

**Valleywise Health
Maricopa County Special Health Care District**

**Community Needs Assessment
April 2020**



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Valleywise Health Overview

Valleywise Health is the only public teaching hospital and health care system in Arizona providing primary and specialty care services predominantly to underserved, low-income, and ethnically diverse populations. Over a remarkable 140+ year history, Valleywise Health has built a reputation of quality healthcare, places compassion at the forefront, and is renowned for ethical stewardship of community resources and financial investment.

The Valleywise Health mission is "to provide exceptional care, without exception, every patient, every time." Valleywise Health employs a comprehensive approach to continual excellence of healthcare, clinical training, and population health research.

Overall, Valleywise Health experiences 550,000 visits annually and the system of care includes:

- Valleywise Health Medical Center – 325 beds
- Arizona Burn Center – 2nd largest in the U.S.; 45 beds and 5,000 visits annually
- Level 1 – Adult Trauma
- Level 2 – Pediatric Trauma
- 1 FQHC with 12 locations throughout Maricopa County including McDowell Health Center, the largest Primary Care serving Persons Living with HIV in AZ
- 3 Behavioral Health Centers – 361 beds
- Refugee Health Primary Care, serving over 3,000 women and children from 49 countries representing 41 different languages

Valleywise Health encompasses the largest medical teaching program in Maricopa County, training 400 residents and providing 3,194 student rotations in 13 accredited programs.

Valleywise Health serves as the healthcare safety net for Maricopa County in Arizona. The health system serves people of many races and nationalities who come from diverse cultures and numerous languages and dialects are spoken. An internal staff of 30 interpreters provides services for more than 70 languages. Interpretation services include in-person, access to real-time translation utilizing the phone-based World-Wide Interpreters and services for the hearing impaired.

In FY 2019, Valleywise Health achieved over 14,411 acute admissions, 396,391 ambulatory patient visits, and provided 3,600 patients with acute psychiatric care. Of inpatient and ambulatory individuals, nearly 73% and 83% are, respectively, racial and ethnic minorities.

The Valleywise Health ambulatory patient base is 73% ethnically/racially diverse, of which 57% are Hispanic and nearly 10% are African-American. Over 30% of patients are non-English speaking. Ethnically diverse children comprise the clear majority of Valleywise Health pediatric patients: in FY16, nearly 90% of all children were of racial/ethnic diversity, with 74% Hispanic.

Parents/caregivers of Valleywise Health pediatric patients experience high levels of unemployment and face numerous challenges and barriers. Ninety-six percent of children obtaining services at any Valleywise Health facility receive benefits through AHCCCS (State of Arizona Medicaid), the Valleywise Health Financial Assistance Program (sliding fee scale), or are self-pay.

With a focus on health disparities, Valleywise Health is dedicated to addressing the Social Determinants of Health for pediatric patients and their families. Valleywise Health is certified as a NCQA Medical Home, providing patient-centered and comprehensive care. A robust care coordination program, embedded into all Valleywise Health medical clinics, helps to ensure children and families receive access to not only medical care but social services, too. Strong community partnerships include providing early literacy programs at the four clinic-based Valleywise Health Family Learning Centers, supplying free lunches in collaboration with a local food bank, and a monthly food distribution program.

Valleywise Health's Federally Qualified Health Center sites (FQHC) offer outpatient primary care on the Valleywise Health campus in the Comprehensive Healthcare Center – Phoenix, as well as inside 11 Community Health Centers (FHC) located throughout Maricopa County. The FQHCs located within the CHC include: The Internal Medicine Clinic, Antepartum Testing Center, Women's Care Clinic, Arizona Children's Center Pediatric Clinic, Dental Clinic, and the Diabetes Outreach Clinic.

All designated FQHC primary care clinics receive leadership oversight by the HRSA-sanctioned Valleywise Community Health Centers Governing Council. Member responsibilities include ensuring the organization is community-based and responsive to the needs of the population it serves.

Valleywise Health FQHCs serve adult and pediatric patients, providing primary care services including:

- Adolescent care
- Teen pregnancy
- Refugee care
- Diabetes outreach education
- Behavioral health care
- Adult and pediatric dental
- Cardiology
- Radiology
- Laboratory and pharmacy services

Outside of the designated FQHC scope of work, Valleywise Health offers a wide range of specialty services including: gastroenterology, infectious diseases, rheumatology, neurology, endocrinology, dermatology, sports medicine, urology, oncology, breast care, dialysis, general and specialized surgery, hand and plastics, orthopedics, ear-nose-throat, ophthalmology, specialty pediatrics, cardio-pulmonary care, and physical and occupational therapy.

Valleywise Health Patient Demographics: Valleywise Health UDS Reports – 2019 (Abbreviated*)

**Below are select Valleywise Health UDS Reports submitted for the purposes of discussion.
Attachment 1 contains the full Valleywise Health UDS Report as submitted to HRSA*

UDS Reports – 2019
Table 3A: Patients By Age And By Sex Assigned At Birth – Universal

S. No	Age Groups	Male Patients (a)	Female Patients (b)
1.	Under Age 1	1,402	1,385
2.	Age 1	824	764
3.	Age 2	736	726
4.	Age 3	712	712
5.	Age 4	711	668
6.	Age 5	686	670
7.	Age 6	604	590
8.	Age 7	557	527
9.	Age 8	530	520
10.	Age 9	525	547
11.	Age 10	611	561
12.	Age 11	688	716
13.	Age 12	640	612
14.	Age 13	585	606
15.	Age 14	570	616
16.	Age 15	575	590
17.	Age 16	539	669
18.	Age 17	510	779
Subtotal Patients (Sum Lines 1-18)		12,005	12,258
19.	Age 18	457	739
20.	Age 19	365	778
21.	Age 20	351	745
22.	Age 21	298	788
23.	Age 22	347	689
24.	Age 23	323	780
25.	Age 24	321	767
26.	Age 25-29	1,995	4,126
27.	Age 30-34	2,201	3,921
28.	Age 35-39	2,373	4,101
29.	Age 40-44	2,417	4,200
30.	Age 45-49	2,622	3,966
31.	Age 50-54	2,716	3,353
32.	Age 55-59	2,695	3,132
33.	Age 60-64	2,275	2,678
Subtotal Patients (Sum Lines 19-33)		21,756	34,763
S. No	Age Groups	Male Patients (a)	Female Patients (b)
34.	Age 65-69	1,314	1,531
35.	Age 70-74	707	983
36.	Age 75-79	415	576
37.	Age 80-84	233	392
38.	Age 85 and over	146	299
Subtotal Patients (Sum Lines 34-38)		2,815	3,781
39.		36,576	50,802

UDS Reports – 2019
Table 3B: Demographic Characteristics – Universal

S. No	Patients by Race	Demographic Characteristics			
		Hispanic/Latino (a)	Non-Hispanic/Latino (b)	Unreported/Refused to Report Ethnicity (c)	Total (d)
1.	Asian	35	2,108		2,143
2a.	Native Hawaiian	4	32		36
2b.	Other Pacific Islander	88	495		583
2.	Total Hawaiian/Other Pacific Islander (Sum Lines 2a+2b)	92	527		619
3.	Black/African American	245	11,539		11,784
4.	American Indian/Alaska native	107	853		960
5.	White	50,354	17,995		68,309
6.	More than one race	63	227		290
7.	Unreported/Refused to report race	1,704	1,490	79	3,273
8.	Total Patients (Sum lines 1+2+3 through 7)	52,600	34,699	79	87,378

S. No	Patients by Language	Number (a)
12.	Patients Best Served in a Language Other Than English	34,252

S. No	Patients by Sexual Orientation	Number (a)
13.	Lesbian or Gay	1,440
14.	Straight (not lesbian or gay)	37,900
15.	Bisexual	391
16.	Something else	123
17.	Don't know	45,941
18.	Chose not to disclose	1,583
19.	Total Patients (Sum Lines 13-18)	87,378

S. No	Patients by Gender Identity	Number (a)
20.	Male	36,475
21.	Female	50,734
22.	Transgender Male/ Female-to-Male	56
23.	Transgender Female/ Male-to-Female	61
24.	Other	10
25.	Chose not to disclose	42
26.	Total Patients (Sum Lines 20-25)	87,378

UDS Reports – 2019
Table 4: Selected Patient Characteristics – Universal

S. No	Characteristic		Number of Patients (a)
Income as Percent of Poverty Guideline			
1.	100% and below		51,284
2.	101-150%		15,764
3.	151-200%		7,657
4.	Over 200%		10,281
5.	Unknown		2,392
6.	Total (Sum Lines 1-5)		87,378
Principal Third Party Medical Insurance Source		0-17 Years Old (a)	18 and Older (b)
7.	None/Uninsured	1,725	20,144
8a.	Regular Medicaid (Title XIX)	20,312	24,999
8b.	CHIP Medicaid	7	0
8.	Total Medicaid (Sum Lines 8a+8b)	20,319	24,999
9a.	Dually Eligible (Medicare and Medicaid)	7	5,066
9.	Medicare (Inclusive of Dually Eligible and other Title XVIII beneficiaries	9	7,024
10a.	Other Public Insurance Non-CHIP (Specifically: Refugee Medical)	105	3
10b.	Other Public Insurance CHIP	3	0
10.	Total Public Insurance (Sum Lines 10a+10b)	108	3
11.	Private Insurance	2,102	10,945
12.	Total (Sum Lines 7+8+9+10+11)	24,263	63,115

Managed Care Utilization						
S. No	Payer Category	Medicaid (a)	Medicare (b)	Other Public including Non- Medicaid CHIP (c)	Private (d)	Total (e)
13a.	Capitated Member Months	0	0	0	0	0
13b.	Fee-for-service Member Months	856,757	81,427	0	0	938,184
13c.	Total Member Months (Sum Lines 13a+13b)	856,757	81,427	0	0	938,184

S. No	Special Populations	Number of Patients (a)
14.	Migratory (330g grantees only)	
15.	Seasonal (330g grantees only)	
16.	Total agricultural workers or dependents (All Health Centers Report This Line)	68
17.	Homeless shelter (330h grantees only)	
18.	Transitional (330h grantees only)	
19.	Doubling up (330h grantees only)	
20.	Street (330h grantees only)	
21.	Other (330h grantees only)	
22.	Unknown (330h grantees only)	
23.	Total Homeless (All Health Centers Report This Line)	372
24.	Total School Based Health Center Patients (All Health Centers Report This Line)	0
25.	Total Veterans (All Health Centers Report This Line)	762
26.	Total Patients Served at a Health Center Located in or Immediately Accessible to a Public Housing Site (All Health Centers Report This Line)	87,378

UDS Reports – 2019
Table 6A: Selected Diagnoses and Services Rendered – Universal

S. No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
Selected Infectious and Parasitic Diseases				
1-2.	Symptomatic/Asymptomatic HIV	B20, B97.35, O98.7-, Z21	12,774	3,865
3.	Tuberculosis	A15- through A19-	36	18
4.	Sexually transmitted infections	A50- through A64- (exclude A63.0), M02.3-	1,297	924
4a.	Hepatitis B	B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51	319	169
4b.	Hepatitis C	B17.10, B17.11, B18.2, B19.20, B19.21	1,139	695
Selected Diseases of the Respiratory System				
5.	Asthma	J45-	5,447	3,645
6.	Chronic obstructive pulmonary diseases	J40- through J44-, J47-	3,201	2,022
Selected Other Medical Conditions				
7.	Abnormal breast findings, female	C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.81-, C50.91-, C79.61-, D05-, D48.6-, N63-, R92-	1,475	1,194
8.	Abnormal cervical findings	C53-, C79.82, D06-, R87.61-, R87.810, R87.820	1,901	1,254
9.	Diabetes mellitus	E08- through E13-, O24- (excludes O24.41-)	31,466	10,444
10.	Heart disease (selected)	I01-, I02- (exclude I02.9), I20- through I25-, I27-, I28-, I30- through I52-	5,786	2,892
11.	Hypertension	I10- through I16-	37,081	15,846
12.	Contact dermatitis and other eczema	L23- through L25-, L30- (exclude L30.1, L30.3, L30.4, L30.5), L55- through L59- (exclude L57.0 through L57.4)	2,329	1,917
13.	Dehydration	E86-	177	171
14.	Exposure to heat or cold	T33-, T34-, T67-, T68-, T69-	10	10
14a.	Overweight and obesity	E66-, Z68- (exclude Z68.1, Z68.20 through Z68.24, Z68.51, Z68.52)	16,390	11,777
Selected Childhood Conditions (limited to ages 0 through 17)				
15.	Otitis Media and Eustachian tube disorders	H65- through H69-	1,915	1,510
16.	Selected perinatal medical conditions	A33-, P22- through P29- (exclude P29.3), P35- through P96- (exclude P54-, P91.6-, P92-, P98.81), R78.81, R78.89	786	558
17.	Lack of expected normal physiological development (such as delayed milestone; failure to gain weight; failure to thrive); Nutritional deficiencies in children only. Does not include sexual or mental development.	E40- through E46-, E50- through E63-, P92-, R62- (exclude R62.7), R63.2, R63.3	91,529	1,085

UDS Reports – 2019
Table 6A: Selected Diagnoses and Services Rendered – Universal

S. No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
Selected Mental Health and Substance Abuse Conditions				
18.	Alcohol related disorders	F10-, G62.1	1,035	627
19.	Other substance disorders (excluding tobacco use disorders)	F11- through F19- (exclude F17-), G62.0, O99.32-	2,943	1,494
19a.	Tobacco use disorder	F17-	2,912	2,158
20a.	Depression and other mood disorders	F30- through F39-	9,596	5,195
20b.	Anxiety disorders including PTSD	F06.4, F40- through F42-, F43.0, F43.1-, F93.0	9,125	5,034
20c.	Attention deficit and disruptive behavior disorders	F90- through F91-	716	527
20d.	Other mental disorders excluding drug or alcohol dependence	F01- through F09- (exclude F06.4), F20- through F29-, F43- through F48- (exclude F43.0- and F43.1-), F50- through F59- (exclude F55-), F60- through F99- (exclude F84.2, F90-, F91-, F98-), R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0	7,063	4,377

S. No	Service Category	Applicable ICD-10-CM Code or CPT-4/11 Code	Number of Visits (a)	Number of Patients (b)
Selected Diagnostic Tests/Screenings/Preventative Services				
21.	HIV test	CPT-4: 86689; 86701 through 86703, 87389 through 87391	7,794	7,104
21a.	Hepatitis B test	CPT-4: 86704, 86706, 87515 through 87517	3,424	3,371
21b.	Hepatitis C test	CPT-4: 86803, 86804, 87520 through 87522	3,295	3,203
22.	Mammogram	CPT-4: 77052, 77057, 77065, 77066, 77067 OR ICD-10: Z12.31	7,762	6,938
23.	Pap test	CPT-4: 88141 through 88155, 88164 through 88167, 88174, 88175 OR ICD-10: Z01.41-, Z01.42, Z12.4 (exclude Z01.411 and Z01.419)	7,641	7,428
24.	Selected immunizations: Hepatitis A, Hemophilus Influenza B (HiB), Pneumococcal, Diphtheria, Tetanus, Pertussis (DTaP) (DTP) (DT), Mumps, Measles, Rubella, Poliovirus, Varicella, Hepatitis B Child	CPT-4: 90633, 90634, 90645 through 90648, 90670, 90696 through 90702, 90704 through 90716, 90718 through 90723, 90743, 90744, 90748	20,114	15,343
24a.	Seasonal Flu vaccine	CPT-4: 90654 through 90662, 90672, 90673, 90685 through 90688	16,084	14,903

UDS Reports – 2019
Table 6A: Selected Diagnoses and Services Rendered – Universal

S. No	Diagnostic Category	Applicable ICD-10-CM Code or CPT-4/11 Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
25.	Contraceptive management	ICD-10: Z30-	6,704	4,513
26.	Health supervision of infant or child (ages 0 through 11)	CPT-4: 99381 through 99383, 99391 through 99393	22,210	13,335
26a.	Childhood lead test screening (9 to 72 months)	CPT-4: 83655	2,210	2,152
26b.	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	CPT-4: 99408, 99409 HCPCS: G0396, G0397, H0050	0	0
26c.	Smoke and tobacco use cessation counseling	CPT-4: 99406, 99407 OR HCPCS: S9075 OR CPT-II: 4000F, 4001F	6,570	5,390
26d.	Comprehensive and intermediate eye exams	CPT-4: 92002, 92004, 92012, 92014	0	0

S. No	Service Category	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
Selected Dental Services				
27.	I. Emergency services	ADA: D9110	27	27
28.	II. Oral exams	ADA: D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180	12,005	9,497
29.	Prophylaxis – adult or child	ADA: D1110, D1120	5,581	4,260
30.	Sealants	ADA: D1351	523	460
31.	Fluoride treatment – adult or child	ADA: D1206, D1208	4,027	3,005
32.	III. Restorative Services	ADA: D21xx through D28xx	4,177	2,370
33.	IV. Oral Surgery (extractions and other surgical procedures)	ADA: D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7251, D7260, D7261, D7270, D7272, D7280, D7290 through D7294	3,109	2,559
34.	V. Rehabilitative services (Endo, Pedo, Prostho, Ortho)	ADA: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	2,708	1,448

Sources of Codes:

ICD-10-CM (2019)-National Center for Health Statistics (NCHS)

CPT (2019)-American Medical Association (AMA)

Code on Dental Procedures and Nomenclature CDT Code (2019)-Dental Procedure Codes. American Dental Association (ADA)

Note: 'X' in a code denotes any number including the absence of a number in that place. Dashes (-) in a code indicate that additional characters are required. ICD10-CM codes all have at least four digits. These codes are not intended to reflect if a code is billable or not. Instead, they are used to point out that other codes in the series are to be considered.

UDS Reports – 2019
Table 6B: Quality Of Care Measures

Prenatal Care Provided By Referral Only (Check If Yes): No

Section A – Age Categories For Prenatal Care Patients		
Demographic Characteristics Of Prenatal Care Patients		
S. No	Age	Number of Patients (a)
1.	Less than 15 years	4
2.	Ages 15-19	266
3.	Ages 20-24	703
4.	Ages 25-44	1,776
5.	Ages 45 and over	9
6.	Total Patients (Sum Lines 1-5)	2,758

Section B – Early Entry Into Prenatal Care			
S. No	Early Entry Into Prenatal Care	Women Having First Visit with Health Center (a)	Women Having First Visit with Another Provider (b)
0.	First Trimester	1,562	187
1.	Second Trimester	697	89
2.	Third Trimester	176	47

Section C – Childhood Immunization Status (CIS)				
S. No	Childhood Immunization Status (CIS)	Total Patients with 2 nd Birthday (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Immunized (c)
10.	Measure: Percentage of children 2 years of age who received age appropriate vaccines by their 2 nd birthday	1,491	1,491	644

Section D – Cervical Cancer Screening				
S. No	Cervical Cancer Screening	Total Female Patients Aged 23 through 64 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Tested (c)
11.	Measure: Percentage of women 23 - 64 years of age, who were screened for cervical cancer	29,191	29,191	13,906

Section E – Weight Assessment and Counseling for Nutrition and Physical Activity of Children and Adolescents				
S. No	Weight Assessment and Counseling for Nutrition and Physical Activity of Children and Adolescents	Total Patients Aged 3 through 17 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Counseling and BMI Documented (c)
12.	Measure: Percentage of patients 3 - 17 years of age with a BMI percentile, and counseling on nutrition and physical activity documented	15,873	15,873	11,013

UDS Reports – 2019
Table 6B: Quality Of Care Measures

Section F – Preventative Care and Screening: Body Mass Index (BMI) Screening and Follow-Up-Plan				
S. No	Preventative Care and Screening: Body Mass Index (BMI) Screening and Follow- Up-Plan	Total Patients 18 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with BMI Charted and Follow-Up Plan Documented as Appropriate (c)
13.	Measure: Percentage of patients 18 years and older with (1) BMI documented and (2) follow-up plan documented if BMI is outside normal parameters	51,108	51,108	32,368

Section G – Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention				
S. No	Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention	Total Patients Aged 18 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Screened for Tobacco Use and Provided Intervention If a Tobacco User (c)
14a.	Measure: Percentage of patients 18 years and older who (1) were screened for tobacco use one or more times within 24 months and if identified to be a tobacco user (2) received cessation counseling intervention	41,684	41,684	36,012

Section H – Use of Appropriate Medications for Asthma				
S. No	Use of Appropriate Medications for Asthma	Total Patients Aged 5 through 64 with Persistent Asthma (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Acceptable Plan (c)
16.	Measure: Percentage of patients 5 through 64 years of age identified as having persistent asthma and were appropriately ordered medication	1,530	1,530	1,309

Section I – Coronary Artery Disease (CAD): Lipid Therapy				
S. No	Coronary Artery Disease (CAD): Lipid Therapy	Total Patients Aged 18 and Older with CAD Diagnosis (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Prescribed a Lipid Lowering Therapy (c)
17.	Measure: Percentage of patients 18 years of age and older with a diagnosis of CAD who were prescribed a lipid lowering therapy	14,421	14,421	9,767

Section J – Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet				
S. No	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	Total Patients Aged 18 and Older with IVD Diagnosis or AMI, CABG, or PCI Procedure (a)	Charts Sampled or EHR Total (b)	Number of Patients With Documentation of Aspirin or Other Antiplatelet Therapy (c)
18.	Measure: Percentage of patients 18 years of age and older with a diagnosis of IVD or AMI, CABG, or PCI Procedure with aspirin or another antiplatelet	2,330	2,330	1,882

UDS Reports – 2019
Table 6B: Quality Of Care Measures

Section K – Colorectal Cancer Screening				
S. No	Colorectal Cancer Screening	Total Patients Aged 50 through 75 (a)	Charts Sampled or EHR Total (b)	Number of Patients With Appropriate Screening for Colorectal Cancer (c)
19.	Measure: Percentage of patients 50 through 75 years of age who had appropriate screening for colorectal cancer	19,577	19,577	9,640

Section L – HIV Linkage to Care				
S. No	HIV Linkage to Care	Total Patients First Diagnosed with HIV (a)	Charts Sampled or EHR Total (b)	Number of Patients Seen Within 90 Days of First Diagnosis of HIV (c)
20.	Measure: Percentage of patients whose first ever HIV diagnosis was made by health center staff between October 1 of the prior year and September 30 of the measurement year and who were seen for follow-up treatment within 90 days of that first ever diagnosis	3	3	2

Section M – Preventative Care and Screening: Screening for Depression and Follow-Up Plan				
S. No	Preventative Care and Screening: Screening for Depression and Follow-Up Plan	Total Patients Aged 12 and Older (a)	Charts Sampled or EHR Total (b)	Number of Patients Screened for Depression and Follow-Up Plan Documented as Appropriate (c)
21.	Measure: Percentage of patients 12 years of age and older who were (1) screened for depression with a standardized tool and, if screening was positive, (2) had a follow-up plan documented	58,277	58,277	41,959

Section N – Dental Sealants for Children between 6-9 Years				
S. No	Dental Sealants for Children between 6-9 Years	Total Patients Aged 6 through 9 at Moderate to High Risk for Caries (a)	Charts Sampled or EHR Total (b)	Number of Patients with Sealants to First Molars (c)
22.	Measure: Percentage of children 6 through 9 years of age, at moderate to high risk of caries who received a sealant on a first permanent molar	518	518	332

UDS Reports – 2019
Table 7: Health Outcomes and Disparities

S. No	Prenatal Services	Total (i)			
0	HIV Positive Pregnant Women	44			
2	Deliveries Performed by Health Center's Provider	1,852			

Section A: Deliveries and Birth Weight					
S. No	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: < 1500 grams (1b)	Live Births: 1500 – 2499 grams (1c)	Live Births: >= 2500 grams (1d)
Hispanic/Latino					
1a.	Asian	0	4	3	45
1b1.	Native Hawaiian	0	0	0	0
1b2.	Other Pacific Islander	2	0	0	16
1c.	Black/African American	5	8	23	250
1d.	American Indian/Alaska Native	1	0	2	15
1e.	White	1,196	0	14	138
1f.	More Than One Race	4	1	1	3
1g.	Unreported/Refused to Report Race	11	0	0	15
Subtotal Hispanic/Latino (Sum Lines 1a-1g)		1,220	13	43	482
Non-Hispanic/Latino					
2a.	Asian	46	0	5	49
2b1.	Native Hawaiian	0	0	0	0
2b2.	Other Pacific Islander	16	0	1	14
2c.	Black/African American	256	3	14	188
2d.	American Indian/Alaska Native	15	0	2	12
2e.	White	142	1	8	148
2f.	More Than One Race	3	0	0	1
2g.	Unreported/Refused to Report Race	15	0	5	11
Subtotal Non-Hispanic/Latino (Sum Lines 2a-2g)		493	4	35	423
Unreported/Refused to Report Ethnicity					
h.	Unreported/Refused to Report Race and Ethnicity	0	0	0	0
i.	Total (Sum Lines 1a-h)	1,713	32	109	1,692

UDS Reports – 2019
Table 7: Health Outcomes and Disparities

Section B: Controlling High Blood Pressure					
S. No	Race and Ethnicity	Total Patients 18 through 85 Years of Age with Hypertension 2(a)	Charts Sampled or EHR Total (2b)	Patients with HTN Controlled (2c)	
Hispanic/Latino					
1a.	Asian	13	13	8	
1b1.	Native Hawaiian	3	3	2	
1b2.	Other Pacific Islander	6	6	3	
1c.	Black/African American	37	37	17	
1d.	American Indian/Alaska Native	17	17	8	
1e.	White	7,627	7,627	4,023	
1f.	More Than One Race	4	4	0	
1g.	Unreported/Refused to Report Race	278	278	159	
Subtotal Hispanic/Latino (Sum Lines 1a-1g)		7,985	7,985	4,220	
Non-Hispanic/Latino					
2a.	Asian	490	490	261	
2b1.	Native Hawaiian	11	11	6	
2b2.	Other Pacific Islander	89	89	44	
2c.	Black/African American	2,474	2,474	1,187	
2d.	American Indian/Alaska Native	113	113	15	
2e.	White	3,890	3,890	2,173	
2f.	More Than One Race	17	17	10	
2g.	Unreported/Refused to Report Race	217	217	116	
Subtotal Non-Hispanic/Latino (Sum Lines 2a-2g)		7,301	7,301	3,812	
h.	Unreported/Refused to Report Race and Ethnicity	2	2	1	
i.	Total (Sum Lines 1a-h)	15,288	15,288	8,033	
Section C: Diabetes: Hemoglobin A1c Poor Control					
S. No	Race and Ethnicity	Total Patients 18 through 75 Years of Age with Diabetes (3a)	Charts Sampled or EHR Total (3b)	Patients with Hba1c < 8% (3d1)	Patients with Hba1c > 9% Or No Test During Year
Hispanic/Latino					
1a.	Asian	4	4	4	0
1b1.	Native Hawaiian	1	1	1	0
1b2.	Other Pacific Islander	9	9	9	3
1c.	Black/African American	21	21	9	12
1d.	American Indian/Alaska Native	16	16	8	8
1e.	White	6,565	6,565	4,420	2,145
1f.	More Than One Race	2	2	1	1
1g.	Unreported/Refused to Report Race	211	211	130	81
Subtotal Hispanic/Latino (Sum Lines 1a-1g)		6,829	6,829	4,579	2,250
Non-Hispanic/Latino					
2a.	Asian	253	253	213	40
2b1.	Native Hawaiian	6	6	3	3
2b2.	Other Pacific Islander	57	57	36	21
2c.	Black/African American	1,258	1,258	856	402
2d.	American Indian/Alaska Native	116	116	70	46
2e.	White	1,947	1,947	1,398	549
2f.	More Than One Race	10	10	7	3
2g.	Unreported/Refused to Report Race	133	133	103	30
Subtotal Non-Hispanic/Latino (Sum Lines 2a-2g)		3,780	3,780	2,686	1,094
Unreported/Refused to Report Ethnicity					
h.	Unreported/Refused to Report Race and Ethnicity	11	11	5	4
i.	Total (Sum Lines 1a-h)	10,620	10,620	6,672	3,348

Maricopa County: The Valleywise Health Service Area

The Geography of Maricopa County

Maricopa County is geographically located in the south-central portion of Arizona and spans a total area of 9,224 miles; 9,200 miles of land mass and 24 miles of water. Twenty-five cities and towns are located in Maricopa County. The largest city—Phoenix—is both the County seat and the State capital.

Maricopa County is the 14th largest county in land area in the continental United States and larger than seven states. Individuals and corporations make up 30% of total land ownership, with the remainder publicly owned.

