 and $60,481,000 for the years ended June 30, 2021 and 2020, respectively.

6. Other Receivables

At June 30, 2021 and 2020, significant components of other receivables included amounts due from third party payors, such as:

	2021	2020
Retail pharmacy accounts receivable	**$ 1,410,000**	$ 711,000
340B program	**1,806,000**	1,266,000
Home Assist Health	**907,000**	1,008,000
Disproportionate Share receivable	**4,202,000**	4,352,000
Other	**3,836,962**	10,575,959
Total other receivables	**$ 12,161,962**	$ 17,912,959

7. Receivables From AHCCCS for Medical Education

During the years ended June 30, 2021 and 2020, the District entered into intergovernmental agreements with AHCCCS such that AHCCCS provided available medical education funds from CMS. At June 30, 2021 and 2020, available funds from CMS for medical education totaled approximately $68,055,000 and $13,957,000, respectively. At June 30, 2021 and 2020, the amount due to the District is approximately $51,867,000, which is net of the $16,188,000 matching funds provided by the District, and $10,198,000, which is net of the $3,759,000 matching funds provided by the District, respectively.

8. Capital Assets

Capital assets activity for the year ended June 30, 2021, was as follows:

	Beginning Balance	Additions	Disposals	Transfers	Adjustments	Ending Balance
Capital assets not being depreciated:						
Construction-in-progress	$ 170,751,975	$ 150,442,561	$ –	$ (83,632,612)	$ 870,586	$ 238,432,510
Capitalized software-in-progress	330,119	–	–	–	–	330,119
Land	25,342,118	–	(280,000)	1,280,369	–	26,342,487
Capital assets being depreciated:						
Buildings and leasehold improvements	319,028,828	–	(5,427,203)	80,135,796	–	393,737,421
Capitalized software	49,516,241	–	–	–	–	49,516,241
Equipment	228,341,523	–	(622,457)	2,216,447	–	229,935,513
Total capital assets	793,310,804	150,442,561	(6,329,660)	–	870,586	938,294,291
Less accumulated depreciation:						
Buildings and leasehold improvements	101,056,578	37,144,175	(5,427,203)	681,727	–	133,455,277
Capitalized software	46,770,644	(20,535)	–	–	–	46,750,109
Equipment	143,516,189	21,721,774	(622,457)	(681,727)	–	163,933,779
Total accumulated depreciation	291,343,411	58,845,414	(6,049,660)	–	–	344,139,165
Capital assets, net	$ 501,967,393	$ 91,597,147	$ (280,000)	$ –	$ 870,586	$ 594,155,126

8. Capital Assets (continued)

Capital assets activity for the year ended June 30, 2020, was as follows:

	Beginning Balance	Additions	Disposals	Transfers	Adjustments	Ending Balance
Capital assets not being depreciated:						
Construction-in-progress	$ 113,227,456	$ 173,933,153	$ –	$ (116,408,634)	$ –	$ 170,751,975
Capitalized software-in-progress	330,119	–	–	–	–	330,119
Land	25,342,118	–	–	–	–	25,342,118
Capital assets being depreciated:						
Buildings and leasehold improvements	243,678,432	–	(589,580)	75,939,976	–	319,028,828
Capitalized software	49,516,241	–	–	–	–	49,516,241
Equipment	187,897,838	–	(24,973)	40,468,658	–	228,341,523
Total capital assets	619,992,204	173,933,153	(614,553)	–	–	793,310,804
Less accumulated depreciation:						
Buildings and leasehold improvements	87,261,048	14,385,110	(589,580)	–	–	101,056,578
Capitalized software	46,858,275	–	–	–	(87,631)	46,770,644
Equipment	126,032,125	17,509,037	(24,973)	–	–	143,516,189
Total accumulated depreciation	260,151,448	31,894,147	(614,553)	–	(87,631)	291,343,411
Capital assets, net	$ 359,840,756	$ 142,039,006	$ –	$ –	$ 87,631	$ 501,967,393

The District recognized $13,978,000 in accelerated depreciation expenses as of June 30, 2021, due to the anticipated decommissioning of the current medical center building.

9. Risk Claims Payable

The District maintains insurance through a combination of programs utilizing purchased commercial insurance and self-insurance for professional liability claims, including medical malpractice and workers' compensation claims. The District is self-insured for workers' compensation in Arizona. In connection with the aforementioned programs, the District has accrued estimates for asserted and incurred but not reported claims. The actuarially determined claims payable is approximately $11,032,000 and $12,145,000, of which $1,748,000 and $1,485,000 has been recorded as a current liability and approximately $9,284,000 and $10,660,000 has been recorded as a noncurrent liability on the accompanying statements of net position as of June 30, 2021 and 2020, respectively. Risk claims payable are undiscounted.

9. Risk Claims Payable (continued)

As of June 30, 2021, the District maintained commercial insurance as follows:

Insurance	Limits	Self-Insured Retention/Deductible
Workers' compensation	Statutory	$500,000 each claim
Medical malpractice	$15,000,000 each incident – first layer Additional $15,000,000 – second excess layer Additional $20,000,000 – third excess layer	$2,000,000 each incident Additional $1,000,000 one claim layer buffer

The insurance policies listed above became effective December 1, 2012, and remain current through June 30, 2021.

The following is a reconciliation of the risk claims payable as for the years ended June 30:

	2021	2020	2019
Beginning balance	**$ 12,145,246**	$ 13,827,826	$ 13,042,177
Total incurred	**2,949,206**	4,320,165	4,793,547
Total paid	**(4,062,868)**	(6,002,745)	(4,007,898)
Ending balance	**$ 11,031,584**	$ 12,145,246	$ 13,827,826

10. Long-Term Debt and Capital Leases

The following is a summary of long-term debt transactions for the District for the years ended June 30:

	Beginning Balance	Additions	Reductions	Ending Balance	Current Portion
2021					
General obligation bonds, series C	**$ 456,170,813**	**$ –**	**$ (15,217,095)**	**$ 440,953,718**	**$ 15,500,000**
General obligation bonds, series D	**–**	**305,008,663**	**–**	**305,008,663**	**–**
Direct placement general obligation bonds	**37,000,000**	**–**	**(20,000,000)**	**17,000,000**	**17,000,000**
Capital lease obligations	**507,041**	**–**	**(501,938)**	**5,103**	**5,103**
Total long-term debt	**$ 493,677,854**	**$ 305,008,663**	**$ (35,719,033)**	**$ 762,967,484**	**$ 32,505,103**
2020					
General obligation bonds	$ 463,541,763	$ –	$ (7,370,950)	$ 456,170,813	$ 10,000,000
Direct placement general obligation bonds	75,000,000	–	(38,000,000)	37,000,000	20,000,000
Capital lease obligations	1,260,762	–	(753,721)	507,041	507,041
Total long-term debt	$ 539,802,525	$ –	$ (46,124,671)	$ 493,677,854	$ 30,507,041

General Obligation Bonds

On November 4, 2014, the voters of the County approved Proposition 480. Proposition 480 allows the District to issue up to $935,000,000 in general obligation bonds to be repaid over 30 years to fund outpatient health facilities, including improvement or replacement of existing outpatient health centers; construction of new outpatient health centers in northern, eastern, and/or western Maricopa County, behavioral health facilities, including construction of a new behavioral health hospital; and acute care facilities, including replacement of the District's public teaching hospital Valleywise Health Medical Center and its Level One Trauma Center and Arizona Burn Center, on the existing campus. As of June 30, 2021, the District has issued $935,000,000 in general obligation bonds.

10. Long-Term Debt and Capital Leases (continued)

On October 12, 2017, the District closed on its second offering of general obligation bonds in the amount of $75,000,000 in order to continue the various improvement projects. The bonds bear interest at the rate of 1.61% through maturity in fiscal year 2022. Financing for the District's first and second offering were both private placements.

On October 30, 2018, the District closed on its third offering of general obligation bonds in the amount of $422,125,000 in order to continue the various improvement projects. The bonds were issued at a premium of $42,870,000. The bonds bear coupon interest at the rate of 5.00% through maturity in fiscal year 2038. Financing for the District's third offering were public placements.

On June 10, 2021, the District closed on its fourth offering of general obligation bonds in the amount of $244,070,000 in order to continue the various improvement projects. The bonds were issued at a premium of $60,939,000. The bonds bear coupon interest at the rate of 5.00% through maturity in fiscal year 2035. Financing for the District's fourth offering were public placements.

Proposition 480 allows the County to levy property taxes for principal and interest debt service related to the general obligation bonds.

The bond purchase agreements also contain certain nonfinancial covenants, including the maintenance of property and annual reporting requirements. Management believes it is in compliance with these covenant requirements at June 30, 2021.

Credit Facility, Maricopa County

On June 25, 2020, the County agreed to extend the District a $30,000,000 line of credit through its credit facility in response to the COVID-19 pandemic crisis. The District did not have any outstanding borrowings on the line of credit at June 30, 2021 and 2020.

10. Long-Term Debt and Capital Leases (continued)

Scheduled maturities of long-term debt, excluding capital lease payments and a net premium of $89,767,000, for the years ending June 30 are as follows:

	General Obligation Bonds		Direct Placement General Obligation Bonds	
	Principal	Interest	Principal	Interest
2022	$ 15,500,000	$ 26,255,441	$ 17,000,000	$ 136,850
2023	40,360,000	31,857,366	–	–
2024	26,130,000	28,487,350	–	–
2025	30,070,000	27,082,350	–	–
2026	31,575,000	25,541,225	–	–
2027–2031	183,190,000	101,754,000	–	–
2032–2036	233,805,000	49,987,450	–	–
2037–2040	95,565,000	5,997,975	–	–
	$ 656,195,000	$ 296,963,157	$ 17,000,000	$ 136,850

Capital Lease Obligations

The District is obligated under the leases for buildings, building improvements, and equipment, through 2021, which are accounted for as capital leases. Assets under capital leases at June 30, 2021 and 2020, had a total cost of $16,906,000 and $16,942,000, respectively, with accumulated depreciation of $15,648,000 and $15,056,000, respectively.

11. Restricted Net Position

Restricted net position at June 30, 2021 and 2020, consists of grant funds received for specific purposes that are expected to be expended during the following year in the amount of $4,179,000 and $2,541,000, respectively.

Restricted net position at June 30, 2021 and 2020, also consists of bond funds expected to be expended for specific purposes as defined in the bond agreement, in the amount of approximately $477,028,000 and $245,577,000, respectively.

12. Pension Plan and Other Post Employment Benefit (OPEB) Liabilities

General Information About the Pension and OPEB Plans

Plan Description

The District contributes to a cost-sharing, multiple-employer, defined benefit pension plan and OPEB plans administered by the ASRS. Benefits are established by state statute and generally provide retirement, death, long-term disability, survivor, and health insurance premium benefits. ASRS is governed by the ASRS Board according to the provisions of Arizona Revised Statutes Title 38, Chapter 5, Article 2.

ASRS issues a Comprehensive Annual Financial Report that includes financial statements and required supplementary information. The most recent report may be obtained at www.azasrs.gov/content/annual-reports or by writing the Arizona State Retirement System, 3300 North Central Avenue, P.O. Box 33910, Phoenix, Arizona 85067-3910, or by telephoning (602) 240-2000 or (800) 621-3778.

Funding Policy

The Arizona State Legislature establishes and may amend contribution rates for active plan members, including the District. For the years ended June 30, 2021 and 2020, active plan members, including the District, were required by statute to contribute at the actuarially determined rate of 12.22% (11.65% retirement, 0.39% health benefit supplement, and 0.18% long-term disability) and 12.11% (11.45% retirement, 0.49% health benefit supplement, and 0.17% long-term disability), respectively, of the members' annual covered payroll.

Benefits Provided

ASRS provides retirement, health care, and long-term disability benefits. The Defined Benefit Plan provides monthly retirement benefits to members who have reached retirement eligibility criteria, terminated employment, and applied for retirement benefits. At retirement, members have seven different payment options to choose from, including a straight-life annuity that guarantees monthly payments only for the lifetime of the member, or term certain and joint and survivor annuities that will continue to make monthly payments to a beneficiary in the event of the member's death. The amount of a member's monthly benefit is calculated based on his or her age, his or her years of service, his or her salary at retirement, and the retirement option chosen. In the event a member

12. Pension Plan and Other Post Employment Benefit (OPEB) Liabilities (continued)

dies before reaching retirement eligibility criteria, the defined benefit plan will pay a lump sum or annuity to the member's beneficiary(ies). The Retiree Health Benefit Supplement (also called Premium Benefit Supplement) provides health insurance coverage for retirees and a monthly health insurance premium benefit to offset the cost of retiree health insurance. Long Term Disability provides a monthly disability benefit to partially replace income lost as a result of disability.

Contributions

The contribution rate for the pension and OPEB plans are calculated by an independent actuary at the end of each fiscal year based on the amount of investment assets the ASRS has on hand to pay benefits, liabilities associated with the benefits members have accrued to date, projected investment returns, and projected future liabilities.

Liabilities, Expense, and Deferred Outflows of Resources and Deferred Inflows of Resources Related to Pensions and OPEB

At June 30, 2021, the District reported a liability of approximately $394,059,000 for its proportionate share of the net pension liability. The net pension liability was measured as of June 30, 2020. The total pension liability used to calculate the net pension liability was determined by an actuarial valuation as of June 30, 2019, and was rolled forward using generally accepted actuarial procedures to June 30, 2020. The District's proportion of the net pension liability was based on a projection of the District's long-term share of contributions to the pension plan relative to the projected contributions of all participating employers and the state, as actuarially determined. At June 30, 2020 and 2019, the District's proportion was 2.27% and 2.14%, respectively.

At June 30, 2020, the District reported a liability of approximately $311,133,000 for its proportionate share of the net pension liability. The net pension liability was measured as of June 30, 2019. The total pension liability used to calculate the net pension liability was determined by an actuarial valuation as of June 30, 2018, and was rolled forward using generally accepted actuarial procedures to June 30, 2019. The District's proportion of the net pension liability was based on a projection of the District's long-term share of contributions to the pension plan relative to the projected contributions of all participating employers and the state, as actuarially determined. At June 30, 2019 and 2018, the District's proportion was 2.14% and 2.15%, respectively.

12. Pension Plan and Other Post Employment Benefit (OPEB) Liabilities (continued)

At June 30, 2021, the District reported a liability of approximately $116,000 for its proportionate share of the net OPEB liability. The net OPEB liability was measured as of June 30, 2020. The total amount used to calculate the net OPEB liability was determined by an actuarial valuation as of June 30, 2019, and was rolled forward using generally accepted actuarial procedures to June 30, 2020. The District's proportion of the net OPEB liability was based on a projection of the District's long-term share of contributions to the OPEB plan relative to the projected contributions of all participating employers and the state, as actuarially determined. At June 30, 2020, the District's proportion was 2.30%, which represents no change from its proportion measured as of June 30, 2019.

At June 30, 2020, the District reported a liability of approximately $812,000 for its proportionate share of the net OPEB liability. The net OPEB liability was measured as of June 30, 2019. The total amount used to calculate the net OPEB liability was determined by an actuarial valuation as of June 30, 2018, and was rolled forward using generally accepted actuarial procedures to June 30, 2019. The District's proportion of the net OPEB liability was based on a projection of the District's long-term share of contributions to the OPEB plan relative to the projected contributions of all participating employers and the state, as actuarially determined. At June 30, 2019, the District's proportion was 2.17%, which represents no change from its proportion measured as of June 30, 2018.

12. Pension Plan and Other Post Employment Benefit (OPEB) Liabilities (continued)

Within employee benefits, the District recorded pension expense of $51,898,000 and $33,010,000 for the years ended June 30, 2021 and 2020, respectively. At June 30, 2021, the District reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

	Deferred Outflows of Resources	**Deferred Inflows of Resources**
Employer contributions made after measurement date	**$ 29,724,443**	**$ –**
Differences between expected and actual experience	**3,564,945**	**–**
Changes in assumptions	**–**	**–**
Difference between projected and actual investment earnings	**38,007,430**	**–**
Change in proportion and differences between employer contributions and proportionate share of contributions	**13,450,582**	**(684,469)**
Total	**$ 84,747,400**	**$ (684,469)**

At June 30, 2020, the District reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

	Deferred Outflows of Resources	**Deferred Inflows of Resources**
Employer contributions made after measurement date	$ 28,321,668	$ –
Differences between expected and actual experience	5,620,699	(58,496)
Changes in assumptions	1,315,169	(12,389,925)
Difference between projected and actual investment earnings	–	(6,993,194)
Change in proportion and differences between employer contributions and proportionate share of contributions	10,331,332	(2,977,503)
Total	$ 45,588,868	$ (22,419,118)

12. Pension Plan and Other Post Employment Benefit (OPEB) Liabilities (continued)

Of the amount reported as deferred outflows of resources as of June 30, 2021, $29,724,000 related to pension results from District contributions subsequent to the measurement date that will be recognized as a reduction of the net pension liability in the year ending June 30, 2022. Other amounts reported as deferred outflows of resources and deferred inflows of resources related to pension will be recognized in pension expense as follows:

Year ending June 30:	
2022	$ 10,809,399
2023	18,025,897
2024	13,747,693
2025	11,755,499

Within employee benefits, the District recorded OPEB expense of $1,089,000 for the year ended June 30, 2021. At June 30, 2021, the District reported deferred outflows of resources and deferred inflows of resources related to OPEB from the following sources:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Employer contributions made after measurement date	**$ 1,375,302**	**$ –**
Differences between expected and actual expenses	**152,565**	**(3,270,330)**
Changes in assumptions	**1,096,313**	**–**
Difference between projected and actual investments earnings	**1,867,745**	**–**
Change in proportion and differences between employer contributions and proportionate share of contributions	**118,664**	**(17,495)**
Total	**$ 4,610,589**	**$ (3,287,825)**

12. Pension Plan and Other Post Employment Benefit (OPEB) Liabilities (continued)

Within employee benefits, the District recorded OPEB expense of $1,579,000 for the year ended June 30, 2020. At June 30, 2020, the District reported deferred outflows of resources and deferred inflows of resources related to OPEB from the following sources:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Employer contributions made after measurement date	$ 1,579,257	$ –
Differences between expected and actual expenses	166,965	(718,148)
Changes in assumptions	1,392,873	–
Difference between projected and actual investments earnings	–	(811,406)
Change in proportion and differences between employer contributions and proportionate share of contributions	71,424	(1,611)
Total	$ 3,210,519	$ (1,531,165)

Of the amount reported as deferred outflows of resources, $1,375,000 related to OPEB results from District contributions subsequent to the measurement date that will be recognized as a reduction of the net OPEB liability in the year ending June 30, 2021. Other amounts reported as deferred outflows of resources and deferred inflows of resources related to OPEB will be recognized in OPEB expense as follows:

Year ending June 30:	
2022	$ (250,902)
2023	134,735
2024	217,048
2025	30,719
2026	(224,062)
Thereafter	39,924

12. Pension Plan and Other Post Employment Benefit (OPEB) Liabilities (continued)

Actuarial Assumptions

The June 30, 2019, actuarial valuation of the total pension liability was determined using the following actuarial assumptions, applied to all periods included in the measurement:

Inflation	2.30%
Salary increases	2.70% – 7.20% average, including inflation
Investment rate of return	7.50%

Mortality rates were based on the 2017 SRA Scale U-MP.

The June 30, 2018, actuarial valuation of the total pension liability was determined using the following actuarial assumptions, applied to all periods included in the measurement:

Inflation	2.30%
Salary increases	2.70% – 7.20% average, including inflation
Investment rate of return	7.50%

Mortality rates were based on the 2017 SRA Scale U-MP.

The June 30, 2019, actuarial valuation of the OPEB liability was determined using the following actuarial assumptions, applied to all periods included in the measurement:

Inflation	2.30%
Investment rate of return	7.50%
Mortality rates	2017 SRA Scale U-MP
Health care trend rate	N/A

12. Pension Plan and Other Post Employment Benefit (OPEB) Liabilities (continued)

The June 30, 2018, actuarial valuation of the OPEB liability was determined using the following actuarial assumptions, applied to all periods included in the measurement:

Inflation	2.30%
Investment rate of return	7.50%
Mortality rates	2017 SRA Scale U-MP
Health care trend rate	N/A

The benefits paid by the plan are not impacted by health care cost trend rates. As a result, changes in the health care cost trend rate assumption will have no impact on the net OPEB liability.

The actuarial assumptions used in the June 30, 2020 and 2019, pension and OPEB valuations were based on the results of an actuarial experience study for the period July 1, 2011–June 30, 2016. The ASRS Board adopted the experience study, which recommended changes, and those changes were effective as of the June 30, 2017, actuarial valuation.

The long-term expected rate of return on pension and OPEB plans' investments were determined using a building-block method in which best-estimate ranges of expected future real rates of return (expected returns, net of pension plan investment expense and inflation) are developed for each major asset class. These ranges are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage and by adding expected inflation.

The target allocation and best estimates of geometric real rates of return for each major asset class for the pension plan measured as of June 30, 2020, are summarized in the following table:

Asset Class	Target Allocation	Long-Term Expected Real Rate of Return
Equity	50%	3.20%
Fixed income	30	1.11
Real estate	20	1.17
Total	100%	5.48%

12. Pension Plan and Other Post Employment Benefit (OPEB) Liabilities (continued)

The target allocation and best estimates of geometric real rates of return for each major asset class for the pension plan measured as of June 30, 2019, are summarized in the following table:

Asset Class	Target Allocation	Long-Term Expected Real Rate of Return
Equity	50%	3.05%
Fixed income	30	1.23
Real estate	20	1.17
Total	100%	5.45%

The target allocation and best estimates of geometric real rates of return for each major asset class for the OPEB plan measured as of June 30, 2020, are summarized in the following table:

Asset Class	Target Allocation	Long-Term Expected Real Rate of Return
Equity	50%	3.20%
Fixed income	30	1.11
Real estate	20	1.17
Total	100%	5.48%

12. Pension Plan and Other Post Employment Benefit (OPEB) Liabilities (continued)

The target allocation and best estimates of geometric real rates of return for each major asset class for the OPEB plan measured as of June 30, 2019, are summarized in the following table:

Asset Class	Target Allocation	Long-Term Expected Real Rate of Return
Equity	50%	3.05%
Fixed income	30	1.23
Real estate	20	1.17
Total	100%	5.45%

Discount Rate

The discount rate used to measure the overall pension liability as of June 30, 2021 and 2020, was 7.5% and the OPEB liability as of June 30, 2021 and 2020, was 7.5%. The projection of cash flows used to determine the discount rate assumed that employee contributions will be made at the current contribution rate, contributions from the District will be made at contractually required rates (actuarially determined), and contributions from the participating employers will be made at current statutorily required rates. Based on those assumptions, the plan's fiduciary net position was projected to be available to make all projected future benefit payments of current active and inactive employees. Therefore, the long-term expected rate of return on plan investments was applied to all periods of projected benefit payments to determine the total pension liability and OPEB liability.

