2015/16

Northern Arizona Healthcare Community Health Needs Assessment

Northern Arizona Healthcare

Table of Contents

Introduction **4**
Project Overview
Project Goals
Methodology
Summary of Findings **7**

Area of Opportunity **8**
Top Community Health Concerns among Community Key Informants 9
Top Community Health Concerns among Community Members 9

Northern Arizona Population Demographics **10**
Death Disease and Chronic Conditions **14**
Leading Causes of Death 16
Northern Arizona Counties Comparison 18
Arizona Health Status and Vital Statistics 2013 ..... **21**
Cardiovascular Disease 21
Stroke 22
Hypertension 23
Cancer 24
Respiratory Disease 27
Pneumonia/Influenza 28
Injury and Violence 29
Drug Induced Deaths 32
Motor Vehicle Safety 33
Firearm Safety 34
Intentional Injury 35
Diabetes 37
Alzheimer's disease 38
Liver Disease 39

Infectious Disease **40**
Vaccine Preventable Conditions 40
Tuberculosis 43
Sexually Transmitted Diseases 44
Gonorrhea 44
Syphilis 45
Chlamydia 46
Births **47**
Prenatal Care 47
Birth Outcomes and Risks 48
Infant Mortality 49
Family Planning 51
Modifiable Health Risks **53**
No Leisure time Physical activity 53
Adult Weight Status 54
Substance Abuse 55
Tobacco Use 57
Oral Health 57
2015 Community Needs Survey **61**
Survey Questions 62
Individual Responses to Health Issues 108

Introduction

Program Overview

Project Goals

This Community Health Needs Assessment is a follow-up to similar studies conducted in 1996, 2010 and 2013. It is a traditional, systematic, data-driven approach to determining the health status, behaviors and needs of residents in the Northern Arizona Healthcare (NAH) Service Area, which includes both Flagstaff Medical Center (FMC) and Verde Valley Medical Centers' Service Areas.
Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so communities and organizations may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated

Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the NAH Community Health Needs Assessment survey using Survey Monkey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through a Key Informant Focus Group.

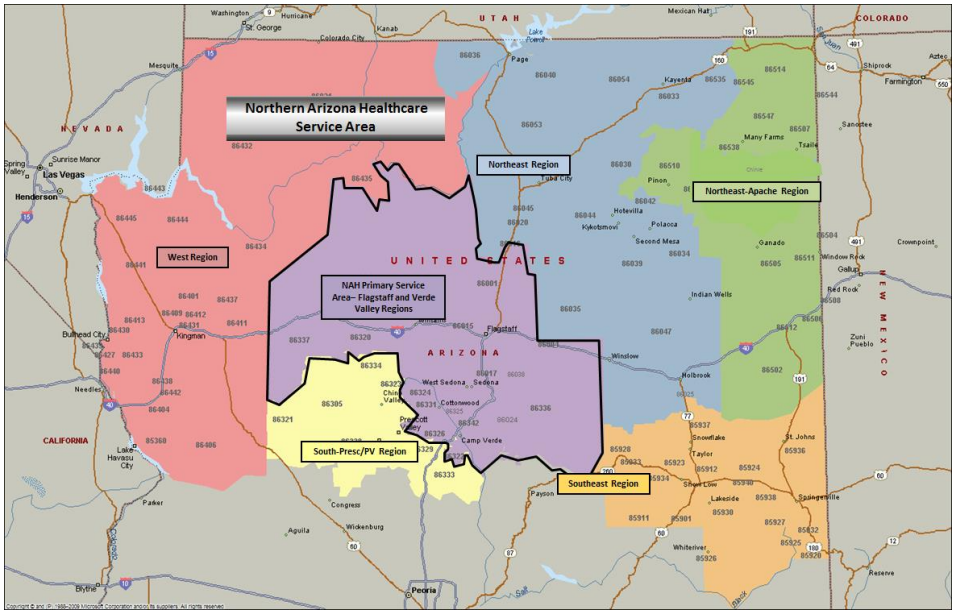
Survey Instrument
The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and

disease prevention objectives and other recognized health issues. The final survey instrument was developed by the Northern Arizona Healthcare, and is similar to the previous surveys used in the region, allowing for data trending.

Community Defined for This Assessment

The study area for the survey effort (referred to as the "NAH Service Area" or "Flagstaff or Verde Valley Region" in this report) includes the following Counties represented in northern AZ: Apache, Gila, Mojave, Navajo, Coconino and Yavapai.

A geographic description is illustrated in the following map:



Key Informant Focus Groups

As part of the Community Health Needs Assessment, a focus group was held in collaboration with Coconino and Yavapai Counties as part of their Community Health Improvement Plans. Key informants in the community, including: representatives from public health; physicians; other health professionals; social service providers; and other community leaders.

The Northern Arizona Indian Health Collaboration and the Diabetes Together groups were also involved as a focus groups as part of their quarterly or monthly meetings.

Participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall. Participants included a representative of public health, as well as several individuals who work with low-income, minority or other medically underserved populations, and those who work with persons with chronic disease conditions.

NOTE: These findings represent qualitative rather than quantitative data. The groups were designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Arizona Department Health Services
- Arizona Department of Public Safety
- Centers for Disease Control & Prevention
- National Center for Health Statistics
- US Census Bureau
- US Department of Health and Human Services
- US Department of Justice, Federal Bureau of Investigation

Note that secondary data reflect county-level data for the northern Arizona Counties.

Benchmark Data

Trending

Similar surveys were administered in Flagstaff in 1996 and 2010 by PRC on behalf of Northern Arizona Healthcare. Trending data, as revealed by comparison to prior survey results (among ZIP Codes common across all studies), are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

Arizona Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data are reported in the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data* published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public.
More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

Information Gaps
While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.
For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not well represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.
In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

Summary of Findings

Areas of Opportunity for Community Health Improvement

The following "health priorities" represent recommended areas of intervention, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in *Healthy People 2020*. From these data, opportunities for health improvement exist in the region with regard to the following health areas (see also the summary tables presented in the following section). These areas of concern are subject to the discretion of area providers, the steering committee, or other local organizations and community leaders as to actionability and priority.

Areas of Opportunity Identified Through This Assessment for the Flagstaff Region:

Access to Health Services

- Insurance Instability for Adults and Children
- Difficulty Accessing Healthcare
- Cost as a Barrier to Physician Visits
- Routine Checkups (Adults)

Maternal, Infant and Child Health

- Babies with Low Birth Weight
- Early Prenatal Care
- Infant Mortality

Injury & Violence Prevention

- Unintentional Injury Deaths (Including Motor Vehicle Crashes)
- Violent Deaths (Including Firearm-Related Deaths, Homicide & Suicide)

Mental Health & Mental Disorders

- Suicides

Oral Health

- Regular Dental Visits
- Dental Insurance Coverage

Sexually Transmitted Diseases

- Gonorrhea Incidence

Substance Abuse

- Cirrhosis/Liver Disease

Areas of Opportunity Identified Through This Assessment for the Verde Valley Region:

Access to Health Services

- Insurance Instability for Adults and Children
- Difficulty Accessing Healthcare
- Cost as a Barrier to Physician Visits
- Adult overall health status

Cancer

- Cervical Cancer Incidence

Maternal, Infant and Child Health

- Teen Births
- Mothers who Received Early Prenatal Care
- Preterm Births

Injury & Violence Prevention

- Unintentional Injury Deaths (Including Motor Vehicle Crashes)
- Violent Deaths (Including Firearm-Related Deaths, Homicide & Suicide)

Mental Health & Mental Disorders

- Suicides

Respiratory Health

- Adult Smoking
- Older Adult Asthma

Top Community Health Concerns Among Community Key Informants
Key informants were asked to write down what they individually perceive as the top five health priorities for the community, based on the group discussion as well as on their own experiences and perceptions. Their responses were collected, categorized and tallied to produce the top-ranked priorities as identified among key informants. These should be used to complement and corroborate findings that emerge from the quantitative dataset.

1. Access, Including Transportation
Mentioned resources available to address this issue: North Country; Poore Clinic; Flagstaff Medical Center; County Health Services; Arizona Health Care Cost Containment System (AHCCCS); Flagstaff Shelter Services; Mountain Line Bus System, Verde Valley CATline; Uber
2. Mental Health
Mentioned resources available to address this issue: Flagstaff Guidance Center; Southwest Behavioral Health; Flagstaff Medical Center; North Country; Northern Arizona University Counseling Services; Child Family Services; Private Providers; Verde Valley Guidance Clinic; Catholic Social Services; Verde Valley Medical Center
3. Nutrition
Limited access to healthy foods
Mentioned resources available to address this issue: Farmer's Markets; St. Mary's Food Bank; Bountiful Baskets; Flagstaff Community Supported Agriculture Project; Fit Kids of Arizona; YMCA; Flagstaff Medical Center; County Health Services
4. Substance Abuse
Mentioned resources available to address this issue: Flagstaff Guidance Center; Southwest Behavioral Health; Flagstaff Medical Center; Back2Basics; County Jail; Northern Arizona Regional Behavioral Health Authority; Verde Valley Guidance Clinic; MATFORCE; Local Police; Alcoholics Anonymous; Cottonwood County Drug Task Force
5. Collaboration
There were no resources mentioned to address the issue of collaboration.

Top Community Health Concerns Among Community Members
Community Members were asked to share any other health concerns not addressed by the survey. Their responses were collected, categorized and tallied to produce the top-ranked priorities as identified among community members. These should be used to complement and corroborate findings that emerge from the quantitative dataset.

- Behavioral Health care: access to services and health issues
- Lack of local specialists (endocrinologist, neurologist, pediatric)
- Access to affordable health insurance/health care in the community
- Providers (physician/ staff) seen as uncaring, long wait for appointments
- Access to more Primary Care Providers

Population Demographics

Coconino County (CC)- As of 2015, the total population in Coconino County was 139,097. The population is evenly split between males and females. The population was found to be 54.9% White (Not Hispanic or Latino), 27.3% American Indian or Alaskan Native, 13.9% Hispanic or Latino, 1.6% Black or African American, and 1.8% Asian.

Mohave County (MC)- The total population in Mohave County was 204,737 in 2015. The county is 49.7% female and 50.3% male. The majority of the county is White (Not Hispanic or Latino) at 78% while the largest minority group is Hispanic or Latino at 15.8% of the population. The population is 2.9% American Indian or Alaskan Native, 1.3% Black or African American, and 1.2% Asian.

Gila County (GC)- Gila County's population was 53,159 in 2015. The population was found to be 50.4% female and 49.6% male. The majority of the county is White (Not Hispanic or Latino) at 63.2%. The county is 18.8% Hispanic or Latino, 16.5% American Indian or Alaskan Native, .9% Black or African American, and .8% Asian.

Apache County (AC)- As of 2015, the total population in Apache County was 71,474. Apache County has slightly more females with 50.6% of the population female and 49.4% male. The majority of the population is American Indian or Alaskan Native at 73.5%. The population is 19% White (Not Hispanic or Latino) and 6.4% Hispanic or Latino.

Navajo County (NC)- The population of Navajo County was 108,277 in 2015. This County is evenly split between males and females. The County's population is 42.2% White (Not Hispanic or Latino), 44.9% Native American or Alaskan Native, 11.1% Hispanic, 1.3% Black and .7% Asian

Yavapai County (YC)- In 2015 there were 222,255 individuals living in Yavapai County. The majority of the population is White (Not Hispanic or Latino) at 80.9%. The population is 14.2% Hispanic or Latino, 2.1% American Indian or Alaskan Native, 1% Asian, and .9% Black or African American. Yavapai is experiencing an extremely high growth in Hispanics. In the next 5 years, the Hispanic population is estimated to increase by 6,424 new lives.

AGE DISTRIBUTION

CC-In 2014, Persons under the age of 18 is 21.8%, nearing the state average of 24.1%. An estimated 12.3% of the population is 65 years or older, and this is expected to increase slightly over the next five years to 13.5%.

MC- It was found that 18.7% of Mohave County's residents were under the age of 18 while 26.9% were over the age of 65.

GC- The population of Gila County had 20.4% of its residents aged 18 or under and 26.6% aged 65 or older in 2014.

AC-In Apache county, persons under the age of 18 is 29.3% and persons older that 65 was at 13.5% in 2014.
NC-It was found that 28% of Navajo County's population is under the age of 18 and 15.8% is over the age of 65.

YC- An estimated 28.1% of the population is 65 years or older, nearly doubling the state estimated average percent of 15.9%, care for the Aging was identified by 20% of the respondents in a community health survey as a critical issue. The population within the age of 65 and 74 will experience the most growth at 21.53%. People between the ages of 45 and 54 present the smallest growth at -12.44% in the next five years. Yavapai, in total, has a greater percent of growth than the United States average in all age groups except between the ages of 45 and 64.

EDUCATION

CC- A percentage of 31.1% of persons 25 years or older, has earned a bachelor's degree. These rates are higher than the state average of 27.1%. Educational attainment in the County is higher than the state's average with respect to adults that have graduated from high school and the highest in the state with respect to adults with an advanced degree.
MC- In Mohave County only 12.2% of adults over the age of 25 have earned their bachelor's degree. This is less than half of the state average who have earned a bachelor's degree at 26.9%. Persons aged 25 and older who are high school graduates was found to be 83.9%.

GC- The percentage of persons aged 25 or older that achieved a bachelor's degree in Gila County was 17.1%. Those with a high school diploma that are 25 or older make up 83.6% of the population.

AC- The educational attainment in Apache County is well below the state average. In the county only 10.1% of the population aged 25 or older has attained a bachelor's degree and 75.8% of the population aged 25 or older is a high school graduate.

NC- A percentage (80.6%) of the Navajo County population (age 25+) has graduated from high school, lower than the state average of 85.9%. Those with a bachelor's degree was also below the state average at 14.5% of the population (age 25+).

YC- 24.8% of the population has some college education but has not earned a degree. 11.6% of the population has earned an associate's degree, and only 25.9% of the population (25+) has earned a bachelor's degree. Yavapai had a graduation rate of 89.9% that were 25 or older. The national average was slightly below with 86.3% of people (25+) graduating high school.

INCOME AND POVERTY

CC-The median household income in the Coconino County is $48,540, 21.3% of the population are below the poverty level. Coconino County has 46,391 households with an average household size of 2.72. Of the total number of households in Coconino County, 64% are family households. The average family size is 3.33

MC- The median household income is $38,456 in Mohave County. The county has 20.8% of its population below the poverty level. There are 80,529 households in the county with an average of 2.43 persons per household.

GC- In Gila County the median household income is $40,042 and 24.4% of the population falls under the poverty line. There are 20,824 households in the county with an average of 2.51 persons per household.

AC- The median income in Apache County was found to be $32,396 and 33.1% of the county falls below the poverty level. These numbers are well below the national and state averages. The county has 19,046 households with an average of 3.71 persons per household.

NC-The estimated 2014 median household income in the 50 mile radius area is $36,591. The median household income in the State of Arizona is $49,928 and the United States $53,482. 28.5% of the Navajo County population is below the poverty level as compared to 18.2% in the state of Arizona and 14.8% in the United States. Navajo County has 34,018 households with an average of 3.09 persons per household.

YC- The median household income in Yavapai County is $44,000, and 15.6% of the Yavapai County population is below the poverty level. There are 91,508 households in Yavapai County with an average of 2.3 persons per household.

SOCIAL AND ECONOMIC FACTORS

1. Percent Population without Adequate Social/Emotional Support

CC-9.6% grandchildren are raised by grandparents, with or without their parent present in the household.

NC-With 36.7% of the population indicating that they don't have adequate social/emotional support there will be higher rates of negative behavioral health outcomes. This is evident later in the report when suicide is highlighted. The suicide rates in Navajo County are more than double the rate for Arizona as a whole and the United States. These numbers highlight the need for an effective mental and behavioral health program in these areas.

YC- Yavapai County has 4.1 mentally unhealthy days per month which is significantly higher than Health Indicator's goal of less than 1.6 mentally unhealthy days. There is one mental health provider per 3,257 people.

2. Percent Population under Age 18 in Poverty

CC-In Coconino County, about 26.45% of children live in poverty*, while 28.01 percent of Flagstaff children in poverty.

MC- In Mohave County 30.1% of the population under the age of 18 lives in poverty.*

GC-In Gila County, about 32.95% of children live in poverty.*

AC-In Coconino County, about 40.67% of children live in poverty.*

NC-In Navajo County, about 36.59% of children live in poverty.*

YC-In Yavapai County, about 22.13% of children live in poverty.*119 children receive SNAP (Food stamps) at an average of $114 per child.

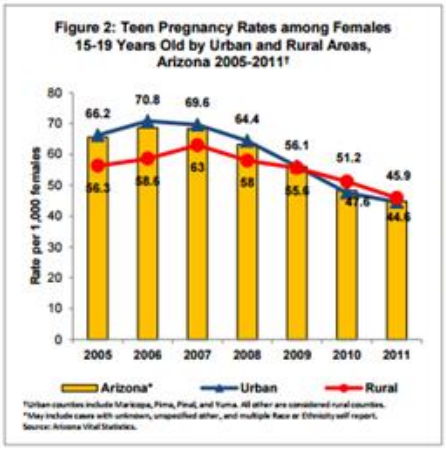
3. Teen births

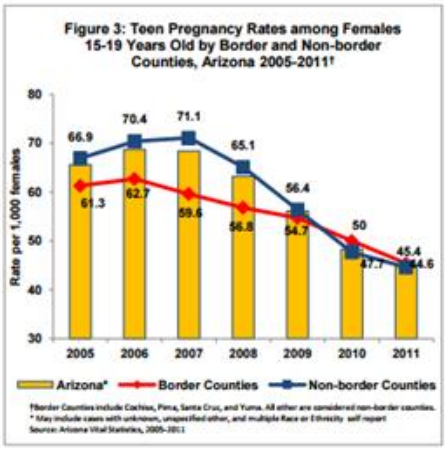
CC- In 2013, 16.2 percent of adolescents under the age of 19 gave birth in 2011 (n=8,435) reported having had a previous pregnancy. The rate of teen pregnancy was 94.0 per 1,000 females age 19 years and younger. Females' age 15-19 years accounted for the vast majority of adolescent pregnancies (n=10,119).**

MC- In Mohave County there were 101.1 births to teenage mothers per every 1000 live births in 2013. **

GC-In Gila County there were 108.4 births to teenage mothers per every 1000 live births in 2013. **

AC-In Apache County there were 121.1 births to teenage mothers per every 1000 live births in 2013. **





NC-In 2013, American Indians teens had the highest birth rate (55.2 per 1,000) compared to teens in other race or ethnic groups (see figure 4), nevertheless this was the lowest birth rate in the last 10 years for this race/ethnic group reported as 23.3 percent. Navajo county as a whole reported 121.7 per 1000 live births from teen mothers.**

YC-Yavapai County reported some of the lowest rates of teen pregnancy for adolescents under the age of 19, reporting at 16.7% in 2013. Yavapai County (87.9 per 1,000 females age 15-19 giving birth) more than triples the Health Indicators goal of less than 25 per 1,000 female teens giving birth.**

4. Uninsured Population

CC- In Coconino County 21.1% of the population does not have health insurance.

MC- 22.2% of individuals in Mohave County do not have health insurance.

GC- In Gila County 19.6% of the population does not have health insurance.

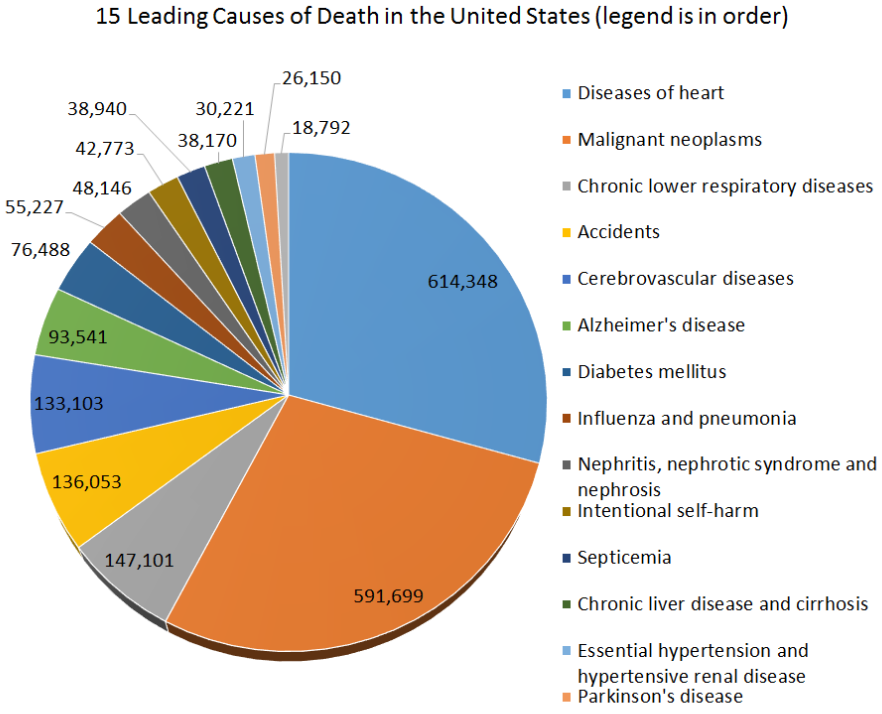
AC- In Apache County 23.6% of the population does not have health insurance.

NC- 21.5% of individuals living in Navajo County do not have health insurance.

YC-In Yavapai County 22% of the population does not have health insurance.

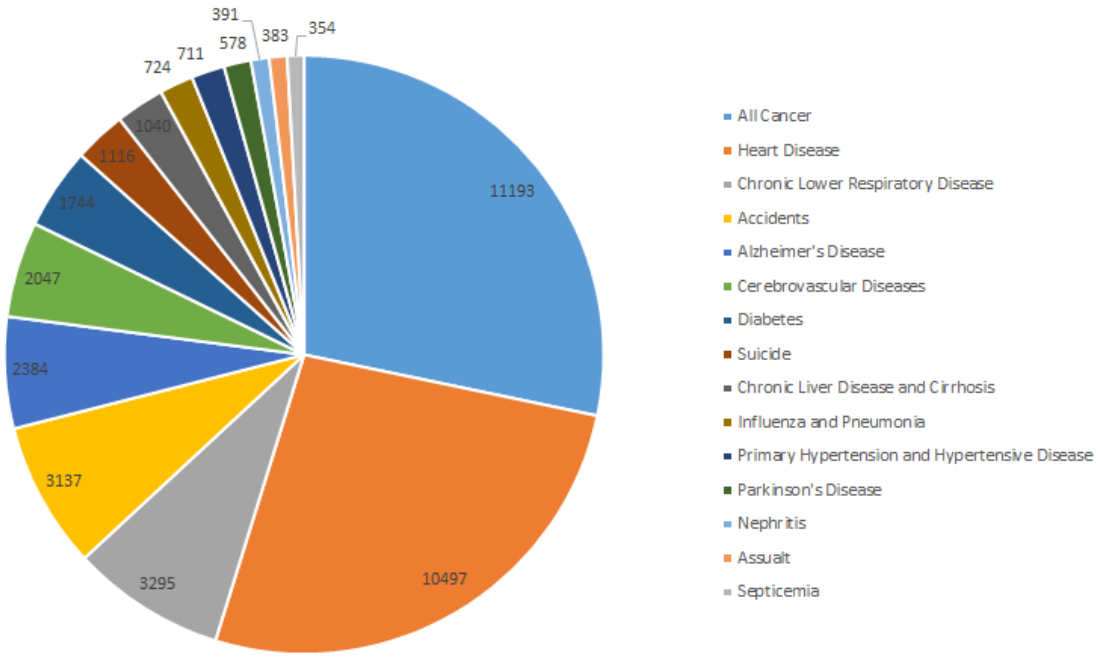
All demographic information was taken from *census.gov/quickfacts* unless noted otherwise.
* Arizona Department of Health Services 2012
** Arizona Department of Health Services 2013

Death, Disease & Chronic Conditions



All data regarding the top 15 causes of mortality were gathered from the CDC Wonder Database (wonder.cdc.gov/). Age adjusted rates per 100,000 individuals were calculated by using the Direct Method, with the 2000 U.S. Standard Population.

Top 15 Leading Causes of Death in Arizona (legend is in order)



All data regarding the top 15 causes of mortality were gathered from the Arizona Department of Health Services (azdhs.gov). Age adjusted rates per 100,000 individuals were calculated by using the Direct Method, with the 2000 U.S. Standard Population.

	United States	NAH Area	United States	NAH Area
UCD - 15 Leading Causes of Death	Deaths in 2014		Age Adjusted Rates Per 100,000	
Diseases of heart	614,348	1955	167	167.7
Malignant neoplasms	591,699	1,901	161.2	156
Accidents	136,053	638	40.4	77.4
Chronic lower respiratory diseases	147,101	601	40.5	48.8
Cerebrovascular diseases	133,103	354	36.5	30.1
Diabetes mellitus	76,488	249	20.9	21.9
Intentional self-harm	42,773	249	13	30.7
Alzheimer's disease	93,541	236	25.4	20.5
Chronic liver disease and cirrhosis	38,170	227	10.4	23.7
Influenza and pneumonia	55,227	177	15.1	15.5
Nephritis, nephrotic syndrome and nephrosis	48,146	96	13.2	8.5
Parkinson's disease	26,150	94	7.4	7.9
Essential hypertension and hypertensive renal disease	30,221	84	8.2	7.3
Septicemia	38,940	73	10.7	6.6
In situ neoplasms, benign neoplasms and neoplasms of uncertain or unknown behavior	NA	48	NA	4.2
Pneumonitis due to solids and liquids	18,792	NA	5.1	NA

Age-adjusted Mortality Rates[a] for the Five Leading Causes of Death for Both Genders by Race/Ethnicity, Arizona, 2013

Rank	Asian or Pacific Islander	American Indian or Alaska Native	Black or African American	Hispanic or Latino	White non-Hispanic
1	Cancer 100.1	Diseases of heart 122.9	Diseases of heart 200.5	Cancer 129.8	Cancer 154.3
2	Diseases of heart 82.5	Cancer 118.2	Cancer 190.4	Diseases of heart 116.1	Diseases of heart 147.6
3	Stroke 30.7	Unintentional injury 104.5	Diabetes 60.2	Diabetes 40.7	Chronic lower respiratory diseases 49.3
4	Chronic lower respiratory diseases 19.4	Diabetes 65.7	Stroke 54.4	Unintentional injury 38.5	Unintentional injury 47.9
5	Alzheimer's disease 18.2	Chronic liver disease and cirrhosis 62.0	Chronic lower respiratory diseases 46.7	Alzheimer's disease 35.6	Alzheimer's disease 33.4

Northern Arizona Counties Compared to Peer Counties*						
	Mohave	Yavapai	Coconino	Gila	Navajo	Apache
Mortality						
Alzheimer's Disease	Moderate	Moderate	Better	Worse	Better	Better
Cancer Deaths	Worse	Better	Better	Moderate	Better	Better
Chronic Kidney Disease	Moderate	Moderate	Moderate	Moderate	Better	Better
Chronic Lower Respiratory Deaths	Worse	Moderate	Better	Worse	Better	Better
Coronary Heart Disease Deaths	Worse	Moderate	Moderate	Moderate	Better	Better
Diabetes Deaths	Worse	Better	Moderate	Worse	Moderate	Moderate
Female Life Expectancy	Worse	Moderate	Moderate	Worse	Better	Better
Male Life Expectancy	Worse	Moderate	Moderate	Worse	Moderate	Worse
Motor Vehicle Deaths	Worse	Worse	Worse	Worse	Worse	Worse
Stroke Deaths	Moderate	Moderate	Moderate	Moderate	Better	Better
Unintentional Injury (Including Motor Vehicle)	Worse	Worse	Worse	Worse	Worse	Worse
Morbidity						
Adult Diabetes	Moderate	Moderate	Moderate	Worse	Moderate	Moderate
Adult Obesity	Worse	Moderate	Better	Worse	Better	Better
Adult Overall Health Status	Worse	Worse	Moderate	Worse	Better	Better
Alzheimer's Disease	Better	Better	Better	Better	Better	Better
All Cancer	Better	Better	Better	Better	Better	Better
Gonorrhea	Better	Moderate	Worse	Worse	Worse	Moderate
HIV	Better	Moderate	Moderate	Moderate	Moderate	Moderate
Older Adult Asthma	Moderate	Worse	Moderate	Worse	Worse	Worse
Older Adult Depression	Moderate	Better	Better	Better	Better	Better
Preterm Births	Moderate	Worse	Worse	Worse	Moderate	Better
Syphilis	Better	Better	Moderate	Better	Moderate	Moderate
Health Care Access and Quality						
Cost Barrier to Care	Moderate	Worse	Moderate	Moderate	Better	Better
Older Adult Preventable Hospitalizations	Worse	Better	Moderate	Moderate	Better	Moderate
Primary Care Provider Access	Moderate	Worse	Moderate	Moderate	Moderate	Better
Uninsured	Moderate	Moderate	Worse	Moderate	Moderate	Moderate
Health Behaviors						
Adult Binge Drinking	Moderate	Moderate	Better	Moderate	Moderate	Moderate
Adult Female Routine Pap Tests	Worse	Moderate	Moderate	Worse	Worse	Moderate
Adult Physical Inactivity	Worse	Moderate	Better	Worse	Better	Better
Adult Smoking	Worse	Worse	Better	Moderate	Better	Better

Teen Births	Worse	Worse	Moderate	Worse	Moderate	Better
Social Factors						
Children in Single-Parent Households	Moderate	Moderate	Worse	Worse	Moderate	Moderate
High Housing Costs	Moderate	Moderate	Moderate	Moderate	Moderate	Better
Inadequate Social Support	Worse	Moderate	Worse	Worse	Moderate	Moderate
On Time High School Graduation	Moderate	Moderate	Moderate	Moderate	Worse	Moderate
Poverty	Worse	Moderate	Worse	Worse	Worse	Moderate
Unemployment	Worse	Moderate	Moderate	Moderate	Worse	Worse
Violent Crime	Moderate	Moderate	Moderate	Worse	Moderate	Moderate
Physical Environment						
Access to Parks	Moderate	Moderate	Moderate	Worse	Moderate	Moderate
Annual Average PM2.5 Concentration	Better	Better	Better		Better	
Housing Stress	Moderate	Moderate	Worse	Worse	Worse	Worse
Limited Access to Healthy Food	Worse	Worse	Worse	Worse	Worse	Worse
Living Near Highways	Better	Better	Worse		Moderate	Moderate

*Peer Counties located across the United States that have similar demographics.
All information found on the US Department of Health and Human Service Centers for Disease Control and Prevention website (wwwn.cdc.gov)

Healthy People 2020 Comparisons

Health Indicator	Mohave	Yavapai	Coconino	Gila	Navajo	Apache	Arizona	HP 20/20 Target
% (age 18-65) With Health Insurance	75	80.4	81		76.5	71.6	81.5	100
% (age <18) With Health Insurance	80.1	84.9	82.7		86.5	80.6	90	100
Cervical Cancer Incidence Rate	8.4	8.6	6.4		5.9		6.8	7.1
Colorectal Cancer (Age-Adjusted Death Rate)	47.2	36	26.4	31.7	28.8	23.4	35.4	39.9
Workers Commuting by Public Transportation	0.4	0.2	1.9	0.4	1.4	0.6	2	5.5
Coronary Heart Disease (Age-Adjusted Death Rate)	183.7	97.2	82.9	104.2	98	90.4	110	103.4
High Blood Pressure Prevalence							30.7	26.9
High Cholesterol Prevalence							39.7	13.5
% [Age 65+] Pneumonia Vaccine Ever							72	90
Tuberculosis Incidence per 100,000	1.5	0	4.4	0	2.8	8.3	2.8	1
Pedestirian Death Rate							2.3	1.4
Firearm-Related Deaths (Age-Adjusted Death Rate)	19.7	21.3	10	20.9	15.1	20.7	14.1	9.3
%Preterm Births	7.5	8.5	9.2	9.3	8.8	8	9	11.4
% Mothers who Received Early Prenatal Care	81.2	82	84.9	68.3	70.5	68.3	81.3	77.9
% of Low Birthweight Births	6.4	7.6	7.2	8.3	8.4	5.6	6.9	7.8
Infant Death Rate	3.4	4.4	6.2	11.3	4.5	10.5	5.3	6
% "Fair/Poor" Mental Health	4	3.6	4	4.1	4.6	5.3	3.6	
Suicide (Age-Adjusted Death Rate)	29.5	30.3	17.7	33.7	23.2	38.1	17	10.2
Salmonella Infection Incidence Rate	18.2	17.8	14	11.2	34	34.6	15.3	11.4
% Obese	27%	26%	24%	27%	31%	32%	28.90%	
% Adults 18+ Obese							26.8	30.5

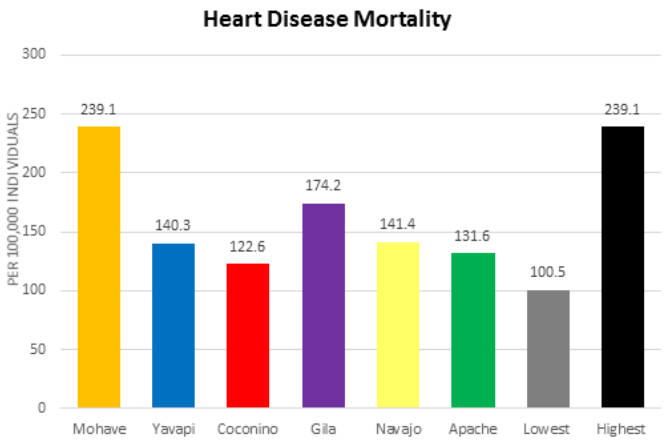
All information found at arizonahealthmatters.org unless noted otherwise.
*Mental Health was found at healthmatters.org.
**% Obese was found at stateofobesity.org.

