



Community Health Needs Assessment



Mayo Clinic Arizona

September 30, 2013



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Executive Summary

Enterprise Overview:

Mayo Clinic is a not-for-profit, worldwide leader in patient care, research and education. Each year Mayo Clinic serves more than one million patients from communities throughout the world, offering a full spectrum of care from health information, preventive and primary care to the most complex medical care possible. Mayo Clinic provides these services through many campuses and facilities, including 23 hospitals located in communities throughout the United States, including Arizona, Florida, Georgia, Minnesota, Wisconsin and Iowa.

A significant benefit that Mayo Clinic provides to all communities, local to global, is through its education and research endeavors. Mayo Clinic reinvests its net operating income funds to advance breakthroughs in treatments and cures for all types of human disease, and bring this new knowledge to patient care quickly. Through its expertise and mission in integrated, multidisciplinary medicine and academic activities, Mayo Clinic is uniquely positioned to advance medicine and bring discovery to practice more efficiently and effectively.

In addition, through its Centers for the Science of Health Care Delivery and Population Health Management, Mayo Clinic explores and advances affordable, effective health care models to improve quality, efficiency and accessibility in health care delivery to people everywhere.

Entity Overview:

Mayo Clinic, with locations in Arizona, Florida and Minnesota, is the first and largest integrated, not-for-profit group medical practice in the world. In Arizona, Mayo Clinic is a premier academic medical center, serving thousands of patients each year. Internationally renowned for patient care, research and medical education, Mayo emphasizes a team approach to delivering health care services in more than 65 medical and surgical specialties, including programs in cancer treatment and organ transplantation.

Since opening in 1987, Mayo Clinic in Arizona has evolved into an integrated multi-location campus that includes Mayo Clinic Hospital and outpatient care facilities in Phoenix and outpatient care and research facilities in Scottsdale.



Statistical information – 2012

Unique patients – 98,153	Arizona employees – 5,524
Total patient visits – 513,242	Physicians and scientists-464
Patients from Arizona – 76 percent	Residents/fellows – 197
International patients – 2 percent	Licensed hospital beds – 268
Surgical cases – 13,384	Operating rooms – 18
Emergency department visits – 12,465	Training programs – 31
Outpatient clinic visits – 423,730	
Total economic impact – nearly \$1.5 billion in Arizona	

Mayo Clinic Cancer Center

Mayo Clinic Cancer Center is part of a nationally recognized and funded network of National Cancer Institute-affiliated (NCI) cancer centers throughout the United States. Patients receive a variety of benefits at an NCI center they may not get elsewhere.

1. Patients can be confident they are receiving treatment from a center that has met national standards in research, clinical practice and education.
2. Through NCI-designated cancer centers, patients have access to NCI clinical trials. These are studies in which patient involvement allows researchers to evaluate new cancer treatments.
3. Health care providers at NCI cancer centers continually collaborate with one another by sharing research findings and updating each other on new technologies. So, patients who receive care at an NCI center benefit from not only that institution's expertise and experience, but also from the knowledge of cancer physicians and researchers at the nation's most renowned cancer centers.



Summary of Community Health Needs Assessment:

Mayo Clinic Hospital in Arizona participated on the Maricopa Community Action Plan team, which had multiple partners to conduct the Maricopa County Community Health Needs Assessment Public Health Strategic Priorities 2012.

The Arizona Department of Health Services, the Maricopa County Department of Public Health, the United Way Agency of Greater Phoenix, multiple community hospitals, community- based clinics and organizations collaborated to understand and identify the prioritized health needs of the county.

The collaboration created an action cycle based on a public health system assessment, community health status assessment, community themes and strengths assessment, forces of change assessment, identification of strategic issues, formulation of goals and strategies.

The Mayo Clinic in Arizona Community Health Needs Assessment Report fulfills the requirements in the Patient Protection and Affordable Care Act (PPACA.) This federal statute requires that non-profit hospitals conduct a Community Health Needs Assessment (CHNA) every three years. The CHNA report must be widely available to the public via hard copy or Mayo Clinic's website.

The assessment also must produce an action plan developed by hospital leadership that identifies how the assessed findings are being implemented. This strategic plan must document information gaps that have inhibited Mayo Clinic from fully assessing the community's needs. Documentation also must be provided if assessed findings can't currently be addressed by the organization. Requirements are met only if the organization has conducted community needs assessment in the taxable year starting after March 23, 2010, or the two taxable years immediately preceding the current taxable year.

Extensive input was gathered from internal committees, external individuals and organizations that represent the broad interests of the community, including those with special knowledge of public health issues.



Our Community

Overview:

For the purposes of this report, Mayo Clinic Hospital in Arizona defines our community as Maricopa County, one of the largest counties in the nation, or the 131-populated zip codes within the county. These zip codes contain 61 percent of Mayo Clinic Hospital's inpatient discharges (see Table 1.)

Although the population served by Mayo Clinic in Arizona extends beyond the county line and the borders of the state, the overwhelming majority of our patients are located within Maricopa County. The remaining percentage of Mayo Clinic Hospital patients are from the remaining zip codes in Arizona, the surrounding states of the Southwest and a smaller, yet significant number of international patients.





Table 1: Mayo Clinic in Arizona Community Zip Codes

Zip Code	Post Office Name	Zip Code	Post Office Name	Zip Code	Post Office Name
85003	Phoenix	85201	Mesa	85298	Gilbert
85004	Phoenix	85202	Mesa	85301	Glendale
85006	Phoenix	85203	Mesa	85302	Glendale
85007	Phoenix	85204	Mesa	85303	Glendale
85008	Phoenix	85205	Mesa	85304	Glendale
85009	Phoenix	85206	Mesa	85305	Glendale
85012	Phoenix	85207	Mesa	85306	Glendale
85013	Phoenix	85208	Mesa	85307	Glendale
85014	Phoenix	85209	Mesa	85308	Glendale
85015	Phoenix	85210	Mesa	85309	Glendale Luke AFB
85016	Phoenix	85212	Mesa	85310	Glendale
85017	Phoenix	85213	Mesa	85322	Arlington
85018	Phoenix	85215	Mesa	85323	Avondale
85019	Phoenix	85224	Chandler	85326	Buckeye
85020	Phoenix	85225	Chandler	85331	Cave Creek
85021	Phoenix	85226	Chandler	85335	El Mirage
85022	Phoenix	85233	Gilbert	85337	Gila Bend
85023	Phoenix	85234	Gilbert	85338	Goodyear
85024	Phoenix	85248	Chandler	85339	Laveen
85027	Phoenix	85249	Chandler	85340	Litchfield Park
85028	Phoenix	85250	Scottsdale	85342	Morristown
85029	Phoenix	85251	Scottsdale	85343	Palo Verde
85031	Phoenix	85253	Paradise Valley	85345	Peoria
85032	Phoenix	85254	Scottsdale	85351	Sun City
85033	Phoenix	85255	Scottsdale	85353	Tolleson
85034	Phoenix	85256	Scottsdale	85354	Tonopah
85035	Phoenix	85257	Scottsdale	85355	Waddell
85037	Phoenix	85258	Scottsdale	85361	Wittmann
85040	Phoenix	85259	Scottsdale	85363	Youngtown
85041	Phoenix	85260	Scottsdale	85373	Sun City
85042	Phoenix	85262	Scottsdale	85374	Surprise
85043	Phoenix	85263	Rio Verde	85375	Sun City West
85044	Phoenix	85264	Fort McDowell	85378	Surprise
85045	Phoenix	85266	Scottsdale	85379	Surprise
85048	Phoenix	85268	Fountain Hills	85381	Peoria
85050	Phoenix	85281	Tempe	85382	Peoria
85051	Phoenix	85282	Tempe	85383	Peoria
85053	Phoenix	85283	Tempe	85387	Surprise
85054	Phoenix	85284	Tempe	85388	Surprise
85083	Phoenix	85286	Chandler	85390	Wickenburg
85085	Phoenix	85287	Tempe	85392	Avondale
85086	Phoenix	85295	Gilbert	85395	Goodyear
85087	New River	85296	Gilbert	85396	Buckeye
85142	Queen Creek	85297	Gilbert		



