



# Community Health Needs Assessment 2023 Focus Group Findings

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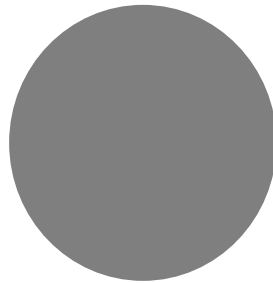




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# 2023 Community Health Needs Assessment (CHNA) Focus Group Findings

## Executive Summary

**Introduction:** As part of the Maricopa County CHNA project, the Southwest Interdisciplinary Research Center (SIRC) conducted 46 focus groups with 366 participants during summer 2023 and analyzed 309 CHNA supplemental surveys. Both the focus groups and survey aimed to identify priority health issues and needs and barriers to health improvement within Maricopa County. Focus group and survey questions explored physical and mental health, connectedness, medical and mental health care, finances, health issues, discrimination, food, physical activity, and community. Participants were recruited across regions of the county and especially from 15 priority underserved and/or minority populations in order to include representation from those groups in the overall CHNA.

**Discussion of Findings:** The findings from the focus group discussions were corroborated by the results from the survey data. Findings from the survey data were reported as descriptive numbers and percentages (see p. 3). The qualitative focus group discussion data (see example quotes p. 4) were analyzed using a combination of inductive coding and the a priori MAPP 2.0 constructs. The qualitative coding resulted in six overall themes for the findings:

- Community Strengths and Assets
- Systems of Power, Privilege and Oppression
- Social Determinants of Health
- Healthy Behaviors and Outcomes
- Health in Arizona Policy Initiative (HAPI) and Chronic Diseases, and
- Additional: Innovation and Trust



Physical and mental health needs were discussed across the focus groups with participants talking about what barriers and preventative behaviors were common. Participants often expressed the need for better access to and lower costs for health care. Some people mentioned services, organizations and community activities that were available at the local community level while others pointed out the lack of these supports in their communities.

Many barriers to healthy outcomes were discussed with systems of power, privilege and discrimination acknowledged as contributing factors. Health related concerns discussed included out of pocket costs, absence of insurance, providers lacking cultural competency, location/distance of services, and unmet mental health needs. Barriers which might be categorized as social determinants of health included economic instability/low employment, lack of food and/or transportation, social isolation or lack of social connectedness, and lack of community activities.

**Conclusion and Recommendations:** Overall, participants acknowledged they were very pleased to contribute to a focus group and to have their voices heard by the system. They viewed the health, education and community services and facilities as assets and suggested that these be more widespread and accessible. Many participants expressed that their less healthy behaviors reflected the costs and barriers they and their neighbors faced from discriminatory practices. They discussed ideas on making health and preventative services more equitable and convenient for their everyday lives.

Their many suggestions for improvement led to a series of recommendations in the following areas:

- Access to Care
- Cultural Sensitivity and Competency
- Physical Activity and Indoor Spaces,
- Health and Nutrition Education Programs, and
- Community Support and Engagement

These CHNA focus groups were an important endeavor and step to improve overall community health by including and ensuring representation from residents from the five regions as well as traditionally underserved and/ or minority population community members. The findings and practices implemented based on these findings serve as a way to help improve the health and quality of life for all residents.







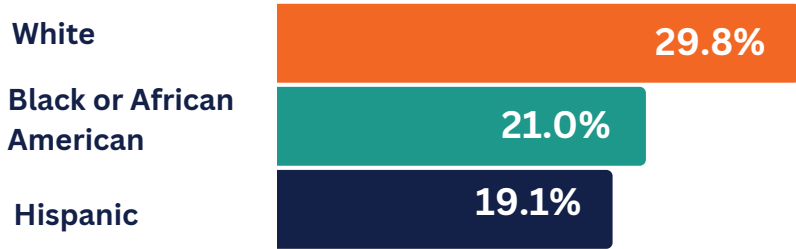
**46** Focus groups conducted

**309** Surveys analyzed

**CHNA Focus Groups**



Over 60.0% reported their gender identity as **cisgender woman** (32.7%) or **cisgender man** (29.1%).



Most participants were **White** (29.8%), **Black or African American** (21.0%), and **Hispanic** (19.1%).

**42**  
Median age of respondents

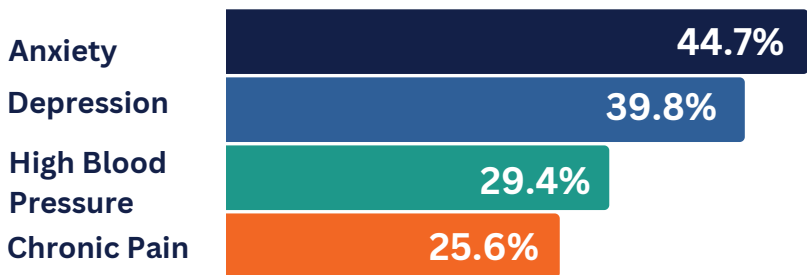
The top five ways participants reported discrimination included **race** (22.3%), **gender** (12.3%), **income** (11.7%), **sexual orientation** (11.0%), and **spirituality, practices, or religion** (10.0%).

**Physical & Mental Health**



Over half of participants rated their physical and mental health as **fair** (52.9%, 51.5% respectively).

**42.7%**  
reported spending half of their income on housing



The top four health issues that most impacted participants or people in their household were **anxiety** (44.7%), **depression** (39.8%), **high blood pressure** (29.4%), and **chronic pain** (25.6%).

The community elements rated by most participants as **very good** included:

- **Feeling safe in their home** (55.7%)
- **Access to public libraries, community centers, and educational events** (48.4%)
- **Opportunity to participate in religious spiritual, or cultural events** (45.5%)

**Themes:**

- Community Strengths & Assets
- Systems of Power, Privilege & Oppression
- Social Determinants of Health
- Healthy Behaviors & Outcomes
- Health in Arizona Policy Initiative (HAPI) & Chronic Diseases
- Additional: Innovation & Trust

“The system is so—I'm [going to] say this on tape—rigged, in my opinion, that the people who are in position to help kids of color can't do it because the system continues to block them from either getting licensed, getting them approved to accept AHCCCS.” – African American focus group

“If you have insurance, you have to deal with all the hoops that you have to jump through to get the treatment. I think insurance is a big problem.” - Religious minority focus group

“That’s very important to me, the safeness, the closeness. Everyone looks out for one another. I feel very safe living where I live.” – Native American focus group

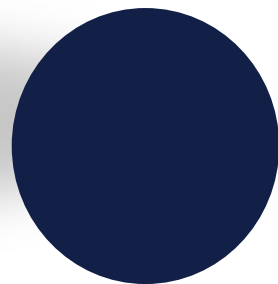
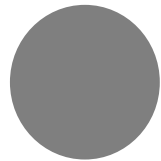
“The biggest struggle that I have found is finding a therapist or a psychiatrist who are willing to see transgender patients, even when it does not have to do with gender-affirming care. Even it's just depression or anxiety, I've been turned away for the simple fact that I'm transgender, even though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

“The major drawback to healthcare is being able to afford it.” - Seniors focus group

“My auntie, before she passed, she had diabetes. She was breaking her medication in half to try to stretch it. Because it cost so much money she would break it in half. Eventually that was one of the things that eventually took her out on top of having COVID. What happened to her is she basically couldn't afford that medication.” – Low-income seniors focus group

“Right now, at this time in society, it feels like we have to have a second job just to make ends meet. Having that second job means having us away from our family, our children. Who's gonna be taking care of our children, if we're not within our household? The family members. That's where community comes in.” – Low-income focus group

# COMMUNITY SURVEY FINDINGS





### 309 Community Health Needs Assessment

(CHNA) surveys were analyzed for this report. This supplemental survey was given prior to the commencement of each focus group. This section depicts the characteristics of the supplemental survey respondents and highlights their responses related to health. The quantitative methodology, the CHNA 2023 Supplemental Survey, and the data tables for each survey item can be found in the Appendix.



### Participants

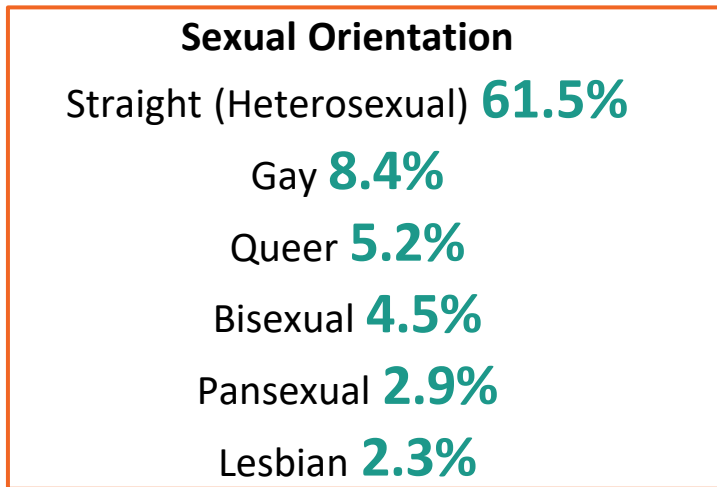
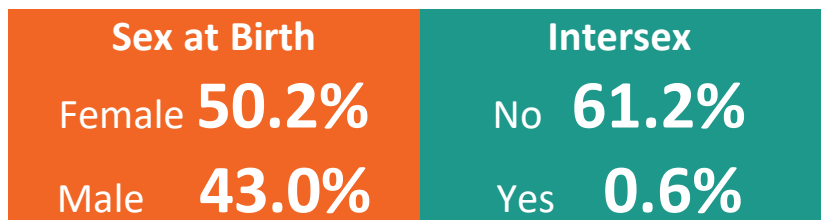
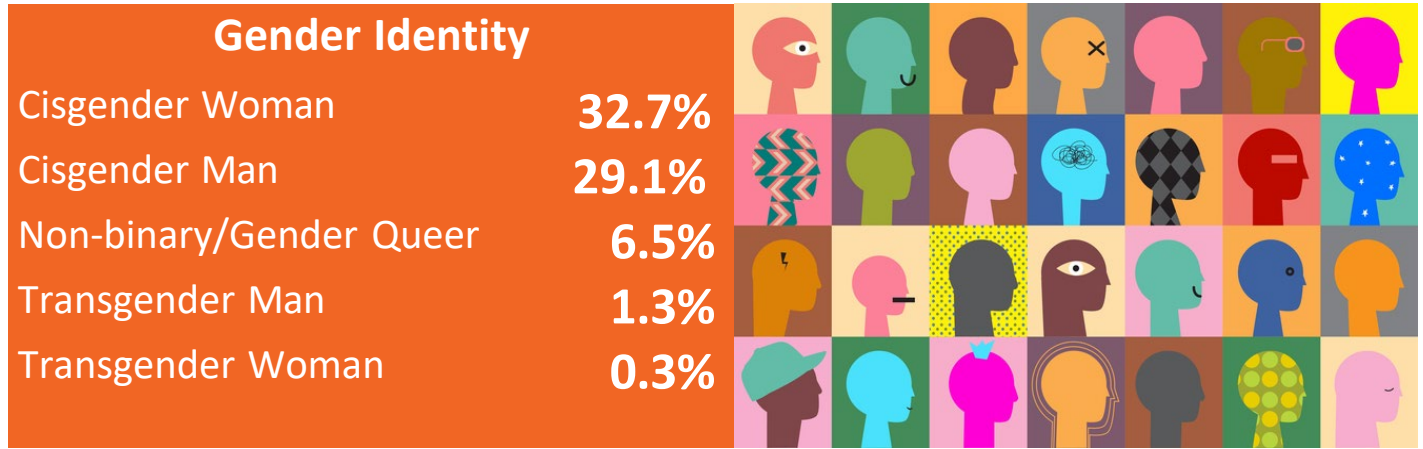
Participants were asked demographic questions including age, race/ethnicity, category, gender, assigned sex at birth, intersex, sexual orientation, education level, employment status, and household income. They were also asked about physical and mental health, access to care, and connectedness.



Ages	Race/Ethnicity (Top three responses)	
<b>12 to 84 years</b>	White	<b>29.8%</b>
Average Age	Black or African American	<b>21.0%</b>
<b>42 years</b>	Hispanic	<b>19.1%</b>

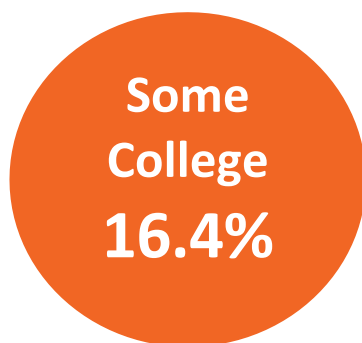
**Would you consider yourself to be a member of any of the following?**

Homeless/ Houseless	Disabled	Religious Minority	Immigrant	Military/ Veteran
<b>10.7%</b>	<b>8.7%</b>	<b>8.7%</b>	<b>7.1%</b>	<b>6.1%</b>



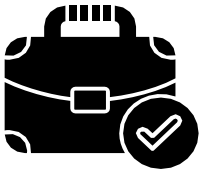
## Education

What is the highest level of education you have completed? (Top three responses)



## Employment

What is your current employment status? (Top four responses)



**Employed**  
**35.1%**



**Retired**  
**19.1%**



**Out of Work**  
**16.9%**



**Student**  
**16.9%**

## Income

What range is your annual household income? (Top three responses)



Less than \$15,000 **16.1%**  
\$50,000-\$74,999 **15.4%**  
\$35,000-\$49,999 **11.8%**

## Health

How would you rate your physical health?



### Physical Health

Very Good **37.9%**  
Fair **52.9%**  
Poor **9.2%**

How would you rate your mental health?



### Mental Health

Very Good **42.3%**  
Fair **51.1%**  
Poor **6.5%**



## Health

How does your current mental health compare to your mental health before the pandemic started?



How would you rate your connection with others?



Which health issues have the most impact on you and/or the people you live with or care for? (Top four responses)



Anxiety  
**44.7%**



Depression  
**39.8%**



High Blood Pressure/  
Hypertension  
**29.4%**



Chronic Pain  
**25.6%**

## Care

### Medical and Mental Health

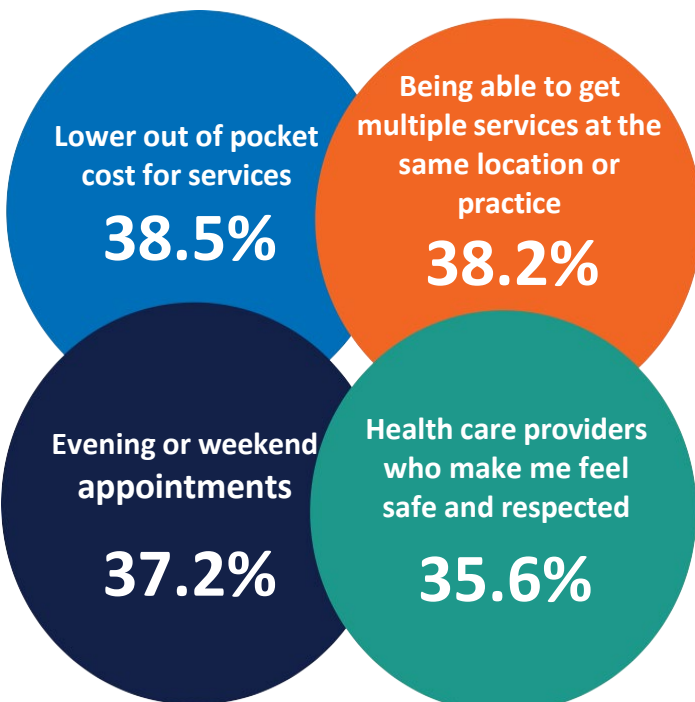
64.5%

Past 12 months, able to get medical care when needed

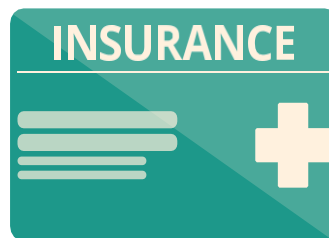
50.9%

Past 12 months, able to get mental health care when needed

What would help you get the care you need? (Top four responses)



How do you typically pay for your healthcare? (Top two responses)



Insurance from Employer

39.8%

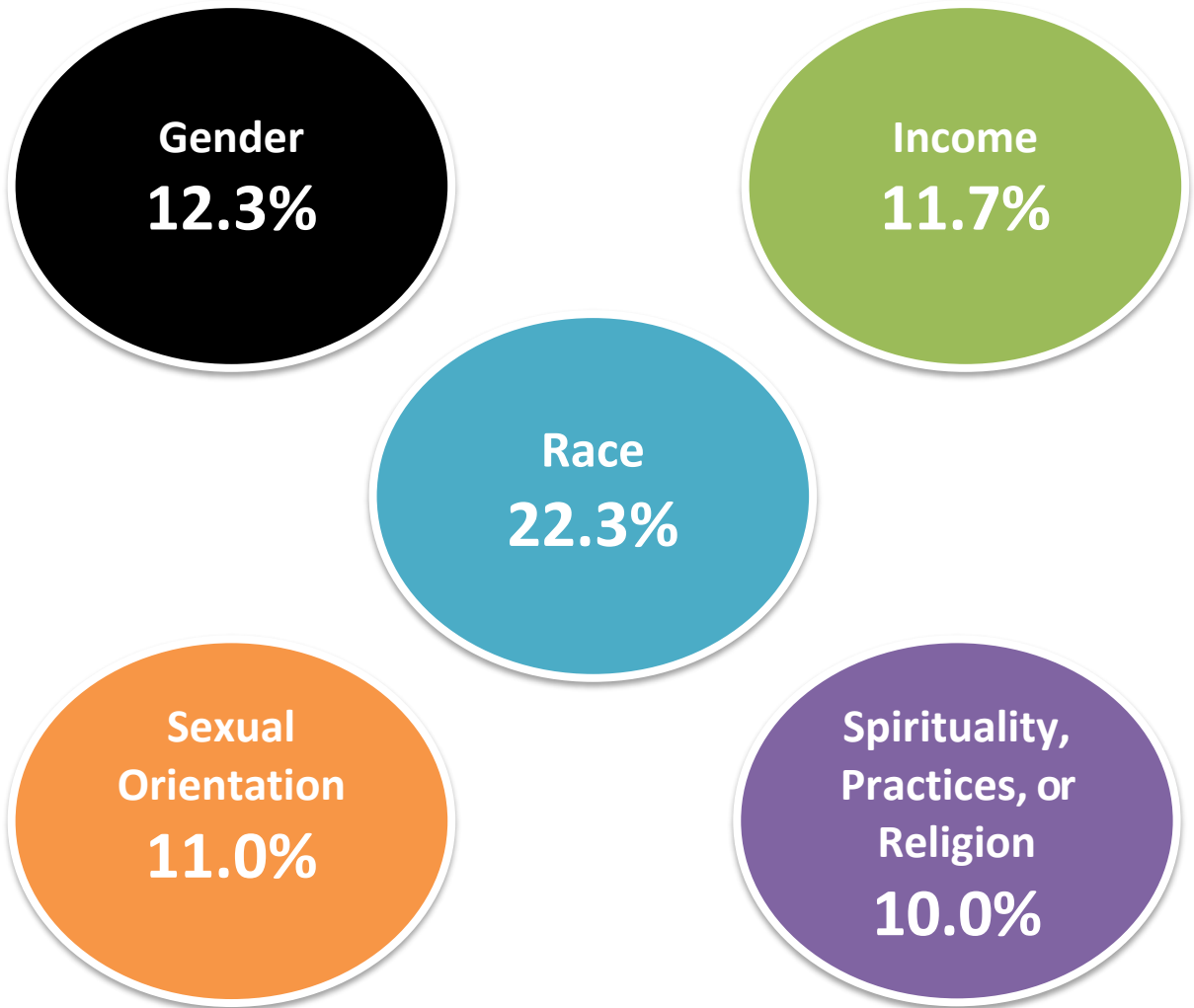


Medicaid/AHCCCS

33.0%

## Discrimination

Have you experienced discrimination in the past 12 months due to the following? (Top five responses)



## Financial Health

Do you spend more than half of your monthly income on housing (i.e., mortgage or rent)?

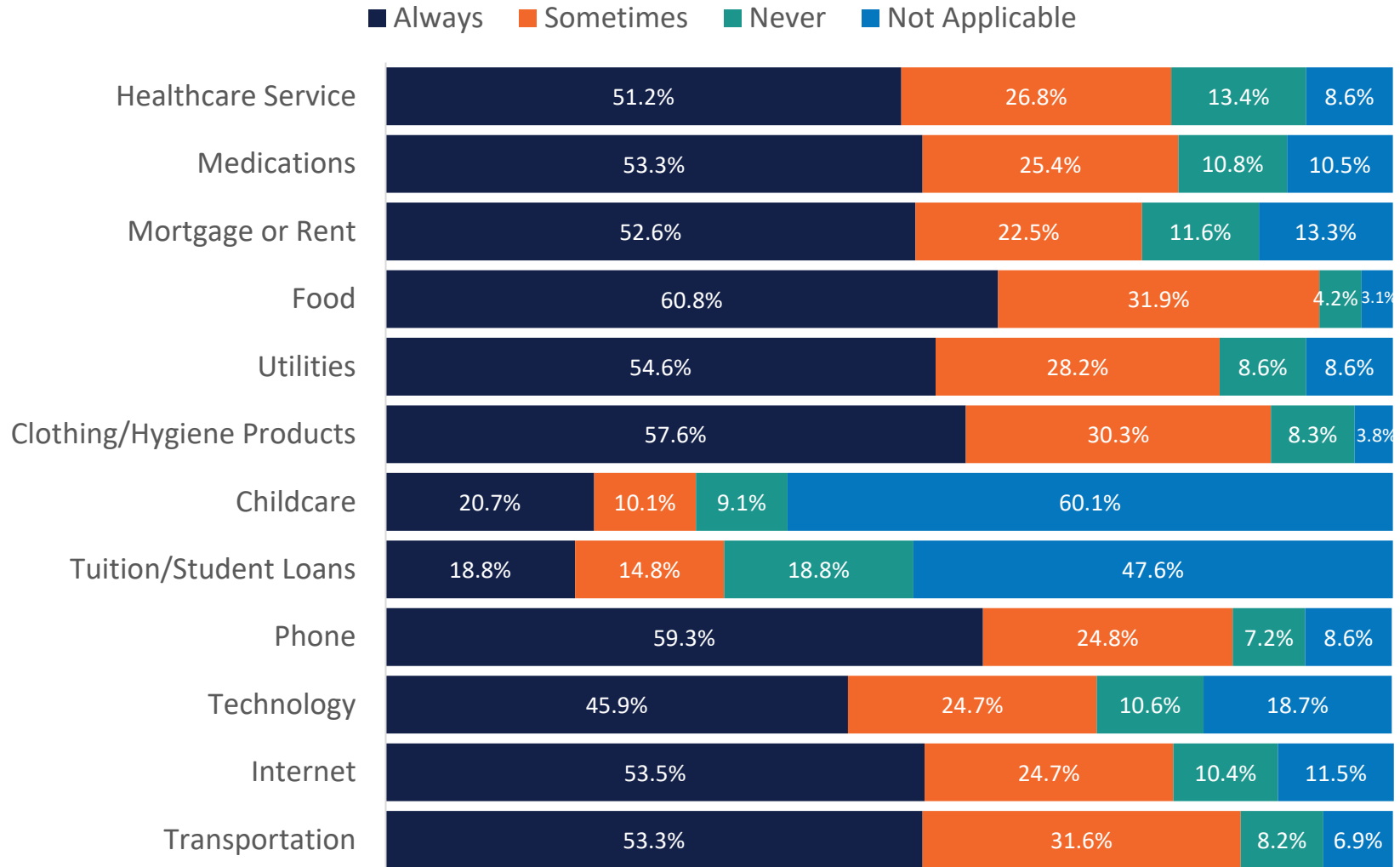
**42.7%**  
of participants  
spent half of their  
Income on Housing





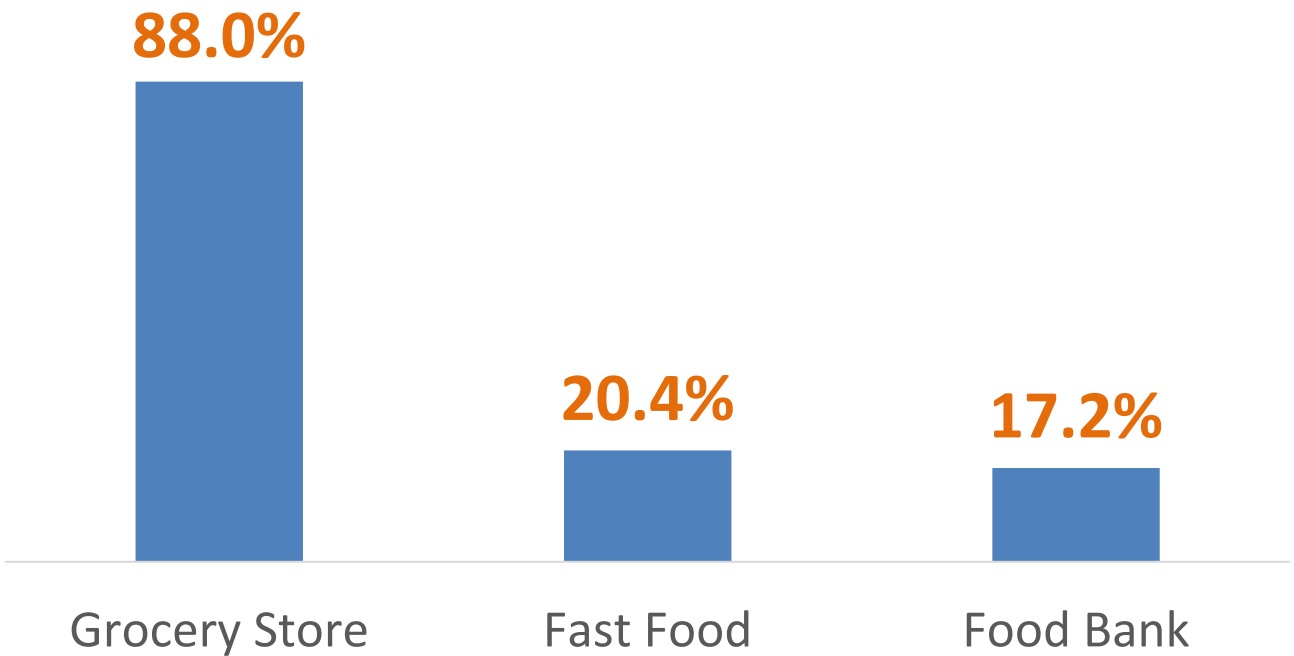
## Money for Essentials

Over the past 12 months, how often have you had enough money to pay for the following essentials?

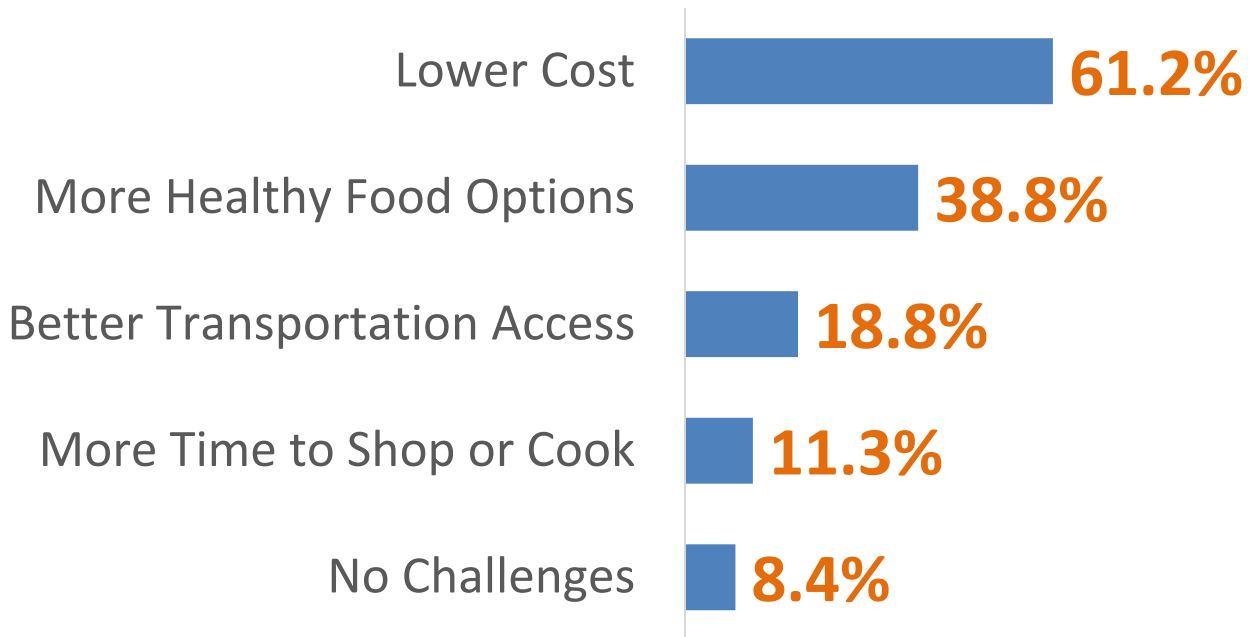


## Food

Where do you get most of your food? (Top three responses)



What would help your community have better access to healthy food? (Top five responses)



## Physical Activity

How much physical activity do you get per week?



What would make it easier to get at least 2.5 hours of physical activity per week?



Cooler Weather

57.3%



Affordable Gym Membership

28.5%



More Time to Exercise

25.2%



Parks or Walking Paths in My Neighborhood

20.4%

## Community

How would you rate the following where you live? (Percentage represents ratings of *Very Good* by participants.)

Feeling safe in your home (not worrying about burglary, domestic violence, etc.)

55.7%

Access to public libraries, community centers, and educational events

48.4%

Opportunity to participate in religious, spiritual, or cultural events

45.5%

Access to parks and green spaces

44.4%

Access to safe spaces to exercise and be physically active

43.3%

Access to safe walking or biking paths

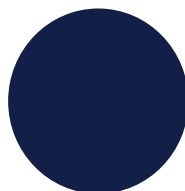
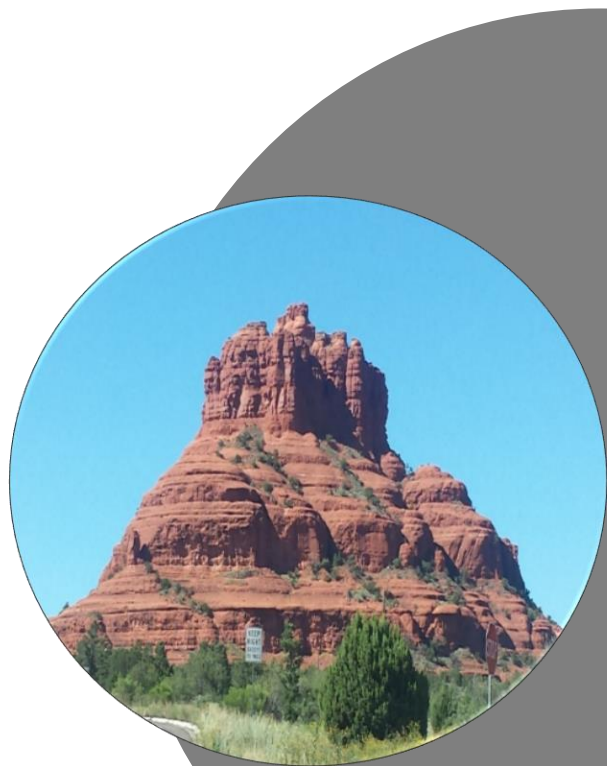
42.2%



## FOCUS GROUP FINDINGS

Data presented in this section are based on 46 focus groups conducted in person (n=27) and virtually via Zoom (n=19), representing 366 participants throughout Maricopa County. The green text boxes in this section contain the research team’s summaries and interpretations. Following are the six themes followed by the various subthemes:

- Theme 1: Community Strengths and Assets
  - Community Members Strengths
  - Community Organizations Strengths
  - Education
- Theme 2: Systems of Power, Privilege, and Oppression
  - Discrimination, Racism or Oppression
  - Provider Competency
  - Community Safety
  - Neighborhood Characteristics
  - Social Connectedness
  - Community Representation
  - Community Care and Mutual Aid
  - Structural Racism
- Theme 3: Social Determinants of Health
  - Health Care Access and Quality
  - Health Information Access and Preferences
  - Social and Community Context
- Theme 4: Health Behaviors and Outcomes
  - Prevention
  - Exercise
  - Self-advocacy
  - Unmet Mental Health Needs
  - Substance Use
  - Poor Nutrition
  - Obesity
  - Chronic Disease
- Theme 5: HAPI and Prevalent Chronic Diseases
  - Mental Illness
  - Diabetes
  - Cancer
- Theme 6: Additional Topics
  - Innovation
  - Trust



# Theme 1: Community Strengths and Assets





Participants discussed how they related to their neighbors and how community members affected them and their families.

Answers from several groups described **positive attributes** such as a supportive environment, helpful neighbors, and a welcoming atmosphere.



“What I really like about our **community**, like around my neighborhood, is that it’s **diverse**. Like there’s not one group—it’s not a majority of one person. It’s **different races and ethnicities around where I live.**”

– Youth focus group

“For whatever we need help. It's hard, seems to be a different country, a different culture. From the beginning to the end, they [people] **always there.**” – Refugee/immigrant/migrant focus group

“My community has a **strong sense of family values** that help us **interact with other people very well and even with outside people** who are not within our areas.”–

Native American focus group

“I guess like my Korean community because as you said in another community, participants mentioned that it’s a **warm-and close-knit culture**. In addition to that, it’s just like because I have the cultural norms and the mentality.” –

Asian focus group

Participants expressed **unity with and acceptance** among community members.



“Our neighborhood, we all get to **know one another**. We don't mind walking into each other's house and speaking to each other.” – African American focus group

This subtheme captured **specific strengths within participants' communities** that included community centers, community groups, and medical centers serving the community.

Participants were asked to **discuss what their ideal community would look like**, how that compared to their current community, what the greatest strengths in their community were, and **how their community positively affected their health**.



“I would say family things, clinics. They are hospitalized organizations, but there are also **individual or independent clinical hospitals** that are always connected with community that helps the community.

That is one of the strengths that the community has.” –  
*Refugee/immigrant/migrant focus group*

“They have **exercise classes for people with Parkinson’s**. There’s actually one in Surprise. I looked it up and I went and visited them. If he wants to go to exercise class sometimes, there’s a class for him.” – *Rural focus group*

“These programs, yes. Sometimes they also help with the **food banks**, the truck that comes on Thursdays and they help people out... And in December they do the **Santa Claus program for the kids** and they get the kids in line and they give one toy to each kid.” – *Rural focus group*

“We have a **very active senior center** that has activities every day... There’s such a lot of love because it’s a non-profit program. Everybody helps together, helps each other, brings each other together.” – *Rural focus group*

Participants talked about coming together for **many kinds of local activities** sponsored by a variety of organizations such as community groups, clubs, stores, and churches.

“One thing I love about my community is the **recreational complex centers**, the museum, yeah, **the museum, the health facilities**. I think that we are quite doing well. I love my community about that.” – *Native American focus group*



This subtheme captured mentions of literacy, plus access to and quality of early childhood services, vocational education, and higher education resources.

The financial aspects of education were prevalent throughout the discussions.



“There should be **equal opportunity for every US citizen**. Going to school and getting an education **shouldn’t be where you have to work to get that.**” –  
*Formerly incarcerated focus group*

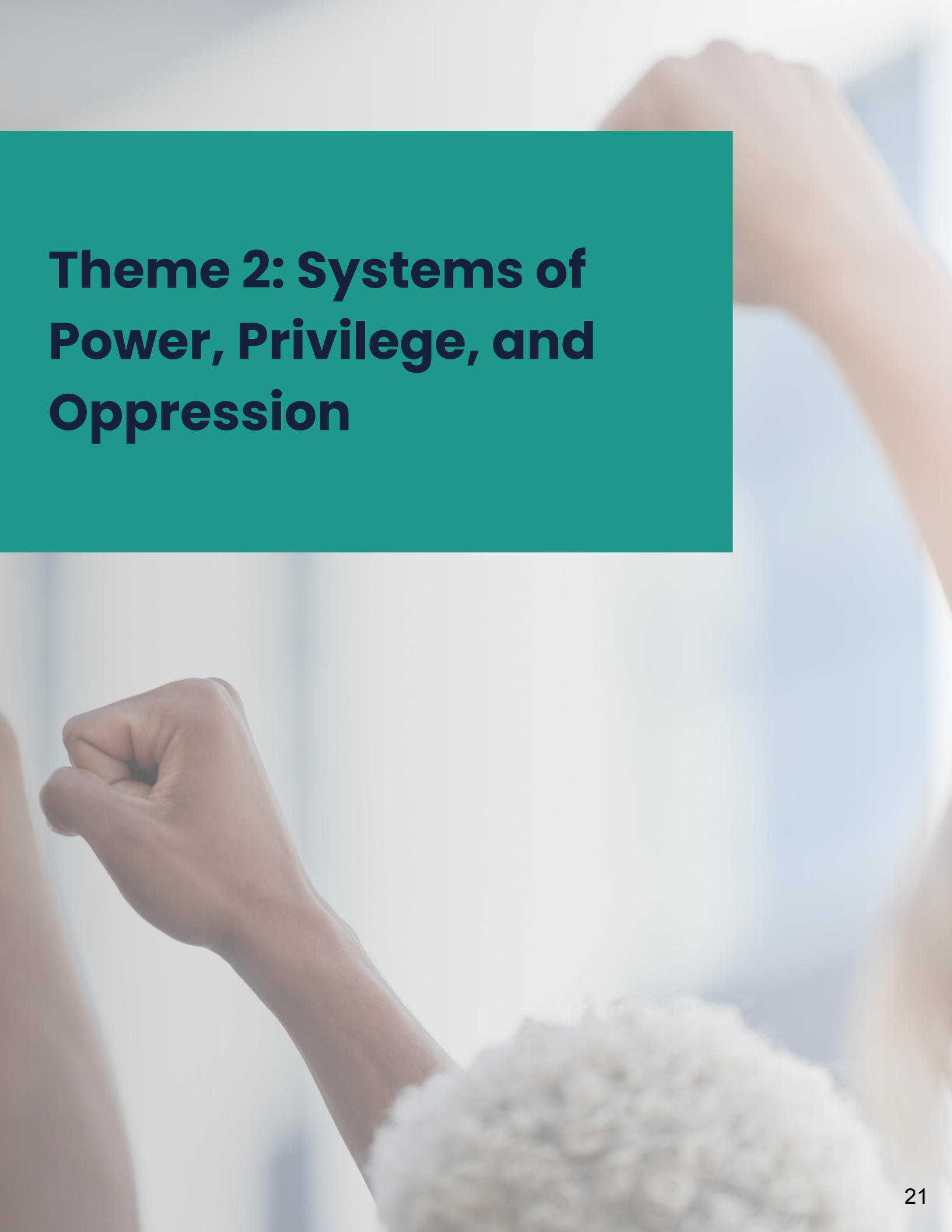
“So, right now I want my daughter to get into college and we’re like, ‘you have to go and don’t worry about the money’ but it is a concern. **She’s about to start her first year and we’ll see how it goes, because she wants to go and we’ll support her.**” –  
*Low-income Hispanic focus group*

“As to me, what I can just say is the relevant authorities to just go to enable, **give these youth scholarships to go and study medicine and things in universities** so that there can be very many health professions with—so that you can **deal with the issue of shortage of professions.**” -  
*Native American focus group*

As in other subthemes, the neighborhood or city one lived in provided differing experiences of the education system.



“The way we tax and **the way our schools get funded. It’s not equitable**, and so a lot of our schools are hurting in some of our more high-need areas.” -  
*General population focus group*

A background image showing several raised fists in various colors (white, brown, black) against a blurred cityscape, symbolizing protest or solidarity. A teal rectangular box is overlaid on the top left, containing the title text.

# **Theme 2: Systems of Power, Privilege, and Oppression**

Participants were asked if they had ever experienced or noticed any healthcare-related discrimination based on their identity.

Respondents identified that healthcare-related discrimination was common among many ethnic groups and special populations.



“Since COVID, I’ve—people **stare at me** when I go to like supermarkets, and all these experiences, I always think if people are treating me in a certain way that doesn’t make sense, I would think, ‘**Would this be different if I were White?**’” – *Asian focus group*

“I live in a predominantly Caucasian community, I’m gonna be honest, so when I go to the hospital, I’m a **Black man**, so I’m **treated differently**, so that’s kind of tough.” – *Disability caregivers focus group*

An unsheltered focus group participant witnessed **discrimination through rejection of services** to another unsheltered individual.

“I done been in the doctor’s office and seen somebody get **turned away** because they was homeless. They came in looking rough, smelly, but they **coming to get service**. They get **turned away** because they all—they don’t got **nowhere to freshen up.**” – *Unsheltered focus group*

Sexual, racial, and gender minorities experienced discrimination and racism in various settings.



“When I finally saw the spinal surgeon, he said that if I **had been diagnosed within the first 3 to 4 months** of my symptoms, then I’d have an 80 percent chance of recovering full capabilities. Because it **took so long** to see the neurologist, and then the neurologist, even though I gave her my symptoms right away...**as a black woman, they don’t listen.**” – *Rural focus group*

Provider competency was defined as providers' ability to demonstrate that they have the **knowledge, skills, and traits** to provide **quality care**. This also included providers' ability to work with with minoritized and/or stigmatized communities.



Often times, LGBTQ+ focus group participants had to teach their **medical providers about various health treatments**. They also felt providers often **emphasized their sexual orientation** instead of the reason for the visit.

“Then, when I finally caught it, and I went to the doctors, and they're like—they started asking **questions** about who my **preference in sexual partners** were **rather than dealing with COVID** in itself. I had to tell them, "Hey, look. This has got nothing to do with my **sexuality**, or my **preference in sexual partners**, or my **sexual orientation**. This is **dealing with COVID**." It was hard.” –

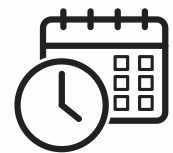
*QTBIPOC (Queer, transgender, Black, Indigenous, people of color) focus group*



Rural focus group participants felt that **providers**, although in short supply, have **good bedside manners** and engaged in longer conversations.

“My experience with my **primary care doctor is awesome**. She spends time with me. I go to **The Valley for certain things**. Those doctors don't spend any time with me. I think that's the common practice. **They don't have time.**” – *Rural focus group*

Some participants were of the opinion that providers **lacked empathy** and cared more about reaching a quota. Several people described the **short length of average doctor appointments as problematic**.



“I would say treating each patient **like a patient and not a number**. They have a lot of things to do. Maybe they gotta get a number of patients done a day...I just feel like **they should put a lot more care into the person.**” –

*Low-income focus group*

“In my experience, a lot of times when you have a **male doctor** and your concerns are **women issues**, they don't get it. They just say that you're **overreacting** and it's normal. Then you see a **woman provider run tests and something is wrong.**” –

*General population focus group*



**Community safety** captured participant discussions of whether they were able to live in peace and mutual respect with their neighbors.

**Social connectedness** included discussions of a sense of belonging, being cared for, valued, and supported in quality relationships.



Some felt safe, while others described crimes and other threats to personal safety. **Gun violence** and access to weapons were mentioned as safety concerns.

“Yeah, within the school, and in the community too, 'cause there's like a lot of **violence in the school**, relating to **weapons** that are **easy to get.**” – *Youth focus group*



Connectedness had many benefits, such as **improved mental health**. Participants agreed that more cohesive neighborhoods were safer.

“When we are **together and talk together** and things like that, **indirectly** it helps our **health**, especially the depression and something like that.” – *Asian seniors focus group*



“That’s very important to me, the **safeness, the closeness**. Everyone looks out for one another. I feel very safe living where I live.” – *Low-income focus group*

Older participants lamented that places don’t feel as safe as they did in the past.



“It’s **different** when they were teenagers, like **10 years ago**. They used to take the bus everywhere. I used to take the bus everywhere. **I don’t feel safe for [him]** to go anywhere by himself 'cause I think, I worry. **Is he gonna get jumped? Are they gonna try to rob him?.**” – *Hispanic focus group*

This sub theme included the physical characteristics and amenities of a community, such as: **walkability, housing, transportation, parks, housing, zip codes, playgrounds, and heat.**



Some community members experienced **long distances and lack of transportation.**

“I think how this community has negatively impacted, is that the metropolitan and the Phoenix area has grown so large. **The distances are really great.** Traffic has become really unbearable.” – *Religious minority focus group*

“I think at a most basic level in Maricopa County. **If you don't own a personal vehicle, good luck to you trying to get anywhere.**” – *General population focus group*

Others mentioned there is a **lack of healthy food options in many neighborhoods,** especially lower income ones.

“Our **fast-food places are put in the neighborhoods that have low-income people** and that have high illnesses and sicknesses, and the African American cultures, specifically, that decreases their ability to have healthy bodies.” – *Seniors focus group*

It is difficult to escape the **heat and lack of shade,** especially for unhoused people but also for all citizens.



“Yes, for the kids especially...For example, my seven-year-old daughter never wants to go to the store with us because of the **hot weather,** she won't go. So, she's always watching TV or the cellphone and stuff like that. So, maybe if there was some place where she could go and spend time and have fun.” – *Low-income Hispanic focus group*

“I heard a lot of those homeless shelters and stuff are really **understaffed, and they're always full,** and so I think more expansion for those kinds of organizations, and I also think **we need a lot more trees or shade, or something to block out a lot of heat.**” – *Youth focus group*

Community representation included discussion of **whether individuals and groups had a voice in their community** and specifically the medical establishment.

Members of minority ethnic groups echoed **the need for racially diverse medical providers**. Most participants were in agreement that **seeing themselves represented** in healthcare settings was **helpful and appreciated**.



“In Arizona we **don’t have doctors** that are **Black**, that are **Hispanic**. We don’t have a lot of those here, so **they dismiss you** regardless of their oath, and that’s where **we then have to speak up**. When you do speak up, they do take that as **aggression.**” – *Rural focus group*

“I mean, I guess like more—I feel like I've **never seen a trans doctor or a bisexual doctor or a gay doctor**. That could **represent more people** in the community too if they were people in the **LGBTQ community as doctors or therapists**, or anything like that..” – *Youth focus group*

“Compared to Asian proportion among population, **Asian proportion** among doctors is so **high**. We are on the other side that we have **much wider choices of medical professions** among Asians and even otherwise.” – *Asian seniors focus group*

Participants whose **native language was not English** preferred **talking to a provider or counselor who understood their culture and language** so they could explain themselves properly. They felt the language barrier made it difficult to fully assess their health needs.



“Sometimes, if you have a doctor, **if you had an African American doctor**, they could **talk to you** in a different way, **a different vernacular versus a doctor that's gaslighting**. They worry about just one thing. **Lack of access to doctors of color**. Then the ones that **are available**, they're **way out**, because I live in the metro scenario. There's **none near me.**” – *Senior focus group*

Community care or mutual aid was defined as **providing tangible and/or emotional support and** safety when organizational or institutional support **was not available.**

Examples from across many groups included: **checking in on a neighbor, help with transportation, sharing health-related information, or information on suspicious activities in the neighborhood.**



“Our **community** is really big in **helping groups and other people.** We have a **wonderful place for older folks, retired, a wonderful, big place.**” –

*Rural focus group*

“I have a CBI (Community Bridges) navigator. She **helps me** and **I help** all the people outside. I've been trying to help 'em **get off the street** since I got out of the **shelter for my first time.**” –

*Unsheltered focus group*

“One of the things that we have done to **overcome a barrier** is we do **community cleanups** 'cause we gotta clean up, right? It's a way for us to also bring in **resources** so we can **connect with a business,** Walgreens and say, "Hey, can we **clean your property,**" and have a **community cleanup,** but we would also like to have **permission to bring resources** to your property and go. Then **we engage with those people** and we bring them over.” –

*Seniors focus group*

“Comparing my community to what everyone else has said, I agree with what she said. There is a lot of **questionable people in my community,** but I will say that, **in my community,** we do have that **trust with our neighbors,** so if one neighbor across the neighborhood sees something that's a little sketchy, we'll **alert the whole neighborhood.**” – *Youth focus group*

LGBTQ+ focus group participants applauded the broader LGBTQ+ community's **quick reaction and helping hands** at the outbreak of mpox.



“One of the things about the smaller **community** is, when **mpox [monkeypox]** came out, there was **communication, almost instantly,** maybe even before some of the public forums. It's the **same with COVID...**When I had COVID, I had **gift baskets at my front door,** so that was actually really cool for a small niche community.” –

*LGBTQ+ focus group*



Across different racial/ethnic groups, there was consensus that **structural inequities persist**. This refers to macro-level conditions where access to opportunities, resources, power, and well-being **are limited, based on different minority statuses**.



“We have this **anonymity** where we can stay in **our whole little lane and not be recognized** because we feel **safe**. When you come out of that, that little box that we have built for ourselves, and **you start looking at how we have been deprived--we have really been deprived, especially people in South Phoenix.**” – *Seniors focus group*

Our **fast-food** places are put in the **neighborhoods** that **have low-income people** and that have **high illnesses and sicknesses**, and the **African American cultures**, specifically, that **decreases** their ability to have **healthy bodies.**” – *African American focus group*

Poor neighborhoods had **more fast food restaurants and liquor stores**, limiting community members’ health outcomes.

Participants from smaller cities expressed inequities with **receiving resources, limited healthcare providers, and funds**.



“I've been in the system since I was six years old. I'm still not on disability. At first, during the transition, it was really **difficult for anyone to call me he, him, his, or even by my chosen name** until everything was **legal**. Then, even after that, they put the mother of, not the parent of, or the dad of.” – *QTBIPOC (Queer, Transgender, Black, Indigenous, People of Color) focus group*

“Have not had direct experience with that, but I can see where it occurs, and that **patients in certain communities, or people in certain socioeconomic situations are treated differently**. There is definitely **bias in the system**. The **bias can be as discriminatory as your community doesn't deserve this, to you did this to yourself, and that you deserve whatever you're getting**. It's baked into the system, and those things are perpetuated, so I've seen it..” – *Religious minority focus group*



# **Theme 3: Social Determinants of Health**

This subtheme was defined as the **ability to obtain necessary healthcare with ease as well as providers who are highly skilled.** Long wait times were the most widely reported issue; this included wait times for procedures as well as wait times to get appointments with providers.



**“The hardest thing I think that takes the longest is trying to find new therapists for him. We just got a new OT [occupational therapist] that started last week, I believe, but we still don’t have a food therapist or a PT therapist [physical therapist]. We’ve been waiting for a little over eight months for those two specialties.” – Disability caregivers focus group**

**“My mother is home, and she’s very, I won’t say disabled, but she is very limited to doing things. We were trying to get Arizona Long-term Care. I applied for [it] three times and they denied it and finally got approved once she fell. After that, she got approved and after approval took three or four months to get it.”– Asian seniors focus group**

Even participants with insurance experienced **difficulties using their insurance or receiving coverage** for their medical needs.

Participants with **insurance** mentioned that there is a **large gap between what is covered and what they are able to afford**; the cost of care was still too great, despite having some coverage.

**“Maybe some way to bridge that cost-of-care gap that everybody’s been talking about. I have insurance, but I still can’t afford [care] because of deductible, but maybe I don’t want to go on—or I don’t want to quit my job... so maybe there’s a bridge or resources on how to bridge those funding gaps.” – LGBTQ+ focus group**

**“If it’s an emergency we don’t have a hospital here. Or if we need to get an exam done, we don’t have that either and we have to go to Buckeye. If you need an ultrasound or an arm X-ray, we don’t have any of that here.” – Rural focus group**

Many lower-income and rural participants did not have access to **medical care nearby**--some communities had a clinic or medical center but were **not equipped to handle emergencies or specialized needs, only basic needs.**



Transgender and other **LGBTQ+ participants** shared **unique experiences** with the medical establishment. They felt that providers were **not adequately trained** in how to **interact with and treat transgender individuals**.



“The **biggest struggle** that I have found is **finding a therapist or a psychiatrist** who are **willing to see transgender patients**, even when it does not have to do with gender-affirming care...I've been **turned away** for the simple fact that **I'm transgender**, even though it **had nothing to do** with why I was going to need the mental health professional.” – *LGBTQ+ focus group*



Regarding quality of care, participants expressed beliefs that people with lower-income or public insurance received inferior care.

“I was **diagnosed with cancer** when I had **no insurance**, and so the ability to get access to **good care**, my options were **so limited**...so I noticed a **big difference** between then and now just with that **insurance piece**. It's the **same disease**. Nothing in terms of the root of the disorder has changed, but that **access and quality of information is interestingly very different**.” – *General population focus group*

Transportation was another issue that was **frequently discussed**. Some who had **lower incomes** relied on **medical transportation companies or Uber/Lyft** to get to and from appointments although these were **not always reliable**.



“There's **programs** out here that would **schedule you with transportation** to get to your **doctor's appointment**, to get to your **psychiatrist or therapist**. Honestly, that's a **big plus** because who wants to buy a bus pass every single time that you gotta go see a doctor?” – *Unsheltered focus group*

This subtheme included descriptions of any and all resources used for health-related information.

Participants mentioned **numerous sources of health information including:**

- TikTok, Instagram, YouTube, Google
- Podcasts
- CDC , Mayo Clinic, WebMD
- PCP's (Primary Care Physician) website/patient portal
- People in their social networks



**“I think the challenge there is parsing out what is reliable and good information with what is information on that might do you more harm than good.” –**

*Formerly incarcerated focus group*



Participants who **spoke languages other than English or Spanish** had **difficulty** receiving information in their preferred language.