12. Pension Plan and Other Post Employment Benefit (OPEB) Liabilities (continued)

Sensitivity of the District's Proportionate Share of the Net Pension Liability to Changes in the Discount Rate

The following presents the District's proportionate share of the net pension liability reported at June 30, 2021, using the discount rate of 7.5% as well as what the District's proportionate share of the net pension liability would be if it were calculated using a discount rate that is one percentage point lower 6.5% or one percentage point higher 8.5% than the current rate:

	1-Point Decrease (6.5%)	Discount Rate (7.5%)	1-Point Increase (8.5%)
District's proportionate share of the net pension liability	**$ 538,870,032**	**$ 394,058,778**	**$ 273,004,009**

The following presents the District's proportionate share of the net pension liability reported at June 30, 2020, using the discount rate of 7.5% as well as what the District's proportionate share of the net pension liability would be if it were calculated using a discount rate that is one percentage point lower 6.5% or one percentage point higher 8.5% than the current rate:

	1-Point Decrease (6.5%)	Discount Rate (7.5%)	1-Point Increase (8.5%)
District's proportionate share of the net pension liability	$ 442,814,295	$ 311,132,978	$ 201,081,287

The following presents the District's proportionate share of the net OPEB liability reported at June 30, 2021, using the discount rate of 7.5% as well as what the District's proportionate share of the net OPEB liability (asset) would be if it were calculated using a discount rate that is one percentage point lower 6.5% or one percentage point higher 8.5% than the current rate:

	1-Point Decrease (6.5%)	Discount Rate (7.5%)	1-Point Increase (8.5%)
District's proportionate share of the net OPEB liability (asset)	**$ 4,061,766**	**$ 116,339**	**$ (3,260,617)**

12. Pension Plan and Other Post Employment Benefit (OPEB) Liabilities (continued)

The following presents the District's proportionate share of the net OPEB liability (asset) reported at June 30, 2020, using the discount rate of 7.5% as well as what the District's proportionate share of the net OPEB liability (asset) would be if it were calculated using a discount rate that is one percentage point lower 6.5% or one percentage point higher 8.5% than the current rate:

	1-Point Decrease (6.5%)	Discount Rate (7.5%)	1-Point Increase (8.5%)
District's proportionate share of the net OPEB liability (asset)	$ 4,607,215	$ 812,445	$ (2,438,631)

Pension and OPEB Plans Fiduciary Net Position

Detailed information about the pension and OPEB plans' fiduciary net position are available in the separately issued ASRS Comprehensive Annual Financial Report.

13. Commitments and Contingencies

Operating Leases

The District leases various equipment and facilities under operating leases expiring at various dates through June 2021. Within other expenses, the District recorded rental expense for operating leases of $6,054,000 and $5,801,000 for the years ended June 30, 2021 and 2020, respectively.

The following is a schedule, by year, of future minimum lease payments under operating leases as of June 30, 2021, that have initial or remaining noncancelable lease terms in excess of one year:

Year ending June 30:	
2022	$ 2,918,495
2023	1,739,816
2024	1,151,590
2025	984,097
2026	2,479,723

13. Commitments and Contingencies (continued)

Litigation

In the normal course of business, the District is, from time to time, subject to allegations that may or do result in litigation. Some of these allegations are in areas not covered by the County's risk management program (see Note 1) or by commercial insurance, for example, allegations regarding employment practices or performance of contracts. The District evaluates such allegations by conducting investigations to determine the validity of each potential claim. Based upon the advice of legal counsel, management records an estimate of the amount of ultimate expected loss, if any, for each allegation. Events could occur that would cause the estimate of ultimate loss to differ materially in the near term.

14. Disproportionate Share Settlement

Section 1923 of the Social Security Act establishes federal requirements designed to aid entities that provide medical services to a disproportionate share of medically indigent patients. These requirements were met for the state fiscal years ended June 30, 2021 and 2020, through disproportionate share settlements established in Laws 2016 Second Regular Session Chapter 122 and Laws 2015 First Regular Session Chapter 14. AHCCCS was directed to distribute such settlements based on various qualifying criteria and allocation processes. The District recorded in other operating revenue approximately $4,202,000 and $3,871,000 in disproportionate share settlements for fiscal years 2021 and 2020, respectively.

15. Related-Party Transactions

During the years ended June 30, 2021 and 2020, net patient service revenues included approximately $3,090,000 and $4,077,000, respectively, of payments received from Maricopa County Correctional Health for medical services rendered, and approximately $1,735,000 and $2,671,000 in grant funds were received from the Maricopa County Department of Public Health in fiscal years 2021 and 2020, respectively.

Also during the year ended June 30, 2021, nonoperating revenues included approximately $252,000 in payments received from Maricopa County Industrial Development Authority (MCIDA) for program support in the District's Simulation and Training Center.

16. COVID-19

The outbreak of a novel strain of the coronavirus disease 2019 (COVID-19) continues to be a concern both in the United States and globally. The District is following the guidance of state and local governments and the Centers for Disease Control and Prevention. For acute care facilities, the State of Arizona, in accordance with Federal guidelines, recommended rescheduling elective surgeries as a means of preserving the supply of protective personal equipment, limiting visitors, and identifying additional space for patient care in preparation for a potential surge. At various points the District has engaged in these practices. As of the date of this report, the District continues to be impacted by this ongoing state of emergency.

Through the passage of the Families First Coronavirus Response Act (Families First) and the Coronavirus Aid, Relief and Economic Security (CARES) Act, Congress provided financial support to hospitals and health care providers during the pandemic for financial stabilization. This allowed for the following financial support to the District in fiscal years 2021 and 2020:

- The District has attested to the receipt of distributions totaling $20,697,000 under the Provider Relief Fund of the CARES Act and recorded $12,100,000 and $8,597,000 in other nonoperating revenue for the years ended June 30, 2021 and 2020, respectively. These distributions have been used to offset expenses to prevent, prepare for, and respond to the COVID-19, or lost revenues that are attributable to COVID-19.

- The District has elected to defer applicable payroll taxes from April 5, 2020 through December 31, 2020. The deferred amount was accrued, and repayment will be due in two equal installments on December 31, 2021 and December 31, 2022. The deferred amounts were approximately $11,297,000 and $3,537,000 at June 30, 2021 and 2020, respectively and were recorded under accrued expenses.

16. COVID-19 (continued)

- In April 2020, the District received $23,366,000 through the Accelerated and Advance Payments Program under the CARES Act. An accelerated or advanced payment is a payment by CMS intended to provide necessary funds in circumstances such as national emergencies in order to accelerate cash flow to the impacted health care providers. Pursuant to the Continuing Appropriations Act, 2021 and Other Extensions Act, repayment terms are as follows:

  – Repayment does not begin for one year starting from the date the accelerated or advance payment was issued.

  – Beginning at one year from the date the payment was issued and continuing for eleven months, Medicare payments owed will be recouped at a rate of 25%.

  – After eleven months end, Medicare payments owed will be recouped at a rate of 50% for another six months.

  – After the six months end, a letter for any remaining balance of the accelerated or advance payment will be issued.

  – Recoupments began in fiscal year 2021. The amounts outstanding of $21,092,000 and $23,366,000 as of June 30, 2021 and 2020, respectively, were recorded under other current liabilities.

- The District was awarded FQHC grants under the Families First and CARES Act totaling $4,109,000. Of this total, $1,855,000 has been received and recognized as nonoperating revenue in fiscal year 2021.

- The District has submitted claims for uninsured patients with a COVID-19 primary diagnosis for COVID-19 testing or treatment through the Health Resources & Services Administration (HRSA), funded through the CARES Act. This program will reimburse eligible claims at Medicare rates, subject to available funding.

- The District has applied for Federal Emergency Management Administration (FEMA) Public Assistance funding. The amount and timing of the expected financial assistance through FEMA is not known at this time.

16. COVID-19 (continued)

Other aspects of the CARES Act continue to be reviewed and evaluated for their applicability to the District. While the District has received support from the Families First and CARES Act, there is continuing uncertainty surrounding the pandemic and the constantly changing and evolving regulations. The District will continue to monitor all regulatory changes and pursue all available opportunities for supplemental relief and or funding.

17. Subsequent Events

Effective July 1, 2021, the District elected to levy a secondary property tax on all taxable property in the defined surrounding area at the rate necessary to generate approximately $88,032,000 of annual tax revenue. The tax revenue is to be used to support operations of the District.

Effective July 1, 2021, the District elected to levy property tax on all taxable property in the defined surrounding area, in the amounts of $13,348,000 and $19,132,000 for the second-year principal and interest debt service, respectively, related to the $422,125,000 third bond offering.

Effective July 1, 2021, the District elected to levy property tax on all taxable property in the defined surrounding area, in the amounts of $11,864,000 and $12,646,000 for the first-year principal and interest debt service, respectively, related to the $244,070,000 fourth bond offering.

In August 2021, the FQHC was awarded the Health Resources and Services Administration (HRSA) H8F grant through the American Rescue Plan Act. The total amount of the two-year grant award is $16,890,000.

In November 2021, the District opened a new Community Health Center in the West Maryvale area, as part of the Care Reimagined project. The new health center offers primary care services within the surrounding community.

Required Supplementary Information

Maricopa County Special Health Care District
d/b/a Valleywise Health

Schedule of District's Proportionate Share of the Net Pension Liability

Last 10 Fiscal Years*

	2021	2020	2019	2018	2017	2016	2015
District's proportion or the net pension liability	**2.27%**	2.14%	2.15%	1.96%	2.11%	2.15%	2.25%
District's proportionate share of the net pension liability	**$ 394,058,778**	$311,132,978	$300,238,443	$304,619,435	$339,937,627	$334,641,881	$332,820,645
District's covered payroll	**$ 236,809,991**	$225,450,955	$211,945,446	$188,850,966	$195,634,317	$196,475,917	$203,989,176
District's proportionate share of the net pension liability a percentage of its covered payroll	**166.40%**	138.00%	141.66%	161.30%	173.76%	170.32%	163.16%
Plan fiduciary net position as a percentage of the total pension liability	**69.33%**	73.24%	73.40%	69.92%	67.06%	68.35%	69.49%

*The amounts presented for each fiscal year were determined as of the end of the prior fiscal year. Ten years of information is not yet available.

Maricopa County Special Health Care District
d/b/a Valleywise Health

Schedule of District's Proportionate Share of the Net OPEB Liability (Asset)

Last 10 Fiscal Years*

	2021	2020	2019
District's proportion or the net OPEB liability (asset)	**2.30%**	2.17%	2.14%
District's proportionate share of the net OPEB liability (asset)	**$ 116,339**	$ 812,445	$ 347,486
District's covered payroll	**$ 236,809,991**	$ 225,450,955	$ 211,945,446
District's proportionate share of the net OPEB liability (asset) as a percentage of its covered payroll	**0.05%**	0.36%	0.16%
Plan fiduciary net position as a percentage of the total OPEB liability (asset)	**99.73%**	98.07%	99.13%

*The amounts presented for each fiscal year were determined as of the end of the prior fiscal year.
Ten years of information is not yet available.

Maricopa County Special Health Care District
d/b/a Valleywise Health

Schedule of Contributions — Pension Plan

Last 10 Fiscal Years

	2021	2020	2019	2018	2017	2016	2015	2014	2013	2012
Contractually required contribution	**$ 29,724,443**	$ 28,321,667	$ 25,950,721	$ 22,402,719	$ 20,360,215	$ 21,226,490	$ 21,396,442	$ 21,827,065	$ 20,672,347	$ 19,095,094
Contributions in relation to the contractually required contribution	**(29,724,443)**	(28,321,667)	(25,950,721)	(22,402,719)	(22,259,196)	(21,387,917)	(21,690,643)	(20,471,268)	(21,015,008)	(19,414,629)
Contribution deficiency (excess)	**$ –**	$ –	$ –	$ –	$ (1,898,981)	$ (161,427)	$ (294,201)	$ 1,355,797	$ (342,661)	$ (319,535)
District's covered payroll	**$ 252,938,151**	$ 236,809,991	$ 225,450,955	$ 211,945,416	$ 188,850,966	$ 195,634,317	$ 196,475,917	$ 203,989,176	$ 201,678,461	$ 193,644,075
Contributions as a percentage of covered payroll	**11.75%**	11.96%	11.51%	10.57%	10.78%	10.85%	10.89%	10.70%	10.25%	9.86%

Maricopa County Special Health Care District
d/b/a Valleywise Health

Schedule of Contributions — OPEB

Last 10 Fiscal Years

	2021	2020	2019	2018	2017	2016	2015	2014	2013	2012
Contractually required contribution	**$ 1,375,302**	$ 1,579,258	$ 1,396,082	$ 1,273,313	$ 1,321,018	$ 1,213,587	$ 1,395,848	$ 1,715,385	$ 1,796,348	$ 1,682,437
Contributions in relation to the contractually required contribution	**(1,375,302)**	(1,579,258)	(1,396,082)	(1,273,313)	(1,321,018)	(1,213,587)	(1,395,848)	(1,715,385)	(1,796,348)	(1,682,437)
Contribution deficiency (excess)	**$ –**	$ –	$ –	$ –	$ –	$ –	$ –	$ –	$ –	$ –
District's covered payroll	**$ 252,938,151**	$ 236,809,991	$ 225,450,955	$ 211,945,416	$ 188,850,966	$ 195,634,317	$ 196,475,917	$ 203,989,176	$ 201,678,461	$ 193,644,075
Contributions as a percentage of covered payroll	**0.54%**	0.66%	0.62%	0.60%	0.70%	0.62%	0.71%	0.84%	0.89%	0.87%

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Phoenix, AZ 85004

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Report of Independent Auditors on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance With *Government Auditing Standards*

Management and the Board of Directors
Maricopa County Special Health Care District
d/b/a Valleywise Health

We have audited, in accordance with auditing standards generally accepted in the United States and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Maricopa County Special Health Care District d/b/a Valleywise Health (the District), which comprise the statement of net position as of June 30, 2021, and the related statement of revenues, expenses, and changes in net position, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated November 19, 2021.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the District's internal control over financial reporting (internal control) as a basis for designing the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control. Accordingly, we do not express an opinion on the effectiveness of the District's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect, and correct misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected, and corrected on a timely basis. A *significant deficiency* is a deficiency or a combination of deficiencies in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Building a better working world

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the District's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards.*

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the result of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Ernst & Young LLP

November 19, 2021

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Valleywise Community Health Centers Governing Council Meeting

January 5, 2022

Item 1.c.ii.

Governance:
FQHC Clinics'
Organizational Chart

Office of the Sr Vice President & CEO FQHC Clinics

2525 East Roosevelt Street • Phoenix • AZ• 85008

DATE: 01/05/2022

TO: Valleywise Community Health Centers Governing Council

FROM: Barbara Harding, BAN, RN, MPA, PAHM, CCM
Sr VP Amb Srvcs & CEO FQHC Clinics

SUBJECT: FQHC Organizational Chart Updates

The Federally Qualified Health Centers (FQHC) organizational chart has been updated to reflect the following changes:

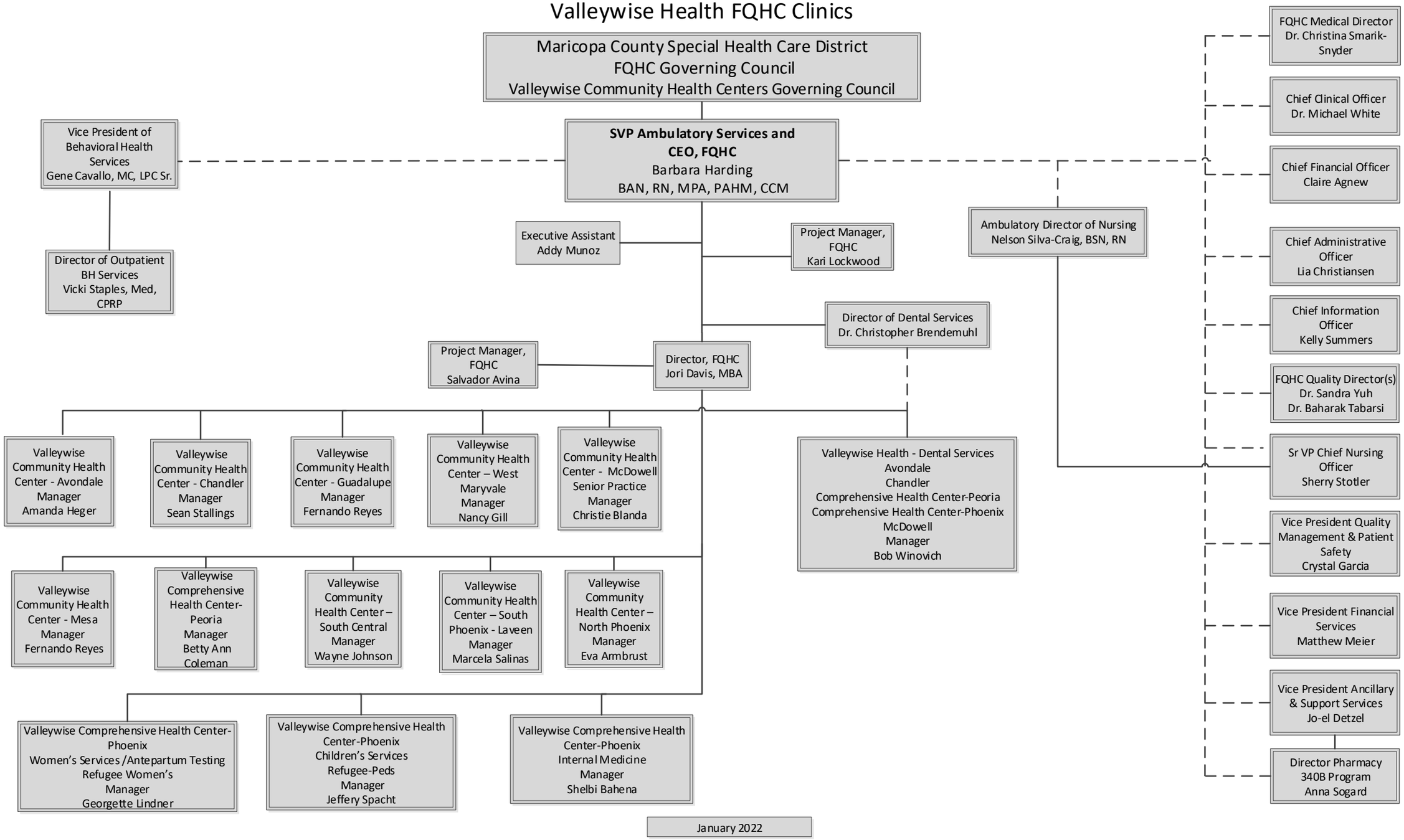
- Addition of FQHC key management staff and reporting relationship between Sr VP Ambulatory Services & CEO FQHC Clinics, Chief Clinical Officer, Chief Financial Officer, Chief Administrative Officer, Chief Information Officer, and FQHC Medical Director
- Addition of reporting relationship between Sr VP Ambulatory Services & CEO FQHC Clinics and Director of Dental Services; Vice President Ancillary & Support Services and Director Pharmacy
- Addition of 340B Program to the role of Director Pharmacy
- Closure of Dental Clinic at Valleywise Community Health Center – Mesa approved 10/06/2021
- Corrected names and titles for Clinic Managers
- Addition of Salvador Avina, Project Manager, FQHC Administration

Salvador Avina was hired September 2021. He is a graduate of Arizona State University with a Bachelor's degree in Health Policy and is currently completing his Master's degree in Business Administration. Salvador's experience and qualifications includes project and quality management, and a Lean Six Sigma Green Belt certification. His primary responsibilities are leading process improvement initiatives, improving standardization, and supporting patient experience.

These changes illustrate the required management structure to ensure fulfillment of all functions necessary to support the FQHCs and maintain compliance with Health Resources and Services Administration (HRSA) Health Center requirements.

We are requesting the Governing Council review and approve the updated Valleywise Health FQHC Clinics organizational chart.

Maricopa County Special Health Care District
Valleywise Health FQHC Clinics



Valleywise Community Health Centers Governing Council Meeting

January 5, 2022

Item 1.c.iii.

Governance:
Arizona Alliance for Community Health Centers (AACHC) Conference Registration

Arizona Alliance
FOR COMMUNITY HEALTH CENTERS
Primary Healthcare for All

2022 AACHC & CVN Annual Conference

Arizona Alliance
FOR COMMUNITY HEALTH CENTERS
Primary Healthcare for All

COLLABORATIVE VENTURES NETWORK

Embracing our Sense of Community

2022 AACHC & CVN Annual Conference

Register today to take advantage of early bird pricing

April 20-21, 2022
Scottsdale Resort
McCormick Ranch

Each year the Arizona Alliance for Community Health Centers (AACHC) and Collaborative Ventures Network (CVN) host more than 200 Arizona Community Health Center team members and partner organization representatives for the Annual AACHC/CVN Conference. We are excited to be hosting the event at a new venue next year – The Scottsdale Resort at McCormick Ranch – April 20-21, 2022. This conference will highlight best practices in primary healthcare service delivery, current issues affecting Community Health Centers and their patients, and health center board governance. Participants include executive and senior leadership from Community Health Centers, Look-Alikes, Federally Qualified Health Centers, Rural Health Centers, hospitals, tribal organizations, and other safety net providers.

Preliminary Agenda Outline (times subject to change)
Wednesday, April 20

- 7:30-8:30am – Registration & Breakfast
- 8:30am-12:15pm – Plenary Sessions
- 12:15-1:15pm – Lunch
- 1:15-4:30pm – Plenary Sessions
- 1:15-4:45pm – Health Center Board Member Training (separate registration required)
- 4:30-6:30pm – Reception

Preliminary Agenda Outline (times subject to change)
Thursday, April 21

- 7:30-8:30am – Registration & Breakfast
- 8:30am-12:15pm – Plenary Sessions
- 12:15-1:15pm – Lunch
- 1:15-2:15pm – Closing Plenary Session
- 2:15-2:30pm – Closing & Raffle Prizes

Agenda topics may include:

- Leadership
- Staff Mental Health
- Telehealth
- Emergency Preparedness & Management
- Social Determinants of Health
- Equity & Diversity
- Value-Based Care
- Healthcare Integration
- Patient Engagement

See registration pricing below. Unsure if you are a member? If you are employed by one of our full or associate member organizations, you can register as a member for this event. Contact aachctraining@aachc.org for further assistance.

Ticket Type	Price
Member, in-person early bird both days	$400.00
Member, in-person early bird one day	$250.00
Non-member, in-person early bird both days	$475.00
Non-member, in-person early bird one day	$325.00
Member, Health Center Board Member Training only, in-person	$100.00
Member, Health Center Board Member Training + full conference, in-person	$250.00
Member, Health Center Board Member Training + one day of conference, in-person	$175.00

Valleywise Community Health Centers Governing Council Meeting

January 5, 2022

Item 1.c.iv.

Governance:
Health Resources and Services Administration Grant Application

Valleywise Health

Grant Synopsis

Category	Response
Name of funding opportunity	Ryan White Part D competitive application
Name of person submitting opportunity	Taylor Kirkman, Sr. Grants Program Manager
Sustainability required? If yes, provide details.	Yes ○ No ◉ Details:
Indirect rate or return on investment outcome (completed by Grants)	Yes ◉ No ○ Details: 10% this is the maximum indirect allowed by the funder.
Name of funder	HRSA
Application deadline	1/28/2022
Proposed amount requesting	$680,985. This budget is approximately a $45,000 annual increase from prior years.
Purpose and aims of funding	The purpose of the Ryan White Part D WICY (Women/Infant/Children/Youth) program is to provide family-centered health care services in an outpatient or ambulatory care setting for low income WICY with HIV.
Areas of focus	Women and youth living with HIV
Budget (How will the funds be used)	Are items in the approved capital budget? Yes ○ No ◉ Are personnel expenses included in the budget? Yes ◉ No ○ New hires? Yes ○ No ◉ Offsetting revenue for current employees? Yes ◉ No ○ Provide a description of the main expenses covered under this grant. Existing McDowell FQHC and dental employees, plus sub-contracts for Phoenix Children's Hospital pediatric HIV clinic, and 3 case managers at Care Directions. Expenses are similar to previous years.
Link to grant opportunity or include the Request for Grant Application	https://www.hrsa.gov/grants/find-funding/hrsa-22-037
Length of program (i.e. 1 year, 2 years)	4 years
Other notes to be considered by the Grants Advisory Committee:	This is funding Valleywise has received for more than 10 years.
Key stakeholders reviewed:	☑ Ambulatory ☐ Behavioral Health ☐ Biomed ☑ Clinic Manager ☐ Facilities ☐ Family Learning Center ☐ IT ☐ Marketing ☐ Nursing ☐ Research ☐ VHF ☐ Other

Valleywise Community Health Centers Governing Council Meeting

January 5, 2022

Item 1.c.v.