CARDIOVASCULAR DISEASE

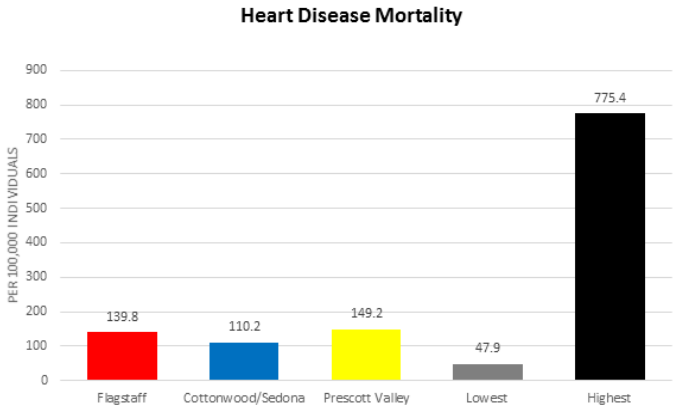
Cardiovascular disease and heart disease are often used interchangeably they are similar however, heart disease is related to the disease of the heart and cardiovascular disease refers to the function of the blood vessels. Cardiovascular Disease and Stroke were the second and sixth leading cause of death in Arizona. "More than 2,150 Americans die from cardiovascular diseases each day—one every 40 seconds. Cardiovascular diseases claim more lives each year in the US than cancer and chronic lower respiratory diseases combined." The Arizona Cardiovascular Disease Prevention Plan was put in place to hold public health professionals, policy members, and other community members accountable for the education and prevention of Cardiovascular Disease.

Heart Disease

- Mohave County reported having the highest rate of heart disease mortality and the next highest rate was at 174.2 per 100,000 individuals in Gila
- The primary care areas of northern Arizona are significantly less than the highest rate recorded in Arizona



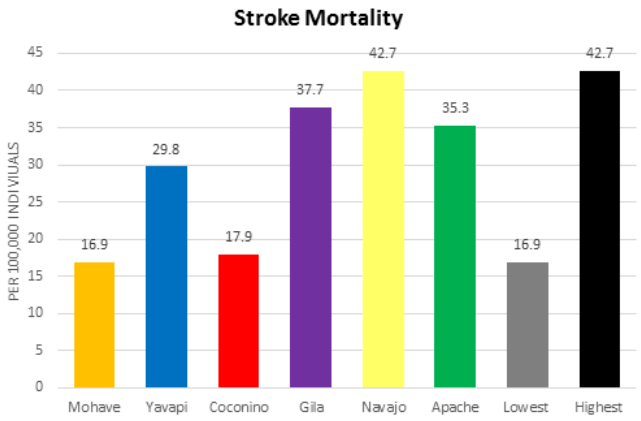
Lowest – Greenlee **Highest - Mohave**



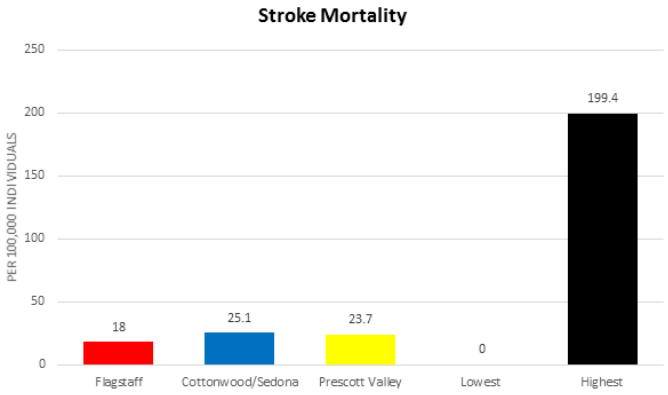
Lowest – San Luis **Highest – Fort McDowell Yavapai Nation**

Stroke

- **In the northern Arizona region Navajo county recorded the highest rate of stroke at 42.7 per 100,00 individuals in Arizona and Mohave recorded the lowest rate of stroke at 16.9**

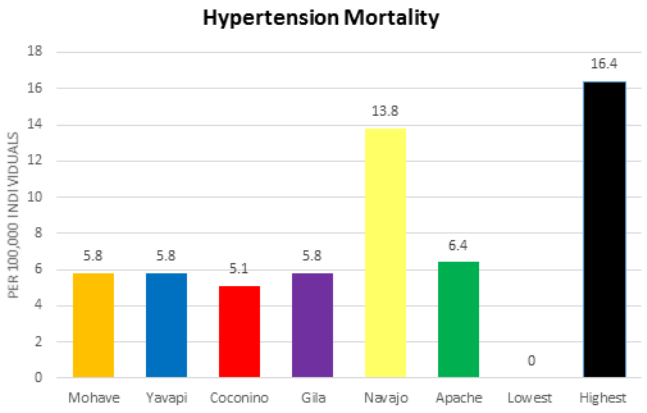


Lowest – Mohave **Highest - Navajo**

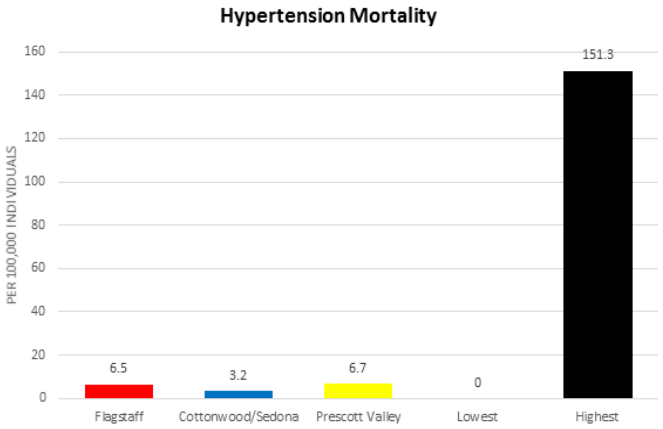


Lowest – Multiple **Highest - Parker**

Hypertension

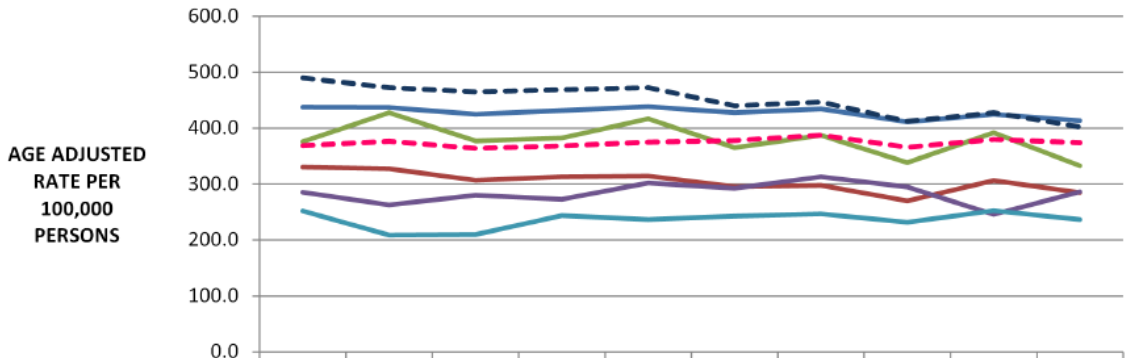


Lowest – Greenlee **Highest - Graham**



Lowest – Multiple **Highest – Hualapai Tribe**

Arizona: Age-Adjusted Incidence Rates of All Cancer per Ethnicity and Sex by Diagnosis Year

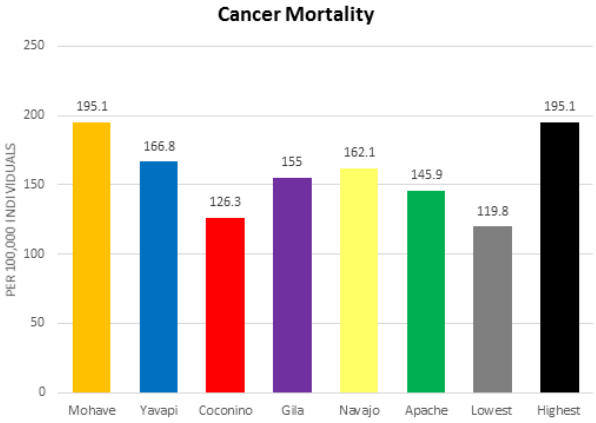


	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
White Non-Hispanic	437.5	436.6	424.8	431.3	438.0	427.8	434.5	410.9	424.6	413.1
White Hispanic	330.1	327.3	306.9	313.1	314.4	295.5	297.6	269.8	306.4	284.7
Blacks	375.8	427.7	376.8	382.2	416.9	365.1	387.1	338.1	391.8	332.4
American Indian	285.3	262.9	280.1	272.6	301.9	292.3	312.9	295.0	245.8	286.0
Asian & PI	252.0	208.9	209.5	243.9	236.6	242.5	246.5	231.5	252.2	236.6
Male	489.8	472.3	464.9	468.8	472.6	440.1	446.7	412.0	427.4	402.0
Female	368.5	376.1	363.8	368.4	375.1	377.6	387.3	365.8	379.8	373.8

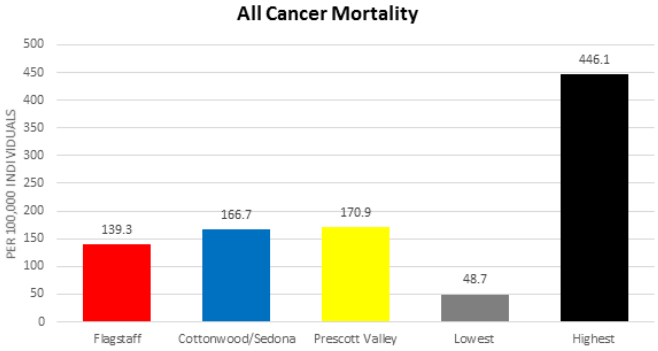
http://azdhs.gov/documents/preparedness/public-health-statistics/cancer-registry/reports/arizona-cancer-registry-data-2003-2012.pdf

Cancer

All Cancer

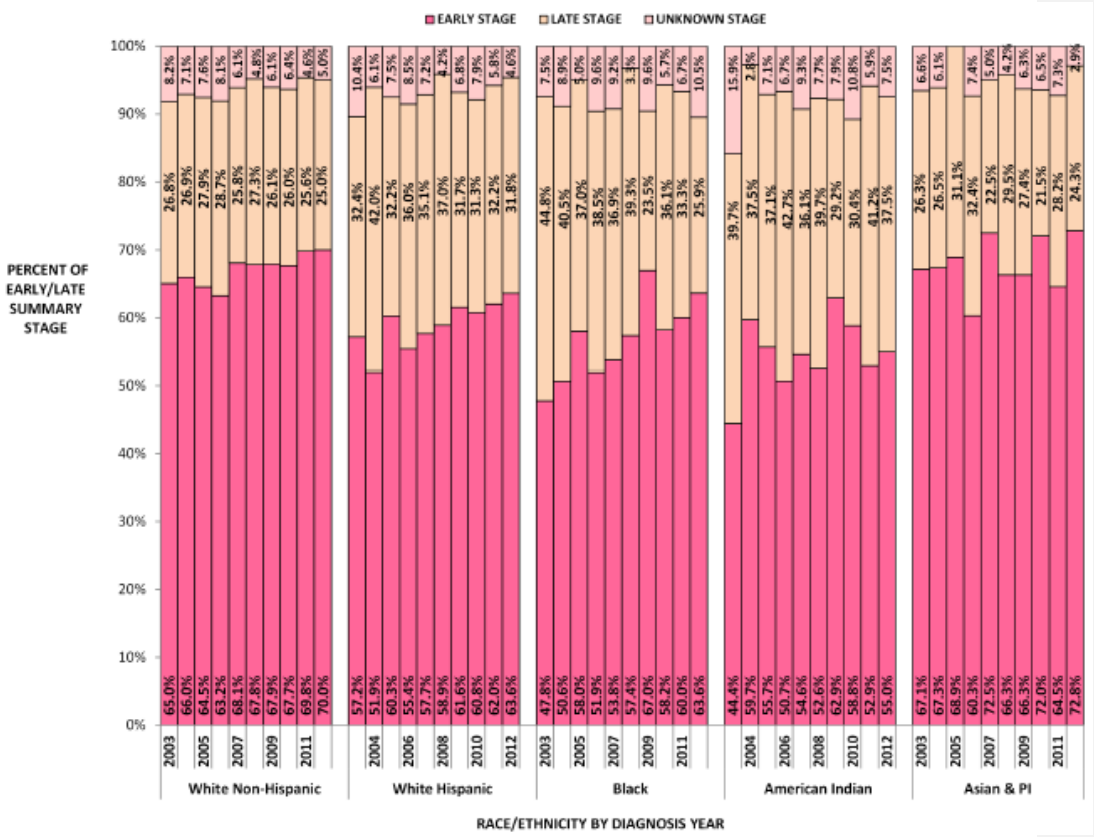


Lowest – Yuma **Highest - Mohave**



Lowest – Gila River Indian Community **Highest – Fort McDowell Yavapai Nation**

Arizona: Early/Late Summary Stage Race/Ethnicity by Diagnosis Year: Female Breast Cancer, 2003-2012



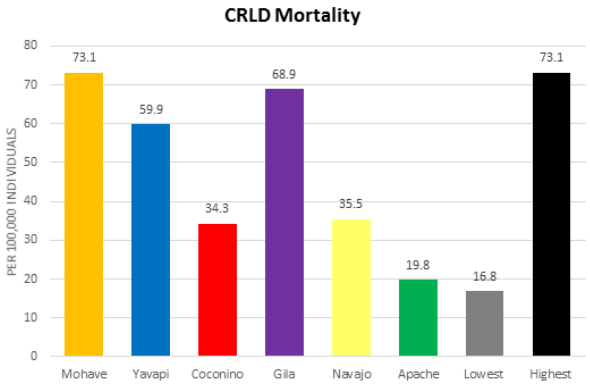
http://azdhs.gov/documents/preparedness/public-health-statistics/cancer-registry/reports/arizona-cancer-registry-data-2003-2012.pdf

RESPIRATORY DISEASE

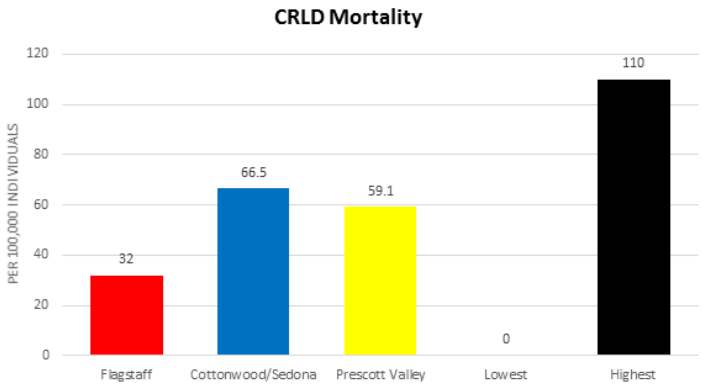
There are respiratory diseases present in the northern Arizona and in some counties they reach the highest rate of mortality in the state. Chronic Lower Respiratory Disease includes several diseases that affect the lungs. Chronic Pulmonary Lung Disease, Emphysema and Chronic Bronchitis are diseases that have serious consequences if not watched and treated properly. For each of these three diseases the lungs are somehow affected either damaged alveoli or swollen bronchi. Breathing is not as easy as it may be with someone without a respiratory disease. Smoking cigarettes increases your likelihood of getting a CRLD. It is important to visit the doctor for screenings or tests if you do not feel well especially for Respiratory Diseases because they can be life threatening. Pneumonia is contracted typically after the body has been invaded by a bacteria or virus. If it is caught early then the recovery time is faster however, if not it can be life threatening when the alveoli fill with fluid.

Chronic Lower Respiratory Disease and Deaths

- **Mohave county recorded the highest rate of CRLD mortality in Arizona at 73.1 per 100,000 individuals**
- **The other counties in northern Arizona are double if not triple the lowest rate of CRLD mortality in Arizona except for Apache at 19.8 per 100,000 individuals**

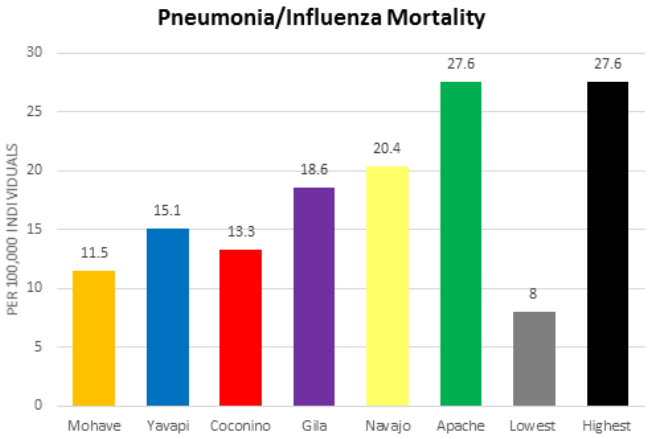


Lowest – Santa Cruz **Highest - Mohave**

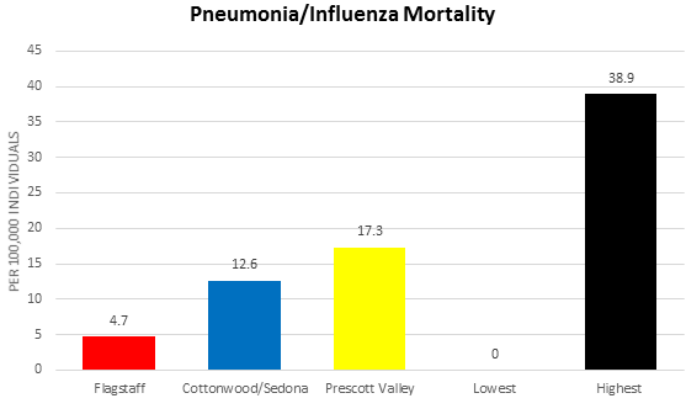


Lowest – Multiple **Highest – Black Canyon City**

Pneumonia/Influenza Deaths



Lowest – Maricopa **Highest - Apache**



Lowest – Multiple **Highest – Hopi Tribe**

INJURY & VIOLENCE

CC-Coconino County Injury Prevention Program funding was reduced by 65% for 2016. Coconino County Injury Prevention Program is mostly grant funded though Title V monies through ADHS. Federal funding stayed level for 2016 and was awarded to the State. Historically, the monies were subsequently awarded to individual Counties through a competitive grant process.

For the new grant cycle (2016) monies were allocated to every county in the state based on population. This largest portion going to Maricopa, and smallest portions to the Rural Counties. Title V funds that were historically shared by counties willing to submit for the grant and who had infrastructure to administer it. For 2016, the funds are now split by all 14 counties, reducing Coconino County funding by 65%. Coconino County Injury Prevention Title V funding (Injury Prevention and Reproductive Health) went from $279K to $99K. The result will have the impact of severely reducing critical Northern AZ Injury Prevention services such as: Education programs in the areas of Safe Sleep, Poison prevention, Child Passenger Safety, Bicycle and Pedestrian Safety, fall prevention, and broader programs of Safe Kids, and Child Fatality Review. These services and programs are not duplicated anywhere else in the County. The Arizona State Trauma Plan lists injury prevention in its goals:

The Arizona State Trauma Advisory Board 2014 reports (*see graphics on the next page*) the need for injury prevention in Northern Arizona is much greater than any other region in the state.

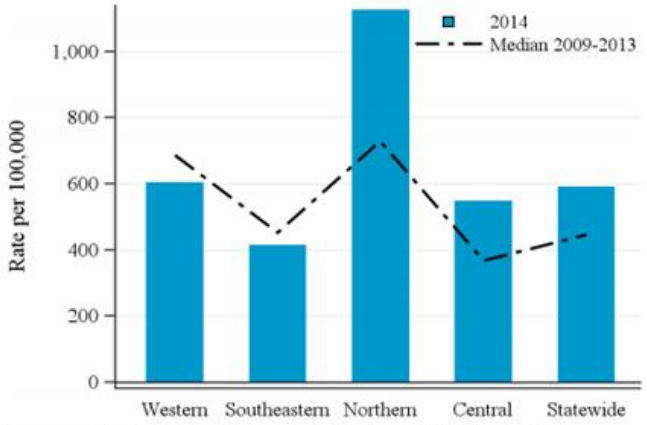
http://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/reports/2015-stab-annual-report.pdf

YC- The top five most-visited hospitals accounted for 95.7% of all ED visits, the top ten accounted for 97.5%. County residents that lived along the county line were more likely to use out-of-county hospitals since those

were generally closer to their home than in-county facilities. The most common reason for visiting the ED was for traumatic injury and poisoning.

Demographics

Figure 1/Table 1: Region-specific trauma rates per 100,000 Arizona residents



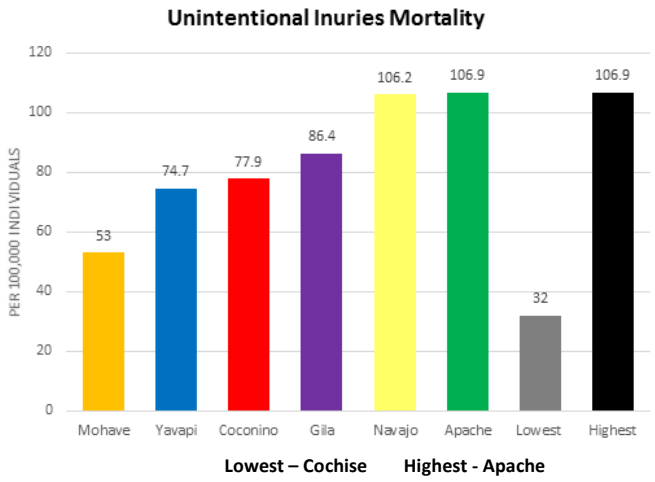
Data source: Arizona State Trauma Registry 2009-2014, Arizona Vital Statistics 2009-2014

In 2014, the Southeastern Region reported the lowest trauma rate, while the Northern Region reported the highest trauma rate. Despite being the most densely populated and having the highest volume of trauma, the Central Region had the lowest five year median.

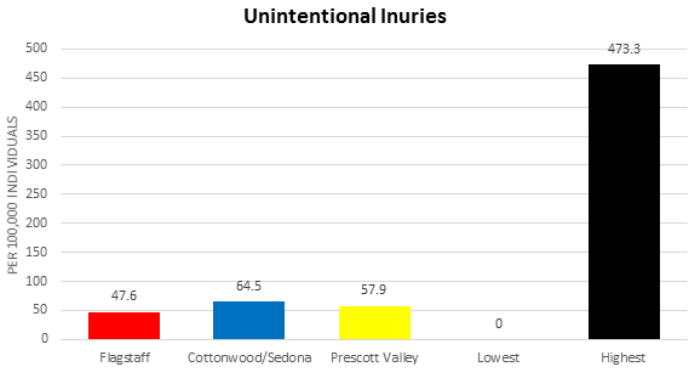
Injury Region	Total Trauma Cases	Rate per 100,000 (95%CI)
Western	2,647	605 [582, 628]
Southeastern	5,116	414 [403, 426]
Northern	6,033	1,126 [1,098, 1,154]
Central	24,441	548 [541, 555]
Statewide	39,373	591 [585, 596]

CI= Confidence interval

Unintentional Injury



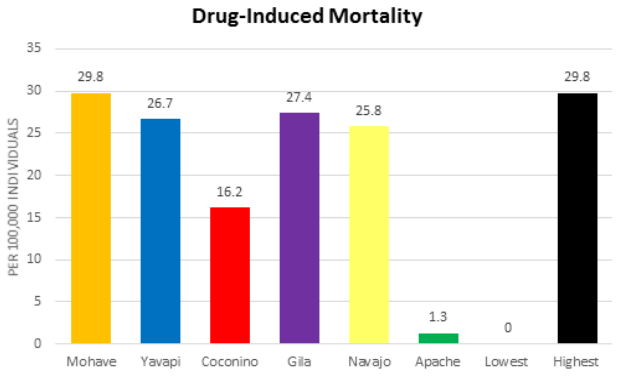
Lowest – Cochise **Highest - Apache**



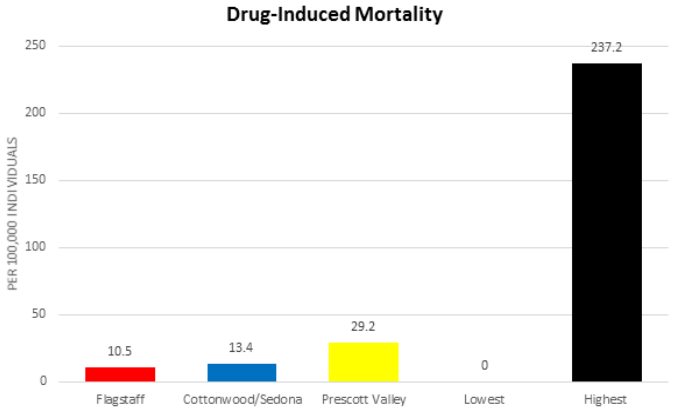
Lowest – Colorado River Indian Tribe **Highest - Hualapai**

Drug Induced Deaths

- **The highest rate of drug-induced mortality in the state is Mohave county at 29.8 per 100,000 individuals**
- **The other northern Arizona counties range from 27.4-16.2 per 100,00 individuals and Apache comes in last at 1.3 per 100,000**
- **The primary care areas of northern Arizona are significantly lower than the highest rate in Arizona**



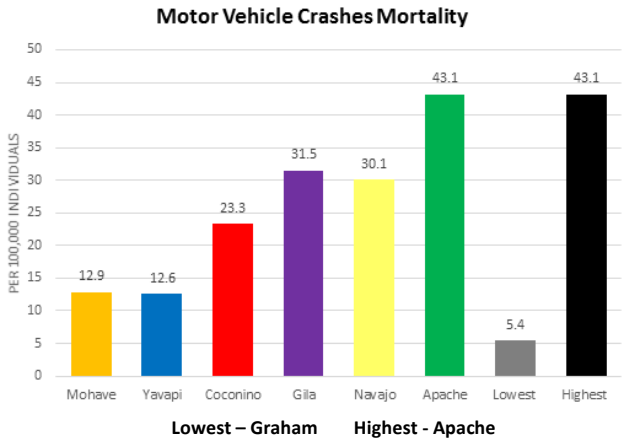
Lowest – Greenlee **Highest - Mohave**



Lowest – Multiple **Highest – Hualapai Tribe**

Motor Vehicle Safety

- Apache has the highest motor vehicle crash mortality rate in Arizona



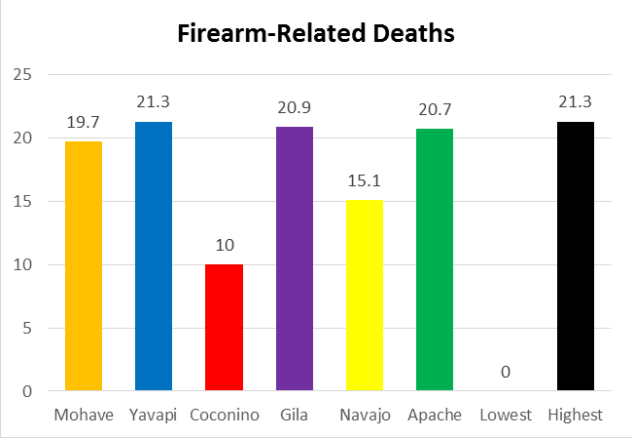
Source – arizonahealthmatters.org 2013

NC- Nearly twice as many people die from accidents in Navajo County than in Arizona. In 2010, 9.5% of the county's deaths were caused by some type of accident. In Arizona during the same year, 6.3% of the deaths were caused by accidents. In Navajo County, 4.5% of the deaths were caused by transport accidents and 4.24% of deaths were caused by motor vehicle accidents. This is much higher than the state average of 1.7% and 1.6% respectively. The leading cause of Adolescents (15-19 years) and Young Adults (20-44 years) is traffic and vehicle accidents.

