

Coordinated Community Health Needs Assessment

Final Focus Group Results

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Report Prepared By:

Kathryn Hamm, MPA

Grant Yoder, MEd

Kaila Cameli

Siobhan Lawler, MSW

Wendy Wolfersteig, PhD

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Southwest Interdisciplinary Research Center
Office of Evaluation and Partner Contracts
Arizona State University
201 N. Central Ave., Floor 33
Phoenix, AZ 85004-2564

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Table of Contents

Executive Summary.....	5
Overview.....	6
Methods & Samples.....	6
Focus Group Data Collection.....	8
Research Findings.....	10
Community Profile.....	11
Quality of Life.....	11
Community Assets.....	12
Community Concerns.....	14
Threats to and Opportunities for Community Health.....	16
Healthcare Needs.....	19
Healthcare Choices.....	21
Healthcare Experiences.....	23
Healthcare Barriers.....	24
Prevention Strategies.....	27
Suggestions for Improvement.....	28
Research Findings from Youth and Young Adult Groups.....	30
Conclusions.....	34
APPENDIX A – FOCUS GROUP LOCATION MAPS.....	35
APPENDIX B – FOCUS GROUP SCHEDULES.....	37
APPENDIX C – FOCUS GROUP DISCUSSION GUIDE.....	41
APPENDIX D – PARTICIPANT CHARACTERISTICS.....	43
APPENDIX E – FOCUS GROUP PARTICIPANT QUOTES.....	45

Table of Figures

Figure 1 Sample Recruitment Flyer	7
Figure 2 Focus Group Process	8
Figure 3 Community Strengths	13
Figure 4 Community Concerns	15
Figure 5 Threats to Community Health.....	18
Figure 6 Healthcare Choices	22
Figure 7 Healthcare Barriers	26
Figure 8 Youth Community Concerns	31

Executive Summary

The Maricopa County Department of Public Health partnered with Arizona State University's Southwest Interdisciplinary Research Center to conduct over 50 focus groups as part of the Coordinated Maricopa County Community Health Needs Assessment. This community-driven process was designed to identify priority health issues, resources, and barriers to optimal health within Maricopa County. This report highlights the results of all three cycles of focus groups. The groups consisted of specific ethnic groups: African Americans (youth, adults and seniors), Native American (youth and adults), Congolese, Hispanic (youth, young adults, adults and seniors), and Filipino. Other groups represented were: homeless populations, Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) persons including young adults, veterans, migrant seasonal farmworkers, people who've been incarcerated, people in rural communities, new parents, and parents of children with special health care needs. Six groups were conducted in Spanish, one in Mandarin, one in Swahili and the remainder in English. The research team and health department staff worked closely with community-based organizations to host the discussions and facilitate participant recruitment.

The focus groups explored the topics of quality of life, community strengths and concerns, and participants spent a great deal of time discussing health care. This included an assessment of system strengths, as well as barriers, needs, and recommendations. There were several recurring themes throughout the different populations.

Participants described quality of life as multi-faceted, including social **connection**, sense of **community**, access to **healthcare**, quality food and other services, and meeting **basic needs**. Participants were also concerned with safety, and the **lack of adequate-affordable housing** and homelessness, as well as substance abuse and mental health. Some community assets mentioned were the **parks** and public spaces, the **schools** and school programming, and **community events** such as parades and festivals.

A variety of healthcare needs were discussed including **access to doctors** who are universally accepting, access to specialists, more local health clinics, **more robust insurance plans** and affordable transportation. Barriers were also noted across the three cycles. Whether it was co-pays, deductibles, premiums, or inadequate insurance coverage, participants voiced their **challenges paying for health care**. Participants also referred to other economic barriers, such as the absence of viable **transportation** to appointments. Some participants felt that doctors did not provide the same quality of care to AHCCCS patients. Other issues cited included long wait times for **specialists** and the need to travel **long distances** to find care.

Participants did provide diverse suggestions for improvement and a common recurring theme among all groups was related to more education on topics such as cooking, chronic disease management and how to manage the healthcare system. Other common themes centered on providing low cost health care services, access to health foods and offering culturally competency classes to medical providers.

Overview

The Office of Evaluation and Partner Contracts at the Southwest Interdisciplinary Research Center (SIRC) has partnered with the Maricopa County Department of Public Health (MCDPH) and other community health partners to conduct a series of focus groups with medically underserved populations across Maricopa County including youth in the third and final cycle. This study is part of the Coordinated Maricopa County Community Health Needs Assessment (CCHNA) designed to identify priority health issues, resources and barriers to care within Maricopa County through a community-driven process.

This report highlights the results of all three cycles of focus groups. A total of 52 focus groups were conducted with 16 populations; however, data were analyzed for 49 groups. Because of low attendance in some groups, multiple focus groups were held with certain populations to ensure sufficient participation and feedback from those populations. Data from those groups were collapsed and analyzed as one. Populations from this category include Native American adults, African American youth and Young Adults with Special Healthcare Needs. Maps and locations of all three focus groups can be found in Appendices A and B, respectively.

Methods & Samples

The focus group design and execution proceeded through five phases: (1) initial review of literature; (2) focus group discussion guide development; (3) focus group recruitment and securement; (4) focus group data collection; and (5) report writing and presentation of findings. The focus group discussion guide is included for reference purposes in Appendix C.

Initial Review of Literature

This was an expansion on the literature review conducted in the previous 2015/2016 report. The goal was to determine any changes in findings (including new health barriers presented in the literature) that could be explored in the current study.

Location Securement

Venues. SIRC worked with new and existing community partners to identify and reserve appropriate locations for focus groups. Venues selected were ADA compliant, convenient to the targeted participants, and located along public transportation routes to further minimize barriers to participation among the populations of interest. Venues were selected to ensure sufficient reach throughout Maricopa County.

Participants/Inclusion Criteria. Each focus group included an average of 10 participants and lasted approximately 90 minutes. This was sufficient time for high quality data collection from the discussion while remaining respectful of participants' time. Participants were 18 years of age or older, except in cycle 3 in which five distinct youth focus groups were held.

Although the original Request for Proposal's intent was to conduct 36 focus groups with 12 populations, under consultation with MCDPH/CCHNA project staff, SIRC increased the number of focus groups to accommodate speakers of multiple languages and populations with different socioeconomic circumstances to ensure a complete sample of Maricopa County.

Appendix B contains the list of populations for Cycles 1, 2 and 3 as well as location information for where the focus group was held. Appendix A displays the map of these locations for all three cycles. Appendix D provides context regarding participant characteristics. These populations were selected to ensure the inclusion of often underrepresented and underserved groups.

In some cases, participants identified with more than one population. In those instances, they were asked to participate in only one focus group that best matched their identity.

Recruitment. *Purposive sampling*, which involves the attraction and selection of individuals who meet certain inclusion, and do not meet, certain exclusion criteria, was used to recruit participants. Diversity in age, gender, race/ethnicity, physical ability, and other background factors were emphasized in recruitment.

Marketing efforts included flyers (Figure 1.), social media posts (e.g. Facebook) and word of mouth. Recruitment materials were distributed across Maricopa County. Flyers were specifically tailored to the populations of interest and posted in local “hot spot” areas—areas where the targeted demographic was overrepresented as identified by the Maricopa Association of Governments and key community leaders — and posted at community locations (e.g., career services centers, libraries, schools) near where the focus group would be facilitated. Efforts were made to recruit through a wide range of networks and associations for each group, with the assistance of MCDPH and its partners.

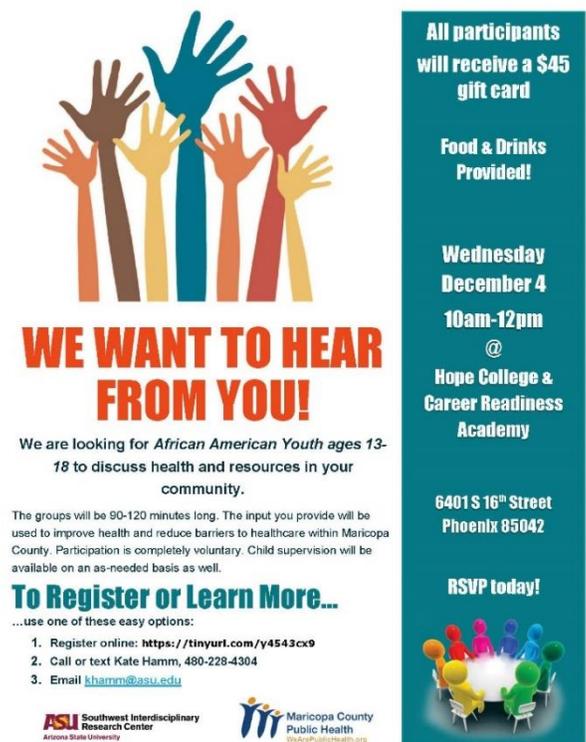


Figure 1 Sample Recruitment Flyer

Participants were able to register for the groups via text, call, email, paper sign-up sheets or online through an online survey questionnaire platform. They were sent reminders and a confirmation email or text that included logistical information such as time, date, and directions prior to each focus group. Each participant was contacted by phone the day before the group to confirm participation, to clarify any logistical questions, and to minimize attrition.

Incentives and Supervision of Children. Each participant received a \$45 Walmart gift card as a stipend (\$15 per half hour of discussion participation) and refreshments (a light meal and healthy beverages) as incentives for participation. This amount was deemed ethical as it was sufficient to achieve participation without being coercive (see Grant & Sugarman, 2004). To minimize barriers to participation, supervision of children was provided as needed for each focus group by SIRC staff. Child supervision was conducted by graduate or undergraduate students with active Fingerprint Clearance Cards.

Focus Group Data Collection

A total of 52 focus groups were conducted between August 2018 and December 2019. A total of 485 youth and adults ranging in age from 13 to over 75 participated; however, 457 (94.2%) completed the demographic survey and only those numbers are included in Appendix D which highlights additional participant characteristics.

Consent. Per IRB requirements, participants were fully informed of any risks, benefits and expectations associated with their participation. They were asked to sign an IRB approved consent form prior to completing the focus group. SIRC kept these separate from any personal data provided by the focus group participants.



Figure 2 Focus Group Process

Survey. Focus group participants were asked to complete a survey that assessed a variety of factors that could have an important impact on individual and community health and quality of life. Mainly these were closed-ended questions to augment the focus group discussions. In cycle 1, a general community health needs survey was distributed.

During cycles 2 and 3, the SIRC research team worked with MCDPH to deliver the MCDPH CHNA Community Health Needs Survey to focus group participants. This would complement and be compatible with data concurrently being collected through other efforts. Data from the cycle 2 and 3 surveys are included in this report linking survey responses to specific focus group questions and topics where appropriate. Survey data can be found in these sections: Community Assets, Community Concerns, Threats to Community Health, Healthcare Choices, Healthcare Strengths, and Healthcare Barriers.

Facilitation. Focus groups were moderated by trained facilitators including: SIRC staff, School of Social Work PhD and MSW students, and interns. Each focus group had at least one facilitator and one note-taker. Groups were predominantly conducted in English, with other languages such as Spanish, Swahili, and Mandarin as necessary. All received training prior to data collection regarding the discussion guides, using audio recording equipment, and running focus groups to ensure consistency in the facilitation process across groups.

Record & Transcribe. Focus groups were recorded using multiple audio recording devices. Note-takers also took notes during the session in case of audio device failure and to note interruptions in recordings. Audio recordings were professionally transcribed by subcontractors and returned to SIRC for summaries and analysis. The transcriptions were coded and analyzed by multiple SIRC researchers in order to reduce the bias in interpretation.

Qualitative Analysis. Participant responses were coded using NVivo, a qualitative data analysis software (QSR International Pty Ltd. Version 12.0.0.71). Eleven codes were used (see Table 1 for codes and descriptions). This report describes the trends and themes based on these codes across all three cycles. Data within these codes are included if mentioned across at least three focus groups across cycles.

Table 1 Codes and Descriptions

Code	Description
Quality of Life (Individually Focused)	Reflections on one’s current situation, health, environment, community; fulfillment of expectations; met needs or desires. What people want for their lives and the extent to which they feel they have achieved it.
Community Assets (Tangible Resources)	Strengths and resources. Can be tangible – people; places; structures; services available or provided – or intangible – social connections; social capital; neighborhood values; trust.
Community Concerns	Things people would like to improve in their communities or that they feel are less than ideal. Unmet community needs. Gaps in services. Disconnections between individuals and power structures. Perceptions of threats to others’ wellbeing.
Threats to Community Health (Individually Focused)	Health-specific. Related to individuals’ physical or mental wellbeing. Negatively focused. Can be related to prevention, treatment or maintenance. Can be individuals, structures or organizations that threaten community health.
Opportunities for Community Health (Individually Focused)	Health-specific. Related to individuals’ physical or mental wellbeing. Positively focused. Can be related to prevention, treatment or maintenance. Can be individuals, structures or organizations that promote community health.
Healthcare Needs (Care Focused)	Gaps in healthcare services. Examples of unmet healthcare desires.
Healthcare Choices (Separated by Services)	What people are currently doing for healthcare (prevention, treatment or maintenance). Places people are going. Services being sought or accessed. Ex: OBGYN, other departments
Healthcare Experiences (Grouped by Topics of Experiences)	Personal examples or examples shared of friends’ or family members’ experiences with healthcare providers, organizations or professionals. May be positive. Ex: Discrimination, health literacy NOTE: These are separate from care.
Healthcare Barriers	Anything that people perceive or actually experience as inhibiting their access to or ability to receive or benefit from healthcare services.
Prevention Strategies (Individually Focused)	Anything people are doing to be healthy, prevent illness, injury or other physical or mental health conditions, and maintain health.
Suggestions for Improvement (Realistic; Grouped by Topic)	Tangible solutions or alternatives presented by participants as ways to improve individual or community health or healthcare services. Ex: Programs, transportation, access to food, etc.

Research Findings

Participant responses are organized according to theme, and presented by topic area. Presented in each section are themes followed by participant quotes which support the findings. In some sections, additional quantitative data from the surveys are included where appropriate. Several quotes are highlighted in the report and the remainder can be found in Appendix F.

