2027 – 2029

Valleywise Health - Community Health Needs Assessment (CHNA)

Comprehensive Systemwide Report

Adopted: May 2026

Valleywise Health

You're more to us.

MARICOPA COUNTY

Acknowledgements from Valleywise Health

This community health needs assessment represents a shared commitment to listening, learning, and responding to the needs of our community. We are grateful to the many community members, partner organizations, and staff who participated in this process and helped shape its findings. Their collaboration underscores the importance of collective action in advancing community health.

A Message from the CEO of Valleywise Health FQHC Cinics
Community Health Needs Assessments

Dear Community Members,

It is my privilege to share the Valleywise Health Community Health Needs Assessment (CHNA), a comprehensive reflection of our commitment to understanding the evolving needs of the communities we serve. This assessment helps ensure that our programs, services, and partnerships remain aligned with the real challenges and opportunities faced by individuals and families across Maricopa County.

At Valleywise Health, we believe that community health is a shared responsibility. The insights captured in this CHNA guide our strategy, shape our investments, and strengthen our mission to provide exceptional care without exception. Your voices—whether expressed through data, engagement, or lived experience—play a vital role in this work.

As you review the findings, I invite you to join us in advancing fair access to health care and closing gaps in care. Meaningful progress happens when health systems, community partners, and residents move forward together with purpose and collaboration.

Thank you for your continued trust, partnership, and engagement. We remain steadfast in our commitment to improving health outcomes and building a stronger, healthier future for every person we serve.

With gratitude,

Michelle Barker
Senior Vice President, Ambulatory Services
Chief Executive Officer, FQHC Clinics

Valleywise Health
You're more to us.

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Executive Summary

Community health needs assessment purpose statement

The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs in the community served by Valleywise Health. The priorities identified in this report help to ensure that health center services and locations align with the needs of the neighborhoods Valleywise Health serves. This CHNA report meets requirements of the Health Resources and Services Administration that health centers complete a CHNA at least once every three years.

Valleywise Health commitment and mission statement

The Valleywise Health mission is "To provide exceptional care, without exception, every patient, every time." Valleywise Health envisions being nationally recognized for transforming care to improve community health through accountability, compassion, excellence, and safety. With a 149-year history of providing care to a diverse population, regardless of a patient's ability to pay, Valleywise Health is a trusted name in healthcare for the entire community.

CHNA collaborators

Valleywise Health partnered with Maricopa County Department of Public Health (MCDPH) to conduct this CHNA, which was developed by MCDPH. Another key CHNA collaborator is Synapse, a coalition of non-profit and federally qualified health centers who work together to collect data and conduct CHNAs to guide community investments. The following organizations are part of the Synapse Coalition:

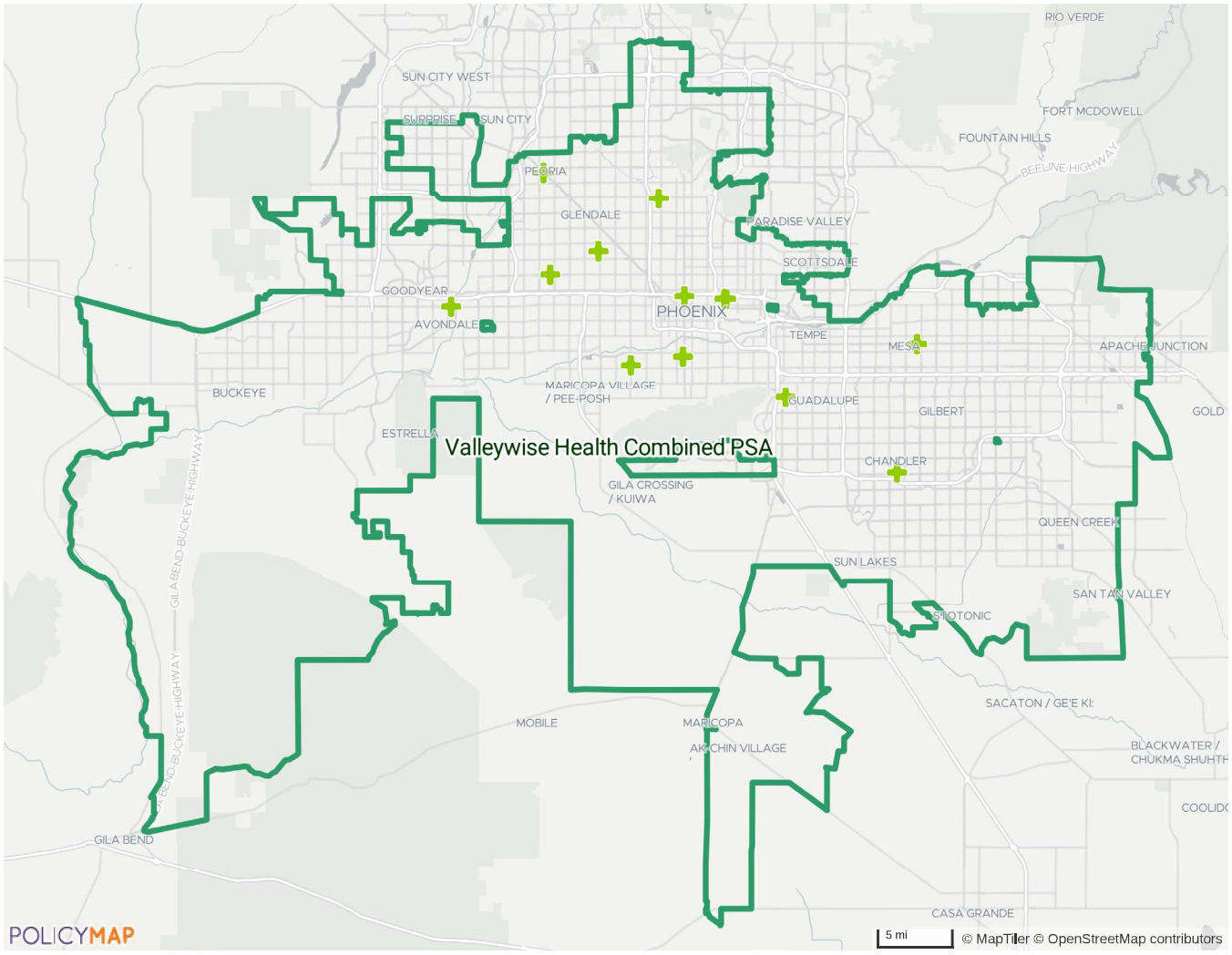
- Adelante Healthcare
- Banner Health
- City of Hope
- Circle the City
- Dignity Health
- Mayo Clinic
- Native Health
- NOAH
- Phoenix Children's
- Valleywise Health
- Vitalyst Health Foundation

Community definition

Valleywise Health defines their community as persons residing within the primary service area (PSA), which comprises the geographic areas where at least 75% of current health center patients reside. This PSA is defined by ZIP codes served by Valleywise Health in Maricopa County and encompasses all populations, including low-income and underserved groups (Executive Summary (ES) Figure 1). Valleywise Health's PSA ZIP codes can be found in Appendix A.

Valleywise Health is located in Maricopa County, the fourth most populous county in the nation, with a population of over 4.5 million people.[1] [2] Maricopa County spans 9,202 square miles, of which nearly five percent is Indigenous land from tribes as the Fort McDowell Yavapai Nation, Gila River Indian Community, Salt River Pima-Maricopa Indian Community, and Tohono O'odham Nation.[3] [4]

ES Figure 1. Valleywise Health's Primary Service Areas



Assessment, process, and methods

The health needs of Valleywise Health were identified through an analysis of primary and secondary data collected by MCDPH. To ensure a comprehensive understanding of the community's needs, two rounds of input were gathered from the Valleywise Community Health Centers Governing Council - Ad Hoc Connecting with the Community.

- Primary data sources included the 2023 community survey,[5] focus groups,[6] and key informant interviews.[7] The first round of data collection, conducted in the spring of 2023, encompassed all three data sources.
- Secondary data sources included health and social indicators from local, state, and national datasets, covering health outcomes, economic factors, health behaviors, the physical environment, and health care delivery.

Process and criteria to identify and prioritize significant health needs

Phase One

Data Review and Indicator Simplification

Valleywise Health's CHNA team reviewed common health indicators, narrowing the list of key focus areas from 68 to 20. These indicators were selected based on the greatest disparities within the PSA and where Valleywise Health is best positioned to make a meaningful impact.

Phase Two

CHNA Prioritization Workshops and Final Consensus

In collaboration with MCDPH, Valleywise Health facilitated two in-person workshops that engaged the Ad Hoc Connecting with the Community Committee (CCC). The goal was to align on and prioritize significant health needs. The CCC reached consensus on six CHNA priorities based on current needs and the feasibility for Valleywise Health to make an impact.

Phase Three

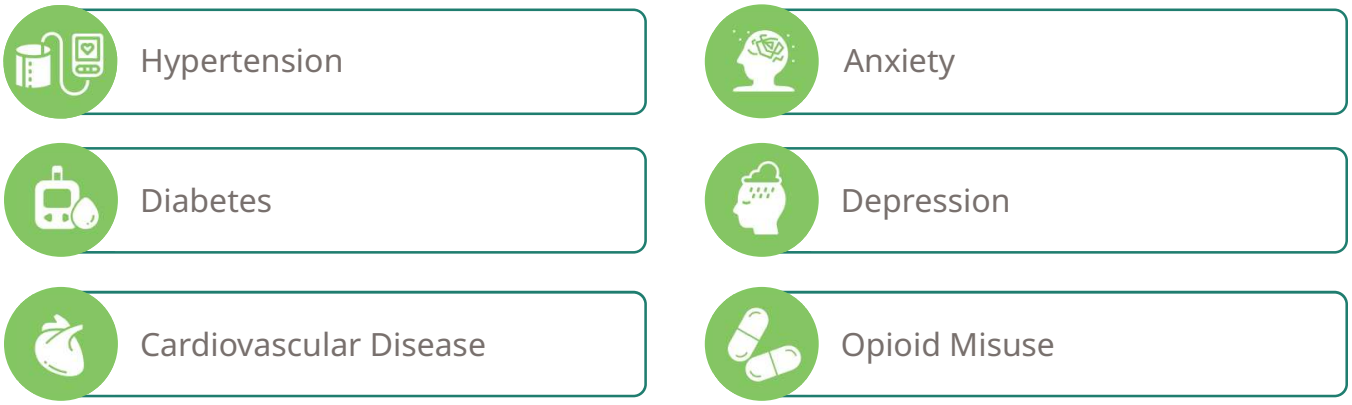
Final Approval of CHNA Priorities

The proposed priorities were then presented to the Valleywise Community Health Centers Governing Council (GC) for approval. Following review, the GC voted on six priorities, which were unanimously approved.

Valleywise Health's priorities

ES Figure 2 provides a snapshot of Valleywise Health's CHNA priority areas, based on data and insights gathered from primary and secondary sources. While recognizing the health disparities present in the communities Valleywise Health serves, Valleywise Health focused on areas where they could make the most impact.

ES Figure 2. Valleywise Health's CHNA Priority Areas



Significant health needs by disproportionately affected populations in Valleywise Health's PSA

A data snapshot of Valleywise Health's priority areas is provided below (ES Table 1). Disparities for each health indicator are highlighted by race/ethnicity, age, and sex with the highest rates for inpatient hospitalization ([1]), emergency department visits ([2]), and death ([3]) when available in Valleywise Health's PSA.

ES Table 1. Valleywise Health's Health Indicator Disparities

Indicator	Race/Ethnicity	Age (Years)	Sex
Sources: 2023 Hospital Discharge Data, Death Data (Valleywise Health's Combined PSA)			
Hypertension	Black/African American[1,2,3]	65+[1,2 3]	Male[1,3] Female[2]
Diabetes	Black/African American[1,2] American Indian/Alaska Native[3]	65+[1,3] 45-64[2]	Male[1,2,3]
Cardiovascular Disease	Black/African American[1,2,3]	65+[1,2 3]	Male[1,2,3]
Anxiety	White[1] Black/African American[2]	15-24[1] 25-44[2]	Female[1,2]
Depression	American Indian/Alaska Native[1] Black/African American[2]	15-24[1,2]	Male[1] Female[2]
Opioid Overdose	Black/African American[1] American Indian/Alaska Native[2,3]	25-44[1,2,3]	Male[1,2,3]

Resources potentially available

Valleywise Health evaluated current programs, partnerships, and resources related to each of the selected health priorities. These resources include community organizations, facilities, and programs that could help address the identified health needs. Resources potentially available to support these priorities span various sectors like healthcare, non-profit, government and/or public entities. A full list of resources can be found starting on page 59.

The Health Improvement Partnership of Maricopa County (HIPMC) is a collaborative effort involving MCDPH, public entities, and private organizations around the County, aimed at addressing priority health issues identified through a community health improvement plan. With over 100 partner organizations, the HIPMC is a valuable resource for Valleywise Health, enabling the sharing of resources, knowledge, and expertise to align efforts for improving health and well-being in Maricopa County.

Report adoption, availability, and comments

This CHNA report was adopted by the Valleywise Health Governing Council in May 2026. The report is widely available to the public on Valleywise Health's website at ValleywiseHealth.org and a paper copy is available for inspection upon request at Valleywise Health's Virginia G. Piper Trust Building. Written comments on this report can be submitted to Valleywise Health at 2609 East Roosevelt Street, 6th Floor Exec Suite, Phoenix, AZ 85008, or by e-mail to michelle.barker@valleywisehealth.org.

End of Executive Summary

Introduction

Valleywise Health - comprehensive systemwide services

Valleywise Health is the longstanding public safety net healthcare system for Maricopa County, tracing its origins to 1877, when the county first established a facility to treat residents affected by communicable diseases. Over more than 148 years, the organization evolved into today's integrated network of a major public teaching hospital, specialty programs, behavioral health sites, and one of Arizona's most extensive Federally Qualified Health Center (FQHC) networks.

Ambulatory and FQHC network: the foundation of safety-net access

Valleywise Health operates a broad network of community health center strategically located throughout Maricopa County, including clinics in Central Phoenix, North Phoenix, South Phoenix, Laveen, West Maryvale, Avondale, Chandler, Guadalupe, Mesa, and Peoria. These sites function as core access points for primary care, preventive services, chronic disease management, behavioral health, pharmacy support, and enabling services tailored to the needs of underserved communities.

The system continues to modernize and expand its ambulatory footprint, relocating clinics into larger, more functional spaces—as seen with the West Maryvale move in 2021—and ensuring equitable access across diverse neighborhoods. Through its FQHC model, Valleywise Health is uniquely positioned to meet the needs of uninsured and Medicaid patients, many of whom rely on these centers as their primary and specialty-care medical home.

Following voter approval of Proposition 409, Valleywise Health is moving forward with a major expansion and modernization of its community health centers across Maricopa County. The $898 million bond measure will fund the rebuilding and expansion of several neighborhood FQHC sites, including the replacement of the South Central and Chandler Community Health Centers, as well as upgrades to outpatient specialty care and teaching facilities. These improvements will expand access to pediatric, primary care, and behavioral health services, increase emergency capacity, and support Valleywise Health's mission as the county's only public teaching health system. Ultimately, Prop 409 enables Valleywise to better meet the needs of a rapidly growing population by creating more modern, accessible, and patient centered clinic spaces throughout the county.

Arizona Burn Center - Diane & Bruce Halle Arizona Burn Center

Valleywise Health is home to the state's premier burn program, the Diane & Bruce Halle Arizona Burn Center, which is the only burn center in Arizona verified by the American Burn Association. This designation reflects its comprehensive capabilities, including emergency burn stabilization, complex surgical care, critical care, rehabilitation, and specialized pediatric burn services. It serves patients statewide and across the Southwest, positioning Valleywise Health as a regional leader in trauma and burn recovery.

The Burn Center also plays a community-facing role in safety education, burn prevention, and support programs for survivors—including events that have received national attention for empowering young pediatric burn survivors.

Pediatric services

As Arizona's largest public teaching hospital system, Valleywise Health delivers pediatric care across its ambulatory network and through its main medical center, including emergency pediatrics, general pediatrics, trauma care, and specialized pediatric burn treatment. The system's pediatric programs are strengthened by academic partnerships under the Phoenix Children's Hospital, ensuring robust clinical training and modern care protocols for children and adolescents receiving systemwide services.

The FQHC clinics further support pediatric populations through vaccinations, wellchild visits, developmental screening, chronic condition management, and behavioral health for youth—ensuring early and equitable access to care for families across the county.

Refugee health and global health services

Valleywise Health is a national leader in refugee health, operating one of the country's most comprehensive refugee and global health programs. Its work is so impactful that America's Essential Hospitals recognized the system with a Gage Award for population health, highlighting its statewide leadership in refugee care.

Refugee services offered through ambulatory clinics include:

- Initial health screenings
- Infectious disease evaluation and management
- Immunizations
- Behavioral health care
- Chronic disease management
- Culturally responsive care coordination

These services ensure newly arrived individuals and families receive timely medical evaluation, integration support, and access to long-term primary care homes within the FQHC network.

Women's health and maternity services

Women's health services are delivered across multiple Valleywise Health community health centers and include prenatal care, postpartum care, family planning, cervical/breast cancer screening, chronic disease management, and integrated behavioral health support.

The hospital system provides high-level obstetric care as needed, serving as a referral center for high-risk pregnancies and offering comprehensive inpatient and outpatient women's health services to vulnerable populations throughout the county.

HIV services

Valleywise Health delivers the largest HIV/AIDS treatment program in Maricopa County, anchored at the Valleywise Community Health Center – McDowell, which opened in 1989 as the county's first and only dedicated HIV clinic at that time. It remains the principal HIV treatment site in Arizona, caring for more than 5,000 patients living with HIV and hundreds receiving pre-exposure prophylaxis (PrEP) and other associated services. PrEP is offered at all Valleywise Health clinics. Post exposure prophylaxis is available 24/7 at the Valleywise Heallth emergency departments. HIV treatment is offered at the McDowell, Mesa, and Laveen clinics.

HIV services extend beyond McDowell into other outpatient centers and specialty clinics through comprehensive infectious disease partnerships. Outpatient HIV treatment is supported by District Medical Group (DMG) infectious disease physicians, who deliver HIV care across additional sites, including Valleywise Health's Comprehensive Health Centers in Phoenix and Peoria.

Together, these services form a systemwide HIV care continuum that supports prevention, early diagnosis, long-term disease management, and community education.

Behavioral health services

Valleywise Health also operates multiple Behavioral Health Centers across Maricopa County, providing inpatient psychiatric treatment, crisis stabilization, and specialized programs. The system integrates behavioral health with primary care in the FQHC clinics, ensuring coordination for conditions such as depression, anxiety, substance use disorders, trauma, and behavioral issues in children and adults.

Recent expansions—including new mental health court partnerships—support diversion, recovery, and more accessible outpatient stabilization.

Hospital-based specialty and acute care services

Valleywise Health Medical Center offers:

- Level I trauma care
- Acute medicine and surgical services
- Women's and children's inpatient care
- Burn ICU and surgical units
- Diagnostic imaging, laboratory, and specialty consults
- Teaching programs through academic partnerships

The new 10-story Valleywise Health Medical Center, which opened in 2024, enhances capacity for emergency care, specialty care, burn services, teaching programs, and integrated ambulatory connectivity.

Valleywise Health system history and evolution

Valleywise Health traces its origins to 1877, decades before Arizona statehood, when Maricopa County opened a pest house to care for individuals suffering from communicable diseases such as tuberculosis and smallpox. This early public health outpost marked the beginning of what would ultimately become the Valley's only public safety-net health system. Over time, the facility evolved into Maricopa County Hospital, reflecting the community's growing need for organized, publicly funded healthcare for vulnerable and underserved residents.

Foundational growth (1877 - 1970s)

As Phoenix expanded, so did the demand for more sophisticated medical care. In 1971, the system relocated from its Durango facility to a modern hospital at 24th Street and Roosevelt, an operation remembered for transferring 300 patients by ambulance, freight trucks, and even private cars—a historic moment that demonstrated community commitment to public healthcare.

Through the 20th century, Maricopa County's public health system grew into a major hub for trauma care, communicable disease control, medical education, and safety-net services, eventually gaining recognition as Arizona's primary public teaching hospital and the home of the Arizona Burn Center—now the Diane & Bruce Halle Arizona Burn Center.

Modernization and organizational transformation (1990s - 2019)

In 1991, the system was reorganized as the Maricopa Integrated Health System (MIHS), further formalizing its network of hospitals, specialty, behavioral health, and primary care services. The community solidified its commitment by approving the creation of the Maricopa County Special Health Care District in 2003, an elected governing body responsible for oversight and stewardship of the public health system.

Recognizing its evolving mission and the need for a clear public identity, MIHS announced a rebranding in 2018 and officially transitioned to Valleywise Health in 2019.

Expansion of ambulatory and FQHC services

Parallel to its hospital and specialty care roles, Valleywise Health developed one of the the region's most extensive networks of FQHCs, each designed to improve access to comprehensive primary, preventive, and community-based care across Maricopa County.

This network—strategically located in high need areas—now includes multiple community health centers:

- Avondale
- Chandler
- Guadalupe
- McDowell
- Mesa
- North Phoenix
- South Central Phoenix
- South Phoenix/Laveen
- West Maryvale

These centers offer integrated primary care, behavioral health, women's health, dental, refugee services, chronic disease management, and enabling services tailored to the social determinants of health.

The community health center network continues to expand—with 2 new clinics planned as part of the voter-approved Prop 409 bond funding, thereby strengthening the system's role as a leading ambulatory provider for Medicaid, uninsured, and underinsured patients throughout the county.

Integration of behavioral health and specialty centers

Valleywise Health operates multiple Behavioral Health Centers across Phoenix, Maryvale, Mesa, and Avondale, as well as the Comprehensive Health Center, offering outpatient specialty care. This expansion supports the system's commitment to full-spectrum, community-based care addressing behavioral health, refugee health, trauma recovery, and chronic disease.

Reinvestment and system redesign (2014-2025)

The system continued to expand community-based capacity with the opening of additional First Episode Centers, mental health court collaboration sites, and other outpatient programs aimed at early intervention and stabilization.

In 2025, the Maricopa County Special Health Care District Board approved placing Proposition 409, an $898 million capital bond proposal, on the November ballot to fund expansion of behavioral health services, rebuild and expand community health centers, and replace aging outpatient specialty facilities—reflecting a deepening investment in ambulatory and FQHC-based care as the backbone of the safety-net system.

Valleywise Health today

Today, Valleywise Health stands as:

- Arizona's largest public teaching hospital
- Home to the state's only ABA-verified burn center
- One of the region's most comprehensive safety-net Ambulatory & FQHC networks
- A foundational healthcare provider for underserved, refugee, uninsured, and Medicaid populations across Maricopa County

It remains committed to its original mission established in 1877: ensuring that all community members—regardless of income, insurance status, language, or background—have access to high-quality, compassionate care.

Conclusion

Valleywise Health's system of care—spanning a modern teaching hospital, a robust network of FQHCs, specialized behavioral health centers, and premier specialty programs—forms one of the most comprehensive safety-net healthcare infrastructures in the Southwest.

Its commitment to ambulatory access, HIV care, burn treatment, pediatrics, refugee health, and women's health reflects a mission rooted in health equity and community service since 1877. Today, Valleywise Health continues to evolve and expand, ensuring high-quality, culturally responsive, and accessible care for every resident of Maricopa County.

Community health needs assessment

Community health centers like Valleywise Health are required by law to conduct a community health needs assessment (CHNA) at least once every three years to identify and analyze a community's health needs and resources. This helps community health centers inform and improve the delivery of services, including adding or modifying existing services and identifying potential locations for new health centers. In addition to meeting the Health Resources and Services Administration (HRSA) requirements, this CHNA reflects Valleywise Health's commitment to the community by ensuring that health needs are identified, analyzed, and addressed. The assessment uses the most recent available data for the service area to address the following, which aligns with HRSA requirements:[8]

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

Valleywise Health uses CHNA results to develop their implementation strategy, which outlines how the facility plans to address identified health needs through available activities, resources, and programs.

CHNA collaborators

Valleywise Health partnered with Maricopa County Department of Public Health (MCDPH) to conduct this CHNA, which was developed by MCDPH. Another key CHNA collaborator is Synapse, a coalition of non-profit and federally qualified healthcare providers in Maricopa County that work together to collect data and conduct CHNAs to guide community investments. The following organizations are part of the Synapse Coalition:

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- Banner Health
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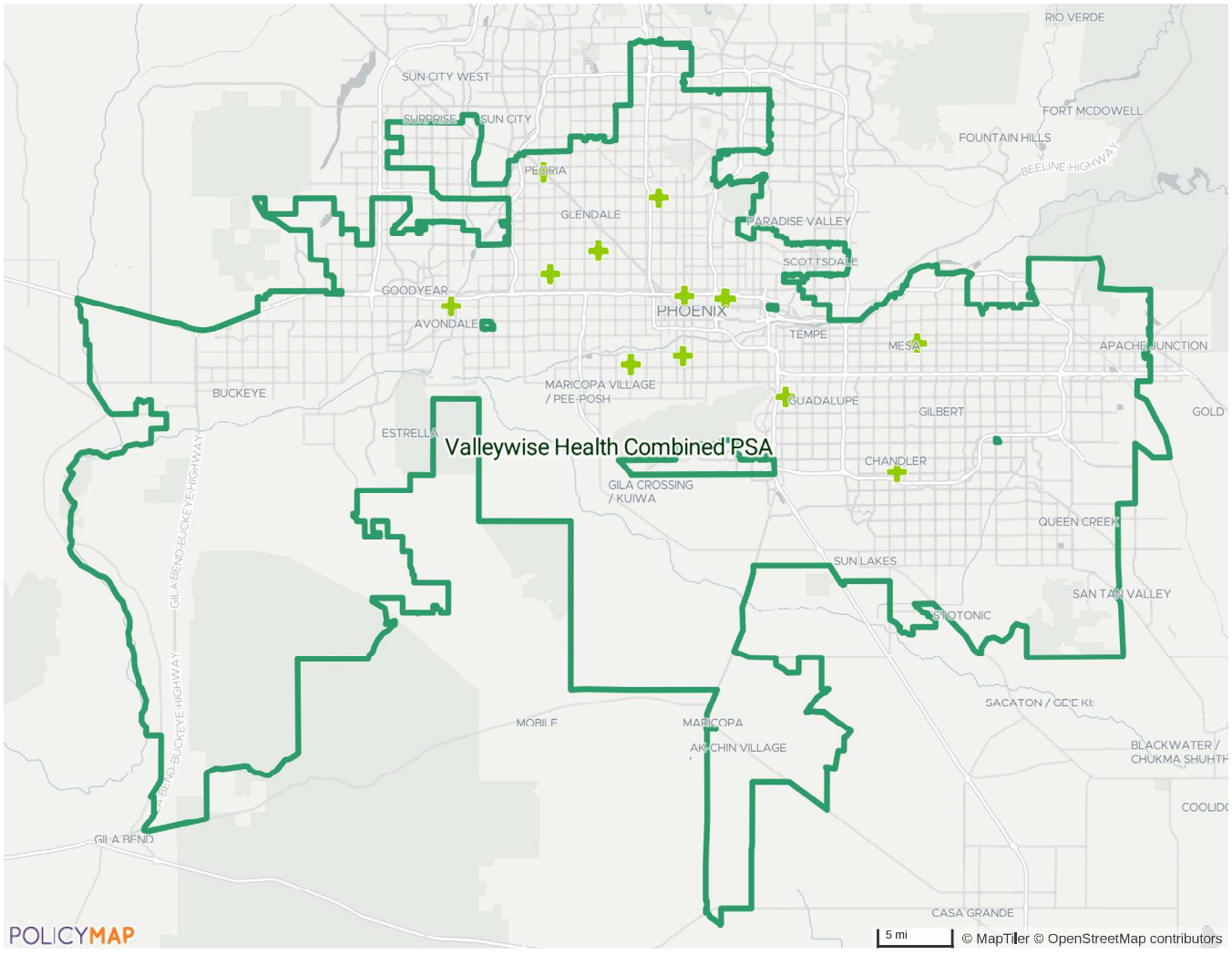
- Circle the City
- Dignity Health
- Mayo Clinic
- Native Health
- NOAH
- Phoenix Children's
- Valleywise Health
- Vitalyst Health Foundation

Community Definition and Context

Valleywise Health defines their community as persons residing within the primary service area (PSA), which comprises the geographic areas where at least 75% of current health center patients reside. This PSA is defined by ZIP codes served by Valleywise Health in Maricopa County and encompasses all populations, including low-income and underserved groups (Figure 1). Valleywise Health's PSA ZIP codes can be found in Appendix A.

Valleywise Health health centers are located in Maricopa County, the fourth most populous county in the nation, with a population of over 4.5 million people.[1,2] Maricopa County spans 9,202 square miles, of which nearly five percent is Indigenous land from such tribes as the Fort McDowell Yavapai Nation, Gila River Indian Community, Salt River Pima-Maricopa Indian Community, and Tohono O'odham Nation.[3,4]

Figure 1. Valleywise Health's Primary Service Area



Demographic and socioeconomic characteristics - U.S. Census Bureau

Table 1 provides the 2023 estimates of demographic and socioeconomic characteristics among residents in Valleywise Health's combined PSA and Maricopa County (MC).[9]

Table 1. Demographic and Socioeconomic Characteristics among Residents in Valleywise Health's Combined PSA and Maricopa County

	Valleywise Health's Combined PSA	Maricopa County
Total Population	3,471,626	4,491,987
Population by Race/Ethnicity		
American Indian/Alaska Native (non-Hispanic)	1.5%	1.3%
Asian and Native Hawaiian/Pacific Islander (non-Hispanic)	4.1%	4.3%
Black/African American (non-Hispanic)	6.5%	5.5%
White (non-Hispanic)	46.8%	53.4%
Hispanic/Latino	36.4%	30.9%
Population by Sex		
Male	50.0%	49.7%
Female	50.0%	50.3%
Population by Age Group		
0-14 years	19.7%	18.7%
15-24 years	14.4%	13.3%
25-44 years	29.7%	27.9%
45-64 years	23.2%	24.1%
65+ years	13.0%	16.0%
Educational Attainment, Among Those 25 Years and Over*		
Less than 9th grade	5.9%	4.8%
9th to 12th grade, no diploma	6.8%	5.7%
High school graduate	23.4%	22.0%
Employment Status†		
Unemployed	4.9%	4.6%
Median Household Income		
Income	$87,622	$85,518
Poverty		
Below poverty level all ages§	12.5%	11.3%
Below poverty level <18 years¶	16.9%	15.1%
Health Insurance Coverage**		
Insured	87.6%	89.3%
Uninsured	12.4%	10.7%

* Percentages are based on the 25 & over populations: 2,286,069 residents in Valleywise Health's Combined PSA.
† Percentages are based on the civilian labor force: 1,827,190 residents in Valleywise Health's Combined PSA.
§ Percentages are based on residents with poverty status determined by ACS: 3,416,088 in Valleywise Health's Combined PSA.
¶ Percentages are based on residents under 18 with poverty status determined by ACS: 820,068 residents in Valleywise Health's Combined PSA.
** Percentages are based on the civilian non-institutionalized population: 3,440,068 in Valleywise Health's Combined PSA.

Demographic and socioeconomic characteristics - Uniform Data System

Table 2 describes Valleywise Health's patient characteristics from the Valleywise Health Uniform Data System (UDS) data in 2024.[10]

Table 2. Demographic and Socioeconomic Characteristics of Valleywise Health Patients

	Valleywise Health
Total Patients	89,692
Patients by Race/Ethnicity	
American Indian/Alaska Native (non-Hispanic)	1.3%
Asian (non-Hispanic)	3.6%
Native Hawaiian/Other Pacific Islander (non-Hispanic)	0.4%
Black or African American (non-Hispanic)	11.7%
Hispanic/Latino	63.5%
White (non-Hispanic)	17.4%
More than one race (non-Hispanic)	0.6%
Unreported/chose not to disclose	1.5%
Patients by Sex Assigned at Birth	
Male	29.2%
Female	48.0%
Unknown	21.8%
Patients by Age Group	
0-14 years	7.1%
15-24 years	12.1%
25-44 years	30.2%
45-64 years	31.7%
65+ years	9.8%
Income as Percentage of Poverty Guideline	
Percent Persons at or Below 100% Federal Poverty Line	60.0%
Health Insurance Coverage	
0-17 years, Uninsured	2.3%
18+ years, Uninsured	30.1%

Medically underserved areas

Medically underserved groups are those experiencing health disparities or inadequate access to care, often due to being uninsured or under-insured, or facing barriers, such as language, geographic location, financial constraints, and stigma. This includes people with limited English proficiency and those who encounter difficulties in accessing care due to transportation issues or cost.[11] The Arizona Medically Underserved Areas report, prepared biennially by the Arizona Department of Health Services, helps plan the delivery of primary care services. The list below displays Maricopa County's medically underserved areas from the 2024 Arizona Department of Health Services Arizona Medically Underserved Areas Report.[12]

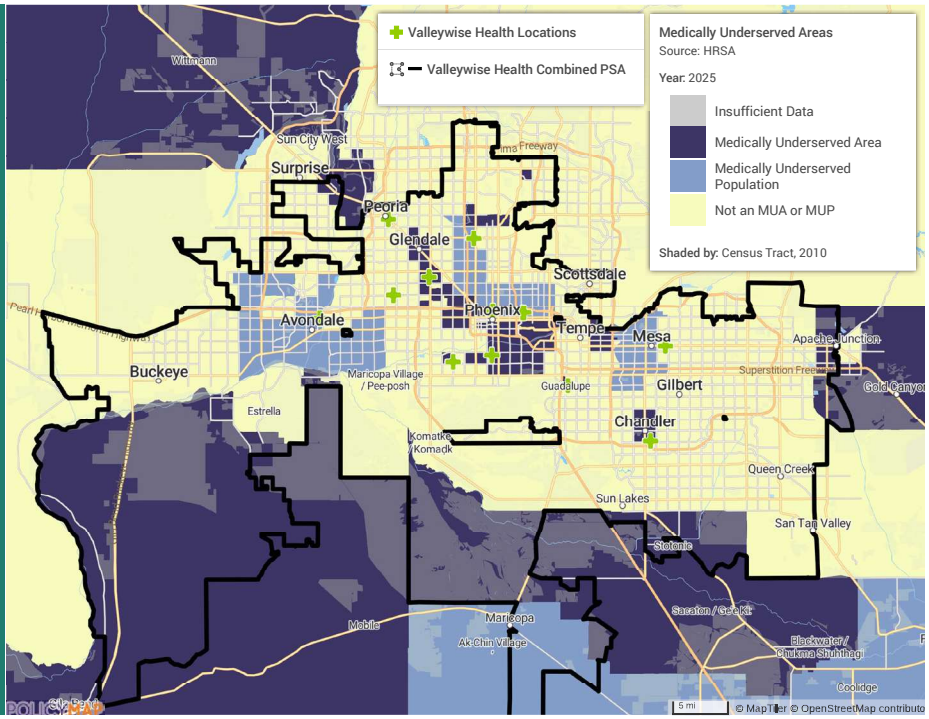
- Alhambra Village
- Avondale
- Buckeye
- Camelback East Village
- Central City Village
- El Mirage and Youngtown
- Estrella Village and Tolleson
- Fort McDowell Yavapai Nation
- Glendale Central
- Laveen Village
- Maryvale Village
- Mesa Central
- Mesa West
- North Mountain Village
- Salt River Pima-Maricopa Indian Community
- South Mountain Village and Guadalupe
- Surprise North and Wickenburg
- Tempe North

The following section uses data from HRSA, accessed through PolicyMap, to show medically underserved areas within Valleywise Health's PSA (Figure 2).[13] These areas are designated based on criteria such as a shortage of primary care providers, high infant mortality, high poverty rates, and/or a high proportion of older adults. Medically underserved populations are designated when specific groups face a shortage of primary care health services and encounter barriers, including economic, cultural, or language challenges.[11]

Figure 2. Medically Underserved Areas in Valleywise Health's PSA (2025)

In Valleywise Health's PSA (outlined in black), the following areas had medically underserved areas in 2025:[13]

- **Phoenix**
- **Glendale**
- **Chandler**
- **Tempe**
- **Gila River Indian Community**



Primary care and mental health professional shortage area status

Health professional shortage areas (HPSAs) impact health care access and overall health outcomes. While these shortages are common in rural areas due to limited providers and facilities, they also exist in urban communities, driven by poverty, lack of public transportation, and insufficient insurance coverage.[14] Identifying these areas helps target underserved communities needing more health care resources. According to HRSA, HPSAs are defined by three criteria: the ratio of population to health care providers, the proportion of the population below the federal poverty level, and travel time to the nearest source of care outside the health professional shortage areas.[13] Figures 3 and 4 display primary care and mental HPSAs in Valleywise Health's PSA.

