Northern Arizona Healthcare

Northern Arizona Healthcare
Flagstaff Medical Center
Verde Valley Medical Center
Community Health Needs Assessment
2019

Prepared by Cristine Currie with assistance from Rachel Day

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Executive Summary

Introduction

Northern Arizona Healthcare (NAH) is the largest healthcare organization in a region that encompasses more than 50,000 square miles.

Serving more than 700,000 people in communities across the region, NAH provides comprehensive healthcare services through two hospitals – Flagstaff Medical Center (FMC) and Verde Valley Medical Center (VVMC) – as well as through primary care and specialty physician clinics, outpatient surgical centers, the Heart & Vascular Center of Northern Arizona, Cancer Centers of Northern Arizona Healthcare, EntireCare Rehab & Sports Medicine, Fit Kids of Arizona, Guardian Air and Guardian Medical Transport and Valley View Care.

As a nonprofit healthcare system, our organization is governed by a volunteer board of directors.

Our mission is Improving Health and Healing People. The community health needs assessment (CHNA) allows identification of health needs and opportunities in communities we serve. NAH is thus better able to respond, as well as collaborate with other organizations, to address community needs such as Access to Care, Behavioral Health and Chronic Disease.

Overview

This 2019 Community Health Needs Assessment is the fourth assessment since the Patient Protection and Affordable Care Act of 2010 which required hospitals to conduct a CHNA every three years. Similar assessments conducted or supported by NAH in 1996, 2010, 2013, 2016, and 2017 provide a framework for the 2019 CHNA

CHNA guidelines require hospital to complete all of the following steps:

I. Define the community
II. Assess the health needs of that community
III. Solicit and take into account input received from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health
IV. Document the CHNA in a written report
V. Ensure the CHNA report is adopted by an authorized body of the hospital facility
VI. Make the CHNA report widely available

The CHNA includes both qualitative and quantitative data to determine current health needs. The 2016 CHNA led to a wide scale effort to gather voices from the community. Since 2016, NAH has partnered with Northern Arizona Behavioral Health Foundation and Northern Arizona University to gather qualitative data. This included synthesized existing health and needs assessments relevant to the northern Arizona region (N=57); attending stakeholder organizational meetings (N=18), conferences and community forums (N=13); completed

interviews with community leaders and service providers in many different sectors of public life (N=62); and completed seven focus groups with community members (N=49).

The 2019 CHNA goals are to:

I. Identify the current health needs, opportunities and assets in the NAH primary service area
II. Engage colleagues, community members and organizations through the process
III. Determine 2019 priorities and implementation strategy

Additionally, the 2019 CHNA will serve as a tool toward achieving the four NAH foundational objectives:

I. Be People Centric
II. Provide Better Care Always
III. Provide NOW Access for Amazing Experience
IV. Provide Value and Be Sustainably Affordable

Defining Community

The community assessed in this CHNA is NAH's primary service area. NAH uses the following definition to determine the primary service area: NAH's primary service area is the geographic area that generates at least 75% of inpatient admissions (whether that be defined by counties, cities, or zip codes). Once beyond the 75% threshold, hospitals have discretion as to what other areas they include in their 'Primary Service Area'.

Based on this (which aligns with the above guidelines for defining the primary service area), our primary service areas are defined as follows (NOTE: all of the VVMC zip codes are also included in the FMC zip codes):

FMC 86001, 86002, 86003, 86004, 86005, 86011, 86015, 86017, 86018, 86023, 86024, 86025, 86033, 86034, 86035, 86038, 86040, 86045, 86046, 86047, 86320, 86322, 86324, 86325, 86326, 86331, 86335, 86336, 86337, 86339, 86340, 86341, 86342, 86351, 86401

VVMC 86322, 86324, 86325, 86326, 86331, 86335, 86336, 86339, 86340, 86341, 86342, 86351

NAH (as a system) captures ~57-59% of the inpatient discharges, from the above zip codes—which amounted to 14,439 discharges in FY18 and 13,886 discharges in FY19.

Key Findings

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.

I. Access to Healthcare, Including Transportation
II. Mental / Behavioral Health

III. Substance Abuse
IV. Nutrition
V. Injuries
VI. Chronic Disease
VII. Collaboration among organizations

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.

I. Access to Behavioral Health care
II. Access to Primary Care Providers
III. Lack of specialists (Pediatric)
IV. Access to affordable health insurance/health care in the community
V. Providers (physician/ staff) seen as uncaring, long wait for appointments

Areas of Opportunity Identified in the Flagstaff Region:

I. Access to Health Services
II. Mental Health & Mental Disorders
III. Injury & Violence Prevention
IV. Chronic Health Conditions

Areas of Opportunity Identified in the Verde Valley Region:

I. Access to Health Services
II. Mental Health & Mental Disorders
III. Substance Abuse
IV. Respiratory Health

Final prioritized needs identified for the Northern Arizona Healthcare primary service area

Taking into account data and all of the above community input, the final list of prioritized needs is:

I. Access to Healthcare
II. Mental / Behavioral Health
III. Chronic Disease

Solutions to address the prioritized needs

I. Collaboration with organizations across the region to compliment services and provide interdisciplinary support for community members.
II. Social Determinants of Health need to play a key role in healthcare and patient care plans going forward.
III. Increase quantity and quality of health services
IV. Increase capacity through training and collaboration
V. Integrate health services: primary care, mental health, etc whenever possible
VI. Increase awareness of existing health and social resources

Northern Arizona Healthcare 2019 Community Health Needs Assessment

Assessment Process

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 conducted in depth in 2018 – 19 throughout northern Arizona's five counties.