Governance:
Arizona Women's Board
Grant Application

Valleywise Health

Grant Synopsis

Category	Response
Name of funding opportunity	Arizona Women's Board for Healthier Communities
Name of person submitting opportunity	Kate Fassett/ Valleywise Health Foundation
Sustainability required? If yes, provide details.	Yes ○ No ◉ Details: However, they do ask about a sustainability plan, however it is not required.
Indirect rate or return on investment outcome (completed by Grants)	Yes ○ No ◉ Details:
Name of funder	Arizona Women's Board
Application deadline	12/6/21
Proposed amount requesting	$100,000
Purpose and aims of funding	Expand the current food pharmacy at the S. Central and Laveen clinics to include patients suffering from obesity, hypertension and/or pre-diabetes. New partnership with Farm Express. Patients will be encouraged to increase activity via FLC classes or through a self monitored activity with a provided Fitbit.
Areas of focus	Food Pharmacy
Budget (How will the funds be used)	Are items in the approved capital budget? Yes ○ No ◉ Are personnel expenses included in the budget? Yes ◉ No ○ New hires? Yes ◉ No ○ Offsetting revenue for current employees? Yes ◉ No ○ Provide a description of the main expenses covered under this grant. Vouchers/Food Boxes - $10 produce x 40 per location (2 locations), FLC Yoga/ Super Nova Total Wellness classes or individual Fitbit for activity tracking, Community Health Worker .75 FTE , Dietitian .5 FTE, program management, supplies and publicity/marketing.
Link to grant opportunity or include the Request for Grant Application	
Length of program (i.e. 1 year, 2 years)	1 year
Other notes to be considered by the Grants Advisory Committee:	
Key stakeholders reviewed:	☑ Ambulatory ☐ Behavioral Health ☐ Biomed ☐ Clinic Manager ☐ Facilities ☑ Family Learning Center ☐ IT ☐ Marketing ☑ Nursing ☐ Research ☐ VHF ☑ Other Barbara Harding and Sherry Stotler

Valleywise Community Health Centers Governing Council Meeting

January 5, 2022

Item 1.d.i.

Medical Staff:
FQHC Medical Staff and Allied Health Professional Staff Credentials

Recommended by Credentials Committee: November 2, 2021
Recommended by Medical Executive Committee: November 9, 2021
Submitted to MSHCDB: November 23, 2021

VALLEYWISE HEALTH
CREDENTIALS AND ACTION ITEMS REPORT
MEDICAL STAFF

The credentials of the following individuals including, current licensure, relevant training and experience, malpractice insurance, current competence and the ability to perform the requested privileges have been verified.

INITIAL MEDICAL STAFF APPOINTMENT				
NAME	**CATEGORY**	**SPECIALTY/PRIVILEGES**	**APPOINTMENT DATES**	**COMMENTS**
James Menzies Bennett, M.D.	Courtesy	Family & Community Medicine	12/01/2021 to 11/30/2023	
Jodi P. Carter, M.D.	Active	Pediatrics	12/01/2021 to 11/30/2023	
Mohammad Khatib, M.D.	Active	Internal Medicine	12/01/2021 to 11/30/2023	

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION			
NAME	**SPECIALTY/PRIVILEGES**	**RECOMMENDATION EXTEND or PROPOSED STATUS**	**COMMENTS**
Nazim Robert Bal, D.O.	Internal Medicine	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Internal Medicine Core Privileges.
Ricardo Herrera, M.D.	Internal Medicine	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Internal Medicine Core Privileges.
Tina Pattara-Lau, M.D.	Obstetrics / Gynecology	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Obstetrics Core Privileges.

REAPPOINTMENTS/ONGOING PROFESSIONAL PRACTICE EVALUATION				
NAME	**CATEGORY**	**SPECIALTY/PRIVILEGES**	**APPOINTMENT DATES**	**COMMENTS**
Dean V. Coonrod, M.D.	Active	Obstetrics / Gynecology	12/01/2021 to 11/30/2023	
Shawn R. McMahon, M.D.	Active	Pediatrics	12/01/2021 to 11/30/2023	
Laura Terese Mercer, M.D.	Courtesy	Obstetrics / Gynecology	12/01/2021 to 11/30/2023	
Kama Sibbell White, M.D.	Courtesy	Internal Medicine	12/01/2021 to 11/30/2023	

Recommended by Credentials Committee: November 2, 2021
Recommended by Medical Executive Committee: November 9, 2021
Submitted to MSHCDB: November 23, 2021

RESIGNATIONS *Information Only*			
NAME	**DEPARTMENT/SPECIALTY**	**STATUS**	**REASON**
Warren D. Kuipers, M.D.	Family & Community Medicine	Courtesy to Inactive	Resigned effective November 18, 2021
Nawfal Abdullah Jasim Mihyawi, M.D.	Internal Medicine	Courtesy to Inactive	Resigned effective June 30, 2021
Mason John Roy, D.O.	Family & Community Medicine	Active to Inactive	Resigned effective November 30, 2021
Freya Spielberg, M.D.	Family & Community Medicine	Active to Inactive	Resigned effective October 29, 2021
Vicken Sarkis Zeitjian, M.D.	Internal Medicine	Courtesy to Inactive	Resigned effective November 5, 2021

Definitions:

Active	≥ 1,000 hours/year – Active members of the medical staff have voting rights and can serve on medical staff committees
Courtesy	< 1,000 hours/year – Courtesy members do not have voting rights and do not serve on medical staff committees
Reappointments	Renewal of appointment and privileges is for a period of two years unless otherwise specified for a shorter period of time.
FPPE	Focused professional practice evaluation is a process by which the organization validates current clinical competence. This process may also be used when a question arises in practice patterns.

Recommended by Credentials Committee: November 2, 2021
Recommended by Medical Executive Committee: November 9, 2021
Submitted to MSHCDB: November 23, 2021

VALLEYWISE HEALTH
CREDENTIALS AND ACTION ITEMS REPORT
ALLIED HEALTH PROFESSIONAL STAFF

The credentials of the following individuals including, current licensure, relevant training and experience, malpractice insurance, current competence and the ability to perform the requested privileges have been verified.

ALLIED HEALTH PROFESSIONALS – INITIAL APPOINTMENTS				
NAME	**DEPARTMENT**	**PRACTICE PRIVILEGES/ SCOPE OF SERVICE**	**APPOINTMENT DATES**	**COMMENTS**
Moriah Raashell Harris, C.N.M.	Obstetrics & Gynecology	Practice Prerogatives on file	12/01/2021 to 11/30/2023	
Ashley Nicole Rush, F.N.P.	Obstetrics & Gynecology	Practice Prerogatives on file	12/01/2021 to 11/30/2023	
Oghenetega E. Vance, F.N.P.	Family & Community Medicine	Practice Prerogatives on file	12/01/2021 to 11/30/2023	
Katie Elizabeth Wenzel, P.A.-C.	Family & Community Medicine	Practice Prerogatives on file	12/01/2021 to 11/30/2023	

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION			
NAME	**DEPARTMENT/SPECIALTY**	**RECOMMENDATION EXTEND or PROPOSED STATUS**	**COMMENTS**
Jessica Ann Enyeart, A.G.N.P.	Internal Medicine	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Nurse Practitioner Core Privileges.

ALLIED HEALTH PROFESSIONALS – REAPPOINTMENTS				
NAME	**DEPARTMENT**	**PRACTICE PRIVILEGES/ SCOPE OF SERVICE**	**APPOINTMENT DATES**	**COMMENTS**
Michelle Harbottle, P.A.-C	Family & Community Medicine	Practice Prerogatives on file	12/01/2021 to 11/30/2023	
Andrea Lee Harris, P.A.-C.	Family & Community Medicine	Practice Prerogatives on file	12/01/2021 to 11/30/2023	
Tina Marie Stoneking, F.N.P.	Internal Medicine	Practice Prerogatives on file	12/01/2021 to 11/30/2023	

CHANGE IN PRIVILEGES			
NAME	**DEPARTMENT**	**ADDITION / REDUCTION / WITHDRAWAL**	**COMMENTS**
Michelle Harbottle, P.A.-C	Family & Community Medicine	Addition: Minor Surgery (Liquid Nitrogen/Cryotherapy only)	Personal Supervision
Tina Marie Stoneking, F.N.P.	Family & Community Medicine	Withdrawal: Minor Surgery Procedures	Voluntary Relinquishment of Privileges due to non-utilization of privileges

Recommended by Credentials Committee: November 2, 2021
Recommended by Medical Executive Committee: November 9, 2021
Submitted to MSHCDB: November 23, 2021

RESIGNATIONS (Information Only)			
NAME	**DEPARTMENT/SPECIALTY**	**STATUS**	**REASON**
Shiloh Joy Danley, F.N.P., AG-A.C.N.P.	Internal Medicine	Allied Health Professional to Inactive	Resigned effective November 5, 2021

General Definitions:

Allied Health Professional Staff	An Allied Health Professional (AHP) means a health care practitioner other than a Medical Staff member who is authorized by the Governing Body to provide patient care services at a MIHS facility, and who is permitted to initiate, modify, or terminate therapy according to their scope of practice or other applicable law or regulation. Governing Body authorized AHPs are: Certified Registered Nurse Anesthetists; Certified Registered Nurse Midwife; Naturopathic Physician; Optometrists; Physician Assistant; Psychologists (Clinical Doctorate Degree Level); Registered Nurse Practitioners.
Practice Prerogatives	Scopes of practice summarizing qualifications for the respective category, developed with input from the physician director of the clinical service and the observer/sponsor/responsible party of the AHP, Department Chair, and other representatives of the Medical Staff, Hospital management, and other professionals.

Supervision Definitions:

(1) General Supervision	The procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure or provision of the services.
(2) Direct Supervision	The physician must be present in the office suite or on the premises of the location and immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician must be present in the room when the procedure is performed.
(3) Personal Supervision	A physician must be in the room during the performance of the procedure.

Valleywise Community Health Centers Governing Council Meeting

January 5, 2022

Item 2.

COVID-19
Focus Groups Report

Maricopa County COVID-19 Impact Focus Group Results

Annie Daymude, MPH
Office of Community Empowerment
January 5, 2022

Data Collection

- February 2021 – June 2021
- 33 Focus Groups
- 186 participants
- Virtual platform
- $45 incentives
- 158 participants in Supplemental Questionnaire

Focus Group Special Populations

- South Phoenix Young Parents
- African American/Black Women in South Phoenix
- Parents with Minors Living at Home
- Asian Americans 65+
- Asian Americans – under 65
- Parents of Young Children
- Hispanic/Latino Men
- Racial/Ethnic Minority Young Adults
- LGBTQIA+ Community Members
- Veterans
- Expectant Mothers & Parents of Young Children
- Young Adults
- Seniors & Veterans
- Immigrants – Spanish
- Refugee Advocates

Overall Themes

- Quality of Life Impacts from COVID-19
- Physical and Mental Health Impacts from COVID-19
- Access and Barriers to Health Care during COVID-19
- Prevention Measures for COVID-19 Safety
- COVID-19 Vaccine Information and Decisions

Quality of Life Impacts

- Losing employment or hours
- Losing childcare and school
- Issues accessing food and transportation

My job got not completely shut down but everyone's hours were dramatically cut.

Expectant Moms

I would say in the beginning, [COVID-19] affected us because my daughter, my daughter was in daycare and the daycare had to cut their hours and so with cutting the hours, I had to cut my hours at work but now I've changed jobs and I work from home.

South Mountain

Physical and Mental Health Impacts

- Depression from isolation
- Anxiety about getting sick
- Long-term effects of COVID-19

I'm prone to anxiety and depression and I feel like my biggest trigger is feeling isolated.
AZCEND

I was kind of worried about with my family and getting sick and just trying to be safe and trying to keep apart, but they ended up getting sick and being hospitalized.
Guadalupe

Access and Barriers to Health Care

- Challenges accessing telemedicine
- Positive experiences with continued insurance coverage
- Increased access issues to communities of color

A lot of older people, a lot of retirees who don't have the computer savvy… How have they been able to get medical care?

Parents of Young Children

There are already automatically health disparities there [for people of color], and…all COVID did was heighten those disparities. It's just neon light signs, whether you have access to health care, you might live in a healthcare desert, where you don't have any local areas to get you know vaccines or testing.

South Mountain

Prevention Measures for COVID-19 Safety

- Continuing mask wearing for safety
- Ambivalence about enforcing masks and social distancing
- Concerns about infrequent testing or getting billed for testing

I have a mixture of both. They [family and friends] are taking it seriously, wearing their masks appropriately, using hand sanitizer. Then there's a mixture of my family and friends who say, 'If you use too much you're weakening your immune system', and then I get anxiety because I don't know which one to believe.

Native Health Phoenix

I'm not going to take my mask off, even though the CDC says, like you can and it's all right and everything's good.

LGBTQIA

COVID-19 Vaccine Opinions

What concerns do people have?

- Long-term side effects
- Infertility
- Rushed vaccine development/FDA approval
- Vaccine cost
- Don't perceive themselves as high risk to get vaccinated

How are people getting information?

- Social media
- News outlets
- Close friends and family members
- Doctors and primary care providers

Who do people trust?

- Doctors and primary care providers
- Faith and faith leaders
- Own community leaders/elders

Concerns/Rumors

CONCERNS

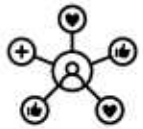
- Development rushed
- Long term effects
- Blood clots
- Alzheimer's
- Pregnancy and fertility issues
- Cost
- Healthy, don't need vaccine
- Internet Access
- Documentation Status

RUMORS

- Microchips
- Baby parts
- 5G
- Population Control

Information Sources: Media and Friends

Social Media



"So that's where I would get a lot of my information and then from there [social media] but Twitter is definitely one of my main sources of information on COVID but also like I did see a large influx of like people posting infographics about COVID. I know my family is on Twitter [so] I like drop it in the family group chat and they'll be like oh cool or you know, and then we can start a dialogue that way." (LGBTQIA)

News Sources

"Even in the beginning of the pandemic because I was very aware of all the news, eh, but I realized that it was affecting me negatively, so I stopped a little bit because every day I looked and well, it is a lot of information that greatly promotes stress levels, this, how the cause of when one is not listening rises. (Gila Bend Spanish)"

Close Friends and Family Members

"Trusting like my sister, since she works at a doctor's office like I feel like she's obviously going to know a little bit more about COVID and she's more exposed to it in the sense of like working with doctors and stuff, so I would trust her." (Central Phoenix)

Information Sources: Doctors and Primary Care Providers

- *"Primary doctor guided the vaccine process - I don't think this happened enough." (Female, 75+, PHX)*
- *"Certainly, now that I had a talk with a doctor that [name] invited us [to listen to], he said something very important which is: It is better to live with the consequences of the vaccine, than with the consequences of the virus. So that's how it got to me." (Gila Bend Spanish)*
- *"We didn't have any information from our doctor. Yeah, I had an appointment with my doctor and she talked to me about it, but again I still don't have enough factual information to make me I trust her. I do trust her, but I don't trust the vaccine at this time." (South Phoenix Young Parents)*

Information Sources for Diverse Populations

Tribes

"The tribes and their messaging… I've been seeing a lot of like masking up or getting the vaccination, for your culture for your tradition and really focusing on you know the resiliency, of the next generation and doing it for just that, like the next generation." (Native Health – Mesa)

Culturally-Specific Approaches

"I think that in order to make such an approach to the Latino population, it could start on how to handle information or this type of advertisements or in the places where we go as a Latino population. We have, there is a mall, or go to the supermarket where most of the people who do not speak more than Spanish, then more information could begin to be given within that same place, in that same environment and obviously that it is in our language and to give more security of the vaccine." (Paiute Spanish)

Community Recommendations for COVID-19 Messaging

Broadcast and Print

"If it is something that the community needs to know whether it is through a special program on radio, television or church pastors, community leaders, if they could have that information and be able to pass it on to their family, friends, gathered to run away because that is how the Hispanic community works." (Family Resource Center Spanish)

Public Awareness Campaign

"I am concerned about what is being done to address vaccine hesitancy locally and feel a more concerted effort is needed (e.g. public awareness campaign with scientists, public officials, celebrities, etc.)" (45-54, White, PHX)

Access Full Reports

- ✓ COVID-19 Impact Focus Group Report
- ✓ COVID-19 Impact Survey Report
- ✓ COVID-19 Impact Regional & City Profiles

Maricopahealthmatters.org

Valleywise Community Health Centers Governing Council Meeting

January 5, 2022

Item 2.

COVID-19
Focus Groups Report

COVID-19 Focus Groups: Final Report

Maricopa County Community Health Needs Assessment Services

Provided to
Maricopa County Department of Public Health

September, 2021

Report prepared by:

Kathryn D. Hamm, MPA
Ann Carver, MSW
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Maricopa County Public Health
WeArePublicHealth.org

Acknowledgements

SIRC researchers would like to thank all the providers, community organizations, and health institutions for assisting in community engagement, participant recruitment, and hosting these focus groups. Not only were their contributions essential to ensuring this study was culturally sensitive, but they also served as champions for this important work. As community leaders and advisors, these organizations and their staff ensured that we reached the targeted populations and conducted these focus groups in a timely manner, within the restrictions of the COVID-19 pandemic and operating in a virtual environment. SIRC also wants to recognize the Synapse partners for their contributions, guidance and direction. They include: Banner Health, Dignity Health, Neighborhood Outreach Access to Health (NOAH), Mayo Clinic, Native Health, Phoenix Children's Hospital, Valleywise Health Medical Center, and the Vitalyst Health Foundation.

SIRC team leads would like to thank the wonderful ASU School of Social Work and SIRC staff and affiliates who dedicated many hours facilitating/co-facilitating the focus group discussions. Additionally, hours were spent coordinating focus groups, translating and transcribing the materials, defining and coding transcripts, and conducting data analysis. We would like to specifically acknowledge Maria Aguilar-Amaya, DM, Mara de la Funke, MPH, Marisol Diaz, JD, Jason Gillette, BASc, Esther Gotlieb, MPH, Chanler Hilley, PhD, Matt Ignacio, PhD, Seol Ki, MSW, PhD, Lara Law, MSW, Cheryl Lee, MSW, Beatriz Luna, MSW, Micaela Mercado, MSW, PhD, and Diane Moreland, MS. Special thanks go to Isabel Larsen, Sandra Bell and Amy Fuller, PhD.

Finally, SIRC would like to thank all of the participants who entrusted the team with their honest lived experiences in the community and navigating the COVID-19 pandemic. Their willingness to give up some of their precious time to be open and share individual and family thoughts, experiences and ideas about the COVID-19 impact, barriers, concerns, messaging, trust in public health, vaccine intent, vaccine choices, and vaccine hesitancy within Maricopa County will make an important contribution to the development of future initiatives, led by Maricopa County Department of Public Health. Without the commitment and contributions of each of these individuals, this study would not have been possible.

September 2021
Southwest Interdisciplinary Research Center
Office of Evaluation and Partner Contracts
Arizona State University
400 E. Van Buren St., 8th Floor
Phoenix, AZ 85004

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Executive Summary

Overview

The Maricopa County Department of Public Health partnered with the ASU Southwest Interdisciplinary Research Center (SIRC) to conduct focus groups to better understand the impact of COVID-19 on Maricopa County residents. **In 2021, 33 focus groups were conducted with 186 participants.** This COVID-19 focus group study aimed to capture the impact of COVID-19 on the individuals, families and diverse geographical, ethnic and cultural communities within Maricopa County, Arizona. This study highlighted the **impacts, barriers, trust, and needs related to COVID-19** and is consistent with recent national research on community impacts of COVID-19. In focus groups and surveys, participants shared their unique stories and perspectives as they related to COVID-19.

Participants & Process

Focus groups via Zoom

Online Survey

Incentives

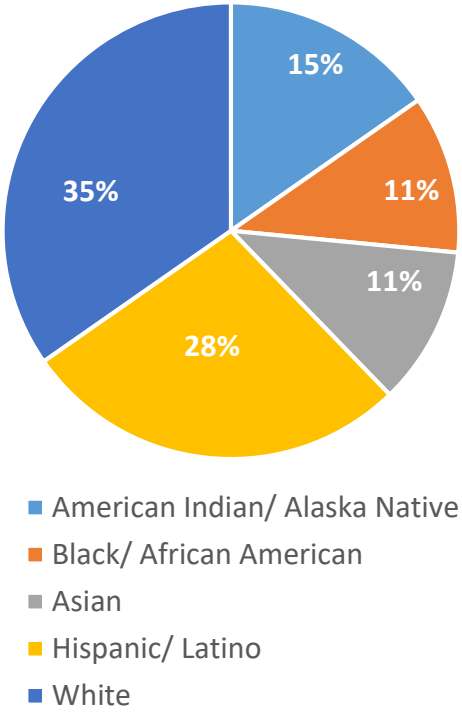
Participants were recruited through purposeful sampling using community partners and a recruitment flyer.

186 Total Participants

- 72% male, 27% female

Included Residents from

- 5 geographic Maricopa County locations
- Older adults
- African Americans
- Hispanics/Latinos
- Native Americans
- Asian Americans
- Ethnic minority young adults
- LGBTQIA persons
- Veterans
- New Parents
- Parents of young children
- Refugees

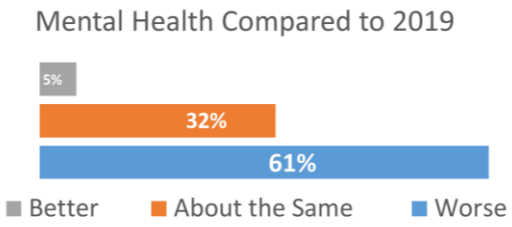


Results

The results tell a story of **resilience** and **connection** amidst a pandemic. In light of individuals who reported declines in mental health due to isolation, depression and anxiety, it also serves as evidence that the **community stands ready to collaborate**, with innovative and specific ideas on how to share health related information to the betterment of their lives, their families and communities.

Participants discussed declines in mental health and physical health and barriers to the vaccine as well as vaccine hesitancy and confusion. Suggestions were offered for messages and for who would influence their vaccine decisions, noting that one size does not fit all.

When asked how their mental health was compared to pre-COVID-19, **61% stated it was *worse*.**



Although participants discussed misinformation and rumors regarding the COVID-19 vaccine, **67%** *had been vaccinated* or *had plans to get vaccinated*, and only **16.1%** of overall respondents were *not at all likely to get vaccinated.*

In the Words of the Participants

Dissemination, Resilience and Silver Linings

They can build trust with young adults 18- to 24-year-olds by making the language more teen friendly so that we can understand what they're saying. Young Adults

One of the biggest barriers in the Black community is trust, so to overcome it, having someone come to church where we feel protected that could help.
Parents of Minors

I think that in order to make such an approach to the Latino population, it could start on how to handle information or this type of advertisements or in the places where we go as a Latino population.
Paiute Spanish

I'm in better physical shape. I remember starting hiking- I'm like I couldn't even make it up the mountain & now I'm like let's like let's do this.
African American

Introduction

The Southwest Interdisciplinary Research Center (SIRC), Office of Evaluation and Partner Contracts partnered with the Maricopa County Department of Public Health (MCDPH) to conduct focus groups to better understand the impact of COVID-19 on Maricopa County residents. Between February and June 2021, **33 focus groups** were conducted that included **186 participants** from various Maricopa County community regions, as well as service providers, and individual residents. The findings will also help to determine priority health areas and barriers in Maricopa County with regard to local hospitals and Federally Qualified Heath Centers (FQHCs) target service areas. The information gathered will assist the MCDPH and hospital partners to address health needs, resource allocation and long-term services needed for COVID-19 response efforts.

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 health care, 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 online anonymous questionnaire that asked about COVID-19 concerns, social determinants of health, medical trust, and mental and physical health.