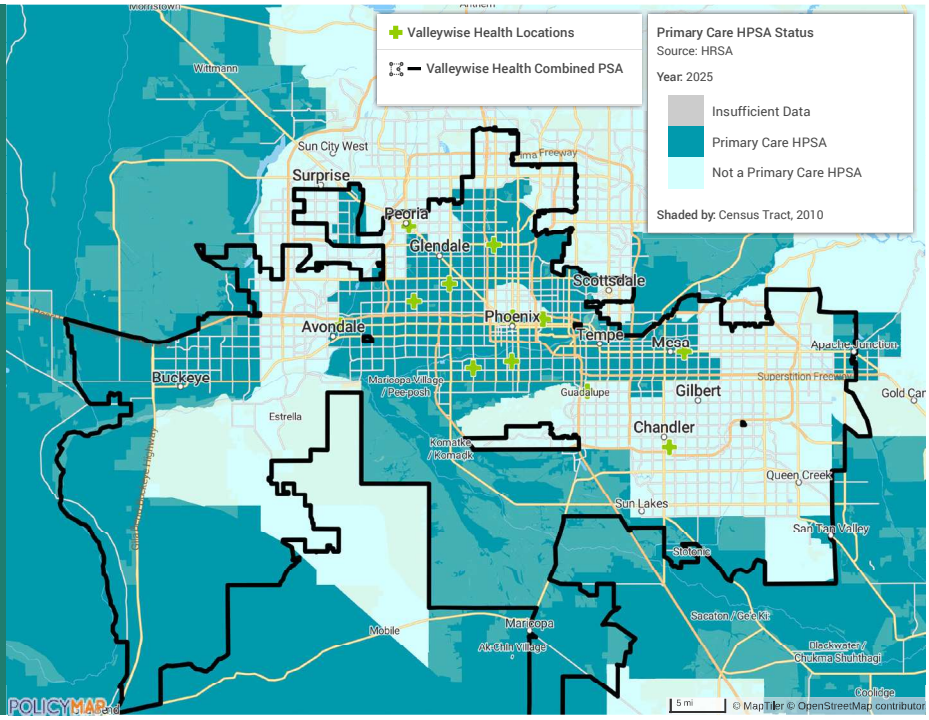
Evaluating primary care and mental health professional shortage areas in Valleywise Health's PSA is important for effectively allocating resources and minimizing overlapping efforts to address the identified health needs.

Primary care HPSAs consider infant mortality rate and low birth weight rate.

Figure 3. Primary Care HPSAs in Valleywise Health's PSA (2025)

In Valleywise Health's PSA (outlined in black), the following areas had primary care health professional shortage areas in 2025:[13]

- **Mesa**
- **Tempe**
- **Phoenix**
- **Glendale**
- **Gila River Indian Community**

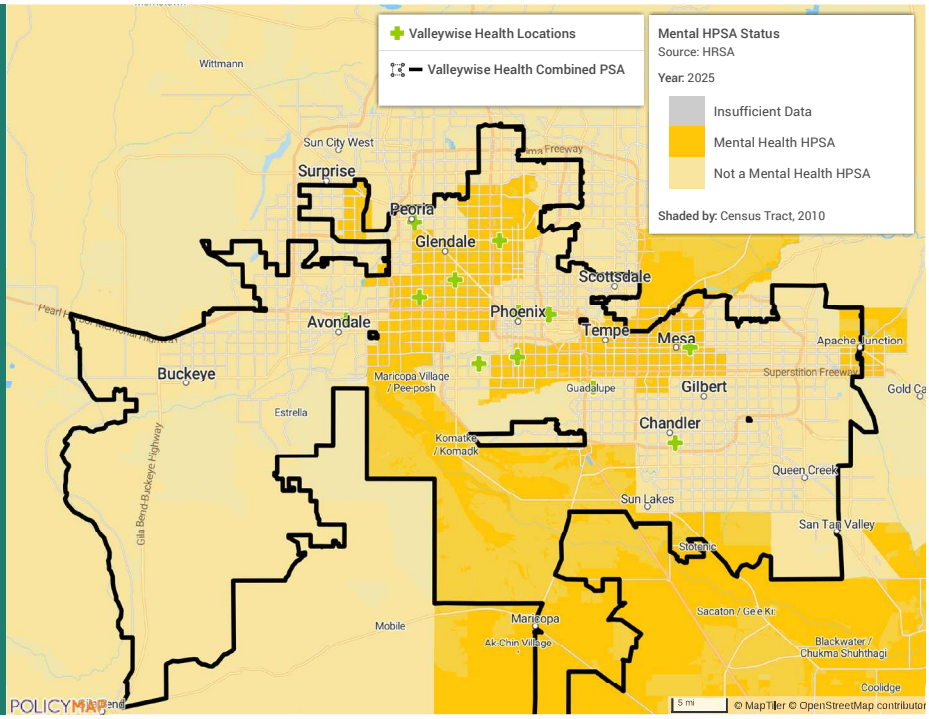


Mental health professional shortage areas consider substance and alcohol abuse prevalence, and proportion of the population over age 65 years or under age 18 years.

Figure 4. Mental Health HPSAs in Valleywise Health's PSA (2025)

In Valleywise Health's PSA (outlined in black), the following areas had mental health professional shortage areas in 2025:[13]

- **Mesa**
- **Tempe**
- **Glendale**
- **Phoenix**
- **Tempe**
- **Gila River Indian Community**



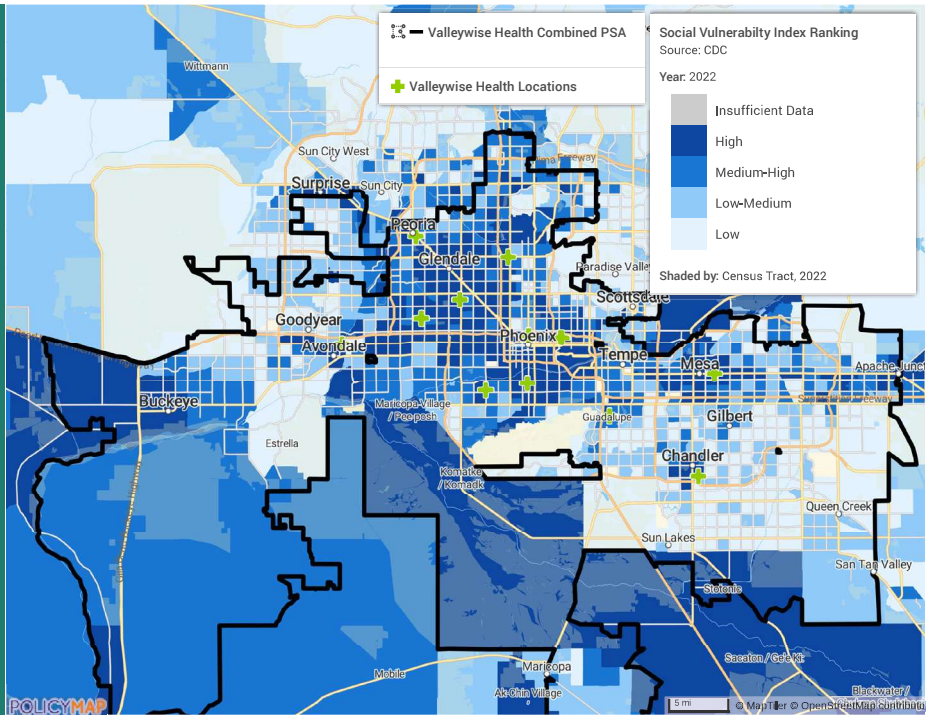
Social vulnerability index

Social vulnerability refers to the factors that adversely affect populations and position them at higher risk of harm from disasters, climate change, and extreme weather. To identify and support these areas, the Centers for Disease Control and Prevention's Geospatial Research, Analysis, and Services Program created the Social Vulnerability Index. This index highlights communities that might need extra help during and after crises, focusing on four vulnerability categories: socioeconomic status; household composition and disability; minority status and language; and housing and transportation.[15] Figure 5 shows the social vulnerability index in Valleywise Health's PSA.

Figure 5. Social Vulnerability Index Ranking in Valleywise Health's PSA (2022)

In Valleywise Health's PSA (outlined in black), the following areas had high to medium-high social vulnerability levels in 2022:[13]

- **Mesa**
- **Phoenix**
- **Tempe**
- **Glendale**
- **Gila River Indian Community**



Vizient vulnerability index

The Vizient Vulnerability Index is a tool designed to measure and analyze social determinants of health that contribute to community vulnerability. It provides a comprehensive way to assess factors influencing health disparities and identify areas where targeted interventions are most needed. The index provides the overall vulnerability index for each census tract and ZIP code in the U.S. for nine domains of social needs: economic, education, healthcare access, neighborhood resources, housing, clean environment, social environment, transportation, and public safety. Appendix D highlights the domain areas and ZIP codes in Valleywise Health's PSA classified as high vulnerability in 2025.[16]

Data Sources

Maricopa County health centers and hospitals play a vital role in enhancing the region's health and economy through direct medical care as well as implementation of programs that address community-specific needs. Recognizing that each system serves overlapping communities, a number of non-profit and federally qualified health care providers in Maricopa County formed the Synapse Coalition with MCDPH in 2014 to foster collaboration and alignment in CHNA efforts and community investment. Members of Synapse include Adelante Healthcare, Banner Health, Circle the City, City of Hope, Dignity Health, Mayo Clinic, Native Health, Neighborhood Outreach Access to Health, Phoenix Children's, Valleywise Health, and Vitalyst Health Foundation.

As a Synapse member, Valleywise Health partnered with MCDPH to conduct the CHNA process using a mixed-methods approach incorporating both primary and secondary data. Primary data are newly collected data, usually for the sake of a particular project; secondary data are existing data collected by others, but used in support of a project. Primary data were gathered in the form of community input from focus groups, surveys, and key informant interviews, while secondary data, included hospital discharge, census, and vital records data. By integrating these data, the process ensured a comprehensive understanding of community health needs. The following section provides an overview of primary and secondary data sources.

Primary data	Community Health Survey | Focus Groups | Key Informant Interviews

2023 Maricopa County CHNA survey overview[5] (Appendix E)

During March—June 2023, MCDPH conducted the 2023 CHNA survey and collected over 18,000 surveys. The survey was administered in paper and electronic formats using Alchemer©, and was available in more than 14 languages, as well as Braille. The 2023 CHNA survey included the following domains:

- Health Rating (Physical/Mental/ Connection with Others)
- Experiences with Health Care
- Health Issues
- Experiences with Discrimination
- Paying for Essentials
- Community Health Rating
- Demographics
- Additional Health Experiences (write-in)

This comprehensive data collection process, from building the survey tool to conducting survey outreach, was accomplished through cross-sector collaboration and expertise between MCDPH, CHNA outreach grant recipients, Synapse, and Health Improvement Partnership of Maricopa County (HIPMC) partners. MCDPH mobilized intradepartmental staff and an extensive network of community partners to conduct the following CHNA activities:

- Develop an accessible, inclusive, and culturally relevant survey tool, which was tested with a community-based survey tool pilot program
- Implement regional outreach strategies to support survey participation across diverse populations
- Promote and distribute the CHNA survey at community events and in the communities that partners serve

2023/2024 Maricopa County CHNA focus groups overview[6] (Appendix E)

MCDPH and its partners contracted with the Southwest Interdisciplinary Research Center (SIRC) at Arizona State University to facilitate focus groups among community residents and gather more in-depth data about their lived experiences, opinions, and proposed solutions. The focus group design and execution proceeded through five phases: (1) discussion guide development; (2) recruitment and location securement; (3) data collection; (4) analysis and findings methods; and (5) report writing and presentation of findings. During June—August 2023, SIRC conducted 46 in-person and virtual focus groups with 366 participants and 309 CHNA supplemental surveys.

2023 Maricopa County key informant interviews[7] (Appendix E)

MCDPH contracted with the OMNI Institute to carry out key informant interviews for the CHNA. Participants were identified using purposive sampling and were selected across geographical regions around the county. They were in key leadership and senior management roles and could speak to their organization's work in communities (e.g., Executive Director, Deputy Director, Community Outreach and Engagement Supervisor). During January—May 2024, 24 key informant interviews were completed. Findings from this assessment were grouped into three main categories: community strengths and assets, built environment, and forces of change.

To read the primary data reports for the CHNA survey, focus groups, and key informant interviews, visit maricopahealthmatters.org.

Hospital discharge data

The Arizona Department of Health Services shares a hospital discharge dataset (HDD) with MCDPH. This dataset includes inpatient (IP) hospitalization and emergency department (ED) visit discharge diagnosis data from all non-federal hospitals within Arizona; federal facilities such as Veterans Affairs (VA) and Indian Health Service (IHS) are not included. Diagnoses have been coded using the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) since 2015. The dataset does not capture outpatient services or ED visits and hospitalizations among Maricopa County residents that occurred outside of Arizona. Hospital discharge counts represent the number of discharges rather than unique persons; therefore, patients may appear multiple times in the dataset within a calendar year. ED visits that result in inpatient admission (e.g. ED visits that result in an inpatient admission within 72 hours) are generally classified as inpatient discharges. However, there are exceptions, such as critical access hospitals and certain insurance carriers that use "split billing," which may result in the same patient appearing in both the ED and IP datasets.[17] Data presented in this report are limited to Maricopa County residents and are based on the patient discharge date.

Vital records data

MCDPH receives annual vital records data for births and deaths from the Arizona Department of Health Services for the previous calendar year. Death data presented in this report are limited to deaths of Maricopa County residents, including deaths that occurred both within and outside Maricopa County; however, some out-of-state deaths may not be captured due to interstate data-sharing limitations. Deaths are reported based on the date of death, and causes of death are defined using the International Classification of Diseases, Tenth Revision (ICD-10) codes.

Birth data include all births occurring in Maricopa County, regardless of the mother's residency, as well as births to Maricopa County resident mothers that occurred outside of the county. Births are reported based on the date of birth.

Population data

Population demographic, socioeconomic, and behavioral characteristics were derived from the American Community Survey (ACS), administered by the U.S. Census Bureau, and the Arizona Behavioral Risk Factor Surveillance System (BRFSS) and Arizona Youth Risk Behavior Survey (YRBS), both administered by the Arizona Department of Health Services. For this CHNA, 2023 five-year ACS estimates were used to describe demographic characteristics for Valleywise Health's PSA and Maricopa County. PolicyMap was used to obtain geographic data on selected demographic, social, and health indicators, including medically underserved

areas, health professional shortage areas, and social vulnerability index, within Valleywise Health's PSA. Healthy People 2030 provided national benchmarks and contextual comparisons for selected health indicators included in the CHNA.[18]

Uniform Data System

Valleywise Health collected, validated, and reported Uniform Data System (UDS) information to HRSA for calendar year 2024 according to HRSA requirements. Patient and encounter data used in this report are derived from Epic EHR reports run by regulatory analysts in the IT Department on a monthly basis, using definitions outlined in the UDS manual.

The UDS manual is reviewed on an annual basis to ensure that data pulled using Epic reports meet HRSA specifications, including unduplicaton of patients. Approximately 10%-20% of records are randomly selected for validation on a monthly basis. Validated data include billing and ICD codes and quality data, which are validated through chart audits and reports run by the Quality Department Quality Analyst and IT Department. Incremental data backfills occur every week for the two previous weeks, after upgrades to the Epic EHR system, and after updates to reporting processes. Quality data are collected monthly and reviewed on a quarterly basis. Errors or missing data are addressed in consultation with the Epic technical services department and Valleywise healthcare partners.

Oversight of data validation processes is coordinated by the Valleywise CEO and UDS Reporting Project Manager to ensure accuracy, reproducibility, data integrity, and adherence to HRSA standards.

Process to Prioritize Significant Needs

Identification and prioritization of community health needs

Population health framework

This CHNA applies a population health framework to assess community health needs (Mobilizing for Action through Planning and Partnerships 2.0), recognizing that health outcomes are influenced by social, economic, environmental, and health care-related factors. Population health focuses on the health outcomes of groups of individuals and the distribution of those outcomes within a population. Consistent with this framework, the CHNA examines both overall health indicators and disparities across demographic groups to support a comprehensive understanding of community health needs.

Comprehensive lens

A comprehensive lens was applied throughout the assessment by examining differences in health outcomes using quantitative and qualitative data, ranging from population-level indicators to community-informed insights. Primary and secondary data were stratified by age and other demographic characteristics, as described previously, to identify disparities and inform the prioritization of health needs.

Input solicitation

Collaborative prioritization of community health needs is a critical component of the CHNA process and supports a transparent approach to decision-making. The Valleywise Health CHNA Team developed its CHNA prioritization strategy in collaboration with MCDPH. The strategy incorporated standardized criteria and engaged key groups to ensure organizational knowledge, community experience, and strategic priorities were reflected in the process.

Valleywise Health engaged its Ad Hoc Connecting with the Community Committee and Governing Council to review CHNA findings and provide input on the prioritization of identified community health needs. Figure 6 and 7 provides a brief description of both groups.

Figure 6. Description of Valleywise Health's Ad Hoc Connecting with the Community Committee

Valleywise Community Health Centers Governing Council - Ad Hoc Connecting with the Community (CCC)

The Connecting with the Community Committee (CCC) is an ad hoc committee established by the Valleywise Community Health Centers Governing Council to strengthen engagement between Valleywise Health's FQHCs and the communities they serve.

Its purpose, as stated in the formally approved charter, is to ensure that Valleywise FQHCs maintain meaningful, structured, and ongoing collaboration with their surrounding communities. This includes aligning services with community needs, improving access, enhancing health literacy, and building robust community partnerships that support population health.

CCC responsibilities

The Committee's responsibilities fall into three broad categories:

1. Community Health Needs Assessment (CHNA) Alignment

- Collaborate with MCDPH to create CHNA focus areas.
- Recommend CHNA approval to the Governing Council at least once every three years.
- Collect and analyze community feedback to identify health disparities and barriers to care.

2. Ensuring FQHC Programs Meet Community Needs

- Evaluate whether FQHC services align with local population needs.
- Ensure access for underserved groups, including low-income, minority, and elderly populations.
- Promote awareness of FQHC programs and services.
- Review outreach and engagement strategies and recommend enhancements.

3. Community Engagement and Health Promotion

- Build and strengthen partnerships with:
  - Schools
  - Local businesses
  - Faith-based groups
  - Community organizations
  - Government agencies
- Develop and launch targeted community engagement initiatives in coordination with FQHC leadership.
- Lead health literacy efforts through workshops, educational materials, and public sessions.
- Plan community events, health fairs, educational seminars, and digital engagement approaches.

Figure 7. Description of Valleywise Community Health Centers Governing Council

Valleywise Community Health Centers Governing Council (GC)

The Valleywise Community Health Centers Governing Council (the "Governing Council" or "GC") governs Valleywise Health's ambulatory FQHCs. The GC exists as a co-applicant with the District Board to meet HRSA Section 330 community governance requirements for FQHCs—ensuring patient majority, community-based oversight of clinic operations and strategy.

Why the ambulatory governance is structured this way

HRSA Section 330 requires FQHCs to have community-based, patient-majority governance with specific authorities over clinical quality, budgets, and key leadership decisions. The co-applicant model—District Board + Governing Council—ensures the FQHCs retain required autonomy while operating within a larger public health system.

This design allows Valleywise Health to:

- Embed patient and community voice directly in ambulatory decision-making via a majority of voting members who are FQHC patients.
- Maintain system alignment, compliance, and strategy through formal linkage to the District Board and Valleywise executive leaders who regularly present to the GC.
- Uphold public accountability and transparency through noticed, open meetings and published agendas/packets.

Phased Approach

Valleywise Health and MCDPH co-designed and implemented a three-phased prioritization process (Figure 8).

Figure 8. Three-Phased CHNA Prioritization Process

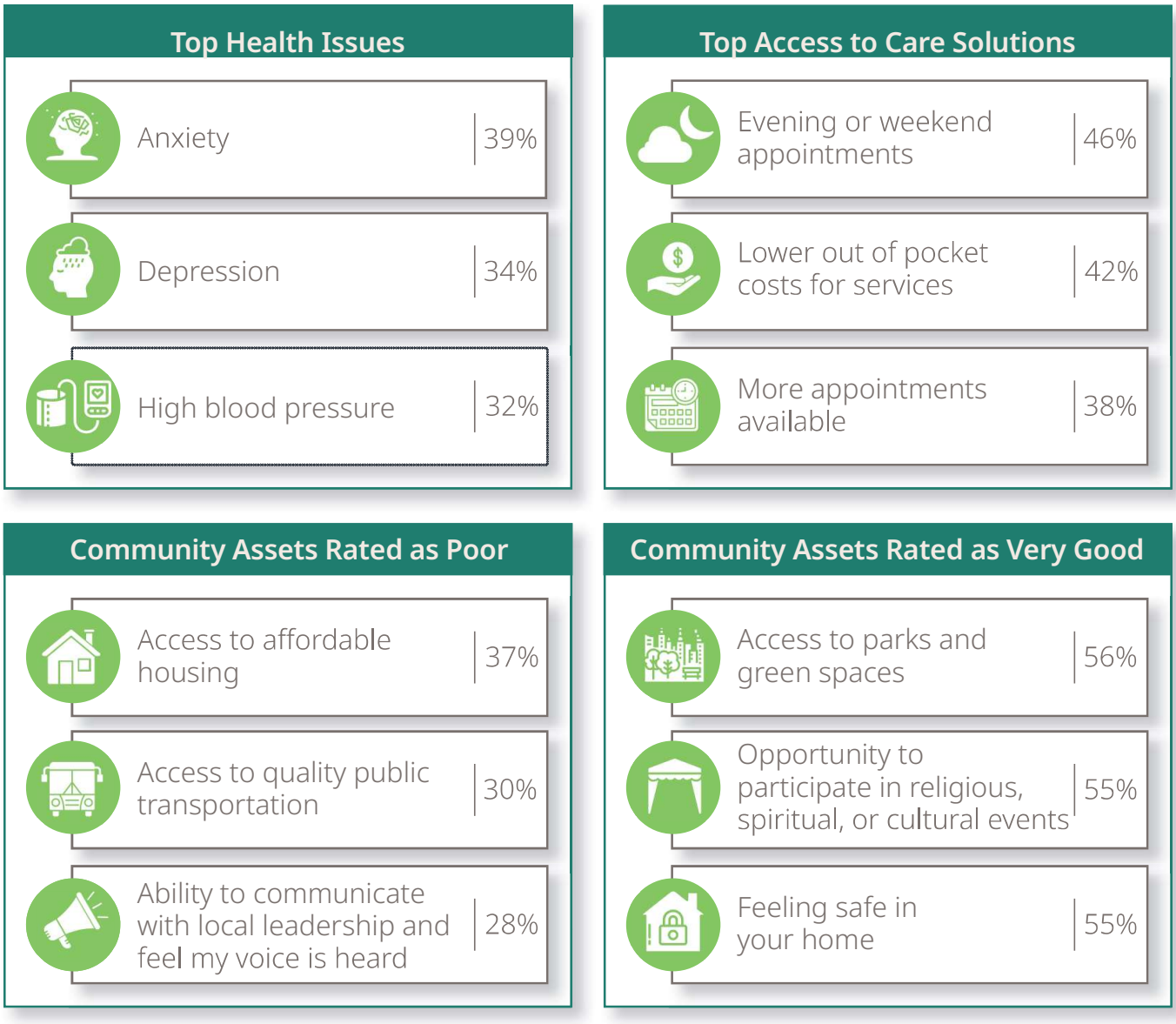
Data workbooks and calculations

Rates were calculated for 68 morbidity and mortality indicators derived from hospital discharge data and vital records for the Valleywise Health PSA. Rates were calculated overall and stratified by race/ethnicity, sex, and age to assess health disparities. Rates for the total population and by race/ethnicity and sex were age-adjusted using the 2000 U.S. Standard Population to account for differences in age distribution across populations. Results were compiled into data workbooks for review by the Valleywise Health CHNA team. Disparities among race/ethnicity and sex categories were assessed using age-adjusted rates. Disparities by age were assessed using crude rates. Not all indicators are mutually exclusive; some indicators (e.g. "all mental health diagnoses") might overlap with others (e.g. "depression").

Community input: MCDPH CHNA primary data

Community-based data shed light on social context and health concerns. MCDPH's 2023 CHNA survey provided insight into the services, opportunities, and information that Valleywise Health could use to improve community health and wellness. Figure 9 displays findings from Maricopa County participants of the 2023 CHNA survey, highlighting the top health issues that impacted them or the people they lived with or cared for; access to care solutions, and community assets rated as poor and very good.[5]

Figure 9. Top Health Issues, Access to Care Solutions, Community Assets Rated as Poor and Very Good in Maricopa County[5]



During the 2023 CHNA survey, participants rated various aspects of their community using the options "Very Good," "Fair," "Poor," or "Not applicable" in Maricopa County. Community assets rated "Poor" or "Very Good," by race/ethnicity and special population are summarized in Figure 10 on the following page.[5] Appendix C displays the top three community assets rated as poor and very good for all race/ethnicity categories and special populations.

Figure 10. Community Assets Rated as Poor and Very Good by Race/Ethnicity and Special Population

Community Assets Rated as Poor

Race/Ethnicity:

- Among all races, **access to affordable housing** had the highest proportion of respondents rating it as poor.
- **Ability to communicate with local leadership and feel my voice is heard** had the second highest proportion of respondents reporting it as "poor" among respondents who identified as American Indian or Alaska Native, Black or African American, Middle Eastern or North African, or Multiracial.
- **Access to quality public transportation** had the second highest proportion of respondents reporting it as "poor" among those who identified as Asian or White.

Special Population:

- Among every special population except older adults (65+ years), **access to affordable housing** received the highest proportion of "poor" ratings.
- Among older adult respondents, **quality public transportation** received the highest proportion of "poor" ratings followed by **access to affordable housing**.
- **Ability to communicate with local leadership and feel my voice is heard** had the second highest proportion of respondents rating it as "poor" among respondents who were foster youth/former foster youth, homebound, persons with a disability, persons experiencing homelessness, and refugee, immigrant, and migrant populations.

Community Assets Rated as Very Good

Race/Ethnicity:

- Among respondents who identified as American Indian or Alaska Native, Asian, multiracial, and Native Hawaiian or Other Pacific Islander, **feeling safe in your home** received the highest proportion of "very good" ratings.
- Among all other racial and ethnic groups, **access to parks and green spaces** received the highest proportion of "very good" ratings.

Special Population:

- **Feeling safe in your home** had the highest proportion of respondents rating it as "very good" among those who identified as homebound, foster youth/former foster youth, disabled, or senior living in a group home.
- **Access to parks and green spaces** had the highest proportion of respondents rating it as "very good" among those who identified as caregivers, military members/veterans, and refugee, immigrant, and migrant populations.

Figure 11 highlights themes identified from the 2023 CHNA focus groups with 366 participants from underserved and minority populations.[6]

Figure 11. 2023 CHNA Focus Group Themes

1 Community Strengths and Assets
- Neighbor Relatability and Impact on Families
- Strengths in Community Centers, Community Groups, and Medical Centers
- Education

2 Systems of Power, Privilege, and Oppression
- Discrimination, Racism or Oppression
- Provider Competency
- Community Safety
- Neighborhood Characteristics
- Social Connectedness
- Community Representation
- Community Care and Mutual Aid
- Structural Racism

3 Social Determinants of Health
- Health Care Access and Quality
- Health Information Access and Preferences
- Social and Community Context

4 Healthy Behaviors and Outcomes
- Prevention
- Exercise
- Self-Advocacy
- Unmet Mental Health Needs
- Substance Use
- Poor Nutrition
- Obesity
- Chronic Disease

5 Chronic Diseases
- Mental Illness
- Diabetes
- Cancer

6 Additional Topics
- Innovation
- Trust

Figure 12 highlights key themes from the 2024 key informant interviews with 24 key informants from 15 business, health, and community sectors.[7]

Figure 12. 2024 CHNA Key Informant Interview Themes

Community strengths and assets

Community strengths: resiliency, resourcefulness, commitment, knowledge, connections, pride, cultural cohesion

Organizational/agency strengths: robust health network, non-profit organizations, government efforts, educational institutions

Opportunities for growth: barriers to basic needs, environmental and criminal justice disparities, lack of awareness of services, racism, diversity, illicit substances

Utilizing community strengths: embracing local cultural practices, fostering passion of community members, strengthening existing communication channels

Built environment

Physical assets and resources: healthcare facilities, community centers, parks, trails, highway expansion, bike lanes

Challenges with built environment: geographic disparities in public transportation, limited bicycle paths, socioeconomic and racial disparities – high-income areas have green spaces and well-maintained infrastructure, low-income areas lack basic amenities

Barriers with the built environment: lack robust transportation, language barriers

How the built environment affects health disparities: need for affordable housing to combat heat issues, more green spaces, and access to healthy foods

Forces of change

Current forces of change: environmental (heat), economic (housing affordability), political, and social

Major events and trends: COVID-19 pandemic and climate change led to societal shifts

Future forces of change: housing issues, substance use, rising temperatures, political divide, advances in medical diagnostics

Disproportionately impacted communities: Black, Indigenous, People of Color, LGBTQ, immigrant, families with low income, people who are unhoused, working class

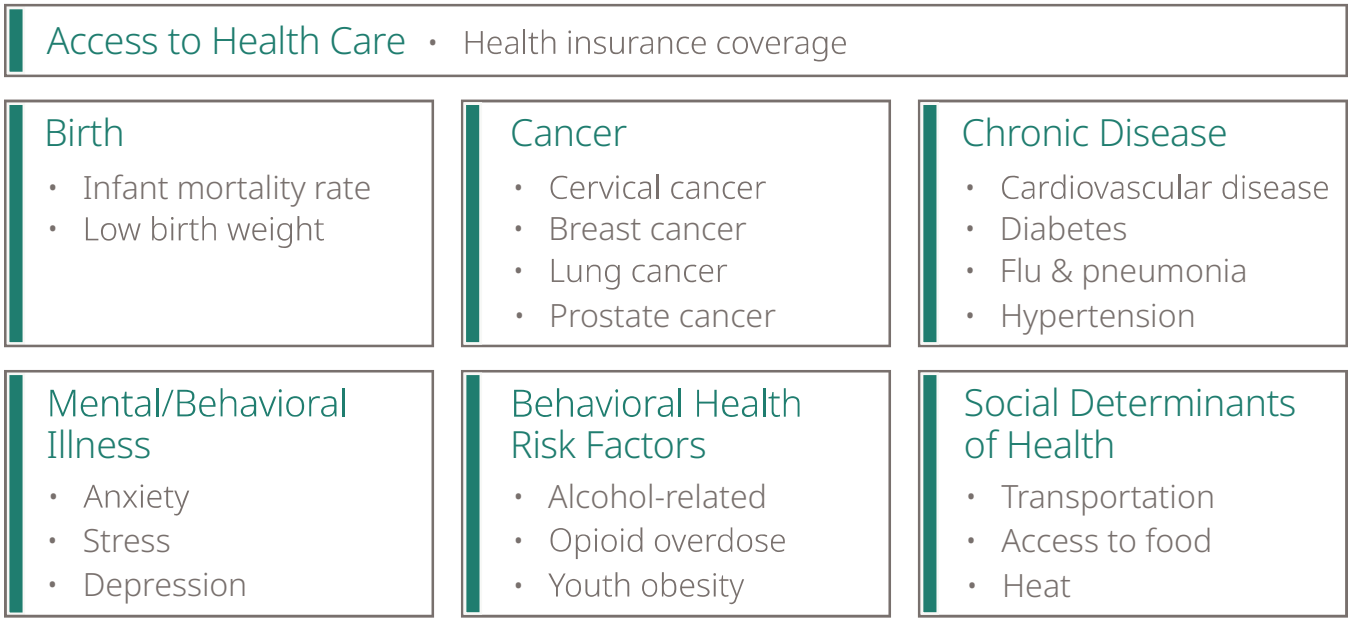
Addressing forces of change: addressing discrimination, leveraging community connectedness, applying data-driven approaches, sharing community voices

Phase One prioritization process and results

In Phase One, Valleywise Health's CHNA team reviewed a comprehensive data workbook, which contained data on 68 health indicators (not shown) in Valleywise Health's PSA along with some findings from the countywide CHNA survey.