Major themes are highlighted on the left with icons that represent the following:

- | | |
|---|--|
|  = community connectedness |  = mental health |
|  = fear/mistrust/stigma (healthcare & systems) |  = safety |
|  = finances (or affordability) |  = scheduling/wait times |
|  = food (access, affordability, healthy options) |  = substance use/abuse |
|  = housing/homeless needs |  = transportation/location |
|  = information or education |  = healthy environment |
|  = access to exercise classes/gyms |  = access to parks and rec |
|  = laws or regulations |  = specialty healthcare |

Overall, participants rated their physical and mental health relatively high across all groups. They were asked to rate their health on a five point scale: *poor*, *fair*, *good*, *very good* or *excellent*. The highest percentage for both was the response *good* with similar results among all groups for both physical and mental health. Close to one-third (29.3%, physical and 32.5%, mental) responded *fair* or *poor* while most (70.8%, physical and 67%, mental) stated *good*, *very good* or *excellent*.

29.3%

Participants rated
their physical health as
Poor or *Fair*

32.5%

Participants rated
their mental health as
Poor or *Fair*

Community Profile

Quality of Life

Factors most consistently highlighted as important to participants' quality of life, included:

- Social connections, sense of community, opportunities to engage with the community
- Access to: healthcare, quality food, and other services
- Agency (independence, ability and opportunity; the capacity of individuals to act in a given environment)
- Basic needs (income, housing, food, and transportation)
- Mental, emotional, and physical health

Additional contributors to quality of life included:

- Positive outlook and attitude and peace of mind
- Awareness of community resources and opportunities for education
- Dignity, respect, and acceptance of different cultures, languages, and abilities
- Cleanliness of homes, yards, streets, and community spaces
- Ability to exercise (e.g., access to parks and recreation opportunities; bike lanes)
- Sense of safety/security

In the words of participants...



I think environment not only just in physical environment on beautiful green things, access to being able to go outside and enjoy an area. We're in Arizona, sunshades you know for Maricopa County should be everywhere so there's the physical aspect. It goes right back to having an environment where you can meditate, where it's quiet or you can run safely. I think the fresh fruits and vegetables, the access to healthy food as well as addressing why when you know that they're out there, when you do have access and you're still not using them, you're still not able to maintain those healthy lifestyles even though all the opportunities are there for you.

Cycle 1 Native American

Quality of life is the ability not only to participate and take care of your normal everyday needs but an outlet to do things that you enjoy new experiences and to come together and learn about each other as a community because we're all different with different ethnicities here and I think if there were more activities in the community that will promote that, there would be a lot of misconceptions would be dispelled so that's my thing about quality of life.

Cycle 1 Adults over 50



Living in a safe area, or as much as possible, as what can be safe in this world. Being financially able just to do...social things. I mean, simple things most people would probably take for granted except for us. Like going to the movies or going out to dinner.

Cycle 2 LGBTQ Adults

It's a combination of things. It's your health, it's your financial resources, a little of everything, that it's something about health, keeps people healthy, all right? Good food, you know, or access to good food, and being able to afford good food.

Cycle 2 Homeless Males over 60



For me my quality of life starts with self-care and making sure my mental health is taken care of, you know whether it be depression or anxiety which means making I am doing the best thing for me and taking care of myself.

Cycle 3 Homeless Young Adults

I think quality of life are things that you have access to or things that you need to survive that we have now. Like maybe access to medical care or school or to have like an income or have like community support or family support, I think that can be a part of quality of life. I think that's the definition.

Cycle 3 Native American Young Adults

Community Assets

Focus group participants were asked to identify assets and strengths within their community. Over the three cycles, numerous strengths were identified across multiple groups and include the following:

- Transportation
 - Public bus, light rail, helicopter, medical van services
- Parks and recreation centers
- Libraries and community centers
- Health clinics and hospitals
 - Free flu shots, condoms
- Community events (concerts, fairs, festivals)
- Community support and relationships
 - Support groups, town council

In the words of participants...



Also, to have programs that the Silver Sneakers which would initiate those that are 55+. You know sometimes we need a little push. You know that we need that help to do things, especially those on a fixed income.

Cycle 1 African American

That's what I love about downtown right now. Three quarters of the year it's very pedestrian friendly and very bike friendly and like except first midsummer for when we do need more of the shade structures. yes but I feel like I get it like I don't need my car hardly at all with the light rail and with the like nice wide sidewalks and you know it doesn't feel like I'm taking my life in my hands if I'm you know going on a bike. It feels like they did a really good job in integrating different types of transportation other than cars especially over the last ten years. So for downtown.

Cycle 1 Native American



City of Phoenix Parks and Rec Department. I've been involved with them for a long time, and they offer a lot of resources for the children, free or low-cost resources for playing sports and being active. Not for special children, but they don't, they haven't set limits or discriminated in any events, so for my nephew specifically, they are high-functioning, but still, so for example, we have the, he's eleven, the boy that we saw in here, and he's a big boy, and to be in with the other eleven-year-olds, so there have been some great coaches that have put him in with, you know, the older kids, and the older kids have adapted so well.

Cycle 2 Parents of Children with Special Healthcare Needs

And I think our community has a wide array of options for people to become active because you have something that's more sedentary like a library that has a lot of options. You have a lot of art and cultural events, but you also have fitness centers and biking centers and senior high Senior Center is very active you have athletics with schools, you have.

Cycle 3 Wickenburg



There are free gyms here. That's the one example that I have. I can give you in 4 different localities like in Chandler one in Battle Creek. They are free run by Optimum Care which is an insurance company. United Health, they run it free. You walk in, you walk out, you can spend half the day there and you get a free bottle of water and you have an instructor there.

Cycle 3 Southeast Asian

Survey Results Related to Community Assets

Participants were asked to identify the greatest strengths in their communities from a list of 25 factors and could choose *all that apply*. The survey results were comparable with the focus group data with many indicating that access to a variety of services and resources led to a positive quality of life for their communities. Over half (**57.8%**) cited **access to public libraries and community parks** as one of their greatest strengths followed closely by **access to parks and recreation sites (56.5%)**. Close to half (**47.1%**) identified **access to public transportation** as a community strength while having their community being **accepting of diverse residents and cultures (44.5%)** and **access to cultural events (43.5%)** were also recognized as community strengths. **Access to affordable childcare (8.4%)** was chosen least followed by **access to substance abuse treatment services (16.9%)**. Figure 3 depicts the top ten community strengths as chosen by the participants.

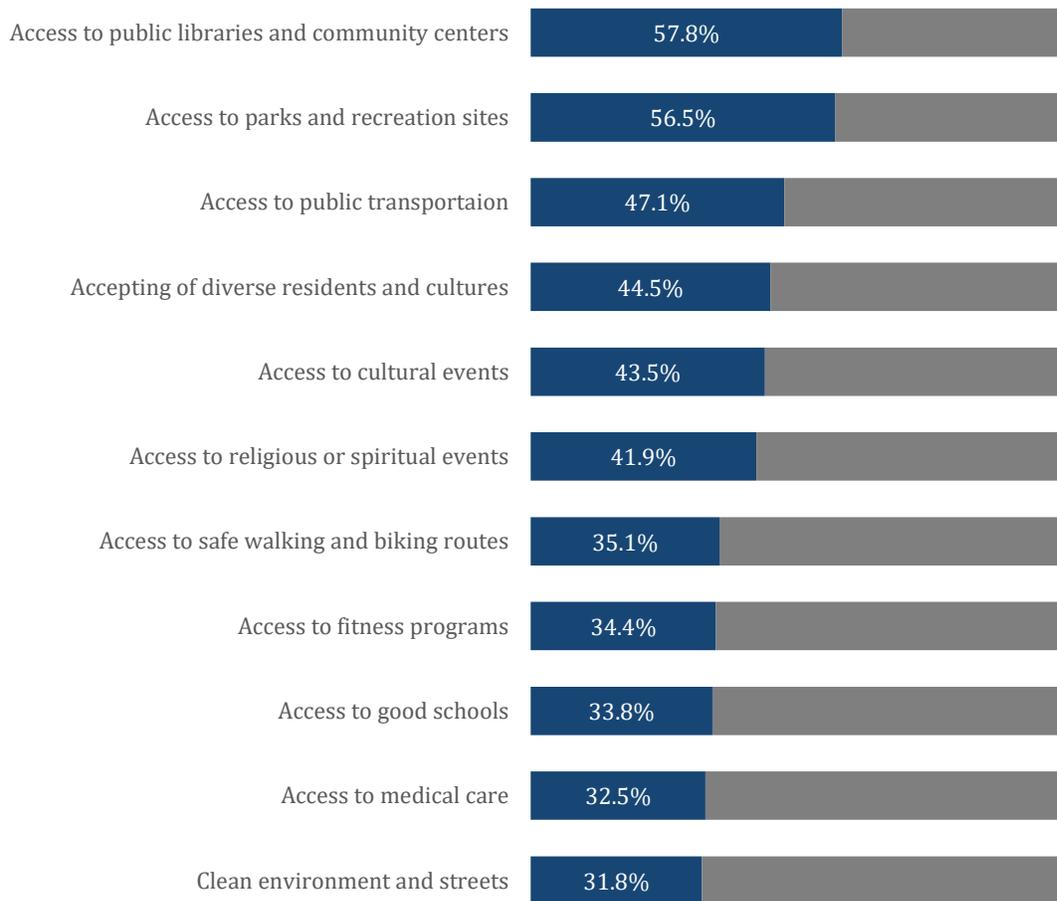


Figure 3 Community Strengths

Community Concerns

There were several concerns brought forward in all three cycles of the focus groups. The most frequently cited community concerns were:

- Lack of adequate-affordable housing and homelessness
- Lack of healthy food options including an overabundance of non-nutritious foods (like fast-food and heavily processed food) and no affordable healthy options
- Feeling unsafe at home, in parks, bus stops, and neighborhoods in general; violence and theft
- Environmental concerns such as: air pollution, graffiti, tobacco and marijuana smoke, misplaced garbage, and water safety
- Substance use including opioids, alcohol, and smoking
- Mental health including suicide and depression

In the words of participants...



I mean, probably helping the homeless people because I think that, you know, the homeless people a lot are really their issue isn't that they want to live on the street. They're just mentally, you know, have mental issues. And, you know, and if it was a perfect world would have enough money. I think, you know, we should, you know, not put them on the streets and help them as much as you can, but I know that we don't have the resources for that.

Cycle 3 LGBTQ 65+



I used to live in the 40th Avenue, in Van Buren... And there were many drugs going around there. I used to live in an apartment and you'd always see fights and drugs, and people who didn't live there would get into the apartments, and they would fight and throw beer bottles and do drugs.

Cycle 1 Migrant Seasonal Farmworkers, Spanish



Safety is always a big deal and I get up early in the morning and I walk to the bus stop. I can imagine the kids' parents that have to send their kids out to the bus so safety is a really big issue.

Cycle 2 Native American Adults

The concerns expressed in cycle 3 aligned very closely with the previous cycles of the needs assessment. Mental health, however, was a concern brought forward at a greater frequency during this period. Participants in nearly every focus group of cycle 3 brought forward issues related to mental health including depression, suicide, and substance use. Additionally, as there were numerous focus groups conducted with youth, teen pregnancy was an issue brought forward in multiple groups. Younger participants also expressed a concern about STD's and prevention/education related to that topic.

Survey Results Related to Community Concerns

Responses from the surveys confirmed many of the findings from the focus group discussions. In cycles 2 and 3 participants were asked *what issues have the greatest impact on the community's health and wellness*. There were a total of 320 individuals who took part in the survey. Similar to the focus groups, the most frequently identified issue was related to homelessness, with 51% of participants sharing this response. Illegal drug use was also frequently identified as a concern during the focus groups and on the surveys (43%). Although it was not as frequently brought forward during the

focus groups, distracted driving (43%) and bullying (36.6%) were the next most commonly identified issues affecting community health. This could be a reflection of the larger number of focus groups with youth that took place in cycle 3. The next most commonly identified issues were: domestic violence (30%), dropping out of school (29%), racism/discrimination (26.8%), lack of affordable housing (26.8%), and smoking (26.1%).

Findings from the cycle 1 survey also validated the focus group findings. When asked about the biggest nutritional need in the community 48% of respondents indicated that access to affordable healthy food was the biggest need. Participants were also asked to identify the five conditions or behaviors that have the greatest impact on overall health and the most frequently cited were: Diabetes (31%), alcohol (25%), homelessness (23%), drugs/opioids (22%), and mental health (21%). Figure 4 depicts the greatest community concerns as chosen by the participants.

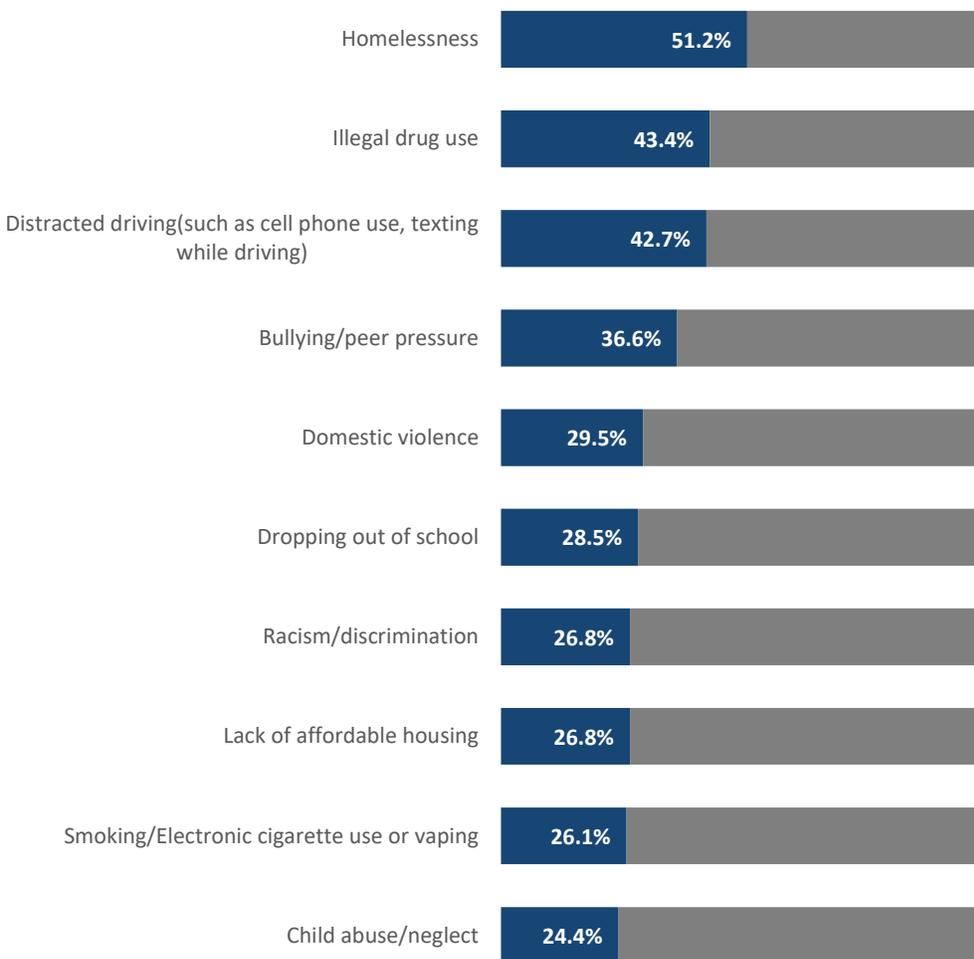


Figure 4 Community Concerns

For cycles 2 and 3 of the survey participants were also asked: On a monthly basis, do you have enough money to pay for essentials such as food, clothing and housing? Of those surveyed, 12% of respondents shared the *never* have enough and an additional 38% indicated they only *sometimes* had enough.