When taking into account the data derived from the mixed method approach of survey data and community-based focus groups, COVID-19 had considerable impacts on the daily living of community members across Maricopa County, particularly those who had limited access to transportation and technology. Additionally, parents with childcare responsibilities were especially challenged during the pandemic. Notably, most participants (83%) identified having health care insurance and had access to their provider. Those who needed mental health care were able gain access during the pandemic provided they could manage the requisite technology.

Despite the influx of messaging related to COVID-19 from CDC, state and county websites, social media and others, deciphering who to trust and where to access reliable information differed among participants. While 63% of participants reported trusting their doctor or medical provider to give correct information about COVID-19, many relied on personal connections. This varied by age and by race and ethnicity.

Included in this report are both innovative and specific suggestions from the individual communities on how to best disseminate health information to the various and diverse communities within Maricopa County. The findings offer opportunities for increased community engagement, information dissemination, education, and resource allocation.

Methodology

Focus Group Methodology

Focus Group Populations

Thirty-three community focus groups were coordinated from February through June 2021 by geographic regions and through community affiliation. Initially MCDPH identified five designated regions: Northwest, Northeast, Central Phoenix, Southwest and Southeast to collect data in alignment with the Community Health Improvement Plan. SIRC had completed 15 geographic focus groups when MCDPH expanded the scope to include specific populations identified in collaboration with MCDPH staff and the Synapse and HIPMC partnership coalitions. Specific groups to be sampled were older adults, specific ethnic groups (African American, Hispanic/Latino, Native American, and Asian American, ethnic minority young adults), Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQIA) persons, veterans, new parents, parents of young children, and refugees. The research team and MCDPH staff worked closely with community-based organizations to facilitate participant recruitment. Focus groups were conducted in adherence to Arizona State University Institutional Review Board (IRB) to protect the rights of and welfare of those involved in this project.

Recruitment

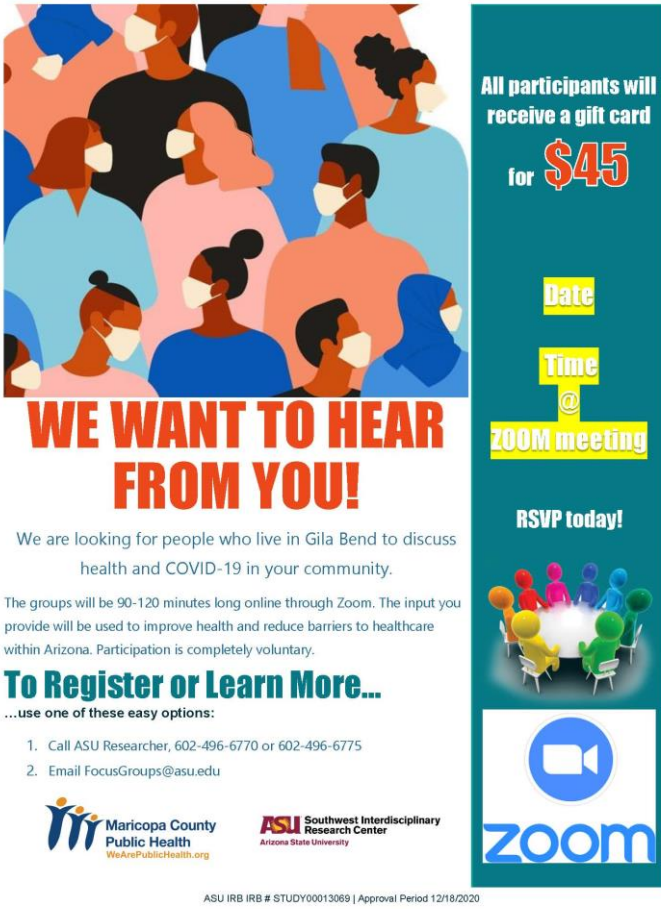
Typically, the researchers recruited participants through community partners using a recruitment flyer which described the purpose of the group, the $45 incentive and included a generic ASU email and phone number. Once persons contacted ASU, a team member responded to screen/ register the participants to ensure they were over 18, had access to the Internet, and could use Zoom. Each group had one trained SIRC facilitator and one co-facilitator.

Process

All focus groups were conducted via Zoom in accordance with social distancing guidelines. The original intention was to recruit 10-12 participants for each focus group. However, in the initial focus groups, it was determined that fewer people per group would provide a better experience and richer data. Because the groups were to be held via Zoom, the researchers decided to have 4-8 participants per group for several reasons. First, because COVID-19 experiences are sensitive and affects the participants in a variety of ways, the team found that people needed time and space to share personal experiences. Second, with fewer participants, each person can respond to the questions and probes resulting in more elaboration and in-depth descriptions regarding the information being shared. In accordance with best practices, reducing the focus group size for virtual focus groups was highly recommended in a workshop on *"Best Practices for Virtual Data Collection,"* Department of Health and Human Services, Administration

of Children Youth and Families, July 17, 2021. To ensure access for all participants, they could call into the focus group if they could not access a computer, which was not often the case. Four of the groups were conducted in Spanish and the others in English.

Below are sample flyers used to recruit participants, available in both English and Spanish. Participants had several options to register.



Focus Group Participation

Table 1 depicts the date, group and number of participants for the 33 focus groups held between February and June 2021. These are listed in chronological order with the first half from targeted regions throughout Maricopa County. The second half represents specific populations with participation from around the county, not just a specific region. Recruitment efforts did involve attraction of individuals who were diverse in age, gender, race/ ethnicity, and other background factors.

Table 1. Focus Group Schedule

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

* Community members participated from various regions of Maricopa County

Data Collection

The researchers utilized a mixed methods approach combining qualitative data (focus groups) and quantitative data (surveys).

Consent

Per IRB requirements, participants were fully informed of any risks, benefits and expectations associated with their participation. They were asked to verbally agree to an IRB approved consent letter prior to completing the focus group. SIRC kept this information separate from data provided by the focus group participants.

Survey

Focus group participants were asked to complete a survey that assessed a variety of factors regarding COVID-19, individual and community health and quality of life. Before each focus group, participants were emailed a link to an online survey (in English or Spanish) via Qualtrics. Surveys were optional and not required for focus group participation, and not all focus group participants completed surveys. They were asked to complete the survey before the focus group. The survey focused on closed-ended questions while the focus groups centered on open-ended responses. Descriptive statistics based on survey responses were analyzed in SPSS version 26 and Excel. See Appendix B for focus group questions guide and Appendix C for survey questions.

Facilitation

Focus groups were moderated by trained facilitators including SIRC staff and community partners. Each focus group had at least one facilitator and one note-taker. Groups were predominantly conducted in English, with four in Spanish. All received training prior to data collection regarding the discussion guides, anonymity of members, using Zoom, and running focus groups to ensure consistency in the facilitation process across groups.

Record & Transcribe

Focus groups were recorded using Zoom software. Note-takers also took notes during the session. Spanish audio recordings were professionally translated and transcribed by subcontractors and returned to SIRC for summaries and analysis. Zoom transcripts were used for the English groups. The transcriptions were coded and analyzed by multiple SIRC researchers in order to reduce the bias in interpretation.

Research Analysis

Focus Group Analysis Overview

Data were analyzed based on transcriptions of the focus groups and notes taken during the focus groups for additional clarity. 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. Exemplary quotes are provided after summaries from the qualitative data analyzed; supplemental quotes can be found in Appendix D.

Focus Group Themes

These themes were derived in the context of the COVID-19 pandemic and its effects.

Focus Group Theme	Description
Quality of Life Impacts from COVID-19	Reflections on one's current situation, health, family, environment, community; social determinants of health needs or desires met or not met because of COVID-19, what people want for themselves and their families; changes in financial wellbeing
Quality of Physical and Mental Health Impacts from COVID-19	Any effects of COVID-19 on participants' physical health and mental health; increases or decreases in health, feeling anxious, apprehensive, helpless; effects of isolation, home schooling; ways to mitigate impacts of COVID-19
Access and Barriers to Health Care during COVID-19	Anything that people perceive or actually experience as inhibiting their access to or ability to receive or benefit from healthcare services associated with pandemic regulations/ guidelines
Prevention Measures for COVID-19 Safety	Anything people are doing to be healthy, prevent contracting COVID-19 such as PPE, masks, distancing, virtual work, online school
Plans and Rationale to Get Vaccinated or Not against COVID-19	Ideas, reasons and plans to get vaccinated; also reasons, concerns to not receive the vaccination
Information, Messages, and Dissemination around COVID-19	Any information about COVID-19, how people handle and understand (true) information, misinformation and disinformation; how people articulate their experiences and attitudes toward COVID-19; trustworthy sources; suggestions on receiving messaging

Participant Demographic Findings

Survey Respondents

There were 158 useable responses from the completed surveys; 132 respondents answered an English-language questionnaire (83.5%), and 26 responded to a Spanish-language questionnaire (16.5%). Specific demographic data from the survey respondents follow, but it is important to note that although participants were asked to complete the survey before the focus group, not all participants took the survey (and people may have taken the survey and not attended the focus group). Therefore, these demographic data do not 100% completely match the 186 focus group participants. Survey responses are interspersed throughout the focus group qualitative analysis where the focus group item aligned with the survey questions.

Demographic Data of Respondents

The age of respondents was intentionally distributed throughout the data collection process; however, individuals between 25 and 44 comprised over half (55%) of respondents to the focus group questionnaire. Of the respondents, 72% identified as cisgender women, and 27% of the respondents identified as cisgender men.

Respondents reported their level of education with 18% who were high school graduates, 19% who had an associate's degree, 25% with a bachelor's degree and 27% who held a graduate degree. Of respondents, 75% indicated their income was less than $100,000 per year, with 54% of respondents making less than $50,000 per year.

While the selection of the focus groups was partly geographic, there was also an effort to assure that all racial/ethnic groups were represented. The impact of COVID-19 has had disparate outcomes on communities of color nationally and regionally in the southwest with the greatest disparities in COVID-19 hospitalizations and mortality affecting African American, Hispanic/Latino and Native communities when compared to their white counterparts.[1,2] Given this, extra efforts were made to recruit diverse focus group and survey respondents.

Data for the survey respondents showed the following racial/ethnicity identifications: White, 34%; Hispanic, Latino, or Spanish origin, such as Mexican, Puerto Rican or Cuban,

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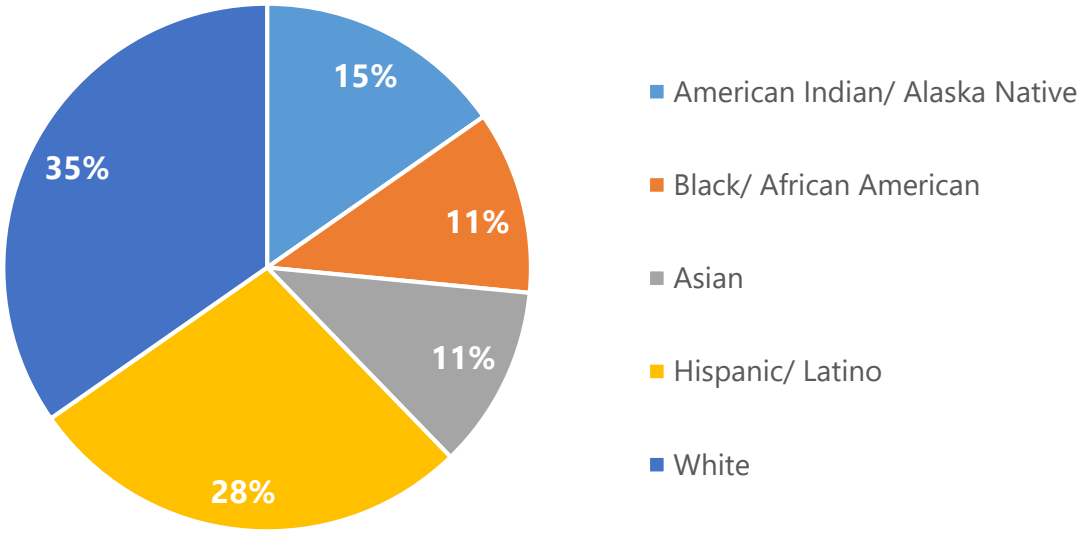
[1] Randall Akee and Sara Reber American Indians and Alaska Natives are dying of COVID-19 at shocking rates Feb. 18 2021 https://www.brookings.edu/research/american-indians-and-alaska-natives-are-dying-of-covid-19-at-shocking-rates/

[2] Romano SD, Blackstock AJ, Taylor EV, et al. Trends in Racial and Ethnic Disparities in COVID-19 Hospitalizations, by Region — United States, March–December 2020. MMWR Morb Mortal Wkly Rep 2021;70:560–565. DOI: http://dx.doi.org/10.15585/mmwr.mm7015e2external icon.

27%; American Indian or Alaska Native, 15%; Asian and Black or African-American each at 11%. See Figure 1 below for race/ ethnicity breakdown. Full demographic data on survey respondents is in Appendix A.

Figure 1. Racial/ Ethnicity of Survey Respondents



Quality of Life Impacts from COVID-19

This section discusses COVID-19's impact on the quality of life of individuals and families in Maricopa County. Represented in this section are reflections on one's current and overall pandemic-related situation, the environment and community factors of what are referred to as social determinants of health namely income/employment, financial burden, transportation, childcare, and food and housing. People are concerned with the fulfillment of their and their family's met needs, desires, or expectations in these areas. Quality of life impacts related to physical and mental health are described separately in the section following.

Focus Group Responses for Quality of Life Impacts

Participants in just over half the focus groups indicated substantial changes in financial well-being, impacting individuals' abilities to afford food, childcare, rent or mortgage payments, and utilities. Contracting COVID-19 created financial burdens for many, including those who were self-employed or working temporary assignments.

Accessing financial services also posed a challenge to participants in a number of focus groups who indicated notable issues with accessing financial assistance services, such as unemployment, SNAP, and other benefits. This affected not only the participants but their families and communities as well.

Even when participants were not directly troubled with financial instability, it was noted that accessing goods and services was difficult. Several participants in various focus group shared *the stores were out of stock with a lot of things* illustrating that even for those with financial resources, supplies were scarce at high points of the pandemic.

Following are quotes on several social determinants of health factors that focus group participants discussed. Survey results relating to these specific questions follow.

Employment

Based on the survey responses, most of the respondents are either working full or part-time, students, retired, or unemployed not looking for a job. However, in the focus groups, several participants did note employment issues.

> *They didn't get unemployment because of the process likely be calling and applying but, unfortunately, for some reason, their process is kind of like complicated. I understand the big number of people applying at the same time, so it was crazy, but right now people start getting back to work, and things getting better.*
>
> Refugee/Advocates

I've been on this temp job for forever, but um I was out for three weeks so that meant no pay, no income—nothing. So, I can't file unemployment because technically, I have a job but yet I'm wondering how we're going to come up with this and that in the meantime, because I'm literally, I literally cannot work.

South Mountain

And they really just affected me in the way of like my job got not completely shut down but everyone's hours were dramatically cut.

Expectant Moms

For us missing so much work, and once were tested we had to wait 14 days, missed our 2 months and on December got another 2 months, so it was kind of bad.

Central Phoenix

Financial Burden

The focus group participants somewhat mentioned financial burden, yet about two-thirds of survey respondents (67%) stated that they *always* had sufficient money to pay for food, rent/ mortgage and utilities. However, a few did note financial burdens.

It really affected my family, financially and mentally - mom works as a caregiver and she started losing a lot of patients.

Central Phoenix

Transportation Issues

Participants in just over a third of the focus groups indicated notable transportation issues. Transportation was specifically noted as an issue for those with disabilities and seniors. Survey respondents also disclosed issues with *transportation* or *getting where they need to go with* 18% and 28% respectively stating these were challenges. The quotes below highlight particular situations focus group members shared.

One of the barriers that one of my parents talked about was transportation. She talked about wanting the vaccine and getting an appointment to like State Farm, but then she talked about what it would be like, for her because she doesn't have anyone to watch her children and they were out of vehicle - not easy to rent [when] there is nine children.

Family Resource Center English

…with a lot of elderly people who may not driving on their own, how do we get a vaccine to them?

South Mountain

For me, and what I worry about other people [in low-income housing] is you know, of course, we don't have like transportation and we don't have money to sit and waste an hour of gas waiting for a vaccine shot, you know to stay in line in your car that might overheat or break down or to even travel.

Sun Health

Child Care

Families with children experienced challenges in maintaining childcare because of illness of a caretaker or job related responsibilities. Additionally, 43% of those surveyed reported sometimes or never having sufficient money for childcare (see Table 4).

I would say in the beginning, it affected us because my daughter, my daughter was in daycare and the daycare had to cut their hours and so with cutting the hours, I had to cut my hours at work but now I've changed jobs and I work from home.

South Mountain

….it [is] going to take two weeks for me to give all this information and prove that like yeah, really, I couldn't work because I had to watch my children.

Parents of Young Children

Food and Housing

Participants who also completed the survey responded that having a place to live was a challenge (13%) while 29% stated that they *never* or *sometimes* had sufficient money for rent or mortgage. Further, 31% *never* or *sometimes* had sufficient funds for food.

And that was around the time that I moved out to my first apartment so in February and then everything hit in March so for a few months, I was a little stressed about you know, being able to pay rent and other bills.

Expectant Moms

What phone numbers to call where they would have food banks going through the streets with trucks go to this intersection and they'll be handing out food.

Sun Health

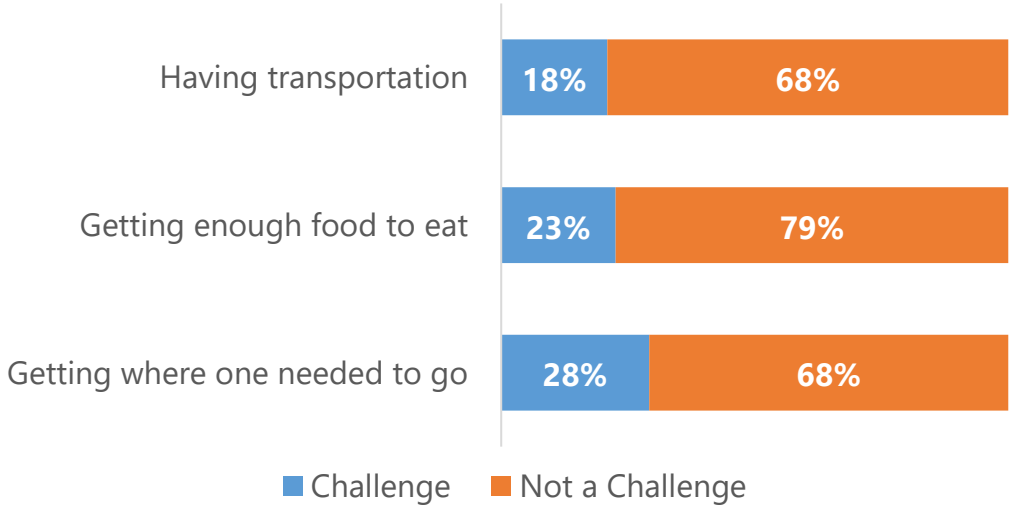
Survey Responses for Quality of Life Impacts

Respondents were asked to rate whether particular situations were minor or major challenges to them during the COVID-19 pandemic. The largest quality of life challenges respondents experienced were *getting where one needed to* (28%), *getting enough food to eat* (23%) and *having transportation* (18%). Shelter and clean water were among the lowest challenges experienced by respondents. Table 2 shows the saliency of those challenges for individuals from highest to lowest while Figure 2 depicts the top three challenges experienced.

Table 2. Challenges Experienced by Respondents during COVID-19

Challenge	Major Challenge	Minor Challenge	Not a Challenge	No Answer
Getting where one needed to go	10%	18%	68%	4%
Having transportation	6%	12%	79%	4%
Getting enough food to eat	2%	21%	74%	3%
Having a place to live	2%	11%	84%	4%
Having clean water to drink	1%	8%	87%	4%

Figure 2. Top Three Challenges



Many of the participants indicated they were working, homemakers/ caretakers, retired, or students. Table 3 shows their responses.

Table 3. Reported Working Situations

Working Situation	Percent
Working for pay—full time (40 hours a week or more)	36%
Staying at home, homemaker, or caretaker (pre/post COVID)	18%
Working for pay—part time (less than 40 hours a week)	16%
Retired	14%
Going to school, college, or university	12%
Unemployed and looking for a job	5%
Unemployed and NOT looking for a job	4%
On leave from work -schools closing & having to care for children at home	3%
Disabled	2%
Laid off or lost job	1%
On leave/furlough due to COVID restrictions on employer	1%
Working without pay (for example, at an internship)	1%

Respondents were asked if they had enough money to pay for essential items and services. The distribution of responses is shown in Table 4 and Figure 3. A total of 68 individuals sought out financial assistance during COVID-19 (43%). Sources of assistance are listed in Table 5. Only 40% of respondents stated they *always* had enough money to pay for medical expenses since March 2020 and 28% reported *most of the time* they had sufficient money to pay for medical expenses, see Table 6 and Figure 4.

Table 4. Sufficient Money to Pay for Essential Items and Services by Respondents

Essential Item/Service	Always	Sometimes	Never	No Answer
Food	67%	30%	1%	3%
Rent/Mortgage	68%	26%	3%	5%
Utilities	67%	27%	3%	3%
Clothing/Living Essentials	56%	35%	6%	2%
Childcare	49%	20%	23%	8%

Figure 3. Sufficient Money to Pay for Essential Items and Services by Respondents

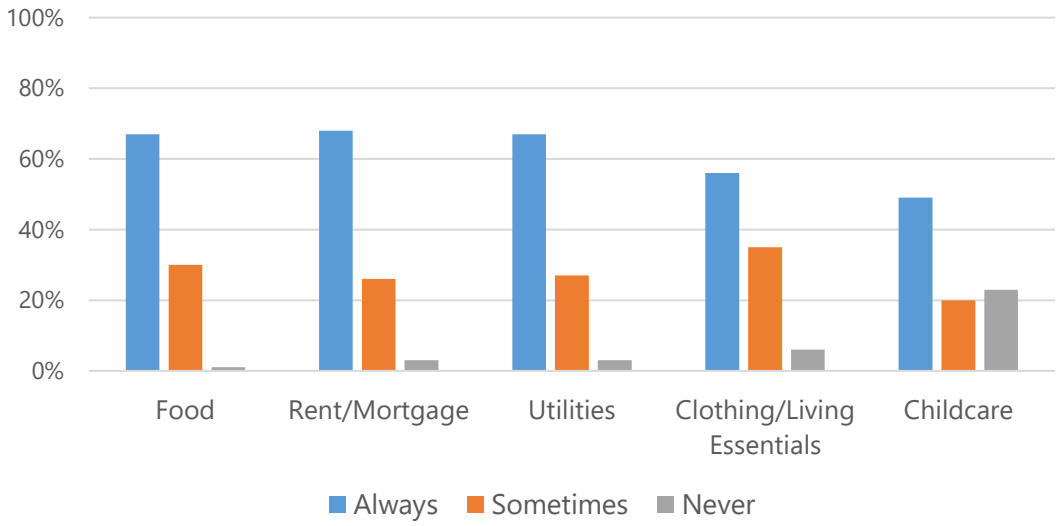


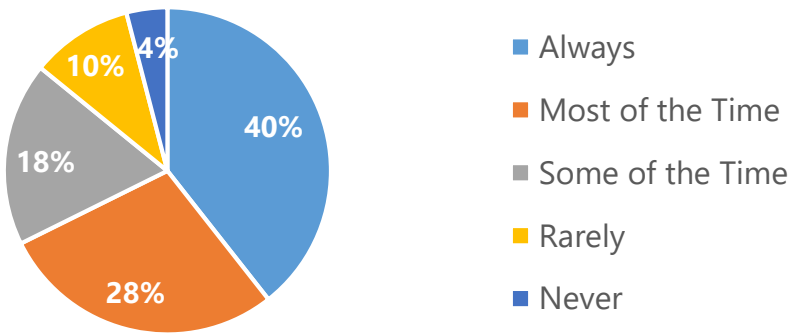
Table 5. Financial Assistance Sought by Respondents

	Unemployment	SNAP	CARES	WIC	SSI	AZCEND	AHCCCS	None
Respondents	16%	15%	9%	12%	4%	<1%	<1%	57%
Seekers	37%	34%	21%	28%	9%	1%	1%	

Table 6. Sufficient Money to Pay for Medical Expenses

	Always	Most of the Time	Some of the Time	Rarely	Never
Percent of Total	40%	28%	18%	10%	4%

Figure 4. Sufficient Money to Pay for Medical Expenses



Quality of Physical and Mental Health Impacts from COVID-19

Focus Group Responses to Quality of Physical and Mental Health Impacts from COVID-19

Each of the focus groups began with asking participants *how COVID-19 has affected you and your family*, and participants in over three-quarters of the focus groups discussed changes in physical health or mental health. This was reinforced in the accompanying survey in which many (61%) stated their mental health was *worse* than 2019 (before COVID-19). Individuals and families were also concerned about physical health and seeking care during the pandemic. Overwhelmingly, individuals reported declines in mental health due to isolation, depression and anxiety. For example, one participant emphasized the importance of getting together with her family and how the lack of gatherings took a toll on her. A variety of quotes regarding physical and mental health from the participants follow along with survey results on these physical and mental health impacts. Although separated by physical and mental health, participants were inclined to group the two in some cases.