**“The translated word that we use and tell our relatives the doctor may not actually mean...We are not qualified to exactly translate** and we may make a mess...The knowledge that **they have a right to ask for a medical interpreter,** that is what we need to make people aware of.” – *Asian focus group*

**“Yeah, so I had AHCCCS for three to four months and didn't even know it until I barraged them with calls, 'cause on the website, it said it wasn't approved, and they're like, "Well, yeah, you've had this." Without being pushy, I probably would've just been checking the website and not even know that I had it.” –LGBTQ+ focus group**

Across many groups, participants generally felt that getting any health-related information from insurance companies was very difficult and cumbersome.





In general, older participants and LGBTQ+ participants were more likely to rely on their social networks and trusted providers for information.



Many participants discussed the importance of receiving health information at an early age.

“I think the education system really needs to incorporate as importantly as mathematics, as English and grammar and language and social studies, history, the three things that we've discussed: physical health, mental health, and financial health.” – Religious minority focus group

Technology in healthcare is now ubiquitous; this was seen as an advantage to some but also as a disadvantage to some of the older or formerly incarcerated participants.



“How hard it is for the older people to be on the phones. I feel like we should have the younger generation come in here and show them how to work a little because it'll be easier for us to sit down, like: ‘This is how you do it, it's gonna be all right.’” – Low-income focus group

“The people who figured out the whole giving providers apps and letting us message—instead of spending the \$50 to go to the doctor... That has been incredibly helpful.” – LGBTQ+ focus group

“Doctor offices, hospitals, emergency rooms. I just know that actually having a pamphlet with a number that's clear and precise would help individuals who need the help because sometimes when you go on the web, you don't know what you're looking for.” – LGBTQ+ focus group

This subtheme included topics of **employment, income, expenses, debt, medical bills, and financial support.**

Economic stability was frequently discussed in the context of being a **barrier to health care**. Costs were mentioned when discussing the **prices of doctor visits, procedures, prescriptions, and insurance plans.**



“My comment was the cost of **healthcare is outrageous**. It's like you're taking a business model and trying to let the business practices rule how the care is delivered. Luckily, we have resources that, but if you **don't have resources, then the answer is I can't do it. Where are the low-cost options?**” – *Religious minority focus group*

“The major drawback to healthcare is **being able to afford it.**” - *Seniors focus group*



The issues of increased general living expenses were raised by participants across many focus groups and included: **healthy food, Low-paying jobs or lack of work, expensive activities for children, and housing.**

“I took my son to a doctor the other day, and turns out he have high cholesterol. She's like ‘**you just need to eat more fruits and vegetables.**’ Okay, that's no problem, but can you write—can you give us a voucher for the farmer's market or something?” – *Low-income focus group*

Due to financial barriers, participants were **limited in what they could do for health promotion activities** for themselves or their families.



“I signed my daughter up but there was no place or spots for her, so she was **on a waiting list but they never called me**. So, I've looked for activities I can sign her up for but some of them are **too expensive**, so she **stayed home** because I couldn't take her to activities.” – *Hispanic focus group*

Participants felt they needed to make difficult decisions between having health care or paying for another living expense.

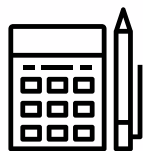


“With my son, he just turned 18. He gets counseling, and he has medication that he takes. As soon as he turned 18, his insurance stopped 'cause it was AHCCCS. You know what I mean? His dad was like, 'I don't know how to do this or whatever.' Anyways, so we didn't find out until I went to take him to a session. They were like, 'Okay, it's \$275.' I'm like, 'What?' At that moment, **it's not something that I was able to pay for.** Plus, he has his medication. Plus, **I'm thinking about my rent that's due.** It's like, I gotta make a choice.”- Hispanic focus group

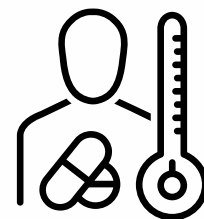
“Well, what are things that I can cut back on? **I can cut back on going to the gym so that I can pay for my prescription,** but it seems counterintuitive to that. Because it seems to be working against my health.”- *LGBTQ+ focus group*



“Because I make a certain amount of money, they think that I can afford it. Then I'm like, 'Yeah. No. **I can't really afford this.**' They're like, 'You make this much out of the year.' I'm like, 'Yeah. **Everything else costs this much.**'”- *Low-income young adults focus group*



“I'm a student, so most of my classes require, like if I have to miss, and I'm super sick, I have to have a doctor note. When I do go for a check-up, **the bill is so expensive, so I'd rather go to school sick than pay for it.**”- *Refugee/immigrant/migrant focus group*



This subtheme contained the **non-physical characteristics of a community**, such as social integration, support systems, community engagement, discrimination, and stress. These characteristics focus on people’s relationships with each other, which can impact an individual’s health.



**“How you interact with your neighbor and how they interact with you and how they help you sometimes alleviates your stress, makes you a better person, gives you better quality of life.” – Low-income seniors focus group**

Many discussed their **community positively**.



**“I live in downtown Phoenix, and I enjoy how diverse the city is and how accepting a lot of people are downtown.” – Youth focus group**

**“These days, the setup is that people drive their cars straight away into the garage, the garage door closes, and then next time the garage door opens and people get out. We may not be knowing our neighbor's names or ethnicity or their culture at all.” – Asian seniors focus group**

However, just as many felt that people in their communities were **very distant from each other and hardly knew one another**.

Participants from **groups all across the Valley mentioned homelessness** as one of their main concerns.

**“We got a lot of land out here. We got a lot of empty buildings, so shelter. Because honestly, it—I guarantee you if there was shelter, there would be less stealing, less drug use. At least, there won't be as much people on the street or at bus stops or just in general. Shelter would be very, very helpful.” – Unsheltered focus group**



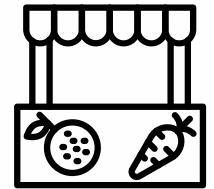
Social and community context referred to the broader environmental factors influencing individuals and groups within a society.

Many discussed their community positively.



“One thing that I do like...it's called Heritage Farm, where you can go and shop for fresh and local things. They also have **food trucks you can go to**. Sometimes, they have these **big community events** where—they're **free**, but it does allow local businesses to come if they're selling stuff, resources—things of that nature.” –

*Seniors focus group*



There was general agreement that it is important to **instill a sense of community in children**.



“I would say some type of **community get together for the younger kids**, because let's start it when they're young so they can **know what a community is**. To feel what a community is. **Offer help or just be there for each other**, because when they get older, it's too late by then.” – *Low-income focus group*

Community centers and events put on by the community are important aspects of all **the communities...but they could use more resources**.

“**More social workers** to help people. If there was **more funding** in the SAUC [Somali American United Council], more employees that can help...some people **don't get the help they need**, because there's just **not enough employees to help them**. They're pushed aside even though they also need help but it's not as severe as one person.

Everyone should get the help that they need.” –

*Refugee/immigrant/migrant focus group*

# Theme 4: Health Behaviors & Outcomes



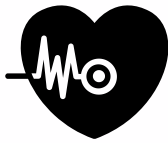


Prevention encompassed **behaviors or activities that participants engaged in**, with the goal of reducing or eliminating negative health risks.

Participants recognized the importance of **regular wellness visits** as a healthy and preventive behavior. They **faced barriers (such as wait times)** to see doctors for preventive care or getting into specialists for preventive tests before health problems emerged.



“My thought was going more towards have some **annual events**. Get out there and do blood pressure screenings. Get out there and do—**targeted towards dental work** and all of these things. Actually have those **trucks or vans or wagons or canopies put up and strategically have 'em quarterly in different areas or 10 times a year**. Something so that your **right there in a community targeting that population**. Even those that aren't able to get out. If they've got something right then they may go and get their teeth cleaned. They may go ahead and let somebody get some dentures. I don't care if they're wooden teeth. That's what George Washington had.”— *Seniors focus group*



Participants across many groups said they would like to see **more preventive health education** taught to children in schools.

“Personally, I feel like they're there. If we could actually bring more of that to the classroom, bring this **type of education to students**, I think that that would be helpful. **More health-related stuff, more mental health-related stuff, physical and mental, building that into curriculums, versus relying on a health class, just one thing that not all students have to take but should**. I think that would be helpful.”— *General population focus group*

Multiple participants said they would like to see **more health fairs offering free or low-cost preventive health screenings**.



“I think **more prevention resources**, 'cause we're only helped when we're already sick, when we already have the health problems. There isn't **enough resources and information to prevent health problems**, so just more prevention.”— *General population focus group*

“I think a healthy community really **begins in childhood, and educating the community about what are healthy lifestyles**. Nutrition, what is good nutrition, what is poor nutrition. Healthy lifestyle habits, and smoking and drugs and their **impact on the quality of health, making that part of a culture**.”—*Religious minority focus group*

Generally, across focus groups, participants recognized the importance of **taking care of their bodies through exercise and other physical activities as a means to prevent disease.** However, they discussed various barriers to getting sufficient exercise.

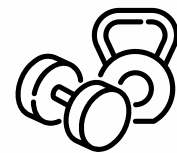


Several participants said while they understood the importance of exercise, the **heat of the summer and the lack of indoor alternatives prevented them from being as active as they would like.**

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

“I think that kids and even ourselves should **exercise more**, because I’m noticing a lot of **obese people more and more**. And that’s **harmful for our health**, which many times we don’t understand but there may come a time when we’ll have a lot of problems. So, I think **exercising and eating healthier** makes all the **difference in living longer lives.**”— *Low-income Hispanic focus group*

Some participants said there **were activities** in the community but there was **not enough space to accommodate demand.**



“**Offer more options that are affordable.** Free fitness programs for families, for kids, for the community. Cheaper options of the food.”— *Rural focus group*

“I see my son, they wanted just **sit in there and just play the game all day**, eat food and **not be active**. It's **troubling.**”— *Low-income seniors focus group*

Participants wanted more **affordable physical activity options indoors.**

“I **used to exercise** when I was young. Then I got married and that went out the window. It's like no, I **need it more now than I did 60 years ago**. I need to get back into the exercise thing.”— *Seniors focus group*



Self-advocacy encompassed speaking up for oneself to request better treatment and access. Participants discussed experiences they had with the **medical system and the need to be assertive to receive adequate care and the treatment they needed.**



“I think an obstacle is **finding a good provider or finding someone that you do resonate with** and that requires you to have time and patience and the ability to **advocate for yourself** and to have some **understanding of what medically is going on.**”

– *General population focus group*

Several participants said they felt they were just **not being heard by their doctor and they had to advocate for their needs.**

“**You definitely have to advocate for yourself.** We’ve been down that road quite a bit, where my husband had some heart stuff going on and the young guy who gave him the angiogram told him one story one day, and another story two weeks later. They’re young. If they’re young, and they’re cocky, you just have to advocate for yourself. You have to make sure that **you’ve got your ears on when he’s talking.** Some of ‘em are smarter than they are good.”– *Rural focus group*



Some participants explained how **time consuming it was to find a doctor who could provide quality care for them.**

“I’m kinda outspoken. I make sure I’m being heard. I think, too, not only do you have to make sure with a provider, but a lot of these **providers rely on their staff.** When they have a **huge overturn** in their **staff** things are being missed. Falling through the cracks and things like that. Unfortunately you and I and whoever, we have to **always follow up** to make **sure they’re doing their job right...**You definitely have to be **proactive and speak your mind and make sure your provider understands your needs.**”–

*Seniors focus group*

This subtheme included discussions of the inability to **receive adequate formal mental health care (such as treatment or support)**. Participants had many experiences where they were unable to meet their personal mental health needs, or that of a family member.



**“Stigma is higher and that limits people to open up and talk about mental health. That limits the utilization of services and they go to a much later stage...It's not a big deal, and please feel free to talk. Those kind of messages need to go in everybody's mind.”**—  
*Asian seniors focus group*

There was some discussion of **stigma within certain communities**.

**“Mine was mental health. I have a hard time finding a mental health professional. I had to be in crisis...I almost had to say I was going to commit suicide in order to receive mental health services, and so that was a struggle for me 'cause I tried to go through the VA. I tried to go through my private insurance... just locating those resources and being able to get in before it's a major crisis...”** — *LGBTQ+ focus group*

**“I know that for mental health, for a lot of people, if they don't have that level of coverage, they're looking at out-of-pocket.”**— *Religious minority focus group*



Insurance issues included a **lack of in-network coverage** by their insurance for local therapists or **therapists who did not accept any insurance at all**.

**“I think that, more than regular medical care, there are even larger barriers to mental healthcare. The awareness is improving, especially post-pandemic, and understanding the stress and the changes that people have undergone mentally. I've seen this forever, which is there's a huge lack of providers. Even those providers that are there are full, and they're not accepting new patients. I've tried to refer people for mental health, and it's so difficult. I don't even have good resources myself.”**—  
*Religious minority focus group*

When asked about barriers to receiving mental health, a **lack of providers** in their area was one of the various reasons given; sometimes providers existed but were not accepting new patients. Others expressed concerns about increasing costs of living and long work hours which prevented them from focusing on their mental health.

Substance use was a common challenge discussed by participants. This included any discussion of drugs, smoking, alcohol, or other mind-altering substances. Substance users **included youth, adults, and homeless individuals.** This had an impact on not only the users, but also the neighbors in the community.



“What got me **sad about the community** that I see around me is **substance abuse and the homeless on the street, and the people that are in need that fell, that can’t get up again.** What I can see is there are a lotta places that people can go get help at, like CBI and St. Joseph the Worker. **There’s programs that showed up in my community that I really see as a very good thing to have.**” – *Rural focus group*

“There’s a lot of children and individuals that hang out in the park and a **lot of drug use, so a lot of residents stop going to local little parks because of that.**” – *General population focus group*



A common reason for using substances was that it was used as a **coping mechanism; with a lack of access to care, more people self-medicated.**

“We talk about harm reduction. We talk about the reason why people are using substances...I’ll speak for myself, it was for **self-medication purposes, altering how I’m feeling, altering how I’m perceiving the world...**We need to **de-stigmatize.** We need to work on the **housing services.** Because all of that plays a role in drug use, and if you’re living on the streets when it’s 115 degrees, you bet, like someone is **gonna go get loaded, ‘cause it’s miserable out there...**” – *LGBTQ+ focus group*

In addition to **general discussion of drugs, vape pens, and alcohol, fentanyl** was specifically discussed throughout several focus groups, as an issue which **impacted both adults and youth.**

“At our school we have public service announcements on the announcements, but I feel they're really short and they're not emphasized enough. I feel like they could definitely take a little bit more time to really show the whole issue with our school. **There's obviously a fentanyl crisis going on, but it was just a fraction of the announcements.**” - *Youth focus group*



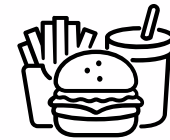
Poor nutrition included consuming unhealthy food and beverages, as well as a lack of consumption of nutritious foods.

Across focus groups, participants acknowledged **their own or their community's poor nutrition**. While some barriers were structural, participants identified **ways to improve nutrition habits**.



**“I think that comes from what I said earlier. We're always chasing the dollar, so nobody has time no more to get home cooked meals and nobody has time no more to sit down at a nice restaurant and eat healthy foods. You know what I mean? No one has time to even exercise.”**— *Low-income seniors focus group*

Others said there were **too many fast food restaurants** and **not enough healthy restaurant options** in their communities.



**“Food options just because around my community... it's only fast-food restaurants, I would say McDonald's, Subway. Subway is eat fresh, but it's still, in a sense, fast food. There's not really a lot of better options like salad or supermarkets that are high-end for people to actually get fresh product.”**— *Veterans focus group*



Participants said they would be interested in **more opportunities in the community to learn how to cook healthy meals with more fruits and vegetables** so they would feel more confident in healthy eating.

**“What am I going to do with this eggplant? I don't know what to do with an eggplant. Some classes or something to give us more information** about if they brought us a farmer's market and they're selling rhubarb, I don't know what to do with that. **Access and education probably would be helpful, at least for me.”**— *Veterans focus group*

**“A lot of people don't know how to cook, so teach them just basics how to throw things together and make it a good and healthy food meal.”**— *Rural focus group*

A **lack of supermarkets or lack of fresh vegetables and fruit** in existing markets was another barrier.

**“Availability of healthy foods, and that's a huge problem, especially in underserved communities.”**— *Religious minority focus group*



Obesity refers to **excessive weight**, and it is caused by eating patterns, lack of sleep or physical activity, certain medications, and family history. It can lead to many health issues throughout the life cycle. Participants said they were increasingly **seeing more obesity** around them.



“I think that **kids and even ourselves should exercise more**, because I’m noticing a lot of **obese people more and more**. And that’s **harmful for our health**, which many times we don’t understand but there may come a time when we’ll have a lot of problems. So, I think **exercising and eating healthier makes all the difference in living longer lives.**” – *Low-income Hispanic focus group*



One of the causes of obesity was attributed to **increasing costs of healthy food.**

I would say there's a **lot of obesity**. Because **food cost has been up**, it also affects what you're able to put on your plate. If you don't know **how to eat healthy on a lower budget, it's really hard.**” – *Rural focus group*

Other participants suggested there were simply **not many healthy options** around.

“So I would also piggyback on that and say that **obesity, it is a huge problem**, and having access to have places to do activities is also one, but also having **healthier food options that are more price-efficient, not as expensive, that are most cost efficient.**” – *Formerly incarcerated focus group*



A **lack of places to be active** and a **lack of knowledge** about the future health impacts of obesity were also discussed as contributors to the problem.

“Two of my girls- **three of my girls are already obese** and I try to give **them healthy food and to cook for them at home without eating out so much**, but the one that eats better is the one that’s a little chubbier. But it’s so hot—I was taking her for hikes up the mountain at 4 am and it’s impossible now because the air is so hot, even at that hour.” –

*Low-income Hispanic focus group*

Participants reported people in their communities were **experiencing chronic diseases**, defined as those diseases lasting a year or more and requiring treatment.



**“People have to recognize if you have a chronic disease, you got to do your part and eat better, exercise.”**—  
*Low-income seniors focus group*

Most participants recognized they needed to **do their part** to **take care of their bodies** to prevent chronic disease.

Others discussed barriers like too many **unhealthy eating options available** that made it too easy to make poor decisions.

**Yeah. That's what we're saying. Our fast-food places are put in the neighborhoods that have low-income people and that have high illnesses and sicknesses, and the African American cultures, specifically, that decreases their ability to have healthy bodies.”**—  
*African American focus group*

Another barrier to managing chronic disease was **wait times** to get into a doctor or get **necessary testing** to find solutions.



**“Yeah. He had a pain for a year and a half, and we don't know what it is. It started like sciatica from sitting in the car on a long motor trip. He's had that pain for a year. Finally, he got an MRI, and still, it was weeks before we could see the doctor to even get that diagnosed or figure out what was wrong.”**—  
*Rural focus group*

**“There's a place in Phoenix that's quite famous in dealing with Parkinson's, but it's hard to get in.”**— *Rural focus group*

# **Theme 5: Health in Arizona Policy Initiative (HAPI) & Prevalent Chronic Diseases**



Mental illness can be chronic or acute; it includes anxiety, depression, and other emotion, thinking, or behavior issues.

Participants discussed mental illness as one of the **most impactful issues** in their communities.



**Mental illness by far stood out** as the most prevalent health problem participants reported for themselves, their loved ones, or their communities.

“I would agree with the mental health as well. I think because mental health, how you navigate that, if you—it just makes every—it goes **into every choice that you make and every move that you make, the words that you speak.**” –

*LGBTQ+ focus group*

These mental illness issues were frequently discussed across all groups and **affected individuals of all ages**, not just one subset.



“I feel like depression. I feel like **most people don’t talk about depression, but you could tell a lot of the community is depressed.**” –

*Hispanic focus group*

“We should **frequently talk** about our mental health also. We **don't have to [be] shy about it.**” –

*Asian seniors focus group*



Participants across many focus groups said there should be **more large-scale collaborative efforts to improve awareness and acceptance** of mental illness as an issue.

“Then, there's also a **lack of understanding of how mental health affects physical health.** There's a lot of cultural bias, in certain communities, against mental health. They think oh, no, we're not crazy. We just have this, we have that. There's a **lot of education and reintroducing the understanding of mental health is a condition, just like diabetes.** It's a medical condition. These are all conditions. **Lack of resources, but also lack of understanding, and some misunderstandings of what mental health is.**” –

*Religious minority focus group*



**Diabetes (types 1 and 2) refers to a chronic condition causing issues in the body's blood sugar levels.**

**Participants across many age groups reported having or knowing someone who had diabetes.**



Participants across focus groups **recognized the importance of a healthy lifestyle** to manage diabetes, sometimes in conjunction with medication.

“Well, right now, I’m **fighting with these doctors**, far as my diabetes is concerned. I went to my doctor. My doctor took me off of this one medicine, ‘cause it wasn’t doing right.

Then she sent me to a specialist. Well, the **specialist never called me...**Nobody ever called me. Yesterday, the first specialist called me, which they were supposed to get back with me within 72 hours and they didn’t. Now, I’m referred back to another doctor, which this is crazy... **I went back on my old medicine, because I don’t wanna die.** That’s upsetting to me.”– *Seniors focus group*

People had **problems accessing their diabetes medication**, due to cost or supply or getting in with a specialist.



“My auntie, before she passed, she had diabetes. She was **breaking her medication in half to try to stretch it.** Because it **cost so much money** she would break it in half. Eventually that was one of the things that eventually took her out on top of having COVID. What happened to her is **she basically couldn’t afford that medication.**”–

*Low-income seniors focus group*

“Then I’m a diabetic, and I’m on **medication for blood sugar that helps with weight loss**, so now that everybody’s using it for weight loss, there was a time in January where I **didn’t have access to my medication** for like four months because it was on back order.”–

*Disability caregivers focus group*

“Probably a lot of diabetes in older, geriatric, it’d be **nice to have a doctor up here** that specifies with or qualifies with older folks, ‘cause we’re both in our 80s, but we’re fairly healthy.”– *Rural focus group*

Cancer is a disease in which some of the body's cells grow uncontrollably.

Multiple cancers were brought up across different focus groups. **Breast cancer and skin cancer** were the most commonly discussed.



“I do a lot of cancer surgery. They will have been smoking and eating poorly and no exercise for 30 years. Then, **as soon as they're diagnosed**, they're like okay, now I'm eating all organic, and I did this, I did that, which is great, but it's **somewhat too late**. Now you've entered into this different phase, where now you're in management phase, and it's not curative.”– *Religious minority focus group*

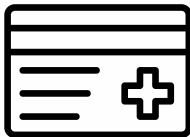
Without insurance, they **did not have access to quality care**.

“I just had surgery for breast cancer. I talked to three doctors. The one lady, **she was very informative and I understood what she was saying**. The next lady that I talked to, she's a radiation person. She **just talked down to me**.”– *Seniors focus group*

For those with insurance, **wait times for authorization were long**.



“I believe the **insurance** are not good either, because sometimes you have a problem, medical problem, and you need to **wait to be approved by the insurance**. It takes **months sometimes**. I have a sister-in-law with cancer, and she couldn't have an appointment right away.”– *Rural focus group*



Participants explained people had **problems receiving the care they needed even if they did have insurance**.

“I was **diagnosed with cancer when I had no insurance**, and so the ability to get access to good care. My options **were so limited** and the first handful of clinics that I went to were terrible because I fit that demographic of somebody that doesn't have health insurance. It was **compromised quality of care**, so there is that...discrepancy and now later down the road **I have insurance, I have greater quality information to continue to prevent the re-occurrence of that cancer**, so I noticed a big difference between then and now just with that insurance piece. It's the same disease. Nothing in terms of the root of the disorder has changed, but **that access and quality of information is interestingly very different**.”– *General population focus group*



# Theme 6: Additional Topics





**Innovation** is the idea of creating something new with positive impact and value.

Multiple ideas were brought up across different focus groups regarding **indoor and outdoor spaces for physical activity, cooling stations, and educational programs.**



**Heat** was a common topic as well as the **need to provide shade** in forms of **trees or built infrastructure.**

“I would like to see if we **can create systems where you can have memberships, and that your membership in that system means you're going to attend classes.** You're going to get education. There may be **in-home visits** to see what your needs are, and then just start at the grassroots level. It's really a tough problem, and it requires the emphasis to be on that, which it currently is not.”—  
*Religious minority focus group*

“Or give 'em places where they can go to the reps. I used to work for a company that had porta potties plus porta showers. Why can't we get those out there on the streets, our government, and let 'em bathe? I see 'em go into the restroom behind buildings. They don't have no food. They get a little money but not enough to survive. **We need that kind of stuff put in our community.**”—  
*Seniors focus group*

Participants thought **public health information should** be available at local grocery stores and schools as well as shared at town halls and at health-related events held throughout the year.



“We are **limited to the vacation that is offered through our employers,** so we either save it for vacation, or we either save it for to spend our time to go to the doctor.

If there **were more options, even on the weekend, on a Saturday...**people out there would probably use more of these mental services or counseling than what is being used now, I think.”— *General population focus group*



Trust, or having confidence in a provider or structural system, and also the lack of trust, were common threads during the focus group discussions. There was concern whether healthcare providers acted in their patients' best interests.



“You, as a consumer, how do you know what's right? How do you know what's not right? Even if you see your healthcare practitioner, is what they're saying in my best interest? I don't think that's always the case.”— *Religious minority focus group*

“Yeah, I've had the same issue, but with mental health care, finding the person I need, the specialist in my area of difficulty. Then also, even if I find someone, one I actually can trust or that I feel like I can trust.”— *Hispanic focus group*

“And not being looked at as just as the status quo or someone that they can make dollars off of. It seems like the only time our community is really ever taken seriously or looked at in a serious way is when it benefits another organization or the government in a positive way, or where they can gain currency, monies, but in reality, our rights are still violated.” — (QTBIPOC) *Queer, transgender, Black, Indigenous, people of color focus group*



Some had trust among their neighbors; others felt neighborly connections were fading out.

“I think another obstacle on a local level, I feel like if you're thinking about in a neighborhood, it's trusting or building trust with your neighbors to protect the community can be tough.”— *General population focus group*

Trust was also discussed when talking about the community as a whole.



“I like that my neighbors know me, I know them, and I can trust my kids to play outside 'cause my neighbors know me.” — *Rural focus group*

# APPENDICES

This section includes the following appendices:

- Appendix A: Background and Introduction
- Appendix B: Quantitative Methods
- Appendix C: Qualitative Methods
- Appendix D: Quantitative Survey Findings
- Appendix E: Qualitative Narrative
- Appendix F: Limitations
- Appendix G: Discussion
- Appendix H: Conclusion
- Appendix I: Recommendations
- Appendix J: Recruitment Flyer
- Appendix K: Discussion Guide
- Appendix L: Focus Group Schedule
- Appendix M: Focus Group Types
- Appendix N: Host Site Location Maps
- Appendix O: Supplemental Survey
- Appendix P: Qualitative Quotes



# Appendix A

## Background and Introduction

### Background

As part of the Patient Protection and Affordable Care Act of 2010 (ACA), tax-exempt hospitals (including Federally Qualified Health Care Centers, FQHCs) are required to conduct a Community Health Needs Assessment (CHNA) every three years. Additionally, CHNA requirements align with the national voluntary public health department accreditation process by the Public Health Accreditation Board (PHAB). The completion of a CHNA and Community Health Improvement Plan (CHIP) within five years are required for health departments to demonstrate fulfillment of public health accreditation standards. By conducting these two prerequisites, the Maricopa County Department of Public Health (MCDPH) has achieved national accreditation through the PHAB.

The purpose of the CHNA is to assess health needs of the community and identify issues and priorities of the community. The CHNA helps define these priorities to improve overall community health and to identify available resources to address concerns as well as recognize potential or gaps in resources. It must also prioritize those health needs and adopt implementation strategies to meet the community health needs identified through the CHNA.

Under the ACA provision, hospitals are permitted to conduct their CHNA in collaboration with other organizations and facilities. In 2014, several nonprofit hospitals and federally qualified community health centers recognized their shared needs and formed a partnership with the MCDPH for coordinated community health assessment and health improvement planning. Thus, the Synapse Hospital and Healthcare Partnership was created. Each partner's needs were identified and included in the overall CHNA processes.

In 2015, MCDPH partnered with Arizona State University's Southwest Interdisciplinary Research Center (SIRC) to conduct and analyze three cycles of regionally clustered focus groups prioritizing different populations as part of CHNA. MCDPH partnered with SIRC again in 2018 to conduct three cycles of focus groups for this purpose. In 2021, MCDPH again worked with SIRC to conduct focus groups for the COVID-19 supplement assessment to better understand the impact of COVID-19 on Maricopa County residents. In five months, 33 focus groups were conducted, and the findings helped to determine priority health areas and barriers in Maricopa County with regard to local hospitals and FQHCs' target service areas.

In 2023, the MCPDH CHNA focus group study was again conducted by SIRC. Focus groups were held across the five Maricopa County geographic regions: Northwest, Northeast, Central, Southwest, and Southeast. Specific target populations were recruited to better understand the needs, strengths, and challenges these communities face. The target populations included those who identified as a member of these groups:

- Asian
- Black/African American
- Hispanic

- Native American
- Native Hawaiian/Pacific Islander
- Youth Ages 12-17 Years
- Seniors Ages 65 Years and Older
- Low Income Individuals
- Religious Minorities
- Unsheltered
- Disabled
- Veterans
- LGBTQ+
- Refugee, Immigrant, Migrant
- Formerly Incarcerated
- People Living in Rural Areas of Maricopa County

CHNAs use a variety of primary and secondary research methods and tools to gather quantitative and qualitative data from diverse community health stakeholders including underserved and traditionally underrepresented populations. MCDPH and its Synapse partners incorporated the Mobilizing for Action through Planning and Partnerships (MAPP) framework, a community-driven strategic planning process for improving community health provided by the National Association of County and City Health Officials (NACCHO). The MAPP process includes assessments and phases. MAPP 1.0 framework was used as the primary driver for the 2015 and 2018 CHNAs while in 2023, the MAPP was updated to meet the evolving needs of the field.

The MAPP 2.0 progressed to align with revisions to the assessments and changing community health requirements. For this CHNA, the Synapse partnership relied mainly on primary data sources including surveys, focus groups, and key informant interviews for their CHNAs as recommended by the MAPP 2.0. This community-driven process was designed to address health needs and to identify priority health issues, resources, and barriers to optimal health.

## Introduction

For the 2023 CHNA, SIRC in partnership with MCDPH, was to complete a minimum of 35 focus groups across the five regions among a variety of populations. For this CHNA, SIRC was able to complete 46 focus groups in just a few short months from June to August. Focus groups were conducted in person and electronically on Zoom depending on the priority population. In recognition of their time and important contribution to this community-based research project, each participant received a \$45 gift card.

These focus groups aimed to explore community perspectives on the topics of quality of life; community strengths; community health needs and concerns; access to services and resources; social determinants of health; environmental and structural systems; health information; and community health recommendations across diverse populations. Participants spent a great deal of time discussing their communities in the context of their neighborhoods, systems, and access to health care. This report describes the findings, trends, and themes based on these topics across all 46 focus groups.



# Appendix B

## Quantitative Methods

### Supplemental Survey

In addition to collecting participant responses to the focus group questions, a supplemental survey regarding health and demographic items was also administered during the months of June through August 2023. This supplemental survey focused on closed-ended questions (see Appendix O). The supplemental survey was offered to all participants prior to participating in the focus group.

### Consent, Survey Administration and Participation

The supplemental survey was administered either online or via paper copy to ensure all participants had an opportunity to complete the survey. For populations with access to the internet, an anonymous Qualtrics survey link was emailed by a SIRC Study Team member before the focus group. The email also included the focus group details (e.g., date, time, Zoom link). The first page of the online survey included an IRB approved consent statement in which participants could choose whether to continue with the survey. For populations where internet access was not readily available, a paper copy of the survey along with the consent statement was administered on the day of the focus group prior to the start of the focus group. Those participating in person had the option to complete the survey either online or on paper.

The supplemental survey was optional and voluntary. Participants could still participate in the focus group if they declined participation in the supplemental survey. The supplemental survey took approximately 20 to 30 minutes for participants to complete. Survey respondents could skip any or all questions and were still able to participate in the focus group. Completed paper surveys were stored separately in a double-locked storage cabinet at SIRC.

### Data Cleaning

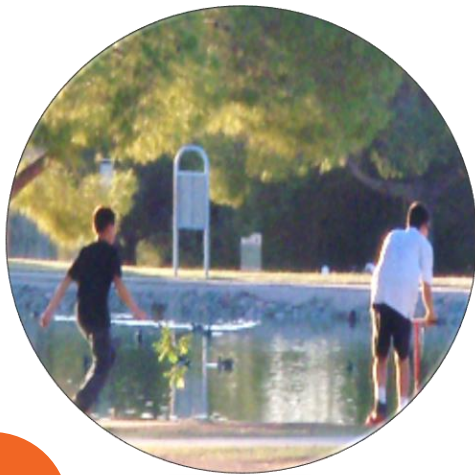
Once the focus groups and supplemental surveys were completed, the Qualtrics data file was downloaded into an Excel data file. Paper copies of the surveys collected were entered into the downloaded Excel data file by SIRC study team staff who were assigned to this project. Data were then cleaned. Since the study examined health perceptions of residents in Maricopa County, only respondents who reported a Maricopa County zip code or city/town were included in the final data set for analysis. Also, any survey that only had a few initial responses (i.e., the survey was started and stopped with no further responses) was deleted from the final data set.

## Supplemental Survey Participants

There were 344 respondents who began and/or completed the supplemental survey. After data cleaning was completed, this yielded a viable sample of 309 participants who were included in the final data set used for the quantitative data analysis.

## Data Analysis

After the initial cleaning, the Excel data file was then imported into SPSS (version 27) for analysis. Descriptive statistics based on survey responses were conducted in SPSS and Excel. Excel was used to create tables and graphs for the report. For the quantitative data visualization section of the report, percentages are based solely on those respondents who responded to the item. For the tables in Appendix D, all responses including blanks were reported, and the percentages were calculated based on all respondents who were included in the final data set. Thus, percentages will vary between the two sections.



# Appendix C

## Qualitative Methods

This section highlights the methods used to conduct 46 focus groups that included 15 different targeted populations. Data were analyzed in the aggregate and not by individual population. The target number of focus groups to conduct was 35; however, due to low attendance in some groups, multiple focus groups were held with certain populations to ensure sufficient participant feedback from those populations. Additionally, there were more volunteers from some populations and so multiple focus groups were conducted to accommodate willing participants which helped assure validity of data across groups. Maps and locations of all groups can be found in Appendices K, L, and M.

The focus groups were conducted during the months of June, July, and August 2023 at various locations throughout Maricopa County and via Zoom (see Appendix L). The focus group design and execution proceeded through five phases: (1) focus group discussion guide development; (2) focus group recruitment and location securement; (3) focus group data collection; (4) analysis and findings methods; and 5) report writing and presentation of findings. The Focus Group Discussion Guide is included for reference purposes in Appendix K.

### 1. Development of Discussion Guide

The focus group discussion guide was developed in partnership with the MCDPH CHNA team and Synapse partners. Early in the project, the SIRC team facilitated a discussion at the March 2023 Synapse meeting, providing an opportunity for the Synapse partners to provide suggestions for specific questions or concepts for the focus group guide via a SIRC led Jam Board activity. Once completed, SIRC initiated the first version of focus group questions which stemmed from the 2015 and 2018 previous iterations of the CHNA and focus groups conducted by SIRC. These questions were modified for the 2023 CHNA including team feedback yet were similar to previous years in order to explore the data longitudinally to gain a greater insight to the past and current needs of Maricopa County residents. Based on feedback from MCDPH and Synapse, a final set of questions was developed and presented to the MCDPH CHNA team.

Frequent email communication and weekly meetings occurred to provide guidance and review of the focus group discussion guide as well as to provide project updates. After review and discussion, the focus group questions were approved by the MCDPH CHNA team. All processes and protocols were then reviewed and approved by the Arizona State University Institutional Review Board (IRB) for research related projects involving human subjects.

## 2. Sample Population, Inclusion Criteria, and Recruitment

**Sample Selection.** Purposive sampling was used to recruit participants which involves the attraction and selection of individuals who meet certain inclusion criteria and do not meet certain exclusion criteria. Diversity in age, gender, race/ethnicity, physical ability, and other background factors were emphasized in recruitment. Inclusion criteria consisted of living in Maricopa County for at least six months of the year and meeting the criteria for the target population for that group. Target populations were recruited according to the priority populations identified by MCDPH and the Synapse partners. The 17 target populations included the following:

- Asian
- Black/African American
- Hispanic
- Native American
- Native Hawaiian/Pacific Islander
- Youth Ages 12-17 Years
- Seniors 65 Years and Older
- Low Income Individuals
- Religious Minorities
- Unsheltered
- Disabled
- Veterans
- LGBTQ+
- Refugee, Immigrant/Migrant
- Formerly Incarcerated
- People Living in Rural areas of Maricopa County

However, no specific groups were held with only Native Hawaiian/Pacific Islanders or disabled persons. Further, several focus groups were not of a specific priority population and were categorized as general population, allowing individuals from various backgrounds to participate at one time. Some individuals met the criteria of several priority populations. For example, one focus group was conducted with persons who identified as both low income persons and as seniors, and in another group, individuals identified as both low income and formerly incarcerated.

**Geographic Region.** Recently, MCDPH divided the county into five regions (Central Phoenix, Northeast, Northwest, Southeast, and Southwest) to help prioritize needs and resources in specific areas as Maricopa County is one of the fastest growing counties in the country. Participants were recruited from each of the five regions, and some focus groups were held which were not in a specific region and were thus categorized as countywide, allowing individuals to participate from various regions at one time. The 46 focus groups were conducted across the regions as follows: Northeast (n=4), Southeast (n=6), Central Phoenix (n=12), Northwest (n=6), Southwest (n=5), and Countywide (n=13).



**Recruitment.** Marketing efforts included English and Spanish flyers (see Appendix J), social media posts (e.g. Facebook) and word of mouth by SIRC evaluators and partners. Recruitment materials were distributed by SIRC evaluators and partners across Maricopa County. Flyers were specifically tailored to the populations of interest and posted in some local businesses and organizations of community partners. Efforts were made to recruit through a wide range of networks and associations for each group with the assistance of MCDPH and its partners.

**Registration.** Prior to registration, interested individuals were screened to ensure they met the qualifying criteria using a set of questions developed. Participants were able to register for the groups via phone, email, paper sign-up sheets, or online through an online survey questionnaire platform. After registering for a focus group session, potential participants were sent reminders and a confirmation email that included logistical information such as time, date, and directions prior to their focus group. They were also asked to complete an online survey prior to attending the focus group (see Appendix O). Each participant was contacted by phone the day before the group to confirm participation, to clarify any logistical questions, and to minimize attrition.

**Venues.** SIRC worked with new and existing community partners to identify and reserve appropriate locations for focus groups. All but one community partner volunteered their space. Those who volunteered their space were given a \$45 Walmart gift card as a thank you for using their space. 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. SIRC's Zoom platform was used for all virtual focus groups.

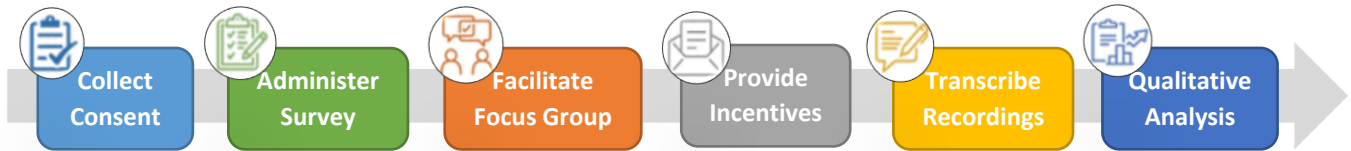
**Participants.** The target number of participants for Zoom focus groups was four to six individuals and six to 12 individuals for in person groups. Each group lasted approximately 90 minutes which was sufficient time for high quality data collection from the discussion while remaining respectful of participants' time. Most participants were 18 years of age or older, except in the groups in which youth participated; youth groups include persons as young as 12 years of age. A total of 397 individuals registered for a focus group; however, not all attended, which resulted in a total of 366 individuals participating in the focus groups. Participants had the options of signing up for an in person or Zoom focus group; 19 focus groups were conducted via Zoom and 27 in person.

**Incentives and Supervision of Children.** Individuals who participated in a focus group via Zoom received a \$45 Tango e-card as a stipend. The Tango e-card was redeemable with over 500 vendors. Individuals who participated in person received a \$45 Walmart gift card and in some cases were given the option to receive a Tango e-card instead. Additionally, individuals participating at the in person focus groups were also provided with a light meal and healthy beverages. The \$45 incentive was deemed ethical as it was sufficient to achieve participation without being coercive (Grant and Sugarman, 2004). To minimize barriers to participation, supervision of children was provided as needed for each in person focus group by SIRC staff. Child supervision was conducted by a SIRC evaluator with an active Fingerprint Clearance card.

**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 participating in the focus group. The signed consent forms were stored separately from any personal data provided by the focus group participants. Figure 1 shows a visual display of the focus group process.

Figure 1  
*Focus Group Process*



### 3. Facilitation and Data Collection

Focus groups were moderated by SIRC researchers who were specifically trained to be focus group facilitators. Each focus group had at least one facilitator and one co-facilitator/note-taker. Groups were predominantly conducted in English, with some in Spanish as necessary. All researchers 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.

The facilitator and co-facilitator utilized the Focus Group Discussion Guide (Appendix K) to assure adherence to the approved protocol in following procedures and asking questions. The Guide provides approximate times and highlights the required questions.

English focus group recordings were transcribed by a contracted third party. Spanish focus group recordings were translated and transcribed by a contracted third party. In order to maintain participant anonymity, all names were redacted from the transcripts.

### 4. Analysis and Findings Methods

Qualitative methods used for the analysis primarily included inductive analysis. Inductive analysis involves reading through the data and identifying codes, categories, patterns, and themes as they emerge as opposed to “force-fitting” data into preexisting codes (Saldaña, 2021). Since the focus groups conducted are one piece of a larger community health assessment, it would not have been appropriate to use a deductive approach which develops a problem statement or formulates a hypothesis followed by testing it (Reyes, 2004). The data collection for these focus groups did not have a theory that was guiding the work; therefore, the primary use of an inductive approach was appropriate for this type of analysis as this work did not require testing a specific theory.

However, after conducting a number of focus groups, the MCDPH team requested that the analysis align with MAPP 2.0 themes and to also identify topics related to Health in Arizona Policy Initiative (HAPI) and Chronic Diseases. Based on this request, part of the analysis took on a

deductive approach; meaning that there were some preexisting codes yet MAPP 2.0 became the main themes structure along with ideas from HAPI & Chronic Diseases. Although the analysis incorporated these *a priori* codes, a full-scale deductive approach was not used as this would not have been appropriate for this type of emergent analysis.

**Validity and Reliability.** Validity and reliability are crucial concepts in qualitative research as they impact the credibility, trustworthiness, and overall quality of a study. To ensure rigor and increased inter-coder agreement, three rounds of coding were conducted by experienced SIRC evaluators. Although the analysis team is experienced, all coders were trained on the codes and coding process for this analysis to ensure validity and reliability. Transcripts were uploaded into Dedoose, the data analysis software, and were then coded.

The first round of coding consisted of assigning the transcripts to the facilitator or co-facilitator who conducted the group due to their familiarity with the data statements. A second and third round of coding consisted of a team of four SIRC evaluators and the principal investigator reviewing all coded data and allowing for recoding if necessary using this iterative process. By conducting a second round of coding as a team, the evaluators were able to review and refine codes as needed, delve deeper in to the data, and identify patterns, themes, or nuances that may have been overlooked in the initial phase of coding. This ensured greater consistency and reliability in the coding process, while reducing subjectivity. The third round of coding consisted of the same process as the second. Importantly, the third round served as a final validation of the coding structure to ensure that the interpretation was unbiased, to synthesize the data, and to understand and validate the underlying structures and concepts that connected different themes. These rounds of coding enhanced the credibility, depth, and reliability of the findings.

## 5. Report Writing and Presentation of Findings

The design of the report format was developed in partnership with MCDPH. Data were analyzed during the months of October, November, and December 2023. After data were analyzed, a team of 11 undertook the writing of the analysis and report formatting. Four researchers were assigned to write the findings from the focus groups (see Appendices C, E, and O); two researchers were assigned to write the findings from the supplemental survey (see Appendices B and D); two researchers were assigned to write supplemental project information (see Appendices A, F, G, and H); and two program coordinators and a research specialist assisted with the data visuals in Canva. Preliminary copies of various sections of the report were provided to MCDPH for feedback during the month of January 2024. Feedback from MCDPH was incorporated into the final report. A presentation of the CHNA findings was provided to the Synapse team on January 24, 2024.

## Appendix D

### Quantitative Survey Findings

A total of 309 participants completed the CHNA 2023 Supplemental Survey. Survey responses are shown in this appendix in a series of tables.

Participants were asked to identify their zip code. Table 1 shows that 8.4% (n = 26) of participants resided in 85041, 5.2% (n = 16) in 85390, and 4.5% (n = 14) in 85015 or 85201.

Table 1  
*Zip Code (n = 309)*

	n	%
85041	26	8.4
85390	16	5.2
85015	14	4.5
85201	14	4.5
85283	13	4.2
85339	13	4.2
85337	12	3.9
85008	11	3.6
85204	11	3.6
85042	10	3.2
85003	8	2.6
85021	8	2.6
85040	7	2.3
85248	7	2.3
85251	7	2.3
85303	6	1.9
85012	5	1.6
85016	5	1.6
85006	4	1.3
85007	4	1.3
85013	4	1.3
85034	4	1.3
85035	4	1.3
85260	4	1.3
85338	4	1.3
85043	3	1
85044	3	1
85051	3	1
85202	3	1
85257	3	1
85306	3	1



	n	%
85340	3	1
85373	3	1
85017	2	0.6
85018	2	0.6
85019	2	0.6
85020	2	0.6
85023	2	0.6
85027	2	0.6
85029	2	0.6
85071	2	0.6
85085	2	0.6
85254	2	0.6
85281	2	0.6
85284	2	0.6
85286	2	0.6
85288	2	0.6
85308	2	0.6
85010	1	0.3
85048	1	0.3
85050	1	0.3
85095	1	0.3
85203	1	0.3
85212	1	0.3
85226	1	0.3
85233	1	0.3
85234	1	0.3
85253	1	0.3
85259	1	0.3
85282	1	0.3
85297	1	0.3
85302	1	0.3
85305	1	0.3
85323	1	0.3
85335	1	0.3
85353	1	0.3
85358	1	0.3
85378	1	0.3
85388	1	0.3
85392	1	0.3
85396	1	0.3
85624	1	0.3
Blank	10	3.2

Participants were asked to identify the city where they lived. Table 2 shows that 47.2% (n = 146) of participants lived in Phoenix, 11% (n = 34) lived in Mesa, and 5.8% (n = 18) lived in Wickenburg.

Table 2  
City (n = 309)

	n	%
Phoenix	146	47.2
Mesa	34	11.0
Wickenburg	18	5.8
Scottsdale	17	5.5
Glendale	13	4.2
Laveen	13	4.2
Tempe	13	4.2
Gila Bend	11	3.6
Guadalupe	7	2.3
Chandler	5	1.6
Sun Lakes	5	1.6
Goodyear	4	1.3
Gilbert	3	1.0
Sun City	3	1.0
Avondale	2	0.6
Litchfield Park	2	0.6
Surprise	2	0.6
Ahwatukee	1	0.3
Buckeye	1	0.3
Deer Valley	1	0.3
El Mirage	1	0.3
Maricopa	1	0.3
Paradise Valley	1	0.3
Queen Creek	1	0.3
Blank	4	1.3

Participants were asked to identify their race and ethnicity. Table 3 illustrates that 22.0% (n = 68) of participants identified as Mexicans, 18.4% (n = 57) identified as African Americans, or 13.3% (n = 41) as Germans. (Percentages do not add to 100.0% as respondents were able to select more than one category.)

Table 3  
Race and Ethnicity

<i>What is your race and ethnicity? (Check all that apply)</i>	<b>n</b>	<b>%</b>
<b>American Indian or Alaska Native or Native American</b>		
Navajo Nation	8	2.6
Apache	5	1.6
Fort McDowell Yavapai Nation	2	0.6
Gila River Indian Community	2	0.6
Hopi	2	0.6
Tohono O'odham Nation	2	0.6
Other	26	8.4
I don't know	17	5.5
<b>Asian</b>		
Indian	6	1.9
Korean	6	1.9
Filipino	2	0.6
Vietnamese	2	0.6
Bangladeshi	1	0.3
Cambodian	1	0.3
Chinese	1	0.3
Japanese	1	0.3
I don't know	7	2.3
Other	3	1.0
<b>Black or African American</b>		
African American	57	18.4
Somali	8	2.6
Haitian	1	0.3
Jamaican	1	0.3
Nigerian	1	0.3
Rwandese	1	0.3
Tanzanian	1	0.3
Other	7	2.3
I don't know	6	1.9
<b>Hispanic or Latino(x)</b>		
Mexican	68	22.0
Puerto Rican	5	1.6
Guatemalan	4	1.3
Spaniard	4	1.3
Honduran	2	0.6
Cuban	1	0.3
Other	11	3.6
I don't know	5	1.6
<b>Middle Eastern or North African</b>		
I don't know	6	1.9

<i>What is your race and ethnicity? (Check all that apply)</i>	<b>n</b>	<b>%</b>
Other	2	0.6
Egyptian	1	0.3
Iraqi	1	0.3
Israeli	1	0.3
Tunisian	1	0.3
<b>Native Hawaiian or Other Pacific Islander</b>		
Native Hawaiian	2	0.6
Chamorro	1	0.3
I don't know	7	2.3
Other	3	1.0
<b>White or Caucasian</b>		
German	41	13.3
Irish	28	9.1
English	25	8.1
Other	24	7.8
French	20	6.5
I don't know	17	5.5
Scottish	17	5.5
Italian	14	4.5
Norwegian	11	3.6
Polish	8	2.6
Dutch	6	1.9
Swedish	5	1.6

Participants also were asked to identify with only one race/ethnicity. Most participants identified as White (n = 92; 29.8%) followed by Black or African American (n = 65; 21.0%) or Hispanic/Latin(x) (n = 59; 19.1%) (see Table 4).

Table 4  
*Racial and Ethnic Identity*

<i>If you had to choose only one, which race or ethnicity would you say that you identify with the most? (Choose only one) (n = 309)</i>	<b>n</b>	<b>%</b>
White	92	29.8
Black or African American	65	21.0
Hispanic, Latino(x)	59	19.1
American Indian, Alaska Native, or Native American	21	6.8
Asian	12	3.9
I identify as multiracial	6	1.9
Prefer to self-describe	4	1.3
Native Hawaiian or Other Pacific Islander	1	0.3
Blank	41	13.3
Prefer not to answer	8	2.6



Participants were asked about their age. The results showed that the average age of participants was 41.9 years (see Table 5).

Table 5  
*Age*

What is your age? (n=309)	Years
Mean	41.9
Median	41
Mode	18
Standard Deviation	18.572
Range	72 (12-84 years)

Participants were asked about their highest level of education. Most participants had a high school diploma or GED (n = 58; 18.8%), followed by some college (1-4 years, no degree) (n = 47; 15.2%) and bachelor’s degree (e.g., BS, BA, BFA) (n = 44; 14.2%) (see Table 6).

Table 6  
*Education Level*

<i>What is the highest level of education you have completed? (Choose only one) (n = 309)</i>	<b>n</b>	<b>%</b>
High school diploma or GED	58	18.8
Some college (1-4 years, no degree)	47	15.2
Bachelor’s degree (e.g., BS, BA, BFA)	44	14.2
Master’s degree (e.g. MA, MS, MSW, MBA)	41	13.3
Less than high school	32	10.4
Some high school, no diploma	28	9.1
Associate’s degree (e.g., AS, AA)	16	5.2
Doctoral degree (e.g. PhD, EdD, MD, JD, etc.)	9	2.9
Vocational school	6	1.9
Other (please specify):	5	1.6
Blank	23	7.4

Participants were asked about their current employment status and responded by selecting each option that applied from a list of choices. The categories most selected were Employed (n = 79; 25.6%), Retired (n = 38; 12.3%) and Out of work (n = 32; 10.4%). However, 27.2% (n = 84) did not respond (see Table 7). (Percentages do not add to 100.0% as respondents were able to select more than one category.)

Table 7  
*Employment Status*

<i>What is your current employment status? (Check all that apply)</i>	<b>n</b>	<b>%</b>
Employed	79	25.6
Retired	38	12.3
Out of work	32	10.4
Student	31	10
Unable to work	15	4.9
Self-employed	10	3.2
Homemaker or stay-at-home parent	9	2.9
Other (please specify):	8	2.6
Work multiple jobs	3	1.0
Blank	84	27.2

Participants were asked about their annual household income. Most participants indicated that their household annual income was less than \$15,000 (n = 45; 14.6%), while 13.9% (n=43) responded that their income was \$50,000-\$74,999, and 13.3% (n=41) responded that they did not know (see Table 8).

Table 8  
*Annual Household Income*

<i>What range is your annual household income? (Choose only one) (n = 309)</i>	<b>n</b>	<b>%</b>
\$200,000 or more	12	3.9
\$150,000 - \$199,999	11	3.6
\$100,000 - \$149,999	27	8.7
\$75,000 - \$99,999	13	4.2
\$50,000 - \$74,999	43	13.9
\$35,000 - \$49,999	33	10.7
\$25,000 - \$34,999	17	5.5
\$15,000 - \$24,999	17	5.5
Less than \$15,000	45	14.6
I don't know	41	13.3
Blank	30	9.7

When participants were asked about their sex at birth, intersex, and sexual orientation 50.2% (n = 155) of the participants identified as females (see Table 9), 0.6% (n = 2) identified as intersex (Table 10), and 61.5% (n =190) identified as straight (heterosexual) (see Table 11).