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. NAH developed the final survey instrument, and it is similar to the previous surveys used in the region, allowing for data trending.

Community Defined for This Assessment
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Based on this (which aligns with the above guidelines for defining the primary service area), our primary service areas are defined as follows (NOTE: all of the VVMC zip codes are also included in the FMC zip codes):

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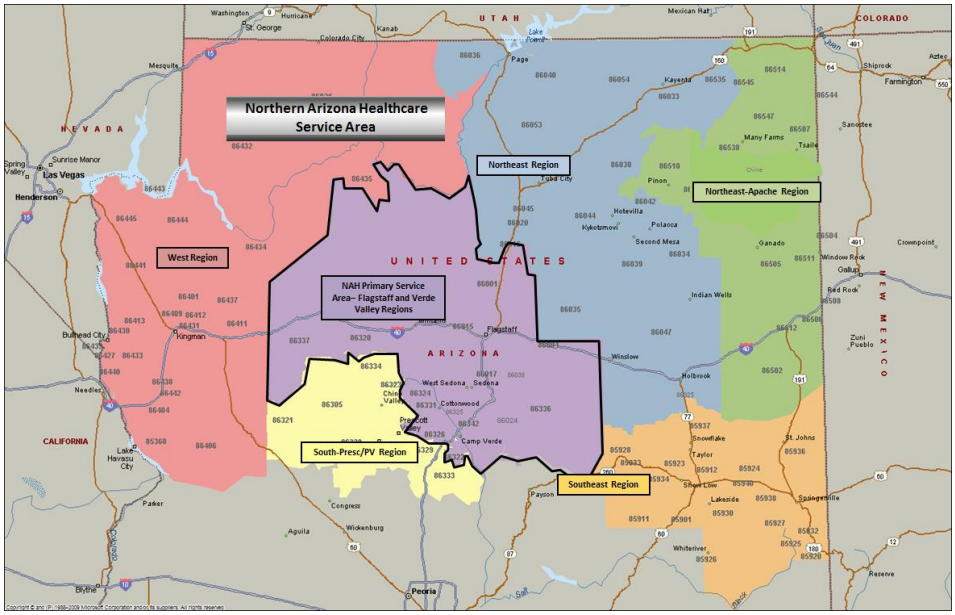
NAH (as a system) captures ~57-59% of the inpatient discharges, from the above zip codes—which amounted to 14,439 discharges in FY18 and 13,886 discharges in FY19.

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 County Health and Human Services and Yavapai County Community Health Services as part of their Community Health Improvement Plans. The focus group included key informants in the community, such as: representatives from public health; physicians; other health professionals; social service providers; and other community leaders. Agencies represented were:
Coconino County CHIP Access to Care Group: North Country Healthcare, Flagstaff Unified School District, Northern Arizona University, Native Americans for Community Action, Northern Arizona Regional Behavioral Health Authority, Highlands Fire District, Salvation Army, United Way of Northern Arizona, Northern Arizona Counsel on Aging, First Things First, Flagstaff Family Food Bank, and Northern Arizona Intergovernmental Public Transportation Authority.
Yavapai County CHIP Group: Yavapai Justice & Mental Health Coalition, Spectrum Healthcare, Cottonwood-Oak Creek Unified School District, NAMI Sedona, NAMI Yavapai, Care 1st, Family Involvement Center, Expect More AZ, NACOG-AAA, Verde Valley Caregivers, Alzheimer's Association, and First Things First.

The Northern Arizona Indian Health Collaboration and the Diabetes Together groups were also involved as 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.

Community Feedback from prior Community Health Needs Assessments

Community members are encouraged to provide feedback and input for our prior and current Community Health Needs Assessment and Implementation Plan. Comments may be emailed to: PublicRelations@nahealth.com .

There were no comments received by Northern Arizona Healthcare, outside of the Focus Groups or community survey regarding the 2016 Community Health Needs Assessment or Implementation Plan.

Public Health, Vital Statistics & Other Data

NAH consulted a variety of existing (secondary) data sources to complement the research quality of this Community Health Needs Assessment. Date came 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 Services8
- US Department of Justice, Federal Bureau of Investigation

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

Benchmark Data

Trending

On behalf of NAH, PRC administered similar surveys in Flagstaff in 1996 and 2010. CHNA's have been conducted every 3 years since, including an additional one in 2017. 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. These findings are used to now draft Healthy People 2030.

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.

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 were used to complement and corroborate findings that emerge from the quantitative dataset.

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 were used to complement and corroborate findings that emerge from the quantitative dataset.

Prioritization Process
After reviewing the Community Health Needs Assessment findings and process of understanding key local data findings (Areas of Opportunity), NAH ranked identified health issues against the following established, uniform criteria:

- Magnitude. The number of persons affected, also taking into account variance from benchmark data and Healthy People targets.
- Impact/Seriousness. The degree to which the issue affects or exacerbates other quality of life and health-related issues.
- Feasibility. The ability to reasonably impact the issue, given available resources.
- Consequences of Inaction. The risk of not addressing the problem at the earliest opportunity.
- Prioritization Results

Areas of Opportunity Identified Through This Assessment:
From this exercise, the Areas of Opportunity were prioritized as follows:

Access to Health Services
NAH has worked consistently since 2016 to improve access to care, as have other healthcare providers. Community members continue to consistently express concern about access. Therefore this is still a priority for the 2019 CHNA.