Demographics:

Key findings¹

- Maricopa County's population is predicted to increase 7.46 percent from 2012 to 2017. This is consistent with Arizona overall, which shows an increase during that period of 7.47 percent.
- From 2012 to 2017, the Asian population will rise the fastest, with projected growth of 24.3 percent. There also will be growth in the Pacific Islander population of 20.9 percent, African-American of 18.5 percent, multiracial of 15.3 percent, other (including Hispanic) of 14.9 percent, Native American of 10.0 percent and Caucasian of 4 percent.
- Maricopa County's senior population will continue to grow at nearly double the county and state rates. Between 2012 and 2017, the age demographic of 55 and older will grow by 15.5 percent, increasing from 816,034 to 942,585.
- Maricopa County has an average household income of \$70,489, with 1,450,798 total households. These numbers are expected to increase to \$71,763 and 1,553,683, respectively, by 2017.

Table 2: 2000 Maricopa County Population by Race and Gender

Race	Female Population	Male Population	Grand Total
White	1,197,711	1,176,389	2,374,100
Other	171,289	193,102	364,391
African-American	55,692	58,856	114,548
Multiracial	43,815	45,758	89,573
Asian	34,825	31,596	66,421
Native American	32,479	30,445	62,924
Pacific Islander	2,080	2,325	4,405
<i>Grand Total</i>	<i>1,537,891</i>	<i>1,538,471</i>	<i>3,076,362</i>

¹ Data from Thomson-Reuters Market Planner. Accessed 8/23/2012.



Table 3: 2012 Maricopa County Population by Race and Gender

Race	Female Population	Male Population	Grand Total
White	1,425,994	1,412,433	2,838,427
Other	243,342	274,373	517,715
African-American	96,172	108,090	204,262
Multiracial	72,917	71,583	144,500
Asian	67,106	72,799	139,905
Native American	43,769	44,403	88,172
Pacific Islander	3,548	4,882	8,430
<i>Grand Total</i>	<i>1,952,848</i>	<i>1,988,563</i>	<i>3,941,411</i>

Table 4: 2017 Maricopa County Population by Race and Gender

Race	Female Population	Male Population	Grand Total
White	1,484,228	1,466,583	2,950,811
Other	281,304	313,331	594,635
African-American	114,261	127,840	242,101
Multiracial	91,740	87,897	179,637
Asian	77,648	83,601	161,249
Native American	47,914	49,048	96,962
Pacific Islander	4,372	5,823	10,195
<i>Grand Total</i>	<i>2,101,467</i>	<i>2,134,123</i>	<i>4,235,590</i>

Table 5: Maricopa County Households, Medians and Averages

Year	Population	Median Age	Median Female Age	Median Male Age	Median Household Income	Per Capita Income	Total Households	Average Household Income
2000	3,076,362	33	34	32	\$45,630	\$22,631	1,133,193	\$60,437
2012	3,941,411	33	34	32	\$50,377	\$27,495	1,450,798	\$70,489
2017	4,235,590	34	35	33	\$50,901	\$28,037	1,553,683	\$71,763



Assessing the Needs of the Community

Mayo Clinic in Arizona participated in a comprehensive CHNA that resulted in the identification of community health needs of Maricopa County, Ariz. The following describes the approach taken to assess and identify those needs.

Process and Methods:

Mayo Clinic Community Health Needs Assessment planning

Oversight of the planning was facilitated by the Mayo Clinic in Arizona Community & Business Relations Work Group” (C&BRWG,) approved by the Executive Operations Team (EOT).

In addition to the internal C&BRWG and the EOT, the CHNA Planning Team also included external individuals and organizations found in the Key Stakeholder Interviews and Meetings section of this report.

A comprehensive analysis of health status and socio-economic environmental factors relating to the citizens of Maricopa County was conducted through various data sources, including the following:

- Thomson Reuters Market Planner
- County Health Rankings
- Arizona Health Matters
- National Research Corporation

Key stakeholder interviews and meetings

Mayo Clinic conducted key stakeholder interviews and meetings with numerous organizations in Maricopa County that have special knowledge and expertise in the county’s health needs. The following organizations graciously assisted in our community health needs assessment:

- Maricopa County Department of Public Health
- Mayo Clinic Family Medicine – Thunderbird Clinic
- Mountain Park Health Center
- Society of St. Vincent de Paul, Phoenix
- Valley of the Sun United Way
- Circle of the City Care Facility for the Homeless
- Scottsdale Integrated Health Systems
- Arizona Department of Health Services



A complete list of organizations involved can be found in the “Key Stakeholder Interviews and Meetings” section, which describes how Mayo Clinic obtained input from these community representatives, and includes names, titles, dates and descriptions of their knowledge and expertise.

Identification and prioritization of community health needs

This CHNA was prepared and presented to the EOT in June 2013. The information presented included findings from analyzing secondary data sources, collaboration with multiple key stakeholders and individual meetings with other knowledgeable community members. Community health needs were identified and prioritized by leadership at Mayo Clinic in Arizona and in partnership with the multiple major community key stakeholders.

The following is a look in greater detail of the data analyzed and interviews and meetings held in the development of this report.

County Health Rankings

The Mobilizing Action Toward Community Health (MATCH) project is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin-Madison Population Health Institute. A key component of this project was the creation of the County Health Rankings program. Launched in 2010, this program aimed to produce county-level health rankings for all 50 states.²

The County Health Rankings identify the multiple health factors that determine a county’s health status. These rankings show that our health status can be impacted by where we live. A number of factors may determine the health status of a community, including the environment, education, jobs, individual behaviors, access to services and health care quality.

County Health Rankings are based on summary composite scores calculated from individual measures. The system calculates and ranks eight different summary composites. The overall health outcomes summary score is a weighted composite of mortality (50 percent) and morbidity (50 percent.) The overall health factors summary score is a weighted composite of four components: health behaviors (30 percent,) clinical care (20 percent,) social and economic factors (40 percent) and physical environment (10 percent.) Table 6 shows the 2012 County Health Rankings for Maricopa County.

² Centers for Disease Control and Prevention, *Mobilizing Action Toward Community Health (MATCH) project*, <http://www.cdc.gov/hrqol/featured-items/match.htm> (Aug. 22, 2012).



Table 6: 2012 County Health Rankings: Maricopa County

Measure	Rank
Overall Health Outcomes	3
Mortality	3
Morbidity	1
Health Factors	5
Health Behaviors	5
Clinical Care	3
Social and Economic Factors	2
Physical Environment	15

Arizona has 15 counties, so the ranking scale for the state is one to 15, with one being the healthiest county and 15 being the most unhealthy. The median rank is eight. Table 7 shows the rankings and measures for the four components that comprise the overall health factors.