The Gender, Age, Housing Units, and Citizen Voting Estimates of Maricopa County

The 2013-2017 American Community Survey 5-Year Estimate data reveal a gender demographic population of 50.5% female, a median age of 36.0 years, 1,699,628 total housing units, and citizen voting population of 2,778,337.

Total Population: 4,088,549	Of Total Population:	% of Total Population
Male	2,055,464	49.5
Female	2,100,037	50.5
Under 5 years old	277,362	6.7
5 to 9 years	288,625	6.9
10 to 14 years	291,300	7.0
15 to 19 years	282,478	6.8
20 to 24 years	285,123	6.9
25 to 34 years	596,251	14.3
35 to 44 years	547,697	13.2
45 to 54 years	534,321	12.9
55 to 59 years	243,810	5.9
60 to 64 years	221,890	5.3
65 to 74 years	341,640	8.2
75 to 84 years	173,830	4.2
85 years and older	71,174	1.7
Median Age (years):	36.0	

Total Housing Units in Maricopa County	1,699,628
CITIZEN, VOTING AGE POPULATION	
Citizen, 18 years and older population	2,778,337
Male	1,355,200
Female	1,423,137

The Race and Hispanic Origin Estimates of Maricopa County

The 2013-2017 American Community Survey 5-Year Estimate data reveal detailed race and Hispanic Origin population percentages:

RACE		% Representation
Total Population	4,155,501	
One Race	4,011,502	96.5
Two or More Races	143,999	3.5

The table below presents data available for Race Alone/or in Combination with one or more Other Races:

Total population	4,155,501	
White	3,365,553	81.0
Black or African American	273,545	6.6
American Indian and Alaska Native	117,941	2.8
Asian	207,985	5.0
Native Hawaiian and Other Pacific Islander	19,177	0.5
Some other race	328,219	7.9

The data presented in the table below captures the Hispanic or Latino or Race composite for Maricopa County:

Total population	4,155,501	% Representation
Hispanic or Latino (of any race)	1,271,746	30.6
Mexican	1,127,982	27.1
Puerto Rican	27,854	0.7
Cuban	10,378	0.2
Other Hispanic or Latino	105,532	2.5
Not Hispanic or Latino	2,883,755	69.4
White alone	2,340,105	56.3
Black or African American alone	211,288	5.1
American Indian and Alaska Native alone	64,102	1.5
Asian alone	160,439	3.9
Native Hawaiian and Other Pacific Islander alone	7,919	0.2
Some other race alone	5,834	0.1
Two or more races	94,128	2.3
Two races including Some other race	3,537	0.1
Two races excluding Some other race, and Three or more races	90,591	2.2

The 2020 Federal Poverty Guidelines

The chart below presents data at **100%** of the 2020 Poverty Guidelines for the 48 Contiguous States and the District of Columbia (Federal Register, Vol. 85, No. 12, January 17, 2020, pp. 3060

SEX	Population Size	Less than 50% FPL	Less than 100% FPL	Less than 125% FPL
Male	2,023,814	6.9%	14.8%	19.2%
Female	2,077,494	8.0%	16.6%	21.5%
AGE				
Under 18 years	1,014,676	10.4%	22.5%	28.8%
Related children of Householder under 18 years	1,010,104	10.0%	22.2%	28.5%
18-64 years	2,506,287	7.2%	14.7%	18.8%
65 years and over	580,345	3.4%	8.4%	12.5%
RACE				
One Race	3,960,005	7.4%	15.7%	20.3%
White	3,203,614	6.7%	14.1%	18.4%
Black or African American	217,162	11.3%	21.9%	27.7%
American Indian and Alaska Native	76,697	13.2%	26.3%	33.5%
Asian	162,060	6.4%	12.0%	15.4%
Native Hawaiian and Other Pacific Islander	8,635	8.7%	17.3%	22.8%
Some Other Race	291,837	11.5%	27.9%	35.4%
Two or more Races	141,303	8.2%	16.3%	21.3%
Hispanic or Latino Origin	1,256,273	11.3%	26.0%	33.7%
White Alone, Not Hispanic or Latino Origin	2,312,393	5.0%	9.6%	12.5%

Income Statistics in the Past 12 Months in Maricopa County

The 2013-2017 American Community Survey Estimates for Household, Families, Married-Couple, and Non-family Households (represented in 2017 inflation-adjusted amounts) are shown categorically:

Subject	Households	Families	Married Couple Families	Non-family Households
Total	1,489,533	976,254	709,031	513,279
Less than \$10,000	6.4%	4.7%	2.1%	11.3%
\$10,000 to \$14,999	4.1%	2.6%	1.5%	7.2%
\$15,000 to \$24,999	9.1%	6.7%	4.4%	14.2%
\$25,000 to \$34,999	9.5%	8.1%	6.4%	12.8%
\$35,000 to \$49,999	13.7%	12.4%	10.7%	16.4%
\$50,000 to \$74,999	18.6%	19.1%	19.0%	16.9%
\$75,000 to \$99,999	12.6%	14.1%	15.8%	8.9%
\$100,000 to \$149,999	14.4%	17.4%	21.0%	7.6%
\$150,000 to \$199,999	5.7%	7.3%	9.3%	2.3%
\$200,000 or more	5.9%	7.6%	9.9%	2.4%
Median Income (dollars)	\$58,580	\$69,647	\$83,903	\$38,629
Mean Income (dollars)	\$80,793	\$92,705	\$107,802	\$54,013

Educational Attainment Demographics for Maricopa County

Below are the 2013-2017 American Community Survey Estimates for educational attainment, by age, gender, and race:

Subject	Estimate
Population: 18-24 years	394,023
Less than high school graduate	62,403
High school graduate (includes equivalency)	126,281
Some college or associate's degree	170,115
Bachelor's degree or higher	35,224
Population: 25 years and over	2,730,613
Less than 9th grade	165,101
9th to 12th grade, no diploma	187,226
High school graduate (includes equivalency)	621,894
Some college, no degree	666,344
Associate's degree	231,276
Bachelor's degree	546,841
Graduate or professional degree	311,931
Population: 25-34 years	596,251
High school graduate or higher	521,967
Bachelor's degree or higher	183,278
Population: 35-44 years	547,697
High school graduate or higher	462,438
Bachelor's degree or higher	181,704
Population: 45-64 years	1,000,021
High school graduate or higher	876,236
Bachelor's degree or higher	316,838
Population: 65 years and over	586,644
High school graduate or higher	517,645
Bachelor's degree or higher	176,962

Veteran Status Demographics for Maricopa County

The table below presents the 2013-2017 American Community Survey Estimates for veteran status, characterized by period of service, sex, age, race, education, poverty level, and disability status:

Subject	Total	Veterans	Non-Veterans
Civilian aged 18 years and over	3,119,960	253,803	2,866,157
SEX			
Male	1,525,484	232,104	1,293,380
Female	1,594,476	21,699	1,572,777
AGE			
18 to 34 years	987,034	22,435	964,599
35 to 54 years	1,080,608	59,259	1,021,349
55 to 64 years	465,674	45,553	420,121
65 to 74 years	341,640	64,567	277,073
75 years and over	245,004	61,989	183,015

Area Health Resources

The Area Health Resource File is a collection of data compiled from more than 50 sources, including the American Medical Association, the American Hospital Association, the U.S. Census Bureau, the Centers for Medicare and Medicaid Services, the U.S. Bureau of Labor Statistics, and the National Center for Health Statistics. The American Medical Association maintains the *Physician Masterfile*, which contains information on nearly all the Doctors of Medicine and Doctors of Osteopathic Medicine in the nation.

A Primary Care Physicians Ratio (PCP ratio) is the ratio of the defined population area to total primary care physicians. Primary care physicians include non-federal, practicing physicians—both allopathic and osteopathic—under 75 years old—specializing in general practice medicine, family medicine, internal medicine, and pediatrics.

Maricopa County	# of Primary Care Physicians: 3,030	PCP Ratio: 1,420:1 Z Score: -.90
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Source: <http://www.countyhealthrankings.org/app/arizona/2020/measure/factors/4/data>

Access to healthcare providers is one component of healthcare; healthcare insurance is another. The table below reveals the health insurance coverage status of Maricopa County's non-institutionalized civilian population:

HEALTH INSURANCE COVERAGE	Estimate
Civilian noninstitutionalized population	4,125,142
With health insurance coverage	3,617,250
With private health insurance	2,660,755
With public coverage	1,367,095
No health insurance coverage	507,892
Civilian noninstitutionalized population under 19 years	1,086,405
No health insurance coverage	97,246
Civilian noninstitutionalized population 19 to 64 years	2,458,392
In labor force:	1,902,029
Employed:	1,795,320
With health insurance coverage	1,533,664
With private health insurance	1,391,676
With public coverage	180,294
No health insurance coverage	261,656
Unemployed:	106,709
With health insurance coverage	70,928
With private health insurance	37,757
With public coverage	35,970

No health insurance coverage	35,781
Not in labor force:	556,363
With health insurance coverage	449,426
With private health insurance	270,085
With public coverage	210,209
No health insurance coverage	106,937

Source: 2013-2017 American Community Survey 5 Year Estimates: Selected Economic Characteristics

Systemic Barrier to Care: Access

In order for a community to deliver effective, high quality, and culturally competent care, access to the healthcare system is required. Despite the growing need, underserved populations often lack access to care. This lack of access affects every aspect of a person's life, including their physical, mental, and emotional wellness. When individuals are able to access primary care on a routine basis, they are less likely to experience serious health conditions. Consistent access to primary care also has the ability to prevent disease, detect chronic diseases and provide treatment at an early stage, and increase one's lifespan. (U.S. Department of Health and Human Services, Healthy People, 2020).

Many people believe the healthcare system in the United States is broken. The high cost of medical insurance paired with the lack of healthcare providers—specifically primary care providers—drastically impacts one's access to care. This reality applies to Arizonans, as well. It is not uncommon for Arizonans to lack a personal primary care physician and place where they receive routine medical care. Additionally, the decentralization of medical services—dental, mental health, substance, abuse, and other healthcare services—serves as a greater barrier to individuals receiving the comprehensive care they need. Those who live in Medically Underserved Areas are particularly affected by this separation of healthcare services. Furthermore, shortages among healthcare providers and the physical distance one must travel to receive care pose significant barriers to many populations.

A federal Medically Underserved Area/Population (MUA/P) designation identifies areas or populations as having a need for medical services based on demographic data that show that the area/population has either too few primary care providers, high infant mortality, high poverty, and/or high elderly population (www.azdhs.gov).

Currently, Arizona contains 36 Medically Underserved Areas and 11 Medically Underserved Populations; Maricopa County contains **12** MUAs and **3** MUPs (www.muafind.hrsa.gov).

Health Professional Shortage Areas (HPSAs) are federal designations that apply to areas, population groups, or facilities in which unmet healthcare needs are present. HPSAs can be designated in primary care, dental care, or mental health. HPSAs fall into one of three types of classifications:

- **Geographic:** based on the ratio between the number of full-time equivalent (FTE) clinical providers and the patient population within a given area. This designation indicates that all individuals, who are not living in a detention facility, in the area of designation, have insufficient access to care.
- **Population:** This designation indicates that a subpopulation of individuals living in the area of designation has insufficient access to care. Population groups include those below 200% of federal poverty level, groups on Medicaid, migrant farm workers, tribal, or homeless populations.

- **Facility:** This designation indicates that individuals served by a specific health facility have insufficient access to care. The types of facilities that can be designated include federal and state correctional institutions, public and nonprofit healthcare facilities, Indian Health Service facilities and state and county mental hospitals.

Currently Maricopa County has 30 primary medical care, 27 dental, and 40 mental health identified HPSAs (www.hrsa.gov).

Maricopa County Health Indicators

The Behavioral Risk Factor Surveillance System (BRFSS) is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services.

Established in 1984 with 15 states, BRFSS now collects data in all 50 states as well as the District of Columbia and three U.S. territories. BRFSS completes more than 400,000 adult interviews each year, making it the largest continuously conducted health survey system in the world (www.cdc.gov/brfss).

In Arizona, the 2016 (most recent) Behavioral Risk Factor Surveillance System Maricopa County Report details medical-provider diagnosed conditions by sex, age, group and race/ethnicity for several health indicators and reveals the prevalence of each (Maricopa County Department of Public Health, Office of Epidemiology. *Maricopa County Health Status Special Report 2016, Behavioral Risk Factor Surveillance System*. Phoenix (AZ): 2018).

The statistics are culled from data in the Arizona Department of Health Services annual files. The survey methodology is telephone-based (both land lines and cell phones included) and is randomized.

Table 1: Self-Reported Health Indicators by Sex, Age Group, and Race/Ethnicity

Self-Reported Health Indicators	Male %	Female %	18-24 %	25-34 %	35-44 %	45- 54 %	55-64 %	65+ %	White, non-Hispanic %	Hispanic %	Total %
Health Status: Excellent, Very Good, Good	83.2	82.2	91.8	87.7	86.7	78.8	73.4	78.7	85.6	73.6	82.7
BMI - Overweight	39.4	29.9	21.1	29.1	33.7	39.6	41.9	40.3	36.9	32.8	34.7
BMI - Obese	29.0	27.6	13.8	28.4	32.9	35.5	31.7	25.6	25.9	34.8	28.3

Note: Overweight and obesity are based on the respondent's self-reported height and weight

Table 2: Self-Reported Health Behaviors by Sex, Age Group, and Race/Ethnicity

Self-Reported Health Indicators	Male %	Female %	18-24 %	25-34 %	35-44 %	45- 54 %	55-64 %	65+ %	White, non-Hispanic %	Hispanic %	Total %
Physical Activity - Met aerobic recommendation	67.8	52.9	79.5	64.9	57.6	54.6	53.0	55.4	63.7	51.9	60.5
Physical Activity - Met muscle strengthening recommendation	32.7	23.7	38.2	33.8	31.8	19.9	23.0	24.5	30.3	25.4	28.4
Physical Activity - Met at least one guideline	55.2	46.0	65.1	55.6	50.9	41.9	45.2	48.1	54.3	40.9	50.8
Fruit and Vegetable Consumption - 5 or more servings / day	14.4	19.3	10.3	18.1	18.9	17.4	18.9	15.7	16.9	13.3	16.8
Seat Belt Use - Always	85.1	90.5	82.0	83.8	89.5	88.2	90.6	91.7	89.1	85.1	87.9
Ever Had an HIV Test	36.2	37.5	28.4	53.2	55.8	40.1	29.2	13.4	33.8	41.0	36.8

Table 3: Medical Provider Diagnosed Conditions by Sex, Age Group, and Race/Ethnicity

Has a Medical Provider Ever Told You that You Have/Had	Male %	Female %	18-24 %	25-34 %	35-44 %	45- 54 %	55-64 %	65+ %	White, non-Hispanic %	Hispanic %	Total %
Coronary Heart Disease	5.3	2.8	0.0	0.2	2.8	2.3	5.8	11.6	4.7	3.2	4.0
Heart Attack	4.8	2.3	0.0	0.1	1.1	3.8	5.3	9.7	4.1	2.4	3.5
Stroke	3.6	2.6	0.0	2.2	1.9	1.7	4.2	7.3	3.5	2.2	3.1
Diabetes	11.6	8.8	0.5	3.5	2.1	13.3	20.2	19.7	9.9	11.1	10.2
Asthma	13.7	14.5	11.3	15.2	13.6	16.4	15.4	12.6	15.6	11.0	14.1
Chronic Obstructive Pulmonary Disorder	5.5	6.7	1.7	4.4	2.7	6.8	8.8	11.1	7.1	4.7	6.1
Depressive Disorder	12.7	19.6	11.1	18.1	14.0	19.1	20.8	13.6	18.9	11.4	16.2
Skin Cancer	7.5	7.7	0.0	0.2	2.8	5.4	11.2	23.1	11.6	1.1	7.6
Arthritis	19.0	29.4	2.7	6.4	12.0	26.3	40.3	53.0	30.2	14.8	24.3
Kidney Disease	3.1	3.5	0.8	0.7	1.3	4.2	5.2	7.2	3.9	2.7	3.3

Note on Asthma: Includes adults who currently have asthma, as well as adults who formerly had asthma

Table 4: Self-Reported Alcohol and Cigarette Usage by Sex, Age Group, and Race/Ethnicity

Alcohol and Smoking	Male %	Female %	18-24 %	25-34 %	35-44 %	45- 54 %	55-64 %	65+ %	White, non-Hispanic %	Hispanic %	Total %
Binge Drinking	21.8	10.9	20.7	23.1	23.0	15.8	11.7	4.5	17.1	15.7	16.2
Heavy Drinking	6.5	6.7	8.0	7.5	4.6	8.3	6.5	5.3	8.2	2.8	6.6
Current Smoker	14.9	11.1	6.6	18.3	13.6	15.6	15.0	7.5	14.3	8.8	13.0
Former Smoker	27.6	21.0	4.6	18.4	21.2	26.5	27.6	41.0	29.8	15.8	24.2

Table 5: Vaccination Status by Sex, Age Group, and Race/Ethnicity

Vaccinations	Male %	Female %	18-24 %	25-34 %	35-44 %	45- 54 %	55-64 %	65+ %	White, non-Hispanic %	Hispanic %	Total %
Annual Influenza Vaccine	30.4	38.2	25.5	23.3	26.1	32.2	42.0	54.2	37.9	29.3	34.4
Pneumonia Vaccine	38.8	36.0	35.2	26.0	16.7	23.3	34.3	74.7	41.4	29.9	37.3

Table 6: Health Care Coverage and Utilization by Sex, Age Group, and Race/Ethnicity

Healthcare Coverage and Utilization	Male %	Female %	18-24 %	25-34 %	35-44 %	45- 54 %	55-64 %	65+ %	White, non-Hispanic %	Hispanic %	Total %
Healthcare Coverage	81.6	83.9	76.1	82.5	80.3	85.1	89.2	xx	92.0	64.7	82.8
Usual Source of Healthcare	65.4	78.0	56.2	54.0	63.6	78.2	81.3	93.9	77.7	62.9	71.9
Routine Check-up within past year (anything less than 12 months ago)	61.1	70.3	57.7	56.0	53.8	66.9	70.1	87.1	69.3	59.2	65.8
Could Not Afford Needed	11.3	17.8	14.2	20.8	15.9	17.5	14.9	4.8	11.3	22.1	14.6

Note: Healthcare Coverage is defined as: Males and females 18-64 years old

Table 7: Cancer & Preventative Health screenings by Sex, Age Group, and Race/Ethnicity

Have You or Anyone in Your Household Had...	Male %	Female %	18-24 %	25-34 %	35-44 %	45- 54 %	55-64 %	65+ %	White, non-Hispanic %	Hispanic %	Total %
Mammogram	xx	64.6	16.2	16.6	50.6	89.8	96.9	97.8	72.1	50.6	64.6
Sigmoidoscopy or Colonoscopy	68.2	67.9	xx	xx	xx	42.4	68.1	80.6	71.7	53.8	68.0
Prostate-Specific Antigen (PSA) Test	52.3	xx	xx	xx	10.4	39.2	54.4	81.1	59.4	33.4	52.3

Notes: Mammogram: Females only

Sigmoidoscopy/Colonoscopy: Males and females greater than 49 years old

PSA: Males greater than 39 years old

Table 8: Health Inequities by Sex, Age Group, and Race/Ethnicity

Have You or Anyone in Your Household	Male %	Female %	18-24 %	25-34 %	35-44 %	45- 54 %	55-64 %	65+ %	White, non-Hispanic %	Hispanic %	Total %
Food Security - Received food stamps or food benefit card, past 12 months	9.9	14.2	15.9	18.0	12.7	14.9	9.0	2.9	8.5	20.9	12.0
Food Security - Received food through the WIC Program, past 12 months	5.7	4.0	10.0	9.8	7.2	2.0	1.5	0.1	2.1	13.8	4.9
Food Security - Children, aged 5-18 yrs, received free or reduced-cost lunches at school, past 12 months	22.5	40.7	xx	26.9	31.8	25.9	xx	xx	21.5	49.0	32.6

Table 9: Current Environmental-Related Health Conditions by Sex, Age Group, and Race/Ethnicity

Self-Reported Environmental Health Conditions	Male %	Female %	18-24 %	25-34 %	35-44 %	45- 54 %	55-64 %	65+ %	White, non- Hispanic %	Hispanic %	Total %
Asthma - Adults who currently have asthma	7.2	10.3	7.6	8.3	6.1	11.2	11.2	8.4	10.1	6.1	8.8

Note: Includes only adults who currently have asthma

Valleywise Health FQHC Locations

Site Id: BPS-LAL-013860

Name: McDowell Healthcare Center

Address: 1101 N Central Ave, Phoenix, AZ 85004-1818

Form 5B Service Area Zip Codes: 85006, 85008, 85014, 85004, 85034

Overview of Address

State Name: Arizona

County Name: Maricopa

Congressional District Name: Arizona District 07

Congressional District Representative Name: Ruben Gallego

ZIP Code: 85004

Post Office Name: Phoenix

FIPS Code (State + County + Tract number) Census Tract: 04013113000

Census Tract Number: 113000

FIPS Code (State + County + Minor Civil Division) County Subdivision:
0401392601

County Subdivision Name: Phoenix

In a Dental Health HPSA: Yes

HPSA Name: Low Income-Central City Village

ID: 6041975610

Designation Type: HPSA Population

Score: 25

HPSA Name: Phoenix-South Central

ID: 604999040N

Designation Type: HPSA Geographic High Needs

Score: 25

In a Mental Health HPSA: Yes

HPSA Name: Maricopa County

ID: 704013

Designation Type: HPSA Geographic

Score: 21

In a Primary Care HPSA: Yes

HPSA Name: Low Income-Central City Village

ID: 1041499689

Designation Type: HPSA Population

Score: 21

HPSA Name: Low Income - Phoenix-South Central

ID: 10499904N9

Designation Type: HPSA Population

Score: 25

In a MUA/P: Yes

Service Area Name: Low Inc - South Central Phoenix

ID: 07338

Designation Type: Medically Underserved Population

HPSA Data as of 5/04/2020

MUA Data as of 5/04/2020

McDowell FHC	2018		2020	
	Total	%	Total	%
Question #1- How would you describe your overall health?				
Excellent	5	10%	9	17%
Very Good	16	32%	13	25%
Good	17	34%	20	38%
Fair	11	22%	8	15%
Poor	1	2%	3	6%
Question #2- Where do you go for routine healthcare?				
Physician's office	39	78%	37	63%
Health Department	3	6%	6	10%
Emergency Room	1	2%	4	7%
Urgent Care Clinic	1	2%	3	5%
Clinic in a Grocery/Drug store	0	0%	2	3%
I do not receive routine healthcare	1	2%	5	8%
Other	7	14%	2	3%
Question #3- Can you get an appointment at this doctor's office when you need it?				
Yes	38	76%	49	94%
No	9	18%	3	6%
Question #4- If you answered "No" to question 3, please choose all that apply.				

McDowell FHC	2018		2020	
	Total	%	Total	%
No Appointment available	7	14%	3	43%
Cannot afford it	0	0%	0	0%
Cannot take time off from work	0	0%	1	14%
No transportation	1	2%	2	29%
Clinic hours	0	0%	0	0%
No specialist in my community for my condition	0	0%	1	14%
Other	2	4%	0	0%
Question #5- The clinic hours meet my needs?				
Yes	39	78%	51	96%
If No I would prefer Appointments at the following times	0	0%	2	4%
Weekdays before 7am	4	8%	2	22%
Saturday Morning	4	8%	2	22%
Sunday Morning	1	2%	1	11%
Weekday After 5:30pm	5	10%	1	11%
Saturday Afternoon	4	8%	2	22%
Sunday Afternoon	1	2%	1	11%
Question #6- What type of healthcare coverage do you have?				
Medicare	12	24%	20	32%
AHCCCS	33	66%	28	44%
Commercial Health Insurance	5	10%	10	16%
Copa Care/Sliding fee discount program	0	0%	0	0%
No healthcare coverage	1	2%	0	0%
Other	9	18%	5	8%
Question #7- Please select the top 3 health challenges you face.				
Cancer	3	6%	4	4%
Diabetes	8	16%	7	8%
Overweight	7	14%	7	8%
Breathing Problems	7	14%	8	9%
High Blood Pressure/Stroke	16	32%	10	11%
Dental Care	15	30%	6	6%
Heart Disease	3	6%	1	1%
Pain	12	24%	13	14%
Depression/Mental health issues	11	22%	14	15%
Alcohol use	0	0%	1	1%
Drug use	4	8%	3	3%
None	0	0%	4	4%
Other	12	24%	15	16%
Question #8- Please choose all statements below that apply to you.				