Physical Health

I was kind of worried about with my family and getting sick and just trying to be safe and trying to keep apart, but they ended up getting sick and being hospitalized.

Guadalupe

It is just had those long term effects it's not going to ever go away, you know, it takes a while to kind of recover from that mentally and physically obviously but mentally I think longer some for some.

Parents of Young Children

So, at home, should have been like you know you're safe space, but, for me, because I was sick, it was how can I stay in the bedroom and go in the kitchen to eat and go use the bathroom and then you sanitize to make sure you come out you lay in bed, and I did everything I could have done to make sure he [family member] doesn't get it, so it caused a lot of anxiety.

Family Resource Center English

How long are we going to have to do this, and what are going to be the long-term effects of having to do this on our mental health our physical health?

Family Resource Center English

Before (COVID-19) I was energetic, lots of friends, so I was kind lonely after the COVID-19, cause mental problems to being by myself, feel very lonely, pretty much like also my health, being sitting around, gaining weight….

Central Phoenix

Mental Health

It's terrible to be lonely and where we are there's a lot of people living alone.

Sun Health

I'm prone to anxiety and depression and I feel like my biggest trigger is feeling isolated.

AZCEND

And so that's a little tricky and also like I mentioned my depression, it helps so much to get to like be around people and talk about it and so that's been a little tricky trying to deal with that on my own and trying to get therapy.

AZCEND

I think we're seeing a lot kind of you know you got to take care of yourself as best as you can and, but definitely in messaging about it's okay, if you need [mental health] help. And I just don't think that's something we're such a prideful people and we're like no, we can handle this but, at some point you got to realize that you need help.

African American Black Women

When you affect the social gatherings…mental health depression set in.

Guadalupe

Determination

In some cases participants discussed their inner strength that helped them get through being hospitalized and the effect of that.

And I spent six days in a hospital bed a hospital and every day, people were dying around me. What an emotional experience for me I've been in the hospital before, but what got me out of that bed, and that determination that this is not going to pull me down or take my life, it was an emotional fight every single day the emotional toll is unreal.

AZCEND

Survey Responses to Quality of Physical and Mental Health Impacts from COVID-19

Respondents were asked several questions regarding physical and mental health as well as other factors that could contribute or affect health issues such as having health insurance or health care plans. They were also asked to rate whether particular situations were minor or major challenges to them during the COVID-19 pandemic.

The largest health challenges (major or minor) respondents experienced were getting needed healthcare including mental health (43%) and getting the medicine I need (19%). Table 7 lists the survey responses

Table 7. Health Challenges

Challenge	Major Challenge	Minor Challenge	Not a Challenge	No Answer
Getting needed health care (including mental health)	11%	32%	53%	4%
Getting the medicine I need	4%	15%	78%	3%

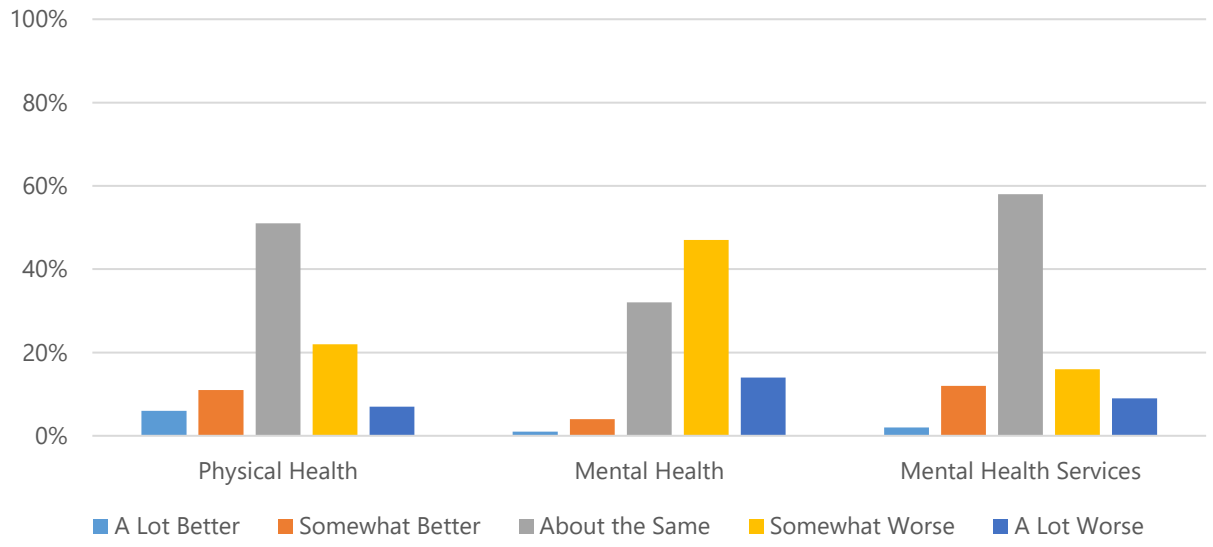
Respondents were asked to compare their physical and mental health during COVID-19 to the prior year (2019). They were also asked to compare their perceptions of mental health services. Specifically, 29% or respondents said their physical health and 61% said their mental health was *somewhat worse* or *a lot worse* during COVID-19 compared to their health in 2019. The distribution of responses is shown in Table 8 and Figure 5.

Comparisons of physical and mental health were positively correlated ($r = .313$, $p < .001$), such that individuals who reported worse physical health conditions were likely to report worse mental health conditions and vice versa. Comparisons of mental health and mental health services were positively correlated as well ($r = .278$, $p < .001$). Finally, a similar correlation was found between comparisons of physical health and mental health services ($r = .179$, $p < .05$).

Table 8. Health during COVID-19 Compared to Health in 2019

Comparisons to 2019	A lot Better	Somewhat Better	About the Same	Somewhat Worse	A lot Worse	No Answer
Physical Health	6%	11%	51%	22%	7%	2%
Mental Health	1%	4%	32%	47%	14%	2%
Mental Health Services	2%	12%	58%	16%	9%	3%

Figure 5. Health during COVID-19 Compared to Health in 2019



Access and Barriers to Health Care during COVID-19

Focus Group Responses to Access and Barriers to Health Care during COVID-19

Discussion of Overall Access and Barriers to Health Care Access

In nearly two-thirds of focus groups there were conversations about experiences with doctors and primary care providers. In less than a third of focus groups were there discussions of hospitals and emergency services or self-care strategies during COVID-19. Experiences with urgent care and homeopathic services were discussed in only three focus groups.

Participants in over half of the focus groups indicated notable issues regarding accessing physical health, mental health, and pharmaceutical services with 43% stating *accessing* physical and mental health services was a challenge. Indeed, accessing mental health services posed new challenges but also opportunities for those with access to technology.

> *A lot of older people, a lot of retirees who don't have the computer savvy… How have they been able to get medical care?*
>
> Parents of Young Children

> *If it wasn't for me being here and facilitating a lot of things for my mom and dad, I don't know how they would have accomplished. You know they both have their total second vaccine shots at this point that would have never happened for them if I hadn't been here to organize that and orchestrate it so.*
>
> Sun Health

> *One thing that wasn't really offered or advertised were services for preparing for parenthood. I know people would ask me anything- do you like the birthing classes with your wife and I would say no, I don't know what I'm supposed to know.*
>
> Parents of Young Children

> *"[I'm] trying to deal with that [depression] on my own and trying to get therapy, but the therapist offices are not open so they're all you know they're all on Zoom. I am thankful that we have the technology so we're still able to do therapy sessions…"*
>
> AZCEND

While many of the participants had health coverage as discussed (see Table 9), experiences with accessing care varied by respondents. Accessing health care was identified as a factor by many, yet there were instances where access had become easier such as in the case of streamlined health care renewals and access to therapy using Telemedicine platforms.

> *That's, even if I can get in as soon as I want to or need to or call my insurance company like that's the basic things I would know what to do and it's hard, I mean I've gone to the doctor recently and it's just hard to get appointments.*
>
> Parents of Young Children

> *Phoenix Indian Medical Center does provide free health care to Natives in the urban population.*
>
> Family Resource Center English

> *I really enjoy my private medical insurance - they're very responsive, they were calling and checking on me, probably weekly because I am diabetic and you know they were very instrumental in making sure that I got all my health appointments via telematics to keep me current on my meds that I get in the mail.*
>
> Family Resource Center English

> *They were asking us from time to time to renew the coverage, but they didn't ask for renewal, since we are in a pandemic time, so they just continued on the coverage, which is a good thing.*
>
> Refugee/Advocates

Communities of Color and Healthcare Access

Indeed, themes emerged regarding communities of color and healthcare access. Participants spoke about a variety of experiences with perceived medical discrimination. For example, one focus group person discussed the decision to find an African American primary care physician and affirmed the race of their primary care physician was a factor in their perception of their doctor's trustworthiness.

> *There are already automatically health disparities there [for people of color], and…all COVID did was heighten those disparities. It's just neon light signs, whether you have access to health care, you might live in a healthcare desert, where you don't have any local areas to get you know vaccines or testing.*
>
> South Mountain

Survey Responses to Access and Barriers to Health Care during COVID-19

Respondents reported information about their primary health insurance providers and health care plans. Four in ten persons mentioned private health insurance as their plan with another 10% indicating they bought care through a plan; 24% reported Medicare/Medicaid/AHCCCS, and 11% reported having no health insurance. Table 9 contains the distribution of respondents' providers and plans.

Table 9 Respondents Primary Health Insurance Providers or Health Care Plans

Health Insurance or Health Care Plan	Percent
Private health insurance through job or school	41%
Medicare	13%
No Health Insurance or Care Plan	11%
Medicaid	10%
No Answer or Don't Know	6%
Insurance bought through health plan or company	5%
Insurance bought through government exchange	5%
Indian Health Service	4%
Tribal health system	1%
AHCCCS	1%
Health-share	1%
Military health care	1%
TRICARE for Life	1%
Emergency Room	1%

Prevention Measures for COVID-19 Safety

Focus Group Responses on Attitude and Behaviors about COVID-19 Prevention

Overall Prevention Measures

In both the focus groups and on the supplemental survey, participants discussed prevention efforts as well as responded to frequency and willingness to adhere to prevention suggestions. In nearly two-thirds of the focus groups, participants directly discussed using face coverings or masks to prevent the spread of COVID-19. Results from the supplemental survey also reinforced what the participants were stating in the focus groups with the majority of respondents enacting prevention measures *all of the time* or *very often*.

Wearing Face Coverings and/or Masks

At first, the whole mask thing was something I didn't take seriously for the first couple months. But after that, I'm diabetic, and so with my doctor giving me more information on the actual virus – what it could do, what it does – I was in mask all the time.

AZCEND

[Mother] always told me like just to wear the mask because it's not just protecting me, but like just to protect other people around me.

Young Adult

I'm not going to take my mask off, even though the CDC says, like you can and it's all right and everything's good.

LGBTQIA

... prevent with the mask, well, if they told me that now we do not need, I will bring [wear] it for me, for my prevention, for me and my family, and if the others do not want to bring it, but we do, that is, thinking of taking it off for a long time yet.

Paiute Spanish

It'll take a long time before I'm going to get comfortable not wearing a mask. When I go outside just to go get the mail or whatever, and I don't have my mask I don't feel comfortable.

Family Resource Center English

Ambivalence toward Masks or Face Covering

In some cases, focus group participants were unsure about wearing masks or described information regarding masks or face coverings.

> *I work two jobs and I've seen a lot of people shaming people for not wearing the mask and being really mean to people to just like complete strangers, and I think that that's really sad because whether somebody wants to wear it or not, you shouldn't be shamed for it.*
>
> Young Adults

> *I have a mixture of both. They [family and friends] are taking it seriously, wearing their masks appropriately, using hand sanitizer. Then there's a mixture of my family and friends who say, 'If you use too much you're weakening your immune system', and then I get anxiety because I don't know which one to believe.*
>
> Native Health Phoenix

> *I think that's been the most difficult part of my job, people will tell me things like this person said that they don't have the vaccine and they're not wearing a mask and can you kick them out and things like that. I think that our society needs to focus, if you want to accepting people, you need to focus on love and acceptance if that's really how you feel instead of let's just kick these people out because they're different.*
>
> Young Adults

Physical Distancing

In over half of the focus groups, participants directly discussed practicing physical distancing – staying six feet way from people not in their household – to prevent the spread of COVID-19. Again supplemental survey results supported what the participants were stating in the focus groups with nearly half practicing physical distancing *all the time*. These quotes highlight particular reasons for physical distancing that focus group members shared.

> *You might have heard the proverb that man is a social animal, so we are one of the animals [who] need socialization, this is kind of healing, the medicine [that is needed] and we've been missing that medicine for a long time with the awful pandemic and because of that [I feel like they have] taken away our joy and [I feel] like they [have] put me in jail, so that is suffering that one cannot tell or in the four walls in this thing just staying home.*
>
> Asian American 65+

Social distancing it's like it's a law like I mean I'm all about following the Rules um you know if anything I don't like breaking rules so just you can also make sure to distance yourself from other people to say.

LGBTQIA

Hand Washing and Using Hand Sanitizer

In over half of the focus groups, participants specifically discussed hand washing and using hand sanitizer to prevent the spread of COVID-19. Again supplemental survey results also corroborated what the participants were stating in the focus groups with 68% who practiced hand washing/using hand sanitizer *all the time*. These quotes highlight particular reasons for hand washing/used hand sanitizer that focus group members shared.

And really just sanitizing things anytime I got on the metro or in an uber… like I sanitized and like I said I'm definitely going to in the future, carry some of these practices over like masks and sanitizing things.

LGBTQIA

What I feel I did was take care of myself, if I followed the recommendations that, if I believed, wash my hands, use the face mask, use the gel, sanitizer and all those things and not be in [congregate] places, I would not get COVID.

Family Resource Center Spanish

Getting Tested for COVID-19

Participants in around one in five focus groups discussed getting tested for COVID-19 in order to prevent the spread of the virus. These quotes highlight particular reasons for getting tested.

The [COVID 19] test was not because I required medical service, but I had to do it to enter a part of the hospital. They did the test and after a week, I think a week and a half, I got a bill where they were charging me for the test, they were charging me $250…I say I'd rather she tells me so that I can pay for it and that's it, but I'm never going back to that hospital.

Paiute Spanish

I was one of the fortunate ones I guess you could say. With work, we were testing once a month, but I decided to do it every two weeks, just because I have an elderly mother at home so trying to make sure I didn't affect [her] that way. I was very fortunate, because my employer shut us down, and we had to work from home and every two weeks, we have to get tested.

Guadalupe

Improving Overall Health

In addition to prevention measures advocated by the CDC and World Health Organization, participants also discussed the benefits of improving their overall health to aid in combatting the coronavirus.

> *You know, instead of just relying on just the virus, the vaccine alone, let's start really making sure that we're healthy, so we can fight it if we do - if we do get it, we can fight it naturally.*
>
> South Mountain

> *My thought is, you know, just continue to be careful, wear your mask, social distance. Um, I have a natural approach to boosting my immune system naturally, and using what God has blessed us with….what you're putting in your body. You know, protecting yourself, naturally, to boost your immune system – juices, herbs, supplements, natural supplement*s.
>
> South Phoenix Young Parents

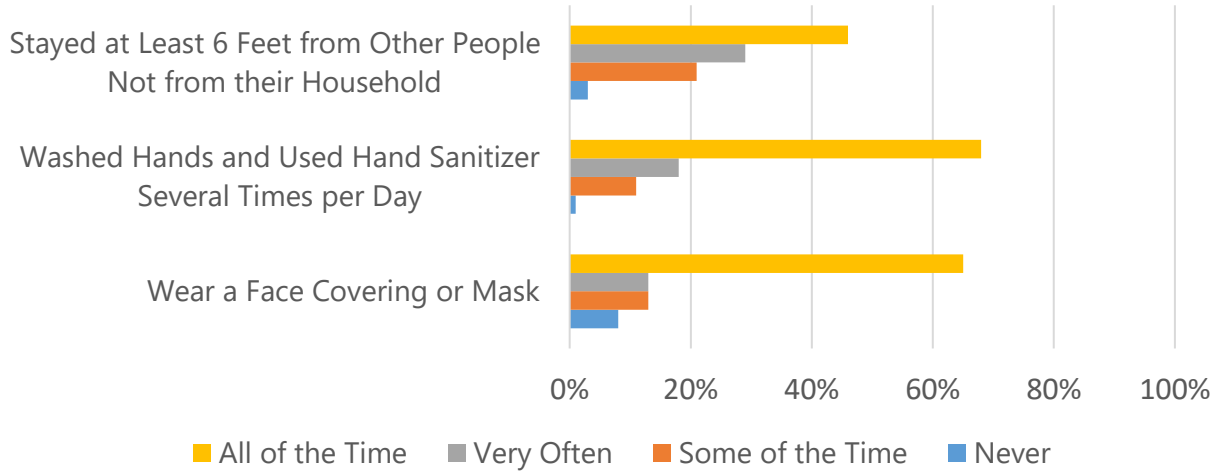
Survey Responses on Prevention Measures for COVID-19 Safety

Respondents were asked whether they enacted known COVID-19 safety protocols in settings where such precautions are not mandated, such as in public spaces or around friends and family. Survey results reinforced what the participants were stating in the focus groups with 65% stating they wore a face mask *all the time* while 13% said they wore a face mask *often*. Further, 46% practiced physical distancing *all the time* while 29% who practiced physical distancing *often* and 21% who practiced physical distancing *some of the time*. It was indeed very positive that the majority of respondents said that *all the time* or *very often* they took prevention measures – mask wearing 78%, handwashing 86% and physical distancing 75%. Table 10 and Figure 6 contain the distribution of responses regarding enacting those behaviors.

Table 10. COVID-19 Precautions Voluntarily Enacted by Respondents in Past 7 Days

Precaution	All of the Time	Very Often	Some of the Time	Never	No Answer
Wear a Face Covering or Mask	65%	13%	13%	8%	3%
Washed Hands and Used Hand Sanitizer Several Times per Day	68%	18%	11%	1%	2%
Stayed at Least 6 Feet from Other People Not from their Household	46%	29%	21%	3%	2%

Figure 6. Comparison of Voluntarily Enacted COVID-19 Precautions



Plans and Rationale to Get Vaccinated or Not against COVID-19

Focus Group Responses on Plans and Rationale to Get Vaccinated or Not against COVID-19

In around three-fourths of the focus groups, there was discussion of participants' plans to get vaccinated or not get vaccinated and rationale for that decision. Supplemental survey results substantiated what the participants were expressing in the focus groups with just over half who were vaccinated and just under half stating they would not get vaccinated. It is important to note that some focus groups occurred in February and March before the vaccine was readily available.

When asked why they would get the vaccine, focus group participants as well as survey respondents consistently responded that they wanted to keep their family safe followed by keep myself safe as the top two reasons to receive the vaccine. Exemplar quotes follow that discuss reasons to receive the vaccine.

Pro-vaccine

It felt like I won the lottery when I was able to get the vaccine.

Immigrants

I'm ready [for the] vaccine – I trust the science and I believe in the science and when two companies Pfizer, Moderna, both came up with this and had such excellent results that's just how I, I think, and I mean I was ready to (put) my arm out the minute they came with that.

Sun Health 1

Desires to *Get Back to Normal, Travel* and *for the Good of Everyone*

It's something that people should get, so we can see the world go back to normal- that's what I've been hearing a lot about it that's why people should get it just so the world can go back to normal.

Young Adults

Yes, um I'll go first so in my community that is reason number one - is to travel - people who want to travel outside the country.

Refugees/Advocates

> *So for me, I think I would encourage family members to get vaccinated now, get it while it's available because we don't know what the inventory is going to look like. I think just protecting others is the primary reason why you should get it.*
>
> Native Health

> *Serving our community that's why, like, I wanted to get it, and I wanted to be able to serve my community.*
>
> Paiute English

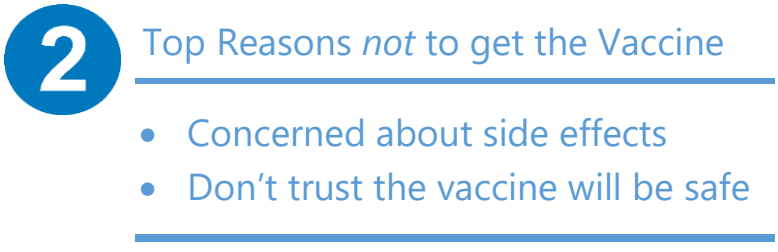
In some focus groups, participants discussed a *what's best for us* rationale to receive or not receive the vaccine.

> *Because of so much on news and social media, I mean I just think it's all unfortunately, political and just a lot of lies, so it just came down to what was best for us and, like I said we would have done anything to see her daughter graduate.*
>
> Central Phoenix

> *I don't plan and I'm just like you know I just read his stuff and I'm like okay, but I do what's best for my health and my safety, so if that that's like good bad or in the middle, you know so it's just kind of not on that chart there's just nowhere on that chart for me.*
>
> LGBTQIA

Rationale *Not* to Get Vaccinated

When asked why they would *not* get the vaccine, focus group participants as well as survey respondents consistently reiterated they were concerned about the side effects from the vaccine and don't trust the vaccine will be safe as the top two reasons not to receive the vaccine. Participants discussed these reasons why they did not want to get vaccinated, and for some, it was *too soon* and 'all the unknowns'**.** Exemplar quotes follow that discuss reasons to not receive the vaccine.



Normal vaccines, I heard, I'm not an expert, by far, but I know that exceeds normal vaccines' times to develop. Regular vaccines could take years; this one was just done in one year or less. Those are my concerns: what are the immediate and long term-effects we just don't know.

Young Adults

My daughter said, there is not enough information about the vaccines, and I can't logically argue with her, so I just left it up to her.

Asian Americans 65+

As far as vaccine, my family's gotten it, a few coworkers, a few friends have gotten it and kind of hearing their side effects it just kind of gives me sort of like resistance towards it, because I feel like I'm one of those people that think that there's not enough research on it yet, if it was too soon, and if there's not enough data to know whether it really is going to work or not.

South Phoenix Young Parents

I am actually on the other end of the spectrum and I'm not excited about getting the vaccine just because I feel like it was rushed and so I want to see the side effects and see how effective it is I'm not anti vax per se, or anything like my kids are vaccinated, but I would like to see how it's affecting people before I inject anything in me and my kid.

