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Maricopa County, Arizona

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 | Culture of Health Community: Maricopa County, Arizona

ABOUT THIS REPORT

The Sentinel Communities Surveillance project, conducted by RTI International in collaboration with the RAND Corporation, is sponsored by The Robert Wood Johnson Foundation. The project, which began in 2016, will monitor activities related to how a *Culture of Health* is developing in each of 30 diverse communities around the country for at least five years. This community-specific report follows from the initial Snapshot report for *Maricopa County, Arizona,* and provides insights into drivers of a Culture of Health in the community. The report is not intended to comprehensively describe every action underway in Maricopa County, but rather focuses on key insights, opportunities, and challenges as a community advances on its journey toward health and well-being for all residents.

The information in this report was obtained using several data collection methods, including key informant telephone interviews, an environmental scan of online and published community-specific materials, a review of existing population surveillance and monitoring data, and collection of local data or resources provided by community contacts or interview respondents. Interviews were conducted with individuals representing organizations working in a variety of sectors (for example, health, business, education, faith-based, and environment) in the community. Sector mapping was used to systematically identify respondents in a range of sectors that would have insights about community health and well-being to ensure organizational diversity across the community. We also asked original interviewees to recommend individuals to speak with to include important organizations or perspectives not included in the original sample.

A total of 11 unique respondents were interviewed during spring 2017 for this report. All interviews (lasting 30–75 minutes each) were conducted using semistructured interview guides, tailored to the unique context and activities taking place in each community and to the role of the respondent in the community. Interviewers used probes to ensure that they obtained input on specific items of interest (for example, facilitators and barriers to improved population health, well-being, and equity) and open-ended questions to ensure that they fully addressed and captured participants' responses and perceptions about influences on health and well-being in their communities. Individuals who participated in a key informant interview are not identified by name or organization to protect confidentiality, but they are identified as a "respondent." Information collected through environmental scans includes program and organizational information available on internet websites, publicly available documents, and media reports. Population surveillance and monitoring data were compiled from publicly available data sets, including the American Community Survey; Behavioral Risk Factor Surveillance System; and other similar federal, state, and local data sources.

We will conduct ongoing surveillance and monitoring activities in these communities through 2020 and report updated information on their progress, challenges, and lessons learned in improving health and well-being for all residents.

Data collection and monitoring thus far has revealed common themes among otherwise distinct communities. The next phase of this project will be cross-community reports. These will examine common themes across subgroups of the 30 communities (for example, rural communities, communities experiencing large demographic shifts, and communities leveraging local data for decision-making). These reports will also be posted on *cultureofhealth.org*.

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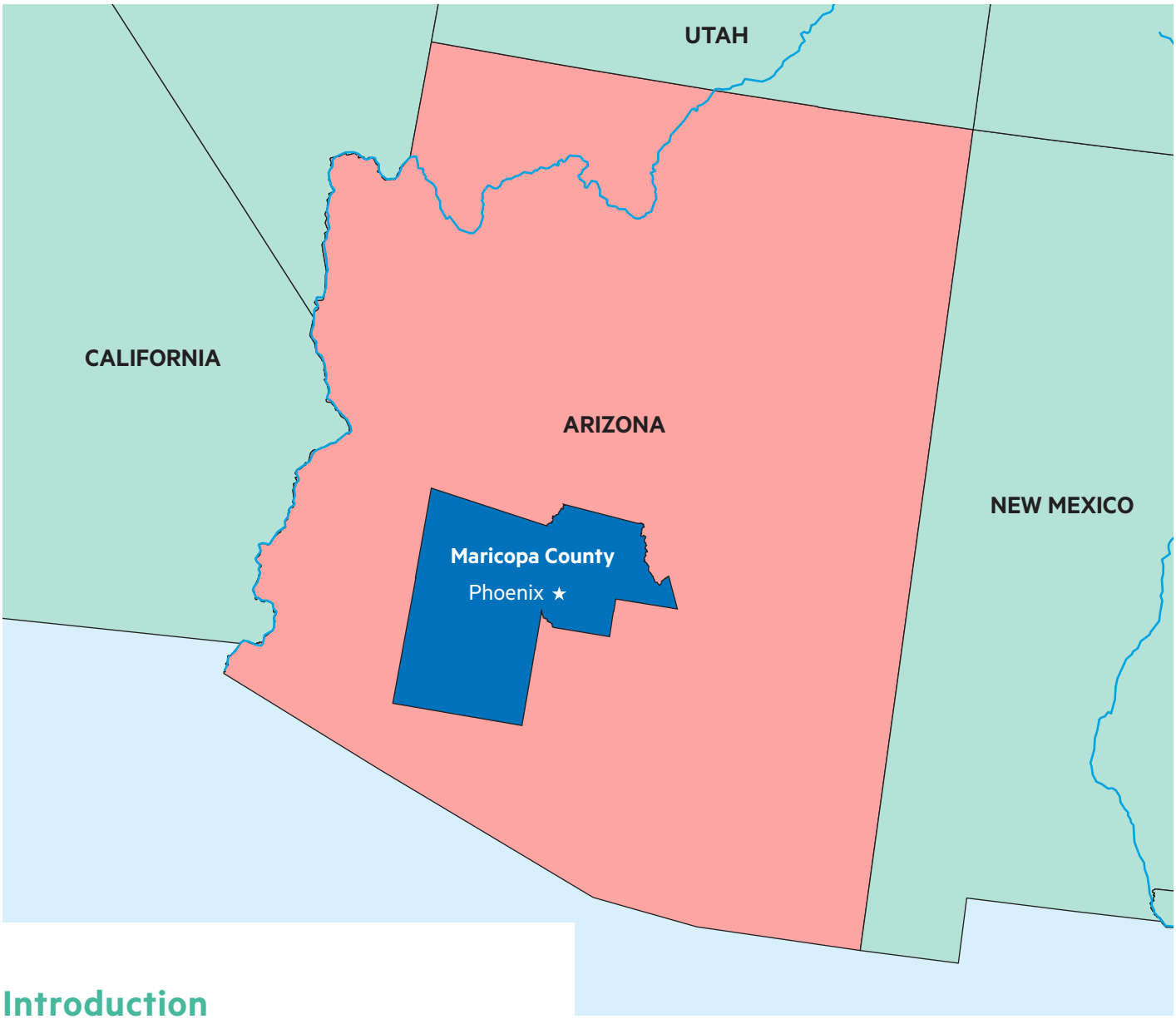