- Adult overall health status
- Cost as a Barrier to Physician Visits
- Cost as a Barrier to Physician Visits
- Difficulty Accessing Healthcare
- Difficulty Accessing Healthcare
- Insurance Instability for Adults and Children
- Lack of access to affordable health insurance
- Lack of local specialists (endocrinologist, neurologist, pediatric)
- Providers (physician/ staff) seen as uncaring, long wait for appointments
- Routine Checkups (Adults)
- Routine Checkups (Adults)
- Transportation

Resources available for Access to Health Services (including transportation as a barrier)

- Arizona Health Care Cost Containment System (AHCCCS)
- Camp Verde Unified School District
- Coconino County Health & Human Services
- Community Health Center of Yavapai (FQHC)
- Cottonwood – Oak Creek School District
- Flagstaff Medical Center
- Flagstaff Shelter Services
- Flagstaff Unified School District
- Guardian Medical Transport
- Highlands Fire District
- Hospice Comassus
- Independent Providers
- LHC Group
- Lyft
- Mingus High School District
- Mountain Line Bus System
- Native Americans for Community Action
- NorthCountry Health Care (FQHC)
- Northern Arizona Healthcare Medical Group
- Northern Arizona University Health Services
- Northland Hospice
- Poore Medical Clinic
- Sacred Peaks Health Center
- Sedona – Oak Creek Unified School District
- Sedona Fire Department
- Spectrum Healthcare
- Uber
- Verde Valley Ambulance

- Verde Valley Caregivers
- Verde Valley CATLine
- Verde Valley Medical Center
- Yavapai County Department of Health Services

Actions/Changes for Access to Healthcare since 2016 CHNA

- Identified patient populations are enrolled in community care management at FMC and VVMC
- Northern Arizona Healthcare Medical Group Primary Care clinics have increased the number of providers to provide primary and preventive healthcare services.
    - Same day appointments are offered by FMC and VVMC primary care offices
    - FMC and VVMC primary care offices offer extended hours to improve access
    - NAH is in partnership with PathfinderHealth ACO to support independent providers to increase access to their practices in the FMC and VVMC markets
- Insurance/Payor registration support for FMC and VVMC patients
- FMC and VVMC provide medical direction and support for Community Integrated Paramedicine
- FMC and VVMC provide remote patient monitoring for patients

Mental Health & Mental Disorders

Many mental health issues take longer than 3 years to change on a population basis. Therefore this is still a priority for the 2019 CHNA.

- Suicides
- Violent Deaths (Including Firearm-Related Deaths, Homicide & Suicide)
- Lack of access to Behavioral Health care

Resources available for Mental Health & Mental Disorders

- Alcoholics Anonymous
- Back2Basics
- Catholic Social Services
- Child Family Services
- Community Mental Health First Aid
- Cottonwood County Drug Task Force
- Flagstaff Medical Center – Behavior Health Services
- Health Choice Integrated Care
- Independent Providers
- MATFORCE
- National Alliance on Mental Illness
- Native Americans for Community Action

- North Country Healthcare Behavioral Health
- Northern Arizona Regional Behavioral Health Authority
- Northern Arizona University Counseling Services
- Northern Arizona University Health and Psychology Center
- Southwest Behavioral Health
- Southwest Behavioral Health Services
- Spectrum Healthcare
- The Guidance Center
- Verde Valley Guidance Clinic
- Verde Valley Medical Center

Actions/Changes for Mental Health since 2016 CHNA

- VVMC partners with Spectrum Health for a community focused approach to patients arriving in the ED with mental health needs
- FMC and VVMC are integrating Behavioral Health into Primary Care
- Mental Health Matters collaboration in Flagstaff (FMC)
- Coconino Justice Coalition (CJCC): legal issues with mentally ill (FMC)
- AA Group meetings on BHU (FMC)
- Crisis calls from community: intake / referrals (FMC/VVMC)
- For Flagstaff Police Department (FMC)
    - De-escalation skill training
    - CIT: crisis intervention training
- NACA: Suicide Prevention Grant collaboration (FMC)
- Health fairs (FMC and VVMC)
- Screenings (FMC and VVMC primary care clinics)
    - Depression
    - Substance abuse
- Internal / External to NAH debriefing crisis intervention (FMC/VVMC)
- DUI/Drug Court treatment programs (FMC)
- Mental Health / Veteran Court hearings (FMC)
- Title 36 (ED intake) – short term crisis (FMC/VVMC)
- Trauma START: screenings and brief intervention / assessment (FMC)
    - Referrals at discharge for patients with alcohol and drug use issues
- Talks and presentations for community groups (FMC)
- RN and SW students rotate through department (FMC)
- CPI training (de-escalation) for sitters and ED staff (FMC/VVMC)
- Mental health and substance abuse information for new grads (FMC/VVMC)
- Provide meeting site for monthly National Association of Substance Abuse Counselors (NASAC) meetings (FMC)
- FMC/VVMC offer Mental Health First Aid training to employees and community members

- FMC is a supporting member of “Stronger as One” collaboration – which is an outcome of the 2017 CHNA.

Chronic Disease
Chronic disease are, by nature, health issues that take longer than 3 years to change on a population basis. Therefore this is still a priority for the 2019 CHNA.