Following this review, Valleywise Health's CHNA team selected an initial set of 20 health indicators for further analysis, with emphasis on indicators demonstrating disparities and alignment with available resources. Figure 13 displays a categorized list of the 20 health indicators that Valleywise Health selected for further evaluation during Phase Two; this list does not reflect any prioritization.

Figure 13. Initial Health Indicators Selected for Evaluation



02 Phase Two
CHNA Prioritization Workshops and Final Consensus

Phase Two process

In Phase Two, MCDPH facilitated two prioritization workshops with the CCC to further narrow the initial set of 20 indicators to six indicators.

Workshops and activities

At each workshop, MCDPH presented quantitative and qualitative data related to the health indicators under consideration. Disparities among race/ethnicity and sex categories were assessed using age-adjusted rates. Disparities by age were assessed using crude rates.

Participants verbally rated each indicator on a scale of one (does not meet the criterion) to five (fully meets the criterion) for each of the prioritization criteria. For each indicator, scores for each criterion were averaged across all voting participants. Next, an overall (average) score for each indicator was calculated by finding the average across the criterions' average scores. Indicators were then ranked from highest to lowest based on their overall scores. Participants then reviewed the results as a group using the focused discussion questions.

Two workshops were conducted with the CCC. The goal of the first workshop was to identify a subset of ten indicators for further consideration. Indicators with the highest overall scores advanced to the second workshop unless otherwise decided by participants following the discussion. The goal of the second workshop was to prioritize six proposed priorities for approval.

Focused discussion questions

Valleywise Health and MCDPH jointly developed focused discussion questions to guide participant reflection and discussion during the workshops. These questions included:

1. Of the top ten, what resonates with you and why?
2. Were there any indicators that surprised you by making the top ten?
3. Are there any indicators that didn't make top six that should be considered?
4. Are these six priority areas feasible for Valleywise Health to address over the next three years?

Prioritization criteria

In preparation for the workshops, MCDPH collaborated with Valleywise Health to develop prioritization criteria for evaluating health indicators. For the first workshop, four criteria were used, tailored to the workshop participants' roles and areas of expertise: Population Data, Community Expressed Need, Feasibility, and Partner Alignment (Table 3).

Table 3. Prioritization Criteria Workshop #1

Population Data	Community Expressed Need	Feasibility	Partner Alignment
Criteria Definitions			
Primary service area population data demonstrate community health needs	*Community survey, focus group, and Connecting with the Community Ad Hoc Committee feedback demonstrates community health need*	*Valleywise Health has ability to mobilize action to address need*	*Strategic/impactful alignment with community partners to address need*
Data Sources			
Hospital Discharge Data, Death Data, PolicyMap	*CHNA Survey/Focus Groups, Connecting with the Community Ad Hoc Committee*	*Connecting with the Community Ad Hoc Committee experience and expertise*	*Synapse Partner's CHNA Priorities*
▪ Disproportionate indicator rates (Percent change between 2023 & 4-year average 2019-2022) ▪ Classified as top 10 indicator by overall frequency ▪ Indicator disparities displayed by mapping tool (as available)	▪ Top health/social issues from CHNA survey ▪ Top health/social issues from CHNA survey ▪ Community experiences from CHNA focus groups ▪ Alignment from Connecting with the Community Ad Hoc Committee on health needs based on expertise	▪ Practicality of implementing immediate services and programming to address priority area based on available prevention and treatment ▪ Possibility to make improvements in 3 years based on available resources ▪ Ability to track and measure progress to determine effectiveness.	▪ Community partners and/or MCDPH are already addressing this need and Valleywise Health can support their work. Will addressing this priority overburden an already over-taxed partner organization? Are there ways to sustainably support partner referrals and build infrastructure? ▪ Lack of partners in community addressing need, Valleywise Health would need to spearhead effort

For the second workshop, two criteria were developed, tailored to the workshop participants' roles and areas of expertise: Need and Feasibility (Table 4).

Table 4. Prioritization Criteria Workshop #2

Low Need The issue is small, affects few people, or has little impact based on data and committee member experiences. It isn't a top priority right now.	**High Need** The issue is large, affects many people, or has a big impact based on data and committee member experiences. It is a clear and urgent priority.
Low Feasibility The issue is difficult for Valleywise Health to address in the next three years. Valleywise Health does not have enough resources, staff, or programs in place.	**High Feasibility** The issue is realistic for Valleywise Health address in the next three years. Valleywise Health has the resources, staff, or programs to take action.

Phase Two results

Prioritization Workshop #1

MCDPH facilitated an in-person workshop with CCC on September 9, 2025. At this meeting, data for the 20 initial health indicators were reviewed. Table 5 categorizes these indicators that have 2023 hospital discharge data available, and based on whether age-adjusted, inpatient hospitalization (IP), emergency department (ED), and death rates per 100,000 people fall within the highest (1-5), middle (6-10), or lowest (11+) groups.

Table 5. Relative Ordering of Phase Two Indicator Frequency in Valleywise Health's PSA

Indicator	IP	ED	Death
Cardiovascular Disease	2	4	1
Diabetes	11	12	9
Flu & Pneumonia	Did not rank top 12	6	Did not rank top 12
Hypertension	7	9	5
Anxiety	Did not rank top 12		Data not available
Depression	6	Did not rank top 12	
Alcohol-Related	3	7	Did not rank top 12
Opioid Overdose	Did not rank top 12		8
Cervical Cancer	N/A		Did not rank top 12
Breast Cancer			
Lung Cancer			11
Prostate Cancer			Did not rank top 12

Table 6 displays summarized disparity data for the initial set of 20 health indicators. Data for chronic disease, mental health, substance use, behaviorial risk factors, injury, and cancer indicators were analyzed as rates per 100,000 people from hospital discharge and death data for Valleywise Health's PSA. Health indicator disparities are identified for each indicator by race/ethnicity, age, and sex based on the highest observed rates for emergency department visits (1), inpatient hospitalizations (2), deaths (3), and births (4) when available. Social determinants of health indicators are not available by race/ethnicity, age, or sex therefore only the total proportion for each indicator is presented.

Table 6. Disparities Among Health Indicators

Indicator	Race/Ethnicity	Age (Years)	Sex
Birth (**Sources:** 2023 Birth and Death Records - Valleywise Health's Combined PSA)			
Infant Mortality Rate	Black/African American[3]	Not applicable	
Low Birth Weight	Black/African American[4]	40+ years[4]	Not applicable
Cancer (**Source:** 2023 Death Records - Valleywise Health's Combined PSA)			
Cervical Cancer *(female only)*	Asian/Pacific Islander[3]	45-64[3]	Female[3]
Breast Cancer *(female only)*	Black/African American[3]	65+[3]	
Lung Cancer			Male[3]
Prostate Cancer			
Chronic Disease (**Sources:** 2023 Hospital Discharge Data, Death Data - Valleywise Health's Combined PSA)			
Cardiovascular Disease	Black/African American[1,2,3]	65+[1,2 3]	Male[1,2,3]
Diabetes	Black/African American[1,2] American Indian/Alaska Native[3]	65+[1,3] 45-64[2]	
Flu & Pneumonia	Black/African American[1,2,3]	65+[1,3] 0-14[2]	Female[1,2] Male[3]
Hypertension		65+[1,2 3]	Male[1,3] Female[2]
Mental/Behavioral Illness (**Sources:** 2023 Hospital Discharge Data, Death Data - Valleywise Health's Combined PSA, *2023 CHNA Survey - Maricopa County)			
Anxiety	White[1] Black/African American[2]	15-24[1] 25-44[2]	Female[1,2]
Depression	American Indian/Alaska Native[1] Black/African American[2]	15-24[1,2]	Male[1] Female[2]
Stress*	White	35-44	Male – 14.4% Female –18.5%

Table 6 continue on next page

Indicator	Race/Ethnicity	Age (Years)	Sex
Behavioral Health Risk Factors (**Sources:** 2023 Hospital Discharge Data, Death Data - Valleywise Health's Combined PSA, 2021 YRBS - Arizona)			
Alcohol-Related	American Indian/Alaska Native[1,2,3]	45-64[1,3] 25-44[2]	Male[1,2,3]
Opioid Overdose	Black/African American[1] American Indian/Alaska Native[2,3]	25-44[1,2,3]	Male[1,2,3]
Youth Obesity	Hispanic or Latino	*Not available*	Male
Access to Health Care (**Source:** 2023 American Community Survey; Census - Valleywise Health's Combined PSA)			
Health Insurance Coverage	Insured: 87.6% Uninsured: 12.4%		
Social Determinants of Health (**Sources:** 2023 PolicyMap - Maricopa County, *2023 Public Health Heat-Related Deaths Dashboard - Maricopa County)			
Transportation; No Vehicle	5.1%		
Access to Food (Food Insecurity Rate)	13.2%		
***Heat**	White	50-64	Male

Using the four established prioritization criteria (Population Data, Community Expressed Need, Feasibility, and Partner Alignment), participants completed the activity scoring each indicator on a scale of one to five (Table 7). Following the activity, participants used focused discussion questions 1 and 2 to reflect on the results, and ten indicators were chosen to advance to Workshop #2 (highlighted in green, Table 7). Figure 14 highlights a summary of the discussion.

Table 7. Prioritization Workshop #1 Results

	Total Score
Health Insurance Coverage	4.54
Cardiovascular Disease	4.46
Diabetes	4.38
Anxiety	4.23
Alcohol-Related	4.23
Opioid Overdose	4.15
Depression	4.00
Heat	4.08
Breast Cancer	3.92
Hypertension	3.77
Youth Obesity	3.69
Access to Food	3.62
Transportation	3.54
Prostate Cancer	3.46
Lung Cancer	3.23
Infant Mortality Rate	3.23
Stress	3.15
Cervical Cancer	3.00
Low Birth Weight	2.85
Flu & Pneumonia	2.23

Figure 14. Prioritization Workshop #1 Discussion Summary

> Glad that behavioral health indicators made it to the top as there seems to be a quiet epidemic.

> Surprised that youth obesity did not make it to the top.

> This activity took in a lot of factors like personal knowledge and experiences, wondering how that impacts scoring and ultimately glad that is reflected in the scoring - ultimate lens was keeping in mind the Valleywise perspective.

> Drug related indicators are important as there is an epidemic - seems to be some confusion on who sees those patients first and what substance use services Valleywise provides.

Prioritization Workshop #2

MCDPH facilitated an in-person workshop with CCC on October 14, 2025 to review the ten indicators proposed by the CCC at Workshop #1 and conduct a second round of scoring and focused discussion. Results of the scoring activity were ordered from highest to lowest based on the averages of the overall scores (Table 8). Following the activity, participants used focused discussion questions 3 and 4 to reflect on the results. Figure 15 highlights a summary of the discussion. Following discussion, the group then reached consensus on the top six proposed priorities (highlighted in green).

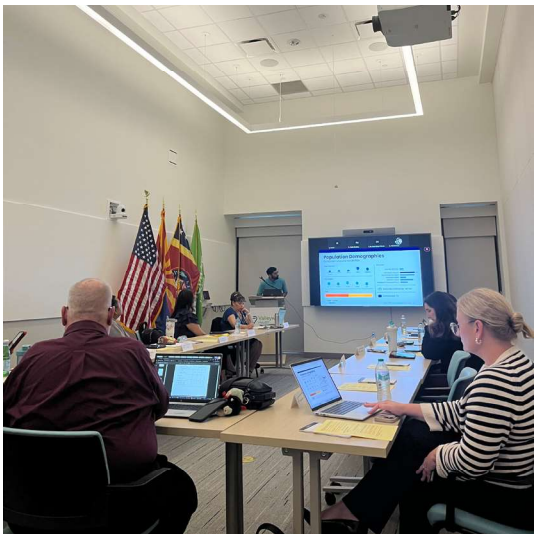


Table 8. Prioritization Workshop #2 Results

	Need	Feasibility	Total Score
Hypertension	4.75	4.58	4.66
Diabetes	4.58	4.50	4.54
Cardiovascular Disease	4.41	4.25	4.33
Anxiety	4.25	3.91	4.08
Depression	4.41	3.66	4.04
Opioid Overdose	4.16	3.41	3.79
Health Insurance Coverage	4.50	2.83	3.66
Breast Cancer	3.58	3.66	3.62
Alcohol-Related	4.00	3.08	3.54
Heat	4.16	2.33	3.25

Figure 15. Prioritization Workshop #2 Discussion Summary

> These actually align especially top 5 (but may be out of order).

> I concur with the top 5.

Figure 15 continued on next page

> Needs align with top 5 - the 6th could have been opioid or breast cancer. Doing a lot of work on these areas already but need to do more.

> Is alcohol-related and opioid equal in terms of need? They are doing a lot of work on opioids as there is a grant for it. They are providing alcohol related drugs.

> Focus on breast cancer but the FQHC does not treat but does refer to speciality clinic once positive result.

> Committee agrees on top 6, no disagreements.

03 Phase Three
Final Approval of CHNA Priorities

In Phase Three, MCDPH facilitated an in-person meeting with the GC on December 3, 2025. This session included a high-level overview of the CHNA prioritization process and data supporting the proposed six CHNA priorities. Following review, the GC voted on the six priorities, which were unanimously approved and shown in Figure 16 on the following page.

Prioritized Community Health Needs

The following pages provide detailed data to describe Valleywise Health's CHNA priorities (Figure 16). Recognizing disparities in health outcomes based on factors like race/ethnicity, sex, and age is an important step towards achieving equitable access to health care and improving health outcomes.

Figure 16. Valleywise Health's CHNA Priorities

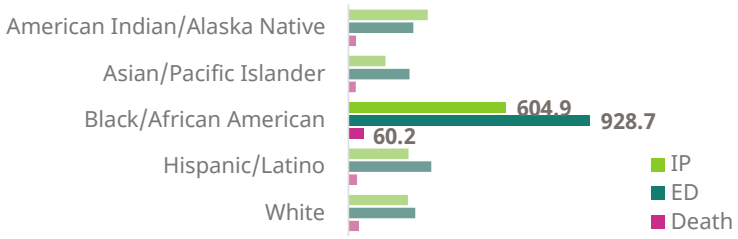
Impact in Valleywise Health's PSA and Patient Population

Hypertension was identified as a significant priority for Valleywise Health. It's often undiagnosed and a leading contributor to preventable disease and death. Factors like age, physical activity, diet, and genetics can increase the risk of having hypertension.[19] The following data are presented for hypertension within Valleywise Health's PSA. Data by race/ethnicity, age, and sex are provided from 2023 hospital discharge data for inpatient hospitalizations (IP), emergency department visits (ED), and death records, reported per 100,000 population.[17] Rates are age-adjusted for race and sex and crude for age groups, allowing for meaningful comparison across demographic groups.

Figure 17. Hypertension (Race)

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rates of **IP hospitalizations**, **ED visits**, and **death** due to hypertension per 100,000 people.

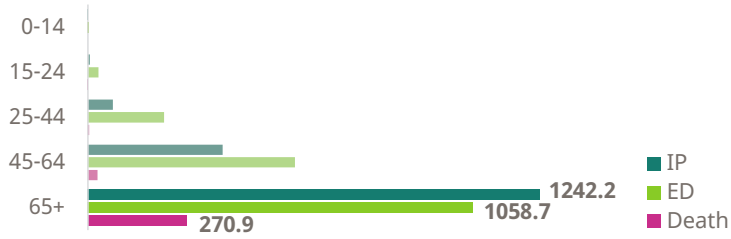


Sources: 2023 Hospital Discharge & Death Data

Figure 18. Hypertension (Age)

Age (Years)

In 2023, those aged **65+ years** had the highest crude rates of **IP hospitalizations**, **ED visits**, and **death** due to hypertension per 100,000 people.

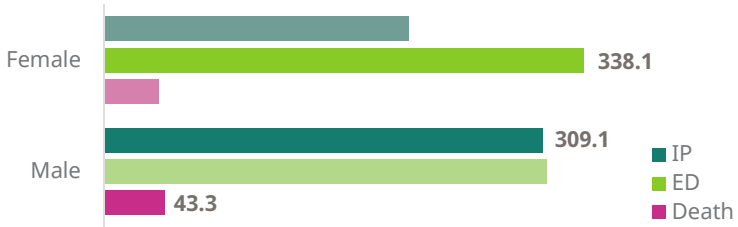


Sources: 2023 Hospital Discharge & Death Data

Figure 19. Hypertension (Sex)

Sex

In 2023, **males** had the highest age-adjusted rates of **IP hospitalizations** and **death** and **females** had the highest rate of **ED visits** due to hypertension per 100,000 people.



Sources: 2023 Hospital Discharge & Death Data

Figure 20. Hypertension Patient Data

Valleywise Health Patient Data

In 2024, over 1 in 5 **(21.5%)** Valleywise Health patients were living with hypertension.

Source: 2024 Valleywise Health UDS Data

Insights from the Community

Figure 21. Top Health Issue

Top Health Issue

Which health issues have the most impact on you and/or the people you live with or care for?

32%

of 2023 CHNA Survey participants reported **high blood pressure/hypertension**.

29%

of 2023 CHNA Focus Group participants reported **high blood pressure/hypertension**.

Sources: 2023 MCDPH CHNA Survey and Focus Groups

Figure 22. Community Insights

Prevention

Focus group participants recognized the importance of regular wellness visits as a healthy and preventive behavior. Prevention encompassed behaviors or activities that participants engaged in, with the goal of reducing or eliminating negative health risks. One participant mentioned going to annual events to do blood pressure screenings.

Source: 2023 MCDPH CHNA Focus Groups

Words from the Community

> ...Western medicine is great at accepting most insurance... but if you actually want to treat the underlying condition... there are no doctors in the area who accept insurance or good payment plans for those who cannot afford out of pocket care. I'd much rather find a doctor to treat, for example my high blood pressure by finding out what's causing it, rather than pay $12 per month for high bp medication...
>
> —2023 CHNA Survey Participant

> I would like to see more free health fairs or events where various health screenings are offered. The state I lived in previously had twice yearly health fairs at the local senior center where services included testing for bone density, blood pressure, mental fitness and much more. I am not aware of anything similar to this offered in the East Valley.
>
> —2023 CHNA Survey Participant

Sources: 2023 MCDPH CHNA Survey and Focus Groups

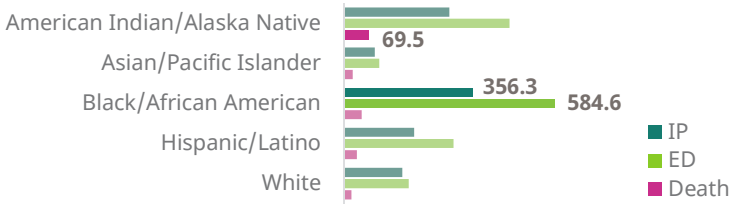
Impact in Valleywise Health's PSA and Patient Population

Diabetes was identified as a significant priority for Valleywise Health. It can increase the risk of complications like kidney failure, heart attack, and stroke. Diabetes can be prevented with diet, physical activity, medication, and regular screening and treatment for complications.[20] The following data are presented for diabetes within Valleywise Health's PSA. Data by race/ethnicity, age, and sex are provided from 2023 hospital discharge data for inpatient hospitalizations (IP), emergency department visits (ED), and death records, reported per 100,000 population.[17] Rates are age-adjusted for race and sex and crude for age groups, allowing for meaningful comparison across demographic groups.

Figure 23. Diabetes (Race)

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rates of **IP hospitalizations** and **ED visits** and **American Indian/Alaska Natives** had the highest rate of **death** due to diabetes per 100,000 people.

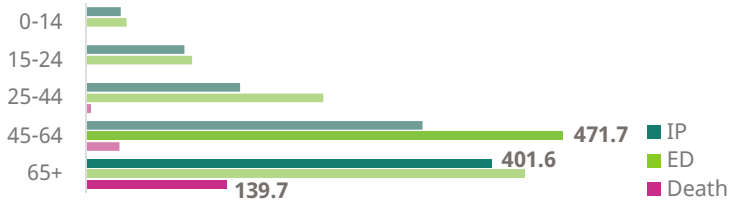


Sources: 2023 Hospital Discharge & Death Data

Figure 24. Diabetes (Age)

Age (Years)

In 2023, those aged **65+ years** had the highest crude rates of **IP hospitalizations** and **death** and those aged **45-64 years** had the highest rate of **ED visits** due to diabetes per 100,000 people.

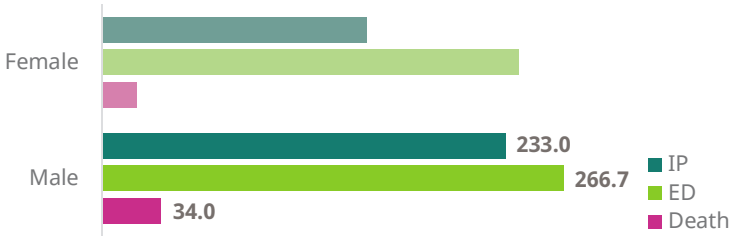


Sources: 2023 Hospital Discharge & Death Data

Figure 25. Diabetes (Sex)

Sex

In 2023, **males** had the highest age-adjusted rates of **IP hospitalizations**, **ED visits**, and **death** due to diabetes per 100,000 people.



Sources: 2023 Hospital Discharge & Death Data

Figure 26. Diabetes Patient Data

Valleywise Health Patient Data

In 2024, over 1 in 6 **(15.8%)** Valleywise Health patients were living with diabetes.

Source: 2024 Valleywise Health UDS Data

Insights from the Community

Figure 27. Top Health Issue

Top Health Issue

Which health issues have the most impact on you and/or the people you live with or care for?

of 2023 CHNA Survey participants reported **diabetes**.

of 2023 CHNA Focus Group participants reported **diabetes**.

Sources: 2023 MCDPH CHNA Survey and Focus Groups

Figure 28. Community Insights

Diabetes

Focus group participants across many age groups reported having or knowing someone who had diabetes. They recognized the importance of a healthy lifesetyle to manage diabetes, sometimes in conjunction with medication. People had problems accessing their diabetes medication, due to cost or supply or getting in with a specialist.

Source: 2023 MCDPH CHNA Focus Groups

Words from the Community

> I am diabetic I need an endocrinologist to manage my diabetes there are none available where I live that are accepting new patients... It would cost me to drive there and back $25.00 I can't afford to put my money in gas at $5.25 gal. I need my money to pay my bills & for food. If I could get transportation to & from a DR. that is 1hr. 45min. from where I live it would be easy. I haven't seen an endocrinologist since Jan. 2022 she dropped my insurance company...
>
> —2023 CHNA Survey Participant

> My auntie, before she passed, she had diabetes. She was breaking her medication in half to try to stretch it. Because it cost so much money she would break it in half. Eventually that was one of the things that eventually took her out on top of having COVID. What happened to her is she basically couldn't afford that medication.
>
> —2023 CHNA Focus Group Participant

Sources: 2023 MCDPH CHNA Survey and Focus Groups

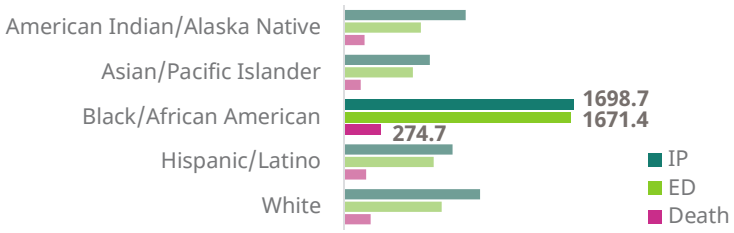
Impact in Valleywise Health's PSA and Patient Population

Cardiovascular disease was identified as a significant priority for Valleywise Health. It contributes to premature mortality, reduced quality of life, and health care utilization. The most important behavioral risk factors are unhealthy diet, physical inactivity, tobacco use, and harmful use of alcohol.[21] The following data are presented for cardiovascular disease within Valleywise Health's PSA. Data by race/ethnicity, age, and sex are provided from 2023 hospital discharge data for inpatient hospitalizations (IP), emergency department visits (ED), and death records, reported per 100,000 population.[17] Rates are age-adjusted for race and sex and crude for age groups, allowing for meaningful comparison across demographic groups.

Figure 29. Cardiovascular Disease (Race)

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rates of **IP hospitalizations**, **ED visits**, and **death** due to cardiovascular disease per 100,000 people.

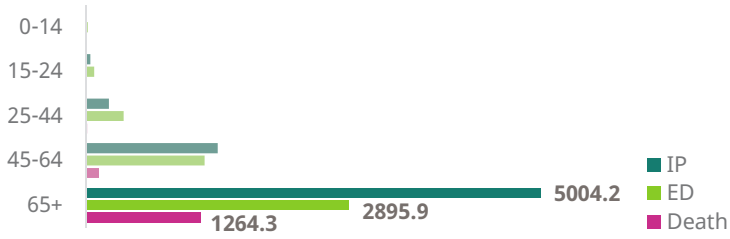


Sources: 2023 Hospital Discharge & Death Data

Figure 30. Cardiovascular Disease (Age)

Age (Years)

In 2023, those aged **65+ years** had the highest crude rates of **IP hospitalizations**, **ED visits**, and **death** due to cardiovascular disease per 100,000 people.

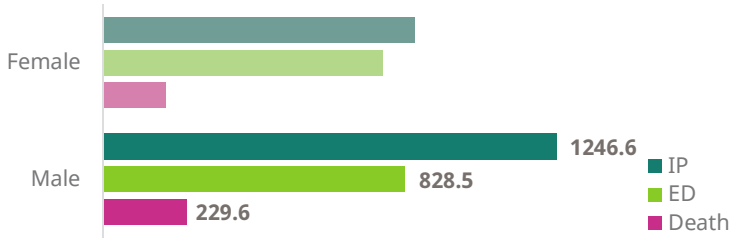


Sources: 2023 Hospital Discharge & Death Data

Figure 31. Cardiovascular Disease (Sex)

Sex

In 2023, **males** had the highest age-adjusted rates of **IP hospitalizations**, **ED visits**, and **death** due to cardiovascular disease per 100,000 people.



Sources: 2023 Hospital Discharge & Death Data

Figure 32. Cardiovascular Disease Patient Data

Valleywise Health Patient Data

In 2024, over 1 in 4 (25.4%) Valleywise Health patients were at high risk of cardiovascular events.

Source: 2024 Valleywise Health UDS Data

Insights from the Community

Figure 33. Top Health Issue

Top Health Issue

Which health issues have the most impact on you and/or the people you live with or care for?

of 2023 CHNA Survey participants reported **heart disease**.

of 2023 CHNA Focus Group participants reported **heart disease**.

Sources: 2023 MCDPH CHNA Survey and Focus Groups

Figure 34. Community Insights

Exercise

Focus group participants recognized the importance of taking care of their bodies through exercise and physical activities as a means to prevent disease. Some noted that although there were activities in the community, there wasn't enough space to accomodate demand. One participant mentioned that with obesity and heart disease on the rise, it's important for people to be active but it's really hard for people to be active especially during the summer.

Source: 2023 MCDPH CHNA Focus Groups

Words from the Community

> ...the primary care physicians here in F. Hills have all joined a big group... and its not easy to get an appointment. Even for a well visit, takes months... My husband was having heart attack (chest pain) symptoms and we went to the ER... They were awful! They wouldn't take him back right away (and I told them he has a stent and had an MI before in 2021)... We'll never go back there again.
>
> —2023 CHNA Survey Participant

> Feel like, with obesity on the rise, heart disease, things like that, it would be very important for people to be active, and I feel like, not just in Goodyear, but all communities in Maricopa County, it's really hard for people to be active, especially during summer, when they're aren't places that you can really do that, that are indoors.
>
> —2023 CHNA Focus Group Participant

Sources: 2023 MCDPH CHNA Survey and Focus Groups

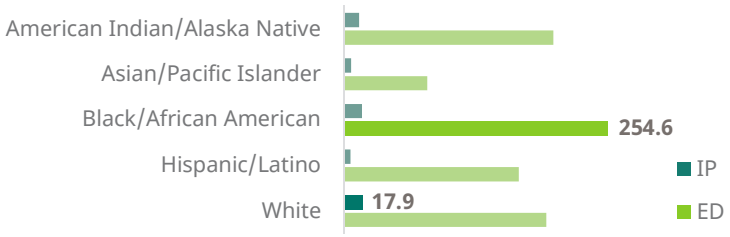
Impact in Valleywise Health's PSA and Patient Population

Anxiety was identified as a significant priority for Valleywise Health. It can interfere with daily activity and can impair a person's family, social, and working life. Many of the impacts of anxiety, such as physical tension or harmful use of alcohol, are also known risk factors for chronic conditions like cardiovascular disease.[22] The following data are presented for anxiety within Valleywise Health's PSA. Data by race/ethnicity, age, and sex are provided from 2023 hospital discharge data for inpatient hospitalizations (IP) and emergency department visits (ED), reported per 100,000 population.[17] Rates are age-adjusted for race and sex and crude for age groups, allowing for meaningful comparison across demographic groups.

Figure 35. Anxiety (Race)

Race/Ethnicity

In 2023, **Whites** had the highest age-adjusted rate of **IP hospitalizations** and **Black/African Americans** had the highest rate of **ED visits** due to anxiety per 100,000 people.

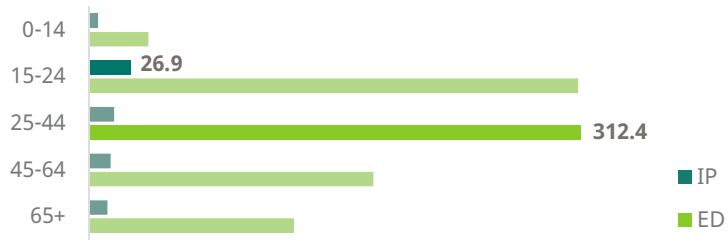


Source: 2023 Hospital Discharge Data

Figure 36. Anxiety (Age)

Age (Years)

In 2023, those aged **15-24 years** had the highest crude rate of **IP hospitalizations** and those aged **25-44 years** had the highest rate of **ED visits** due to anxiety per 100,000 people.



Source: 2023 Hospital Discharge Data

Figure 37. Anxiety (Sex)

Sex

In 2023, **females** had the highest age-adjusted rates of **IP hospitalizations** and **ED visits** due to anxiety per 100,000 people.

Source: 2023 Hospital Discharge Data

Figure 38. Anxiety Patient Data

Valleywise Health Patient Data

In 2024, nearly 1 in 12 **(8.5%)** Valleywise Health patients were living with an anxiety disorder (including post-traumatic stress disorder).

Source: 2024 Valleywise Health UDS Data

Insights from the Community

Figure 39. Top Health Issue

Top Health Issue

Which health issues have the most impact on you and/or the people you live with or care for?

of 2023 CHNA Survey participants reported **anxiety**.

of 2023 CHNA Focus Group participants reported **anxiety**.

Sources: 2023 MCDPH CHNA Survey and Focus Groups

Figure 40. Community Insights

Mental Illness

Focus group participants discussed mental illness such as anxiety, depression, and other emotion, thinking, or behavior issue as one of the most impactful issues in their communities. One participant noted that mental health influences every aspect of a person's decisions, actions, and communication.

Source: 2023 MCDPH CHNA Focus Groups

Words from the Community

> With payments for rent, gas, food, daycare, etc., being so extremely high, my stress, anxiety, depression, and overall well-being is so extremely poor. I struggle daily to pay bills and simply make ends meet. I have a Master's Degree and my family and I worry about simply paying necessary bills. We hardly make the annual household income identified in question 16.
>
> 2023 CHNA Survey Participant

> The biggest struggle that I have found is finding a therapist or a psychiatrist who are willing to see transgender patients, even when it does not have to do with gender affirming care. Even it's just depression or anxiety, I've been turned away for the simple fact that I'm transgender, even though it had nothing to do with why I was going to need the mental health professional.
>
> 2023 CHNA Focus Group Participant

Source: 2023 MCDPH CHNA Survey and Focus Group

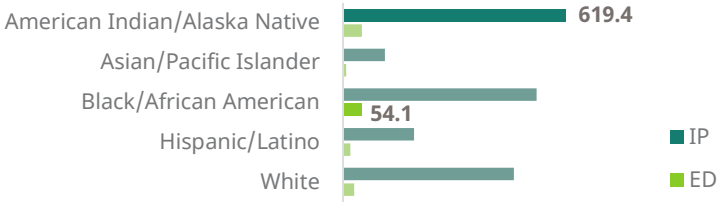
Impact in Valleywise Health's PSA and Patient Population

Depression was identified as a significant priority for Valleywise Health. It has a widespread impact on emotional, social, and physical well-being. Like anxiety, many similar factors influence depression and are also known risk factors for diseases such as cardiovascular disease, cancer, diabetes, and respiratory diseases.[23] The following data are presented for depression within Valleywise Health's PSA. Data by race/ethnicity, age, and sex are provided from 2023 hospital discharge data for inpatient hospitalizations (IP) and emergency department visits (ED), reported per 100,000 population.[17] Rates are age-adjusted for race and sex and crude for age groups, allowing for meaningful comparison across demographic groups.

Figure 41. Depression (Race)

Race/Ethnicity

In 2023, **American Indian/Alaska Natives** had the highest age-adjusted rate of **IP hospitalizations** and **Black/African Americans** had the highest rate of **ED visits** due to depression per 100,000 people.