Paiute English

Misinformation

In nearly two-thirds of the focus groups, participants also discussed rumors and misinformation about vaccination.

Some of the rumors that we encounter in our communities is have to do with faith or culture, you know, like in the Muslim community, they have different rumors [than] in Christian community. There is something about the microchip being in the vaccine. That Corona[virus] is a conspiracy was made to decrease that the population, you know by trying to killing all the people.

Refugee Advocates

So for me it's a very hard internal struggle - every part of me wants it, and then somewhere, I read or I heard I don't even know where about effects [vaccine] could cause, infertility and I don't have children, yet.

Family Resource Center English

That for elders I worry about a lot of the side effects they're already seeing like different blood clots and how it some of the studies that we've read it talks about how it makes dementia and Alzheimer's come on quicker. But if it is something that's in their genes that it does make it progress faster and then for the youth, I worry about you know, being able to not you know not being sterile not being able to have children.

Seniors & Veterans

People are talking about how COVID-19 is on the rise again, that eventually everybody will have to get the vaccine, um, it's mandated for everyone, or mandated to travel. They don't trust the vaccine for various reasons: um, something with the 5G technology, something with having baby human parts in it, or something like that, there's no long term research on the effects of it there's no specific research on, um, I think for people that are actively receiving cancer treatment and how the vaccine would affect them. So a lot of hesitancy….

South Phoenix Young Parents

Mistrust of Government and Health Care

Other participants discussed their mistrust in the government and information regarding the government as reasons to not receive the vaccine.

That the governments, the main world powers wanted to start reducing the population. That they had created the virus, but that it had gotten out of hand. That everything was already out of control. Hey, there was another that said it was a direct attack on the United States by the Chinese government, but that it just got out of hand and started going elsewhere.

Paiute Spanish

One of her fears, though, is you're putting yourself in a database. And being illegal like you just you know you don't you don't put yourself in those situations so part of that is like, I have to put myself in a database and I'm giving them all my information and what if I don't have an ID. If you have a passport, will they use a passport, if you don't like I said, if you're illegal like what information do you have, and so that was another.

Family Resource Center English

Current Perceived Health Status Affecting Decision

I don't do a lot of like medical intervention in the first place, and not because I'm against medicine or anything just because I'm like I think the approach has been to kind of try and heal it holistically first and then then like or you know take care of yourself and eat well and if you're sick like figure out little home remedies and stuff.

Racial and Ethnic Minority Young Adults

I don't really think (it) is necessary for me to get vaccinated because I feel like I'm pretty healthy and I know some healthy people have you know transition after they got COVID, but I just I don't think that I'm in a high-risk category.

Expectant Moms and Parents of Young Children

Survey Responses on Plans and Rationale to Get Tested or Vaccinated or Not against COVID-19

Respondents were asked whether they would get tested or get vaccinated for COVID-19. Respondents were also asked to share reasons they would *not* get tested or vaccinated for COVID-19.

As stated previously, in both the focus groups and in the supplemental surveys, participants consistently responded with various reasons for getting the vaccine, with *keep their family safe* and *keep themselves safe* being the top reasons in order of priority.

Top 6 Reasons to Get Vaccinated

1. **Keep their family safe**
2. **Keep themselves safe**
3. **Keep their community safe**
4. **Want to feel safe around other people**
5. **Believe life won't get back to normal**
6. **Not want to get really sick from COVID-19**

Chronic health problems and doctors' advice were among the least priority reasons for getting the vaccine. Among a smaller number of other responses, some noted not getting vaccine, seeing family members get sick, having gotten COVID-19, desires to travel, and perceived employer requirements.

Respondents selected various reasons for NOT getting the vaccin*e, with concerned about vaccine side effects* and *don't trust the vaccine will be safe* being the top two reasons.

Top 6 Reasons NOT to Get Vaccinated

1. **Concerned about vaccine side effects**
2. **Don't trust the vaccine will be safe**
3. **Don't know enough about how well a COVID-19 vaccine works**
4. **Not concerned about getting really sick from COVID-19**
5. **Not believe the pandemic is as bad as people say it is**
6. **Not wanting to pay for the vaccine**

Among the small number of other responses, many already got the vaccine or planned to be vaccinated. Allergies, perceptions of vaccine efficacy, and fears of needles were among the least priority responses. One person felt the vaccine was developed too fast. Another noted they are waiting for full FDA approval not just emergency approval. Another individual was pregnant. Finally, one person did not like vaccines being pushed on other people.

Vaccination Survey Results

52%
vaccinated
61%
were *very likely* to get the vaccine

Table 11 provides the status of the respondents upon participation in the focus groups. When the focus groups began, the vaccine was just beginning to roll out and respondents may have been *very likely* to receive the vaccine yet there was no availability for them at the time. As the spring progressed, more vaccines became available. Nonetheless, survey participants were still asked several questions: how likely are you to be vaccinated and later in the survey, have you received the vaccine? Intent to get vaccinated is also an indicator of vaccination, and respondents were also asked, are you scheduled to get the vaccine in the next 30 days?

Again, these data were not collected randomly so the data are biased on time and selection already. The survey and focus group findings represent a snapshot in time when vaccines were not readily available to being completely available throughout Maricopa County. Remembering that, 52% reported being vaccinated and 15% were scheduled to get vaccinated, while 67% had been tested for COVID-19.

Additionally, when looking at only those who answered *no* to the vaccine, 32.9% were *very unlikely* to get the vaccine while 28.6% were very likely to get the vaccine thus indicating the desire to receive the vaccination but they just had not yet at the time of the survey. As expected, of those who answered *yes* to receiving the vaccine, 95.1% of them were *very likely* to receive the vaccine.

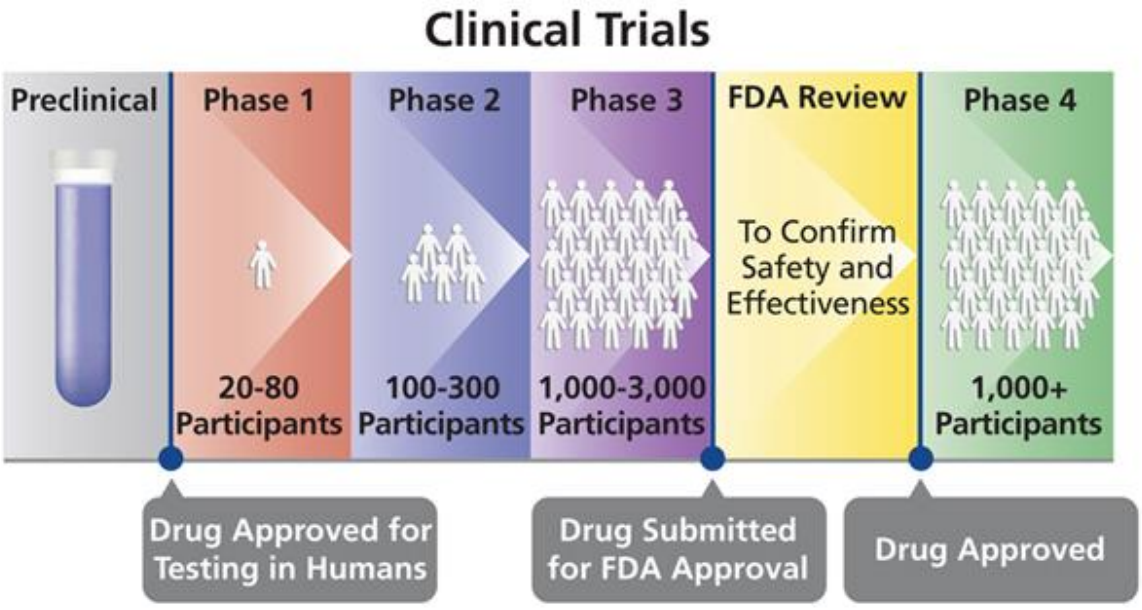
Table 11. Testing Experience and Vaccination Status

Respondent Answers	Tested	Scheduled for Vaccination (in next 30 days)	Vaccinated
Yes	67%	15%	**52%**
No	31%	77%	45%
No Answer	2%	8%	3%

Of respondents, 61% indicated they would *very likely* get a COVID-19 vaccine. Only five respondents indicated they signed up for a clinical COVID-19 treatment trial, and three respondents indicated they signed up for a clinical COVID-19 vaccine trial. Of respondents, 58% were *not at all likely* to sign up for a COVID-19 vaccine trial. The full distribution of responses is found in Table 12.

Table 12. Likelihood to Get a Vaccine *when Available* or Participate in a Vaccine Trial

	Not at All Likely 1	**2**	**3**	**4**	**5**	**6**	**Very Likely 7**	**No Answer**
Vaccine	16%	4%	8%	4%	3%	3%	**61%**	2%
Trial	58%	8%	9%	4%	6%	3%	11%	1%



Information, Messages, and Dissemination around COVID-19

Focus Group Responses to Information, Messages, and Dissemination around COVID-19

Information Sources, Preferences, Judgments, and Trustworthiness

Discussions in the focus groups highlighted a number of sources where individuals gained information about COVID-19. The top five sources in order and with similarly high frequency were these:

1. Social Media
2. News Sources
3. Doctors and Primary Care Providers
4. Arizona and U.S. Government, CDC, and Coronavirus Task Force
5. Close Friends and Family Members

Participants discussed the trustworthiness of these sources and preferences regarding where they believed they would find the best and most accurate information about COVID-19. Other, but less prevalent, sources are presented as well in this section.

Social Media and News Sources

Social media and news sources were very much discussed across focus groups. Participants in around three-quarters of focus groups directly mentioned the pitfalls, merits and utility of those information sources.

> *In a social media group in Chandler about 17,000 members. Someone recently had a question. He wanted to know how long they lost their sense of taste and smell. My God, there were 140 people responding, who've have had this experience, and they were saying: I still cannot taste and smell, regarding after vaccination things like that. I don't think my doctor would know that much.*
>
> Asian Americans 65+

> *Even in the beginning of the pandemic because I was very aware of all the news, eh, but I realized that it was affecting me negatively, so I stopped a little bit because every day I looked and well, it is a lot of information that greatly promotes stress levels, this, how the cause of when one is not listening rises.*
>
> Gila Bend Spanish

You know that next door APP that I have it on the phone and you know it's constantly you know I got my vaccine; I didn't get my vaccine and the people just bicker and fight it's like. You just can't get away from it, you know it's just got to shut yourself in and I don't know it's overwhelming, to some extent, you know we have to deal with it every day and we've all been quarantined in our houses for a year now it's hard to believe it's been a year, you know that we've been sitting in our homes, mostly.

Family Resource Center English

So that's where I would get a lot of my information and then from there [social media] but Twitter is definitely one of my main sources of information on COVID but also like I did see a large influx of like people posting infographics about COVID. I know my family is on Twitter [so] I like drop it in the family group chat and they'll be like oh cool or you know, and then we can start a dialogue that way.

LGBTQIA

Doctors and Primary Health Care Providers

Doctors and primary health care providers were also much discussed across focus groups, only slightly less than social media and news sources. Again, in around three-quarters of focus groups the participants directly discussed the merits and utility of doctors and primary health care providers as sources of information about COVID-19 while some were skeptical. Around two-thirds of participants sought medical care and advice from doctors and primary care providers during the COVID-19 pandemic. In some cases, although participants trusted their doctors, they did not trust the effectiveness of the vaccine.

I trust the experts, the doctors researchers, those that are saying this is something that's good for you, this is something that you know you need to get everybody else needs to get and I'm still praying that more people get.

Hispanic Males

[I would trust] pretty much just my doctor. I feel like a lot of other parties who are giving out information have hidden agendas with their messages, so I'm a little more wary about those ones.

AZCEND

Certainly, now that I had a talk with a doctor that [name] invited us [to listen to], he said something very important which is: It is better to live with the consequences of the vaccine, than with the consequences of the virus. So that's how it got to me.

Gila Bend Spanish

You gotta trust the scientist and the doctors because that's their job, not the politicians, I don't really trust the politicians.

Family Resource Center English

The one person I would trust, (is) my doctor, you know about any questions. My health care provider probably be the only person that I could trust and not be super skeptical.

Expectant Mothers and Parents of Young Children

We didn't have any information from our doctor. Yeah, I had an appointment with my doctor and she talked to me about it, but again I still don't have enough factual information to make me I trust her. I do trust her, but I don't trust the vaccine at this time.

South Phoenix Young Parents

Government Sources

Government sources were also highly discussed across focus groups, only slightly less than social media, news sources, and primary care providers. In around two-thirds of focus groups participants specifically discussed government sources as information providers regarding COVID-19 yet many were dubious about the reliability of some of these sources and mentioned mistrust as opposed to trust. Five focus groups discussed tribal governments as reliable information sources regarding COVID-19.

I don't trust anyone just because of a lot that's happened, especially with the government in general and how what it gets really lacking. I think it's like equality and social justice. I think these vaccines - they're putting us at risk.

Young Adults

Like the CDC it's kind of hard to trust them when it when I feel like they've fumbled a lot of the steps and I'm kind of addressing COVID and even now, with the like wear masks; don't wear masks okay if you're vaccinated you don't have to wear masks that seems very rushed to me.

LGBTQIA

There's a healthy skeptic about the vaccine, you know people are for, people are against it but some are on the fence and at end of the day is having trust in the government and not having trust in our leaders and there has been a lot of mistrust among our leadership and administration.

Hispanic Males

The tribes and their messaging... I've been seeing a lot of like masking up or getting the vaccination, for your culture for your tradition and really focusing on you know the resiliency, of the next generation and doing it for just that, like the next generation.

Native Health - Mesa

I just thank God for the tribe, because they reacted. They didn't wait for government that was the biggest thing we don't have to wait for government, we do what we're going to do for our people.

Guadalupe

Close Friends and Family Members

In less than a third of the focus groups, participants discussed coworkers as sources of information regarding COVID-19. In four focus groups, classmates were mentioned as sources of information regarding COVID-19. Close friends and family members were highly discussed across focus groups as well, but slightly less than social media, news sources, primary care providers, and government sources including tribal governments. In over half of focus groups, people specifically discussed receiving information about COVID-19 from close family members and friends. Some discussed the importance of family in receiving accurate information about COVID-19 and even possibly getting the vaccine.

For me, I know that this is might sound kind of silly but for me it's my oldest son. He is very good at maneuvering through media and... he can find that people who seem to always be really truthful.

Seniors & Veterans

Trusting like my sister, since she works at a doctor's office like I feel like she's obviously going to know a little bit more about COVID and she's more exposed to it in the sense of like working with doctors and stuff, so I would trust her.

Central Phoenix

Family values influencing our choices and so with the LGBTQ community a lot of times our families are chosen.

LGBTQIA

Coworkers

So I have a friend/ coworker that eats sleeps breathes COVID information and she has kept me up to date from day one, you know she would to the point where it's too much. I don't watch the news I never have really watched the news much

because I don't want to hear all the bad things that are going on. I know they're out there, but I don't need to hear about it every day. And she would tell me, you know, the number of new cases and the number of deaths and the percentage of this and the percentage of that.

Family Resource Center English

Then another source that I have a lot of confidence in, as Speaker 2 says; here at work, every day they email us with the numbers and things like that. So, there I have a lot of confidence in that too.

Paiute Spanish

Faith and Faith Leaders

Participants across groups also discussed religious and faith leaders as trusted sources of information and in some cases, they mentioned not religious leaders specifically but attributing trust or information in a concept of a Higher Power or a God.. Example quotes follow.

The black doctors have hosted informational sessions and then our church just did one, a few weeks back that was an informational session regarding the vaccine. Trusting more of my own community because of how it's affecting us and you know I think, I think at the end of the day, a lot of us in my Community kind of think similarly and have some of those same concerns when it comes to is the government really telling us the truth?

South Mountain

I have a wonderful church… tons of online communication, daily email, based on the scientific facts… also have video teach us how to get online to get a vaccine appointment and things like that.

Sun Health

We are Jehovah's Witnesses and because our organization also provides us measures, but it always tells us to listen to the authorities that are local, everything that the local authority says, we obey the local authority, eh, but a little more than nothing comes common sense, understanding what is happening and using our common sense.

Gila Bend Spanish

We just trusted the Lord and just to the science of what there was available and got vaccinated as soon as we could and were excited about it.

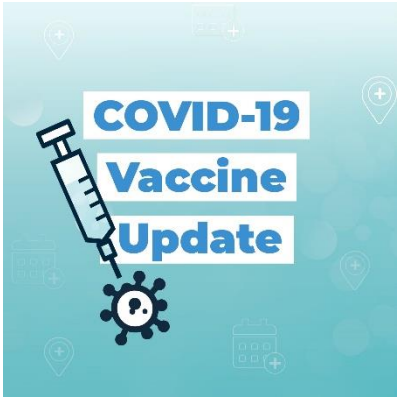
Gila Bend English

> *I just continue to pray about it, you know I talked to God and yeah people you know have negative feelings about what's got them to do about it, what's going to help you with it and stuff like that. So far, God's got me this far. You know I don't know if I had got it before I had got really sick. And all different things were happening to me. I started freaking out but that's all I was doing was praying to him, asking him to guide me. You know, whatever that was going on with my body, you know take it away from so I was like yeah for a whole maybe a whole four days or almost a week. I don't care to hear what what's going on and I'm just going to put my trust in God and keep following what he has planned for me, so I guess sick I get sick on Monday so pray if he takes me home well good I'm healed.*
>
> Family Resource Center English

In addition, the refugee / refugee advocate focus group also mentioned the concept of fatality.

> *In Muslim/Middle Eastern country there is the religious concept of fatality. Fatality you know this term, God is, and what's going to happen it's going to happen -- this idea is so big, a big number of people believe in this and they don't care if they are going to be vaccinated, if they need to be vaccinated or not; they don't care. If [concept] wants it happen, it's going to happen, what [God] He allows to happen is going to happen. This idea, but I don't know how to address this, because this is coming, with a culture of the immigrants [from Middle Eastern Muslim Country].*
>
> Refugee/ Refugee Advocates

Community Recommendations for COVID-19 Messaging and Information Dissemination



Throughout the focus groups, participants also consistently gave ideas and feedback on how to reach their communities and how to effectively disseminate accurate and timely information about COVID-19 and the vaccines. They offered suggestions for messages or named persons who would influence their vaccine decisions. Some of these individuals wanted to see longer-term research and more research on the vaccines. Others wanted influential political leaders to get vaccinated. Various participants focused on messaging while others on distribution channels.

Additionally, while themes existed among the individuals in these focus groups, one theme was consistent – one size does NOT fit all and that services and messages need to be culturally tailored to the community. Specific recommendations regarding who and how to distribute information follow.

Elders/Known Local Celebrities

There's a couple that will shine automatically just because of who they are, you know, a business leader in my in my era that really shine down here was Jerry Colangelo. If Jerry told me to sell my house and go relocate up to Alaska because something was coming I would do it.

Seniors & Veterans

The most trusted, of course, definitely does include the educated people in the community. Every community has some of the people who are educated and trustworthy – trusted whenever they bring information.

Refugees/ Advocates

We respect our Elders, so if the Elders have trust in it, then of course we're going to believe them. The hardest thing to do is to persuade an Elder that something is good for them, because the mentality of the US government and the relationship with Indian people is negative, so when you put that focus on the Elders…you know, I respect my Elders.

Native Health Phoenix

Broadcast and Print

If it is something that the community needs to know whether it is through a special program on radio, television or church pastors, community leaders, if they could have that information and be able to pass it on to their family, friends, gathered to run away because that is how the Hispanic community works.

Family Resource Center Spanish

So I don't know, maybe something in the mail because they do have they do look in their mailboxes.

Seniors & Veterans

What might be effective is going back to you know is to put up information like informative posters because I mean, even though social media and phones are like huge now people have like a lot of ways to get information, not just from a small device a phone that everyone can afford. I think social media could be a good place to share information.

LGBTQIA

Town Hall/Research Dissemination

Whether it's ASU or some of these high-level universities, where they research this and have different cases, they will be able to educate us a little more on the effects [of the vaccine].

Guadalupe

One of the biggest barriers in the Black community is trust, so to overcome it, having someone come to church where we feel protected that could help. If there was some kind of program or segment put together from the government that would be helpful. A town hall or something like that. Televised to reach the masses. "Here's where we are now; this is how strains are developing." In-depth information will also help to break the barrier of mistrust. The short commercials by design foster mistrust.

Parents of Minors 85041

Text/Cell/800 Number

I would like to receive the information through texts, because I feel like that's the easiest like a text message.

Young Adults

I think it would be good if we were able to get maybe some kind of like PSA through our cell phones, you know we all have a provider, maybe the provider networks can get together and develop some kind of flat, the text messaging platform where though they can give us, you know, information.

Native Health

Have a number like 800 number that they have updates or you know press five to hear information on this versus having it on TV, because people can always put commentary on that. But if they have like an 800 number where everyone's listening to the same message, I think that that will be a little bit more trustworthy for me.

Expectant Moms and Parents of Young Children

In Our Language

They can build trust with young adults 18- to 24-year-olds by making the language more teen friendly so that we can understand what they're saying. Don't use big words, because I know my friends, they don't even know what it's saying, so just make it more teen friendly with the language and making connections that we can relate to.

Young Adults

I think that in order to make such an approach to the Latino population, it could start on how to handle information or this type of advertisements or in the places where we go as a Latino population. We have, there is a mall, or go to the supermarket where most of the people who do not speak more than Spanish, then more information could begin to be given within that same place, in that same environment and obviously that it is in our language and to give more security of the vaccine.

Paiute Spanish

Trust and Concerns of Underserved Populations

The impact of COVID-19 has disproportionately affected communities of color nationally, regionally and in Arizona with the greatest disparities in COVID-19 hospitalizations and mortality affecting African American, Hispanic/Latino and Native communities. In the focus groups, participants described accounts of suffering and the emotional toll the pandemic was taking on their communities. Indeed, other focus group participants noticed and commented on the disparities.

The faith leader would announce by ringing church bells what happened - who died from COVID, whose family it was, and then the message is dispersed to the other family members in the community. It's a really amazing way for us to stay connected, but because of that we knew who was passing constantly and there was a time in the summer, where we had two to three people passing on a week.

Guadalupe

So that was extremely hard in our family, we lost our three patriarchs not due to COVID, but during COVID and just trying to do a funeral during those times and just supporting the family and grieving and that sort of thing and so it's difficult.

African American Black Women

I think that there's been certain races that have been affected differently, solely because...some of those races may have more jobs within that sector of restaurants or in the in the hospitality industry. You know, so I think that they may have been affected more not only monetarily but also by other things so yeah I think that there were some races that have been affected more --more than others.

Seniors and Veterans

The concerns of underserved populations have been further exacerbated by historical mistreatment and lack of trust in healthcare and the government by these same communities disproportionately affected by COVID-19. Individuals who have experienced discrimination based on their racial/ethnic status from health care systems or governmental agencies may feel increased mistrust toward the same structures that have contributed to their experiences of marginalization and discrimination[3] [4].

Examples of this mistrust were shared in several of the focus groups.

> *The hardest thing to do is to persuade an elder that something is good for them, you know, because the mentality of the US Government and the relationship with Indian people is negative, so when you put that focus on the elders.*
>
> Native Health Phoenix

Nationally, trust has been a major factor in the vaccine hesitancy of African Americans due to historical maltreatment by the medical community.[5] One focus group member from an African American community in South Phoenix spoke about their fervent belief that the race of their primary care physician was a significant factor in their perception of the doctor's trustworthiness because of a recent encounter with perceived medical discrimination. Another participant recalled a recent YouTube video of a nurse sharing her *horror story* of racial discrimination when being treated for COVID-19. These examples illustrate how hesitancy may be attributed to both *historic* and *recent* experiences of perceived discrimination potentially leading to greater disparities.

