Maricopa County Forces of Change Assessment 2012

Maricopa County
Department of Public Health

This report was written by staff of the Maricopa County Department of Public Health and the Arizona Department of Health Services.

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Forces of Change Assessment

What is it	• An environmental scan of positive and negative conditions impacting health
Method	• Focus groups were conducted with seven underserved communities: • African American; Asian American; Hispanic/Latino; American Indian; Lesbian, Gay, Bisexual, and Transgender; Low Income, Seniors
Overall Findings	• Responses varied by community • Overall themes include: the economy, the physical environment (air quality), access to healthcare, quality of healthcare, health status, and legal/immigration concerns.

Forces of Change Assessment

The Forces of Change Assessment is an environmental scan to determine the factors influencing the health and quality of life in the community and the local public health system. The forces identified through this process assist in identifying strategic issues of concern for the assessment. In order to elicit input from community members about these conditions, two series of focus groups were conducted; the first with members of racial and ethnic minority communities, and the second with additional populations who are either underserved or experience greater health disparities. The following tables displays the themes across the focus group participants.

In the first series, focus groups were conducted with 148 participants from ethnic minority communities. Four focus group sessions were held with each of the following ethnic groups: African American, American Indian, Asian/Pacific Islander, and Hispanic. Ages ranged from 18 to 82 with 98 participants (66.2%) indicated that they had health insurance. Respondents from this first series answered the following demographic questions:

What is your ethnicity?

- 38 Hispanic
- 37 American Indian
- 34 Asian (comprised of those identifying as Asian Indian/South Asian, Bhutanese, Chinese, Filipino, Japanese American, Karen [Burma], Korean, Vietnamese)
- 29 African Americans
- 4 Other
- 1 White
- 1 Pacific Islander
- 1 Half Mexican, Half Yaqui

What is your primary language?

- 67 English
- 29 Spanish
- 10 Vietnamese
- 7 Korean
- 1 Chinese
- 1 Karen (from Burma)

What is your gender?

- 84 females
- 58 males

What city do you live in?

- 73 Phoenix
- 13 Guadalupe
- 11 Avondale
- 9 Aguila
- 9 Gila Bend
- 7 Chandler
- 4 Gilbert
- 4 Maricopa
- 4 Mesa
- 3 Tempe
- 2 Goodyear

- 2 Scottsdale
- 1 Apache Junction
- 1 Glendale
- 1 Laveen
- 1 Litchfield Park
- 1 Paradise Valley
- 1 Salt River
- 1 Tucson

The second series of six focus groups were also conducted with three subpopulation groups, including two sessions each with the Lesbian, Gay, Bisexual, and Transgender (LGBT) community, participants from low socioeconomic status (SES) communities, and older adults (over 65 years of age). Ages ranged from 20 – 81 years of age with 38 or 70.4% indicated they had health insurance. Respondents from this series answered the following demographic questions:

Participant race/ethnicity

- 24 Hispanic
- 18 White
- 6 American Indian
- 5 Other or Unknown
- 3 African American
- 1 Pacific Islander
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Participant gender

- 38 Female
- 13 Male
- 3 Transgender

Education
- 12 or 22.2% had less than a high school education
- 10 or 18.5% were high school graduates
- 1 or 1.9% had a GED
- 18 or 33.3% had 1 – 3 years of college
- 8 or 14.8% were college graduates
- 5 or 9.3% had post graduates

Employment Status
- 20 or 37.0% were currently employed
- 8 or 14.8 were unemployed/looking for work
- 9 or 16.7% were homemakers
- 11 or 10.4% were retired
- 3 or 5.6% were unable to work
- 3 or 5.6% unknown

Marital Status
- 21 or 38.9% were Married
- 1 or 1.9% were Separated
- 11 or 20.4% were Divorced
- 3 or 5.6% were Widowed
- 14 or 25.9% had never been Married
- 3 or 5.6% were members of an unmarried couple
- 1 or 1.9% unknown

Number of Children
- 11 or 20.4% had no children
- 7 or 13.0% had 1 child
- 12 or 22.2% had 2 children
- 12 or 22.2% had 3 children
- 7 or 13.0% had 4 children
- 5 or 9.3% had 5 children

The following issues were brought up by only one group and not represented in the table following for all groups:

Asian and Pacific Islanders
- Language barriers
- Social isolation

African Americans

- Lack of cultural cohesiveness
- Dissatisfaction with the media in terms of negative stereotypes
- Social marginalization, sentiment that the community's voice is ignored
- Too many liquor stores
- Lack of quality, concerned schools

American Indians

- Limited skill set for those who move from the reservation to urban settings
- High prevalence of alcoholism and other forms of substance abuse
- Limited knowledge of preparing healthy foods
- Lack of financial literacy

Hispanics

- Lack of affordable, quality early childhood education

LGBT

- Issues of stigmatism:
    o Between the general population and LGBT community
    o Between gays/lesbians and the transgender community
    o Regarding HIV/AIDS and Sexually Transmitted Diseases
- Not enough coverage for prescription medicines
- There has been an increase in STD and HIV rates due to unclean needle exchanges for those injecting hormones
- Not enough outreach to the general population in regard to STDs and HIV
- Not enough resources specific to the LGBT community, especially transgender populations
- Large number of undiagnosed HIV cases

Low SES

- Some are abusing public resources, such as Arizona Health Care Cost Containment Services (AHCCCS) (Arizona Medicaid alternative)

Major themes and concerns discovered through minority focus groups	African American	American Indian	Asian / Pacific Islander	Hispanic	LGBT	Low SES	Older Adults
Poor economy/high rates of unemployment or underemployment	X	X	X	X	X	X	X
Limited access to affordable, quality health care	X	X	X	X	X	X	X
Lack of access to quality, low-cost recreational facilities	X	X	X	X			
Barriers to affordable, appropriate, quality housing	X	X	X	X			
Transportation barriers	X	X	X				
Anti-immigrant perception, immigration status		X	X	X			
Discrimination/racism	X	X		X			
Neighborhood safety issues and violence	X	X		X			
Concerns about environmental pollutants/toxins	X	X		X	X	X	X
Sedentary lifestyles	X	X		X			
Limited access to healthy, culturally relevant foods	X		X	X			
Limited health literacy	X		X				
High stress	X			X			
Struggles to preserve cultural traditions		X		X			
Lack of resources for parents in need of help or education	X			X			
Lack of public or private insurance coverage or lack of understanding for eligibility requirements			X	X	X	X	X
Limited access to quality, affordable dental care	X					X	
Lack of quality, accessible social services	X	X					
Lack of culturally-appropriate resources/institutions for health care and social services			X				
High prevalence of obesity					X	X	X
Issues related to homelessness					X	X	X
Lack of sufficient mental health resources					X	X	X
Issues related to high blood pressure, heart disease, and diabetes					X	X	
Problems with depression, lack of mental health care		X			X		X
Not enough volunteer opportunities						X	X

Exhibit 7: Focus Groups Themes by Community

Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis

As mentioned earlier, members of the *REACH Advisory Board* and the *Community Advisory Team* participated in a SWOT Analysis to gain greater understanding of "what a healthy community" means to these leaders and agency administrators. Although, this analysis wasn't technically part of the Forces of Change Assessment, the results elicited information from an important audience similar to an environmental scan. In combination with the FOC assessment results, these data contribute to understanding of the environment from another perspective from which public health services take place. Characteristics of, and who is responsible for a healthy community were explored. Following the SWOT analysis, *Team* members participated in a nominal voting procedure to prioritize the top three concerns to be noted in the assessment and ultimately addressed to impact community health. The priorities and full results follow.

Strengths:
- Five community healthcare centers systems with approximately 45 sites
- Diversity in: culture, geography, population groups, ages, place of origin, and philosophy   and existing relationships between agencies and individuals (tied in voting)
- County public health department leadership

Weaknesses:
- Political environment
- Funding
- Agencies and organizations not operating/thinking like a business

Opportunities:
- Public health and city/county planning integration
- Affordable Care Act
- Health information exchanges

Threats:
- Financing and funding, health insurance limitations (tied)
- Public policy (specifically Senate Bill 1070); the political environment. Community resident and advocates voice SB 1070 divides the community, hurts the economy at most levels, promotes racial profiling, violates human rights and breaks up families.
- Lack of awareness of public health by general public, lawmakers/policy makers, and employers