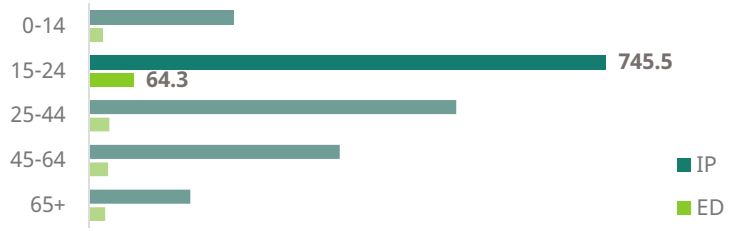


Source: 2023 Hospital Discharge Data

Figure 42. Depression (Age)

Age (Years)

In 2023, those aged **15-24 years** had the highest crude rates of **IP hospitalizations** and **ED visits** due to depression per 100,000 people.



Source: 2023 Hospital Discharge Data

Figure 43. Depression (Sex)

Sex

In 2023, **males** had the highest age-adjusted rate of **IP hospitalizations** and **females** had the highest rate of **ED visits** due to depression per 100,000 people.

Source: 2023 Hospital Discharge Data

Figure 44. Depression Patient Data

Valleywise Health Patient Data

In 2024, over 1 in 13 (7.6%) Valleywise Health patients were living with depression and other mood disorders.

Source: 2024 Valleywise Health UDS Data

Insights from the Community

Figure 45. Top Health Issue

Top Health Issue

Which health issues have the most impact on you and/or the people you live with or care for?

of 2023 CHNA Survey participants reported **depression**.

of 2023 CHNA Focus Group participants reported **depression**.

Sources: 2023 MCDPH CHNA Survey and Focus Groups

Figure 46. Community Insights

Mental Illness

Mental illness issues were frequently discussed across all groups and affected individuals of all ages. Focus group participants expressed that there should be more large-scale collaborative efforts to improve awareness and acceptance of mental illness as an issue. One participant noted that there's a lack of understanding of how mental health affects physical health.

Source: 2023 MCDPH CHNA Focus Groups

Words from the Community

> Mental health issues are at an all time high, and as someone who struggles with anxiety, depression, etc. I've experienced it to be extremely hard to get proper help, to find a therapist or psychiatrist, and to find affordable ones at that. I think this is a huge issue in all communities.
>
> 2023 CHNA Survey Participant

> People are having more depression and anxiety, it's because people live alone and they don't offer anything for us. They offer a [lot of] things for children, and that's great, but seniors living alone, as myself, and being disabled, it's really hard.
>
> 2023 CHNA Focus Group Participant

Sources: 2023 MCDPH CHNA Survey and Focus Groups

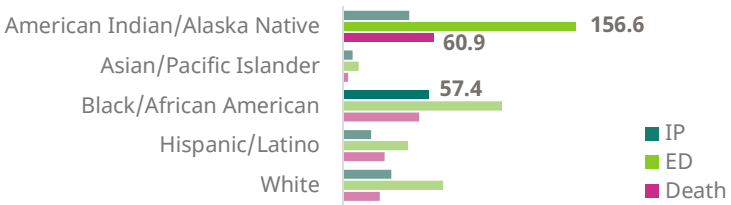
Impact in Valleywise Health's PSA and Patient Population

Opioid misuse was identified as a significant priority for Valleywise Health. It has a significant impact on individual and community health, including overdose. There are various risk factors for opioid overdose such as using opioids in combination with alcohol and having concurrent medical conditions such as HIV, liver or lung diseases, or mental health conditions.[24] The following data are presented for opioid overdose within Valleywise Health's PSA. Data by race/ethnicity, age, and sex are provided from 2023 hospital discharge data for inpatient hospitalizations (IP), emergency department visits (ED), and death records, reported per 100,000 population.[17] Rates are age-adjusted for race and sex and crude for age groups, allowing for meaningful comparison across demographic groups.

Figure 47. Opioid Overdose (Race)

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rate of **IP hospitalizations** and **American Indian/Alaska Natives** had the highest rates of **ED visits** and **death** due to opioid overdose per 100,000 people.

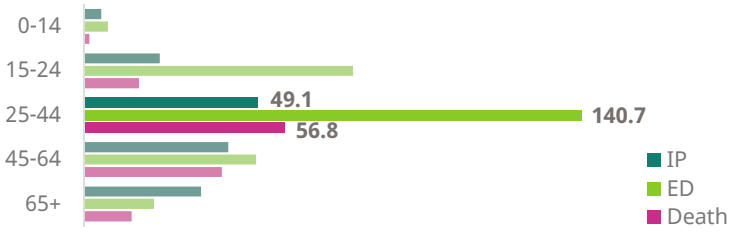


Sources: 2023 Hospital Discharge & Death Data

Figure 48. Opioid Overdose (Age)

Age (Years)

In 2023, those aged **25-44 years** had the highest crude rates of **IP hospitalizations**, **ED visits**, and **death** due to opioid overdose per 100,000 people.

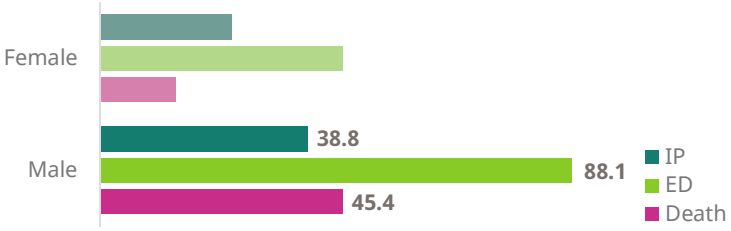


Sources: 2023 Hospital Discharge & Death Data

Figure 49. Opioid Overdose (Sex)

Sex

In 2023, **males** had the highest age-adjusted rates of **IP hospitalizations**, **ED visits**, and **death** due to opioid overdose per 100,000 people.



Sources: 2023 Hospital Discharge & Death Data

Figure 50. Substance-Related Disorder Patient Data

Valleywise Health Patient Data

In 2024, over 1 in 57 (1.8%) Valleywise Health patients were living with a diagnosed substance-related disorder, including opioid disorders but excluding alcohol and tobacco.

Source: 2024 Valleywise Health UDS Data

Insights from the Community

Figure 51. Top Health Issue

Top Health Issue

Which health issues have the most impact on you and/or the people you live with or care for?

of 2023 CHNA Survey participants reported **alcohol/substance misuses**.

of 2023 CHNA Focus Group participants reported **alcohol/substance misuses**.

Sources: 2023 MCDPH CHNA Survey and Focus Groups

Figure 52. Community Insights

Substance Use

Substance use including drugs, smoking, alcohol, or other mind-altering substances was a common challenge discussed by focus group participants. A common reason for using substances was for coping. With a lack of access to care, more people are self-medicated. Fentanyl was also discussed among several groups as an issue impacting adults and youth.

Source: 2023 MCDPH CHNA Focus Groups

Words from the Community

> I am very concerned about opioid addiction and homelessness. Our neighborhood has so many people living on the streets who are addicted to drugs. I would like to see resources directed toward housing and addiction treatment and mental health. I know there is a lot happening in regard to this crisis. But we need MORE!
>
> 2023 CHNA Survey Participant

> ... We talk about... the reason why people are using substances. It's often because–I'll speak for myself, it was for self medication purposes, altering how I'm feeling... It's a multiple disciplinary action trying to tackle substance use because you need the mental health services. We need to destigmatize... Because all of that plays a role in drug use, and if you're living on the streets when it's 115 degrees, you bet, like someone is gonna go get loaded, 'cause it's miserable out there...
>
> 2023 CHNA Focus Group Participant

Sources: 2023 MCDPH CHNA Survey and Focus Groups

Resources Potentially Available to Address Needs

Valleywise Health is addressing key needs identified during their CHNA prioritization process, including mental health, chronic disease, and substance use. Resources potentially available to address identified needs include services and programs available through Valleywise Health and partnering community-based organizations. Valleywise Health also participates in the Health Improvement Partnership of Maricopa County (HIPMC)— a collaborative effort between MCDPH and a diverse array of over 100 public and private organizations addressing healthy eating, active living, linkages to care, and tobacco-free living. The HIPMC is a valuable resource to help Valleywise Health connect to other community-based organizations that are addressing similar health priorities. Table 9 identifies organizations offering resources to address the identified priorities.

Table 9. Resources Potentially Available to Address Valleywise Health's CHNA Priorities

Hypertension	
Services & Programs	• Primary Care Physician • Internal cardiology
Partnerships	• American Heart Association - Arizona |(602) 414-5353| • Arizona DES Nutrition Assistance (SNAP) / USDA FNS Programs - Nutrition Assistance (SNAP), TEFAP, CSFP, and related USDA nutrition program in AZ | 1-855-432-7587 (Health-e-Arizona Plus); 1-855-777-8590 (Interview Line) • 2-1-1 Arizona (Solari) - Information & referral to local resources (housing, fod, health, etc.) | Dial 2-1-1 or (877) 211-8661 (9a.m. - 7pm., 7 days; EN/ES) • St. Mary's Food Bank - Food boxes, TEFAP commodities, community resource center | (602) 242-3663 (general)
Opportunities	• Outside for special funding or access to specialists outside the system

Table 9 continued on next page

Diabetes	
Services & Programs	• Clinicial pharmacist • DEEP diabetes program • Diabetes education
Partnerships	• External endocrinology per patient insurnace • American Diabetes Association - Desert Southwest | (480) 485-8280 (chapter); (602) 861-4731 (legacy) • St. Mary's Food Bank (food boxes/TEFAP) | (602) 242-3663 • Unlimited Potential - Diabetes Empowerment Education Program (DEEP) | (602) 305-4742 • Arizona DES Nutrition Assistance (SNAP) / USDA FNS Programs - Nutrition Assistance (SNAP), TEFAP, CSFP, and related USDA nutrition programs in AZ | 1-855-432-7587 (Health-e-Arizona Plus); 1-855-777-8590 (Interview Line) • 2-1-1 Arizona (Solari) - Information & referral to local resources (housing, food, health, etc.) | Dial 2-1-1 or (877) 211-8661 (9a.m. - 7p.m., 7 days; EN/ES)
Opportunities	• More robust dietician services internally

Cardiovascular Disease	
Services & Programs	• DMG & VH internal expertise
Partnerships	• External specialists per patient insurance • American Heart Association - Arizona | (602) 414-5353 • Arizona DES - Nutrition Assistance (SNAP) & USDA programs | 1-855-432-7587 • Home Assist Health (in-home supportive care) | (602) 795-7620
Opportunities	• Additional education and management training

Table 9 continued on next page

Anxiety	
Services & Programs	• Integrated Behavioral Health
Partnerships	• External providers per patient choice and insurance • 988 Suicide & Crisis Lifeline (24/7) | Call/Text 988 • Solari Crisis Line (AZ statewide) | 1-844-534-4673 (HOPE); Text 4HOPE (44673) • Warm Line - Maricopa (peer support) | (602) 347-1100 • Connections Health Solutions - Urgent Psychiatric Center (UPC), Phoenix | (602) 416-7600 • Community Bridges, Inc. (CBI) - Access to Care | (877) 931-9142 • Mercy Care (ACC-RBHA/SMI Member Services) | 1-800-624-3879 (general); 1-800-564-5465 (SMI) • 2-1-1 Arizona (resources/referrals) | Dial 2-1-1 or (877) 211 8661 • Southwest Behavioral & Health Services (SB&H) | (602) 265-8338 • Terros Health (FQHC; integrated care) | (602) 685-6000
Opportunities	• Group level intervention internally

Depression	
Services & Programs	• Integrated Behavioral Health
Partnerships	• 988 Suicide & Crisis Lifeline (24/7) | Call/Text 988 • Solari Crisis Line (AZ statewide) | 1-844-534-4673 (HOPE); Text 4HOPE (44673) • Warm Line – Maricopa (peer support) | (602) 347-1100 • Connections Health Solutions – Urgent Psychiatric Center (UPC), Phoenix | (602) 416-7600 • Community Bridges, Inc. (CBI) – Access to Care | (877) 931-9142 • Mercy Care (ACC-RBHA/SMI Member Services) | 1-800-624-3879 (general); 1-800-564-5465 (SMI) • 2-1-1 Arizona (resources/referrals) | Dial 2-1-1 or (877) 211-8661 • Southwest Behavioral & Health Services (SB&H) | (602) 265-8338 • Terros Health (FQHC; integrated care) | (602) 685-6000

Table 9 continued on next page

Depression	
Opportunities	• Group level intervention internally

Opioid Misuse	
Services & Programs	• MAT • Psychiatry • Therapy internally (Integrated Behavioral Health)
Partnerships	• Recovery centers • 12 step programs • Community Bridges, Inc. (CBI) – Detox, MAT, residential & outpatient | (877) 931-9142 • Terros Health – Outpatient SUD & MAT | (602) 685-6000 • Valle del Sol – Behavioral Health & SUD (incl. adolescent IOP) | (602) 258-6797 • Southwest Behavioral & Health Services – OTP & outpatient SUD | (602) 265-8338 • 988 Suicide & Crisis Lifeline (24/7) | Call/Text 988 • Solari Crisis Line (AZ statewide) | 1-844-534-4673 (HOPE); Text 4HOPE (44673)
Opportunities	• Group level intervention, recovery groups internally

Conclusion

Valleywise Health's 2027-2029 CHNA is a collaborative effort that shapes health improvement strategies over the following three years. Drawing from a range of primary and secondary data sources, this assessment provides an overview of community health, informs Valleywise Health's priorities, and supports leadership and staff engagement. Figure 53 highlights Valleywise Health's CHNA priorities.

Conducted through a comprehensive lens, the CHNA focuses on identifying and addressing health disparities that disproportionally affect certain populations. The findings will help guide the development of Valleywise Health's implementation strategy, enabling meaningful, targeted impact in the communities they serve.

Figure 53. Valleywise Health's 2027-2029 CHNA Priorities

2027-2029

Valleywise Health CHNA
Facility Profiles

The following facility profiles provide a snapshot of identified health disparities for Valleywise Health's (VWH) priorities (hypertension, diabetes, cardiovascular disease, anxiety, depression, and opioid misuse) in the primary service areas (PSA). Data by race/ethnicity, age, and sex are provided from 2023 hospital discharge data for inpatient hospitalizations (IP) and emergency department visits (ED), and death records reported per 100,000 population.[17] Rates for race/ethnicity and sex are age-adjusted, allowing for better comparison across groups; crude rates are presented for age categories. The data provided are based on the Maricopa County population who reside in Valleywise Health's PSAs according to the US Census Bureau 5-year estimates for 2019-2023.[9]

- Valleywise Community Health Center - Avondale
- Valleywise Community Health Center - Chandler
- Valleywise Community Health Center - Guadalupe
- Valleywise Emergency Room - Maryvale
- Valleywise Community Health Center - McDowell
- Valleywise Community Health Center - Mesa
- Valleywise Community Health Center - North Phoenix
- Valleywise Comprehensive Health Center - Peoria
- Valleywise Comprehensive Health Center - Phoenix
- Valleywise Community Health Center - South Central Phoenix
- Valleywise Community Health Center - South Phoenix/Laveen
- Valleywise Community Health Center - West Maryvale
- Valleywise Health Medical Center

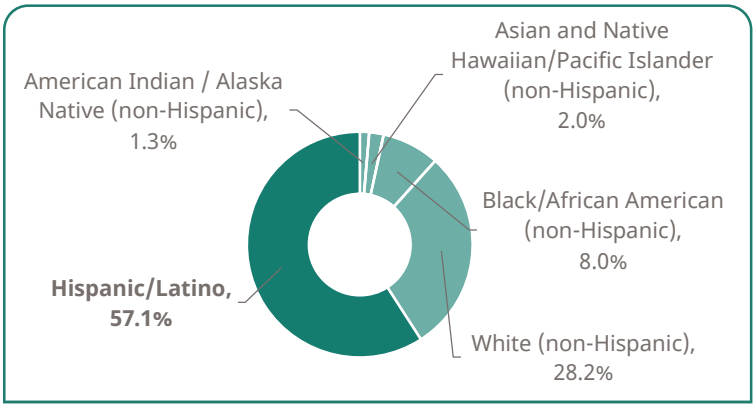
Valleywise Health
You're more to us.

MARICOPA COUNTY

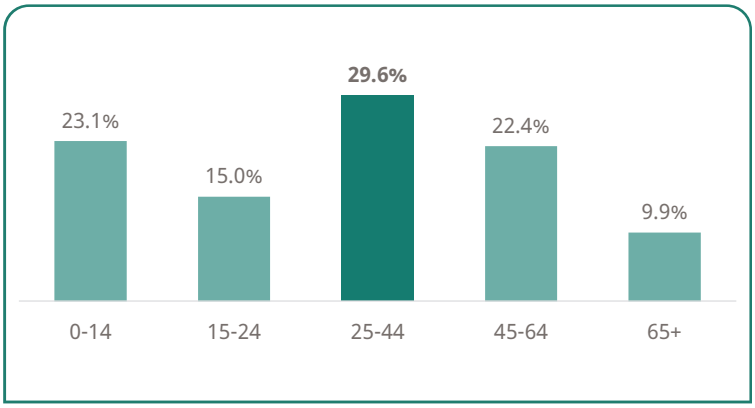
Valleywise Community Health Center - Avondale

Demographic Profile

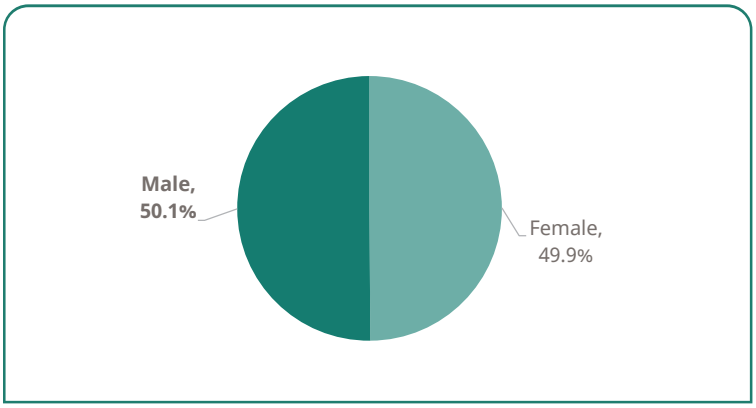
Race/Ethnicity



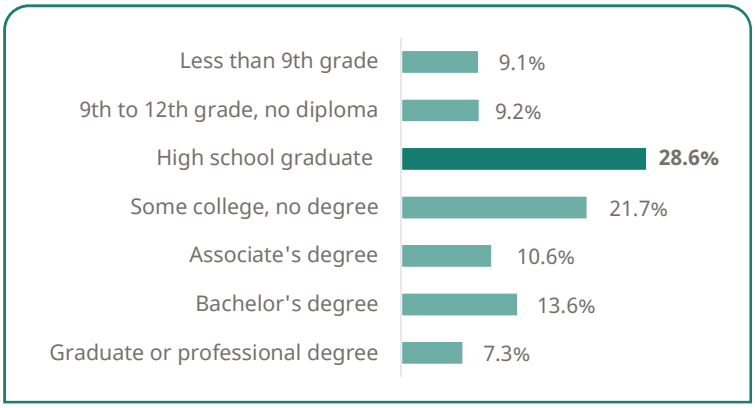
Age (Years)



Sex



Education



Median Household Income

$88,509

Below Poverty Level

All Ages (11.9%); **<18 yrs.** (17.0%)

Employment Status

Employed (95.0%)
Unemployed (5.0%)

Health Insurance Coverage

Insured (84.7%)
Uninsured (15.3%)

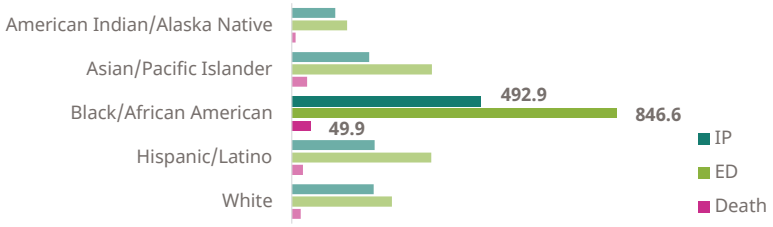
Source: U.S Census Bureau, American Community Survey 5-Year Estimates, 2019-2023

Valleywise Community Health Center - Avondale

Hypertension

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rates of **IP hospitalizations**, **ED visits**, and **death** due to hypertension per 100,000 people.



Age (Years)

Those aged **65+ years** had the highest crude rates of IP hospitalizations, ED visits, and death due to **hypertension** per 100,000 people.

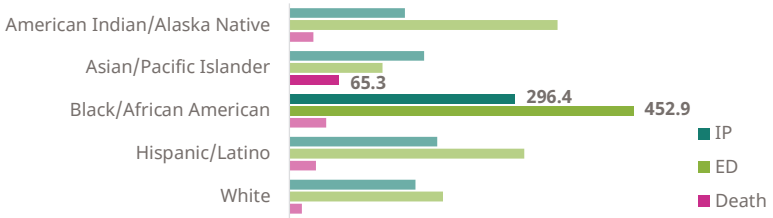
Sex

Males had the highest age-adjusted rates of IP hospitalizations and **females** had the highest rates of ED visits and death due to **hypertension** per 100,000 people.

Diabetes

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rates of **IP hospitalizations** and **ED visits** and **Asian/Pacific Islanders** had the highest rate of **death** due to diabetes per 100,000 people.



Age (Years)

Those aged **65+ years** had the highest crude rates of IP hospitalizations, ED visits, and death due to **diabetes** per 100,000 people.

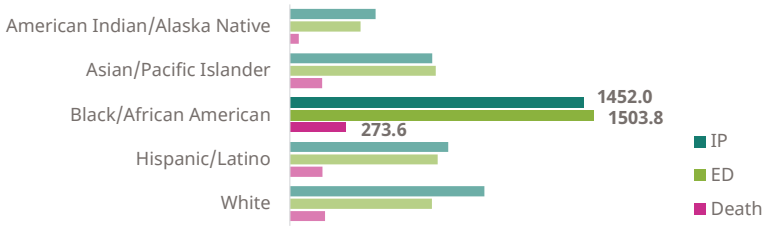
Sex

Males had the highest age-adjusted rates of IP hospitalizations, ED visits, and death due to **diabetes** per 100,000 people.

Cardiovascular Disease

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rates of **IP hospitalizations**, **ED visits**, and **death** due to cardiovascular disease per 100,000 people.



Age (Years)

Those aged **65+ years** had the highest crude rates of IP hospitalizations, ED visits, and death due to **cardiovascular disease** per 100,000 people.

Sex

Males had the highest age-adjusted rates of IP hospitalizations, ED visits, and death due to **cardiovascular disease** per 100,000 people.

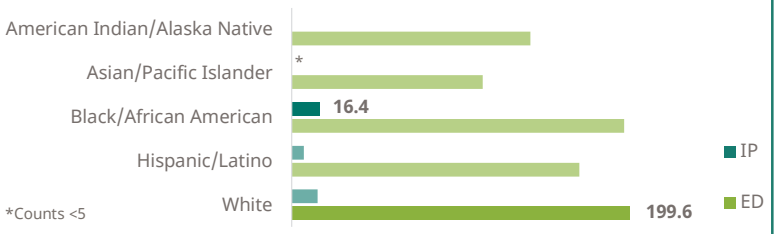
Sources: 2023 Hospital Discharge and Death Data

Valleywise Community Health Center - Avondale

Anxiety

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rate of **IP hospitalizations** and **Whites** had the highest rate of **ED visits** due to anxiety per 100,000 people.



Age (Years)

Those aged **15-24 years** had the highest crude rates of IP hospitalizations and ED visits due to **anxiety** per 100,000 people.

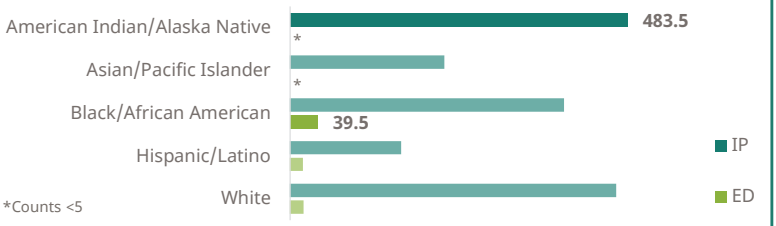
Sex

Females had the highest age-adjusted rates of IP hospitalizations and ED visits due to **anxiety** per 100,000 people.

Depression

Race/Ethnicity

In 2023, **American Indian/Alaska Natives** had the highest age-adjusted rate of **IP hospitalizations** and **Black/African Americans** had the highest rate of **ED visits** due to depression per 100,000 people.



Age (Years)

Those aged **15-24 years** had the highest crude rates of IP hospitalizations and ED visits due to **depression** per 100,000 people.

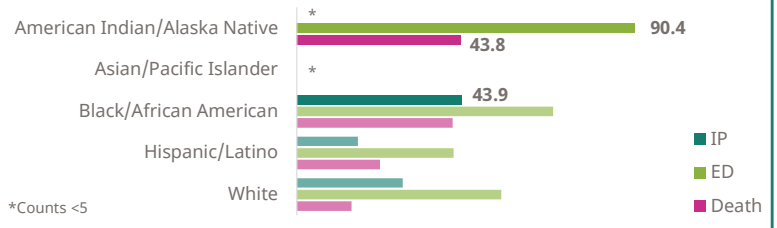
Sex

Females had the highest age-adjusted rates of IP hospitalizations and ED visits due to **depression** per 100,000 people.

Opioid Misuse

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rate of **IP hospitalizations** and **American Indian/Alaska Natives** had the highest rates of **ED visits** and **death** due to opioid overdose per 100,000 people.



Age (Years)

Those aged **25-44 years** had the highest crude rates of IP hospitalizations, ED visits, and death due to **opioid overdose** per 100,000 people.

Sex

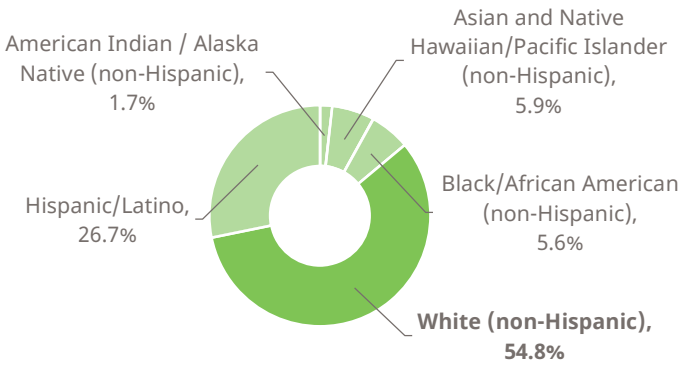
Males had the highest age-adjusted rates of IP hospitalizations, ED visits, and death due to **opioid overdose** per 100,000 people.

Sources: 2023 Hospital Discharge and Death Data

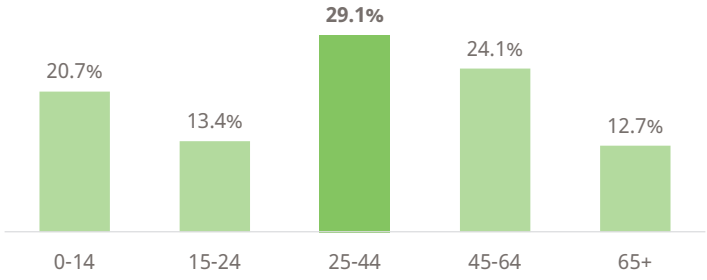
Valleywise Community Health Center - Chandler

Demographic Profile

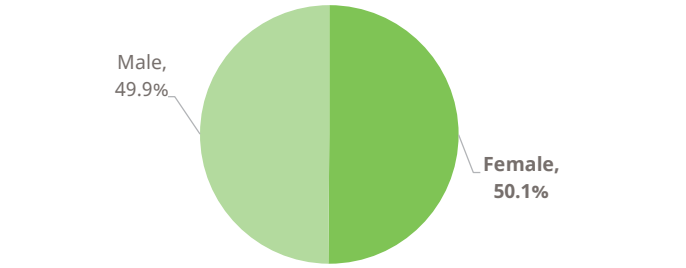
Race/Ethnicity



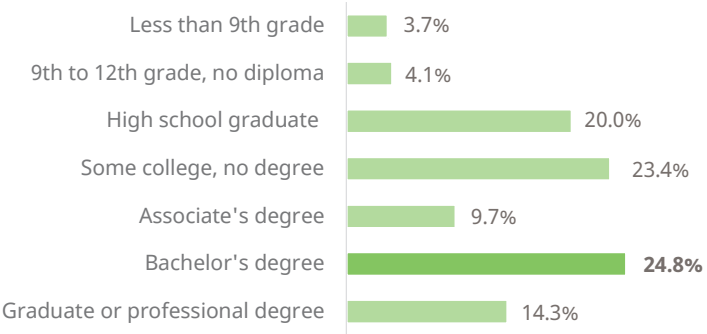
Age (Years)



Sex



Education



Median Household Income

$102,353

Below Poverty Level

All Ages (9.1%); **<18 yrs.** (11.7%)

Employment Status

Employed (95.7%)
Unemployed (4.3%)

Health Insurance Coverage

Insured (90.7%)
Uninsured (9.3%)

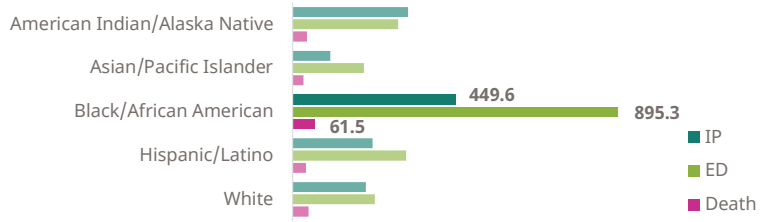
Source: U.S Census Bureau, American Community Survey 5-Year Estimates, 2019-2023

Valleywise Community Health Center - Chandler

Hypertension

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rates of **IP hospitalizations**, **ED visits**, and **death** due to hypertension per 100,000 people.



Age (Years)

Those aged **65+ years** had the highest crude rates of IP hospitalizations, ED visits, and death due to **hypertension** per 100,000 people.

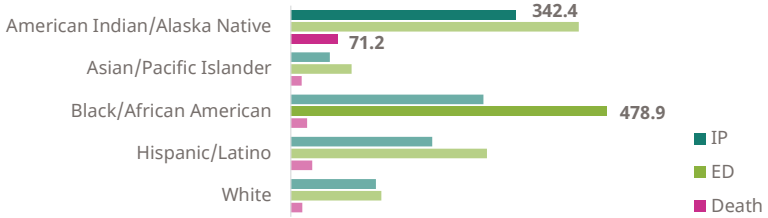
Sex

Males had the highest age-adjusted rates of IP hospitalizations and death and **females** had the highest rate of ED visits due to **hypertension** per 100,000 people.

Diabetes

Race/Ethnicity

In 2023, **American Indian/Alaska Natives** had the highest age-adjusted rates of **IP hospitalizations** and **death** and **Black/African Americans** had the highest rate of **ED visits** due to diabetes per 100,000 people.



Age (Years)

Those aged **65+ years** had the highest crude rates of IP hospitalizations, ED visits, and death due to **diabetes** per 100,000 people.

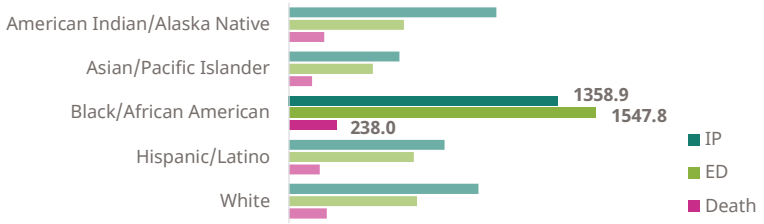
Sex

Males had the highest age-adjusted rates of IP hospitalizations, ED visits, and death due to **diabetes** per 100,000 people.

Cardiovascular Disease

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rates of **IP hospitalizations**, **ED visits**, and **death** due to cardiovascular disease per 100,000 people.



Age (Years)

Those aged **65+ years** had the highest crude rates of IP hospitalizations, ED visits, and death due to **cardiovascular disease** per 100,000 people.

Sex

Males had the highest age-adjusted rates of IP hospitalizations, ED visits, and death due to **cardiovascular disease** per 100,000 people.

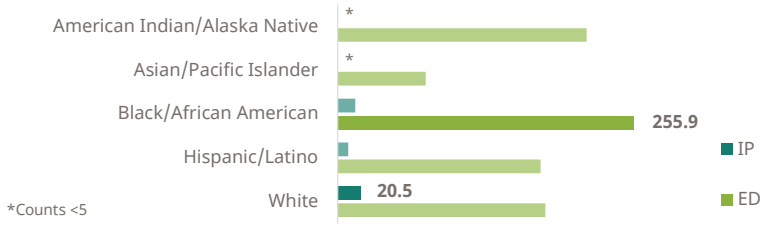
Sources: 2023 Hospital Discharge and Death Data

Valleywise Community Health Center - Chandler

Anxiety

Race/Ethnicity

In 2023, **Whites** had the highest age-adjusted rate of **IP hospitalizations** and **Black/African Americans** had the highest rate of **ED visits** due to anxiety per 100,000 people.



Age (Years)

Those aged **15-24 years** had the highest crude rates of IP hospitalizations and ED visits due to **anxiety** per 100,000 people.

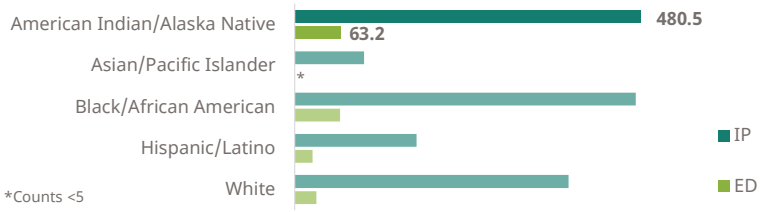
Sex

Females had the highest age-adjusted rates of IP hospitalizations and ED visits due to **anxiety** per 100,000 people.

Depression

Race/Ethnicity

In 2023, **American Indian/Alaska Natives** had the highest age-adjusted rates of **IP hospitalizations** and **ED visits** due to depression per 100,000 people.



Age (Years)

Those aged **15-24 years** had the highest crude rates of IP hospitalizations and ED visits due to **depression** per 100,000 people.