YC- Yavapai County has a very high amount of motor vehicle deaths (24 per 100,000 people) compared to the national average and the Health Indicators goal of less than 10.1 motor vehicle deaths per 100,000 people.

Firearm Safety

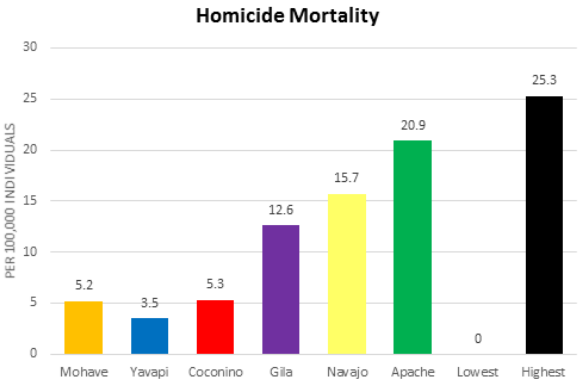
- Firearm related mortality rates for northern Arizona counties are very high



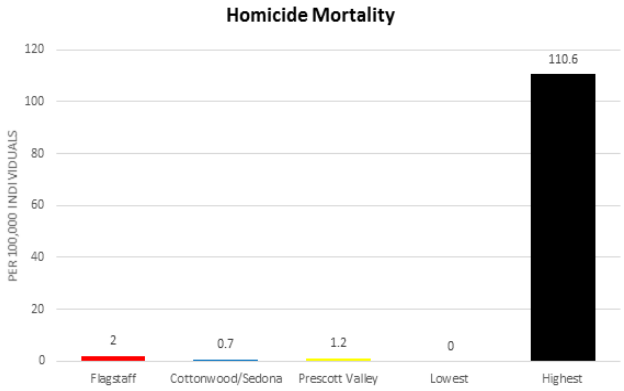
Lowest – Greenlee **Highest - Yavapai**

Source – arizonahealthmatters.org 2013

Intentional Injury (Violence)



Lowest – Greenlee and Santa Cruz **Highest – La Paz**



Lowest – Multiple **Highest – Hualapai Tribe**

CC- The Coconino County rate of deaths that involved firearms (e.g. accidental discharge,suicide, homicide) was at almost the same rate as for Arizona, including the total, males, and females. Coconino County has a higher rate of larceny (such as shoplifting, bicycle theft), rape, aggravated assault, and arson than does Arizona. Coconino County has a lower rate of burglary (forcible or unlawful entry of a structure), car theft, and robbery (taking property by force) than does Arizona.

YC- Yavapai County's number of homicide deaths (4.4 per 100,000 people) is relatively low compared to the national average but is still above the Health Indicators goal of less than 2.5 homicide deaths per 100,000 people.

Intentional Self-Harm Suicide

From: http://www.azdhs.gov/bhs/documents/news/2015-feb-suicide-az-state-plan.pdf

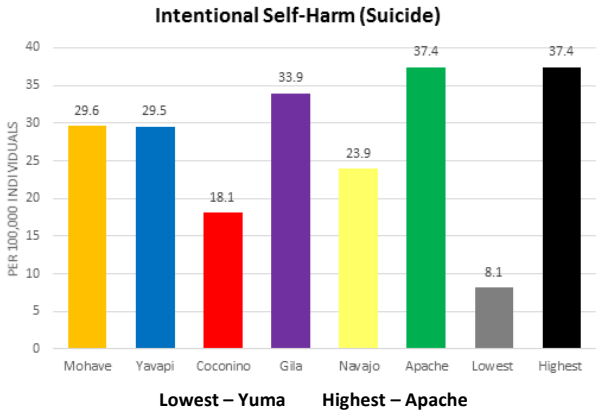
Suicide is a Global issue and the death tolls continue to rise. From the data collected Arizona has a high rate of suicide victims "the American Foundation for Suicide Prevention shows Arizona's suicide rate is 39% higher than the national average, at 17.1 suicides per 100,000 people" Arizona created a state plan in order to educate the public to prevent more deaths from suicide. The 2015 An End to Suicide in Arizona State Plan is now incorporated at several Arizona schools that received funding in 2015:

- Arizona State University
- Gila River Healthcare Corporation
- Havasupai Tribal Government Office
- Native Americans for Community Action, Inc.
- Navajo Nation Dept. of Behavioral Health Services
- Tohono O'odham Nation
- University of Arizona
- White Mountain Apache/Johns Hopkins University

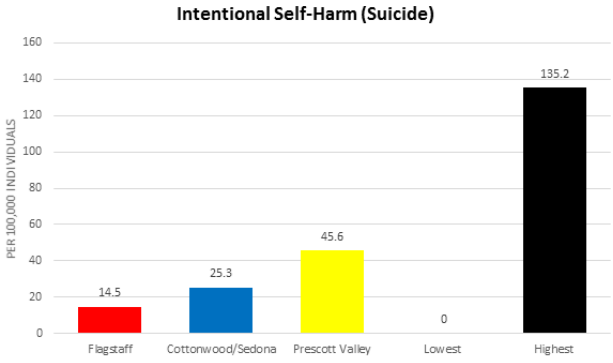
CC-The 2013 suicide age-adjusted death rates for both Coconino and Navajo Counties are higher than the average in Arizona at 18.1 deaths per every 100,000 deaths.
MC- In Mohave County the suicide death rate in 2013 was 29.6 which is almost triple Healthy People 20/20's goal of 10.2.
GC- The suicide age adjusted death rate in 2013 for Gila county was 33.9 per every 100,000 deaths.
AC- The suicide age adjusted death rate in 2013 was 37.4 for every 100,000 deaths which is almost quadruple the Health People 20/20's goal of 10.2.

NC- In Navajo County, 33 people committed suicide, compared to 1,070 in the state of Arizona. This is significant, because 3.1% of the suicides in Arizona occurred in Navajo County, despite the fact that Navajo County is only 1.7% of the population of Arizona.
YC- Yavapai County has an extremely high number of suicide deaths per 100,000 people. Health Indicators goal is to be less than 5 suicides per 100,000 people. Yavapai has almost six times that amount with 29.3 suicides per 100,000 people.

Intentional Self-Harm Suicide



Lowest – Yuma **Highest – Apache**



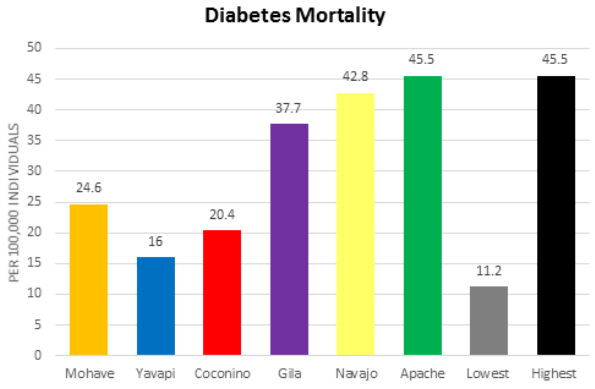
Lowest – Multiple **Highest – Sun City West**

DIABETES

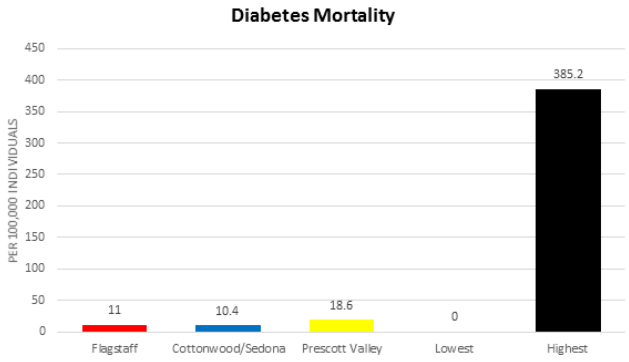
Diabetes is a condition where the body is not properly using its insulin. This can mean that there is not enough insulin or it is not being used effectively. Diabetes over time if not watched can lead to major health issues such as heart disease, blindness, kidney failure, and others. There are two different types of diabetes the first is commonly called “insulin-dependent diabetes mellitus (IDDM)” and the second is called “non-insulin-dependent diabetes mellitus (NIDDM)” as well as “adult-onset diabetes.” For either type of diabetes, it is extremely important that the patient's condition is monitored by a doctor.

Diabetes Deaths

- **Northern Arizona counties have a high rate of mortality from Diabetes Apache is recorded as the highest rate of mortality in Arizona**
- **The primary care areas in the northern Arizona have a low rate of diabetes mortality**
- **Flagstaff and Cottonwood/Sedona rates are lower than Prescott Valley**



Lowest – La Paz **Highest – Apache**

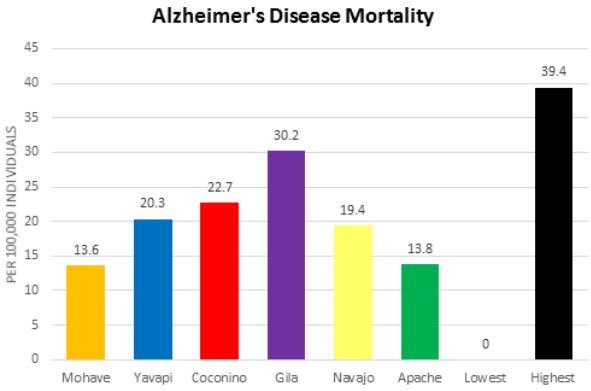


Lowest – Multiple **Highest – Hualapai Tribe**

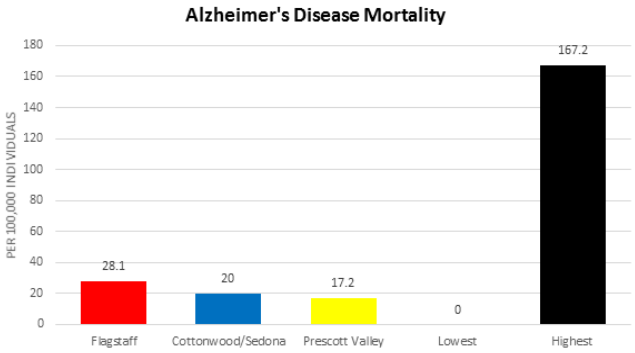
ALZHEIMER'S DISEASE

Alzheimer's Disease is the most common type of Dementia. It is not a normal part of aging and it can even affect people even at 40-50 years old. There is no cure for Alzheimer's but there are treatments that can slow the progressive process of Alzheimer's disease. The cause for the disease is still unknown but changes to the person can begin even decades before the disease is discovered. Symptoms of Alzheimer's Disease includes memory loss, thinking skills and ability to carry out easy tasks. They believe it is because of protein deposits they find later in the brain near the hippocampus, that controls memory.

Alzheimer's Disease Deaths



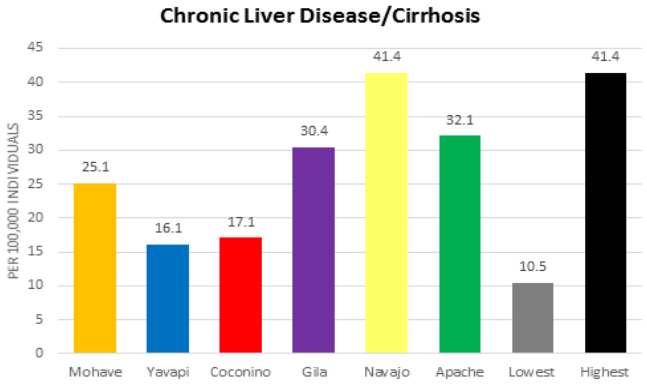
Lowest – La Paz **Highest – Maricopa**



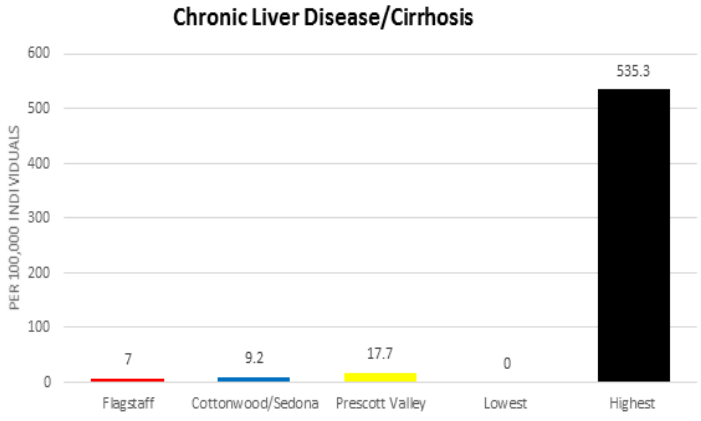
Lowest – Multiple **Highest – Fort McDowell Yavapai Nation**

LIVER DISEASE

Cirrhosis



Lowest – Yuma **Highest – Navajo**



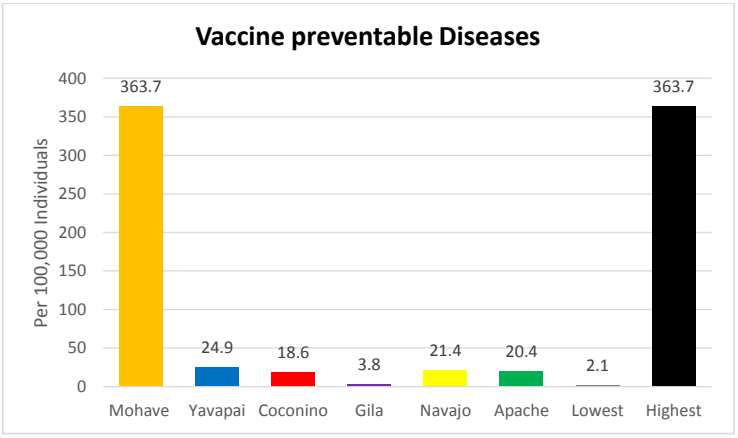
Lowest – Multiple **Highest – Hualapai Tribe**

Infectious Disease

Vaccine Preventable Conditions

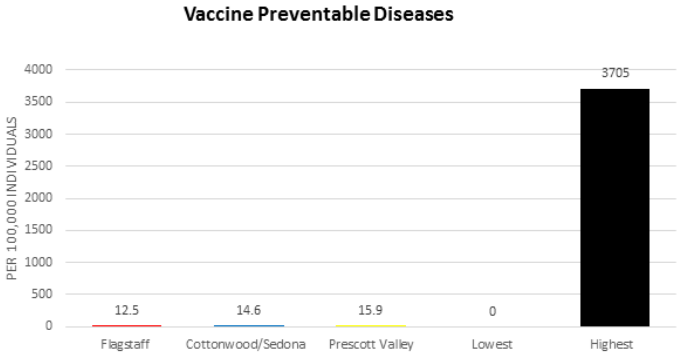
- **Mohave County had the highest incidence rate for vaccine preventable diseases in 2013 out of all 15 Arizona counties.**
- **The primary care areas of Flagstaff, Prescott Valley, and Cottonwood/Sedona all had an incidence rate that was less than 20 per 100,000 individuals. This does not show a significant differences to the other areas in the state.**

By Counties



Lowest – Santa Cruz **Highest – Mohave**

By Primary Care Areas



Lowest – Multiple with Zero **Highest – Colorado City**

Influenza and Pneumonia Vaccination

AZ Childcare Immunization Coverage Levels 2014-15 School Year, 18-60 months of age										
County	# Enrolled	4+DTaP	3+Polio	1+MMR	3+ Hib	2 Hep A	3+ Hep B	+1 Varicella or Hi	Personal Exempt	Medical Exempt
Apache	250	94.80%	96.40%	96.40%	92.80%	85.60%	96.00%	96.80%	4.40%	0.80%
Coconino	1514	94.80%	94.80%	95.60%	93.00%	68.70%	94.50%	95.10%	4.30%	0.50%
Gila	443	94.60%	94.60%	95.30%	91.90%	71.10%	95.00%	94.40%	5.00%	1.10%
Mohave	2084	91.40%	94.20%	94.40%	92.50%	60.90%	93.00%	93.80%	4.70%	0.70%
Navajo	1398	94.60%	96.60%	97.10%	93.60%	74.70%	96.80%	96.80%	3.00%	0.20%
Yavapai	2052	87.60%	89.90%	89.90%	88.80%	52.70%	88.40%	88.50%	10.90%	0.40%
Total AZ	84,778	93.20%	95.40%	95.80%			95.70%	96.60%	4.60%	0.30%
http://azdhs.gov/documents/preparedness/epidemiology-disease-control/immunization/statistics-reports/childcare-coverage-2014-2015.pdf										

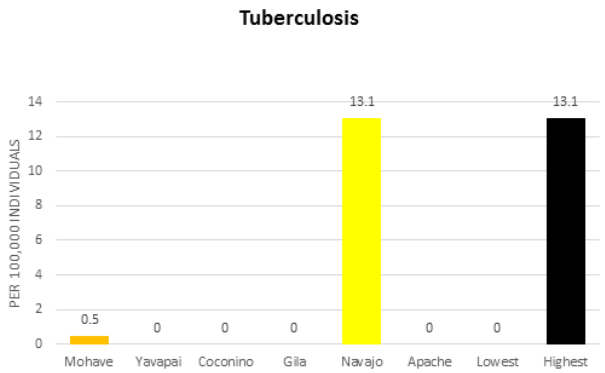
AZ Kindergarton Immunization Coverage Levels 2014-15 School Year								
County	# Enrolled	4+DTaP	3+Polio	2+MMR	3+ Hep B	+1 Varice	Personal Exempt	Medical Exempt
Apache	997	96.90%	95.70%	96.30%	97.60%	96.80%	2.20%	0.60%
Coconino	1414	93.90%	94.30%	94.10%	95.70%	96.30%	5.10%	0.70%
Gila	694	94.70%	94.80%	94.70%	96.30%	96.80%	4.20%	0.10%
Mohave	1817	92.10%	92.10%	91.50%	94.30%	95.40%	5.10%	0.10%
Navajo	1239	93.90%	93.90%	93.60%	96.20%	96.30%	4.50%	1.20%
Yavapai	1936	88.40%	89.60%	87.70%	91.10%	92.30%	10.00%	0.70%
Total AZ	84,651	94.30%	94.70%	94.20%	95.70%	96.60%	4.60%	0.30%
http://azdhs.gov/documents/preparedness/epidemiology-disease-control/immunization/statistics-reports/kindergarten-coverage-2014-2015.pdf								

AZ 6th Grade Immunization Coverage Levels 2014-15 School Year								
County	# Enrolled	1Tdap	1 MV/MCV	2+MMR	3+ Hep B	+1 Varice	Personal Exempt	Medical Exempt
Apache	919	84.40%	83.60%	98.80%	99.00%	98.30%	1.00%	1.00%
Coconino	1311	91.40%	89.50%	97.00%	96.90%	97.10%	4.10%	0.10%
Gila	639	88.40%	87.90%	98.30%	98.60%	98.90%	3.60%	0.00%
Mohave	1954	84.00%	84.30%	94.80%	95.20%	95.10%	5.80%	0.20%
Navajo	1349	86.20%	86.10%	96.30%	96.60%	96.90%	6.00%	1.20%
Yavapai	1998	81.60%	81.70%	94.40%	95.30%	95.20%	12.40%	0.70%
Total AZ	86,000	90.00%	89.80%	97.40%	97.50%	97.90%	4.70%	0.40%
http://azdhs.gov/documents/preparedness/epidemiology-disease-control/immunization/statistics-reports/sixth-grade-coverage-2014-2015.pdf								

Tuberculosis

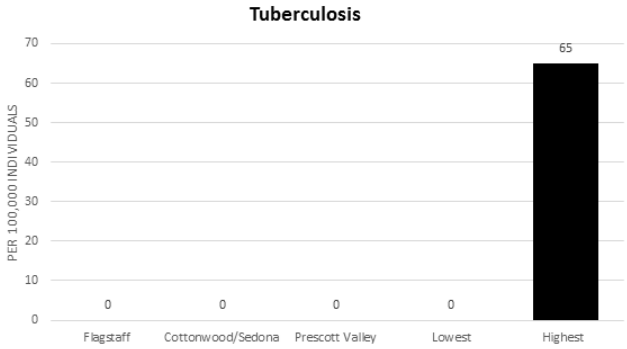
- **In 2013 the counties of Yavapai, Coconino, Gila, and Apache did not have any cases of Tuberculosis.**
- **Navajo county reported the highest incidence rate for Tuberculosis in the state of Arizona.**
- **The primary care areas of Flagstaff, Prescott Valley, and Cottonwood/Sedona did not report any cases of Tuberculosis in 2013.**

By Counties



Lowest – Multiple with Zero **Highest - Navajo**

By Primary Care Areas



Lowest – Multiple with Zero **Highest - Florence**

Sexually Transmitted Diseases

CC- Chlamydia rates in Coconino County continue to be significantly above the national average, according to a monthly report released by the county public health services district. In 2013, the rate of chlamydia cases in the county was 30 percent higher than the national average, with a rate of 593 cases per 100,000 people.

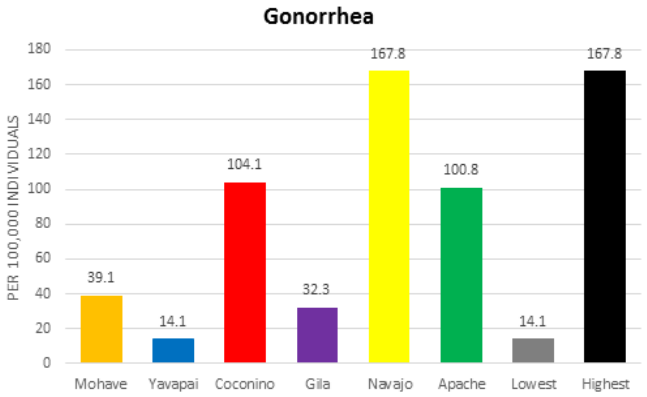
NC- In Navajo County during 2010, the rates of genital herpes, gonorrhea, and syphilis were 21.4, 33.5, and 1.9 respectively. This is compared to the state of Arizona, which had a rate of 29.0 for genital herpes, 50.8 for gonorrhea, and 3.6 for syphilis.18 The rates for these three STDs were lower in Navajo County than the state-wide statistics. The rate of chlamydia, however, was much higher in Navajo County than in Arizona. In 2010, the rate of chlamydia was 559.3 in Navajo County and 420.2 in Arizona.

YC- Yavapai has the lowest Chlamydia prevalence rates in Arizona, at 151.8 cases per 100,000 people. This is much lower than the national average of 401.3 cases per 100,000.

Gonorrhea

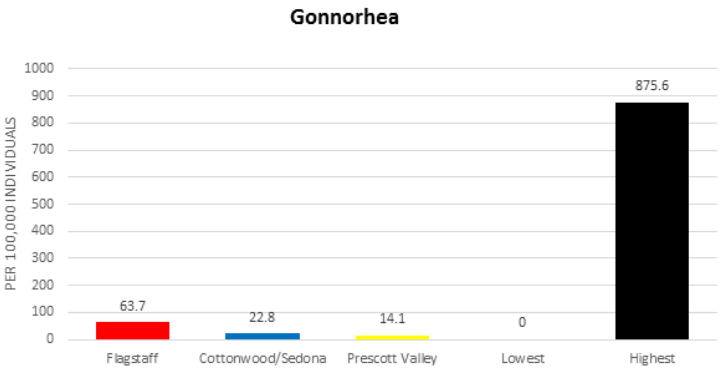
- **In 2013 the annual average incidence rate of gonorrhea for Coconino County was 104.1 per 100,000 individuals.**
- **Navajo County held the highest incidence rate for gonorrhea in 2013 at 167.8.**
- **The primary care area of flagstaff reported 63.7 per 100,000 individual cases of gonorrhea in 2013.**

By Counties



Lowest – Yavapai **Highest - Navajo**

By Primary Care Areas

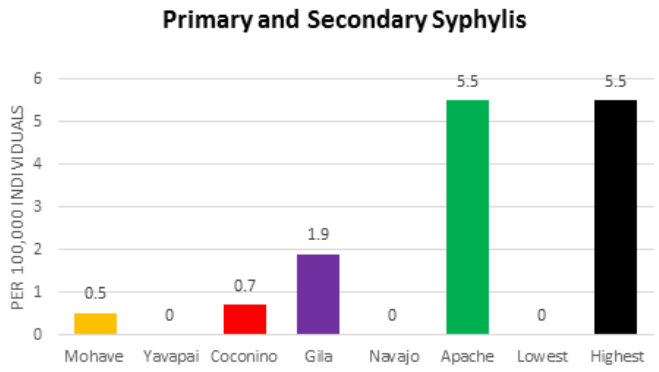


Lowest – Multiple with Zero **Highest – White Mountain Apache Tribe**

Syphilis

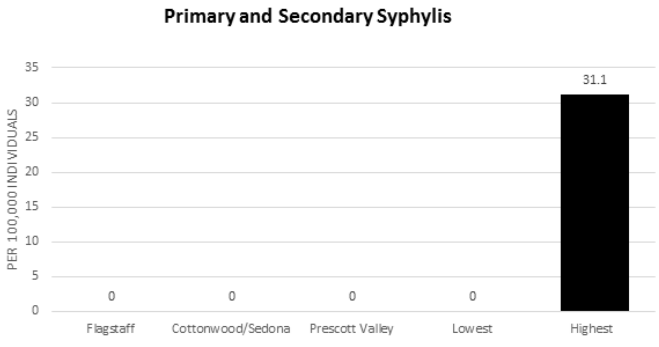
- **Coconino County was found to have an incidence rate for primary and secondary syphilis of .7 per 100,000 individuals in 2013.**
- **Apache County held the highest incidence rate with 5.5 per 100,000 individuals that were reported to have primary or secondary syphilis.**
- **The primary care areas of Flagstaff, Prescott Valley, and Cottonwood/Sedona did not report any new cases of syphilis in 2013.**

By Counties



Lowest – Multiple with Zero **Highest - Apache**

By Primary Care Areas

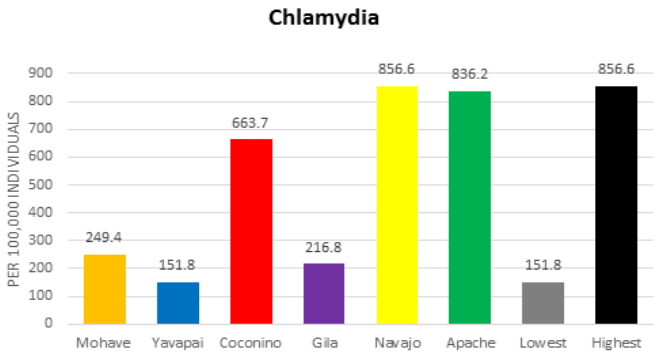


Lowest – Multiple with Zero **Highest – Salt River Pima-Maricopa Community**

Chlamydia

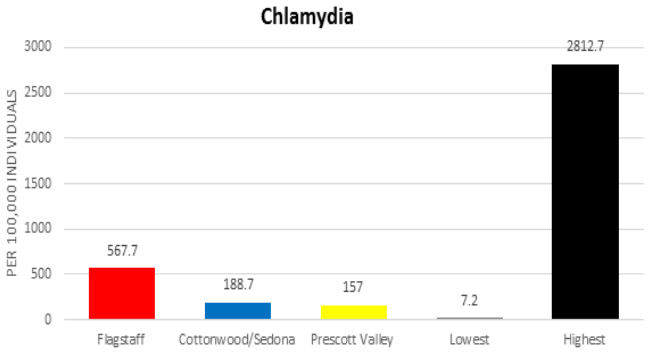
- **Northern Arizona reported some of the highest incidence rates for chlamydia with Coconino, Apache, and Navajo coming in at 13th, 14th, and 15th respectively out of the 15 counties of Arizona.**
- **Coconino County had an incidence rate of 663.7 per 100,000 individuals in 2013.**
- **Navajo County reported the highest incidence rate of chlamydia in Arizona with 856.6 per 100,000 individuals infected.**
- **The primary care area of Flagstaff had an incidence rate of 567.7 per 100,000 individuals that were infected with chlamydia in 2013.**

By Counties



Lowest – Yavapai **Highest - Navajo**

By Primary Care Areas



Lowest – Sun City West **Highest – White Mountain Apache Tribe**

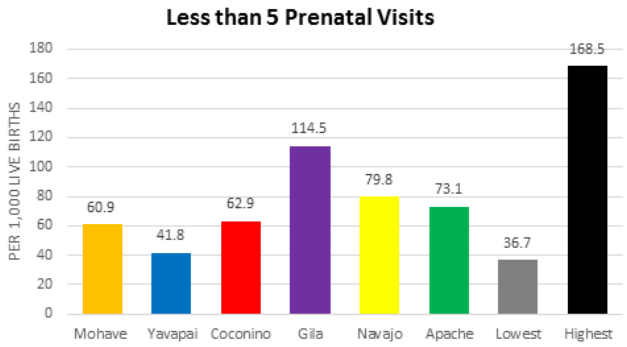
Births

Prenatal Care

Lack of Prenatal Care

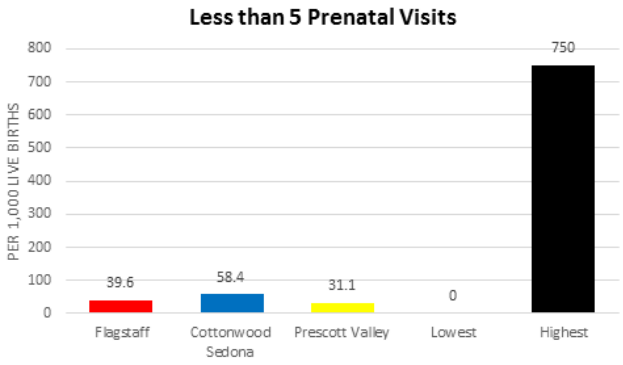
- **For every 1,000 live births Coconino County had 62.9 individuals that completes less than 5 prenatal visits.**

By Counties



Lowest – Maricopa **Highest – Santa Cruz**

By Primary Care Areas



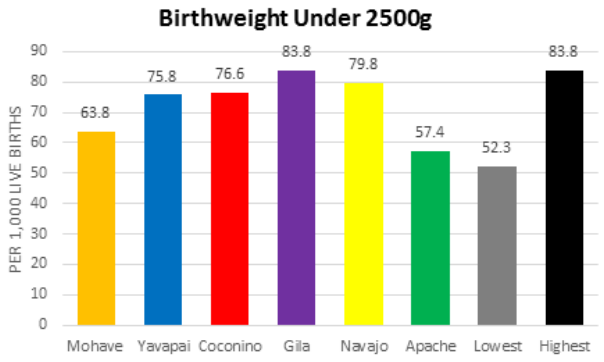
Lowest – Multiple with Zero **Highest – Colorado City**

Birth Outcomes and Risks

- **The counties of northern Arizona had some of the highest rates of low weight (<2500g) births in the state of Arizona.**
- **Gila County had the highest rate of low weight births at 83.8 per 1,000 live births.**
- **The primary care area of Flagstaff had a low weight birth rate of 85.3 per 1,000 live births.**

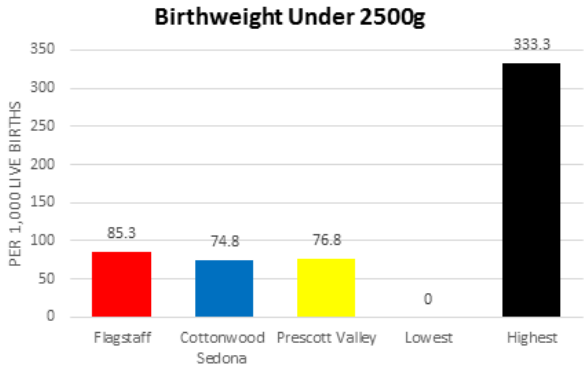
Low Weight Births

By Counties



Lowest – Yuma **Highest – Gila**

By Primary Care Areas



Lowest – Multiple with Zero **Highest – Sun City West**

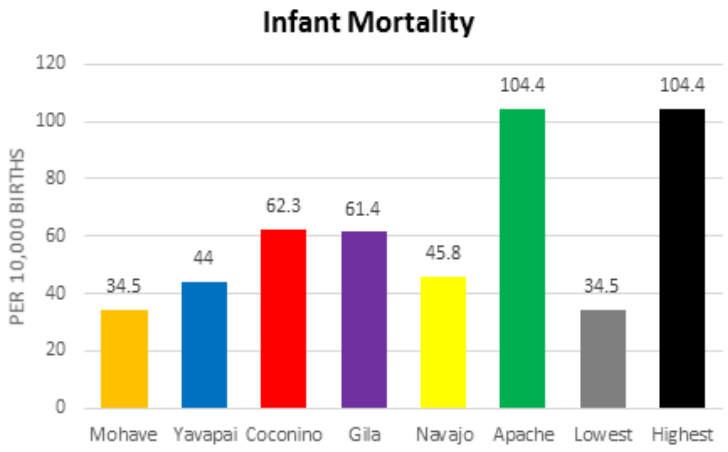
Infant Mortality

- **Apache County had the highest infant mortality rate per 10,000 live births at 104.4.**
- **The infant mortality rate for the primary care area of flagstaff was 40.6 per 10,000 live births.**

CC-Both Coconino and Navajo counties are performing better than the national average and the Healthy People 2020 national health target for Preterm Births. NC- Disproportionate share of premature death compared to state (years of potential life lost before age 75 per 100k population). The percent of premature mortality in Navajo County is 64.3% in Navajo County and 51.8% in Arizona. The rates of infant mortality in Navajo County is 7.6 and 6.5 in Arizona.