McDowell FHC	2018		2020	
	Total	%	Total	%
Exercise 3 times per week	18	36%	18	17%
Eat at least 5 servings of fruits & vegetables	12	24%	9	8%
Eat fast food more than one per week	23	46%	17	16%
Smoke cigarettes	13	26%	16	15%
Chew tobacco	0	0%	1	1%
Use illegal drugs	5	10%	3	3%
Abuse or over use prescription drugs	0	0%	0	0%
Consume more than 4/5 alcoholic drinks	1	2%	0	0%
Use sunscreen or protective clothing	7	14%	10	9%
Receive a flu shot each year	26	52%	24	22%
Have access to a wellness program through my employer	2	4%	7	6%
None of the above apply to me	1	2%	3	3%
Question #9- Which of the following preventive procedures have you had in the past 12 months?				
Mammogram	4	8%	9	5%
Pap Smear	6	12%	8	4%
Prostate cancer screening	6	12%	3	2%
Flu shot	19	38%	26	14%
Colon/rectal exam	17	34%	10	5%
Blood Pressure	25	50%	19	10%
Blood sugar check	7	14%	17	9%
Skin cancer screening	0	0%	2	1%
Cholesterol screening	10	20%	14	8%
Vision Screening	11	22%	16	9%
Hearing Screening	6	12%	4	2%
Cardiovascular Screening	2	4%	3	2%
Bone Density test	1	2%	4	2%
Dental cleaning/x-rays	17	34%	18	10%
Physical exam	20	40%	24	13%
None of the above	4	8%	6	3%
Question #10- What is your gender?				
Female	10	20%	16	31%
Male	34	68%	30	59%
Transgender Female/Male to female	1	2%	3	6%
Transgender Male/Female to male	1	2%	1	2%
Other	0	0%	0	0%
Chose not to disclose	0	0%	1	2%
Question #11- What is your race?				
African American Black	12	24%	9	18%

McDowell FHC	2018		2020	
	Total	%	Total	%
Caucasian/White	23	46%	26	52%
Asian	0	0%	0	0%
American Indian/Alaska Native	0	0%	2	4%
Native Hawaiian/Pacific Islander	0	0%	1	2%
Hispanic	4	8%	8	16%
Other	6	12%	4	8%
Question #12- What is your current employment status?				
Employed full-time	6	12%	11	21%
Employed Part time	10	20%	9	17%
Student	1	2%	1	2%
Homemaker	1	2%	1	2%
Unemployed	16	32%	8	15%
Disabled	13	26%	16	31%
Retired	4	8%	6	12%
Question #13- What is your household income range?				
\$0-\$24,999	29	58%	32	64%
\$25,000-\$49,999	7	14%	9	18%
\$50,000-\$74,999	1	2%	0	0%
\$75,000-\$99,999	0	0%	0	0%
\$100,000 or more	1	2%	1	2%
Don't Know	5	10%	8	16%
Question #14- What is the highest level of education you have completed?				
Some high school	7	14%	6	13%
High school graduate	10	20%	11	23%
Some college	20	40%	23	48%
College graduate	7	14%	8	17%

Site Id: BPS-LAL-009883

Name: South Central Family Health Center

Address: 33 W Tamarisk St, Phoenix, AZ 85041-2422

Form 5B Service Area Zip Codes: 85041, 85009, 85042, 85339, 85007

Overview of Address

State Name: Arizona

County Name: Maricopa

Congressional District Name: Arizona District 07

Congressional District Representative Name: Ruben Gallego

ZIP Code: 85041

Post Office Name: Phoenix

FIPS Code (State + County + Tract number) Census Tract: 04013115802

Census Tract Number: 115802

FIPS Code (State + County + Minor Civil Division) County Subdivision: 0401392601

County Subdivision Name: Phoenix

In a Dental Health HPSA: Yes

HPSA Name: Low Income-South Mountain Village and Guadalupe

ID: 6047717677

Designation Type: HPSA Population

Score: 25

HPSA Name: Phoenix-South Mountain

ID: 604999040K

Designation Type: HPSA Geographic High Needs

Score: 25

In a Mental Health HPSA: Yes

HPSA Name: Maricopa County

ID: 704013

Designation Type: HPSA Geographic

Score: 21

HPSA Name: South Mountain Village and Guadalupe

ID: 7048370173

Designation Type: HPSA Geographic High Needs

Score: 21

In a Primary Care HPSA: Yes

HPSA Name: Low Income-South Mountain Village and Guadalupe

ID: 1044237576

Designation Type: HPSA Population

Score: 25

HPSA Name: Phoenix-South Mountain

ID: 10499904LY

Designation Type: HPSA Geographic High Needs

Score: 25

In a MUA/P: No**HPSA Data as of 5/04/2020****MUA Data as of 5/04/2020**

South Central FHC	2018		2020	
	Total	%	Total	%
Question #1- How would you describe your overall health?				
Excellent	3	6%	3	7%
Very Good	6	12%	6	14%
Good	19	38%	17	39%
Fair	18	36%	13	30%
Poor	2	4%	5	11%
Question #2- Where do you go for routine healthcare?				
Physician's office	26	52%	13	28%
Health Department	7	14%	5	11%
Emergency Room	2	4%	3	7%
Urgent Care Clinic	2	4%	6	13%
Clinic in a Grocery/Drug store	4	8%	2	4%
I do not receive routine healthcare	2	4%	6	13%
Other	2	4%	11	24%
Question #3- Can you get an appointment at this doctor's office when you need it?				
Yes	42	84%	40	95%
No	2	4%	2	5%

South Central FHC	2018		2020	
	Total	%	Total	%
Question #4- If you answered "No" to question 3, please choose all that apply.				
No Appointment available	1	2%	1	33%
Cannot afford it	0	0%	0	0%
Cannot take time off from work	0	0%	0	0%
No transportation	0	0%	1	33%
Clinic hours	0	0%	0	0%
No specialist in my community for my condition	0	0%	0	0%
Other	1	2%	1	33%
Question #5- The clinic hours meet my needs				
Yes	43	86%	39	91%
If No I would prefer Appointments at the following times	0	0%	4	9%
Weekdays before 7am	1	2%	2	15%
Saturday Morning	1	2%	3	23%
Sunday Morning	1	2%	1	8%
Weekday After 5:30pm	3	6%	2	15%
Saturday Afternoon	3	6%	3	23%
Sunday Afternoon	0	0%	2	15%
Question #6- What type of healthcare coverage do you have?				
Medicare	5	10%	9	18%
AHCCCS	30	60%	21	42%
Commercial Health Insurance	8	16%	7	14%
Copa Care/Sliding fee discount program	5	10%	9	18%
No healthcare coverage	0	0%	2	4%
Other	1	2%	2	4%
Question #7- Please select the top 3 health challenges you face.				
Cancer	1	2%	2	2%
Diabetes	11	22%	21	21%
Overweight	17	34%	8	8%
Breathing Problems	8	16%	5	5%
High Blood Pressure/Stroke	16	32%	14	14%
Dental Care	4	8%	4	4%
Heart Disease	0	0%	3	3%
Pain	10	20%	19	19%
Depression/Mental health issues	5	10%	7	7%
Alcohol use	0	0%	1	1%
Drug use	0	0%	0	0%
None	4	8%	4	4%

South Central FHC	2018		2020	
	Total	%	Total	%
Other	5	10%	11	11%
Question #8- Please choose all statements below that apply to you.				
Exercise 3 times per week	13	26%	18	23%
Eat at least 5 servings of fruits & vegetables	11	22%	15	19%
Eat fast food more than one per week	13	26%	10	13%
Smoke cigarettes	4	8%	3	4%
Chew tobacco	2	4%	0	0%
Use illegal drugs	1	2%	0	0%
Abuse or over use prescription drugs	1	2%	0	0%
Consume more than 4/5 alcoholic drinks	0	0%	0	0%
Use sunscreen or protective clothing	9	18%	8	10%
Receive a flu shot each year	19	38%	15	19%
Have access to a wellness program through my employer	7	14%	6	8%
None of the above apply to me	5	10%	5	6%
Question #9- Which of the following preventive procedures have you had in the past 12 months?				
Mammogram	15	30%	5	5%
Pap Smear	11	22%	10	9%
Prostate cancer screening	3	6%	1	1%
Flu shot	19	38%	11	10%
Colon/rectal exam	7	14%	5	5%
Blood Pressure	18	36%	16	15%
Blood sugar check	11	22%	12	11%
Skin cancer screening	0	0%	0	0%
Cholesterol screening	4	8%	10	9%
Vision Screening	9	18%	14	13%
Hearing Screening	5	10%	2	2%
Cardiovascular Screening	3	6%	3	3%
Bone Density test	0	0%	0	0%
Dental cleaning/x-rays	1	2%	6	5%
Physical exam	19	38%	11	10%
None of the above	3	6%	4	4%
Question #10- What is your gender?				
Female	25	50%	22	54%
Male	14	28%	19	46%
Transgender Female/Male to female	0	0%	0	0%
Transgender Male/Female to male	0	0%	0	0%
Other	0	0%	0	0%
Chose not to disclose	0	0%	0	0%

South Central FHC	2018		2020	
	Total	%	Total	%
Question #11- What is your race?				
African American Black	8	16%	5	14%
Caucasian/White	9	18%	11	31%
Asian	0	0%	0	0%
American Indian/Alaska Native	0	0%	0	0%
Native Hawaiian/Pacific Islander	0	0%	0	0%
Hispanic	14	28%	20	56%
Other	6	12%	0	0%
Question #12- What is your current employment status?				
Employed full-time	8	16%	12	27%
Employed Part time	3	6%	6	13%
Student	5	10%	2	4%
Homemaker	9	18%	6	13%
Unemployed	5	10%	11	24%
Disabled	9	18%	2	4%
Retired	1	2%	6	13%
Question #13- What is your household income range?				
\$0-\$24,999	24	48%	20	59%
\$25,000-\$49,999	4	8%	6	18%
\$50,000-\$74,999	0	0%	1	3%
\$75,000-\$99,999	0	0%	1	3%
\$100,000 or more	1	2%	2	6%
Don't Know	6	12%	4	12%
Question #14- What is the highest level of education you have completed?				
Some high school	12	24%	6	20%
High school graduate	13	26%	9	30%
Some college	7	14%	13	43%
College graduate	5	10%	2	7%

Site Id: BPS-LAL-009886

Name: El Mirage Family Health Center

Address: 12428 W Thunderbird Rd, El Mirage, AZ 85335-3113

Form 5B Service Area Zip Codes: 85379, 85351, 85335, 85363

Overview of Address

State Name: Arizona

County Name: Maricopa

Congressional District Name: Arizona District 08

Congressional District Representative Name: (Vacancy)

ZIP Code: 85335

Post Office Name: El Mirage

FIPS Code (State + County + Tract number)

Census Tract: 04013060902

Census Tract Number: 060902

FIPS Code (State + County + Minor Civil Division) County Subdivision:
0401392601

County Subdivision Name: Phoenix

In a Dental Health HPSA: Yes

HPSA Name: Low Income-El Mirage and Youngtown

ID: 6049736571

Designation Type: HPSA Population

Score: 25

HPSA Name: El Mirage/Luke

ID: 604999040J

Designation Type: HPSA Geographic

Score: 25

In a Mental Health HPSA: Yes

HPSA Name: Maricopa County

ID: 704013

Designation Type: HPSA Geographic

Score: 21

HPSA Name: Low Income-El Mirage and Youngtown

ID: 7043791963

Designation Type: HPSA Population

Score: 21

In a Primary Care HPSA: Yes

HPSA Name: Low Income-El Mirage and Youngtown

ID: 1043742789

Designation Type: HPSA Population

Score: 25

HPSA Name: El Mirage

ID: 10499904P6

Designation Type: HPSA Geographic

Score: 25

In a MUA/P: Yes

Service Area Name: Maricopa Service Area

ID: 00128

Designation Type: Medically Underserved Area

HPSA Data as of 5/04/2020

MUA Data as of 5/04/2020

El Mirage FHC	2018		2020	
	Total	%	Total	%
Question #1- How would you describe your overall health?				
Excellent	4	8%	2	3%
Very Good	11	22%	17	23%
Good	23	46%	30	40%
Fair	11	22%	16	21%
Poor	1	2%	10	13%
Question #2- Where do you go for routine healthcare?				
Physician's office	25	50%	34	41%
Health Department	5	10%	6	7%
Emergency Room	2	4%	3	4%
Urgent Care Clinic	13	26%	14	17%
Clinic in a Grocery/Drug store	1	2%	8	10%
I do not receive routine healthcare	3	6%	12	14%
Other	0	0%	6	7%

El Mirage FHC	2018		2020	
	Total	%	Total	%
Question #3- Can you get an appointment at this doctor's office when you need it?				
Yes	45	90%	65	93%
No	3	6%	5	7%
Question #4- If you answered "No" to question 3, please choose all that apply.				
No Appointment available	3	6%	1	13%
Cannot afford it	0	0%	2	25%
Cannot take time off from work	0	0%	1	13%
No transportation	1	2%	0	0%
Clinic hours	0	0%	0	0%
No specialist in my community for my condition	0	0%	1	13%
Other	0	0%	3	38%
Question #5- The clinic hours meet my needs				
Yes	48	96%	66	92%
If No I would prefer Appointments at the following times	1	2%	6	8%
Weekdays before 7am	1	2%	3	18%
Saturday Morning	0	0%	4	24%
Sunday Morning	0	0%	1	6%
Weekday After 5:30pm	0	0%	6	35%
Saturday Afternoon	0	0%	2	12%
Sunday Afternoon	0	0%	1	6%
Question #6- What type of healthcare coverage do you have?				
Medicare	1	2%	8	11%
AHCCCS	25	50%	38	51%
Commercial Health Insurance	14	28%	8	11%
Copa Care/Sliding fee discount program	7	14%	11	15%
No healthcare coverage	0	0%	3	4%
Other	0	0%	7	9%
Question #7- Please select the top 3 health challenges you face.				
Cancer				
Diabetes	1	2%	2	2%
Overweight	8	16%	14	11%
Breathing Problems	12	24%	19	15%
High Blood Pressure/Stroke	6	12%	6	5%
Dental Care	12	24%	19	15%
Heart Disease	8	16%	7	5%
Pain	1	2%	2	2%
Depression/Mental health issues	11	22%	24	19%
Alcohol use	5	10%	10	8%

El Mirage FHC	2018		2020	
	Total	/o	Total	/o
Drug use	0	0%	0	0%
None	8	16%	13	10%
Other	4	8%	12	9%
Question #8- Please choose all statements below that apply to you.				
Exercise 3 times per week	24	48%	29	24%
Eat at least 5 servings of fruits & vegetables	14	28%	20	17%
Eat fast food more than one per week	11	22%	20	17%
Smoke cigarettes	6	12%	4	3%
Chew tobacco	0	0%	0	0%
Use illegal drugs	0	0%	0	0%
Abuse or over use prescription drugs	0	0%	0	0%
Consume more than 4/5 alcoholic drinks	0	0%	2	2%
Use sunscreen or protective clothing	16	32%	17	14%
Receive a flu shot each year	17	34%	12	10%
Have access to a wellness program through my employer	4	8%	10	8%
None of the above apply to me	3	6%	6	5%
Question #9- Which of the following preventive procedures have you had in the past 12 months?				
Mammogram	14	28%	12	8%
Pap Smear	8	16%	14	9%
Prostate cancer screening	3	6%	0	0%
Flu shot	12	24%	14	9%
Colon/rectal exam	6	12%	1	1%
Blood Pressure	18	36%	20	13%
Blood sugar check	11	22%	21	13%
Skin cancer screening	2	4%	6	4%
Cholesterol screening	3	6%	4	3%
Vision Screening	14	28%	17	11%
Hearing Screening	2	4%	3	2%
Cardiovascular Screening	1	2%	2	1%
Bone Density test	1	2%	2	1%
Dental cleaning/x-rays	12	24%	6	4%
Physical exam	15	30%	19	12%
None of the above	9	18%	17	11%
Question #10- What is your gender?				
Female	32	64%	53	78%
Male	16	32%	15	22%
Transgender Female/Male to female	0	0%	0	0%
Transgender Male/Female to male	0	0%	0	0%
Other	0	0%	0	0%

El Mirage FHC	2018		2020	
	Total	/o	Total	/o
Chose not to disclose	0	0%	0	0%
Question #11- What is your race?				
African American Black	13	26%	18	25%
Caucasian/White	6	12%	10	14%
Asian	4	8%	10	14%
American Indian/Alaska Native	11	22%	13	18%
Native Hawaiian/Pacific Islander	7	14%	13	18%
Hispanic	3	6%	5	7%
Other	3	6%	2	3%
Question #12- What is your current employment status?				
Employed full-time	14	28%	27	40%
Employed Part time	12	24%	21	31%
Student	2	4%	2	3%
Homemaker	5	10%	0	0%
Unemployed	2	4%	1	1%
Disabled	6	12%	16	24%
Retired				
Question #13- What is your household income range?				
\$0-\$24,999	8	16%	9	16%
\$25,000-\$49,999	13	26%	12	22%
\$50,000-\$74,999	13	26%	27	49%
\$75,000-\$99,999	9	18%	7	13%
\$100,000 or more	13	26%	18	25%
Don't Know	6	12%	10	14%
Question #14- What is the highest level of education you have completed?				
Some high school	11	22%	13	18%
High school graduate	7	14%	13	18%
Some college	3	6%	5	7%
College graduate	3	6%	2	3%

Site Id: BPS-LAL-009884

Name: Mesa Family Health Center

Address: 59 S Hibbert, Mesa, AZ 85210-1414

Form 5B Service Area Zip Codes: 85210, 85233, 85202, 85021, 85204

Overview of Address

State Name: Arizona

County Name: Maricopa

Congressional District Name: Arizona District 09

Congressional District Representative Name: Kyrsten Sinema

ZIP Code: 85210

Post Office Name: Mesa

FIPS Code (State + County + Tract number) Census Tract: 04013421400

Census Tract Number: 421400

FIPS Code (State + County + Minor Civil Division) County Subdivision:
0401392601

County Subdivision Name: Phoenix

In a Dental Health HPSA: Yes

HPSA Name: Low Income-Mesa West

ID: 6044027591

Designation Type: HPSA Population

Score: 25

HPSA Name: Low Income - Tempe

ID: 604999040V

Designation Type: HPSA Population

Score: 25

In a Mental Health HPSA: Yes

HPSA Name: Maricopa County

ID: 704013

Designation Type: HPSA Geographic

Score: 21

HPSA Name: Mesa West

ID: 7042717891

Designation Type: HPSA Geographic High Needs

Score: 21

In a Primary Care HPSA: Yes

HPSA Name: Low Income-Mesa West

ID: 1047891575

Designation Type: HPSA Population

Score: 25

HPSA Name: Low Income - Tempe

ID: 104999040I

Designation Type: HPSA Population

Score: 25

In a MUA/P: No

HPSA Data as of 5/04/2020

MUA Data as of 5/04/2020

Mesa FHC	2018		2020	
	Total	%	Total	%
Question #1- How would you describe your overall health?				
Excellent	4	8%	12	24%
Very Good	6	12%	9	18%
Good	16	32%	20	41%
Fair	18	36%	8	16%
Poor	4	8%	0	0%
Question #2- Where do you go for routine healthcare?				
Physician's office	30	60%	34	65%
Health Department	8	16%	5	10%
Emergency Room	1	2%	0	0%
Urgent Care Clinic	4	8%	2	4%
Clinic in a Grocery/Drug store	2	4%	0	0%
I do not receive routine healthcare	1	2%	8	15%
Other	5	10%	3	6%
Question #3- Can you get an appointment at this doctor's office when you need it?				
Yes	37	74%	42	88%
No	11	22%	6	13%

Mesa FHC	2018		2020	
	Total	%	Total	%
Question #4- If you answered "No" to question 3, please choose all that apply.				
No Appointment available	8	16%	3	33%
Cannot afford it	2	4%	2	22%
Cannot take time off from work	1	2%	2	22%
No transportation	0	0%	1	11%
Clinic hours	0	0%	0	0%
No specialist in my community for my condition	1	2%	1	11%
Other	3	6%	0	0%
Question #5- The clinic hours meet my needs				
Yes	39	78%	42	89%
If No I would prefer Appointments at the following times	0	0%	5	11%
Weekdays before 7am	4	8%	3	38%
Saturday Morning	3	6%	0	0%
Sunday Morning	1	2%	0	0%
Weekday After 5:30pm	4	8%	4	50%
Saturday Afternoon	3	6%	1	13%
Sunday Afternoon	1	2%	0	0%
Question #6- What type of healthcare coverage do you have?				
Medicare	6	12%	3	6%
AHCCCS	30	60%	22	43%
Commercial Health Insurance	4	8%	11	22%
Copa Care/Sliding fee discount program	10	20%	10	20%
No healthcare coverage	1	2%	4	8%
Other	0	0%	1	2%
Question #7- Please select the top 3 health challenges you face.				
Cancer	1	2%	0	0%
Diabetes	11	22%	11	14%
Overweight	10	20%	11	14%
Breathing Problems	3	6%	4	5%
High Blood Pressure/Stroke	17	34%	14	18%
Dental Care	3	6%	2	3%
Heart Disease	1	2%	4	5%
Pain	18	36%	7	9%
Depression/Mental health issues	7	14%	4	5%
Alcohol use	0	0%	0	0%
Drug use	0	0%	0	0%
None	8	16%	5	6%

Mesa FHC	2018		2020	
	Total	%	Total	%
Other	12	24%	15	19%
Question #8- Please choose all statements below that apply to you.				
Exercise 3 times per week	22	44%	21	21%
Eat at least 5 servings of fruits & vegetables	20	40%	23	23%
Eat fast food more than one per week	15	30%	15	15%
Smoke cigarettes	6	12%	4	4%
Chew tobacco	1	2%	0	0%
Use illegal drugs	1	2%	0	0%
Abuse or over use prescription drugs	1	2%	0	0%
Consume more than 4/5 alcoholic drinks	2	4%	0	0%
Use sunscreen or protective clothing	13	26%	11	11%
Receive a flu shot each year	13	26%	17	17%
Have access to a wellness program through my employer	1	2%	5	5%
None of the above apply to me	9	18%	2	2%
Question #9- Which of the following preventive procedures have you had in the past 12 months?				
Mammogram	15	30%	10	7%
Pap Smear	8	16%	19	13%
Prostate cancer screening	1	2%	1	1%
Flu shot	15	30%	12	8%
Colon/rectal exam	3	6%	5	3%
Blood Pressure	23	46%	21	14%
Blood sugar check	19	38%	16	11%
Skin cancer screening	0	0%	2	1%
Cholesterol screening	12	24%	12	8%
Vision Screening	11	22%	11	7%
Hearing Screening	4	8%	1	1%
Cardiovascular Screening	5	10%	4	3%
Bone Density test	1	2%	1	1%
Dental cleaning/x-rays	9	18%	8	5%
Physical exam	15	30%	21	14%
None of the above	4	8%	7	5%
Question #10- What is your gender?				
Female	27	54%	36	77%
Male	18	36%	11	23%
Transgender Female/Male to female	0	0%	0	0%
Transgender Male/Female to male	0	0%	0	0%
Other	0	0%	0	0%
Chose not to disclose	0	0%	0	0%

Mesa FHC	2018		2020	
	Total	%	Total	%
Question #11- What is your race?				
African American Black	1	2%	2	5%
Caucasian/White	18	36%	18	44%
Asian	0	0%	1	2%
American Indian/Alaska Native	0	0%	0	0%
Native Hawaiian/Pacific Islander	1	2%	0	0%
Hispanic	21	42%	18	44%
Other	9	18%	2	5%
Question #12- What is your current employment status?				
Employed full-time	12	24%	15	33%
Employed Part time	7	14%	7	16%
Student	1	2%	4	9%
Homemaker	8	16%	9	20%
Unemployed	8	16%	3	7%
Disabled	4	8%	5	11%
Retired	2	4%	2	4%
Question #13- What is your household income range?				
\$0-\$24,999	18	36%	16	38%
\$25,000-\$49,999	5	10%	13	31%
\$50,000-\$74,999	0	0%	3	7%
\$75,000-\$99,999	1	2%	3	7%
\$100,000 or more	0	0%	1	2%
Don't Know	14	28%	6	14%
Question #14- What is the highest level of education you have completed?				
Some high school	11	22%	5	14%
High school graduate	8	16%	11	30%
Some college	10	20%	13	35%
College graduate	4	8%	8	22%

Site Id: BPS-LAL-009887

Name: Sunnyslope Family Health Center

Address: 934 W Hatcher Rd, Phoenix, AZ 85021-3139

Form 5B Service Area Zip Codes: 85020, 85015, 85051, 85021, 85013, 85029

Overview of Address

State Name: Arizona

County Name: Maricopa

Congressional District Name: Arizona District 09

Congressional District Representative Name: Kyrsten Sinema

ZIP Code: 85021

Post Office Name: Phoenix

FIPS Code (State + County + Tract number) Census Tract: 04013104501

Census Tract Number: 104501

FIPS Code (State + County + Minor Civil Division) County Subdivision:
0401392601

County Subdivision Name: Phoenix

In a Dental Health HPSA: Yes

HPSA Name: Low Income-North Mountain Village

ID: 6041011716

Designation Type: HPSA Population

Score: 25

HPSA Name: Phoenix-Sunnyslope

ID: 604999040L

Designation Type: HPSA Geographic High Needs

Score: 25

In a Mental Health HPSA: Yes

HPSA Name: Maricopa County

ID: 704013

Designation Type: HPSA Geographic

Score: 21

HPSA Name: Low Income-North Mountain Village

ID: 7042074802

Designation Type: HPSA Population

Score: 21

In a Primary Care HPSA: Yes

HPSA Name: Low Income-North Mountain Village

ID: 1045671610

Designation Type: HPSA Population

Score: 25

HPSA Name: Phoenix Sunnyslope

ID: 104999040D

Designation Type: HPSA Geographic High Needs

Score: 25

In a MUA/P: Yes

Service Area Name: Phoenix Sunnyslope

ID: 07869

Designation Type: Medically Underserved Area

HPSA Data as of 5/04/2020**MUA Data as of 5/04/2020**

Sunnyslope FHC	2018		2020	
	Total	%	Total	%
Question #1- How would you describe your overall health?				
Excellent	7	14%	6	12%
Very Good	9	18%	8	16%
Good	16	32%	16	31%
Fair	14	28%	13	25%
Poor	3	6%	8	16%
Question #2- Where do you go for routine healthcare?				
Physician's office	29	58%	27	50%
Health Department	5	10%	7	13%
Emergency Room	8	16%	1	2%
Urgent Care Clinic	4	8%	8	15%
Clinic in a Grocery/Drug store	0	0%	4	7%
I do not receive routine healthcare	3	6%	1	2%
Other	1	2%	6	11%

Sunnyslope FHC	2018		2020	
	Total	%	Total	%
Question #3- Can you get an appointment at this doctor's office when you need it?				
Yes	46	92%	40	89%
No	1	2%	5	11%
Question #4- If you answered "No" to question 3, please choose all that apply.				
No Appointment available	2	4%	3	43%
Cannot afford it	1	2%	0	0%
Cannot take time off from work	0	0%	3	43%
No transportation	0	0%	0	0%
Clinic hours	0	0%	0	0%
No specialist in my community for my condition	1	2%	0	0%
Other	2	4%	1	14%
Question #5- The clinic hours meet my needs				
Yes	43	86%	41	89%
If No I would prefer Appointments at the following times	0	0%	5	11%
Weekdays before 7am	6	12%	4	20%
Saturday Morning	1	2%	5	25%
Sunday Morning	0	0%	3	15%
Weekday After 5:30pm	2	4%	5	25%
Saturday Afternoon	1	2%	2	10%
Sunday Afternoon	0	0%	1	5%
Question #6- What type of healthcare coverage do you have?				
Medicare	3	6%	4	7%
AHCCCS	26	52%	22	41%
Commercial Health Insurance	6	12%	9	17%
Copa Care/Sliding fee discount program	13	26%	13	24%
No healthcare coverage	4	8%	3	6%
Other	1	2%	3	6%
Question #7- Please select the top 3 health challenges you face.				
Cancer	2	4%	2	2%
Diabetes	13	26%	17	19%
Overweight	14	28%	14	16%
Breathing Problems	11	22%	4	5%
High Blood Pressure/Stroke	17	34%	13	15%
Dental Care	8	16%	5	6%
Heart Disease	6	12%	5	6%
Pain	8	16%	10	11%
Depression/Mental health issues	46	92%	40	89%

Sunnyslope FHC	2018		2020	
	Total	%	Total	%
Alcohol use	2	4%	1	1%
Drug use	0	0%	0	0%
None	3	6%	8	9%
Other	8	16%	2	2%
Question #8- Please choose all statements below that apply to you.				
Exercise 3 times per week	18	36%	16	20%
Eat at least 5 servings of fruits & vegetables	14	28%	12	15%
Eat fast food more than one per week	12	24%	10	12%
Smoke cigarettes	11	22%	9	11%
Chew tobacco	0	0%	1	1%
Use illegal drugs	0	0%	0	0%
Abuse or over use prescription drugs	0	0%	0	0%
Consume more than 4/5 alcoholic drinks	0	0%	0	0%
Use sunscreen or protective clothing	14	28%	9	11%
Receive a flu shot each year	18	36%	13	16%
Have access to a wellness program through my employer	5	10%	6	7%
None of the above apply to me	3	6%	6	7%
Question #9- Which of the following preventive procedures have you had in the past 12 months?				
Mammogram	13	26%	16	11%
Pap Smear	16	32%	11	7%
Prostate cancer screening	1	2%	2	1%
Flu shot	20	40%	11	7%
Colon/rectal exam	3	6%	9	6%
Blood Pressure	26	52%	15	10%
Blood sugar check	20	40%	19	13%
Skin cancer screening	1	2%	6	4%
Cholesterol screening	17	34%	12	8%
Vision Screening	15	30%	15	10%
Hearing Screening	3	6%	6	4%
Cardiovascular Screening	5	10%	6	4%
Bone Density test	0	0%	1	1%
Dental cleaning/x-rays	7	14%	1	1%
Physical exam	11	22%	14	10%
None of the above	6	12%	3	2%
Question #10- What is your gender?				
Female	31	62%	29	66%
Male	12	24%	15	34%
Transgender Female/Male to female	0	0%	0	0%

Sunnyslope FHC	2018		2020	
	Total	%	Total	%
Transgender Male/Female to male	1	2%	0	0%
Other	0	0%	0	0%
Chose not to disclose	0	0%	0	0%
Question #11- What is your race?				
African American Black	3	6%	5	13%
Caucasian/White	16	32%	22	58%
Asian	1	2%	0	0%
American Indian/Alaska Native	1	2%	0	0%
Native Hawaiian/Pacific Islander	0	0%	0	0%
Hispanic	17	34%	11	29%
Other	3	6%	0	0%
Question #12- What is your current employment status?				
Employed full-time	13	26%	17	37%
Employed Part time	6	12%	2	4%
Student	1	2%	1	2%
Homemaker	12	24%	10	22%
Unemployed	1	2%	8	17%
Disabled	4	8%	5	11%
Retired	3	6%	3	7%
Question #13- What is your household income range?				
\$0-\$24,999	23	46%	21	49%
\$25,000-\$49,999	4	8%	13	30%
\$50,000-\$74,999	3	6%	1	2%
\$75,000-\$99,999	0	0%	0	0%
\$100,000 or more	0	0%	0	0%
Don't Know	6	12%	8	19%
Question #14- What is the highest level of education you have completed?				
Some high school	10	20%	10	31%
High school graduate	11	22%	11	34%
Some college	9	18%	8	25%
College graduate	4	8%	3	9%

Site Id: BPS-LAL-009881

Name: Avondale Family Health Center

Address: 950 E Van Buren St, Avondale, AZ 85323-1506

Form 5B Service Area Zip Codes: 85395, 85392, 85323, 85353, 85340

Overview of Address

State Name: Arizona

County Name: Maricopa

Congressional District Name: Arizona District 03

Congressional District Representative Name: Raúl M. Grijalva

ZIP Code: 85323

Post Office Name: Avondale

FIPS Code (State + County + Tract number) Census Tract: 04013061200

Census Tract Number: 061200

FIPS Code (State + County + Minor Civil Division) County Subdivision:
0401392601

County Subdivision Name: Phoenix

In a Dental Health HPSA: Yes

HPSA Name: Low Income-Avondale

ID: 6048225739

Designation Type: HPSA Population

Score: 25

HPSA Name: Avondale/Tolleson Service Area

ID: 604999040Y

Designation Type: HPSA Geographic

Score: 25

In a Mental Health HPSA: Yes

HPSA Name: Maricopa County

ID: 704013

Designation Type: HPSA Geographic

Score: 21

In a Primary Care HPSA: Yes

HPSA Name: Low Income-Avondale

ID: 1044018123

Designation Type: HPSA Population

Score: 25

HPSA Name: Avondale/Tolleson
 ID: 104999040C
 Designation Type: HPSA Geographic
 Score: 25

In a MUA/P: Yes

Service Area Name: Low Inc- Avondale/ Tolleson Service Area
 ID: 07219
 Designation Type: Medically Underserved Population

HPSA Data as of 5/04/2020

MUA Data as of 5/04/2020

Avondale FHC	2018		2020	
	Total	%	Total	%
Question #1- How would you describe your overall health?				
Excellent	4	8%	1	2%
Very Good	11	22%	8	16%
Good	17	34%	20	39%
Fair	13	26%	18	35%
Poor	2	4%	4	8%
Question #2- Where do you go for routine healthcare?				
Physician's office	30	60%	27	51%
Health Department	8	16%	6	11%
Emergency Room	3	6%	1	2%
Urgent Care Clinic	1	2%	10	19%
Clinic in a Grocery/Drug store	1	2%	1	2%
I do not receive routine healthcare	4	8%	2	4%
Other	2	4%	6	11%
Question #3- Can you get an appointment at this doctor's office when you need it?				
Yes	42	84%	43	90%
No	1	2%	5	10%
Questions #4- If you answered "No" to question 3, please choose all that apply.				