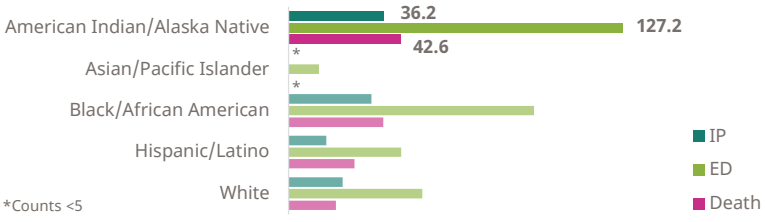
Sex

Females had the highest age-adjusted rates of IP hospitalizations and ED visits due to **depression** per 100,000 people.

Opioid Misuse

Race/Ethnicity

In 2023, **American Indian/Alaska Natives** had the highest age-adjusted rates of **IP hospitalizations**, **ED visits**, and **death** due to opioid overdose per 100,000 people.



Age (Years)

Those aged **25-44 years** had the highest crude rates of IP hospitalizations, ED visits, and death due to **opioid overdose** per 100,000 people.

Sex

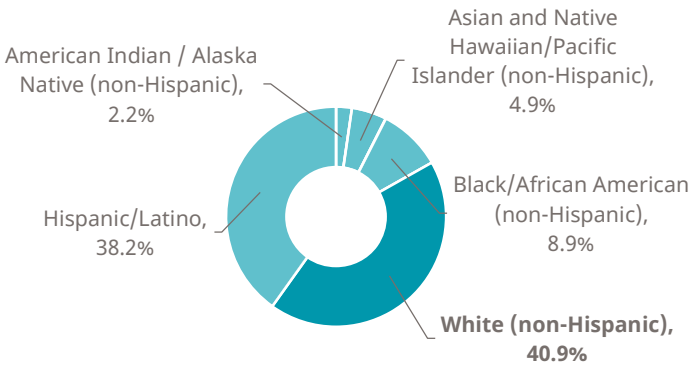
Males had the highest age-adjusted rates of IP hospitalizations, ED visits, and death due to **opioid overdose** per 100,000 people.

Sources: 2023 Hospital Discharge and Death Data

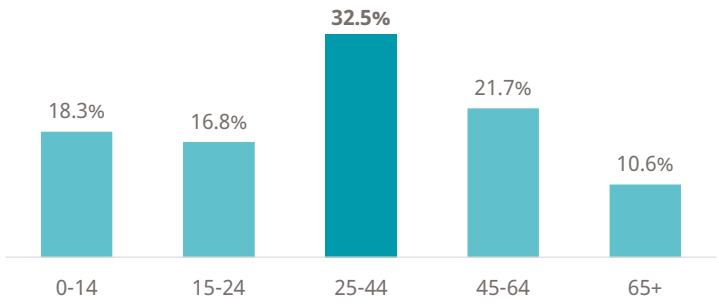
Valleywise Community Health Center - Guadalupe

Demographic Profile

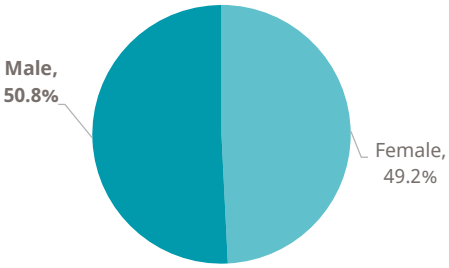
Race/Ethnicity



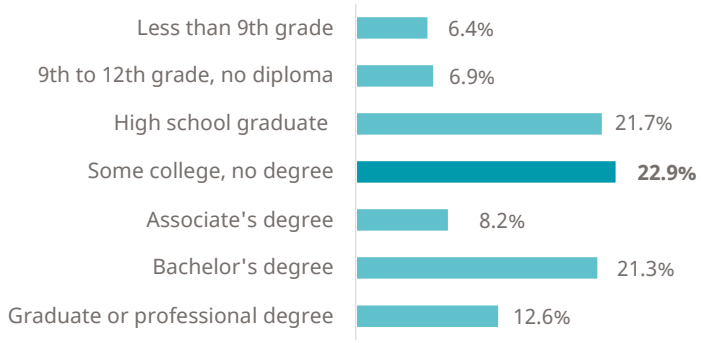
Age (Years)



Sex



Education



Median Household Income

$81,418

Below Poverty Level

All Ages (15.0%); **<18 yrs.** (21.1%)

Employment Status

Employed (94.8%)
Unemployed (5.2%)

Health Insurance Coverage

Insured (86.2%)
Uninsured (13.8%)

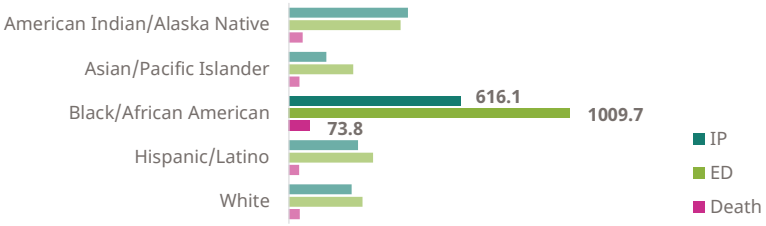
Source: U.S Census Bureau, American Community Survey 5-Year Estimates, 2019-2023

Valleywise Community Health Center - Guadalupe

Hypertension

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rates of **IP hospitalizations**, **ED visits**, and **death** due to hypertension per 100,000 people.



Age (Years)

Those aged **65+ years** had the highest crude rates of IP hospitalizations, ED visits, and death due to **hypertension** per 100,000 people.

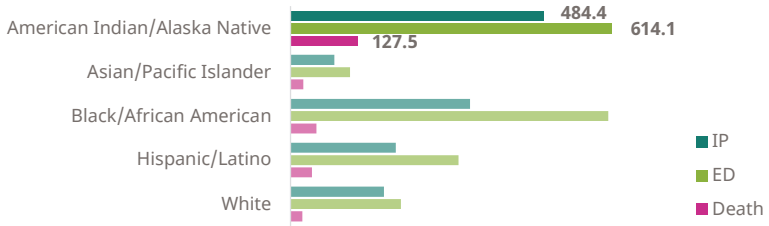
Sex

Males had the highest age-adjusted rates of IP hospitalizations and death and **females** had the highest rate of ED visits due to **hypertension** per 100,000 people.

Diabetes

Race/Ethnicity

In 2023, **American Indian/Alaska Natives** had the highest age-adjusted rates of **IP hospitalizations**, **ED visits**, and **death** due to diabetes per 100,000 people.



Age (Years)

Those aged **65+ years** had the highest crude rates of IP hospitalizations, ED visits, and death due to **diabetes** per 100,000 people.

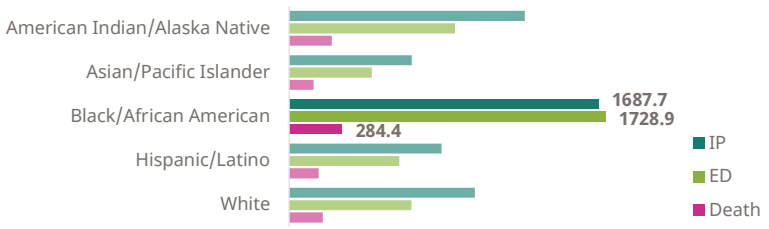
Sex

Males had the highest age-adjusted rates of IP hospitalizations, ED visits, and death due to **diabetes** per 100,000 people.

Cardiovascular Disease

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rates of **IP hospitalizations**, **ED visits**, and **death** due to cardiovascular disease per 100,000 people.



Age (Years)

Those aged **65+ years** had the highest crude rates of IP hospitalizations, ED visits, and death due to **cardiovascular disease** per 100,000 people.

Sex

Males had the highest age-adjusted rates of IP hospitalizations, ED visits, and death due to **cardiovascular disease** per 100,000 people.

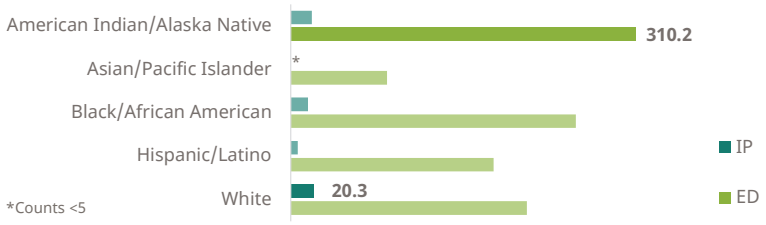
Sources: 2023 Hospital Discharge and Death Data

Valleywise Community Health Center - Guadalupe

Anxiety

Race/Ethnicity

In 2023, **Whites** had the highest age-adjusted rate of **IP hospitalizations** and **American Indian/Alaska Natives** had the highest rate of **ED visits** due to anxiety per 100,000 people.



Age (Years)

Those aged **15-24 years** had the highest crude rates of IP hospitalizations and those aged **25-44 years** had the highest rate of ED visits due to **anxiety** per 100,000 people.

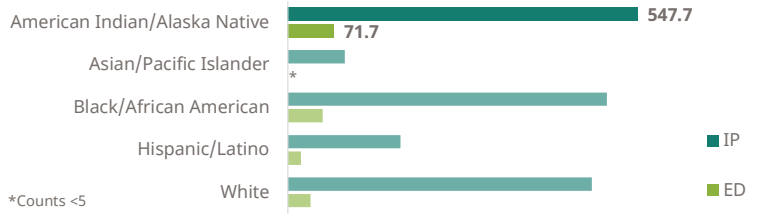
Sex

Females had the highest age-adjusted rates of IP hospitalizations and ED visits due to **anxiety** per 100,000 people.

Depression

Race/Ethnicity

In 2023, **American Indian/Alaska Natives** had the highest age-adjusted rates of **IP hospitalizations** and **ED visits** due to depression per 100,000 people.



Age (Years)

Those aged **15-24 years** had the highest crude rates of IP hospitalizations and ED visits due to **depression** per 100,000 people.

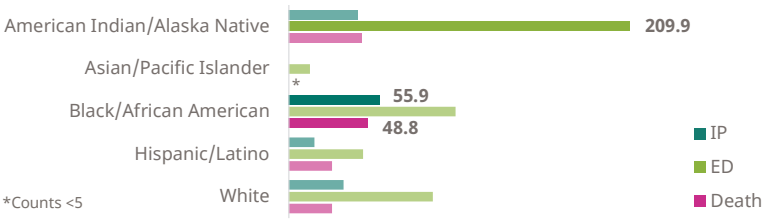
Sex

Females had the highest age-adjusted rates of IP hospitalizations and ED visits due to **depression** per 100,000 people.

Opioid Misuse

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rates of **IP hospitalizations** and **death** and **American Indian/Alaska Natives** had the highest rate of **ED visits** due to opioid overdose per 100,000 people.



Age (Years)

Those aged **25-44 years** had the highest crude rates of IP hospitalizations, ED visits, and death due to **opioid overdose** per 100,000 people.

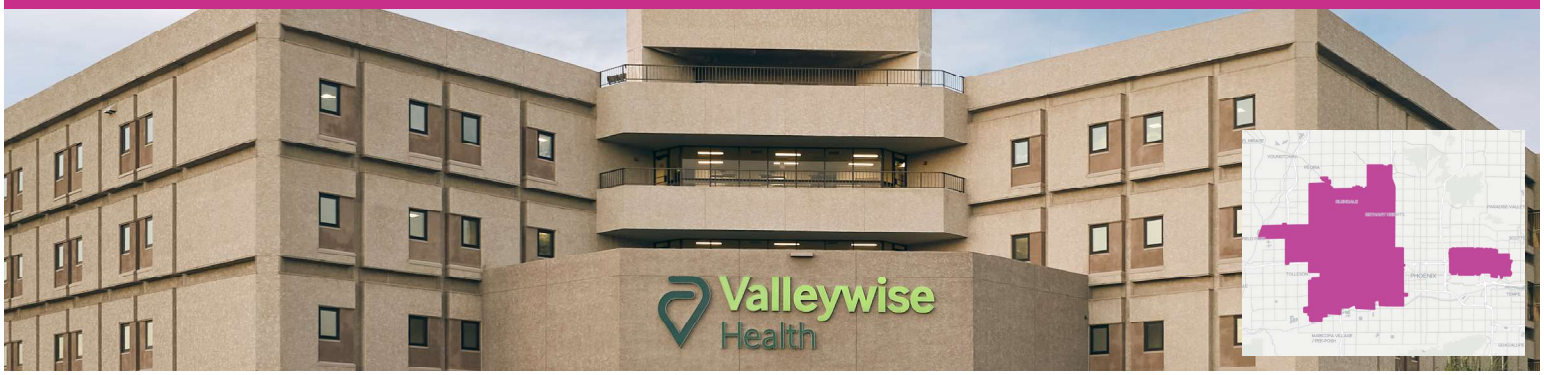
Sex

Males had the highest age-adjusted rates of IP hospitalizations, ED visits, and death due to **opioid overdose** per 100,000 people.

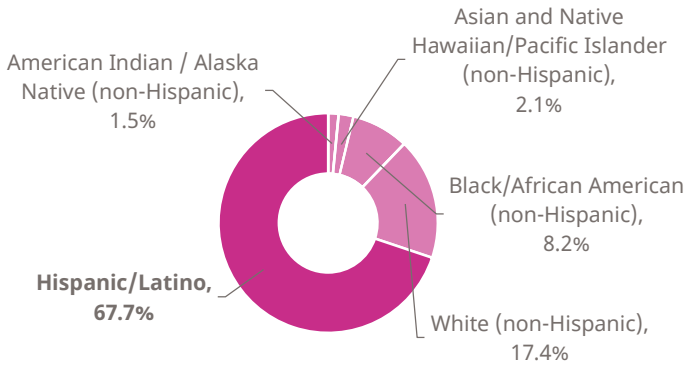
Sources: 2023 Hospital Discharge and Death Data

Valleywise Emergency Room - Maryvale

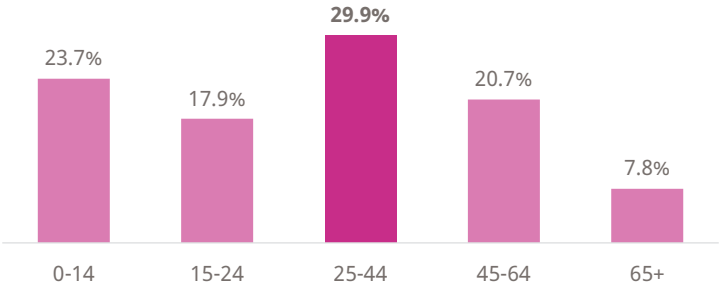
Demographic Profile



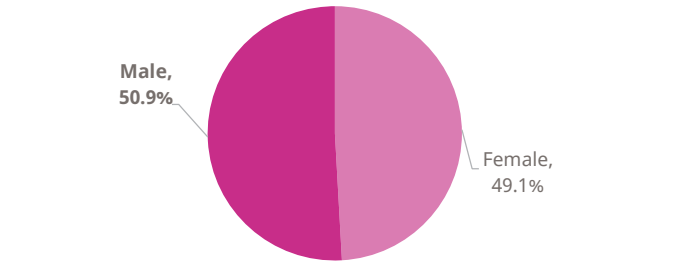
Race/Ethnicity



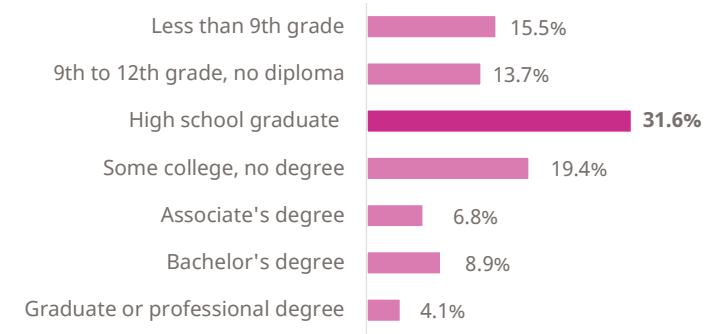
Age (Years)



Sex



Education



Median Household Income

$63,385

Below Poverty Level

All Ages (21.1%); **<18 yrs.** (29.9%)

Employment Status

Employed (93.9%)
Unemployed (6.1%)

Health Insurance Coverage

Insured (77.8%)
Uninsured (22.2%)

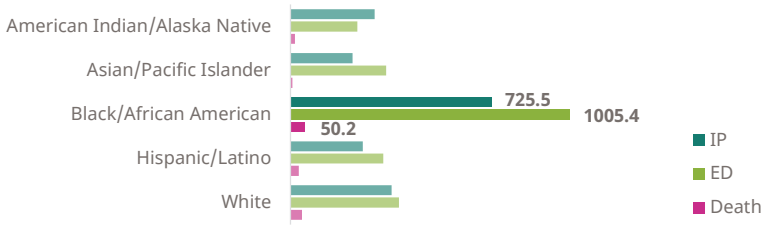
Source: U.S Census Bureau, American Community Survey 5-Year Estimates, 2019-2023

Valleywise Emergency Room - Maryvale

Hypertension

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rates of **IP hospitalizations**, **ED visits**, and **death** due to hypertension per 100,000 people.



Age (Years)

Those aged **65+ years** had the highest crude rates of IP hospitalizations, ED visits, and death due to **hypertension** per 100,000 people.

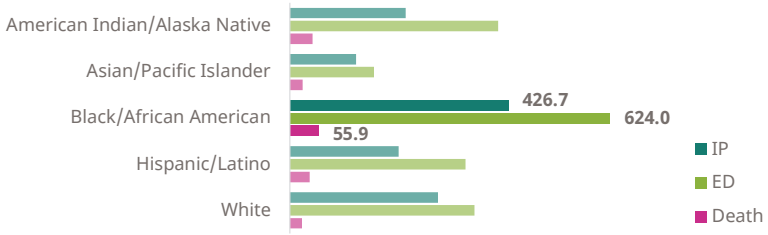
Sex

Males had the highest age-adjusted rates of IP hospitalizations and death and **females** had the highest rate of ED visits due to **hypertension** per 100,000 people.

Diabetes

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rates of **IP hospitalizations**, **ED visits**, and **death** due to diabetes per 100,000 people.



Age (Years)

Those aged **65+ years** had the highest crude rates of IP hospitalizations and death and those aged **45-64 years** had the highest rate of ED visits due to **diabetes** per 100,000 people.

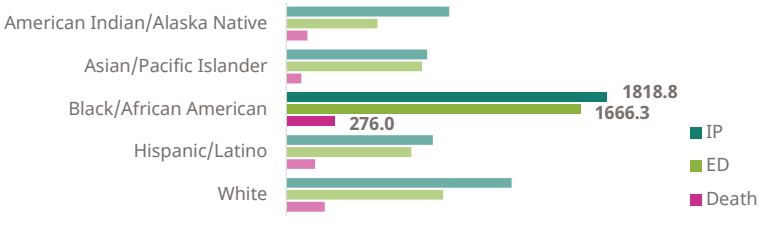
Sex

Males had the highest age-adjusted rates of IP hospitalizations, ED visits, and death due to **diabetes** per 100,000 people.

Cardiovascular Disease

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rates of **IP hospitalizations**, **ED visits**, and **death** due to cardiovascular disease per 100,000 people.



Age (Years)

Those aged **65+ years** had the highest crude rates of IP hospitalizations, ED visits, and death due to **cardiovascular disease** per 100,000 people.

Sex

Males had the highest age-adjusted rates of IP hospitalizations, ED visits, and death due to **cardiovascular disease** per 100,000 people.

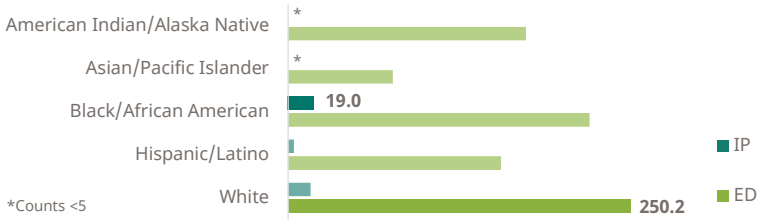
Sources: 2023 Hospital Discharge and Death Data

Valleywise Emergency Room - Maryvale

Anxiety

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rate of **IP hospitalizations** and **Whites** had the highest rate of **ED visits** due to anxiety per 100,000 people.



Age (Years)

Those aged **15-24 years** had the highest crude rates of IP hospitalizations and those aged **25-44 years** had the highest rate of ED visits, due to **anxiety** per 100,000 people.

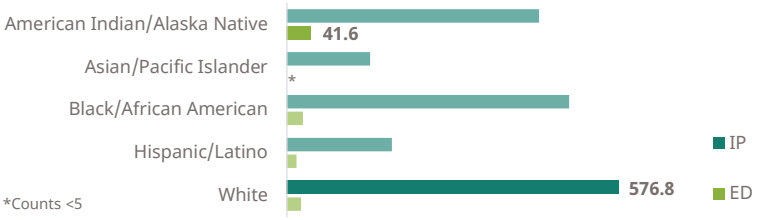
Sex

Females had the highest age-adjusted rates of IP hospitalizations, ED visits, and death due to **anxiety** per 100,000 people.

Depression

Race/Ethnicity

In 2023, **Whites** had the highest age-adjusted rate of **IP hospitalizations** and **American Indian/Alaska Natives** had the highest rate of **ED visits** due to depression per 100,000 people.



Age (Years)

Those aged **15-24 years** had the highest crude rates of IP hospitalizations and ED visits due to **depression** per 100,000 people.

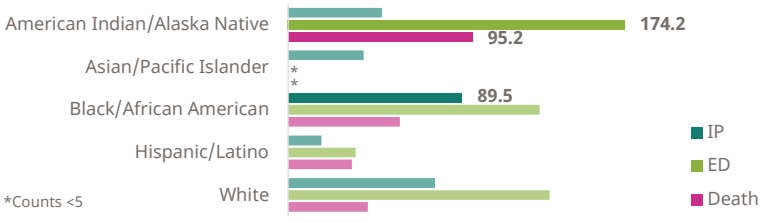
Sex

Males had the highest age-adjusted rates of IP hospitalizations and **females** had the highest rate of ED visits due to **depression** per 100,000 people.

Opioid Misuse

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rate of **IP hospitalizations** and **American Indian/Alaska Natives** had the highest rates of **ED visits** and **death** due to opioid overdose per 100,000 people.



Age (Years)

Those aged **25-44 years** had the highest crude rates of IP hospitalizations, ED visits, and death due to **opioid overdose** per 100,000 people.

Sex

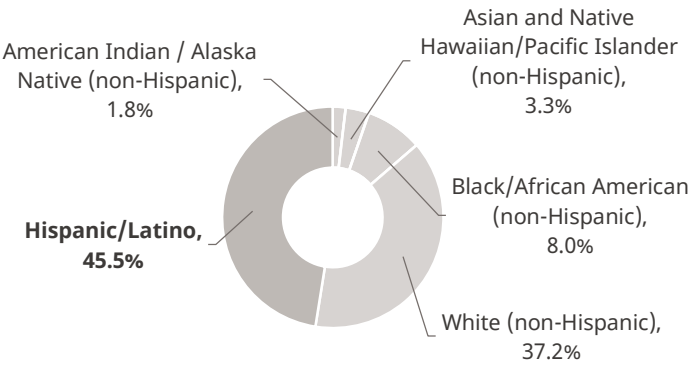
Males had the highest age-adjusted rates of IP hospitalizations, ED visits, and death due to **opioid overdose** per 100,000 people.

Sources: 2023 Hospital Discharge and Death Data

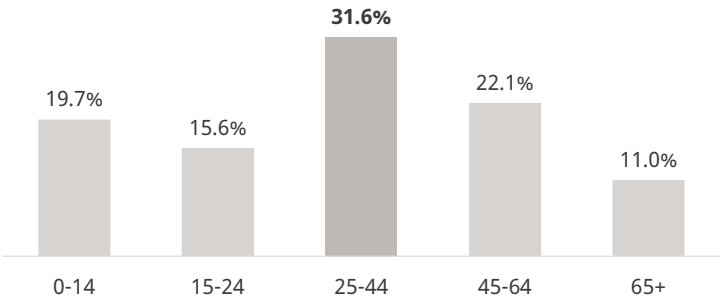
Valleywise Community Health Center - McDowell

Demographic Profile

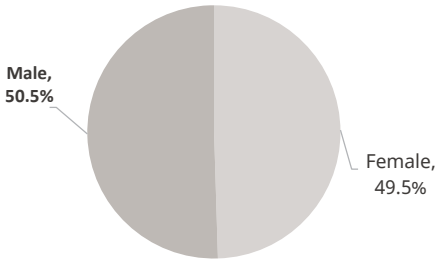
Race/Ethnicity



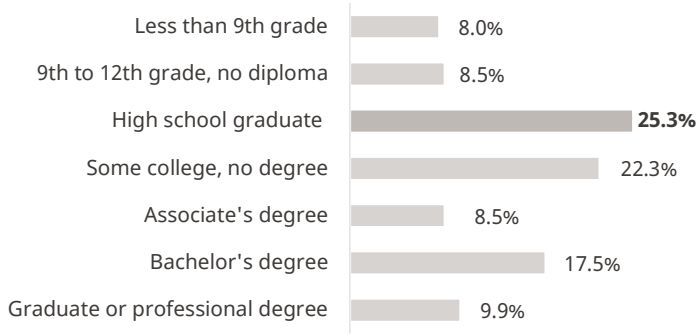
Age (Years)



Sex



Education



Median Household Income

$76,947

Below Poverty Level

All Ages (15.6%); **<18 yrs.** (21.8%)

Employment Status

Employed (94.6%)
Unemployed (5.4%)

Health Insurance Coverage

Insured (84.7%)
Uninsured (15.3%)

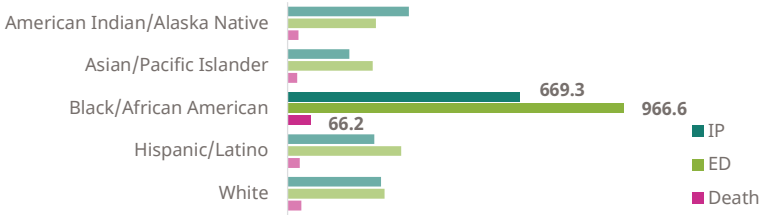
Source: U.S Census Bureau, American Community Survey 5-Year Estimates, 2019-2023

Valleywise Community Health Center - McDowell

Hypertension

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rates of **IP hospitalizations**, **ED visits**, and **death** due to hypertension per 100,000 people.



Age (Years)

Those aged **65+ years** had the highest crude rates of IP hospitalizations, ED visits, and death due to **hypertension** per 100,000 people.

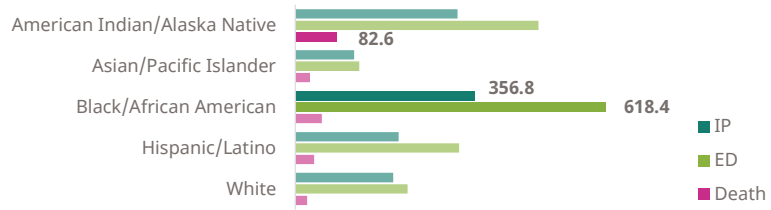
Sex

Males had the highest age-adjusted rates of IP hospitalizations and death and **females** had the highest rate of ED visits due to **hypertension** per 100,000 people.

Diabetes

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rates of **IP hospitalizations** and **ED visits** and **American Indian/Alaska Natives** had the highest rate of **death** due to diabetes per 100,000 people.



Age (Years)

Those aged **65+ years** had the highest crude rates of IP hospitalizations and death and those aged **45-64 years** had the highest rate of ED visits due to **diabetes** per 100,000 people.

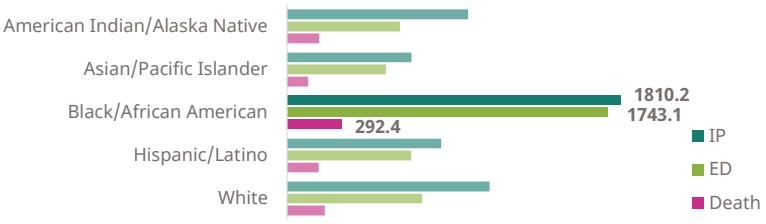
Sex

Males had the highest age-adjusted rates of IP hospitalizations, ED visits, and death due to **diabetes** per 100,000 people.

Cardiovascular Disease

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rates of **IP hospitalizations**, **ED visits**, and **death** due to cardiovascular disease per 100,000 people.



Age (Years)

Those aged **65+ years** had the highest crude rates of IP hospitalizations, ED visits, and death due to **cardiovascular disease** per 100,000 people.

Sex

Males had the highest age-adjusted rates of IP hospitalizations, ED visits, and death due to **cardiovascular disease** per 100,000 people.

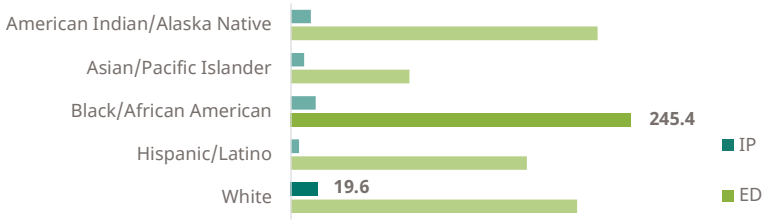
Sources: 2023 Hospital Discharge and Death Data

Valleywise Community Health Center - McDowell

Anxiety

Race/Ethnicity

In 2023, **Whites** had the highest age-adjusted rate of **IP hospitalizations** and **Black/African Americans** had the highest rate of **ED visits** due to anxiety per 100,000 people.



Age (Years)

Those aged **15-24 years** had the highest crude rates of IP hospitalizations and those aged **25-44 years** had the highest rate of ED visits due to **anxiety** per 100,000 people.

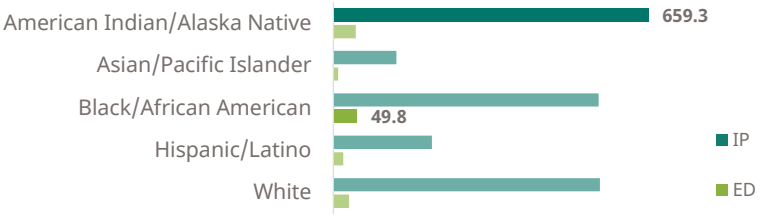
Sex

Females had the highest age-adjusted rates of IP hospitalizations and ED visits due to **anxiety** per 100,000 people.

Depression

Race/Ethnicity

In 2023, **American Indian/Alaska Natives** had the highest age-adjusted rate of **IP hospitalizations** and **Black/African Americans** had the highest rate of **ED visits** due to depression per 100,000 people.



Age (Years)

Those aged **15-24 years** had the highest crude rates of IP hospitalizations and ED visits due to **depression** per 100,000 people.

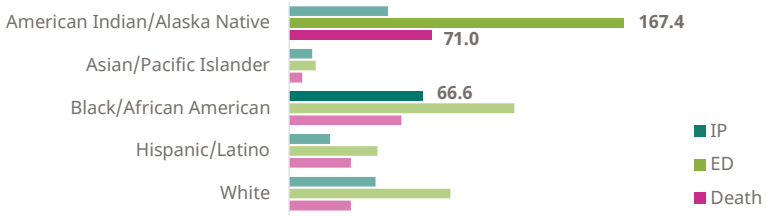
Sex

Males had the highest age-adjusted rates of IP hospitalizations and **females** had the highest rate of ED visits due to **depression** per 100,000 people.

Opioid Misuse

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rate of **IP hospitalizations** and **American Indian/Alaska Natives** had the highest rates of **ED visits** and **death** due to opioid overdose per 100,000 people.



Age (Years)

Those aged **25-44 years** had the highest crude rates of IP hospitalizations, ED visits, and death due to **opioid overdose** per 100,000 people.

Sex

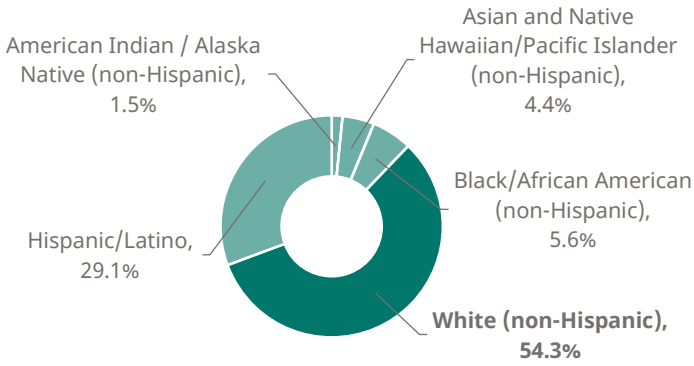
Males had the highest age-adjusted rates of IP hospitalizations, ED visits, and death due to **opioid overdose** per 100,000 people.