Table 9  
*Assigned Birth Sex*

<i>What was your assigned sex at birth? (Choose only one)</i>	<b>n</b>	<b>%</b>
Female	155	50.2
Male	133	43.0
Blank	15	4.9
Don't know	3	1.0
Prefer not to answer	3	1.0

Table 10  
*Intersex*

<i>Are you intersex? (Choose only one)</i>	<b>n</b>	<b>%</b>
No	189	61.2
Yes	2	0.6
Blank	94	30.4
Don't know	13	4.2
Prefer not to answer	11	3.6

Table 11  
*Sexual Orientation*

<i>What is your sexual orientation?</i>	<b>n</b>	<b>%</b>
Straight (Heterosexual)	190	61.5
Gay	26	8.4
Prefer not to answer	16	5.2
Queer	16	5.2
Bisexual	14	4.5
Pansexual	9	2.9
Lesbian	7	2.3
Prefer to self-describe:	5	1.6
Questioning or unsure	5	1.6
Blank	16	5.2
I don't know	5	1.6

Participants were asked on a scale of Very Good, Fair, Poor, or Prefer not Answer to rate their physical and mental health, as well as their social connections. The results showed that 37.7% (n = 116) and 42.1% (n= 130) of participants rated their physical or mental health as Very Good, respectively (see Table 12). Whereas, more than half (n= 180; 58.3%) rated their connection to others as Very Good.

Table 12  
Health Status

<i>Please rate your Health (for each, choose only one) (n = 309)</i>	<b>Very Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Prefer not to answer</b>
How would you rate your physical health, such as how your body feels day to day?	116 37.5%	162 52.4%	28 9.1%	3 1.0%
How would you rate your mental health, such as your mood and how you handle stress day to day?	130 42.1%	157 50.8%	20 6.5%	2 0.6%
How would you rate your connection with others, such as community, friendships, family, faith groups, etc.?	180 58.3%	113 36.6%	15 4.9%	1 0.3%

Participants were asked on a scale of Better, Similar, and Worse to compare their mental health before and after the pandemic. Close to half of participants (n = 147; 47.6%) indicated that their mental health was Similar. Only 30.4% (n = 94) indicated that it was better (see Table 13).

Table 13  
Mental Health Comparison

<i>How does your current mental health compare to your mental health before the pandemic started? (Choose only one) (n = 309)</i>				
<b>Better</b>	<b>Similar</b>	<b>Worse</b>	<b>Blank</b>	
94	147	64	4	
30.4%	47.6%	20.7%	1.3%	

Participants were asked on a scale of Always, Sometimes, and Never to rate their experiences with access to medical and mental healthcare in the last 12 months. While more than half of participants (n = 191; 61.8%) indicated that they were always able to get medical care when needed, only 37.5% (n = 116) indicated that they were always able to get mental health care (see Table 14).



Table 14  
*Healthcare Experiences*

<i>Please tell us about your experiences with healthcare (Please read instructions carefully) (n = 309)</i>	<b>Always</b>	<b>Sometimes</b>	<b>Never</b>	<b>Blank</b>
In the past 12 months, how often were you able to get medical care when you needed to? (Choose only one)	191 61.8%	91 29.4%	14 4.5%	13 4.2%
In the past 12 months, how often were you able to get mental health care when you needed to? (Choose only one)	116 37.5%	81 26.2%	31 10.0%	81 26.2%

Participants were asked what would help them get the care they needed and responded by selecting each that applied from a list of choices. The categories most selected included lower out of pocket costs for services (n = 119; 38.5%), being able to get multiple services at the same location or practice (n = 118; 38.2%), and evening or weekend appointments (n = 115; 37.2%). (See Table 15.) The option to write in a response was also offered. Additional resources that would help participants access care included dental healthcare, STI and HIV testing, and same-day appointments among others. (Percentages do not add to 100.0% as respondents were able to select more than one category.)

Table 15  
*Needed Help*

<i>What would help you get the care you need? (Check all that apply)</i>	<b>n</b>	<b>%</b>
Lower out of pocket cost for services	119	38.5
Being able to get multiple services at the same location or practice	118	38.2
Evening or weekend appointments	115	37.2
Health care providers who make me feel safe and respected	110	35.6
Health care provider who specializes in the care I need	103	33.3
More appointments available	98	31.7
Services closer to where I live	91	29.4
Clear prices for services	84	27.2
Virtual/telehealth appointments	77	24.9
Help with understanding and coordinating my care, such as finding services, filling out paperwork, using insurance, and scheduling appointments	74	23.9
Transportation to appointments	60	19.4
Paid time off work ( <i>sick time</i> )	59	19.1
Childcare or elder care	34	11.0
Health care providers or interpreters who speak my native language	33	10.7
Not applicable	19	6.1
Other	12	3.9

Ten write-in responses were provided by participants sharing additional types of additional care they would need. Some responses were written in more than once, which is indicated below by “n”. Where “n” is not listed, it was only listed once.

Write-In responses:

- Dental care (n =2)
- Easy walk-in STI and HIV testing
- Health insurance
- Healthcare providers who understand my culture. Culturally aware health care providers.
- I have VA Benefits
- More mental health services
- No need for appointments with PCP before getting a referral to a specialist
- Providers that take my insurance
- Residency & Qualifying
- Same day appointments

Participants were asked how they typically pay for healthcare and responded by selecting from a list of choices. The categories most selected included Insurance from my employer or a family member’s employer (n = 123; 39.8%), Medicaid/AHCCCS (n = 102; 33.0%), and Use my own money or pay out-of-pocket (n = 59; 19.1%) (see Table 16). The option to write in a response was also offered. Additional ways to pay for healthcare included parents, insurance through a union, prison, and the VA. (Percentages do not add to 100.0% as respondents were able to select more than one category.)

Table 16  
*Healthcare Payment Type*

<i>How do you typically pay for your healthcare? (Check all that apply)</i>	<b>n</b>	<b>%</b>
Insurance from my employer or a family member's employer	123	39.8
Medicaid/AHCCCS	102	33.0
Use my own money or pay out-of-pocket	59	19.1
Medicare (Advantage plan, Parts A, B, etc.)	52	16.8
Use free clinic(s)	19	6.1
Health insurance purchased through the marketplace	17	5.5
Indian Health Services	15	4.9
Veterans Administration, TRICARE, or other military health care	14	4.5
Prefer not to answer	12	3.9
I do not use healthcare services	10	3.2
Travel to another country for healthcare	9	2.9
Other (please specify):	18	5.8

Seventeen write-in responses were provided by participants sharing additional resources they used to pay for their healthcare. Some responses were written more than once, which is indicated below by “n”. Where “n” is not listed, the response was only listed once.

Write-In responses:

- ahccs de emergencia
- BCBS
- Cash
- Descuento
- health choice
- HSA
- I am not sure
- Insurance through union
- My parents (n = 2)
- No healthcare
- NOAH
- Parents
- Parents pay for it
- Prison
- Through retirement from the government
- V.A

Participants were asked which health issues had the most impact on them and/or the people they lived with or cared for and responded by selecting each that applied from a list of choices. Table 17 depicts the responses. The categories most selected included Anxiety (n = 138; 44.7%), Depression (n = 123; 39.8%), High Blood Pressure/Hypertension (n = 91; 29.4%), and Chronic Pain (n = 79; 25.6%). Additional write-in responses included Epilepsy, Crohn’s Disease, and IBS. (Percentages do not add to 100.0% as respondents were able to select more than one category.)

Table 17  
*Impact of Health Issues*

<i>Which health issues have the most impact on you and/or the people you live with or care for? (Check all that apply)</i>	<b>Issues Checked</b>	
	<b>n</b>	<b>%</b>
Anxiety	138	44.7
Depression	123	39.8
High blood pressure/ hypertension	91	29.4
Chronic pain (back pain, joint pain, fibromyalgia, etc.)	79	25.6
Diabetes	66	21.4
Chronic stress	57	18.4
Other mental health issues (PTSD, schizophrenia, bipolar disorder, etc.)	48	15.5
Tobacco or nicotine use	45	14.6
Lung or respiratory issues (asthma, COPD, etc.)	40	12.9
Racism, prejudice, or discrimination	37	12.0
No health issues	37	12.0
Cancer	33	10.7
Alcohol/substance misuse	33	10.7
Autoimmune disease (lupus, MS, rheumatoid arthritis, etc.)	30	9.7
Heart disease	27	8.7
Sexually transmitted infections	24	7.8
Heat-related illness	23	7.4
Dementia/Alzheimer's	20	6.5
Unintentional/accidental injury (falls, drowning, motor vehicle accidents, weapon-related, etc.)	20	6.5
Long COVID (COVID-19 symptoms lasting longer than 4 weeks)	19	6.1
Other (please specify):	19	6.1
Other infectious diseases (RSV, COVID-19, flu, common cold, etc.)	18	5.8
Sexual and reproductive health issues	16	5.2
HIV/AIDS	14	4.5
Stroke	12	3.9
Intentional injury (violence, domestic violence, self-harm, suicide, weapon-related, etc.)	9	2.9

Eighteen write-in responses were provided by participants sharing additional types of health issues that impact their lives. Some responses were written more than once, which is indicated below by "n". Where "n" is not listed, the response was only listed once.

Write-In responses:

- Amnea del sueno
- Chrones
- Continuous care-hormones
- Dolor en la parte de la espalda y dolor en el vientre reflujo gastrico
- Eczema
- Epilepsy
- Epilepsy, hip/arm problem



- HCV-C, Hepatitis
- Hypothyroidism
- IBS
- Low Iron, Anemia
- No tenemos ningun problema
- Obesity, Sleep Apnea
- Parkinsons
- rinon, colon y enfermedad respiratoria
- Scoliosis
- Stsake
- Thyroid

Participants were asked about their experiences with discrimination in the past 12 months and responded by selecting each that applied from a list of choices, and Table 18 illustrates the responses. Discrimination due to race was reported most frequently by participants (n = 69; 22.3%) Approximately one-third of respondents reported that the question did not apply to them (n = 114; 36.9%). Additional write-in responses included job related, politics, and due to transgender healthcare. (Percentages do not add to 100.0% as respondents were able to select more than one category.)

Table 18  
*Discrimination*

<i>Have you experienced discrimination in the past 12 months due to the following: (Check all that apply)</i>	<b>Options Checked</b>	
	<b>n</b>	<b>%</b>
Race	69	22.3
Gender	38	12.3
Income	36	11.7
Sexual orientation	34	11.0
Spirituality, spiritual practices, or religion	31	10.0
Disability	26	8.4
National origin, ethnicity, or ancestry	22	7.1
Primary language	15	4.9
Education	7	2.3
Not applicable	114	36.9
Prefer not to answer	28	9.1
Other (please specify):	11	3.6

Nine write-in responses were provided by participants sharing additional factors by which they experienced discrimination. All responses were only listed once.

Write-In responses:

Being a transient

- credentials/education
- Homeless

- I have to wear my mask and people think it's weird.
- Job
- none
- politics
- Specially transgender healthcare

Participants were asked on a scale of Always, Sometimes, Never, and NA, how often over the past 12 months they have had enough money to pay for essentials. Over fifty percent of participants reported always having money to pay for food (n = 175), phone (n = 172), clothing/hygiene products (n = 167), utilities (n = 159), or transportation (n = 155) (see Table 19).

Table 19  
*Sufficient Money*

Over the past 12 months, how often have you had enough money to pay for the following essentials: (For each, choose only one) (n = 309)					
	<b>Always</b>	<b>Sometimes</b>	<b>Never</b>	<b>NA</b>	<b>Blank</b>
Healthcare service	149 48.2%	78 25.2%	39 12.6%	25 8.1%	18 5.8%
Medications	153 49.5%	73 23.6%	31 10.0%	30 9.7%	22 7.1%
Mortgage or rent	154 49.8%	66 21.4%	34 11.0%	39 12.6%	16 5.2%
Food	175 56.6%	92 29.8%	12 3.9%	9 2.9%	21 6.8%
Utilities ( <i>electricity, gas, water, etc.</i> )	159 51.5%	82 26.5%	25 8.1%	25 8.1%	18 5.8%
Clothing/Hygiene products ( <i>soap, deodorant, etc.</i> )	167 54.0%	88 28.5%	24 7.8%	11 3.6%	19 6.1%
Childcare	57 18.4%	28 9.1%	25 8.1%	166 53.7%	33 10.7%
Tuition/Student Loans	51 16.5%	40 12.9%	51 16.5%	129 41.7%	38 12.3%
Phone	172 55.7%	72 23.3%	21 6.8%	25 8.1%	19 6.1%
Technology needed for work, school, or health care	130 42.1%	70 22.7%	30 9.7%	53 17.2%	26 8.4%

Over the past 12 months, how often have you had enough money to pay for the following essentials:  
(For each, choose only one) (n = 309)

	<b>Always</b>	<b>Sometimes</b>	<b>Never</b>	<b>NA</b>	<b>Blank</b>
Internet	154 49.8%	71 23.0%	30 9.7%	33 10.7%	21 6.8%
Transportation	155 50.2%	92 29.8%	24 7.8%	20 6.5%	18 5.8%

Participants were asked if they spent more than half of their monthly income on housing on a Yes, No, Don't know, and Not applicable scale. Responses were similar with just over one-third that responded No (n = 115) and another one-third that responded Yes (n = 103). Almost twenty percent responded Not Applicable (n = 58) (see Table 20).

Table 20  
*Housing Expense*

*Do you spend more than half of your monthly income on housing (i.e., mortgage or rent)? (Choose only one) (n = 309)*

<b>Yes</b>	<b>No</b>	<b>Don't know</b>	<b>Not applicable</b>	<b>Blank</b>
103 33.3%	115 37.2%	23 7.4%	58 18.8%	10 3.2%

Participants were asked where they got most of their food and responded by selecting from a list of choices. The category most selected was Grocery store (n = 272; 88.0% (see Table 21). Additional write-in responses included discount store, Costco, and shelter. (Percentages do not add to 100.0% as respondents were able to select more than one category.)

Table 21  
*Acquired Food*

<i>Where do you get most of your food? (Check all that apply)</i>	<b>Options Checked</b>	
	<b>n</b>	<b>%</b>
Grocery store	272	88.0
Fast food restaurant	63	20.4
Food bank (including at a community organization/church)	53	17.2
Convenience store	38	12.3
Sit down restaurant	35	11.3
Farmer’s market	24	7.8
Other – Write In:	14	4.5

Fourteen write-in responses were provided by participants sharing additional locations where they get most of their food. Some responses were written more than once, which is indicated below by “n”. Where “n” is not listed, the response was only listed once.

Write-In responses:

- 99 cents store
- Costco (n = 2)
- dollar store
- EBT
- Estampillas
- Family Dinners
- Free food
- Garden
- Halfway House
- Home del
- leftover from family
- Shelter
- Soup Kitchen

Participants were asked what would help their community have better access to healthy food and responded by selecting from a list of choices. The categories most selected were Lower cost (n = 189; 61.2%) and More healthy food options in nearby stores or restaurants (n = 120; 38.8%) (see Table 22). Additional write-in responses included delivery or fresh prepped meal access-via subscription programs (that are affordable), education, and more ethnic food nearby. (Percentages do not add to 100.0% as respondents were able to select more than one category.)

Table 22  
*Access to Healthy Food*

<i>What would help your community have better access to healthy food?</i>	<b>Options checked</b>	
	<b>n</b>	<b>%</b>
Lower cost	189	61.2
More healthy food options in nearby stores or restaurants	120	38.8
Better transportation access	58	18.8
More time to shop or cook	35	11.3
No challenges	26	8.4
Don't know	25	8.1
Other – Write In:	12	3.9

Twelve write-in responses were provided by participants sharing additional factors that would help their community have better access to healthy food. All responses were only listed once.

Write-In responses:

- Delivery or fresh prepped meal access-via subscription programs (that are affordable)
- Easier ability to portion properly
- Education
- Having healthy options be cheaper than low quality convenience foods.
- Living in shelter, makes it hard to cook health food
- More ethnic food nearby
- More grocery stores
- More healthy store options
- More stores that have stocking capabilities
- Somewhere to cook
- Work Income
- Work with grocery stores to promote healthy foods and discounted price

Participants were asked how much physical activity they get per week. Response categories included Less than 1 hour, Between 1 and 2.5 hours, and 2.5 hours or more. About fifty percent of respondents reported 2.5 hours or more of physical activity per week (n = 154) (see Table 23).

Table 23  
*Physical Activity*

<i>How much physical activity do you get per week? (This can include physical activity at your job) (Choose only one) (n = 309)</i>				
<b>Less than 1 hour</b>	<b>Between 1 and 2.5 hours</b>	<b>2.5 hours or more</b>	<b>Blank</b>	
54	93	154	8	
17.5%	30.1%	49.8%	2.6%	



Participants were asked what would make it easier to get at least 2.5 hours of physical activity per week and responded by selecting from a list of choices. The categories most selected were Cooler weather (n = 177; 57.3%), Affordable gym membership (n = 88; 28.5%), and More time to exercise (n = 78; 25.2%) (see Table 24). Additional write-in responses included better understanding about the importance of health, motivation, energy, and a support group. (Percentages do not add to 100.0% as respondents were able to select more than one category.)

Table 24  
*Ease of Physical Activity*

<i>What would make it easier to get at least 2.5 hours of physical activity per week? (Check all that apply)</i>	<b>Options Checked</b>	
	<b>n</b>	<b>%</b>
Cooler weather	177	57.3
Affordable gym membership	88	28.5
More time to exercise	78	25.2
Parks or walking paths in my neighborhood	63	20.4
Safe neighborhood	58	18.8
More indoor physical activity opportunities	58	18.8
Equipment or space at home	53	17.2
Better control of my health condition or injury	42	13.6
Transportation to parks or public recreation	36	11.7
Childcare	22	7.1
No challenges	46	14.9
Other – Write In:	14	4.5

Thirteen write-in responses were provided by participants sharing additional factors that would make it easier for them to get at least 2.5 hours of physical activity per week. Some responses were written more than once, which is indicated below by “n”. Where “n” is not listed, the response was only listed once.

Write-In responses:

- A better understanding of how important my health is
- Back Surgery
- Better Motivation, more of the sports I like available in my area
- Energy to exercise
- I would love an indoor track to walk in at community rec center!
- indoor pool
- Medical issues (n = 2)
- pickle ball courts on east side of town -organized-
- Place to stay
- Safe place
- Support group
- will power education

Participants were asked to rate elements of their community for where they lived, on a scale of Very Good, Fair, Poor, and N/A. The community elements included Communication, Safe Outdoor Spaces, Access to Food, City Services, Feeling Safe, Education and Family Resources, Access to Health Care and Treatment and Diversity and Inclusion. The community elements that were rated by the largest number of participants as Very Good included six items: Feeling safe in your home (not worrying about burglary, domestic violence, etc.) (n = 160; 51.8%), Access to public libraries, community centers and educational events (n = 133; 43.0%), Access to safe spaces to exercise and be physically active (n = 126; 40.8%), Access to parks and green spaces (n = 126; 40.8%), Access to safe walking or biking paths (n = 122; 39.5%), and Opportunity to participate in religious, spiritual, or cultural event (n = 112; 36.2%) (see Table 25).

Table 25  
*Living Environment*

<i>How would you rate the following where you live? (For each, choose only one) (n = 309)</i>	<b>Very Good</b>	<b>Fair</b>	<b>Poor</b>	<b>N/A</b>	<b>Blank</b>
Ability to communicate with local leadership and feel my voice is heard	65 21.0%	127 41.1%	74 23.9%	29 9.4%	14 4.5%
Access to safe spaces to exercise and be physically active	126 40.8%	120 38.8%	45 14.6%	4 1.3%	14 4.5%
Access to parks and green spaces	126 40.8%	117 37.9%	41 13.3%	10 3.2%	15 4.9%
Access to safe walking or biking paths	122 39.5%	116 37.5%	51 16.5%	9 2.9%	11 3.6%
Access to affordable healthy foods	71 23.0%	146 47.2%	66 21.4%	8 2.6%	18 5.8%
Access to places to stay cool during hot months	100 32.4%	119 38.5%	68 22.0%	11 3.6%	11 3.6%
Access to quality and affordable childcare	27 8.7%	50 16.2%	47 15.2%	166 53.7%	19 6.1%
Access to quality and affordable schools for children	61 19.7%	68 22.0%	21 6.8%	141 45.6%	18 5.8%
Access to affordable education after high school	46 14.9%	89 28.8%	53 17.2%	105 34.0%	16 5.2%
Access to quality public transportation	68 22.0%	123 39.8%	69 22.3%	35 11.3%	14 4.5%

<i>How would you rate the following where you live? (For each, choose only one) (n = 309)</i>	<b>Very Good</b>	<b>Fair</b>	<b>Poor</b>	<b>N/A</b>	<b>Blank</b>
Access to high-speed internet	106 34.3%	126 40.8%	40 12.9%	20 6.5%	17 5.5%
Access to affordable housing	46 14.9%	94 30.4%	113 36.6%	40 12.9%	16 5.2%
Access to quality medical care	86 27.8%	130 42.1%	53 17.2%	26 8.4%	14 4.5%
Access to quality mental health care	59 19.1%	98 31.7%	73 23.6%	61 19.7%	18 5.8%
Access to substance use treatment services	47 15.2%	69 22.3%	47 15.2%	122 39.5%	24 7.8%
Access to programs and activities for seniors 65+ (senior community centers, etc.)	54 17.5%	65 21.0%	37 12.0%	132 42.7%	21 6.8%
Access to public libraries, community centers, and educational events	133 43.0%	113 36.6%	29 9.4%	18 5.8%	16 5.2%
Accepting of all people (different cultures, identities, etc.)	107 34.6%	126 40.8%	47 15.2%	15 4.9%	14 4.5%
Feeling safe in public spaces (not worrying about gun violence, terrorism, etc.)	87 28.2%	132 42.7%	66 21.4%	10 3.2%	14 4.5%
Feeling safe in your home (not worrying about burglary, domestic violence, etc.)	160 51.8%	108 35.0%	19 6.1%	11 3.6%	11 3.6%
Feeling safe while driving (few traffic accidents, safe drivers, good roadway design, etc.)	85 27.5%	131 42.4%	54 17.5%	24 7.8%	15 4.9%
Opportunity to participate in religious, spiritual, or cultural events	112 36.2%	106 34.3%	28 9.1%	46 14.9%	17 5.5%
Services for residents in need or crisis ( <i>food pantries, shelters, utility assistance, etc.</i> )	59 19.1%	116 37.5%	59 19.1%	55 17.8%	20 6.5%
Other (please specify):	2 0.6%	6 1.9%	0 0.0%	44 14.2%	257 83.2%

Participants were asked would they consider themselves to be a member of any of the following and responded by selecting each that applied from a list of choices. A large percentage of participants selected None of the above (n = 128; 41.4%) or did not respond to this question (n = 39; 12.6%). Of those participants who selected a response, Homeless/Houseless (n = 33; 10.7%), Disabled (n = 27; 8.7%), Religious Minority (n = 27; 8.7%), Immigrant (n = 22; 7.1%), and Military member/Veteran (n = 19; 6.1%) were chosen (see Table 26). (Percentages do not add to 100.0% as respondents were able to select more than one category.)

Table 26  
*Members of Population*

<i>Would you consider yourself to be a member of any of the following? (Check all that apply)</i>	<b>Groups Checked</b>	
	<b>n</b>	<b>%</b>
Homeless / Houseless	33	10.7
Disabled	27	8.7
Religious Minority	27	8.7
Immigrant	22	7.1
Military Member/Veteran	19	6.1
Foster youth/former foster youth	17	5.5
Formerly Incarcerated	13	4.2
Refugee	9	2.9
Homebound	8	2.6
Senior living in a group setting with or without living assistance or medical care	8	2.6
None of the above	128	41.4
Blank	39	12.6
Other (please specify):	11	3.6

Participants were asked how many people live in their household including themselves. For the number of children aged 0-18, the number of people ranged from 0 to 25 children who lived in their household and the largest number reported was two children (n = 40; 12.9%) (see Table 27).

Table 27  
*Children Household Size*

<i>How many people live in your household (including yourself)? (n = 309)</i>		
<b>Children (0-18)</b>	<b>n</b>	<b>%</b>
2	40	12.9
1	29	9.4
0	25	8.1
3	25	8.1
4	22	7.1
5	5	1.6
6	3	1
8	1	0.3
9	1	0.3
12	1	0.3
23	1	0.3
25	1	0.3
Blank	155	50.2

Participants were asked how many people live in their household including themselves. For the number of adults aged 19-64 the number of people ranged from 0 to 40 and the largest number reported was two adults (n = 100; 32.4) (see Table 28).

Table 28  
*Adult Household Size*

<i>How many people live in your household (including yourself)? (n = 309)</i>		
<b>Adults (19-64)</b>	<b>n</b>	<b>%</b>
2	100	32.4
1	71	23
3	33	10.7
5	11	3.6
4	7	2.3
0	4	1.3
25	2	0.6
27	2	0.6
28	2	0.6
29	2	0.6
6	1	0.3
7	1	0.3
8	1	0.3
17	1	0.3
30	1	0.3
35	1	0.3



<i>How many people live in your household (including yourself)? (n = 309)</i>		
<b>Adults (19-64)</b>	<b>n</b>	<b>%</b>
39	1	0.3
40	1	0.3
Blank	67	21.7

Participants were asked how many people live in their household including themselves. For the number of seniors aged 65 plus, the number of people ranged from 0 to 6 and the largest number reported was one senior (n = 41; 13.3%) (see Table 29).

Table 29  
*Seniors Household Size*

<i>How many people live in your household (including yourself)? (n = 309)</i>		
<i>Seniors 65+</i>	<b>n</b>	<b>%</b>
1	41	13.3
0	32	10.4
2	22	7.1
6	1	0.3
Blank	213	68.9

# Appendix E

## Qualitative Narrative

### Theme 1: Community Strengths and Assets

During the focus groups, several questions offered participants opportunities to provide positive ideas on health in their community. Specifically, they were asked for input on their quality of life, on what is a healthy community and on their actual community, how their community positively affects their health and others, what were the greatest strengths in their community, and/or what was going well in their community. When responses to these questions were reviewed, several positive themes emerged.

Overall, across the focus groups, a multitude of strengths, assets, environments and contexts were discussed relating to the participants' communities. A wide range of vibrant attributes were presented that related to where participants live, work and play. Reviewing the transcripts about these topics provided an understanding of why people felt connected to their communities, how they related to their neighbors, what they and their families received from and contributed to the neighborhoods, and services and conditions that made them feel welcome. There was a broad variety of positive qualities mentioned across all groups and demographics of participants.

#### Subtheme: Community Members Strengths

In many of the discussions on the topic of strengths, participants noted how much they actually felt they were part of a community. They liked living in communities of diverse people across ages and backgrounds. Participants from several groups described their neighbors as supportive, helpful, and welcoming (see quotes #1 through #3). The small-town, family feeling of community was highlighted by many as a strength, as in quotes #4 and #5. People discussed how they functioned together with others in their neighborhoods, as demonstrated in quote #6, and saw local gatherings as building camaraderie and a shared sense of being in community, as seen in quote #7.

#### Quotes for Community Members Strengths

##### Quote #1

"I'd say the togetherness of the community, it always is like help each other out. I think that's good." - *Refugee/immigrant/migrant focus group*

##### Quote #2

"My community supports are helpful as well." - *Foster young adults focus group*

##### Quote #3

"And the one thing I like about my community is I think it gives everybody space to explore who they are, safely." - *LGBTQ+ focus group*

##### Quote #4

"The small-town feel too. There's different clubs that you can get in to meet people, and also, it's pretty easy to get into the town council meetings. You can sit there and it feels like

I'm part of it already. We've only been here two years, so that's really fun." - *Rural focus group*

**Quote #5**

"My community has a strong sense of family values that help us interact with other people very well and even with outside people who are not within our areas." - *Native American focus group*

**Quote #6**

"You know your neighbors. You're able to share their life as well as theirs with you, a nice store, a nice church. You look out for each other. You feel safe. If you're not there, you know you still have a block watch around you in your neighborhood to where you all look out for each other." *Low-income seniors focus group*

**Quote #7**

"...when we first opened we started having volleyball night, a volleyball open gym type of thing. It was so nice to see just a bunch of teenagers coming to play with just random adults who they've literally never met and build those connections. Then eventually they keep coming back every single time we have Volleyball or even during our other open gym activities. I think that just really provides just a great place for just people to go. It doesn't even matter how old you are 'cause we have 12, 13, 14-year-olds playing with 30, 40-year-olds." - *Youth focus group*

### **Subtheme: Community Organizations Strengths**

Participants appreciated that their community and its organizations served all aspects of daily living from physical and mental health to the social, economic, and faith-based needs of life and health, as discussed in quotes #1 through #3. People talked about coming together for many kinds of local activities sponsored by a variety of organizations that were mentioned as assets, including that the community was always holding festive and family events, mentioned in quote #4. Resource organizations discussed as important attributes, such as in quote #5, included community groups, clubs, stores and churches that brought people together. Several mentioned the important aspect of food, with local food drives, food pantries and food banks being available, fresh produce being bought up and distributed to families at a small cost, and that some seniors were picked up for lunch every day (quote #6). Participants appreciated the resources that existed in the larger communities (quotes #7 and #8).

### **Quotes for Community Organizations Strengths**

**Quote #1**

"The whole schooling program, students, teachers, staff, they're all really there, they just wanna help see everybody grow and they just love helping essentially." - *Youth focus group*

**Quote #2**

"Now, like I said, the ministers are younger, they're educated, they're bringing education into the church, and I like that. That's a strong resource for people." - *African American focus group*

**Quote #3**

"The resources that are available to you within your community for substance use." - *Formerly incarcerated focus group*

*Quote #4*

“There’s a lot of activities that have all ages included, so everything from young children to seniors, there’s something for them to do in this community.”- *Rural focus group*

*Quote #5*

“There's an outreach for Phoenix and they go around and serve the community...I follow them on Facebook. They are an awesome group. They give out a lot of resources, but they're also out here and they'll tell you what to do and how to do it.”- *Unsheltered focus group*

*Quote #6*

“The help they give here at the resource center, such as food boxes or on Thursdays at the park.”- *Rural focus group*

*Quote #7*

“Having come from a different part of the country, seeing so much growth, and seeing the resources of a large city with good infrastructure, which includes healthcare, has been really great.” - *Religious minority focus group*

*Quote #8*

“The fact that we are such a major metro, that there are providers and specialists actually in the greater Maricopa County area that that's at least a blessing and a strength is that there is service, even though it may be lacking, that there's at least something there and that we're not like some other communities that are completely without any service, I guess.”- *QTBIPOC (Queer, transgender, Black and Indigenous people of color) focus group*

**Subtheme: Education**

The theme around education access and quality was meant to capture mentions of literacy, early childhood services, vocational education, and higher education resources. However, most of the conversations that fell under this subtheme focused on negative aspects of the state of education. The financial aspects of education were prevalent throughout. In quote #1, a participant from the low-income Hispanic focus group mentioned she was torn between wanting her daughter to attend college and the affordability of that education. In a similar vein, one of the participants from a general population focus group expressed the opinion that schools are unequally funded; with many lower-income schools struggling (see quote #2). Cost was also mentioned by a participant in a youth focus group who said that college classes were available to students in her high school, but the price of books alone was prohibitive (quote #3). In keeping with this financial theme, in quote #4, a lower-income Hispanic participant expressed a wish for an English language school for adults, and a fellow participant explains that would help their community get better jobs.

The remaining two quotes in this section reflect opposing views as far as education here in Arizona. A youth focus group participant expressed, in quote #5, a very negative view of his educational experience, especially when compared to a different state where he also attended school. In discussing educational opportunities in Tempe, a general population participant praised the unique opportunities they felt their city provided them (see quote #6). As in other subthemes, the neighborhood or city one lived in provided differing experiences. To solve the issue of provider shortages, a participant in quote #7 suggested there should be more scholarships for young people

to study medicine. In quote #8, a participant expressed their wish for equitable education access for every citizen.

### Quotes for Education

#### Quote #1

“So, right now I want my daughter to get into college and we’re like, “you have to go and don’t worry about the money” but it is a concern. She’s about to start her first year and we’ll see how it goes, because she wants to go and we’ll support her.” – *Low-income Hispanic focus group*

#### Quote #2

“The way we tax and the way our schools get funded. It’s not equitable, and so a lot of our schools are hurting in some of our more high-need areas.” - *General population focus group*

#### Quote #3

“I think that we should have more access to be able to rent out books, 'cause at our school, we take college classes, and the college classes are free, but I had to buy a book that was a hundred-and-something dollars, and I feel like if we had more accessibility to rent them out, or buy them for cheaper, it would've been easier.” - *Youth focus group*

#### Quote #4

“[Interviewee 3:] Maybe a school that teaches us how to speak English. [Interviewee 4:] Yes, that would give us the opportunity to find a better job.” – *Low-income Hispanic focus group*

#### Quote #5

“Education in Arizona is one of the worst. I can statistically say, I got the bottom of the barrel. Having more funds for education, that could help us learn, 'cause I went to high school in Minnesota. I went to high school there, and it was a way different experience.” – *Refugee/immigrant/migrant focus group*

#### Quote #6

“[In Tempe], you can access our education in certain ways as an adult that you wouldn’t be able to have other parts of the county even.” - *General population focus group*

#### Quote #7

“As to me, what I can just say is the relevant authorities to just go to enable, give these youth scholarships to go and study medicine and things in universities so that there can be very many health professions with—so that you can deal with the issue of shortage of professions.” - *Native American focus group*

#### Quote #8

“There should be equal opportunity for every US citizen. Going to school and getting an education shouldn’t be where you have to work to get that.” – *Formerly incarcerated focus group*

## Theme 2: Systems of Power, Privilege and Oppression

The theme systems of power, privilege, and oppression represent the root causes or structural drivers of inequity. Structural inequity is when one social group has a systematic disadvantage compared to other groups (Baciu et al., 2017). Participants’ perception of health, community



representation, and racism was expressed during the focus group interviews. Racism, oppression, discrimination, and lack of community safety were uniquely experienced by minority ethnic groups and special populations. These experiences were categorized into eight subthemes. The eight subthemes are in order from most to least discussed:

- discrimination, racism, or oppression
- provider competency
- community safety
- neighborhood characteristics
- social connectedness
- community representation
- community care or mutual aid
- structural racism

### **Subtheme: Discrimination, Racism or Oppression**

Discrimination, racism, and oppression are forms of prejudice and unjust treatment toward a different race, ethnic, religious, national or other groups (American Psychological Association, 2023). The participants were probed if they had ever experienced or noticed any healthcare-related discrimination based on their identity. Respondents identified that healthcare-related discrimination was common amongst all ethnic groups and special populations.

LGBTQ+ focus group participants shared sentiments of healthcare providers and clinics lacking standard care, specifically for transgender individuals. During medical visits, participants collectively experienced discrimination by a healthcare provider. Many echoed how medical providers were often curious of their gender identity, and so participants were sometimes misgendered and humiliated during the medical visit. LGBTQ+ participants felt oppressed by providers who blocked care due to the providers' religious beliefs and or heteronormative culture norms. Quote #1, from an LGBTQ+ participant, illustrates how dismissive a healthcare clinic was during their time of need.

Other forms of discrimination, such as ageism and classism, were present for the youth, older adults, and unsheltered populations. The youth and older adults had similar stories of how providers disregarded their ailments during an appointment because of their age. The unsheltered population first-handedly experienced discrimination through rejection of services due to their status as stated in quote #2.

Racism was heavily discussed by ethnic minority populations. Quote #3 depicts how an African-American woman's pain was underestimated and undertreated, which then caused her to have spinal surgery. In quote #4, an Asian focus group participant described the alienation and racial tension after COVID-19, especially when wearing a mask. A Latino participant mentioned how Latinos delay medical care due to potentially revealing immigration status in quote #5. A Native American youth narrated receiving a racial slur from another child in quote #6. Each ethnic group provided multiple examples of racism present toward their communities and healthcare treatment received in Arizona.

## Quotes for Discrimination, Racism or Oppression

### Quote #1

"I just remember being at the ER being treated horribly. I was in a lot of pain. I was being mis-gendered. They really didn't do any of the tests that they needed to do. I was pretty much discharged with ibuprofen 800, and it was—it was an awful experience." -*LGBTQ+ focus group*

### Quote #2

"I done been in the doctor's office and seen somebody get turned away because they was homeless. They came in looking rough, smelly, but they coming to get service. They get turned away because they all—they don't got nowhere to freshen up." - *Unsheltered focus group*

### Quote #3

"When I finally saw the spinal surgeon, he said that if I had been diagnosed within the first 3 to 4 months of my symptoms, then I'd have an 80 percent chance of recovering full capabilities. Because it took so long to see the neurologist, and then the neurologist, even though I gave her my symptoms right away—and as a black woman, they don't listen." - *Rural focus group*

### Quote #4

"Particularly on the racism part of what I just mentioned that like intensified during COVID, especially against Asians, so what I felt before the pandemic, I thought Arizona was a very friendly neighbor—I live in uptown Phoenix. I thought it was—it's predominantly White, but I thought Arizona was a very-warm place even though I can barely see an Asian around. Since COVID, I've—people stare at me when I go to like supermarkets, and all these experiences, I always think if people are treating me in a certain way that doesn't make sense, I would think, would this be different if I were White? That sentiment intensified after COVID. Even when I go to like Scottsdale, young children, probably they've never seen Asians, they stare at me as if I'm an alien or something sometimes. I experience that a lot, so I just feel like that I'm here, but I'm not part of the community. I'm a resident. I'm a legal resident, but I just feel that I don't fit in many times, and especially when I'm wearing a mask." - *Asian focus group*

### Quote #5

"I've noticed that, specifically with Mexicans and Latinos, there's a lot of discrimination and a lot of people I know choose to wait to get their health checked and go to the hospital for the same reason, that they're immigrants, and they're scared that when they go there, and they try to pay out of pocket, they're gonna try and investigate them." - *Youth focus group*

### Quote #6

"One time, there's this one boy who was thinking it's funny to say racist things to other people and be like, 'What culture are you?' I said, 'Oh, I'm Navajo, which is Native American,' and he's like, 'Oh, so you're like that Pocahontas movie.' I was like, 'What do you mean by that?' He was like, 'Well, you're a savage.' I was like, 'No, no, no, no, no. No, please don't say that.' I just got like really pissed off at him, and it was just not really sitting right." - *Native American youth focus group*

### Subtheme: Provider Competency

Provider competency was viewed as a lack of or excellence in provider competency to work with minoritized and/or stigmatized communities (e.g. racial/ethnic minorities, disability community, LGBTQ+ community). Often times, the LGBTQ+ participants would teach the medical providers about various health treatments, such as Pre-exposure prophylaxis (PrEP). They shared that many physicians are unaware of PrEP and are reluctant to prescribe the medication. During their doctor's appointment, participants also felt providers often emphasized their sexual orientation instead of the reason for the visit.

In cities in rural Maricopa County, participants praised their medical providers. It was said that rural providers had good bedside manners and engaged in longer conversations as stated in quote #1 from a rural participant. In the valley, many participants believed misdiagnoses occurred due to minimum duration during an appointment. In quote #2, a participant shared their opinion of providers lacking empathy and caring more about reaching a quota.

Having to navigate through the healthcare system has been a negative experience for some. Many do not understand health insurance plans and coverage and expressed the dislike of having a specialist physician for every concern. Participants felt clinics should have a one-stop shop that includes the specialist and lab work, which would make access to care more readily available. Some comments included the difference in care between different cities, facilities and healthcare coverage. In quote #3, an older adult participant strongly voiced how AHCCCS patients are shuffled through the healthcare system.

### Quotes for Provider Competency

#### Quote #1

"My experience with my primary care doctor is awesome. She spends time with me. I go to The Valley for certain things. Those doctors don't spend any time with me. I think that's the common practice. They don't have time." - *Rural focus group participant*

#### Quote #2

"I would say treating each patient like a patient and not a number. They have a lot of things to do. Maybe they gotta get a number of patients done a day, so I think that's what it should be. Also, they should say things like, if I can't help you, or if you leave the place knowing that that person still doesn't seem comfortable, I just feel like they should put a lot more care into the person. Another job, too. Not even just a person, but it's your job." – *Low-income focus group participant*

#### Quote #3

"Then that goes based on medical coverage. Back to that. If you payin' them good premiums, then you gon' get that good doctor. If you're paying on AHCCCS or whatever else, they're shuffling you through like cows to the slaughter and just crossin' their T's, dotting their I's, and come to the next one." - *Senior focus group participant*

### Subtheme: Community Safety

The participants from Maricopa County had mixed views on community safety. On a positive note, some participants felt perfectly safe in their neighborhoods and did not perceive their surroundings to be dangerous. A Native American participant in quote #1 expressed the closeness

between neighbors, therefore, creating a sense of security. The perception of safety increased when police officers patrolled the streets as stated by the participants. Community safety also increased after the installment of flyovers or traffic lights.

The opposite of community safety was also expressed with examples of crimes and homelessness. There was common fear of walking alone through certain parts of the neighborhood and during the nighttime hours. The fear stemmed from gun use and nightly shootings. In quote #2, a young participant explained that violence at school has increased because of the accessibility of weapons. There were quite a few mentions of sex trafficking, burglary and stolen children. Participants who were parents voiced fear of letting their children play in parks due to kidnappings, as mentioned in quote #3. Many participants stated that the level of safety has changed over the past years to become more negative. Drug use was a topic for both rural and urban zip codes. Homelessness was also a common topic. Many participants noticed the increased homelessness which prevented them from walking in their communities.

### Quotes for Community Safety

#### Quote #1

“That’s very important to me, the safeness, the closeness. Everyone looks out for one another. I feel very safe living where I live.” – *Native American focus group participant*

#### Quote #2

“Yeah, within the school, and in the community too, 'cause there's like a lot of violence in the school, relating to weapons that are easy to get.” - *Youth focus group participant*

#### Quote #3

“Having the confidence of going out in the street and not having to fear that you’ll encounter bad people who want to hurt you. Racist people. And now with what you hear about kids being stolen, you’re always scared that something is going to happen to you and well, not having that happen because you’re always scared now. It’s not like it used to be back in the day.” - *Rural focus group participant*

### Subtheme: Neighborhood characteristics

Neighborhood includes the physical characteristics and amenities of a community, such as: walkability, housing, transportation, parks, housing, zip codes, playgrounds, and heat. There were multiple examples of how people viewed and used local amenities provided that ranged from health-related facilities (e.g. pharmacies, clinics offering physical, mental, dental and psychological services) to schools, recreation and service options, as well as religious houses of worship, as stated in quote #1.

Long distances and lack of transportation, illustrated in quotes #2 and 3, were commonly discussed, especially for participants who lived in rural or more isolated communities. Lower income participants frequently brought up the lack of healthy food options in their neighborhoods, as in quote #4. They mentioned that most restaurant options were fast food; this is a common issue for low-income communities (Hilmers et al., 2012).

Another widely-discussed topic was how difficult it is to escape the heat in the summertime, for unhoused people (quote #5) and other citizens (quote #6). The heat and lack of shade are not only

dangerous for unhoused citizens, but prohibit young people from going outside or leaving the house during the summer. In certain communities, participants could take advantage of parks and other resources (quote #7), but in others, citizens did not feel they could do that (quote #8) due to increased drug use and personal safety fears.

### Quotes for Neighborhood Characteristics

#### Quote #1

“We have immediate access to—there's two pharmacies right next to my house. Then, there's also a healthcare facility two blocks away there. Then there's also a hospital a couple blocks away in the other direction. There's a proximity-based benefit to where I live, at least where my community is, since there's so many facilities just nearby.”- *Youth focus group participant*

#### Quote #2

“I think part of this, and how this community has negatively impacted, is that the metropolitan and the Phoenix area has grown so large. The distances are really great. Traffic has become really unbearable,” - *Religious minority focus group participant*

#### Quote #3

“I think at a most basic level in Maricopa County. If you don't own a personal vehicle, good luck to you trying to get anywhere.” - *General population focus group participant*

#### Quote #4

“That's what we're saying. Our fast-food places are put in the neighborhoods that have low-income people and that have high illnesses and sicknesses, and the African American cultures, specifically, that decreases their ability to have healthy bodies.” – *African American focus group participant*

#### Quote #5

“I'd like to build on, yeah, because I heard a lot of those homeless shelters and stuff are really understaffed, and they're always full, and so I think more expansion for those kinds of organizations, and I also think we need a lot more trees or shade, or something to block out a lot of heat. Because I know a lot of people have to walk to work, or this or that or they're living out there, and it's pretty hard, super-duper hot.”- *Youth focus group participant*

#### Quote #6

“Yes, for the kids especially because they do spend a lot of time—For example, my seven-year-old daughter never wants to go to the store with us because of the hot weather, she won't go. So, she's always watching TV or the cellphone and stuff like that. So, maybe if there was some place where she could go and spend time and have fun.” - *Low-income Hispanic focus group participant*

#### Quote #7

“I live very close around the old Litchfield Park. I love my community because they're very friendly. Around my area, there's a lot of different libraries that my kids and I enjoy to go to. We've got the YMCA. There's different options for the kids to go to either swim at YMCA or the fitness center...Yeah, a lot of things are very close by, and there's a lot of walking parks where we can walk and ride our bikes. Again, just the friendliness.” - *West Valley focus group participant*



#### Quote #8

“There’s a lot of children and individuals that hang out in the park and a lot of drug use, so a lot of residents stop going to local little parks because of that.” – *General population focus group participant*

### Subtheme: Social Connectedness

Social connectedness refers to a sense of belonging, being cared for, valued, and supported when a person has a desired number, quality, and diversity of relationships (CDC, 2023). Many participants gave their thoughts on the importance on social connectedness. The overall consensus from participants was that post-COVID, there was a need to stay connected and interact with each other. In quote #1, an Asian seniors’ focus group participant stated the importance of caring and talking to each other to improve mental health, and quote #2 provides the words of an older adult who spoke to providing support for each other. The examples participants provided for social connectedness were farmers markets, senior centers and community centers such as the Boys and Girls Club (quotes #3 and 4). There were discussions on how communities should share medical information and relay health messages, such as vaccination locations or available health resources (quote #5).

#### Quotes for Social Connectedness

##### Quote #1

“When we are together and talk together and things like that, indirectly it helps our health, especially the depression and something like that.” – *Asian seniors focus group*

##### Quote #2

“It's getting out there and supporting each other, but we're very fortunate.”- *Seniors focus group*

##### Quote #3

“One thing I like about my community is that it has a community center here that you can reach out if you need help.” -*Refugee/immigrant/migrant focus group*

##### Quote #4

“I love my community because they're very friendly. Around my area, there's a lot of different libraries that my kids and I enjoy to go to. We've got the YMCA. There's different options for the kids to go to either swim at YMCA or the fitness center.”- *General population focus group*

##### Quote #5

“I think communication. I know, through COVID, with STI, and then monkeypox, there's been so many communications throughout our community of like, "Hey, I was exposed to this," or "Go get vaccinated for this," and things like that, that I think is a huge—I see it as a huge strength of our community that we banded together during all those times and continue to do so.” - *LGBTQ+ focus group*

### Subtheme: Community Representation

This theme encompassed discussions of representation of different identities, including gender, age, race/ethnicity, religion, sexual orientation, economic class, and ability/disability status.

Members of all minority ethnic groups echoed the need for racially diverse medical providers. Many participants would feel more comfortable with, and heard by, a medical provider who was a person of color and looked more like them. The odds of finding an African American mental health provider, as stated in quote #1 by a rural participant, were deemed nearly impossible within Maricopa County. Participants whose native language was not English, preferred talking to a provider or counselor who understood their culture and language, so they could explain themselves properly. They felt the language barrier made it difficult to fully assess their health needs (quote #2). In regard to living within Maricopa County's communities, some participants found their area to be ethnically and culturally diverse (quote #3).

### Quotes for Community Representation

#### Quote #1

"Yeah, as a black woman, being able to find someone that is black and can help me with my mental health needs feels like a very tall order for Arizona to answer." - *Rural focus group participant*

#### Quote #2

"I guess like my Korean community because as you said in another community, participants mentioned that it's a warm- and close knit culture. In addition to that, it's just like because I have the cultural norms and the mentality, it's good to—I don't have to explain a lot of expressions, and how I feel, especially when I'm sick. I would explain it in Korean terms that don't exist in English, that are impossible to explain to doctors. I feel like Korean-lay people would understand how I feel better than American doctors, so just like the shared cultural and cultural understandings and norms and expressions that makes me feel comfortable just speaking with them, with reaching out for help to them whenever I need it." - *Asian focus group participant*

#### Quote #3

"What I really like about our community, like around my neighborhood, is that it's diverse. Like there's not one group—it's not a majority of one person. It's different races and ethnicities around where I live." - *Youth focus group participant*

### Subtheme: Community Care or Mutual Aid

Community care or mutual aid was categorized as providing tangible and/or emotional support and safety when organizational or institutional support is not available, specifically in the context of marginalization. Multiple participants, from many groups, voiced how they participated in community care by checking on their neighbor. Checking on their neighbor included willingness to help with transportation (quote #1), informing others of suspicious activities in the neighborhood (quote #2), and other helpful forms of communication (quote #3). A rural participant described how their community is very welcoming and open for older folks, who sometimes do not have as many supports around, in quote #4. Another way of community care was sharing health-related information. In the LGBTQ+ community, participants felt the community would relay health-related information faster than public forums. In quote #5, an LGBTQ+ participants stated how quickly their community reacted to monkeypox by sharing information on the subject, and providing transportation to appointments.

## Quotes for Community Care or Mutual Aid

### Quote #1

“We do have some seniors that we pick up every day for lunch. If you want to go, give us a call. We have a lunch bunch that I pick up. Also, there’s four seniors that we’re picking up now out of Wickenburg Ranches every day.” – *Rural focus group*

### Quote #2

“My neighbors, we look out for each other, even if it's a package or might grab it 'til we get home. Or if somebody came to the door that I didn't know or somebody was at your house, they let me know that.” – *African American focus group*

### Quote #3

“I have a CBI navigator. She helps me and I help all the people outside. I've been trying to help 'em get off the street since I got out of the shelter for my first time.” – *Unsheltered focus group*

### Quote #4

“Our community is really big in helping groups and other people. We have a wonderful place for older folks, retired, a wonderful, big place.” – *Rural focus group*

### Quote #5

“One of the things about the smaller community is, when monkeypox came out, there was communication, almost instantly, maybe even before some of the public forums, and carpool and, "Hey, if you don't have transportation, let me know. I'll pick you up, and I'll take you there." It's the same with COVID, about the—willing to do transportation, willing to drop off tests. When I had COVID, I had gift baskets at my front door, so that was actually really cool for a small niche community.” - *LGBTQ+ focus group*

## Subtheme: Structural Racism

Structural racism refers to macro-level conditions where access to opportunities, resources, power and well-being of individuals are limited, based on race/ethnicity and other minority statuses (National Institute on Minority Health and Health Disparities, 2023). This topic was also discussed by those in smaller cities, such as Gila Bend, of not receiving resources, limited healthcare providers, and funds. In quote #1, a participant from Native American participant shared how the shortage of providers affects the health outcomes of communities and how racism deeply impacts seeking medical advice. Some participants recognized their neighborhoods are run-down compared to the wealthier neighborhoods and filled with fast-food restaurants and liquor stores, such as the participant in quote #2, who described their community as “deprived,” and experienced second-class treatment in their life.

In regard to treatment, an African American participant, in quote #3, describes what they see as a system-wide barrier to providing mental healthcare to African American/Black children. The participant notes that things like paperwork and approval are prohibitive for these healthcare providers who want to serve this group; such barriers may be inadvertent, but the impact is felt most by certain groups. Another participant related that the healthcare system is unfair to certain groups, and many times, these groups are blamed for their present conditions (quote #4).

## Quotes for Structural Racism

### Quote #1

“Yeah. As from my side of view, I think that just the biggest shortage is—the biggest problem is the shortages of the healthcare stuff. This is something that needs a very urgent—it should be dealt with very urgently because it really affects many people. It is something that is very basic. Something should be done about it. Someone had also talk about the discrimination. I agree with that. There's discrimination, especially on black people and also the Indian people. That is something that also affected me once in a while. I think that is something that should not be happening, especially in this date of time. With these healthcare providers, I think they should be provided some form of training, especially on how to accommodate all the racists, because at the end of the day, we are all human. We all face the same problems. We all need to be good to each and every one.” – *Native American focus group*

### Quote #2

“We have this anonymity where we can stay in our whole little lane and not be recognized because we feel safe. When you come out of that, that little box that we have built for ourselves, and you start looking at how we have been deprived--we have really been deprived, especially people in South Phoenix...I have suffered a lot of things in my life that have caused me to step back and be second class and do things that were against my personal preferences. I am somebody.” – *African American focus group*

### Quote #3

“Two groups that I work with, Black Therapists of Arizona and Holistic Peace, both of those organizations are black therapists in community. They have the toughest time getting AHCCCS to support the organization. Therapists can't get past the paperwork in order to even work with kids that are African American... The system is so—I'm [going to] say this on tape—rigged, in my opinion, that the people who are in position to help kids of color can't do it because the system continues to block them from either getting licensed, getting them approved to accept AHCCCS.” – *African American focus group*

### Quote #4

“There is definitely bias in the system. The bias can be as discriminatory as your community doesn't deserve this, to you did this to yourself, and that you deserve whatever you're getting. It's baked into the system, and those things are perpetuated, so I've seen it.” – *Religious minority focus group*

## Theme 3: Social Determinants of Health

The social determinants of health theme served to identify outside factors and occurrences that impact different aspects of a community's health and public health system. These factors, also known as social determinants of health, are a result of interrelated and often complex social and economic systems, and include characteristics such as socioeconomic status, access to health care, and the physical environment (Centers for Disease Control and Prevention [CDC], 2022). Four subthemes were identified under forces of change and are presented in order from most to least discussed:

- health care access and quality
- health information access and preferences
- economic stability
- social and community context

### Subtheme: Health Care Access and Quality

Health care access and quality encompassed health coverage, provider availability, linguistic and cultural competency, and quality of care. Participants were asked if they or anyone they knew experienced difficulty accessing needed health and mental health services, such as seeing a doctor, getting an annual exam, and getting prescriptions. Availability of providers and appointments was discussed across all groups. Wait times were the most widely reported issue; this included wait times for procedures as well as wait times to get appointments with providers. In quote #1, a participant from the autism caregivers group expressed frustration with finding different therapists for their child.