- Cancer
- Cardiovascular Disease
- Cirrhosis/Liver Disease
- Diabetes
- Obesity
- Osteoporosis/Arthritis
- Respiratory Health

Resources available for Chronic Disease

- Arizona Health Care Cost Containment System (AHCCCS)
- Bountiful Baskets
- Camp Verde Unified School District
- Coconino County Health & Human Services
- Community Health Center of Yavapai (FQHC)
- Cornucopia Food Pantry
- Cottonwood – Oak Creek School District
- Fit Kids of Arizona
- Flagstaff Community Supported Agriculture Project
- Flagstaff Medical Center
- Flagstaff Shelter Services
- Flagstaff Unified School District
- Guardian Medical Transport
- Highlands Fire District
- Hospice Comassus
- Independent Providers
- Local Farmer’s Markets
- Native Americans for Community Action
- NorthCountry Health Care (FQHC)
- Northern Arizona Healthcare Medical Group
- Northern Arizona University Health Services
- Northland Hospice
- Poore Medical Clinic
- Sacred Peaks Health Center
- Sedona – Oak Creek Unified School District
- Sedona Fire Department

- Spectrum Healthcare
- St. Mary's Food Bank
- Verde Valley Ambulance
- Verde Valley Caregivers
- Verde Valley Medical Center
- Yavapai County Department of Health Services
- YMCA

Actions/Changes for Chronic Disease since 2016 CHNA

- Food is Medicine for Diabetes community education classes at FMC and VVMC
- Healthy Basics Eating class at FMC and VVMC
- Chef Cooking demo's at FMC
- FMC refers patients to the Cancer Support Community programs
- Freedom from Smoking program- offered at VVMC- open to the community
- Support groups for chronic disease at VVMC and FMC
- Comprehensive Care Management at VVMC and FMC
- PathfinderHealth ACO Care Process Models at VVMC and FMC
- Community screenings for CVD and Diabetes in the VVMC and FMC communities
- FMC and VVMC offer Diabetes Education and support
- VVMC offers Cardiac Rehab and Pulmonary Wellness
- FMC and VVMC are developing plans for sustainable growth to expand chronic care service lines to the community
- Partnering with Indian Health to support cancer care on reservations

Population Demographics

Population, Gender, and Race*

Coconino County (CC)- As of July 1, 2018 estimates, the total population in Coconino County was 142,854. The population is 50.6% female and 49.4% male. The population was found to be 54.0% White (Not Hispanic or Latino), 27.6% American Indian or Alaskan Native, 14.3% Hispanic or Latino, 1.5% Black or African American, and 2.1% Asian.

Mohave County (MC)- The total population in Mohave County was 209,550 in 2018. The county is 49.4% female and 50.6% male. The majority of the county is White (Not Hispanic or Latino) at 76.9% while the largest minority group is Hispanic or Latino at 16.8% of the population. The population is 3.0% American Indian or Alaskan Native, 1.3% Black or African American, and 1.2% Asian.

Gila County (GC)- Gila County's population was 53,889 in 2018. The population was found to be 50.6% female and 49.4% male. The majority of the county is White (Not Hispanic or Latino) at 62.0%. The county is 18.7% Hispanic or Latino, 17.8% American Indian or Alaskan Native, .8% Black or African American, and .9% Asian.

Apache County (AC)- As of 2018, the total population in Apache County was 71,818. Apache County has slightly more females with 50.8% of the population female and 49.2% male. The majority of the population is American Indian or Alaskan Native at 74.9%. The population is 18.1% White (Not Hispanic or Latino) and 6.4% Hispanic or Latino.

Navajo County (NC)- The population of Navajo County was 110,445 in 2018. This County is 49.9% female and 50.1% male. The County's population is 41.7% White (Not Hispanic or Latino), 45.6% Native American or Alaskan Native, 11.5% Hispanic, 1.0% Black and .7% Asian

Yavapai County (YC)- In 2018 there were 231,993 individuals living in Yavapai County. The population is 51.2% female and 48.8% male. The majority of the population is White (Not Hispanic or Latino) at 80.4%. The population is 14.7% Hispanic or Latino, 2.1% American Indian or Alaskan Native, 1.2% Asian, and .9% Black or African American.

Age Distribution*

CC-In 2018, Persons under the age of 18 is 20.6%, nearing the state average of 22.9%. An estimated 12.5% of the population is 65 years or older.

MC- It was found that 17.1% of Mohave County's residents were under the age of 18 while 30.3% were over the age of 65.

GC- The population of Gila County had 20.1% of its residents aged 18 or under and 28.8% aged 65 or older in 2018.

AC-In Apache county, persons under the age of 18 is 27.2% and persons older that 65 was at 15.3% in 2018.

NC-It was found that 26.7% of Navajo County's population is under the age of 18 and 18.1% is over the age of 65.

YC- An estimated 31.6% of the population is 65 years or older, and 16.2% is under the age of 18.

Education*

CC- A percentage of 35.4% of persons 25 years or older, has earned a bachelor's degree. These rates are higher than the state average of 28.4%. Educational attainment in the County is higher than the state's average with respect to adults that have graduated from high school.

MC- In Mohave County only 12.3% 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 28.4%. Persons aged 25 and older who are high school graduates was found to be 84.7%.

GC- The percentage of persons aged 25 or older that achieved a bachelor's degree in Gila County was 19.0%. Those with a high school diploma that are 25 or older make up 85.0% of the population.

AC- The educational attainment in Apache County is well below the state average. In the county only 11.5% of the population aged 25 or older has attained a bachelor's degree and 78.6% of the population aged 25 or older is a high school graduate.

NC- A percentage (82.6%) of the Navajo County population (age 25+) has graduated from high school, lower than the state average of 86.5%. Those with a bachelor's degree was also below the state average at 15.5% of the population (age 25+).

YC- 25.0% of the population (25+) has earned a bachelor's degree. Yavapai had a high school graduation rate of 90.2% for those aged 25 or older.