Threats to and Opportunities for Community Health

Participants shared about strengths and issues during the focus groups. From these, threats and opportunities were identified for community health. The number of **threats** listed far outnumbered the mentions of opportunities. Common threats to community health across all groups was the **prevalence of alcohol/drugs, unmet mental health needs, lack of available resources, diabetes, and smoking/vaping**. Medications and healthy foods were also noted as expensive in their communities.

Another threat was **lack of information from healthcare providers** and being treated poorly. Participants feared not being respected because they are on AHCCCS or because of their gender identity or other characteristics. Some felt uncomfortable identifying as LGBTQ for fear of repercussion or lack of knowledge in how to treat specific issues.

A number of inadequacies were discussed as well. Participants **noted inadequacy in health and nutrition education/literacy, inadequacy in insurance coverage, and inadequacy in available resources**. Further, many stated **lack of available and accessible healthy food** and noted the abundance and affordability of greasy, fast food.

Time was a common theme regarding threats. Participants commented about **long wait times** for services, especially for specialty health care. They noted that that many people wait until there is an emergency to seek help. Others noted that they would seek care for their children but delay care for themselves. Finally, they remarked that **homelessness and unemployment** take a toll on the community and need to be addressed.

Two common themes arose regarding **opportunities**. First, participants noted that **knowing and having relationships with neighbors** increases the opportunities for community health. People are less likely to be alone and can reach out for support in a community where the neighbors interact. Further, they mentioned the **availability of resources and organizations** that do exist for different populations such as neighborhood gardens, shade in parks, Community Bridges, methadone clinics, community centers, and smoke-free housing.

In the words of participants...



I think that just more, you know there are certain health issues that are more prone to African Americans so just like you know we have a higher rate of diabetes, stuff like that. I would like information around those things because I don't have an elder to look up to and ask about their medical history. I know that there are certain things that are going to be coming up and I may need to be like "Am I entering menopause?" stuff like that.

Cycle 1 African American Older Adults

Were you your income becomes too high that you don't qualify for AHCCCS you're working but then your employer wants you to pay a certain premium but the insurance that you're paying the premium for isn't worth of term it's nothing and you don't you don't really have any coverage anything that you need to go the doctor for so they're taking this money from your check and you're not getting anything for yet if you sick you have no in coverage your burnt I just think you just so then you have to have coverage so it's those in-between people .

Cycle 1 Homeless



There's no regulations. So like, if there was regulations, like bartenders are allowed to cut people off from alcohol for drinking too much in their establishment. But yet McDonald's can serve a 300/400 pound person over and over and over, as long as they have money to pay for it. Even if it's od'ing them. (mixed voices) Like the power lines from everywhere you walk all across the city, attached the whole way. ("That's cancerous.") Yeah. There's so many cancerous things in your community, you know. But you're unaware of them because the government doesn't tell you about it. Because if the government told you about it, then the realizations of why things are, then they'd have to put rules and regulations on it, which would cost billions of dollars to put all those things underground.

Cycle 2 Native American Males

Like for me, whenever I go to the doctor, I always kind of... initially, if it is always some kind of a new providers that I don't know for sure if they are LGBTQ accepting or affirming, that you know I present clear to some folks like stereotypically, so like even if it is not something that I can really hide, and so I am afraid of their automatic judgment, or discussion and especially depending on what city I am in.

Cycle 3 LGBTQ Young Adult



I think that that's like for like most of the things really like, became like just taking care of your health, like your mental health is just as important as taking care of your body and like how you mentioned that, like, he didn't really like know about mental health until like, when he was in college, I think just like starting to talk, starting to, like begin that conversation with like, younger kids can, can, like, do improvements, like when they're older. So like they can actually like, realize when something's good or something like, like, I guess you could say like in relationships like this is an abusive relationship or not, or like I'm not being treated fairly in this situation. Like just to like, I guess you could always say that I could like improve like the community, the community as a whole as well.

Cycle 3 Hispanic Young Adults

Survey Results Related to Threats and Opportunities

Survey responses mirrored the threats verbalized in the community focus groups. Alcohol and substance abuse (60.1%) was rated as the greatest threat to community health in the surveys. Similarly, substance abuse (including alcohol) was a key theme in the focus groups. The community also discussed the pressing need for services to address mental health issues, which was substantiated by surveys. Respondents ranked mental health issues (51.4%) as the second largest threat to the community. Focus groups discussed the need for resources and information regarding high blood pressure, cholesterol, and diabetes; which was also listed as the third and fourth largest threat to the community at 45.3% and 43.6% respectively. Themes around increased access to healthy food were also common in focus groups, which supports the survey findings, where respondents listed overweight/obesity as a major threat to the community (43.2%). Figure 5 depicts the greatest threats to community health as chosen by the participants.

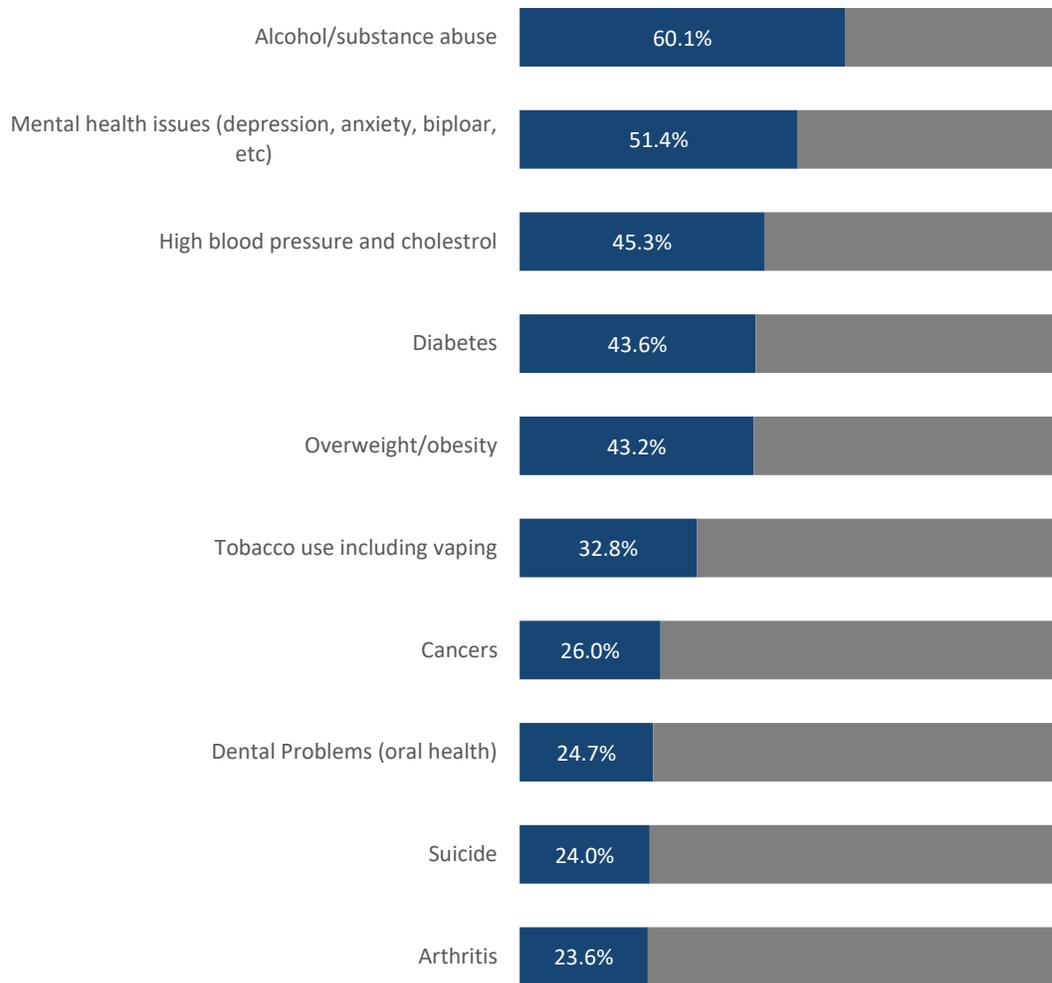


Figure 5 Threats to Community Health

Healthcare Needs

Multiple themes regarding healthcare needs arose from participant focus groups. One concern brought forward in multiple focus groups was the need for **doctors who are universally accepting**. Participants voiced their need for physicians who are culturally competent, accepting to non-binary and transsexual clients, and who respect the clients' native cultures and languages. They highlighted that when medical professionals are not accepting, participants are more likely to delay or avoid accessing care.

In addition to accessing doctors who exhibit cultural understanding, participants highlighted their limited **access to specialists** as a major need. Some specific specialties identified include: gynecology, gerontology, and dermatology. Participants described that the specialists they needed were too far away or had co-pays that were too costly. Access to affordable dental care was a constant theme throughout the focus groups as well. Participants feel they are unable to maintain proper oral hygiene because dental insurance is separate from health insurance and dental care without insurance is inaccessible because of the high cost.

Participants from both rural and urban communities expressed a need for **more local health clinics and pharmacies**. Participants explained that having local pharmacies would help them stay up to date on their prescription medications, and local clinics could help them avoid costly trips to emergency rooms. Participants described using the emergency room when they were unable to make timely doctors' appointments for illnesses or when specialists were too expensive to access. The need for **more robust insurance plans** also emerged as a theme. Particularly with older adults and participants living in rural communities. Participants highlighted the need to find **affordable transportation** methods in order to access general clinics, emergency rooms, specialists, and pharmacies. In addition to having more robust insurance plans, many communities described difficulty navigating their health insurance and wanted assistance.

Participants across focus groups expressed the desire to have **access to healthy foods** that are both affordable and close in proximity to their homes. Another theme that was consistent was the expressed **desire for informational sessions** regarding diabetes, sexual education, cultural humility, cooking/nutrition, navigating the health insurance industry, among others. Participants emphasized the need for credible and reliable information, especially during this time where misinformation is rampant. In addition to informational groups, participants expressed interest in general support groups. Many focus groups discussed the benefits of meeting with others in similar situations to share experiences and find solutions.

In the words of participants...



I think we need more support as far as like cancer you know like if there was maybe some people that were coming show like support some some people don't have families and if they have cancer you know I lost my grandmother grandfather you know and but they have family support and I can just imagine some people don't have family so I would say that would be you know something you know where sick or elderly people that need support no family you know something.

Cycle 1 Adults with Children over 18

I think there should be some sort of help for parents when they're stressed, like support groups.

Cycle 1 Migrant Seasonal Farmworkers, Spanish



...mental health issues, serious ones, tend to be progressive. And I experienced that with my own son, who took his own life in September, that it was progressive. And as he progressed, I noticed that the authorities treated him rougher, when it was just the opposite he needed. He was terrified. And so he ended up taking his own life. He said, I can't do this anymore. Cause they kept throwing him in jail, which was not what he needed. So I think that's a growing issue.

Cycle 2 Retirees over 60

Access to specialized health services. I can get primary care pretty easily, things like cardiology or neurology or any kind of specialty that's not basic health services...you have to have a service for that, or your own money.

Cycle 2 Homeless Males over 60



I feel like the clinics and everything, they should be more abundant, like in my area I got nothing. I mean I health issues and mental issues but there was nothing because there is not enough resources around me to reach out to, they're either very far away or too expensive and that is like the biggest problem that like I face and a lot of people out here face. It's either not enough, or it is too far or too expensive.

Cycle 3 LGBTQ Young Adults

I wish there were more self-care programs for the parents because everything's about the kid and taking care of the kids with special needs and even our typical kids, but there's nothing for us and we're the ones that have to care-take these children and if we're gonna you know, do this, we really need some support with counseling and we all go through depression.

Cycle 3 Parents with Children with Special Healthcare Needs

Healthcare Choices

General themes arose regarding health care choices made by the participants. Participants mainly noted that they get most of their healthcare through some type of insurance with **AHCCCS** named most frequently (25.5%) followed by **Medicare** (15.04%). Participants also receive information online using various websites such as **WebMD, Mayo Clinic, Google**, and others. Other common sources of information included: **health fairs and family members**.

Regarding care, participants often sought care from **free clinics, mobile clinics, and the emergency room**. Several people used **healthcare providers in other states or countries**. For example, lack of affordable healthcare and inadequate insurance coverage drove some individuals to seek services or medications in Mexico where they were less expensive.

Others spoke of their **focus on diet and eating** as a preventative measure while some utilized **homeopathic treatments and/or natural remedies**. Finally, participants highlighted the need to be an **advocate for yourself and others**. They commented that they would conduct their own research or provide their own records to ensure adequate care was provided.

In the words of participants...



Yes, that's why I have everything brought in from Mexico. Every time my mother-in-law comes I tell her, "Bring me this...", all of the kid's medicines.

Cycle 1 Migrant Seasonal Farmworkers

My kids haven't been to the doctors in years, they tell me they have something wrong I'm on Google.