Issues around insurance were also widely discussed. Even participants with insurance experienced difficulties using their insurance or receiving coverage for their medical needs. Quote #2, a participant from the Asian seniors group describes a participant's experience with public insurance for her mother. Similarly, one of the participants mentioned that they had insurance, but there is a large gap between what is covered and what they are able to afford. Many other participants echoed this sentiment; the cost of care was still too great, despite having some coverage, as illustrated in quote #3, from a participant in the LGBTQ group.

Transgender and other LGBTQ+ participants shared unique experiences with the medical establishment (quotes #4 and #5). Several transgender participants experienced issues with gender-affirming care and reproductive health. They felt that providers were not adequately trained in how to interact with and treat transgender people. Discrimination was another source of frustration for participants in the sexual and gender minority focus groups.

Transportation was another issue that was frequently discussed (quote #6). Some lower-income participants relied on medical transportation companies or Uber/Lyft to get to and from appointments, and these were not always reliable. They mentioned that if there was an issue with the transport, they would lose their appointment, and potentially be responsible for a missed appointment fee. While a few participants felt satisfied with the numerous medical facilities available in their community, many lower-income and rural participants did not have access to medical care nearby. In quote #7, a rural participant illustrates this issue; she noted that to get to a hospital, it took approximately 40 to 45 minutes and that some communities did have a clinic or medical center, but were not equipped to handle emergencies or specialized needs, only basic needs.

Regarding quality of care, participants expressed beliefs that people with lower-income or public insurance received inferior care. In quote #8, a participant from a Hispanic focus group expressed that they thought providers tend to practice in places where they think they will make the most money. Somewhat related, a participant from a religious minority group relayed their belief that



people without insurance have better care, since they do not have to worry about paying for it, in quote #9.

### Quotes for Health Care Access and Quality

#### Quote #1

“The hardest thing I think that takes the longest is trying to find new therapists for him. We just got a new OT [occupational therapist] that started last week, I believe, but we still don’t have a food therapist or a PT therapist [physical therapist]. Right now, we’re still waiting on people in the community area that can service us and give us those services right now, so, I mean, we’ve been waiting for a little over eight months for those two specialties.” – *Disability caregivers focus group*

#### Quote #2

“My mother is home, and she's very, I won't say disabled, but she is very limited to doing things. We were trying to get Arizona Long-term Care. I applied for [it] three times and they denied it and finally got approved once she fell. After that, she got approved and after approval took three or four months to get it.” - *Asian seniors focus group*

#### Quote #3

“Maybe some way to bridge that cost-of-care gap that everybody's been talking about. I have insurance, but I still can't afford [care] because of deductible, but maybe I don't want to go on—or I don't want to quit my job... so maybe there's a bridge or resources on how to bridge those funding gaps.” – *LGBTQ+ focus group*

#### Quote #4

“I’d say access to reproductive health. I know for myself, it's because my name and gender have all been legally changed, but I really, really needed to see an OBGYN. I was having a lot of issues, and I called 10 places that refused to treat me, which is crazy, because they all accepted AHCCCS, so it's like, if they're accepting public insurance, public health providers, I feel like they should be mandated to be educated on trans healthcare needs. I don't know, but I don't know how they could enforce it, but yeah. Definitely access to care.” – *QTBIPOC (Queer, transgender, Black and Indigenous people of color) focus group*

#### Quote #5

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

#### Quote #6

“Sometimes places are too far away and you don’t have the means to get there, so it’s a problem.” – *Low-income Hispanic focus group*

#### Quote #7

“If it’s an emergency we don’t have a hospital here. Or if we need to get an exam done, we don’t have that either and we have to go to Buckeye. If you need an ultrasound or an arm X-ray, we don’t have any of that here.” – *Rural focus group*

#### Quote #8

“That’s a struggle everywhere too. I think, personally, it has to do with pay because a person like that went to school for that, so they’re probably like, ‘Oh, they can pay.’ You

know what I mean? I could get better pay somewhere else. I'm gonna do that instead of your community where it's good for you to go. That's how I feel. Depending on your area, you get better service." - *Hispanic focus group*

*Quote #9*

"At times, it feels like not having the means, not having insurance, at times gets you better care, unfortunately, because you can then just freely go to the best place, to the ER, to the ICU, not worry about the costs, because you have access to healthcare universally, and cannot be denied coverage. If you have insurance, you have to deal with all the hoops that you have to jump through to get the treatment. I think insurance is a big problem." - *Religious minority focus group*

### **Subtheme: Health Information Access and Preferences**

For this subtheme, participants were asked where they typically go for health-related material, such as where and how to get care, information about how to stay healthy or treat a health condition, and instructions from a care provider. They were also asked which resources they felt were the most accessible for themselves and their community. Participants mentioned numerous sources of information, categorized into the following:

- Social media: TikTok, Instagram, YouTube
- Podcasts
- Medical websites: CDC (Centers for Disease Control and Prevention), Mayo Clinic, their PCP's (Primary Care Physician) website/patient portal
- People in their social networks

In general, older participants and LGBTQ+ participants were more likely to rely on their social networks and trusted providers for information. Google and WebMD were also mentioned across many groups. Some participants acknowledged the issues with trusting these sites, especially Google. As one of the participants in the formerly incarcerated group explained in quote #1, the ability to discern what is reliable and what is not is very important these days, with so much information easily available. As that participant illustrated, the technology aspect is ubiquitous; which was seen as an advantage to some, but also as a disadvantage to some of the older or formerly incarcerated participants. In quote #2, a participant from a low-income group expressed their wish to get assistance with using their cell phone for medical needs.

Another subtheme that emerged was the topic of interpreters and translators. Spanish speakers expressed adequate services when they used an interpreter or a translator. However, participants who spoke other languages (Korean, Somali) had difficulty receiving care in their preferred language. It is common in immigrant families to use family members as translators in different situations, and as a participant from the Asian seniors' focus group demonstrates in quote #3, this is not ideal, as important context and information can be lost. Participants across focus groups expressed a need to make people aware of these translation services, as well as better quality of services.

Many participants discussed the importance of receiving health information at an early age, as demonstrated by a participant from a religious minority group in quote #4. This participant felt that this was already starting to happen in schools and they could see the impacts of this learning.

Participants from several groups felt that schools have a larger role to play in helping students lead healthy lives. Across many groups, participants reiterated that, generally, getting some health-related information was very difficult and cumbersome; from learning about what is and is not covered, how much is covered, what the costs will be, and getting customer service. This held true for private and public insurance, as a participant from an LGBTQ+ group demonstrates in quote #5. They applied for public insurance and received incorrect information on their website.

### Quotes for Health Information Access and Preferences

#### Quote #1

“I think the challenge there is parsing out what is reliable and good information with what is information that might do you more harm than good...Also more of these doctors' offices are starting to get apps out there so that you can have more direct contact with the nurse practitioners and the doctors in your office, and you can ask questions, and they respond within—sometimes within hours, sometimes within a day or so. Or you can request your prescriptions, again, if you need to, so that's a pretty good thing. So I think technology is something that's helping us get more connected to the information we need for our health and for wellbeing in general.” - *Formerly incarcerated focus group*

#### Quote #2

“How hard it is for the older people to be on the phones. I feel like we should have the younger generation come in here and show them how to work a little because it'll be easier for us to sit down, like: ‘This is how you do it. Relax, it's gonna be all right.’” – *Low-income focus group*

#### Quote #3

“The translated word that we use and tell our relatives that the doctor may not actually mean. It is our interpretation of that meaning, which we as the medical profession says, we are not qualified to exactly translate and we may make a mess...The knowledge that they have a right to ask for a medical interpreter, that is what we need to make people aware of.” – *Asian seniors focus group*

#### Quote #4

“I know, from kids' education now, they're all learning about preventative care and nutrition and health, much earlier in school than ever before. I think that's making a huge difference, because the kids nowadays know more about what it means to take better care of themselves and others...It already seems to be making a big difference.” – *Religious minority focus group*

#### Quote #5

“Yeah, so I had AHCCCS for three to four months and didn't even know it until I barraged them with call, 'cause going on the website, it said it wasn't approved, and they're like, “Well, yeah, you've had this,” but I had to call a different line to figure it out. Without being pushy, I probably would've just been checking the website and not even know That I had it.” - *LGBTQ+ focus group*

### Subtheme: Economic Stability

The theme of economic stability encompassed mentions of employment, income, expenses, debt, medical bills, and financial support. It was frequently mentioned in the context of being a barrier to health care. Costs were mentioned when discussing the prices of doctor visits, procedures,

prescriptions, and insurance plans. In quote #1, a participant from a religious minority group described healthcare costs as “outrageous,” and emphasized their opinion that healthcare should not be based on a business model. The many players involved in healthcare not only have the potential to make the process long and confusing, but add to the already high cost of care.

Those participants with insurance shared many instances of struggling to pay what was covered or should have been covered. In quote #2, a participant discussed her experience of the insurance company changing the way it covered certain billing codes, and the subsequent surprise high charges that were passed on to them. A participant who is a recent immigrant (quote #3), shared that she was not aware that customers could negotiate with providers and insurance companies. She expressed her frustration that neither doctors or nurses could answer her questions regarding all of this, which speaks to what is often considered the disconnect among the many players in the health care system.

In addition to medical expenses, the high prices of all living expenses were raised by participants across many focus groups. Participants mentioned that in order for them to have a high quality of life, they would be able to afford everything they need, and that was not happening. Affordability and post-COVID inflation, which was sometimes noted as the culprit, were noted in the following areas: healthy food (quote #4), low-paying jobs or lack of work (quote #5), expensive activities for children (quote #6), and housing (quote #7). Due to these high costs, participants were limited in what they could do for health prevention activities for themselves or their families. In quote #8, a participant from the lesbian focus group describes having to choose between gym costs or prescription costs. Participants felt they needed to make difficult decisions between having health care or paying for another living expenses.

### Quotes for Economic Stability

#### Quote #1

“My comment was the cost of healthcare is outrageous. We see that systems purposely overcharge, because declining reimbursements, uninsured care, all of these things. The hospital administrators, they want to make big, big salaries. Corporations want to show profits for their shareholders. It's like you're taking a business model and trying to let the business practices rule how the care is delivered, but the cost—even for us, there've been certain medications that, because of supply chain issues and other things, the cost of the medication is unbelievable. Luckily, we have resources that, if we have to, we can pay, but if you don't have resources, then the answer is I can't do it. Where are the low-cost options?” – *Religious minority focus group*

#### Quote #2

“I've had two instances recently where I'm seeing a provider that I've been seeing for years now, billing the exact same services I've been billing, and the insurance changed the way they accept different billing codes and started denying our claims, in two instances, and the provider had to go to the--back and forth and file what's called a petition to say, ‘No, no. This is covered. You should cover this,’ and they were trying to push this very expensive service to me that hasn't been covered.” - *LGBTQ+ focus group*

*Quote #3*

“Then it was really a difficult lesson for me that like how to get the insurance and providers are done because I’ve never had this kinda system in my life. I came here two years ago, so I’m learning a lot about the system, but I had never learned that like I can negotiate with the hospital and the insurance, and all the things are so new for me. It’s really shocking that like—I was surprised that like I can—I need to check all the—like my claims and everything, so that I can pay only what I need to pay. That was really hard lessons, but then there’s no guideline on how to do this. Doctors don’t know, and nurses don’t know about it.”- *Asian focus group*

*Quote #4*

“Obesity, it is a huge problem, and having access to have places to do activities is also one, but also having healthier food options that are more price-efficient, not as expensive, that are most cost efficient. I think that's a huge thing, because when you're shopping, it's more expensive if you buy it organic, versus regular, so a lot of times people are on a budget, and they can't afford—buying a box of mac 'n' cheese is cheaper than buying organic fruits and vegetables, so some people have to make those types of choices for their families.” - *Formerly incarcerated focus group*

*Quote #5*

“It's hard to find a place, especially with what they find in your home life, so...It's hard to find an employer, and then once they find out your background, now they don't wanna employ you no more.” – *Unsheltered focus group*

*Quote #6*

“Like she was saying—I signed my daughter up but there was no place or spots for her, so she was on a waiting list but they never called me. So, I’ve looked for activities I can sign her up for but some of them are too expensive and so I couldn’t sign her up, so she stayed home because I couldn’t take her to activities like the ones she mentioned. So, sometimes you’re limited from being able to do some things.”- *Low-income Hispanic focus group*

*Quote #7*

“We got a one-bedroom \$850 apartment when we got here and then we ended up at a \$1,285 for a one-bedroom apartment. And that’s really expensive.” - *Low-income Hispanic focus group*

*Quote #8*

“Well, what are things that I can cut back on? I can cut back on going to the gym so that I can pay for my prescription, but it seems counterintuitive to that. Because it seems to be working against my health.”- *LGBTQ+ focus group*

**Subtheme: Social and Community Context**

The subtheme social and community context is used to identify the non-physical characteristics of a community, such as social integration, support systems, community engagement, discrimination, and stress. These characteristics focus on people’s relationships with each other which can impact an individual’s health. Participants were asked what was important to them in how their communities affect their health, to which a participant from a low-income seniors group replied in quote #1.



Participants were split on whether their respective communities were cohesive communities; many discussed their community positively, such as the youth participant in quote #2. Others spoke of what they do for and with each other and how most everyone in their neighborhood is helpful. On the other hand, just as many felt that people in their communities were very distant from each other, and hardly knew one another, as seen in quote #3.

Homelessness was another widely-discussed topic in this subtheme. Participants from groups all across the valley mentioned homelessness as one of their main concerns, especially in relation to safety and fear. In quote #4, a participant from an unsheltered focus group advocated using empty lots and buildings to house unsheltered citizens.

Participants from outlying communities expressed the need for more doctors and first responders for their communities (quote #5). There were several stories of participants or their families who had emergencies or needed care and they experienced delays due to not having the resources nearby.

In some communities, participants said it was harder these days to feel connected with their neighbors; there was lots of talk about imparting a sense of community early on in their children so they could get to know others and start making those connections (quote #6). Many participants agreed that community centers and events put on by the community were important aspects of said communities (quote #7), but could use more resources (quote #8). Additionally, several people mentioned the low turnout for some events, and lamented the loss of programming due to this. Several participants from different focus groups compared their community with Scottsdale – to illustrate that Scottsdale has the resources and money, and their communities do not (quote #9).

### Quotes for Social and Community Context

#### Quote #1

“How you interact with your neighbor and how they interact with you and how they help you sometimes alleviates your stress, makes you a better person, gives you better quality of life.” –*Low-income seniors focus group*

#### Quote #2

“I live in Downtown Phoenix, and I enjoy how diverse the city is and how accepting a lot of people are downtown.”- *Youth focus group*

#### Quote #3

“Probably these days, the setup is that people drive their cars straight away into the garage, the garage door closes, and then next time the garage door opens and people get out. We may not be knowing our neighbor's names or ethnicity or their culture at all. If we all get together more often and know each other, that's a much further healthier community.”- *Asian seniors focus group*

#### Quote #4

“Okay. We got a lot of land out here. We got a lot of empty buildings, so shelter. Because honestly, it—I guarantee you if there was shelter, there would be less stealing, less drug use—well, not drug use...They do whatever they want, you know what I mean? At least,

there won't be as much people on the street or at bus stops or just in general. Shelter would be very, very helpful.” – *Unsheltered focus group*

*Quote #5*

“So, we think we could be killed here and the cops won’t get there for a long time. And from the time he arrives to the time he files the report, if someone called an ambulance they can’t come near until the cop tells them to. And the firefighters were close too, but they can’t do anything either until the cops tell them it’s okay to come close, even if they arrived first. So, we need more cops and cameras for real. Because I’ve been to other places where they have cameras and we have a small community that would only need a few cameras and we still don’t have them. How much can they spend on a few cameras here?” – *Rural focus group*

*Quote #6*

“I would say some type of community get together for the younger kids, because let’s start it when they’re young so they can know what a community is. To feel what a community is. Offer help or just be there for each other, because when they get older, it’s too late by then.” – *Low-income focus group*

*Quote #7*

“One thing that I do like with our community, we have a—it's called a Heritage Farm where they do have—where you can go and shop for fresh and local things. They also have food trucks you can go to. Sometimes, they have these big community events where—they're free, but it does allow local businesses to come if they're selling stuff, resources—things of that nature.” – *African American focus group*

*Quote #8*

“Honestly, here, more social workers to help people. If there was more funding in the SAUC [Somali American United Council], more employees that can help. I know some people that my mom works with, she works here, some people don't get the help they need, because there's just not enough employees to help them. They're pushed aside even though they also need help but it's not as severe as one person. Everyone should get the help that they need.” - *Refugee/immigrant/migrant focus group*

*Quote #9*

“I think we have had a lot of growth. We need the health infrastructure to keep up with that growth, and maybe even catch up, in some cases. In terms of the barrier, I've been the finance guy. Obviously, finances and people being able to afford their insurance, their copays, drug cost, et cetera, for the community at large that would be a big barrier. It's not as much for the wealthier communities in Scottsdale, Paradise Valley, et cetera, but for others, it's a big issue.” - *Religious minority focus group*

#### **Theme 4: Health Behaviors and Outcomes**

The theme health behaviors and outcomes identified behaviors that can either work to improve health outcomes or put someone at increased risk for disease. Behaviors are an important factor to examine as they fall under a larger ability to control at the individual level, and certain behaviors such as healthy eating and exercise are known to be more commonly associated with health outcomes (Centers for Disease Control and Prevention [CDC], 2023). Health outcomes relate to those factors that impact the length and quality of life for community members. Eight

subthemes of behavior and outcomes were identified and are presented in order from most to least discussed:

Behaviors:

- prevention
- self-advocacy

Outcomes:

- unmet mental health needs
- substance use
- poor nutrition
- obesity
- chronic disease

### Subtheme: Prevention

Focus group participants recognized the importance of regular wellness visits as a healthy and preventive behavior. A barrier frequently discussed was wait times to get into primary care doctors for preventive care or getting into specialists for preventive tests before health problems emerged (quote #1). Multiple participants said they would like to see more health fairs offering free or low-cost preventive health screenings (quote #2). Many participants also mentioned the value in getting vaccinated and the benefit of local organizations offering free or low-cost vaccines. Participants across most groups said they would like to see more preventive health education taught to children in schools (quote #3).

The barrier of cost was discussed across all focus groups. Participants often said costs of taking care of themselves in preventive health were too high. Examples included contraceptive health, gym memberships, and mental health care. Participants felt if they could receive those services at lower costs they could prevent worse health problems later in life (quote #4). Participants mostly agreed that health was important to them; a low-income young adult linked physical health with overall health in quote #5.

### Quotes for Prevention

Quote #1

“For things like that, preventative health, you really have to make your appointments ahead of time.”– *Religious minority focus group*

Quote #2

“You guys are both talkin' information and education. My thought was going more towards have some annual events. Get out there and do blood pressure screenings. Get out there and do—targeted towards dental work and all of these things. Actually, have those trucks or vans or wagons or canopies put up and strategically have 'em quarterly in different areas or 10 times a year. Something so that your right there in a community targeting that population. Even those that aren't able to get out. If they've got something right then they may go and get their teeth cleaned. They may go ahead and let somebody get some dentures. I don't care if they're wooden teeth. That's what George Washington had.”– *Seniors focus group*

#### Quote #3

“Personally, I feel like they're there. If we could actually bring more of that to the classroom, bring this type of education to students, I think that that would be helpful. More health-related stuff, more mental health-related stuff, physical and mental, building that into curriculums, versus relying on a health class, just one thing that not all students have to take but should. I think that would be helpful.” – *General population focus group*

#### Quote #4

“I would like to see like also too because of healthcare costs. Like if you're on AHCCCS or somethin' what would be nice is lower-cost preventative healthcare maintenance, like where you could actually with your AHCCCS card get a lower price on gym memberships, things like that, to be able to take care of your health so it doesn't decline to the point where you need to go see the doctor continually.” – *Rural focus group*

#### Quote #5

“This is key to all success. If you have a healthy diet, you have a healthy mind. If you have a healthy mind, you'll have a healthy body, and then you don't have to go to doctors.” – *Low-income young adult focus group*

### Subtheme: Exercise

Generally, across focus groups, participants recognized the importance of taking care of their bodies through exercise and healthy eating as a means to prevent disease, even if it was not possible to do so (quote #1). Participants across different focus groups discussed various barriers to getting sufficient exercise. They said that while they understood the importance of exercise, the heat of the summer prevented them from being as active as they would like (quotes #2 and #3). Participants across several focus groups said sometimes cost is the barrier, and they would like to see more affordable physical activity options for their kids as well as more affordable gym memberships (quotes #4 and #5). Some participants said there were activities in the community but there was not enough space to accommodate demand (quote #6). Participants suggested building more gyms to accommodate all who want to participate.

### Quotes for Exercise

#### Quote #1

“I think that kids and even ourselves should exercise more, because I'm noticing a lot of obese people more and more. And that's harmful for our health, which many times we don't understand but there may come a time when we'll have a lot of problems. So, I think exercising and eating healthier makes all the difference in living longer lives.” – *Low-income Hispanic focus group*

#### Quote #2

“And the hot weather isn't very favorable these days for taking the kids to the park, so we could use indoor activities and places.” – *Low-income Hispanic focus group*

#### Quote #3

“Feel like, with obesity on the rise, heart disease, things like that, it would be very important for people to be active, and I feel like, not just in Goodyear, but all communities in Maricopa County, it's really hard for people to be active, especially during summer, when they're aren't places that you can really do that, that are indoors.” – *Rural focus group*

*Quote #4*

“Offer more options that are affordable. Free fitness programs for families, for kids, for the community. Cheaper options of the food.”—*Rural focus group*

*Quote #5*

“I would say have gyms be free for students and stuff like that. I signed up for a Planet Fitness gym where you just go in for free for the summer and I've been going there. I went there for a couple of weeks, I haven't [unintelligible 40:55] get back, but yeah. Yeah, actually, so I was about to say, I think providing more access for just teens during the summer or even during the school year too, just giving them those free memberships because it goes back to the old income situation too. Not a lot of people have enough money to set aside for gym memberships and you see LA Fitness, EOS fitness, places like that they're 30 bucks a month, man.

“People don't really, especially when they gotta pay for house mortgages or rent or they gotta pay for certain things like that to help their family, people don't got the money to set aside for that. I think providing those free memberships for your community, one will help with the obesity problem in America and also will just create a healthier lifestyle because as it's been studied before, going through physical activity and just experiencing physical activity is just better for your mental health and just your physical health overall, I think just providing that'd be better.”—*Youth focus group*

*Quote #6*

“Well, I know there's no excuse for not working out because you can do that anywhere, but in regards to food we know that most products these days contain a lot of chemicals and if you want to buy an organic product, you can't afford it. So, that's another thing for the kids. “Well, I know there's no excuse for not working out because you can do that anywhere, but in regards to food we know that most products these days contain a lot of chemicals and if you want to buy an organic product, you can't afford it. So, that's another thing for the kids. Like she was saying—I signed my daughter up but there was no place or spots for her, so she was on a waiting list but they never called me. So, I've looked for activities I can sign her up for but some of them are too expensive and so I couldn't sign her up, so she stayed home because I couldn't take her to activities like the ones she mentioned. So, sometimes you're limited from being able to do some things.”— *Low-income Hispanic focus group*

**Subtheme: Self-advocacy**

Participants across all focus groups discussed experiences they had with the medical system and many expressed they had to advocate for themselves in order to receive good care. In some examples described by participants, the self-advocacy was successful, but others were not. A participant who used to live in Mexico compared how easy it was to get care in Mexico, and in the U.S., they had to advocate but did not receive the requested services until it was too late (quote #1).

Several participants said they felt they were not being heard by the doctor and had to advocate for their needs (quotes #2 and #3). LGBTQ+ participants said they had to advocate to receive the treatment they needed. One LGBTQ+ focus group participant described a time when the provider



was more concerned about their sexuality than their sickness (quote #4). Another LGBTQ+ participant discussed an experience when the physician would not order the necessary testing, and the participant had to self-advocate, yet still could not get that physician to provide the necessary health services (quote #5). Some participants explained how time consuming it was to find a doctor who they could receive quality care from, which required advocating for themselves or their family member (quote #6).

### Quotes for Self-advocacy

#### Quote #1

“[Interviewee:] For example, with my kids in Mexico—if you want a podiatrist or something, they’ll send one right away. But it’s very difficult here. I remember when my son needed a helmet and they would tell me, “No, come back in a year, he’s not there yet.” And we went several times but it didn’t happen. And with my girl it was the same, she had something on her finger and they told me she was too little to get treatment. So, that’s something that can’t be treated no and they just let it advance...So, you do have to insist and persist so they can refer you to a specialist.

[Interviewer:] Oh, okay. They don’t do it; you have to ask them.

[Interviewee:] Yes, and it was the same with both of my kids. I had to insist over and over and when they finally listened and referred me to a specialist, the specialist said it was too late.”— *Low-income Hispanic focus group*

#### Quote #2

“You definitely have to advocate for yourself. We’ve been down that road quite a bit, where my husband had some heart stuff going on and the young guy who gave him the angiogram told him one story one day, and another story two weeks later. They’re young. If they’re young, and they’re cocky, you just have to advocate for yourself. You have to make sure that you’ve got your ears on when he’s talking. Some of ‘em are smarter than they are good.”— *Rural focus group*

#### Quote #3

“Having to have somebody advocate. I feel like I have to be there to advocate because, you know, it’s like, ‘Don’t you believe him?’ I don’t know. It’s just crazy. It’s terrible. I hate to see the treatment.” — *Disability caregivers focus group*

#### Quote #4

“When I finally caught it, and I went to the doctors, and they’re like—they started asking questions about who my preference in sexual partners were rather than dealing with COVID in itself. I had to tell them, ‘Hey, look. This has got nothing to do with my sexuality, or my preference in sexual partners, or my sexual orientation. This is dealing with COVID.’ It was hard.”— *LGBTQ+ focus group*

#### Quote #5

“Well, and along those same lines, I live on the westside, so there’s a lot of great resources centrally located, but when I first came out—‘cause I came out just a few years ago—I went to my doctor and asked my doctor if I could be put on PrEP, and I wanted STI testing. They didn’t know how to do a full STI panel, and my doctor told me that she was uncomfortable putting me on and suggested that I go somewhere else, and so I think that outer communities aren’t educated enough in some of those resources or what they are ‘cause, yeah, she wouldn’t prescribe it to me ‘cause she didn’t have enough information or

didn't know herself, or it could have been her own bias. I don't know."—*LGBTQ+ focus group*

*Quote #6*

"I think an obstacle is finding a good provider or finding someone that you do resonate with and that requires you to have time and patience and the ability to advocate for yourself and to have some understanding of what medically is going on."—*General population focus group*

**Subtheme: Unmet mental health needs**

Participants were asked what barriers, if any, they or someone they knew had experienced in getting mental health care (such as treatment or support). Several common threads emerged regarding unmet mental health needs. One was unmet mental health needs due to a lack of behavioral health therapists available in the area to access. In some cases, none were available close by at all, and in others, there were therapists in the area who were not accepting new patients in a timely manner, as discussed in quote #1. A participant in an LGBTQ+ group described how difficult it was trying to get access to mental health care and said the access was so difficult it felt like someone had to be having a major crisis before help would be available (quote #2).

Another common thread was the inability to meet one's personal health needs or of their family due to economic instability and having to work more hours just to survive. Participants across several groups expressed concerns about increasing costs of living and how they had to work long hours to get by and could not take the time to focus on mental health or mental health offices were not open late enough to accommodate a typical working schedule. A low-income participant talked about how having a second job affected family and mental health saying working so many hours was jeopardizing the ability to be available to care for family members (quote #3).

Several participants across focus groups said it was difficult to have mental health needs met by a therapist because they could not afford it even if they had insurance. Common issues participants mentioned were no network coverage within their insurance for local therapists or local therapists refusing to accept any insurance at all. A participant from the youth group explained their issues with this in quote #4. Stigma was also discussed as an issue that existed throughout several communities, especially immigrant or minority ones, as discussed by a participant in an Asian focus group (quote #6).

**Quotes for Unmet Mental Health Needs**

*Quote #1*

"I think that, more than regular medical care, there are even larger barriers to mental healthcare. The awareness is improving, especially post-pandemic, and understanding the stress and the changes that people have undergone mentally. I've seen this forever, which is there's a huge lack of providers. Even those providers that are there are full, and they're not accepting new patients. I've tried to refer people for mental health, and it's so difficult. I don't even have good resources myself. I think that there's a tremendous lack of providers."—*Religious minority focus group*

*Quote #2*

“Mine was mental health. I have a hard time finding a mental health professional. I had to be in crisis. I had to be—I almost had to say I was going to commit suicide in order to receive mental health services, and so that was a struggle for me ‘cause I tried to go through the VA. I tried to go through my private insurance. My private insurance would cover me as long as I could resolve it in three sessions, and so it was like, “Oh, okay, I’ll work on that,” and so yeah, the number of sessions I could have on my insurance and then just locating those resources and being able to get in before it’s a major crisis...” – *LGBTQ+ focus group*

*Quote #3*

“Right now, at this time in society, it feels like we have to have a second job just to make ends meet. Having that second job means having us away from our family, our children. Who’s gonna be taking care of our children, if we’re not within our household? The family members. That’s where community comes in. If family members aren’t there, then your child is taking care of another child. What is that gonna do to their mental health? How are they gonna be—how are they gonna become better than the position that the adult is in?”— *Low-income focus group*

*Quote #4*

“I wish therapy would have been available to me, but I was on a different insurance. I was on my dad’s insurance, and it was like TRICARE or something and that doesn’t—that doesn’t cover anything, so I wasn’t able to get any appointments or anything”— *Youth focus group*

*Quote #5*

“Older people, they do not talk about their disease, what they are feeling. That is why they are not getting the services.”— *Asian focus group*

**Subtheme: Substance use**

Substance use was a common problem discussed by participants. It was reported that substances were being visibly used by people in parks around communities. These visualized substance users included youth, adults, or homeless individuals. A general population participant explained the impact on the community, that citizens stopped going to parks, in quote #1. Substance use was negatively affecting communities across most focus groups not only by affecting the users, but also others who could see the users and did not want to be around them.

Participants stated they perceived children to be using substances mostly in their schools, often without consequence from parents or school officials. Participants expressed frustration that they felt helpless in tackling the substance use problem with children as it was occurring on such a wide level across their communities, as a participant verbalized in quote #2. A participant from the low-income Hispanic group said substance use in schools was worse than what they experienced while living in Mexico (quote #3).

A common reason focus group participants gave for substance use was as a coping mechanism. As discussed above, participants across several focus groups discussed the problem with access to mental health care. They said lack of access to care was leading people in the community to find other ways to cope, including substance use. A participant from a general population group

explained that trauma was behind most misuse of substances in quote #4. In addition to general discussion of drugs, vape pens, and alcohol, fentanyl was specifically discussed throughout several focus groups, as an issue which impacted adults and youth alike (quote #5).

### Quotes for Substance Use

#### Quote #1

“There’s a lot of children and individuals that hang out in the park and a lot of drug use, so a lot of residents stop going to local little parks because of that.” – *General population focus group*

#### Quote #2

“One is access to drugs and some legal and some not is an epidemic. That's affecting all communities. That's one that I worry a lot about, kids getting real easy access to that, which leads to a whole bunch of other problems. That's one that I'm concerned about, at a community level.” – *Religious minority focus group*

#### Quote #3

“So, it’d be good to improve safety at the schools and pay more attention to kids who may be selling or using drugs, and sometimes neither the parents nor the community do something about it. That’s a very common issue and you don’t really see that as much back in Mexico.” – *Low-income Hispanic focus group*

#### Quote #4

“It’s the maladaptive coping skills associated with trauma. That’s what’s killing us. Smoking, substances, alcohol, not exercising, all the things that we do to cope with our psychic pain kills us.” – *General population focus group*

#### Quote #5

“At our school we have public service announcements on the announcements, but I feel they're really short and they're not emphasized enough. I feel like they could definitely take a little bit more time to really show the whole issue with our school. There's obviously a fentanyl crisis going on, but it was just a fraction of the announcements. I feel like it would be better to have these bigger public service announcements just to really get the word out there and really spread awareness to this issue.” – *Youth focus group*

### Subtheme: Poor nutrition

Participants across focus groups gave multiple suggestions for reducing poor nutrition habits. Some said a barrier to healthier eating was the lack of knowledge of how to cook with fruits and vegetables. Participants said they would be interested in more opportunities in the community to learn how to cook healthy meals with more fruits and vegetables so they would feel more confident in healthy eating (quotes #1 and #2). Other participants said there were nutrition classes that they enjoyed, but they would like to see them offered more often (quote #3). Participants also frequently said there were too many fast food restaurants and not enough healthy restaurant options in their communities (quotes #4 and #5). Similarly, participants said their nearby grocery stores did not stock enough fruits and vegetables (quote #6).

### Quotes for Poor Nutrition

#### Quote #1

“A lot of people don’t know how to cook, so teach them just basics how to throw things

together and make it a good and healthy food meal”–*Rural focus group*

**Quote #2**

“What am I going to do with this eggplant? I don't know what to do with an eggplant. Some classes or something to give us more information about if they brought us a farmer's market and they're selling rhubarb, I don't know what to do with that. Access and education probably would be helpful, at least for me.”– *Veterans focus group*

**Quote #3**

[Interviewee 1:] We could use more help for the people who need it. For example, I would love to get some classes about nutrition.

[Interviewer:] Okay, more information.

[Interviewee 1:] Yes, information because that helps us a lot with knowing what to cook, what's good for you and what isn't. It gives us ideas, tips, yes. Classes that can be useful for the families.

[Interviewee 3:] In fact, here in Paiute they do have that type of classes and I've been to some of the classes about health.

[Interviewee 1:] Nutrition classes.

[Interviewee 3:] Nutrition, yes, all of that.

[Interviewee 1:] They're great. But it's every so often. I would love it if they could be once a month, for example. So that the families that can come can get tips and advice. I think that would help.”– *Low-income Hispanic focus group*

**Quote #4**

“Well, that diabetes also go with all those fast food choices that we got in our area. We got mostly fast food, Jack in the Box, McDonald's, Burger King. Any fast-food restaurant [is] in your community most likely.”–*African American focus group*

**Quote #5**

“Food options just because around my community—and this is just like talking about the block that I live around, it's only fast-food restaurants, I would say McDonald's, Subway. Subway is eat fresh, but it's still, in a sense, fast food. There's not really a lot of better options like salad or supermarkets that are high-end for people to actually get fresh product.”–*Veterans focus group*

**Quote #6**

“I know where there's great meat and we have great meat markets. I'm just lookin' for produce. Produce, I know they have a little place over here, it's just different things come in periodically. I'd just like to have an abundance of produce, like raw veggies and stuff like that.”–*Rural focus group*

**Subtheme: Obesity**

Obesity is defined as fat accumulation that is higher than what is clinically considered healthy, and is over 25 on the body mass index (BMI). It is caused by eating patterns, lack of sleep or physical activity, certain medications, and family history (National Institutes of Health, 2022). It can lead to many health issues throughout the life cycle. Participants in the focus groups said they were increasingly seeing more obesity around them. Some participants attributed it to increasing costs of healthy food (quotes #1 and #2). They suggested a lot of people were on tight budgets and did not have enough cost-efficient healthy food options. Other participants said a factor in obesity was lack of places to be active in the hot months (quote #3). Another perspective on obesity was that

there may not be enough knowledge about the potential future health problems obesity could cause (quote #4).

### Quotes for Obesity

#### Quote #1

“I would say there's a lot of obesity. Because food cost has been up, it also affects what you're able to put on your plate. If you don't know how to eat healthy on a lower budget, it's really hard.” – *Rural focus group*

#### Quote #2

“So I would also piggyback on that and say that obesity, it is a huge problem, and having access to have places to do activities is also one, but also having healthier food options that are more price-efficient, not as expensive, that are most cost efficient. I think that's a huge thing, because when you're shopping, it's more expensive if you buy it organic, versus regular, so a lot of times people are on a budget, and they can't afford—buying a box of mac 'n' cheese is cheaper than buying organic fruits and vegetables, so some people have to make those types of choices for their families.” – *Rural focus group*

#### Quote #3

“[Interviewee 1:] I have that problem. Two of my girls- three of my girls are already obese and I try to give them healthy food and to cook for them at home without eating out so much, but the one that eats better is the one that's a little chubbier. But it's so hot—I was taking her for hikes up the mountain at 4 am and it's impossible now because the air is so hot, even at that hour. [Interviewee 4:] We started going out and taking her for walks here at Eldorado and it's the same as what she mentioned, the heat is too high unfortunately. So, we do try to keep them active but many times there are no spots available, like she said.” – *Low-income Hispanic focus group*

#### Quote #4

“Interviewee 1: I think that kids and even ourselves should exercise more, because I'm noticing a lot of obese people more and more. And that's harmful for our health, which many times we don't understand but there may come a time when we'll have a lot of problems. So, I think exercising and eating healthier makes all the difference in living longer lives.” – *Low-income Hispanic focus group*

### Subtheme: Chronic Disease

Participants reported people in their communities were experiencing chronic diseases, defined as those diseases lasting a year or more and requiring treatment. Most participants recognized they needed to do their part to take care of their bodies to prevent chronic disease (quote #1). Others said there were barriers like too many unhealthy eating options available that made it too easy to make poor decisions, which would ultimately affect their health (quote #2). Another barrier to managing chronic disease was wait times to get into doctors to find solutions. Participants said they were having to wait a long time in pain to get necessary testing and follow up appointments for answers (quotes #3 and #4).



## Quotes for Chronic Disease

### Quote #1

“People have to recognize if you have a chronic disease, you got to do your part and eat better, exercise.” – *Low-income seniors focus group*

### Quote #2

“Yeah. That's what we're saying. Our fast-food places are put in the neighborhoods that have low-income people and that have high illnesses and sicknesses, and the African American cultures, specifically, that decreases their ability to have healthy bodies.” – *African American focus group*

### Quote #3

“Yeah. He had a pain for a year and a half, and we don't know what it is. It started like sciatica from sitting in the car on a long motor trip. He's had that pain for a year. Finally, he got an MRI, and still, it was weeks before we could see the doctor to even get that diagnosed or figure out what was wrong.” – *Rural focus group*

### Quote #4

“You look up under Parkinson's and there's a group in L.A., and there's a group in [unintelligible]. There's a place in Phoenix that's quite famous in dealing with Parkinson's, but it's hard to get in.” – *Rural focus group*

## Theme 5: Health in Arizona Policy Initiative (HAPI) and Chronic Diseases

The Health in Arizona Policy Initiative (HAPI) is an approach that aims to address population health needs by including health in all government and state policies. Multiple counties across Arizona participate in HAPI through the Arizona Department of Health Services to collaborate and enhance large scale approaches to health. It is based on the idea that health is impacted not only by individual choices and factors, but by the interaction of various domains, including environment and local or state-wide government policies.

This theme focused on what prevalent chronic diseases (diseases lasting more than one year) were commonly reported by focus group participants. The HAPI component of the focus group questions was added during the time that the focus groups were already being conducted. For this reason, there were no questions phrased specifically to elicit responses from the community directly related to prevalent chronic diseases. Despite this limitation, several subthemes emerged. Participants reported what diseases they personally had experienced and what they perceived to be more prevalent in their communities. Three subthemes of prevalent chronic diseases were identified and are presented from most to least discussed:

- mental illness
- diabetes
- cancer

### Subtheme: Mental illness

Of the subthemes, mental illness by far stood out as the most prevalent health problem participants were reporting for themselves, their loved ones, or their communities. This included

depression, anxiety, general mental distress, or a lack of mental well-being. A participant in the autism parent group expressed stress, anxiety, and depression seemed to be more common around the community (quote #1). These mental illness issues were frequently discussed across a majority of groups and affected individuals of all ages, not just one subset. A religious minority focus group participant said their children were facing greater stresses than ever before that were leading to mental health concerns (quote #2).

A common thread that emerged was that people with mental illness were struggling greatly to receive treatment they needed and often were unable to establish care with a provider. Participants from multiple groups reported people were having a very difficult time navigating the healthcare system to be able to receive treatment in a timely manner or at all. One participant from the LGBTQ+ group described the experience; they expressed it is so difficult to find and receive mental health care that there should be more large-scale collaborative resources just to help people navigate it (quote #3). A participant from the youth group described a problem a loved one had accessing care because they did not understand the rules for receiving mental health services and was ultimately turned away (quote #4).

Problems with stigmatizing mental illness or not emphasizing its importance were also discussed across groups. Participants said communities were either still not willing to or were just starting to accept being willing to talk openly about mental illness. A participant from a Hispanic focus group said that even though community members were not talking about it, one could “tell a lot of the community is depressed” (quote #5). Participants across all focus groups said there should be more large-scale collaborative efforts to improve awareness and acceptance of mental illness as an issue to be addressed.

Participants across multiple focus groups expressed the desire to personally receive mental health care but said there was not enough discussion in the community or education about what resources exactly were available or the proper way to use the resources that were there for their communities. A participant from the youth group discussed how mental illness resources are not emphasized enough, even though some were easy to access and readily available on school identifications (quote #6). These would be welcomed opportunities for large-scale initiatives to increase awareness.

### Quotes for Mental illness

#### Quote #1

“The more mental health things, like higher rates of depression and anxiety and stress and things like that. When it comes to the daily tasks that everybody does, it seems like that’s pretty high in the community here and even affects those that are around us.”–

*Disability caregivers focus group*

#### Quote #2

“I would like to add that I think, in an ideal community, there would be a lot of acceptance to the people living in the community. Recently, due to certain shifts in the views and political shifts, I think the community has changed a bit. It has two stresses, where I feel like going to the grocery store or just sending your kids to school, being concerned about what they may face there, has become more of an issue, which is leading to more stress

and a very precarious mental situation for kids, who are facing these things that they are not familiar with or they were not exposed to before.”—*Religious minority focus group*

**Quote #3**

“I feel like, in that system, specifically, mental care, it’s often really hard for people that are in crisis or needing that care to navigate that system to figure out, “How do I pay for this? Is this one gonna work with my insurance? Is it better that I go to AHCCCS? Do I need to work with my deductible? How do I find a therapist? How do I make sure they’re qualified to test me for a specific—?” Maybe some help with people that are not tied to any special insurance. They’re not working for your insurance company, but maybe help with people that can help navigate that system or something like that would be a good resource.”— *LGBTQ+ focus group*

**Quote #4**

“Someone I was close to was going through a lot mentally and it was really affecting him and he didn’t even know where to go. He wanted to admit himself somewhere into a mental facility just to help him with it, but he didn’t even know how to go about it. He was calling, trying to call places but it just wasn’t really—they expected him to already know everything and so he wasn’t able to really get that help at the center that he needed to go to.”— *Youth focus group*

**Quote #5**

“I feel like depression. I feel like most people don’t talk about depression, but you could tell a lot of the community is depressed.”— *Hispanic focus group*

**Quote #6**

“I would say, so at my school on the back of our ID cards, actually there’s a number for Teen Lifeline and stuff. While there is that access to those help and those guidances, I feel like they’re just—honestly, they’re not emphasized enough, ‘cause sometimes people just don’t know, what they have and what they have to offer.”— *Youth focus group*

### **Subtheme: Diabetes**

Diabetes was another subtheme that was frequently brought up when participants were asked what health problems their communities faced. Participants across all age groups reported having or knowing someone who had diabetes, including young people who did not have a high body mass index (quote #1). Participants across focus groups recognized the importance of a healthy lifestyle to manage diabetes, sometimes in conjunction with medication. Participants across multiple focus groups said they were having problems accessing their diabetes medication, either due to cost or supply (quotes #2 and #3). Another barrier to managing diabetes was that sometimes participants could not get into a specialist who could manage their medications. They reported that doctors would not return phone calls to schedule appointments or there was not a specialist in the area managing diabetes (quote #4).

### **Quotes for Diabetes**

**Quote #1**

“In Asians, particularly diabetes is a little higher and at a little younger age compared to others, and even at a lower body mass index or lower weight as compared to the other communities. Asians have diabetes a little earlier, that is one.”— *Asian seniors focus group*

#### Quote #2

“Then I’m a diabetic, and I’m on medication for blood sugar that helps with weight loss, so now that everybody’s using it for weight loss, there was a time in January where I didn’t have access to my medication for like four months because it was on backorder.”–

*Disability caregivers focus group*

#### Quote #3

“My auntie, before she passed, she had diabetes. She was breaking her medication in half to try to stretch it. Because it cost so much money she would break it in half. Eventually that was one of the things that eventually took her out on top of having COVID. What happened to her is she basically couldn’t afford that medication.”–

*Low-income seniors focus group*

#### Quote #4

“Well, right now, I’m fighting with these doctors, far as my diabetes is concerned. I went to my doctor. My doctor took me off of this one medicine, ‘cause it wasn’t doing right. Then she sent me to a specialist. Well, the specialist never called me, so I’m real concerned about these specialists, because I’m waiting for this other specialist to call me...Nobody ever called me...Now, I’m referred back to another doctor, which this is crazy. It’s just the way this medical thing is going. She took me off of this one medicine. Well, my diabetes is over 200, and I’m not hearing from any of these doctors to get in, to get new medicine. I went back on my old medicine, because I don’t wanna die. That’s upsetting to me.”–

*Seniors focus group*

### Subtheme: Cancer

Multiple cancers were brought up across different focus groups including breast cancer, skin cancer, and cancer generally. Participants explained people had problems receiving the care they needed whether they had insurance or not. If they did have insurance, wait times for authorization were long (quote #1), and if they did not have insurance they did not have access to quality care (quote #2). One participant explained skin cancer was increasing, but they thought people who lived alone or who were homeless may have difficulty getting treatment (quote #3). Some religious minority participants said they did have access to quality healthcare, but their community experienced higher rates of cancer due to genetics (quote #4).

### Quotes for Cancer

#### Quote #1

“I believe the insurance are not good either, because sometimes you have a problem, medical problem, and you need to wait to be approved by the insurance. It takes months sometimes. I have a sister-in-law with cancer, and she couldn’t have an appointment right away.”–

*Rural focus group*

#### Quote #2

“I was diagnosed with cancer when I had no insurance, and so the ability to get access to good care. My options were so limited and the first handful of clinics that I went to were terrible because I fit a that demographic of somebody that doesn’t have health insurance, so even that information that was provided. It was compromised quality of care, so there is that, again, that discrepancy and now later down the road I have been insurance, I have greater quality information to continue to prevent the reoccurrence of that cancer, so I

noticed a big difference between then and now just with that insurance piece. It's the same disease. It's the same— Nothing in terms of the root of the disorder has changed, but that access and quality of information is interestingly very different.”—*General population focus group*

*Quote #3*

“I haven’t mentioned skin cancer, which is on the rise and a real problem. Especially for people who are living alone or unhoused and they can’t see, or they can’t get to—they can’t see the cancer, they can’t get to care.”—*Religious minority focus group*

*Quote #4*

“I was really lucky that I had a physician who was thoughtful enough to think about it. I was very lucky that I had the health insurance that could take care of it. I’m still incredibly lucky that I got entered into the protocol so that if there’s any other chance of me developing any of those five cancers that are a higher percentage from the BRCA2 gene—which is a Jewish genetic anomaly and everyone should know that, actually.”—*Religious minority focus group*

## **Theme 6: Additional Topics**

The theme “additional topics” was included to capture topics that did not align with other themes, but were notable topics of conversation. These topics of conversations were categorized into two subthemes. The two subthemes are in order from most to least discussed:

- innovation
- trust

### **Subtheme: Innovation**

Many participants voiced their opinion on ways their community and Maricopa County could improve. Built infrastructure was explicitly discussed. Participants shared ideas of creating gyms, community centers and water stations throughout the Valley (quote #1). Many participants expressed the need to build more shelters for the homeless population, as expressed in quote #2. The heat was a common topic, and the necessity to offer shelter through trees or constructed infrastructure was discussed (quote #3).

Other innovative thoughts were the discussion of promoting and receiving health-related information. Participants thought public health information should be present at local grocery stores, schools, shared at town halls, following a question and answer format, and hosting health-related events throughout the year at local community centers or schools; two examples are given in quotes #4 and #5. Several populations said a barrier to receiving health information was lack of translators in healthcare settings or lack of written materials in their primary language; a participant from the Asian focus group suggested what needs to be changed in order to get more translators who speak different Asian languages in quote #6. Participants in the refugee/immigrant/migrant group suggested having the public health information translated in Somali and other refugee/immigrant/migrant populations’ languages.

Participants throughout several focus groups, a common viewpoint was having a public health advocate or health-care administrator explain the healthcare system. For example, in quote #7, a participant shared her idea that a health line available seven days a week would be useful.

### Quotes for Innovation

#### Quote #1

“Offering water stations so that people don’t get heat stroke, different things. That could be a possibility.” – *General population focus group*

#### Quote #2

“Okay. We got a lot of land out here. We got a lot of empty buildings, so shelter. Because honestly, it—I guarantee you if there was shelter, there would be less stealing, less drug use—well, not drug use. Because honestly, you can't—we got grown individuals. They do whatever they want, you know what I mean? At least, there won't be as much people on the street or at bus stops or just in general. Shelter would be very, very helpful.” – *Unsheltered focus group*

#### Quote #3

“I feel like it's not lacking in parks, 'cause it's really all we have. They are trying to build up some stuff around here, but that's only because more people are moving to this area. I feel like it'd just be better to have more stuff to do indoors, 'cause how they're building up a community. The community's building up near the Sprouts and all that, but all that stuff is connected through outdoors. There's not much to do indoors. It's just park, and if you wanna do anything indoors, you have to go further.” – *Youth focus group*

#### Quote #4

“You guys are both talkin' information and education. My thought was going more towards have some annual events. Get out there and do blood pressure screenings. Get out there and do—targeted towards dental work and all of these things. Actually, have those trucks or vans or wagons or canopies put up and strategically have 'em quarterly in different areas or 10 times a year. Something so that your right there in a community targeting that population. Even those that aren't able to get out. If they've got something right then they may go and get their teeth cleaned. They may go ahead and let somebody get some dentures. I don't care if they're wooden teeth. That's what George Washington had.” - *Seniors focus group*

#### Quote #5

“I guess just more literature to be handed out. Just pick topics maybe once a month like if it's dementia or the things we mentioned. Get maybe, like I mentioned before, students that need to do community work and just drop off these flyers at these homes or at the schools to give 'em to the parents. I would think things like that to just, again, educate. We just have to keep continuing educating. Even if we repeat ourselves, somewhere someone's gonna say, "Hey, wait a minute. I remember reading that or seeing something on that." Just be repetitive.” – *Seniors focus group*

#### Quote #6

“Asian Pacific Community Action, we try to approach with Maricopa County Department of Health Services that we want to train the caregivers in their Asian language. Currently we do not have that option. We the language, but they have to necessarily appear in the exam in English to get certified as caregiver. Now, the caregiver's work is very limited in directly



dealing with the clients. Lots of Asian senior sick people would love to have an Asian language speaking healthcare care provider or a caregiver who can do an excellent job, but they will not be able to speak English language and certainly not be able to pass the exam of the Maricopa County Board. Therefore, they'll not be certified as caregiver, and therefore they'll not be paid as much as a certified caregiver will, but they still would like to work. They're less in number as such, substantially less as compared to what is required. Even when they find a job, they'll be exploited because they're not a certified caregiver and therefore they'll be paid minimum amount based on the need. That is what needs to be changed. I do not know how to do it." – *Asian focus group*

#### Quote #7

"For a similar idea, I suggested if there is a kinda of call center concerning our concerns about health issue, it'll be very helpful because in South Korea, if we put 119, Korean version of 911, we can ask a doctor real-time, 24 hours all the time about our issues, so there should be no debate. Like, "My son has a fever." I say something. My wife say something, but we all stay silent because doctor can say the answer." – *Asian focus group*

### Subtheme: Trust

Participants across focus groups discussed situations when either they experienced trust or the lack of trust, specifically regarding health care providers. A big factor in developing trust was whether individuals had years with a provider to build rapport compared to those who had revolving doctors (quote #1). Trust was an important factor when searching for a mental health provider, as discussed by a participant in quote #2. Some participants said it was difficult to know if a healthcare provider had acted in the patients' best interest (quote #3).

Trust was discussed when talking about the community as a whole. Some participants had trust among their neighbors. They felt they could send their children outside without parental supervision because neighbors were also watching (quote #4). Others felt neighborly connections were dying out, as in quote #5 from a general population participant. Some marginalized populations expressed they have not felt trust either in the healthcare experience or the community setting (quotes #6 and #7).