Sources: 2023 Hospital Discharge and Death Data

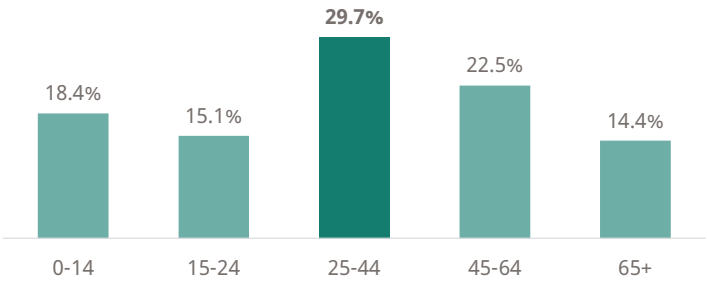
Valleywise Community Health Center - Mesa

Demographic Profile

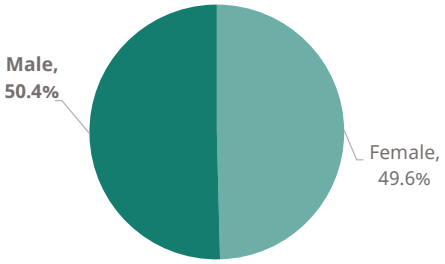
Race/Ethnicity



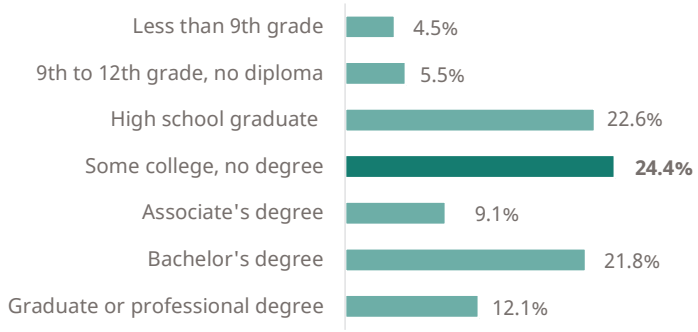
Age (Years)



Sex



Education



Median Household Income

$86,666

Below Poverty Level

All Ages (11.7%); **<18 yrs.** (14.9%)

Employment Status

Employed (95.3%)
Unemployed (4.7%)

Health Insurance Coverage

Insured (88.7%)
Uninsured (11.3%)

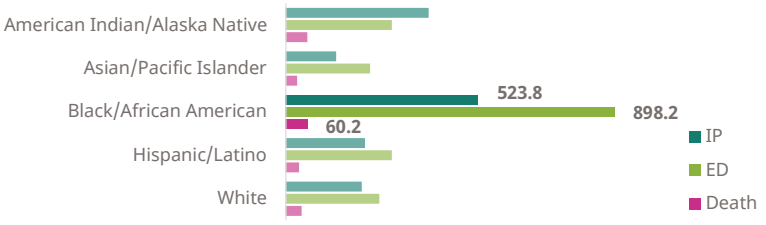
Source: U.S Census Bureau, American Community Survey 5-Year Estimates, 2019-2023

Valleywise Community Health Center - Mesa

Hypertension

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rates of **IP hospitalizations**, **ED visits**, and **death** due to hypertension per 100,000 people.



Age (Years)

Those aged **65+ years** had the highest crude rates of IP hospitalizations, ED visits, and death due to **hypertension** per 100,000 people.

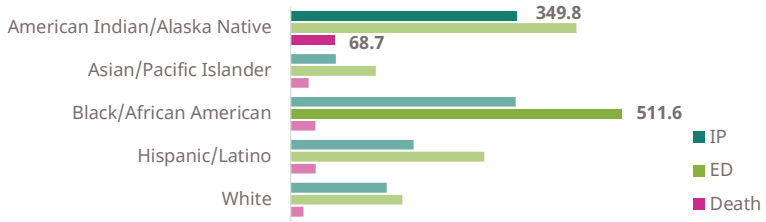
Sex

Males had the highest age-adjusted rates of IP hospitalizations and death and **females** had the highest rate of ED visits due to **hypertension** per 100,000 people.

Diabetes

Race/Ethnicity

In 2023, **American Indian/Alaska Natives** had the highest age-adjusted rates of **IP hospitalizations** and **death** and **Black/African Americans** had the highest rate of **ED visits** due to diabetes per 100,000 people.



Age (Years)

Those aged **65+ years** had the highest crude rates of IP hospitalizations and death and those aged **45-64 years** had the highest rate of ED visits due to **diabetes** per 100,000 people.

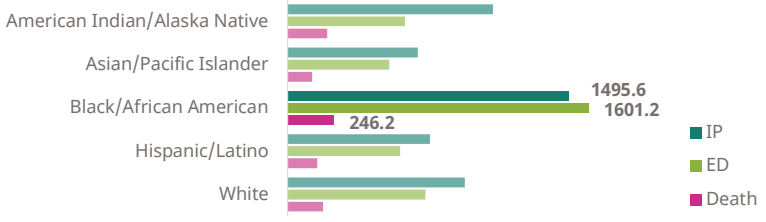
Sex

Males had the highest age-adjusted rates of IP hospitalizations, ED visits, and death due to **diabetes** per 100,000 people.

Cardiovascular Disease

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rates of **IP hospitalizations**, **ED visits**, and **death** due to cardiovascular disease per 100,000 people.



Age (Years)

Those aged **65+ years** had the highest crude rates of IP hospitalizations, ED visits, and death due to **cardiovascular disease** per 100,000 people.

Sex

Males had the highest age-adjusted rates of IP hospitalizations, ED visits, and death due to **cardiovascular disease** per 100,000 people.

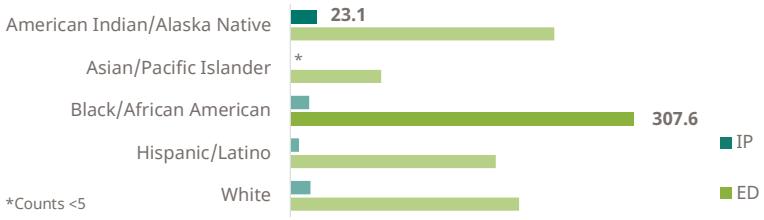
Sources: 2023 Hospital Discharge and Death Data

Valleywise Community Health Center - Mesa

Anxiety

Race/Ethnicity

In 2023, **American Indian/Alaska Natives** had the highest age-adjusted rate of **IP hospitalizations** and **Black/African Americans** had the highest rate of **ED visits** due to anxiety per 100,000 people.



Age (Years)

Those aged **15-24 years** had the highest crude rates of IP hospitalizations and those aged **25-44 years** had the highest rate of ED visits, due to **anxiety** per 100,000 people.

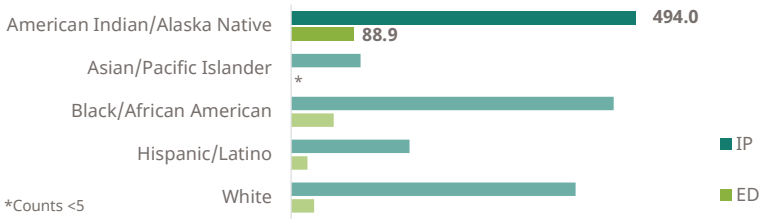
Sex

Females had the highest age-adjusted rates of IP hospitalizations, ED visits, and death due to **anxiety** per 100,000 people.

Depression

Race/Ethnicity

In 2023, **American Indian/Alaska Natives** had the highest age-adjusted rates of **IP hospitalizations** and **ED visits** due to depression per 100,000 people.



Age (Years)

Those aged **15-24 years** had the highest crude rates of IP hospitalizations and ED visits due to **depression** per 100,000 people.

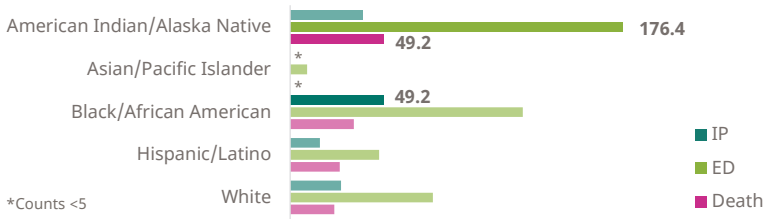
Sex

Females had the highest age-adjusted rates of IP hospitalizations and ED visits due to **depression** per 100,000 people.

Opioid Misuse

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rate of **IP hospitalizations** and **American Indian/Alaska Natives** had the highest rates of **ED visits** and **death** due to opioid overdose per 100,000 people.



Age (Years)

Those aged **25-44 years** had the highest crude rates of IP hospitalizations, ED visits, and death due to **opioid overdose** per 100,000 people.

Sex

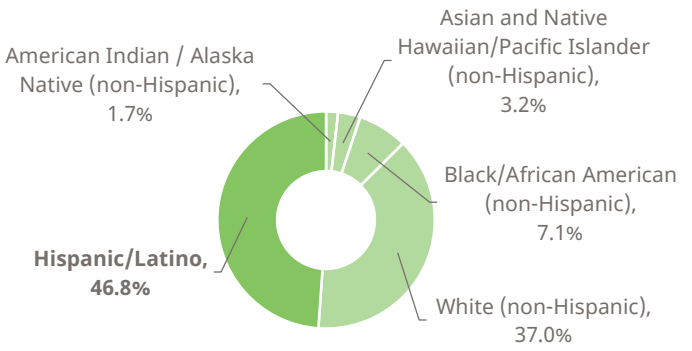
Males had the highest age-adjusted rates of IP hospitalizations, ED visits, and death due to **opioid overdose** per 100,000 people.

Sources: 2023 Hospital Discharge and Death Data

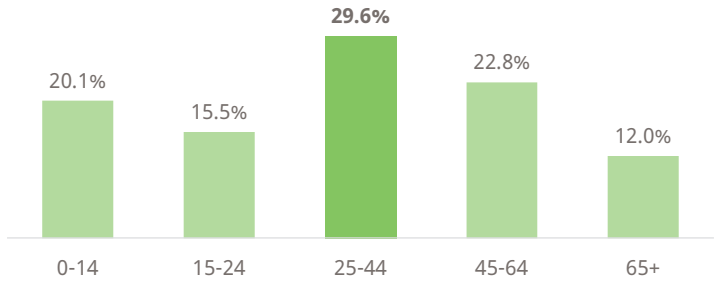
Valleywise Community Health Center - North Phoenix

Demographic Profile

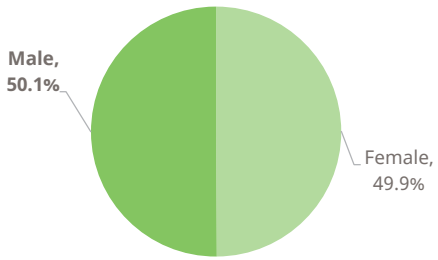
Race/Ethnicity



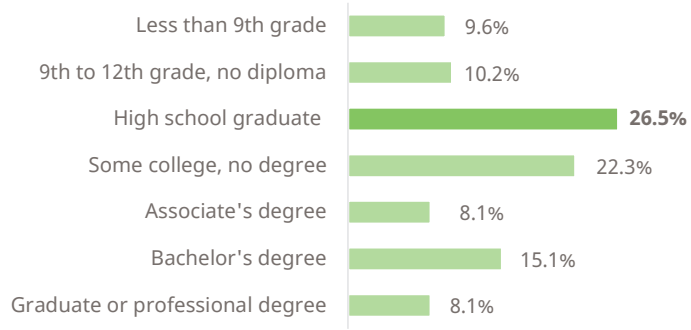
Age (Years)



Sex



Education



Median Household Income

$69,436

Below Poverty Level

All Ages (18.8%); **<18 yrs.** (27.9%)

Employment Status

Employed (94.0%)
Unemployed (6.0%)

Health Insurance Coverage

Insured (83.2%)
Uninsured (16.8%)

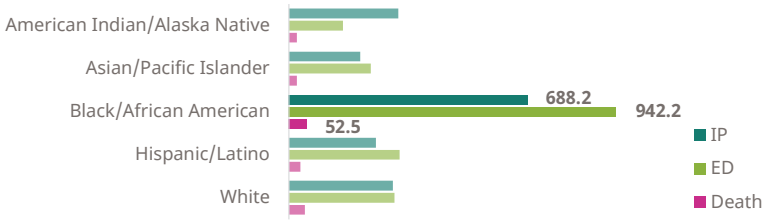
Source: U.S Census Bureau, American Community Survey 5-Year Estimates, 2019-2023

Valleywise Community Health Center - North Phoenix

Hypertension

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rates of **IP hospitalizations**, **ED visits**, and **death** due to hypertension per 100,000 people.



Age (Years)

Those aged **65+ years** had the highest crude rates of IP hospitalizations, ED visits, and death due to **hypertension** per 100,000 people.

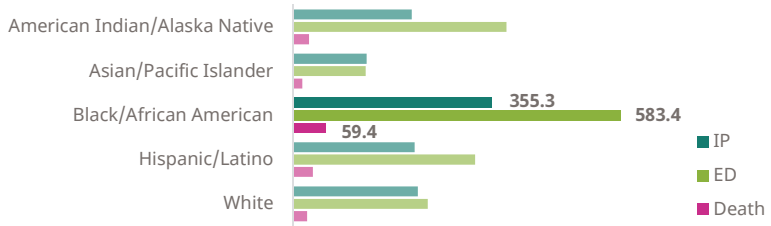
Sex

Males had the highest age-adjusted rates of IP hospitalizations and death and **females** had the highest rate of ED visits due to **hypertension** per 100,000 people.

Diabetes

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rates of **IP hospitalizations**, **ED visits**, and **death** due to diabetes per 100,000 people.



Age (Years)

Those aged **45-64 years** had the highest crude rates of IP hospitalizations and ED visits and those aged **65+ years** had the highest rate of death due to **diabetes** per 100,000 people.

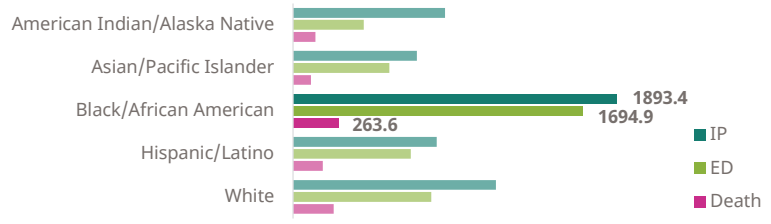
Sex

Males had the highest age-adjusted rates of IP hospitalizations, ED visits, and death due to **diabetes** per 100,000 people.

Cardiovascular Disease

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rates of **IP hospitalizations**, **ED visits**, and **death** due to cardiovascular disease per 100,000 people.



Age (Years)

Those aged **65+ years** had the highest crude rates of IP hospitalizations, ED visits, and death due to **cardiovascular disease** per 100,000 people.

Sex

Males had the highest age-adjusted rates of IP hospitalizations, ED visits, and death due to **cardiovascular disease** per 100,000 people.

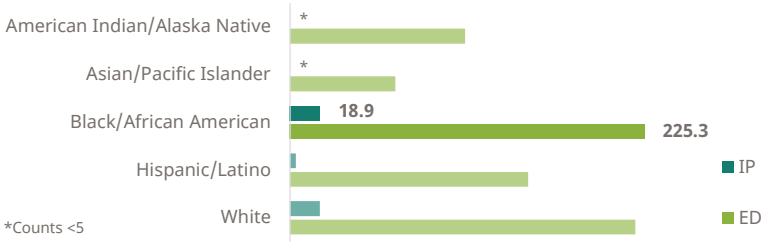
Sources: 2023 Hospital Discharge and Death Data

Valleywise Community Health Center - North Phoenix

Anxiety

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rates of **IP hospitalizations** and **ED visits** due to anxiety per 100,000 people.



Age (Years)

Those aged **15-24 years** had the highest crude rates of IP hospitalizations and those aged **25-44 years** had the highest rate ED visits due to **anxiety** per 100,000 people.

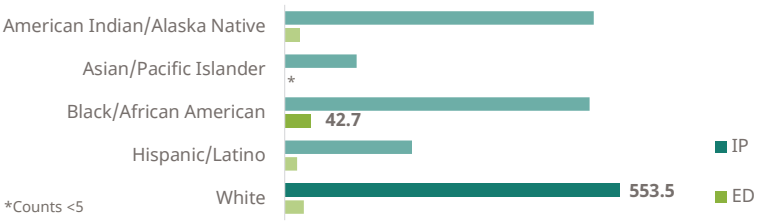
Sex

Females had the highest age-adjusted rates of IP hospitalizations, ED visits, and death due to **anxiety** per 100,000 people.

Depression

Race/Ethnicity

In 2023, **Whites** had the highest age-adjusted rate of **IP hospitalizations** and **Black/African Americans** had the highest rate of **ED visits** due to depression per 100,000 people.



Age (Years)

Those aged **15-24 years** had the highest crude rates of IP hospitalizations, ED visits, and death due to **depression** per 100,000 people.

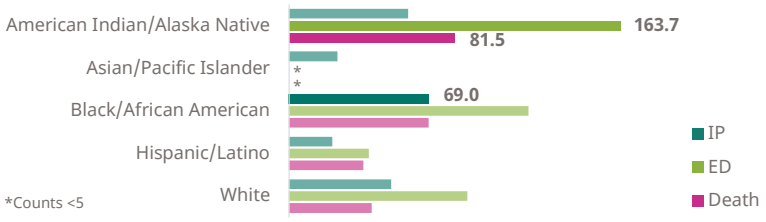
Sex

Males had the highest age-adjusted rates of IP hospitalization and **females** had the highest rate of ED visits due to **depression** per 100,000 people.

Opioid Misuse

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rate of **IP hospitalizations** and **American Indian/Alaska Natives** had the highest rates of **ED visits** and **death** due to opioid overdose per 100,000 people.



Age (Years)

Those aged **45-64 years** had the highest crude rates of IP hospitalizations and those aged **25-44 years** had the highest rate of ED visits, and death due to **opioid overdose** per 100,000 people.

Sex

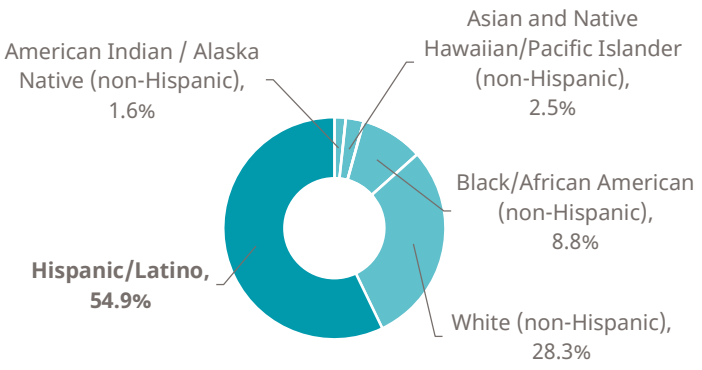
Males had the highest age-adjusted rates of IP hospitalizations, ED visits, and death due to **opioid overdose** per 100,000 people.

Sources: 2023 Hospital Discharge and Death Data

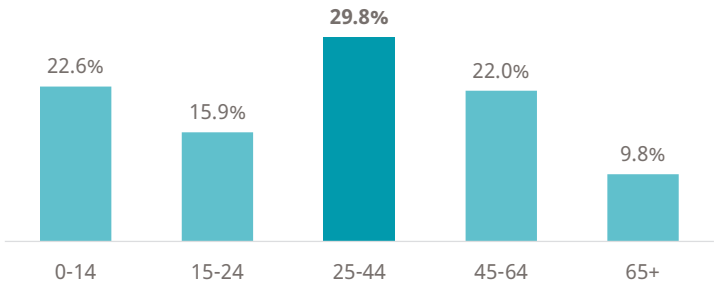
Valleywise Comprehensive Health Center - Peoria

Demographic Profile

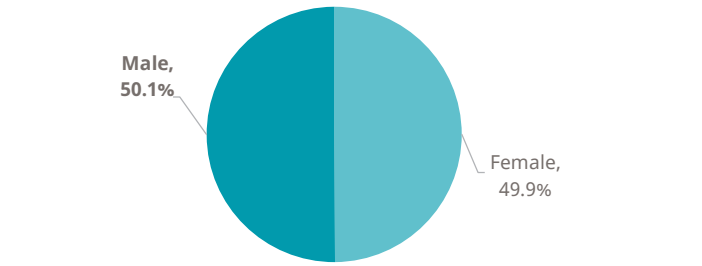
Race/Ethnicity



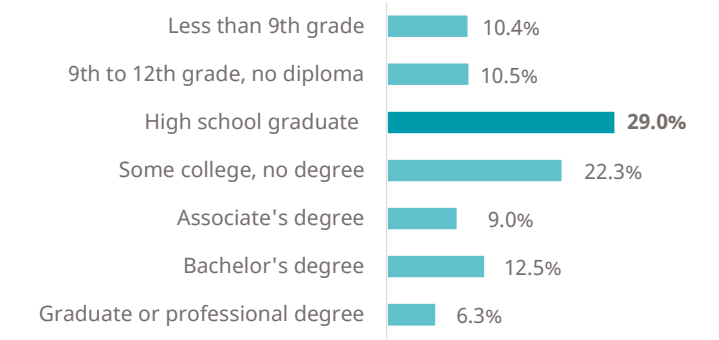
Age (Years)



Sex



Education



Median Household Income

$74,618

Below Poverty Level

All Ages (16.3%); **<18 yrs.** (22.5%)

Employment Status

Employed (94.4%)
Unemployed (5.6%)

Health Insurance Coverage

Insured (83.1%)
Uninsured (16.9%)

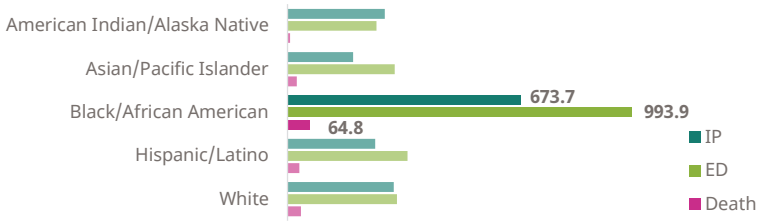
Source: U.S Census Bureau, American Community Survey 5-Year Estimates, 2019-2023

Valleywise Comprehensive Health Center - Peoria

Hypertension

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rates of **IP hospitalizations**, **ED visits**, and **death** due to hypertension per 100,000 people.



Age (Years)

Those aged **65+ years** had the highest crude rates of IP hospitalizations, ED visits, and death due to **hypertension** per 100,000 people.

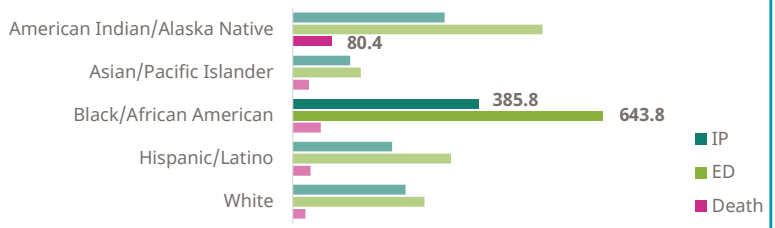
Sex

Males had the highest age-adjusted rates of IP hospitalizations and death and **females** had the highest rate of ED visits due to **hypertension** per 100,000 people.

Diabetes

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rates of **IP hospitalizations** and **ED visits** and **American Indian/Alaska Natives** had the highest rate of **death** due to diabetes per 100,000 people.



Age (Years)

Those aged **65+ years** had the highest crude rates of IP hospitalizations and death and those aged **45-64 years** had the highest rate of ED visits due to **diabetes** per 100,000 people.

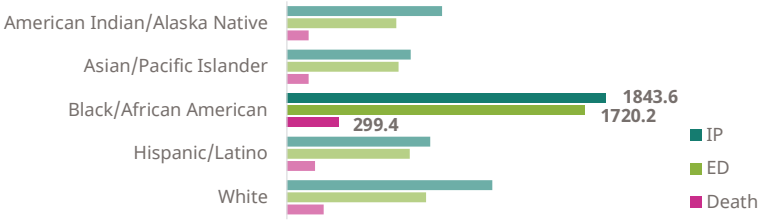
Sex

Males had the highest age-adjusted rates of IP hospitalizations, ED visits, and death due to **diabetes** per 100,000 people.

Cardiovascular Disease

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rates of **IP hospitalizations**, **ED visits**, and **death** due to cardiovascular disease per 100,000 people.



Age (Years)

Those aged **65+ years** had the highest crude rates of IP hospitalizations, ED visits, and death due to **cardiovascular disease** per 100,000 people.

Sex

Males had the highest age-adjusted rates of IP hospitalizations, ED visits, and death due to **cardiovascular disease** per 100,000 people.

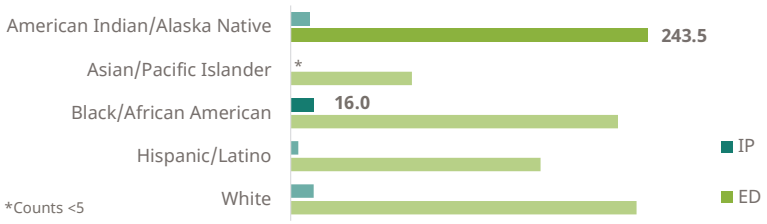
Sources: 2023 Hospital Discharge and Death Data

Valleywise Comprehensive Health Center - Peoria

Anxiety

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rate of **IP hospitalizations** and **American Indian/Alaska Natives** had the highest rate of **ED visits** due to anxiety per 100,000 people.



Age (Years)

Those aged **15-24 years** had the highest crude rate of IP hospitalizations and those aged **25-44 years** had the highest rate of ED visits, due to **anxiety** per 100,000 people.

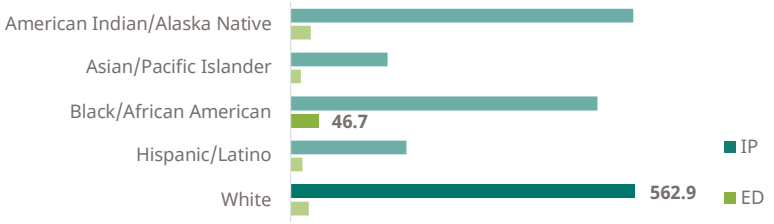
Sex

Females had the highest age-adjusted rates of IP hospitalizations, ED visits, and death due to **anxiety** per 100,000 people.

Depression

Race/Ethnicity

In 2023, **Whites** had the highest age-adjusted rate of **IP hospitalizations** and **Black/African Americans** had the highest rate of **ED visits** due to depression per 100,000 people.



Age (Years)

Those aged **15-24 years** had the highest crude rates of IP hospitalizations, and ED visits due to **depression** per 100,000 people.

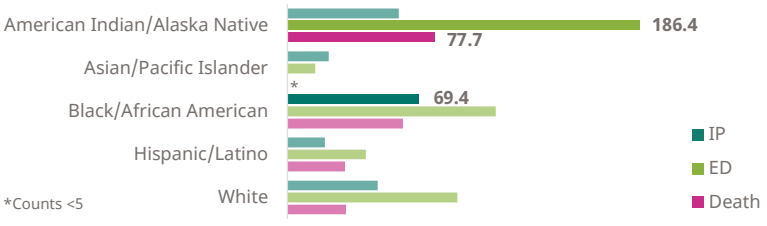
Sex

Males had the highest age-adjusted rates of IP hospitalizations and **females** had the highest rate of ED visits due to **depression** per 100,000 people.

Opioid Misuse

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rate of **IP hospitalizations** and **American Indian/Alaska Natives** had the highest rates of **ED visits** and **death** due to opioid overdose per 100,000 people.



Age (Years)

Those aged **25-44 years** had the highest crude rates of IP hospitalizations, ED visits, and death due to **opioid overdose** per 100,000 people.

Sex

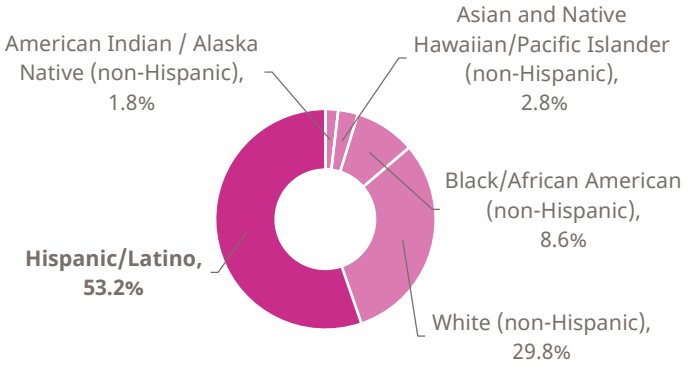
Males had the highest age-adjusted rates of IP hospitalizations, ED visits, and death due to **opioid overdose** per 100,000 people.

Sources: 2023 Hospital Discharge and Death Data

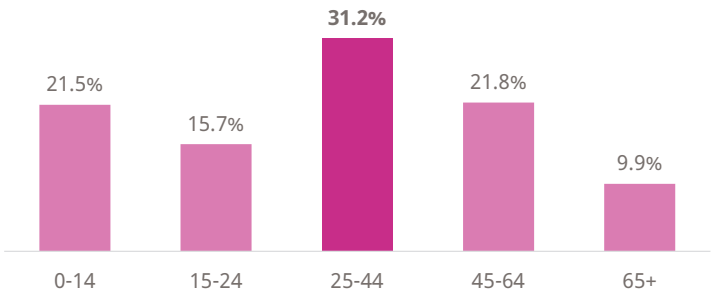
Valleywise Comprehensive Health Center - Phoenix

Demographic Profile

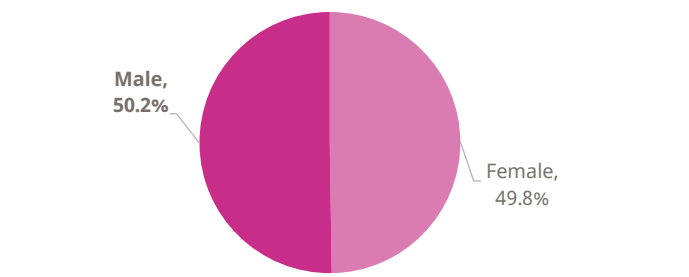
Race/Ethnicity



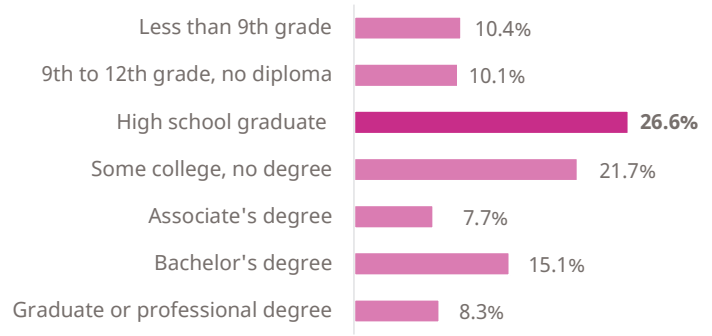
Age (Years)



Sex



Education



Median Household Income

$73,836

Below Poverty Level

All Ages (17.2%); **<18 yrs.** (24.8%)

Employment Status

Employed (94.5%)
Unemployed (5.5%)

Health Insurance Coverage

Insured (82.4%)
Uninsured (17.6%)

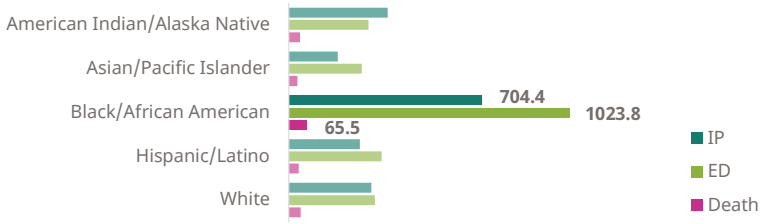
Source: U.S Census Bureau, American Community Survey 5-Year Estimates, 2019-2023

Valleywise Comprehensive Health Center - Phoenix

Hypertension

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rates of **IP hospitalizations**, **ED visits**, and **death** due to hypertension per 100,000 people.



Age (Years)

Those aged **65+ years** had the highest crude rates of IP hospitalizations, ED visits, and death due to **hypertension** per 100,000 people.

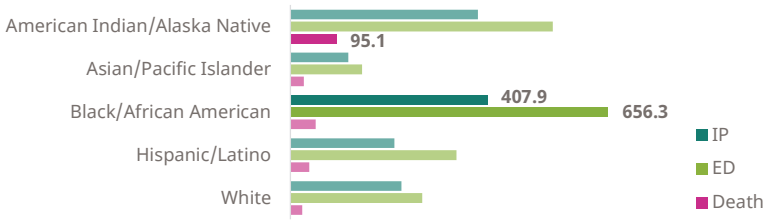
Sex

Males had the highest age-adjusted rates of IP hospitalizations and death and **females** had the highest rate of ED visits due to **hypertension** per 100,000 people.

Diabetes

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rates of **IP hospitalizations** and **ED visits** and **American Indian/Alaska Natives** had the highest rate of **death** due to diabetes per 100,000 people.



Age (Years)

Those aged **65+ years** had the highest crude rates of IP hospitalizations and death and those aged **45-64 years** had the highest rate of ED visits due to **diabetes** per 100,000 people.

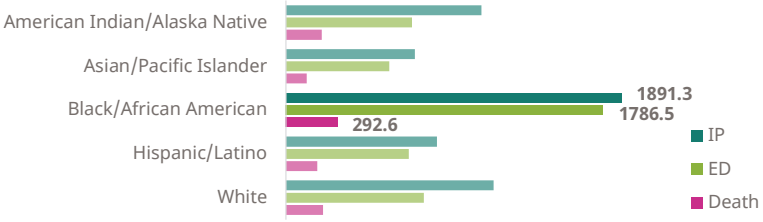
Sex

Males had the highest age-adjusted rates of IP hospitalizations, ED visits, and death due to **diabetes** per 100,000 people.

Cardiovascular Disease

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rates of **IP hospitalizations**, **ED visits**, and **death** due to cardiovascular disease per 100,000 people.



Age (Years)

Those aged **65+ years** had the highest crude rates of IP hospitalizations, ED visits, and death due to **cardiovascular disease** per 100,000 people.

Sex

Males had the highest age-adjusted rates of IP hospitalizations, ED visits, and death due to **cardiovascular disease** per 100,000 people.

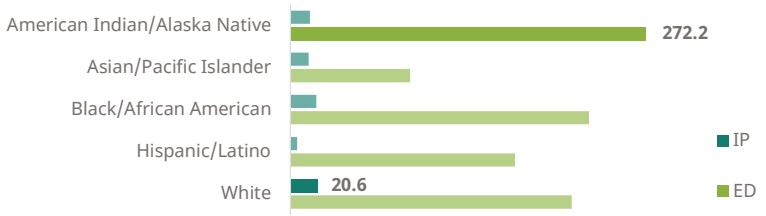
Sources: 2023 Hospital Discharge and Death Data

Valleywise Comprehensive Health Center - Phoenix

Anxiety

Race/Ethnicity

In 2023, **Whites** had the highest age-adjusted rate of **IP hospitalizations** and **American Indian/Alaska Natives** had the highest rate of **ED visits** due to anxiety per 100,000 people.



Age (Years)

Those aged **15-24 years** had the highest crude rates of IP hospitalizations and those aged **25-44 years** had the highest rate of ED visits, due to **anxiety** per 100,000 people.