Introduction

In our snapshot report of *Maricopa County, Arizona*, we described a community faced with significant demographic and public resource challenges that motivate the community to mobilize cross-sector collaborations, coordinate public-private partnerships, and work to address many key public health concerns in the community. Local and federal policies—including controversial local immigration policies targeting Maricopa County's Hispanic population and federal policies that limit immigrant access to health care—present significant challenges to health equity in this community. Despite a persistent lack of public funding, because of a political climate that favors limited government and limited taxes, the health department, partner organizations, and individuals throughout the county collaborate to tackle major issues. These issues include chronic disease; child safety and wellness; access to health care; and teen pregnancy. In this report, we delve more deeply into the historical roots of the county's lack of public funding and strategies the community has adopted to address issues of access to healthy foods, immigration policy, racial disparities in education and employment, integrating health into built environment policies, and more. We also examine Maricopa County's efforts to improve population health and build a healthier and more equitable community using the *Culture of Health Action Framework* to interpret and organize key findings. The Framework prioritizes four broad areas: *1) Making Health a Shared Value; 2) Fostering Cross-Sector Collaboration to Improve Well-Being; 3) Creating Healthier, More Equitable Communities; and 4) Strengthening*

Integration of Health Services and Systems, within which activities and investments can advance population health, well-being, and equity in diverse community contexts. Using the Framework, we describe how Maricopa County has leveraged its leadership, resources, and cross-sector partners to help use community assets—such as willing and engaged partners across sectors; local, actionable data; and a spirit of inclusion in health planning. Although community stakeholders have rallied and have been able to partially offset the lack of dependable public funding, the county continues to face persistent health equity challenges as a result of these resource constraints.

Often referred to as "the Valley of the Sun," Maricopa County, with 4 million residents, is situated on 9,200 square miles of southwestern Arizona's Sonoran Desert.[1] Known for its warm, dry climate, the fourth most populous county in the nation has attained overall health outcomes similar to or better than the state or nation. However, these indicators mask significant health disparities for many racial and ethnic minority groups, particularly the large Hispanic population.

Since World War II, growth has been nearly constant in Maricopa County, with its climate and economic opportunity a consistent draw for new residents and businesses. Although it took Arizona until 2016 to recover the jobs it lost during the Great Recession—a full 19 months longer than the nation—the state's recovery involved economic diversification, with growth in health care, financial services, and emerging technologies.[2] In Maricopa County, and Phoenix specifically, business development has moved away from traditional industries—construction, agriculture, and mining—and toward the technology sector. Over the past 30 years, Maricopa County's population has nearly doubled from approximately 2.1 million in 1990[3] to more than 4 million in 2015.[4] From 2015 to 2016, Maricopa County experienced the largest population growth in the nation, with 81,360 new residents.[5]

With Maricopa County ranking as the 15th largest county in the nation by land area (9,224 square miles) and Phoenix as the 10th largest U.S. city (517 square miles), the sheer magnitude of the area presents significant challenges for the community. Because of the county's historic tendency to build new housing in undeveloped areas rather than increasing density through in-fill development, in addition to a reliance on automobile transit, many residents now commute more than one hour to get to work.[6]

DISPARITIES CAUSED BY DECREASED FUNDING, STATE IMMIGRATION LAWS

The politics of Arizona—and Maricopa County, specifically—reflect deeply felt conservative values. As one nonprofit sector respondent put it, "We've got a historically driven culture based on limited government, limited taxes, [and the notion that] people should be self-sufficient." The county does not allocate significant funding for public programs or services. For example, a 2014 study found the massive "suburb" of Mesa to be "the most conservative American city of more than 250,000 residents."[7] Although Mesa voters approved a $170 million bond package for infrastructure in 2008 and a $70 million bond for parks in 2012, they continually decline such funding for other public programs. For instance, in 2016, Mesa voters rejected a 0.4 percent sales tax hike designed to fund local expansions of higher education campuses and the public safety workforce.[8] Additionally, Arizona leads the nation in budget cuts to higher education, with Maricopa's Community College District being the most drastically affected.[9] State funding for the district went from $59.5 million in 2009 to zero dollars in 2016, which one nonprofit sector respondent deemed a critical "factor in educational equity."

This trend especially affects public health funding for related programming and services. Arizona ranks 49th in the nation in state dollars dedicated to public health ($39 per person),[10] and the Maricopa County Department of Public Health (MCDPH), which receives less than $3 per person annually from local tax revenue, is one of the least resourced local health departments for a large jurisdiction in the United States.[11] This limited funding affects how, and in what ways, the department serves the more than 4 million residents living in the county. This lack of funding may limit the ability of MCDPH to mitigate the significant health disparities experienced by several minority populations in the county, particularly the sizeable Hispanic population, and the black and American Indian populations.