### Quotes for Trust

#### Quote #1

"Even when you're able to get services for your family member or even for yourself, is the high turnaround rate in most of these services, and having to switch providers every three to six months constantly, which can hinder somebody's growth when it comes to things like OT and speech because part of that is building a rapport, and if you're having to switch out providers every three to six months, you're not really gaining a lot of trust with the provider that you're working with before a new provider comes in 'cause that provider has left." – *Disability caregivers focus group*

#### Quote #2

"Yeah, I've had the same issue, but with mental health care, finding the person I need, the specialist in my area of difficulty. Then also, even if I find someone, one I actually can trust or that I feel like I can trust." – *Hispanic focus group*

*Quote #3*

“You, as a consumer, how do you know what's right? How do you know what's not right? Even if you see your healthcare practitioner, is what they're saying in my best interest? I don't think that's always the case.” – *Religious minority focus group*

*Quote #4*

“I like that my neighbors know me, I know them, and I can trust my kids to play outside 'cause my neighbors know me.” – *Rural focus group*

*Quote #5*

“I think another obstacle on a local level, I feel like if you're thinking about in a neighborhood, it's trusting or building trust with your neighbors to protect the community can be tough. Whether it's an apartment complex or it's a neighborhood like here, you don't necessarily—that love thy neighbor mindset, I think, is fading. I don't wanna say it's gone, but I think it's more difficult to interact with all of your neighbors all the time.” – *General population focus group*

*Quote #6*

“When I think about what would work, it's community-based care. It's trusting and listening to your patients, and trusting and listening to their intuition, asking them if they have questions. Listening to us when we talk about pain. It's listening to us when we talk about feeling dismissed or minimized, right. It's not giving in to those old racist tropes that say we're angry black people.” – *Rural focus group*

*Quote #7*

“I think in a more perfect community, I think what I would like to see, which I don't know if we'll ever accomplish it, is more inclusion, more equality, and not being looked at as just as the status quo or someone that they can make dollars off of. It seems like the only time our community is really ever taken seriously or looked at in a serious way is when it benefits another organization or the government in a positive way, or where they can gain currency, monies, but in reality, our rights are still violated.” – *QTBIPOC (Queer, Transgender, Black, Indigenous, people of color) focus group*

## Appendix F Limitations

In exploring the findings of this study, it is important to recognize the possible limitations which offer a clear understanding of the constraints that may impact the interpretation and generalization of the findings. Seven possible limitations were identified for this study. The first possible limitation was possibly the supplemental survey instrument used to collect data. The supplemental survey was designed as a self-report survey, which presents a degree of bias and error which should be taken into consideration. A second possible limitation was that this study was limited to people living in Maricopa County who were willing to participate in the focus groups; therefore, the results from this study cannot be generalized to regions outside of Maricopa County. A possible third limitation was the sample size of this study with participation from cities in Maricopa County. If residents in the largest city in Arizona did not participate in the focus groups, this could have significantly affected the sample size as the population of Phoenix accounts for approximately 36% of Maricopa County's total population (United States Census Bureau, 2022). A fourth possible limitation was that the supplemental surveys did not include any of the participants' contact information and was not linked to individual focus group participants' responses; this was due to providing participants with confidentiality. A fifth possible limitation was that there may have been respondents who could not show up for the focus group but completed the survey. A sixth possible limitation was that recruitment materials were not developed to include individuals who were visually impaired. A seventh possible limitation was the constraint of time (10 weeks) in which the focus groups were conducted. SIRC evaluators attempted to minimize the limitations of the study by keeping personal biases out of the focus group protocol, supplemental survey, recruitment flyer, and out of all communication with participants.

## Appendix G

### Discussion

The 2023 CHNA focus groups provided many insights on the needs of Maricopa County residents regarding their health issues and priorities. Across 46 focus groups, 366 people participated either in-person or virtually over Zoom to answer a series of open-ended questions during 90 minutes. People were also asked to respond to an electronic closed-ended series of questions on a survey. There were 309 survey respondents, and most of these people likely participated in the focus groups. For reasons of confidentiality, people were not given an identification number so they were not known/matched specifically to their responses in both data sets, and there may have been respondents who could not show up to the focus group but completed the survey ahead of time. Analysis of the qualitative focus group discussions and the quantitative survey data provided the following highlights of the results.

The community strengths and assets were discussed in terms of individual members as well as organizations. Participants remarked how they felt they were part of a community which they described as diverse (by race and age), supportive, helpful, family friendly, and welcoming. There was mention of how community organizations served all aspects of daily life including the social, economic, and faith-based needs around physical and mental health. Participants enjoyed local activities and interacting with their neighbors and said that such events helped put them in touch with each other and with the community stores, clubs, and churches. These comments were substantiated by approximately 45% of survey respondents who rated as very good their community elements such as access to public libraries, community centers, and educational events, as well as their opportunity to participate in religious, spiritual, or cultural events.

Many participants also mentioned education, but there was little discussion of literacy, early childhood services, vocational education, or higher education resources. Instead, most of the education-related conversations focused on negative aspects of the state of education and especially the financial costs of education, whether addressing the unequal funding in the public school system or the high costs of a college education. When answering the survey question about having enough money to pay for tuition or student loans, 51 survey respondents said they always had enough money while another 51 persons responded that they never had enough money; 40 people only sometimes had enough money.

There was much conversation around systems of power, privilege, and oppression. Topics of racism, oppression, discrimination, and lack of community safety were often discussed and uniquely experienced by minority ethnic groups and special populations. These focus groups had been planned specifically to reach and hear the voices of many subgroup populations.

Approximately two in ten participants were either Black/African American or Hispanic, and about one in four indicated a sexual orientation of gay, queer, bisexual, pansexual, lesbian, questioning, or prefer to self-describe. On the survey, one in five respondents identified having experienced racial discrimination, while one in ten had either experienced discrimination due to sexual

orientation or due to gender. Healthcare-related discrimination was discussed as common among all ethnic groups and special populations and especially for those who identified as LGBTQ+. Ageism and classism were other forms of discrimination that were raised.

Medical providers were discussed as lacking competency and/or excellence in competency to work with minoritized and/or stigmatized communities (e.g. racial/ethnic minorities, disability community, LGBTQ+ community). Also noted was a system-wide barrier to providing mental healthcare to African American/Black children. The need for racially diverse medical providers was discussed by members of all minority ethnic groups and by participants whose native language was not English. It was noted that things like paperwork and approval are prohibitive for these healthcare providers who want to serve this group; such barriers may be inadvertent, but amount to racial discrimination.

Structural racism was mentioned by both urban and rural participants as impacting their lives through not receiving resources, limited healthcare providers, and lack of funds. Numerous participants recognized their neighborhoods were neglected compared to the wealthier neighborhoods, and this likely impacted views of community safety. Some participants felt safe in their neighborhoods while others mentioned examples of crimes and homelessness. Indeed, as to feeling safe in your home (not worrying about burglary or domestic violence), just over half of the survey respondents rated this factor as very good for themselves.

The importance of social connectedness post-COVID became very clear as the participants talked about the need to stay connected and interact with each other. Community care or mutual aid such as checking on your neighbors, was seen as providing tangible and/or emotional support and safety when organizational or institutional support was not available, specifically in the context of marginalization. These ideas were reinforced and supported by nearly 60% of survey respondents acknowledging that their connection with others, such as community, friendships, family, faith groups, was very good.

Many of the aspects discussed by participants that affected their lives and health within their communities related to factors referred to as social determinants of health. Moreover, some specific health concerns were voiced around health care access and quality of health care, with the availability of providers and appointments, or lack thereof, being discussed across all groups. Widely reported issues concerned long wait times and difficulties with using their insurance or receiving coverage for their medical needs. Lack of reliable transportation especially to medical appointments or because of the distance to medical providers was also frequently discussed.

However, nearly two-thirds of survey participants said they were able to get to medical care when they needed to in the past 12 months. But at least one third of survey respondents reported that they would be helped by lowering out of pocket costs for services, being able to get multiple services at the same location or practice, having evening or weekend appointments available, and by having health care providers who made them feel safe and respected.

Regarding quality of care, participants expressed beliefs that people with lower-income or public insurance received inferior care. Overall, the issues and factors surrounding economic stability

were commented on frequently in the context of being a barrier to health care. Mentions of difficulties with employment, income, expenses, debt, medical bills, and financial support were voiced. The often unaffordable costs of doctor visits, procedures, prescriptions, and insurance plans along with the high prices of all living expenses were topics raised by participants across many focus groups. Not surprisingly, while over one-third of survey respondents were employed, one in five was retired and many were out of work or students, and one in five households had an income of less than \$35,000. Further, just over half of respondents reported always having enough money for essentials (food, utilities, medications, mortgage and six other factors).

Regarding the social context of people's lives, participants were split as to believing theirs was or was not a cohesive community. While many discussed their community positively, others mentioned that people in their communities were very distant from each other. This issue also expressed itself when older and LGBTQ+ participants said they were more likely to rely on their social networks and trusted providers for information than was the case for many others.

Participants were aware of the importance of regular wellness visits as part of prevention and healthy behaviors. Generally, across focus groups, participants recognized the importance of taking care of their bodies through exercise and healthy eating as a means to prevent disease. They suggested that there should be more health fairs, and events should offer free or low-cost preventive health screenings. On the survey, one third of respondents reported their physical health as very good, while just over half said their physical health was only fair; slightly over half of respondents reported getting 2.5 or more hours of physical activity per week.

Yet barriers existed to maintaining health, with wait times and costs foremost among the problems identified across all focus groups. Participants across all focus groups also discussed experiences they had with the medical system and expressed they had to advocate for themselves in order to receive good care. There was mention of the inability to meet one's personal health needs or of their family due to economic instability and having to work more hours just to survive.

Unmet mental health needs were discussed as problematic from several perspectives. In one area, unmet mental health needs were due to a lack of behavioral health therapists available for locals to access. Others mentioned it was difficult to have mental health needs met by a therapist because they could not afford it even if they had insurance. On the survey, four in ten reported their mental health as very good while slightly more than half of people said their mental health was only fair. As to their mental health now compared to before the pandemic, about half (48%) reported that their mental health was similar but 21% said it was worse; however, during the pandemic, an even larger percentage of people, 61%, viewed their mental health as worse than in 2019, and 32% thought it was about the same.

Participants reported that people in their communities were experiencing chronic disease generally as well as other health problems. Across most focus groups, substance use was negatively affecting communities not only by affecting the users, but also by impacting others who could see the users and did not want to be around them. Participants also said they were increasingly seeing more obesity but knew that a lot of people were on tight budgets or did not have enough cost-efficient healthy food options. However, the grocery store was survey



respondents overwhelming choice for where they got most of their food, although one in five said they got a lot of fast food; the majority of respondents also said lower costs would help with better access to healthy food, with many further indicating that more healthy food options and better transportation access would help the access to healthy food issues.

Examining concerns around the Health in Arizona Policy Initiative (HAPI) and prevalent chronic diseases that were discussed, mental illness by far stood out as the most prevalent health problem participants were reporting for themselves, their loved ones, or their communities. Indeed, when asked what were the top health issues identified by survey respondents that were impacting them or the people they lived with or cared for, the responses were anxiety (44.7%) and depression (39.8%). Participants from multiple focus groups talked about people with mental illness who were struggling to receive needed treatment, not establishing care with a provider, and having a very difficult time navigating the healthcare system to be able to receive treatment in a timely manner or at all. Specifically, only half of survey respondents reported that they were able to get mental health care when they needed to in the past 12 months.

When focus group participants were asked what other health problems their communities faced, diabetes and cancer were frequently discussed. Participants across all age groups reported having diabetes, including young people who did not have a high body mass index. Across different focus groups, multiple cancers were mentioned including breast cancer, skin cancer, and cancer generally. Participants explained they were having problems receiving the care they needed even if they had insurance. Two in ten survey respondents named diabetes as a health issue having an impact on them or the people they live with; cancer was named as an issue by one in ten respondents.

Ways to be innovative and improve services to better meet community and individual needs were frequently mentioned. Participants were not shy in voicing their opinion on ways their community and Maricopa County could improve. Suggestions around improvements to the built infrastructure were explicitly discussed. Participants shared ideas for creating gyms, community centers, and water stations throughout the valley. The need to build more shelters for the homeless population was raised by many participants. The high heat of the valley was commonly mentioned alongside the need to provide respite and shade in forms of trees or built infrastructure.

Other innovative ideas were in the area of promoting and receiving health-related information. Participants wanted to see public health information throughout the year in local grocery stores, schools, and at local community centers. Such information should also be shared using a question and answer format by hosting local health-related events and more frequent town halls. By being in the community with health-related information, it would help address the issue of trust and the lack of trust, specifically regarding health care providers that was frequently mentioned during the focus group discussions. Such events also provide those opportunities for neighbors to gather and talk about their community.

## Appendix H

### Conclusion

The Community Health Needs Assessment focus groups for 2023 were able to determine the needs and preferences of people in Maricopa County and especially to hear from many of the groups that are often underrepresented. People wanted to express their views and were vocal in talking about issues of health, costs, and other factors that impacted their quality of life. Further, participants thanked the focus group facilitators for the opportunity to voice their opinions and be heard; the focus groups themselves served as a vehicle to build trust.

The findings expressed the ideas and words of 366 participants across the 46 focus groups held during summer 2023 and were encapsulated under six themes: community strengths and assets; systems of power, privilege & oppression; social determinants of health; healthy behaviors and outcomes; health in Arizona policy initiative (HAPI) and prevalent chronic disease; and additional, specifically innovation and trust. Participants emphasized their physical and mental health needs and what could be done to increase their and others healthy and preventative behaviors. In discussing what prompted less healthy behaviors, they expressed how their lives could be improved by more and better access to care at less cost and with fewer barriers such as complicated or online only medical and insurance forms, lack of transportation and services offered at more near-by locations and providers who do not understand or respect them or their culture. Many mentioned how these barriers and disparities were still embedded and expressed in systems and discriminatory practices that could be changed in order to better meet the needs of all residents, particularly those from minority groups.

Being part of their community and its activities was mentioned as a strength by many, but others also said this was not the case for them. People discussed how their community impacted their lives in so many areas including physical and mental health, healthcare, and social determinants of health. They also discussed social connectedness as well as social isolation and group activities in person and online that promoted access to healthy food or physical activities, all of which impacted chronic diseases and overall quality of life and health. Participants were hopeful for change and for their communities to become more vibrant and equitable and thus were straightforward in suggesting areas for improvements.

Based upon participant ideas and responses, this report suggested recommendations that covered five topics areas: access to care, cultural sensitivity and competency, physical activity and indoor spaces, health and nutrition education programs, and community support and engagement. Collecting data provided the opportunity to listen to community members from often underrepresented population groups, to have their voices heard, and to let their messages become the basis for suggested improvements. Overall, these findings pose ways for MCDPH and its network of providers, policymakers, and community organizations, to improve systems and reinforce the importance of preventative care and healthy lifestyles that better meet the health and quality of life needs of residents in Maricopa County.

# Appendix I

## Recommendations

Health departments are integral components within communities, as they contribute to the overall well-being and safety of residents. Health departments function as fundamental pillars of public health infrastructure, working to safeguard and improve the health of residents through preventive measures, education, services, and emergency response efforts. By establishing a network of support with providers, policymakers, and community organizations, the MCDPH can reinforce the importance of preventative care and healthy lifestyles, thereby facilitating the process for residents to adopt and maintain positive and healthy behaviors. The following 14 recommendations encompass a multifaceted approach to addressing access to care and health and wellness throughout Maricopa County based on qualitative and quantitative findings. The recommendations are grouped into five subsections: (I) access to care, (II) cultural sensitivity and competency, (III) physical activity and indoor spaces, (IV) health and nutrition education programs, and (V) community support and engagement.

### I. Access to Care

Access to care is important as it plays a crucial role in ensuring the well-being of individuals and communities. When individuals have regular access to care, they are more likely to receive appropriate medical attention and preventive measures, which ultimately leads to improved health outcomes, better management of chronic conditions, and their overall enhanced well-being. Access to care helps reduce health disparities by ensuring that individuals have equal and equitable opportunities to receive the necessary healthcare regardless of socioeconomic status, background, or gender.

Four recommendations are being proposed under this subsection to enhance access to care within medical systems throughout Maricopa County, making it easier to practice healthy behaviors. The recommendations are as follows:

1. **Multi-service Medical and Mental Health Facilities:** Advocate and propose the establishment of comprehensive medical/physical and mental health facilities in order to offer a spectrum of services in a consolidated manner, making it easier for residents to receive multiple services in one location. Many focus group participants discussed the challenges of being able to receive health care services both due to a lack of transportation and/or adequate public transportation, and having to visit multiple providers in multiple locations in order to receive adequate care for themselves and their family members.
2. **Expansion of Operating Hours for Publicly Funded Facilities:** Extend the hours of operation of publicly funded medical and mental health facilities to include additional evening and weekend appointments, allowing services to be accessible to residents during times that are more convenient for their lifestyle and for those with nontraditional work hours. Focus group participants discussed the challenges of not being able to schedule appointments due to the standardized hours of operation.
3. **Increased Funding for and Availability of Mental Health Programs:** Explore how to augment financial support to enhance the availability of mental health services and

programs in the community. Focus group participants discussed the challenges of paying for mental health services stating it was expensive or they did not have sufficient coverage.

4. **Improved Visibility and Access to Interpretation and Translation Services:** Increase the visibility of signage stating that interpreter services are available upon request. Encourage providers to use interpreting and translation services when patients are not fluent English speakers; this helps to provide a more comprehensive understanding of the medical information and broadens health literacy by using the patient's primary language.

## II. Cultural Sensitivity and Competency

Two recommendations are being proposed under this subsection to enhance cultural sensitivity and competency among providers and augment diversity among healthcare professionals throughout Maricopa County, thus decreasing the powerful systems of privilege and oppression. The recommendations are as follows:

5. **Cultural Competency Training for Providers:** Advocate and promote enhanced cultural competency training for medical and mental health providers, specifically focused on sensitivity to different needs of subgroup populations. Many LGBTQ+ and transgender participants, as well as African Americans, voiced that they were not taken seriously nor had their health needs addressed with cultural sensitivity by providers. Multiple focus group participants expressed these feelings of discrimination and some discussed the need for having trainings available to providers regarding these topics.
6. **Scholarships and Grants for Underrepresented Communities:** In order to augment the medical workforce as well as increase representation, schools and governments, along with private groups, should consider increasing the scholarships and grants they offer to students from underserved communities. In order to improve representation of all groups, healthcare organizations can actively recruit for healthcare professionals from diverse backgrounds, different ethnicities, cultures, and genders. Participants felt that a lack of representation prevented them from proper treatment or care and created a sense of disconnection with providers; they further stated that they wanted providers who were sensitive to cultural differences, who were members of their community, and understood their unique needs.

## III. Physical Activity and Indoor Spaces

Two recommendations are being proposed under this subsection to provide opportunities for indoor physical activities throughout Maricopa County. These ideas promote putting assets directly into the community settings that can impact people undertaking active, healthy behaviors. The recommendations are as follows:

7. **Enhanced Marketing of Safe and Affordable Physical/Gym Options:** Advocate for increased marketing efforts in order to promote awareness of safe and affordable gym memberships within the community. Work with organizations to offer vouchers for gym memberships at affordable prices for adults and children, especially during the hotter temperatures as these can prohibit outdoor activity in Maricopa County during the latter months of spring and during the summer months. Participants discussed that some gyms offer discounted and/or free membership during the summer months to teenagers so that they can stay active, but adults need to have these same opportunities.

8. **Indoor/Outdoor Spaces for Physical Activity:** Increase the availability of spaces for physical activity, especially indoors, with a focus on more shared use of public facilities. Work with the various city and local governments to fully utilize their parks, community centers and recreational facilities making them more open and available to community groups and walk-ins. Have these same conversations with schools and school districts to evaluate more open use of their spaces, especially indoor accommodations. During the focus groups, some youth stated how they are limited playing their sports outdoors during the hotter months of year due to a lack of water fountains and cooling stations.

#### IV. Health and Nutrition Education Programs

Three recommendations are being proposed under this subsection to foster collaborations that develop education and prevention programs throughout Maricopa County. These types of efforts will help promote development of healthy behaviors and prevention of chronic diseases. The recommendations are as follows:

9. **Community Health Education Campaigns:** Foster collaboration between healthcare providers and community organizations to implement preventative health programs. Develop and implement comprehensive community health education campaigns focused on preventive measures for chronic diseases. Collaborate with schools, workplaces, coalitions, and community organizations to reach a broad audience and emphasize the importance of preventative behaviors. Community organizations, agencies, groups, clubs, gyms, stores, schools, resource centers/libraries, and churches have brought people together and should continue to increase their efforts to do. This includes sponsoring activities on needs related to educational, social, cultural, health, nutrition/food and health topics. Healthcare providers both in the local community and in Maricopa County should do more to offer services at the very local level including evening and weekend hours, no or low cost services and referrals, more health fairs, more distribution of information on maintaining both physical and mental health, and holding events such as town halls where providers can interact with community members in question and answer sessions. Furthermore, participants suggested using local media and social media to increase the awareness of topics and events.
10. **Nutrition Education Programs:** Implement nutrition education programs in schools and in the community to inform and empower the community about healthy eating habits. These can include workshops, seminars, and informational campaigns on the topics of portion control, mindful eating, importance of a balanced diet, reading and understanding food labels, making healthy choices when dining out, and offering healthy cooking classes. Some participants discussed initiatives of introducing health education in young childhood and continuously into high school. The rationale behind the early introduction was grounded in the belief that exposing children to fundamental health concepts would contribute to improved health outcomes as they grow, because the current health education courses being taught in schools are insufficient.
11. **Substance Use Prevention:** Continue to promote prevention efforts regarding substance use in children and youth by providing age-appropriate information regarding the associated risks and the impact on physical and mental health. Market and promote the teaching of evidence-based prevention programs and/or programs in order for children and youth to gain confidence in saying no when faced with peer pressure to experiment

and or use substances. Focus group participants indicated a need to address the substance use problems that their communities face.

## V. Community Support and Engagement

Three recommendations are being proposed under this subsection to encourage community collaboration and advocacy that builds community strengths and assets and supports improvements in areas of the social determinants of health throughout Maricopa County. The recommendations are as follows:

12. **Support Community Gardens, Farmers' Markets, and Local Events:** Collaborate with local farmers, businesses, and community organizations to establish and maintain access to fresh, locally grown produce. Community gardens and farmers' markets contribute to creating an environment and culture that encourages healthier food choices by making produce more accessible and affordable to the community. Create opportunities for get-togethers in person as people wanted more occasions to interact with their neighbors, reducing social isolation and improving social connectedness. Local meetings, events, food deliveries, health fairs, parks, family-oriented activities, educational sessions, sports and other reasons for get-togethers would be welcomed. Create opportunities for virtual get-togethers such as local chat boards/pages; listing of neighbors; broadcast of local meetings, educational programming, or chat-time; and health check-ups. Such opportunities should be offered at no or very low cost. Participants appreciated opportunities for being 'in community' and building camaraderie, family values, and in some cases, church values.
13. **Expansion of Health Fairs and Preventive Health Screenings:** Increase the frequency of community health fairs and the availability of low cost preventative health screenings throughout Maricopa County. During some of the focus groups participants identified ideal locations for hosting such events which included recreational centers such as the Boys & Girls Clubs, local churches, schools, and parks. These suggested venues are easily accessible and familiar to individuals who may face challenges in visiting traditional medical providers. Furthermore, participants recommended organizing these healthcare events on a quarterly basis to ensure regular access to health services.
14. **Policy Advocacy for Healthy Communities:** Advocate, support, and engage in policy advocacy to promote and support healthy communities that encourage healthy behaviors. Collaborate with policymakers to implement policies that facilitate access to nutritious food, promote physical activity, provide transportation options, and discourage unhealthy behaviors. Advocate for the development and shared use of safe spaces for recreational activities such as picnic areas, walking and bike paths, and dog parks. Assure that resources are equitable and available to all communities and population groups. Policies can be powerful tools for preventing health issues and serving as early intervention strategies to improve community health outcomes.



# Appendix J Recruitment Flyer



## Community Health Needs Assessment

**We Want to Hear From You!**

**Date:**

**Time:**



**\$45**

**Gift Card for  
Participation**

### **WE ARE LOOKING TO:**

Talk with adults who identify as

to discuss the health-related needs and resources in your community. Participation is voluntary. This study takes approximately 75-105 minutes and includes a focus group (60 minutes) and an optional survey (15 minutes).

### **TO REGISTER OR LEARN MORE..**

- Provide your name and email by calling:
  - 602-496-6770 (English)
  - 602-496-6775 (Spanish)
- Email: [Focusgroups@asu.edu](mailto:Focusgroups@asu.edu)

ASU IRB IRB # STUDY00018048 | Approval Period 5/30/2023

# Appendix K

## Discussion Guide

### **Facilitator reads:**

*The goal of this focus group is to better understand the health and wellbeing of Maricopa County community regions, service providers, and individual residents to determine priority health areas and barriers across Maricopa County.*

### Opening Question (5 minutes)

*To begin, why don't we go around the room and say one thing you like about your community.*

### General Quality of Life/ Community Questions (XX minutes)

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

1. What does quality of life mean to you?  
Prompt: How has your quality of life changed in the last year?  
Prompt: What would help improve your quality of life?
2. Take a moment to picture a healthy community. [Pause for reflection] Describe your picture of a healthy community.  
Prompt: How does your actual community compare with what you have described?  
Prompt: What is most important to you when it comes to living a healthy life?
3. In what ways does your community positively affect your health and others around you?  
Prompt: In what ways does your community negatively affect your health and the health of others around you?

### Community Health Needs and Concerns (XX minutes)

*Next, let's discuss any specific strengths, needs, and concerns about your community*

4. When thinking about health, what are the greatest strengths in your community?  
Prompt: What is going well in your community?
5. What are the most common health problems affecting you and the people in your community?  
Prompt: Which of these health problems do you consider to be the most significant? Please explain.
6. What are the barriers to improving the health of your community?  
Prompt: How are these barriers affecting the health you and people close to you?  
Prompt: What is needed to remedy these health problems?

### Access to Services, Information and Resources (XX minutes)

*In this section, we will discuss access to health services, information, and resources.*

#### **Subsection: Health Services**

We will first discuss access to services such as seeing a doctor, getting annual exams, getting prescription medication, and getting mental health services.

7. Take a moment to reflect back upon the last year. Was there a time when you (or someone close to you) had difficulty accessing needed health service(s)?  
Prompt: What, if anything, would have improved access to these needed resources?
8. Have you or others in your community experienced barriers to getting medical or physical health care, such as access to health providers, medications, and services? If so, what are those barriers?
9. Have you or others in your community experienced barriers to getting mental health care, such as treatment or support? If so, what are those barriers?
10. Are there any cost issues that keep you from caring for your health? (such as co-pays or high-deductible insurance plans)  
Prompt: If you are uninsured, what would help you get insurance?
11. To what degree, if at all, have you experienced or noticed any healthcare-related discrimination based on your identity (e.g. race, gender, income, education, disability, sexual orientation, etc. -depending on group)  
Prompt: 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.

#### **Subsection: Health Information**

Now we'll talk about access to health information and resources, such as information about where and how to get care, information about how to stay healthy or treat a health condition, and instructions from a care provider.

12. Where do you typically go to get health related material?  
Prompt: Which health related information and resources are most accessible to you and your community?  
Prompt: Do you consider these sources to be trusted and reliable?
13. How can health information and resources better reflect your culture and identities?  
Prompt: Do you feel heard or understood by your healthcare provider/s?  
Prompt: Do you understand what your healthcare provider tells you?

14. Can you think of anything else that may pose a barrier to accessing healthcare services, information or resources in your community?

Community Health Recommendations (XX minutes)

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

15. What are some ideas you have to help your community get or stay healthy and thrive?  
Prompt: What else do you and those close to you need to maintain or improve your health?

[Additional prompts – 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)

16. Are there other services or resources (not already mentioned) that you and others need that aren't in your community?

Ending Question (X minutes)

17. 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 (X 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.*

[Turn off recording devices.]

Gift Cards (X minutes)

Ensure we have the participants' correct email address for distribution  
Explain gift cards will be sent within the next 72 hours

## Appendix L

### Focus Group Schedule

FG #	Date in 2023	Region*	Population	Location
1	June 22 6:00 pm	NW	Veterans (n=3)	Zoom
2	June 24 12:00 pm	NW	General Population (n=3)	Zoom
3	June 28 12:00 pm	NW	General Population (n=7)	Zoom
4	June 28 6:00 pm	PHX	African American (n=11)	Tanner Community Development Corp. 700 E. Jefferson   Phoenix
5	June 29 10:00 am	CW	Seniors (n=4)	Zoom
6	June 29 2:00 pm	SW	Youth (n=8)	Dobbins Place Community Park 3400 W. Paseo Way   Laveen
7	June 30 5:00 pm	SW	African American (n=6)	Estrella Foothills Global Academy 5400 W. Carver   Laveen
8	July 8 12:00 pm	CW	General Population (n=4)	Zoom
9	July 11 12:00 pm	SE	Formally Incarcerated (n=8)	Streets of Joy 451 E. 4 <sup>th</sup> Place   Mesa
10	July 12 6:00 pm	PHX	African American (n=14)	Tanner Senior Center 2150 E. Broadway Rd   Phoenix
11	July 15 1:00 pm	PHX	Youth (n=16)	Arizona State University 400 E. Van Buren St.   Phoenix
12	July 16 5:00 pm	CW	General Population (n=6)	Dobbins Place Community Park 3400 W. Paseo Way   Laveen
13	July 18 5:30 pm	SE	Formally Incarcerated (n=14)	Streets of Joy 451 E. 4 <sup>th</sup> Place   Mesa
14	July 18 6:30 pm	PHX	LGBTQ+ (n=15)	Arizona State University 400 E. Van Buren St.   Phoenix
15	July 19 1:30 pm	CW	Youth (n=9)	Peer Solutions 2229 N. 22 <sup>nd</sup> Street   Phoenix
16	July 19 5:00 pm	NE	Low Income (n=4)	Zoom
17	July 20 4:00 pm	NW	Youth (n=2)	Zoom
18	July 21 7:00 pm	SW	Low Income (n=9)	Cesar Chavez Park 8440 S. 35 <sup>th</sup> Ave   Phoenix

FG #	Date in 2023	Region*	Population	Location
19	July 23 1:00 pm	CW	Hispanic (n=6)	Dobbins Place Community Park 3400 W. Paseo Way   Laveen
20	July 23 9:00 am	NE	Religious Minority (n=5)	Zoom
21	July 25 6:30 pm	PHX	LGBTQ+ (n=12)	Humble Brag Salon 4200 N. 7 <sup>th</sup> Ave.   Phoenix
22	July 26 6:00 pm	PHX	Low Income 65+ Years (n=14)	Grand Families Community Center 5150 S. 18 <sup>th</sup> Place   Phoenix
23	July 29 5:00 pm	CW	General Population (n=6)	Zoom
24	August 2 12:00 pm	NE	Low Income (n=8)	Paiute Neighborhood Center 6535 E. Osborn Rd.   Scottsdale
25	August 2 5:30 pm	NE	Low Income (n=5)	Paiute Neighborhood Center 6535 E. Osborn Rd.   Scottsdale
26	August 3 6:00 pm	CW	LGBTQ+ Transgender & Nonbinary (n=8)	Zoom
27	August 4 5:00 pm	SE	Asian Seniors (n=8)	Zoom
28	August 9 1:30 pm	PHX	Unsheltered Low Income (n=11)	Church of Christ Scientist 830 N. Central Ave   Phoenix
29	August 9 1:30 pm	PHX	Unsheltered Low Income (n=11)	Church of Christ Scientist 830 N. Central Ave   Phoenix
30	August 9 1:30 pm	PHX	Unsheltered Low Income (n=13)	Church of Christ Scientist 830 N. Central Ave   Phoenix
31	August 9 5:30 pm	PHX	Seniors Low Income (n=7)	Tanner Senior Center 2150 E. Broadway Rd   Phoenix
32	August 9 5:00 pm	SW	Rural Spanish Speakers (n=7)	Gila Bend Family Resource Center 303 E. Pima Street   Gila Bend
33	August 9 5:00 pm	SW	Rural Spanish Speakers (n=5)	Gila Bend Family Resource Center 303 E. Pima Street   Gila Bend
34	August 9 12:00 pm	CW	Native American (n=8)	Zoom
35	August 11 10:30 am	SE	General Population (n=12)	Care 7 Confidential Address   Tempe
36	August 11 9:00 am	NW	Rural (n=5)	Wickenburg Community Hospital 520 Rose Lane   Wickenburg
37	August 14 5:00 pm	CW	Religious Minority (n=9)	Zoom



FG #	Date in 2023	Region*	Population	Location
38	August 14 5:00 pm	CW	Asian (n=6)	Zoom
39	August 15 3:00 pm	NW	Rural (n=5)	Zoom
40	August 17 5:30 pm	CW	Native American Youth (n=8)	Zoom
41	August 18 10:00 am	SE	Low Income Hispanic & Black (n=14)	Family Resource Center 5834 E. Calle Santos Bravo   Guadalupe
42	August 21 10:00 am	SE	Seniors (n=7)	Sun Lakes Oakwood Clubhouse 24218 S. Oakwood Blvd   Sun Lakes
43	August 23 12:00 pm	PHX	Former Foster Care Young Adults (n=5)	Zoom
44	August 28 6:00 pm	CW	Disability (n=3)	Zoom
45	August 30 5:30 pm	CW	LGBTQ+ Lesbian (n=4)	Zoom
46	August 30 3:00 pm	PHX	Refugee, Immigrant, Migrant (n=11)	Somali American United Council (SAUC) Community Center 2425 E. Thomas Rd.   Phoenix

\* Region Note: CW=Countywide; NE=Northeast Region; NW=Northwest Region; PHX=Central Phoenix Region; SE=Southeast Region; SW=Southwest Region

# Appendix M

## Focus Group Types

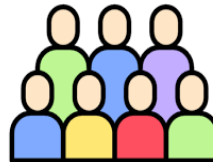
### Priority Population Types



- Asian
- Black/African American
- General Population
- Disabled
- Formerly Incarcerated
- Hispanic
- LGBTQ+
- Low Income
- Native American
- Native Hawaiian/Pacific
- Refugee/Immigrant/Migrant
- Religious Minorities
- Rural Resident
- Seniors
- Unsheltered
- Veterans
- Youth Ages 12-18

### 46 Focus Groups Conducted

In Person

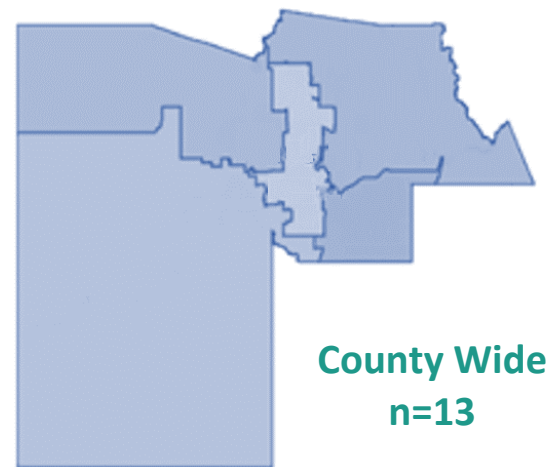
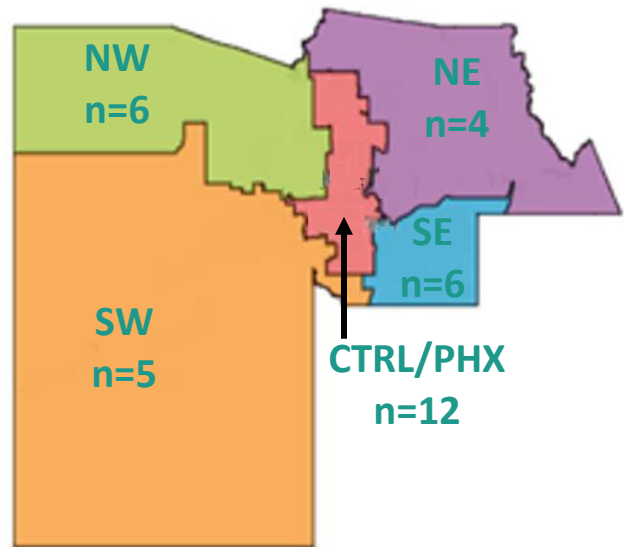


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Via Zoom

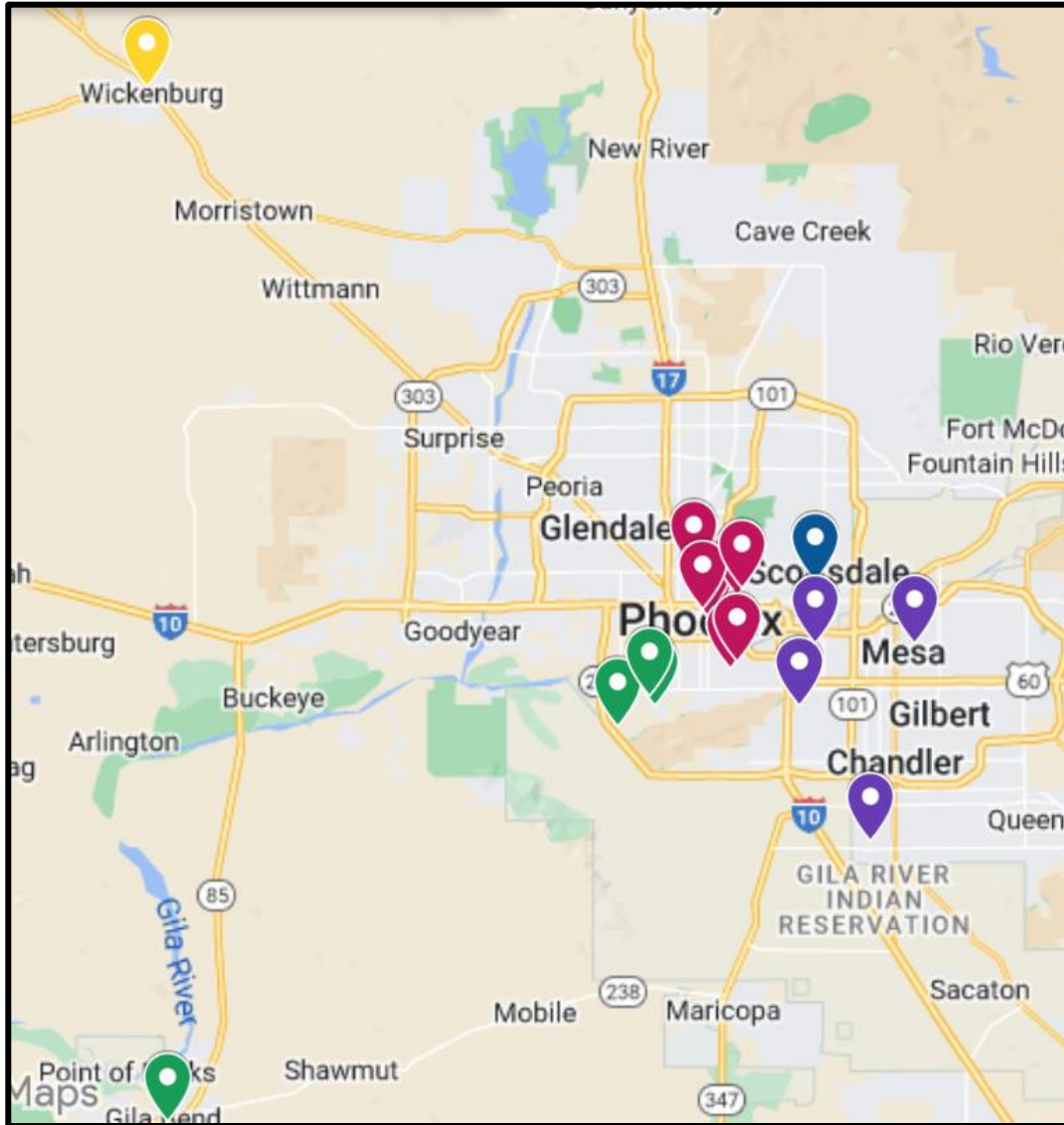


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# Appendix N

## Host Site Location Maps



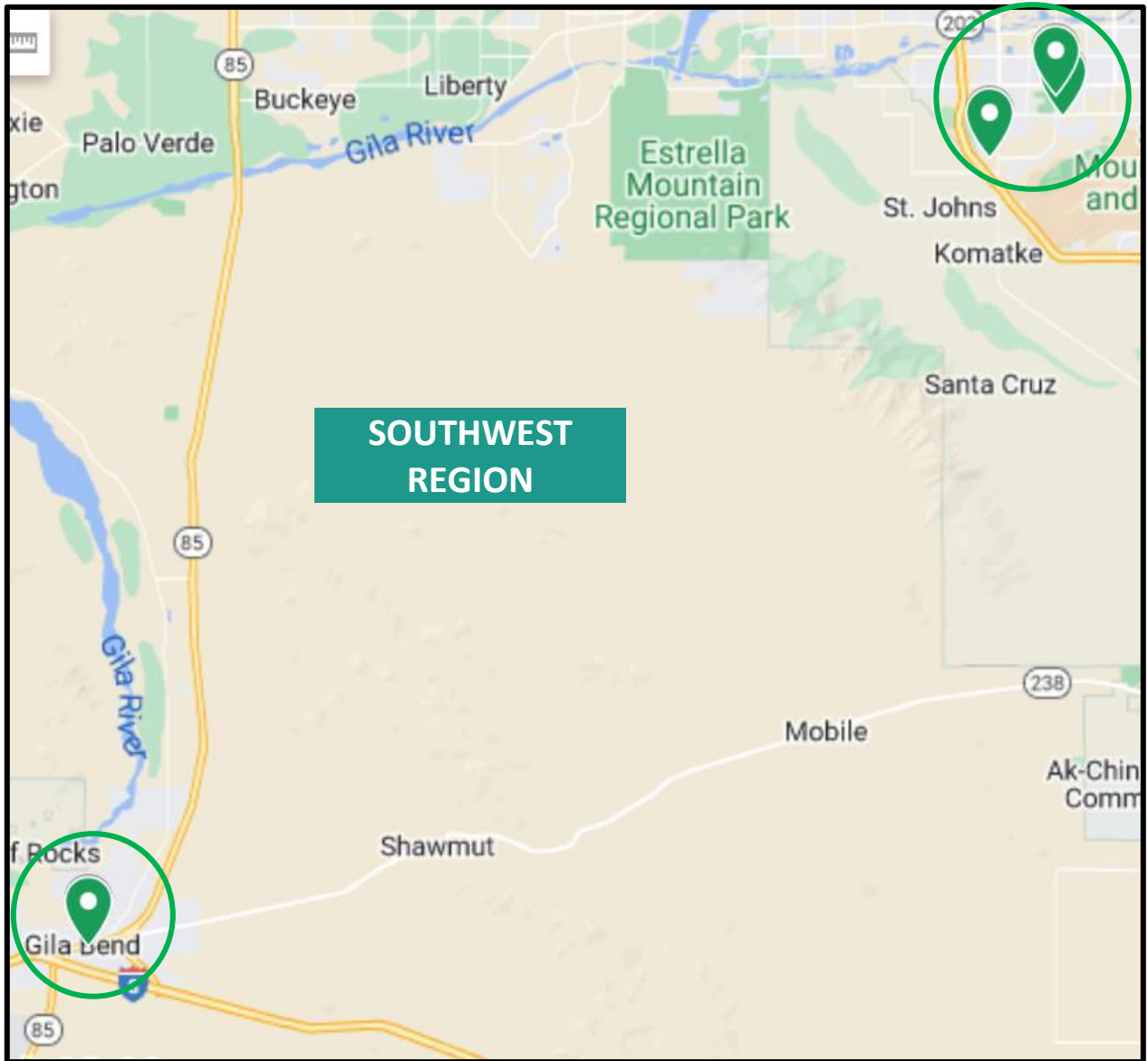
 Southwest Region

 Northwest Region

 Southeast Region

 Northeast Region

 Central Phoenix



**Focus Group Type**



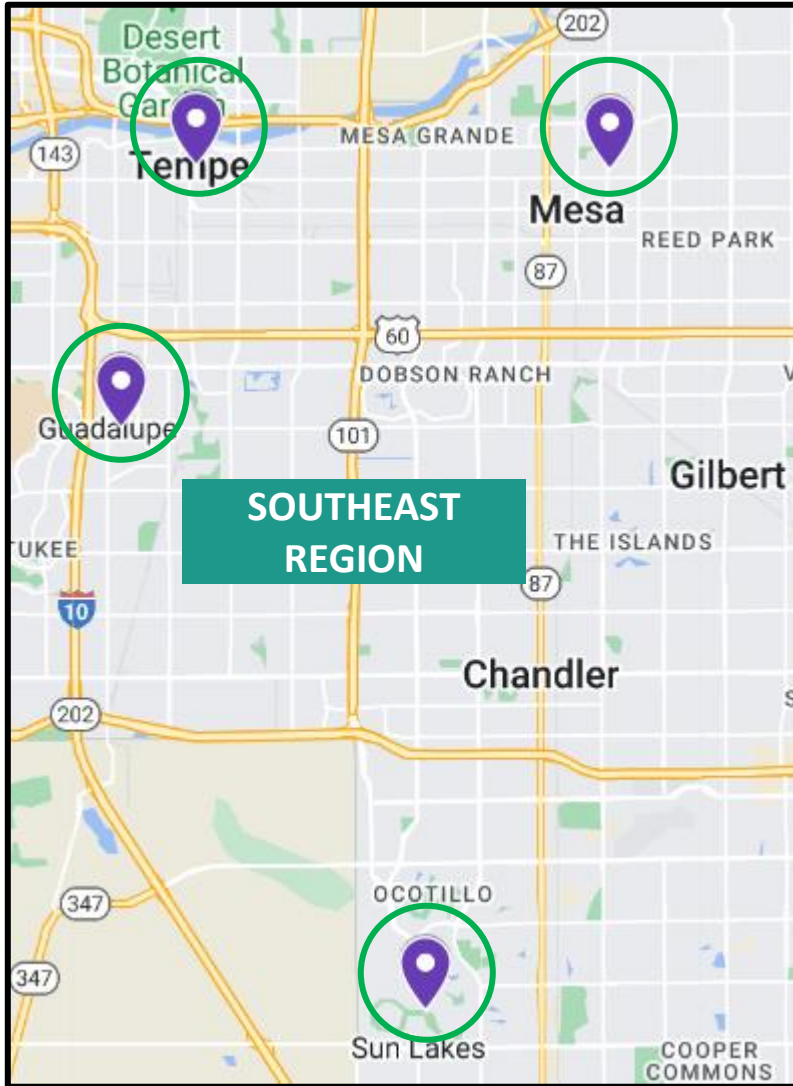
**5 in person**



**0 via Zoom**

**Host Sites**

- Cesar Chavez Park**
- Dobbins Place Community Park**
- Estrella Foothills Global Academy**
- Gila Bend Family Resource Center**



**Focus Group Type**



**5 in person**



**1 via Zoom**

**Host Sites**

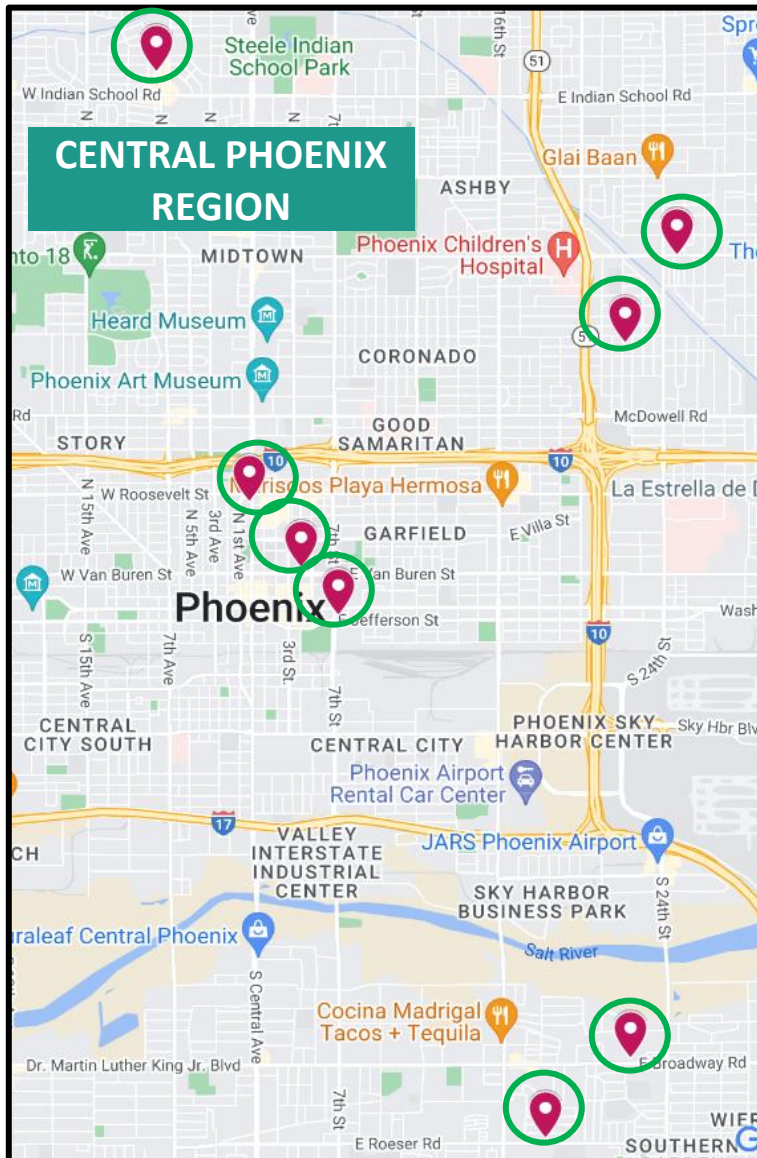
**Care 7**

**Family Resource Center**

**Streets of Joy**

**Sun Lakes Oakwood Clubhouse**





**Focus Group Type**



**11 in person**

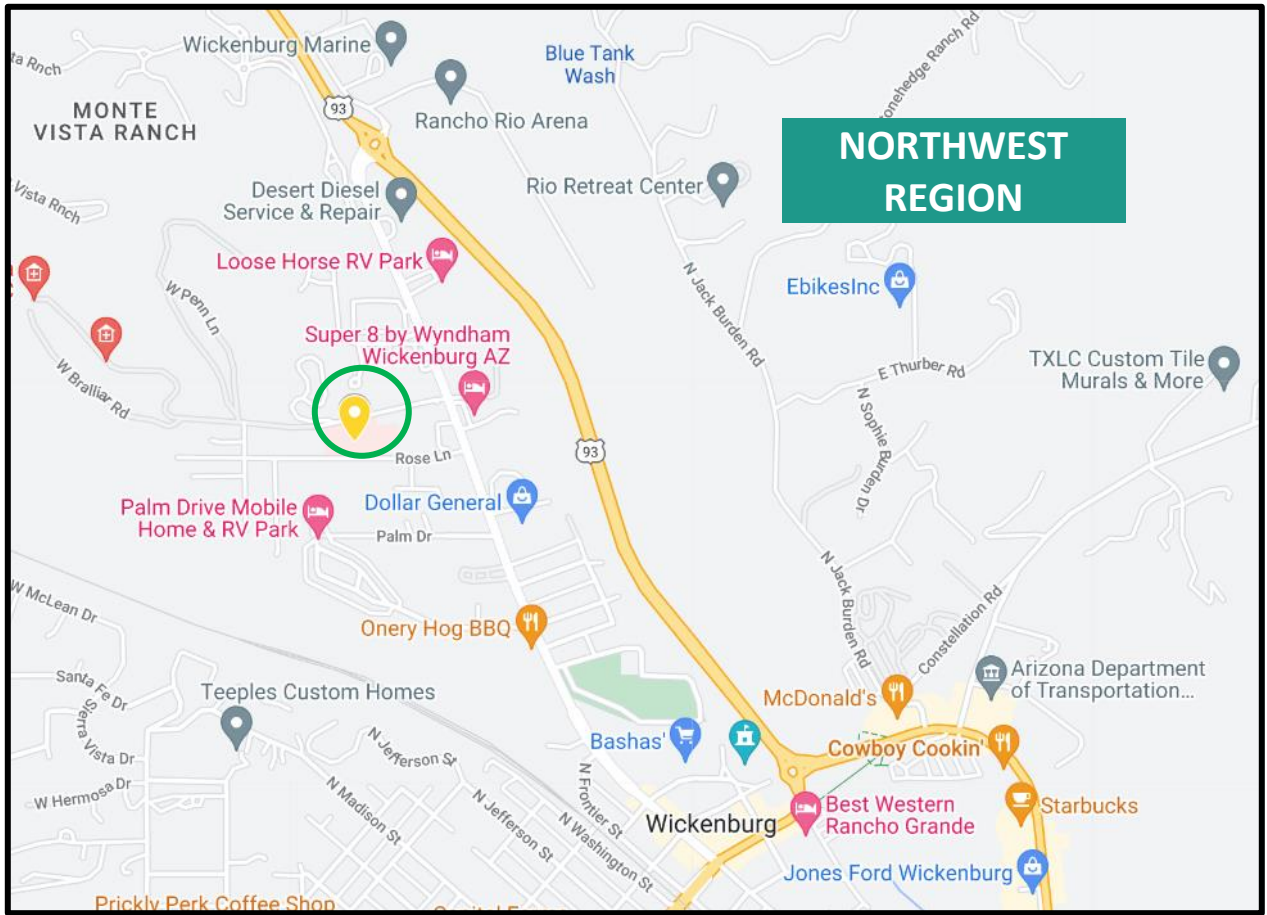


**1 via Zoom**

**Host Site**

- Arizona State University, SIRC**
- Church of Christ Scientist**
- Grand Families Community Center**
- Humble Brag Salon**
- Peer Solutions**
- SAUC Community Center**
- Tanner Community Development Corp.**
- Tanner Senior Center**





**Focus Group Type**



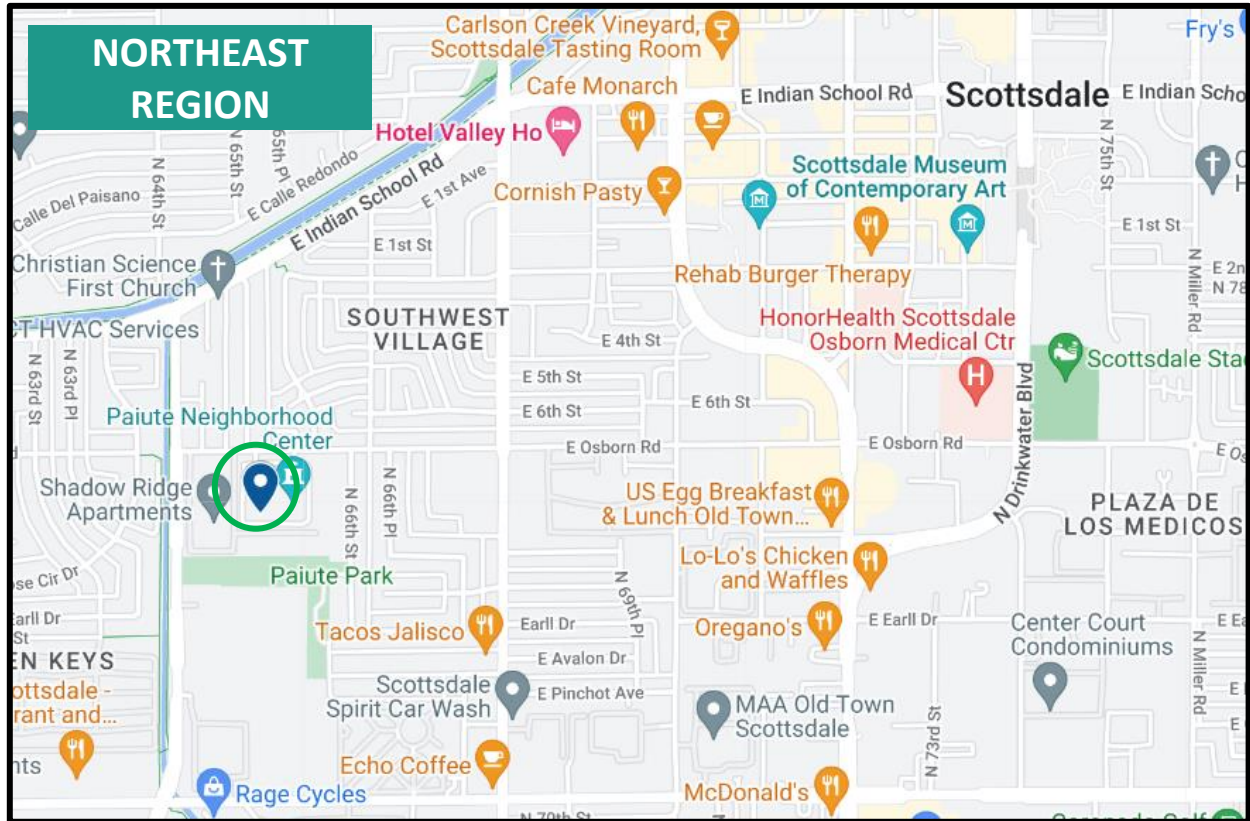
**1 in person**



**5 via Zoom**

**Host Site**

**Wickenburg Community Hospital**



### Focus Group Type



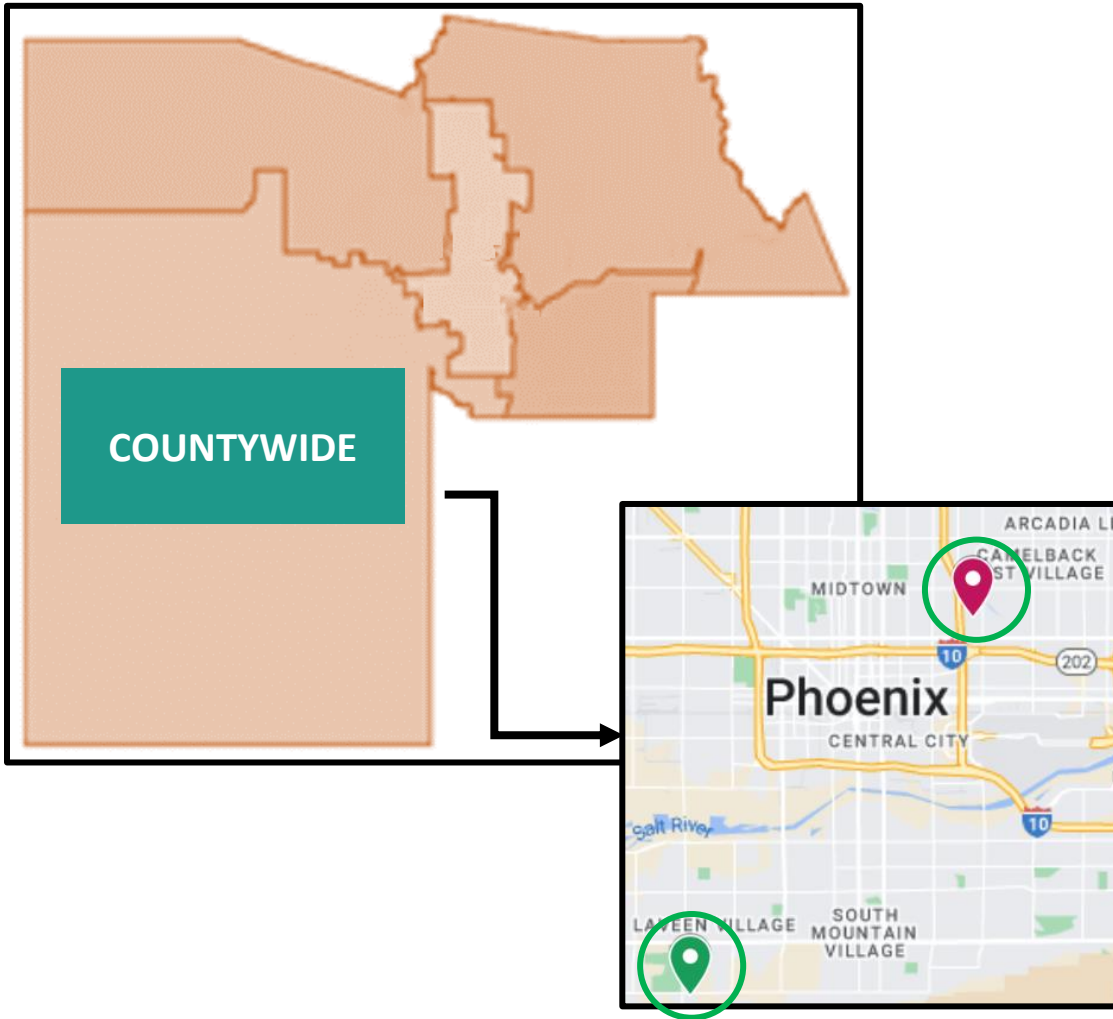
2 in person



2 via Zoom

### Host Site

Paiute Neighborhood Center



**Focus Group Type**



**3 in Person**



**10 via Zoom**

**Host Sites**

**Dobbins Place Community Park**  
**Peer Solutions**

# Appendix O

## Supplemental Survey

### CHNA 2023 Supplemental Survey

The purpose of this survey is to hear from you regarding your opinions and experiences related to your health and wellness. This survey will take approximately 10-15 minutes. This survey is optional and does not impact your eligibility for the focus group. You may skip any questions you do not wish to answer. The information you tell us could improve the programs and information offered. Please do not put your name anywhere on this survey.