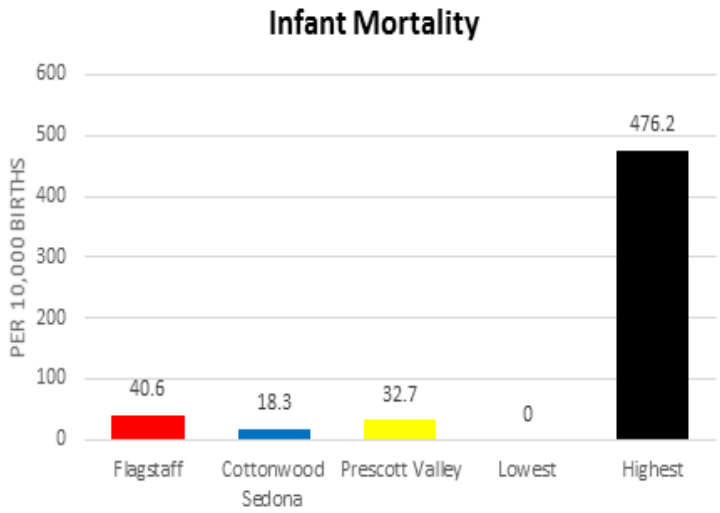
YC- Babies who are carried to term and have a healthy birth weight (≥2,500 grams) have better health outcomes overall. HP2020 set an objective of no more than 11.4% of all births being preterm.

By Counties



Lowest – Mohave **Highest – Apache**

By Primary Care Areas



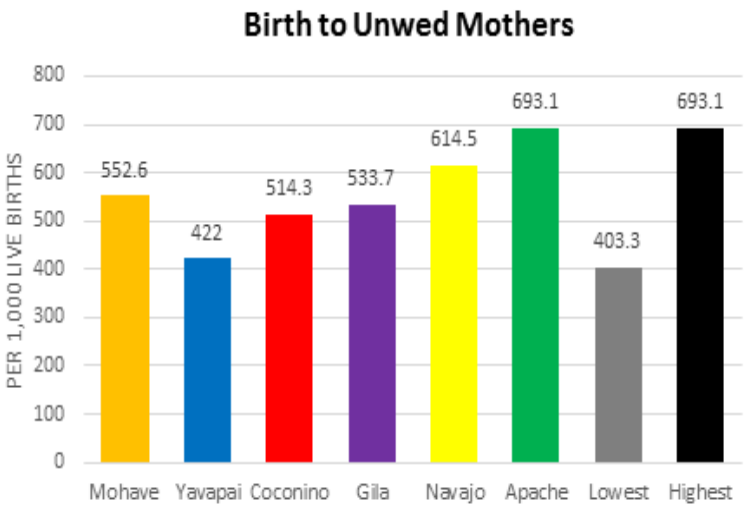
Lowest – Multiple with Zero **Highest – San Xavier**

Family Planning

Birth to Unwed Mothers

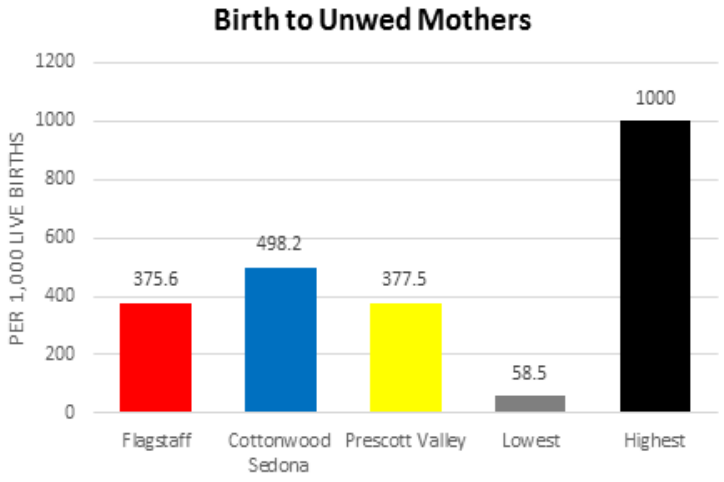
- **Apache County held the highest rate of a birth to unwed mothers in 2013 with a rate of 693.1 per 1,000 live births.**
- **Coconino County reported a rate of 514.3 per 1,000 live births that were to an unwed mother in 2013.**
- **The primary care area of Flagstaff reported a rate of 375.6 per 1,000 live births to an unwed mother.**

By Counties



Lowest – Cochise Highest - Apache

By Primary Care Areas

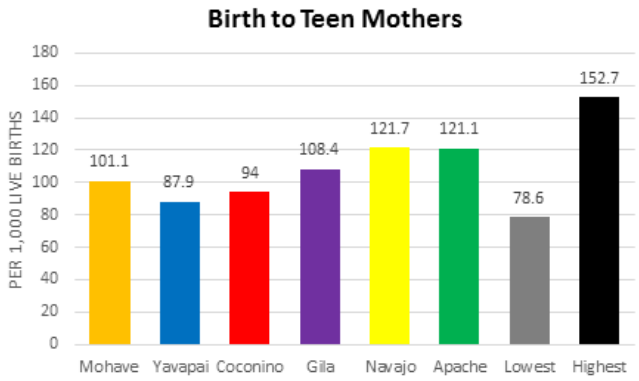


Lowest – Paradise Valley Highest – Sun Lakes

Birth to Teen Mothers

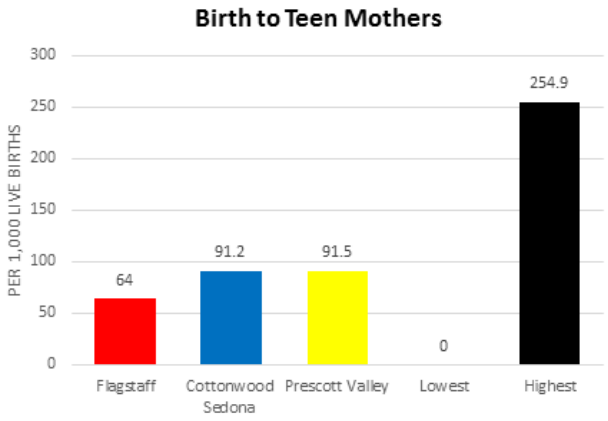
- **The rate of births to teen mother in 2013 was 94 per 1,000 live births in Coconino County.**
- **The primary care area of Flagstaff reported a rate of 64 per every 1,000 live births to a teen mother in 2013.**

By Counties



Lowest – Maricopa **Highest – La Paz**

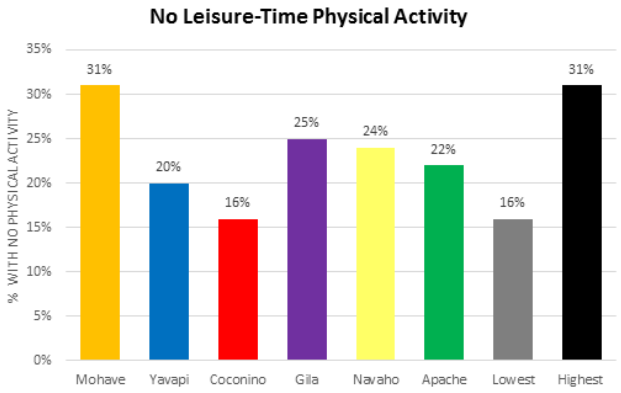
By Primary Care Areas



Lowest – Multiple with Zero **Highest – San Carlos Apache Tribe**

MODIFIABLE HEALTH RISKS

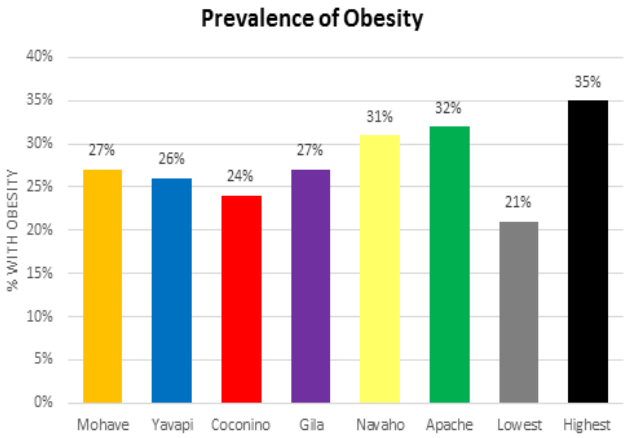
Leisure-Time Physical Activity



Lowest – Coconino **Highest – Mohave**

Source – countyhealthrankings.org 2011

Adult Weight Status



Lowest – Santa Cruz **Highest – Greenlee**

Source – countyhealthrankings.org 2011

Overweight (Adult)

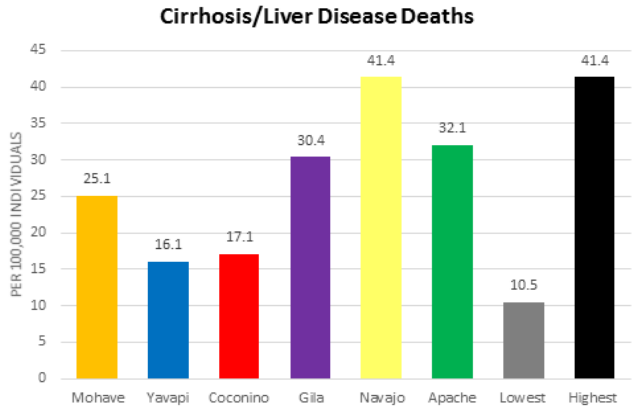
CC-According to the 2011 Behavioral Risk Factor Surveillance Survey (BRFSS), as reported through Arizona Health Matters, 25 percent of adults in Coconino County and 32 percent of adults in Navajo County are obese. The state average is 24.7 percent and the Healthy People 2020 national health target is 30.6 percent.

NC-Obesity isn't just a health issue relegated to adults; childhood obesity is also a significant health issue, with 8.6 percent of Coconino County and 9.2 percent of Navajo children classified as obese. Arizona Health Matters reported that results from a recent study indicate that nearly 80 percent of children who were overweight as teenagers were obese adults at age 25.

YC- Percent of adults that report a BMI ≥ 30 is 20%.

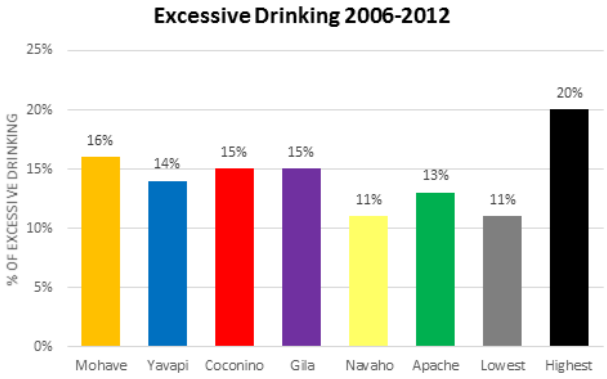
SUBSTANCE ABUSE

Age-Adjusted Cirrhosis/Liver Disease Deaths



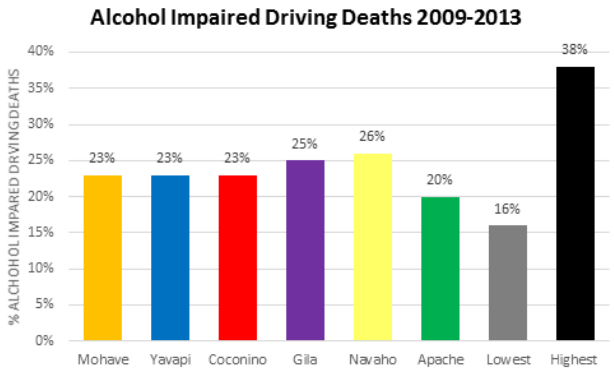
Lowest – Yuma **Highest – Navajo**

High-Risk Alcohol Use



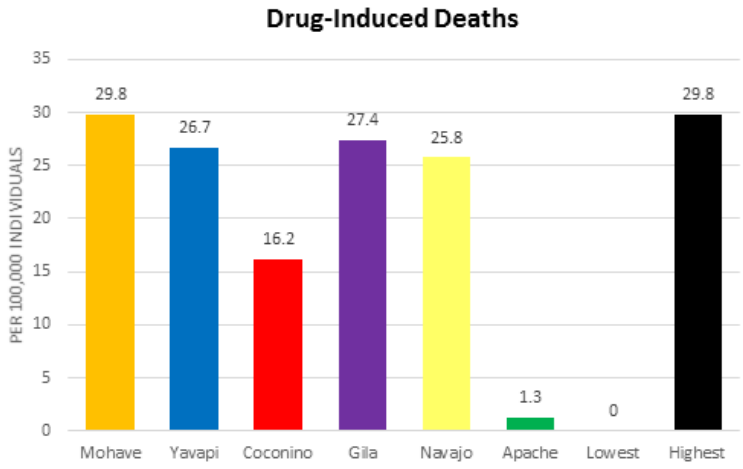
Lowest – Navajo **Highest – La Paz**

Source – countyhealthrankings.org



Lowest – Cochise **Highest – Graham**

Source – countyhealthrankings.org



Lowest – Greenlee **Highest – Mohave**

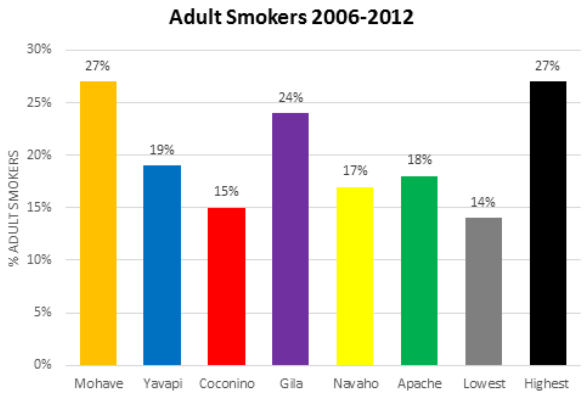
TOBACCO USE

Cigarette Smoking

Commented [1]: Arizona Health Assessment azdhs.gov

The facts about the health effects of smoking have been known for years and we have seen a decline in the amount of deaths. However, “Smoking is the single most preventable cause of death in the U.S.” In the Northern Arizona counties the Mohave county meets the highest rate of smoking for Arizona but the rest of the counties fall below.

- Arizona Health Assessment azdhs.gov



Lowest – Yuma **Highest – Mohave**

Source – countyhealthrankings.org

All 2013 data was take from Arizona Department of Health Services Dashboard unless noted otherwise.

Oral Health of Arizona Preschool Children

Remains Below National Recommendations

Summary of Findings

http://www.azdhs.gov/documents/prevention/womens-childrens-health/oral-health/survey/survey-preschool.pdf

The Arizona Department of Health Services, Office of Oral Health's (OOH) survey of preschool children shows that the oral health of Arizona preschoolers is well below national recommendations. Oral disease is nearly 100 percent preventable and this new information will help determine what resources are needed and where best to place them to improve the oral health of children statewide.

Arizona preschool children have a significant burden of oral disease and it starts early with 7% of children ages birth through age one having the first signs of tooth decay. By the time children reach the ages of 2 through 4, 37% have had tooth decay and 30% have untreated tooth decay. These levels are far beyond the U.S. Department of Health and Human Services' Healthy People 2010 targets of 11% having ever had tooth decay and 9% having untreated tooth decay.

Data further show that race, ethnicity and socioeconomic status may be factors in oral health. Over 43% of Asian/Pacific Islander children ages 2-4 have untreated tooth decay. Thirty-four percent of Hispanic

children have untreated tooth decay with similar rates found in Black (32%) and Native American (31%) children. Children who come from families where parents/guardians a high school education or less are much more likely to have untreated tooth decay (42%) than children who come from families with parents/guardians who have more than a high school education (24%).

Dental insurance status was not significantly related to whether a child had untreated tooth decay. Twenty-seven percent of children who have private dental insurance have untreated tooth decay; similar rates are found among children with public dental insurance (32%) and children who have no dental insurance (30%).

The American Academy of Pediatrics (AAP) recommends that children be seen by a dentist within 6 months of the first tooth erupting or by 1 year of age, whichever comes first. Only 6% of children ages birth to one had seen a dentist, according to parents' reports. In addition, older children are not getting needed dental care; more than half (54%) of parents/guardians responded that their preschool children age 3 had never visited a dentist.

These results indicate that tooth decay clearly remains a problem for young children in Arizona. Although preventive measures, such as fluorides have been widely available for years, efforts need to focus on reaching underserved children who stand to benefit the most. These findings challenge us to strengthen disease prevention programs and to implement strategies that lead to treatment access for specific populations. The direction of OOH is to address this and other oral

health issues by setting goals and providing specific, measurable and time-phased objectives and activities for accomplishing them.

Methods: Preschool children received oral health screenings at 100 randomly selected licensed child care centers with classroom sizes of ten pupils or more. The screenings of 989 children were completed during the fall of 2008 through the spring of 2009. The survey involved a standardized cross-sectional, open-mouth screening developed by the Association of State and Territorial Dental Directors and conducted by trained dental staff.

Key Findings:

- Tooth decay starts early in childhood; 7% of children ages birth through age have the first signs of tooth decay.

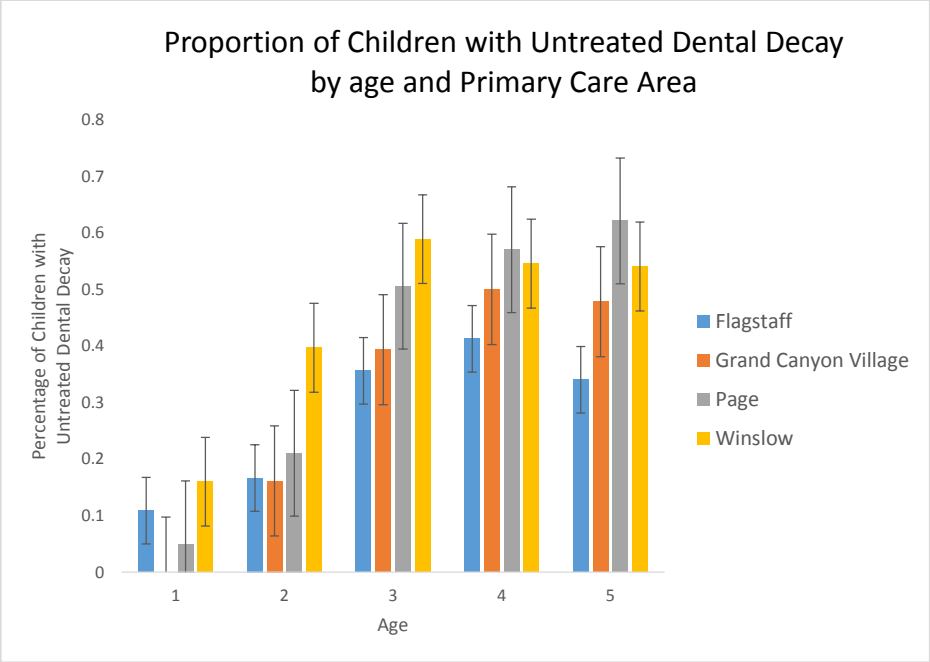
- Children ages 2 through 4 have tooth decay rates far beyond national recommendations; 37% have tooth decay experience and 30% have untreated tooth decay.

- Disparities exist for children who come from families where parents/guardians have a high school education or less. They are significantly more likely to have untreated tooth decay (42%) than children who come from families with parents/guardians who have more than a high school education (24%).

- Children are not getting needed dental visits; 54% of children age 3 had never visited a dentist.

To view the detailed factsheets, please visit:
http://www.azdhs.gov/phs/owch/ooh/index.htm

Dental Care in Northern Arizona



Data reported here were collected by the Coconino County Public Health Services. Each year, they randomly examine children, ages 1-6, from the surrounding communities.

2015 Community Needs Survey

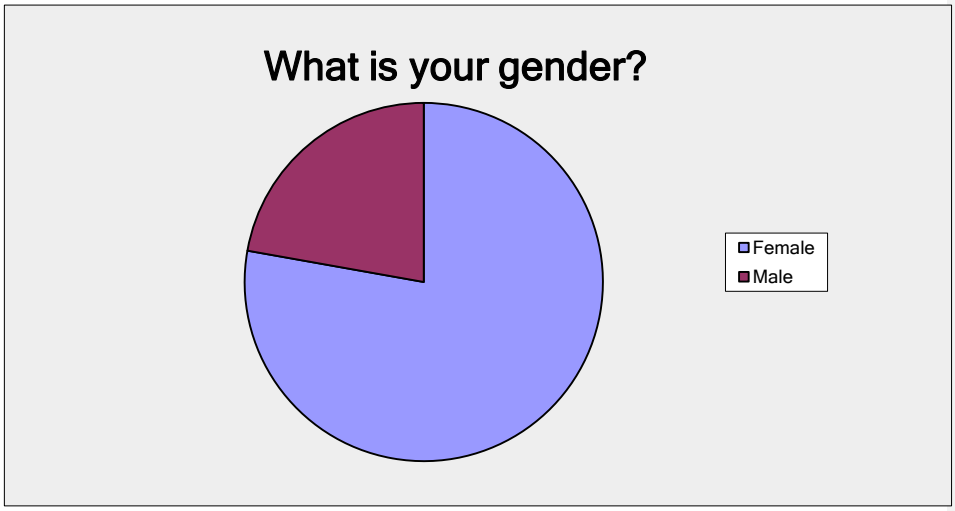
Survey Created: Monday, August 24, 2015

1164 Total Responses

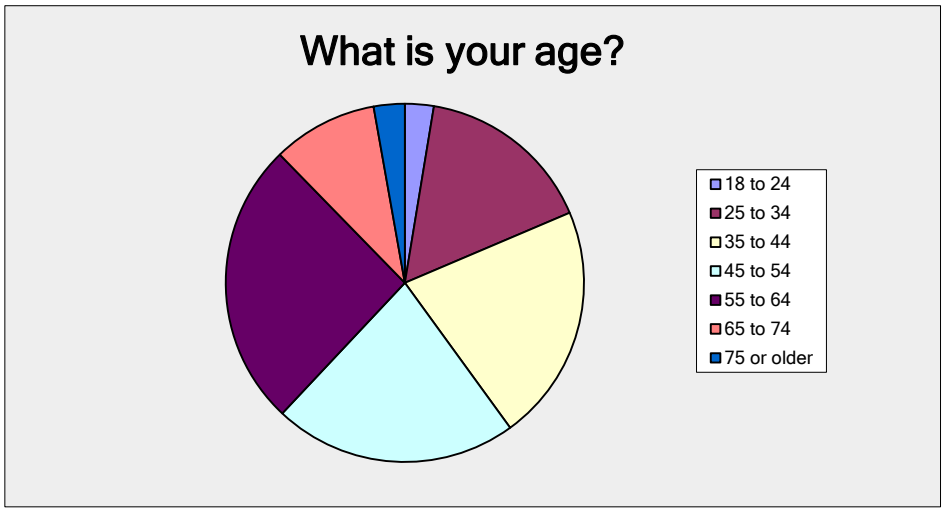
1051 Complete Responses

Survey Population Demographics

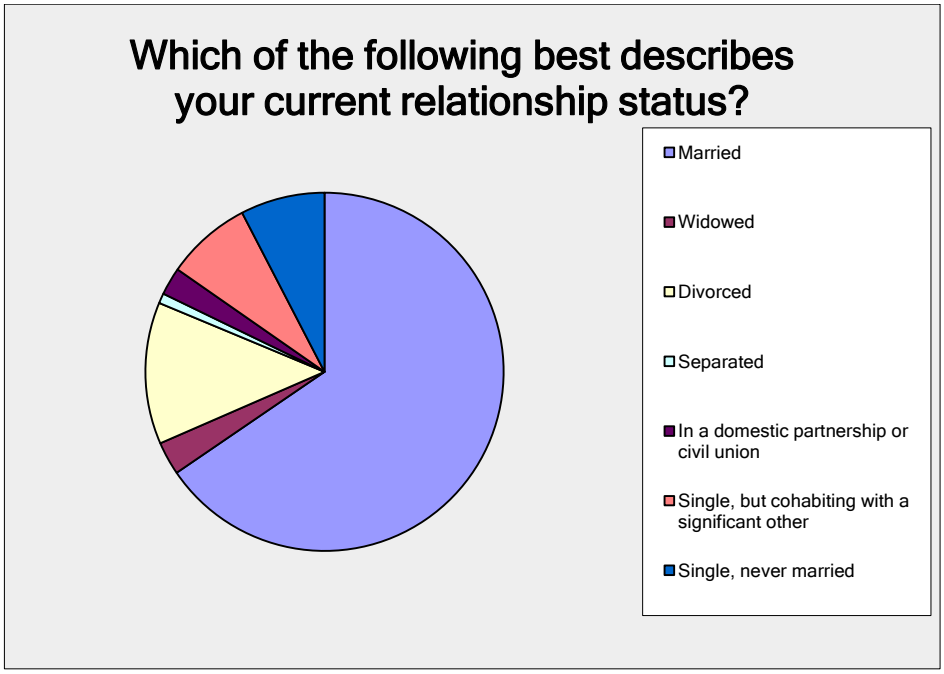
Northern Arizona Healthcare administered a widespread survey asking questions regarding 1164 local individual's perceptions of their access to healthcare. Survey respondents were predominately female (77.84%), married (65.43%), white (86.08%), and/or not of Spanish, Hispanic, or Latino descent (91.45%). The following tables and graphs provide descriptive statistics regarding the survey respondents'demographics.