[3] Burgess, R. A., Osborne, R. H., Yongabi, K. A., Greenhalgh, T., Gurdasani, D., Kang, G., & McKee, M. (2021). The COVID-19 vaccines rush: participatory community engagement matters more than ever. *The Lancet*, *397*(10268), 8-10.

[4] Khan, M. S., Ali, S. A. M., Adelaine, A., & Karan, A. (2021). Rethinking vaccine hesitancy among minority groups. *The Lancet*, *397*(10288), 1863-1865. https://doi.org/10.1016/S0140-6736(21)00938-7

[5] Jimenez, M. E., Rivera-Núñez, Z., Crabtree, B. F., Hill, D., Pellerano, M. B., Devance, D., ... & Hudson, S. V. (2021). Black and Latinx Community Perspectives on COVID-19 Mitigation Behaviors, Testing, and Vaccines. *JAMA Network Open*, *4*(7), e2117074-e2117074.

However, throughout the focus groups, the participants indicated their desire to help their communities, and the first and most important step was to build trust. Having a voice in the development of culturally relevant strategies is a crucial step toward building that trust. Importantly, participants representing communities of color offered invaluable ideas and suggestions on how to reach their communities.

This feedback is consistent with research with Black and Latinx communities elsewhere that suggest that communities of color are responsive to mitigation efforts and recommend that marketing campaigns be developed in partnership (i.e. involving community leaders) with the target communities with content comprised of transparent and plain language public health information. Trust is observed to be the essential ingredient in COVID-19 information dissemination.

The essential connection of trust and health information dissemination was also noted by in reference to the Native American community. In addition to African American, Hispanic/Latino and Native American communities, vulnerable populations such as seniors, those with disabilities and others without transportation and technology require unique approaches. In addition, a refugee advocate addressed the barrier that technology posed to refugee families.

> *You know the indigenous members - because trust is a really big issue when you're coming off a reservation based community…I think when you look at reservation-based communities political leaders, there have more opportunity to reach their community members across many different modalities. Mainly radio and then the newspaper then yeah you know updates to Council meetings. We don't get that level of interaction here in Maricopa County and I kind of feel like almost invisible to the [non-Native] community.*
>
> Native Health – Mesa

> *I'm disabled, so I get meals on wheels, and they, they put little letters in, in the bags with the meal, they dropped off sanitizer masks, and spray for the kitchen.*
>
> AZCEND

> *Parents and you know even the school - they encounter many difficulties for a parent that is very illiterate, some kids are missing school, the whole -- pretty much all semester, because they don't know how to connect to Internet.*
>
> Refugees

Survey Responses to Information, Messages, and Dissemination around COVID-19

Respondents were asked to indicate their level of trust with various sources of COVID-19 information. Table 13 and Figure 7 show how much respondents trust the all sources presented to them. From a trusted information standpoint, doctor or health care provider was the highest rated source with 63% of respondents stating they trust them *a great deal*. Next was the US Coronavirus Task Force with 46% trusting them *a great deal*. Close friends and family were third with 31% trusting them a great deal. Although many mentioned social media contacts in the focus groups, just 6% stated they trust those *a great deal* and 46% *not at all*.

Among *other* sources trusted, the Centers for Disease Control and Prevention (CDC) was mentioned four times. *Other* single responses included the World Health Organization (WHO), Black doctors, accredited medical professionals, schools, school districts, scientific sources, community centers, and one person who trusted their own research.

Table 13. Level of Trust in COVID-19 Information Sources

Source	A Great Deal	A Little	Not at All	Don't Know
Doctor or Health Care Provider	63%	30%	3%	4%
U.S. Coronavirus Task Force	46%	25%	32%	7%
Close Friends and Family Members	31%	50%	14%	5%
U.S. Government	29%	41%	27%	4%
Arizona State Government	27%	47%	22%	5%
Faith Leader	22%	35%	23%	20%
News Sources	18%	49%	29%	4%
Co-Workers, Classmates, or Others	14%	57%	22%	7%
Local Tribal Government	10%	32%	25%	34%
Neighboring Tribal Government	9%	27%	29%	35%
Social Media Contacts	6%	42%	46%	6%
Other	6%	8%	13%	73%

Figure 7. COVID-19 Trustworthy Information Sources

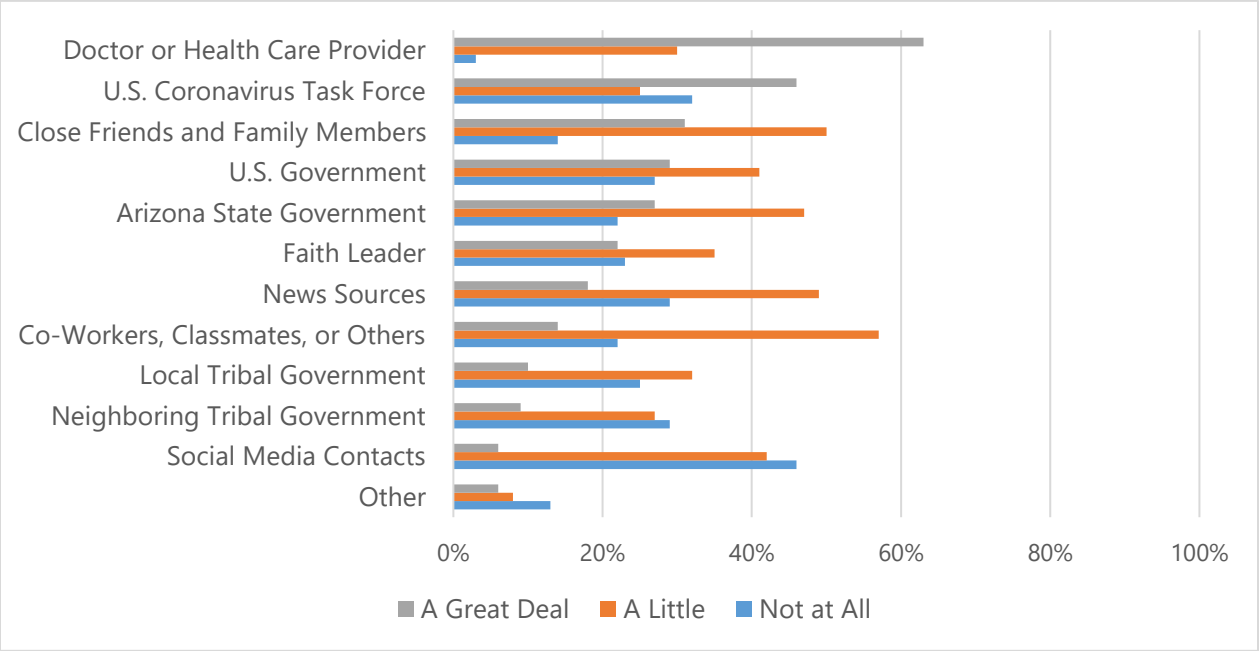
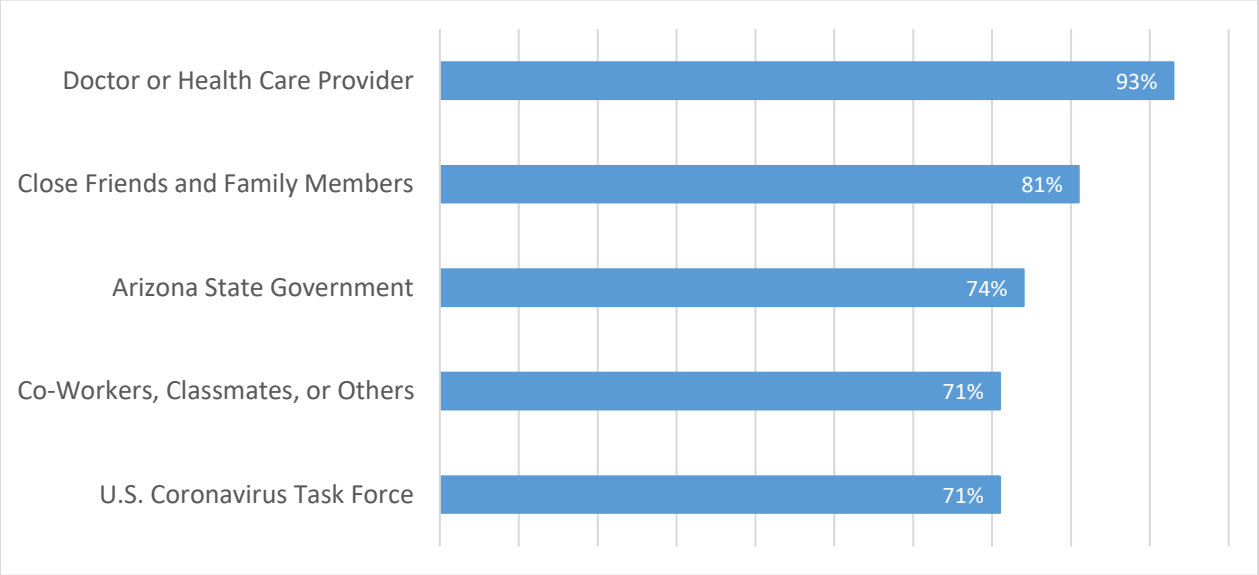


Figure 8. Trust Levels of Top Sources*



*combining *a great deal* and *little bit*

Conclusion

This study aimed to capture the impact of COVID-19 on the individuals, families and diverse geographical, ethnic and cultural communities within Maricopa County, Arizona. Among the largest counties in the United States, Maricopa County is home to nearly 4.5 million people who represent a myriad of diverse and distinct communities. By participating in focus groups and surveys, participants shared their unique stories and perspectives as they related to COVID-19. The 33 focus groups comprised of 186 individuals represent, however, a mere fraction of the population. Intentional efforts were made to partner with community health organizations within all five geographical districts in the county, and existing relationships were leveraged allowing access to community members willing to share their stories and feelings in the form of community focus groups and surveys.

This report of the focus groups and corresponding survey results tells a story of resilience and connection amidst a pandemic. In light of individuals who reported declines in mental health due to isolation, depression and anxiety, it also serves as evidence that the community stands ready to collaborate, with innovative and specific ideas on how to share health related information to the betterment of their lives, their families and communities. Participants felt they were providing recommendations for information and dissemination from their personal and community perspectives.

While this report has limitations, due to sample size and methodology, it serves to highlight the impacts, barriers, trust, and needs related to COVID-19 and is consistent with recent national research on community impacts of COVID-19. Findings from this study may provide insights to assist Maricopa County, local hospitals and Federally Qualified Heath Centers (FQHCs) in prioritizing resources to address the collective and individualized information and health needs of targeted and diverse communities across its jurisdiction.

While themes existed among the 186 individuals in these focus groups, one theme was consistent – one size does NOT fit all, and that culturally tailored messages, community partnerships, personal connections and transparency are needed to help individuals and families make health-related decisions.

Although people listed many sources of information and offered a myriad of suggestions to target specific communities with COVID-19 messaging and outreach, it is apparent people will "*make up their own minds*" despite efforts to provide accurate and timely information. Based on the findings from these participants across Maricopa County, they strongly suggested that each person has to be reached individually in a

way that makes most sense for *that person*. Therefore, it is imperative and highly recommended to continue to search and utilize a multitude of dissemination strategies as one size does not fit all.

The major findings, inclusive of COVID-19 impacts, barriers, vaccine intent and hesitancy as well as community recommendations for information dissemination, offer opportunities for increased community engagement, information dissemination and education, and resource allocation. Ultimately, understanding the unique needs and disparate impacts of COVID-19 on communities may provide insights on how to equitably serve the physical and mental health needs of the respective communities of color and special populations throughout Maricopa County.

Appendix A

COVID-19 Survey Respondent Demographics

Demographics of Focus Group Questionnaire Respondents

Of the respondents, 72% of the questionnaire respondents identified as cisgender women, and 27% of the respondents identified as cisgender men. The age of respondents was intentionally distributed through the data collection process; however, individuals between 25 and 44 made up the larger proportion of respondents to the focus group survey questionnaire. Table A1 provides the age distribution of respondents.

Table A1. Age Distribution of Focus Group Survey Respondents

Age	Percent
18-24	10%
25-34	25%
35-44	30%
45-54	13%
55-64	9%
65-74	8%
75+	4%

Table A2 shows the proportion of respondents who identified their race/ethnicity, and Table A3 showcases their level of education reported by respondents. 75% of respondents who indicated their income made less than $100,000 per year, and 54% of respondents made less than $50,000 per year. Table A4 shows a full breakdown of individuals who reported their income levels. Table A5 outlines the reported working situations of the respondents.

Table A2. Race and Ethnicity of Respondents

Race/Ethnicity	Percent
White	34%
Hispanic, Latino, or Spanish origin, such as Mexican, Puerto Rican or Cuban, etc.	27%
American Indian or Alaska Native	15%
Asian	11%
Black or African-American	11%
Mestizo	1%
Middle Eastern and North African	1%
Native Hawaiian or Other Pacific Islander	1%
South Asian - Indian	1%

Table A3. Reported Education Levels of Respondents

Education	Percent
Graduate degree (for example MA, PhD)	27%
Bachelor's degree (for example BA, BS, or AB)	25%
Associate's or technical degree (for example, AA or AS)	19%
High school graduate or GED	18%
Some high school	8%
Less than high school	3%

Table A4. Reported Income Levels of Respondents

Income Level	Percent
Less than $15,000	12%
$15,000 – $19,999	5%
$20,000 – $24,999	8%
$25,000 – $34,999	10%
$35,000 – $49,999	19%
$50,000 – $74,999	11%
$75,000 – $99,999	10%
$100,000 and above	25%

Table A5. Reported Working Situations

Working Situation	Percent
Working for pay—full time (40 hours a week or more)	36%
Staying at home, homemaker, or caretaker (pre/post COVID)	18%
Working for pay—part time (less than 40 hours a week)	16%
Retired	14%
Going to school, college, or university	12%
Unemployed and looking for a job	5%
Unemployed and NOT looking for a job	4%
On leave from work due to schools closing and having to care for children at home	3%
Disabled	2%
Laid off or lost job	1%
On leave/furlough due to COVID restrictions on employer	1%
Working without pay (for example, at an internship)	1%

Appendix B

COVID-19 Focus Group Guide

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.

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 COVID-19? 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 COVID-19 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?

Appendix C

COVID-19 Survey

(Adapted from online version; spacing and layout are modified.)

The first set of questions about how COVID-19 has affected you compared to last year AND since March 2020.

1. During the COVID pandemic how is your physical health **compared to 2019** (last year):

A lot worse, somewhat worse, about the same, somewhat better or a lot better

2. During the COVID pandemic how would you rate your mental health, including your mood, stress level, and your ability to think **compared to 2019** (last year):

A lot worse, somewhat worse, about the same, somewhat better or a lot better

3. During the COVID pandemic have you been able to get the services you need to address your mental health, including your mood, stress level and ability to think **compared to 2019** (last year):

A lot worse, somewhat worse, about the same, somewhat better or a lot better

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

Food (Always, Sometimes, Never)
Rent/Mortgage (Always, Sometimes, Never)
Utilities (Always, Sometimes, Never)
Clothing/living essentials (Always, Sometimes, Never)
Childcare (Always, Sometimes, Never)

5. Have you applied for new financial assistance since **March of 2020** due to the impact of the COVID pandemic to assist with living expenses?

Unemployment
CAREs
SSI
WIC
SNAP
Other:_____

6. Since **March of 2020** do you have enough money to pay for health care expenses (doctor visits, medications, outstanding bills)?

Always Most of the time Some of the time Rarely Never

COVID-19 Prevention

Coronavirus Disease 2019 (COVID-19) is a disease caused by the new coronavirus. The set of questions asks what you think about COVID-19 and how to stay safe from COVID-19.

COVID-19 Prevention Behaviors

7. In the past 7 days, how often have you chosen to do each of the following when in public to keep yourself and others safe from COVID-19? *(Do not include things you were required to do, such as wear a mask while visiting a store. Select one response for each row.)*

	Never	Some of the time	Very often	All of the time
Wore a face covering or mask				
Washed my hands with soap or used hand sanitizer several times per day				
Stayed at least 6 feet away from other people who are not from my household				

Intentions to Get a COVID-19 Vaccine

The next question asks about a COVID-19 vaccine. A vaccine is a substance that helps protect against certain diseases.

8. How likely are you to get an approved COVID-19 vaccine when it becomes available?

Not at all likely						Very Likely
1	2	3	4	5	6	7

Trusted Sources of Information about COVID-19

9. How much do you trust each of these sources to provide correct information about COVID-19? *(Select one response for each row.)*

	Not at all	A little	A great deal	Don't Know
Your doctor or health care provider				
Your faith leader				
Your close friends and members of your family				
People you go to work or class with or others				
News on the radio, TV, online, or in newspapers				
Your contacts on social media				
The U.S. government				
The U.S. Coronavirus Task Force				
Arizona State Government				
Local Tribal Government				
Neighboring Tribal Government				
Other: _____				

COVID-19 Clinical Trials

Now we are going to ask you some questions about COVID-19 clinical trials.

A **clinical trial** is a kind of research study. Clinical trials study if treatments or vaccines are safe for people and if they work like they are supposed to.

Right now, clinical trials are being done across the U.S. to see if new treatments and vaccines for COVID-19 work to keep people healthy.

COVID-19 Clinical Trial Registration or Enrollment Behaviors

10. Have you ever signed up for a COVID-19 clinical trial?

- ☐ Yes, I signed up for a clinical trial for a COVID-19 vaccine.
- ☐ Yes, I signed up for a clinical trial for a COVID-19 treatment.
- ☐ No, I have never signed up for a COVID-19 clinical trial.

11. How likely are you to sign up for a clinical trial for a COVID-19 vaccine?

Not at all likely						**Very likely**
1	2	3	4	5	6	7

Social Determinants of Health and Demographics

The next set of questions asks about you and your household.

12. What is the primary kind of health insurance or health care plan that you have now?

- ☐ Private health insurance through a job or school
- ☐ Insurance bought through a government exchange such as healthcare.gov
- ☐ Insurance bought from a health plan or company
- ☐ Medicare
- ☐ Medi-Gap
- ☐ Medicaid
- ☐ CHIP or kid's state insurance
- ☐ Military health care
- ☐ Indian Health Service
- ☐ Tribal Health System
- ☐ I don't have health insurance
- ☐ Other _____
- ☐ Don't know

13. The COVID-19 pandemic may cause challenges for some people, whether they get COVID-19 or not. In the past month have you or your family experienced any of the below challenges? *(Select one response for each row.)*

	No, this is not a challenge	**Yes, this is a minor challenge**	**Yes, this is a major challenge**
Getting the health care I need (including for mental health)			
Having a place to live			
Getting enough food to eat			
Having clean water to drink			
Getting the medicine I need			
Getting to where I need to go			
Having transportation			

COVID-19 Testing Behaviors

14. Have you been tested for the COVID-19?

- ☐ Yes (go to q16)
- ☐ No (go to q15)

15. Why have you not been tested for COVID-19? *(Select all that apply.)*

- ☐ I haven't felt sick.
- ☐ I felt sick, but I didn't feel sick enough to get tested.
- ☐ I felt sick, but my health care provider told me to just stay at home and away from other people.
- ☐ I was told that testing wasn't available.
- ☐ I didn't have a way to get to the testing location.
- ☐ I didn't have the money to pay for a test.
- ☐ I didn't know where to go to get tested.
- ☐ I didn't have someone to watch my children or other people in my care so I could go get tested.
- ☐ I couldn't take time off work to get tested.
- ☐ I'm afraid that a positive test result will mean that I have to miss work.
- ☐ I'm afraid to get a COVID-19 test.
- ☐ I don't trust researchers.
- ☐ I don't trust the government.
- ☐ Other reason: _____

Reasons for Getting/Not Getting a COVID-19 Vaccine

16. Why would you get a COVID-19 vaccine? *(Select all that apply- OR RANK ORDER.)*

- ☐ I want to keep my family safe.
- ☐ I want to keep my community safe.

- ☐ I want to keep myself safe.
- ☐ I have a chronic health problem, like asthma or diabetes.
- ☐ My doctor told me to get a COVID-19 vaccine.
- ☐ I don't want to get really sick from COVID-19.
- ☐ I want to feel safe around other people.
- ☐ I believe life won't go back to normal until most people get a COVID-19 vaccine.
- ☐ Other: _____

17. Have you received the COVID-19 vaccine?

- ☐ Yes
- ☐ No

18. Are you scheduled to receive the COVID-19 vaccine in the next 30 days?

- ☐ Yes
- ☐ No

19. Why would you <u>NOT</u> get a COVID-19 vaccine? *(Select all that apply.)*

- ☐ I'm allergic to vaccines.
- ☐ I don't like needles.
- ☐ I'm not concerned about getting really sick from COVID-19.
- ☐ I'm concerned about side effects from the vaccine.
- ☐ I don't think vaccines work very well.
- ☐ I don't trust that the vaccine will be safe.
- ☐ I don't believe the COVID-19 pandemic is as bad as some people say it is.
- ☐ I don't want to pay for it.
- ☐ I don't know enough about how well a COVID-19 vaccine works.
- ☐ Other: _____

20. Is there anything – message or person or advertisement – that would help with your decision to get a vaccine?

- ☐ Yes: Who or What_____
- ☐ No

21. Do you believe that your ethnicity or race has impacting your ability to obtain any of the following:

- ☐ Housing
- ☐ Education
- ☐ Employment
- ☐ Healthcare

- ☐ Treatment
- ☐ Medications
- ☐ Utility assistance
- ☐ Food
- ☐ Transportation
- ☐ Other: _____

22. How has COVID 19 affected your ability to access health care for you or your children?

23. In the last year have you obtained preventative services (annual physical, well-child visit, mammogram, etc.) for you or your children?

Demographics

24. What is your age?

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

25. What is your gender identity?

- ☐ Man
- ☐ Woman
- ☐ Transgender female or trans woman
- ☐ Transgender male or trans man
- ☐ Nonbinary, genderqueer, or genderfluid
- ☐ I would describe my gender as: _____
- ☐ Prefer not to answer

26. Which of the following best describes your race? *Please select all that apply.*

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African-American
- ☐ Hispanic, Latino, or Spanish origin, such as Mexican, Puerto Rican or Cuban, etc.?
- ☐ Mestizo (sites to include if applicable in their area)
- ☐ Middle Eastern and North African (sites to include if applicable in their area)
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other (specify): _____
- ☐ Prefer not to answer

27. What is the highest degree or level of school you have completed?

- ☐ Less than high school
- ☐ Some high school
- ☐ High school graduate or GED
- ☐ Associate's or technical degree (for example, AA or AS)
- ☐ Bachelor's degree (for example BA, BS, or AB)
- ☐ Graduate degree (for example MA, PhD)
- ☐ Prefer not to answer

28. What is your home zip code?

29. In 2019, what was your total household income before taxes?

- ☐ Less than $15,000
- ☐ $15,000 – $19,999
- ☐ $20,000 – $24,999
- ☐ $25,000 – $34,999
- ☐ $35,000 – $49,999
- ☐ $50,000 – $74,999
- ☐ $75,000 – $99,999
- ☐ $100,000 and above
- ☐ Prefer not to answer

30. Which of the following describes your current situation? *(Select all that apply.)*

- ☐ Working for pay—part time (less than 40 hours a week)
- ☐ Working for pay—full time (40 hours a week or more)
- ☐ Working without pay (for example, at an internship)
- ☐ On leave/furlough due to COVID restrictions on employer
- ☐ On leave from work due to schools closing and having to care for children at home
- ☐ Laid off or lost job
- ☐ Unemployed and looking for a job
- ☐ Unemployed and NOT looking for a job
- ☐ Retired
- ☐ Staying at home, homemaker, or caretaker (pre/post COVID)
- ☐ Disabled
- ☐ Going to school, college, or university
- ☐ Other:_____

Appendix D

COVID-19 Focus Group Supplemental Quotes

Focus Group Responses about COVID-19 Prevention

Masks

I tried to call a get together for seniors. We used to meet regularly, so I call the get together have a smaller number of people. I thought they're all seniors, educated, and well-mannered, so they will follow the rules [CDC guidelines]. They came and some were wearing their mask below the nose and mouth. I had to police them, and I was very strict with some whether they are 85 or 95. I made them to put their mask correctly. Fortunately, everything went well, but otherwise I don't know what I would have done with those rebels.