This survey is for people who live in Maricopa County at least six months out of the year.

1. What Maricopa County zip code do you live in? \_\_\_\_\_

2. What city or town do you live in? \_\_\_\_\_

**3. Please rate your health (For each, choose only one):**

3a. How would you rate your **physical** health, such as how your body feels day to day?  Very Good  Fair  Poor  Prefer not to answer

3b. How would you rate your **mental** health, such as your mood and how you handle stress day to day?  Very Good  Fair  Poor  Prefer not to answer

3c. How would you rate your **connection with others**, such as community, friendships, family, faith groups, etc.?  Very Good  Fair  Poor  Prefer not to answer

4. How does your current mental health compare to your mental health before the pandemic started? *(Choose only one)*

<input type="checkbox"/> Better	<input type="checkbox"/> Similar	<input type="checkbox"/> Worse
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**5. Please tell us about your experiences with healthcare (Please read instructions carefully):**

5a. In the past 12 months, how often were you able to get medical care when you needed to? *(Choose only one)*

<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Not applicable
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5b. In the past 12 months, how often were you able to get mental health care when you needed to? *(Choose only one)*

<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Not applicable
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5c. What would help you get the care you need? *(Check all that apply)*

<input type="checkbox"/> More appointments available	<input type="checkbox"/> Services closer to where I live	<input type="checkbox"/> Lower out of pocket cost for services
<input type="checkbox"/> Evening or weekend appointments	<input type="checkbox"/> Transportation to appointments	<input type="checkbox"/> Clear prices for services
<input type="checkbox"/> Virtual/telehealth appointments	<input type="checkbox"/> Health care providers or interpreters who speak my native language	<input type="checkbox"/> Health care provider who specializes in the care I need
<input type="checkbox"/> Paid time off work ( <i>sick time</i> )	<input type="checkbox"/> Health care providers who make me feel safe and respected	<input type="checkbox"/> Childcare or elder care
<input type="checkbox"/> Being able to get multiple services at the same location or practice	<input type="checkbox"/> Help with understanding and coordinating my care, such as finding services, filling out paperwork, using insurance, and scheduling appointments	<input type="checkbox"/> Not applicable
		<input type="checkbox"/> Other (please specify):

**5d. How do you typically pay for your healthcare? (Check all that apply)**

<input type="checkbox"/> Insurance from my employer or a family member's employer	<input type="checkbox"/> Travel to another country for healthcare
<input type="checkbox"/> Health insurance purchased through the marketplace	<input type="checkbox"/> Use my own money or pay out of pocket
<input type="checkbox"/> Indian Health Services	<input type="checkbox"/> Use free clinic(s)
<input type="checkbox"/> Medicaid/AHCCCS	<input type="checkbox"/> I do not use healthcare services
<input type="checkbox"/> Medicare ( <i>Advantage plan, Parts A, B, etc.</i> )	<input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> Veterans Administration, TRICARE, or other military health care	<input type="checkbox"/> Prefer not to answer

**6. Which health issues have the most impact on you and/or the people you live with or care for? (Check all that apply)**

<input type="checkbox"/> Autoimmune disease ( <i>lupus, MS, rheumatoid arthritis, etc.</i> )	<input type="checkbox"/> Long COVID ( <i>COVID-19 symptoms lasting longer than 4 weeks</i> )	<input type="checkbox"/> Chronic stress
<input type="checkbox"/> Cancer	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Heat-related illness
<input type="checkbox"/> Chronic pain ( <i>back pain, joint pain, fibromyalgia, etc.</i> )	<input type="checkbox"/> Sexually transmitted infections	<input type="checkbox"/> Sexual and reproductive health issues
<input type="checkbox"/> Dementia/Alzheimer's	<input type="checkbox"/> Other infectious diseases ( <i>RSV, COVID-19, flu, common cold, etc.</i> )	<input type="checkbox"/> Racism, prejudice, or discrimination
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Intentional injury ( <i>violence, domestic violence, self-harm, suicide, weapon-related, etc.</i> )
<input type="checkbox"/> Heart disease	<input type="checkbox"/> Depression	<input type="checkbox"/> Unintentional/accidental injury ( <i>falls, drowning, motor vehicle accidents, weapon-related, etc.</i> )
<input type="checkbox"/> High blood pressure/hypertension	<input type="checkbox"/> Other mental health issues ( <i>PTSD, schizophrenia, bipolar disorder, etc.</i> )	<input type="checkbox"/> No health issues
<input type="checkbox"/> Stroke	<input type="checkbox"/> Alcohol/substance misuse	<input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> Lung or respiratory issues ( <i>asthma, COPD, etc.</i> )	<input type="checkbox"/> Tobacco or nicotine use ( <i>Cigarettes, vaping, chew, etc.</i> )	<input type="checkbox"/> Other (please specify): _____

**7. Have you experienced discrimination in the past 12 months due to the following: (Check all that apply)**

<input type="checkbox"/> Race	<input type="checkbox"/> Gender	<input type="checkbox"/> Income
<input type="checkbox"/> National origin, ethnicity, or ancestry	<input type="checkbox"/> Sexual orientation	<input type="checkbox"/> Not applicable
<input type="checkbox"/> Primary language	<input type="checkbox"/> Disability	<input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> Spirituality, spiritual practices, or religion	<input type="checkbox"/> Education	<input type="checkbox"/> Prefer not to answer



**8. Over the past 12 months, how often have you had enough money to pay for the following essentials: (For each, choose only one):**

Healthcare service	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> N/A
Medications	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> N/A
Mortgage or rent	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> N/A
Food	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> N/A
Utilities (electricity, gas, water, etc.)	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> N/A
Clothing/Hygiene products (soap, deodorant, etc.)	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> N/A
Childcare	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> N/A
Tuition/Student Loans	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> N/A
Phone	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> N/A
Technology needed for work, school, or health care	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> N/A
Internet	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> N/A
Transportation	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> N/A

**9. Do you spend more than half of your monthly income on housing (i.e., mortgage or rent)? (Choose only one)**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Not applicable
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**10. Where do you get most of your food? (Check all that apply)**

<input type="checkbox"/> Grocery store	<input type="checkbox"/> Farmer's market	<input type="checkbox"/> Sit down restaurant	<input type="checkbox"/> Fast food restaurant
<input type="checkbox"/> Convenience store	<input type="checkbox"/> Food bank (including at a community organization/church)	<input type="checkbox"/> Other – Write In: _____	

**11. What would help your community have better access to healthy food?**

<input type="checkbox"/> No challenges	<input type="checkbox"/> More healthy food options in nearby stores or restaurants	<input type="checkbox"/> Lower cost	<input type="checkbox"/> More time to shop or cook
<input type="checkbox"/> Better transportation access	<input type="checkbox"/> Don't know	<input type="checkbox"/> Other – Write In: _____	

**12. How much physical activity do you get per week? (This can include physical activity at your job) (Choose only one)**

<input type="checkbox"/> Less than 1 hour	<input type="checkbox"/> Between 1 and 2.5 hours	<input type="checkbox"/> 2.5 hours or more
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**13. What would make it easier to get at least 2.5 hours of physical activity per week? (Check all that apply)**

<input type="checkbox"/> No challenges	<input type="checkbox"/> Safe neighborhood	<input type="checkbox"/> Parks or walking paths in my neighborhood	<input type="checkbox"/> Transportation to parks or public recreation
<input type="checkbox"/> Cooler weather	<input type="checkbox"/> Equipment or space at home	<input type="checkbox"/> Better control of my health condition or injury	<input type="checkbox"/> Childcare
<input type="checkbox"/> Affordable gym membership	<input type="checkbox"/> More time to exercise	More indoor physical activity opportunities	<input type="checkbox"/> Other – Write In: _____



**14. How would you rate the following where you live? (For each, choose only one):**

Ability to communicate with local leadership and feel my voice is heard	<input type="checkbox"/> Very Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
Access to safe spaces to exercise and be physically active	<input type="checkbox"/> Very Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
Access to parks and green spaces	<input type="checkbox"/> Very Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
Access to safe walking or biking paths	<input type="checkbox"/> Very Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
Access to affordable healthy foods	<input type="checkbox"/> Very Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
Access to places to stay cool during hot months	<input type="checkbox"/> Very Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
Access to quality and affordable childcare	<input type="checkbox"/> Very Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
Access to quality and affordable schools for children	<input type="checkbox"/> Very Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
Access to affordable education after high school	<input type="checkbox"/> Very Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
Access to quality public transportation	<input type="checkbox"/> Very Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
Access to high-speed internet	<input type="checkbox"/> Very Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
Access to affordable housing	<input type="checkbox"/> Very Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
Access to quality medical care	<input type="checkbox"/> Very Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
Access to quality mental health care	<input type="checkbox"/> Very Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
Access to substance use treatment services	<input type="checkbox"/> Very Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
Access to programs and activities for seniors 65+ ( <i>senior community centers, etc.</i> )	<input type="checkbox"/> Very Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
Access to public libraries, community centers, and educational events	<input type="checkbox"/> Very Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
Accepting of all people ( <i>different cultures, identities, etc.</i> )	<input type="checkbox"/> Very Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
Feeling safe in public spaces ( <i>not worrying about gun violence, terrorism, etc.</i> )	<input type="checkbox"/> Very Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
Feeling safe in your home ( <i>not worrying about burglary, domestic violence, etc.</i> )	<input type="checkbox"/> Very Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
Feeling safe while driving ( <i>few traffic accidents, safe drivers, good roadway design, etc.</i> )	<input type="checkbox"/> Very Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
Opportunity to participate in religious, spiritual, or cultural events	<input type="checkbox"/> Very Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
Services for residents in need or crisis ( <i>food pantries, shelters, utility assistance, etc.</i> )	<input type="checkbox"/> Very Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
Other (please specify):	<input type="checkbox"/> Very Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
Other (please specify):	<input type="checkbox"/> Very Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
Other (please specify):	<input type="checkbox"/> Very Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A

**Demographics**

Maricopa County residents come from very diverse backgrounds. We encourage you to fill out as many questions as you feel comfortable with so we can identify if any specific groups are experiencing certain issues more frequently than others. All responses to the survey are confidential. Some of these terms may be unfamiliar, but please pick the terms that best describe you. PLEASE ONLY ANSWER IF YOU ARE COMFORTABLE.

**15. Would you consider yourself to be a member of any of the following? (Check all that apply)**

<input type="checkbox"/> Foster youth/former foster youth	<input type="checkbox"/> Immigrant
<input type="checkbox"/> Homebound	<input type="checkbox"/> Refugee
<input type="checkbox"/> Senior living in a group setting with or without living assistance or medical care	<input type="checkbox"/> Formerly Incarcerated
<input type="checkbox"/> Disabled	<input type="checkbox"/> Religious Minority
<input type="checkbox"/> Homeless / Houseless	<input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> Military Member/Veteran	<input type="checkbox"/> None of the above

**16. What is your age? \_\_\_\_\_ years**

**17. How many people live in your household (including yourself)?**

Children (0-18 year-olds)	#: _____	Adults (19-64 year-olds)	#: _____	Seniors (65+ year-olds)	#: _____
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**18a. What is your race and ethnicity? (Check all that apply)**

<input type="checkbox"/> <b>American Indian/Alaska Native/Native American</b>		
<input type="checkbox"/> I don't know	<input type="checkbox"/> Fort McDowell Yavapai Nation	<input type="checkbox"/> Navajo Nation
<input type="checkbox"/> Ak-Chin Indian Community	<input type="checkbox"/> Gila River Indian Community	<input type="checkbox"/> Salt River Pima-Maricopa Indian Community
<input type="checkbox"/> Apache (specify all): _____	<input type="checkbox"/> Havasupai	<input type="checkbox"/> Tohono O'odham Nation
	<input type="checkbox"/> Hopi	<input type="checkbox"/> Other(s) (specify): _____
<input type="checkbox"/> <b>Asian</b>		
<input type="checkbox"/> I don't know	<input type="checkbox"/> Hmong	<input type="checkbox"/> Myanmar/Burmese (specify all): _____
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Thai
<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Filipino		<input type="checkbox"/> Other(s) (specify): _____
<input type="checkbox"/> <b>Black or African American</b>		
<input type="checkbox"/> I don't know	<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Rwandese
<input type="checkbox"/> African American	<input type="checkbox"/> Ghanaian	<input type="checkbox"/> Somali
<input type="checkbox"/> Burundian	<input type="checkbox"/> Haitian	<input type="checkbox"/> South African
<input type="checkbox"/> Democratic Republic of the Congo	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Tanzanian
	<input type="checkbox"/> Kenyan	<input type="checkbox"/> Ugandan
	<input type="checkbox"/> Nigerian	<input type="checkbox"/> Other(s) (specify): _____
<input type="checkbox"/> <b>Hispanic, Latino(x)</b>		
<input type="checkbox"/> I don't know	<input type="checkbox"/> Dominican	<input type="checkbox"/> Puerto Rican
<input type="checkbox"/> Argentinian	<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Salvadoran
<input type="checkbox"/> Brazilian	<input type="checkbox"/> Honduran	<input type="checkbox"/> Spaniard
<input type="checkbox"/> Colombian	<input type="checkbox"/> Mexican	<input type="checkbox"/> Other(s) (specify): _____
<input type="checkbox"/> Cuban		
<input type="checkbox"/> <b>Middle Eastern or North African</b>		

<input type="checkbox"/> I don't know	<input type="checkbox"/> Israeli	<input type="checkbox"/> Syrian
<input type="checkbox"/> Egyptian	<input type="checkbox"/> Kurdish	<input type="checkbox"/> Tunisian
<input type="checkbox"/> Iranian	<input type="checkbox"/> Lebanese	<input type="checkbox"/> Turkish
<input type="checkbox"/> Iraqi	<input type="checkbox"/> Moroccan	<input type="checkbox"/> Other(s) (specify): _____
<b><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</b>		
<input type="checkbox"/> I don't know	<input type="checkbox"/> Marshallese	<input type="checkbox"/> Samoan
<input type="checkbox"/> Chamorro	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Tahitian
<input type="checkbox"/> Chuukese	<input type="checkbox"/> Palauan	<input type="checkbox"/> Tongan
<input type="checkbox"/> Fijian		<input type="checkbox"/> Other(s) (specify): _____
<b><input type="checkbox"/> White or Caucasian</b>		
<input type="checkbox"/> I don't know	<input type="checkbox"/> German	<input type="checkbox"/> Polish
<input type="checkbox"/> Dutch	<input type="checkbox"/> Irish	<input type="checkbox"/> Scottish
<input type="checkbox"/> English	<input type="checkbox"/> Italian	<input type="checkbox"/> Swedish
<input type="checkbox"/> French	<input type="checkbox"/> Norwegian	<input type="checkbox"/> Other(s) (specify): _____
<input type="checkbox"/> Other(s) (please specify): _____		
<input type="checkbox"/> I don't know		
<input type="checkbox"/> Prefer not to answer		

If you selected more than one race in question 18a → please complete question 18b.

**18b. If you had to choose only one, which race or ethnicity would you say that you identify with the most?**  
(Choose only one)

<input type="checkbox"/> American Indian, Alaska Native, or Native American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> I identify as multiracial
<input type="checkbox"/> Hispanic, Latino(x)	<input type="checkbox"/> Prefer to self-describe: _____
<input type="checkbox"/> Middle Eastern or North African	<input type="checkbox"/> Prefer not to answer

**19. What is the highest level of education you have completed? (Choose only one)**

<input type="checkbox"/> Less than high school	<input type="checkbox"/> Vocational school
<input type="checkbox"/> Some high school, no diploma	<input type="checkbox"/> Bachelor's degree (e.g., BS, BA, BFA)
<input type="checkbox"/> High school diploma or GED	<input type="checkbox"/> Master's degree (e.g. MA, MS, MSW, MBA)
<input type="checkbox"/> Some college (1-4 years, no degree)	<input type="checkbox"/> Doctoral degree (e.g. PhD, EdD, MD, JD, etc.)
<input type="checkbox"/> Associate's degree (e.g., AS, AA)	<input type="checkbox"/> Other (please specify): _____

**20. What is your current employment status? (Check all that apply)**

<input type="checkbox"/> Employed	<input type="checkbox"/> Student	<input type="checkbox"/> Unable to work
<input type="checkbox"/> Self-employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Out of work
<input type="checkbox"/> Work multiple jobs	<input type="checkbox"/> Homemaker or stay-at-home parent	<input type="checkbox"/> Other (specify): _____

**21. What range is your annual household income? (Choose only one)**

Your household includes you and any family members or partners you live with who help pay for expenses.

<input type="checkbox"/> Less than \$15,000	<input type="checkbox"/> \$35,000 - \$49,999	<input type="checkbox"/> \$100,000 - \$149,999	<input type="checkbox"/> I don't know
<input type="checkbox"/> \$15,000 - \$24,999	<input type="checkbox"/> \$50,000 - \$74,999	<input type="checkbox"/> \$150,000 - \$199,999	<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> \$25,000 - \$34,999	<input type="checkbox"/> \$75,000 - \$99,999	<input type="checkbox"/> \$200,000 or more	

Some of the terms below may be unfamiliar, pick the terms that best describe you. All responses are confidential.

**22a. What is your gender identity? (Check all that apply)**

*Cisgender refers to someone whose gender identity matches their sex assigned at birth.*

<input type="checkbox"/> Cisgender Man	<input type="checkbox"/> Transgender Man	<input type="checkbox"/> Non-binary/genderqueer	<input type="checkbox"/> Prefer to self-describe: _____
<input type="checkbox"/> Cisgender Woman	<input type="checkbox"/> Transgender Woman	<input type="checkbox"/> Don't know	<input type="checkbox"/> Prefer not to answer

**22b. What was your assigned sex at birth? (Choose only one)**

<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Don't know	<input type="checkbox"/> Prefer not to answer
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**22c. Are you intersex? (Choose only one)**

*Intersex is an umbrella term that describes individuals with sex traits or reproductive anatomy that are different from strictly the male/female binary.*

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Prefer not to answer
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**22d. What is your sexual orientation? (Check all that apply)**

<input type="checkbox"/> Straight (Heterosexual)	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Pansexual	<input type="checkbox"/> Prefer to self-describe: _____
<input type="checkbox"/> Gay	<input type="checkbox"/> Queer	<input type="checkbox"/> Questioning or unsure	<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> Lesbian	<input type="checkbox"/> Asexual	<input type="checkbox"/> Don't know	

***Thank you!***

# Appendix P

## Focus Group Qualitative Quotes

### Theme 1: Community Strengths and Assets

Community strengths and assets inventories the strengths and assets of community members and how to use those to improve community health. The subthemes derived included:

- Community members’ strengths
- Community organizations’ strengths
- Education

<p><b>Community members strengths</b></p> <p>The strengths and positive aspects of people and relationships in your community; how do people interact with others in their community.</p>	<p>We get along with each other. It's like we're not stressed. We're not stressed.”- Low-income seniors focus group</p>
	<p>“As far as one thing I like about my community, I feel like it's diverse. I feel like the diversity in peoples is one thing I like.” – General population focus group</p>
	<p>“I think I found them very supportive and helpful. Anytime I've asked, I've always found someone who could give me an answer directly to a resource, so.” - LGBTQ+ focus group</p>
	<p>“Now, in my community, I would say we have very integrated. We have all races. We have a very good interaction. We have a very good relationship all together. One thing I like about this community's that we are very supportive of each other. Yeah. That is the best thing.”- Native American focus group</p>
	<p>“I guess like my Korean community because as you said in another community, participants mentioned that it’s a warm- and close-knit culture. In addition to that, it’s just like because I have the cultural norms and the mentality, it’s good to—I don’t have to explain a lot of expressions, and how I feel, especially when I’m sick.” – Asian focus group</p>
	<p>“What I really like about our community, like around my neighborhood, is that it’s diverse. Like there’s not one group—it’s not a majority of one person. It’s different races and ethnicities around where I live.” – Youth focus group</p>
	<p>“People. They look out for one another.”- Seniors focus group</p>
	<p>“...and the one thing I like about my community is I think it gives everybody space to explore who they are, safely.”- LGBTQ+ focus group</p>
	<p>“I like young people, and my community has a lot of young people. Well, you know because you live there. I like young people. I don't like being around old folks.”- Seniors focus group</p>
	<p>“Our neighborhood, we all get to know one another. We don't mind walking into each other's house and speaking to each other.”- African American focus group</p>

**Community organizations strengths**

How community organizations positively affect their quality of life and health; what role organizations play in what is going well in their community.

“Goodyear recently put in some new pickleball courts at the rec center that they built. It has made it so much easier for me to be able to participate in both social and physical activities with people around my community.” – General population focus group

“One thing I love about my community is the recreational complex centers, the museum, yeah, the museum, the health facilities. I think that we are quite doing well. I love my community about that.” – Native American focus group

“Access to the libraries and the community centers.” – Formerly incarcerated focus group

“We have programs come out. We have had block watch meetin'. They bring out health information for us...you guys came out and did a COVID presentation. You bring this all stuff out here so we, as seniors, are aware of what we need to know about all these new diseases that come out. You guys come out and bring all kinda information about everything goin' on.” – African American focus group

“I look at it this is a quality of life, we're able to get out and get different services to help make our life easier and better.” – Low-income seniors focus group

“They have exercise classes for people with Parkinson's. There's actually one in Surprise. I looked it up and I went and visited them. If he wants to go to exercise class sometimes, there's a class for him.” – Rural focus group

“I think one of the strengths in this community would be the drug rehab centers that they have around here. There's quite a few that are actually really good. I think that's one of the strengths in this community.” - Unsheltered focus group

“I think one of the strengths of my community is my faith, my church. One of the things I see that's happening is that we're reaching out to the community. We're starting to, but it's just beginning. Then I see a lot of the black clergy, they're coming together and they're reaching out and they're coming together. Instead of looking at their difference, they're bringing all their strengths together.” - African American focus group

“What they do is they buy up all of these produce that is going to be—that's on the brink of going bad. They buy up these produce, and then they put it into a 70-pound box. They make it a 70-pound, to go distributing, giving to family.” – Low-income focus group

“I would say family things, clinics. They are hospitalized organizations, but there are also individual or independent clinical hospitals that are always connected with community that helps the community. That is one of the strengths that the community has.” - Refugee/immigrant/migrant focus group

“For us specifically, the program that we're in, like, everybody's just so helpful, and they answer all the questions, so I really don't feel like we're



lacking at least in the resource department.” – Foster young adults focus group

“At several community centers in my area we hold fairs where they're giving out physicals or dental screenings and stuff like that and it's all pretty much free. I think that that is a really good way to keep the health of the community in check without singling out people who might not have a huge income.”- Youth focus group

“I believe some of the juice bars and the healthy actions, such as the produce and fruits are served in the local groceries...Also the recreational centers that are in the community are good options for people to go so they can stay healthy.”- Low-income seniors focus group

**Education**  
Mentions of literacy, early childhood services, vocational education, and higher education resources, education quality

“So, right now I want my daughter to get into college and we’re like, “you have to go and don’t worry about the money” but it is a concern. She’s about to start her first year and we’ll see how it goes, because she wants to go and we’ll support her.” – Low-income Hispanic focus group

“The way we tax and the way our schools get funded. It’s not equitable, and so a lot of our schools are hurting in some of our more high-need areas.” - General population focus group

“I think that we should have more access to be able to rent out books, 'cause at our school, we take college classes, and the college classes are free, but I had to buy a book that was a hundred-and-something dollars, and I feel like if we had more accessibility to rent them out, or buy them for cheaper, it would've been easier.” - Youth focus group

“[Interviewee 3:] Maybe a school that teaches us how to speak English. [Interviewee 4:] Yes, that would give us the opportunity to find a better job.” – Low-income Hispanic focus group

“Education in Arizona is one of the worst. I can statistically say, I got the bottom of the barrel. Having more funds for education, that could help us learn, 'cause I went to high school in Minnesota. I went to high school there, and it was a way different experience.” – Refugee/immigrant/migrant focus group

“[In Tempe], you can access our education in certain ways as an adult that you wouldn’t be able to have other parts of the county even.”- General population focus group

“As to me, what I can just say is the relevant authorities to just go to enable, give these youth scholarships to go and study medicine and things in universities so that there can be very many health professions with—so that you can deal with the issue of shortage of professions.” - Native American focus group

## Theme 2: Systems of Power, Privilege & Oppression

Systems of power, privilege and oppression represent the root causes or structural drivers of inequity, community perception of health, community representation, and structural racism. The subthemes derived included:

- Discrimination, racism, or oppression
- Provider competency
- Community safety
- Neighborhood characteristics
- Social connectedness
- Community representation
- Community care and mutual aid
- Structural racism

<p><b>Discrimination, racism or oppression</b></p> <p>Discrimination, racism, and oppression are forms of prejudice and unjust treatment towards a different race, ethnic, religious, national or other groups (American Psychological Association, 2023).</p>	<p>“Are you transgender?” right away when I say I’m two-spirit. I say that’s not what that means. But again, my perspective is I don’t think that I should explain myself everything somebody has a question. That’s sort of giving my power away when I have to justify who I am.” – LGBTQ+ focus group</p> <p>“I done been in the doctor’s office and seen somebody get turned away because they was homeless. They came in looking rough, smelly, but they coming to get service. They get turned away because they all—they don’t got nowhere to freshen up.” – Unsheltered focus group</p> <p>“When I finally saw the spinal surgeon, he said that if I had been diagnosed within the first 3 to 4 months of my symptoms, then I’d have an 80 percent chance of recovering full capabilities. Because it took so long to see the neurologist, and then the neurologist, even though I gave her my symptoms right away—and as a black woman, they don’t listen.” – Rural focus group</p> <p>“Particularly on the racism part of what I just mentioned that like intensified during COVID, especially against Asians, so what I felt before the pandemic, I thought Arizona was a very friendly neighbor—I live in uptown Phoenix. I thought it was—it’s predominantly White, but I thought Arizona was a very-warm place even though I can barely see an Asian around. Since COVID, I’ve—people stare at me when I go to like supermarkets, and all these experiences, I always think if people are treating me in a certain way that doesn’t make sense, I would think, ‘Would this be different if I were White?’ That sentiment intensified after COVID. Even when I go to like Scottsdale, young children, probably they’ve never seen Asians, they stare at me as if I’m an alien or something sometimes. I experience that a lot, so I just feel like that I’m here, but I’m not part of the community. I’m a resident. I’m a legal resident, but I just feel that I don’t fit in many times, and especially when I’m wearing a mask.” – Asian focus group</p>
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"I've noticed that, specifically with Mexicans and Latinos, there's a lot of discrimination and a lot of people I know choose to wait to get their health checked and go to the hospital for the same reason, that they're immigrants, and they're scared that when they go there, and they try to pay out of pocket, they're gonna try and investigate them." – Youth focus group

"One time, there's this one boy who was thinking it's funny to say racist things to other people and be like, "What culture are you?" I said, "Oh, I'm Navajo, which is Native American," and he's like, "Oh, so you're like that Pocahontas movie." I was like, "What do you mean by that?" He was like, "Well, you're a savage." I was like, "No, no, no, no, no. No, please don't say that." I just got like really pissed off at him, and it was just not really sitting right." – Native American youth focus group

"I live in a predominantly Caucasian community, I'm gonna be honest, so when I go to the hospital, I'm a Black man, so I'm treated differently, so that's kind of tough." – Disability caregivers focus group

"I'd say access to reproductive health. I know for myself, it's because my name and gender have all been legally changed, but I really, really needed to see an OBGYN. I was having a lot of issues, and I called 10 places that refused to treat me, which is crazy, because they all accepted AHCCCS, so it's like, if they're accepting public insurance, public health providers, I feel like they should be mandated to be educated on trans healthcare needs. I don't know, but I don't know how they could enforce it, but yeah. Definitely access to care." – Queer, Transgender, Black, Indigenous, people of color (QTBIPOC) focus group

"Some people, or some places won't take you if you're homeless. Some places won't take you if they think you're orientation isn't right or anything about you is not right. Some places are so judgmental that it's ridiculous." – Unsheltered focus group

"When I had <Name> a year ago, and I had a C-section, the nurse that I had was White. I feel like just because I was a person of color, she felt like I could take more pain than what I was telling her. After my C-section, they never gave me my medication for nausea. I was throwing up an hour or two after my C-section. Keep in mind I just got cut open seven layers, and I'm throwing up using all my stomach muscles. Yeah, I was in pain, and I was crying." – Hispanic focus group

"I definitely think it all has, like, a big part in my race and me being in foster care. That definitely goes hand in hand with how they treat me. If they don't know that I'm in foster care, it's usually my race and what they think how I come off basically, and I don't come off any sort of way at first." – Foster young adults focus group

"Yeah, I felt the night I took my mom to the hospital, 'cause she was had emergency. She was wearing hijab. I felt that the nurse or the attending person, I felt—I think it's just, I was frustrated. It was I was just angry at myself, I think. I think it's just that because they work long days and long

hours. I was appreciating that they were willing to help us, but I felt because we were different culture, different backgrounds, that they just didn't extend the time of giving us the service.” –

Refugee/immigrant/migrant focus group

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

“Every time I go into the doctor's office, they assume I'm a single black mother and that my husband is not involved, that he does not live in our household, that he is not engaged in his children's care.” – Rural focus group

“There's been barriers whenever I've gone to the doctors or a specialist because I'm truthful in my history. I say I've had a history of drug use, but I'm not here for that. I'm here because this is what's going on. Instead of them actually treating me for that, I got treated--that's the first thing they put on there was that I was there for the drug use, but I wasn't there for that. I went, I don't know how long. I went years without knowing that I had heart failure. I went years without knowing that I have a bad kidney. I've gone years without that. That's still being something I haven't been able to get checked out because of the doctors and the gaslighting.” – African American focus group

“What jobs really hire felons. There's a lotta place that say they'll hire felons, but they really don't.” – Native American focus group

**Provider competency**

Provider competency was viewed as a lack of or excellence in provider competency to work with minoritized and/or stigmatized communities (e.g. racial/ethnic minorities, disability community, LGBTQ+ community).

“My experience with my primary care doctor is awesome. She spends time with me. I go to The Valley for certain things. Those doctors don't spend any time with me. I think that's the common practice. They don't have time.” – Rural focus group

“I would say treating each patient like a patient and not a number. They have a lot of things to do. Maybe they gotta get a number of patients done a day, so I think that's what it should be. Also, they should say things like, if I can't help you, or if you leave the place knowing that that person still doesn't seem comfortable, I just feel like they should put a lot more care into the person. Another job, too. Not even just a person, but it's your job.” – Low-income focus group

“Then that goes based on medical coverage. Back to that. If you payin' them good premiums, then you gon' get that good doctor. If you're paying on AHCCCS or whatever else, they're shuffling you through like cows to the slaughter and just crossin' their T's, dotting there I's, and come to the next one.” – Seniors focus group

“Then she’s losing her patience because he’s not complying with what she needs at that moment. Not every kid wants to be touched right away. Not every kid feels safe enough to be prodded with things, and not being able to have that patience as a provider for your clients is really important for kids who need that extra gentle hand, so to speak, so I think that’s something that really should be looked at, more training for that maybe, just understanding that a little compassion goes a long way for kids who don’t necessarily feel safe being in that space with you as a provider.” – Disability caregivers focus group

“I certainly have had both experiences. One doctor, it was very much negative about PrEP and just being like, “I don’t think you need that.” At my current office, I had a potential STI, and so I went, and it wasn’t my normal doctor. I actually like my normal doctor. He knew about PrEP and was like, “Oh, yeah, okay,” but this backup one, I tried to explain this is why I want the test, and they started getting into some really interesting, almost intrusive questions, and they were like, “Well, you know that you really shouldn’t do that,” and almost sort of shamed me, and I know what I’m doing. I understand my health, and I get to make these choices and decisions for myself, but it was getting a little grinding.” – LGBTQ+ focus group

“In my experience, a lot of times when you have a male doctor and your concerns are women issues, they don’t get it. They just say that you’re overreacting and it’s normal. Then you see a woman provider run tests and something is wrong.” – General population focus group

“For me, it plays a part in what she said about listening to you and understanding you and understanding your concerns instead of feeling you’re getting brushed off. or they’re just there to do a job. They have no passion for their job. They’re just on to the next.” – Hispanic focus group

“I can jump in real quick. I think one of the issues with dealing with finding a mental health professional is it’s hard enough finding a mental health professional that is knowledgeable about navigating trauma in relationship, et cetera, while also being trans because things—it can be different. Finding one that ticks those boxes, that can and that does understand navigating relationships and trauma and stuff, while through a trans lens, who’s also accepting new patients, that’s even harder.” – QTBIPOC (Queer, transgender, Black, Indigenous, people of color) focus group

“There was, like, a lot of trauma stuff that I went through, and they were always, like, throwing medication on me. It was never what’s up, what can we help do to, like, not fix it, but bring it more to at peace or, like, help us become more at peace. It was always, oh, what medical diagnosis can I put on her now, what label can I put on her now.” – Foster young adult focus group

“It is very hard to find a provider that is understanding, especially when it comes to, like, women’s health. I’ve found that not only for me, but for

	<p>my foster daughter, they can be very dismissive.” – Foster young adults focus group</p> <p>“Then, when I finally caught it, and I went to the doctors, and they're like—they started asking questions about who my preference in sexual partners were rather than dealing with COVID in itself. I had to tell them, "Hey, look. This has got nothing to do with my sexuality, or my preference in sexual partners, or my sexual orientation. This is dealing with COVID." It was hard.” – QTBIPOC (Queer, transgender, Black, Indigenous, people of color) focus group</p> <p>“I just remember being at the ER being treated horribly. I was in a lot of pain. I was being mis-gendered. They really didn't do any of the tests that they needed to do. I was pretty much discharged with ibuprofen 800, and it was—it was an awful experience.” – LGBTQ+ focus group</p> <p>“Yeah, I would add that a lot of medical care is in silos. You have one issues, and they don't always communicate well. You get labs done by this one, but you need to go see someone else, and it's very hard to get them to communicate.” – Religious minority focus group</p> <p>“He'll sit there and he'll listen to you whatever you want and then he'll go, “Okay. You need to go see this one, this one, and this one.” I feel real heard by him.” – Rural focus group</p> <p>“I think it's just repetitive answer, but then like just educate a provider so that they can know what could be some specific—there could be some cultural symptoms. I don't know how to say that, like there could be some symptoms and disease that East Asian and Korean may experience more, but then they have never heard about it from their medical school. Then I think they need to learn about that from this moment, like when they are serving East-Asian and Korean populations so provide information or some continuing education for the providers.” – Asian focus group</p> <p>“I'm slightly overweight, and that's okay, but every time I go to the provider regardless of what I'm even there for, like, I can have my arm, like, literally broken, hanging off my body, and they will be like, “Well, have you considered losing weight? Maybe that would help.” It just makes you not wanna go back.” – Foster young adult focus group</p>
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<p><b>Community safety</b></p> <p>Safety in the home and the surrounding community.</p>	<p>“That's very important to me, the safeness, the closeness. Everyone looks out for one another. I feel very safe living where I live.” – Native American</p> <p>“Yeah, within the school, and in the community too, 'cause there's like a lot of violence in the school, relating to weapons that are easy to get.” – Youth focus group</p> <p>“Having the confidence of going out in the street and not having to fear that you'll encounter bad people who want to hurt you. Racist people. And now with what you hear about kids being stolen, you're always scared that something is going to happen to you and well, not having that</p>
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happen because you're always scared now. It's not like it used to be back in the day." – Rural focus group

"My daughters go to pre-school and kindergarten and even in first grade they have to wear backpacks that are see-through, so even small and happy little kids like them have no privacy. And they'll tell me what kind of backpacks they want but they don't have that safety so it's not allowed.

Right now, they can only wear clear ones.

And to them—How are the little kids to blame? They take that innocence away from them, so there's no safety." – Rural focus group

"So, it'd be good to improve safety at the schools and pay more attention to kids who may be selling or using drugs, and sometimes neither the parents nor the community do something about it. That's a very common issue and you don't really see that as much back in Mexico." – Native American focus group

"There's a lot of children and individuals that hang out in the park and a lot of drug use, so a lot of residents stop going to local little parks because of that." – General population focus group

"Yes and no, because when you go out you relax a bit but you're also afraid of what is happening. So, yes but we're also scared." – Rural focus group

"I feel safe where I'm at, but I really don't like walkin' around at night." – Low-income focus group

"Yeah, and I feel like that goes hand in hand with sex trafficking. I don't know why it's a big secret when it's the biggest business. Arizona is the number one state for sex trafficking." – Hispanic focus group

"It's different when they were teenagers, like 10 years ago. They used to take the bus everywhere. I used to take the bus everywhere. I don't feel safe for <Name> to go anywhere by himself 'cause I think I worry. Is he gonna get jumped? Are they gonna try to rob him? marks." – Hispanic focus group

"For me, it is a crime 'cause there is a lot of shootings where I stay. I think because I've gotten used to it, I don't let it bother me like that. I feel like I had to accept the fact that I could literally die when I walk out or even in my sleep because of something random like that." – Hispanic focus group

"Well, a strong point could be that they built a passage on 68th and Avalon, after there's been three deaths, or two people that were ran over. And they finally fixed that, because everyone who was going to cross would have to skip over the street. So, I think we all have kids or teenagers that have to go through that street area. So, at least they fixed that." – Native American focus group

"Yeah, definitely the prices in Arizona have gotten so ridiculous in the last 10 years, for sure. I know that we're a capitalistic country, but there has to be some compromise in some areas, where people can afford where to live, and can afford their food, their basic needs. Otherwise, a whole

other set of problems arise as a consequence. Vandalism, theft, you name it. They really need to somehow send a message that it's a lot of great people out there.” – General population focus group

“I live on 51st & McDowell, and what I really like about my community is that all the people that live in my neighborhood are really close to each other, and we always alert each other if we see any suspicious activity.” – Youth focus group

“It exists in the U.S. for sure, but just not in my neighborhood. In Germany, we lived over for there for a while and we noticed how you have our sidewalks for walking, and then you also have your bike trails for biking. Here, I feel like we’ve just adopted the share of the road, and so there’s not a lot of separation. I’ve seen someone get hit and killed on a bike because there’s no separation.” – Veterans focus group

“Yeah, I feel like with our community sex trafficking and stuff to protect ourselves, it should be out there more. It should be talked about more, even ways to protect ourselves, like I said. It’s no secret, or it’s not new that there are so many single moms now. You see videos where people are even snatching babies from their mother’s arms. I feel like classes or just more ads.” – Hispanic focus group

“Sometimes, a family might not feel safe going to the parks around here, 'cause I know that personally, when I go to the park with my parents, there's always some area that smells of weed or stuff like that. It doesn't help to—it just makes it awkward or makes it feel unsafe...but it doesn't really help, especially when it's sometimes even near the small children's areas, where kids 10 and under are playing. You can just smell that in the air, and it's always there in the parks. I know that, sometimes when I go out with my parents, also, sometimes I'll wanna go to a certain store. Then, when I'll say that, sometimes the response will be, ‘Well, that's not the best area. I think we could maybe—we shouldn't eat there.’” – Youth focus group

**Neighborhood characteristics**

This theme encompasses the physical characteristics of neighborhoods or communities. These include: walkability, housing, transportation, parks,

“I think part of this, and how this community has negatively impacted, is that the metropolitan and the Phoenix area has grown so large. The distances are really great. Traffic has become really unbearable,” - Religious minority focus group

“I think at a most basic level in Maricopa County. If you don’t own a personal vehicle, good luck to you trying to get anywhere.”- General population focus group

“That's what we're saying. Our fast-food places are put in the neighborhoods that have low-income people and that have high illnesses and sicknesses, and the African American cultures, specifically, that decreases their ability to have healthy bodies.” – Low-income seniors focus group

housing, zip codes, playgrounds, heat.

“I’d like to build on, yeah, because I heard a lot of those homeless shelters and stuff are really understaffed, and they’re always full, and so I think more expansion for those kinds of organizations, and I also think we need a lot more trees or shade, or something to block out a lot of heat. Because I know a lot of people have to walk to work, or this or that or they’re living out there, and it’s pretty hard, super-duper hot.” - Youth focus group

“Yes, for the kids especially because they do spend a lot of time—For example, my seven-year-old daughter never wants to go to the store with us because of the hot weather, she won’t go. So, she’s always watching TV or the cellphone and stuff like that. So, maybe if there was some place where she could go and spend time and have fun.” - Low-income Hispanic focus group

“I live very close around the old Litchfield Park. I love my community because they’re very friendly. Around my area, there’s a lot of different libraries that my kids and I enjoy to go to. We’ve got the YMCA. There’s different options for the kids to go to either swim at YMCA or the fitness center ...Yeah, a lot of things are very close by, and there’s a lot of walking parks where we can walk and ride our bikes. Again, just the friendliness.” – General population focus group

“There’s a lot of children and individuals that hang out in the park and a lot of drug use, so a lot of residents stop going to local little parks because of that.” – General population focus group

“Most of the time that I spent living, like, out here, I was homeless, so, like, that’s a huge thing. There’s no cover for anybody. They’re sunburned. Like, most people are—well, not most people, but us a nice handful of people are already dealing with drug addiction and overdoses and withdrawals, and the heat just makes that 10 times worse.” – Foster young adults focus group

“They run people over because there’s no [crosswalk], so they just rush and they didn’t see someone who was turning around and they ran her over. But it’s because there’s no stop sign, no signs for crossing, all of that. The people who work and a lot of them leave on foot—Because I see a lot of people who walk to work and as she says, how do they cross the street? It’s a big risk because the cars are speeding.” - Rural focus group

“Well, for the past maybe six years, I see there is a lot more homeless people. It’s like you’re just driving down the street, and they’re just all gathered at every bus stop. They’re just there.” - Hispanic focus group

“I feel like America, it’s kind of scary, especially when the cars are there. Back and forth, you have to walk on that tiny island. It feels unsafe. Maybe a good idea is to widen the sidewalk or move them further from the [road].” - Refugee/immigrant/migrant focus group

“Food options just because around my community—and this is just like talking about the block that I live around, it’s only fast-food restaurants, I would say McDonald’s, Subway. Subway is eat fresh, but it’s still, in a sense, fast food. There’s not really a lot of better options like salad or

supermarkets that are high-end for people to actually get fresh product.”- Veterans focus group

“We just eat and eat and eat, and we don’t have—And has she mentioned, we can’t even go to the park because it’s too hot. So yes, obesity.”- Rural focus group

“We have a park, but it’s mostly just a playground for kids. I would like to see more things for adults, maybe a tennis court or a pickleball court or something.”- Disability caregivers focus group

“Our nearest neighbor is a long ways away. So, you have neighbors, but do you really have neighbors? You can call them up and do that but there’s a difference of somebody walking their dog down the street and you’re sitting out on your front porch, and you wave at them, and you develop that connection. We don’t have that because a lot of our workforce and a lot of people are—don’t live here.”- Rural focus group

“I’ve always asked for the town so they can make a bumper, cement little bumpers - the sidewalks and whatnot because cars will drive very fast and very recklessly around here. I don’t have kids myself, but I have some kids playing on the streets. At one point I did have grandchildren in my care and sometimes you would see people who don’t even live here enter the community very recklessly.”- Low-income focus group

**Social connectedness** “When we are together and talk together and things like that, indirectly it helps our health, especially the depression and something like that.” – Asian seniors focus group

A desired number, quality and diversity of relationship that creates a sense of belonging, cared for, valued and supported (Centers for Disease Control & Prevention, 2023)

“I think we already do this very, very well, but I think it's important to mention. It's important to make sure that everyone feels—that no one feels lonely. It's important to check in on people, if they don't seem like they're being themselves, and check in and make sure they're doing okay. We already do this very well, but I just think it's important.” – LGBTQ+ focus group

“That’s why we don’t have the—and I know there’s not—there’s really difficult times to do that but I don’t see any outreach, much outreach, for mental health here. As we age as a population, we’re gonna demand more mental healthcare and that can be from dementia to just loneliness. Your mental health is you get isolated because we don’t have a transportation network that works available to bring people together.” – Rural focus group

“You almost never go out; you’re always locked up. [Interviewee 2:] You’re always locked up, yes. It affects your mental health.” – Rural focus group

“Quarantine, I felt really blah all the time, and I didn't wanna do anything. After that, when I finally got to talk to people and everything, I started to feel much better...I started getting more energy to do things. Even just

little things I used to enjoy, I would stop wanting to do anything. After, I would actually get energy, motivation.” – Youth focus group

“It's usually the older people are there with their kids so it's just other kids that are the same age as their kids come in and it really just emphasizes community center. We're just everybody from our area just coming to hang out and get to know people and I just think that— I just really remember it being a happy moment for me to watch.” – Youth focus group

“I think we don't have a lot of resources and things have indeed changed, because we used to have events where the whole community would come and now, we have some events, but the community doesn't come to them. You have to chase them around and ask them if they're going to come. And they say they will but then they don't.” – Native American focus group

“One thing I like about my community is that it has a community center here that you can reach out if you need help.” – Refugee/immigrant/migrant focus group

“I came from a pretty large town, so I like the small-town feel too. There's different clubs that you can get in to meet people, and also, it's pretty easy to get into the town council meetings. You can sit there and it feels like I'm part of it already. We've only been here two years, so that's really fun.” – Rural focus group

“Also, the people are very friendly. We go on the walk together, we hike together from the community. Also, it's a fun community because they have programs every three months or so. We participate and have a lot of participation in there too.” – Asian focus group

“I think that, also, that disconnect is that there's not a lot of people— there's not a lot of socializing, either between kids in the neighborhood— Well, but I mean, there's not really a lot of socializing in between the kids in the neighborhood. Socialization is like a key to humans and our mental health, so maybe that's another thing that could negatively affect our community, or the health of our community.” – Youth focus group

“I'll go next. I'm <Name>, and I live in Tempe, and I love my community because I live in North Tempe, and they're very active. I have a very active Facebook, groups, and people are very vocal, but there's a lot of community gardens and activism, and people who voted against the hockey arena, and I like it because there's always things to do and that people are very involved and speak up for what they think is right.” – Youth focus group

“My neighbors are great, when I go walking, everybody's saying hi to one another.” – Veterans focus group

“It's a very active community. It's fun. I really enjoy it. I've only been out here for three years, but I enjoy.