Table 7: 2012 County Health Rankings: Maricopa County

Measure	Rank
Health Behaviors	
Tobacco Use	6
Diet and Exercise	3
Alcohol Use	6
Sexual Activity	8
Clinical Care	
Access to Care	7
Quality of Care	4
Social and Economic Factors	
Education	3
Employment	4
Income	3
Family and Social Support	3
Community Safety	11
Physical Environment	
Environmental	15
Built Environment	10



Table 8 shows all the measures that comprise both the overall health outcomes and overall health factors. It compares the value for Maricopa County to the top 10% nationally and the rest of Arizona.

Table 8: 2012 County Health Rankings: Maricopa County

Measures	Maricopa County	Error Margin	National Benchmark*	Arizona	Rank
Health Outcomes					3
Mortality					3
Premature death	6,534	6,445-6,623	5,466	7,213	
Morbidity					1
Poor or fair health	15%	14-16%	10%	15%	
Poor physical health days	3.2	3.0-3.4	2.6	3.4	
Poor mental health days	3.2	2.9-3.4	2.3	3.3	
Low birth weight	6.9%	6.8-7.0%	6.0%	7.0%	
Health Factors					5
Health Behaviors					5
Adult smoking	17%	16-18%	14%	18%	
Adult obesity	24%	22-25%	25%	25%	
Physical inactivity	19%	18-21%	21%	20%	
Excessive drinking	17%	16-19%	8%	17%	
Motor vehicle crash death rate	15	15-16	12	19	
Sexually transmitted infections	371		84	400	
Teen birth rate	61	61-62	22	60	
Clinical Care					3
Uninsured	20%	19-21%	11%	20%	
Primary care physicians	1,089:1		631:1	1,118:1	
Preventable hospital stays	50	49-51	49	52	
Diabetic screening	79%	78-80%	89%	76%	
Mammography screening	70%	68-71%	74%	68%	
Social & Economic Factors					2
High school graduation	78%			76%	
Some college	62%		68%	60%	
Unemployment	9%		5%	10%	
Children in poverty	24%	22-25%	13%	25%	
Inadequate social support	19%	18-20%	14%	20%	
Children in single-parent households	32%	31-33%	20%	33%	
Violent crime rate	460		73	466	
Physical Environment					15
Air pollution-particulate matter days	2		0	1	
Air pollution-ozone days	43		0	29	
Access to recreational facilities	7		16	7	
Limited access to healthy foods	5%		0%	9%	
Fast food restaurants	55%		25%	52%	

* 90th percentile, i.e., only 10% are better



Arizona Health Matters

The Arizona Health Matters website is a place where the community, policy makers and local businesses can visit to learn about the overall health of Arizona residents. Powered by the Healthy Communities Network, the website is devoted to providing state and local health data, as well as promising practices and tools. The intent is to give communities the tools they need to read and understand the public health indicators that affect the quality of their residents' lives. The tools also can help those communities set goals and evaluate progress.³

Arizona Health Matters brings non-biased data, local resources and a wealth of information to one, accessible, user-friendly location. This information is graphically displayed on a dashboard by a corresponding indicator. Indicators are presented in nine topic areas to provide a measure of how each county in Arizona is doing.

For each indicator, the actual value is shown, as well as information about how the selected county compares with other geographic areas, which is displayed by a red-yellow-green gauge. Information also can be displayed to show how the county is changing over time, which is indicated with green or red arrows, depicting an upward or downward trend. Information can also be displayed to compare how the selected county fares against a national or state average using a blue/white or tri-color gradation gauge. All these visual dashboards are used to give some context to the information.

In order to provide accurate, reliable, and timely data at a geographically-meaningful level, the Arizona Health Matters website uses a validated methodology for data collection and analysis. All of the indicators used on the website provide a source for the data. The website also provides a URL of the source, as well as a URL of the data. A community member with no prior working knowledge of the website would be able to clearly understand what the indicator is, why it is important, and what value is compared to national or state levels.

Arizona Health Matters breaks its indicators down into eight categories for Maricopa County:

- Health
- Environment
- Public safety
- Transportation
- Economy
- Government & politics
- Social environment

³ Arizona Health Matters, *About Us*, <http://www.arizonahealthmatters.org> (Sep. 18, 2012).



Table 9 shows the following health indicators from Maricopa County with values below the states' 75th percentile:

Table 9: Arizona Health Matters: Maricopa County vs. Arizona

Health Indicators for Maricopa County:	Maricopa County Value:	State 75th Percentile Value:	Healthy People 2020 Goal:	Source:
Infants Born to Mothers with <12 Years Education	22.3%	21.7%		2010 AZ DHS, Vital Statistics
Age-Adjusted Death Rate due to Coronary Heart Disease	115.5 deaths/100,000 population	112.9	100.8	2010 AZ DHS, Vital Statistics
Gonorrhea Incidence Rate	59.8 cases/100,000 population	50.8		2010 AZ DHS, Office of HIV, STD, and Hepatitis Services
HIV/AIDS Incidence Rate	13.5 cases/100,000 population	11.5		2010 AZ DHS, Office of HIV, STD, and Hepatitis Services
Syphilis Incidence Rate	4.1 cases/100,000 population	3.6		2010 AZ DHS, Office of HIV, STD, and Hepatitis Services
Preterm Births	9.9%	9.6%	11.4%	2010 AZ DHS, Vital Statistics
Hospitalization Rate due to Asthma	13.9 hospitalizations/10,000 population	12.6		2010 AZ DHS, Vital Statistics
E. coli Incidence Rate	1.5 cases/100,000 population	1.5	0.6	2010 AZ DHS, Vital Statistics
Babies with Low Birth Weight	7.1%	7.1%	7.8%	2010 AZ DHS, Vital Statistics

Three of the top nine health indicators, as compared with the rest of the state, can be classified under immunizations and infectious diseases, specifically sexually transmitted diseases. The Maricopa County value for age-adjusted death rate due to coronary heart disease is also high compared to state figures. The U.S. Department of Health and Human Services has made this indicator a Healthy People 2020 goal. The Healthy People 2020 initiative sets 10-year national objectives for improving the health of all Americans.⁴ The only other indicator listed in which Maricopa County does not currently meet the Healthy People 2020 goal is *E. coli* incidence rates. While the county is on par with Arizona's 75th percentile, there is still room for improvement in food safety. Family planning, respiratory diseases, and maternal, fetal and infant health round out the remaining categories.

Arizona Health Matters also displays indicators that can be compared across the United States. Table 10 shows health indicators from Maricopa County that have values below the U.S. 50th percentile and/or 25th percentile:

⁴ Healthy People 2020, *About Healthy People*, <http://www.healthypeople.gov/2020/about/default.aspx> (Sep. 25, 2012).



Table 10: Arizona Health Matters: Maricopa County vs. State of Arizona

Health Indicators for Maricopa County:	Maricopa County Value:	National 50th Percentile Value:	National 25th Percentile Value:	Healthy People 2020 Goal:	Source:
Children with Health Insurance	87.9%	93.8%	90.5%	100.0%	2010 American Community Survey
Adults with Health Insurance	77.6%	80.4%	75.7%	100.0%	2010 American Community Survey

Maricopa County is significantly behind the rest of the United States when it comes to children with health insurance. Only 87.9 percent of children in the county are covered, which is notably less than the national 25th percentile of 90.5 percent. Adults in Maricopa County don't fare much better — only 77.6 percent have health insurance. This value is slightly higher than the 25th percentile, but still well short of reaching the national 50th percentile. Access to affordable health care still remains a need in Maricopa County.

Appendix A lists all the Health Indicators for Arizona Health Matters. The remaining health indicators can be classified under cancer. Maricopa County is doing very well compared to the rest of the country in this area.