Income and Poverty*

CC-The median household income in the Coconino County is $53,523, and 15.9% of the population are below the poverty level. Coconino County has 47,588 households with an average household size of 2.65.

MC- The median household income is $41,567 in Mohave County. The county has 16.8% of its population below the poverty level. There are 83,902 households in the county with an average of 2.39 persons per household.

GC- In Gila County the median household income is $41,179 and 20.4% of the population falls under the poverty line. There are 21,585 households in the county with an average of 2.42 persons per household.

AC- The median income in Apache County was found to be $32,360 and 37.3% of the county falls below the poverty level. The county has 19,530 households with an average of 3.59 persons per household.

NC-The estimated 2017 median household income in the County is $38,798. The median household income in the State of Arizona is $53,510 and the United States $57,652. 28.5% of the Navajo County population is below the poverty level as compared to 14.0% in the state of Arizona and 11.8 % in the United States. Navajo County has 34,251 households with an average of 3.07 persons per household.

YC- The median household income in Yavapai County is $48,259, and 13.2% of the Yavapai County population is below the poverty level. There are 94,343 households in Yavapai County with an average of 2.29 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 Coconino County in 2018, the rate of teen pregnancy was 9.2% per 1,000 females age 19 years and younger, and the rate of births for females 19 or younger was 7.3%.

MC- In Mohave County, the rate of pregnancies to females 19 or younger was 11.2%, while the rate of births to females 19 or younger was 11.1%.

GC- In Gila County the rate of pregnancies to females 19 or younger in 2018 was 21.6%, and the rate of births to females 19 or younger was 19.5%.

AC- The rate of pregnancies to females 19 or younger in 2018 in Apache County was 13.0%. The rate of births to females 19 or younger was 13.0%.

NC-In 2018, Navajo County females 19 or younger had a pregnancy rate of 16.2% and birth rate of 15.7%.

YC- In 2018, Yavapai County reported a rate of pregnancy to females 19 and under as 13.3%. The rate of births to females 19 or younger was 10.8%.

4. Uninsured Population*

CC- In Coconino County in 2018, 13.1% of the population under age 65 does not have health insurance.

MC- 13.4% of individuals under 65 in Mohave County does not have health insurance.

GC- In Gila County 13.4% of the population under 65 does not have health insurance.

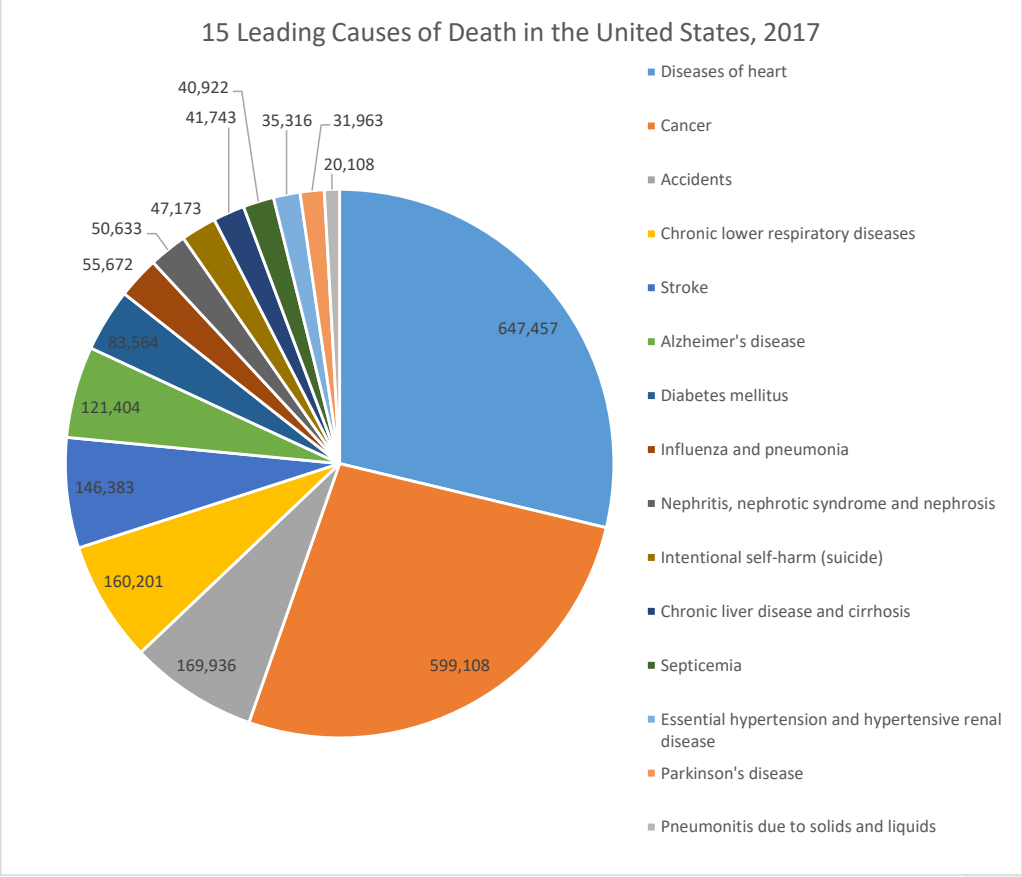
AC- In Apache County 19.2% of the population under 65 does not have health insurance.

NC- 15.1% of individuals under 65 living in Navajo County do not have health insurance.