Complete SWOT Analysis

Strengths	Weaknesses
Number of resources	Safety
Diversity in: culture, geography, population groups, ages, place of origin, philosophy	Prevention – primary care
Existing relationships between agencies, individuals	Funding
Agriculture	Culturally and linguistically appropriate, diverse workforce
Physical/ecological environments, aesthetics	Political environment
Tourist base	Leadership should mirror community (LPHS)
County public health department leadership	Urban planning
Passionate public health workforce	Coalitions (functioning) grassroots
University presence (U of A, ASU)	Trust
Major sport teams	Government not thinking like a business
Improving/expanding our mass transit	High rates of substance abuse
Technology industry	Lack of behavioral health services
Major corporations/employers	Education health care providers to prescribe generic brands
Cheap/affordable housing	Immunization rates – movement towards not immunizing
Local control (sometimes a strength)	Lack of ability to get information to veterans
Diverse/many opportunities for spiritual expression	Excess mortality amongst minorities
Many school districts	High obesity rates (Latino/NA/AA)
5 federally qualified health centers accounting for 45 sites	Super fund sites – toxic
Climate, weather is nice 9 months/year	Water quality
Outdoor activities, recreation	Farms are disappearing
Fewer natural disaster risks	Poverty
Phoenix is a clean city	Viable economic opportunities (long term and sustainable)
Clean air in suburbs	Intolerant and lack of accepting (non-inclusive) environment
Support from Foundations like SLHI	Public transportation
Strong CBO's like CPLC, Valle del Sol, APCA	Public education system
Some federal regional offices are located in Phoenix	Opportunities for multi-generational connections
Strong hospital system (Mayo, Banner, etc.)	Lack of strong male role models

Strengths	Weaknesses
We are ahead of the curve on health information technology	Air quality/high asthma rates
School lunch program is strong	Justice system
Strong health research presence	Loneliness and isolation
Many pharmaceutical companies in Scottsdale	Access to health services/policies and medications
Strong biomedical research program (ASU, U of A, NAU) and medical sciences in general including TGEN	Succession planning: Retention Training Mentoring
AT Stills, other schools educating health professionals	Lack of government assistance programs
Greater Valley AHEC	
Large senior community	

Opportunities	Threats
Affordable Care Act Education and training for providers Incentives for quality assurance can lead to partnerships Rural community	Lack of awareness of public health: General public Immunizations, prevention, screening Law makers/policy makers employers
CTG Community Treatment Grant	SB 1070 / Public policy (intolerance)
Medical School/Public Health School Phoenix, For AZ to be a leader nationally , create best practices; Students and faculty as assets, Research, AZ as an incubator	Competition between agencies and individuals
Health information exchange Use of technology (medical transmissions) and use it to improve quality of care	Silos
Technology	Lack of communication
Integration of information	Funding and financing
Medical homes (ACA; CHC) as models of integrated care Dispel myths -- $$$	Lack of citizen engagement
Baby boomers as volunteers / community development	Public health leadership, advocacy, ethics
Pharmaceutical industry partnerships	Increase in debt; increase in poverty, newer faces of homelessness/poor
BIZ – supply chain; equity opportunities to	Jobs/economy

Opportunities	Threats
bid/receive services	
Public planning integration	General attitude of entitlement
Cultural Diversity in AZ Responsive care to a growing and diversifying population Population growth Baby boomers are increase use of services	Health literacy Providers
Providers and treatment – opportunity to recruit providers	Treatment guidelines (best practices) – no one is following them
Workforce development Revising regulations/policies to develop a more diverse workforce and maintain quality of care	Complex public health care system
Faith based community as true partners Capacity Engage in what is already happening in FBC	Health insurance limitations
Patient/stakeholder engaged CHC (MPHC; site councils)	Affordable health care
Cultural competency/institutionalized in CHCs and providers	
Health literacy and young children	
Local wellness policies thru school districts School health advisory councils Assess environments in schools	
Home schools/ charter schools to be included in public health work (have we tapped into this?)	
YMCA Diabetes Prevention expand to CHES easy access thru prevention programs	
Farmers markets	
Social movements (no more deaths; local food, Occupy Phoenix)	
Universities internships to workplaces as nutrition counseling coaches, from health and wellness departments	
Integration of primary care and mental/behavioral health	
Better utilization of existing programs/services	
First Things First – infrastructure and services	

Exhibit 8: Results of the SWOT Analysis