> **"WE'VE GOT A HISTORICALLY DRIVEN CULTURE BASED ON LIMITED GOVERNMENT, LIMITED TAXES, [AND THE NOTION THAT] PEOPLE SHOULD BE SELF-SUFFICIENT."**
>
> *NONPROFIT SECTOR RESPONDENT*

Health disparities may also be fueled by disparities in access to jobs that provide an income for health-promoting resources such as healthy foods and health insurance. A Helios Education Foundation report found that among the 162 high-growth job categories in Arizona's highest-growth occupational sectors (e.g., health care support; personal care and service; business and financial; health care practitioners; technical; and computer/mathematical occupations), Hispanics are proportionately represented in only five of them. Many of these jobs require postsecondary education; however, as mentioned in the Snapshot report of *Maricopa County, Arizona*, Hispanic residents are much less likely than white residents to have higher education degrees.[12] With limited access to jobs in Maricopa County's growing industries, Hispanic employees are more likely to work in low-paying jobs in agriculture, manufacturing, and service industries, many of which do not offer health insurance.[13] Hispanic residents are more than three times as likely as white residents and nearly twice as likely as any other racial/ethnic group to be uninsured.[12]

Disparities in access to education, jobs, and health care are complicated by the fact that 11 percent of Maricopa County's residents are not U.S. citizens, and therefore, are ineligible for many services. Approximately 29 percent of its Hispanic residents are not U.S. citizens, compared with 23 percent of Hispanic residents nationally and 7 percent for the nation as a whole (note: Census figures cited in this report include all residents, citizens and noncitizens, who responded to the census).[12] Maricopa County is home to approximately

190,000 unauthorized immigrants, nearly three-quarters (72%) of the state's total.[14] The state and county governments' responses to the unauthorized immigrant population and the actions of local law enforcement authorities have grabbed headlines for years for their controversial and, in certain cases, unlawful nature. In 2010, the Arizona legislature enacted two laws requiring state and local law enforcement to verify the immigration status of any individual involved in a lawful stop, detention, or arrest if that individual was suspected of being in the United States illegally. These policies fostered a climate of fear among Hispanic residents, often dissuading them from participating in programs or seeking services designed to improve their health. Opponents decried these measures as encouraging racial profiling and compelling unauthorized immigrants to leave the country because of intolerable conditions.

Arizona announced a settlement with immigrant rights groups in September 2016 that removed some statutes from the state's 2010 legislation.[15] Stakeholders will continue to observe how the state, and specifically Maricopa County, incorporate the settlement into law enforcement training policies and action. In his re-election bid in 2016 for a seventh consecutive term as Maricopa County sheriff, Joe Arpaio was defeated by former Phoenix police officer Paul Penzone. Since taking office, Penzone has systematically rolled back some former policies and has modified how deputies enforce immigration issues.[16] Additionally, Arpaio was convicted in July 2017 of criminal contempt for disobeying a court order in a racial profiling case.[17] The subsequent pardon of Arpaio by President Trump generated significant criticism both locally and nationally, including from Phoenix Mayor Greg Stanton.[18]

Faced with a chronic lack of sufficient public funding, Maricopa County organizations and residents have developed collaborations across sectors with the goal of sharing funds and resources and expanding their collective reach. Representative organizations from major sectors—including county health; philanthropy; nonprofit; health care; education; and municipal government—are prioritizing partnerships with each other and community leaders. Together, they are working to identify and implement initiatives that tackle chronic disease; child safety and wellness; access to health care; immigration policy; access to education and jobs; integration of health into all policies; and the built environment.

PUBLIC, PRIVATE, AND PHILANTHROPY SECTORS FACILITATE COLLABORATION

MCDPH has a history of working to increase partnerships in the county, most notably in its prioritization of bringing nonhealth sectors to the table in promotion of health and well-being. For the past five years, public health leadership has focused its efforts on building, coordinating, and supporting a network of local organizations and individuals, both inside and outside of the health system, specifically around the 2012 Maricopa County Community Health Needs Assessment (Needs Assessment). In response to the results of the Needs Assessment and its 2012–2017 Community Health Improvement Plan (CHIP), MCDPH established the Health Improvement Partnership of Maricopa County (HIPMC), a network of more than 100 public and private organizations. With MCDPH acting as the "backbone" of the network, the HIPMC brings together—local universities, health care systems, philanthropic foundations, community organizations, and others—to address health issues across four sectors: worksite, education, community, and health care.

MCDPH supports the network by funding the salary of a strategic initiatives coordinator who oversees the operations of the HIPMC. According to a public-sector respondent, this primarily involves "connecting partners already involved in the HIPMC and engaging new partners" by providing strategic planning support and resource coordination; organizing meetings; managing the documentation of health improvement plan objectives and associated work plans; documenting progress toward meeting goals; and communicating regularly about progress and events. MCDPH's Office of Performance Improvement also has an employee focused on evaluation and process improvement for the partnership.