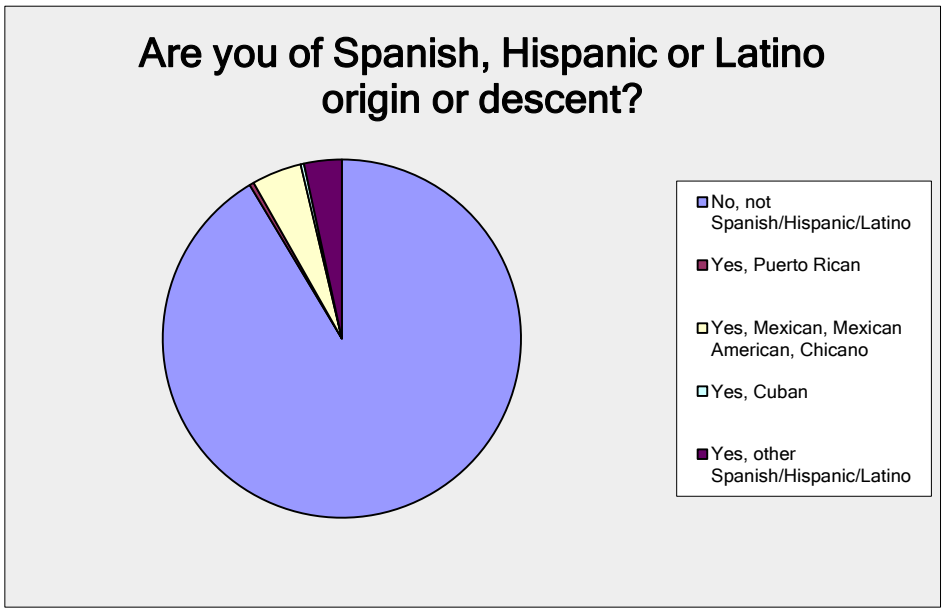
What is your gender?		
Answer Options	**Response Percent**	**Response Count**
Female	77.8%	903
Male	22.2%	257
	answered question	**1160**
	skipped question	**4**



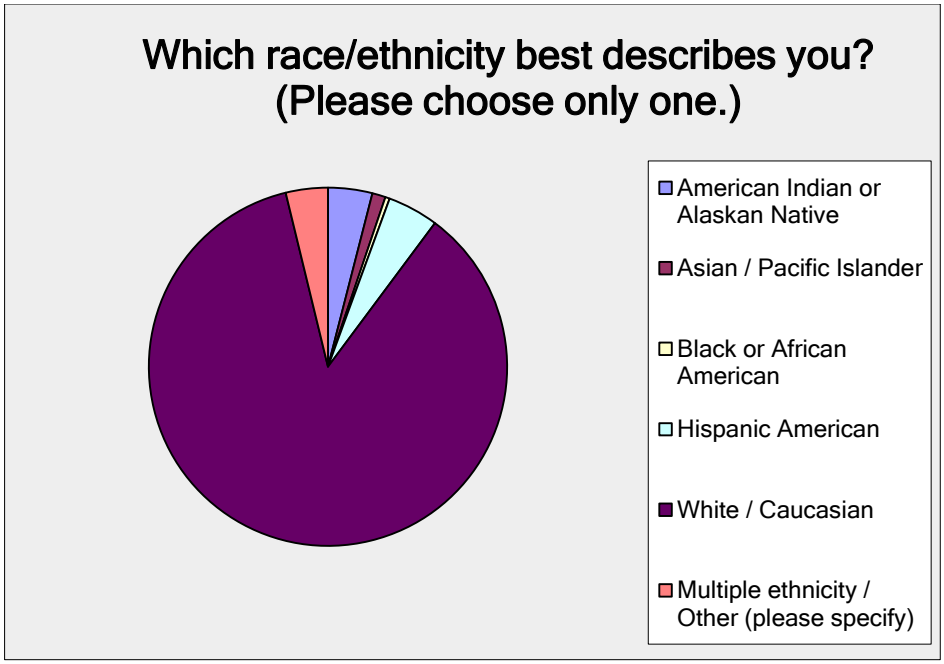
What is your age?		
Answer Options	**Response Percent**	**Response Count**
18 to 24	2.6%	30
25 to 34	16.0%	185
35 to 44	21.4%	248
45 to 54	22.0%	255
55 to 64	25.7%	298
65 to 74	9.5%	110
75 or older	2.8%	33
	answered question	**1159**
	skipped question	**5**



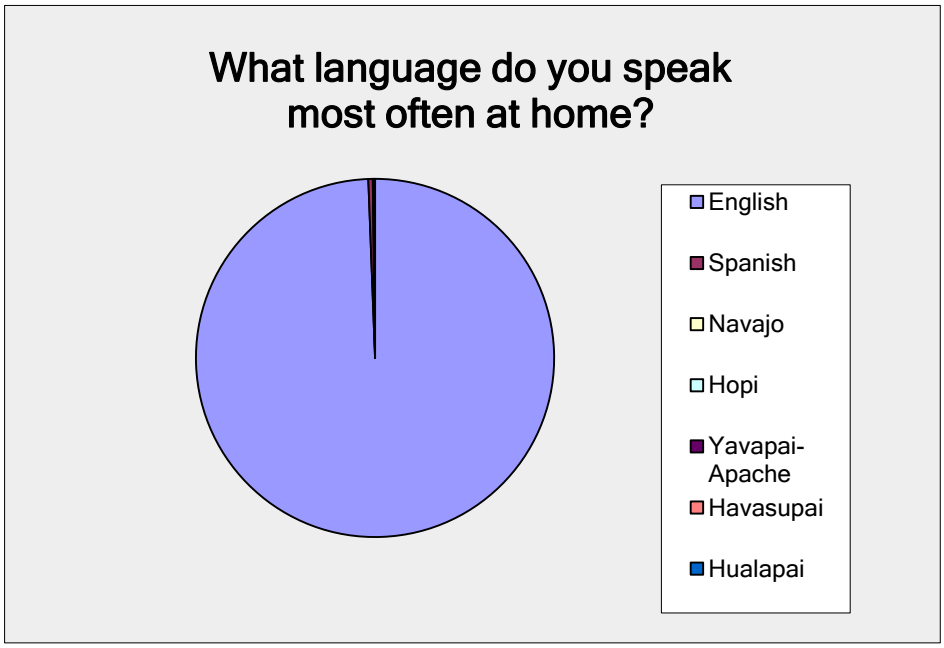
Which of the following best describes your current relationship status?		
Answer Options	**Response Percent**	**Response Count**
Married	65.4%	759
Widowed	3.0%	35
Divorced	12.8%	149
Separated	0.9%	11
In a domestic partnership or civil union	2.5%	29
Single, but cohabiting with a significant other	7.7%	89
Single, never married	7.6%	88
	answered question	**1160**
	skipped question	**4**



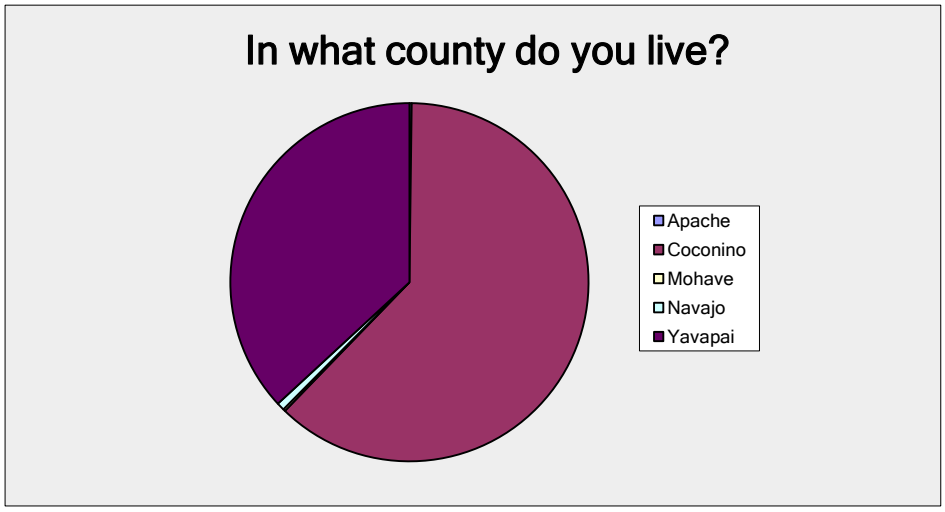
Are you of Spanish, Hispanic or Latino origin or descent?		
Answer Options	**Response Percent**	**Response Count**
No, not Spanish/Hispanic/Latino	91.4%	1037
Yes, Puerto Rican	0.4%	5
Yes, Mexican, Mexican American, Chicano	4.5%	51
Yes, Cuban	0.3%	3
Yes, other Spanish/Hispanic/Latino	3.4%	38
	answered question	**1134**
	skipped question	**30**



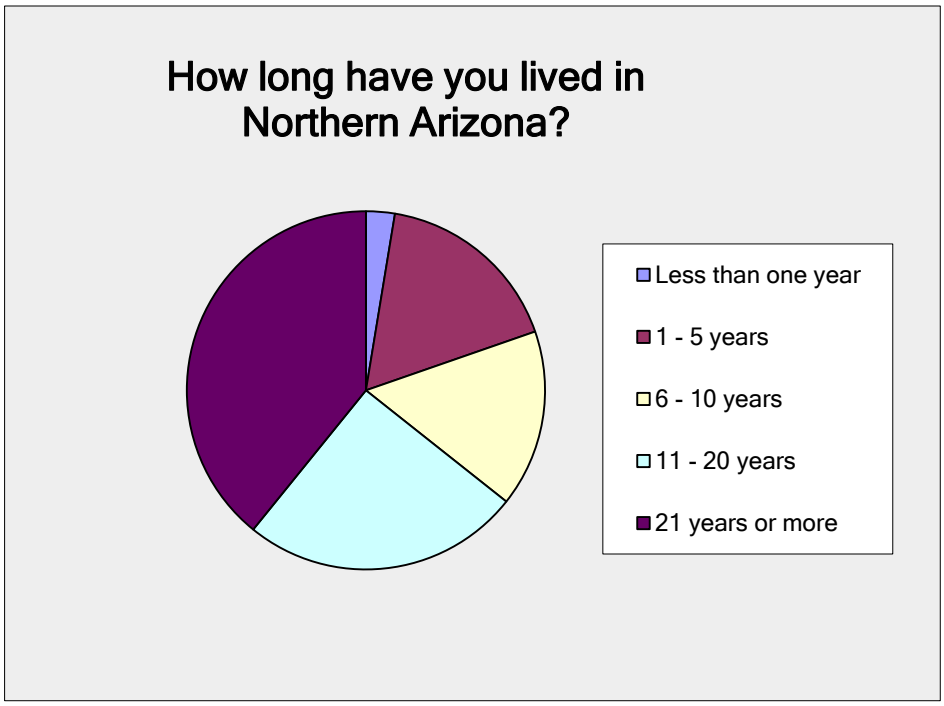
Which race/ethnicity best describes you? (Please choose only one.)		
Answer Options	**Response Percent**	**Response Count**
American Indian or Alaskan Native	4.0%	45
Asian / Pacific Islander	1.2%	14
Black or African American	0.4%	4
Hispanic American	4.6%	52
White / Caucasian	86.1%	977
Multiple ethnicity / Other (please specify)	3.8%	43
	answered question	**1135**
	skipped question	**29**



What language do you speak most often at home?		
Answer Options	**Response Percent**	**Response Count**
English	99.5%	1135
Spanish	0.4%	4
Navajo	0.1%	1
Hopi	0.0%	0
Yavapai- Apache	0.1%	1
Havasupai	0.0%	0
Hualapai	0.0%	0
Another language (please specify)		11
	answered question	**1141**
	skipped question	**23**

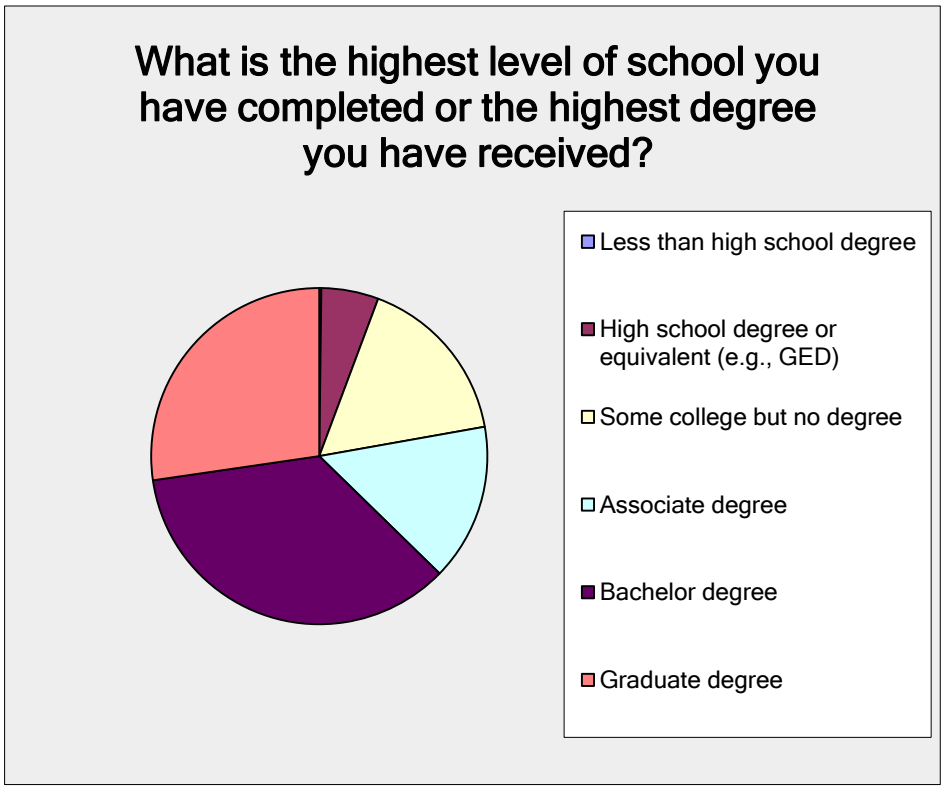


In what county do you live?		
Answer Options	**Response Percent**	**Response Count**
Apache	0.2%	2
Coconino	62.1%	706
Mohave	0.2%	2
Navajo	0.7%	8
Yavapai	36.9%	419
Other (please specify)		2
	answered question	**1137**
	skipped question	**27**

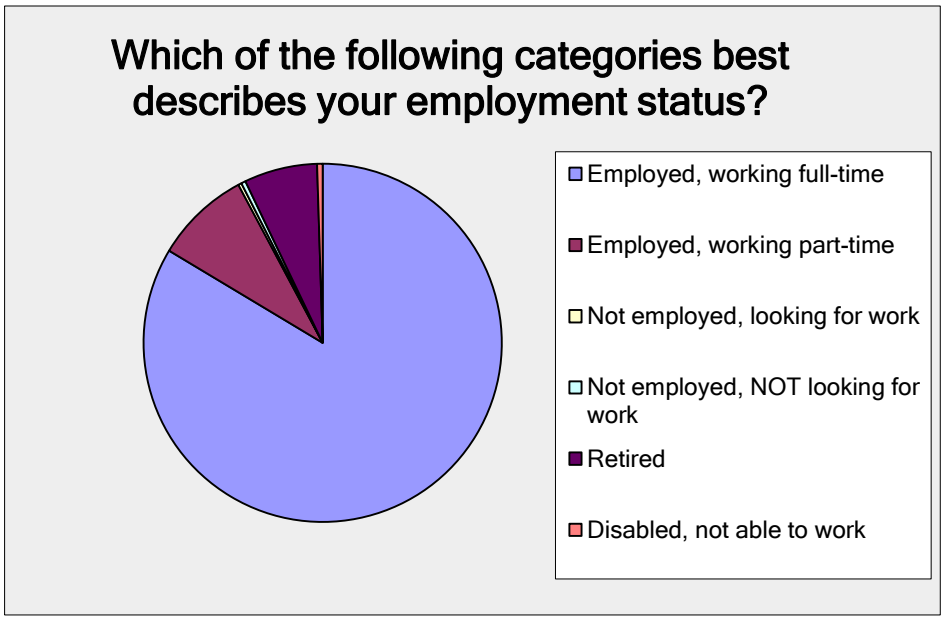


2015 NAH Community Health Needs Assessment

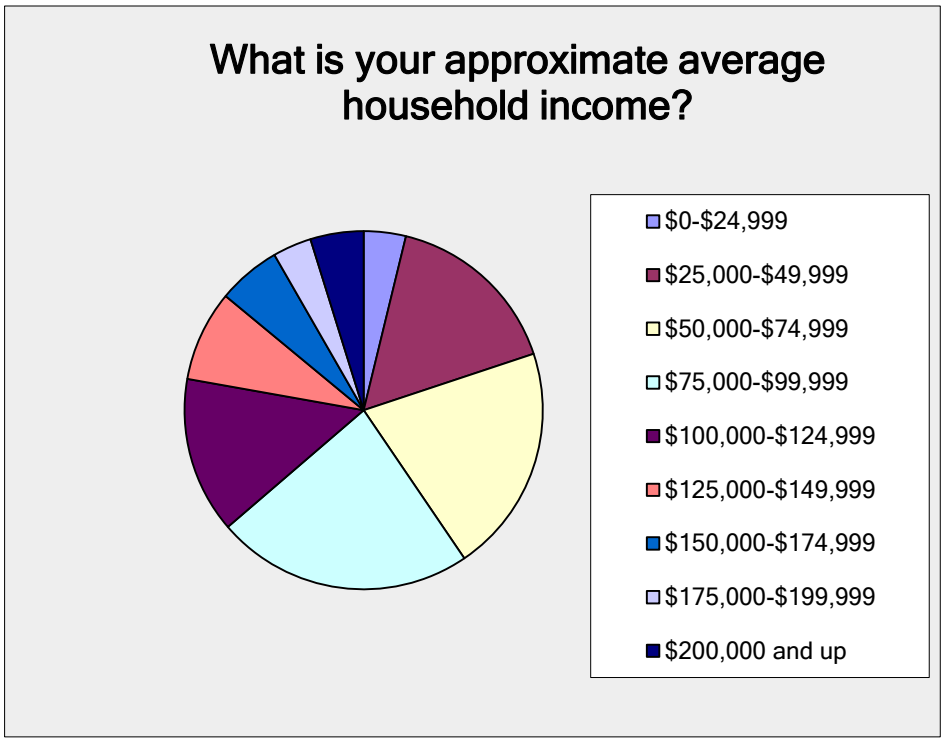
How long have you lived in Northern Arizona?		
Answer Options	**Response Percent**	**Response Count**
Less than one year	2.6%	29
1 - 5 years	17.1%	194
6 - 10 years	16.0%	182
11 - 20 years	25.2%	286
21 years or more	39.2%	446
	answered question	**1137**
	skipped question	**27**



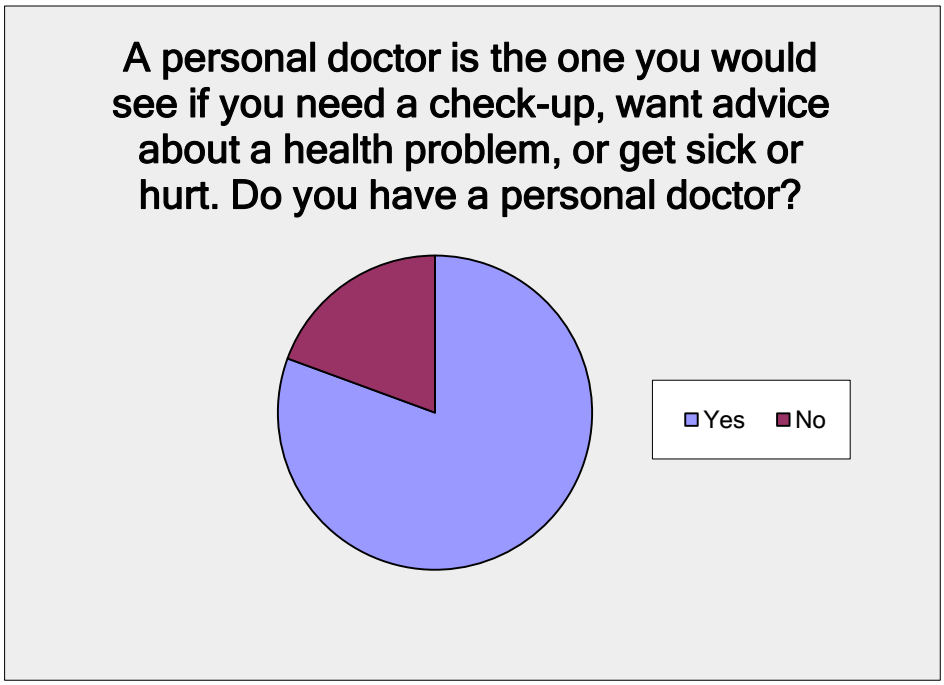
What is the highest level of school you have completed or the highest degree you have received?		
Answer Options	**Response Percent**	**Response Count**
Less than high school degree	0.2%	2
High school degree or equivalent (e.g., GED)	5.5%	62
Some college but no degree	16.5%	187
Associate degree	15.1%	171
Bachelor degree	35.4%	401
Graduate degree	27.3%	309
	answered question	**1132**
	skipped question	**32**



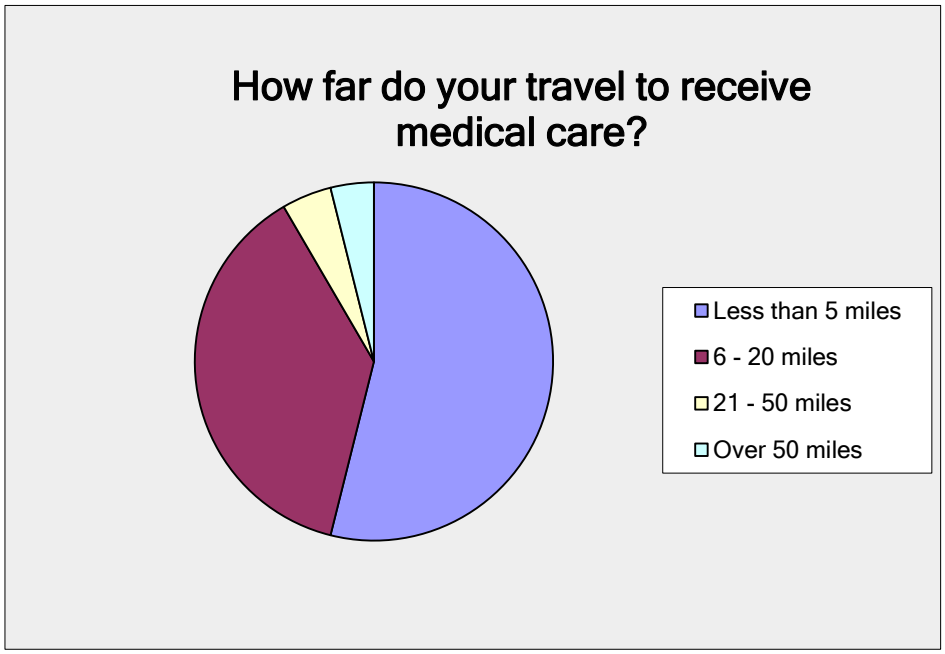
Which of the following categories best describes your employment status?		
Answer Options	**Response Percent**	**Response Count**
Employed, working full-time	83.6%	945
Employed, working part-time	8.6%	97
Not employed, looking for work	0.3%	3
Not employed, NOT looking for work	0.4%	4
Retired	6.6%	75
Disabled, not able to work	0.5%	6
	answered question	**1130**
	skipped question	**34**



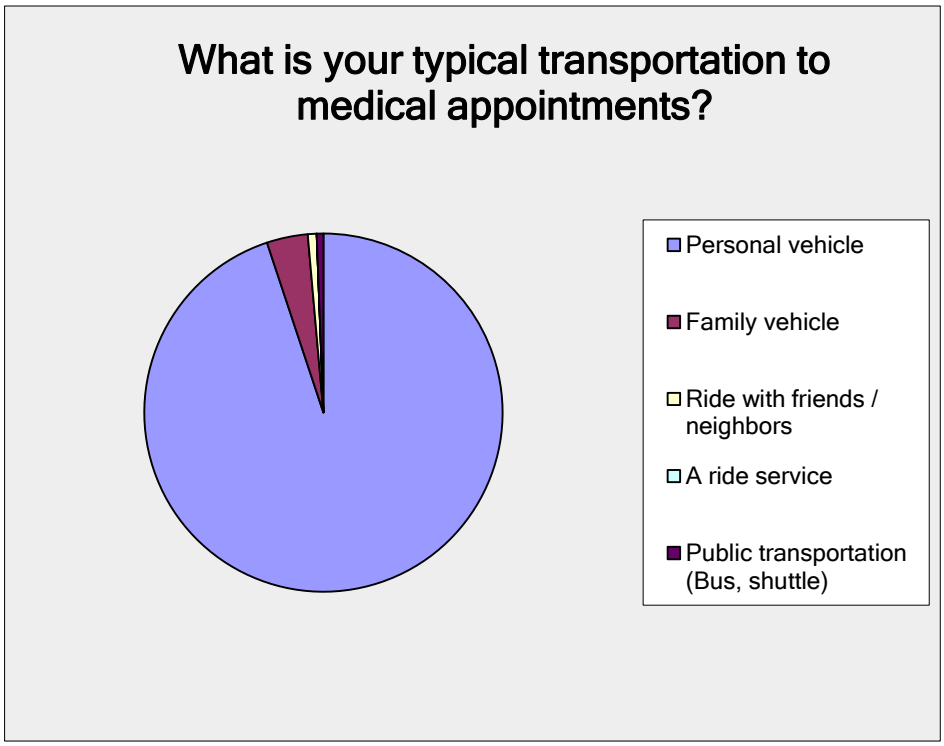
What is your approximate average household income?		
Answer Options	**Response Percent**	**Response Count**
$0-$24,999	3.8%	41
$25,000-$49,999	16.1%	174
$50,000-$74,999	20.6%	223
$75,000-$99,999	23.2%	252
$100,000-$124,999	14.1%	153
$125,000-$149,999	8.2%	89
$150,000-$174,999	5.7%	62
$175,000-$199,999	3.5%	38
$200,000 and up	4.8%	52
	answered question	**1084**
	skipped question	**80**



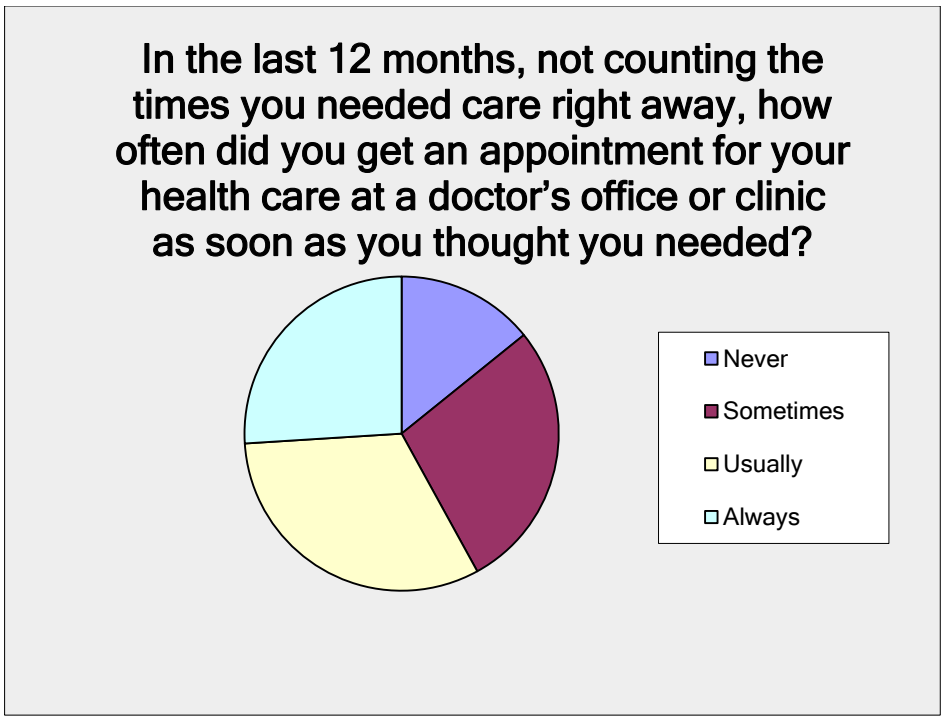
A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?		
Answer Options	**Response Percent**	**Response Count**
Yes	80.6%	882
No	19.4%	212
	answered question	**1094**
	skipped question	**70**



How far do your travel to receive medical care?		
Answer Options	**Response Percent**	**Response Count**
Less than 5 miles	53.9%	590
6 - 20 miles	37.7%	412
21 - 50 miles	4.5%	49
Over 50 miles	3.9%	43
	answered question	**1094**
	skipped question	**70**

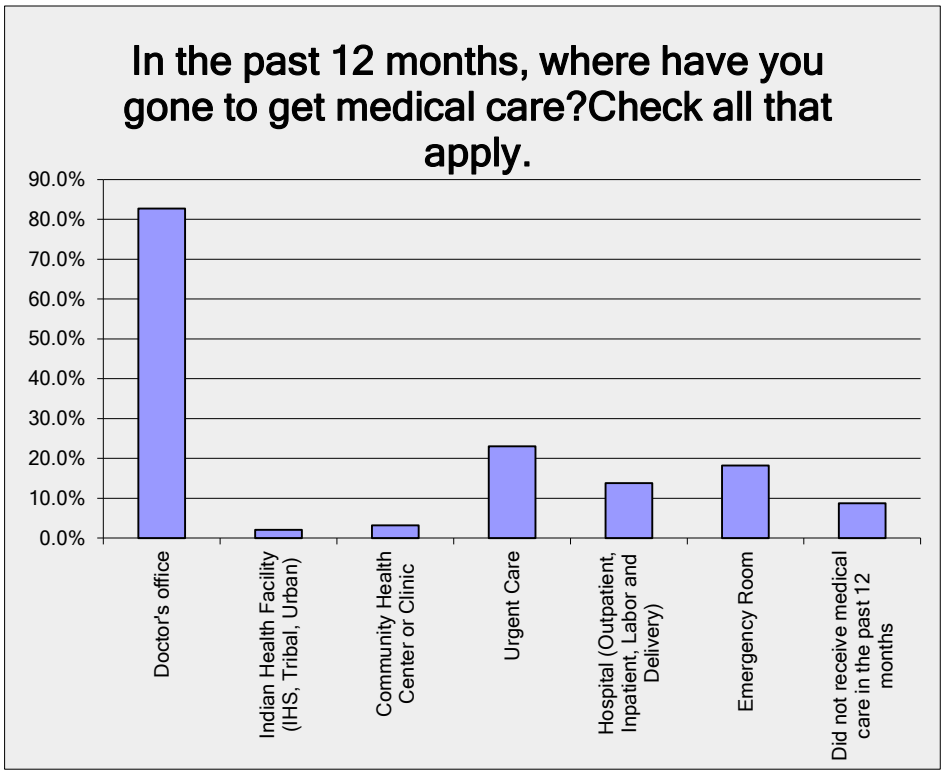


What is your typical transportation to medical appointments?		
Answer Options	**Response Percent**	**Response Count**
Personal vehicle	94.8%	1040
Family vehicle	3.7%	41
Ride with friends / neighbors	0.8%	9
A ride service	0.0%	0
Public transportation (Bus, shuttle)	0.6%	7
	answered question	**1097**
	skipped question	**67**