It's important to remember that while Maricopa County may be doing better on some indicators than others; continued efforts should be given to improve all indicators.



Key Stakeholder Interviews and Meetings

Valley of the Sun United Way

Valley of the Sun United Way (VSUW) is the largest nonprofit funder of health and human services in Maricopa County.⁵ An initial meeting at VSUW was conducted with Dominic Bartola, development officer, on August 17, 2012.

An overview and background history of the Community Health Needs Assessment was given as it relates to the Patient Protection and Affordable Care Act by Marion Kelly.

The key discussion emphasized VSUW's focus areas: ensure children and youth succeed, end hunger and homelessness and increase financial stability of families. The remaining discussion involved preparation and planning around the CHNA and how VSUW and other organizations and hospitals might become involved. Both parties agreed to follow up the week of August 20, 2012.

A follow-up meeting at VSUW with Bartola and Brian Spicker, senior vice president of Community Impact, was held on September 7, 2012. Spicker discussed the West Valley Community Scan, which was developed to assess the current state of human services delivery in western Maricopa County.

During the fall of 2004, more than 400 participants, representing more than 150 organizations, came together to share their perspectives around the question, "What can the community focus on to most impact the quality of life in the West Valley?"⁶

After all of the feedback was collected through the forums, the following five themes and areas of opportunity emerged:

- Communication and collaboration
- Community planning and development
- Education
- Health, wellness and safety
- Transportation

After the West Valley Community Scan was completed, the West Valley Human Services Alliance was formed.⁷

⁵ Valley of the Sun United Way, *About Us*, <http://vsuw.org/about-us> (Aug. 17, 2012).

⁶ Valley of the Sun United Way, *Gathering the Voices of the Community: Mobilizing the West Valley and Improving Lives, A Summary of the West Valley Community Scan Report* (Mar. 2005).

⁷ Valley of the Sun United Way, *After the Scan: West Valley Human Services Alliance Summit* (Mar. 2005 – Feb. 2006).



Maricopa County Department of Public Health

Jonathan Pistotnik, performance improvement coordinator, extended an invitation to Mayo Clinic to attend a meeting on September 21, 2012, about the CHNA. Both Pistotnik and Eileen Eisen-Cohen, evaluation team leader, have conducted a CHNA for the Department of Public Health and were interested in discussing with hospitals and community health centers in Maricopa County how they can share their community health assessment findings, collaborate around the CHNA and help hospitals and community health centers meet their obligations for reporting CHNA data.

This meeting was eventually postponed for a later date; the meeting and partnership began November 2012.

Mayo Clinic Family Medicine Thunderbird Clinic

An initial meeting at the Thunderbird Clinic was conducted with Jon T. Nordrum, P.T., operations administrator, and Margarita Gore, operations manager, on August 21, 2012. An overview and background history of the Community Health Needs Assessment was given as it relates to the Patient Protection and Affordable Care Act by Marion Kelly and Ryan Fix.

Jon Nordum provided a list of community health needs per surveys conducted with the providers at the Thunderbird Clinic. Following is a recap of those findings:

- More caregiver support groups are needed.
- A perceived shortage of respite care providers.
- A perceived shortage of pediatric specialists.
- Better education for patients in health technology. As hospitals and providers become more technologically advanced, tutorials will be needed to keep patients educated on new ways to access their health care.
- A need for better medication management. Many patients are uneducated about the medications they are taking and don't understand the ramifications that their regimen might have on their lifestyle.
- A need for safer working environments, especially in Maricopa County, related to melanoma of the skin. Better education and prevention is needed.
- Better need for after-hours care. Access to a coordinated system providing urgent care and after-hours primary care service is needed in the community.
- Limited services surrounding behavioral health. A local partner in the area mentioned their biggest health need was mental health.
- Better education and prevention surrounding youth tobacco, drug and alcohol abuse.



- Fixed income patients struggle with affordability surrounding medications, equipment at home and other out-of-pocket expenses.

Society of St. Vincent de Paul, Phoenix

The Society of St. Vincent de Paul is an international nonprofit organization dedicated to serving the poor and providing others with the opportunity to serve. The Phoenix Diocesan Council has been assisting central and northern Arizona families since 1946. Programs include services for the homeless, medical and dental care for the working poor, charity dining rooms, thrift stores, a transitional housing shelter and general assistance for individuals in need.⁸

An initial meeting at the Society of St. Vincent de Paul was conducted with Stephen Zabilski, executive director, and Janice Ertl, director, on August 22, 2012.

An initial overview of the Community Health Needs Assessment was given by both Marion Kelly and Ryan Fix. Although the meeting was set up as a “meet-and-greet,” the group did discuss the following needs at a very high level:

- Outlying communities, such as Apache Junction in Pinal County, can’t get financial assistance outside of Maricopa County.
- The biggest need suggested by Janice Ertl is a homeless skilled nursing facility. Homeless patients who are discharged from the hospital need a place they can go for follow-up care.
- St. Vincent de Paul has struggled with getting cancer patients into treatment facilities.
- Although their clinic offers many services, St. Vincent de Paul sometimes lacks physicians with specialty training for certain procedures.
- Cardiovascular was mentioned as a missing piece of their services.

Mountain Park Health Center

Mountain Park Health Center offers affordable health care to families around the Valley and is committed to ensuring that all families have access to quality care, regardless of insurance.⁹ Mountain Park has five locations throughout the Valley and serves roughly 50,000 patients for 200,000 medical visits per year. According to Mountain Park, all locations are located in medically underserved areas.

An initial meeting at the Mountain Park Health Center corporate office was held with Essen Otu, diversity and community affairs director; Stella Xenakis, director of grants and programs; and Shannon Weigand, grants manager, on September 6, 2012.

⁸ Society of St. Vincent de Paul, Phoenix, *Who We Are/Mission Statement*, <http://www.stvincentdepaul.net/aboutStVincentdePaul.htm> (Aug. 28, 2012).

⁹ Mountain Park Health Center, *About Us*, <http://www.mphc-az.org/aboutus/index.asp> (Sep. 06, 2012).



An initial overview of the Community Health Needs Assessment was given by Marion Kelly and Ryan Fix. Otu and Xenakis then provided the following insights:

- Mountain Park Health Clinic completes a 5-year risk assessment of their primary service area; and each year files a UDS report to the federal government on multiple metrics. This data is down to the zip code level.
- Fifty percent of the patients seen at Mountain Park have Medicare, while 30 percent have no insurance at all.
- Patients seen at the various Mountain Park clinics usually arrive via public transportation. Vouchers are given if built into a grant, or if there is particular hardship or a barrier for that patient to receive care.
- Mountain Park's primary mission is preventative medicine, and many of its providers are primary care/internal medicine physicians.
- Services are not limited to primary care. Specific mention was made about the organization's pharmacy, broad behavioral health program and dental services.
- Suggestions were made to connect with Arizona State and the Center for Health Information and Resources program.

Discussions and follow up continued over the course of the following months.