Cycle 1 Native American



In my case it's about time. I don't have time to go to the doctor. That's why I can spend the day with serious pain and I'll wait until it's night time to go to the ER, because during the day I don't have enough time. I have the girls to take care of and their appointments—

Cycle 2 Parents of Children with Special Healthcare Needs, Spanish

The Med Van is basically like a mobile doctor so they have everything you need on it right. You can get tested you can get checkups there is a doctor on there, there is a nurse there, there is the computer guy who puts the information in and you basically can see them anytime that they're available or scheduled and they go around to the homeless youth and they check on us we can still get checkups and if you have anything they make and you prescribe medication they can refer you places on their home for the homeless youth, so they come here and there was another homeless shelter they closed down amid offices now on that they said well there are sometimes are like one in ten, they go basically where any of the homeless youth go and you know basically y I mean we're mad men, this is what we do it's basically like a doctor we're just mobile to come see us pretty much.

Cycle 3 Homeless Young Adults

They'll give you a referral because they're connected with like children hospital, so they're just like whatever they're connected with we can get you a referral if you need prescriptions or anything they can like you know get you for that or get you a cheaper price stuff like that.

Cycle 3 Homeless Young Adults



I don't see there be more competition for pediatric care in the valley, instead of having to settle for one or two doctors in one specialty just because they're the I think maybe we touched on that earlier. But even the hospital care, certain things that when she's admitted at PCH, things that I see that I'm like, that's inexcusable, and I work in healthcare so I can, I can imagine the things that fly past but like we're very limited on where we can take her. And so I think it'd be; I think there's a market out here for it and we're, I can special needs parents, caregivers, community would jump at the opportunity to take their kids somewhere else. So I'd like to see that you know add some competition in and see if we can improve the care overall and not just like that the doctors and nursing care also and see if they can do a little bit more. It's time they deal with our kids needs and then when they get older, PCH kicks them out.

Cycle 3 Parents of Children with Special Healthcare Needs

Survey Results Related to Insurance Choices

Figure 6 provides details about participants' insurance choices. The most commonly identified insurance provider was Medicare/AHCCCS (25.5%) followed by Medicare (15.0%). A large proportion of participants (14.5%) paid for their insurance out of pocket, and only 10% received their insurance coverage from an employer.

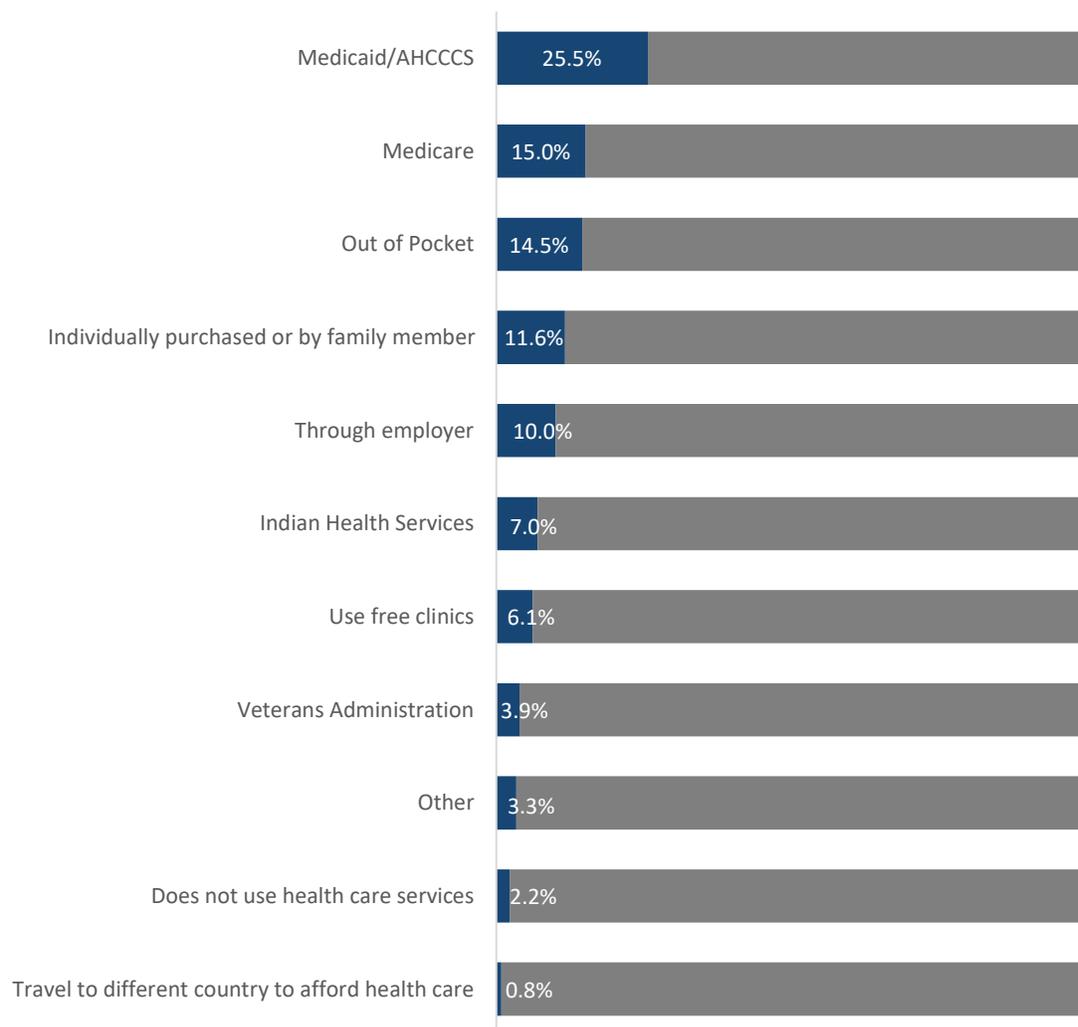


Figure 6 Healthcare Choices

Healthcare Experiences

Across all three focus groups, participants shared numerous stories about their experiences in the healthcare system. Some shared positive experiences, and told stories of providers listening to their needs and providing excellent care. Most, however, shared negative experiences. These experiences varied greatly, but there were some common themes which did emerge during the discussions. The **cost of medical services** was consistently shared across all three cycles of focus groups, and participants shared their frustration at having to **delay medical treatment due to financial burden** associated with the procedures.

Beyond the issues with costs, participants also expressed frustration at the **long wait times** to see a provider. This was two-fold, in regards to long wait times when you arrive at the hospital or clinic, as well as long wait times before even getting an appointment. Some participants shared they had to wait several months to see a provider. **Discrimination** was also cited by participants, and several individuals on AHCCCS indicated they were turned away, or received worse services, due to their insurance provider. Other participants shared they felt like their **needs and concerns were ignored by healthcare providers**. Generally speaking, participants expressed a desire for more open communication with healthcare providers.

In the words of participants...



Matter of fact, they told him, like he was prepping for the surgery, he was going to recover over at my house, we were getting our house ready to receive him, and he went into the initial appointment, and they told him that he needed to pay up front, and he was like, oh, I can't do that, so they didn't do the surgery at all.

Cycle 2 African American Adult Males

I had to go to a Rheumatologist in order so they could rule out arthritis basically because I have a lot of chronic pain. So I went to my GP and I was like 'okay I need a referral' and they scheduled me eight months into the future. It took me eight months to get into a Rheumatologist.

Cycle 1 LGBTQ



They did see him, but they were writing down— He had a strong pain in his leg, and they asked and interviewed him when he arrived, "What kind of insurance do you have?" And he said, "I'll pay." And he replied, "Wait here" and the doctor left. He said, "You know what? Go sit outside because I have other patients and they have better insurance."

Cycle 1 Adults with children under 18 Spanish speaking

I recently had an appointment just like for something at the Indian hospital and it took my mom like over a month just to even get me to see the doctor and then when they got me an appointment, it wasn't even my primary care doctor. It was like an assistant. So it's like, I had an issue that I needed to talk to a doctor about and they couldn't even get me into seeing one.

Cycle 3 Native American Youth

Healthcare Barriers

During focus group discussions, participants were asked “*what makes it hard to access healthcare for people in your community?*”. The objective in asking this question was to identify barriers that individuals perceive, or actually experience, as hindering their access to healthcare services. Several major barriers were identified, along with subcategories, by participants. Barriers include:

- Financial Limitations
 - High cost of co-pays, medications, and deductibles
 - High cost of ambulances
 - High cost of insurance
 - Cost of gas or other transportation to medical appointments
- Transportation
 - If transportation is available via AHCCCS, it can be unreliable and/or it takes all day for individuals to go to one appointment
 - Distance to healthcare services
 - Cost to pay for transportation
- Insurance
 - No insurance
 - AHCCCS does not cover dental or vision services
 - Providers only accept certain insurances
 - Losing benefits (AHCCCS) if one makes too much money
 - Some employers do not offer insurance
 - Lack of education regarding insurance (benefits, how to sign up for insurance)
 - Doctors enter incorrect codes causing problems for clients
- Inconvenience
 - Waitlists to see certain providers (specialists, mental health providers)
 - Unable to take time off of work to see doctor during office hours
 - Lack necessary paperwork to obtain insurance (birth certificate, social security card)
 - Services are fragmented
- Communication
 - Language barriers
- Unaware of existing services and resources
- Lack of cultural understanding and sensitivity
 - Not knowing if a provider is open to LGBTQ community
 - Mistrust and mistreatment

In the words of participants...



I think that's what we pretty much talked about - just the nuisance of having to go from primary, to this doctor, to that doctor. I mean, there's nothing that can be done about it but there's definitely ways to improve it when it comes to a person who is limited. Especially with bus passes and all the ways of getting there, you know.

Cycle 1 Adults without Children

As NAME said, many people are sick. They are embarrassed to open up and say they are looking for help. There children are not available. They are embarrassed to ask for help. Unlike me, there are some people who sit inside without saying a word all day. Sometimes they are sick and they don't say a word and it's a pity that they wait until they can't take it anymore.

Cycle 1 Mandarin Speaking Adults



One of the challenges to get into the specialists is the wait. You know, it may be two, three months down the road before they can get you in. And if you have immediate need, you know, they don't really make their schedules based on your immediate need. They make their schedule based on when they have an opening.

Cycle 2 Homeless Veterans

But, the communication on phone is not going very well. Yeah, that one is also a big issue for us. Some of them can say, 'I am not going there. I won't understand the language, but she may try many times to understand but sometimes it can do by signs or signals, by hand or signal, you can try to explain. But, by phone, it is still very difficult.

Cycle 3 Congolese Refugees



You can't get AHCCCS if you make over a certain amount a year but the thing is, like, the amount that I could be making, it's only enough for me to survive. So they're saying like, Okay, well you make over this amount so you're not going to get AHCCCS anymore but this money that I'm making is barely paying my bills and I'm barely surviving off of this money.

Cycle 3 Previously Incarcerated

The cost of the co-pay and honestly, we still need to find the insurance in Arizona. So there really is not enough education out there. You could read the books for ever. I think that there should be some place where we can go.

Cycle 3 Southeast Asian



But I think, as I've gotten older, but I need more than my primary care physician, and I need this and I need this, this then I always wonder, is that doctor going to treat me with dignity and respect? And is he okay with the fact that I'm gay? Or is this going to be an issue? And even if it's an unspoken issue, you know, do you feel it? Or is there a lot of acceptance? I mean, you just, you don't know. And when you go to a new doctor and a specialist or a surgeon for something, and you always wonder.

Cycle 3 LGBTQ Adults 65+ Years

Survey Results Related to Healthcare Barriers

Access to services, and frequency with which participants could get services, was mentioned repeatedly in the focus groups. The survey results were consistent with findings from the survey. Participants were asked how often they were able to get the services they need, and almost half (48.9%) are only **sometimes** able to get services while almost one-third (18.7%) **never** are able to get the services they need, indicating the existence of healthcare barriers.

67.6%

of participants stated the
could only *Sometimes* or *Never*
get the services they need

When evaluating the Community Health Survey data, the survey responses (n=294) were consistent with focus group data in identifying **transportation to appointments (34.4%)**, **no health coverage (26.4%)**, and **inconvenience (18.4%)** as barriers to healthcare access. However, focus group participants responded somewhat differently when asked to identify healthcare barriers their communities face. While the focus group allowed for open-ended questions, the Community Health Survey provided eight factors in a community that could be categorized as a healthcare barrier and participants were asked to select the top three barriers for their community. Thus, the survey results and focus group data slightly differed. While **financial limitations** were a major factor on the list of barriers in the focus group, the top two healthcare barriers identified in the survey included **difficulty finding the right provider for care (45.2%)** and **not enough health coverage (39.2%)**. Figure 7 depicts the barriers.

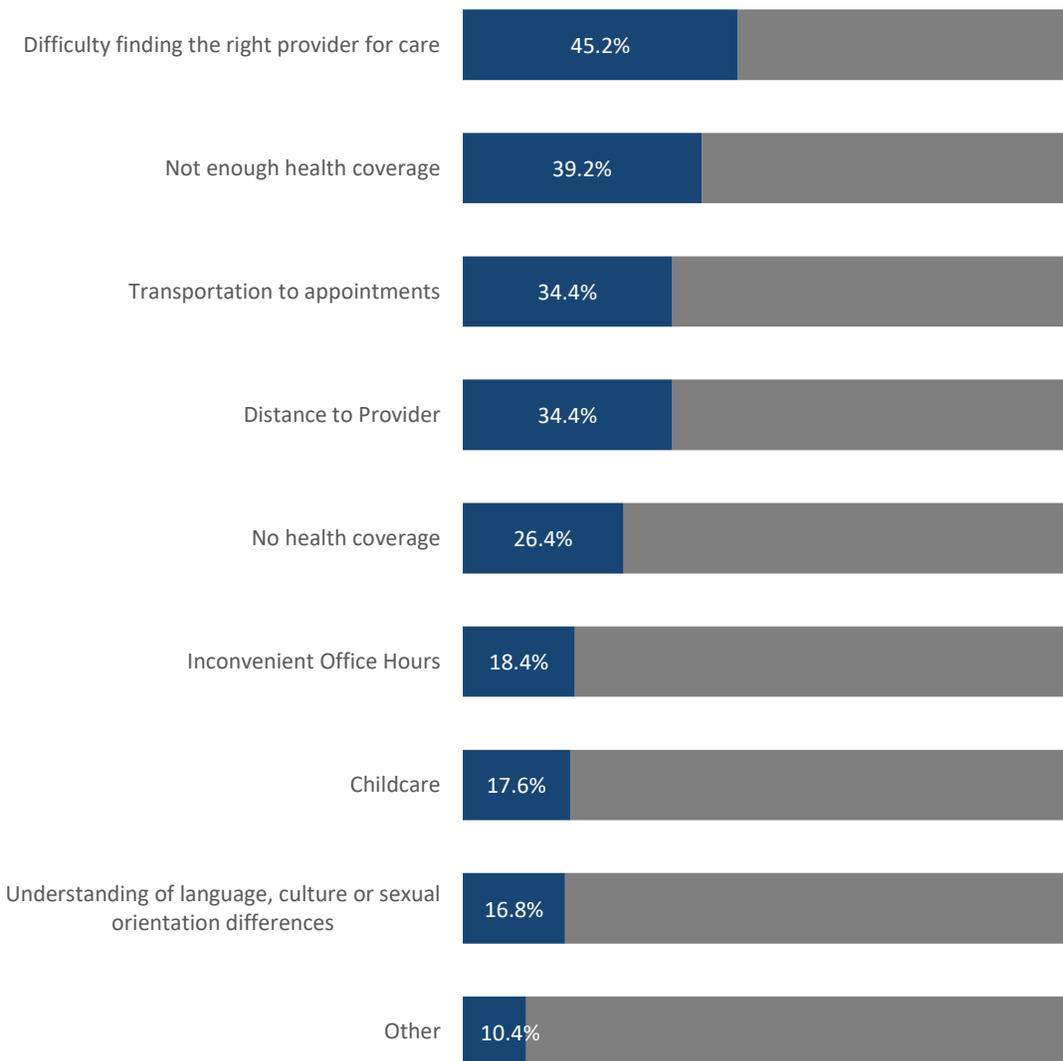


Figure 7 Healthcare Barriers

Prevention Strategies

During the discussions, some participants also identified some prevention strategies they used to help maintain their health. This was not as widely discussed as the other topics, and several focus groups did not identify any prevention strategies during their discussions. Despite the relative infrequency of discussion there were several themes related to prevention that did emerge:

- Exercise
- Healthy Eating
- Engaging with their communities
- Participation in health education classes (including sex ed) and support groups
- Preventive visits to doctor

In the words of participants...