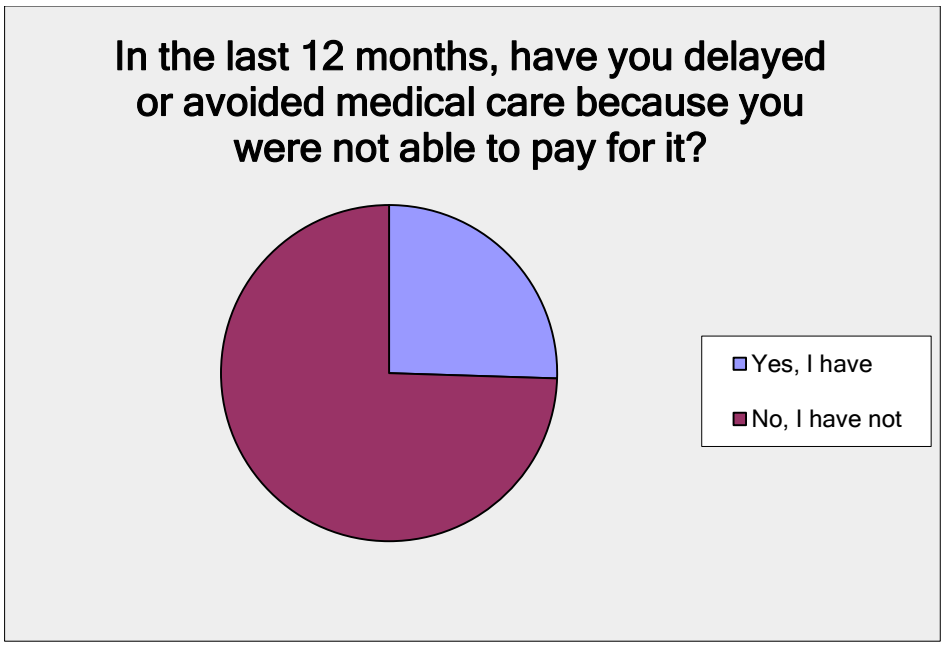


In the last 12 months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon		
Answer Options	**Response Percent**	**Response Count**
Never	14.2%	154
Sometimes	27.8%	303
Usually	32.0%	348
Always	26.0%	283
	answered question	**1088**
	skipped question	**76**

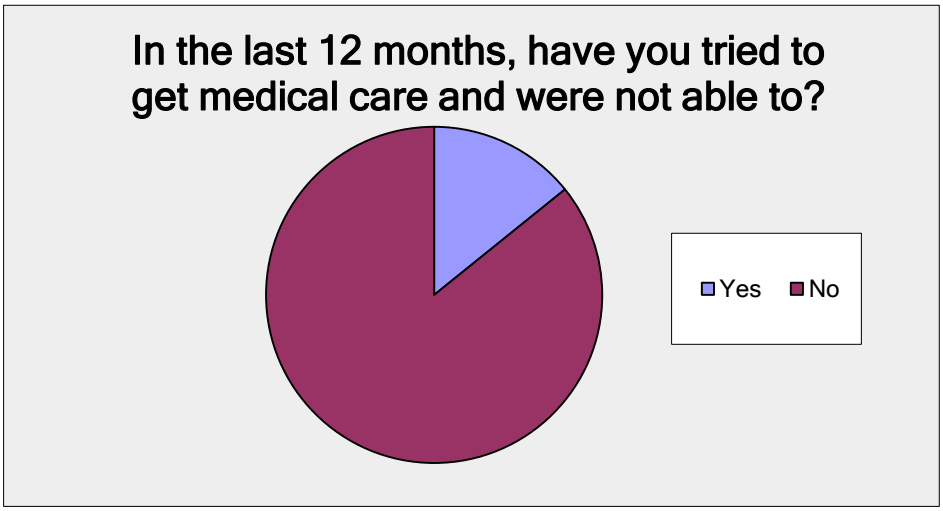
In the last 12 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?		
Answer Options	**Response Percent**	**Response Count**
Yes	48.1%	526
No	51.9%	567
	answered question	**1093**
	skipped question	**71**



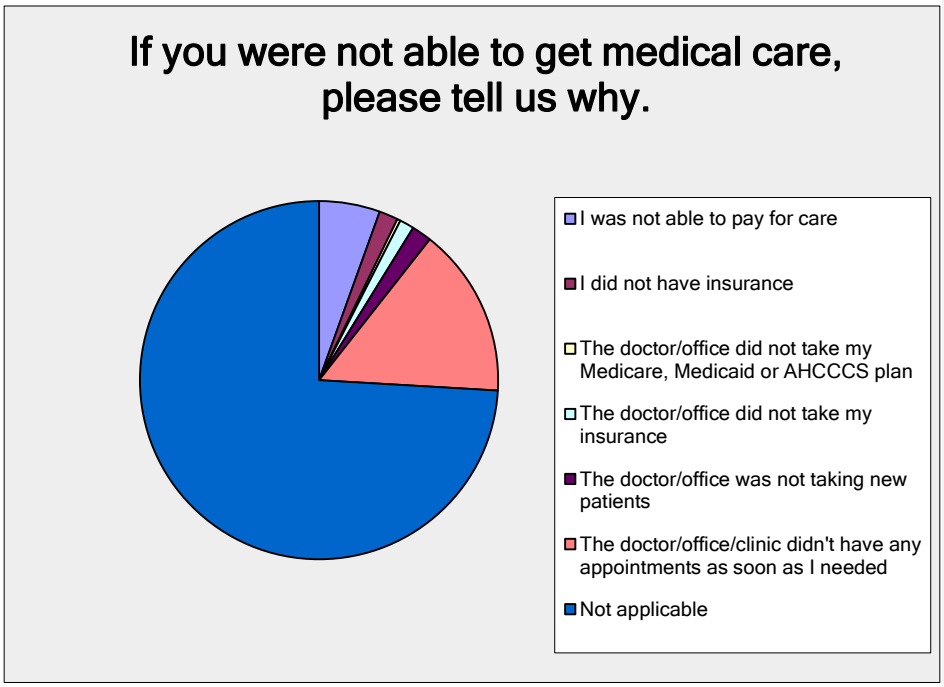
In the past 12 months, where have you gone to get medical care?Check all that apply.		
Answer Options	**Response Percent**	**Response Count**
Doctor's office	82.7%	898
Indian Health Facility (IHS, Tribal, Urban)	2.1%	23
Community Health Center or Clinic	3.2%	35
Urgent Care	23.0%	250
Hospital (Outpatient, Inpatient, Labor and Delivery)	13.8%	150
Emergency Room	18.2%	198
Did not receive medical care in the past 12 months	8.7%	95
Other (please specify)		36
	answered question	**1086**
	skipped question	**78**



In the last 12 months, have you delayed or avoided medical care because you were not able to pay for it?		
Answer Options	**Response Percent**	**Response Count**
Yes, I have	25.5%	276
No, I have not	74.5%	808
	answered question	**1084**
	skipped question	**80**

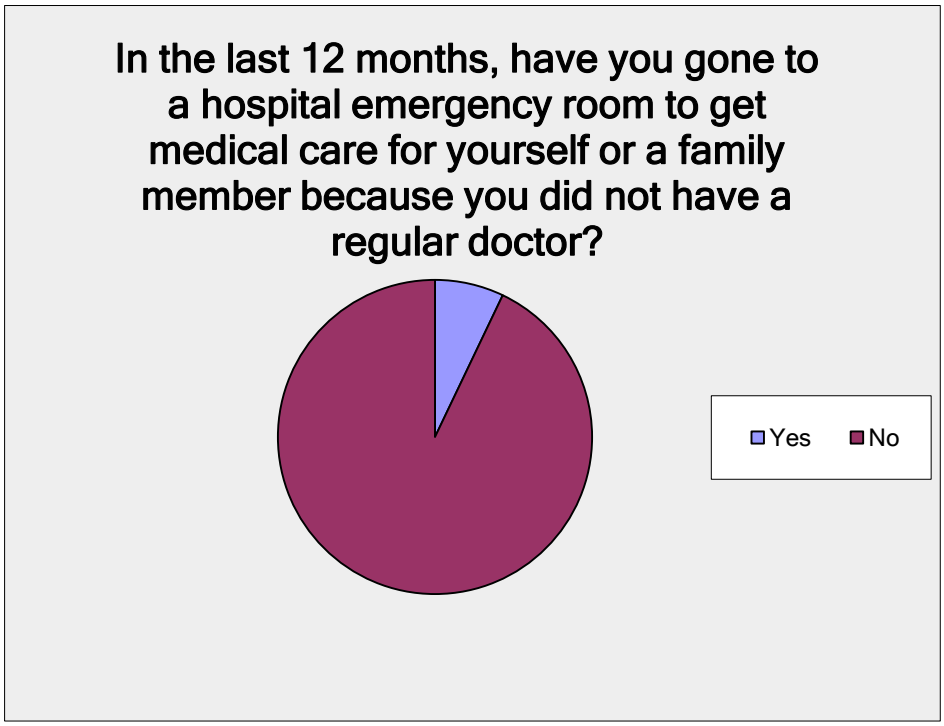


In the last 12 months, have you tried to get medical care and were not able to?		
Answer Options	**Response Percent**	**Response Count**
Yes	14.2%	154
No	85.8%	929
	answered question	**1083**
	skipped question	**81**

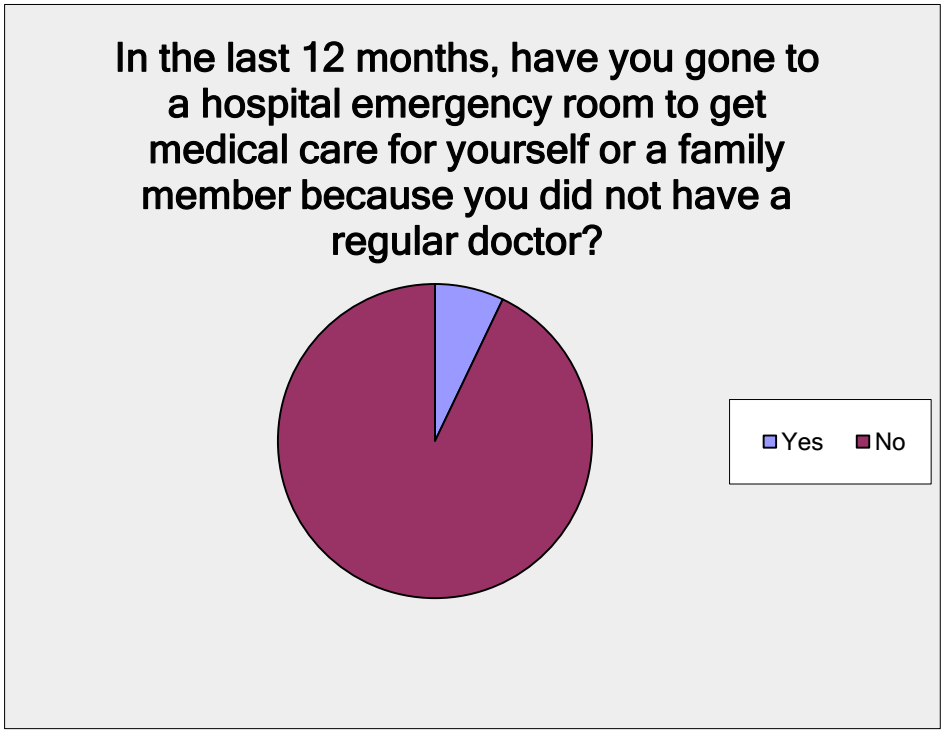


If you were not able to get medical care, please tell us why.

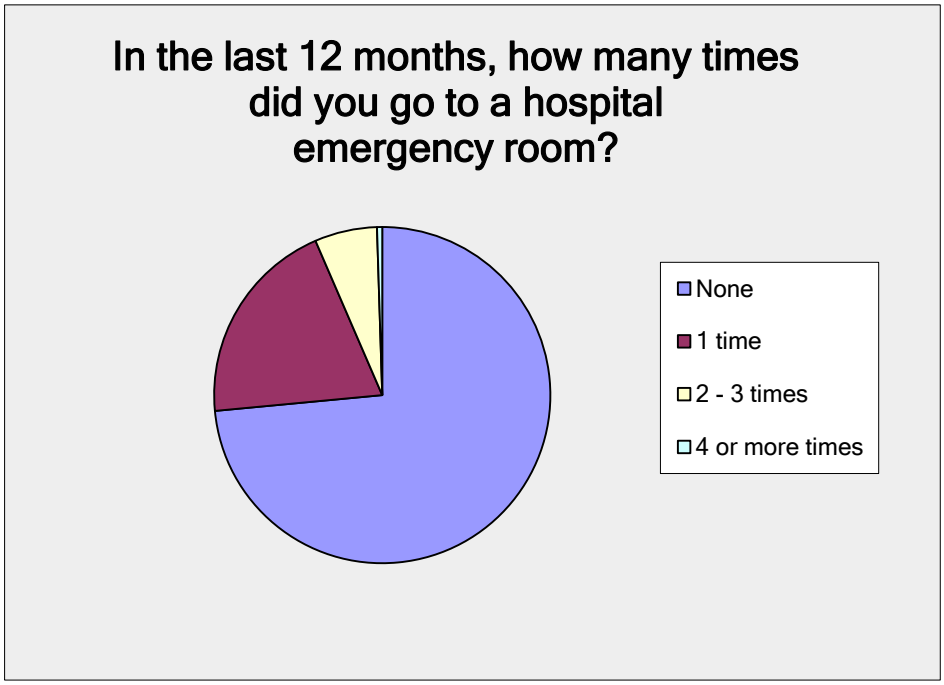
Answer Options	Response Percent	Response Count
I was not able to pay for care	5.5%	39
I did not have insurance	1.7%	12
The doctor/office did not take my Medicare, Medicaid or	0.3%	2
The doctor/office did not take my insurance	1.3%	9
The doctor/office was not taking new patients	1.8%	13
The doctor/office/clinic didn't have any appointments as	15.3%	108
Not applicable	74.0%	522
Other (please specify)		34
answered question		**705**
skipped question		**459**



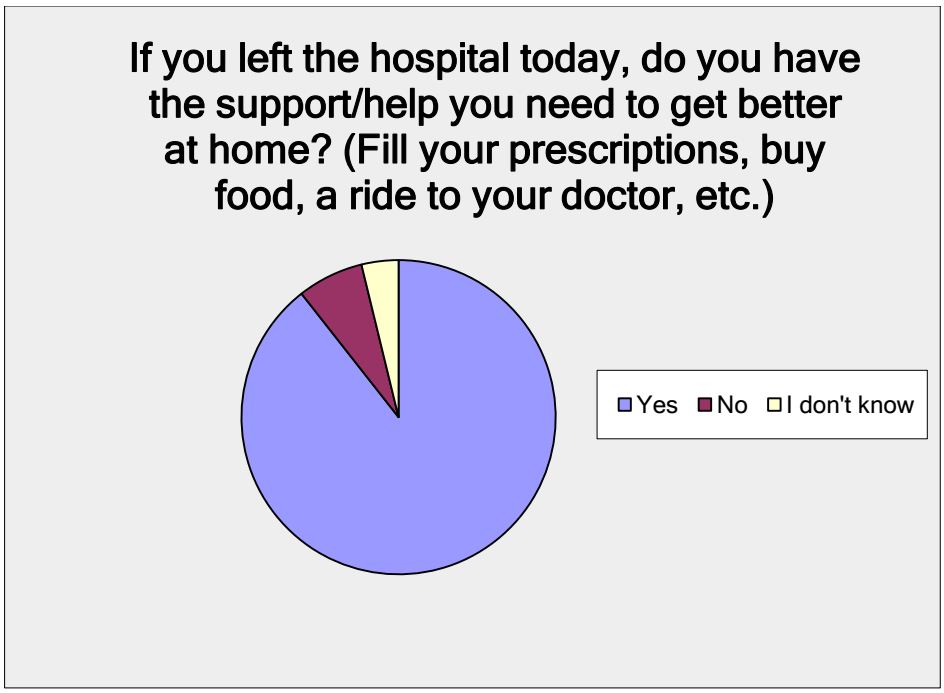
In the last 12 months, have you gone to a hospital emergency room to get medical care for yourself or a family member because you did not have a regular doctor?		
Answer Options	**Response Percent**	**Response Count**
Yes	7.1%	76
No	92.9%	1002
	answered question	**1078**
	skipped question	**86**



In the last 12 months, have you gone to a hospital emergency room to get medical care for yourself or a family member because you did not have a regular doctor?		
Answer Options	**Response Percent**	**Response Count**
Yes	7.1%	76
No	92.9%	1002
	answered question	**1078**
	skipped question	**86**

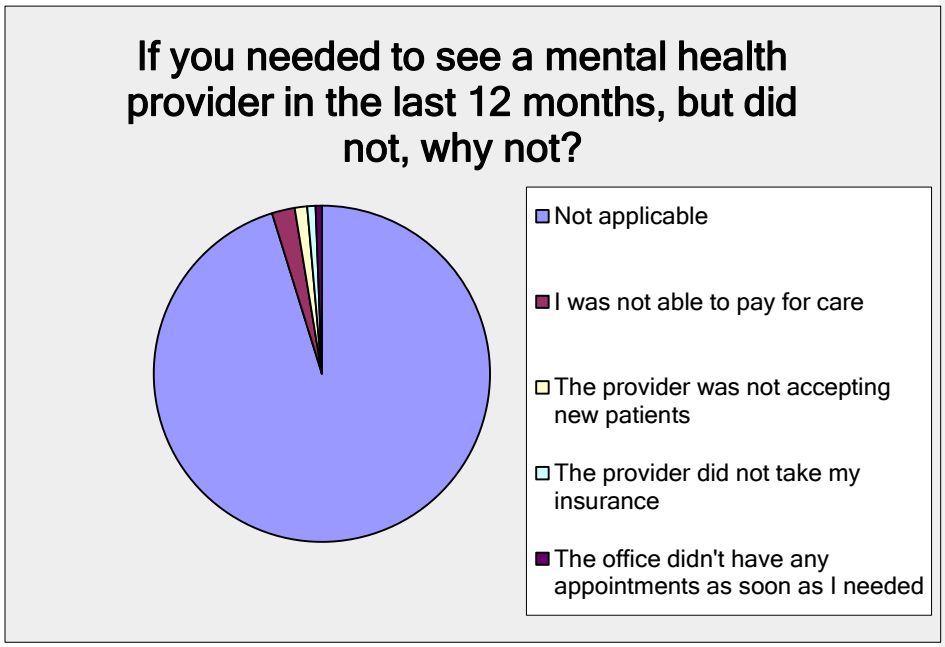


In the last 12 months, how many times did you go to a hospital emergency room?		
Answer Options	**Response Percent**	**Response Count**
None	73.5%	796
1 time	20.0%	217
2 - 3 times	6.0%	65
4 or more times	0.5%	5
	answered question	**1083**
	skipped question	**81**

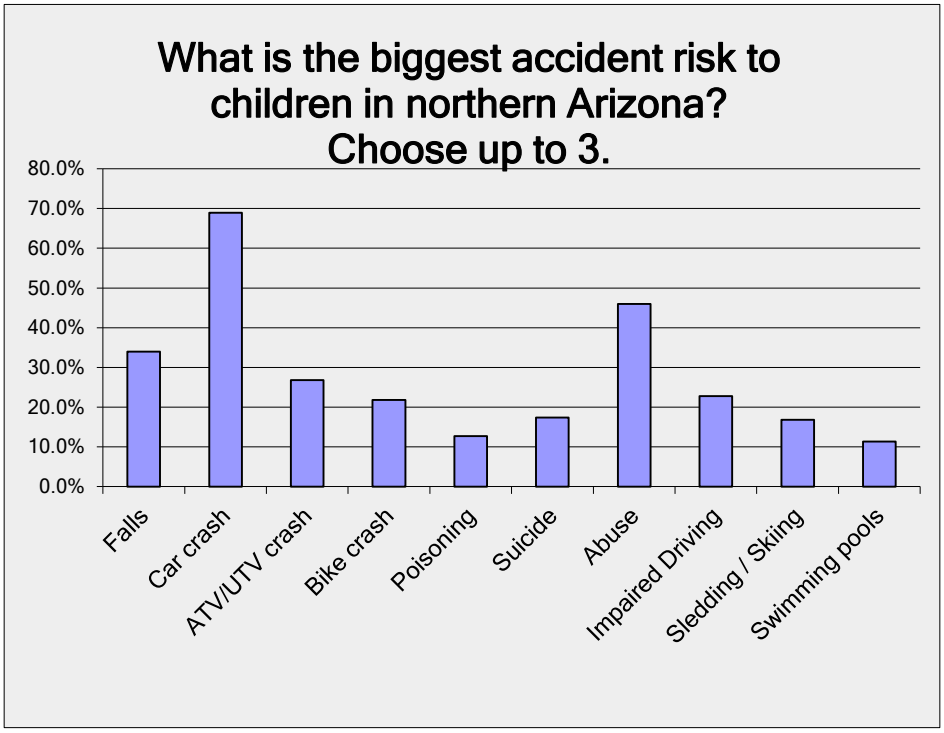


If you left the hospital today, do you have the support/help you need to get better at home? (Fill your prescriptions, buy food, a ride to your doctor, etc.)		
Answer Options	**Response Percent**	**Response Count**
Yes	89.4%	941
No	6.8%	72
I don't know	3.8%	40
	answered question	**1053**
	skipped question	**111**

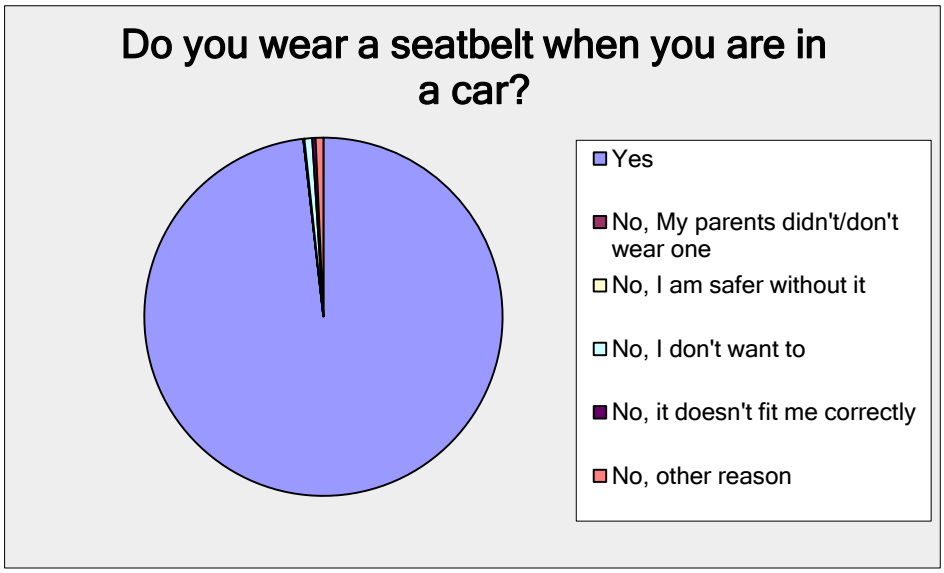
Have you seen a behavioral or mental health provider in the last 12 months?		
Answer Options	**Response Percent**	**Response Count**
Yes	12.2%	131
No	87.8%	944
	answered question	**1075**
	skipped question	**89**



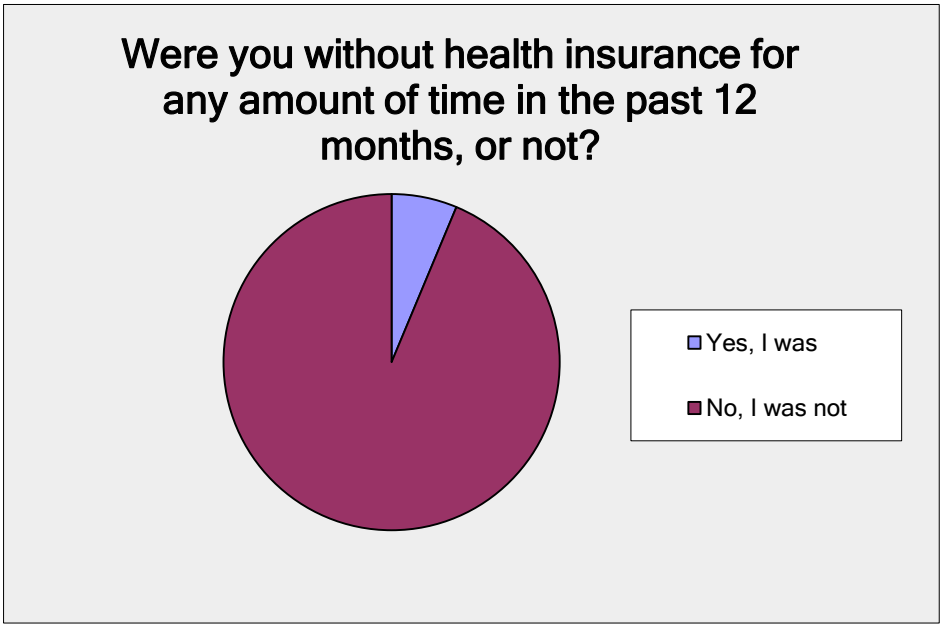
If you needed to see a mental health provider in the last 12 months, but did not, why not?		
Answer Options	**Response Percent**	**Response Count**
Not applicable	95.3%	884
I was not able to pay for care	2.2%	20
The provider was not accepting new patients	1.2%	11
The provider did not take my insurance	0.8%	7
The office didn't have any appointments as soon as I	0.6%	6
Other (please specify)		18
	answered question	**928**
	skipped question	**236**



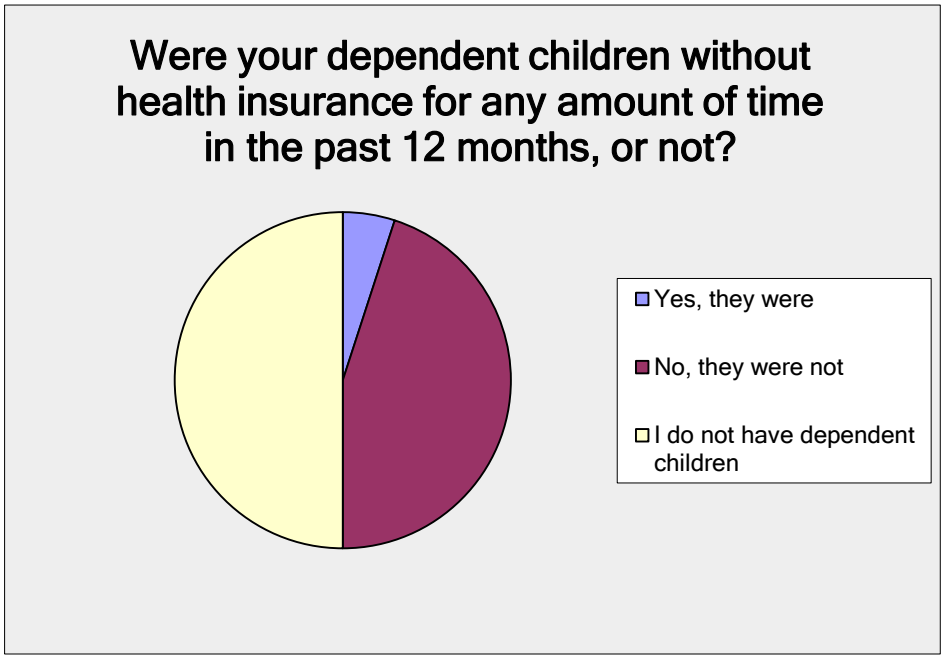
What is the biggest accident risk to children in northern Arizona? Choose up to 3.		
Answer Options	**Response Percent**	**Response Count**
Falls	34.0%	353
Car crash	68.9%	714
ATV/UTV crash	26.8%	278
Bike crash	21.8%	226
Poisoning	12.7%	132
Suicide	17.4%	180
Abuse	46.0%	477
Impaired Driving	22.8%	236
Sledding / Skiing	16.8%	174
Swimming pools	11.3%	117
	answered question	**1037**
	skipped question	**127**



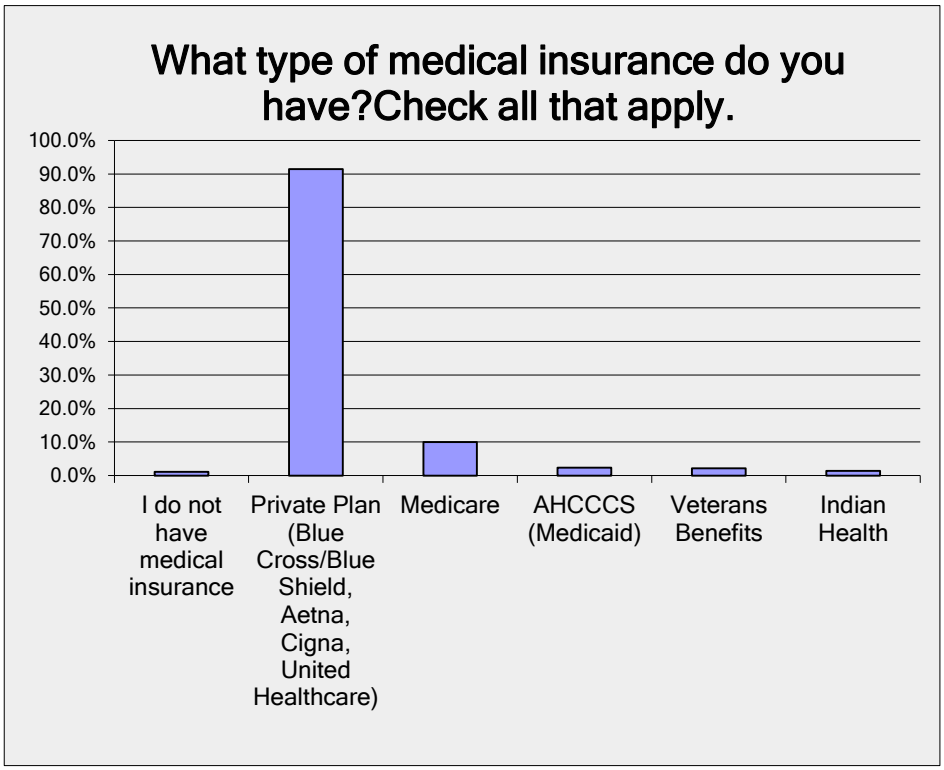
Do you wear a seatbelt when you are in a car?		
Answer Options	**Response Percent**	**Response Count**
Yes	98.1%	1054
No, My parents didn't/don't wear one	0.0%	0
No, I am safer without it	0.1%	1
No, I don't want to	0.7%	8
No, it doesn't fit me correctly	0.3%	3
No, other reason	0.7%	8
	answered question	**1074**
	skipped question	**90**