> **"YOU CAN'T DO A HEALTH ASSESSMENT WITHOUT SOMEONE BEING ABLE TO GET BOOTS ON THE GROUND AND ENGAGE WITH THE COMMUNITY."**
>
> *MUNICIPAL GOVERNMENT RESPONDENT*

Another prime example of evolving collaborative efforts is the work spearheaded by the Vitalyst Health Foundation, a statewide foundation formed in 1996 that today has grown into a key convener and network node for community partners focused on health. The foundation has a seat on the HIPMC steering committee. It also acts as a "community matchmaker," according to one respondent, identifying potential partners across sectors and coordinating efforts to address root causes and broader issues that influence health and well-being in the county. The foundation's four priority areas are: (1) increasing access to care and insurance coverage; (2) working with municipal leaders to promote healthy community policies and practices; (3) improving the effectiveness of community-based organizations; and (4) promoting innovation and collaboration among community organizations to achieve improved health care or understanding of health.[19] Multiple respondents noted the central and multifaceted role that Vitalyst plays in the community, from creating in-depth reports that serve as the basis for new initiatives, to facilitating conversations about a new framework for growth, to focusing on social determinants of health and social justice. A municipal respondent pointed to Vitalyst's community health assessments in the predominantly Hispanic Eastlake-Garfield and Gateways communities. Vitalyst engaged Spanish-speaking staff to conduct these assessments because, as the respondent said, "you can't do a health assessment without someone being able to get boots on the ground and engage with the community."

Other foundations that support local efforts to improve health and well-being include the Arizona Community Foundation, the Virginia G. Piper Charitable Trust, and the Helios Education Foundation.

This culture of collaboration extends beyond the scope of the HIPMC, with many other partnerships and structures in place to cultivate

coordination between the public and private sectors. In the education sector, public-private partnerships have formed to improve the quality of education and address large disparities in educational attainment. One respondent from the education sector emphasized that "the state is not doing all that it needs to do … [however] it's really driven a lot of collaboration, frankly." The respondent noted that this spirit of creative partnership can be traced back to former Governor Janet Napolitano and the creation of the state's P-20 Council in 2005. This 40-member body was convened to bridge the silos between the government, the educational system, nonprofit organizations, and the community. Their stated need for a "total commitment to a common goal that speaks with a clear articulated plan" still resonates and is evident now in other sectors, including public health.[20]

> "WE HAVE TO CREATE A BETTER SENSE OF HEALTH FOR OUR COMMUNITY, WHICH WOULD ULTIMATELY LEAD TO RETENTION AND ATTRACTION OF TALENT."
>
> *BUSINESS SECTOR RESPONDENT*

A notable player in many community initiatives, Arizona State University (ASU) brings myriad resources to the table, including innovation; material resources; intellectual capital; and expertise in planning, data collection, and analysis. In partnership with the City of Phoenix; Vitalyst; the U.S. Department of Housing and Urban Development; and others—ASU leads research studies of the built environment and community outreach efforts for an initiative to promote long-term sustainability in neighborhoods along the city's light rail corridor.

The business sector of Maricopa County has demonstrated its commitment to promoting health and well-being. The Greater Phoenix Chamber of Commerce has created the Greater Phoenix Chamber Foundation to promote economic development; improve education and workforce development; and create employer-based wellness initiatives. The foundation works collaboratively with other sectors, such as the health care sector, to achieve these goals. Maricopa County's business sector has also played a pivotal role in advancing statewide policies, such as Medicaid expansion under the Affordable Care Act, that have had a significant impact on the health of residents. Members of the business sector realize that health and economic development go hand in hand. As one representative from the business sector said, "We have to create a better sense of health for our community, which would ultimately lead to retention and attraction of talent."

Although policies at the county and state levels have presented challenges for uniting around a common goal, municipalities have provided leadership that fosters openness, teamwork, and citizen engagement. The city pursues an agenda focused on a stronger economy; quality schools; growing "smarter" through technological advancements; and an urban downtown.[21]

Over time, Maricopa County has responded to its many challenges with efforts to increase cross-sector collaboration and create a healthier, more equitable community. The spirit of inclusivity, shared resources, and coordination that began with MCDPH's network of community partners has continued with Phoenix's extensive light rail expansion; programming to increase access to healthy foods and health care; and initiatives to address gaps and health disparities. Over the last several years, Maricopa County's major collaborative networks have adjusted their processes to expand and localize their reach and become more inclusive of residents throughout the planning and execution phases.

Residents Participate in Plans for a Healthier Community

MCDPH has played a central role in health-related planning but has taken steps to involve many other health agencies, foundations, community organizations and residents in this process. These joint planning efforts have served as a springboard for numerous collaborative initiatives that revolve around identified priorities, including ones recommended by residents.

Many of Maricopa County's hospitals and health centers are currently collaborating with MCDPH to conduct the 2015–2017 Coordinated Community Health Needs Assessment to inform the next CHIP. MCDPH has shown its commitment to incorporating the community into the planning process in several ways: a series of 36 focus groups involving members of vulnerable populations; a community survey conducted in partnership with the HIPMC and other organizations that reached about 7,000 residents, with additional sampling of vulnerable populations; key informant interviews with stakeholders chosen by a nomination process through the HIPMC steering committee; and a series of community forums to ensure that residents have a voice in identifying priorities for the next CHIP.

> THE NEW STEERING COMMITTEE HAS FACILITATED A SENSE OF OWNERSHIP AND PRIDE IN THEIR OWN LEADERSHIP THAT HAS "ENHANCED OUR OPPORTUNITIES TO CONNECT WITH NEW PEOPLE AND ENGAGE WHEREVER WE CAN ENGAGE."
>
> *EDUCATION SECTOR RESPONDENT*

Over time, the HIPMC has evolved to meet the needs of both its partners and Maricopa County residents. Although the strategic initiative coordinator has served as the primary leader of overall planning efforts, the HIPMC in 2016 formed a steering committee made up of representatives from member organizations to give participants more access and networking opportunities and further engage the community in decision-making, a public sector respondent said. Another respondent from the education sector noted that the new steering committee has facilitated a sense of ownership and pride in their own

leadership that has "enhanced our opportunities to connect with new people and engage wherever we can engage."