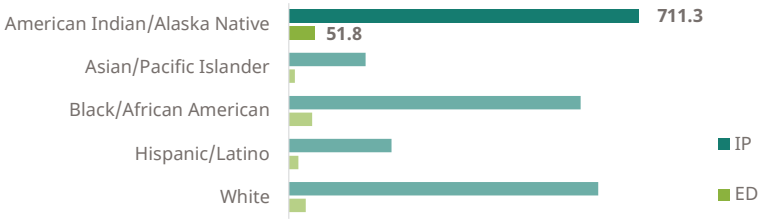
Sex

Females had the highest age-adjusted rates of IP hospitalizations and ED visits due to **anxiety** per 100,000 people.

Depression

Race/Ethnicity

In 2023, **American Indian/Alaska Natives** had the highest age-adjusted rates of **IP hospitalizations** and **ED visits** due to depression per 100,000 people.



Age (Years)

Those aged **15-24 years** had the highest crude rates of IP hospitalizations, and ED visits due to **depression** per 100,000 people.

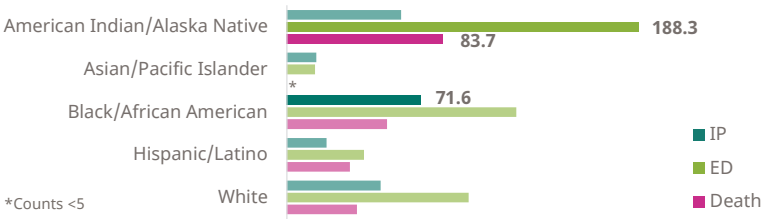
Sex

Males had the highest age-adjusted rate of IP hospitalizations and **females** had the highest rate of ED visits due to **depression** per 100,000 people.

Opioid Misuse

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rate of **IP hospitalizations** and **American Indian/Alaska Natives** had the highest rates of **ED visits** and **death** due to opioid overdose per 100,000 people.



*Counts <5

Age (Years)

Those aged **25-44 years** had the highest crude rates of IP hospitalizations, ED visits, and death due to **opioid overdose** per 100,000 people.

Sex

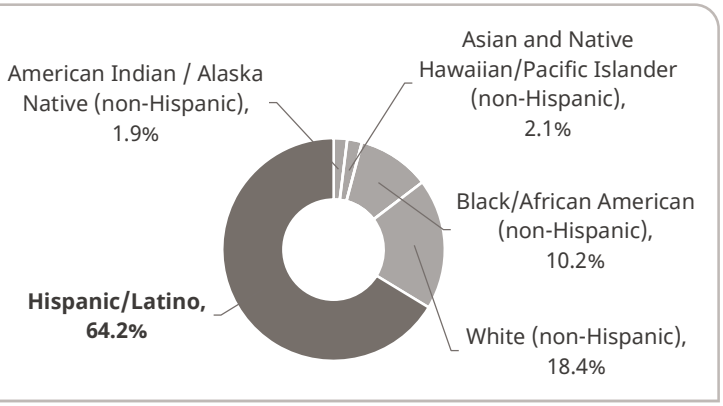
Males had the highest age-adjusted rates of IP hospitalizations, ED visits, and death due to **opioid overdose** per 100,000 people.

Sources: 2023 Hospital Discharge and Death Data

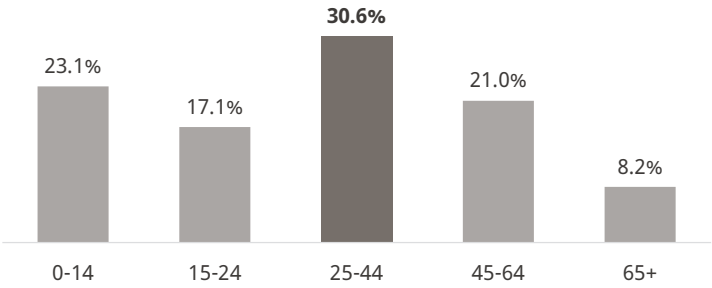
Valleywise Community Health Center - South Central Phoenix

Demographic Profile

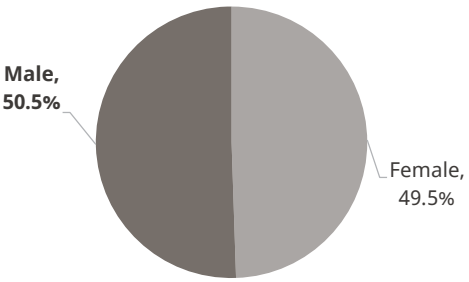
Race/Ethnicity



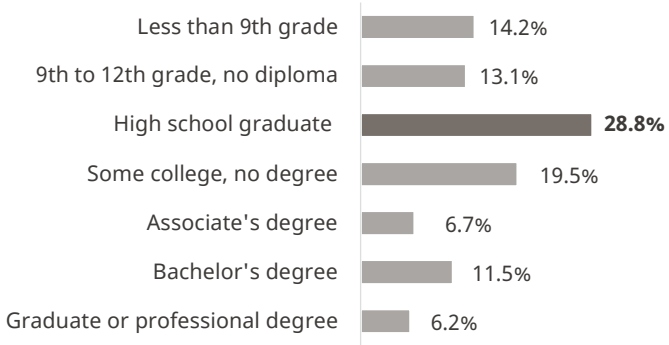
Age (Years)



Sex



Education



Median Household Income

$66,353

Below Poverty Level

All Ages (21.0%); **<18 yrs.** (29.7%)

Employment Status

Employed (94.2%)
Unemployed (5.8%)

Health Insurance Coverage

Insured (79.0%)
Uninsured (21.0%)

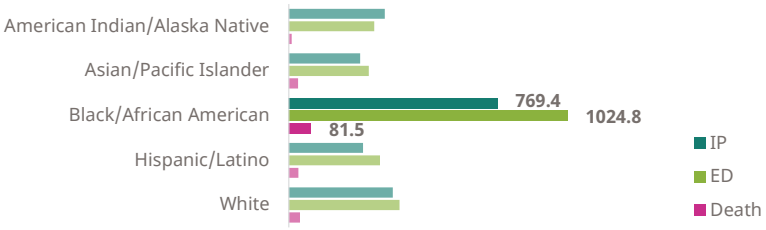
Source: U.S Census Bureau, American Community Survey 5-Year Estimates, 2019-2023

Valleywise Community Health Center - South Central Phoenix

Hypertension

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rates of **IP hospitalizations**, **ED visits**, and **death** due to hypertension per 100,000 people.



Age (Years)

Those aged **65+ years** had the highest crude rates of IP hospitalizations, ED visits, and death due to **hypertension** per 100,000 people.

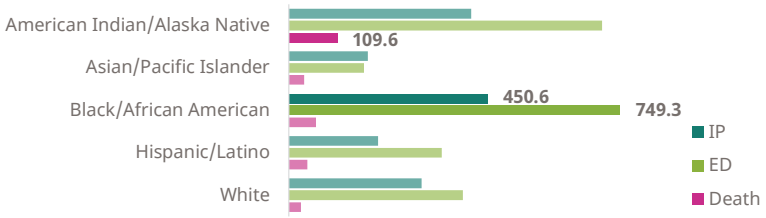
Sex

Males had the highest age-adjusted rates of IP hospitalizations and death and **females** had the highest rate of ED visits due to **hypertension** per 100,000 people.

Diabetes

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rates of **IP hospitalizations** and **ED visits** and **American Indian/Alaska Natives** had the highest rate of **death** due to diabetes per 100,000 people.



Age (Years)

Those aged **65+ years** had the highest crude rates of IP hospitalizations and death and those aged **45-64 years** had the highest rate of ED visits due to **diabetes** per 100,000 people.

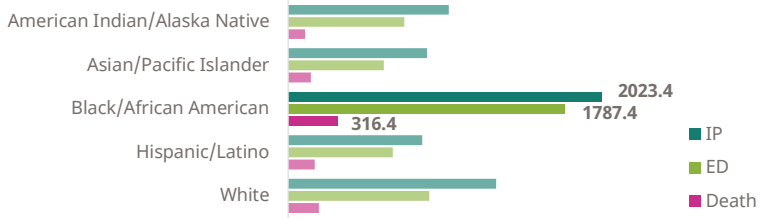
Sex

Males had the highest age-adjusted rates of IP hospitalizations, ED visits, and death due to **diabetes** per 100,000 people.

Cardiovascular Disease

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rates of **IP hospitalizations**, **ED visits**, and **death** due to cardiovascular disease per 100,000 people.



Age (Years)

Those aged **65+ years** had the highest crude rates of IP hospitalizations, ED visits, and death due to **cardiovascular disease** per 100,000 people.

Sex

Males had the highest age-adjusted rates of IP hospitalizations, ED visits, and death due to **cardiovascular disease** per 100,000 people.

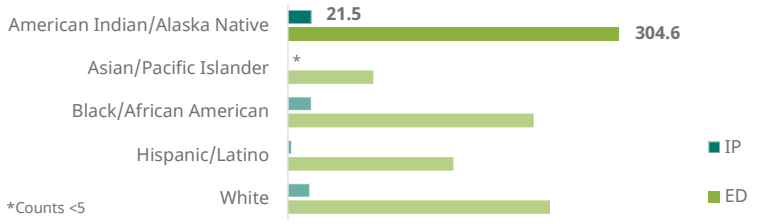
Sources: 2023 Hospital Discharge and Death Data

Valleywise Community Health Center - South Central Phoenix

Anxiety

Race/Ethnicity

In 2023, **American Indian/Alaska Natives** had the highest age-adjusted rates of **IP hospitalizations** and **ED visits** due to anxiety per 100,000 people.



Age (Years)

Those aged **15-24 years** had the highest crude rates of IP hospitalizations and those aged **25-44 years** had the highest rate of ED visits due to **anxiety** per 100,000 people.

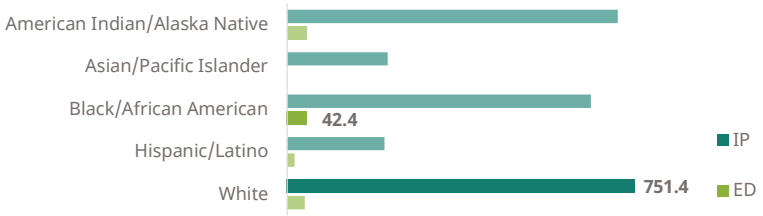
Sex

Females had the highest age-adjusted rates of IP hospitalizations and ED visits due to **anxiety** per 100,000 people.

Depression

Race/Ethnicity

In 2023, **Whites** had the highest age-adjusted rate of **IP hospitalizations** and **Black/African Americans** had the highest rate of **ED visits** due to depression per 100,000 people.



Age (Years)

Those aged **15-24 years** had the highest crude rates of IP hospitalizations and ED visit due to **depression** per 100,000 people.

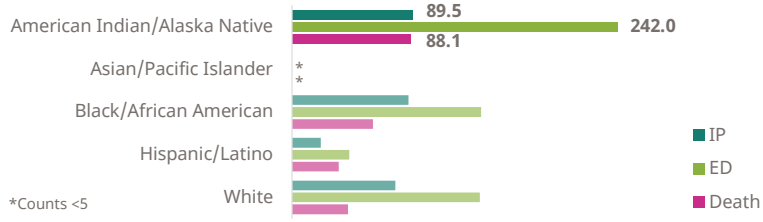
Sex

Males had the highest age-adjusted rates of IP hospitalizations and **females** had the highest rate of ED visits due to **depression** per 100,000 people.

Opioid Misuse

Race/Ethnicity

In 2023, **American Indian/Alaska Natives** had the highest age-adjusted rates of **IP hospitalizations**, **ED visits**, and **death** due to opioid overdose per 100,000 people.



Age (Years)

Those aged **25-44 years** had the highest crude rates of IP hospitalizations, ED visits, and death due to **opioid overdose** per 100,000 people.

Sex

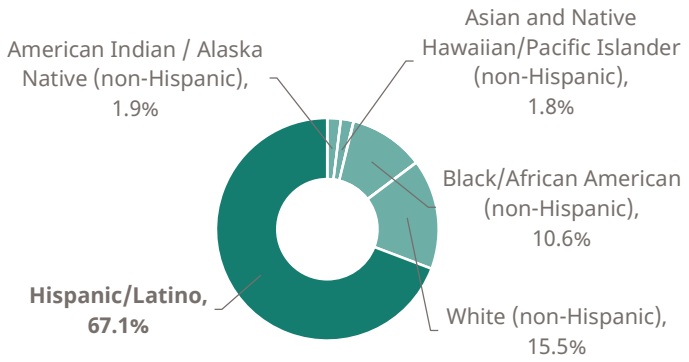
Males had the highest age-adjusted rates of IP hospitalizations, ED visits, and death due to **opioid overdose** per 100,000 people.

Sources: 2023 Hospital Discharge and Death Data

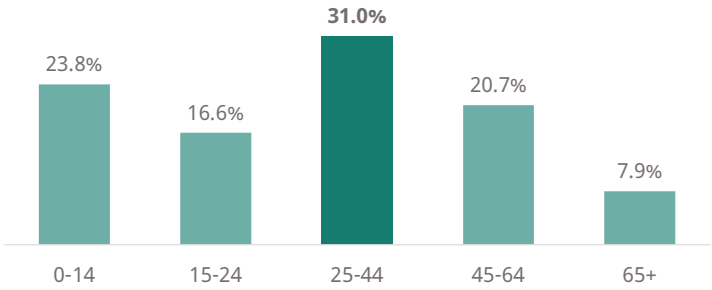
Valleywise Community Health Center - South Phoenix/Laveen

Demographic Profile

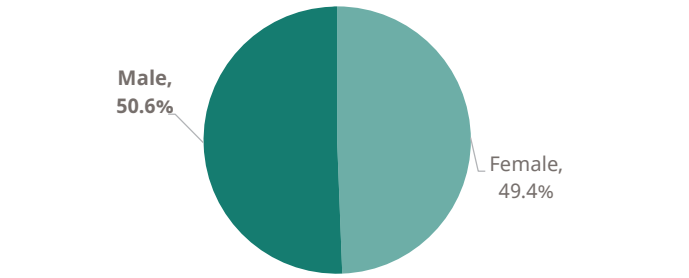
Race/Ethnicity



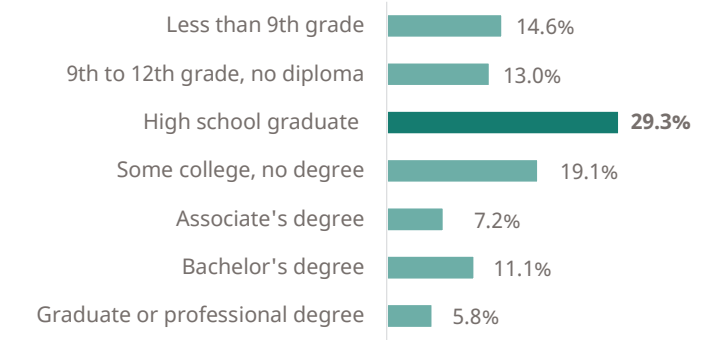
Age (Years)



Sex



Education



Median Household Income

$72,932

Below Poverty Level

All Ages (18.1%); **<18 yrs.** (25.0%)

Employment Status

Employed (94.5%)
Unemployed (5.5%)

Health Insurance Coverage

Insured (79.1%)
Uninsured (20.9%)

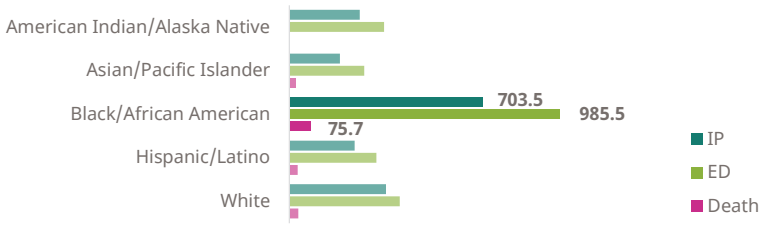
Source: U.S Census Bureau, American Community Survey 5-Year Estimates, 2019-2023

Valleywise Community Health Center - South Phoenix/Laveen

Hypertension

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rates of **IP hospitalizations**, **ED visits**, and **death** due to hypertension per 100,000 people.



Age (Years)

Those aged **65+ years** had the highest crude rates of IP hospitalizations, ED visits, and death due to **hypertension** per 100,000 people.

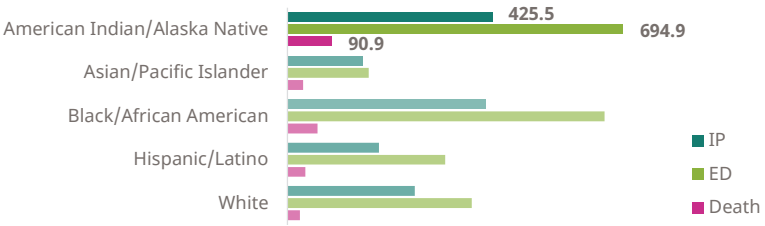
Sex

Males had the highest age-adjusted rates of IP hospitalizations and death and **females** had the highest rate of ED visits due to **hypertension** per 100,000 people.

Diabetes

Race/Ethnicity

In 2023, **American Indian/Alaska Natives** had the highest age-adjusted rates of **IP hospitalizations**, **ED visits**, and **death** due to diabetes per 100,000 people.



Age (Years)

Those aged **65+ years** had the highest crude rates of IP hospitalizations, ED visits, and death due to **diabetes** per 100,000 people.

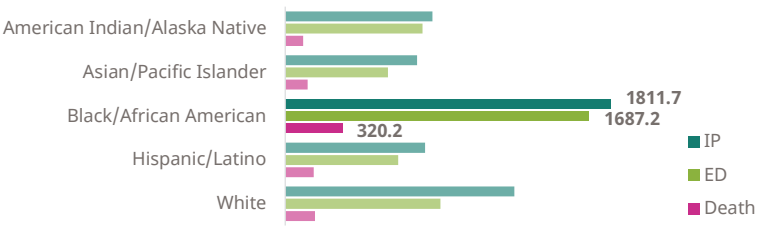
Sex

Males had the highest age-adjusted rates of IP hospitalizations, ED visits, and death due to **diabetes** per 100,000 people.

Cardiovascular Disease

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rates of **IP hospitalizations**, **ED visits**, and **death** due to cardiovascular disease per 100,000 people.



Age (Years)

Those aged **65+ years** had the highest crude rates of IP hospitalizations, ED visits, and death due to **cardiovascular disease** per 100,000 people.

Sex

Males had the highest age-adjusted rates of IP hospitalizations, ED visits, and death due to **cardiovascular disease** per 100,000 people.

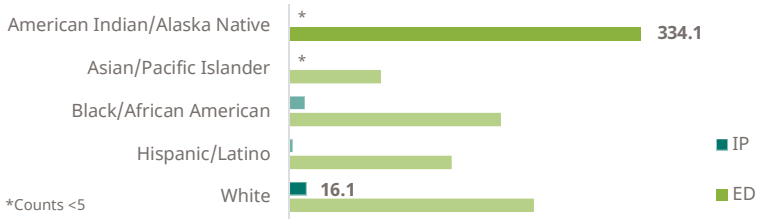
Sources: 2023 Hospital Discharge and Death Data

Valleywise Community Health Center - South Phoenix/Laveen

Anxiety

Race/Ethnicity

In 2023, **Whites** had the highest age-adjusted rate of **IP hospitalizations** and **American Indian/Alaska Natives** had the highest rate of **ED visits** due to anxiety per 100,000 people.



Age (Years)

Those aged **25-44 years** had the highest crude rates of IP hospitalizations and those aged **15-24 years** had the highest rate of ED visits, due to **anxiety** per 100,000 people.

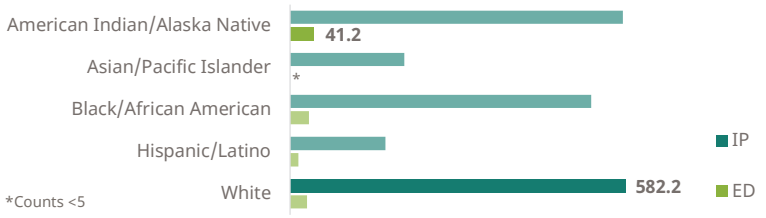
Sex

Females had the highest age-adjusted rates of IP hospitalizations, ED visits, and death due to **anxiety** per 100,000 people.

Depression

Race/Ethnicity

In 2023, **Whites** had the highest age-adjusted rate of **IP hospitalizations** and **American Indian/Alaska Natives** had the highest rate of **ED visits** due to depression per 100,000 people.



Age (Years)

Those aged **15-24 years** had the highest crude rates of IP hospitalizations and ED visits due to **depression** per 100,000 people.

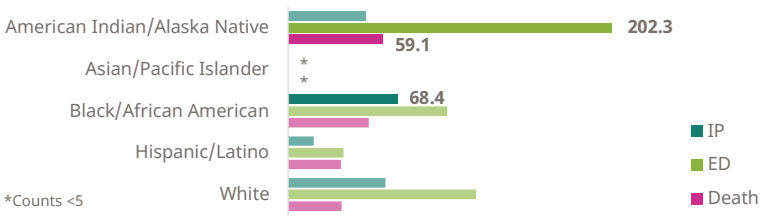
Sex

Males had the highest age-adjusted rates of IP hospitalizations and **females** had the highest rate of ED visits due to **depression** per 100,000 people.

Opioid Misuse

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rate of **IP hospitalizations** and **American Indian/Alaska Natives** had the highest rates of **ED visits** and **death** due to opioid overdose per 100,000 people.



Age (Years)

Those aged **25-44 years** had the highest crude rates of IP hospitalizations, ED visits, and death due to **opioid overdose** per 100,000 people.

Sex

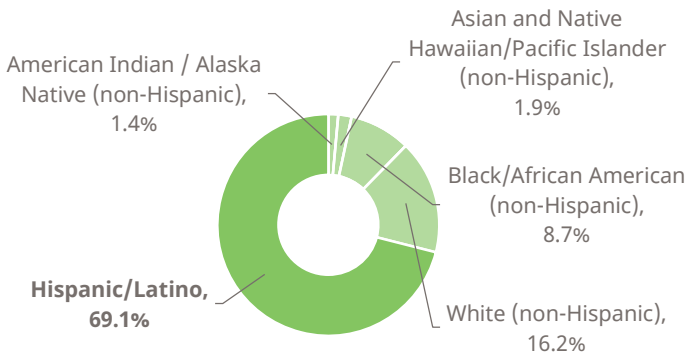
Males had the highest age-adjusted rates of IP hospitalizations, ED visits, and death due to **opioid overdose** per 100,000 people.

Sources: 2023 Hospital Discharge and Death Data

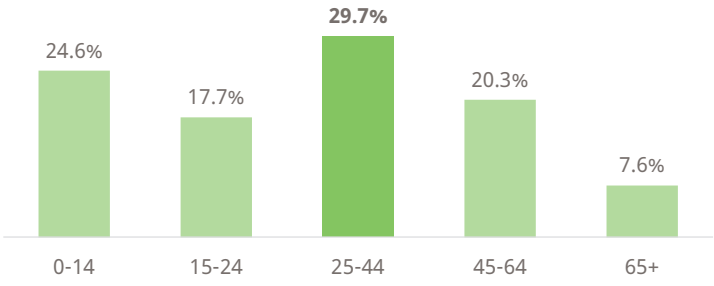
Valleywise Community Health Center - West Maryvale

Demographic Profile

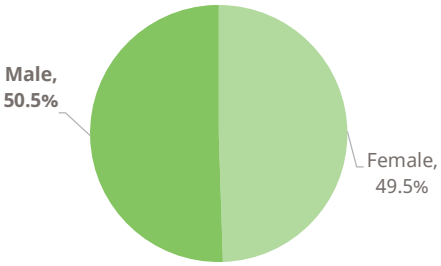
Race/Ethnicity



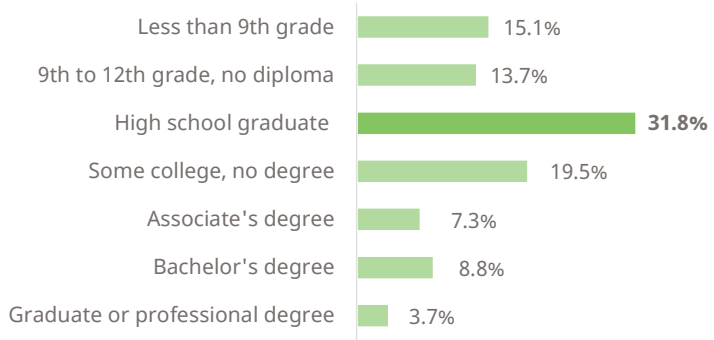
Age (Years)



Sex



Education



Median Household Income

$66,174

Below Poverty Level

All Ages (20.3%); **<18 yrs.** (28.1%)

Employment Status

Employed (94.2%)
Unemployed (5.8%)

Health Insurance Coverage

Insured (79.0%)
Uninsured (21.0%)

Source: U.S Census Bureau, American Community Survey 5-Year Estimates, 2019-2023

Valleywise Community Health Center - West Maryvale

Hypertension

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rates of **IP hospitalizations**, **ED visits**, and **death** due to hypertension per 100,000 people.

Age (Years)

Those aged **65+ years** had the highest crude rates of IP hospitalizations, ED visits, and death due to **hypertension** per 100,000 people.

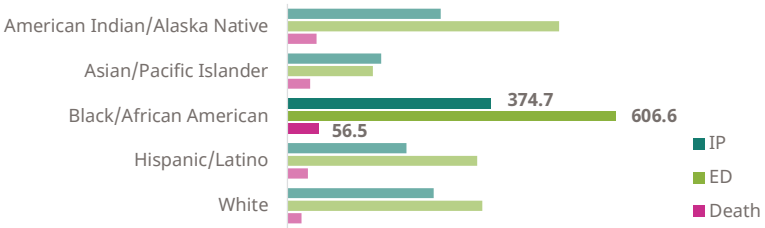
Sex

Males had the highest age-adjusted rates of IP hospitalizations and death and **females** had the highest rate of ED visits due to **hypertension** per 100,000 people.

Diabetes

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rates of **IP hospitalizations**, **ED visits**, and **death** due to diabetes per 100,000 people.



Age (Years)

Those aged **65+ years** had the highest crude rates of IP hospitalizations, ED visits, and death due to **diabetes** per 100,000 people.

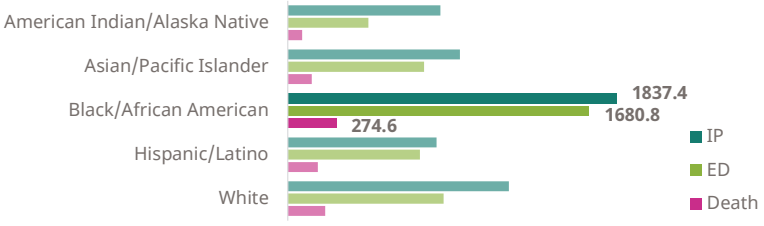
Sex

Males had the highest age-adjusted rates of IP hospitalizations and death and **females** had the highest rate of ED visits due to **diabetes** per 100,000 people.

Cardiovascular Disease

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rates of **IP hospitalizations**, **ED visits**, and **death** due to cardiovascular disease per 100,000 people.



Age (Years)

Those aged **65+ years** had the highest crude rates of IP hospitalizations, ED visits, and death due to **cardiovascular disease** per 100,000 people.

Sex

Males had the highest age-adjusted rates of IP hospitalizations, ED visits, and death due to **cardiovascular disease** per 100,000 people.

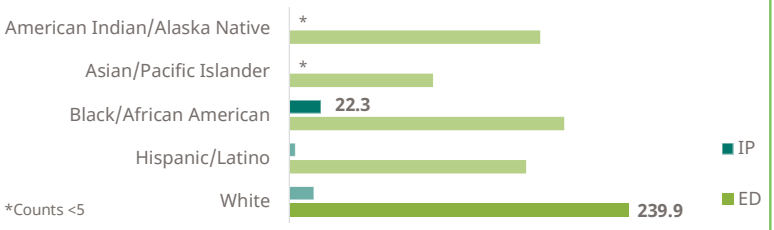
Sources: 2023 Hospital Discharge and Death Data

Valleywise Community Health Center - West Maryvale

Anxiety

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rate of **IP hospitalizations** and **Whites** had the highest rate of **ED visits** due to anxiety per 100,000 people.



Age (Years)

Those aged **15-24 years** had the highest crude rates of IP hospitalizations and those aged **25-44 years** had the highest rate of ED visits due to **anxiety** per 100,000 people.

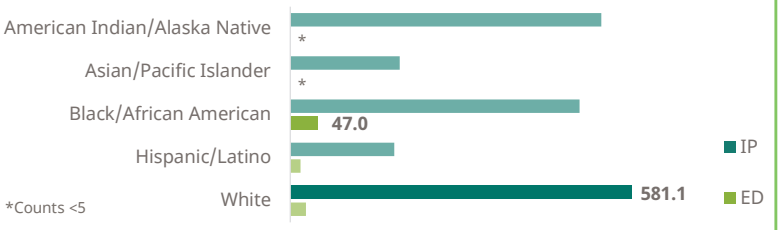
Sex

Females had the highest age-adjusted rates of IP hospitalizations and ED visits due to **anxiety** per 100,000 people.

Depression

Race/Ethnicity

In 2023, **Whites** had the highest age-adjusted rate of **IP hospitalizations** and **Black/African Americans** had the highest rate of **ED visits** due to depression per 100,000 people.



Age (Years)

Those aged **15-24 years** had the highest crude rates of IP hospitalizations and ED visits due to **depression** per 100,000 people.

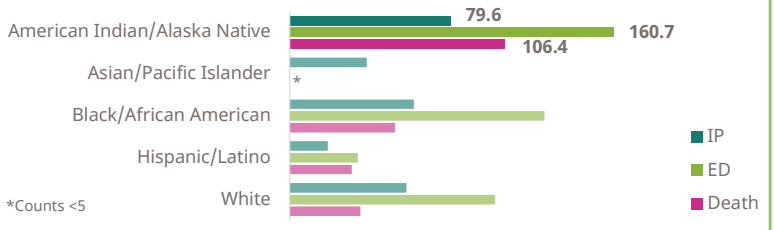
Sex

Males had the highest age-adjusted rates of IP hospitalizations and **females** had the highest rate of ED visits due to **depression** per 100,000 people.

Opioid Misuse

Race/Ethnicity

In 2023, **American Indian/Alaska Natives** had the highest age-adjusted rates of **IP hospitalizations**, **ED visits**, and **death** due to opioid overdose per 100,000 people.



Age (Years)

Those aged **25-44 years** had the highest crude rates of IP hospitalizations, ED visits, and death due to **opioid overdose** per 100,000 people.

Sex

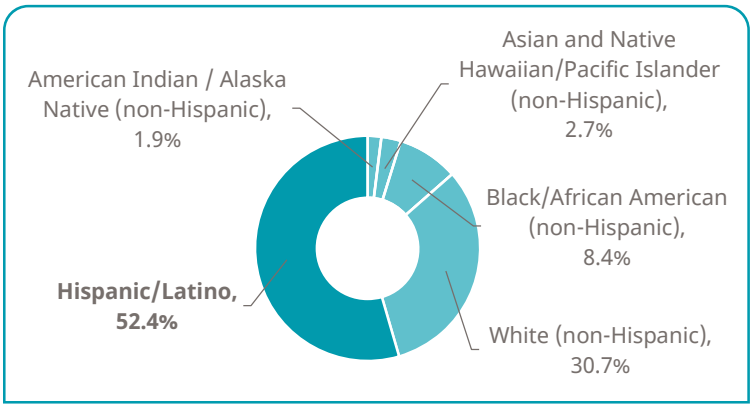
Males had the highest age-adjusted rates of IP hospitalizations, ED visits, and death due to **opioid overdose** per 100,000 people.

Sources: 2023 Hospital Discharge and Death Data

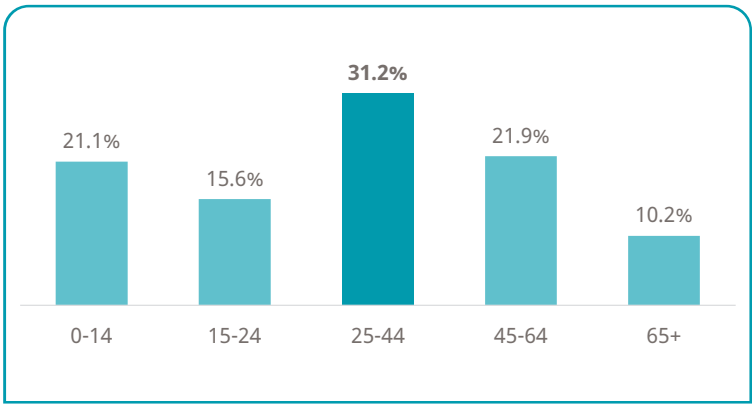
Valleywise Health Medical Center

Demographic Profile

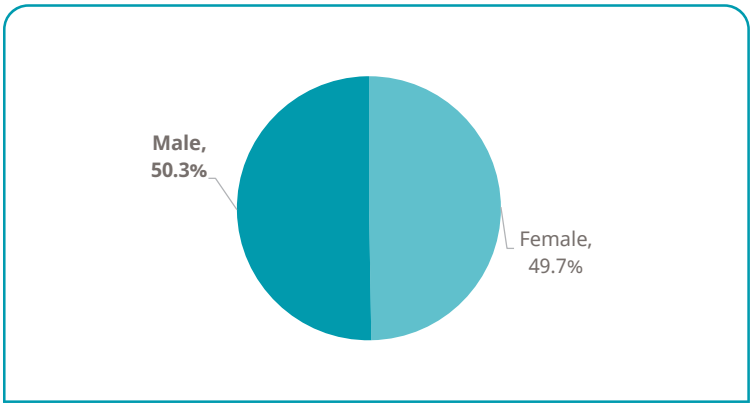
Race/Ethnicity



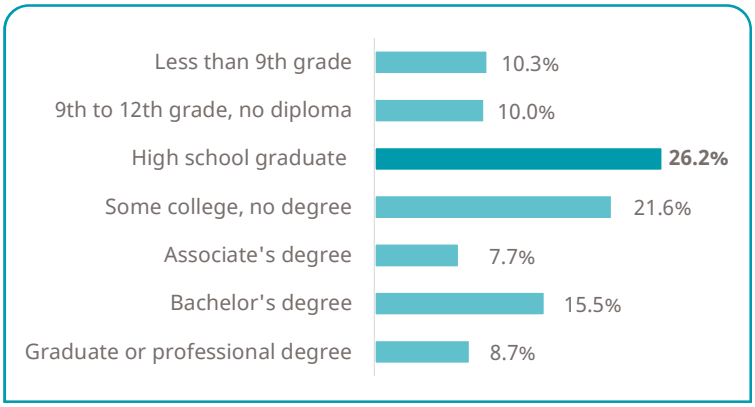
Age (Years)



Sex



Education



Median Household Income

$74,265

Below Poverty Level

All Ages (17.1%); **<18 yrs.** (24.9%)

Employment Status

Employed (94.4%)
Unemployed (5.6%)

Health Insurance Coverage

Insured (82.6%)
Uninsured (17.4%)

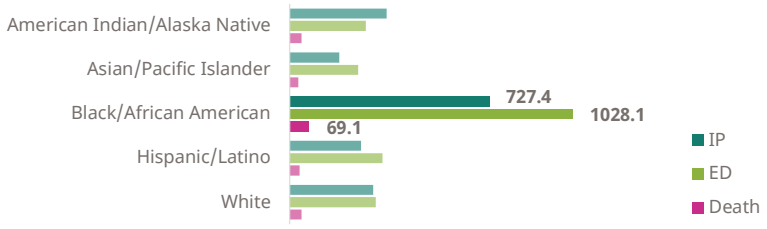
Source: U.S Census Bureau, American Community Survey 5-Year Estimates, 2019-2023

Valleywise Health Medical Center

Hypertension

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rates of **IP hospitalizations**, **ED visits**, and **death** due to hypertension per 100,000 people.