Asian Americans 65+

Plans and Rationale to Get Vaccinated or Not against COVID-19

Vaccine – Pro

I'm in my office two to three times a week too, my son is going to go back to in-person learning soon. I agree it's an unknown, a gamble. But I've seen people close to me severely ill. It made me say I would rather get this vaccine than deal with that. Zero side effects with my first shot. Second is soon, hoping for the same outcome.

Parents of Minors

Yes, because in this pandemic we have had family losses and we are very hurt because the family that loved me the most left us with this pandemic, and that is why I too am scared. I am afraid of infecting people that is why I do not go out. I am at home, just here with the family. Therefore, I feel a little more confident since I was vaccinated and right now, we are protected a little more to be able to continue this pandemic.

Gila Bend Spanish

Yeah with the vaccine, I was against it, the only reason I took it was because of my mother, but if she was not living with me I wouldn't have taken it, I mean I'm just being as honest as possible I'm not a person that take vaccines, I don't do the flu shot.

Guadalupe

I like the effectiveness of the Moderna and the Pfizer. I would not take the Johnson and Johnson vaccine. I don't trust them as a company and it's not effective enough for me personally.

Sun Health 2

There's also people that [say] 'Oh, you know the two shots are just too inconvenient so I'm waiting for the Johnson and Johnson, because I only want to get one shot.'

Sun Health 2

For the good of all

You know when we were young, there was the polio vaccine and your mom took you and you got it. You know you didn't get to go to school without all your vaccines you, you know, things were a little different when we were younger and it's just what you did you did it for the good of everyone and yourself.

Sun Health 2

I don't want to die over the course of a month in understaffed ICU or end up with permanent organ damage. The scientists and doctors and many, many people have worked so hard to fight for this. A little thing I can do is get vaccinated and hopefully that will kind of slow down the spread of the disease and for the public health.

Sun Health 1

So I felt like it was kind of my responsibility, like, if I had the ability to get the vaccine so soon to like just do it in order to have my family see that.

Central Phoenix

Yeah with the vaccine, I was against it, the only reason I took it was because of my mother, but if she was not living with me I wouldn't have taken it, I mean I'm just being as honest as possible I'm not a person that take vaccines, I don't do the flu shot.

Guadalupe

Vaccine – Hesitant, Against or Ambivalent

People to do something, or not to do it like to get vaccinated or not to get vaccinated it's up to them like in the long run it's up to them unless someone was forced to.

LGBTQIA

I think the biggest observation that I made was that people didn't believe [COVID-19] existed; we're talking about March, April last year.

Guadalupe

To me, was just too quick it's still too quick, and there's a couple of different people that are just like oh no you get the one shot, and you get all these Johnson and Johnson or whatever, and then the other one you have to wait so many weeks, and you know. I'm just like no I'll just stay away from everybody I'll just try to be as far as possible, and you know be respectful and just cover my mouth or turn around or whatever I need to do if I don't have to get the vaccine.

Guadalupe

Too Soon – Unknowns

The children, you know I mean there's just so many unknown factors and it's really hard as parents to make a decision with your little ones, do you give them the vaccine or not. To adults, take the vaccine or not very tough decisions it's not something even if they give you the research and the information.

Guadalupe

I understand why people would want to get it or have gotten it, but at the same time, I have my concerns that it's premature. It came about so quickly, and I understand that in an emergency… we think we react, and we put things in motion much quicker than we would under normal circumstances so again it's just all this going on, and so, those are my reservations.

Young Adults

I wasn't a fan of it just because of all the unknowns there were going along with it. You're hearing about somebody getting vaccinated and they pass or somebody getting it and they had Bell's Palsy. They were promoting more of what could happen, it kind of made me not want to get it, but the reason why I got it was to protect my family and just not having to deal with that.

Native Health Phoenix

But none of those things will convince the people who are reluctant since they have good questions, and you don't have the answers.

Asian Americans 65+

I'm not comfortable with it, one of the reasons is that I don't feel like the risk is super high that warrants a vaccination for myself or my family or the people that I'm regularly in contact with.

Expectant Moms and Parents of Young Children

I think it's just that choice has been removed from us, and now it's a cancel culture, if you don't have the vaccine you're somehow an evil person and you're you, you should just stay home and that's the part that I feel is not right now.

Expectant Moms and Parents of Young Children

Focus Group Responses to Information, Messages, and Dissemination around COVID-19

Misinformation

I've heard that Washington is doing a promotion for vaccinations, and it would allow adults to claim a free marijuana point when they receive a COVID19 vaccine. That to me is so ridiculous it's like if we're really trying to like find a solution to this and, get people to get vaccines, why are we doing this and, like promoting things such as like liquor or like marijuana that just completely, for me personally, takes away the seriousness.

Young Adults

There are also many people who say that it is not true, that the vaccine is to control us, to see what power they have over us. So, every time new information comes out, they always come up with a theory. In other words, something good and something bad about all the information that comes out.

Paiute Spanish

I think one major concern that I've had that also a lot of people have that I have is kind of kept hush hush is that people have already made a lot of money off of the vaccine, and if people stopped making money off of it, I want to see how quickly they continue to put out the message that everyone needs it.

Young Adults

I am still undecided in getting the vaccine, they already offered it to me, and I did not want to take it. I said, well I'll wait a little bit longer. Precisely because I have this idea widely planted, because everything is coinciding as they told us and then with fear, but I am also afraid of the virus, for my children, for my family.

Paiute Spanish

I wouldn't get it, because it can mess up fertility later.

Young Adults

But at home, my boyfriend actually chose not to because he was scared like some people had mentioned the vaccine came out too fast. He told me we're probably going to turn into zombies and, like all these stories so.

Gila Bend English

Just lots of different stories that I've you know not just heard, but that we've read about -different things about how you know yeah the miscarriages are up 400% and that can possibly make some sterile and also that and some of the stories that

talk about how a lot of this money comes from organizations who are into population control so that makes me a little nervous.

Seniors & Veterans

Social Media

I wish there was an easier way to teach the masses, that would've helped. It's easier to teach someone who doesn't know something, versus if they know it incorrectly; to erase that, to redact that part, and then teach them the right thing- it's very hard. The lack of social media would've worked absolute brilliant wonders if it was there because there's so much misinformation that comes out. And secondly, if healthcare and politics were kept completely separate then it wouldn't have been a left versus right issue, it would've been a what's right versus what's wrong issue and that would've streamlined our education… Overload of information has caused a lot of ruckus.

Asian American under 65

I feel like most of my friends, at least on social media, think it's fake. And honestly it's hard for me to sift through all the information myself, so I can't say I know one way or the other. But I know I think a handful of my friends are also pretty frustrated with having to wear masks, but I think they don't think its necessary. And there's definitely a lot of conspiracy theories out there, so I feel like I've had to stay off of social media a little bit more because I just get really confused and don't know what to think.

AZCEND

But I started reading all this news, the global news, first with what they were doing and then having to rely on thunderbird school of global management and ASU.

Guadalupe

Because of so much on news and social media, I mean I just think it's all unfortunately, political and just a lot of lies, so it just came down to what was best for us and, like I said we would have done anything to see her daughter graduate.

Central Phoenix

Trusted Sources

Doctors

I also went to our doctor or family practitioner, and she had a lot of good information to and she was able to I think disseminated a lot but also recognizing that she's in the healthcare industry so she's going to be on my crusade biased but she's going to have her own medical opinions about that so I was able to glean from her as well.

Seniors & Veterans

We had a presentation from a doctor from UB Medical School, and he is Panamanian, and he spoke in Spanish. So, it was by video, this time by Zoom and … during the chat they could also ask questions. He was highly informative, he knew everything and did not judge, he was not as they say, scolding or anything. He just gave information, data, gave his sources, very good presentation.

Gila Bend Spanish

You had asked earlier about who we trust, and about the physicians. I – part of me – I feel like they, you know, it's a money game with the physicians pushing these vaccines and you know these pharmaceutical companies working together, and you know that's, that's another thought that I have when it comes to vaccines

South Phoenix Young Parents

[I would trust] pretty much just my doctor. I feel like a lot of other parties who are giving out information have hidden agendas with their messages, so I'm a little more wary about those ones.

AZCEND

It's hard to know what sources are right and to know who to trust with all this, but I just have been relying on the doctors that I go to. I have had a lot of doctors' visits lately just because I have a heart condition, and so I had to get everything checked up., They recommended that I do get the vaccine just because I'm more at risk, and so I decided to make that decision.

Young Adults

Government

Plus, I do follow the pages for the local tribes here the Salt River Pima Indian Community and the Gila River Indian Community and of course the Navajo Nation and I was getting my information from that and just being appalled with the numbers on the Navajo Nation. Also that information to their communities also brought awareness, to the urban Indians here the urban community living here in the valley, and that was extremely helpful because I felt that the tribal leadership was taking heed in trying to keep their Community safe, you know the Navajo Nation got hit hard by the numbers and we lost just hundreds there.

Family Resource Center English

The medical and the health organizations and how they get paid and so there's a lot of things in the background here that but, but, for me, following the CDC it's just been a rollercoaster ride, because one thing you hear this and then two weeks later it's a different story. You know and then two weeks later it's something completely different so it's so that's been hard to try to find and locate the truth right or at least figure out, who has the most truthful information.

Seniors & Veterans

If both political parties got together and the same message of being vaccinated I'm sure it will change a lot of people's minds, because there are those people that will listen to the politicians. So if we can get those groups that believe in other people other than the doctors.

Hispanic Males

I would like to suggest that it would be the county's responsibility to monitor all this, I mean. I suppose that the county is in charge of distributing vaccine, so they know who's getting it and when, and that they ought to be able to say that Walgreens is now available and here's and contact information about how to make that appointment.

Sun Health

There's unwillingness to take the responsibility by the people in the state government offices. What happens to my confidence in my government? It goes down, down, down.

Asian American 65+

But when we hear from an authority like Dr. Fauci, it's taken as a golden standard, and we are at ease and that's when I will stop worrying.

Asian Americans 65+

Family and Close Friends

It can even infect our own family or ourselves and I would think it is very important to vaccinate children since if they feel any symptoms they can warn, but if they do not have any symptoms how can they know if they have the Coronavirus? And then to spread more and more. I can imagine that a child would feel very guilty if one of his relatives or his own parents dies from just having that symptom.

Gila Bend Spanish

Faith Leaders

In the Church, however, we have had funerals but that's limited to family and maybe a couple of ushers but otherwise right now we're still not in in church I'm only online and he does mention it every week (almost) just tells us to stay safe and stay masked up.

Sun Health

[The] direction the Church is going…I do trust those leaders.

Seniors and Veterans

(Middle Eastern/Muslim) We did a lot of education well in the communities, we went to churches and mosques, we will bring like a nurse or somebody from the county. We did a lot of video zoom chat with community leaders.

Refugee/Advocates

Messaging

You know there's been some there's actually been some faculty at ASU that I have gotten to interact with and talk to about it and get their opinions and get their thoughts and that's been helpful as well.

Seniors & Veterans

I'm going to people's houses and like giving them information on COVID and COVID vaccinations sites.

Central Phoenix

Maybe giving out T-shirts, to the community.

Guadalupe

Valleywise Community Health Centers Governing Council Meeting

January 5, 2022

Item 3.

Committee Reports

Valleywise Community Health Centers Governing Council Meeting

January 5, 2022

Item 3.a.

Compliance and Quality Committee Report – No Handout

Valleywise Community Health Centers Governing Council Meeting

January 5, 2022

Item 3.b.

Executive Committee Report
(No Handout)

Valleywise Community Health Centers Governing Council Meeting

January 5, 2022

Item 3.c.

Finance Committee Report - Financial Highlights

VALLEYWISE HEALTH
FEDERALLY QUALIFIED HEALTH CENTERS
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending November 30, 2021

OPERATING REVENUE

(a) Visits

	Actual	Budget	Variance	%Variance
Month-to-Date	25,654	24,180	1,474	6.1%
Year-to-Date	131,065	121,003	10,062	8.3%

Visits greater than budget for the month by 1,474 or 6.1%. Current month visits less than prior month by 2,102 or 7.6%. The VCHC's were greater than budget by 1,037 or 7.8%, the Outpatient Behavioral Health clinics were greater than budget by 30 or 2.5%, VCHC-Phoenix was greater than budget by 606 or 10.7%, VCHC-Peoria was less than budget by 178 or 7.6% and Dental less than budget by 21 or 1.2%.

(b) Net Patient Service Revenue

	Actual	Budget	Variance	%Variance
Month-to-Date	$ 4,956,653	$ 4,798,371	$ 158,282	3.3%
Year-to-Date	$ 25,579,598	$ 23,935,942	$ 1,643,656	6.9%
Month-to-Date Per Visit	$ 193	$ 198	$ (5)	-2.6%
Year-to-Date Per Visit	$ 195	$ 198	$ (3)	-1.3%

Net patient service revenue is greater than budget by $158.3K for MTD. On a per visit basis, net patient service revenue is less than budget by 2.6% for MTD. The VCHC's were greater than budget by $184.1K or 6.5%, the Outpatient Behavioral Health clinics were greater than budget by $21.7K or 7.9%, the VCHC-Phoenix was greater than budget by $56.0K or 5.9%, the VCHC-Peoria was lesss than budget by $48.2K or 10.5% and Dental less than budget by $55.4K or 19.2%.

(c) Other Operating Revenue

	Actual	Budget	Variance	%Variance
Month-to-Date	$ 332,563	$ 239,346	$ 93,218	38.9%
Year-to-Date	$ 1,717,725	$ 1,221,860	$ 495,865	40.6%

Other operating revenue is greater than budget by $93.2K for MTD.

(d) PCMH Revenue

	Actual	Budget	Variance	%Variance
Month-to-Date	$ -	$ -	$ -	0.0%
Year-to-Date	$ 19,268	$ 18,814	$ 454	2.4%

(e) Total operating revenues

	Actual	Budget	Variance	%Variance
Month-to-Date	$ 5,289,216	$ 5,037,717	$ 251,500	5.0%
Year-to-Date	$ 27,316,591	$ 25,176,616	$ 2,139,975	8.5%
Month-to-Date Per Visit	$ 206	$ 208	$ (2)	-1.0%
Year-to-Date Per Visit	$ 208	$ 208	$ 0	0.2%

Total operating revenues are greater than budget by $251.5K for MTD. On a per visit basis, total operating revenue is less than budget by $2.00 for MTD.

VALLEYWISE HEALTH
FEDERALLY QUALIFIED HEALTH CENTERS
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending November 30, 2021

OPERATING EXPENSES

(f) Salaries and Wages

	Actual	Budget	Variance	%Variance
Month-to-Date	$ 1,871,071	$ 1,701,624	$ (169,447)	-10.0%
Year-to-Date	$ 9,725,608	$ 8,508,377	$ (1,217,231)	-14.3%
Month-to-Date FTEs	364	433	68	15.8%
Year-to-Date FTEs	361	433	71	16.5%

Salaries and wages were greater than budget by $169.4K for MTD. FTEs were less than budget by 68 for MTD. The average salaries and wages per FTE were less compared to the previous month by $337.10.
The budget includes FTE's under the American Rescue Plan.

(h) Employee Benefits

	Actual	Budget	Variance	%Variance
Month-to-Date	$ 570,218	$ 569,116	$ (1,101)	-0.2%
Year-to-Date	$ 3,208,306	$ 2,860,111	$ (348,195)	-12.2%
Month-to-Date Per FTE	$ 1,566	$ 1,316	$ (250)	-19.0%
Year-to-Date Per FTE	$ 8,879	$ 6,611	$ (2,268)	-34.3%

Employee benefits are greater than budget by $1.1K MTD.

Benefits as a % of Salaries

	Actual	Budget	Variance	%Variance
Month-to-Date	30.5%	33.4%	3.0%	8.9%
Year-to-Date	33.0%	33.6%	0.6%	1.9%

(i) Medical Service Fees

	Actual	Budget	Variance	%Variance
Month-to-Date	$ 1,731,651	$ 1,864,771	$ 133,120	7.1%
Year-to-Date	$ 8,753,553	$ 9,248,983	$ 495,430	5.4%

Medical service fees were less than budget for the month by $133.1K MTD.
The VCHC's were less than budget by $84.1K or 7.2%, OP Behavioral Health greater than budget by $3.7K or 24.4%, VCHC - Phoenix was less than budget by $11.8K or 2.5% and VCHC-Peoria was less than budget by $41.0K or 19.0%.

(j) Supplies

	Actual	Budget	Variance	%Variance
Month-to-Date	$ 278,394	$ 209,383	$ (69,010)	-33.0%
Year-to-Date	$ 1,247,349	$ 1,047,873	$ (199,477)	-19.0%
Month-to-Date Supplies per Visit	$ 11	$ 9	$ (2)	-25.3%
Year-to-Date Supplies per Visit	$ 10	$ 9	$ (1)	-9.9%

Supplies expenses were greater than budget by $69.0K MTD. The VCHC's greater than budget in Pharmaceuticals by $57.4K and the VCHC-Phoenix greater than budget in Pharmaceuticals by $8.8K

(k) Purchased Services

	Actual	Budget	Variance	%Variance
Month-to-Date	$ 15,707	$ 14,204	$ (1,504)	-10.6%
Year-to-Date	$ 105,031	$ 80,582	$ (24,449)	-30.3%

Purchased services were greater than budget by $1.5K MTD.

VALLEYWISE HEALTH
FEDERALLY QUALIFIED HEALTH CENTERS
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending November 30, 2021

OPERATING EXPENSES (continued)

(l) Other Expenses

	Actual	Budget	Variance	%Variance
Month-to-Date	$ 62,539	$ 82,207	$ 19,668	23.9%
Year-to-Date	$ 392,918	$ 441,220	$ 48,302	10.9%

Other expenses were less than budget by $19.7K MTD.

(n) Allocated Ancillary Expense

	Actual	Budget	Variance	%Variance
Month-to-Date	$ 766,665	$ 596,037	$ (170,627)	-28.6%
Year-to-Date	$ 3,681,885	$ 3,026,413	$ (655,472)	-21.7%

Allocated ancillary expenses were greater than budget by $170.6K MTD.

(o) Total operating expenses

	Actual	Budget	Variance	%Variance
Month-to-Date	$ 5,300,180	$ 5,037,544	$ (262,636)	-5.2%
Year-to-Date	$ 27,124,349	$ 25,214,546	$ (1,909,803)	-7.6%
Month-to-Date Per Visit	$ 207	$ 208	$ 2	0.8%
Year-to-Date Per Visit	$ 207	$ 208	$ 1	0.7%

Total operating expenses were greater than budget by $262.6K MTD. On a per visit basis, the current month was 0.8% favorable.

(p) Margin (before overhead allocation)

	Actual	Budget	Variance	%Variance
Month-to-Date	$ (10,964)	$ 173	$ (11,137)	-6438.7%
Year-to-Date	$ 192,242	$ (37,930)	$ 230,172	606.8%
Month-to-Date Per Visit	$ (0)	$ 0	$ (0)	-6074.5%
Year-to-Date Per Visit	$ 1	$ (0)	$ 2	567.9%

Total margin (before overhead allocation) is less than budget by $11.1K for MTD.

Valleywise Community Health Centers Governing Council Meeting

January 5, 2022

Item 3.d.

Strategic Planning and Outreach Committee Report
(No Handout)

Valleywise Community Health Centers Governing Council Meeting

January 5, 2022

Item 4.

FQHC Clinics'
CEO Report

Office of the Sr Vice President & CEO FQHC Clinics

2525 East Roosevelt Street • Phoenix • AZ• 85008

DATE: January 5, 2022

TO: Valleywise Community Health Centers Governing Council

FROM: Barbara Harding, BAN, RN, MPA, PAHM, CCM
Sr VP Amb Services & CEO FQHC Clinics

SUBJECT: CEO Report

Visit Metrics: November 2021

Net Promoter Score
The Net Promoter Score also often thought of as "patient satisfaction" is a performance improvement initiative that is a critical element to sustaining and growing the viability of the FQHC clinics. Following a patient visit, they receive a telephonic survey to complete regarding their experience at an appointment. There are multiple questions asked. A primary element of the experience is whether the person would recommend the facility/clinic to others. The target has been established as ≥ 77% of the respondents would recommend Valleywise Community Health and Comprehensive Health Centers.

In review of the November data, an opportunity for performance improvement. A team and action plans have been developed for focused improvement of the score. Of the November findings, West Maryvale, 79.9%, and HIV services at McDowell, 78.0%, and PEC, 100% met the target.

Visits Goals
The FQHC Clinics continue to maintain a positive clinic variance in the Fiscal Year. Fiscal Year to Date (FYTD) November visit, a positive variance of 8.3%. Below are the breakdowns of specific clinics:

Valleywise Community Health Centers (FQHC) maintained a positive variance achieving 7.8 % MTD and 10.9% FYTD. South Phoenix/Laveen continues to be

challenged with a negative visit variance, MTD (16.8%), FYTD, (8.0%). Staffing challenges continue to be the primary barriers for attaining targets.

HIV Service Line
To provide greater clarity, HIV services currently being conducted at Valleywise Community Health Center - McDowell (5.1% MTD) and Valleywise Comprehensive Health Center – Peoria (30.4% MTD) illustrate individual clinic performance. Both clinics have a higher no-show rate than other clinics. The no show rate for McDowell clinic is 21.9% MTD and McDowell Peoria is 20.2% MTD. Outreach staff are working with patients to decrease the no show rates. Historically, this population has had a higher rate of no-show visits when in person. Outreach members are assessing whether barriers, such as transportation, are presenting challenges.

Valleywise Comprehensive Health Center – Peoria (FQHC) Clinic is building momentum in the market. The clinic is closing the gap on visits, achieving a positive visit variance of FYTD 1.8%.

Valleywise Comprehensive Health Center – Phoenix continues to have a positive FYTD, 3.9%.

Diabetes Education continues to with a negative variance MTD (37.3%). Staff are working on developing plans for internal coverage when off. The FYTD variance for Diabetes Education was (34.2%). The manager is working with the team to identify ways in which to improve.

Integrated Behavioral Health (IBH) services attained a positive variance of 2.5% for November and FYTD 7.0%.

Valleywise Community Health Centers (FQHC) Dental Clinics continue to rebound working to meet target goals given the past year's performance gaps created by the service limitations of the COVID-19 pandemic. November 2021 as slight dip in the visit variance, MTD (1.2%) but maintains a positive visit variance FYTD 10.0%.

Reminder - Regional Site Testing and Immunization for COVID
The FQHC clinics continue to provide access to at the following locations:

- Peoria
- Maryvale
- North Phoenix
- South Central
- Mesa
- Chandler

Pilot- Pfizer Pediatric Immunizations

- 300 doses have been ordered

Testing occurs Tuesdays and Thursdays at Phoenix CHC.

Refugee Health

The Holiday Angel Event held Saturday, December 18, 2021 was attended by 215 refugee families accounting for 854 individuals served. This event was support in part by the Valleywise Health Foundation.

Valleywise Community Health Centers Governing Council Meeting

January 5, 2022

Item 5.

Valleywise Health's President and CEO Report

(No Handout)

Valleywise Community Health Centers Governing Council Meeting

January 5, 2022

Item 6.

Closing Comments
and Announcements
(No Handout)

Valleywise Community Health Centers Governing Council Meeting

January 5, 2022

Item 7.

Staff Assignments
(No Handout)