...let me say that Margi, at the elderly center, takes us to mall two or three times a month, which is very good, because this is good for our health. I don't know if it is once or twice a month. We have a unified car here to take the elderly to the mall. It don't get too hot, and we can walk slowly and exercise. Because we have many old people, even I myself am lazy and unwilling to walk. But it's good to be in mall.

Cycle 1 Mandarin Speaking

So there's like an accountability factor between the family that you've created but if you're doing it by yourself, well power only goes so far. But for Kyle to text me in the morning and say quite being lazy get up let's go. And you have that accountability to your community.

Cycle 3 Native American Young Adults



Yeah also prevention as far as like sex ed. I feel like because I remember when I was in high school we were never taught on this.

Cycle 1 Native Americans

They spoke to the kids about jobs and many other things. And that's what we need. Not just, "Say no to drugs" or, "Say no to bullying." They need to elaborate on those subjects, because normally the classes that we take— The ones I take at the school or at the clinics are meant mostly for the parents. But the problem is that as much as we want to speak to our kids, they just won't hear it in the same way as they can hear it from a qualified person. For example, I tell my kid, "Don't do this" and they'll say, "I know mom, you just don't trust me." And then, that day that I took him to the lecture he was excited and told me, "Mom! They spoke to us about this and that!" and I was like, "Well, I've been telling you that for years [laughter]."

Cycle 2 Parents of Children with Special Needs, Spanish

Suggestions for Improvement

The focus group discussions also provided participants the opportunity to make suggestions for how to improve healthcare in their community. The ideas provided by participants were exceedingly diverse and reflected their unique experiences and priorities. There were, however, several recurring ideas that came forward during these discussions. The suggestions were very similar to the needs and barriers identified in the discussions. One of the most prominent suggestions provided by participants were related to **education**. Participants identified a need for classes on a variety of topics including: healthy eating, cooking, and chronic diseases (e.g. diabetes). Participants also specifically expressed a desire for **community exercise classes**. Similarly, **support groups** for substance use, such as Narcotics and Alcoholics Anonymous, were also identified as a method for improving community health.

Access to healthy foods was a consistent suggestion provided by participants with many expressing a desire for greater access to fruits and vegetables. Many participants specifically identified farmers markets as a desired option in their community. Several groups also suggested designating an area as a **community garden** to serve as a source for fresh, healthy, produce.

One of the most commonly cited suggestions for improving community health was in the provision of **low-cost health services**. Participants had several ideas for how best to deliver these services. Multiple groups suggested having health fairs where services can be accessed for free or for low prices. Other groups suggested using **mobile health clinics** to provide access to healthcare for communities that may have poor transportation. Participants also specifically suggested providing **low-cost dental care** in these settings, as the cost of accessing the dentist can be prohibitive.

There were also suggestions provided for specific populations, and the homeless were frequently identified as a community in need of additional services. Participants suggested adding **more shelters**, providing **substance use support**, and offering **financial support** for this population. Participants stressed the needs for these services in the summer months. There were also multiple groups that suggested **services tailored for the LGBTQ community**. Additionally, **access to transgender healthcare**, such as breast augmentation and hormone therapy, were important needs in their community. Several groups expressed a need for **additional training** for medical professionals, police, and other emergency personnel. Trainings related to mental health and LGBTQ issues were specifically identified as necessary for the community. Generally speaking, participants suggested trainings to improve doctor patient communication, as often patients do not feel like they are being heard while accessing healthcare.

The environment was also identified as an important driver of health, and several participants suggested **cleaning the environment** to improve community health. Participants suggested taking steps to remove garbage from the streets, remove the graffiti, and clean up empty lots. Participants also suggested improved **access to natural and alternative medicines**.

In the words of participants...



There should be a health or mental program for teenagers. Something that teaches them.

Cycle 2 Parents with Special Healthcare Needs Kids, Spanish

I think there should be more support groups I know they have like meetings AA NA you know stuff like that but I don't know if this should be an alternative drug for instead of you know.

Cycle 1 Adult with children over 18



How about more community health fairs or community dental clinics we've seen some dental clinics that came out to the mission when I was that and they were volunteer dentists and they came in and like a mobile thing and they did dental care for everybody but just for ladies at the mission yeah I know I don't think they do it enough out in the general population and I think that's like a very good idea those dental clinics and you know mobile things that give everybody access as it comes right to your neighborhood.



Cycle 1 Homeless Adults

I think something that could be really beneficial to the hospital would be to have like a roving doctor that goes down to Akilah, like once a week, you know, for just your normal visits, you know, the Mountain House in the coals and maybe shots for the kids or you know something. And then if they have to come in for a test fine, you know, then they come in but just someone to go down and just do your normal doctor visit just fine.

Cycle 3 Wickenburg



More shelters, and I guess like positivity for like people that came back from the war or like I've been homeless most of their life or by bad tension in life and have lived on the streets. It's like everybody just looks at them as less. People don't see them as having potential and being able to change their life around.

Cycle 3 African American Youth

Access to trans healthcare is really, really, important because it's not covered by a lot of insurance. I don't know a lot of the specifics because I've never been able to get on insurance but just access to top surgery or breast augmentation or hormones just that needs to be improved a lot because as it stands, trans people have to, if they're transitioning, they have to pay upwards of tens of thousands of dollars just to transition and to have a hope of being seen as the gender that they are and to not experience violence just for passing necessarily.

Cycle 1 LGBTQ

Research Findings from Youth

Youth Focus Groups

The youth focus groups (n= 54) were evenly distributed (n= 26) between male and female participants and about 80% reported being between the ages of 12-17 years old. There were 35.8% Hispanic or Latino youth, 32.1% Black or African American, and 28.3% American Indian participants across the 10 focus groups. The majority of youth respondents reported being unemployed (78%). Nearly half (47.2%) of youth responded that their household income was between \$30,000 - \$49,000. Given the age of the youth focus groups, it was expected to see over 80% have not yet completed high school.

Health insurance coverage was more widespread, with 34.6% stating their health insurance was paid for by themselves or by a family member. The second most utilized health care coverage came from the Indian Health Services (19.2%). There were 17.3% of youth whose health insurance was purchase/provided through an employer, similarly, 17.3% relied on Medicaid/AHCCCS.

Compared to the adults who participated in the focus groups, youth reported better physical health. When youth were asked about their general physical health, over half responded (56%) that their physical health was good. Interestingly, only 12 participants (22.6%) reported less than good physical health (*Poor* or *Fair*), and 12 (22.6%) also reported having better than good physical health with responses of very good or excellent. Conversely, youth reported lower rates of mental health perception than the adults. 35.9% of youth reported their mental health as *Fair* or *Poor*, compared to adults with only 32.5% reporting the same. Only 22.6% of youth reported being able to *Always* get the services they need to maintain their mental health.

For youth, the two most frequently cited barriers in accessing healthcare were transportation (34.7%) and lack of healthcare coverage (34.7%). This was followed by lack of understanding of language, culture or sexual orientation differences (26.1%) and difficulty finding the right provider for care (26.1%). These most common barriers were similar to the adults, with the exception of lack of understanding which was not as frequently identified by adults.

Several strengths were identified by youth within their communities. Access to public libraries and community centers (57.7%) as well as access to good schools (57.7%) were identified as the most frequently identified strengths. There were 53.8% of youth feel the access to parks and recreation sites are also a significant strength within their communities. Youth more reported access to good schools as a strength more frequently than adults (57.7% vs 33.8%).

When prompted with identifying the condition that has the greatest impact on their community's overall health and wellness, similar to adults, 66.0% of youth responded that alcohol/substance abuse was the most important condition followed by mental health 51.1%. The same order, and similar rates, to the adults. Youth did however, rate tobacco use higher than adults (46.8% vs. 32.8%).

Findings from the youth survey align closely with the findings from the focus group. Homelessness and substance use were both frequently cited in the discussions as major concerns in their community. Bullying was also identified as a major concern for youth. Youth differed from adults in the rankings of several concerns including: *bullying/peer pressure, smoking/electronic cigarette use or vaping, and teen pregnancy.*

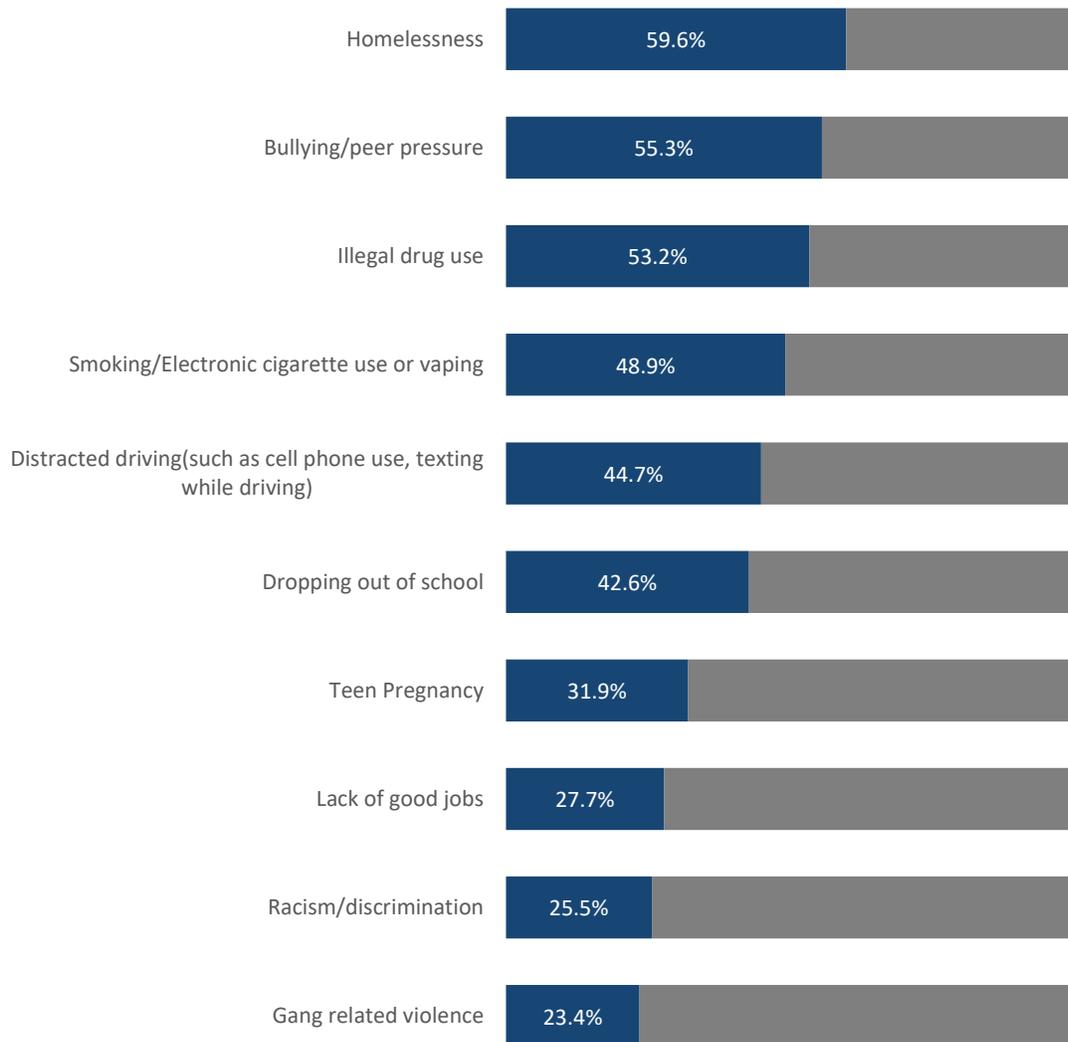


Figure 8 Youth Community Concerns

During cycle 3, youth focus groups engaged in productive dialogue regarding their community. The most frequent themes youth were **concerned** about were:

- Drug abuse
- Homelessness
- Bullying
- Teen pregnancy
- Safety with public transportation
- Unaddressed trauma
- Stress
- Mental Health/Suicidal ideation

In the words of participants...



It leads to most of the problems and problems stemming from types of mental health. Like drug abuse, homelessness, violence.

Cycle 3 Native American Youth

Maybe because we close kind of late, and we take the bus around the area does get unsafe. And when you wait for the bus, there are a lot of people that stay at the bus stop that can be dangerous.

Cycle 3 Hispanic Youth



They don't really like, get to go outside in the front yard, it could get scary, and we play in the back yard but it's still pretty much okay.

Cycle 3 Hispanic Youth

Growing up you see violence and maybe there's domestic violence happening to you and general generational trauma.

Cycle 3 Native American Youth



...because of that trauma, you don't get it handled the right way. So you end up doing things that are bad for your health.