MCDPH has also initiated more targeted health programming in the form of the Preventive Health Collaborative (PHC), a "grassroots, boots-on-the-ground" organization. This emerged out of the 2012 Needs Assessment and has grown to include more than 70 organizations focused on streamlining preventive care and improving services for children from birth to 5 years of age. The PHC focuses its programming on six health areas: (1) access to care; (2) nutrition and physical activity; (3) developmental and mental health; (4) prenatal and newborn health; (5) oral health; and (6) injury prevention.

> **A KEY PIECE OF THE INITIATIVE IS "GETTING THE COMMUNITY AT LARGE TO UNDERSTAND THAT HEALTH IS MORE THAN HEALTH CARE AND PERSONAL RESPONSIBILITY."**
>
> *NONPROFIT SECTOR RESPONDENT*

When initial funding ended, MCDPH secured a $1 million grant from United Health Foundation to extend the PHC partnerships for three years and expand their reach beyond south Phoenix to include the entire county.[22] According to a respondent from Maricopa County's nonprofit sector, organizations can apply to the PHC for funding but must do so as groups united around a common goal. This incentivized collaboration resulted in separate action learning teams for the six PHC health focus areas, a public sector respondent said. Each team has a consultant coach from the private sector and works across the collaborative with school districts, community organizations, and state and county health departments. As one example, the Isaac School District is partnering with a health insurer and nonprofit organizations to build a family wellness hub to give families more direct access to care.

CROSS-SECTOR PARTNERING ACROSS MULTIPLE DIMENSIONS FOR BETTER HEALTH

The Vitalyst Health Foundation is also connecting partners to encourage a shared understanding of health and its value to community life. One of the Foundation's most recent initiatives, the Year of Healthy Communities (YOHC),[19] integrates 14 core elements of a healthy community. The elements emphasize transportation; access to care; housing; community safety; economic opportunity; education; environmental quality; food access; community design; parks and recreation; social/cultural cohesion; social justice; health equity; and resiliency. Through YOHC, Vitalyst is connecting its existing network of local chambers of commerce and various public-private coalitions with MCDPH and HIPMC with the goal framework of "Identify, Connect, Shift, and Influence." More than 100 partners are at the table, including other state foundations, MCDPH, private-sector partners, regional hospitals, insurance companies, and community representatives who are not traditionally involved with MCDPH. According to a stakeholder from the nonprofit sector, a key piece of the initiative is "getting the community at large to understand that health is more than health care and personal responsibility."

Such community engagement not only has helped align activities with community priorities but also may have been a factor in improved health outcomes for certain populations. For example, the HIPMC CHIP tracker reports that health insurance coverage for Hispanics rose from 70 to 76 percent between 2013 and 2014, and that death rates from diabetes and heart disease decreased between 2011 and 2013.[23] In addition, between 2012 and 2017, adult smoking prevalence has decreased from 17 to 13 percent (*County Health Rankings*).

MCDPH has worked to move beyond standard data sources toward indicators of social determinants of health. Such indicators are: transportation; access to affordable housing; the level of crime and violence; the equality of early childhood education; the quality of higher-level education; social connectedness; social capital; and access to healthy foods. MCDPH also has implemented smaller-scale data collection efforts to address the needs of organizations that are eager to use data to help guide and assess their local efforts. For example, a government respondent described a 2012 assessment survey that focused on sampling large numbers of black, American Indian, Hispanic, Asian, and Pacific Islander residents, and LGBTQ residents, caregivers, veterans, and refugees. This was done because "we really did want to make sure our efforts captured those populations we knew were experiencing worse outcomes."

> **"WE REALLY DID WANT TO MAKE SURE OUR EFFORTS [2012 NEEDS ASSESSMENT] CAPTURED THOSE POPULATIONS WE KNEW WERE EXPERIENCING WORSE OUTCOMES."**
>
> *GOVERNMENT RESPONDENT*

These efforts have led to population-specific programs designed to inform the department's efforts to increase health equity. However, further collection and aggregation of local data is still needed. Because of Maricopa County's large population and geographic dispersion, difficulties in planning, distributing resources, and measuring outcomes arise because relevant data largely exists only at the county level.

IMPROVING BUILT ENVIRONMENT THROUGH COMMUNITY ENGAGEMENT

In Arizona, every city must present to voters a general plan for development. In Phoenix, this requirement has facilitated a culture of collaboration among city agencies to systematically engage residents in the planning process. Through PlanPHX, a municipal effort to engage residents in city planning, the City of Phoenix collaborates with residents to create a blueprint. In 2015, voters approved the latest general plan, which was the culmination of many years of engagement among the mayor's office; governmental, educational, and community stakeholders; and community residents. The plan explicitly prioritizes health as one of its three community benefit pillars, alongside "prosperity" and "environment."[24]

The City Planning Department elicits, collects, and uses resident input throughout the planning phase. According to a municipal respondent, the city planning groups engage residents through

separate citizen committees—groups of appointed neighborhood representatives—who meet once a month in open forums to provide input for the general plan. These committees allow residents to have a voice in how and to what extent Phoenix's development efforts affect the health and well-being of their communities.