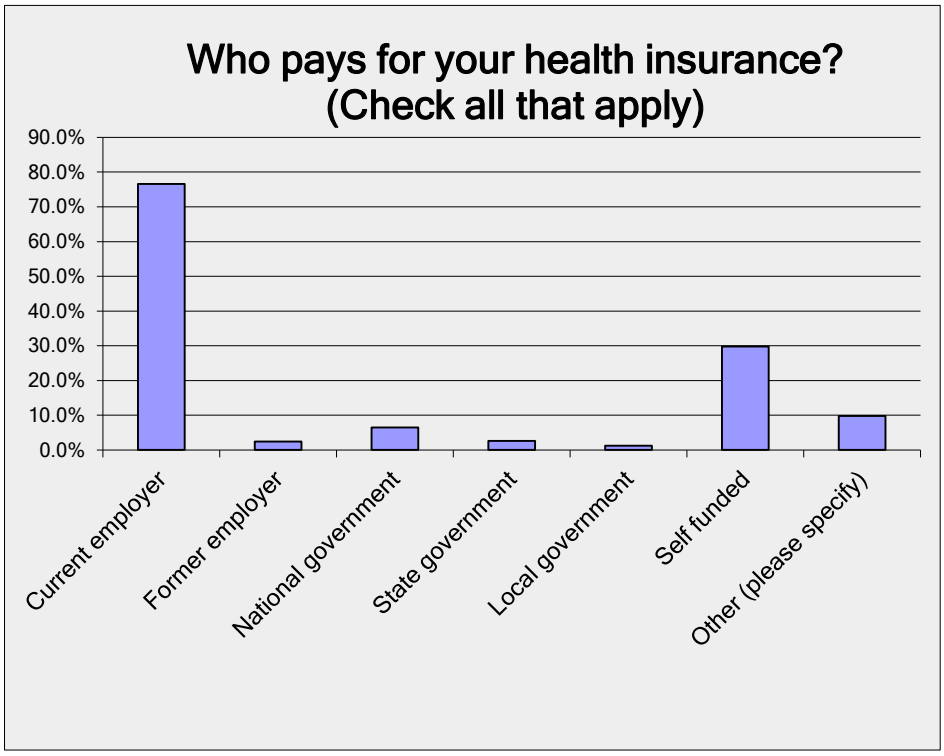
Were you without health insurance for any amount of time in the past 12 months, or not?		
Answer Options	**Response Percent**	**Response Count**
Yes, I was	6.3%	67
No, I was not	93.7%	1001
	answered question	**1068**
	skipped question	**96**



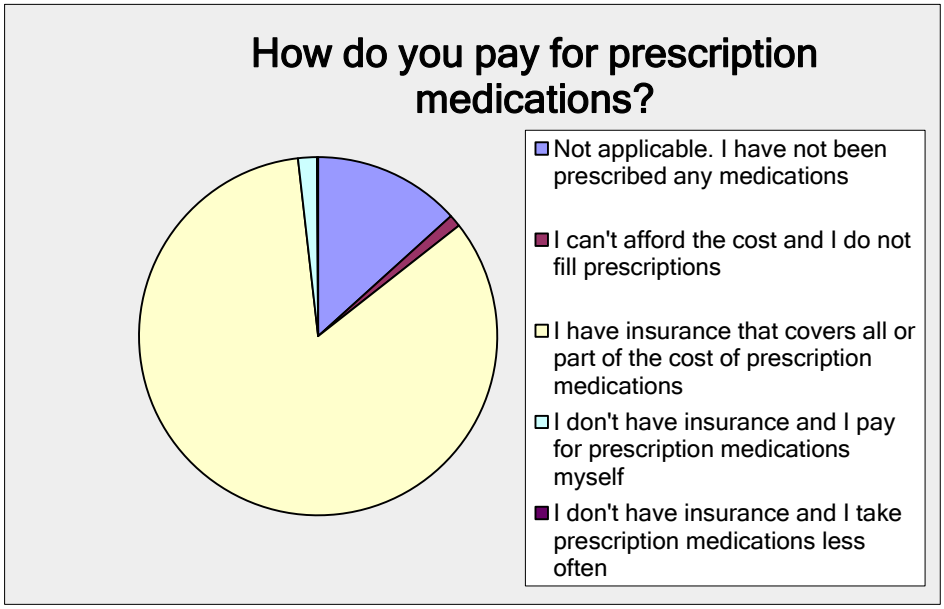
Were your dependent children without health insurance for any amount of time in the past 12 months, or not?		
Answer Options	**Response Percent**	**Response Count**
Yes, they were	5.0%	53
No, they were not	45.0%	479
I do not have dependent children	50.0%	533
	answered question	**1065**
	skipped question	**99**



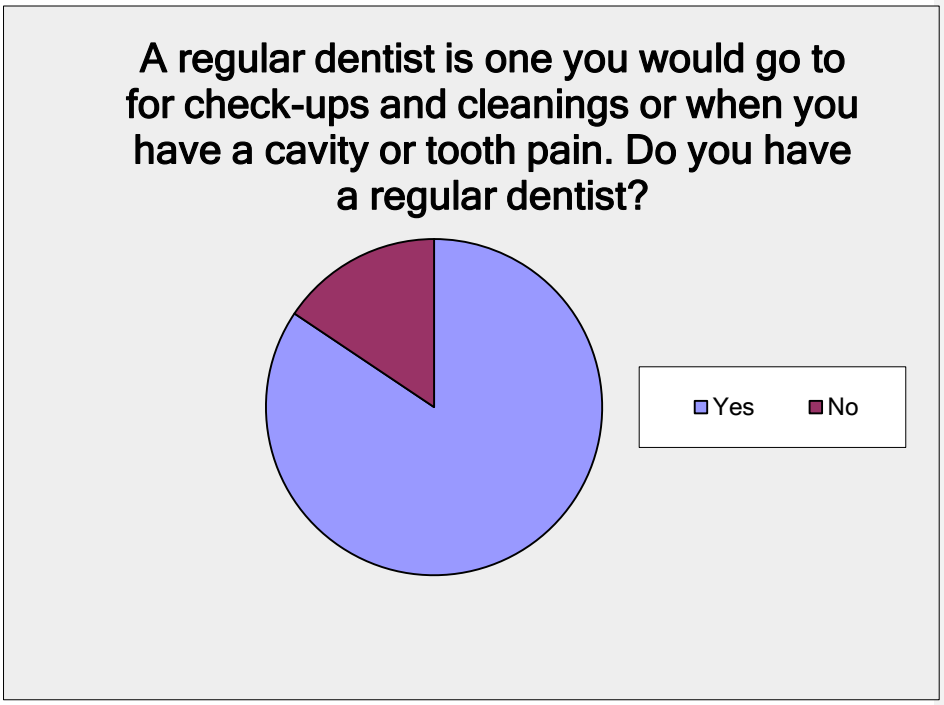
What type of medical insurance do you have?Check all that apply.		
Answer Options	**Response Percent**	**Response Count**
I do not have medical insurance	1.1%	12
Private Plan (Blue Cross/Blue Shield, Aetna, Cigna,	91.4%	965
Medicare	10.0%	106
AHCCCS (Medicaid)	2.3%	24
Veterans Benefits	2.2%	23
Indian Health	1.4%	15
Other (please specify)		29
	answered question	**1056**
	skipped question	**108**



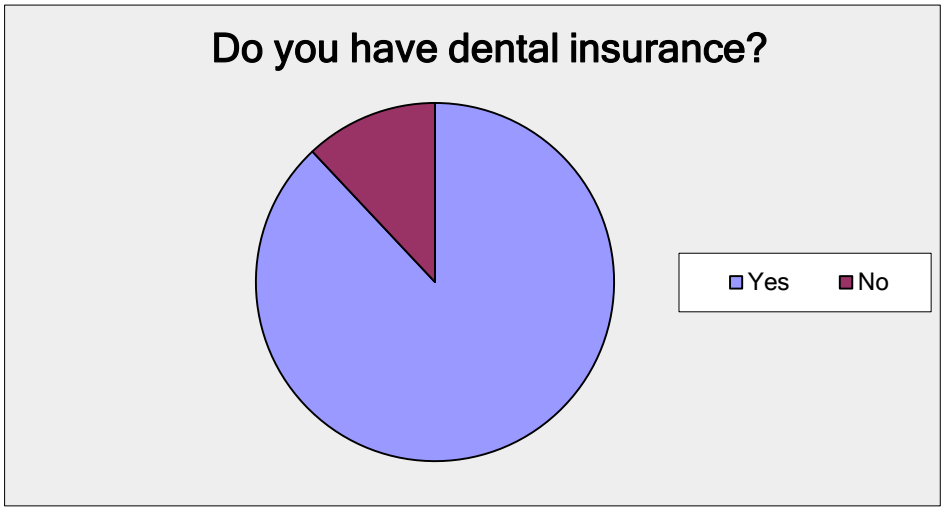
Who pays for your health insurance? (Check all that apply)		
Answer Options	**Response Percent**	**Response Count**
Current employer	76.6%	814
Former employer	2.4%	26
National government	6.5%	69
State government	2.6%	28
Local government	1.2%	13
Self funded	29.8%	317
Other (please specify)	9.8%	104
	answered question	**1063**
	skipped question	**101**



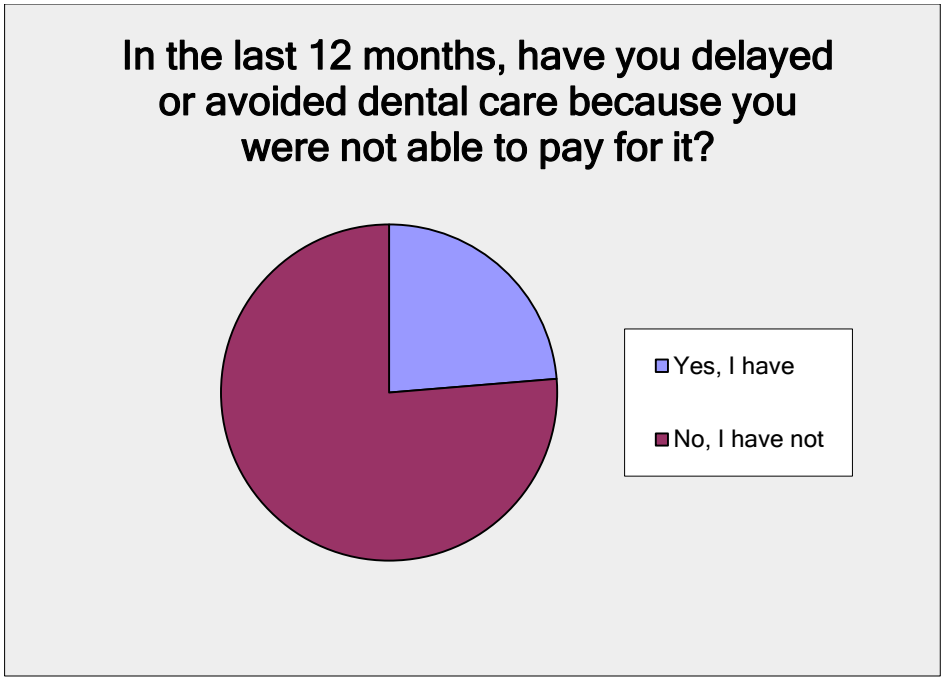
How do you pay for prescription medications?		
Answer Options	**Response Percent**	**Response Count**
Not applicable. I have not been prescribed any	13.3%	139
I can't afford the cost and I do not fill prescriptions	1.1%	11
I have insurance that covers all or part of the cost of	83.8%	876
I don't have insurance and I pay for prescription	1.7%	18
I don't have insurance and I take prescription	0.1%	1
Other (please specify)		32
	answered question	**1045**
	skipped question	**119**



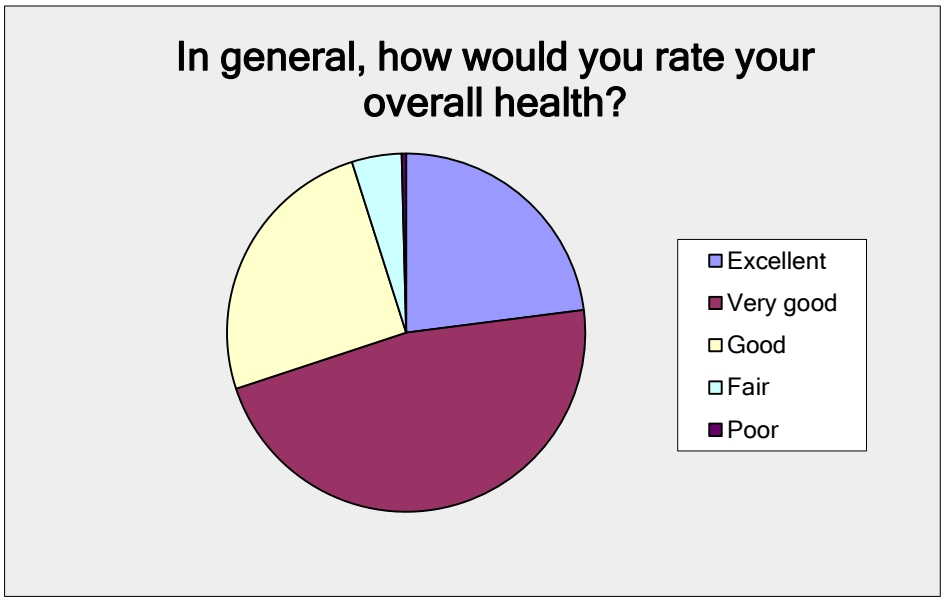
A regular dentist is one you would go to for check-ups and cleanings or when you have a cavity or tooth pain. Do you have a regular dentist?		
Answer Options	**Response Percent**	**Response Count**
Yes	84.4%	895
No	15.6%	166
	answered question	**1061**
	skipped question	**103**



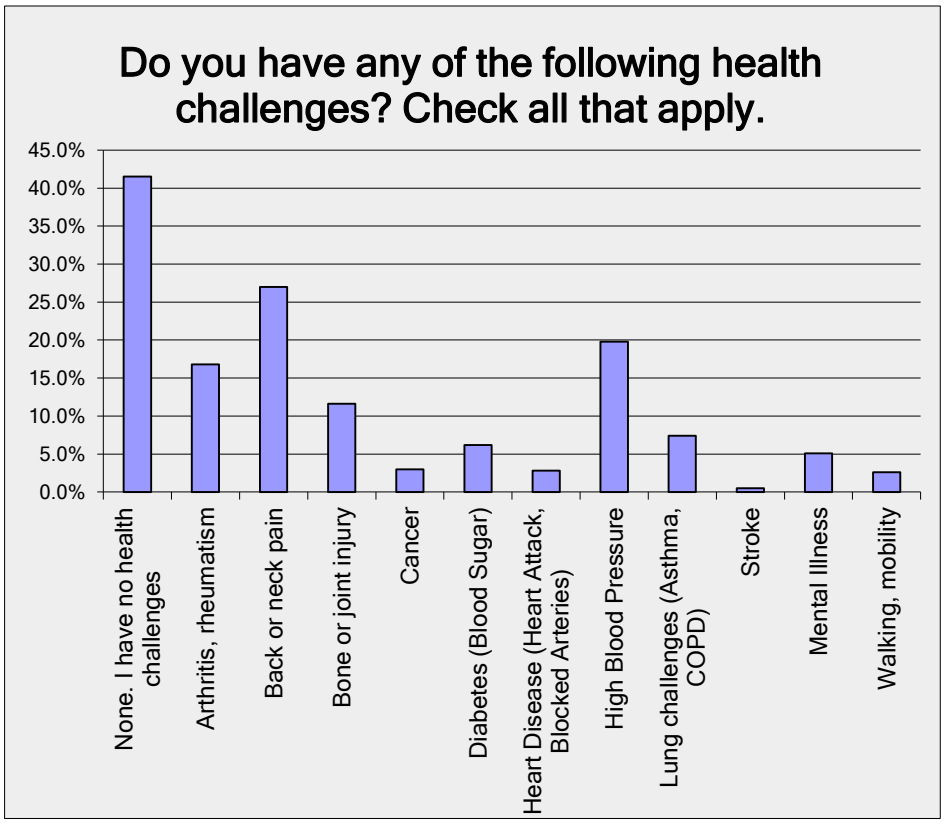
Do you have dental insurance?		
Answer Options	**Response Percent**	**Response Count**
Yes	88.0%	931
No	12.0%	127
	answered question	**1058**
	skipped question	**106**



In the last 12 months, have you delayed or avoided dental care because you were not able to pay for it?		
Answer Options	**Response Percent**	**Response Count**
Yes, I have	23.7%	251
No, I have not	76.3%	806
	answered question	**1057**
	skipped question	**107**

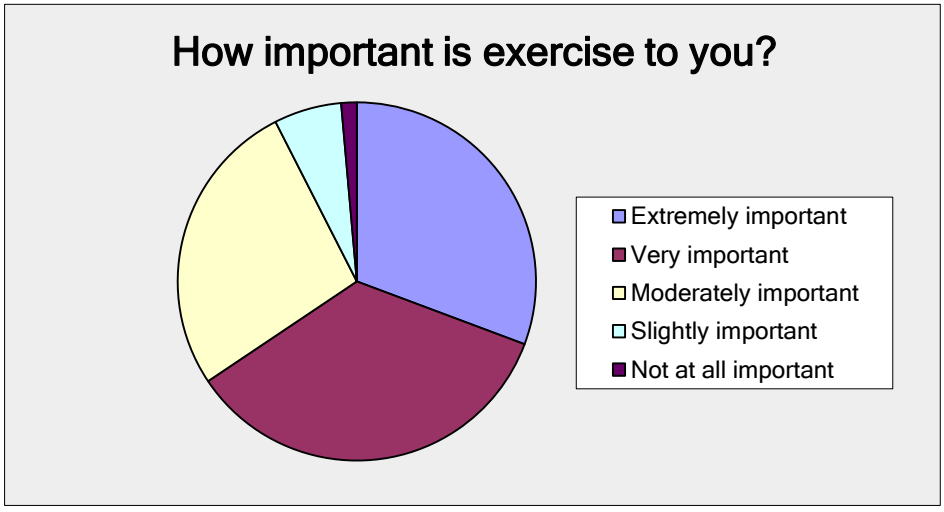


In general, how would you rate your overall health?		
Answer Options	**Response Percent**	**Response Count**
Excellent	23.0%	241
Very good	47.0%	493
Good	25.2%	265
Fair	4.5%	47
Poor	0.4%	4
	answered question	**1050**
	skipped question	**114**

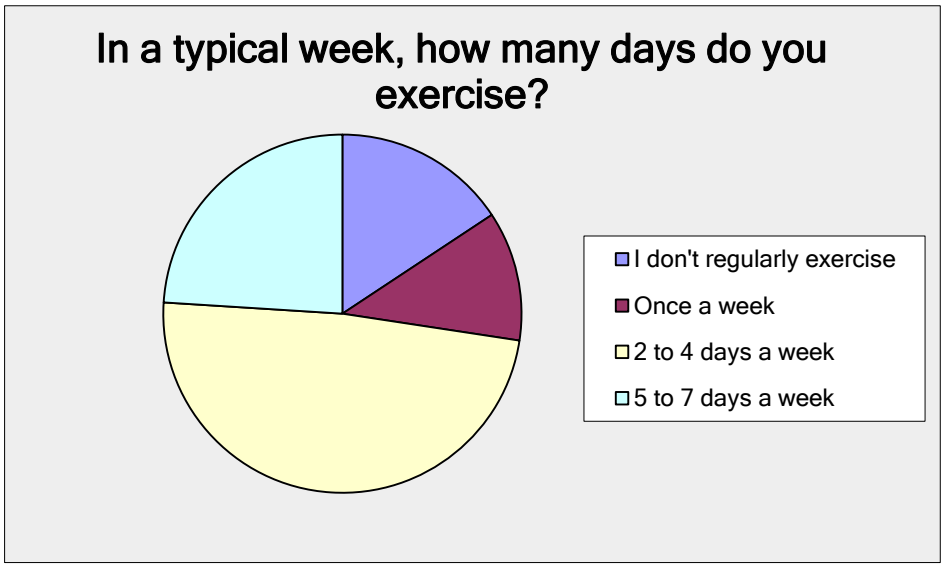


Do you have any of the following health challenges?Check all that apply.

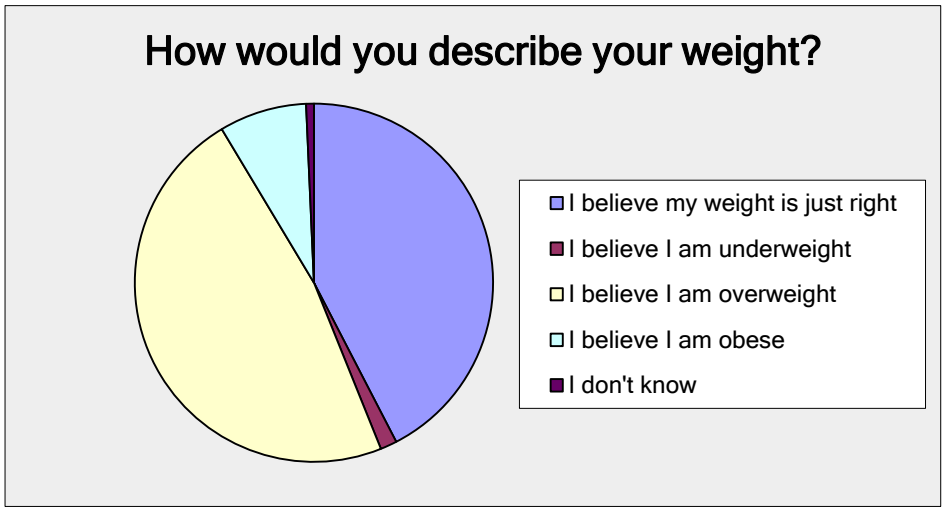
Answer Options	Response Percent	Response Count
None. I have no health challenges	41.5%	400
Arthritis, rheumatism	16.8%	162
Back or neck pain	27.0%	260
Bone or joint injury	11.6%	112
Cancer	3.0%	29
Diabetes (Blood Sugar)	6.2%	60
Heart Disease (Heart Attack, Blocked Arteries)	2.8%	27
High Blood Pressure	19.8%	191
Lung challenges (Asthma, COPD)	7.4%	71
Stroke	0.5%	5
Mental Illness	5.1%	49
Walking, mobility	2.6%	25
Other (please specify)		113
	answered question	**963**
	skipped question	**201**



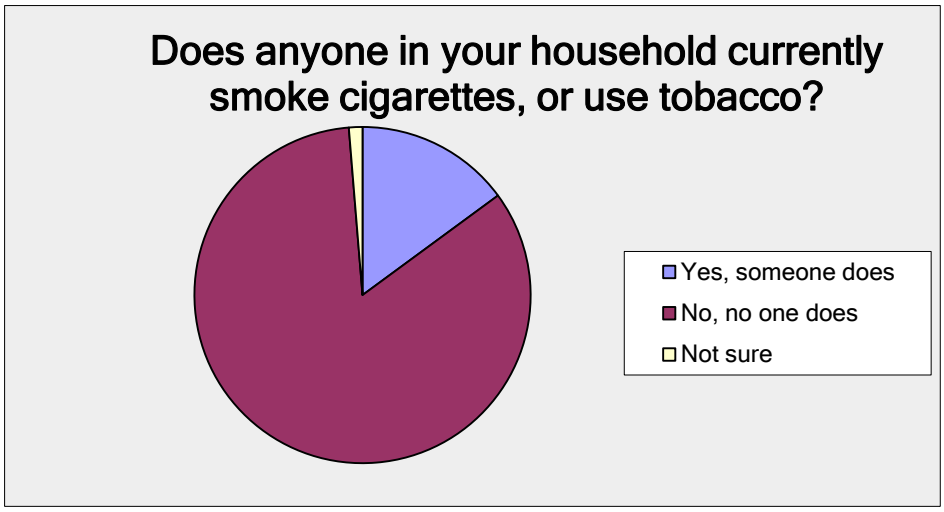
How important is exercise to you?		
Answer Options	**Response Percent**	**Response Count**
Extremely important	30.7%	322
Very important	34.9%	366
Moderately important	26.9%	282
Slightly important	6.1%	64
Not at all important	1.4%	15
	answered question	**1049**
	skipped question	**115**



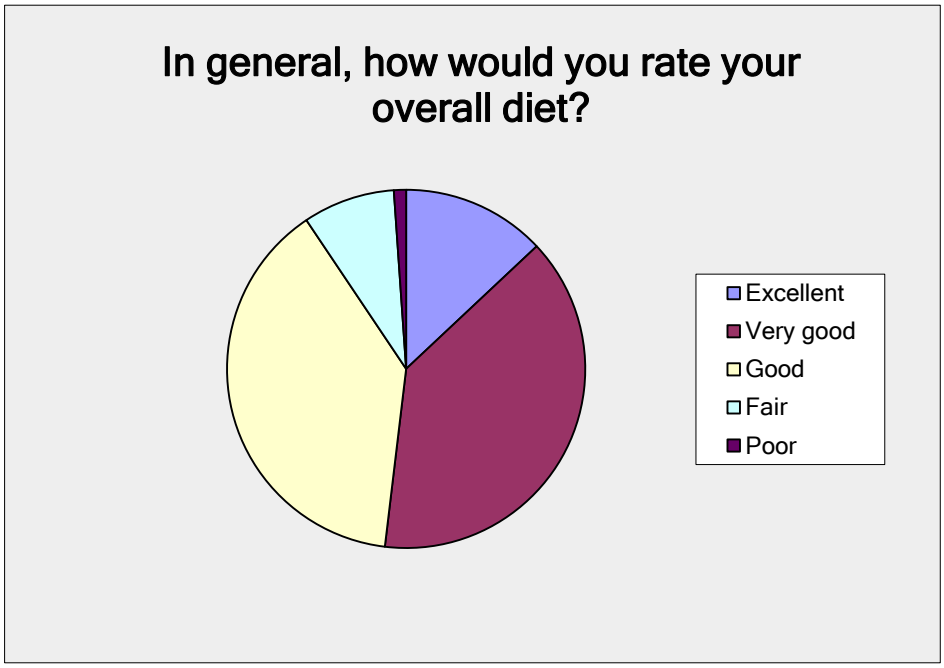
In a typical week, how many days do you exercise?		
Answer Options	**Response Percent**	**Response Count**
I don't regularly exercise	15.7%	165
Once a week	11.7%	123
2 to 4 days a week	48.6%	512
5 to 7 days a week	24.0%	253
	answered question	**1053**
	skipped question	**111**



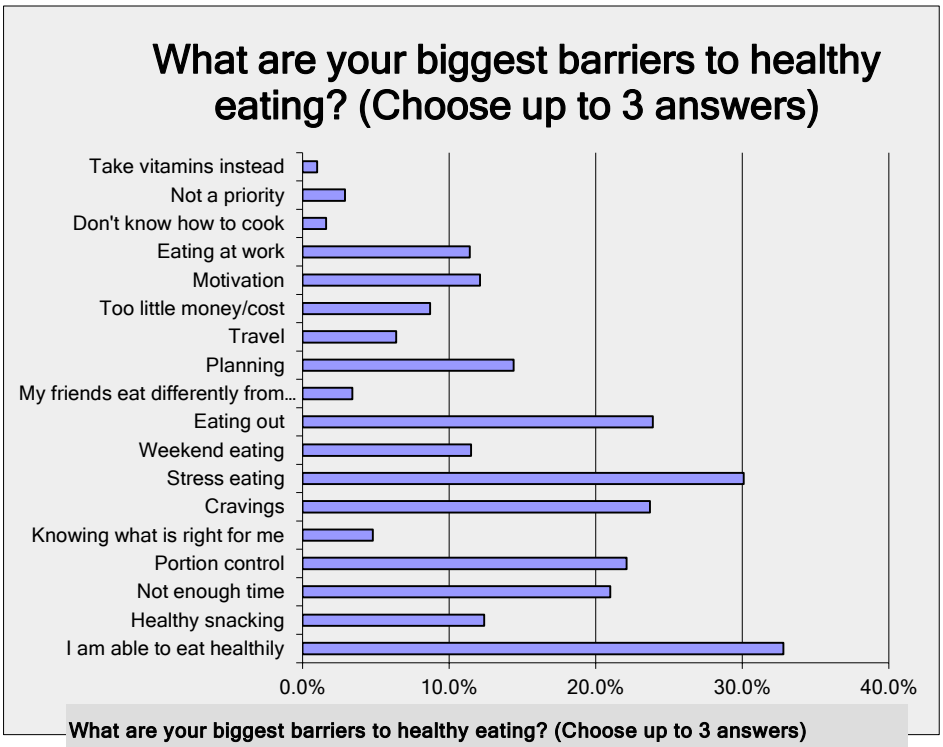
How would you describe your weight?		
Answer Options	**Response Percent**	**Response Count**
I believe my weight is just right	42.4%	445
I believe I am underweight	1.5%	16
I believe I am overweight	47.5%	499
I believe I am obese	7.9%	83
I don't know	0.7%	7
	answered question	**1050**
	skipped question	**114**



Does anyone in your household currently smoke cigarettes, or use tobacco?		
Answer Options	**Response Percent**	**Response Count**
Yes, someone does	14.9%	156
No, no one does	83.7%	874
Not sure	1.3%	14
	answered question	**1044**
	skipped question	**120**