[Interviewer:] You're in Sun City West, right?

[Interviewee:] Yes, Sun City West. It's just a lot to do. They got all kinds of events, and bands in the park. It's just something to do all the time." – Seniors focus group

"Oh, myself. I do, because I have my family—like I said, I lost two of my sons. I have no family. My sister is 10 years older than I am, and she has a worse problem. She lives with her daughter, and they don't even talk to her anymore. The isolation of not having anything to relate with is very, very difficult getting older, because we don't have the same problems that our young people do. My son is 50, and he just is like, "You don't understand anything." It's like, well, I've been through it. I know I'm a woman, but I worked. I worked all my life, and I understand.

They just don't want—I think younger people just don't want to maybe burden us with that, or they don't think we understand. I understand, 'cause I worked for—I worked for 30 years. I retired. I know what it is to leave your kids and go to work, come home tired and don't wanna visit, or come home tired and don't wanna eat. I understand those things. I think, at our age, they forget that we have—I'm sorry, I'm gonna—I don't know if anybody else feels this way. I feel like they don't think we have a mind. I don't think they think we have feelings. I don't think they think we have anything to contribute. I think, because of our experience as older people, we have a lot to contribute. They just don't wanna hear it. That's my issue." – Seniors focus group

"You know your neighbors. You're able to share their life as well as theirs with you, a nice store, a nice church. You look out for each other. You feel safe. If you're not there, you know you still have a block watch around you in your neighborhood to where you all look out for each other." – Low-income seniors focus group

**Community representation**

Diverse representation including gender, age, ethnicity/race, religion, sexual orientation, economic class and ability/disability status.

"If I go to the doctor in South Tempe, the waiting room looks like me. If I go to the doctors in a different part of my community, the waiting room will look different, and so to me, we're not thinking about all the people that we serve. We're thinking about the people that we can bill for. Now that we're getting into this and seeing how that can happen, but I don't think that medical practices are thinking about all the different people that they could be serving. They're thinking of the target." – General population focus group

"There are resources, but it's different per household and I think that that determines on— Are people seeing themselves as we represented in the community? If they don't see themselves as being represented in the community, they're going to be less likely to engage in those services." – General population focus group

"We are also struggling for policy issues related to data desegregation because if you look at the data, we did not feel ourselves as—Asian group itself was hard to come up, whether it is census data or health related



data. Asian group is such a wide, wide variation of Chinese and Indian and Vietnamese. So much different in their socioeconomic conditions, in their health, in their all aspects. With the Asian as one group is diluting it terribly and would fail to get the priority and therefore they will not get the funding and they'll not get the health services required." – Asian focus group

"Compared to Asian proportion among population, Asian proportion among doctors is so high. We are on the other side that we have much wider choices of medical professions among Asians and even otherwise." – Asian focus group

"I mean, I guess like more—I feel like I've never seen a trans doctor or a bisexual doctor or a gay doctor. That could represent more people in the community too if they were people in the LGBTQ community as doctors or therapists, or anything like that." – Youth focus group

"Hi. This is <Name>. I think the part that I wanna share is that the healthcare is a multibillion-dollar industry. I think as Phoenix being the fifth largest city, it just makes me wonder why we don't have a trans-specific healthcare facility specifically for trans patients. For example, the Phoenix Children's Hospital is here. It is specifically for children and other healthcare facilities. I think the push that I would like to see is looking at trans individuals as executives in the healthcare industry, to advocate for trans health, and be at the table with their cisgender counterparts so they can bring forth their personal lived experiences of going through hormones and other medical procedures that cisgender individuals may never experience. I think having that voice at the table would be something ideal, and if we are gonna be moving up the ladder, possibly be the fourth largest city, I think Phoenix needs to chop off boards instead of sitting in the back seat just enjoying the ride." – QTBIPOC (Queer, transgender, Black, Indigenous, people of color) focus group

"Having a lesbian female event geared towards—whether—even if it's not sex education, but if it's like, "Here's health providers that are gay friendly—here's therapists." – LGBTQ+ focus group

"I wanna piggyback off that. I was gonna say lack of access to doctors of color because what she's been going through, sometimes if you have a doctor, if you had an African American doctor, they could talk to you in a different way, a different vernacular versus a doctor that's gaslighting. They worry about just one thing. Lack of access to doctors of color. Then the ones that are available, they're way out, because I live in the metro scenario. There's none near me." – African American focus group

"I'm in the mental-health field. I'm studying mental health, and then many people ask me if there's any Korean-speaking counselor. As <Name> says, There's not many people here." When I want to refer students or other people, it is really hard to find anyone, and even for me, I wanted the psychoanalysis for myself, and even it was so hard for me to find a

licensed psychologist even an East-Asian person at all here, so it was really difficult to find anyone.

I think recently there's some people more, but thinking about the insurance, even like they cannot pay hundreds of dollars per session, so there's a really-limited chance to talk in Korean especially. There's people maybe they can assess to like English-speaking counseling, but then in terms of the Korean-speaking counseling, it is really-limited chance to do that. I used to have it. I used to have a Korean-speaking counselor, but like out of that, you're so limited, and then even I cannot refer my friends or people that I know." – Asian focus group

"We need more people that are people of color in these industries. My mom, the doctor that I take her to happens to also be of the same descent, Mexican background. That helps her feel a lot more comfortable. That helps her just—he might speak English to her, might speak Spanish—or, not English, but he'll speak some Spanish to her, so that she has that comfort, and there's a level of trust there. That helps, but there's not enough of that, which obviously that's just more—we need more people going into those fields." – General population focus group

"I love Laveen. I don't know why. I love Laveen. I tell people all the time, I love where I live. I love the mixture of people here. I know every community has their issues or their challenges, but I grew up in South Phoenix. Laveen, back in the day was way out in the boonies and it was a farmland [laughter]. The community now, I feel like, is a good representation of how the world could be potentially in a mixed society. Right? We got a little bit of everything, I feel like, in Laveen. For the most part, we get along. I think that's positive. I feel comfortable going anywhere in Laveen. I don't feel out of sorts. I don't feel nobody's going to look at me crazy if I go somewhere, but I enjoy it."

African American focus group

"In Arizona we don't have doctors that are black, that are Hispanic. We don't have a lot of those here, so they dismiss you regardless of their oath, and that's where we then have to speak up. When you do speak up, they do take that as aggression." – Rural focus group

"Yeah, as a black woman, being able to find someone that is black and can help me with my mental health needs feels like a very tall order for Arizona to answer." – Rural focus group

"There are lots of clubs to join. It's actually quite a diverse community, to be honest with you, much more than I thought." – Seniors focus group

"I think basically is calling out organizations that tap into our community and really holding them accountable, tokenizing and using our community just for data purposes, so they can receive funding, but not really serve the entire trans community. I say that because when I go to an organization that says they serve trans individuals, in the back of my mind, I was [distorted audio] their waiting room. I look at the pictures that are up in the waiting rooms to see which populations are more

highlighted, but I also look at the staff. I do. I want to look at how many people of color are on their staff. That is one way, I think, over for a perfect community is really being able to be diverse and reflect the community that the organization is serving instead of just basically just pushing numbers and using our community over as collateral over for their gain. That is my response.” – QTBIPOC (Queer, transgender, Black, Indigenous, people of color) focus group

**Community care or mutual aid**

Community care or mutual aid was categorized as providing tangible and/or emotional support and safety when organizational or institutions support is not available specifically in the context of marginalization.

“One of the things about the smaller community is, when monkeypox came out, there was communication, almost instantly, maybe even before some of the public forums, and carpool and, "Hey, if you don't have transportation, let me know. I'll pick you up, and I'll take you there." It's the same with COVID, about the—willing to do transportation, willing to drop off tests. When I had COVID, I had gift baskets at my front door, so that was actually really cool for a small niche community.” – LGBTQ+ focus group

“I was just gonna say, a really good example is DoxyPEP. I don't think I ever would have heard of it without this community.” – LGBTQ+ focus group

“I think communication. I know, through COVID, with STI, and then monkeypox, there's been so many communications throughout our community of like, "Hey, I was exposed to this," or "Go get vaccinated for this," and things like that, that I think is a huge—I see it as a huge strength of our community that we banded together during all those times and continue to do so.” – LGBTQ+ focus group

“I have a CBI navigator. She helps me and I help all the people outside. I've been trying to help 'em get off the street since I got out of the shelter for my first time.” – Unsheltered focus group

“Then, if you follow them on Facebook, they actually—'cause the people that follow them, they'll be like, ""Hey, we have a Sober Living house here." They give the whole description. Honestly, that's way more helpful than a person-to-person type thing. You over here having to wait a couple damned days just to talk to your navigator or something like that. Go on the internet. We got Wi-Fi.” – Unsheltered focus group

“One of the things that we have done to overcome a barrier is we do community cleanups 'cause we gotta clean up, right? It's a way for us to also bring in resources so we can connect with a business, Walgreens and say, "Hey, can we clean your property," and have a community cleanup, but we would also like to have permission to bring resources to your property and go. Then we engage with those people and we bring them over.” – African American focus group

“Every Monday. This is distribution. Right in this church. We have a food drive for our community to come around and choose what they want. At first, we used to have 20 people, 10 people. We started out with 10, we started out with 20. Now it's close to 80.” – Seniors focus group

	<p>“Yeah. I think it is. I think it really is. We have a very active senior center that has activities every day. They’re not stopped from coming there unless they live outside the area. They’re just so cute. Everybody is so dang cute. There’s such a lot of love because it’s a non-profit program. Everybody helps together, helps each other, brings each other together. Sometimes I feel like Wickenburg Ranches has all these well-to-do people moving in from other places. They’re paying \$40,000 a year to golf here, but they have their parents living there. You still have real-people problems and they still need help. Everybody needs to be part of the community, even though they’re five miles outside of the community.” – Rural focus group</p>
	<p>“Our community is really big in helping groups and other people. We have a wonderful place for older folks, retired, a wonderful, big place.” – Rural focus group</p>
	<p>“I can say that I feel safe over there, and I can—knock on wood—have a conversation with people that are around. We have taken walks together.” – African American focus group</p>
	<p>“My neighbors, we look out for each other, even if it's a package or might grab it 'til we get home. Or if somebody came to the door that I didn't know or somebody was at your house, they let me know that.” – African American focus group</p>
	<p>“We're available to each other 24/7. Whenever they need help or whenever we give them ride here and there and go different places, have picnic and all that. I'd say it's three or four times a week probably.” – Asian focus group</p>
	<p>“Comparing my community to what everyone else has said, I agree with what she said. There is a lot of questionable people in my community, but I will say that, in my community, we do have that trust with our neighbors, so if one neighbor across the neighborhood sees something that's a little sketchy, we'll alert the whole neighborhood, so...well, in Laveen, there's this living, living thing. It's where all, everybody is involved or on Facebook, or they're like, "Oh this happened, watch out." Well, it's kind of like, "Hey, just letting you know.” – Youth focus group</p>
	<p>“We do have some seniors that we pick up every day for lunch. If you want to go, give us a call. We have a lunch bunch that I pick up. Also, there’s four seniors that we’re picking up now out of Wickenburg Ranches every day.” – Rural focus group</p>

<p><b>Structural racism</b></p> <p>Macro-level issue where conditions cause limited</p>	<p>“Yeah. That's what we're saying. Our fast-food places are put in the neighborhoods that have low-income people and that have high illnesses and sicknesses, and the African American cultures, specifically, that decreases their ability to have healthy bodies.” – African American focus group</p>
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opportunities, resources, power and the well-being of individuals based on race/ethnicity and other statuses (National Institute on Minority Health and Health Disparities, 2023).

“Yeah. I have had this experience sometimes back when I went to the health center with my mom. She's a black lady. She had a case. It was not a very serious ailment, but we wanted to make sure that she's okay, so we had to go to hospital, got some checkup. Okay. The hospital, it is a normal day, so all the people are here... My mom, I would say she was treated very unfairly 'cause she would be told that, like, 'You are not really that very sick, so maybe you can just hang on a little bit; have others, those who seems to be more serious with their conditions, be treated first.' That was really very heartbreaking. I mean, was that not a racial discrimination? It was.” – Native American focus group

“Yeah. As from my side of view, I think that just the biggest shortage is—the biggest problem is the shortages of the healthcare stuff. This is something that needs a very urgent—it should be dealt with very urgently because it really affects many people. It is something that is very basic. Something should be done about it. Someone had also talk about the discrimination. I agree with that. There's discrimination, especially on black people and also the Indian people. That is something that also affected me once in a while. I think that is something that should not be happening, especially in this date of time. With these healthcare providers, I think they should be provided some form of training, especially on how to accommodate all the races, because at the end of the day, we are all human. We all face the same problems. We all need to be good to each and every one.” – Native American focus group

“Maybe treatment, being able to reflect more people's views and beliefs, 'cause I know a lot of people are like, "Oh, you need to eat more meat," but some people are religious. If you go to a doctor for health issues or something, and they're like, "You need more protein in your diet, so try eating these meats," but some people religiously can't eat meats 'cause of their religion, and then that's like their treatment is supposed to—they say, as treatment, go eat beef or something, but their religious beliefs are against that, so they can't go do that.” – Youth focus group

“We have this anonymity where we can stay in our whole little lane and not be recognized because we feel safe. When you come out of that, that little box that we have built for ourselves, and you start looking at how we have been deprived--we have really been deprived, especially people in South Phoenix.” – African American focus group

“My community I see as a mental health community. I've been in the system since I was six years old. I'm still not on disability. At first, during the transition, it was really difficult for anyone to call me he, him, his, or even by my chosen name until everything was legal. Then, even after that, they put the mother of, not the parent of, or the dad of.” – QTBIPOC (Queer, transgender, Black, Indigenous, people of color) focus group

“Have not had direct experience with that, but I can see where it occurs, and that patients in certain communities, or people in certain socioeconomic situations are treated differently. There is definitely bias in

the system. The bias can be as discriminatory as your community doesn't deserve this, to you did this to yourself, and that you deserve whatever you're getting. It's baked into the system, and those things are perpetuated, so I've seen it.” – Religious minority focus group

“Yeah. I was just thinkin' about this. Two groups that I work with, Black Therapists of Arizona and Holistic Peace, both of those organizations are black therapists in community. They have the toughest time getting AHCCCS to support the organization. Therapists can't get past the paperwork in order to even work with kids that are African American, therapists who would know, better, how to deal with some of the traumas that African American kids have had to endure. The system is so—I'm a say this on tape—rigged, in my opinion, that the people who are in position to help kids of color can't do it because the system continues to block them from either getting licensed, getting them approved to accept AHCCCS.” – African American focus group

### Theme 3: Social Determinants of Health

The Social Determinants of Health theme (pg. 15) uses a health equity lens to identify forces that can affect the community and local public health system. It can focus on occurrences in the past, present, or future, including forces in the past that contribute to structural inequities. Social determinants of health includes factors and occurrences that impact different aspects of a community's health and well-being. They are a result of interrelated and often complex social and economic systems such as socioeconomic status and access to health care. It includes four sub-themes. The subthemes derived included:

- Health care access and quality
- Health information access and preferences
- Economic stability
- Social and community context

#### Health care access and quality

This theme encompassed health coverage, provider availability, linguistic and cultural competency, and quality of care. Participants were asked if they or anyone they knew experienced difficulty

“Sometimes I just need someone to talk to and a hand to guide me through the way of what I can do next in my life or what I can help with to help me utilize my skills and not just slam me in a inpatient facility or in a treatment center where I shouldn't be because them repeatedly putting people into treatment center doesn't really do nothing besides we make the situation worse 'cause you get out and you don't know what to do next. You end up right back in.”- Foster youth focus group

“The hardest thing I think that takes the longest is trying to find new therapists for him. We just got a new OT [occupational therapist] that started last week, I believe, but we still don't have a food therapist or a PT therapist [physical therapist]. Right now, we're still waiting on people in the community area that can service us and give us those services right now, so, I mean, we've been waiting for a little over eight months for those two specialties.” – Disability caregivers focus group



accessing needed health and mental health services, such as seeing a doctor, getting an annual exam, and getting prescriptions.

“My mother is home, and she's very, I won't say disabled, but she is very limited to doing things. We were trying to get Arizona Long-term Care. I applied for [it] three times and they denied it and finally got approved once she fell. After that, she got approved and after approval took three or four months to get it.” – Asian seniors focus group

“Maybe some way to bridge that cost-of-care gap that everybody's been talking about. I have insurance, but I still can't afford [care] because of deductible, but maybe I don't want to go on—or I don't want to quit my job... so maybe there's a bridge or resources on how to bridge those funding gaps.” – LGBTQ+ focus group

“I'd say access to reproductive health. I know for myself, it's because my name and gender have all been legally changed, but I really, really needed to see an OBGYN. I was having a lot of issues, and I called 10 places that refused to treat me, which is crazy, because they all accepted AHCCCS, so it's like, if they're accepting public insurance, public health providers, I feel like they should be mandated to be educated on trans healthcare needs. I don't know, but I don't know how they could enforce it, but yeah. Definitely access to care.” – QTBIPOC (Queer, transgender, Black and Indigenous people of color) focus group

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

“If it's an emergency we don't have a hospital here. Or if we need to get an exam done, we don't have that either and we have to go to Buckeye. If you need an ultrasound or an arm X-ray, we don't have any of that here.” – Rural focus group

“I'm finding that these same problems were there in 1984 and we have them still.”- Rural focus group

“The DBT is on a three-month wait 'cause they just started with it. Every three months, they start a new class, so it's about three months, so usually if you catch it before, you can get into that next group, but it's about three months while they finish the cycle of the class. I know for the EMDR...that one's a lot longer 'cause they only have, I think, two specialists that actually do that, and so trying to even get on the schedule for that is really rough right now 'cause they don't have enough providers who are trained in that.”- Disability caregivers focus group

“If I go to the doctor in South Tempe, the waiting room looks like me. If I go to the doctors in a different part of my community, the waiting room will look different, and so to me, we're not thinking about all the people that we serve. We're thinking about the people that we can bill for. Now that we're getting into this and seeing how that can happen, but I don't think that medical practices are thinking about all the different people

that they could be serving. They're thinking of the target. – General population focus group

"I also think that a barrier is that a lot of folks don't want— We're trying to increase traditional that's a health services, but we're not putting culture or other epicenter of healing. We have this really linear diagnostic pathological idea of wellness that doesn't apply to, quite frankly, the majority of our community."- General population focus group

"I also think that there should be more outreach. There should be a clinic here for people that, for methadone or fentanyl or something, some type of drug prevention or some type of clinic here in Guadalupe, definitely need that here."- Low-income focus group

"Yes, for those of us that don't have medical insurance. A place for vaccines. I have to go far away either to Mesa or Phoenix to get the vaccines before my kids go back to school. Just like trying to find a place to get their physical exam done before I can sign them up for sports."- Low-income Hispanic

"I done been in the doctor's office and seen somebody get turned away because they was homeless. They came in looking rough, smelly, but they coming to get service. They get turned away because they all—they don't got nowhere to freshen up." - Unsheltered focus group

"Yeah. I don't think there's many therapists close, in my general area, because when I had gone to therapy, I had to go surprisingly far to find a therapist. I was able to get it because it was a family friend." - Youth focus group

"Maybe a hospital closer to home, because the nearest hospital to my house is around 20 to 30 minutes away, and I feel like it's just not a good idea to have it that far, 'cause if there is a medical emergency, 20 to 30 minutes, you could possibly die in that time, and there wouldn't be enough time to get there. There have been a couple of times that we had to call 911 due to something happening to my grandparents, and it took them around 20 minutes to get there."- Youth focus group

"I have ulcerative colitis, and so the area that I live in doesn't have a lot of specialists that accept my insurance. The ones that do are in completely different cities, and so trying to find a provider that I can get to and then also trying to find time that I can take off of work, and there's no weekend appointments usually. It's like you have to be in that 10:00 am on a Monday, and that can be really difficult." – Foster youth focus group

"Myself, I don't think having a personal doctor comes from your race or share the same culture at all or, yeah, the same cultural background. It doesn't really matter. Yeah. What matters is if we have enough medical providers. Do we have medical providers who would treat all people equally? That's what matters."- Native American focus group

"I was diagnosed with cancer when I had no insurance, and so the ability to get access to good care. My options were so limited and the first handful of clinics that I went to were terrible because I fit that

demographic of somebody that doesn't have health insurance, so even that information that was provided. It was compromised quality of care, so there is that, again, that discrepancy and now later down the road I have been insurance, I have greater quality information to continue to prevent the reoccurrence of that cancer, so I noticed a big difference between then and now just with that insurance piece. It's the same disease. It's the same— Nothing in terms of the root of the disorder has changed, but that access and quality of information is interestingly very different.” – General population focus group

“Sometimes places are too far away and you don't have the means to get there, so it's a problem.” – Low-income Hispanic

“Sometimes we don't go to the doctor, because we do have an eight to five schedule. Doctors usually, whether it's mental, counseling, whatever it is, they also have schedules that are eight to five. We are limited to the vacation that is offered through our employers, so we either save it for vacation, or we either save it for to spend our time to go to the doctor. I think most of us sometimes, we just tend to just put that aside. If there were more options, even on the weekend, on a Saturday, I think we would probably—people out there would probably use more of these mental services or counseling than what is being used now, I think.” – General population focus group

**Health information access and preferences**

Participants were asked where they typically go for health-related material, such as where and how to get care, information about how to stay healthy or treat a health condition, and instructions from a care provider. They were also asked which resources they felt were the most accessible for themselves and their community.

“I think the challenge there is parsing out what is reliable and good information with what is information that might do you more harm than good...Also more of these doctors' offices are starting to get apps out there so that you can have more direct contact with the nurse practitioners and the doctors in your office, and you can ask questions, and they respond within—sometimes within hours, sometimes within a day or so. Or you can request your prescriptions, again, if you need to, so that's a pretty good thing. So I think technology is something that's helping us get more connected to the information we need for our health and for wellbeing in general.” - Formerly incarcerated focus group

“How hard it is for the older people to be on the phones. I feel like we should have the younger generation come in here and show them how to work a little because it'll be easier for us to sit down, like: ‘This is how you do it. Relax, it's gonna be all right.’” – Low-income focus group

“The translated word that we use and tell our relatives that the doctor may not actually mean. It is our interpretation of that meaning, which we as the medical profession says, we are not qualified to exactly translate and we may make a mess...The knowledge that they have a right to ask for a medical interpreter, that is what we need to make people aware of.” - Asian seniors focus group

“I know, from kids' education now, they're all learning about preventative care and nutrition and health, much earlier in school than ever before. I

think that's making a huge difference, because the kids nowadays know more about what it means to take better care of themselves and others...It already seems to be making a big difference.” – Religious minority focus group

“Yeah, so I had AHCCCS for three to four months and didn't even know it until I barraged them with call, 'cause going on the website, it said it wasn't approved, and they're like, "Well, yeah, you've had this," but I had to call a different line to figure it out. Without being pushy, I probably would've just been checking the website and not even know that I had it.”  
—LGBTQ+ focus group

“I also want to add mental health awareness. In my community, especially, if we had a program that translates English, 'cause America's really big on mental health compared to my culture...Translating what depression means, or anxiety, to Somali or any other language.”- Refugee/immigrant/migrant focus group

“I was just gonna springboard on the dental. As a teacher, I work with students all the time, and I see parents have to sacrifice dental until it gets to a point where it becomes medical, and then they have coverage.”  
—LGBTQ+ focus group

“I think that maybe the county or these resources could do better job of maybe partnerships with local media outlets. The only time that I can think of where I heard go to this link for a doc of, it was when it was time to get your COVID shot or something like that. If there's more resources there, aside from just vaccinations, making that more—bringing that more into the public awareness, just 'cause people aren't really gonna look for stuff if they don't know. If it's on AZ Good Morning Today, or whatever our morning show is called—I'm sorry, I don't know—if it got some kind of air time there. Then, once people got to the portal, if it was already translated. Primary's English. You can change it to Spanish or whatever language you wanted to, if that was also a feature on the portal, so that people could access that information and didn't feel—they didn't have to jump through as many hoops to translate it.” - General population focus group

“Relying for your own medical health on Google is a very, very risky proposal...I don't want to downplay internet, but always verify. At least if you go to Google, verify that it's an authentic source. You can go to Google and find information from CDC or from Arizona Department of Public Health. That is fine. Any Tom, Dick and Harry mentioning anything about it is a very risky proposal. Using internet is important, but using it discretionally and making sure that you get the right source of information, that's very important.” – Asian focus group

“I think the education system really needs to incorporate as importantly as mathematics, as English and grammar and language and social studies, history, that the three things that we've discussed are physical health, mental health, and financial health. Because if you don't have good

financial health, then everything else suffers. Teaching the kids how do finances work, what is considered good, healthy living, and what things can you do in your community. Because people from all levels and all communities, their kids will go to school. That's the time to educate them.”- Religious minority focus group

“I think there's a lack of education, especially—I mean, the schools here, you focus on your Math, your English, your Social Studies and that type of stuff, and they've got PE classes, but the PE classes, they're just basically when the kids are around. I think we—and this might be—fall on the parents, as well, we need to teach our kids how to eat more healthy. We need to teach them the consequences of not eating healthy.” - Formerly incarcerated focus group

“I was also gonna add, I find out a lot from podcasts. I'm very into listening to podcasts. I really like NPR and a lot of their spinoff shows. Also, ‘Maintenance Phase’ is my favorite podcast, and it's about debunking health claims and wellness things.”– Religious minority focus group

“A lot of moms from some moms’ groups on Facebook I’m a part of that have no idea that they can go to DDD and get their kid into this program so that they can get the services that they need to help them every day, so I think the fact that the community doesn’t know that it’s there is very surprising to me considering that it is a good program for kids and people with disabilities to be able to get the services that they need.”- Disability caregivers focus group

“Yeah, I just walk into any Walgreens or CVS and go to the pharmacy. You’ll see that little window that says consultation. You just walk in, and you can speak to a pharmacist and tell ‘em what’s happening. It’s a little two-minute conversation where they’ll just tell you what to buy, like, “Oh, grab that thing over there. It’ll help with that.” I’ve done that before.” – Hispanic focus group

“I think that we could probably fund a lot of the stuff that we do need, like health resources and stuff. I think we need to fund all that through our school campuses, because a lot of people who do need help like that are not gonna hear it at home, and they're definitely not gonna go look for it, for themselves sometimes, so I think hearing it on campus, from teachers and from the coaches and stuff like that is really important, because some of these people will not go out of their own way to go look for it.” – Youth focus group

“The people who figured out the whole giving providers apps and letting us message—even when it's the nurses who will hit you back. If you— instead of spending the \$50 to go to the doctor...they can say ‘don’t worry about it’ or ‘yeah, you do need to come in.’ That has been incredibly helpful.” – LGBTQ+ focus group

"A large number of Asian people don't speak English as nicely as we would like them to be. Language is a big barrier and they can't express what's

going on. When the doctor asks, they may not be able to answer in English and they need a translator. Quite often, they don't know that it's absolutely fundamental to ask for a translator. Either they need to have their son or daughter, a company so that they can talk in English, but it is their basic right to ask for a translator. You may not maybe knowing, but they are not aware of it and therefore they struggle with language, is one." - Asian focus group

"They probably got resources or they can partner to provide forums, Q and A's. don't cost 'em nothin'. They can provide some cookies or water or something for the guests. Have something in the community at an accessible location that will provide information. Q and A, information, resources. It doesn't have to be just every Juneteenth or Cinco de Mayo when they bring all those resources out. Make the information available on a regular monthly basis." – Seniors focus group

"Doctor offices, hospitals, emergency rooms. I just know that actually having a pamphlet with a number that's clear and precise would help individuals who need the help because sometimes when you go on the web, you don't know what you're looking for." – LGBTQ+ focus group

### **Economic Stability**

This theme encompassed mentions of employment, income, expenses, debt, medical bills, and financial support. It was frequently mentioned in the context of being a barrier to health care.

"My comment was the cost of healthcare is outrageous. We see that systems purposely overcharge, because declining reimbursements, uninsured care, all of these things. The hospital administrators, they want to make big, big salaries. Corporations want to show profits for their shareholders. It's like you're taking a business model and trying to let the business practices rule how the care is delivered, but the cost—even for us, there've been certain medications that, because of supply chain issues and other things, the cost of the medication is unbelievable. Luckily, we have resources that, if we have to, we can pay, but if you don't have resources, then the answer is I can't do it. Where are the low-cost options?" – Religious minority focus group

"I've had two instances recently where I'm seeing a provider that I've been seeing for years now, billing the exact same services I've been billing, and the insurance changed the way they accept different billing codes and started denying our claims, in two instances, and the provider had to go to the--back and forth and file what's called a petition to say, "No, no. This is covered. You should cover this," and they were trying to push this very expensive service to me that hasn't been covered."- LGBTQ+ focus group

"Then it was really a difficult lesson for me that like how to get the insurance and providers are done because I've never had this kinda system in my life. I came here two years ago, so I'm learning a lot about the system, but I had never learned that like I can negotiate with the hospital and the insurance, and all the things are so new for me. It's really shocking that like—I was surprised that like I can—I need to check all



the—like my claims and everything, so that I can pay only what I need to pay. That was really hard lessons, but then there's no guideline on how to do this. Doctors don't know, and nurses don't know about it.”- Asian focus group

“Obesity, it is a huge problem, and having access to have places to do activities is also one, but also having healthier food options that are more price-efficient, not as expensive, that are most cost efficient. I think that's a huge thing, because when you're shopping, it's more expensive if you buy it organic, versus regular, so a lot of times people are on a budget, and they can't afford—buying a box of mac 'n' cheese is cheaper than buying organic fruits and vegetables, so some people have to make those types of choices for their families.” - Formerly incarcerated focus group

“It's hard to find a place, especially with what they find in your home life, so...It's hard to find an employer, and then once they find out your background, now they don't wanna employ you no more.” – Unsheltered focus group

“We got a one-bedroom \$850 apartment when we got here and then we ended up at a \$1,285 for a one-bedroom apartment. And that's really expensive.” - Low-income Hispanic focus group

“Well, what are things that I can cut back on? I can cut back on going to the gym so that I can pay for my prescription, but it seems counterintuitive to that. Because it seems to be working against my health.”- LGBTQ+ focus group

“Mobile food pantries, we need more of those because it's really hard for people to get nutritional food because not everybody can make it to St. Mary's Food Bank or St. Vincent de Paul. We need more mobile food pantries and more pantries in neighborhoods.” – Religious minority focus group

“With my son, he just turned 18. He gets counseling, and he has medication that he takes. As soon as he turned 18, his insurance stopped 'cause it was AHCCCS. You know what I mean? His dad was like, “I don't know how to do this or whatever.” Anyways, so we didn't find out until I went to take him to a session. They were like, “Okay, it's 275.” I'm like, “What?” At that moment, it's not something that I was able to pay for. Plus, he has his medication. Plus, I'm thinking about my rent that's due. It's like, I gotta make a choice.”- Hispanic focus group

“Everything is so expensive. They say, “Oh, self-love is very important for one mentally and emotionally.” It's very important to do self-love things, whether that's you go get your hair done. There's people that can't even afford a \$10 membership for the gym. That's part of self-love, being able to exercise. A lot of people can't even afford that. I just feel like if things weren't so expensive, it would be better.” – Hispanic focus group

“I feel like healthier foods more readily available would be better, because a lot of things are getting expensive, and I feel like healthy food are skyrocketing, and it's very hard for a lot of families to get the food

that they need without spending an arm and a leg, and then having enough for rent, and I just feel like, maybe trying to get the prices back down to a normal acceptable price, instead of \$14 for one pack of baby carrots, I feel like it would just be easier for a lot of people who live where everything is expensive.”- Youth focus group

“I agree on that one, especially, I'm a student, so most of my classes require, like if I have to miss, and I'm super sick, I have to have a doctor note. When I do go for a check-up, the bill is so expensive, so I'd rather go to school sick than pay for it.”- Refugee/immigrant/migrant focus group

“The major drawback to healthcare is being able to afford it.”- Seniors focus group

“Perceived income. Because I make a certain amount of money, they think that I can afford it. Then I'm like, ‘Yeah. No. I can't really afford this.’ They're like, ‘You make this much out of the year.’ I'm like, ‘Yeah. Everything else costs this much.’- Low-income young adults focus group

“Yes. I would like to say, 'cause I took my son to a doctor the other day, and turns out he have high cholesterol. She's like you just need to eat more fruits and vegetables. Okay, that's no problem, but can you write— can you give us a voucher for the farmer's market or something?” – Low-income focus group

“Unhealthy foods are cheaper, so there's also—I have a friend, and I've heard him talk about how he would eat healthier, but it's too expensive for his family to afford healthy, organic foods, so he says—I was like, "Why don't you pack a lunch," and he said to me, like, "I can't pack a lunch. We don't have food to pack a lunch... we just need more access to healthier foods, like less expensive.”- Youth focus group

“I just wanna add something. I think the most important barrier is lack of finance. Most people do not have the money to afford the cost of health care. I think in this aspect, something needs to be done.” - Native American focus group

“A lot of the times people can't afford insurance, but there's also a lot of places that won't take insurance, at all, so you have to pay out of pocket, and then it is really expensive.” - Youth focus group

**Social and Community Context**  
 This theme was used to identify the non-physical characteristics of a community, such as social integration, support systems,

“How you interact with your neighbor and how they interact with you and how they help you sometimes alleviates your stress, makes you a better person, gives you better quality of life.” – Low-income seniors focus group

“I live in Downtown Phoenix, and I enjoy how diverse the city is and how accepting a lot of people are downtown.”- Youth focus group

“Probably these days, the setup is that people drive their cars straight away into the garage, the garage door closes, and then next time the garage door opens and people get out. We may not be knowing our neighbor's names or ethnicity or their culture at all. If we all get together

community engagement, discrimination, and stress. These characteristics focus on people's relationships with each other, which can impact an individual's health. Participants were asked what was important to them in how their communities affect their health.

more often and know each other, that's a much further healthier community.”- Asian seniors focus group

“Okay. We got a lot of land out here. We got a lot of empty buildings, so shelter. Because honestly, it—I guarantee you if there was shelter, there would be less stealing, less drug use—well, not drug use...They do whatever they want, you know what I mean? At least, there won't be as much people on the street or at bus stops or just in general. Shelter would be very, very helpful.” – Unsheltered focus group

“So, we think we could be killed here and the cops won't get there for a long time. And from the time he arrives to the time he files the report, if someone called an ambulance they can't come near until the cop tells them to. And the firefighters were close too, but they can't do anything either until the cops tell them it's okay to come close, even if they arrived first.

So, we need more cops and cameras for real. Because I've been to other places where they have cameras and we have a small community that would only need a few cameras and we still don't have them. How much can they spend on a few cameras here?” – Rural focus group

“I would say some type of community get together for the younger kids, because let's start it when they're young so they can know what a community is. To feel what a community is. Offer help or just be there for each other, because when they get older, it's too late by then.” – Low-income focus group

“I think we have had a lot of growth. We need the health infrastructure to keep up with that growth, and maybe even catch up, in some cases. In terms of the barrier, I've been the finance guy. Obviously, finances and people being able to afford their insurance, their copays, drug cost, et cetera, for the community at large that would be a big barrier. It's not as much for the wealthier communities in Scottsdale, Paradise Valley, et cetera, but for others, it's a big issue.”- Religious minority focus group

“One thing that I do like with our community, we have a—it's called a Heritage Farm where they do have—where you can go and shop for fresh and local things. They also have food trucks you can go to. Sometimes, they have these big community events where—they're free, but it does allow local businesses to come if they're selling stuff, resources—things of that nature.”- Seniors focus group

“Honestly, here, more social workers to help people. If there was more funding in the SAUC, more employees that can help. I know some people that my mom works with, she works here, some people don't get the help they need, because there's just not enough employees to help them. They're pushed aside even though they also need help but it's not as severe as one person. Everyone should get the help that they need.” - Refugee/immigrant/migrant focus group

“More doctors...There’s only one and if you have to get an ultrasound or stuff like that, we need all of that. Or for the back, the bones, etc. because for all of that they send us to Buckeye.” – Rural focus group

“Based on what I've observed, the biggest barrier to improving anything in a community is apathy, because in order to create change you need enough people to care about that change. If nobody cares, nobody's gonna put in the effort to change it...We don't need pity.”- Unsheltered focus group

“I just recently had a loved one pass away on the streets, actually. I don’t think that there’s enough federal involvement with lack of water for the homeless. I don’t think there’s enough information on our televisions, on our computers, that say, “This is available to people.” We don’t have enough shelters for people. It’s got nothing to do with Wickenburg, I know, but the homeless population and the mental health issues, that’s really been heavy on my heart.”- Rural focus group

“I think another obstacle on a local level, I feel like if you're thinking about in a neighborhood, it's trusting or building trust with your neighbors to protect the community can be tough. Whether it's an apartment complex or it's a neighborhood like here, you don't necessarily—that love thy neighbor mindset, I think, is fading. I don't wanna say it's gone, but I think it's more difficult to interact with all of your neighbors all the time.”- General population focus group

“Same with HIV, I think. All the studies are always made for HIV as always targeting gay men, and they always forget about people assigned female at birth or trans men in these studies, so I think it's important to actually have a diverse group of people and make sure it's available for everyone 'cause it's like—part of the acronym is ‘human,’ so you're human if you get it. It should be available to all humans.”- LGBTQ+

“Yeah, living downtown, it’s so easy to make friends and finding friend groups to hang out with and stuff. There’s always events going on downtown. If you go to one, you just made five friends. It’s really easy to not feel lonely and be around people.” – Hispanic focus group

“From my school community, I feel that everybody there is always willing to help each other and they really just want to see everyone grow at the end of the day. Going back to what I said with companionship, there's a lot of that at Sunnyslope. as some of you know. Like I said, everyone's always there to help you no matter what, the whole schooling program, students, teachers, staff, they're all really there, they just wanna help see everybody grow and they just love helping essentially.”- Youth focus group

#### Theme 4: Health Behaviors and Outcomes

Health behaviors can contribute to improved health or those that increase risk of disease. The subthemes derived included:

- Prevention
- Exercise
- Self-advocacy

Health outcomes relate to those that impact the length and quality of life for community members. The subthemes derived included:

- Unmet mental health needs
- Substance use
- Poor nutrition
- Obesity
- Chronic disease

<p><b>Prevention</b></p> <p>Prevention included vaccinations as well as staying abreast of current health information.</p>	<p>“For things like that, preventative health, you really have to make your appointments ahead of time.”– Religious minority focus group</p> <p>“Okay. I think promoting healthy lifestyles, like you cannot smoke or use tobacco in your community. Also get a regular exercise. in term of healthcare facilities, I will say that each healthcare facility should get an interpreter so that it will help people who have language barrier, too”– Native American focus group</p> <p>“Only thing I can say is the nearest Walgreens says something about seasonal vaccinations are free, so come get them here, but other than that, there's nothing saying something specific, like no opioids, nothing along those lines.”–Youth focus group</p> <p>“I think a healthy community really begins in childhood, and educating the community about what are healthy lifestyles. Nutrition, what is good nutrition, what is poor nutrition. Healthy lifestyle habits, and smoking and drugs and their impact on the quality of health, making that part of a culture.”–Religious minority focus group</p> <p>“I think more prevention resources, 'cause we're only helped when we're already sick, when we already have the health problems. There isn't enough resources and information to prevent health problems, so just more prevention.”– General population focus group</p> <p>“That's just one example of our specific situation, but if you want to go into the mental health, since that's the concern for the greater—of the conversation, depending on your insurance, how fast you can get help, and who you can get help from. I feel like that's not fair, so if there's a—even in AHCCCS, if there's a person who has AHCCCS Mercy Care, I have about, I don't know 15 rehabs, off the top of my head, I can refer people to. However, if they have, let's say, Banner AHCCCS, maybe I have five, so—and do they tell patients, based on which insurance you pick, even if it's</p>
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AHCCCS, the quality of care you get? Then, for private insurance, deductibles are so high that it's almost like, "Well, you know what? I'm not gonna do preventative care, 'cause I have to pay for preventative care, so I'm not gonna do it, and I'm basically gambling my health care." That's how I personally feel, being in the system."— LGBTQ+ focus group

"I would like to see like also too because of healthcare costs. Like if you're on AHCCCS or somethin' what would be nice is lower-cost preventative healthcare maintenance, like where you could actually with your AHCCCS card get a lower price on gym memberships, things like that, to be able to take care of your health so it doesn't decline to the point where you need to go see the doctor continually."— Rural focus group

"Well, that's because you want—and like you said, with affording it, it's one of those things that [sighs], going through that, the contraceptives, unplanned pregnancies, and things like that, right now, even though it's, in the long run, not that expensive, depending on your insurance, doing a vasectomy can run anywhere from a few hundred to several thousand, you know?"— LGBTQ+ focus group

"I'm gonna agree with that. I think there's a lack of education, especially—I mean, the schools here, you focus on your Math, your English, your Social Studies and that type of stuff, and they've got PE classes, but the PE classes, they're just basically when the kids are around. I think we—and this might be—fall on the parents, as well, we need to teach our kids how to eat more healthy. We need to teach them the consequences of not eating healthy.

I'm an obese person. I'm way overweight. I'm working on getting lower down, and I'm—I have been losing weight, which is good—sorry, not trying—plugging myself a bit, but I think that is a good example for the kids, my kids to see that I'm losing weight, that I'm struggling or working on getting myself into a better healthy state than where I was, because I want them to also know that it's better to be in a healthy state than it is to be overweight and to have the problems that come with it, like blood pressure and bone pains, and back issues, and that type of thing. I'm also tall, so the back issues would be there anyway, but yeah, just that education. I think we need, not only to have the parents, but we need that backing from, say, schools and stuff like that, to have more programs that teach kids how to be healthy so that our next generations don't grow up like us, with all the problems that we may or may not have."— Rural focus group

"Oh, yeah, preventative. I've had several people ask me if it's a scam. It's not a scam."— LGBTQ+ focus group

"I would love if parents can keep their kids at home when they are sick."— Rural focus group

"You guys are both talkin' information and education. My thought was going more towards have some annual events. Get out there and do blood pressure screenings. Get out there and do—targeted towards dental work



and all of these things. Actually have those trucks or vans or wagons or canopies put up and strategically have 'em quarterly in different areas or 10 times a year. Something so that your right there in a community targeting that population. Even those that aren't able to get out. If they've got something right then they may go and get their teeth cleaned. They may go ahead and let somebody get some dentures. I don't care if they're wooden teeth. That's what George Washington had.”– Seniors focus group

“Personally, I feel like they're there. If we could actually bring more of that to the classroom, bring this type of education to students, I think that that would be helpful. More health-related stuff, more mental health-related stuff, physical and mental, building that into curriculums, versus relying on a health class, just one thing that not all students have to take but should. I think that would be helpful.”– General population focus group

“I think probably the most critical would be education early in the process. I know, from kids' education now, they're all learning about preventative care and nutrition and health, much earlier in school than ever before. I think that's making a huge difference, because the kids nowadays know more about what it means to take better care of themselves and others. I can see it already making a difference. I think everything we talked about is good, but I see that education component being so critical early in the process. It already seems to be making a big difference.”– Religious minority focus group

“Everything is so expensive. They say, “Oh, self-love is very important for one mentally and emotionally.” It's very important to do self-love things, whether that's you go get your hair done. There's people that can't even afford a \$10 membership for the gym. That's part of self-love, being able to exercise. A lot of people can't even afford that. I just feel like if things weren't so expensive, it would be better.”– Hispanic focus group

“It'd be nice if, in our communities, we had centers like that, where all these resources—and in fact, at Fresh Start, at this place, they even have lawyers that go there and volunteer. There's doctors that volunteer to help these people with low-income. We also need it out here, to be able to be healthier, whether it's cooking better, just centers like that in different communities.”– Rural focus group

“At several community centers in my area we hold fairs where they're giving out physicals or dental screenings and stuff like that and it's all pretty much free. I think that that is a really good way to keep the health of the community in check without singling out people who might not have a huge income.”– Youth focus group

“I'm a member of a gym if I wanna go to the gym. I have an exercise at home. My husband can tell you that he exercise every single morning 'cause on account it's good for our health. We live in North Phoenix. I don't live in this part at all. On Mondays we have what they call the food drive. We didn't have it this Monday 'cause it got cancelled. The truck broke. But we see people coming in and we encourage them to—we have healthy

stuff for them. In other words, we're like an open market. We're not like Saint Mary's and every other church. They fix a box for you. They fix a box for you and you have to take what they give you. We're an open market 'cause we put stuff out and they pick up what they want.”– Seniors focus group

“[Interviewee:] Biggest one I remember talking about, the programs, having a specialist that's in that sort of field come here and host an event, like bringing the community together. We talk about a specific problem, and they just teach us, educate us on the actual issue that's going on and how to resolve it and stuff like that.

[Interviewer:] Kind of a group, yeah.

[Interviewee:] I think a bigger community center or multiple locations, all over the area.

[Interviewer:] Are there areas you know of that would be good to have a community center.

[Interviewee:] Yeah, maybe next to the masjid. A lot of people in our community stay from that place. It's a place of worship.”–

Refugee/immigrant/migrant focus group

## Exercise

Participants' discussion of what the most common health problems were affecting their communities and what was needed to remedy those health problems. Exercise could range from formal gym time to general physical activity.

“This is key to all success. If you have a healthy diet, you have a healthy mind. If you have a healthy mind, you'll have a healthy body, and then you don't have to go to doctors.”– Low-income young adults focus group

“We've got a lot of space, they're throwing out new neighborhoods around there, but there's nothing—my wife and I would talk about what could be a nice little park. A park where you can actually walk and enjoy yourself in there. There's a space we eyeball all the time if we do some walking, but there's nothing there, it just looks like another plot for another neighborhood to throw up. Throw a jungle gym in there and they think that's being taken care of, but it's not necessarily an exclusive park that everybody can just look forward to going to.”– Veterans focus group

“I would say have gyms be free for students and stuff like that. I signed up for a Planet Fitness gym where you just go in for free for the summer and I've been going there. I went there for a couple of weeks, I haven't [unintelligible] get back, but yeah.

Yeah, actually, so I was about to say, I think providing more access for just teens during the summer or even during the school year too, just giving them those free memberships because it goes back to the old income situation too. Not a lot of people have enough money to set aside for gym memberships and you see LA Fitness, EOS fitness, places like that they're 30 bucks a month, man.

People don't really, especially when they gotta pay for house mortgages or rent or they gotta pay for certain things like that to help their family, people don't got the money to set aside for that. I think providing those free memberships for your community, one will help with the obesity problem

in America and also will just create a healthier lifestyle because as it's been studied before, going through physical activity and just experiencing physical activity is just better for your mental health and just your physical health overall, I think just providing that'd be better.”– Youth focus group

“I think that kids and even ourselves should exercise more, because I’m noticing a lot of obese people more and more. And that’s harmful for our health, which many times we don’t understand but there may come a time when we’ll have a lot of problems. So, I think exercising and eating healthier makes all the difference in living longer lives.”– Low-income Hispanic focus group

“[Interviewee 1:] I have that problem. Two of my girls- three of my girls are already obese and I try to give them healthy food and to cook for them at home without eating out so much, but the one that eats better is the one that’s a little chubbier. But it’s so hot—I was taking her for hikes up the mountain at 4 am and it’s impossible now because the air is so hot, even at that hour.

[Interviewee 4:] We started going out and taking her for walks here at Eldorado and it’s the same as what she mentioned, the heat is too high unfortunately. So, we do try to keep them active but many times there are no spots available, like she said.”– Low-income Hispanic focus group

“Feel like, with obesity on the rise, heart disease, things like that, it would be very important for people to be active, and I feel like, not just in Goodyear, but all communities in Maricopa County, it’s really hard for people to be active, especially during summer, when they’re aren’t places that you can really do that, that are indoors.”– Rural focus group

“[Interviewee 4:] Yes, for me it’s obesity and—Many illnesses—There’s lots of diabetes and cholesterol and everything for that same reason. Because people just stay locked in and...

We just eat and eat and eat, and we don’t have—And has she mentioned, we can’t even go to the park because it’s too hot. So yes, obesity.

[Interviewee 3:] I feel like we need activities we can do. And also having a gym where you can distract yourself.

[Interviewee 4:] For motivation, right? For motivation, we need a gym.

[Interviewee 3:] Like the Zumba lessons they used to have at the park and the equipment, but not anymore.”– Rural focus group

“People have to recognize if you have a chronic disease, you got to do your part and eat better, exercise.”– Low-income seniors focus group

“Five, six years ago, I—like <Name> said, if you don’t maintain your health and eat right and exercise and whatever, you’re gonna—now they’re talking about giving me a heart transplant and a kidney transplant. Okay. I’m trying to eat better now, exercise better, but I could’ve did that a while back.

You’ve got to really take care of yourself.”– Low-income seniors focus group

“Yes, for the kids especially because they do spend a lot of time—For example, my seven-year-old daughter never wants to go to the store with us because of the hot weather, she won’t go. So, she’s always watching TV

or the cellphone and stuff like that. So, maybe if there was some place where she could go and spend time and have fun.”– Low-income Hispanic focus group

“And the hot weather isn’t very favorable these days for taking the kids to the park, so we could use indoor activities and places.”– Low-income Hispanic focus group

“I also think that more opportunities to get out of bed, more events around the area, just 'cause I feel like a lot of us probably spend most of our days in bed. I don't know, I do, but I feel like that affects physical and mental health, because you're just not getting any sunlight, and just laying down, probably snacking, in your bed, watching, eyes glued on the screen or something like that, and so more opportunities to get out of the house would be a lot better. Because personally, I don't go out of the house because there's nothing for me to do except go to work and come home and sleep, so if there's more stuff in the community to do, then it's more likely that a lot of people will be willing to get out of that house.”– Youth focus group

“For the kids, so they don’t have to be at the house all the time playing Nintendo and watching TV. That they could say, “Hey mom, take me to swimming lessons” and to have them be affordable. Because, I don’t know how much they cost here but they’re usually very expensive.”– Low-income Hispanic focus group

“If it’s too hot, people are not gonna exercise.”– Rural focus group

“The other is the range of motion, the mobility. It gets so hot that people kind of go in, but when they’re out exercising, it’s too much heat, and when you’re in so much under the air, I guess it affects you otherwise because you’re not really moving as much and stuff kinda tightens up.”– Rural focus group

“Yeah, exactly. For some reason, I've joined a gym a couple of times, and I don't keep it up. It's like, you know what, ain't no use in you paying this money for a gym. I just go over to [neighbor's] and get in the pool.”– Seniors focus group

“Me, too. Mine is exercising. I don't exercise. I'm very bad about it. My niece lives a quarter mile away, and I either drive to her house and walk home, or walk to her house and then drive home. Mine is exercise. I used to exercise when I was young. Then I got married and that went out the window. It's like no, I need it more now than I did 60 years ago. I need to get back into the exercise thing.”– Seniors focus group

“People’s sedentary lifestyle. Sometimes we don’t want to go out because it’s hot outside or we don’t go out because we don’t like doing sports and then we pass that on to our children.”– Low-income Hispanic focus group participant

“[Interviewee:] It's also the heat. At this time of the year it's the heat. You don't wanna do anything so you sit around and watch TV.

[Interviewee:] And get fat.

[Interviewee:] Get fat, mm-hmm.

[Interviewee:] That's it.

[Interviewee:] That's what people don't wanna do. You never want to sit and watch TV and be in the rocking chair. Because we have to move.

[Interviewee:] We do do those things. I do. I catch myself many a time. Oh, I can't miss Rifle Man."— Older adults focus group

"I see my son, they wanted just sit in there and just play the game all day, eat food and not be active. It's troubling."—Low-income seniors focus group

"We have a park area right here in the community. In and around. It's too hot, we can't go outside."— Low-income focus group

"And also, being able to get the kids into productive activities so that they're not looking at screens all the time...For example, my kids were taking swimming lessons for three months and I signed them up for active games where they could jump around. I also took them to summer classes and all of that, so they were occupied all day and they didn't have any free time. So, keeping them active with different activities."— Low-income Hispanic focus group

"Offer more options that are affordable. Free fitness programs for families, for kids, for the community. Cheaper options of the food."— Rural focus group

"Well, I know there's no excuse for not working out because you can do that anywhere, but in regards to food we know that most products these days contain a lot of chemicals and if you want to buy an organic product, you can't afford it. So, that's another thing for the kids.

Like she was saying—I signed my daughter up but there was no place or spots for her, so she was on a waiting list but they never called me. So, I've looked for activities I can sign her up for but some of them are too expensive and so I couldn't sign her up, so she stayed home because I couldn't take her to activities like the ones she mentioned. So, sometimes you're limited from being able to do some things."— Low income Hispanic focus group

### **Self-advocacy**

This theme includes participants' discussions of speaking up for themselves to receive any form of medical treatment.