Funded by the U.S. Department of Housing and Urban Development, Reinvent PHX is a partnership among the City of Phoenix, ASU, Vitalyst, and others to develop a holistic, long-range sustainability plan for the neighborhoods along the city's light rail corridor.[25] Action plans include establishing a community-based vision and identifying investment strategies to improve the quality of life for residents. "When the development does come, the community feels it is done in a way that is in concert with what they'd like to see in the neighborhood," one public sector respondent noted. As part of Reinvent PHX, five transit-oriented district policy plans have been developed and adopted by the council and approved by the community. Associated five-year action plans outline short-term tasks designed to implement district policy plan initiatives. The community is currently also working on updating zoning along the light rail line. One municipal respondent stated that the shared goals of county leadership and programming partners to create a more walkable city will "have a tremendous impact on [residents'] health and well-being," and that "getting all of our resources closer together and in connection with transportation will lead to a more sustainable and healthy city."

As the community strives to address development and redevelopment in low-income and vulnerable communities, leaders are cognizant of the need to engage residents who are affected by policies and plans. To promote civic engagement and assist vulnerable residents to self-advocate as the light rail expands into their communities, the Vitalyst Health Foundation has been funding efforts to train South Phoenix community resident leaders. Vitalyst is helping them gain skills needed to voice their opinions at community meetings about topics like building codes and transportation policies.

THE SHARED GOALS OF COUNTY LEADERSHIP AND PROGRAMMING PARTNERS TO CREATE A MORE WALKABLE CITY WILL "HAVE A TREMENDOUS IMPACT ON [RESIDENTS'] HEALTH AND WELL-BEING." AND THAT "GETTING ALL OF OUR RESOURCES CLOSER TOGETHER AND IN CONNECTION WITH TRANSPORTATION WILL LEAD TO A MORE SUSTAINABLE AND HEALTHY CITY."

MUNICIPAL GOVERNMENT RESPONDENT

While Downtown development progresses, the Phoenix Revitalization Corporation is working with the formerly neglected Central City South area of low-income, minority residents (77% Hispanic; 17% black). The Corporation's Quality of Life Plan is "a road map that can inform residents and stakeholders as to what direction they are headed; the best ways to move in that direction; and how they will know when they have been successful."[26] According to a respondent from the nonprofit sector, these efforts have given the community a voice, which has created a climate of reciprocity between residents and government officials and departments. "Everybody is responsible for building and changing communities, not just systems. The community doesn't have the money, but they certainly have a presence at City Hall now. We have a connection to every director in every department in the city, which is something we wouldn't have been able to say 10 years ago." The respondent noted that safety was a focus of the plan, and that in the first five years since they published the plan, the crime rate was reduced by 36 percent.

SUCCESS OF DIVERSE STUDENTS TIED TO REGIONAL ECONOMIC PROSPERITY

Agencies are working together to address the disparities in educational attainment that subsequently affect access to higher-paying jobs. "Employers are looking for those more diverse populations within their workforce, something that mirrors the community," according to a business sector respondent. Leaders contend that Hispanic student success is not just an education issue, but is also a major factor in the economic prosperity of the region. As one respondent from the nonprofit education sector said, "They are our future workforce and the future of Arizona, and we need to make sure they have opportunities to succeed." The Chamber of Commerce works with some of the school districts to make sure they are offering programs that align with employer needs. For example, it recently worked with Phoenix Union High School to launch a coding academy.

"EMPLOYERS ARE LOOKING FOR THOSE MORE DIVERSE POPULATIONS WITHIN THEIR WORKFORCE, SOMETHING THAT MIRRORS THE COMMUNITY."

BUSINESS SECTOR RESPONDENT

Recognizing that Hispanic students make up 44 percent of the population in Arizona public schools,[27] the Helios Education Foundation has been working with ASU, the Greater Phoenix Economic Council, Maricopa Community College District, Phoenix Union High School District, and other partners on Latino Student Success. This program is focused on early grade success; college and career readiness; and postsecondary completion among Hispanic students. An example of Helios' commitment to collaboration is its funding of the Excel Program, developed in partnership with the Maricopa Community Colleges District. It provides Hispanic college students with one-on-one support and informs parents on the college navigation process.[27]

Collaboration has led to initiatives such as Ready Now Yuma, a partnership between Yuma Union High School District and the Helios Education Foundation, which provides access to rigorous college prep and Advanced Placement classes to students in a primarily Hispanic district. The initiative—which involves a five-year, nearly $4.5 million investment by Helios[28]—was recognized in the fall of 2016 as a "Bright Spot in Hispanic Education" by the White House Initiative on Education Excellence for Hispanics. Likewise, Helios has partnered with Phoenix

Union High School District to provide the ACT college readiness assessment for all juniors. According to a representative of the nonprofit education sector, "95 percent of students are now taking the ACT and more are scoring sufficiently to provide access to higher education."

Health agencies such as MCDPH and the Vitalyst Health Foundation realize that education is linked to health and have incorporated education into their priority areas or data collection efforts. The need to address gaps in education funding and equity also has emerged as a shared priority across other sectors. For example, Greater Phoenix Leadership—including business leaders—has partnered with the Phoenix Chamber of Commerce, the Arizona Chamber of Commerce, and other groups to advocate for additional investment into the education system. In May 2016, voters narrowly approved Proposition 123, the Arizona Education Finance Amendment. The measure was designed to increase statewide education funding by $3.5 billion over the course of 10 years by allocating money from the general land trust fund and increasing annual distributions to education, estimated to add approximately $300 per student.[29] Although stakeholders generally agree that this is a positive step, many also believe it to be insufficient. "People get it," said a respondent from a nonprofit education organization. "We need to do something about education, whether it's more dollars, more focus, more accountability."