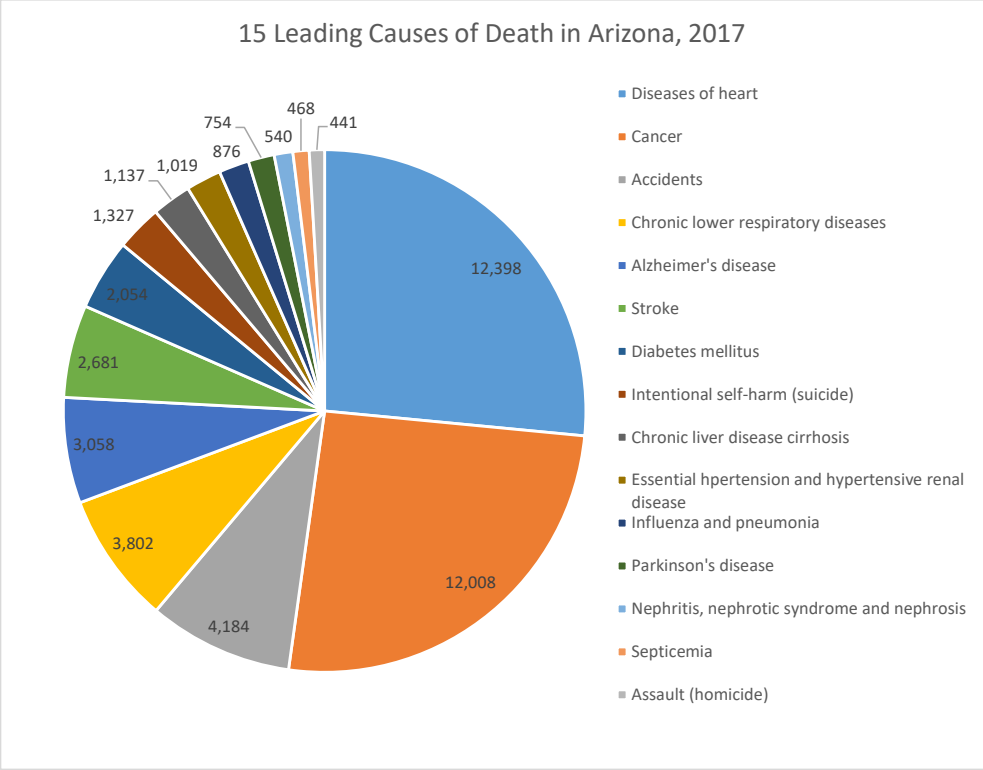
YC-In Yavapai County 12.9% of the population under 65 does not have health insurance.

*All demographic information was taken from *census.gov/quickfacts* unless noted otherwise.
**All demographic information was taken from *https://pub.azdhs.gov/health-stats/report/avs/avs18/pdf/avs2018.pdf*, Arizona Department of Health Services 2018, unless noted otherwise.

Death, Disease, and Chronic Conditions



All data regarding the top 15 causes of mortality were gathered from the CDC Wonder Database (*wonder.cdc.gov*).



All data regarding the top 15 causes of mortality were gathered from the CDC Wonder Database (*wonder.cdc.gov*).

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.

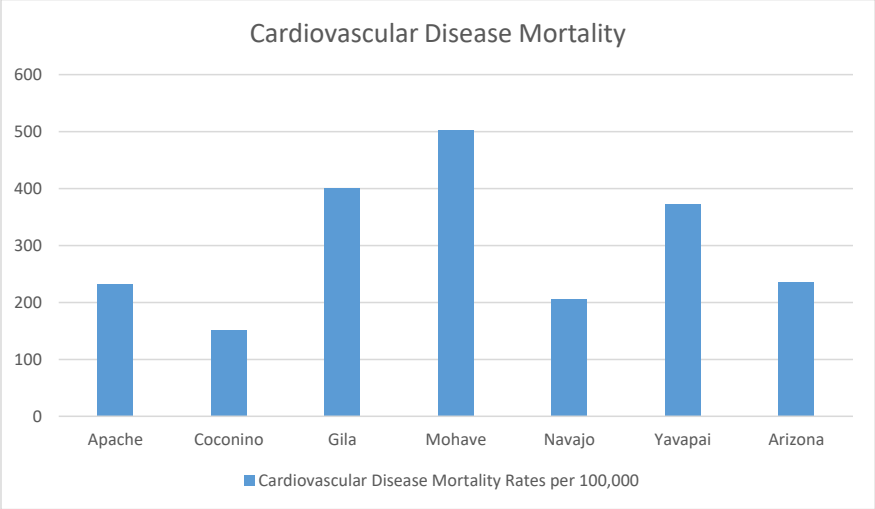
Arizona Health Status and Vital Statistics

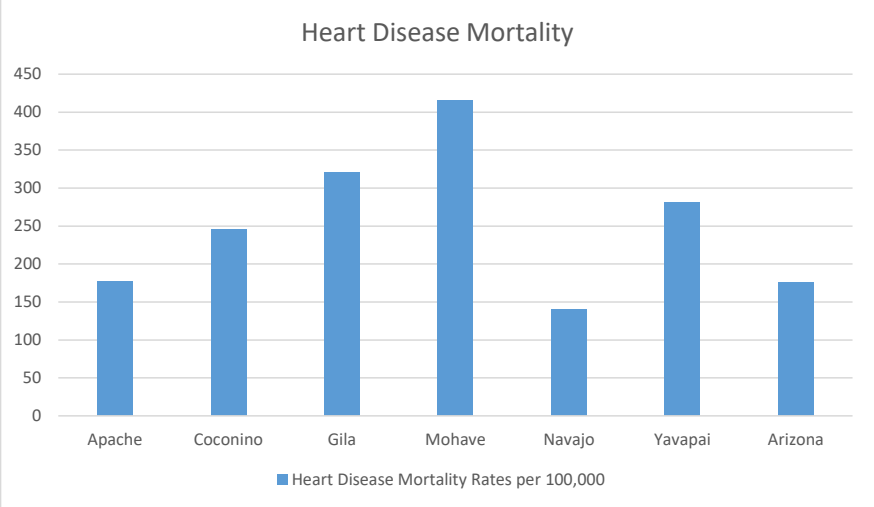
Cardiovascular Disease*

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 first and sixth leading causes of death in Arizona. 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.