Avondale FHC	2018		2020	
	Total	%	Total	%
No Appointment available	0	0%	1	13%
Cannot afford it	0	0%	1	13%
Cannot take time off from work	2	4%	1	13%
No transportation	0	0%	1	13%
Clinic hours	0	0%	0	0%
No specialist in my community for my condition	0	0%	2	25%
Other	1	2%	2	25%
Question #5- The clinic hours meet my needs				
Yes	45	90%	45	96%
If No I would prefer Appointments at the following times	0	0%	2	4%
Weekdays before 7am	1	2%	2	18%
Saturday Morning	1	2%	2	18%
Sunday Morning	2	4%	2	18%
Weekday After 5:30pm	2	4%	2	18%
Saturday Afternoon	3	6%	2	18%
Sunday Afternoon	1	2%	1	9%
Question #6- What type of healthcare coverage do you have?				
Medicare	2	4%	8	13%
AHCCCS	33	66%	26	43%
Commercial Health Insurance	4	8%	11	18%
Copa Care/Sliding fee discount program	10	20%	12	20%
No healthcare coverage	2	4%	1	2%
Other	0	0%	3	5%
Question #7- Please select the top 3 health challenges you face.				
Cancer	0	0%	0	0%
Diabetes	11	22%	10	10%
Overweight	10	20%	14	14%
Breathing Problems	1	2%	6	6%
High Blood Pressure/Stroke	15	30%	13	13%
Dental Care	7	14%	4	4%
Heart Disease	2	4%	4	4%
Pain	5	10%	12	12%
Depression/Mental health issues	6	12%	13	13%
Alcohol use	0	0%	2	2%
Drug use	0	0%	1	1%
None	6	12%	5	5%
Other	5	10%	19	18%

Avondale FHC	2018		2020	
	Total	/o	Total	/o
Question #8- Please choose all statements below that apply to you.				
Exercise 3 times per week	21	42%	15	14%
Eat at least 5 servings of fruits & vegetables	15	30%	18	17%
Eat fast food more than one per week	9	18%	20	19%
Smoke cigarettes	6	12%	7	7%
Chew tobacco	0	0%	2	2%
Use illegal drugs	0	0%	2	2%
Abuse or over use prescription drugs	0	0%	0	0%
Consume more than 4/5 alcoholic drinks	1	2%	1	1%
Use sunscreen or protective clothing	13	26%	8	8%
Receive a flu shot each year	19	38%	20	19%
Have access to a wellness program through my employer	4	8%	7	7%
None of the above apply to me	2	4%	4	4%
Question #9- Which of the following preventive procedures have you had in the past 12 months?				
Mammogram	11	22%	8	7%
Pap Smear	12	24%	7	6%
Prostate cancer screening	1	2%	3	2%
Flu shot	20	40%	13	11%
Colon/rectal exam	5	10%	5	4%
Blood Pressure	16	32%	14	12%
Blood sugar check	9	18%	13	11%
Skin cancer screening	5	10%	3	2%
Cholesterol screening	11	22%	7	6%
Vision Screening	15	30%	12	10%
Hearing Screening	5	10%	4	3%
Cardiovascular Screening	1	2%	3	2%
Bone Density test	0	0%	1	1%
Dental cleaning/x-rays	8	16%	7	6%
Physical exam	8	16%	17	14%
None of the above	2	4%	4	3%
Question #10- What is your gender?				
Female	33	66%	32	73%
Male	8	16%	12	27%
Transgender Female/Male to female	1	2%	0	0%
Transgender Male/Female to male	2	4%	0	0%
Other	1	2%	0	0%
Chose not to disclose	0	0%	0	0%
Question #11- What is your race?				

Avondale FHC	2018		2020	
	Total	%	Total	%
African American Black	1	2%	5	13%
Caucasian/White	12	24%	11	29%
Asian	0	0%	1	3%
American Indian/Alaska Native	0	0%	0	0%
Native Hawaiian/Pacific Islander	0	0%	0	0%
Hispanic	24	48%	20	53%
Other	3	6%	1	3%
Question #12- What is your current employment status?				
Employed full-time	13	26%	9	20%
Employed Part time	4	8%	3	7%
Student	0	0%	6	14%
Homemaker	11	22%	5	11%
Unemployed	4	8%	9	20%
Disabled	5	10%	9	20%
Retired	2	4%	3	7%
Question #13- What is your household income range?				
\$0-\$24,999	12	24%	19	51%
\$25,000-\$49,999	6	12%	6	16%
\$50,000-\$74,999	3	6%	2	5%
\$75,000-\$99,999	1	2%	2	5%
\$100,000 or more	2	4%	0	0%
Don't Know	7	14%	8	22%
Question #14- What is the highest level of education you have completed?				
Some high school	10	20%	11	35%
High school graduate	11	22%	9	29%
Some college	6	12%	7	23%
College graduate	3	6%	4	13%

Site Id: BPS-LAL-009893

Name: Guadalupe Family Health Center

Address: 5825 E Calle Guadalupe, Guadalupe, AZ 85283-2664

Form 5B Service Area Zip Codes: 85202, 85224, 85283, 85282, 85284

Overview of Address

State Name: Arizona

County Name: Maricopa

Congressional District Name: Arizona District 07

Congressional District Representative Name: Ruben Gallego

ZIP Code: 85283

Post Office Name: Tempe

FIPS Code (State + County + Tract number) Census Tract: 04013320002

Census Tract Number: 320002

FIPS Code (State + County + Minor Civil Division) County Subdivision:
0401392601

County Subdivision Name: Phoenix

In a Dental Health HPSA: Yes

HPSA Name: Low Income-South Mountain Village and Guadalupe

ID: 6047717677

Designation Type: HPSA Population

Score: 25

HPSA Name: Guadalupe

ID: 6049990405

Designation Type: HPSA Geographic High Needs

Score: 25

In a Mental Health HPSA: Yes

HPSA Name: Maricopa County

ID: 704013

Designation Type: HPSA Geographic

Score: 21

HPSA Name: South Mountain Village and Guadalupe

ID: 7048370173

Designation Type: HPSA Geographic High Needs

Score: 21

In a Primary Care HPSA: Yes

HPSA Name: Low Income-South Mountain Village and Guadalupe

ID: 1044237576

Designation Type: HPSA Population

Score: 25

HPSA Name: Guadalupe

ID: 1049990467

Designation Type: HPSA Geographic High Needs

Score: 25

In a MUA/P: Yes

Service Area Name: Guadalupe Service Area

ID: 00117

Designation Type: Medically Underserved Area

HPSA Data as of 5/04/2020

MUA Data as of 5/04/2020

Guadalupe FHC	2018		2020	
	Total	%	Total	%
Question #1- How would you describe your overall health?				
Excellent	6	12%	6	13%
Very Good	5	10%	13	28%
Good	19	38%	16	35%
Fair	17	34%	10	22%
Poor	3	6%	1	2%
Question #2- Where do you go for routine healthcare?				
Physician's office	33	66%	31	63%
Health Department	5	10%	5	10%
Emergency Room	1	2%	0	0%
Urgent Care Clinic	4	8%	4	8%
Clinic in a Grocery/Drug store	1	2%	1	2%
I do not receive routine healthcare	8	16%	6	12%
Other	1	2%	2	4%

Guadalupe FHC	2018		2020	
	Total	%	Total	%
Question #3- Can you get an appointment at this doctor's office when you need it?				
Yes	45	90%	48	100%
No	5	10%	0	0%
Question #4- If you answered "No" to question 3, please choose all that apply.				
No Appointment available	4	8%	0	0%
Cannot afford it	0	0%	0	0%
Cannot take time off from work	0	0%	0	0%
No transportation	0	0%	0	0%
Clinic hours	0	0%	0	0%
No specialist in my community for my condition	1	2%	0	0%
Other	5	10%	0	0%
Question #5- The clinic hours meet my needs				
Yes	42	84%	47	100%
If No I would prefer Appointments at the following times	0	0%	0	0%
Weekdays before 7am	5	10%	0	0%
Saturday Morning	0	0%	0	0%
Sunday Morning	1	2%	0	0%
Weekday After 5:30pm	3	6%	0	0%
Saturday Afternoon	2	4%	0	0%
Sunday Afternoon	1	2%	0	0%
Question #6- What type of healthcare coverage do you have?				
Medicare	8	16%	5	9%
AHCCCS	37	74%	22	40%
Commercial Health Insurance	7	14%	15	27%
Copa Care/Sliding fee discount program	1	2%	8	15%
No healthcare coverage	1	2%	2	4%
Other	2	4%	3	5%
Question #7- Please select the top 3 health challenges you face.				
Cancer	2	4%	1	1%
Diabetes	10	20%	12	14%
Overweight	8	16%	10	12%
Breathing Problems	5	10%	3	4%
High Blood Pressure/Stroke	15	30%	13	16%
Dental Care	5	10%	3	4%
Heart Disease	1	2%	5	6%
Pain	14	28%	9	11%
Depression/Mental health issues	3	6%	8	10%

Guadalupe FHC	2018		2020	
	Total	%	Total	%
Alcohol use	2	4%	1	1%
Drug use	1	2%	0	0%
None	12	24%	8	10%
Other	5	10%	10	12%
Question #8- Please choose all statements below that apply to you.				
Exercise 3 times per week	19	38%	25	26%
Eat at least 5 servings of fruits & vegetables	14	28%	20	21%
Eat fast food more than one per week	14	28%	10	10%
Smoke cigarettes	8	16%	5	5%
Chew tobacco	1	2%	0	0%
Use illegal drugs	2	4%	0	0%
Abuse or over use prescription drugs	1	2%	0	0%
Consume more than 4/5 alcoholic drinks	0	0%	0	0%
Use sunscreen or protective clothing	9	18%	15	16%
Receive a flu shot each year	23	46%	14	15%
Have access to a wellness program through my employer	6	12%	4	4%
None of the above apply to me	7	14%	3	3%
Question #9- Which of the following preventive procedures have you had in the past 12 months?				
Mammogram	8	16%	13	8%
Pap Smear	12	24%	15	10%
Prostate cancer screening	0	0%	1	1%
Flu shot	19	38%	14	9%
Colon/rectal exam	1	2%	11	7%
Blood Pressure	19	38%	20	13%
Blood sugar check	18	36%	10	7%
Skin cancer screening	0	0%	3	2%
Cholesterol screening	7	14%	8	5%
Vision Screening	12	24%	15	10%
Hearing Screening	3	6%	3	2%
Cardiovascular Screening	1	2%	5	3%
Bone Density test	4	8%	2	1%
Dental cleaning/x-rays	8	16%	10	7%
Physical exam	11	22%	18	12%
None of the above	8	16%	5	3%
Question #10- What is your gender?				
Female	31	62%	38	81%
Male	14	28%	9	19%
Transgender Female/Male to female	1	2%	0	0%
Transgender Male/Female to male	0	0%	0	0%

Guadalupe FHC	2018		2020	
	Total	%	Total	%
Other	2	4%	0	0%
Chose not to disclose	0	0%	0	0%
Question #11- What is your race?				
African American Black	5	10%	4	9%
Caucasian/White	15	30%	14	30%
Asian	2	4%	1	2%
American Indian/Alaska Native	8	16%	5	11%
Native Hawaiian/Pacific Islander	2	4%	2	4%
Hispanic	13	26%	18	39%
Other	2	4%	2	4%
Question #12- What is your current employment status?				
Employed full-time	14	28%	15	31%
Employed Part time	8	16%	10	20%
Student	2	4%	4	8%
Homemaker	5	10%	5	10%
Unemployed	6	12%	10	20%
Disabled	5	10%	1	2%
Retired	6	12%	4	8%
Question #13- What is your household income range?				
\$0-\$24,999	22	44%	20	48%
\$25,000-\$49,999	7	14%	8	19%
\$50,000-\$74,999	1	2%	1	2%
\$75,000-\$99,999	2	4%	2	5%
\$100,000 or more	0	0%	2	5%
Don't Know	12	24%	9	21%
Question #14- What is the highest level of education you have completed?				
Some high school	15	30%	5	13%
High school graduate	9	18%	12	31%
Some college	9	18%	11	28%
College graduate	10	20%	11	28%

Site Id: BPS-LAL-009890

Name: Glendale Family Health Center

Address: 5141 W Lamar Rd, Glendale, AZ 85301-3423

Form 5B Service Area Zip Codes: 85301, 85051, 85303, 85019, 85302

Overview of Address

State Name: Arizona

County Name: Maricopa

Congressional District Name: Arizona District 07

Congressional District Representative Name: Ruben Gallego

ZIP Code: 85301

Post Office Name: Glendale

FIPS Code (State + County + Tract number) Census Tract: 04013092900

Census Tract Number: 092900

FIPS Code (State + County + Minor Civil Division) County Subdivision:
0401392601

County Subdivision Name: Phoenix

In a Dental Health HPSA: Yes

HPSA Name: Low Income-Glendale Central

ID: 6045048716

Designation Type: HPSA Population

Score: 25

HPSA Name: Glendale

ID: 6049990411

Designation Type: HPSA Geographic High Needs

Score: 25

In a Mental Health HPSA: Yes

HPSA Name: Maricopa County

ID: 704013

Designation Type: HPSA Geographic

Score: 21

HPSA Name: Glendale Central

ID: 7049538552

Designation Type: HPSA Geographic High Needs

Score: 21

In a Primary Care HPSA: Yes

HPSA Name: Glendale Central

ID: 1045510941

Designation Type: HPSA Geographic High Needs

Score: 25

HPSA Name: Glendale

ID: 1049990498

Designation Type: HPSA Geographic High Needs

Score: 25

In a MUA/P: Yes

Service Area Name: Glendale Service Area

ID: 07215

Designation Type: Medically Underserved Area

HPSA Data as of 5/04/2020**MUA Data as of 5/04/2020**

Glendale FHC	2018		2020	
	Total	%	Total	%
Question #1- How would you describe your overall health?				
Excellent	2	4%	17	33%
Very Good	6	12%	12	24%
Good	20	40%	14	27%
Fair	17	34%	7	14%
Poor	4	8%	1	2%
Question #2- Where do you go for routine healthcare?				
Physician's office	28	56%	20	42%
Health Department	5	10%	13	27%
Emergency Room	5	10%	1	2%
Urgent Care Clinic	4	8%	3	6%
Clinic in a Grocery/Drug store	3	6%	0	0%
I do not receive routine healthcare	6	12%	6	13%
Other	1	2%	5	10%
Question #3- Can you get an appointment at this doctor's office when you need it?				
Yes	44	88%	47	92%

Glendale FHC	2018		2020	
	Total	%	Total	%
No	5	10%	4	8%
Question #4- If you answered "No" to question 3, please choose all that apply.				
No Appointment available	4	8%	0	0%
Cannot afford it	1	2%	2	40%
Cannot take time off from work	0	0%	1	20%
No transportation	2	4%	1	20%
Clinic hours	0	0%	0	0%
No specialist in my community for my condition	0	0%	0	0%
Other	1	2%	1	20%
Question #5- The clinic hours meet my needs				
Yes	48	96%	45	92%
If No I would prefer Appointments at the following times	1	2%	4	8%
Weekdays before 7am	3	6%	1	11%
Saturday Morning	0	0%	2	22%
Sunday Morning	0	0%	1	11%
Weekday After 5:30pm	1	2%	1	11%
Saturday Afternoon	0	0%	3	33%
Sunday Afternoon	0	0%	1	11%
Question #6- What type of healthcare coverage do you have?				
Medicare	7	14%	1	2%
AHCCCS	31	62%	28	53%
Commercial Health Insurance	1	2%	8	15%
Copa Care/Sliding fee discount program	15	30%	8	15%
No healthcare coverage	0	0%	2	4%
Other	1	2%	6	11%
Question #7- Please select the top 3 health challenges you face.				
Cancer	0	0%	0	0%
Diabetes	13	26%	13	21%
Overweight	6	12%	7	11%
Breathing Problems	4	8%	1	2%
High Blood Pressure/Stroke	16	32%	6	10%
Dental Care	3	6%	2	3%
Hear Disease	4	8%	2	3%
Pain	10	20%	5	8%
Depression/Mental health issues	6	12%	1	2%
Alcohol use	0	0%	0	0%
Drug use	0	0%	0	0%

Glendale FHC	2018		2020	
	Total	%	Total	%
None	13	26%	15	25%
Other	4	8%	9	15%
Question #8- Please choose all statements below that apply to you.				
Exercise 3 times per week	21	42%	16	20%
Eat at least 5 servings of fruits & vegetables	17	34%	22	27%
Eat fast food more than one per week	20	40%	18	22%
Smoke cigarettes	9	18%	0	0%
Chew tobacco	0	0%	0	0%
Use illegal drugs	0	0%	0	0%
Abuse or over use prescription drugs	0	0%	0	0%
Consume more than 4/5 alcoholic drinks	0	0%	0	0%
Use sunscreen or protective clothing	12	24%	3	4%
Receive a flu shot each year	18	36%	14	17%
Have access to a wellness program through my employer	0	0%	0	0%
None of the above apply to me	4	8%	9	11%
Question #9- Which of the following preventive procedures have you had in the past 12 months?				
Mammogram	11	22%	3	2%
Pap Smear	4	8%	21	16%
Prostate cancer screening	4	8%	0	0%
Flu shot	18	36%	18	14%
Colon/rectal exam	4	8%	3	2%
Blood Pressure	24	48%	15	12%
Blood sugar check	16	32%	19	15%
Skin cancer screening	3	6%	3	2%
Cholesterol screening	16	32%	5	4%
Vision Screening	10	20%	7	5%
Hearing Screening	3	6%	1	1%
Cardiovascular Screening	4	8%	2	2%
Bone Density test	1	2%	0	0%
Dental cleaning/x-rays	7	14%	9	7%
Physical exam	14	28%	12	9%
None of the above	11	22%	10	8%
Question #10- What is your gender?				
Female	33	66%	48	98%
Male	15	30%	1	2%
Transgender Female/Male to female	1	2%	0	0%
Transgender Male/Female to male	0	0%	0	0%
Other	0	0%	0	0%

Glendale FHC	2018		2020	
	Total	/o	Total	/o
Chose not to disclose	0	0%	0	0%
Question #11- What is your race?				
African American Black	2	4%	4	9%
Caucasian/White	16	32%	5	12%
Asian	1	2%	4	9%
American Indian/Alaska Native	0	0%	0	0%
Native Hawaiian/Pacific Islander	1	2%	0	0%
Hispanic	19	38%	28	65%
Other	9	18%	2	5%
Question #12- What is your current employment status?				
Employed full-time	9	18%	8	16%
Employed Part time	6	12%	8	16%
Student	3	6%	2	4%
Homemaker	11	22%	13	27%
Unemployed	9	18%	18	37%
Disabled	9	18%	0	0%
Retired	1	2%	0	0%
Question #13- What is your household income range?				
\$0-\$24,999	7	14%	16	37%
\$25,000-\$49,999	0	0%	8	19%
\$50,000-\$74,999	0	0%	0	0%
\$75,000-\$99,999	0	0%	1	2%
\$100,000 or more	19	38%	0	0%
Don't Know	0	0%	18	42%
Question #14- What is the highest level of education you have completed?				
Some high school	19	38%	16	39%
High school graduate	11	22%	16	39%
Some college	6	12%	7	17%
College graduate	3	6%	2	5%

Site Id: BPS-LAL-009889

Name: Seventh Avenue Family Health Center

Address: 1205 S 7th Ave, Phoenix, AZ 85007-3913

Form 5B Service Area Zip Codes: 85034, 85003, 85007, 85004, 85009

Overview of Address

State Name: Arizona

County Name: Maricopa

Congressional District Name: Arizona District 07

Congressional District Representative Name: Ruben Gallego

ZIP Code: 85003

Post Office Name: Phoenix

FIPS Code (State + County + Tract number)

Census Tract: 04013114900

Census Tract Number: 114900

FIPS Code (State + County + Minor Civil Division) County Subdivision:
0401392601

County Subdivision Name: Phoenix

Dental Health HPSA: Yes

HPSA Name: Low Income-Central City Village

ID: 6041975610

Designation Type: HPSA Population

Status: Designated

Score: 25

In a Mental Health HPSA: Yes

HPSA Name: Maricopa County

ID: 704013

Designation Type: HPSA Geographic

Score: 21

In a Primary Care HPSA: Yes

HPSA Name: Low Income-Central City Village

ID: 1041499689

Designation Type: HPSA Population

Status: Designated

Score: 25

HPSA Name: Low Income - Phoenix-South Central
 ID: 10499904N9
 Designation Type: HPSA Population
 Score: 25

In a MUA/P: Yes

Service Area Name: Rio Salado Service Area
 ID: 07350
 Designation Type: Medically Underserved Area

HPSA Data as of 5/04/2020

MUA Data as of 5/04/2020

7th Ave FHC	2018		2020	
	Total	/o	Total	/o
Question #1- How would you describe your overall health?				
Excellent	7	14%	5	11%
Very Good	7	14%	10	11%
Good	12	24%	15	11%
Fair	8	16%	15	11%
Poor	3	6%	2	11%
Question #2- Where do you go for routine healthcare?				
Physician's office	26	52%	32	65%
Health Department	3	6%	5	10%
Emergency Room	4	8%	0	0%
Urgent Care Clinic	3	6%	3	6%
Clinic in a Grocery/Drug store	0	0%	0	0%
I do not receive routine healthcare	1	2%	6	12%
Other	0	0%	3	6%
Question #3- Can you get an appointment at this doctor's office when you need it?				
Yes	27	54%	46	98%
No	8	16%	1	2%
Question #4- If you answered "No" to question 3, please choose all that apply.				
No Appointment available	2	4%	0	0%
Cannot afford it	3	6%	0	0%

7th Ave FHC	2018		2020	
	Total	/o	Total	/o
Cannot take time off from work	0	0%	0	0%
No transportation	0	0%	0	0%
Clinic hours	2	4%	0	0%
No specialist in my community for my condition	0	0%	0	0%
Other	0	0%	3	100%
Question #5- The clinic hours meet my needs				
Yes	39	78%	41	53%
If No I would prefer Appointments at the following times	0	0%	7	9%
Weekdays before 7am	4	8%	1	4%
Saturday Morning	4	8%	7	26%
Sunday Morning	1	2%	3	11%
Weekday After 5:30pm	4	8%	6	22%
Saturday Afternoon	2	4%	7	26%
Sunday Afternoon	1	2%	3	11%
Question #6- What type of healthcare coverage do you have?				
Medicare	2	4%	6	12%
AHCCCS	23	46%	24	48%
Commercial Health Insurance	7	14%	9	18%
Copa Care/Sliding fee discount program	1	2%	5	10%
No healthcare coverage	0	0%	1	2%
Other	0	0%	5	10%
Question #7- Please select the top 3 health challenges you face.				
Cancer	0	0%	3	4%
Diabetes	7	14%	11	13%
Overweight	10	20%	9	11%
Breathing Problems	4	8%	3	4%
High Blood Pressure/Stroke	7	14%	10	12%
Dental Care	5	10%	6	7%
Heart Disease	6	12%	1	1%
Pain	10	20%	14	16%
Depression/Mental health issues	7	14%	8	9%
Alcohol use	0	0%	1	1%
Drug use	0	0%	2	2%
None	2	4%	8	9%
Other	1	2%	9	11%
Question #8- Please choose all statements below that apply to you.				
Exercise 3 times per week	17	34%	11	15%
Eat at least 5 servings of fruits & vegetables	10	20%	4	5%

7th Ave FHC	2018		2020	
	Total	%	Total	%
Eat fast food more than one per week	5	10%	16	21%
Smoke cigarettes	5	10%	5	7%
Chew tobacco	1	2%	0	0%
Use illegal drugs	0	0%	0	0%
Abuse or over use prescription drugs	0	0%	0	0%
Consume more than 4/5 alcoholic drinks	0	0%	1	1%
Use sunscreen or protective clothing	8	16%	6	8%
Receive a flu shot each year	16	32%	17	23%
Have access to a wellness program through my employer	2	4%	7	9%
None of the above apply to me	1	2%	8	11%
Question #9- Which of the following preventive procedures have you had in the past 12 months?				
Mammogram	6	12%	5	5%
Pap Smear	7	14%	11	10%
Prostate cancer screening	0	0%	3	3%
Flu shot	14	28%	16	15%
Colon/rectal exam	1	2%	3	3%
Blood Pressure	10	20%	15	14%
Blood sugar check	8	16%	10	9%
Skin cancer screening	0	0%	4	4%
Cholesterol screening	6	12%	8	7%
Vision Screening	7	14%	9	8%
Hearing Screening	2	4%	2	2%
Cardiovascular Screening	2	4%	1	1%
Bone Density test	0	0%	0	0%
Dental cleaning/x-rays	1	2%	6	6%
Physical exam	12	24%	8	7%
None of the above	3	6%	7	6%
Question #10- What is your gender?				
Female	22	44%	30	65%
Male	12	24%	16	35%
Transgender Female/Male to female	0	0%	0	0%
Transgender Male/Female to male	0	0%	0	0%
Other	0	0%	0	0%
Chose not to disclose	0	0%	0	0%
Question #11- What is your race?				
African American Black	3	6%	10	22%
Caucasian/White	8	16%	9	20%
Asian	0	0%	0	0%

7th Ave FHC	2018		2020	
	Total	/o	Total	/o
American Indian/Alaska Native	0	0%	1	2%
Native Hawaiian/Pacific Islander	0	0%	1	2%
Hispanic	16	32%	24	52%
Other	0	0%	1	2%
Question #12- What is your current employment status?				
Employed full-time	12	24%	20	41%
Employed Part time	4	8%	2	4%
Student	2	4%	2	4%
Homemaker	5	10%	4	8%
Unemployed	6	12%	10	20%
Disabled	1	2%	9	18%
Retired	4	8%	2	4%
Question #13- What is your household income range?				
\$0-\$24,999	10	20%	23	52%
\$25,000-\$49,999	12	24%	7	16%
\$50,000-\$74,999	1	2%	5	11%
\$75,000-\$99,999	0	0%	1	2%
\$100,000 or more	0	0%	1	2%
Don't Know	7	14%	7	16%
Question #14- What is the highest level of education you have completed?				
Some high school	7	14%	14	37%
High school graduate	8	16%	8	21%
Some college	9	18%	8	21%
College graduate	4	8%	8	21%