Cycle 3 Native American Youth



Suicidal, mental health issues, homelessness. Those are some of the issues.

Cycle 3 Homeless Youth

Youth participants also gave some **suggestions for improvement**. Common trends seen across the five youth focus groups included:

- Affordable healthcare
- Maintaining a cleaner community
- Mental health resources
- Job opportunities

In the words of participants...



Easier access for health care. Some people can't afford it. It's kind of hard for them.

Cycle 3 African American Youth

If you're homeless, you don't have healthcare, you have no one to take care of you in the days. To help you if you don't have the money to take care of yourself constantly. That's why I say give them a place to see at least three health care [professionals].

Cycle 3 Homeless Youth



Having actual dental healthcare or being able to go to a dental clinic.

Cycle 3 African American Youth

I just think that they need more shelters for more homeless kids. So, more shelters for kids.

Cycle 3 African American Youth



Cleaning up the surroundings of your community.

Cycle 3 Hispanic Youth

Maybe I don't know exactly what, but some kind of resources to kind of help us be safe in general. Because I mean, whether it's mentally or physically what home or school, maybe its peer pressure or abuse, anything that people can have some sort of resources to make their environment safer in general.

Cycle 3 Native American Youth



Some teenagers, they might be like living with their parents. I have a bad family. They either survive for themselves, but they can't find a job because most places won't hire teenagers. We need places to go and find a job.

Cycle 3 Native American Youth

Conclusions

As part of a larger Community Health Improvement Plan, the Coordinated Community Health Needs Assessment is comprised of three parts: community surveys, focus groups and key informant interviews. SIRC was tasked with organizing, recruiting, running and analyzing data from three rounds of focus groups across the central, east and west regions of the county. SIRC completed 49 focus groups over a 17-month period from August 2018 to December 2019. SIRC gathered qualitative and quantitative data from 16 distinct populations across Maricopa County. There were 485 participants representing a broad cross section of Maricopa County. Demographic details are included in Appendix D.

Study Strengths

As each cycle included different populations (see Appendix B), SIRC's commitment to community based participatory research influenced how facilitators and co-facilitators were chosen. SIRC was intentional in choosing facilitators who were similar to the participants in terms of race, gender, age, language, and other factors. SIRC is fortunate to have a diverse staff as well as a wide reach of community partners, faculty, PhD students and affiliates to assist in facilitation or co-facilitation.

Further, as some of the groups became more specific such as LGBTQ adults 60+ or people who have been previously incarcerated, SIRC was again fortunate to have existing community partnerships to help recruit and offer meeting space. In the cases where SIRC had little interaction with the targeted populations, the MSW interns and SIRC staff were instrumental in finding potential partners to build rapport to assist in the often-condensed turnaround time. Once in the field, facilitators and co-facilitators consistently provided feedback that the participants were extremely grateful to be included and felt valued and validated. Participants were instrumental in offering valuable information by sharing their personal experiences, stories and heartbreaks.

Study Limitations

Although securing facilitators and co-facilitators, community partners and space were nearly effortless, recruiting participants and actual participation numbers continued to be a challenge. For example, SIRC tried two attempts to hold a focus group for young adults living with special healthcare needs in cycle 2. Both times, the event was promoted with three weeks' notice. Unfortunately, only two people attended, and SIRC had to reschedule again for cycle 3. In cycle 3, more young adult participants were included and although the county demographics describe large numbers of residents with the specific characteristics, there was low turnout in three of the five young adult groups. African American, Hispanic, and homeless young adults had 4, 5, and 6 participants respectively despite weeks of recruitment efforts. Going forward, it would be advantageous to put additional resources into on-site recruitment, if funding allows.

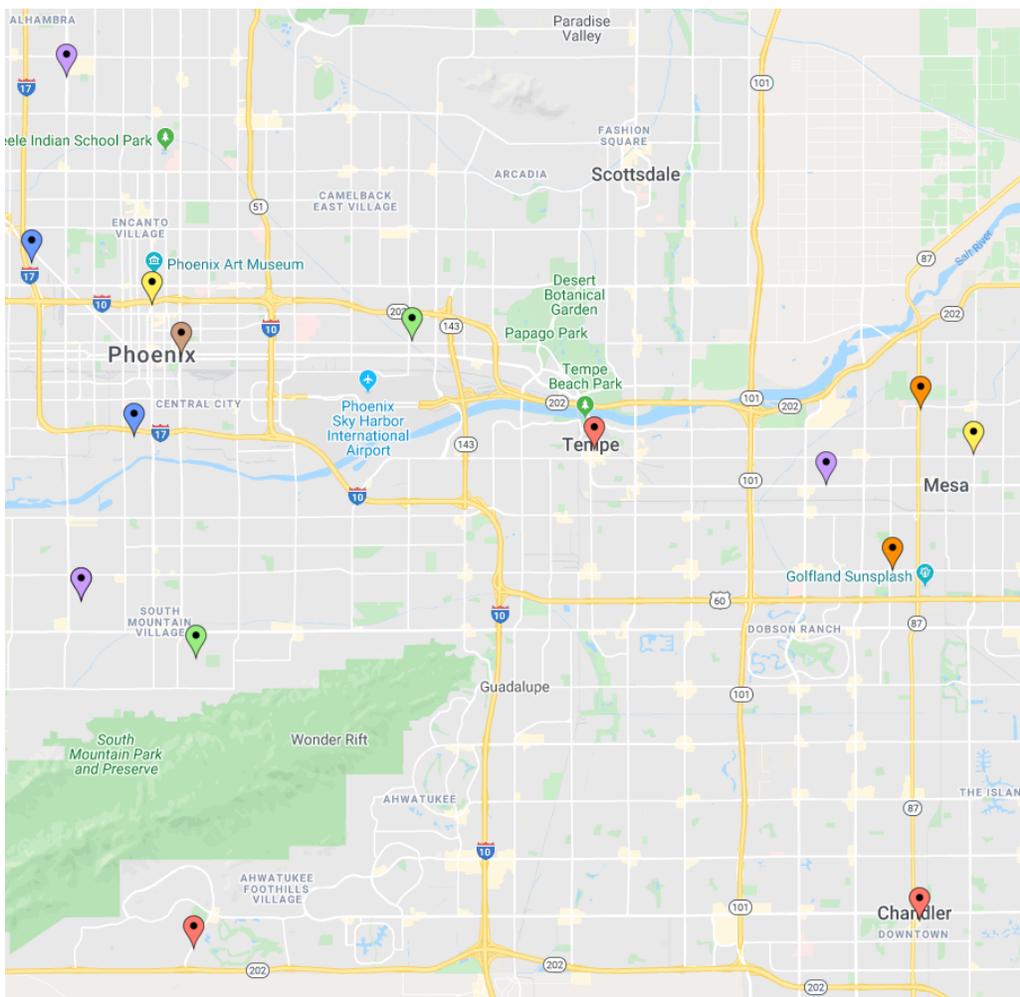
Overall, based on the rich discussions and quantitative survey data, it is likely that the MCDPH and its partners will be able to develop strategies to address the community's health needs based on the findings from the focus groups.

APPENDIX A – FOCUS GROUP LOCATION MAPS

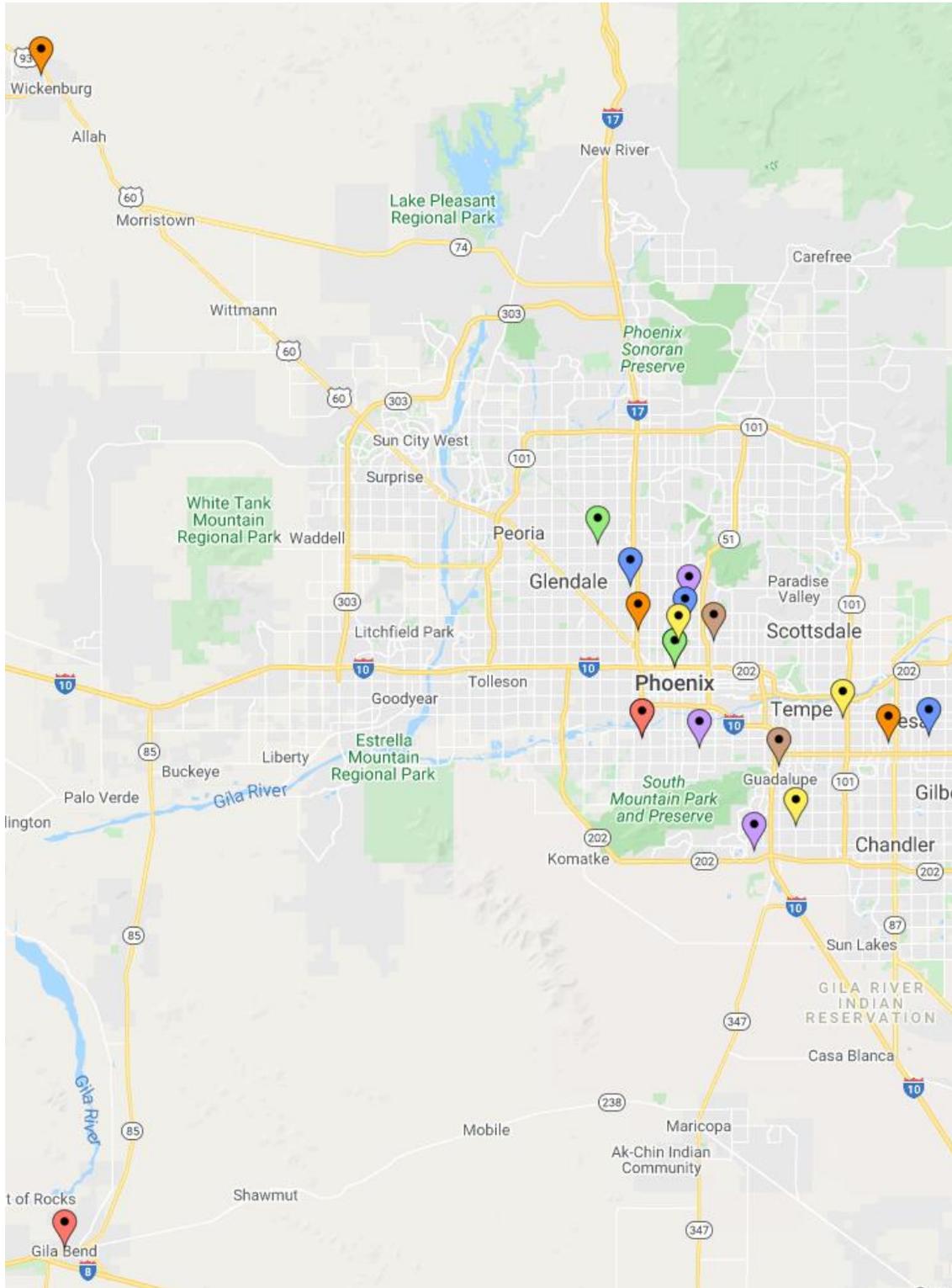
Cycle 1



Cycle 2



Cycle 3



APPENDIX B – FOCUS GROUP SCHEDULES

Cycle 1

Date	Time	Population	Location
4/8 (Mon.)	6:00pm – 8:00pm	Native American Adult Males [n = 8]	Native American Fatherhood & Families Association (460 N. Mesa Dr, Suite 115, Mesa, AZ)
4/16 (Tues.)	10:00am – 12:00pm	Homeless Males over 60 [n = 10]	St. Vincent de Paul (420 W. Watkins Rd., Phoenix, AZ)
4/17 (Wed.) & 5/16 (Thurs.)	6:00pm -8:00pm & 5:30pm–7:30pm	Native American Adults [n = 17]	Mesa Public Schools (1025 N. Country Club, Mesa, AZ) & Native Health (East Valley) (777 W. Southern Ave., Building C, Mesa, AZ)
4/18 (Thurs.)	10:30am - 12:30pm	Homeless Women with Children [n = 15]	UMOM (3333 E. Van Buren St., Phoenix, AZ)
4/18 (Tues.)	5:30pm - 7:30pm	African American Males [n = 7]	Hatton Hall (34 E. 7 th St., Tempe, AZ)
4/23 (Tues.)	4:30pm - 6:30pm	LGBTQI Adults [n = 7]	Southwest Center for HIV/AIDS (Parson’s Center) (1101 N. Central Ave, Phoenix, AZ)
4/24 (Wed.)	6:00pm – 8:00pm	Homeless Youth (14-21) [n = 7]	Native American Connections/HomeBase (931 E. Devonshire, Phoenix, AZ)
4/25 (Thurs.)	12:30pm- 2:30pm	Adults over 60 (New Retirees) [n = 13]	Ahwatukee Foothills Family YMCA (1030 E. Liberty Lane, Phoenix, AZ)
4/26 (Fri.)	10:30am- 12:30pm	New Parents [n = 7]	Adelante Healthcare – WIC Office (1705 W. Main St., Mesa, AZ)
4/27 (Sat.)	10:30am- 12:30pm	Homeless Veterans [n = 15]	MANA House (2422 W. Holly St., Phoenix, AZ)
4/29 (Mon.)	6:00pm - 8:00pm	Parents of Children with Special Health Needs [n = 9]	Ignacio Conchos Elementary School (1718 W. Vineyard Rd., Phoenix, AZ)
4/30 (Tues.)	6:00pm - 8:00pm	Parents of Children with Special Health Needs [SPANISH; n = 7]	Ignacio Conchos Elementary School (1718 W. Vineyard Rd., Phoenix, AZ)
5/4 (Sat.)	10:30am – 12:30pm	Filipino Adults [n = 8]	Chandler Community Center (125 E. Commonwealth Ave., Chandler, AZ)
5/14 (Tues.)	5:30pm - 7:30pm	Veterans [n = 7]	Tanner Community Development Corporation (700 E. Jefferson St., Phoenix, AZ)
5/16 (Wed.)	8:30am- 10:30am	New Parents [SPANISH; n = 11]	Moon Mountain Elementary School (13425 N. 19 th Ave, Phoenix, AZ)