Addressing the Needs of our Community

Mayo Clinic in Arizona considered the 2012 Maricopa County Public Health Community Health Needs Assessment significantly in its prioritization of local community health needs. The full report is posted at <http://www.maricopa.gov/PublicHealth/programs/OPI/pdf/CHA-Strategic-Priorities.pdf>. Mayo Clinic's assessment also considered:

- Discussion and feedback through meetings with local health care related community organizations (See Assessing the Needs of our Community)
- Review of Mayo Clinic in Arizona patient health needs
- Analysis of available public health information (See Assessing the Needs of our Community)

Mayo Clinic in Arizona aligned with Maricopa County community-wide health needs assessment efforts in 2012 to prioritize the following five health needs in Maricopa County:

- Obesity
- Diabetes
- Lung cancer
- Cardiovascular disease
- Access to care

An outcome of the 2012 Maricopa County Community Health Needs Assessment is an ongoing community-wide dialogue among 94 community organizations about health improvement efforts. Mayo Clinic in Arizona is committed to participating in these discussions and activities, which include the Arizona Department of Public Health, Maricopa County of Public Health, local hospitals and clinics, non-profit organizations, Valley of the Sun United Way, and many others. Participants meet in subcommittees monthly to discuss strategic priorities and methods for addressing health needs and to develop more specific community action plans.

Appendix A: Maricopa County Demographic Information

Population by Age and Race in Maricopa County – 2012

Race	00-01	01-04	05-09	10-14	15-17	18-24	25-34	35-44	45-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	Grand Total
White	41,241	166,000	201,743	182,179	106,177	237,678	416,876	396,016	393,103	167,588	145,187	109,892	84,309	73,439	60,359	56,640	2,838,427
Other	12,673	49,006	53,830	46,204	25,646	66,696	104,728	75,056	46,523	12,635	9,111	5,609	3,788	2,629	1,618	1,963	517,715
African-American	3,390	14,150	17,912	17,541	9,325	18,498	33,256	33,231	25,733	8,970	7,795	5,302	3,317	2,293	1,729	1,820	204,262
Multiracial	4,244	16,120	16,918	13,562	7,205	15,155	21,422	16,929	12,779	4,403	3,573	2,650	1,748	1,166	880	1,151	139,905
Asian	2,040	9,172	10,113	8,777	5,223	12,790	29,698	23,900	19,533	6,735	6,165	4,195	2,584	1,543	1,023	1,009	144,500
Native American	1,609	6,579	8,198	8,209	4,143	10,042	16,357	13,646	9,433	3,024	2,411	1,456	1,019	782	516	748	88,172
Pacific Islander	151	561	689	675	347	975	1,690	1,226	856	258	226	163	133	108	66	306	8,430
Grand Total	65,348	261,588	309,403	277,147	158,066	361,834	624,027	560,004	507,960	203,613	174,468	129,267	96,898	81,960	66,191	63,637	3,941,411

Population by Age and Race in Maricopa County – 2017

Race	00-01	01-04	05-09	10-14	15-17	18-24	25-34	35-44	45-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	Grand Total
White	42,756	173,151	208,756	202,884	108,561	239,691	379,781	406,406	400,470	189,805	162,356	138,665	101,908	74,486	56,721	64,414	2,950,811
Other	14,106	54,984	61,821	55,738	28,789	73,880	104,933	91,166	59,467	17,428	11,747	8,259	5,146	2,955	1,689	2,527	594,635
African-American	3,847	16,226	21,104	21,659	10,952	20,821	34,751	40,306	31,946	11,759	9,813	7,505	4,383	2,673	1,887	2,469	242,101
Multiracial	5,012	19,001	19,771	16,629	8,146	16,775	22,377	19,663	14,943	5,355	4,152	3,360	2,250	1,340	930	1,545	161,249
Asian	2,626	11,497	12,615	11,666	6,642	15,582	32,890	29,582	24,840	9,309	8,286	6,283	3,566	1,815	1,127	1,311	179,637
Native American	1,728	7,377	8,989	9,363	4,432	10,730	16,343	15,580	10,711	3,530	2,806	1,722	1,225	832	554	1,040	96,962
Pacific Islander	186	648	875	811	428	1,159	1,874	1,526	1,036	362	279	228	152	122	101	408	10,195
Grand Total	70,261	282,884	333,931	318,750	167,950	378,638	592,949	604,229	543,413	237,548	199,439	166,022	118,630	84,223	63,009	73,714	4,235,590

Population Percent Change by Age and Race in Maricopa County from 2012 to 2017

Race	00-01	01-04	05-09	10-14	15-17	18-24	25-34	35-44	45-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	Grand Total
White	3.7%	4.3%	3.5%	11.4%	2.2%	0.8%	-8.9%	2.6%	1.9%	13.3%	11.8%	26.2%	20.9%	1.4%	-6.0%	13.7%	4.0%
Other	11.3%	12.2%	14.8%	20.6%	12.3%	10.8%	0.2%	21.5%	27.8%	37.9%	28.9%	47.2%	35.9%	12.4%	4.4%	28.7%	14.9%
African-American	13.5%	14.7%	17.8%	23.5%	17.4%	12.6%	4.5%	21.3%	24.1%	31.1%	25.9%	41.6%	32.1%	16.6%	9.1%	35.7%	18.5%
Multiracial	18.1%	17.9%	16.9%	22.6%	13.1%	10.7%	4.5%	16.1%	16.9%	21.6%	16.2%	26.8%	28.7%	14.9%	5.7%	34.2%	15.3%
Asian	28.7%	25.3%	24.7%	32.9%	27.2%	21.8%	10.7%	23.8%	27.2%	38.2%	34.4%	49.8%	38.0%	17.6%	10.2%	29.9%	24.3%
Native American	7.4%	12.1%	9.6%	14.1%	7.0%	6.9%	-0.1%	14.2%	13.5%	16.7%	16.4%	18.3%	20.2%	6.4%	7.4%	39.0%	10.0%
Pacific Islander	23.2%	15.5%	27.0%	20.1%	23.3%	18.9%	10.9%	24.5%	21.0%	40.3%	23.5%	39.9%	14.3%	13.0%	53.0%	33.3%	20.9%
<i>Grand Total</i>	7.5%	8.1%	7.9%	15.0%	6.3%	4.6%	-5.0%	7.9%	7.0%	16.7%	14.3%	28.4%	22.4%	2.8%	-4.8%	15.8%	7.5%