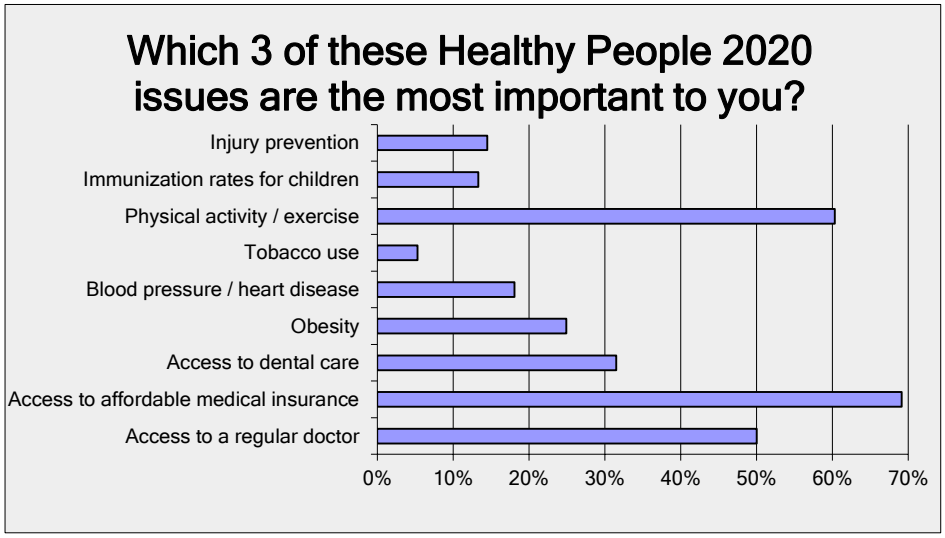


In general, how would you rate your overall diet?		
Answer Options	**Response Percent**	**Response Count**
Excellent	13.0%	137
Very good	38.9%	408
Good	38.7%	406
Fair	8.3%	87
Poor	1.1%	12
	answered question	**1050**
	skipped question	**114**



What are your biggest barriers to healthy eating? (Choose up to 3 answers)

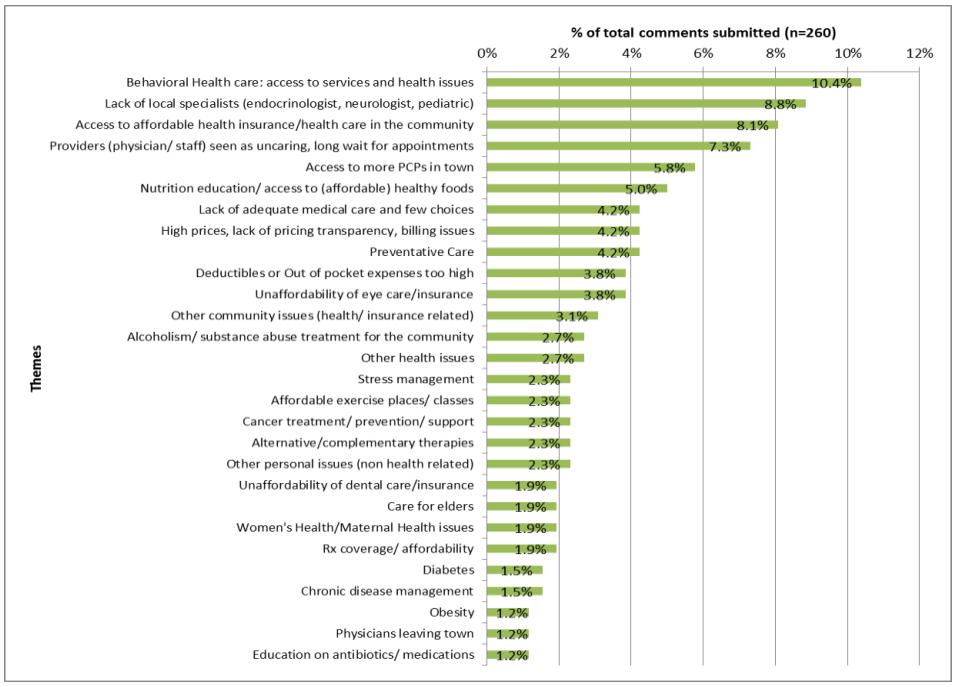
Answer Options	Response Percent	Response Count
I am able to eat healthily	32.8%	342
Healthy snacking	12.4%	129
Not enough time	21.0%	219
Portion control	22.1%	230
Knowing what is right for me	4.8%	50
Cravings	23.7%	247
Stress eating	30.1%	314
Weekend eating	11.5%	120
Eating out	23.9%	249
My friends eat differently from me	3.4%	35
Planning	14.4%	150
Travel	6.4%	67
Too little money/cost	8.7%	91
Motivation	12.1%	126
Eating at work	11.4%	119
Don't know how to cook	1.6%	17
Not a priority	2.9%	30
Take vitamins instead	1.0%	10
answered question		1043
skipped question		121



Which 3 of these Healthy People 2020 issues are the most important to you?		
Answer Options	**Response Percent**	**Response Count**
Access to a regular doctor	50.0%	513
Access to affordable medical insurance	69.1%	710
Access to dental care	31.5%	324
Obesity	24.9%	256
Blood pressure / heart disease	18.1%	186
Tobacco use	5.3%	54
Physical activity / exercise	60.3%	619
Immunization rates for children	13.3%	137
Injury prevention	14.5%	149
	answered question	**1027**
	skipped question	**137**

From the 1164 individuals that answered the survey, 195 (16.75%) offered comments after being asked ***Are there any other health issues that we did not include in the survey that are very important to you?***. These comments (n=260, as some individuals offered a comment that covered more than one topic) were categorized by themes emerging from the responses given (n=28). The top 5 themes are:

- Behavioral Health care: access to services and health issues 27 responses
- Lack of local specialists (endocrinologist, neurologist, pediatric) 23 responses
- Access to affordable health insurance/health care in the community 21 responses
- Providers (physician/ staff) seen as uncaring, long wait for appointments 19 responses
- Access to more PCPs in town 15 responses



A complete list of the themes and the percentage of responses received for each one is presented below. Verbatim comments are listed at the end of this document.

Are there any other health issues that we did not include in the survey that are very important to you?

195 individuals provided a response other than “No”

- $1500/$3000 deductible is not doable. I have had to stop pursuing treatment for my child's back injury due to not being able to pay the deductible for the hospital's insurance, and I have the best plan. I now owe $1200 and can not take him back to the doctor for follow-up and further treatment until I pay that. I had better insurance when I worked for the State. $70 co-pays for specialists are outrageous. For someone who works for a hospital, I have less access to healthcare than I did when I didn't work in the industry. Not happy at all and my husband is absolutely outraged.
- ***GOOD*** MEDICAL CARE!!!! Our health has declined greatly since we moved here. Medical care here sucks. Bad, rude, uncaring support staff!
- ability to minimize cost to myself (deductibles) by comparing fees from multiple sources.
- Abuse prevention, nutrition, access to healthy foods and beverages, stress management
- Access to affordable health insurance, self pay, if working less (preretirement) and not yet qualified for medicare
- Access to affordable healthy foods
- Access to all aspects of health care, including PCP, Dental, Vision and Mental Health care are incredibly important. If one is very poor, then State aid will kick in...but only if one has been away from a job that pays minimum wage or less, or no job, for a year (this was told to our son who was out of work and desperately seeking insurance). If one is well off, then medical care can be paid for. In-between folks whose incomes are not huge but not poverty level, are left to search for a plan that covers all the above important parts (ie. dental/vision/mental health, etc.)....but...this is a huge and defeating task when most of the carriers out there will carry some things and not others, and charge huge fees (ie. close to $400/month or more). Mid-income or low end folks are being hurt badly right now, and they are letting their health go because of it. Our son is a great example. He had a job paying $17/hr, but still got a low end BCBS after searching the Obama Plan type insurances, and then couldn't get the mental health coverage he needed for his anxiety/depression issues. Dental was also not well covered, and any work would create astronomical bills that he could not recover from. This is an ongoing issue for many, many folks of today.
- Access to general practitioners. Seems they are too limited in numbers. Emergency room is a nightmare experience!
- Access to health care in Flagstaff is limited. Due to problems getting in to Northern Arizona Medical Group, I had to get an appointment with a physician in Phoenix, so now I have to drive 100+ miles for primary care, and go to urgent care for emergencies.

- Access to mental health care in a reasonable amount of time
- Access to mental health providers. Very important!
- access to mental healthcare
- Affordability of health CARE, not just health INSURANCE is the issue. It's not enough to have health insurance if the out of pocket costs are unaffordable.
- Affordable exercise facilities in Flagstaff.
- AFFORDABLE HEALTH CARE FOR A HARD WORKING PERSON THAT MAKES OVER 50K A YEAR
- affordable RX medication/ chronic disease help
- Affording health care and medications as I approach retirement.
- Alcoholism in the community and all it's consequences.
- alcoholism/family members of alcoholics
- All people receiving quality healthcare even if they do not have insurance.
- auto immune diseases
- availability for alcohol rehabilitation programs
- Availability of primary care physicians as well as specialty physician in Yavapai County
- behavioral health issues
- Being able to get into a doctor in a timely manner.
- Better nutrition is very important
- Better RX coverage
- CANCER
- Cancer prevention
- cancer screening for those that can't afford insurance
- Cancer treatment and support, access to hospice, palliative care or SNFs. These are very expensive and illness is very unpredictable. No one expects to get diagnosed with cancer. When they do, there isn't enough support medically or financially for these patients.
- Can't not afford my health insurance deductibles.
- cheaper health insurance and when 2 people work at fmc should not be penalized an extra 25.00 per pay period because of that 2 people work at same facility
- Childhood intervention and prevention related to healthy foods and exercise.
- chiropractic care, Accupuncture/accupressure,
- chronic exhaustion from a stressful work schedule
- chronic illness education and counseling to help minimize exacerbations of chronic conditions
- Coat of prescription drugs and the large number of unnecessary appointments with Dr. To obtain/maintain script.
- Conventional approaches to healthcare tend to be too quick to prescribe pharmaceuticals too quickly which often interfere with people's incentives to be more responsible for promoting their own wellness. And most MDs and health professionals are unaware about the nature and benefits of complementary options
- Cost of health care is outrageous, even with insurance. Healthcare should be less costly so it is available to more people.
- decent coverage for mental health (depression) issues
- Deductibles are too high, causing many of us to delay or not seek the care we need to get healed.

- Dental insurance is too expensive for those who don't have insurance and dental visits are too expensive for the uninsured. Obama care doesn't offer dental and medicaid no longer covers for adults.
- Depression
- Depression -not necessarily a mental illness - more a life illness
- depression, and stress control.
- Diabetes
- Diabetes, cancer, heart disease, suicide, behavioral health, healthcare for inmates, medical insurance that has very good coverage (regardless of price)
- diabetes, some of these questions are none of your dang business!!!!!
- Diet is very important in preventing many of the health problems people have. I believe eating processed foods and tons of sugar contributes to many if not all the health problems people have.
- Easy access to affordable, healthy, REAL food. Better education about what real food is (ie. minimal processing with simple ingredients).
- Educating people about diet according to independent, unbiased, long-term studies. PLANT BASED OIL FREE diets. Not PROTEIN, PROTEIN, PROTEIN!!!
- Education. Overuse of anti-biotics because of ignorance.
- Employers may pay for some of the costs for employees but as costs increase, this becomes harder and harder for families to afford health insurance. Barriers to care.
- Environmental issues, public health, community health
- Exercise places and activities for after middle school age children.
- eye care coverage
- Eye drops to prevent a high pressure reading to turn into glaucoma.
- Feel that it is terrible that I work for the hospital and almost none of the PCP's in the area are in the Pathfinder so I have to pay more to see them.
- Few issues in #46 truly affect me, so it is not a valid or reliable question and answer for me. The biggest issue is socio-economic - the disparities in care and affordability for people not as privileged as I have been with good health care.
- finding a Doctor that will listen to you instead of telling you how you feel.
- Fines from Obamacare
- FMC hospital costs as compared to outpatient facilities or facilities in the Valley
- food insufficiency causing nutritional and other health issues in the general population
- For our community: Alcohol/Drug use, poverty, lack of endocrinologist in the community.
- Friends and I sometimes leave Flagstaff for care because it is too difficult to get an appointment with a specialist here, or because we feel that the doctors and hospitals are better in the Phoenix area or in Prescott.
- Greater access to non NAH, affiliated Doctor's of my choice. Support our access to a broader range of choices not trying to restrict us NAH contracted healthcare. Go on the principle " build a better healthcare system/structure here and they will come" not, restrict their choices and they have to come! We DO NOT want a scenario wherein a system develops like Veterans have to deal with. This seems likely with recent changes We've all noted since the recent healthcare/insurance changes have begun. Needed is a range of provider's with the time and range of training and experiance to address ALL my concerns or needs with out being influenced

by mandated time lines or other predetermined restraints/treatment options to my healthcare. Limit restrictions of payer % for out of network. Support our rights to enable us to maintain relationships with more than one doctor for comparison/second opinions on health issues. LESS control by insurance Co.'s on providers! Universal oversight of insurance Co.'s in general to slow the fleecing of people dependent on them with little or no choice for other insurance. More oversight and more restrictions of institutions that self insure and write in major constraints like the ones mentioned above in relation to payer % for Company doctors which results in lowering our choices and our quality of healthcare by definition at the same time! Lower choices = lower quality! We know Wal-Mart proved that on a grand scale as did the aforementioned Veterans Administration. Finally posting of ALL prices for ED, Provider in and out patent services compared to ALL other facility's world wide. This will eventually give us a real time picture of what is going on and what is actually needed.

- Health care in America is far too expensive, with too many wealthy people at the top of the health care delivery systems !
- Help with obtaining and understanding health care.
- High stress jobs, feeling secure at your place of employment (NAH) Our organization could do better.
- HIV, testing, medical care. Transgender HRT, etc. education.
- How to encourage people to make better decisions: get some exercise, eat more healthy foods, choose not to use tobacco. What factors drive people to make poor choices in the first place & address these issues.
- I am concerned that my cardiologist, Dr. Dewar, won't be able to see me due to his office closing.
- I am healthy. For the community, continued attention to obesity (FIT KIDS), alchohol in the community
- I am most concerned for those in our community that have insurance but cannot afford copays and deductibles but make too much for assistance. Like myself and my husband medical costs take a big chunk of our budget and we cannot pay all our bills.
- I don't like the receptionist asking if you are on drugs or what you are there to see the doctor for. I don't like only being able to talk about one thing with my doctor at a visit, since it takes so long to get in. When you schedule an appointment (and have to wait several weeks to get in) it is canceled by the doctors office and rescheduled, this happened more than once for the same appointment. I really don't like not being able to switch doctors within the same clinic. I think Summit Health Care has some real problems in the way they operate their clinics. We do not have enough family or specialty doctors in this area. From a business few, I think they need to resect patient confidentiality, and lose medical releases.
- I filled out this survey for my 11 year old. He has some mental health issues which are hard to address here in FLG. Since we have BCBS it is very difficult to find providers. He would be much better off on ACCSS. Currently he sees Amber Wright via telemed, but if his issues get any more involved, we are looking at commuting to PHX.
- I had a seizure and needed to see a neurologist within 4-6 days of my seizure. There were no appointments available until 3 months later. Therefore I have to find a way to get to Phoenix, I am unable to drive myself because of my seizure, and have my follow up appointment done

there. I wish Flagstaff had what I needed. It's caused me to lose faith in what care our community provides. Many of my friends and family now feel the same.

- I have had several friends that are unable to receive follow up care with these following specialists: neurologist, pulmonologist, high risk perinatology, pediatric orthopedics, all because the soonest appointments were months out. Therefore, they traveled to Phoenix. It is frustrating when our own local hospital and specialists can't provide care to our local community. Due to this issue, I know multiple people that have transferred their specialty care and needs to Phoenix. They now feel FMC and it's specialty partners are not able to address their needs and the respect for Flagstaff Healthcare declines.
- I have insurance though my work but I have a lot of out of pocket costs, the insurance doesn't cover as much as it used to. I have not had procedures done because I didn't want to pay the out of pocket portion.
- I think its funny how you expect people to get insurance and if its offered at there job you all believe its affordable if I put my family on my health care I would owe the company I work for money so then what?! how do I pay my bills, feed my family, clothe them and pay for school supplies?! Then when when I apply for help access the people you have working make you feel like a piece of crap! I work I pay my taxes im not a free loader living off the state but I do need help, but its IMPOSSIBLE in this state, country to get that help without being treated like CRAP! Trying to get into a Dr. is now is horrible!!! I cant even pee in a cup when I know I have UTI for two weeks, Yeah ok thanks now I will get a kidney infection too.Summit has made seeing our Dr. a pain and a inconvenience. WE need affordable heath care, not this Obama crap!
- I think that this is too personal therefore I left a lot of it blank as only my doctor and I need to know thank you!
- I would have included all as exceptionally important only one somewhat less important would have been injury prevention
- I would have included mental health in the Health People 2020 issues. Especially considering the recent string of completed suicides on the Navajo Nation. Vision and hearing are also extremely important to me.
- IBS
- illness prevention- naturopathic or simply healthy living.
- im Asthmatic
- importance of women's health and adequate prenatal care, health education in the schools, education within the community regarding reasons to visit the emergency room versus primary care doctor. Access to urgent medical care at a reasonable cost.
- Infections resulting from hospital care
- Insurance coverage for complimentary alternative therapies.
- IT is difficult to schedule appointment with physicians VVMC employees are to see, if really ill you are told to go to urgent care or ER
- it is not just the access to care, but the quality of care that is an issue, I would rather travel to an excellent team than go to a doctor who is not giving quality care or has a team that does not treat me with respect or dignity.
- It is not only important to have a PCP but also to have access to specialists. Also, having a physician does not help if that person is not doing a good job. I have been unhappy with several of my recent medical experiences due to physicians who either did not care or did not know

what they were talking about and were not willing to educate themselves. I had to go to the ED earlier this year at FMC and the physician not only provided substandard care but he refused to evaluate me for the reason I was actually there.

- It shouldn't take 3+ months to get in to see NAH employed physicians, especially when you work for NAH. Outpatient services are incredibly expensive at NAH facilities.
- It would be nice if NAH could be a part of the community instead of an island. We are fortunate to have so many great providers in our community, however NAH's "us versus them" mentality creates gaps in services and gives one the impression that profit is more important than the community you serve, that is really sad.
- Lack of choice at close proximity
- lack of doctors in extreme northern arizona (outside of Flagstaff and IHS)
- Lack of neurology support, lack of specialists for non-sports orthopedics/hand surgeons, lack of specialists for spasticity management after stroke
- laws to require seat belts use,
- leading off of the selected "access to a regular doctor," I would say that timely access in this town is more of the challenge. Even if you are sick, all doctors are booked and you have to wait several days to be seen.
- Limit the intake of sugar, soda and packaged goods
- LONG TERM CARE - HAVE SEEN TOO MANY SENIOR CITIZENS NOT ABLE TO GET CARE BECAUSE THEY HAVE NO MONEY BUT MEDICARE AND NO SERVICES FOR IN HOME CARE FOR MORE THAN A COUPLE HOURS EACH DAY THAT IS COVERED
- Lower insurance deductibles Lower premiums
- Lower prices and hospital transparency about pricing.
- Lowering the outrageous costs of prescription medications. There is no excuse for it. None.
- Maternal health. Access to affordable and safe child care.
- Menopause
- Mental health
- Mental health issues
- mental health issues are extremely important
- Mental health issues related to the well-being of American Indians and Alaska Natives.
- Mental health. Expanded preventative measures such as more counseling available and other measures to prevent burn out or poor coping.
- Mental health: I have depression and take medication for it.
- mild cognitive impairments from mental illness stress or dementia.... dementia is not a mental health problem. Caregiver burden from a family member who has a serious health problem/or dementia.
- More mental health community and hospital resources are absolutely essential. Why doesn't FMC employ Psychiatric Mental Health Nurse Practioners to fill the gaps of lack of ability to recruit Psychiatrists? The prices for counselors in the outpatient FMC clinic is outrageous! Plus, they never are open for new patients. I once asked out of curiosity, how many new patients the psychiatry clinic turns away. I heard it can be about 5 patients/day. We could generate business if we had providers and competitive prices! I would like to stay local, but can't get a local psychiatrist...
- My daughter and family are on AHCCCS but she does not have good dental coverage.

- My doctors keep leaving town every year!
- My regular doctor is a naturopath and dentist are in Prescott. There are a lack of OB/GYNs in the Cottonwood area. Also dentists who take our insurance which is Tricare/UHC. The imaging center is good but I would like access to CT colonography of which also I cannot get in Prescott.
- Myself and my family have access to excellent health care and utilize the services as needed. Many people in Coconino and Yavapai counties do not. Some primary issues are, providers who don't accept pt ins., nor have openings. Providers who work part-time and are unavailable to respond to urgent issues of known high-risk pts. Many elderly folks need help to dispense daily meds and they need meds delivered to their homes. FMC has sought ways to deliver meds but that's only upon D/C. Two community based programs, NACOG and VVCG, fill gaps in care but have limits on their scope of practice as well as service area. NAIPTA approves most para-transit riders but the transport time periods are lengthy and exhausting to ill disabled or elderly folks. CATS transit in Cottn is the same plus provides rides to a very limited geographic service area. Historically, FMC facilitated safe and appropriate hospital D/Cs. Over the past year, hasty D/Cs have been noted, resulting in pt's in unsafe environments; even leading to readmits. VVMC has not infrequent unsafe D/Cs and has for many, many years. Both have utilized the "observation" status with negative consequences to pts including higher out of pocket costs, confusion around hospital status, lack of access to needed placements. Billing is a significant issue. As NAH impresses need for cost cutting measures, I've known of pts receiving fairly routine care not getting billed for near a year for their hospital stay.This leads to a significant lack of trust in the NAH system w pts citing they will seek care in Phx rather than No AZ. Thank you for accepting my additional input as it speaks for at least 100's of No AZ residents.
- Neurology - It takes 3 months to receive a consult.
- No, but question 28 was a horribly written question, how is suicide or abuse an accident!!
- No, but there are questions that are not important
- no, yes help for homebound seniors, I broke a bone and could not use my left leg and by the time I had help I was a month away from being done but the first month extremely difficult, and I found the medical equipment I needed and paid for it or borrowed, what in heaven's name do more fragile seniors do? I believe well seniors really could take up the slack and gladly
- Not many of these questions relate to the elderly, who have distinct issues. I know our population skews young, but in spite of Medicare and VA my experience is the elderly struggle to navigate health care, especially serious illnesses & chronic conditions.
- Nuclear Radiation and its effects on the human body. Thyroid cancer, Down winders information needs to be provided to people, not just by the North country health center but by all health centers in the area.
- nutrition
- on #46 the reason I don't get insurance through NAH is because the deductible is 1600 dollars. I have worked other places and have never seen one that high. Also to see a specialist is $50-55 bucks!
- Once a person retires from their job and if its before 65, they usually have to pay an arm and a leg for insurance or take their chances without. Some bridge program that is affordable would be wonderful.

- One thing that is rarely discussed is access to fitness equipment or gym memberships, which are often unaffordable, yet crucial to optimal health. I would like to see more insurances and organizations help people have access to this.
- Over prescribing medications
- Overloaded Primary care clinics in the area. We need more PCPs!!!! Please
- overprescribing of medication by doctors. access to care for mentally ill individuals and care beyond prescriptions.
- Patient responsibility to follow up with education and instructions given by medical staff
- people with out health insurance and work lower income jobs can not afford the Healthcare marketplace insurance. and therefore get very little preventive care which is very important for future generations. every community should have available services for the homeless and mentally ill. a facility where they feel welcome and can receive the help they need. Thank You for your concern.
- Physical activity / exercise would be my 4th choice in question 46.
- Poor quality medical care in community. Local physician misdiagnosed my wife multiple times and recommended major surgery each time. I was misdiagnosed at the emergency center and was not properly diagnosed by, at that time, my local DR.
- Prenatal breastfeeding education and access to breastfeeding support.
- Prevenative care
- preventative medicine
- Prevention
- Preventive health care is a big issue. Why is natural/holistic practices not covered by insurance?
- pulmonary doctor once Dr Arnold leaves for husband
- Regular HIV/STI testing for those at risk of infection.
- Resources for preventing stroke, followup home programs when family is not able to assist.
- sleep time
- Socialized health care is the only humane system of health care. Those who prey on the most vulnerable members of our society through the great scam that is the American HealthCare system are truly, morally corrupt. Start asking some questions that engage the people in taking back their right to the products of their labor.
- Some type of behavioral heath resources for all populations, not just the homeless, including legislative reform that closely monitors risk to society from these types of behaviors.
- Specifically, childhood obesity
- stress at the work place
- stress management and wellness
- stroke prevention
- substance abuse
- Substance Abuse, it is rampant!
- Sudden Unexpected Infant Death/Sudden Infant Death Syndrome
- suicide and depression screening, prevention of partner abuse/domestic violence,dx and tx of diabetes and it's complications
- Sun exposure and skin cancer. These are major regional risks.
- The effects on our nation's economy and general health of our current medical care system...which is dominated by money at all levels

- The fact that medical insurance does nothing for mental health issues and THAT is really what I need. THAT is my biggest concern and it was not even listed above. Mental health is really important and it is completely ignored by today's "Affordable Health Care". Also my health insurance which used to have mental health coverage was WAY cheaper than this "Affordable Health Care" that I now have and I no longer even have that coverage. My costs for health care have almost tripled for less health care that I used to receive. That angers me as now I am getting less health care than I was previously.
- The fact that your billing department sucks - they can't ever get the billing correct and we have been referred to Prescott where costs are half of yours- and gladly went over the hill to save the expense of costly care
- The nationalization or attempt thereat of health insurance.
- The obscene lack of funding for mental health and for education. There is a clear and proven correlation between socio-economic status and health -- socio-economic status is primarily driven by education level. Mental health is a growing problem in our community and state. And with the presence of so many unregulated "recovery homes" in our community (Prescott) that becomes a major factor in driving up our suicide rates, our health care costs as many of those people end up in the Emergency Room and the quality of life in our community.
- The Verde Valley needs neurologists. If they won't move here to live and work, then NAH needs to use telemedicine with neurologists in the Phoenix or Tucson areas.
- There are two issues. 1. Peanut and Nut Allergies 2. Pharmaceutical Allergies
- There is a lacking of primary care providers in the Flagstaff area
- There is more than sufficient evidence on an individual level to show that the use of alternative therapies (homeopathic remedies, naturopathic medicine, acupuncture etc.) work extremely well for many people. In fact, these alternatives often work even when conventional medicine does not. I am an example of where conventional medicine failed and alternative medicine succeeded. But I am one of the fortunate ones. I was able to spend $20,000 out-of-pocket to pay for treatments not covered by insurance. Until insurance pays for alternative care our population will continue to get sicker. Canada is just one example of a country that pays for naturopathic/alternative care. They spend less per capita on health and their population lives longer.
- This community needs about 3 more neurologists for outpatient care.
- Timeliness of getting appointment with PCP Providers
- Veteran care for physically injured and PTSD
- Vision
- Vision
- Vision care
- Vision care. Care for elder family members.
- Vision.
- Vision...The provider I want to see is unavailable to my current vision plan (Sam's) ...wish I had more options
- Waste. I am disgusted by how much waste there is in the industry. When people do not pay for something directly they tend to abuse and take advantage of it. I see this every day and am angry that I pay for others to take advantage of a system that doesn't run well as a result of people wanting others to support their poor choices and take care of them after poor choice

after poor choice has resulted in poor health. Benefits should be awarded on result. If you do as your doctor instructs (right weight, right lab results, right lifestyle choices) THEN you get discounts and services. If you refuse to follow advice, you lose more and more services every 3-6 months until they are gone. If it is important to you, you will find the motivation to provide for the needs or meet the requirements. If not, you will make excuses in which case you should not receive my money to support your poor choices.

- We finally have full Cardiology coverage, but need more PCP's, GI, and Neurology in this town. If you aren't employed by Gore, Purina, FMC or NAU, you likely have a high deductible plan without dental or vision coverage paying full (exorbitant) rates for care until you meet your deductible.
- We need endocrinology in Flagstaff
- We need more dentists with more appropriate hours for appointments in Flagstaff.
- we need more family practice in this town.... several that we have totally suck... and there is no support for them....
- When is VVMC going to increase bed capacity? Understand ship patient out if they need specialized or higher level of care but just for no beds available is ridiculous. Before my husband passed, he was shipped to Phoenix multiple times causing undo stress on him and me, cost of gas, meals and hotel rooms. His last transfer basically caused his demise. Doctors were not familiar with him or how his doctors up here were treating him aggressively for his conditions and it caused him to decline rather than improve. Now a widow, what happens if I get transferred to Phoenix? No way to get back home when I am alone. VVMC wants to be the best of the best and I am all for it but you need to expand your capacity to keep patients near their homes as well as your expand technology to treat those patients.
- When you are let go from a job, for instance NAH lays you off after more than 15 years employment saying your position was eliminated, they should at least offer you health insurance besides the very very expensive cobra for at least a month while you try to figure it out. how can NAH say they care about the health of the community when they care so little about the health of their own people, even if they are letting those folks go due to budget reasons. Seriously, having to come up with health insurance money nearly put me under. NAH would not have even known they were paying for me for one more month. To be it was like being bitten by a rattle snake, to them it would have felt like a gnat landing on their skin.
- Wish general fitness was free including personal training at gyms. Also wish there were free dietician services for those without a diagnosis of diabetes or cardiac conditions
- With regard to dependents, I think there should be questions about pediatric care/check-ups.
- women's health issues
- Yearly increases in premiums and rising co-pays even with medical insurance coverage.
- Yes - the wait time to see a physician in Flagstaff is way too long.
- Yes I do not understand why when I work in the healthcare field taking care of patients, my blue cross insurance is not great and I get a bill for nearly $600 after insurance for 3 physiotherapy sessions at my work outpatient??? I have sore feet from the long hours at work on my feet, but no help from work for this problem and now a big bill for PT????? This seems crazy to me?
- Yes Northern Arizona needs a high risk perinatologist/OB and a pediatric neurologist
- YES! You didn't even collect information related to diversity! Your survey was not mutually inclusive and did not have a box for transgender people. In fact, I only took the survey to explain

how offended I am that in 2015, health orgs still ignore my identity status. You should know that you are missing an entire population because you neglect to add an additional box so my community can matter. Thankx

- Yes, How many times did you have to go back to the emergency room because a full diagnosis 0n a child was not done the first time- sent home without meds. Had to come back 4 days later with worse pain, fatigue and weight loss.
- yes, I see a nurse practitioner. Family doctors are nearly non-existent now a days.
- Yes, I want to have a healthcare provider that knows me. Too many clinics have md's/np's that do not stay around for too long. Seems similar to urgent care- which is not ideal. Also preventative healthcare with nutrition and excersise very important to me
- Young adults between jobs and at low paying jobs can't afford dental care and health care.
- youth behavioral health, access to behavioral health care for children and adults, availability of emergency mental health care/hospital beds

Sources

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4. CDC Wonder Database (wonder.cdc.gov)
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