"For me personally I feel heard and understood by my provider. It didn't happen right away. 'Cause I had to learn the ropes and say I have to be myself—I have to advocate for myself. One thing that I do like when you go in the hospitals now is that they tell you to be your best advocate. Be your own advocate and ask questions and do those kinda things and not just let them have their way with you. It took time for me to be and advocate for myself. With that my needs are being met, my doctor—I'm being heard. Building that relationship and rapport with your primary care physician or your dentist or whatever. If you just want your I's dotted and your T's crossed, then that's what you do. We have to express ourselves as a person in relationship. I have a family, all of this. To be treated human and with—yeah."— Seniors focus group

“Having to have somebody advocate. I feel like I have to be there to advocate because, you know, it’s like, “Don’t you believe him?” I don’t know. It’s just crazy. It’s terrible. I hate to see the treatment.”– Disability caregivers focus group

“I think an obstacle is finding a good provider or finding someone that you do resonate with and that requires you to have time and patience and the ability to advocate for yourself and to have some understanding of what medically is going on.” – General population focus group

“Well, and along those same lines, I live on the westside, so there’s a lot of great resources centrally located, but when I first came out—’cause I came out just a few years ago—I went to my doctor and asked my doctor if I could be put on PrEP, and I wanted STI testing. They didn’t know how to do a full STI panel, and my doctor told me that she was uncomfortable putting me on and suggested that I go somewhere else, and so I think that outer communities aren’t educated enough in some of those resources or what they are ‘cause, yeah, she wouldn’t prescribe it to me ‘cause she didn’t have enough information or didn’t know herself, or it could have been her own bias. I don’t know.”– LGBTQ+ focus group

“I think the part that I wanna share is that the healthcare is a multibillion-dollar industry. I think as Phoenix being the fifth largest city, it just makes me wonder why we don’t have a trans-specific healthcare facility specifically for trans patients. For example, the Phoenix Children’s Hospital is here. It is specifically for children and other healthcare facilities. I think the push that I would like to see is looking at trans individuals as executives in the healthcare industry, to advocate for trans health, and be at the table with their cisgender counterparts so they can bring forth their personal lived experiences of going through hormones and other medical procedures that cisgender individuals may never experience. I think having that voice at the table would be something ideal, and if we are gonna be moving up the ladder, possibly be the fourth largest city, I think Phoenix needs to chop off boards instead of sitting in the back seat just enjoying the ride.”– LGBTQ+ focus group

“For example, with my kids in Mexico—if you want a podiatrist or something, they’ll send one right away. But it’s very difficult here. I remember when my son needed a helmet and they would tell me, “No, come back in a year, he’s not there yet.” And we went several times but it didn’t happen. And with my girl it was the same, she had something on her finger and they told me she was too little to get treatment. So, that’s something that can’t be treated no and they just let it advance...So, you do have to insist and persist so they can refer you to a specialist...And it was the same with both of my kids. I had to insist over and over and when they finally listened and referred me to a specialist, the specialist said it was too late.”–Low-income Hispanic focus group

“When I finally caught it, and I went to the doctors, and they’re like—they started asking questions about who my preference in sexual partners were



rather than dealing with COVID in itself. I had to tell them, 'Hey, look. This has got nothing to do with my sexuality, or my preference in sexual partners, or my sexual orientation. This is dealing with COVID.' It was hard."— LGBTQ+ focus group

"You definitely have to advocate for yourself. We've been down that road quite a bit, where my husband had some heart stuff going on and the young guy who gave him the angiogram told him one story one day, and another story two weeks later. They're young. If they're young, and they're cocky, you just have to advocate for yourself. You have to make sure that you've got your ears on when he's talking. Some of 'em are smarter than they are good."— Rural focus group

"I'm kinda outspoken. I make sure I'm being heard. I think, too, not only do you have to make sure with a provider, but a lot of these providers rely on their staff. When they have a huge overturn in their staff things are being missed. Falling through the cracks and things like that. Unfortunately, you and I and whoever, we have to always follow up to make sure they're doing their job right. These doctors aren't fully aware until you complain. Then they're aware of what their staff is doing or not doing. Like the other person—and you definitely have to be proactive and speak your mind and make sure your provider understands your needs."— Seniors focus group

"I live in downtown Phoenix, so for me, it's easier to find someone within my local vicinity, but the transportation companies that I use, a lot of them are telling me, they will not provide transportation to trips that are less than 10 miles. I had to seek out specialists whose offices are over 10 miles away from my house, and that's a hindrance to me, and that violates the contractual agreements that they have with the insurance company. I've tried to bring this up and file grievances with my insurance carrier, but it's just went through deaf ears it seems like. I've had transportation companies cancel or not show up three times in a row, and in one particular incident very recently—it just happened last month with my pain management specialist—because I missed three appointments back-to-back, which were out of my control."— LGBTQ+ focus group

"Or a lot of us who are older, such as myself and other advocates that I see that are on the panel today, a lot of us have advocated and we've become activists, and we've set the groundwork, but we need that continued coordination with the younger generations to continue that fight that we have to keep on fighting, unfortunately."— LGBTQ+ focus group

"I fought for that. I fought for that tooth and nail, and it got to the point where I threatened the prison system before they went ahead and listened to what I had to say. I got the World Health Organization involved, and also Transgender Law Institute involved. We had—oh, God. I don't remember the name of the organization, but they basically are an organization, a health organization that wrote the standards, the health standards, for trans individuals, that they had disseminated to communities and health organizations on the free world, but with the prison world, it wasn't—they

had no knowledge of it. I was able to bring that into the prison system.”– LGBTQ+ focus group

“[Interviewee 1:] I don’t think it’s discrimination per se, but a language barrier. Because sometimes they try to explain something to you or think you speak language, and start talking and once they realize you’re not understanding it becomes frustrating for them because you’re not getting what they’re saying...Yes, because without good communication— Sometimes there’s too many people and the translators don’t get there in time, so the doctor or nurse try to explain to you what they’re doing or ask you about why you’re there.

[Interviewee 2:] Or even when they’re using a translator on the computer and you’re speaking but it’s like it’s not translating what you said accurately, it’s like it says something else. And even if you don’t speak English too much, you can sort of understand and you can see that it didn’t say what you said. So, the doctor-patient communication isn’t very clear in those cases.

[Interviewee 4:] Sometimes you end up translating for the translator. Yes, it happened to me once. My problem is speaking the language [inaudible], but [inaudible] and I ended up translating for the translator because [inaudible]. So, I think that’s very important and they should use very capable people as translators.

[Interviewer:] Because it’s a very serious business, right?

[Interviewee 4:] Yes, it’s serious business and if they’re saying something different than what was actually said—it’s not possible.

[Interviewer:] Right, it could potentially cause a different course of treatment than what you need.

[Interviewee 4:] Yes, or simply—Words sometimes are different, what you’re saying and what you’re trying to say—As much as many words are written the same way, they’re used for different things, yes.”– Low-income Hispanic focus group

### **Unmet Mental Health Needs**

Participants were asked what barriers, if any, they or someone they knew had experienced in getting mental health care (such as treatment or

“Right now, at this time in society, it feels like we have to have a second job just to make ends meet. Having that second job means having us away from our family, our children. Who’s gonna be taking care of our children, if we’re not within our household? The family members. That’s where community comes in. If family members aren’t there, then your child is taking care of another child. What is that gonna do to their mental health? How are they gonna be—how are they gonna become better than the position that the adult is in?”– Low-income young adult focus group

“I wish therapy would have been available to me, but I was on a different insurance. I was on my dad’s insurance, and it was like TRICARE or something and that doesn’t—that doesn’t cover anything, so I wasn’t able to get any appointments or anything”– Youth focus group

support). If so, what were those barriers.

“It’s mental health. From beginning to end. I’m-a tell you why. A lot of these people that’s on drugs now, they needed mental health before the drugs. They really needed mental health before the drugs and didn’t know how to go about it, didn’t know where to go, or who to talk to. Next best thing. My best friend does crack-rock.”– Unsheltered focus group

“I think lifestyle choices are part of this whole equation. When you are stressed, when you are just doing what you need to do, you get into critical thinking mode, or this is my top priority and my health has to wait, because I have to do X, Y, and Z. Then, it leads to choices that are unhealthy. A lot of what we see in medicine is behavioral and lifestyle changes that occur, with years of unhealthy lifestyles.”– Religious minority focus group

“Now one of the challenges I see within young adults is the suicide rate, especially in the black community. It hurts me. It really do. A lot of it, ‘Ugh, help me lord,’ a lot of it is coming from not accepting the LGB group, a lot of it is coming from people not feeling heard or not feeling--people feeling different, people feeling like they don't fit it, they're not accepted, people that have parents that are on drugs and alcohol.”– Low-income seniors focus group

“People don't easily open up and talk about their mental health. If they do, the community people are not looking with empathy or sympathy.”– Asian focus group

“There was, like, a lot of trauma stuff that I went through, and they were always, like, throwing medication on me. It was never what’s up, what can we help do to, like, not fix it, but bring it more to at peace or, like, help us become more at peace. It was always, oh, what medical diagnosis can I put on her now, what label can I put on her now.”– Foster youth focus group

“I would say that mental illness is a big thing when it comes to community. That be why, ultimate, and hear people, what they—like, it's not about what they say. It's not physical, like sick, physical. Mentally, it's something that's real, but you might not open to us like how they did, like communicate more.”–Refugee/immigrant/migrant focus group

“Give an advertisement for kids, like the kids in our community. Some of the kids in my school, in my community, they get into smoking and vaping and stuff, and they’re mostly more insecure about everything and some—like this one friend, she was vaping and stuff to the point where she had to do it, like she was addicted to it, so I would say give out advertisements to help kids who have struggles, like mental health, and let kids know that kids like me could know that.”– Youth focus group

“I think mental health. A lot of the times, mental health is, Somali-wise, if you're not hurt, you're good. Whereas depression, stuff like that, anxiety, depression, aren't seen as something that's real. It's like you're good, you're okay. Read some Odamjj, which is like the help, like the book, whatever, they say do that, it said you're gonna be good. More education about mental health –it could be sought after. It could be needed in this community.”– Refugee/immigrant/migrant focus group

“Mercy Care 'cause we deal with them time and time again. They're like, “Okay, well, send 'em to mental health court. Send 'em to court ordered treatment.” They go to in-patient for three days, four days. Not even a legal day of stabilization 'cause you at least have to do seven days. They don't do that to get 'em stabilized. Discharge 'em and they're back on the street again. My job is to help them not go into the hospital. Help them get their community supports and resources and medication resources and things like that.

Our goal is to not get them in the hospital. If we're not collectively working because the mindset is oh well, they're never gonna get healthy or there's no hope for them 'cause they're mentally too far gone to recover. Even if they believe it or not they don't even look at that 'cause they're just stuck on the aspect of money hungry. Oh, we'll help you but not really. It'll just look like it.”— Seniors focus group

“She has depression and anxiety the last 25 years, and she just expressed that there's not a clinic nearby and she feels like it's very hard to find for depression and anxiety. There needs to be more resources for the community, or some mental health services.”— Low-income focus group

“Math problems, you're gonna start sucking at math because you're not doing it in your head. If you start doing it in your head, you're gonna be more adept in that. The same thing applies for coping mechanisms and mindfulness and mental health strength and all of that. If you're relying on medication to get you through it, then you're not gonna have that wherewithal that you need to stay mindful in order to exercise those coping skills you're learning in therapy. That's not to say that it doesn't work for everybody, but for people who are—if you try to push it on people, it's not helpful at all.”— Unsheltered focus group

“I think there's still a lot of us, in the older generations that think that way, so it—when, so like my wife tells me, “Maybe you should go see a therapist,” I'm like, “Nah, nah, I don't need that,” 'cause I come from that generation too. My parents were the same way, but we're slowly accepting the fact that mental health is necessary. We need to keep ourselves mentally healthy, and I think that's also maybe pushing the mental health communities to be more accessible, but yeah, there's still a lot. We still need to get more of that out there.”— Rural focus group

“Yeah, I think the gap between finding regular medical care resources online and mental health resources online, it's extremely wide, 'cause I see a lot of free dental care, free just—I can't think of it, physicals, free physicals for sports or stuff like that. You rarely come across anything that's mental health related online, especially on social media, so I think there's a big gap between that.”— Youth focus group

“Stigma is higher and that limits people to open up and talk about mental health. That limits the utilization of services and they go to a much later stage. They should have an available treatment. Creating awareness probably is on mental health and it's okay, and almost over 50 percent of

people have mental health and it's not a big deal, and please feel free to talk. Those kinds of messages need to go in everybody's mind.”—Asian focus group

“My son is autistic. When he got diagnosed with autism at age two, we were referred to a geneticist. It took us three years to see the geneticist, that’s how long the waitlist is. That’s ridiculous.”— Rural focus group

“I’m in the mental-health field. I’m studying mental health, and then many people ask me if there’s any Korean-speaking counselor. As <Name> says, There’s not many people here. When I want to refer students or other people, it is really hard to find anyone, and even for me, I wanted the psychoanalysis for myself, and even it was so hard for me to find a licensed psychologist even an East-Asian person at all here, so it was really difficult to find anyone.

I think recently there’s some people more, but thinking about the insurance, even like they cannot pay hundreds of dollars per session, so there’s a really-limited chance to talk in Korean especially. There’s people maybe they can assess to like English-speaking counseling, but then in terms of the Korean-speaking counseling, it is really-limited chance to do that. I used to have it. I used to have a Korean-speaking counselor, but like out of that, you’re so limited, and then even I cannot refer my friends or people that I know.”— Asian focus group

“In the Asian culture. Without any Koreans, I believe many people would either not know that they are having mental-health issues, and people would be much more hesitant to seek those services because they don’t wanna speak with someone who looks different, who doesn’t understand my culture, and maybe they can try to impose their cultural values to mine. Also, with the Taiwanese semi-conductor manufact—the TSMC coming—actually, they opened already, but there’s gonna be huge influx of Asians and Koreans, so there is going to be a great need for providers who are Koreans or Asians just general, especially for mental health.”— Asian focus group

“I think that, more than regular medical care, there are even larger barriers to mental healthcare. The awareness is improving, especially post-pandemic, and understanding the stress and the changes that people have undergone mentally. I've seen this forever, which is there's a huge lack of providers. Even those providers that are there are full, and they're not accepting new patients. I've tried to refer people for mental health, and it's so difficult. I don't even have good resources myself. I think that there's a tremendous lack of providers.”—Religious minority focus group

“I think that there—in reflecting over the last year, or even a couple of years, access to mental health, in particular, has been challenging. Virtual is fine. That's where we're at in the world. It was necessary due to COVID, but there, in my own family, I have a grandchild who is autistic. He's got several other mental health issues, where she needed an in-person/face-to-face/touchy-feely kind of environment in order to thrive, so to get a child in

that condition to thrive online is next to impossible, so that's just a reflection over the last couple of years, so access to mental health, in this scenario would be a challenge in my mind.”– Rural focus group

“I know that for mental health, for a lot of people, if they don't have that level of coverage, they're looking at out-of-pocket.”–Religious minority

“Older people, they do not talk about their disease, what they are feeling. That is why they are not getting the services.”–Asian focus group

“I've been having to wait a pretty long time to get appointments for my mental health, and it's specifically because my mom says that she can't afford them, and so it would help if things were more affordable.”–Youth focus group

“A lot of this stuff is just this mental health that is not being checked, 'cause people shouldn't be this angry.”– Rural focus group

“There's a lot of mental health needs. That's not how I envision a healthy community, but that's how the majority of the African-Americans are in the South Phoenix area and there are some mental health needs that are not being met.”– General population focus group

**Substance Use**

Participants were asked what the most common health problems were affecting them and the people in their communities. Substance use could range from alcohol to illicit drugs.

“There’s a lot of children and individuals that hang out in the park and a lot of drug use, so a lot of residents stop going to local little parks because of that.”– General population focus group

“So, it’d be good to improve safety at the schools and pay more attention to kids who may be selling or using drugs, and sometimes neither the parents nor the community do something about it. That’s a very common issue and you don’t really see that as much back in Mexico.”– Low-income Hispanic focus group

“We talk about harm reduction. We talk about how—the reason why people are using substances. It’s often because—I’ll speak for myself, it was for self-medication purposes, altering how I’m feeling, altering how I’m perceiving the world, so talking about—talking about that and addressing also the mental health aspect. It’s a multiple disciplinary action trying to tackle substance use because you need the mental health services. We need to destigmatize. We need to work on the housing services. Because all of that plays a role in drug use, and if you’re living on the streets when it’s 115 degrees, you bet, like someone is gonna go get loaded, ‘cause it’s miserable out there, so of course, like sort of things of that nature.”– LGBTQ+ focus group

“Give an advertisement for kids, like the kids in our community. Some of the kids in my school, in my community, they get into smoking and vaping and stuff, and they’re mostly more insecure about everything and some—like this one friend, she was vaping and stuff to the point where she had to do it, like she was addicted to it, so I would say give out advertisements to help kids who have struggles, like mental health, and let kids know that kids like me could know that.”– Native American youth focus group



“All it takes is just to walk around outside for a few minutes, okay? You can tell that the biggest health problem affecting our community right now is substance use. What's really ironic to me is that we have so many [unintelligible] clinics for it, and yet, you can't go around the block for 10 minutes without somebody stopping you and asking you, ‘You got Blues? Got G? You got—?’”– Unsheltered focus group

“What got me sad about the community that I see around me is substance abuse and the homeless on the street, and the people that are in need that fell, that can't get up again. What I can see is there are a lotta places that people can go get help at, like CVI and St Joseph the Worker. There's programs that showed up in my community that I really see as a very good thing to have.”– Rural focus group

“I think there's a bunch—sometimes there's bullying. There's a lot of bullying, and especially some of the kids here, they have insecurities, low self-esteem, and some of them are kind of depressed about themselves. Some of the kids here and people here kind of believe us being who we are or what we're interested in are less and what we do and what we look like, and some kids use that by going under influence of drugs, stuff that we shouldn't be using at this young age, and I just think that more people should pay attention to it 'cause doing that stuff can really change our lives.”– Native American youth focus group

“Oh, yeah. I would say—I would say—what is it called—section 8 housing, or income-specific housing. Then, change the bracket on that. Changing the bracket on that to help individuals would help significantly. It would help reduce issues within household families and children, and just relieve their stress on single parents. I feel like, if we had more of that in communities, that it would help—it would help—it would help the children thrive a little bit more, and it would keep us from having issues like drug addicts and people going and turning to drugs.”– Low-income young adults focus group

“Most of the time that I spent living, like, out here, I was homeless, so, like, that's a huge thing. There's no cover for anybody. They're sunburned. Like, most people are—well, not most people, but us a nice handful of people are already dealing with drug addiction and overdoses and withdrawals, and the heat just makes that 10 times worse.”– Foster youth focus group

“That's why the juvenile suicide rate is up, and that's why a lot of 'em are turning to the fentanyl. It's general. It's over all the mental health. There should be a little more access within the schools, within the community.”– Rural focus group

“I also think that there should be more outreach. There should be a clinic here for people that, for methadone or fentanyl or something, some type of drug prevention or some type of clinic here in Guadalupe, definitely need that here.”– Low-income focus group

“Okay. We got a lot of land out here. We got a lot of empty buildings, so shelter. Because honestly, it—I guarantee you if there was shelter, there would be less stealing, less drug use—well, not drug use. Because honestly,

you can't—we got drown individuals. They do whatever they want, you know what I mean? At least, there won't be as much people on the street or at bus stops or just in general. Shelter would be very, very helpful.”— Unsheltered focus group

“I think a healthy community really begins in childhood, and educating the community about what are healthy lifestyles. Nutrition, what is good nutrition, what is poor nutrition. Healthy lifestyle habits, and smoking and drugs and their impact on the quality of health, making that part of a culture.”—Religious minority focus group

“I think a lot of people within a community have that negative output, and they don't have someone to talk to. They don't have a therapist available for them to talk about what is going on with them. They internalize everything, and they make everything negative. That's what possesses them to harm someone or do something stupid or go into drugs, is because of that lack of education. The lack of not knowing how to understand your emotions, or to understand what—or be in a relationship, understand how to even be a parent. I think that is the biggest boundary that we have within our community, is having that type of resource, and actually it going out and being spread out within everyone, and everyone participating.”— Low-income youth focus group

“Misuse of drugs and drugs abuse. Youths mostly love misusing drugs and using drugs in my community a lot.”— Native American focus group

“I think we got a huge fentanyl problem out here, and it needs to be dealt with.”— Rural focus group

“Addressing the issue, not just about using and suffering from substance use, but the ones who are perpetuating the problem, the ones making it, the ones selling it.”— Rural focus group

“There are obviously there is substance abuse in schools and everything and I think that it should be more emphasized there are kids that do have the problems, should be looked at not as this bad terrible kid but as someone who needs help or needs guidance. I feel like when people do get caught with these things, granted it's obviously not good to have them at school, but I feel like instead of like, oh they need to be detained or sent off this amount of time that they should be put—they should push forward resources to actually put them on the right path instead of just punishment.”— Youth focus group

“One is access to drugs and some legal and some not is an epidemic. That's affecting all communities. That's one that I worry a lot about, kids getting real easy access to that, which leads to a whole bunch of other problems. That's one that I'm concerned about, at a community level.”— Religious minority focus group

“Cause it was all pretty, but I said, "How can you sell all of this legally, but if I buy this one pipe and walk out this door, I get arrested?" Because I'm black. If I go around the corner with this one pipe, I get 25 to life you can

have all this in the store. They told me they had an agreement with the government.”– African American focus group

“A lot of girls that I’ve been in group homes with, they have, like, substance abuse issues, and there’s no actual substance abuse therapy.”– Foster youth focus group

“Like with the rehabs. For drug addicts and stuff. They don’t have any beds. It’s like how are they gonna get people that do wanna go in there, they have to wait.”– Low-income focus group participant

“[Interviewer:] All right. Have you been given tools to help if you’re with somebody who’s OD-ing?

[All: No.]

[Interviewee:] No. We don’t get provided Narcan or anything like that at school. I feel like—

[Interviewee:] Recently they’ve put Narcan in classes, but that’s—

[Interviewer:] For teachers?

[Interviewee:] Yeah.

[Interviewee:] Teachers? Okay. Students carry Narcan, ‘cause I just feel like that makes more sense. There’s maybe a hundred teachers in a school, but there’s 2000 students. We need the Narcan.”–Youth focus group

“At our school we have public service announcements on the announcements, but I feel they’re really short and they’re not emphasized enough. I feel like they could definitely take a little bit more time to really show the whole issue with our school. There’s obviously a fentanyl crisis going on, but it was just a fraction of the announcements. I feel like it would be better to have these bigger public service announcements just to really get the word out there and really spread awareness to this issue.”– Youth focus group

“Yeah. Around where I live, I know, especially since my sister, when she was living with us, worked at the Walgreens, where there’s a huge problem, actually. There was a lot of fentanyl use in that area specifically. They just couldn’t get rid of that problem. I see that all the time, actually. If I go skateboarding early enough in the morning, I can still see people there. It’s slightly concerning, but it doesn’t affect me personally.”– Youth focus group

“Well, you know what I do see quite often is people underage talk about smoking cigarettes, nicotine something, a substance that is very not good, unhealthy in general. Promoting it like oh, you guys should get in on this, not literally in that, but just making it known that hey, I smoke. I do it. Smoking you can do. It’s something that—but it’s like you’re that young. I don’t know how to word it properly, because at my previous high school I’d gone to, there’d also been issues with kids smoking, kids bringing vape nicotine pens. I’m pretty sure there was someone that used to sell weed at my old high school. I don’t know what could be done about that, really, but it’s just something that I think about here and there. What is there to do about that? I don’t know. I don’t know, genuinely.”– Youth focus group

“Kiddos in middle schools are using. It’s starting to become more and more of a serious problem.”– General population focus group

“I completely agree, I also just think that even though, like he said, you're not supposed to be vaping at school or anything like that, these kids they're addicted, so by suspending them you're just moving the problem elsewhere, you're not fixing anything. These kids need help 'cause they are sick basically. They're addicted to this substance and I just don't think—well, I do understand why it's a thing that should be punished I guess, I just think that after you suspend them, maybe just find some resources for them so they can get help because once they come back why wouldn't they do it again? It doesn't even make sense so.”– Youth focus group

“I think all of those are maybe secondary problems. Drugs aren’t the problem. It’s people broken. You know what I mean? It’s broken people dealing with other broken people, and they don’t have a solution, so they just turn to something to medicate, to take the pain away or distract ’em. I don’t know, this sounds crazy to me, maybe. I think the community needs more love. More love, people will feel more happy, don’t feel like they need to do drugs. Happiness in this life, you do need to take care of yourself, so all that stuff will be good.”– Formerly incarcerated focus group

#### Poor nutrition

Participants were asked what the barriers were to improving the health of their communities, and what were some possible remedies.

“A lot of people don’t know how to cook, so teach them just basics how to throw things together and make it a good and healthy food meal”– Rural focus group

“Well, that diabetes also go with all those fast food choices that we got in our area. We got mostly fast food, Jack in the Box, McDonald’s, Burger King. Any fast-food restaurant in your community most likely...”– African American focus group

“I think a healthy community really begins in childhood, and educating the community about what are healthy lifestyles. Nutrition, what is good nutrition, what is poor nutrition. Healthy lifestyle habits, and smoking and drugs and their impact on the quality of health, making that part of a culture.”–Religious minority focus group

“Food options just because around my community—and this is just like talking about the block that I live around, it’s only fast-food restaurants, I would say McDonald’s, Subway. Subway is eat fresh, but it’s still, in a sense, fast food. There’s not really a lot of better options like salad or supermarkets that are high-end for people to actually get fresh product.”– Veterans focus group

“[Interviewee:] Another barriers are the cultural food as well as certain processes. People in their own culture have different kinds of food habits that they would like to stick to and they're not quite in line with the medical treatment that is being offered on survey. Those are the issues that they quite often fix.

[Interviewee:] I agree with you.

[Interviewee:] Indian people are eating so much fried food.”– Asian focus group

“Trying to get people to not eat out so much and be able to have little home gardens and eat healthy at home.”– Rural focus group

“[Interviewer:] Okay, so then, in a healthy community, there is better food options?

[Interviewee:] Yep, 'cause we do not have a lot of that.”– Hispanic focus group

“[Interviewer:] What ideas do you have to help you and your community get healthy and stay healthy? What ideas do you have?

[Interviewee:] Eating the right foods.”– Low-income seniors focus group

“I know where there’s great meat and we have great meat markets. I’m just lookin’ for produce. Produce, I know they have a little place over here, it’s just different things come in periodically. I’d just like to have an abundance of produce, like raw veggies and stuff like that.”– Rural focus group

“The food truck’s delicious, but the ones that come—or used to come, I don't know if they still do it or not, they’re not giving anything healthy, not selling anything healthy.”– Veterans focus group

“They could hand out healthier foods in the schools.”– Low-income Hispanic focus group

“I think, if we do everything—if you do everything in moderation, I think that's what life is all about, is just enjoying but don't enjoy way too much, because sometimes we indulge. I need to un-indulge. I have a sweet tooth, so I have to be very careful about not indulging that one particular thing. Other than that, I think we're old enough to know better. Do we do it, though? That's the whole problem. Do we do it? 'Cause we all know. We raised our kids to eat properly, to exercise properly. Are we following our own rules, or are we just and we're old, we fudge? I think that's what that means.”– Seniors focus group

“People don't realize that my little obsessions of pizza and things—that's an addiction.”– LGBTQ+ focus group

“Lack of knowledge on how to properly cook for fruits and vegetables.”– Rural focus group

“I’m a believer in the olden ways of beautiful flowers, try to have gardens, eat your vegetables. I grew up on what they now call a plant-based diet.”– Rural focus group

“Availability of healthy foods, and that's a huge problem, especially in underserved communities, where healthy foods, if you wanna eat all organic, it's significantly more expensive. If you have limited or no income, you have to get what you can get. Unfortunately, that's not always healthy.”– Religious minority focus group

“Interviewee: Unhealthy foods are cheaper, so there's also—I have a friend, and I've heard him talk about how he would eat healthier, but it's too expensive for his family to afford healthy, organic foods, so he says—I was like, "Why don't you pack a lunch," and he said to me, like, "I can't pack a

lunch. We don't have food to pack a lunch," and he'll go home and eat chips. He's still at a good weight because he has a fast metabolism, but think if he didn't have that metabolism, then it would be an issue, and it would just get worse, but we just need more access to healthier foods, like less expensive."— Youth focus group

"What am I going to do with this eggplant? I don't know what to do with an eggplant. Some classes or something to give us more information about if they brought us a farmer's market and they're selling rhubarb, I don't know what to do with that. Access and education probably would be helpful, at least for me."— Veterans focus group

"I think that comes from what I said earlier. We're always chasing the dollar, so nobody has time no more to get home cooked meals and nobody has time no more to sit down at a nice restaurant and eat healthy foods. You know what I mean? No one has time to even exercise."— Low-income seniors focus group

"We could use more help for the people who need it. For example, I would love to get some classes about nutrition...Yes, information because that helps us a lot with knowing what to cook, what's good for you and what isn't. It gives us ideas, tips, yes. Classes that can be useful for the families...They're great. But it's every so often. I would love it if they could be once a month, for example. So that the families that can come can get tips and advice. I think that would help."— Low-income Hispanic focus group

"I would say instead of adding more fast food restaurants, add more salad and go places, that would be a healthier food option instead of having all these greasy foods and whatnot."— Youth focus group

"The kids see the publicity and stuff their faces on junk food."—Low-income Hispanic focus group

"Many of our health food stores. We have so many storage facilities. I love Mexican food, don't get me wrong, but. It's so many. We don't have any health food stores."— Low-income seniors group

## Obesity

Participants were asked what the most common health problems were affecting them and the people in their communities.

"[Interviewee 4:] Yes, for me it's obesity and—Many illnesses—There's lots of diabetes and cholesterol and everything for that same reason. Because people just stay locked in and...We just eat and eat and eat, and we don't have—And has she mentioned, we can't even go to the park because it's too hot. So yes, obesity.

[Interviewee 3:] I feel like we need activities we can do. And also having a gym where you can distract yourself.

[Interviewee 4:] For motivation, right? For motivation, we need a gym.

[Interviewee 3:] Like the Zumba lessons they used to have at the park and the equipment, but not anymore."— Rural focus group

"[Interviewee 1:] I have that problem. Two of my girls- three of my girls are already obese and I try to give them healthy food and to cook for them at home without eating out so much, but the one that eats better is the one



that's a little chubbier. But it's so hot—I was taking her for hikes up the mountain at 4 am and it's impossible now because the air is so hot, even at that hour...We started going out and taking her for walks here at Eldorado and it's the same as what she mentioned, the heat is too high unfortunately. So, we do try to keep them active but many times there are no spots available, like she said.”– Low-income Hispanic focus group

“I think that kids and even ourselves should exercise more, because I’m noticing a lot of obese people more and more. And that’s harmful for our health, which many times we don’t understand but there may come a time when we’ll have a lot of problems. So, I think exercising and eating healthier makes all the difference in living longer lives.”– Low-income Hispanic focus group

“So I would also piggyback on that and say that obesity, it is a huge problem, and having access to have places to do activities is also one, but also having healthier food options that are more price-efficient, not as expensive, that are most cost efficient. I think that's a huge thing, because when you're shopping, it's more expensive if you buy it organic, versus regular, so a lot of times people are on a budget, and they can't afford—buying a box of mac 'n' cheese is cheaper than buying organic fruits and vegetables, so some people have to make those types of choices for their families.”– Rural focus group

I would say there's a lot of obesity. Because food cost has been up, it also affects what you're able to put on your plate. If you don't know how to eat healthy on a lower budget, it's really hard.”– Rural focus group

“A decision, in regards to obesity for example, we need a decision because sometimes we’re too lazy to go out for a walk and help ourselves. Or we won’t close our mouths and we keep eating, if we’re being honest.”– Low-income Hispanic focus group

“I would say obesity with high blood pressure [are the greatest health problems or issues in the community]. Those are the that I can think of.” – Low-income seniors focus group

“So I would also piggyback on that and say that obesity, it is a huge problem, and having access to have places to do activities is also one, but also having healthier food options that are more price-efficient, not as expensive, that are most cost efficient.” - Formerly incarcerated focus group

**Chronic Disease**

Participants were asked what the most common health problems were affecting them and

Yeah. That's what we're saying. Our fast-food places are put in the neighborhoods that have low-income people and that have high illnesses and sicknesses, and the African American cultures, specifically, that decreases their ability to have healthy bodies.”– African American focus group

“People have to recognize if you have a chronic disease, you got to do your part and eat better, exercise.”– Low-income seniors focus group

the people in their communities.

“Yeah. He had a pain for a year and a half, and we don’t know what it is. It started like sciatica from sitting in the car on a long motor trip. He’s had that pain for a year. Finally, he got an MRI, and still, it was weeks before we could see the doctor to even get that diagnosed or figure out what was wrong.”— Rural focus group

You look up under Parkinson’s and there’s a group in L.A., and there’s a group in [unintelligible 34:18]. There’s a place in Phoenix that’s quite famous in dealing with Parkinson’s, but it’s hard to get in.” – Rural focus group

### Theme 5: HAPI and Chronic Diseases

HAPI (Healthy Arizona Policy Initiative) is a collaborative effort across counties to improve the health of the population. This theme explored what prevalent chronic diseases participants frequently discussed in order to inform HAPI projects. The subthemes derived included:

- Mental illness
- Diabetes
- Cancer

#### Mental Illness

Responses in this section include topics of depression, anxiety, general mental distress or lack of mental well-being,

“People are having more depression and anxiety, it’s because people live alone and they don’t offer anything for us. They offer a lotta things for children, and that’s great, but seniors living alone, as myself, and being disabled, it’s really hard.”— Low-income focus group

“I feel like, in that system, specifically, mental care, it’s often really hard for people that are in crisis or needing that care to navigate that system to figure out, “How do I pay for this? Is this one gonna work with my insurance? Is it better that I go to AHCCCS? Do I need to work with my deductible? How do I find a therapist? How do I make sure they’re qualified to test me for a specific–?” Maybe some help with people that are not tied to any special insurance. They’re not working for your insurance company, but maybe help with people that can help navigate that system or something like that would be a good resource.”—LGBTQ+ focus group

“Someone I was close to was going through a lot mentally and it was really affecting him and he didn’t even know where to go. He wanted to admit himself somewhere into a mental facility just to help him with it, but he didn’t even know how to go about it. He was calling, trying to call places but it just wasn’t really—they expected him to already know everything and so he wasn’t able to really get that help at the center that he needed to go to.”— Youth focus group

“Yeah, I’ve had the same issue, but with mental health care, finding the person I need, the specialist in my area of difficulty. Then also, even if I find

someone, one I actually can trust or that I feel like I can trust.”– Hispanic focus group

“I feel like depression. I feel like most people don’t talk about depression, but you could tell a lot of the community is depressed.”– Hispanic focus group

“I would say, so at my school on the back of our ID cards, actually there’s a numbers for Teen Lifeline and stuff. While there is that access to those help and those guidances, I feel like they’re just—honestly, they’re not emphasized enough, ‘cause sometimes people just don’t know, what they have and what they have to offer.”– Youth focus group

“I think we should make it—I think we should make it so creating—or learning a new skill is more accessible to certain people, like learning to play an instrument, ‘cause a lot of times, to buy an instrument, it’s over a hundred-and-something dollars, and maybe someone doesn’t have that money, or giving them the opportunity to learn a skill, ‘cause in my opinion, I think it helps to have something that you can put creativity into so it combats mental health, and if you’re having a tough moment, you can do what it is that you like to do, and it pushes those thoughts back and helps you destress a little bit.”– Youth focus group

“We should frequently talk about our mental health also. We don’t have to shy about it.”– Asian focus group

“Community I see as a mental health community. I’ve been in the system since I was six years old. I’m still not on disability.”–LGBTQ+ focus group

“For me, I think a lot of people in my community have mental issues, which is why they tend to be willing to rob you, even if you’re home.”– Hispanic focus group

“Well, with the mental illness in my area, I feel like you can see it. It’s not even that they’re dirty or what they’re wearing. It’s their face and then how they have their hair and stuff. You can just see. The way they look at you is just suspect.”– Hispanic focus group

“Only for us to have to put her back into two weeks later because she had another attempt or a relapse.”– LGBTQ+ focus group

“When you talk about mental health, yes, depression, anxiety is huge.”– Rural focus group

“I would agree with the mental health as well. I think because mental health, how you navigate that, if you—it just makes every—it goes into every choice that you make and every move that you make, the words that you speak, and—”– LGBTQ+ focus group

“And to add to that, it—the interdependency of that mental health. It affects your physical health and is affected by your physical health, so not being able to deal with the mental trauma of everything else going on around you makes it so much harder for you to physically get out and do things, to access the care that you need, and the domino effect.”– LGBTQ+ focus group

“Yeah. It was an appointment where I would go to the clinic for the first meeting on Zoom, for the first couple of meetings. Then I would have a Zoom meeting with the doctor. To me, that means maybe there’s not any

psychologists in town. They're handling it on a Zoom. At least they handle it somehow."– Rural focus group

"I also want to add mental health awareness. In my community, especially, if we had a program that translates English, 'cause America's really big on mental health compared to my culture...Translating what depression means, or anxiety, to Somali or any other language."– Refugee/immigrant/migrant focus group

"Then, there's also a lack of understanding of how mental health affects physical health. There's a lot of cultural bias, in certain communities, against mental health. They think oh, no, we're not crazy. We just have this, we have that. There's a lot of education and reintroducing the understanding of mental health is a condition, just like diabetes. It's a medical condition. These are all conditions. Lack of resources, but also lack of understanding, and some misunderstandings of what mental health is."– Religious minority focus group

## Diabetes

Participants were asked what were the most common health problems affecting them or the people in their communities.

"Then I'm a diabetic, and I'm on medication for blood sugar that helps with weight loss, so now that everybody's using it for weight loss, there was a time in January where I didn't have access to my medication for like four months because it was on backorder."– Disability caregivers focus group

"My auntie, before she passed, she had diabetes. She was breaking her medication in half to try to stretch it. Because it cost so much money she would break it in half. Eventually that was one of the things that eventually took her out on top of having COVID. What happened to her is she basically couldn't afford that medication."– Low-income seniors focus group

"Well, right now, I'm fighting with these doctors, far as my diabetes is concerned. I went to my doctor. My doctor took me off of this one medicine, 'cause it wasn't doing right. Then she sent me to a specialist. Well, the specialist never called me, so I'm real concerned about these specialists, because I'm waiting for this other specialist to call me. I had a doctor's appointment on the 5th. Nobody ever called me. Yesterday, the first specialist called me, which they were supposed to get back with me within 72 hours and they didn't. Now, I'm referred back to another doctor, which this is crazy. It's just the way this medical thing is going. She took me off of this one medicine. Well, my diabetes is over 200, and I'm not hearing from any of these doctors to get in, to get new medicine. I went back on my old medicine, because I don't wanna die. That's upsetting to me."–Seniors focus group

"In Asians, particularly diabetes is a little higher and at a little younger age compared to others, and even at a lower body mass index or lower weight as compared to the other communities. Asians have diabetes a little earlier, that is one."–Asian seniors focus group

"I think staying healthy, most important part is exercise, then diet. Many times we can proof with the diet. Whatever diabetes should not eat, they're always starving for the food, which is not good for them. That's why I always say that diabetes is a mix of plenty. There are a lot of sugar in the body, but

they don't utilize sugar in a good way. We are starving. Though we are starving with the good food. Whenever we see very nice food, including our seniors' groups, we start taking it. People ask you, 'Why aren't you taking this? You're a diabetic person.'" – Asian focus group

"The most important health issue in our community is I think diabetes, one of the metabolic problems..." – Asian focus group

"Well, for healthy living, I know what I'm supposed to do, but in my essence, a lot of the stuff I'm supposed to do, to me, is not—I'm not enjoying my life. If I have to be a regiment on this, this, this, and this, it's like come on, now. I might as well die, if I'm gonna live like that. I still like to go out and dance. I still like to drink. I still like to have a man in my life. It's like come on, now. I try to—my exercise is running around with these little kids, and then going and having parties over—'cause I have a big family. I'm always doing something with them. I just live my life, and try to do the best I can. I take my medications. I follow the doctor's rules, to an extent. That's the way I'm living. I'm pretty healthy, except for the diabetes. I understand that, but it's a million people that got diabetes. What's the norm for that, you know what I mean?" – Seniors focus group

"I have a little cousin who was born with diabetes. I find it not upsetting, but I guess sad that she has to hold off on things because of that. She has to really maintain it." – Youth focus group

"I'm a diabetic and I take the same medication Ozempic. I went through the VA. The VA was my go-to. When I got there in '76, they didn't have a program that they have now in place. The progress that took us from not having to having programs that would help you get treatments, that happened in the last five years." – Low-income seniors focus group

"People are not walking, so I did get diabetes too." – Rural focus group

"Probably a lot of diabetes in older, geriatric, it'd be nice to have a doctor up here that specifies with or qualifies with older folks, 'cause we're both in our 80s, but we're fairly healthy." – Rural focus group

"I have diabetes because I donated my pancreas to my sister, who was a child diabetic. As I got older, it didn't work as well. I go to an endocrinologist in The Valley, down in Sun City area, or Sun City West, or wherever it is, Surprise." – Rural focus group

"My doctors never called me back yet, either. I think it's they see old, or they look at our age, and they go, "Oh, well. They're not gonna be around much longer, so why should we even bother?" I haven't had a call either. My endocrinologist, I finally got an appointment for my endocrinologist, and I'm still waiting. They put me on medication, and now this medication that I have now drops my sugar all the way down into the 60s. I don't know how to deal with that, because I have nobody live—my grandson, but he's in his own room. He doesn't even come out. I don't have anybody to talk to about what I do, because I'm in the same boat. Yesterday, I had a reading of 436, and I thought I was gonna die. I was afraid to go to sleep. It's really difficult. I agree. I agree with <Name>. It's like, when you hit a certain age, they just don't

	<p>seem to—pardon my French, but they don't seem to give a damn whether you do it or don't. It's scary, very scary.”– Seniors focus group</p> <p>“Yeah, I'm a little overweight, but I've lost a lot of weight because I don't feel like eating. I have no appetite whatsoever. I have to force myself to eat. Since I went on—my nieces, I have two nieces that are—diabetes runs in my family. My dad was diabetic, died of diabetic complications. My nieces, they eat. They tell me what they eat. I've become literally a vegan with chicken. That's it. I don't eat red meat. Very seldom do I eat red meat. I'm just not—and I have totally cut out sweets. I don't eat—I used to be a sweet eater. If it was there, I ate it.”– Rural focus group</p> <p>“I feel like that also contributes to a lot of people's health problems, 'cause I have an aunt who, she recently just got diagnosed with diabetes, and they told her to cut off on a lot of foods, but she's struggling with that, for the same reason, that healthy food is so expensive.”– Youth focus group</p> <p>“Consistency of care, being able to see the same doctor consistently, whether you—even if you have the same insurance, continuously, like with AHCCCS. Testing instruments, constantly changing every year. It's like, it's a treadmill of trying to run down everything that you need and get the people you need. Getting an endocrinologist that will work with you has been a struggle, especially since most of the ones in this state are all wanting to deal with thyroid and not diabetes. They're not interested, 'cause we as patients are a struggle to deal with, and part of that is because, as a late-stage or a type 2 diabetic, getting the—into the habits, we need help with getting those good habits going, and it is, it's a struggle. It's a constant problem.” –LGBTQ+ focus group</p> <p>“Well, I see it in my kids but my neighbors' kids are pre-diabetic...Yes, and they're so little. But I do see the extra weight in mine too.”– Low-income Hispanic focus group</p>
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<p><b>Cancer</b></p> <p>Participants were asked what were the most common health problems affecting them or the people in their communities.</p>	<p>“I know my father had skin cancer.”–Religious minority focus group</p> <p>“I've had five or six friends that are my age—I'm 38—who've been diagnosed with breast cancer this year.”– LGBTQ+ focus group</p> <p>“I just had surgery for breast cancer. I talked to three doctors. The one lady, she was very informative and I understood what she was saying. The next lady that I talked to, she's a radiation person. She just talked down to me.”– Seniors focus group</p> <p>“I do a lot of cancer surgery. They will have been smoking and eating poorly and no exercise for 30 years. Then, as soon as they're diagnosed, they're like okay, now I'm eating all organic, and I did this, I did that, which is great, but it's somewhat too late. Now you've entered into this different phase, where now you're in management phase, and it's not curative.”– Religious minority focus group</p> <p>“I believe the insurance are not good either, because sometimes you have a problem, medical problem, and you need to wait to be approved by the</p>
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insurance. It takes months sometimes. I have a sister-in-law with cancer, and she couldn't have an appointment right away.”– Rural focus group

“I was diagnosed with cancer when I had no insurance, and so the ability to get access to good care. My options were so limited and the first handful of clinics that I went to were terrible because I fit that demographic of somebody that doesn't have health insurance, so even that information that was provided. It was compromised quality of care, so there is that, again, that discrepancy and now later down the road I have been insurance, I have greater quality information to continue to prevent the reoccurrence of that cancer, so I noticed a big difference between then and now just with that insurance piece. It's the same disease. It's the same— Nothing in terms of the root of the disorder has changed, but that access and quality of information is interestingly very different.”– General population focus group

“The power lines that border my neighborhood make people sick. There are currently at least three people on my street with cancer, and many more that have had cancer. Every morning when I walk and I can hear them buzzing, I'm just waiting for my turn.”– General population focus group

“The companies that they contract with are very selective with who they will pick up and give transportation services to. Even one of them has said— unfortunately, due to my medical conditions and my treatments, I have to seek out the services from my main chemotherapy treatments and then also specialists, doctors who specialize in a particular field, per se, for example, my oncologist or just whatever specialist I'm seeing, my pain management specialist, especially. I try to pick specialists who are within reasonable distance to where I live.”–LGBTQ+ focus group

## Theme 6: Other

This theme captured topics of discussion that did not fall into previous subthemes, but were on occasion discussed; thus, they were deemed important to capture and report. The subthemes derived included:

- Innovation
- Trust

### Innovation

Ideas to improve communities within Maricopa County or the healthcare system.

“You guys are both talkin' information and education. My thought was going more towards have some annual events. Get out there and do blood pressure screenings. Get out there and do—targeted towards dental work and all of these things. Actually, have those trucks or vans or wagons or canopies put up and strategically have 'em quarterly in different areas or 10 times a year. Something so that your right there in a community targeting that population. Even those that aren't able to get out. If they've got something right then they may go and get their teeth cleaned. They may go ahead and let somebody get some dentures. I don't care if they're wooden teeth. That's what George Washington had.” – Seniors focus group

“I also think that there should be more outreach. There should be a clinic here for people that, for methadone or fentanyl or something, some type of

drug prevention or some type of clinic here in Guadalupe, definitely need that here.” – Low-income focus group

“Asian Pacific Community Action, we try to approach with Maricopa County Department of Health Services that we want to train the caregivers in their Asian language. Currently we do not have that option. We the language, but they have to necessarily appear in the exam in English to get certified as caregiver. Now, the caregiver's work is very limited in directly dealing with the clients. Lots of Asian senior sick people would love to have an Asian language speaking healthcare care provider or a caregiver who can do an excellent job, but they will not be able to speak English language and certainly not be able to pass the exam of the Maricopa County Board.

Therefore, they'll not be certified as caregiver, and therefore they'll not be paid as much as a certified caregiver will, but they still would like to work. They're less in number as such, substantially less as compared to what is required. Even when they find a job, they'll be exploited because they're not a certified caregiver and therefore they'll be paid minimum amount based on the need. That is what needs to be changed. I do not know how to do it.” – Asian focus group

“I feel like it's not lacking in parks, 'cause it's really all we have. They are trying to build up some stuff around here, but that's only because more people are moving to this area. I feel like it'd just be better to have more stuff to do indoors, 'cause how they're building up a community. The community's building up near the Sprouts and all that, but all that stuff is connected through outdoors. There's not much to do indoors. It's just park, and if you wanna do anything indoors, you have to go further.” – Youth focus group

“I would like to see if we can create systems where you can have memberships, and that your membership in that system means you're going to attend classes. You're going to get education. There may be in-home visits to see what your needs are, and then just start at the grassroots level. It's really a tough problem, and it requires the emphasis to be on that, which it currently is not.” – Religious minority focus group

“Or give 'em places where they can go to the reps. I used to work for a company that had porta potties plus porta showers. Why can't we get those out there on the streets, our government, and let 'em bathe? I see 'em go into the restroom behind buildings. They don't have no food. They get a little money but not enough to survive. We need that kind of stuff put in our community.” – Seniors focus group

“Okay. We got a lot of land out here. We got a lot of empty buildings, so shelter. Because honestly, it—I guarantee you if there was shelter, there would be less stealing, less drug use—well, not drug use. Because honestly, you can't—we got grown individuals. They do whatever they want, you know what I mean? At least, there won't be as much people on the street or at bus stops or just in general. Shelter would be very, very helpful.” – Unsheltered focus group

“I wanna touch more on what he said about shelter and housing is just like—more options for permanent, available housing. I know right now we have ABC Housing, but I'm thinking maybe more diversified plans for people according to their needs, for specifically different mental illnesses or people of different communities. That way, they can all have somewhere that feels like home, so they don't feel like they have to have a to-go bag all the time. I think the best way to keep people in a community and feeling safe in the community is to make them feel at home. To get to know them as a person and develop a program according to their needs of its kind, I think would be very beneficial for a lot of people. More individualized care. 'Cause people have a lot of individual needs but sometimes they go together. Sometimes, it may seem like it's just individualized for that person, but what may seem individual to them actually turns out to be something that a lot of people are experiencing but just isn't talked about very much.” – Unsheltered focus group

“Maybe some arts and crafts, something to keep our minds healthy and allows us to shake stress off, to relax. ‘We’re going to teach you about gardening now, we’re going to teach you arts and crafts now,’ maybe even something that we can make.” – Low-income Hispanic focus group

“For a similar idea, I suggested if there is a kinda of call center concerning our concerns about health issue, it’ll be very helpful because in South Korea, if we put 119, Korean version of 911, we can ask a doctor real-time, 24 hours all the time about our issues, so there should be no debate. Like, “My son has a fever.” I say something. My wife say something, but we all stay silent because doctor can say the answer.” – Asian focus group

“Offering water stations so that people don’t get heat stroke, different things. That could be a possibility.” – General population focus group

“I would like to see like also too because of healthcare costs. Like if you're on AHCCCS or somethin’ what would be nice is lower-cost preventative healthcare maintenance, like where you could actually with your AHCCCS card get a lower price on gym memberships, things like that, to be able to take care of your health so it doesn’t decline to the point where you need to go see the doctor continually.” – Formerly incarcerated focus group

“I guess just more literature to be handed out. Just pick topics maybe once a month like if it's dementia or the things we mentioned. Get maybe, like I mentioned before, students that need to do community work and just drop off these flyers at these homes or at the schools to give 'em to the parents. I would think things like that to just, again, educate. We just have to keep continuing educating. Even if we repeat ourselves, somewhere someone's gonna say, "Hey, wait a minute. I remember reading that or seeing something on that." Just be repetitive.” – Seniors focus group

“I don’t remember who said that but how hard it is for the older people to be on the phones. I feel like we should have the younger generation come in here and show them how to work a little because it’ll be easier for us to sit

down, like this is how you do it. Relax, it's gonna be all right. Yeah. Something like that." – Rural focus group

"I would say instead of adding more fast food restaurants, add more salad and go places, that would be a healthier food option instead of having all these greasy foods and whatnot." – Youth focus group

## Trust

Trust or lack of trust of healthcare system and or community.

"I think another obstacle on a local level, I feel like if you're thinking about in a neighborhood, it's trusting or building trust with your neighbors to protect the community can be tough. Whether it's an apartment complex or it's a neighborhood like here, you don't necessarily—that love thy neighbor mindset, I think, is fading. I don't wanna say it's gone, but I think it's more difficult to interact with all of your neighbors all the time." – General population focus group

"Our childhood was probably great. We could just keep our doors open, go to the neighbor and ask for help or whatever. Now you're like almost scared to." – Low-income seniors focus group

"You, as a consumer, how do you know what's right? How do you know what's not right? Even if you see your healthcare practitioner, is what they're saying in my best interest? I don't think that's always the case." – Religious minority focus group

"When I think about what would work, it's community-based care. It's trusting and listening to your patients, and trusting and listening to their intuition, asking them if they have questions. Listening to us when we talk about pain. It's listening to us when we talk about feeling dismissed or minimized, right. It's not giving in to those old racist tropes that say we're angry black people." – Rural focus group

"Yeah, I've had the same issue, but with mental health care, finding the person I need, the specialist in my area of difficulty. Then also, even if I find someone, one I actually can trust or that I feel like I can trust." – Hispanic focus group

"What's most important for me when living in a healthy community is feeling safe. I wanna be home and not worry about, 'Oh, I forgot to lock the door.' I just wanna feel safe." – Youth focus group

"You know your neighbors. You're able to share their life as well as theirs with you, a nice store, a nice church. You look out for each other. You feel safe. If you're not there, you know you still have a block watch around you in your neighborhood to where you all look out for each other." – Low-income seniors focus group

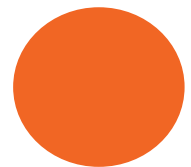
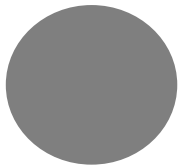
"I like that my neighbors know me, I know them, and I can trust my kids to play outside 'cause my neighbors know me." – Rural focus group

"Even when you're able to get services for your family member or even for yourself, is the high turnaround rate in most of these services, and having to switch providers every three to six months constantly, which can hinder somebody's growth when it comes to things like OT and speech because part

of that is building a rapport, and if you're having to switch out providers every three to six months, you're not really gaining a lot of trust with the provider that you're working with before a new provider comes in 'cause that provider has left." – Disability caregivers focus group

"You've gotta, like, build that relationship, and that's kind of hard nowadays 'cause nowadays it's kind of hard to trust anybody. I guess just a safe place. Like, the kids would need a safe place to come to and talk to someone." – Foster young adults

"I think in a more perfect community, I think what I would like to see, which I don't know if we'll ever accomplish it, is more inclusion, more equality, and not being looked at as just as the status quo or someone that they can make dollars off of. It seems like the only time our community is really ever taken seriously or looked at in a serious way is when it benefits another organization or the government in a positive way, or where they can gain currency, monies, but in reality, our rights are still violated." – Queer, Transgender, Black, Indigenous, people of color (QTBIPOC) focus group



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