Appendix B: Arizona Health Matters Data Profile

Arizona Health Matters – Health Indicators

Maricopa County vs. All Arizona Counties

Health Indicators for Maricopa County:	Maricopa County Value:	State 75th Percentile Value:	Healthy People 2020 Goal:	Source:
Infants Born to Mothers with <12 Years Education	22.3%	21.7%		2010 AZ DHS, Vital Statistics
Age-Adjusted Death Rate due to Coronary Heart Disease	115.5 deaths/100,000 population	112.9	100.8	2010 AZ DHS, Vital Statistics
Gonorrhea Incidence Rate	59.8 cases/100,000 population	50.8		2010 AZ DHS, Office of HIV, STD, and Hepatitis Services
HIV/AIDS Incidence Rate	13.5 cases/100,000 population	11.5		2010 AZ DHS, Office of HIV, STD, and Hepatitis Services
Syphilis Incidence Rate	4.1 cases/100,000 population	3.6		2010 AZ DHS, Office of HIV, STD, and Hepatitis Services
Preterm Births	9.9%	9.6%	11.4%	2010 AZ DHS, Vital Statistics
Hospitalization Rate due to Asthma	13.9 hospitalizations/10,000 population	12.6		2010 AZ DHS, Vital Statistics
E. coli Incidence Rate	1.5 cases/100,000 population	1.5	0.6	2010 AZ DHS, Vital Statistics
Babies with Low Birth Weight	7.1%	7.1%	7.8%	2010 AZ DHS, Vital Statistics
Age-Adjusted Death Rate due to Diabetes	18.7 deaths/100,000 population	20.1		2010 AZ DHS, Vital Statistics
Teen Birth Rate	39.2 live births/1,000 females (15-19)	41.5		2010 AZ DHS, Vital Statistics
Salmonella Incidence Rate	12.1 cases/100,000 population	14.3	11.4	2010 AZ DHS, Vital Statistics
Age-Adjusted Death Rate due to Influenza and Pneumonia	7.9 deaths/100,000 population	10.9		2010 AZ DHS, Vital Statistics
Chlamydia Incidence Rate	408.2 cases/100,000 population	420.2		2010 AZ DHS, Office of HIV, STD, and Hepatitis Services
Tuberculosis Incidence Rate	4.0 cases/100,000 population	4.4	1	2010 AZ DHS, Office of Infectious Disease Services
Infant Mortality Rate	5.8 deaths/1,000 live births	6	6	2010 AZ DHS, Vital Statistics
Mothers who Received Early Prenatal Care	86.0%	82.1%	77.9%	2010 AZ DHS, Vital Statistics
Age-Adjusted Death Rate due to Suicide	14.5 deaths/100,000 population	16.7	10.2	2010 AZ DHS, Vital Statistics
Age-Adjusted Death Rate due to Firearms	12.8 deaths/100,000 population	14.2	9.2	2010 AZ DHS, Vital Statistics
Teens who have Smoked	30.9%	34.0%		2010 Arizona Criminal Justice Commission
Teens who have Used Methamphetamines	1.3%	1.5%		2010 Arizona Criminal Justice Commission
Teens who Smoke	13.2%	14.7%		2010 Arizona Criminal Justice Commission
Teens who Use Alcohol	30.9%	31.9%		2010 Arizona Criminal Justice Commission
Teens who Use Marijuana	14.3%	14.8%		2010 Arizona Criminal Justice Commission

Source: Arizona Health Matters

Arizona Health Matters – Health Indicators

Maricopa County vs. All U.S. Counties

Health Indicators for Maricopa County:	Maricopa County Value:	National 50th Percentile Value:	National 25th Percentile Value:	Healthy People 2020 Goal:	Source:
Children with Health Insurance	87.9%	93.8%	90.5%	100.0%	2010 American Community Survey
Adults with Health Insurance	77.6%	80.4%	75.7%	100.0%	2010 American Community Survey
Bladder Cancer Incidence Rate	19.7 cases/100,000 population	21.4	25		2010 National Cancer Institute
Breast Cancer Incidence Rate	114.7 cases/100,000 females	116.7	128.1		2010 National Cancer Institute
Liver and Bile Duct Cancer Incidence Rate	5.9 cases/100,000 population	6.1	7.5		2010 National Cancer Institute
Melanoma Incidence Rate	16.5 cases/100,000 population	19.9	24.7		2010 National Cancer Institute
Ovarian Cancer Incidence Rate	11.8 cases/100,000 females	12.8	14.3		2010 National Cancer Institute
Prostate Cancer Incidence Rate	129.6 cases/100,000 males	145.6	167.1		2010 National Cancer Institute
Cervical Cancer Incidence Rate	6.8 cases/100,000 females	8.6	10.2		2010 National Cancer Institute
Non-Hodgkin Lymphoma Incidence Rate	16.5 cases/100,000 population	19.4	21.8		2010 National Cancer Institute
Colorectal Cancer Incidence Rate	37.3 cases/100,000 population	48.5	54.8		2010 National Cancer Institute
Lung and Bronchus Cancer Incidence Rate	56 cases/100,000 population	74.6	85.4		2010 National Cancer Institute
Oral Cavity and Pharynx Cancer Incidence Rate	8.8 cases/100,000 population	11.6	13.6		2010 National Cancer Institute
All Cancer Incidence Rate	406.3 cases/100,000 population	466	495.8		2010 National Cancer Institute

Source: Arizona Health Matters

Appendix C: National Research Corporation Data Profile

Chronic Conditions in Household

Chronic Conditions in Household	2012 Total	2011 Total	2010 Total	2012 Age 18-34	2011 Age 18-34	2010 Age 18-34	2012 Age 35-44	2011 Age 35-44	2010 Age 35-44	2012 Age 45-64	2011 Age 45-64	2010 Age 45-64	2012 Age 65+	2011 Age 65+	2010 Age 65+
Total n=	2,415	3,647	3,571	581	901	882	519	773	755	861	1,294	1,267	454	679	668
High Blood Pressure	32%	35%	35%	15%	14%	15%	22%	20%	22%	37%	45%	44%	57%	59%	58%
Smoker	28%	27%	29%	26%	25%	26%	27%	27%	28%	33%	31%	36%	20%	21%	20%
High Cholesterol	27%	30%	32%	12%	11%	13%	16%	18%	22%	32%	38%	41%	50%	54%	53%
Allergies-Other	25%	24%	27%	29%	29%	28%	28%	26%	32%	23%	23%	25%	19%	18%	20%
Arthritis	21%	21%	22%	8%	8%	9%	13%	12%	15%	27%	26%	26%	37%	39%	40%
Depression/Anxiety Disorder	19%	19%	20%	17%	18%	19%	19%	24%	22%	24%	22%	24%	13%	8%	10%
Allergies-Hay Fever	19%	18%	20%	9%	8%	11%	19%	23%	24%	26%	22%	26%	19%	19%	18%
Asthma	18%	19%	20%	21%	22%	21%	23%	21%	27%	16%	18%	20%	11%	13%	12%
Obesity/Weight Problems	15%	15%	17%	11%	9%	10%	14%	13%	16%	18%	19%	21%	16%	16%	17%
Diabetes	14%	16%	16%	10%	11%	10%	9%	11%	12%	17%	20%	19%	20%	21%	21%
Migraines	13%	13%	13%	13%	14%	15%	16%	17%	17%	16%	13%	13%	6%	8%	7%
Sinus Problem	12%	11%	13%	8%	8%	8%	11%	12%	17%	15%	12%	15%	13%	11%	10%
Sleep Problem/Insomnia	11%	11%	13%	7%	7%	9%	11%	12%	14%	14%	13%	15%	10%	12%	11%
Cancer (Other Than Skin)	9%	8%	7%	6%	5%	3%	6%	6%	4%	9%	8%	8%	15%	17%	14%
Sciatica/Chronic Back Pain	9%	8%	9%	3%	3%	4%	8%	6%	8%	11%	12%	12%	12%	12%	13%
Chronic Heartburn	9%	8%	9%	4%	5%	5%	9%	8%	9%	10%	10%	11%	10%	9%	9%
Heart Disease	8%	7%	8%	3%	3%	2%	5%	3%	4%	9%	9%	9%	16%	16%	17%
Indigestion/Irritable Bowel	7%	7%	7%	5%	4%	6%	7%	8%	6%	7%	9%	8%	9%	8%	9%
Osteoporosis	6%	6%	6%	2%	2%	1%	2%	1%	3%	9%	8%	8%	13%	14%	15%
Attention Deficit Disorder	6%	5%	6%	7%	6%	9%	9%	9%	9%	7%	5%	5%	1%	0%	1%
Cataract	6%	7%	7%	1%	2%	2%	1%	1%	1%	5%	7%	5%	20%	21%	22%
Chronic Headaches	5%	6%	6%	5%	6%	7%	7%	7%	6%	6%	8%	6%	3%	3%	4%
Skin Cancer	5%	5%	6%	1%	2%	3%	2%	3%	3%	5%	4%	5%	11%	11%	16%
Stomach Ulcer	4%	3%	3%	4%	3%	2%	3%	3%	3%	3%	3%	3%	4%	3%	2%
Stroke	3%	3%	3%	2%	2%	2%	1%	1%	2%	3%	4%	4%	5%	4%	5%
Eating Disorder	2%	2%	2%	3%	3%	2%	3%	1%	2%	2%	1%	1%	0%	1%	1%
No Chronic Conditions in HH	25%	22%	19%	35%	36%	31%	28%	26%	21%	22%	17%	15%	13%	11%	10%