Site Id: BPS-LAL-009892

Name: Maryvale Family Health Center

Address: 4011 N 51st Ave, Phoenix, AZ 85031-2601

Form 5B Service Area Zip Codes: 85301, 85019, 85031, 85035, 85033

Overview of Address

State Name: Arizona

County Name: Maricopa

Congressional District Name: Arizona District 07

Congressional District Representative Name: Ruben Gallego

ZIP Code: 85031

Post Office Name: Phoenix

FIPS Code (State + County + Tract number) Census Tract: 04013109900

Census Tract Number: 109900

FIPS Code (State + County + Minor Civil Division) County Subdivision:
0401392601

County Subdivision Name: Phoenix

In a Dental Health HPSA: Yes

HPSA Name: Low Income-Maryvale Village

ID: 6045252259

Designation Type: HPSA Population

Score: 25

HPSA Name: Low Income - Phoenix-Central

ID: 60499904E7

Designation Type: HPSA Population

Score: 25

In a Mental Health HPSA: Yes

HPSA Name: Maricopa County

ID: 704013

Designation Type: HPSA Geographic

Score: 21

HPSA Name: Maryvale Village

ID: 7048959393

Designation Type: HPSA Geographic High Needs

Score: 21

In a Primary Care HPSA: Yes

HPSA Name: Low Income-Maryvale Village

ID: 1043099123

Designation Type: HPSA Population

Score: 25

HPSA Name: Low Income - Phoenix Central

ID: 10499904N8

Designation Type: HPSA Population

Score: 25

In a MUA/P: Yes

Service Area Name: West Phoenix

ID: 06218

Designation Type: Medically Underserved Area

HPSA Data as of 5/04/2020

MUA Data as of 5/04/2020

Maryvale FHC	2018		2020	
	Total	%	Total	%
Question #1- How would you describe your overall health?				
Excellent	11	22%	19	35%
Very Good	18	36%	14	26%
Good	15	30%	15	28%
Fair	5	10%	6	11%
Poor	1	2%	0	0%
Question #2- Where do you go for routine healthcare?				
Physician's office	27	54%	28	52%
Health Department	7	14%	7	13%
Emergency Room	6	12%	1	2%
Urgent Care Clinic	3	6%	3	6%
Clinic in a Grocery/Drug store	0	0%	0	0%
I do not receive routine healthcare	5	10%	8	15%
Other	5	10%	7	13%

Maryvale FHC	2018		2020	
	Total	%	Total	%
Question #3- Can you get an appointment at this doctor's office when you need it?				
Yes	40	80%	48	92%
No	7	14%	4	8%
Question #4- If you answered "No" to question 3, please choose all that apply.				
No Appointment available	4	8%	1	20%
Cannot afford it	1	2%	2	40%
Cannot take time off from work	0	0%	0	0%
No transportation	1	2%	0	0%
Clinic hours	0	0%	0	0%
No specialist in my community for my condition	0	0%	0	0%
Other	1	2%	2	40%
Question #5- The clinic hours meet my needs				
Yes	45	90%	48	92%
If No I would prefer Appointments at the following times	0	0%	4	8%
Weekdays before 7am	0	0%	2	25%
Saturday Morning	2	4%	2	25%
Sunday Morning	2	4%	0	0%
Weekday After 5:30pm	4	8%	4	50%
Saturday Afternoon	2	4%	0	0%
Sunday Afternoon	1	2%	0	0%
Question #6- What type of healthcare coverage do you have?				
Medicare	4	8%	3	5%
AHCCCS	30	60%	36	64%
Commercial Health Insurance	3	6%	2	4%
Copa Care/Sliding fee discount program	5	10%	4	7%
No healthcare coverage	3	6%	5	9%
Other	6	12%	6	11%
Question #7- Please select the top 3 health challenges you face.				
Cancer	1	2%	0	0%
Diabetes	3	6%	4	6%
Overweight	9	18%	13	21%
Breathing Problems	2	4%	2	3%
High Blood Pressure/Stroke	3	6%	3	5%
Dental Care	3	6%	5	8%
Hear Disease	3	6%	1	2%
Pain	5	10%	5	8%
Depression/Mental health issues	4	8%	2	3%

Maryvale FHC	2018		2020	
	Total	%	Total	%
Alcohol use	1	2%	1	2%
Drug use	1	2%	0	0%
None	17	34%	17	27%
Other	9	18%	10	16%
Question #8- Please choose all statements below that apply to you.				
Exercise 3 times per week	18	36%	18	20%
Eat at least 5 servings of fruits & vegetables	22	44%	25	28%
Eat fast food more than one per week	11	22%	12	13%
Smoke cigarettes	3	6%	1	1%
Chew tobacco	1	2%	0	0%
Use illegal drugs	2	4%	0	0%
Abuse or over use prescription drugs	1	2%	0	0%
Consume more than 4/5 alcoholic drinks	2	4%	0	0%
Use sunscreen or protective clothing	5	10%	13	15%
Receive a flu shot each year	15	30%	10	11%
Have access to a wellness program through my employer	4	8%	1	1%
None of the above apply to me	6	12%	9	10%
Question #9- Which of the following preventive procedures have you had in the past 12 months?				
Mammogram	4	8%	5	5%
Pap Smear	21	42%	19	19%
Prostate cancer screening	1	2%	1	1%
Flu shot	25	50%	13	13%
Colon/rectal exam	1	2%	1	1%
Blood Pressure	17	34%	10	10%
Blood sugar check	5	10%	10	10%
Skin cancer screening	1	2%	0	0%
Cholesterol screening	8	16%	7	7%
Vision Screening	4	8%	6	6%
Hearing Screening	2	4%	1	1%
Cardiovascular Screening	1	2%	2	2%
Bone Density test	1	2%	0	0%
Dental cleaning/x-rays	4	8%	6	6%
Physical exam	7	14%	9	9%
None of the above	4	8%	11	11%
Question #10- What is your gender?				
Female	36	72%	44	88%
Male	6	12%	6	12%
Transgender Female/Male to female	1	2%	0	0%

Maryvale FHC	2018		2020	
	Total	%	Total	%
Transgender Male/Female to male	0	0%	0	0%
Other	1	2%	0	0%
Chose not to disclose	1	2%	0	0%
Question #11- What is your race?				
African American Black	4	8%	3	7%
Caucasian/White	6	12%	8	20%
Asian	1	2%	0	0%
American Indian/Alaska Native	0	0%	0	0%
Native Hawaiian/Pacific Islander	0	0%	0	0%
Hispanic	22	44%	29	71%
Other	2	4%	1	2%
Question #12- What is your current employment status?				
Employed full-time	7	14%	6	11%
Employed Part time	1	2%	2	4%
Student	6	12%	5	9%
Homemaker	14	28%	20	38%
Unemployed	10	20%	18	34%
Disabled	1	2%	2	4%
Retired	1	2%	0	0%
Question #13- What is your household income range?				
\$0-\$24,999	13	26%	15	34%
\$25,000-\$49,999	6	12%	10	23%
\$50,000-\$74,999	0	0%	0	0%
\$75,000-\$99,999	1	2%	0	0%
\$100,000 or more	0	0%	0	0%
Don't Know	16	32%	19	43%
Question #14- What is the highest level of education you have completed?				
Some high school	16	32%	9	24%
High school graduate	10	20%	19	51%
Some college	4	8%	8	22%
College graduate	2	4%	1	3%

Site Id: BPS-LAL-009891

Name: Comprehensive Healthcare Center

Address: 2525 E Roosevelt St, Phoenix, AZ 85008-4948

Form 5B Service Area Zip Codes: 85006, 85008, 85016, 85018, 85034

Overview of Address

State Name: Arizona

County Name: Maricopa

Congressional District Name: Arizona District 07

Congressional District Representative Name: Ruben Gallego

ZIP Code: 85008

Post Office Name: Phoenix

FIPS Code (State + County + Tract number)

Census Tract: 04013113400

Census Tract Number: 113400

FIPS Code (State + County + Minor Civil Division) County Subdivision:
0401392601

County Subdivision Name: Phoenix

In a Dental Health HPSA: Yes

HPSA Name: Low Income-Central City Village

ID: 6041975610

Designation Type: HPSA Population

Score: 25

HPSA Name: Phoenix-South Central

ID: 604999040N

Designation Type: HPSA Geographic High Needs

Score: 25

In a Mental Health HPSA: Yes

HPSA Name: Maricopa County

ID: 704013

Designation Type: HPSA Geographic

Score: 21

In a Primary Care HPSA: Yes

HPSA Name: Low Income-Central City Village

ID: 1041499689

Designation Type: HPSA Population

Score: 25

HPSA Name: Low Income - Phoenix-South Central

ID: 10499904N9

Designation Type: HPSA Population

Score: 25

In a MUA/P: Yes

Service Area Name: Low Inc - South Central Phoenix

ID: 07338

Designation Type: Medically Underserved Population

HPSA Data as of 5/04/2020

MUA Data as of 5/04/2020

CHC Internal Meds	2018		2020	
	Total	%	Total	%
Question #1- How would you describe your overall health?				
Excellent	7	14%	2	6%
Very Good	5	10%	5	16%
Good	21	42%	9	29%
Fair	13	26%	7	23%
Poor	3	6%	8	26%
Question #2- Where do you go for routine healthcare?				
Physician's office	29	58%	8	26%
Health Department	9	18%	6	19%
Emergency Room	0	0%	4	13%
Urgent Care Clinic	6	12%	7	23%
Clinic in a Grocery/Drug store	0	0%	1	3%
I do not receive routine healthcare	3	6%	3	10%
Other	1	2%	2	6%
Question #3- Can you get an appointment at this doctor's office when you need it?				
Yes	34	68%	25	89%
No	15	30%	3	11%
Question #4- If you answered "No" to question 3, please choose all that apply.				
No Appointment available	13	26%	2	67%
Cannot afford it	0	0%	0	0%

CHC Internal Meds	2018		2020	
	Total	%	Total	%
Cannot take time off from work	1	2%	0	0%
No transportation	1	2%	0	0%
Clinic hours	2	4%	0	0%
No specialist in my community for my condition	0	0%	1	33%
Other	0	0%	0	0%
Question #5- The clinic hours meet my needs				
Yes	43	86%	22	81%
If No I would prefer Appointments at the following times	0	0%	5	19%
Weekdays before 7am	1	2%	2	40%
Saturday Morning	1	2%	1	20%
Sunday Morning	1	2%	0	0%
Weekday After 5:30pm	3	6%	2	40%
Saturday Afternoon	3	6%	1	20%
Sunday Afternoon	0	0%	0	0%
Question #6- What type of healthcare coverage do you have?				
Medicare	10	20%	7	19%
AHCCCS	26	52%	13	36%
Commercial Health Insurance	3	6%	2	6%
Copa Care/Sliding fee discount program	14	28%	9	25%
No healthcare coverage	0	0%	4	11%
Other	0	0%	1	3%
Question #7- Please select the top 3 health challenges you face.				
Cancer	3	6%	4	6%
Diabetes	17	34%	16	25%
Overweight	11	22%	4	6%
Breathing Problems	3	6%	1	2%
High Blood Pressure/Stroke	14	28%	9	14%
Dental Care	9	18%	6	9%
Heart Disease	3	6%	0	0%
Pain	17	34%	9	14%
Depression/Mental health issues	5	10%	4	6%
Alcohol use	1	2%	1	2%
Drug use	0	0%	0	0%
None	2	4%	2	3%
Other	4	8%	9	14%
Question #8- Please choose all statements below that apply to you.				
Exercise 3 times per week	19	38%	8	20%
Eat at least 5 servings of fruits & vegetables	10	20%	9	23%

CHC Internal Meds	2018		2020	
	Total	%	Total	%
Eat fast food more than one per week	11	22%	4	10%
Smoke cigarettes	6	12%	3	8%
Chew tobacco	0	0%	0	0%
Use illegal drugs	0	0%	0	0%
Abuse or over use prescription drugs	0	0%	0	0%
Consume more than 4/5 alcoholic drinks	0	0%	0	0%
Use sunscreen or protective clothing	9	18%	3	8%
Receive a flu shot each year	14	28%	7	18%
Have access to a wellness program through my employer	5	10%	3	8%
None of the above apply to me	5	10%	3	8%
Question #9- Which of the following preventive procedures have you had in the past 12 months?				
Mammogram	17	34%	11	12%
Pap Smear	11	22%	7	8%
Prostate cancer screening	3	6%	1	1%
Flu shot	12	24%	8	9%
Colon/rectal exam	2	4%	4	4%
Blood Pressure	23	46%	8	9%
Blood sugar check	16	32%	10	11%
Skin cancer screening	3	6%	4	4%
Cholesterol screening	8	16%	4	4%
Vision Screening	13	26%	16	17%
Hearing Screening	1	2%	4	4%
Cardiovascular Screening	2	4%	2	2%
Bone Density test	4	8%	2	2%
Dental cleaning/x-rays	10	20%	3	3%
Physical exam	16	32%	5	5%
None of the above	3	6%	4	4%
Question #10- What is your gender?				
Female	30	60%	14	56%
Male	16	32%	10	40%
Transgender Female/Male to female	0	0%	1	4%
Transgender Male/Female to male	0	0%	0	0%
Other	0	0%	0	0%
Chose not to disclose	0	0%	0	0%
Question #11- What is your race?				
African American Black	8	16%	0	0%
Caucasian/White	12	24%	5	24%
Asian	1	2%	0	0%

CHC Internal Meds	2018		2020	
	Total	%	Total	%
American Indian/Alaska Native	0	0%	1	5%
Native Hawaiian/Pacific Islander	0	0%	0	0%
Hispanic	20	40%	13	62%
Other	0	0%	2	10%
Question #12- What is your current employment status?				
Employed full-time	11	22%	5	22%
Employed Part time	7	14%	1	4%
Student	2	4%	0	0%
Homemaker	10	20%	6	26%
Unemployed	2	4%	3	13%
Disabled	6	12%	4	17%
Retired	8	16%	4	17%
Question #13- What is your household income range?				
\$0-\$24,999	6	12%	6	35%
\$25,000-\$49,999	1	2%	1	6%
\$50,000-\$74,999	0	0%	1	6%
\$75,000-\$99,999	0	0%	0	0%
\$100,000 or more	6	12%	1	6%
Don't Know	0	0%	8	47%
Question #14- What is the highest level of education you have completed?				
Some high school	6	12%	1	10%
High school graduate	11	22%	6	60%
Some college	9	18%	2	20%
College graduate	5	10%	1	10%

CHC Dental	2018		2020	
	Total	%	Total	%
Question #1- How would you describe your overall health?				
Excellent	11	22%	11	22%
Very Good	10	20%	9	18%
Good	24	48%	18	36%
Fair	4	8%	11	22%
Poor	0	0%	1	2%
Question #2- Where do you go for routine healthcare?				
Physician's office	24	48%	25	48%
Health Department	7	14%	4	8%
Emergency Room	5	10%	4	8%

CHC Dental	2018		2020	
	Total	%	Total	%
Urgent Care Clinic	5	10%	6	12%
Clinic in a Grocery/Drug store	1	2%	1	2%
I do not receive routine healthcare	4	8%	7	13%
Other	3	6%	5	10%
Question #3- Can you get an appointment at this doctor's office when you need it?				
Yes	47	94%	42	88%
No	2	4%	6	13%
Question #4- If you answered "No" to question 3, please choose all that apply.				
No Appointment available	1	2%	1	17%
Cannot afford it	1	2%	2	33%
Cannot take time off from work	0	0%	3	50%
No transportation	0	0%	0	0%
Clinic hours	0	0%	0	0%
No specialist in my community for my condition	0	0%	0	0%
Other	0	0%	0	0%
Question #5- The clinic hours meet my needs				
Yes	42	84%	42	91%
If No I would prefer Appointments at the following times	0	0%	4	9%
Weekdays before 7am	5	10%	2	22%
Saturday Morning	1	2%	2	22%
Sunday Morning	0	0%	0	0%
Weekday After 5:30pm	2	4%	4	44%
Saturday Afternoon	1	2%	1	11%
Sunday Afternoon	0	0%	0	0%
Question #6- What type of healthcare coverage do you have?				
Medicare	1	2%	3	6%
AHCCCS	30	60%	24	45%
Commercial Health Insurance	5	10%	7	13%
Copa Care/Sliding fee discount program	9	18%	14	26%
No healthcare coverage	4	8%	4	8%
Other	0	0%	1	2%
Question #7- Please select the top 3 health challenges you face.				
Cancer	0	0%	1	1%
Diabetes	4	8%	5	7%
Overweight	6	12%	8	11%
Breathing Problems	6	12%	2	3%

CHC Dental	2018		2020	
	Total	%	Total	%
High Blood Pressure/Stroke	8	16%	5	7%
Dental Care	15	30%	14	19%
Heart Disease	3	6%	6	8%
Pain	3	6%	8	11%
Depression/Mental health issues	5	10%	4	6%
Alcohol use	0	0%	0	0%
Drug use	0	0%	0	0%
None	15	30%	12	17%
Other	1	2%	7	10%
Question #8- Please choose all statements below that apply to you.				
Exercise 3 times per week	20	40%	23	28%
Eat at least 5 servings of fruits & vegetables	24	48%	12	15%
Eat fast food more than one per week	18	36%	17	21%
Smoke cigarettes	10	20%	4	5%
Chew tobacco	0	0%	0	0%
Use illegal drugs	0	0%	0	0%
Abuse or over use prescription drugs	0	0%	0	0%
Consume more than 4/5 alcoholic drinks	0	0%	0	0%
Use sunscreen or protective clothing	11	22%	7	9%
Receive a flu shot each year	22	44%	12	15%
Have access to a wellness program through my employer	5	10%	4	5%
None of the above apply to me	4	8%	3	4%
Question #9- Which of the following preventive procedures have you had in the past 12 months?				
Mammogram	7	14%	7	6%
Pap Smear	9	18%	14	11%
Prostate cancer screening	2	4%	3	2%
Flu shot	20	40%	10	8%
Colon/rectal exam	3	6%	6	5%
Blood Pressure	16	32%	13	10%
Blood sugar check	9	18%	13	10%
Skin cancer screening	1	2%	1	1%
Cholesterol screening	7	14%	10	8%
Vision Screening	11	22%	7	6%
Hearing Screening	4	8%	4	3%
Cardiovascular Screening	3	6%	2	2%
Bone Density test	1	2%	0	0%
Dental cleaning/x-rays	18	36%	9	7%
Physical exam	15	30%	16	13%
None of the above	3	6%	12	9%

CHC Dental	2018		2020	
	Total	%	Total	%
Question #10- What is your gender?				
Female	28	56%	33	66%
Male	20	40%	17	34%
Transgender Female/Male to female	0	0%	0	0%
Transgender Male/Female to male	0	0%	0	0%
Other	0	0%	0	0%
Chose not to disclose	0	0%	0	0%
Question #11- What is your race?				
African American Black	5	10%	8	18%
Caucasian/White	11	22%	10	22%
Asian	1	2%	1	2%
American Indian/Alaska Native	1	2%	0	0%
Native Hawaiian/Pacific Islander	1	2%	0	0%
Hispanic	19	38%	24	53%
Other	5	10%	2	4%
Question #12- What is your current employment status?				
Employed full-time	12	24%	12	25%
Employed Part time	5	10%	8	17%
Student	10	20%	5	10%
Homemaker	8	16%	8	17%
Unemployed	7	14%	11	23%
Disabled	2	4%	1	2%
Retired	1	2%	3	6%
Question #13- What is your household income range?				
\$0-\$24,999	17	34%	24	48%
\$25,000-\$49,999	9	18%	10	20%
\$50,000-\$74,999	0	0%	3	6%
\$75,000-\$99,999	0	0%	0	0%
\$100,000 or more	0	0%	0	0%
Don't Know	11	22%	13	26%
Question #14- What is the highest level of education you have completed?				
Some high school	9	18%	14	37%
High school graduate	9	18%	17	45%
Some college	4	8%	4	11%
College graduate	7	14%	3	8%

Women's Clinic	2018		2020	
	Total	/o	Total	/o
Question #1- How would you describe your overall health?				
Excellent	22	44%	6	14%
Very Good	5	10%	13	30%
Good	10	20%	14	32%
Fair	6	12%	10	23%
Poor	0	0%	1	2%
Question #2- Where do you go for routine healthcare?				
Physician's office	8	16%	18	37%
Health Department	4	8%	5	10%
Emergency Room	0	0%	6	12%
Urgent Care Clinic	1	2%	3	6%
Clinic in a Grocery/Drug store	0	0%	1	2%
I do not receive routine healthcare	5	10%	9	18%
Other	25	50%	7	14%
Question #3- Can you get an appointment at this doctor's office when you need it?				
Yes	43	86%	40	93%
No	1	2%	3	7%
Question #4- If you answered "No" to question 3, please choose all that apply.				
No Appointment available	0	0%	1	17%
Cannot afford it	1	2%	2	33%
Cannot take time off from work	0	0%	1	17%
No transportation	0	0%	1	17%
Clinic hours	0	0%	0	0%
No specialist in my community for my condition	0	0%	0	0%
Other	1	2%	1	17%
Question #5- The clinic hours meet my needs				
Yes	29	58%	42	95%
If No I would prefer Appointments at the following times	0	0%	2	5%
Weekdays before 7am	1	2%	2	50%
Saturday Morning	18	36%	1	25%
Sunday Morning	19	38%	1	25%
Weekday After 5:30pm	2	4%	0	0%

Women's Clinic	2018		2020	
	Total	/o	Total	/o
Saturday Afternoon	14	28%	0	0%
Sunday Afternoon	19	38%	0	0%
Question #6- What type of healthcare coverage do you have?				
Medicare	1	2%	2	50%
AHCCCS	18	36%	1	25%
Commercial Health Insurance	19	38%	1	25%
Copa Care/Sliding fee discount program	2	4%	0	0%
No healthcare coverage	14	28%	0	0%
Other	19	38%	0	0%
Question #7- Please select the top 3 health challenges you face.				
Cancer	0	0%	1	2%
Diabetes	0	0%	2	3%
Overweight	3	6%	8	13%
Breathing Problems	2	4%	4	6%
High Blood Pressure/Stroke	4	8%	5	8%
Dental Care	1	2%	3	5%
Heart Disease	0	0%	2	3%
Pain	4	8%	10	16%
Depression/Mental health issues	2	4%	5	8%
Alcohol use	0	0%	0	0%
Drug use	0	0%	0	0%
None	28	56%	9	14%
Other	3	6%	14	22%
Question #8- Please choose all statements below that apply to you.				
Exercise 3 times per week	8	16%	10	14%
Eat at least 5 servings of fruits & vegetables	10	20%	12	17%
Eat fast food more than one per week	26	52%	9	13%
Smoke cigarettes	0	0%	2	3%
Chew tobacco	0	0%	2	3%
Use illegal drugs	0	0%	1	1%
Abuse or over use prescription drugs	0	0%	1	1%
Consume more than 4/5 alcoholic drinks	0	0%	0	0%
Use sunscreen or protective clothing	4	8%	11	15%
Receive a flu shot each year	8	16%	9	13%
Have access to a wellness program through my employer	2	4%	6	8%
None of the above apply to me	4	8%	8	11%
Question #9- Which of the following preventive procedures have you had in the past 12 months?				

Women's Clinic	2018		2020	
	Total	%	Total	%
Mammogram	23	46%	6	7%
Pap Smear	16	32%	16	19%
Prostate cancer screening	0	0%	0	0%
Flu shot	23	46%	12	14%
Colon/rectal exam	0	0%	1	1%
Blood Pressure	7	14%	13	15%
Blood sugar check	3	6%	11	13%
Skin cancer screening	1	2%	0	0%
Cholesterol screening	2	4%	3	4%
Vision Screening	3	6%	6	7%
Hearing Screening	1	2%	0	0%
Cardiovascular Screening	1	2%	1	1%
Bone Density test	0	0%	0	0%
Dental cleaning/x-rays	2	4%	5	6%
Physical exam	7	14%	7	8%
None of the above	5	10%	4	5%
Question #10- What is your gender?				
Female	45	90%	39	100%
Male	0	0%	0	0%
Transgender Female/Male to female	1	2%	0	0%
Transgender Male/Female to male	0	0%	0	0%
Other	0	0%	0	0%
Chose not to disclose	0	0%	0	0%
Question #11- What is your race?				
African American Black	2	4%	3	8%
Caucasian/White	5	10%	5	13%
Asian	0	0%	0	0%
American Indian/Alaska Native	0	0%	1	3%
Native Hawaiian/Pacific Islander	0	0%	1	3%
Hispanic	0	0%	27	71%
Other	35	70%	1	3%
Question #12- What is your current employment status?				
Employed full-time	6	12%	9	25%
Employed Part time	2	4%	5	14%
Student	2	4%	1	3%
Homemaker	11	22%	10	28%
Unemployed	21	42%	10	28%
Disabled	1	2%	1	3%
Retired	0	0%	0	0%

Women's Clinic	2018		2020	
	Total	/o	Total	/o
Question #13- What is your household income range?				
\$0-\$24,999	8	16%	21	54%
\$25,000-\$49,999	4	8%	3	8%
\$50,000-\$74,999	1	2%	0	0%
\$75,000-\$99,999	0	0%	2	5%
\$100,000 or more	1	2%	1	3%
Don't Know	31	62%	12	31%
Question #14- What is the highest level of education you have completed?				
Some high school	24	48%	11	35%
High school graduate	6	12%	9	29%
Some college	4	8%	5	16%
College graduate	3	6%	6	19%

Site Id: BPS-LAL-009882

Name: Chandler Family Health Center

Address: 811 S Hamilton St, Chandler, AZ 85225-6308

Form 5B Service Area Zip Codes: 85286, 85249, 85224, 85233, 85225

Overview of Address

State Name: Arizona

County Name: Maricopa

Congressional District Name: Arizona District 09

Congressional District Representative Name: Kyrsten Sinema

ZIP Code: 85225

Post Office Name: Chandler

FIPS Code (State + County + Tract number) Census Tract: 04013523102

Census Tract Number: 523102

FIPS Code (State + County + Minor Civil Division) County Subdivision:
0401390561

County Subdivision Name: Chandler

In a Dental Health HPSA: No

In a Mental Health HPSA: Yes

HPSA Name: Maricopa County

ID: 704013

Designation Type: HPSA Geographic

Score: 21

In a Primary Care HPSA: No

In a MUA/P: Yes

Service Area Name: Chandler Primary Care Area

ID: 07269

Designation Type: Medically Underserved Area

HPSA Data as of 5/04/2020

MUA Data as of 5/04/2020

Chandler FHC	2018		2020	
	Total	%	Total	%
Question #1- How would you describe your overall health?				
Excellent	6	12%	8	16%
Very Good	10	20%	13	27%
Good	16	32%	16	33%
Fair	14	28%	11	22%
Poor	5	10%	1	2%
Question #2- Where do you go for routine healthcare?				
Physician's office	38	76%	26	49%
Health Department	2	4%	9	17%
Emergency Room	1	2%	2	4%
Urgent Care Clinic	0	0%	7	13%
Clinic in a Grocery/Drug store	0	0%	1	2%
I do not receive routine healthcare	5	10%	5	9%
Other	3	6%	3	6%
Question #3- Can you get an appointment at this doctor's office when you need it?				
Yes	46	92%	47	96%
No	4	8%	2	4%
Question #4- If you answered "No" to question 3, please choose all that apply.				
No Appointment available	3	6%	2	67%
Cannot afford it	1	2%	1	33%
Cannot take time off from work	0	0%	0	0%
No transportation	0	0%	0	0%
Clinic hours	0	0%	0	0%
No specialist in my community for my condition	0	0%	0	0%
Other	0	0%	0	0%
Question #5- The clinic hours meet my needs				
Yes	48	96%	47	96%
If No I would prefer Appointments at the following times	0	0%	2	4%
Weekdays before 7am	1	2%	2	50%
Saturday Morning	2	4%	0	0%
Sunday Morning	0	0%	0	0%
Weekday After 5:30pm	1	2%	2	50%
Saturday Afternoon	1	2%	0	0%

Chandler FHC	2018		2020	
	Total	%	Total	%
Sunday Afternoon	0	0%	0	0%
Question #6- What type of healthcare coverage do you have?				
Medicare	10	20%	2	4%
AHCCCS	27	54%	22	42%
Commercial Health Insurance	8	16%	14	26%
Copa Care/Sliding fee discount program	6	12%	11	21%
No healthcare coverage	3	6%	2	4%
Other	2	4%	2	4%
Question #7- Please select the top 3 health challenges you face.				
Cancer	1	2%	1	1%
Diabetes	15	30%	9	10%
Overweight	10	20%	10	11%
Breathing Problems	4	8%	2	2%
High Blood Pressure/Stroke	20	40%	10	11%
Dental Care	9	18%	7	8%
Hear Disease	5	10%	3	3%
Pain	18	36%	16	18%
Depression/Mental health issues	8	16%	10	11%
Alcohol use	1	2%	0	0%
Drug use	0	0%	1	1%
None	5	10%	5	6%
Other	6	12%	13	15%
Question #8- Please choose all statements below that apply to you.				
Exercise 3 times per week	21	42%	22	23%
Eat at least 5 servings of fruits & vegetables	16	32%	18	19%
Eat fast food more than one per week	13	26%	14	14%
Smoke cigarettes	6	12%	3	3%
Chew tobacco	1	2%	0	0%
Use illegal drugs	0	0%	0	0%
Abuse or over use prescription drugs	1	2%	0	0%
Consume more than 4/5 alcoholic drinks	0	0%	1	1%
Use sunscreen or protective clothing	14	28%	12	12%
Receive a flu shot each year	16	32%	17	18%
Have access to a wellness program through my employer	5	10%	6	6%
None of the above apply to me	7	14%	4	4%
Question #9- Which of the following preventive procedures have you had in the past 12 months?				
Mammogram	11	22%	6	5%

Chandler FHC	2018		2020	
	Total	/o	Total	/o
Pap Smear	9	18%	12	10%
Prostate cancer screening	0	0%	0	0%
Flu shot	16	32%	16	14%
Colon/rectal exam	4	8%	3	3%
Blood Pressure	29	58%	16	14%
Blood sugar check	18	36%	11	9%
Skin cancer screening	4	8%	2	2%
Cholesterol screening	12	24%	7	6%
Vision Screening	15	30%	7	6%
Hearing Screening	7	14%	1	1%
Cardiovascular Screening	5	10%	5	4%
Bone Density test	1	2%	1	1%
Dental cleaning/x-rays	8	16%	8	7%
Physical exam	17	34%	16	14%
None of the above	8	16%	6	5%
Question #10- What is your gender?				
Female	31	62%	37	77%
Male	17	34%	11	23%
Transgender Female/Male to female	0	0%	0	0%
Transgender Male/Female to male	1	2%	0	0%
Other	1	2%	0	0%
Chose not to disclose	1	2%	0	0%
Question #11- What is your race?				
African American Black	8	16%	3	7%
Caucasian/White	15	30%	10	22%
Asian	5	10%	2	4%
American Indian/Alaska Native	1	2%	0	0%
Native Hawaiian/Pacific Islander	0	0%	1	2%
Hispanic	17	34%	27	60%
Other	4	8%	2	4%
Question #12- What is your current employment status?				
Employed full-time	14	28%	14	28%
Employed Part time	5	10%	9	18%
Student	4	8%	3	6%
Homemaker	5	10%	7	14%
Unemployed	8	16%	10	20%
Disabled	4	8%	2	4%
Retired	7	14%	5	10%

Chandler FHC	2018		2020	
	Total	%	Total	%
Question #13- What is your household income range?				
\$0-\$24,999	24	48%	20	45%
\$25,000-\$49,999	7	14%	6	14%
\$50,000-\$74,999	3	6%	4	9%
\$75,000-\$99,999	0	0%	0	0%
\$100,000 or more	1	2%	2	5%
Don't Know	8	16%	12	27%
Question #14- What is the highest level of education you have completed?				
Some high school	15	30%	15	36%
High school graduate	14	28%	10	24%
Some college	13	26%	7	17%
College graduate	5	10%	10	24%

Valleywise Health Maricopa County Special Health Care District Priority Needs

A review of data provides insight to the state of public health in Maricopa County Health District. Utilizing published Local, State, and Federal reports coupled with the Valleywise Health 2019 UDS as well as responses to the 2020 Valleywise Health FQHC Patient Survey allows for a greater understanding of and insight into the opportunities to focus resources and improve community health. To focus the efforts of the Valleywise Health FQHC priorities, two categories of intervention have been defined to allow greater specification of addressing priority health needs and access to care.