EXPANDING ACCESS AND EFFICIENT CARE BY INTEGRATING HEALTH SERVICES

Cross-sector collaboration has also been key to efforts to increase access to health care and reduce disparities. For example, the private sector has been instrumental in successfully advocating for Medicaid expansion and funding for Arizona's Children's Health Insurance Program, known as Kids Care. According to a business sector respondent, "There's two elements to it: the human aspect where you want folks to have coverage, then secondly there's the financial aspect for businesses. It's one of the biggest times the business community came together, as a whole in unison, saying we need this to happen." Cover Arizona, a coalition of more than 900 members statewide, is engaged in building awareness of opportunities to obtain health insurance through the Health Insurance Marketplace and Arizona Health Care Cost Containment System, Arizona's Medicaid.[30]

> "THERE'S TWO ELEMENTS TO IT [ARIZONA KIDS CARE]: THE HUMAN ASPECT WHERE YOU WANT FOLKS TO HAVE COVERAGE, THEN SECONDLY THERE'S THE FINANCIAL ASPECT FOR BUSINESSES. IT'S ONE OF THE BIGGEST TIMES THE BUSINESS COMMUNITY CAME TOGETHER, AS A WHOLE IN UNISON, SAYING WE NEED THIS TO HAPPEN."
>
> *BUSINESS SECTOR RESPONDENT*

The community also has mobilized around improving access to care through its Mobile Integrated Healthcare initiative. Through a partnership between the Arizona Department of Health Services and the Arizona Health Care Cost Containment System, Arizona has launched a reimbursable "Treat and Refer Recognition Program," which allows for recognized emergency medical services (EMS) providers to be reimbursed by Medicaid plans for services provided in the field. This results in cutting costs, provides preventive care, and facilitates more immediate and appropriate treatment. Rather than transporting nonemergency patients to the emergency room, EMS providers now perform urgent care at residents' homes and refer them for follow-up care. To decipher the type of care needed, Mesa hired nurses for its 911 call center and partnered with a hospital to send nurse practitioners with EMS personnel on house calls.[31] Although the project is statewide, most activity has occurred in Maricopa County. In a pilot program in Scottsdale, begun in 2015, patients served were primarily elderly, chronically ill, and mobility impaired. The community has plans to add a behavioral health services component.[32] According to a stakeholder from the nonprofit sector, "That has been an incredible collaborative effort with fire departments, private EMS, hospital partners, insurance plans, and both county and state health departments. It's also taken a lot of work [by] our nonprofit sector and social services to receive those referrals. It has allowed the entirety of Maricopa County to establish protocols and standards that have made it so folks really can get care at the right time, right place, by the right provider and not have to go to the hospital."

> "THAT [MOBILE INTEGRATED HEALTHCARE INITIATIVE] HAS BEEN AN INCREDIBLE COLLABORATIVE EFFORT WITH FIRE DEPARTMENTS, PRIVATE EMS, HOSPITAL PARTNERS, INSURANCE PLANS, AND BOTH COUNTY AND STATE HEALTH DEPARTMENTS. IT HAS ALLOWED … MARICOPA COUNTY FOLKS [TO] REALLY… GET CARE AT THE RIGHT TIME, RIGHT PLACE, BY THE RIGHT PROVIDER AND NOT HAVE TO GO TO THE HOSPITAL."
>
> *NONPROFIT SECTOR RESPONDENT*

Maricopa County has also built out its health care workforce through partnerships to meet the community's needs. The Greater Phoenix Chamber of Commerce, through its Greater Phoenix Chamber Foundation, has launched a health care workforce collaborative to address workforce shortages in the regional hospital systems. When the collaborative determined that specialty nursing was a key gap—with only one specialty training program in the state—it convened representatives from the major hospital systems. They developed a shared training model for specialty nursing. Each hospital system focused on one specialty (e.g., oncology) and provided training for nurses from other hospitals. Area hospitals are also working together to increase efficiency and reduce duplication of efforts in other ways. As a respondent from the business sector noted, "St. Joseph's Hospital, which is a Dignity Hospital here, basically shut down their children's services because the children's hospital was just down [the] road." St. Joseph's now redirects pediatric patients to Phoenix Children's Hospital and coordinates care.

FACILITATORS TO A CULTURE OF HEALTH

Culture of collaboration. The culture of collaboration in Maricopa County is more than just conceptual—it is evident in the leadership and work of cross-sector networks focused on improving health and well-being. As one respondent from the education sector noted, leaders have instilled both a passion for collaboration and the resources to support it. "The passion from the people … you just absorb it. It's addictive. Everybody is so excited to make a difference."

Health department commitment toward shared goals. Respondents acknowledged the essential role MCDPH plays in helping the county realize its goals. "The commitment from our county is huge. We couldn't have done or continue to do what we do today without the commitment from our county [health department]," said a respondent from the education sector. "They've invested staff that are dedicated to doing what we do. Without the county making that commitment, we wouldn't have that same level of wanting to work up to their expectations. Everybody wants to work together and do better and make a difference. … We all look at this as 'health engaged.'"

Business community values well-being. Through partnerships and programming focused on improving the health of residents, above and beyond a traditional focus on worksite health, business leaders in Maricopa County have made health and well-being a priority. For example, Maricopa County business leaders have played an important role in statewide efforts to advance policies that provide access to health care, such as Medicaid expansion under the Affordable Care Act.

Policies that require citizen participation. Arizona's policy of engaging voters to approve a general plan for community development has spurred PlanPHX and an overall culture of collaboration. This engagement directly improves community capacity and extends beyond development of the general plan.