*Note: 2012 data from January through August

Preventative Health Behaviors by Household

Preventive Health Behaviors by Household	2012 Total	2011 Total	2010 Total	2012 Age 18-34	2011 Age 18-34	2010 Age 18-34	2012 Age 35-44	2011 Age 35-44	2010 Age 35-44	2012 Age 45-64	2011 Age 45-64	2010 Age 45-64	2012 Age 65+	2011 Age 65+	2010 Age 65+
Total n=	2,415	3,646	3,571	581	901	882	519	773	755	861	1,292	1,267	454	679	668
Blood Pressure Test	49%	52%	59%	31%	31%	37%	37%	39%	51%	55%	61%	68%	76%	76%	81%
Dental Exam	39%	42%	44%	29%	34%	36%	37%	39%	45%	40%	43%	44%	53%	52%	54%
Eye Exam	37%	40%	41%	28%	32%	32%	32%	37%	37%	38%	41%	44%	55%	53%	52%
Cholesterol Test	33%	37%	40%	12%	15%	17%	24%	25%	31%	39%	47%	46%	58%	61%	69%
Routine Physical Exam	32%	35%	37%	18%	23%	24%	26%	32%	34%	36%	39%	41%	49%	49%	49%
Flu Shot	29%	31%	35%	21%	23%	26%	23%	22%	29%	28%	33%	34%	46%	46%	54%
Mammogram	21%	23%	25%	5%	6%	5%	17%	15%	19%	26%	31%	32%	38%	41%	42%
Pap Smear	21%	24%	28%	20%	26%	31%	24%	27%	35%	22%	24%	28%	15%	15%	17%
Diabetes Screening	12%	14%	15%	7%	8%	11%	9%	12%	12%	15%	19%	18%	17%	15%	20%
Cardiovascular Stress Test	10%	11%	13%	4%	3%	4%	7%	6%	9%	12%	14%	15%	20%	21%	25%
Colon Screening	10%	10%	11%	5%	3%	2%	5%	6%	6%	10%	14%	15%	22%	18%	19%
Child Immunization	10%	11%	14%	16%	20%	23%	18%	17%	27%	4%	5%	7%	2%	1%	1%
Hearing Test	9%	9%	10%	8%	8%	10%	7%	7%	12%	8%	8%	8%	14%	16%	13%
Prostate Screening	9%	9%	11%	2%	2%	1%	3%	4%	4%	10%	11%	13%	21%	23%	28%
BMI (Body Mass Index) Screening	8%	7%	9%	9%	7%	11%	9%	6%	11%	8%	8%	8%	7%	6%	6%
Other Service or Test	7%	7%	8%	4%	4%	5%	5%	6%	8%	9%	8%	9%	9%	8%	10%
Osteoporosis Testing	6%	6%	7%	3%	1%	1%	2%	1%	2%	6%	7%	9%	13%	15%	16%
Weight Loss Programs	4%	4%	4%	5%	4%	5%	6%	5%	6%	4%	3%	4%	3%	4%	3%
Mental Health Screening	4%	4%	4%	6%	5%	6%	4%	6%	5%	4%	5%	5%	2%	1%	2%
Carotid Artery Screening	4%	4%	4%	1%	1%	1%	1%	1%	2%	4%	5%	5%	11%	11%	11%
Pre-Natal Care	3%	3%	4%	8%	8%	10%	3%	4%	5%	1%	1%	1%		0%	
Stop Smoking Program	2%	2%	2%	3%	2%	2%	2%	2%	2%	3%	2%	2%	1%	1%	1%
No Service or Test	23%	19%	15%	33%	27%	23%	27%	23%	16%	21%	16%	13%	10%	10%	5%

**Note: 2012 data from January through August*

Health Care and Imaging Use

Household Health Care Use	2012	2011	2010	2012	2011	2010	2012	2011	2010	2012	2011	2010	2012	2011	2010
	Total	Total	Total	Age 18-34	Age 18-34	Age 18-34	Age 35-44	Age 35-44	Age 35-44	Age 45-64	Age 45-64	Age 45-64	Age 65+	Age 65+	Age 65+
Total n=	2,415	3,647	3,571	581	901	882	519	773	755	861	1,294	1,267	454	679	668
Hospital Emergency Room	51%	51%	55%	52%	51%	57%	51%	51%	58%	51%	52%	53%	51%	50%	51%
Hospital Inpatient Stay	38%	41%	41%	37%	39%	42%	33%	36%	39%	38%	42%	38%	45%	46%	46%
Outpatient Testing/X-Rays	32%	32%	35%	19%	20%	23%	29%	26%	30%	37%	40%	40%	44%	42%	47%
Outpatient/Same-Day Surgery	26%	26%	28%	21%	19%	22%	22%	24%	28%	29%	29%	29%	31%	29%	34%

**Note: 2012 data from January through August*

Household Imaging Use	2012	2011	2010	2012	2011	2010	2012	2011	2010	2012	2011	2010	2012	2011	2010
	Total	Total	Total	Age 18-34	Age 18-34	Age 18-34	Age 35-44	Age 35-44	Age 35-44	Age 45-64	Age 45-64	Age 45-64	Age 65+	Age 65+	Age 65+
Total n=	2,415	3,646	3,571	581	901	882	519	773	755	861	1,292	1,267	454	679	668
MRI	15%	15%	16%	11%	8%	10%	14%	13%	14%	16%	19%	17%	21%	19%	23%
CT Scan	13%	13%	14%	10%	9%	10%	11%	11%	13%	13%	17%	15%	19%	15%	17%
PET Scan	3%	3%	2%	2%	2%	1%	2%	1%	1%	2%	3%	3%	4%	4%	3%

**Note: 2012 data from January through August*

Delaying/Deferring Health Care

Member of Household Deferred Health Care in Last Six Months	2012 Total	2011 Total	2010 Total	2012 Age 18-34	2011 Age 18-34	2010 Age 18-34	2012 Age 35-44	2011 Age 35-44	2010 Age 35-44	2012 Age 45-64	2011 Age 45-64	2010 Age 45-64	2012 Age 65+	2011 Age 65+	2010 Age 65+
Total n=	2,415	3,647	3,571	581	901	882	519	772	755	861	1,294	1,267	454	679	668
Yes	23%	24%	25%	22%	20%	26%	26%	29%	28%	28%	27%	28%	12%	16%	15%
No	77%	76%	75%	78%	80%	74%	74%	71%	72%	72%	73%	72%	88%	84%	85%