Priority Health Needs

Information has been provided for each FQHC site to clearly understand the individual needs of specific communities. However, given the limitations of resources, it is helpful to review the Valleywise Health FQHC Patient Health Needs Survey – All Sites while being mindful of the unique characteristics of site specific community health needs.

Valleywise Health FQHC Patient Health Needs Survey: All Sites	2018		2020	
	Total	%	Total	%
Question #1- How would you describe your overall health?				
Excellent	155	16%	107	15%
Very Good	215	22%	150	22%
Good	337	35%	240	35%
Fair	219	23%	153	22%
Poor	36	4%	45	6%
Question #2- Where do you go for routine healthcare?				
Physician's office	569	59%	360	49%
Health Department	118	12%	89	12%
Emergency Room	51	5%	30	4%
Urgent Care Clinic	74	8%	79	11%
Clinic in a Grocery/Drug store	20	21%	22	3%
I do not receive routine healthcare	62	6%	84	11%
Other	71	7%	68	9%
Question #3- Can you get an appointment at this doctor's office when you need it?				
Yes	838	91%	622	93%
No	88	10%	49	7%
Question #4- If you answered "No" to question 3, please choose all that apply.				
No Appointment available	64	51%	107	15%
Cannot afford it	14	11%	14	19%

Valleywise Health FQHC Patient Health Needs Survey: All Sites	2018		2020	
	Total	%	Total	%
Cannot take time off from work	6	5%	13	18%
No transportation	10	8%	7	10%
Clinic hours	7	6%	0	0%
No specialist in my community for my condition	4	3%	6	8%
Other	21	17%	14	19%
Question #5- The clinic hours meet my needs				
Yes	857	76%	618	92%
If No I would prefer Appointments at the following times		52		8%
Weekdays before 7am	44	4%	28	19%
Saturday Morning	60	5%	31	21%
Sunday Morning	35	3%	13	9%
Weekday After 5:30pm	50	4%	39	27%
Saturday Afternoon	51	5%	24	17%
Sunday Afternoon	34	3%	10	7%
Question #6- What type of healthcare coverage do you have?				
Medicare	92	9%	79	11%
AHCCCS	583	57%	347	46%
Commercial Health Insurance	126	12%	120	16%
Copa Care/Sliding fee discount program	148	15%	122	16%
No healthcare coverage	39	4%	38	5%
Other	30	3%	46	6%
Question #7- Please select the top 3 health challenges you face.				
Cancer	23	2%	21	2%
Diabetes	162	11%	152	13%
Overweight	172	11%	142	12%
Breathing Problems	85	6%	51	4%
High Blood Pressure/Stroke	213	14%	144	12%
Dental Care	158	10%	74	6%
Heart Disease	52	3%	39	3%
Pain	182	12%	161	14%
Depression/Mental health issues	116	8%	97	8%
Alcohol use	16	1%	10	1%
Drug use	14	1%	7	1%
None	202	13%	115	10%
Other	116	8%	155	13%
Question #8- Please choose all statements below that apply to you.				
Exercise 3 times per week	365	20%	250	20%

Valleywise Health FQHC Patient Health Needs Survey: All Sites	2018		2020	
	Total	%	Total	%
Eat at least 5 servings of fruits & vegetables	310	17%	219	18%
Eat fast food more than one per week	281	15%	192	16%
Smoke cigarettes	118	6%	66	5%
Chew tobacco	21	1%	6	0%
Use illegal drugs	15	1%	6	0%
Abuse or over use prescription drugs	6	1%	1	0%
Consume more than 4/5 alcoholic drinks	12	1%	5	0%
Use sunscreen or protective clothing	203	11%	133	11%
Receive a flu shot each year	344	19%	201	16%
Have access to a wellness program through my employer	86	5%	72	6%
None of the above apply to me	97	5%	73	6%
Question #9- Which of the following preventive procedures have you had in the past 12 months?				
Mammogram	189	7%	116	7%
Pap Smear	196	7%	184	10%
Prostate cancer screening	56	2%	19	1%
Flu shot	337	13%	194	11%
Colon/rectal exam	102	4%	67	4%
Blood Pressure	343	13%	215	12%
Blood sugar check	255	10%	192	11%
Skin cancer screening	50	2%	36	2%
Cholesterol screening	177	7%	111	6%
Vision Screening	216	8%	158	9%
Hearing Screening	80	3%	36	2%
Cardiovascular Screening	56	2%	41	2%
Bone Density test	32	1%	14	1%
Dental cleaning/x-rays	190	7%	102	6%
Physical exam	287	11%	197	11%
None of the above	103	4%	100	6%
Question #10- What is your gender?				
Female	541	60%	471	73%
Male	326	36%	172	27%
Transgender Female/Male to female	23	3%	4	1%
Transgender Male/Female to male	4	1%	1	0%
Other	6	1%	0	0%
Chose not to disclose	3	1%	1	0%
Question #11- What is your race?				
African American Black	88	11%	68	11%

Valleywise Health FQHC Patient Health Needs Survey: All Sites	2018		2020	
	Total	%	Total	%
Caucasian/White	244	30%	182	31%
Asian	36	4%	11	2%
American Indian/Alaska Native	9	1%	11	2%
Native Hawaiian/Pacific Islander	9	1%	6	1%
Hispanic	332	42%	293	49%
Other	88	11%	24	4%
Question #12- What is your current employment status?				
Employed full-time	194	23%	171	26%
Employed Part time	116	14%	82	12%
Student	76	9%	46	7%
Homemaker	162	19%	117	18%
Unemployed	163	19%	142	22%
Disabled	96	11%	62	9%
Retired	55	6%	40	6%
Question #13- What is your household income range?				
\$0-\$24,999	362	47%	280	47%
\$25,000-\$49,999	149	19%	121	20%
\$50,000-\$74,999	25	3%	23	4%
\$75,000-\$99,999	18	2%	12	2%
\$100,000 or more	11	1%	12	2%
Don't Know	214	28%	148	25%
Question #14- What is the highest level of education you have completed?				
Some high school	231	33%	132	26%
High school graduate	202	29%	160	31%
Some college	165	24%	143	28%
College graduate	104	15%	74	15%

Conclusion

After reviewing the health challenges reported by patients in the 2020 Valleywise Health FQHC Patient Health Needs Survey, the following represent the top three health challenges for the patient population:

Pain

While this is a more generalized health challenge with limited quantitative data on its incidence and pain management, 161 of the participants or 14% of the respondents indicated pain as a top health challenge. Steps have been taken on both a national and state level to combat opioid addiction and provide pain management resources, but it is still a pressing crisis in the U.S.

Diabetes

Thirteen percent of respondents, totaling 152 participants, listed Diabetes as a considerable health challenge. According to the 2019 UDS reports, 10,620 patients 18-75 years old have Diabetes. The breakdown of race and ethnicity is as follows: 6,829 Hispanic/Latino patients and 3,780 non-Hispanic/Latino patients. Only 11 patients refused to report race and ethnicity or went unreported.

High Blood Pressure/Stroke and Overweight

Both high blood pressure/stroke and overweight accounted for 12% of respondents, with 144 participants selecting each of these health challenges. The 2019 UDS reports indicate 15,288 patients ages 18-85 have hypertension. Of this patient population, 7,985 identify as Hispanic/Latino and 7,301 identify as Non-Hispanic/Latino. Two patients refused to report race and ethnicity or went unreported. As for weight, the UDS reports reveal that 11,777 patients can be classified as overweight/obese. Body Mass Index (BMI) is the routine measure of weight, and individuals with a BMI greater than 25.0 are considered overweight or obese. BMI assessment and counseling from health care providers, encouraging patients to incorporate exercise and improve their diet, are the standard measures of intervention for weight management. Of the 15,873 patients 3-17 years of age, 11,013 have documented BMI percentile and counseling for diet and exercise. For patients ages 18 and older, 32,368 of the 51,108 total patients documented BMI and a follow-up plan.

The 2016 Behavioral Risk Factor Surveillance System Maricopa County (BRFSS) report notes that of the respondents self-reported height and weight, 34.7% have a BMI-Overweight and 28.3% have a BMI-Obese. This coupled with self-report of exercise: physical activity met aerobic recommendation 60.5% and diet: fruit and vegetable consumption – 5 or more servings/day 16.8% further validate the need to focus resources on diet and exercise for chronic disease prevention.

Of the total patient population of Valleywise Health, 51,322 have an income between 100% below and over 200% below of the federal poverty guideline. Additionally, 372 patients reported being homeless in 2019. Economic and housing instability are social determinants of health and significantly impact a person's ability to access healthcare. As such, the social determinants of health must be taken into consideration when determining how to best meet the needs of the patient population.

Access to Care

Valleywise Health's target population faces multiple barriers to accessing health care services, including lack of providers, financial barriers, and transportation barriers. Maricopa County has several designated MUAs and MUPS as well as numerous HPSAs, which impact access to care and utilization across the county.

Valleywise Health has implemented a new care model at all FQHC clinics—Whole Person Care—which seeks to provide patient-centered care through fully integrated services. This model will ensure every patient has a medical home, eliminating health equity challenges by reducing barriers to care. Moreover, this new care model will allow patients to receive all of their care (across the continuum) through Valleywise Health.

Whole Person Care addresses all of the needs of a patient (and family) including primary care, managing behavioral health care, addressing chronic disease challenges and social determinant of health factors that impact a person's health. When care is integrated, studies have shown that patient outcomes are better, especially for patients with behavioral health needs.

Whole Person Care allows for a multi-disciplinary care team approach with all providers within Valleywise Health communicating via a patient's electronic health record (EHR), in person and via phone about appropriate care planning. Whole Person Care seeks to ensure providers are implementing appropriate population health management initiatives, such as preventative care measures, e.g. screenings, providing consistent primary care, as well as ongoing management of chronic care and behavioral health challenges. This care model also offers assistance with addressing the social determinants of health.

Moreover, Whole Person Care seeks to eliminate barriers, transforming the level of care provided by placing the patient and his/her caregiver(s) at the center of all services, assuring care is accessible, culturally competent, compassionate and coordinated, and therefore equitable.

Further engagement of the patient population was sought through the 2020 Valleywise Health FQHC Patient Health Needs Survey. Questions were included in the survey to get a sample of current challenges patients are experiencing to better help plan for the future facilities and model of care.

Valleywise Health FQHC Patient Health Needs Survey Access to Care Questions	2020	
	Total	%
Question #2- Where do you go for routine healthcare?		
Physician's office	360	49%
Health Department	89	12%
Emergency Room	30	4%
Urgent Care Clinic	79	11%
Clinic in a Grocery/Drug store	22	3%
I do not receive routine healthcare	84	11%
Other	68	9%
Question #3- Can you get an appointment at this doctor's office when you need it?		

Valleywise Health FQHC Patient Health Needs Survey Access to Care Questions	2020	
	Total	%
Yes	622	93%
No	49	7%
Question #4- If you answered "No" to question 3, please choose all that apply.	19	26%
No Appointment available	360	49%
Cannot afford it	14	19%
Cannot take time off from work	13	18%
No transportation	7	10%
Clinic hours	0	0%
No specialist in my community for my condition	6	8%
Other	14	19%
Question #5- The clinic hours meet my needs		
Yes	618	92%
If No I would prefer Appointments at the following times	52	8%
Weekdays before 7am	28	19%
Saturday Morning	31	21%
Sunday Morning	13	9%
Weekday After 5:30pm	39	27%
Saturday Afternoon	24	17%
Sunday Afternoon	10	7%
Question #6- What type of healthcare coverage do you have?		
Medicare	79	11%
AHCCCS	347	46%
Commercial Health Insurance	120	16%
Copa Care/Sliding fee discount program	122	16%
No healthcare coverage	38	5%
Other	46	6%

Recommendations

Maricopa County continues to be a thriving metropolitan area, attracting many new residents on a yearly basis. In fact, the population of Maricopa County has increased 17.5% from 2010 to 2019 (www.uscensus.gov). Given this growth, it is necessary to evaluate the needs of this diverse and shifting community.

Maintaining and, in some cases, improving the health and wellness of a community ought to be a top priority for any organization that provides health care for a community. That being said, this cannot be done without collaboration and innovation. Population health initiatives require partnership between the community members themselves and those who aim to provide quality healthcare.

The Valleywise Health Maricopa County Special Health Care District utilized qualitative and quantitative data to identify opportunities for improvement. Based on the service area demographics and patient health needs survey, Valleywise Health has determined areas of improvement. Pain management is an area where improvement is necessary. Given the limited data, the incidence and management of pain among the patient population needs to be further explored for a possible solution to be identified. Additionally, diet, exercise, and weight management are pressing issues for this population. If addressed, the overall health of the patient population has the potential to drastically improve and the incidence of chronic conditions like hypertension/stroke and Diabetes will likely decrease. Lastly, the social determinants of health need to be revisited to determine how they are impacting the patient population and what measures can be taken to improve health outcomes.

Valleywise Health Maricopa County Special Health Care District plays a vital role in improving the health and wellness of the community. As supported by the community, Whole Person Care is an integrated care model that allows patients to receive all of the health care services that they need on the care continuum from Valleywise Health service providers. In the coming years, Valleywise Health Maricopa County Special Health Care District and the Valleywise Community Health Centers Governing Council will continue to engage in community-based endeavors that Maricopa contribute to the health of the population and communities served.

Attachment 1

Valleywise Health UDS Reporting 2019

BHCMIS ID: 09E00911 - MARICOPA COUNTY SPECIAL HEALTH CARE
DISTRICT, Phoenix, AZ

Date Requested: 03/23/2020 5:07 PM EST
Date of Last Report Refreshed: 03/23/2020 5:07 PM EST

Program Name: Health Center 330
Submission Status: Review In Progress

UDS Report - 2019

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BHCMIS ID: 09E00911 - MARICOPA COUNTY SPECIAL HEALTH CARE
DISTRICT, Phoenix, AZ

Date Requested: 03/23/2020 5:07 PM EST
Date of Last Report Refreshed: 03/23/2020 5:07 PM EST

Program Name: Health Center 330
Submission Status: Review In Progress

UDS Report - 2019

Patients by ZIP Code

ZIP Codes

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
85001	5	11	10	3	29
85002	2	8	5	1	16
85003	95	500	118	68	781
85004	48	169	50	107	374
85005	4	14	0	2	20

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
85006	491	1025	150	147	1813
85007	321	1171	303	123	1918
85008	1183	2936	247	539	4905
85009	1286	2355	223	255	4119
85012	18	37	15	21	91
85013	73	171	42	82	368
85014	132	259	69	93	553
85015	422	991	119	128	1660
85016	210	329	68	130	737
85017	700	1137	73	106	2016
85018	138	231	74	64	507
85019	483	817	70	110	1480
85020	230	294	79	84	687
85021	356	833	191	193	1573
85022	134	161	52	71	418
85023	130	166	36	51	383
85024	33	45	18	33	129
85027	63	102	14	27	206
85028	8	24	12	25	69
85029	320	539	112	134	1105
85031	626	1190	85	172	2073
85032	308	246	43	53	650
85033	794	1076	60	196	2126
85034	131	307	60	21	519
85035	713	1205	95	222	2235
85036	9	13	0	3	25
85037	449	617	72	188	1326

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
85040	653	1803	272	297	3025
85041	918	2442	335	574	4269
85042	473	932	139	301	1845
85043	398	516	42	198	1154
85044	44	111	34	98	287
85045	9	10	6	10	35
85048	12	56	16	59	143
85050	38	33	4	22	97
85051	380	842	88	157	1467
85053	66	127	29	42	264
85054	9	3	0	3	15
85060	5	6	1	1	13
85063	3	22	2	6	33
85064	1	8	2	4	15
85066	5	15	11	6	37
85067	2	6	3	1	12
85069	2	15	6	3	26
85071	1	8	5	3	17
85074	1	7	2	6	16
85080	3	2	4	2	11
85082	4	9	4	2	19
85083	7	10	0	9	26
85085	10	22	9	23	64
85086	13	18	4	22	57
85087	1	7	2	3	13
85119	6	14	10	9	39
85120	34	55	19	19	127

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
85122	19	27	9	23	78
85123	4	9	4	4	21
85128	2	10	6	7	25
85131	4	5	1	7	17
85132	4	14	4	9	31
85138	33	56	12	73	174
85139	18	39	11	22	90
85140	16	35	5	34	90
85142	29	48	20	66	163
85143	16	36	4	28	84
85194	3	4	1	3	11
85201	396	585	125	176	1282
85202	129	230	46	110	515
85203	205	274	48	93	620
85204	572	612	102	169	1455
85205	61	164	60	93	378
85206	76	101	29	55	261
85207	73	87	28	49	237
85208	74	93	22	40	229
85209	47	67	16	54	184
85210	384	650	108	173	1315
85211	4	15	1	5	25
85212	33	44	10	42	129
85213	60	124	28	56	268
85215	3	17	6	19	45
85224	114	259	51	163	587
85225	764	1901	292	554	3511

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
85226	68	143	18	114	343
85233	39	110	23	72	244
85234	42	65	18	48	173
85244	3	16	5	12	36
85248	30	81	26	69	206
85249	39	91	33	80	243
85250	8	11	3	14	36
85251	82	81	15	29	207
85254	12	20	13	19	64
85255	8	7	1	12	28
85256	4	13	4	4	25
85257	46	89	23	45	203
85258	6	7	2	11	26
85259	5	10	2	5	22
85260	8	17	3	16	44
85262	4	3	3	1	11
85268	8	9	2	2	21
85281	149	286	61	76	572
85282	175	331	50	129	685
85283	211	814	142	252	1419
85284	10	31	8	30	79
85285	3	16	1	5	25
85286	134	276	57	179	646
85295	45	65	17	70	197
85296	28	68	10	60	166
85297	31	41	9	30	111
85298	32	32	19	20	103

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
85301	875	2156	310	309	3650
85302	151	323	48	88	610
85303	266	541	60	139	1006
85304	56	114	29	37	236
85305	43	86	14	68	211
85306	45	78	18	33	174
85307	33	81	18	58	190
85308	56	89	27	53	225
85310	5	14	4	5	28
85311	0	16	3	3	22
85322	2	10	1	0	13
85323	587	2013	267	649	3516
85326	207	244	47	190	688
85329	45	109	36	25	215
85331	17	10	1	8	36
85335	368	1505	198	476	2547
85337	12	11	0	2	25
85338	180	351	62	243	836
85339	190	490	76	291	1047
85340	65	97	20	80	262
85345	177	380	67	136	760
85351	15	99	47	28	189
85353	326	575	89	254	1244
85354	51	44	4	9	108
85355	10	25	8	22	65
85361	18	32	10	14	74
85363	29	139	17	43	228

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
85373	6	13	7	10	36
85374	59	123	19	54	255
85375	14	17	13	6	50
85378	33	105	33	28	199
85379	62	250	26	117	455
85381	26	45	14	47	132
85382	20	60	16	38	134
85383	19	27	4	30	80
85387	13	17	4	18	52
85388	21	60	14	42	137
85390	14	10	4	0	28
85392	146	315	41	225	727
85395	47	80	11	76	214
85396	39	59	10	38	146
85541	1	7	2	3	13

Other ZIP Codes

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
Other ZIP Codes	130	286	101	185	702
Unknown Residence	4	6	2	4	16
Total	21869	45429	7033	13047	87378

Comments

Program Name: Health Center 330



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Table 3A - Patients by Age and by Sex Assigned at Birth

Universal

Line	Age Groups	Male Patients (a)	Female Patients (b)
1	Under age 1	1402	1385
2	Age 1	824	764
3	Age 2	736	726
4	Age 3	712	712
5	Age 4	711	668
6	Age 5	686	670
7	Age 6	604	590
8	Age 7	557	527
9	Age 8	530	520
10	Age 9	525	547
11	Age 10	611	561
12	Age 11	688	716
13	Age 12	640	612
14	Age 13	585	606
15	Age 14	570	616
16	Age 15	575	590
17	Age 16	539	669
18	Age 17	510	779
19	Age 18	457	739
20	Age 19	365	778
21	Age 20	351	745

Line	Age Groups	Male Patients (a)	Female Patients (b)
22	Age 21	298	788
23	Age 22	347	689
24	Age 23	323	780
25	Age 24	321	767
26	Ages 25-29	1995	4126
27	Ages 30-34	2201	3921
28	Ages 35-39	2373	4101
29	Ages 40-44	2417	4200
30	Ages 45-49	2622	3966
31	Ages 50-54	2716	3353
32	Ages 55-59	2695	3132
33	Ages 60-64	2275	2678
34	Ages 65-69	1314	1531
35	Ages 70-74	707	983
36	Ages 75-79	415	576
37	Ages 80-84	233	392
38	Age 85 and over	146	299
39	Total Patients (Sum of Lines 1-38)	 36576	 50802

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Table 3B - Demographic Characteristics

Universal

Line	Patients by Race	Hispanic/Latino (a)	Non-Hispanic/Latino (b)	Unreported/Refused to Report Ethnicity (c)	Total (d) (Sum Columns a+b+c)
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Line	Patients by Race	Hispanic/Latino (a)	Non-Hispanic/Latino (b)	Unreported/Refused to Report Ethnicity (c)	Total (d) (Sum Columns a+b+c)
1	Asian	35	2108		2143
2a	Native Hawaiian	4	32		36
2b	Other Pacific Islander	88	495		583
2	Total Native Hawaiian/Other Pacific Islander (Sum Lines 2a + 2b)	92	527		619
3	Black/African American	245	11539		11784
4	American Indian/Alaska Native	107	853		960
5	White	50354	17955		68309
6	More than one race	63	227		290
7	Unreported/Refused to report race	1704	1490	79	3273
8	Total Patients (Sum of Lines 1 + 2 + 3 to 7)	52600	34699	79	87378

Line	Patients Best Served in a Language Other than English	Number (a)
12	Patients Best Served in a Language Other than English	34252

Line	Patients by Sexual Orientation	Number (a)
13	Lesbian or Gay	1440
14	Straight (not lesbian or gay)	37900
15	Bisexual	391
16	Something else	123
17	Don't know	45941
18	Chose not to disclose	1583
19	Total Patients (Sum of Lines 13 to 18)	87378

Line	Patients by Gender Identity	Number (a)
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Line	Patients by Gender Identity	Number (a)
20	Male	36475
21	Female	50734
22	Transgender Male/Female-to-Male	56
23	Transgender Female/Male-to-Female	61
24	Other	10
25	Chose not to disclose	42
26	Total Patients (Sum of Lines 20 to 25)	87378

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Table 4 - Selected Patient Characteristics

Universal

Income as Percent of Poverty Guideline			
Line	Income as Percent of Poverty Guideline	Number of Patients (a)	
1	100% and below	51284	
2	101 - 150%	15764	
3	151 - 200%	7657	
4	Over 200%	10281	
5	Unknown	2392	
6	TOTAL (Sum of Lines 1-5)	87378	

Line	Principal Third-Party Medical Insurance	0-17 years old (a)	18 and older (b)
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Line	Principal Third-Party Medical Insurance	0-17 years old (a)	18 and older (b)
7	None/Uninsured	1725	20144
8a	Medicaid (Title XIX)	20312	24999
8b	CHIP Medicaid	7	
8	Total Medicaid (Line 8a + 8b)	20319	24999
9a	Dually Eligible (Medicare and Medicaid)	7	5066
9	Medicare (Inclusive of dually eligible and other Title XVIII beneficiaries)	9	7024
10a	Other Public Insurance (Non-CHIP) (specify) Refugee Medical	105	3
10b	Other Public Insurance CHIP	3	
10	Total Public Insurance (Line 10a + 10b)	108	3
11	Private Insurance	2102	10945
12	TOTAL (Sum of Lines 7 + 8 + 9 +10 +11)	24263	63115

Managed Care Utilization

Line	Managed Care Utilization	Medicaid (a)	Medicare (b)	Other Public Including Non-Medicaid CHIP (c)	Private (d)	TOTAL (e)
13a	Capitated Member Months	0	0	0	0	0
13b	Fee-for- service Member Months	856757	81427	0	0	938184
13c	Total Member Months (Sum of Lines 13a + 13b)	856757	81427	0	0	938184

Line	Special Populations	Number of Patients (a)
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Line	Special Populations	Number of Patients (a)
16	Total Agricultural Workers or Dependents (All health centers report this line)	68
23	Total Homeless (All health centers report this line)	372
24	Total School-Based Health Center Patients (All health centers report this line)	0
25	Total Veterans (All health centers report this line)	762
26	Total Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site (All health centers report this line)	87378

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Table 5 - Staffing and Utilization

Universal




Medical Care Services					
Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
1	Family Physicians	19.68	59309		
2	General Practitioners	0			
3	Internists	8.58	26357		
4	Obstetrician/Gynecologists	7.57	20920		
5	Pediatricians	13.96	35219		
7	Other Specialty Physicians	0.19	279		
8	Total Physicians (Lines 1-7)	 49.98	 142084	 0	
9a	Nurse Practitioners	23.04	62821		
9b	Physician Assistants	9.18	27027		
10	Certified Nurse Midwives	3.93	10156		
10a	Total NPs, PAs, and CNMs (Lines 9a-10)	 36.15	 100004	 0	
11	Nurses	39.12			
12	Other Medical Personnel	99.42			
13	Laboratory Personnel	29.5			
14	X-ray Personnel	3.82			
15	Total Medical (Lines 8 + 10a through 14)	 257.99	 242088	 0	83278

Dental Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
16	Dentists	10.54	22775		
17	Dental Hygienists	2.88			
17a	Dental Therapists	0			
18	Other Dental Personnel	20.08			
19	Total Dental Services (Lines 16-18)	 33.5	 22775	 0	10286

Mental Health Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
20a	Psychiatrists	0.67	1204		
20a1	Licensed Clinical Psychologists	0			
20a2	Licensed Clinical Social Workers	0			
20b	Other Licensed Mental Health Providers	5.17	2530		
20c	Other Mental Health Staff	2	920		
20	Total Mental Health (Lines 20a-c)	 7.84	 4654	 0	1640