Cycle 2

Date	Time	Population	Location
4/8 (Mon.)	6:00pm – 8:00pm	Native American Adult Males [n = 8]	Native American Fatherhood & Families Association (460 N. Mesa Dr, Suite 115, Mesa)
4/16 (Tues.)	10:00am – 12:00pm	Homeless Males over 60 [n = 10]	St. Vincent de Paul (420 W. Watkins Rd., Phoenix)
4/17 (Wed.) & 5/16 (Thurs.)	6:00pm -8:00pm & 5:30pm–7:30pm	Native American Adults [n = 17]	Mesa Public Schools (1025 N. Country Club, Mesa, AZ) & Native Health (East Valley) (777 W. Southern Ave., Mesa)
4/18 (Thurs.)	10:30am - 12:30pm	Homeless Women with Children [n = 15]	UMOM (3333 E. Van Buren St., Phoenix)
4/18 (Tues.)	5:30pm - 7:30pm	African American Males [n = 7]	Hatton Hall (34 E. 7 th St., Tempe)
4/23 (Tues.)	4:30pm - 6:30pm	LGBTQI Adults [n = 7]	Southwest Center for HIV/AIDS (Parson’s Center) (1101 N. Central Ave, Phoenix)
4/24 (Wed.)	6:00pm – 8:00pm	Homeless Youth (14-21) [n = 7]	Native American Connections/HomeBase (931 E. Devonshire, Phoenix, AZ)
4/25 (Thurs.)	12:30pm- 2:30pm	Adults over 60 (New Retirees) [n = 13]	Ahwatukee Foothills Family YMCA (1030 E. Liberty Lane, Phoenix)
4/26 (Fri.)	10:30am- 12:30pm	New Parents [n = 7]	Adelante Healthcare – WIC Office (1705 W. Main St., Mesa)
4/27 (Sat.)	10:30am- 12:30pm	Homeless Veterans [n = 15]	MANA House (2422 W. Holly St., Phoenix, AZ)
4/29 (Mon.)	6:00pm - 8:00pm	Parents of Children with Special Health Needs [n = 9]	Ignacio Conchos Elementary School (1718 W. Vineyard Rd., Phoenix, AZ)
4/30 (Tues.)	6:00pm - 8:00pm	Parents of Children with Special Health Needs [SPANISH; n = 7]	Ignacio Conchos Elementary School (1718 W. Vineyard Rd., Phoenix, AZ)
5/4 (Sat.)	10:30am – 12:30pm	Filipino Adults [n = 8]	Chandler Community Center (125 E. Commonwealth Ave., Chandler, AZ)
5/14 (Tues.)	5:30pm - 7:30pm	Veterans [n = 7]	Tanner Community Development Corporation (700 E. Jefferson St., Phoenix, AZ)
5/16 (Wed.)	8:30am- 10:30am	New Parents [SPANISH; n = 11]	Moon Mountain Elementary School (13425 N. 19 th Ave, Phoenix, AZ)

Cycle 3

Date	Time	Population	Location
10/16 (Wed.)	1:00 pm – 3:00 pm	Native Americans - Young adults (19-24)	ASU Discovery Hall 250 E Lemon St. Tempe 85281
10/17 (Thurs.)	10:00 am – 12:00 pm	Immigrants/Refugee/Asylum Seekers - Congolese	IRC 4425 W Olive #400 Glendale 85302
10/17 (Thurs.)	1:30 pm – 3:30 pm	Asian Americans - South and southeast Asia [n = 29]	Asian Pacific Community in Action-IACRF Hall 2809 W Maryland Phoenix 85017
10/22 (Tues)	4:00 pm – 6:00 pm	LGBTQ - Young adults (19-24)	One.n.ten 931 #202 Phoenix 85004
10/28 (Mon.)	11:00 am – 1:00 pm	Homeless - Young adults (19- 24)	Homebase 931 E Devonshire Phoenix 85014
11/1 (Sat.)	1:00 pm – 3:00 pm	Youth Focus Groups (14 - 18) - African Americans 1	Ironwood Library 4333 E Chandler Phoenix 85048
11/5 (Tues.)	10:00 am – 12:00 pm	Adults over 65 - Hispanic/Latino [n = 6]	Gila Bend Family Resource Center 303 E Pima St, Gila Bend, AZ 85337
11/6 (Wed.)	5:30 pm – 7:30 pm	People Living with Special Healthcare Needs - Parents/caregivers	Sunset Library 4930 W Ray, Chandler
11/7 (Thurs.)	12:00 pm – 2:00 pm	Adults over 65 - African Americans [n = 12]	Muriel Smith Center 2230 W Roeser Rd, Phoenix 85041
11/7 (Thurs.)	5:00 pm – 7:00 pm	African Americans- Young adults (19-24) [n = 4]	Muriel Smith Center 2230 W Roeser Rd, Phoenix 85041
11/12 (Wed.)	5:00 pm – 7:00 pm	Youth Focus Groups (14-18) - Homeless	UMOM 2344 E Earll Drive
11/13 (Wed.)	8:30 am – 10:30 am	Youth Focus Groups (14 - 18) - Hispanic	Natalie's room North High School 1101 E Thomas Phoenix 85014
11/13 (Wed.)	4:00 pm – 6:00 pm	People who have been previously incarcerated – combined	Black Canyon building 2445 W Indianola
11/13 (Wed.)	5:00 pm – 7:00 pm	Youth Focus Groups (14 - 18) - Native American	Seewa Tomteme Community Center 8066 S Avenida del Yaqui Guadalupe 85283

11/14 (Thurs.)	12:00 pm - 2:00 pm	Hispanic/Latinx - Young adults (19-24) [n = 13]	Community Room - Mesa Fire Station 2 830 S Stapley Dr, Mesa
11/18 (Mon.)	11:00 am - 1:00 pm	LGBTQ Adults 60+ [n = 4]	Aunt Rita's Foundation 1101 N Central Gila River room 2nd floor
11/18 (Mon.)	4:30 pm - 6:00 pm	Youth Focus Group (1-18) Native American	Native Health Mesa 777 W Southern Mesa 85210
11/26 (Tues.)	10:30 am - 12:30 pm	Residents of Rural Communities - Wickenburg	Wickenburg Community Hospital 520 Rose Ln Wickenburg, AZ 85390
12/4 (Wed.)	10:00am - 2:00pm	Youth Focus Groups (14 - 18) - African Americans 2 [n = 11]	Hope College & Career Readiness Academy 6401 S. 16th Street Phoenix 85042
12/13 (Fri.)	12:00pm - 2:00pm	People Living with Special Healthcare Needs - Young adults [n = 12]	First Place Phoenix 3001 N. Third Street Phx, 85012

APPENDIX C – FOCUS GROUP DISCUSSION GUIDE

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

Opening Question (5 minutes)

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

General Community Questions (15 minutes)

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

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

Community Health Concerns (15 minutes)

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

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

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

- i. What are the biggest health problems/conditions in your community?
 - ii. Do other communities in this area have the same health problems?
6. a) What makes it hard to access healthcare for people in your community?

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

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

Community Health Recommendations (15 minutes)

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

8. What are some ideas you have to help your community get or stay healthy? To improve the health and quality of life?
9. a) What else do you (your family, your children) need to maintain or improve your health?

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

- i. Services, support or information to manage a chronic condition or change health behaviors such as smoking, eating habits, physical activity, or substance use
- ii. Preventative services such as flu shots, screenings or immunizations
- iii. Specialty healthcare services or providers (such as heart doctors or dermatologists)

- b) What health services do you or your family need that aren't in your community?

10. What resources does your community have/use to improve your health?

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

- i. Why do you use these particular services or supports?

Ending Question (5 minutes)

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

Facilitator Summary & Closing Comments (5-10 minutes)

Let's take a few minutes to reflect on responses you provided today. We will review the notes we took and the themes we observed. This is your opportunity to clarify your thoughts or to provide alternative responses.

[Co-facilitator provides a brief summary of responses for each of the questions or asks clarifying questions if she thinks she may have missed something.]

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

APPENDIX D – PARTICIPANT CHARACTERISTICS

Characteristic	Number	%
*Age		
12-17	42	9.2
18-24	87	19.0%
25-34	64	14.0%
35-44	69	15.1%
45-54	44	9.6%
55-64	47	10.3%
65-74	73	16.0%
75+	31	6.8%
*Gender		
Male	160	35.0%
Female	284	62.1%
Transgender	9	2.0%
Other	4	.9%
*Race/Ethnicity		
American Indian/Alaska Native	91	18.2%
Asian	53	10.6%
Black/African American	108	21.6%
Native Hawaiian/Pacific Islander	2	.4%
Hispanic/Latino	132	26.4%
White	85	17.0%
Other/Multi-racial	30	6.0%
Which groups do you most identify with?		
Adult with children	85	59%
Adult with no children	31	22%
Caregiver	8	6%
LGBTQI	18	13%
Immigrant	7	5%
Person experiencing homelessness	35	25%
Person with disability	33	23%
Refugee/Asylum seeker	2	1%
Single parent	29	20%
Veteran	23	16%
Other	7	5%
Education		
Less than high school	67	22.6%
High school/GED	92	31.1%
Some college/Associates degree	29	9.8%
Currently enrolled in votech	15	5.1%
Bachelor degree or higher	75	25.3%
Other	18	6.1%
Household Income		
Less than \$20,000	109	39.9%
\$20,000-\$29,000	24	8.8%
\$30,000-\$49,000	66	24.2%
\$50,000-\$74,000	30	11.0%
\$75,000-\$99,000	17	6.2%
Over \$100,000	27	9.9%

*Employment		
Full-time	72	16.0%
Part-time	67	15.0%
Unemployed	169	38.0%
Retired	100	22.0%
Other (disabled, self-employed)	37	8.0%
*Health Insurance/Health Care Coverage		
Individually purchased or by family member	83	11.6%
Through employer	72	10.0%
Does not use health care services	16	2.2%
Indian Health Services	50	7.0%
Medicaid/AHCCCS	183	25.5%
Medicare	108	15.0%
Travel to different country to afford health care	6	.8%
Use free clinics	44	6.1%
Out of Pocket	104	14.5%
Veterans Administration	28	3.9%
Other	24	3.3%

Different survey instruments were used for Cycles 1,2, and 3. The demographic questions aligned exactly for cycles 2 and 3, some of those questions were also present on the Cycle 1 survey. Those questions are denoted with an “” meaning there is data from all three cycles. Otherwise, data represent Cycles 2 and 3 only.

APPENDIX E – FOCUS GROUP PARTICIPANT QUOTES

Quality of Life

I think community unity would help a lot like starting from the top to the bottom, government assistance police, the hospitals, behavioral health, recovery - everybody needs to be working as a unit for the whole entire community and to make sure everybody's doing well and everybody's situated to where they are you know so nobody's left out; that everybody's looked after.

Cycle 1 Homeless

I think what it boils down to is people who uplift each other. And I would say you know, every part of a healthy community starts with being willing to help each other regardless of how that turns out. And I think that there's plenty of communities where people maybe are disabled to a point where they have kind of an issue taking part in day-to-day activities or maybe fully understanding what's happening in the world versus what's not. But you can still be part of a healthy community and still be one of those people as long as the people around you are willing to adjust to that and help you adjust that. So I think that's a very important part of a healthy community is just caring about the other people in your community.

Cycle 1 LGBTQ

Well, like NAME says, in our community, most of all, communication. Being in constant communication. If something's happening, for example, if the draining system isn't working, the community should get together and talk about it. If we see people wandering around the homes and parks, we should also talk about it and find a solution like the community that we are.

Cycle 1 Adults with children over 18 Spanish

I believe it's the ability to be able to do what you want, when you want to do it and to no matter what your status or situation is in life no matter how you all are physical or mentally, you be able to whatever it is you want to. You know where those services are and those services are available to you.

Cycle 1 African American

I think it's an awareness that there are others in the community like she was saying you know you can just make someone's day by you know holding the door open or seeing it like a lady struggling with her groceries and maybe offering to help.

Cycle 1 Homeless

Access to healthcare. Including mental health. Access to healthy foods. Of course, affordable living, affordable housing. And transportation. And spiritual connection, through tribe tradition. If that's what you want. I know some people here that, they come out here from the reservation, so they hunger for that.

Cycle 2 Native American Males

I think it means the ability to live life to the fullest. To have health and family and friends, access to the things that make you happy, access to the things that can cheer you up when you're not. And to live a healthy, happy life.

Cycle 2 Retirees over 60

How you live, because if you're always running in your life... Always cleaning, taking care of your kids— You need to take some time for yourself, exercise a bit more, going out with your kids and spending more time with them. Making time for them.

Cycle 2 New Parents, Spanish

When I think of quality of life, I think of my financial stability ("Yeah"), you know, just having some place to stay, and ("Being stable") my, yeah, that my kids are, you know, they have their necessities.

Cycle 2 Homeless Women with Children

Neighbors knowing each other and looking out for each other. Checking on each other, if they don't see someone, check on him and make sure you're OK.

Cycle 3 African American Adults 65+

Being physically healthy but also mentally and being in like a good in a good environment.

Cycle 3 African American Young Adults

Being stable financially, having somewhere comfortable to live where, you don't really have to worry about having a house getting broken to or things like that. That's all I've got.

Cycle 3 People Who have been Incarcerated

Good health, I mean health if you say they should have good health and for that they need good doctors, they need good facilities available to them especially in this age bracket and all, you are depending on somebody to drive you to your doctor's office. I mean if there are doctors available in your neighborhood it makes life much easier, if you have access to your doctors in your community.

Cycle 3 Southeast Asian Americans

I think community unity would help a lot like starting from the top to the bottom, government assistance police, the hospitals, behavioral health, recovery everybody needs to be working as a unit for the whole entire community and to make sure everybody's doing well and everybody's situated to where they are you know so nobody's left out that everybody's looked after.

Cycle 3 Homeless

For a community to be healthy you need clean water, good surroundings, pleasant surroundings, good education that would make a community much better.

Cycle 3 Southeast Asian Americans

Community Assets/Strengths

Strengths are that we do have more naturopathic doctors and functional medicine doctors because we have the Southwest naturopathic College in our community. That is a huge strength. I mean we got people coming here from all over the country go to that school...I think that is a strength that we have a lot of people that are more health minded doctors here.

Cycle 1 Adults without Children

Well, I think access. And that means access to everything that was talked about in regards to physicians, hospitals, parks, hiking, the Y. Anything...so assets and access goes with quality of health. So if the community has all that, you will have a strong community.

Cycle 2 Retirees

There's always some sort of support group for moms, dinner out or right now the Down Syndrome Communities walk, so the autism walk is coming up I think.

Cycle 3 Parents of Children with Special Healthcare Needs

Yeah, it's a big art show case, so like all along Roosevelt St. and the surrounding streets that are perpendicular will open their doors to art galleries and art exhibits. There are tents with arts and crafts, there is music. The whole street is full of everything. They set up temples and there is music and food everywhere.