**Note: 2012 data from January through August*

Member of Household Deferred Health Care in Last Six Months	2012 Total	2011 Total	2010 Total	2012 Age 18-34	2011 Age 18-34	2010 Age 18-34	2012 Age 35-44	2011 Age 35-44	2010 Age 35-44	2012 Age 45-64	2011 Age 45-64	2010 Age 45-64	2012 Age 65+	2011 Age 65+	2010 Age 65+
Total n=	564	861	893	130	180	232	137	221	213	241	353	350	56	107	98
Unable to pay	35%	41%	37%	35%	43%	39%	36%	44%	42%	40%	41%	38%	18%	29%	18%
No insurance	26%	27%	26%	30%	25%	27%	25%	31%	23%	29%	30%	33%	6%	12%	7%
Concerned about spending during current economy	25%	25%	25%	18%	18%	22%	20%	27%	30%	34%	28%	26%	20%	22%	13%
Concerned about my out of pocket expenses	19%	19%	18%	15%	19%	13%	16%	20%	22%	23%	19%	19%	18%	18%	17%
Willing to manage on my own for now	18%	19%	24%	18%	28%	26%	19%	21%	26%	16%	12%	18%	21%	25%	32%
Problem not serious	14%	13%	14%	19%	24%	16%	18%	12%	14%	9%	8%	9%	18%	14%	23%
Do not have regular/primary physician	13%	11%	9%	19%	19%	13%	8%	10%	13%	14%	11%	7%	3%	1%	3%
Concerned to take the time off from work	13%	15%	16%	12%	23%	19%	16%	18%	21%	13%	13%	14%	4%	2%	8%
Treatment not covered by health plan	11%	13%	13%	15%	15%	10%	12%	14%	15%	9%	11%	15%	5%	14%	11%
Other	9%	13%	14%	9%	7%	12%	5%	11%	13%	10%	14%	14%	18%	23%	25%
Out of pocket prescription expenses too high	6%	5%	9%	7%	6%	9%	5%	5%	12%	5%	4%	8%	7%	7%	4%
Provider has inconvenient hours	5%	4%	5%	8%	7%	7%	9%	6%	7%	2%	2%	3%	3%	2%	2%
No home care giver available after the procedure	3%	2%	2%	4%	2%	2%	2%	2%	1%	4%	2%	3%	3%	1%	3%
Employed but not covered yet	2%	3%	3%	4%	5%	5%	2%	4%	4%	1%	3%	2%	5%	1%	1%

**Note: 2012 data from January through August*

Trust & Confidence in Hospitals & Health Plans

Trust & Confidence in Hospitals	2012	2011	2010	2012	2011	2010	2012	2011	2010	2012	2011	2010	2012	2011	2010
	Total	Total	Total	Age 18-34	Age 18-34	Age 18-34	Age 35-44	Age 35-44	Age 35-44	Age 45-64	Age 45-64	Age 45-64	Age 65+	Age 65+	Age 65+
Total n=	2,415	3,647	3,571	581	901	882	519	773	755	861	1,294	1,267	454	679	668
Top 2 Box Score (5,4)	57%	62%	65%	59%	62%	66%	52%	57%	63%	54%	60%	60%	66%	70%	73%
Bottom 2 Box Score (1,2)	9%	8%	7%	9%	8%	8%	9%	8%	7%	11%	8%	8%	6%	5%	4%
Very High (5)	20%	19%	19%	24%	22%	22%	16%	19%	18%	18%	16%	17%	22%	18%	19%
4	38%	43%	46%	35%	40%	44%	37%	37%	45%	37%	43%	43%	44%	52%	54%
3	34%	31%	28%	32%	30%	27%	38%	35%	30%	35%	32%	32%	28%	26%	23%
2	5%	5%	4%	4%	5%	5%	5%	6%	4%	7%	6%	5%	4%	3%	2%
Very Low (1)	4%	2%	3%	5%	3%	3%	4%	2%	3%	4%	3%	3%	2%	1%	1%

**Note: 2012 data from January through August*

Trust & Confidence in Health Plans	2012	2011	2010	2012	2011	2010	2012	2011	2010	2012	2011	2010	2012	2011	2010
	Total	Total	Total	Age 18-34	Age 18-34	Age 18-34	Age 35-44	Age 35-44	Age 35-44	Age 45-64	Age 45-64	Age 45-64	Age 65+	Age 65+	Age 65+
Total n=	2,415	3,647	3,571	581	901	882	519	773	755	861	1,294	1,267	454	679	668
Top 2 Box Score (5,4)	33%	31%	32%	37%	36%	35%	31%	28%	25%	26%	26%	28%	41%	37%	42%
Bottom 2 Box Score (1,2)	29%	28%	28%	23%	27%	25%	32%	31%	35%	34%	32%	30%	21%	20%	20%
Very High (5)	11%	9%	8%	15%	12%	13%	9%	10%	6%	9%	6%	6%	12%	7%	8%
4	21%	22%	24%	21%	23%	23%	23%	19%	19%	17%	21%	22%	29%	29%	34%
3	39%	41%	40%	40%	38%	40%	37%	41%	40%	39%	42%	42%	38%	43%	38%
2	19%	17%	17%	15%	17%	16%	20%	17%	23%	23%	19%	17%	15%	12%	13%
Very Low (1)	10%	11%	11%	8%	9%	9%	12%	14%	12%	11%	13%	13%	6%	8%	8%

**Note: 2012 data from January through August*

Trust & Confidence in Physicians & Nurses

Trust & Confidence in Physicians	2012	2011	2010	2012	2011	2010	2012	2011	2010	2012	2011	2010	2012	2011	2010
	Total	Total	Total	Age 18-34	Age 18-34	Age 18-34	Age 35-44	Age 35-44	Age 35-44	Age 45-64	Age 45-64	Age 45-64	Age 65+	Age 65+	Age 65+
Total n=	2,415	3,647	3,571	581	901	882	519	773	755	861	1,294	1,267	454	679	668
Top 2 Box Score (5,4)	64%	67%	70%	59%	63%	67%	60%	66%	67%	62%	66%	68%	78%	78%	83%
Bottom 2 Box Score (1,2)	7%	6%	5%	8%	7%	5%	7%	7%	6%	8%	6%	6%	4%	3%	3%
Very High (5)	23%	22%	24%	26%	22%	24%	19%	20%	23%	19%	20%	22%	31%	27%	28%
4	41%	45%	46%	33%	41%	42%	42%	45%	45%	43%	46%	46%	47%	51%	54%
3	29%	27%	25%	32%	30%	28%	33%	28%	26%	30%	28%	27%	18%	19%	14%
2	4%	4%	3%	5%	4%	3%	4%	5%	4%	5%	4%	4%	3%	2%	2%
Very Low (1)	2%	2%	2%	3%	3%	2%	3%	2%	2%	3%	2%	2%	1%	1%	2%

**Note: 2012 data from January through August*

Trust & Confidence in Nurses	2012	2011	2010	2012	2011	2010	2012	2011	2010	2012	2011	2010	2012	2011	2010
	Total	Total	Total	Age 18-34	Age 18-34	Age 18-34	Age 35-44	Age 35-44	Age 35-44	Age 45-64	Age 45-64	Age 45-64	Age 65+	Age 65+	Age 65+
Total n=	2,415	3,647	3,571	581	901	882	519	773	755	861	1,294	1,267	454	679	668
Top 2 Box Score (5,4)	65%	67%	71%	58%	61%	65%	61%	67%	68%	64%	67%	70%	79%	75%	82%
Bottom 2 Box Score (1,2)	7%	6%	5%	9%	8%	7%	8%	5%	5%	7%	6%	5%	4%	4%	3%
Very High (5)	24%	24%	25%	23%	22%	25%	22%	23%	22%	22%	23%	25%	31%	28%	28%
4	41%	43%	46%	35%	39%	40%	39%	44%	46%	42%	44%	45%	48%	47%	54%
3	28%	27%	24%	32%	31%	28%	31%	28%	26%	29%	27%	25%	17%	22%	16%
2	4%	4%	3%	5%	6%	4%	5%	3%	3%	5%	4%	3%	3%	2%	1%
Very Low (1)	3%	2%	2%	5%	2%	3%	3%	2%	2%	2%	2%	2%	1%	1%	1%

**Note: 2012 data from January through August*