Age (Years)

Those aged **65+ years** had the highest crude rates of IP hospitalizations, ED visits, and death due to **hypertension** per 100,000 people.

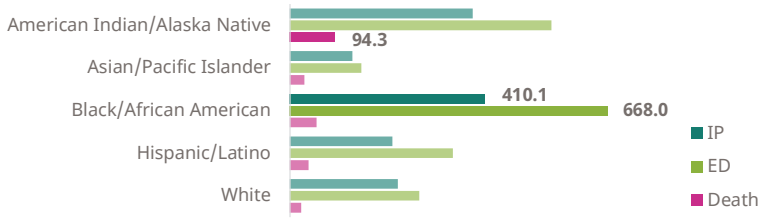
Sex

Males had the highest age-adjusted rates of IP hospitalizations and death and **females** had the highest rate of ED visits due to **hypertension** per 100,000 people.

Diabetes

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rates of **IP hospitalizations** and **ED visits** and **American Indian/Alaska Natives** had the highest rate of **death** due to diabetes per 100,000 people.



Age (Years)

Those aged **65+ years** had the highest crude rates of IP hospitalizations and death and those aged **45-64 years** had the highest rate of ED visits due to **diabetes** per 100,000 people.

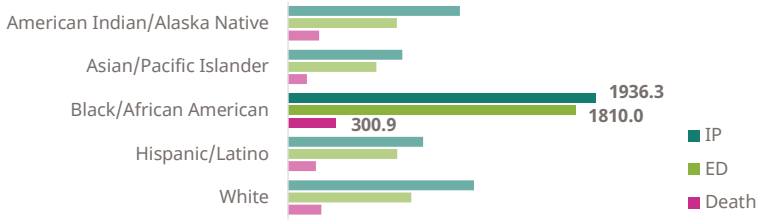
Sex

Males had the highest age-adjusted rates of IP hospitalizations, ED visits, and death due to **diabetes** per 100,000 people.

Cardiovascular Disease

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rates of **IP hospitalizations**, **ED visits**, and **death** due to cardiovascular disease per 100,000 people.



Age (Years)

Those aged **65+ years** had the highest crude rates of IP hospitalizations, ED visits, and death due to **cardiovascular disease** per 100,000 people.

Sex

Males had the highest age-adjusted rates of IP hospitalizations, ED visits, and death due to **cardiovascular disease** per 100,000 people.

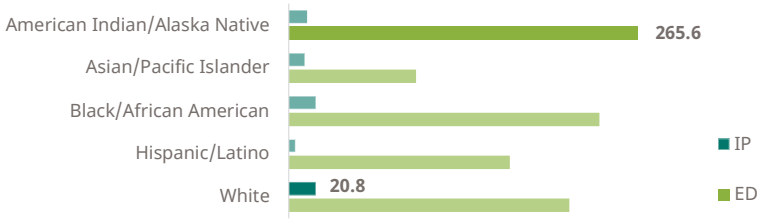
Sources: 2023 Hospital Discharge and Death Data

Valleywise Health Medical Center

Anxiety

Race/Ethnicity

In 2023, **Whites** had the highest age-adjusted rate of **IP hospitalizations** and **American Indian/Alaska Natives** had the highest rate of **ED visits** due to anxiety per 100,000 people.



Age (Years)

Those aged **15-24 years** had the highest crude rate of IP hospitalizations and those aged **25-44 years** had the highest rate of ED visits, due to **anxiety** per 100,000 people.

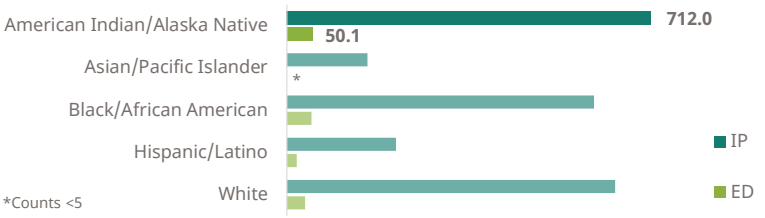
Sex

Females had the highest age-adjusted rates of IP hospitalizations and ED visits due to **anxiety**.

Depression

Race/Ethnicity

In 2023, **American Indian/Alaska Natives** had the highest age-adjusted rates of **IP hospitalizations** and **ED visits** due to depression per 100,000 people.



Age (Years)

Those aged **15-24 years** had the highest crude rates of IP hospitalizations and ED visits due to **depression** per 100,000 people.

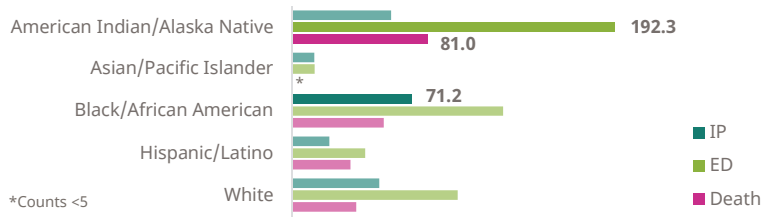
Sex

Males had the highest age-adjusted rates of IP hospitalizations and **females** had the highest rate of ED visits due to **depression** per 100,000 people.

Opioid Misuse

Race/Ethnicity

In 2023, **Black/African Americans** had the highest age-adjusted rate of **IP hospitalizations** and **American Indian/Alaska Natives** had the highest rates of **ED visits** and **death** due to opioid overdose per 100,000 people.



Age (Years)

Those aged **25-44 years** had the highest crude rates of IP hospitalizations, ED visits, and death due to **opioid overdose** per 100,000 people.

Sex

Males had the highest age-adjusted rates of IP hospitalizations, ED visits, and death due to **opioid overdose** per 100,000 people.

Sources: 2023 Hospital Discharge and Death Data

Appendices

This appendix includes the following documents:

Appendix A

Valleywise Health's Combined Primary Service Area ZIP Codes

Appendix B

Top 10 Leading Causes of Inpatient Hospitalization, Emergency Department, and Death in Valleywise Health's Primary Service Area (2023)

Appendix C

Rated Community Assets in Maricopa County - Race/Ethnicity and Special Population

Appendix D

Vizient High Vulnerability ZIP Codes in Valleywise Health's Primary Service Area (2025)

Appendix E

CHNA Assessment Tools and Reports

2023 CHNA Survey

2023 CHNA Focus Group

2024 CHNA Key Informant Interviews

Appendix A: Valleywise Health's Combined Primary Service Area ZIP Codes

85003	85004	85006	85007	85008	85009	85012	85013
85014	85015	85016	85017	85018	85019	85020	85021
85022	85023	85027	85029	85031	85032	85033	85034
85035	85037	85040	85041	85042	85043	85044	85051
85053	85120	85138	85142	85201	85202	85203	85204
85205	85206	85207	85208	85209	85210	85212	85213
85224	85225	85226	85233	85234	85248	85249	85251
85281	85282	85283	85284	85286	85295	85296	85297
85298	85301	85302	85303	85304	85305	85323	85326
85335	85338	85339	85340	85345	85353	85379	85392
85395							

Appendix B: Top 10 Leading Causes of Inpatient Hospitalization, Emergency Department, and Death in Valleywise Health's Primary Service Area (2023)

Top 10 Leading Causes of Inpatient Hospitalization (IP), Emergency Department (ED), and Death in Valleywise Health's Primary Service Area (2023)			
	IP	**ED**	**Death**
1	Septicemia	Injuries	Diseases of Heart
2	Injuries	Abdominal Pain and Other Digestive/Abdomen Signs and Symptoms	Malignant Neoplasms
3	Depressive Disorders	Other Specified Upper Respiratory Infections	Drug Overdose
4	Schizophrenia Spectrum and Other Psychotic Disorders	Nonspecific Chest Pain	Chronic Lower Respiratory Diseases
5	Heart Failure	Musculoskeletal Pain, Not Low Back Pain	Cerebrovascular Disease
6	Bipolar and Related Disorders	Urinary Tract Infections	Diabetes
7	Diabetes Mellitus with Complication	Skin and Subcutaneous Tissue Infections	Alzheimer Disease
8	Pneumonia (except that caused by tuberculosis)	Headache; Including Migraine	Unintentional Injuries
9	Cardiac Dysrhythmias	Nausea and Vomiting	Intentional Self Harm
10	Acute and Unspecified Renal Failure	Respiratory Signs and Symptoms	Chronic Liver Disease and Cirrhosis

Appendix C: Rated Community Assets in Maricopa County - Race/Ethnicity and Special Population

During the 2023 community survey, participants were asked to rate a series of community assets around where they live. Respondents could choose from “Very Good”, “Fair”, “Poor”, or “Not Applicable.”

The following tables display results from this question with the top three ratings of community assets by race/ethnicity and special population, focusing on the groups with the highest proportions of "poor” and “very good” ratings. Color coding is used to highlight trends across different groups, with one color per asset.

Top 3 Community Assets Rated Poor by Race/Ethnicity

Race/Ethnicity	1st	2nd	3rd
American Indian or Alaska Native	Access to affordable housing	Ability to communicate with local leadership and feel my voice is heard	Feeling safe in public spaces (not worrying about gun violence, terrorism, etc.)
Black or African American			
Middle Eastern or North African			
Multiracial			Feeling safe while driving (few traffic accidents, safe drivers, good roadway design, etc.)
Native Hawaiian or Other Pacific Islander		Access to high-speed internet	Access to quality mental health care
Asian		Access to quality public transportation	Ability to communicate with local leadership and feel my voice is heard
White			Feeling safe while driving (few traffic accidents, safe drivers, good roadway design etc.)
Hispanic, Latinx		Feeling safe in public spaces (not worrying about gun violence, terrorism, etc.)	

Top 3 Community Assets Rated Poor by Special Population			
Special Population	1st	2nd	3rd
Person Experiencing Homelessness	Access to affordable housing	Ability to communicate with local leadership and feel my voice is heard	Access to places to stay cool during hot months
Person with Disability			Access to quality public transportation
Foster Youth/Former Foster Youth			Feeling safe in public spaces (not worrying about gun violence, terrorism, etc.)
Homebound			
Refugee, Immigrant, Migrant			
Senior Living in a Group		Access to quality public transportation	Ability to communicate with local leadership and feel my voice is heard
Military Member/ Veteran			Feeling safe while driving (few traffic accidents, safe drivers, good roadway design etc.)
Caregiver		Feeling safe while driving (few traffic accidents, safe drivers, good roadway design etc.)	Access to quality mental health care, Access to quality public transportation
Lesbian, Gay, Bisexual, Transgender			Feeling safe in public spaces (not worrying about gun violence, terrorism, etc.)
Elderly	Access to quality public transportation	Access to affordable housing	Feeling safe while driving (few traffic accidents, safe drivers, good roadway design etc.)

Top 3 Community Assets Rated Very Good by Race/Ethnicity			
Race/Ethnicity	1st	2nd	3rd
Middle Eastern or North African	Access to parks and green spaces	Access to safe walking or biking paths	Access to public libraries, community centers, and educational events
White		Feeling safe in your home (not worrying about burglary, domestic violence, etc.)	Access to high-speed internet
Hispanic, Latinx			Access to public libraries, community centers, and educational events
Black or African American			Access to safe walking or biking paths
American Indian or Alaska Native	Feeling safe in your home (not worrying about burglary, domestic violence, etc.)	Access to parks and green spaces	Access to places to stay cool during hot months
Multiracial			Access to public libraries, community centers, and educational events
Asian			Access to safe spaces to exercise and be physically active
Native Hawaiian or Other Pacific Islander		Opportunity to participate in religious, spiritual, or cultural events	Accepting of all people (different cultures, identities, etc.)

Top 3 Community Assets Rated Very Good by Special Population			
Special Population	1st	2nd	3rd
Person Experiencing Homelessness	Accepting of all people (different cultures, identities, etc.)	Access to parks and green spaces	Access to safe walking or biking paths
Lesbian, Gay, Bisexual, Transgender	Access to high-speed internet	Feeling safe in your home (not worrying about burglary, domestic violence, etc.)	Access to parks and green spaces
Caregiver	Access to parks and green spaces	Access to safe walking or biking paths	Feeling safe in your home (not worrying about burglary, domestic violence, etc.), Access to public libraries, community centers, and educational events, Access to places to stay cool during hot months
Military Member/ Veteran		Feeling safe in your home (not worrying about burglary, domestic violence, etc.)	Access to places to stay cool during hot month
Refugee, Immigrant, Migrant			Access to safe walking or biking paths
Elderly	Access to public libraries, community centers, and educational events	Opportunity to participate in religious, spiritual, or cultural events	Feeling safe in your home (not worrying about burglary, domestic violence, etc.)
Homebound	Feeling safe in your home (not worrying about burglary, domestic violence, etc.)	Access to parks and green spaces	Accepting of all people (different cultures, identities, etc.)
Foster Youth, Former Foster Youth			Access to public libraries, community centers, and educational events
Person with a Disability			
Senior Living in a Group		Access to places to stay cool during hot months	Accepting of all people (different cultures, identities, etc.)

Appendix D: Vizient High Vulnerability ZIP Codes in Valleywise Health's Primary Service Area (2025)

Economic	85009			
Education	85009	85031	85033	85035
Healthcare Access	85009	85017	85019	85031
	85035	85040	85041	85042
	85043	85051	85301	85303
	85305	85326	85353	
Neighborhood Resources	85007			
Housing	85003	85004	85006	85007
	85008	85009	85012	85013
	85014	85015	85017	85019
	85021	85022	85029	85033
	85034	85035	85040	85051
	85201	85202	85203	85204
	85210	85251	85281	85282
	85283	85301	85302	85323
Clean Environment	85003	85004	85006	85007
	85008	85009	85012	85013
	85014	85015	85016	85017
	85018	85019	85020	85021
	85022	85023	85027	85029
	85031	85032	85033	85034
	85035	85037	85040	85041
	85042	85043	85044	85051
	85053	85201	85202	85203
	85204	85205	85206	85207
	85208	85209	85210	85212
	85213	85224	85225	85226
	85233	85234	85248	85251
	85281	85282	85283	85284
	85286	85295	85296	85297
	85301	85302	85303	85304

	85305	85323	85335	85338
	85339	85340	85345	85353
	85392	85395		
Social Environment	85003	85004	85006	85007
	85008	85009	85015	85017
	85019	85031	85033	85034
	85035	85037	85040	85041
	85281	85301	85323	85339
Transportation	85004	85007	85015	85021
	85034			
Public Safety	85003	85004	85006	85007
	85008	85009	85012	85013
	85014	85015	85016	85017
	85018	85019	85020	85021
	85022	85023	85027	85029
	85031	85032	85033	85034
	85035	85037	85040	85041
	85042	85043	85044	85051
	85053	85201	85202	85203
	85204	85205	85206	85207
	85208	85209	85210	85212
	85213	85281	85282	85283
	85284	85301	85302	85303
	85304	85305	85339	85353

2023 CHNA Survey Methods

Survey Development

The survey was adapted from a foundational instrument developed by the National Association of County and City Health Officials (NACCHO).[25] The survey was modified by Maricopa County Department of Public Health (MCDPH) staff, members of Synapse, and the Health Improvement Partnership of Maricopa County (HIPMC). Additional questions and response options were incorporated from the 2019 and 2021 CHNA surveys to improve inclusivity and to explore additional health and social concepts in greater detail.

The 2023 CHNA survey included 17 questions addressing demographics, quality of life, and key issues and behaviors affecting individual and community health.

The survey was administered in both electronic and paper formats. The electronic survey was hosted on the Alchemer platform and publicized through the Maricopa Health Matters website (maricopahealthmatters.org). The survey was offered in 14 languages selected to align with the demographics of Maricopa County residents: Arabic, Burmese, Chinese, Dari, English, French, Kinyarwanda, Korean, Lao, Navajo, Spanish, Swahili, Thai, and Vietnamese.

To enhance accessibility, MCDPH provided large-font paper surveys, offered an oral survey option via the CARES phoneline, and partnered with SAAVI Services for the Blind to develop surveys in Unified English Braille.

Survey Recruitment

To reach a diverse cross-section of Maricopa County's population of more than 4.5 million residents, MCDPH collaborated with community-based organizations and hospital and health care partners to implement regionalized outreach strategy across five areas: Northeast, Northwest, Central, Southeast, and Southwest Maricopa County. The outreach strategy supported a survey response goal of 15,000 participants.

Using a convenience sampling approach, MCDPH promoted the survey digitally through digital outreach, including Facebook advertisements and professional networks, as well as in-person outreach at community events and tabling opportunities. MCDPH also provided funding to 23 community-based organizations to support targeted data collection among underrepresented populations, including those who are disabled, LGBTQ+, low-income, rural residents, immigrants, migrants, youth, older adults, people experiencing homelessness, and veterans.

MCDPH attended 187 community events across the county to promote and distribute surveys, supported by MCDPH staff, MCDPH Medical Reserve Corps, Arizona State University (ASU) student volunteers, community agencies, and health care partners. Survey participants recruited at community events were eligible to receive a giveaway bag (e.g., summer safety items, emergency preparedness materials, everyday essentials, or pre-packaged snacks).

Data collection progress was reviewed weekly to monitor response volume and identify underrepresented populations and geographic areas. This ongoing review informed targeted outreach efforts to improve representation across regions and focus populations.

Survey Analysis

Paper survey responses were entered by trained data entry assistants using a standardized protocol and instruction manual. When feasible, MCDPH staff fluent in the survey languages entered responses to reduce transcription errors, and a third-party vendor translated open-ended responses.

Survey data were exported from Alchemer into SAS for cleaning and analysis. Data processing addressed electronic platform errors, data entry discrepancies, and translation inconsistencies.

Write-in responses from "Other" or "Prefer to self-describe" options were recieved and recoded when appropriate with new categories created for frequently occuring resposnes ($n<50$). Analyses excluded resposnes from non-Maricopa County residents and incomplete submissions. Cross-sectional frequencies were reported for subgroups meeting minimum denominator ($n \geq 50$) and numerator ($n \geq 5$) thresholds.

Survey Limitations

This survey employed a convenience sampling design; therefore, findings are not generalizable to the entire Maricopa County population. Results are intended to reflect the perspectives of community members who participated during the data collection period.

Convenience sampling may result in underrepresentation of certain populations and potential sampling bias. To mitigate limitations, MCDPH implemented strategic outreach focused on historically underrepresented populations and conducted survey promotion at diverse community locations, including health fairs, senior centers, and farmers' markets.

Early in the data collection period, progress reports indicated limited familiarity with sexual orientation and gender identity terminology, which contributed to participant feedback and non-response. To address this issue, the MCDPH LGBTQ+ Community Health Specialist developed guidance for staff to support participant understanding of these terms beginning approximately one month into data collection.

2023 CHNA Focus Group Methods

Focus Group Discussion Guide and Supplemental Survey Development

The focus group discussion guide was developed in partnership with MCDPH Community Health Needs Assessment (CHNA) team and Synapse. Southwest Interdisciplinary Research Center (SIRC) initiated the first version of focus group questions, which stemmed from the 2015 and 2018 previous iterations of the CHNA and focus groups conducted by SIRC. These questions were modified for the 2023 CHNA to include team feedback yet were similar to previous versions in order to explore the data longitudinally. All processes and protocols were then reviewed and approved by the Arizona State University Institutional Review Board for research related projects involving human subjects. The review determined that the protocol was considered exempt.

The CHNA 2023 Supplemental Survey was modified from the 2023 CHNA Survey by SIRC to reformat the order of the demographic questions and explore additional areas of interest such as access to healthy food and physical activity. These questions were mainly close-ended questions to augment the focus group discussions. The survey was offered through the online platform Qualtrics in addition to a paper format. Taking the survey was optional and not a prerequisite for participating in the focus groups.

Focus Group Recruitment

Purposive sampling via a screening questionnaire was used to recruit participants who lived in Maricopa County for at least six months of the year and met the criteria for one of the 16 priority populations identified by MCDPH and the Synapse health care partners: Asian, Black/African American, disabled, formerly incarcerated, Hispanic, LGBTQ+, low income, Native American/American Indian, Native Hawaiian/Pacific Islander, rural, refugee/immigrant/migrant, religious minority, youth (aged 12-17 years), seniors (aged 65 years), unsheltered, and veteran populations.

Marketing efforts included social media posts, English and Spanish flyers advertised in local businesses and community partner organizations, and word of mouth by SIRC evaluators and partners across Maricopa County. Focus groups were held on SIRC's Zoom platform and hosted in various regional locations across Maricopa County to ensure sufficient reach. These locations were volunteered by community partners.

All participants who attended the focus group sessions received a $45 Walmart gift card or Tango e-card as compensation for their time and were provided refreshments. Childcare arrangements were available upon request. For participants with access to the internet, an anonymous Qualtrics survey link along with the focus group details (date, time, zoom link) were emailed by a SIRC Study Team member before the focus group. For participants where internet was not readily available, a paper copy of the survey along with the consent statement were administered on the day of the focus group prior to the start of the focus group. Those participating in person had the option to complete the survey either online or on paper.

Qualitative and Quantitative Analysis

Both focus group and survey questions explored physical and mental health, connectedness, medical and mental health care, finances, health issues, discrimination, food, physical activity, and community. Focus groups were moderated by SIRC researchers and recordings were transcribed by a contracted third party. All names were redacted from transcripts to maintain anonymity. To ensure rigor and increased inter-coder agreement, three rounds of coding were conducted by experienced SIRC evaluators. Inductive analysis was primarily used to identify codes and themes as they emerged from the data. Deductive analysis was used to align with Mobilizing for Action through Planning and Partnerships (MAPP) 2.0 themes and identify topics related to Health in Arizona Policy Initiative and Chronic Diseases.

After completion of the focus groups, the Qualtrics data file was downloaded into an Excel file. Paper surveys were entered into this file manually and the data was cleaned. After importing the data into SPSS software (version 27) for analysis, descriptive statistics based on survey responses were conducted in SPSS and Excel.

Focus Group Limitations

The focus group methodology is subject to a few limitations. First, the supplemental survey was self-reported and completed offsite, therefore no additional guidance could be provided if the respondent had clarifying questions. Additionally, there may have been respondents who took the supplemental survey but did not show up for the focus group.

2024 CHNA Key Informant Interview Methods

Data Collection

MCDPH contracted with OMNI Institute (OMNI) to carry out 24 key informant interviews. OMNI is a nonprofit social science consultancy that provides integrated research, evaluation, and capacity-building services to foster understanding, guide collaboration, and inform action to accelerate positive social change. The key informant interview design and implementation of the project proceeded through five phases: (1) development of the interview discussion guide and consent form; (2) outreach and recruitment for interviews and location securement; (3) data collection; (4) analysis and findings methods; and (5) report writing and presentation of findings.

Development of Interview Guide and Consent Form

To gather the needed context to inform the study design and tool development, OMNI obtained and reviewed pertinent documents from MCDPH, such as previous CHNA assessments and findings from the focus group component of the 2023 CHNA. This review informed the overall process and ensured that OMNI was building on, rather than duplicating, past work, making informed decisions, identifying gaps, and building on successes.

As described above, OMNI used the Mobilizing for Action through Planning and Partnerships (MAPP 2.0) framework to develop the questions and approach for the key informant interviews. Part of the MAPP 2.0 framework is the Community Capacity Assessment (CCA) qualitative tool, which aims to gather insights, expertise, and perspectives from individuals and communities impacted by social systems to enhance the effectiveness and influence of those systems. Unlike approaches solely based on perceived community needs, the CCA delves deeper to uncover a community's strengths, resources, and cultural attributes. Recognizing the inherent vitality within all communities, the CCA underscores the importance of nurturing and bolstering community strengths in the pursuit of community betterment.

Drawing on the three areas of the CCA tool, OMNI designed an interview guide that addressed the following.

- Community strengths and assets: What strengths and resources are in communities that support health and well-being? How can community strengths and assets be used to address health inequities? Which organizations support community health and well-being?
- Built environment: What physical and cultural assets are in the built environment in communities? How may resources vary by neighborhood? How can the built environment promote and/or hinder community health and well-being?
- Forces of change: What are the current and historical forces of change locally, regionally, and globally that have shaped the political, economic, and social conditions of communities?

OMNI also developed a written Participant Informed Consent Form and protocols to support data collection. Both in the written consent form and verbally at the start of interviews, participants were made aware of their rights, risks, and how their information would be used in reporting. Participants then affirmed their desire to be interviewed.

Sample Population and Recruitment

Nomination Process

The MCDPH CHNA team facilitated a multiphase nomination process to identify community leaders to serve as key informants. A cross-sectional survey was sent to MCDPH staff, Synapse, HIPMC, and other community partners. The survey presented 15 business/health/community sectors and their definitions and requested respondents to nominate exemplary community leaders in their corresponding sectors. After this initial survey, the results were reviewed by a nomination committee composed of CHNA staff and MCDPH leadership. Primary and alternate key informants were selected in this process. The results were provided to OMNI for recruitment. When initial nominees were not available, OMNI shared this information with MCDPH, and their CHNA team made new selections for recruitment.

Recruitment

MCDPH and OMNI developed an outreach strategy for inviting key informants to participate in the assessment, whereby MCDPH CHNA staff sent an initial introductory email to potential participants. Once potential participants verified that they were interested in participating, OMNI followed up with a communication that further detailed the purpose of the assessment, participant rights, data privacy, and the option for an in-person or Zoom/phone call interview for a total of three outreach attempts. An alternate potential participant was provided to OMNI after three failed outreach attempts.

Sample

The 24 key informant interview participants were selected using purposive sampling, a non-probability sampling technique in which participants are selected because they have characteristics that are needed in a sample. MCDPH identified one to two participants in key leadership or senior management roles to represent the 15 sectors of interest across geographic regions in the county. OMNI documented the geographic region served, populations served (e.g., adults with special health care needs, housing insecure community members, etc.) and ages served (e.g., children, adolescents, older adults, etc.) by the key informant.

Facilitation and Data Collection

For facilitator preparation, MCDPH and OMNI reviewed materials developed, including the interview guide, consent process, and approach to facilitation to ensure a consistent and standardized data gathering process that remained agile and responsive to the needs of each participant. OMNI and MCDPH agreed to a semi-structured neutral facilitation approach and the questions to prioritize if time was constrained. OMNI and MCDPH collaborated to ensure a culturally responsive interview approach that incorporated empathetic listening skills and navigation of difficult conversations founded within best practices for qualitative research and equitable evaluation principles.

The tool not only facilitated a systematic approach to scheduling interviews but also offered a real-time overview of completed interviews, allowing for quick and informed decision-making. To build context ahead of each interview, organizational websites were reviewed and Maricopa County issues inventoried from professional and lived experiences. Interview questions were also shared with participants beforehand, though they were made aware that no prior preparation was required. Interviews were made available for in-person or via Zoom/phone call, and all but one participant selected a Zoom/phone interview. Additionally, per request, one of the interviews was conducted in Spanish.

Interviews ranged from 45 to 90 minutes, were attended by the facilitator and a second staff member (for notetaking), audio recorded, and transcribed for analysis. Due to participants being leaders and representatives of county organizations (rather than community members), monetary incentives were not provided. A culturally responsive interview approach that incorporated empathetic listening skills and navigation of difficult conversations founded within best practices for qualitative research and equitable evaluation principles.

Data Analysis

Validity and Reliability

To carry out the thematic analysis, OMNI employed an analytical framework that used MAPP 2.0 apriori codes and inductive codes. Because the questions for this assessment centered the MAPP 2.0 CCA tool, OMNI began by developing a deductive coding scheme around the three CCA domains of community strengths and assets, the built environment, and forces of change. To anticipate that some codes could emerge inductively, each parent code had a "miscellaneous" child code that coders could use. This provided flexibility for coders to incorporate new insights, while ensuring the apriori coding scheme was not altered between initial coders. The analysis team then reviewed codes that were put under "miscellaneous" and determined if codes fell within existing themes or merited a new, inductive child code.

For additional rigor, OMNI included multiple coders for inter-rater reliability. Two interview facilitators, each code 12 transcript files. The Lead analyst served as the third data coder to provide the second round of coding for inter-rater reliability. To carry out the coding and thematic analysis, OMNI used Dedoose, a qualitative analysis software program that supports the systematic analysis of textual data. An apriori coding scheme was created to ensure consistency between reviewers. The team then came together after each initial coder had coded two transcript files to ensure alignment, answer any questions, and decide together if any inductive codes needed to be added to the coding scheme. The team of coders then proceeded to code the remaining data and assess for inter-rater reliability. By integrating multiple coders and employing both deductive and inductive approaches to the data, the team was able to employ a comprehensive analytical framework. This approach ensured that the subsequent analysis would be comprehensive, insightful, and reflective of the diverse range of perspectives captured through interviews.

Thematic Analysis

Data were analyzed in April of 2024, and the analysis team consisted of three writers (two of whom facilitated interviews) who reviewed codes and further organized them to determine what commonalities, patterns, and themes were evident from the data. To determine saliency or what constituted a major theme, OMNI noted the frequency of the coding when analyzing the data (i.e., how many times a coding category came up by the number of participants). However, frequency may not be the only criteria to use when determining what constitutes a major theme, as a finding may still be important, even if only surfaced a few times. Additionally, OMNI also paid attention to differing or outlying responses for contrast. In the report, themes or findings are organized in hierarchical order from most indicated responses to least to denote how prevalent a theme was in analysis.

Thematic Analysis

During April - May 2024, an OMNI team of five carried out the writing and formatting of the report in consultation with MCDPH.

Data Considerations and Limitations

There were a few limitations to the study that are important to highlight:

- Community Issues Over Sector Focus: While participants represented different sectors, many spoke about various community issues that were not always related to their specific sector. Therefore, themes emerged from interviews rather than being tied to specific sectors.
- Geographic Representation: The nomination process focused on exemplary community leaders, which did not ensure even geographic representation. The Southwest and Northeast regions were not represented, and over half of the participants (54%) represented the entire state rather than specific regions.
- Participation Follow-Through: Some nominees did not participate in the assessment for unknown reasons. Nominees came from diverse backgrounds and political ideologies, and some may have declined due to busy schedules or other factors such as the sociopolitical climate.

These limitations are crucial to consider when interpreting the study's findings and their implications.

2023 Uniform Data System Reporting

Overview of the Uniform Data System (UDS)

The Uniform Data System (UDS) is a standardized national reporting framework required annually of federally designated health centers. Because all centers submit the same core dataset, UDS reporting ensures consistent and comparable information across organizations. For the 2023 reporting year, the UDS captures detailed information related to patient demographics, services delivered, clinical processes and outcomes, utilization, staffing, costs, and revenues. It represents the official, unduplicated dataset describing all services included in the health center's grant or designation for calendar year 2023.

UDS Report Components

Health centers submit 11 tables and 3 forms as part of their annual UDS Report. These required components are organized into four primary domains:

- Patient Characteristics
- Clinical Services and Outcomes
- Financial Information
- Additional Administrative Forms

Together, these elements provide a comprehensive picture of the health center's operations, patient population, and performance across the reporting year.

Data Sources and Collection at Valleywise Health

While data collection practices may vary across health centers, most rely on their electronic health record (EHR) as the foundational source for UDS reporting. Valleywise Health uses the Epic electronic medical record (EMR) system to obtain the majority of required data elements. Epic serves as the central repository for patient demographic information, service utilization histories, clinical quality data, and encounter-level documentation. Data are queried directly from Epic, reviewed for accuracy, and validated prior to inclusion in the UDS submission.

UDS Data Entry and Submission Process

Valleywise Health submits its UDS Report using the web-based reporting platform within the Health Resources and Services Administration (HRSA) Electronic Handbooks (EHBs)*. Required tables and forms are uploaded to the system, which provides built-in checks to support data accuracy, completeness, and compliance with federal reporting standards. This platform also facilitates communication with HRSA reviewers throughout the validation process.

Clinical Quality Measures (CQM's) and Outcome Measures

Under Section 330 of the Public Health Service Act, health centers must provide primary and additional health services to medically underserved populations within their service area. These services include preventive care, chronic disease management, and other essential primary health services that support improved patient outcomes.

Reporting on Clinical Quality Measures (CQMs) and other outcome metrics demonstrates Valleywise Health's adherence to these statutory obligations. Whenever possible, UDS measure definitions align with their corresponding electronic Clinical Quality Measures (eCQMs). The Centers for Medicare & Medicaid Services (CMS) and other measure stewards update these definitions annually.

To ensure accurate reporting, Valleywise Health relies on both the UDS Manual for current reporting requirements and the eCQM specifications for metrics with an associated eCQM identifier. These resources guide the extraction, interpretation, and validation of clinical quality data obtained from the Epic system.

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