Substance Use Disorder Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
21	Substance Use Disorder Services	0	0		0

Other Professional Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
22	Other Professional Services Specify Diabetic Educators	2.98	1960		1310

Vision Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
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Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
22a	Ophthalmologists	0	0		
22b	Optometrists	0	0		
22c	Other Vision Care Staff	0			
22d	Total Vision Services (Lines 22a-c)	0	0	0	0

Pharmacy Personnel

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
23	Pharmacy Personnel	6.29			

Enabling Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
24	Case Managers	12.99	0		
25	Patient/Community Education Specialists	0	0		
26	Outreach Workers	0			
27	Transportation Staff	0			
27a	Eligibility Assistance Workers	10.96			
27b	Interpretation Staff	6.95			
27c	Community Health Workers	0			
28	Other Enabling Services Specify	0			
29	Total Enabling Services (Lines 24-28)	30.9	0	0	0

Other Programs/Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
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Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
29a	Other Programs/ Services Specify	0			
29b	Quality Improvement Staff	1			

Administration and Facility

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
30a	Management and Support Staff	42.54			
30b	Fiscal and Billing Staff	13.05			
30c	IT Staff	28			
31	Facility Staff	22.3			
32	Patient Support Staff	85.34			
33	Total Facility and Non-Clinical Support Staff (Lines 30a-32)	 191.23			

Grand Total

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
34	Grand Total (Lines 15+19+20+21+22+22d+23+29+29a+29b)	531.73	271477	0	

Selected Service Detail Addendum

Line	Personnel by Major Service Category: Mental Health Service Detail	Personnel (a1)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
20a01	Physicians (other than Psychiatrists)	101	10243		6894
20a02	Nurse Practitioners	38	5088		3583
20a03	Physician Assistants	15	2366		1702
20a04	Certified Nurse Midwives	7	99		80

Substance Use Disorder Detail

Line	Personnel by Major Service Category: Substance Use Disorder Detail	Personnel (a1)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
21a	Physicians (other than Psychiatrists)	93	4203		2562
21b	Nurse Practitioners (Medical)	36	1706		1349
21c	Physician Assistants	14	954		710
21d	Certified Nurse Midwives	6	43		37
21e	Psychiatrists	4	402		171
21f	Licensed Clinical Psychologists	0	0		0
21g	Licensed Clinical Social Workers	0	0		0
21h	Other Licensed Mental Health Providers	7	338		156

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Table 6A - Selected Diagnoses and Services Rendered

Universal

Selected Infectious and Parasitic Diseases

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
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Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
1-2	Symptomatic/Asymptomatic human immunodeficiency virus (HIV)	B20, B97.35, O98.7-, Z21	12774	3865
3	Tuberculosis	A15- through A19-, O98.0-	36	18
4	Sexually transmitted infections	A50- through A64- (exclude A63.0)	1297	924
4a	Hepatitis B	B16.0 through B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, O98.4-	319	169
4b	Hepatitis C	B17.10, B17.11, B18.2, B19.20, B19.21	1139	695

Selected Diseases of the Respiratory System

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
5	Asthma	J45-	5447	3645
6	Chronic lower respiratory diseases	J40- through J44-, J47-	3201	2022

Selected Other Medical Conditions

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
7	Abnormal breast findings, female	C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.81-, C50.91-, C79.81, D05-, D48.6-, D49.3-, N60-, N63-, R92-	1475	1194
8	Abnormal cervical findings	C53-, C79.82, D06-, R87.61-, R87.629, R87.810, R87.820	1901	1254
9	Diabetes mellitus	E08- through E13-, O24-(exclude O24.41-)	31466	10444
10	Heart disease (selected)	I01-, I02- (exclude I02.9), I20- through I25-, I27-, I28-, I30- through I52-	5786	2892
11	Hypertension	I10- through I16-, O10-, O11-	37081	15846
12	Contact dermatitis and other eczema	L23- through L25-, L30- (exclude L30.1, L30.3, L30.4, L30.5), L58-	2329	1917
13	Dehydration	E86-	177	171
14	Exposure to heat or cold	T33-, T34-, T67-, T68-, T69-, W92-, W93-	10	10
14a	Overweight and obesity	E66-, Z68- (exclude Z68.1, Z68.20 through Z68.24, Z68.51, Z68.52)	16390	11777

Selected Childhood Conditions (limited to ages 0 through 17)

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
15	Otitis media and Eustachian tube disorders	H65- through H69-	1915	1510
16	Selected perinatal/neonatal medical conditions	A33-, P19-, P22-through P29- (exclude P29.3), P35- through P96- (exclude P54-, P91.6-, P92-, P96.81), R78.81, R78.89	786	558
17	Lack of expected normal physiological development (such as delayed milestone, failure to gain weight, failure to thrive); nutritional deficiencies in children only. Does not include sexual or mental development.	E40- through E46-, E50- through E63-, P92-, R62- (exclude R62.7), R63.3	1529	1085

Selected Mental Health Conditions and Substance Use Disorders

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
18	Alcohol-related disorders	F10-, G62.1, O99.31-	1035	627
19	Other substance-related disorders (excluding tobacco use disorders)	F11- through F19- (exclude F17-), G62.0, O99.32-	2943	1494
19a	Tobacco use disorder	F17-, O99.33-	2912	2158
20a	Depression and other mood disorders	F30- through F39-	9596	5195
20b	Anxiety disorders, including post- traumatic stress disorder (PTSD)	F06.4, F40- through F42-, F43.0, F43.1-, F93.0	9125	5034
20c	Attention deficit and disruptive behavior disorders	F90- through F91-	716	527
20d	Other mental disorders, excluding drug or alcohol dependence	F01- through F09- (exclude F06.4), F20- through F29-, F43- through F48- (exclude F43.0- and F43.1-), F50- through F99- (exclude F55-, F84.2, F90-, F91-, F93.0, F98-), O99.34-, R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0	7063	4377

Selected Diagnostic Tests/Screening/Preventive Services

Line	Service Category	Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
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Line	Service Category	Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
21	HIV test	CPT-4: 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806	7794	7104
21a	Hepatitis B test	CPT-4: 86704 through 86707, 87340, 87341, 87350	3424	3371
21b	Hepatitis C test	CPT-4: 86803, 86804, 87520 through 87522	3295	3203
22	Mammogram	CPT-4: 77065, 77066, 77067 OR ICD-10: Z12.31	7762	6938
23	Pap test	CPT-4: 88141 through 88153, 88155, 88164 through 88167, 88174, 88175 OR ICD-10: Z01.41-, Z01.42, Z12.4 (exclude Z01.411 and Z01.419)	7641	7428
24	Selected immunizations: hepatitis A; haemophilus influenzae B (HiB); pneumococcal, diphtheria, tetanus, pertussis (DTaP) (DTP) (DT); mumps, measles, rubella (MMR); poliovirus; varicella; hepatitis B	CPT-4: 90632, 90633, 90634, 90636, 90643, 90644, 90645, 90646, 90647, 90648, 90669, 90670, 90696, 90697, 90698, 90700, 90701, 90702, 90703, 90704, 90705, 90706, 90707, 90708, 90710, 90712, 90713, 90714, 90715, 90716, 90718, 90720, 90721, 90723, 90730, 90731, 90732, 90740, 90743, 90744, 90745, 90746, 90747, 90748	20114	15343
24a	Seasonal flu vaccine	CPT-4: 90630, 90653 through 90657, 90658, 90661, 90662, 90672, 90673, 90674, 90682, 90685 through 90689, 90749, 90756	16084	14903
25	Contraceptive management	ICD-10: Z30-	6704	4513
26	Health supervision of infant or child (ages 0 through 11)	CPT-4: 99381 through 99383, 99391 through 99393 ICD-10: Z00.1-	22210	13335
26a	Childhood lead test screening (9 to 72 months)	ICD-10: Z13.88 CPT-4: 83655	2210	2152
26b	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	CPT-4: 99408, 99409 HCPCS: G0396, G0397, G0443, H0050	0	0
26c	Smoke and tobacco use cessation counseling	CPT-4: 99406, 99407 OR HCPCS: S9075 OR CPT-II: 4000F, 4001F, 4004F	6570	5390
26d	Comprehensive and intermediate eye exams	CPT-4: 92002, 92004, 92012, 92014	0	0

Selected Dental Services

Line	Service Category	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
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Line	Service Category	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
27	Emergency services	ADA: D0140, D9110	27	27
28	Oral exams	ADA: D0120, D0145, D0150, D0160, D0170, D0171, D0180	12005	9497
29	Prophylaxis-adult or child	ADA: D1110, D1120	5581	4260
30	Sealants	ADA: D1351	523	460
31	Fluoride treatment-adult or child	ADA: D1206, D1208 CPT-4: 99188	4027	3005
32	Restorative services	ADA: D21xx through D29xx	4177	2370
33	Oral surgery (extractions and other surgical procedures)	ADA: D7xxx	3109	2559
34	Rehabilitative services (Endo, Perio, Prostho, Ortho)	ADA: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	2708	1448

Sources of Codes:

ICD-10-CM (2019)-[National Center for Health Statistics \(NCHS\)](#)

CPT (2019)-[American Medical Association \(AMA\)](#)

Code on Dental Procedures and Nomenclature CDT Code (2019)-Dental Procedure Codes. [American Dental Association \(ADA\)](#)

Note: "X" in a code denotes any number including the absence of a number in that place. Dashes (-) in a code indicate that additional characters are required. ICD-10-CM codes all have at least four digits. These codes are not intended to reflect if a code is billable or not. Instead, they are used to point out that other codes in the series are to be considered.

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DISTRICT, Phoenix, AZ

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Table 6B - Quality of Care Measures

Universal

[X]: Prenatal Care Provided by Referral Only (Check if Yes)

Section A - Age Categories for Prenatal Care Patients:

Demographic Characteristics of Prenatal Care Patients

Line	Age	Number of Patients (a)
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Line	Age	Number of Patients (a)
1	Less than 15 years	4
2	Ages 15-19	266
3	Ages 20-24	703
4	Ages 25-44	1776
5	Ages 45 and over	9
6	Total Patients (Sum of Lines 1-5)	2758

Section B - Early Entry into Prenatal Care

Line	Early Entry into Prenatal Care	Women Having First Visit with Health Center (a)	Women Having First Visit with Another Provider (b)
7	First Trimester	1562	187
8	Second Trimester	697	89
9	Third Trimester	176	47

Section C - Childhood Immunization Status

Line	Childhood Immunization Status	Total Patients with 2 nd Birthday (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Immunized (c)
10	MEASURE: Percentage of children 2 years of age who received age appropriate vaccines by their 2 nd birthday	1491	1491	644

Section D - Cervical Cancer Screening

Line	Cervical Cancer Screening	Total Female Patients Aged 23 through 64 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Tested (c)
11	MEASURE: Percentage of women 23-64 years of age who were screened for cervical cancer	29191	29191	13906

Section E - Weight Assessment and Counseling for Nutrition and Physical Activity of Children and Adolescents

Line	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Total Patients Aged 3 through 17 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Counseling and BMI Documented (c)
12	MEASURE: Percentage of patients 3-17 years of age with a BMI percentile <i>and</i> counseling on nutrition <i>and</i> physical activity documented	15873	15873	11013

Section F - Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

Line	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Total Patients Aged 18 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with BMI Charted and Follow-Up Plan Documented as Appropriate (c)
13	MEASURE: Percentage of patients 18 years of age and older with (1) BMI documented and (2) follow-up plan documented if BMI is outside normal parameters	51108	51108	32368

Section G - Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

Line	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Total Patients Aged 18 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Assessed for Tobacco Use <i>and</i> Provided Intervention if a Tobacco User (c)
14a	MEASURE: Percentage of patients aged 18 years of age and older who (1) were screened for tobacco use one or more times within 24 months, <i>and</i> (2) if identified to be a tobacco user received cessation counseling intervention	41684	41684	36012

Section H - Use of Appropriate Medications for Asthma

Line	Use of Appropriate Medications for Asthma	Total Patients Aged 5 through 64 with Persistent Asthma (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Acceptable Plan (c)
16	MEASURE: Percentage of patients 5 through 64 years of age identified as having persistent asthma and were appropriately ordered medication	1530	1530	1309

Section I - Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

Line	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	Total Patients Aged 21 and Older at High Risk of Cardiovascular Events (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Prescribed or On Statin Therapy (c)
17a	MEASURE: Percentage of patients 21 years of age and older at high risk of cardiovascular events who were prescribed or were on statin therapy	14421	14421	9767

Section J - Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet

Line	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	Total Patients Aged 18 and Older with IVD Diagnosis or AMI, CABG, or PCI Procedure (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Documentation of Aspirin or Other Antiplatelet Therapy (c)
18	MEASURE: Percentage of patients 18 years of age and older with a diagnosis of IVD or AMI, CABG, or PCI procedure with aspirin or another antiplatelet	2330	2330	1882

Section K - Colorectal Cancer Screening

Line	Colorectal Cancer Screening	Total Patients Aged 50 through 75 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Appropriate Screening for Colorectal Cancer (c)
19	MEASURE: Percentage of patients 50 through 75 years of age who had appropriate screening for colorectal cancer	19577	19577	9640

Section L - HIV Linkage to Care

Line	HIV Linkage to Care	Total Patients First Diagnosed with HIV (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Seen Within 90 Days of First Diagnosis of HIV (c)

Line	HIV Linkage to Care	Total Patients First Diagnosed with HIV (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Seen Within 90 Days of First Diagnosis of HIV (c)
20	MEASURE: Percentage of patients whose first ever HIV diagnosis was made by health center staff between October 1 of the prior year and September 30 of the measurement year and who were seen for follow-up treatment within 90 days of that first-ever diagnosis	3	3	2

Section M - Preventive Care and Screening: Screening for Depression and Follow-Up Plan

Line	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Total Patients Aged 12 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Screened for Depression and Follow-Up Plan Documented as Appropriate (c)
21	MEASURE: Percentage of patients 12 years of age and older who were (1) screened for depression with a standardized tool <i>and</i> , if screening was positive, (2) had a follow-up plan documented	58277	58277	41959

Section N - Dental Sealants for Children between 6-9 Years

Line	Dental Sealants for Children between 6-9 Years	Total Patients Aged 6 through 9 at Moderate to High Risk for Caries (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Sealants to First Molars (c)
22	MEASURE: Percentage of children 6 through 9 years of age at moderate to high risk of caries who received a sealant on a first permanent molar	518	518	332

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Table 7 - Health Outcomes and Disparities

Deliveries and Birth Weight





Line	Description	Patients (a)
0	HIV-Positive Pregnant Women	44
2	Deliveries Performed by Health Center's Providers	1852

Hispanic/Latino





Line	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: < 1500 grams (1b)	Live Births: 1500 - 2499 grams (1c)	Live Births: > = 2500 grams (1d)
1a	Asian	0	0	0	0
1b1	Native Hawaiian	0	0	0	0
1b2	Other Pacific Islander	2	0	0	2
1c	Black/African American	5	1	1	5
1d	American Indian/Alaska Native	2	1	1	2
1e	White	1196	16	63	1186
1f	More than One Race	4	0	0	4
1g	Unreported/Refused to Report Race	11	1	1	11
Subtotal Hispanic/Latino		 1220	 19	 66	 1210

Non-Hispanic/Latino

Line	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: < 1500 grams (1b)	Live Births: 1500 - 2499 grams (1c)	Live Births: > = 2500 grams (1d)
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Line	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: < 1500 grams (1b)	Live Births: 1500 - 2499 grams (1c)	Live Births: > = 2500 grams (1d)
2a	Asian	46	4	3	45
2b1	Native Hawaiian		0	0	0
2b2	Other Pacific Islander	16	0	0	16
2c	Black/African American	256	8	23	250
2d	American Indian/Alaska Native	15	0	2	15
2e	White	142	0	14	138
2f	More than One Race	3	1	1	3
2g	Unreported/Refused to Report Race	15	0	0	15
Subtotal Non-Hispanic/Latino		 493	 13	 43	 482




Unreported/Refused to Report Race and Ethnicity

Line	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: < 1500 grams (1b)	Live Births: 1500 - 2499 grams (1c)	Live Births: > = 2500 grams (1d)
h	Unreported/Refused to Report Race and Ethnicity	0	0	0	0
i	Total	 1713	 32	 109	 1692




Controlling High Blood Pressure

Hispanic/Latino

Line	Race and Ethnicity	Total Patients 18 through 85 Years of Age with Hypertension (2a)	Number Charts Sampled or EHR Total (2b)	Patients with Hypertension Controlled (2c)

Line	Race and Ethnicity	Total Patients 18 through 85 Years of Age with Hypertension (2a)	Number Charts Sampled or EHR Total (2b)	Patients with Hypertension Controlled (2c)
1a	Asian	13	13	8
1b1	Native Hawaiian	3	3	2
1b2	Other Pacific Islander	6	6	3
1c	Black/African American	37	37	17
1d	American Indian/Alaska Native	17	17	8
1e	White	7627	7627	4023
1f	More than One Race	4	4	0
1g	Unreported/Refused to Report Race	278	278	159
Subtotal Hispanic/Latino		 7985	 7985	 4220

Non-Hispanic/Latino

Line	Race and Ethnicity	Total Patients 18 through 85 Years of Age with Hypertension (2a)	Number Charts Sampled or EHR Total (2b)	Patients with Hypertension Controlled (2c)
2a	Asian	490	490	261
2b1	Native Hawaiian	11	11	6
2b2	Other Pacific Islander	89	89	44
2c	Black/African American	2474	2474	1187
2d	American Indian/Alaska Native	113	113	15
2e	White	3890	3890	2173
2f	More than One Race	17	17	10
2g	Unreported/Refused to Report Race	217	217	116
Subtotal Non-Hispanic/Latino		 7301	 7301	 3812

Unreported/Refused to Report Race and Ethnicity

Line	Race and Ethnicity	Total Patients 18 through 85 Years of Age with Hypertension (2a)	Number Charts Sampled or EHR Total (2b)	Patients with Hypertension Controlled (2c)
h.	Unreported/Refused to Report Race and Ethnicity	2	2	1
i	Total	15288	15288	8033

Diabetes: Hemoglobin A1c Poor Control

Hispanic/Latino				
Line	Race and Ethnicity	Total Patients 18 through 75 Years of Age with Diabetes (3a)	Number Charts Sampled or EHR Total (3b)	Patients with HbA1c >9% or No Test During Year (3f)
1a	Asian	4	4	0
1b1	Native Hawaiian	1	1	0
1b2	Other Pacific Islander	9	9	3
1c	Black/African American	21	21	12
1d	American Indian/Alaska Native	16	16	8
1e	White	6565	6565	2145
1f	More than One Race	2	2	1
1g	Unreported/Refused to Report Race	211	211	81
Subtotal Hispanic/Latino		6829	6829	2250

Non-Hispanic/Latino				
Line	Race and Ethnicity	Total Patients 18 through 75 Years of Age with Diabetes (3a)	Number Charts Sampled or EHR Total (3b)	Patients with HbA1c >9% or No Test During Year (3f)

Line	Race and Ethnicity	Total Patients 18 through 75 Years of Age with Diabetes (3a)	Number Charts Sampled or EHR Total (3b)	Patients with HbA1c >9% or No Test During Year (3f)
2a	Asian	253	253	40
2b1	Native Hawaiian	6	6	3
2b2	Other Pacific Islander	57	57	21
2c	Black/African American	1258	1258	402
2d	American Indian/Alaska Native	116	116	46
2e	White	1947	1947	549
2f	More than One Race	10	10	3
2g	Unreported/Refused to Report Race	133	133	30
Subtotal Non-Hispanic/Latino		3780	3780	1094

Unreported/Refused to Report Race and Ethnicity

Line	Race and Ethnicity	Total Patients 18 through 75 Years of Age with Diabetes (3a)	Number Charts Sampled or EHR Total (3b)	Patients with HbA1c >9% or No Test During Year (3f)
h	Unreported/Refused to Report Race and Ethnicity	11	11	4
i	Total	10620	10620	3348

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Table 8A - Financial Costs








Universal

* Column c is equal to the sum of column a and column b.

Financial Costs of Medical Care

Line	Cost Center	Accrued Cost (a)	Allocation of Facility and Non-Clinical Support Services (b)	Total Cost After Allocation of Facility and Non-Clinical Support Services (c)
1	Medical Staff	36617793	9535746	 46153539
2	Lab and X-ray	8198485	2134992	 10333477
3	Medical/Other Direct	3380389	880297	 4260686
4	Total Medical Care Services (Sum of Lines 1 through 3)	 48196667	 12551035	 60747702

Financial Costs of Other Clinical Services




Line	Cost Center	Accrued Cost (a)	Allocation of Facility and Non-Clinical Support Services (b)	Total Cost After Allocation of Facility and Non-Clinical Support Services (c)
5	Dental	3791170	987269	 4778439
6	Mental Health	1202007	313018	 1515025
7	Substance Use Disorder	0	0	 0
8a	Pharmacy not including pharmaceuticals	587086	152885	 739971
8b	Pharmaceuticals	1198104		 1198104
9	Other Professional Specify: Nutritionist	392260	102149	 494409
9a	Vision	0	0	 0
10	Total Other Clinical Services (Sum of Lines 5 through 9a)	 7170627	 1555321	 8725948

Financial Costs of Enabling and Other Services

Line	Cost Center	Accrued Cost (a)	Allocation of Facility and Non-Clinical Support Services (b)	Total Cost After Allocation of Facility and Non-Clinical Support Services (c)
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Line	Cost Center	Accrued Cost (a)	Allocation of Facility and Non-Clinical Support Services (b)	Total Cost After Allocation of Facility and Non-Clinical Support Services (c)
11a	Case Management	1711467		 1711467
11b	Transportation	0		 0
11c	Outreach	0		 0
11d	Patient and Community Education	0		 0
11e	Eligibility Assistance	563429		 563429
11f	Interpretation Services	457701		 457701
11g	Other Enabling Services Specify:	0		 0
11h	Community Health Workers	0		 0
11	Total Enabling Services Cost (Sum of Lines 11a through 11h)	 2732597	711603	 3444200
12	Other Related Services Specify: Cost of Leased Spaces	22042		 22042
12a	Quality Improvement	114061	29703	 143764
13	Total Enabling and Other Services (Sum of Lines 11, 12, and 12a)	 2868700	 741306	 3610006

Facility and Non-Clinical Support Services and Totals

Line	Cost Center	Accrued Cost (a)	Allocation of Facility and Non-Clinical Support Services (b)	Total Cost After Allocation of Facility and Non-Clinical Support Services (c)
14	Facility	1743137		
15	Non-Clinical Support Services	13104525		
16	Total Facility and Non-Clinical Support Services (Sum of Lines 14 and 15)	 14847662		
17	Total Accrued Costs (Sum of Lines 4 + 10 + 13 + 16)	 73083656		 73083656
18	Value of Donated Facilities, Services, and Supplies Specify:			0
19	Total with Donations (Sum of Lines 17 and 18)			73083656

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Table 9D - Patient Related Revenue

Universal

Line	Payer Category	Retroactive Settlements, Receipts, and Paybacks (c)								
		Full Charges This Period (a)	Amount Collected This Period (b)	Collection of Reconciliation Wrap-Around Current Year (c1)	Collection of Reconciliation Wrap-Around Previous Years (c2)	Collection of Other Payments: P4P, Risk Pools, etc. (c3)	Penalty / Payback (c4)	Allowances (d)	Sliding Fee Discounts (e)	Bad Debt Write Off (f)
1	Medicaid Non-Managed Care	145107	27316	0	0	0	0	119174		
2a	Medicaid Managed Care (capitated)	0	0	0	0	0	0	0		
2b	Medicaid Managed Care (fee-for-service)	148572077	37072439	5650379	0	100528	0	107437974		
3	Total Medicaid (Sum of Lines 1 + 2a + 2b)	148717184	37099755	5650379	0	100528	0	107557148		
4	Medicare Non-Managed Care	22215277	5042789	0	0	0	0	17101675		
5a	Medicare Managed Care (capitated)	0	0	0	0	0	0	0		
5b	Medicare Managed Care (fee-for-service)	13359589	3476532	0	0	0	0	10247800		
6	Total Medicare (Sum of Lines 4 + 5a + 5b)	35574866	8519321	0	0	0	0	27349475		
7	Other Public, including Non-Medicaid CHIP, Non-Managed Care	1860414	137721	0	0	0	0	1514199		

				Retroactive Settlements, Receipts, and Paybacks (c)						
Line	Payer Category	Full Charges This Period (a)	Amount Collected This Period (b)	Collection of Reconciliation Wrap-Around Current Year (c1)	Collection of Reconciliation Wrap-Around Previous Years (c2)	Collection of Other Payments: P4P, Risk Pools, etc. (c3)	Penalty / Payback (c4)	Allowances (d)	Sliding Fee Discounts (e)	Bad Debt Write Off (f)
8a	Other Public, including Non-Medicaid CHIP, Managed Care (capitated)	0	0	0	0	0	0	0		
8b	Other Public, including Non-Medicaid CHIP, Managed Care (fee-for-service)	0	0	0	0	0	0	0		
9	Total Other Public (Sum of Lines 7 + 8a + 8b)	1860414	137721	0	0	0	0	1514199		
10	Private Non-Managed Care	46704614	7087364			0	0	38600115		
11a	Private Managed Care (capitated)	0	0			0	0	0		
11b	Private Managed Care (fee-for-service)	0	0			0	0	0		
12	Total Private (Sum of Lines 10 + 11a + 11b)	46704614	7087364			0	0	38600115		
13	Self-pay	80737704	4817358						73063073	
14	TOTAL (Sum of Lines 3 + 6 + 9 + 12 + 13)	313594782	57661519	5650379	0	100528	0	175020937	73063073	0

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Table 9E - Other Revenues

BPHC Grants (Enter Amount Drawn Down - Consistent with PMS-272)



Line	Source	Amount (a)
1a	Migrant Health Center	0
1b	Community Health Center	112175
1c	Health Care for the Homeless	0
1e	Public Housing Primary Care	0
1g	Total Health Center (Sum Lines 1a through 1e)	 112175
1k	Capital Development Grants, including School-Based Health Center Capital Grants	0
1	Total BPHC Grants (Sum of Lines 1g + 1k)	 112175

Other Federal Grants

Line	Source	Amount (a)
2	Ryan White Part C HIV Early Intervention	41649
3	Other Federal Grants Specify: ReLink-Integrating Treatment & Transition; Ryan White Part D-Youth/Women/Children	426597
3a	Medicare and Medicaid EHR Incentive Payments for Eligible Provider	1557104
5	Total Other Federal Grants (Sum of Lines 2-3a)	 2025350

Non-Federal Grants Or Contracts

Line	Source	Amount (a)
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Line	Source	Amount (a)
6	State Government Grants and Contracts Specify: FTF-Care Coord-Cent Phx; FTF-Care Coord-NW/SW; FTF-Care Coord-E Maricopa; FTF-FLC; Reproductive Health (Indirect); CDC- HIV Prevention- TESTAZ; Emergency Preparedness- HPP; GOHS- Toddler Carseats/Helmets; First Episode Intervention Clinic; Refugee Health Promotion; ADHS-Viral Hepatitis; State Targeted Response to the Opioid Crisis; Well Woman Check	4414959
6a	State/Local Indigent Care Programs Specify:	0
7	Local Government Grants and Contracts Specify: Ryan White Part A-Primary Care (Salary/ERE/Indirect); Ryan White Part A-Mental Health (Indirect); Ryan White Part A-Substance Abuse (Indirect); Ryan White Part A-Oral Health (Salary/ERE/Indirect); Ryan White Part A-Cost Sharing (Indirect); Ryan White Part A-Health Literacy; Ryan White Part A-Non Med Case Mgt; Healthy Start	537164
8	Foundation/Private Grants and Contracts Specify: Maricopa Wings to Safety-Domestic Violence; Gilead Focus; Maricopa Cancer Treatment Program; Mountain Park; Other Misc Grants	334145
9	Total Non-Federal Grants and Contracts (Sum of Lines 6 + 6A + 7 + 8)	 5286268
10	Other Revenue (non-patient related revenue not reported elsewhere) Specify: Avondale FHC and Glendale FHC Rent Received	22496
11	Total Revenue (Sum of Lines 1 + 5 + 9 + 10)	 7446289

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Health Center Health Information Technology (HIT) Capabilities