Cycle 3 LGBTQ Young Adult

Those that don't have cars but can have access to public bus.

Cycle 3 Congolese

We've got urgent care with doctors all around so, I don't know for me I can't say the issue is one thing, I drive buses in the area and there's health care centers.

Cycle 3 African American 65+ Years

If you go to certain clinics, they will do all that stuff for free.

Cycle 3 Homeless Youth

The library with this there is a lot of activity for the little kids.

Cycle 3 Native American Youth – Guadalupe

Community Concerns

The environment, sanitation like where you have stuff to spray in community. Like where I live, they usually spray every week for insects and creeping stuff. And garbage, they need to take care of the garbage. Your kids can come outside and pick all these stuff on ground, you know.

Cycle 3 Congolese Refugees

The cost of quality food. So, for example, if you want a good quality head of lettuce that is like...and not full of pesticides, it's expensive to be able to buy good quality food. It's cheaper just to buy something from McDonald's or Taco Bell than it is to provide wholesome food for the children. And so I know they have a lot of the, like the mobile clinics for the different farmers markets. But still, that's still pretty costly and expensive.

Cycle 2 Parents with Special Healthcare Needs Kids, English

As far as the community's cleanliness and health, I feel that we also need to approach mental health, because many young people and even adults may sometimes suffer from depression without even knowing it, and they don't know who to turn to and insurance is obviously expensive. And there are foundations but sometimes we just don't have the resources.

Cycle 1 Adults without children, Spanish

Threats and Opportunities to Community Health

We have an epidemic we need to deal with it but deal with it properly and realistically so that people and I've heard this all over the room people are treated the way you want you know someone to treat your father mother sister brother you want I mean.

Cycle 1 Homeless

More medical lectures, keeping a positive attitude and eating healthily.

Cycle 1 Mandarin Adults

There's a couple little services there there's a mental health center for kids which is wonderful. There is a couple parks, there's access to fruits and veggies which is nice it's grocery stores so that's the strength and then for me it's kind of an older neighborhood, there's a little bit of sense of history there which is really nice. So those are some strengths.

Cycle 1 Native American Adults

You don't know what you don't know. If you have always lived in poverty and you don't know anybody that hasn't, you don't know there's other ways. That there is other opportunities. Like here in the room I feel like almost everybody is pretty well educated and we can pretty resourceful. We can figure it out. We can find a job, we can go get another degree. We can just you know a lot of people I know a family of mine that is living in poverty. Sometimes it's just they don't know so I'll engage in conversations I'm like oh you can look at this website Oh what I can learn from the government just by going to this website look at the job listings like I think it's a lot of that like not having the access, the knowledge and how to go about it and then adding to that knowing if you deserve that good of a job.

Cycle 1 Native American Adults

I think another issue again at the environment. We already talked about it the access to fresh fruits and vegetables which we do have in my neighborhood but we also there's like this one block area that the highest concentrated in the city or something for like residents. There's a bunch of apartment complexes so that environment um people are on top of each other, they want space or the exercise room, no meditation room. None of those holistic or natural ways to become healthy. So environment is a huge issue just in reference to what's available the actual space, residents per square inch zero square mile or whatever they say and then just see how it's the fast-food places and an unsafe environment.

Cycle 1 Native American Adults

Maybe a bottom line is we also need to know our neighbors. It helps with avoiding crime, if you know more about your neighbors. You know when they're at home, when they're not at home. You would know whether a U-haul truck pulled up in front of somebody's house that just happens not to be there at that time. So it's an awareness of who lives in your neighborhood.

Cycle 2 Retirees

I wanted to talk about like about having to go to the doctors and having to disclose information. I am like, super terrified of having to end up in Urgent Care and being treated completely crappy. I have had experiences just going through and being completely dismissed because you know like being questioned and being completely disrespected. I didn't even follow through and I didn't care and I just walked out. Like, I couldn't even imagine if I had an emergency I would have to disclose myself that I'm not completely trans sometimes. Sometimes I go to the doctors and I need to disclose that I am a trans. This makes things a little more difficult and a lot more awkward for me to sit through instead of just getting something done.

Cycle 3 LGBTQ Young Adult

What are people eating at home and usually it's what's easy or what's cheap, which on my race, it is fast food, like we have to Tacos Bell, Wendy's, McDonald's, Burger King, we got all them fast foods places there, but we don't really have like a healthy cheap alternative to that. So I think that definitely contribute to our health as a community.

Cycle 3 Native American Young Adult

Health Care Needs

I think there should be more support groups for well I say mental health.

Cycle 1 Adults with Children over 18

You know eyeglasses, I'm having trouble with getting eyeglasses but I don't think AHCCCS covers it. I'm diabetic I do have glasses right now but they're getting bad again and you know I I'm thinking there's not a lot of things out there would do and I need to see oh yeah, I'm getting to where I can't read.

Cycle 1 Homeless

They don't do dental and vision. A lot of us need glasses. I mean, look at my teeth are horrible. I can't even go get a tooth pulled. It's two hundred and eighty dollars to get a tooth pulled.

Cycle 2 Homeless Women with Children

There should be clinics nearby. I don't go to clinics, because they're not close to where I live.

Cycle 2 Parents with Special Healthcare Needs Kids, Spanish

So, we need more education in regards to natural remedies and medical remedies or medicine from Mexico.

Cycle 2 Parents with Special Healthcare Needs Kids, Spanish

I've needed to go see several different specialists during this past year, but as I was telling you earlier, sometimes the co-pay is too high and that's why I haven't been able to go.

Cycle 3 Hispanic Adults 65+ in Gila Bend

Healthcare Choices

I actually been in that situation before and I found out what works best is actually calling, depending on what it is – because I deal with certain issues myself sometimes where I just need someone to talk to or get help ideas – calling, for me I live in Phoenix so it would be Phoenix Fire Department for non-emergency. Therefore, you're talking to just the Fire Department which is both fire truck and EMT such as ambulance. Using the word ambulance is more old for them - EMTs different because what happens is it gives you more variety. They have more trained officials now more than a fire truck it's just easy trucks more for certain things and they can come out they can talk to you, they can help you. If you do

live in the Phoenix area I can give you the Phoenix not emergency for the fire department. That way there is no police involved. Ever since I've been calling that number, I haven't had an issue.

Cycle 1 LGBTQ

One, my doctors are really good at not discriminating if you want to try them. I go through Honor Health, they accept all AHCCCS plans. If you have any sort of it. Any even if you don't, they're not expensive.

Cycle 1 LGBTQ

I also struggled a lot with my girl and an allergy that she was born with. It was all over her cheeks and her little hands and she had it for a long time. And this lady saw her and said, "I have this great cream from Mexico." So she gave her the cream and she got immediately better here and here and here. And that same cream is really expensive here, so my mom brings it from Mexico when she comes and if we get allergies— Even me— I use some on myself and four, five minutes later I'm all better.

Cycle 2 Parents of Children with Special Healthcare Needs, Spanish

I say there are a lot of resources out there and a lot of other providers. Um, holistic naturopath and all the above. Although you may have to pay out of pocket. It's you've got to do a little bit of research, but Phoenix is just rich in diversity of that health care.

Cycle 2 Veterans

Let us explain Optimum Care. They have insurance as this subsidiary, called optimum care, it is this special type of insurance where they run community centers for people to exercise, for stress management, for moving, for that type of centers, there are 3 plus or four in this area and they also provide medical care for the people who have signed up for optimum care. Not necessarily united, but optimum care to participate by going to the neighborhood center and get the benefits of the center and the way they have designed this is more like a community center, it is more like a community desk. People come there to do the same task, the same place, the same time, the same classes. It's a close knit group and they will start to get to know the people, in the process their life's story, those things.

There's one aspect that I will highlight, and that's part of your report, the processes involved on severe instances. On the East Coast there has been something developed in the last few years and it is called aiding dictate. Many do not have AHCSSS.

Cycle 3 Southeast Asian

Healthcare Experiences

Last year, there's was only one hospital and it was like a 45 minute drive. My brother was sick and we needed to get him to a hospital and we didn't have a ride. We asked for rides and nobody wanted to help us. We finally found a ride and then we ended up sitting in the waiting room for 3-4 hours.

Cycle 3 Native American Youth

I do love Mayo clinic because any time I have any problems, I can go to them and say 'Look, I'm having these problems.' So I got them to get me down to - after they talked to them about how they were billing me, now I only pay \$14.

Cycle 1 Adults with children under 18

When you sprain your foot or break your hand— since it's too expensive going to an orthopedic doctor or the ER, you go to a traditional healer and they make it worse.

Cycle 2 Parents with Special Healthcare Needs Kids, Spanish

If you're a homeless person, you don't get the same quality of medical and the same respect from the doctors that you do if [...] you have a health insurance plan that you're paying for, or you're paying them cash or credit card or however it is you do it. And that's a fact.

Cycle 2 Homeless Males over 60

Healthcare Barriers

There's a lot of sick people who just decides to do nothing or keep on working, because they'd just rather stay sick, because they don't have the money to... A full hematology test is about \$175 if you go to a clinic and don't have insurance. I don't have insurance and I have to go to a clinic, a Hispanic family clinic where that's what it will cost you, and that's supposed to be cheap... For people who don't have insurance.

Cycle 1 Adults with Children Over 18 Spanish

And another thing is doctors like to just base it off of what they can see without doing anything. They'll look at you and be like 'oh it's just this. I have all these patients that go through the same thing' and it's like, I am my own individual person. I am NOT those people. You need to individually test me not them because what if there is something wrong with me. You don't know my chemical patterns. You don't know my blood types and everything. So you need to actually sit down and work with me. A lot of doctors don't do good with communication. And that's the biggest issue.

Cycle 1 LGBTQ

There's just so much red tape and especially if you're already disabled then you have a hard time calling places, then you have a hard time kind of working through that system, it feels impossible and it feels like you're never going to get there.

Cycle 1 LGBTQ

The rich can afford to pay for it and the poor has access to public health care. But the people in the middle who are struggling every single day trying to get to get food in their table I think that that's where what's missing are people who's in between jobs, and they just lost their regular, health care benefits, and now they're trying to look for a job, and you know they're already down and out, and yet there's nothing available to them, you know.

Cycle 2 Filipino Adults

There's a stigma that we can take more pain than other races, so we don't get prescribed [...] the same kind of dosage or the same type of pill that would be used for somebody after surgery.

Cycle 2 African American Adult Males

'Cause they don't give you the information. You have to dig for the information. There's programs out there for all of us that we could take advantage of that we just don't know about.

Cycle 2 Homeless Veterans

Yes, and as I'm telling you... And I speak for myself, every time I go there I spend at least \$100, because I have to buy food, gas and the \$45 for co-pay. And if that's four times a month, then you do the math of how much we spend. Our entire paycheck is spent on those expenses.

Cycle 3 Hispanic Gila Bend 65+

And also a lot of places for mental health have like waiting list, it's very difficult to acquire the mental health.

Cycle 3 Young Adults with Special Health Care Needs

I'm going to bring up about transportation issues. about earlier, I was speaking to a senior that lives out in Congress and she mentioned that there's a lot of there are many seniors that live out in that area that aren't able to drive anymore, and that really prevents them from getting the care of the health care that they need. Now there is we have a telephone out there now and we can deliver medication. But in terms of getting to doctor's appointments, I can see that being me transportation is a huge issue.

Cycle 3 Wickenburg

Prevention Strategies

Oh, I've been doing checkups many years ago for a while.

Cycle 3 Young Adults with Special Healthcare Needs

If you eat healthy you won't suffer as many diseases as people who don't eat well.

Cycle 1 Migrant Seasonal Farmworkers

I just think access to outdoor activity. That helps everybody in health. And we're in a very good environment here.

Cycle 2 Retirees

Suggestions for Improvement

So again it's about, in that liquor store should be fruit and vegetables since it's the only thing or the most prevalent thing in the community. And so I'm thinking a healthy community would look like a community that becomes educated about what health looks like. Because we deem health as eating fried cabbage and mashed potatoes and chicken and we say I ate a healthy meal.

Cycle 1 Adults with Children Under 18

I would say maybe like a direct example of what can be done is just Hosting like workshops or something like that, that are easily accessible to each community. So maybe taking some time to get closer to certain parts of Mesa or wherever it is, you guys decide to do it. And then maybe taking a day to be like, Okay, this day, we're going to be talking about mental health. This day, we're going to be talking about affordable plan to health care plans.

Cycle 3 Hispanic Young Adults

Events at the park, gym, or a church ...I've been struggling my entire life. So like, I would do [a health routine] for a couple of months, and then I'd fall back into wanting to eat junk food. I want to eat sweet things...maybe there's more resources for health, and more resources through just groups that exercise outside.

Cycle 2 New Parents, English

Exercise and attending more of these programs. Learning about nutrition and all of that, awareness you know. People need to know what to eat and know how to look at labels before buying stuff. You know, not just buying stuff blindly. They need to start looking at things so they can eat healthy so that they can know from attending these classes how to eat healthy.

Cycle 3 Southeast Asian

Health for me includes access to eye care, eyeglasses or contact lenses. And dental work. You know, preventative maintenance. Just get your teeth cleaned once or twice a year it would be a help. But a lot of times they just wanna send you, open your mouth, cough three times and take a pill, and that's the end of it...I met a lot of people with issues, and not just service-related, although you know, sorry to say, a lot of good people have really sacrificed a lot for our country, and they're not getting anything in return for it.

Cycle 2 Homeless Veterans

For somebody who has that knowledge but specifically for the gay community, as far as which insurance company would be best suited for our circumstances, because there's a lot but deal with family and so forth...

Cycle 3 LGBTQ Adults 65+

For me, ...more holistic and natural remedies for solutions. I feel like those services that are out there aren't coded by insurance. Because they're considered "alternative methods" So for me, be more of that...more accessible to people, versus right now, if you want to learn more about like, how to treat certain conditions naturally and holistically, you kind of have to do that on your own versus going to the hospital and be like, hey, what are the other alternatives?

Cycle 2 LGBTQ Adults

It seems that Chinese people generally think that it is helpful to use Chinese medicine, such as acupuncture and massage, but medical insurance doesn't cover it, so this is a problem. Massages, acupuncture, and moxibustion are also helpful to many Chinese elderly people, especially with the chronic illnesses they have.

Cycle 1 Mandarin Speaking