BARRIERS TO A CULTURE OF HEALTH

Scarcity of funding and resources. Despite Maricopa's strong philanthropic sector activity, shortfalls in funding for health still exist because of population growth and government policies. Although significant progress is being made in tackling priority health issues, continued lack of public funding and resources limits the county's ability to fully address its challenges in health care access, immigration, and racial disparities by engaging in long-term planning that considers the availability of dependable resources.

Lack of targeted data to serve specific populations. MCDPH has made the collection and analysis of local data a priority; however, several respondents have asserted that there is a need for data that can inform programs intended to serve specific geographic areas or subpopulations (e.g., a city, a specific refugee community, or the immigrant population as a whole).

Fear that inhibits community engagement. Maricopa County's political landscape raises another vital question: How effective can outreach efforts be when the most vulnerable residents are afraid to engage on any level? Some of the most underserved segments of the population fear seeking health care or other services for risk of being profiled, questioned, taken into custody, or deported. One health sector respondent stated, "All I keep hearing is 'fear, fear, fear' … people don't want to go to a community health clinic even though they're going to have low-cost care because there's paperwork and fear." A respondent from the nonprofit sector said, "They've stayed away from schools or have been scared to send their children to school, during the voting season or particularly on voting day."

To address limited access to services, especially for those who are most vulnerable, Maricopa County provides a safety net—consisting of emergency rooms; free and reduced-fee clinics; community health centers; and volunteer-driven arrangements—to deliver health care to indigent and under- and uninsured residents.[33] In addition, nonprofit agencies have been formed to serve specific minority populations. For example, Concilio Latino de Salud provides a range of health promotion and care coordination services to improve the health disparities in the Latino population. Chicanos por la Causa provides programs and

> "THE PASSION FROM THE PEOPLE … YOU JUST ABSORB IT. IT'S ADDICTIVE. EVERYBODY IS SO EXCITED TO MAKE A DIFFERENCE."
>
> *EDUCATION SECTOR RESPONDENT*

services in economic development; education; health and human services; and housing to those with low- or moderate-income levels, as well as clinical services (e.g., behavioral health care, substance abuse treatment, and HIV-related services).[34] To address the needs of the American Indian population, the Phoenix Indian Medical Center, which is part of Indian Health Services (IHS), maintains a 137-bed hospital and outpatient clinics for both primary care and selected medical specialties.[33] The American Indian community also benefits from the Native American Community Health Center,[33] a non-IHS clinic, and Native Health Phoenix,[35] which has medical, dental, and behavioral health programs.

Summary of County's Efforts to Build a Culture of Health

Based on the *Culture of Health Framework* used to guide Sentinel Community data collection and monitoring in Maricopa County, evidence indicates that progress is emerging in several areas to enhance residents' health and well-being. For example, Maricopa County has demonstrated that *Fostering Cross-Sector Collaboration to Improve Well-Being* is a priority in establishing a Culture of Health. Although collaboration has its roots in a need for agencies to be effective within funding constraints, agencies and leaders now operate by *Making Health a Shared Value*, inspired by collaborative planning and decision-making and a shared interest in reducing inequities. Efforts by stakeholders to promote a sense of trust and shared goals among partners have been key to creating these strong networks. Leaders in Maricopa County have also shown a strong commitment to modifying the built environment to improve residents' access to employment, walkable neighborhoods, and healthy food through support of the light rail system and associated neighborhood development. To help capture the perspectives of historically marginalized residents, Maricopa County stakeholders promote civic engagement in the city planning process. They recognize the need to promote greater access to educational opportunities for underserved residents, and they have joined forces to implement

programs specifically focused on *Creating a Healthier, More Equitable Community*. The community has committed itself to *Strengthening Integration of Health Services and Systems* by: advocating for policies that support access to care; collaborating to provide care through an innovative mobile health effort; providing a safety net of services; and by addressing gaps in services for vulnerable populations through creating facilities designed to serve specific minority populations.

Maricopa County faces deep social, political, and economic barriers in its pursuit of a shared Culture of Health—from limited public service funding; to sharp racial and ethnic disparities; controversial immigration policy; and more. However, respondents from across many sectors agree that the collective response to limitations and scarce resources has been one of productive cross-sector partnership and more effective use of alternative resources, opportunities, and community engagement—trends that many in the county are hoping to continue.

However, addressing other challenges, like access to health care among the unauthorized immigrant population, requires more time, effort, and resources. It will take time to establish a sufficient level of trust among members of the Hispanic community. In particular, having their full participation in community initiatives is especially challenging—given the county's and state's historic response to the unauthorized immigrant population. Maricopa County's large geographic area and population size also present unique challenges, including the need for data that are aggregated more finely—by specific subpopulations or by smaller geographic areas.

Maricopa County faces significant obstacles in its pursuit of a healthier, more equitable community. How the county continues to develop its collaborative networks and engage its residents in planning and execution will directly determine future gains. Trends to monitor include particular populations' fear of engagement and the potential mobilization of minority rights groups in response because of their potential impact on access to economic and educational opportunities and health care services. Although following the community's progress toward reducing the stark disparities between the white and Hispanic populations is essential, it will also be important to gain a more complete picture of efforts to address the needs of other vulnerable populations, such as black and American Indian residents.

The progress of the county's ambitious, large-scale planning efforts will provide insight into how citizen participation in transit-oriented design can foster a sense of community while also increasing access to services and improving health outcomes. The role of ASU and other institutions of higher education deserves more in-depth examination, given the unique resources they can provide. As MCDPH strives to decrease the community's dependence on its "backbone" functions, Maricopa County's ability to establish structures that foster sustainability within the HIPMC and its many other large and active collaborative networks will be telling. Such efforts may hold promise for other communities that struggle with limited resources and significant health and equity challenges.

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