HIT
<p>1. Does your center currently have an Electronic Health Record (EHR) system installed and in use?:</p> <p><input checked="" type="checkbox"/>: Yes, installed at all sites and used by all providers</p> <p><input type="checkbox"/>: Yes, but only installed at some sites or used by some providers</p> <p><input type="checkbox"/>: No</p>
<p>1a. Is your system certified by the Office of the National Coordinator for Health IT (ONC) Health IT Certification Program?:</p> <p><input checked="" type="checkbox"/>: Yes</p> <p><input type="checkbox"/>: No</p>
<p>1a1.Vendor: Epic Systems Corporation (not including OCHIN)</p>
<p>Other (Please specify):</p>
<p>1a2.Product Name: Epic Ambulatory/Dentrix Enterprise</p>
<p>1a3.Version Number: February 2019/8.0 MCE</p>

1a1.Vendor: Select one

Other (Please specify):

1a2.Product Name:

1a3.Version Number:

1b. Did you switch to your current EHR from a previous system this year?:

☐: Yes

☒: No

1c. How many sites have the EHR system in use?:

1d. How many providers use the EHR system?:

1e. When do you plan to install the EHR system?:

☐: a. 3 months

☐: b. 6 months

☐: c. 1 Year or more

☐: d. Not planned

2. Does your center send prescriptions to the pharmacy electronically? (Do not include faxing.):

☒: Yes

☐: No

☐: Not Sure

3. Does your center use computerized, clinical decision support, such as alerts for drug allergies, checks for drug-drug interactions, reminders for preventive screening tests, or other similar functions?:

☒: Yes

☐: No

☐: Not Sure

4. With which of the following key providers/health care settings does your center electronically exchange clinical information? (Select all that apply):

☒: Hospitals/Emergency rooms

☒: Specialty clinicians

☐: Other primary care providers

☐: None of the above

☐: Other (please describe)

Other (please describe):

5. Does your center engage patients through health IT in any of the following ways? (Select all that apply):

☒: Patient portals

☒: Kiosks

☒: Secure messaging

☐: Other (please describe)

☐: No, we do not engage patients using HIT

Other (please describe):

6. Question removed.

7. How do you collect data for UDS clinical reporting (Tables 6B and 7)?:

☒: We use the EHR to extract automated reports

☐: We use the EHR but only to access individual patient charts

☐: We use the EHR in combination with another data analytic system

☐: We do not use the EHR

8. Question removed.

9. Question removed.

10. How does your health center utilize HIT and EHR data beyond direct patient care? (Select all that apply):

☒: Quality improvement

☒: Population health management

- ☐: Program evaluation
☒: Research
☐: Other (please describe)
☐: We do not utilize HIT or EHR data beyond direct patient care

Other (please describe):

11. Does your health center collect data on individual patients' social risk factors, outside of the data reportable in the UDS?:

- ☒: Yes
☐: No, but we are in planning stages to collect this information
☐: No, we are not planning to collect this information

12. Which standardized screener(s) for social risk factors, if any, do you use? (Select all that apply):

- ☐: Accountable Health Communities Screening Tools
☐: Upstream Risks Screening Tool and Guide
☐: iHELP
☒: Recommend Social and Behavioral Domains for EHRs
☒: Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE)
☒: Well Child Care, Evaluation, Community Resources, Advocacy Referral, Education (WE CARE)
☐: WellRx
☐: Other (please describe)
☐: We do not use a standardized screener

Other (please describe):

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Other Data Elements

Other Data Elements

1. Medication-Assisted Treatment (MAT) for Opioid Use Disorder

a. How many physicians, certified nurse practitioners, and physician assistants,¹ on-site or with whom the health center has contracts, have obtained a Drug Addiction Treatment Act of 2000 (DATA) waiver to treat opioid use disorder with medications specifically approved by the U.S. Food and Drug Administration (FDA) for that indication?: 15

b. How many patients received medication-assisted treatment for opioid use disorder from a physician, certified nurse practitioner, or physician assistant, with a DATA waiver working on behalf of the health center?: 10

2. Did your organization use telemedicine to provide remote clinical care services? (The term "telehealth" includes "telemedicine" services but encompasses a broader scope of remote healthcare services. Telemedicine is specific to remote clinical services whereas telehealth may include remote non-clinical services, such as provider training, administrative meetings, and continuing medical education, in addition to clinical services.):

- ☐: Yes
☒: No

2a1. Who did you use telemedicine to communicate with? (Select all that apply):

- ☐: Patients at remote locations from your organization (e.g., home telehealth, satellite locations)
☐: Specialists outside your organization (e.g., specialists at referral centers)

2a2. What telehealth technologies did you use? (Select all that apply):

- ☐: Real-time telehealth (e.g., live videoconferencing)
☐: Store-and-forward telehealth (e.g., secure email with photos or videos of patient examinations)
☐: Remote patient monitoring
☐: Mobile Health (mHealth)

2a3. What primary telemedicine services were used at your organization? (Select all that apply):

- ☐: Primary care
☐: Oral health
☐: Behavioral health: Mental health
☐: Behavioral health: Substance use disorder
☐: Dermatology
☐: Chronic conditions
☐: Disaster management
☐: Consumer health education
☐: Provider-to-provider consultation
☐: Radiology
☐: Nutrition and dietary counseling
☐: Other (Please specify)

Other (Please specify):

2b. If you did not have telemedicine services, please comment why (Select all that apply):

- ☐: Have not considered/unfamiliar with telehealth service options
☐: Policy barriers (Select all that apply)
☐: Inadequate broadband/telecommunication service (Select all that apply)
☐: Lack of funding for telehealth equipment
☐: Lack of training for telehealth services
☐: Not needed
☒: Other (Please specify)

Other (Please specify): At this time Valleywise is looking into to developing and offering the service in the future.

Policy barriers (Select all that apply):

- ☐: Lack of or limited reimbursement
☐: Credentialing, licensing, or privileging
☐: Privacy and security
☐: Other (Please specify)

Other (Please specify):

Inadequate broadband/telecommunication service (Select all that apply):

- ☐: Cost of service
☐: Lack of infrastructure
☐: Other (Please specify)

Other (Please specify):

3. Provide the number of all assists provided during the past year by all trained assisters (e.g., certified application counselor or equivalent) working on behalf of the health center (employees, contractors, or volunteers), regardless of the funding source that is supporting the assisters' activities. Outreach and enrollment assists are defined as customizable education sessions about affordable health insurance coverage options (one-on-one or small group) and any other assistance provided by a health center assister to facilitate enrollment.

Enter number of assists: 1

¹ With the enactment of the Comprehensive Addiction and Recovery Act of 2016, Public Law 114-198, opioid treatment prescribing privileges have been extended beyond physicians to include certain qualifying nurse practitioners (NPs) and physician assistants (PAs).

Workforce

1. Does your health center provide health professional education/training? Health professional education/training does not include continuing education units.:

[X]: Yes

[]: No

1a. If yes, which category best describes your health center's role in the health professional education/training process?:

[]: Sponsor ²

[X]: Training site partner ³

[]: Other (please describe)

Other (please describe):

2. Please indicate the range of health professional education/training offered at your health center and how many individuals you have trained in each category within the last year.

	Medical	Pre- Graduate/Certificate (a)	Post-Graduate Training (b)
1.	Physicians	588	
	a. Family Physicians		63
	b. General Practitioners		
	c. Internists		120
	d. Obstetrician/Gynecologists		36
	e. Pediatricians		97
	f. Other Specialty Physicians		113
2.	Nurse Practitioners	21	
3.	Physician Assistants	5	
4.	Certified Nurse Midwives		
5.	Registered Nurses	2	
6.	Licensed Practical Nurses/Vocational Nurses		
7.	Medical Assistants	26	

	Dental	Pre- Graduate/Certificate (a)	Post-Graduate Training (b)
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	Dental	Pre- Graduate/Certificate (a)	Post-Graduate Training (b)
8.	Dentists	6	8
9.	Dental Hygienists	36	
10.	Dental Therapists		

	Mental Health and Substance Use Disorder	Pre- Graduate/Certificate (a)	Post-Graduate Training (b)
11.	Psychiatrists		29
12.	Clinical Psychologists		
13.	Clinical Social Workers	2	
14.	Professional Counselors		
15.	Marriage and Family Therapists		
16.	Psychiatric Nurse Specialists		
17.	Mental Health Nurse Practitioners		
18.	Mental Health Physician Assistants		
19.	Substance Use Disorder Personnel		

	Vision	Pre- Graduate/Certificate (a)	Post-Graduate Training (b)
20.	Ophthalmologists		
21.	Optometrists		

	Other Professionals	Pre- Graduate/Certificate (a)	Post-Graduate Training (b)
22.	Chiropractors		
23.	Dietitians/Nutritionists		
24.	Pharmacists	38	3
25.	Other please specify SRNA, Doctorate of Behavioral Health-Clinical, Doctorate of Behavioral Health-Management, Nursing Cohorts, Nursing Preceptorship, Phlebotomy	61	

3. Provide the number of health center staff serving as preceptors at your health center.: 538

4. Provide the number of health center staff (non-preceptors) supporting health center training programs.: 49

5. How often does your health center implement satisfaction surveys for providers?:

☐: Monthly

☐: Quarterly

☐: Annually

☐: We do not currently conduct provider satisfaction surveys

☒: Other (please describe)

Other (please describe): Immediately following a provider visit.

6. How often does your health center implement satisfaction surveys for general staff?:

☐: Monthly

☐: Quarterly

☐: Annually

☐: We do not currently conduct staff satisfaction surveys

☒: Other (please describe)

Other (please describe): Survey is sent out after every visit.

² A sponsor hosts a comprehensive health profession education and/or training program, the implementation of which may require partnerships with other entities that deliver focused, time-limited education and/or training (e.g., a teaching health center with a family medicine residency program).

³ A training site partner delivers focused, time-limited education and/or training to learners in support of a comprehensive curriculum hosted by another health profession education provider (e.g., month-long primary care dentistry experience for dental students).

BHCMIS ID: 09E00911 - MARICOPA COUNTY SPECIAL HEALTH CARE
DISTRICT, Phoenix, AZ

Date Requested: 03/23/2020 5:07 PM EST

Date of Last Report Refreshed: 03/23/2020 5:07 PM EST

Program Name: Health Center 330

Submission Status: Review In Progress

UDS Report - 2019

Data Audit Report

Table 4-Selected Patient Characteristics

Edit 07245: Managed Care Enrollment in Question - The total Medicaid Managed Care Member Months reported on Table 4 Line 13c Column A suggests that Medicaid Managed Care annual enrollment exceeds total patients with Medicaid insurance (Line 8 Columns A+B) by 150% or greater. Please correct or explain.

Related Tables: Table 4(UR)

Jane Somerhisier (Health Center) on 02/14/2020 12:44 PM EST: Medicaid patients may be assigned to Valleywise, but that does not mean they visited Valleywise for treatment.

Edit 05870: Patient Count in Question - You report a high proportion of your total patients served at a health center located in or immediately accessible to a public housing site on line 26 (100)% compared to total patients. Please correct or explain.

Related Tables: Table 4(UR)

Jane Somerhisier (Health Center) on 02/14/2020 12:33 PM EST: All FHC clinics are located near public housing. One clinic that was not was closed early in the reporting year.

Edit 03805: Member Months in Question - A large number of Medicaid Managed Care member months (856757) is reported which reflects an average Medicaid member year enrollment of (71396.41) individuals. This is high compared to total patients with Medicaid insurance reported on Line 8 (45318). Please verify that more than 50% of Medicaid managed care enrollees did not seek services. Please correct or explain.

Related Tables: Table 4(UR)

Jane Somerhisier (Health Center) on 02/14/2020 12:35 PM EST: Medicaid patients may be assigned to Valleywise, but that does not mean they visited Valleywise for treatment.

Table 6B-Quality of Care Indicators

Edit 05778: Line 13 Universe in Question - You are reporting (84.96)% of total possible medical patients in the universe for the Adult Weight Screening and Follow-Up measure (line 13 Column A). This appears low compared to estimated medical patients in the age group being measured. Please review and correct or explain.

Related Tables: Table 6B, Table 3A(UR), Table 4(UR), Table 5(UR)

Alyson Roby (Reviewer) on 02/28/2020 2:34 PM EST: Further grantee explanation: 321 Patients have a denominator exception due to mapped data element "reason for not doing BMI follow up" where a documented medical reason may exist during the current encounter or within the previous 12 months of the current encounter. 8,471 patients are being excluded from the measure due to a pregnancy diagnosis on the problem list, no BMI due to patient refusal or a palliative care order or encounter may exist in the medical record.

Table 7-Health Outcomes and Disparities

Edit 05468: Diabetic Universe in Question - The universe of diabetic patients reported on Table 7 is greater than the total diabetic patients reported on Table 6A. This is possible only if you have seen diabetic patients during the year without diagnosing them with diabetes. Please review and correct or explain.

Related Tables: Table 7, Table 6A(UR)

Alyson Roby (Reviewer) on 02/18/2020 2:18 PM EST: Not significant numbers.

Table 8A-Financial Costs

Edit 04136: Costs and FTE Questioned - Other Professional Services are reported on Table 8A, Line 9 (392260)(Nutritionist) and Table 5, Line 22 (2.98) (Diabetic Educators) . Review and confirm that FTEs relate to costs or correct.

Related Tables: Table 8A, Table 5(UR)

Alyson Roby (Reviewer) on 02/28/2020 2:35 PM EST: From grantee: Base salary for diabetic educator is approximately \$98k/yr, plus 33.3% in benefits. Values entered are correct.

Edit 03977: Costs and FTE Questioned - Other Programs and Services are reported on Table 8A, Line 12 (22042) and Table 5, Line 29a (0). Review and confirm that FTEs relate to costs or correct.

Related Tables: Table 8A, Table 5(UR)

Jane Somerhisier (Health Center) on 02/14/2020 12:40 PM EST: Reported cost is lease expense and not FTE related. Therefore, there is no corresponding cost to report on Table 5, Line 29a.

Edit 01026: Overhead Costs Questioned on Line 12 - You report direct costs (22042) on Table 8A Line 12 Column a but no overhead allocation has been made.

Please check to see that the numbers are entered correctly.

Related Tables: Table 8A

Jane Somerhisier (Health Center) on 02/14/2020 12:39 PM EST: \$22,042 in cost is lease expense. There is no overhead expense associated with lease expense. Numbers are correct.

Edit 06306: Costs and FTE Questioned - Quality Improvement is reported on Table 8A, Line 12a (114061) and Table 5, Line 29b (1). Review and confirm that FTEs relate to costs or correct.

Related Tables: Table 8A, Table 5(UR)

Jane Somerhisier (Health Center) on 02/14/2020 12:41 PM EST: Reviewed and confirmed that FTEs relate to costs reported.

Table 9D-Patient Related Revenue (Scope of Project Only)

Edit 05767: Charge to Cost Ratio Questioned - Total charge to cost ratio of (4.51) is reported which suggests that charges are more than costs. Please review the information reported across the tables and correct or explain.

Related Tables: Table 9D, Table 8A

Jane Somerhisier (Health Center) on 02/14/2020 12:43 PM EST: Gross charges typically exceed costs. This is a provider based facility, meaning we bill both Technical components as well as Professional components. Both charge and cost information has been reviewed and confirmed for calendar year 2019.

BHCMIS ID: 09E00911 - MARICOPA COUNTY SPECIAL HEALTH CARE
DISTRICT, Phoenix, AZ

Date Requested: 03/23/2020 5:07 PM EST

Date of Last Report Refreshed: 03/23/2020 5:07 PM EST

Program Name: Health Center 330

Submission Status: Review In Progress

UDS Report - 2019

Comments

Report Comments

No comments

Table 7 Comments

Edit 5468: More patients qualify for Table 7 - A1C had medical visits other than diabetes in the reporting year.

Table 8A Comments

Edit 1026: \$22,042 in cost is lease expense. There is no overhead expense associated with lease expense. Numbers are correct. Edit 4136: Reviewed and confirmed that FTEs relate to costs reported. Edit 3977: Reported cost is lease expense and not FTE related. Therefore, there is not corresponding cost to report on Table 5, Line 29a. Edit 6306: Reviewed and confirmed that FTEs relate to costs reported.

Table 9D Comments

Edit 5767: Gross charges typically exceed costs. This is a provider based facility, meaning we bill both Technical components as well as Professional components. Both charge and cost information has been reviewed and confirmed for calendar year 2019.

ODE Comments

These services are utilized in the hospital only at this time and not in any FQHC Clinic.

Attachment 2

Valleywise Health Patient Health Needs Survey (English) – 2020



Our Mission

Provide exceptional care, without exception, every patient, every time.

Valleywise Health Federally Qualified Health Centers (FQHC) Maricopa Special Health Care District

Patient Health Needs Survey 2020

Maricopa Integrated Health System's mission is to exceed the needs of our patients, their families, our physicians, and our staff through the delivery of high-quality, complete care to the people and communities we serve.

To ensure that we continue to exceed the needs of our patients and community, Maricopa Integrated Health System has launched a wide-ranging patient health needs survey effort at each of its primary care clinic sites. This survey will help us to:

- To ensure we meet your healthcare needs
- Identify current and future healthcare needs in our communities
- Increase community awareness of local and regional health problems
- Determine trends in demographics related to health care
- Improve and strengthen our programs and services

Your feedback is invaluable in helping us shape the future of healthcare in our local community. By taking this brief survey, you have the unique ability to provide insight into what you think are the most important and pressing healthcare needs of our local community and help Maricopa Integrated Health System develop programs and strategies to meet them.

Question #1 How would you describe your overall health? ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

Question #2 Where do you go for routine healthcare?

- ☐ Physician's office ☐ Health Department ☐ Emergency room ☐ Urgent care clinic ☐ Clinic in a grocery or drug store
- ☐ I do not receive routine healthcare ☐ Other – please list where you go for routine healthcare: _____
-

Question #3 Can you get an appointment at this doctor's office when you need it? ☐ Yes ☐ No

Question #4 If you answered "No" to question 3, please choose all that apply.

- ☐ No appointment available ☐ Cannot afford it ☐ Cannot take time off from work ☐ No transportation
- ☐ No specialist in my community for my condition
- ☐ Other – please list why you are not able to visit a doctor when needed: _____
-

Question #5 The clinic hours meet my needs. ☐ Yes ☐ No

If No - I would prefer appointments at the following times: (Please check all that Apply)

- | | |
|--|---|
| <input type="checkbox"/> Weekdays Before 7:00 am | <input type="checkbox"/> Weekdays After 5:30 pm |
| <input type="checkbox"/> Saturday Morning | <input type="checkbox"/> Saturday Afternoon |
| <input type="checkbox"/> Sunday Morning | <input type="checkbox"/> Sunday Afternoon |

Question #6 What type of healthcare coverage do you have?

- ☐ Medicare ☐ AHCCCS ☐ Commercial health insurance (Examples: Cigna, Humana, Anthem Blue Cross)
- ☐ Sliding Fee Discount Program ☐ No Healthcare Coverage
- ☐ Other – please list what other type of health coverage you have:

Question #7 Please select the top 3 health challenges you face.

- ☐ Cancer ☐ Diabetes ☐ Overweight ☐ Breathing problems ☐ High blood pressure / Stroke ☐ Dental care ☐ Heart disease
- ☐ Pain ☐ Depression / Mental health issues ☐ Alcohol use ☐ Drug use ☐ None
- ☐ Other – please list the other health challenges you face: _____

Question #8 What else do you need to be healthier?

Question #9 Please choose all statements below that apply to you.

- ☐ I exercise at least 3 times per week. ☐ I eat at least 5 servings of fruits and vegetables each day.
- ☐ I eat fast food more than once per week. ☐ I smoke cigarettes. ☐ I chew tobacco. ☐ I use illegal drugs.
- ☐ I abuse or overuse prescription drugs. ☐ I consume more than 4 alcoholic drinks (if female) or 5 (if male) per day.
- ☐ I use sunscreen or protective clothing for planned time in the sun. ☐ I receive a flu shot each year.
- ☐ I have access to a wellness program through my employer. ☐ None of the above apply to me.

Question #10 Which of the following preventive procedures have you had in the past 12 months?

- ☐ Mammogram (if woman) ☐ Pap smear (if woman) ☐ Prostate cancer screening (if man) ☐ Flu shot
☐ Colon/rectal exam ☐ Blood pressure check ☐ Blood sugar check ☐ Skin cancer screening ☐ Cholesterol screening
☐ Vision screening ☐ Hearing screening ☐ Cardiovascular screening ☐ Bone density test ☐ Dental cleaning/x-rays
☐ Physical exam ☐ None of the above

Question #11 What is your gender?

- ☐ Female ☐ Male
☐ Transgender Female/Male-to-Female ☐ Transgender Male/Female-to-Male ☐ Other ☐ Chose not to disclose

Question #12 What is your race?

- ☐ African American/Black ☐ Caucasian/White ☐ Asian ☐ American Indian/ Alaska Native
☐ Native Hawaiian/ Pacific Islander ☐ Other – please specify _____

Question #13 What is your current employment status?

- ☐ Employed full-time ☐ Employed part-time ☐ Student ☐ Homemaker
☐ Unemployed ☐ Disabled ☐ Retired

Question #14 What is your household income range?

- ☐ \$0 - \$24,999 ☐ \$25,000 - \$49,999 ☐ \$50,000 - \$74,999
☐ \$75,000 - \$99,999 ☐ \$100,000 or more ☐ Don't know

Question #15 What is the highest level of education you have completed?

- ☐ Some high school ☐ High school graduate
☐ Some college ☐ College graduate

Question #16 How can we make your doctor visit more beneficial for your health? _____

Thank you for your time and partnership to make our community a healthier one.

Attachment 3

Valleywise Health Patient Health Needs Survey (Spanish) – 2020



Nuestra misión

Proveer atención médica excepcional sin excepción, a todo paciente, en todo momento.

Valleywise Health Federally Qualified Health Centers (FQHC) Maricopa Special Health Care District

Encuesta sobre las necesidades médicas del paciente de 2020

La misión de Valleywise Health es cumplir al máximo con las necesidades de nuestros pacientes, sus familias, nuestros médicos y nuestro personal, al ofrecer atención médica integral de alta calidad a las personas y comunidades a las que servimos.

Para asegurarnos de seguir cumpliendo al máximo con las necesidades de nuestros pacientes y de nuestra comunidad, en cada una de las clínicas de atención primaria de *Valleywise Health* hemos comenzado una encuesta para evaluar todas las necesidades médicas de los pacientes. Esta encuesta nos ayudará a:

- que nos aseguremos de cumplir con sus necesidades de atención médica;
- identificar las necesidades de atención médica actuales y futuras en nuestras comunidades;
- aumentar la conciencia de la comunidad sobre los problemas de salud locales y regionales;
- determinar tendencias demográficas relacionadas con la atención médica;
- mejorar y fortalecer nuestros programas y servicios

Sus comentarios son indispensables para ayudarnos a crear el futuro de la atención médica en nuestra comunidad local. Al contestar esta encuesta breve, usted tiene la capacidad única de proveernos información acerca de las cosas que para usted son las necesidades médicas más importantes y urgentes de nuestra comunidad local y de ayudar a que Valleywise Health desarrolle programas y estrategias para cumplir con dichas necesidades.

Pregunta #1 ¿Cómo describiría su salud en general? ☐ Excelente ☐ Muy buena ☐ Buena ☐ Regular ☐ Mala

Pregunta #2 ¿A dónde va para recibir atención médica de rutina?

☐ Consultorio de un médico ☐ Departamento de Salud ☐ Sala de urgencias ☐ Clínica de atención inmediata ☐ Clínica en un supermercado o farmacia ☐ No recibo atención médica de rutina ☐ Otro – por favor escriba a dónde va para recibir atención médica de rutina: _____

Pregunta #3 ¿Puede programar una cita en este consultorio médico cuando la necesita? ☐ Sí ☐ No

Pregunta #4 Si contestó "No" en la pregunta 3, por favor seleccione todas las opciones que correspondan.

☐ No hay citas disponibles ☐ No puedo pagarla ☐ No puedo faltar al trabajo ☐ No tengo medio de transporte

☐ No hay especialista en mi comunidad para mi enfermedad

☐ Otro – por favor escriba por qué no puede ir al médico cuando necesita hacerlo: _____

Pregunta #5 El horario de la clínica es conveniente para mí. ☐ Sí ☐ No

Si contestó "No" – Yo preferiría citas durante los siguientes horarios: (Por favor seleccione todas las opciones que correspondan).

☐ Entre semana antes de las 7:00 a. m. ☐ Entre semana después de las 5:30 p. m.

☐ Los sábados por la mañana ☐ Los sábados por la tarde

☐ Los domingos por la mañana ☐ Los domingos por la tarde

Pregunta #6 ¿Qué tipo de cobertura médica tiene usted?

☐ Medicare ☐ AHCCCS ☐ Seguro médico comercial (por ejemplo: *Cigna, Humana, Anthem Blue Cross*)

☐ Programa de descuento según los ingresos (escala proporcional) ☐ No tiene cobertura médica

☐ Otra – por favor escriba qué otro tipo de cobertura médica tiene usted:

Pregunta #7 Por favor indique los 3 problemas de salud principales que enfrenta usted.

☐ Cáncer ☐ Diabetes ☐ Sobrepeso ☐ Problemas de la respiración ☐ Presión arterial alta / derrame o embolia cerebral ☐ Atención dental ☐ Enfermedad cardíaca ☐ Dolor ☐ Depresión / problemas de salud mental ☐ Uso de alcohol ☐ Uso de drogas ☐ Ninguno

☐ Otro – por favor escriba los otros problemas de salud que enfrenta usted: _____

Pregunta #8 ¿Qué otra cosa necesita para estar más saludable?

Pregunta #9 A continuación, por favor seleccione todas las declaraciones que correspondan.

☐ Hago ejercicio por lo menos 3 veces a la semana. ☐ Como al menos 5 porciones de frutas y verduras todos los días.
☐ Como comida rápida más de una vez a la semana. ☐ Fumo cigarros. ☐ Mastico tabaco. ☐ Uso drogas ilegales.
☐ Abuso de o uso de manera excesiva los medicamentos de venta con receta ☐ Al día consumo más de 4 bebidas alcohólicas (si es mujer) o 5 (si es hombre). ☐ Uso protector solar o ropa que me cubra la piel cuando tengo planes de exponerme al sol. ☐ Recibo una vacuna contra la gripe cada año. ☐ Por medio de mi trabajo tengo acceso a un programa de bienestar. ☐ Ninguna de las opciones anteriores.

Pregunta #10 En los últimos 12 meses, ¿cuáles de los siguientes procedimientos preventivos ha recibido usted?

- ☐ Mamografía (si es mujer)
 ☐ Prueba de Papanicolaou (si es mujer)
 ☐ Prueba de detección del cáncer de la próstata (si es hombre)
 ☐ Vacuna contra la gripe
 ☐ Examen colorrectal
 ☐ Revisión de la presión arterial
 ☐ Revisión del azúcar en la sangre
 ☐ Prueba de detección del cáncer de piel
 ☐ Examen de colesterol
 ☐ Examen de la vista
 ☐ Examen auditivo
 ☐ Pruebas de detección cardiovasculares
 ☐ Prueba de densidad ósea
 ☐ Limpieza/radiografía dental
 ☐ Examen físico
 ☐ Ninguna de las opciones anteriores

Pregunta #11 ¿Cuál es su sexo/género?

- ☐ Femenino
 ☐ Masculino
 ☐ Mujer transgénero/Hombre-a-mujer
 ☐ Hombre transgénero/Mujer-a-hombre
 ☐ Otro
 ☐ Prefiere no divulgarlo

Pregunta #12 ¿Cuál es su origen racial?

- ☐ Afroamericano/negro
 ☐ Caucásico/blanco
 ☐ Asiático
 ☐ Indígena americano/Nativo de Alaska
 ☐ Nativo hawaiano/Nativo de las islas del Pacífico
 ☐ Otro – por favor especifique _____

Pregunta #13 ¿Cuál es su situación laboral actual?

- ☐ Empleado(a) tiempo completo
 ☐ Empleado(a) medio tiempo
 ☐ Estudiante
 ☐ Se dedica al hogar
 ☐ Desempleado(a)
 ☐ Discapacitado(a)
 ☐ Jubilado(a)

Pregunta #14 ¿Cuál es su nivel de ingresos familiares?

- ☐ \$0 a \$24,999
 ☐ \$25,000 a \$49,999
 ☐ \$50,000 a \$74,999
 ☐ \$75,000 a \$99,999
 ☐ \$100,000 o más
 ☐ No sabe

Pregunta #15 ¿Cuál fue su nivel escolar más alto?

- ☐ Estudió la preparatoria/el bachillerato pero no se graduó
 ☐ Se graduó de la preparatoria/bachillerato
 ☐ Fue a la universidad pero no se graduó
 ☐ Se graduó de la universidad

Pregunta #16 ¿Cómo podríamos lograr que su consulta médica fuera más beneficiosa para su salud? _____

Gracias por su tiempo y colaboración para hacer de nuestra comunidad una comunidad más saludable.