Cardiovascular & Heart Disease

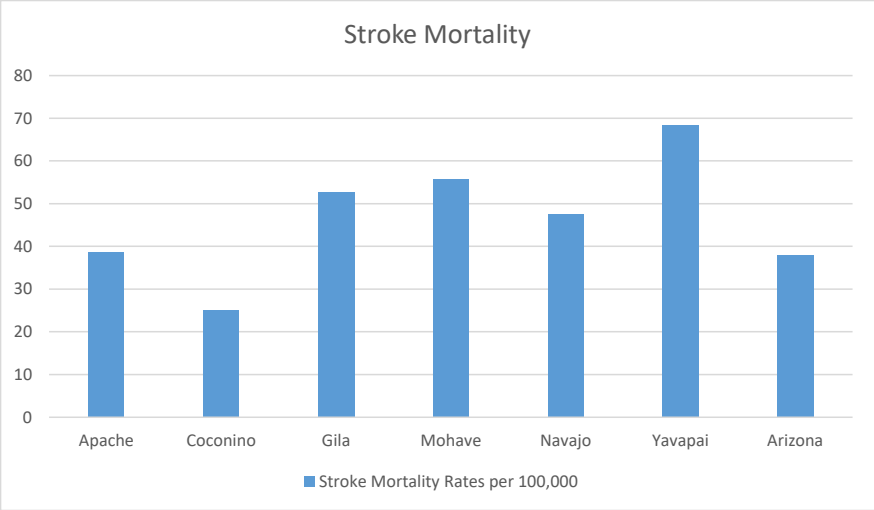
- In the NAH region in 2017, Mohave County reported having the highest rate of cardiovascular disease mortality with 503.4 per 100,000 individuals, and the lowest rate was at 151.3 per 100,000 individuals in Coconino County.
- Cardiovascular disease mortality rates include heart disease.





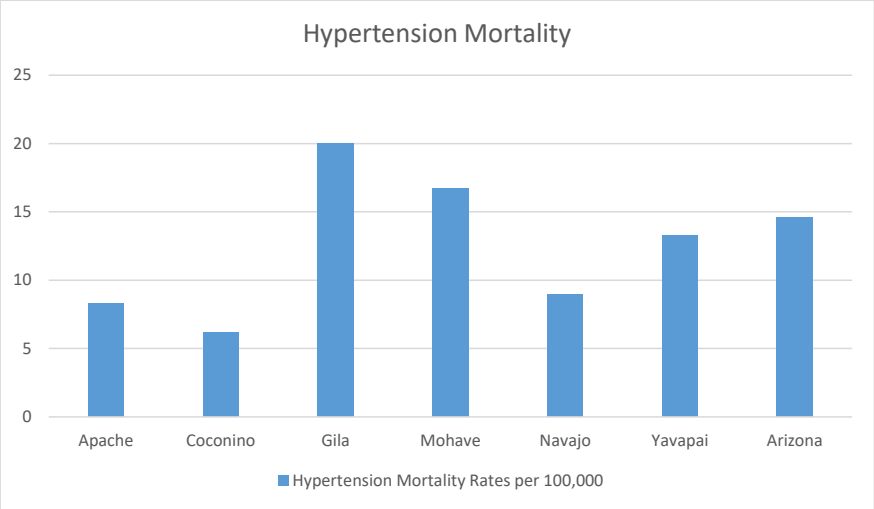
Stroke

- In the NAH region in 2017, Yavapai County recorded the highest rate of stroke mortality at 68.3 per 100,00 individuals, and Coconino recorded the lowest rate of stroke mortality at 25.



Hypertension

- In the NAH region in 2017, Gila County recorded the highest rate of hypertension mortality at 20 per 100,00 individuals, and Coconino recorded the lowest rate of hypertension mortality at 6.2.



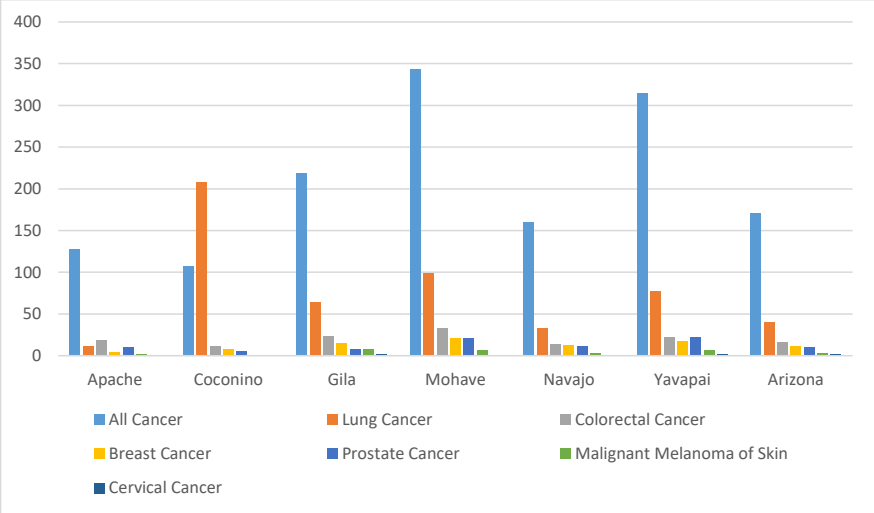
*All demographic information was taken from *https://pub.azdhs.gov/health-stats/report/ahs/ahs2017/pdf/5e13.pdf,* Arizona Department of Health Services 2017, unless noted otherwise.

Cancer

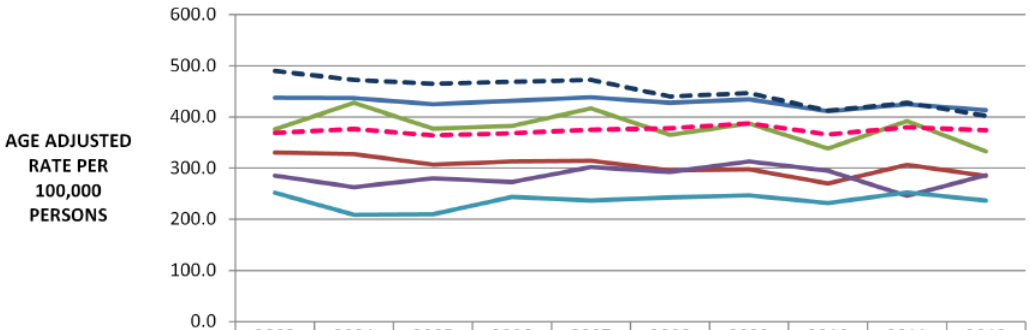
All Cancer

- In the NAH region in 2017, Mohave County experienced the highest overall cancer mortality rate at 342.7 per 100,000. Coconino County had the lowest rate at 106.9 per 100,000.*
- In Arizona from 2003 through 2012, males experienced higher cancer mortality rates than females, and white (non-hispanic) individuals experienced higher cancer mortality rates than other races.**

Cancer Mortality Rates per 100,000*



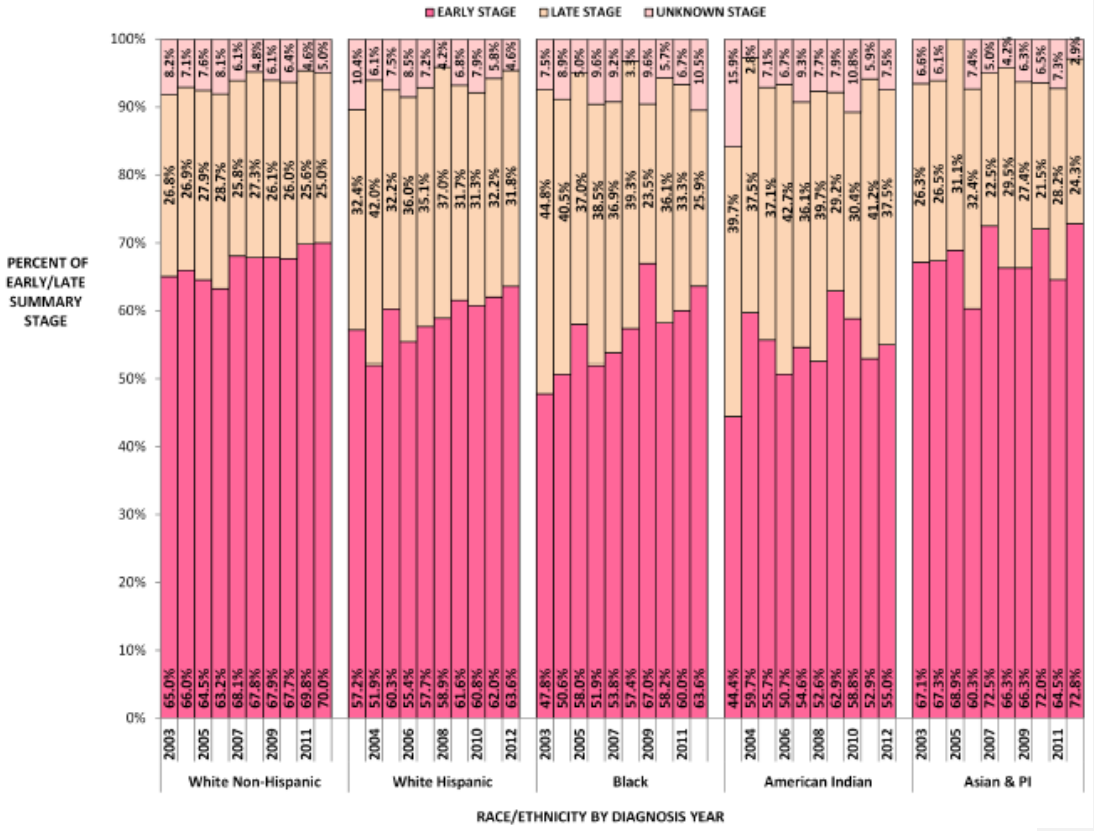
Arizona: Age-Adjusted Incidence Rates of All Cancer per Ethnicity and Sex by Diagnosis Year**



	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

Breast Cancer

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



*All demographic information was taken from *https://pub.azdhs.gov/health-stats/report/ahs/ahs2017/pdf/5e13.pdf*, Arizona Department of Health Services 2017, unless noted otherwise.

**All demographic information was taken from *http://azdhs.gov/documents/preparedness/public-health-statistics/cancer-registry/reports/arizona-cancer-registry-data-2003-2012.pdf* unless noted otherwise.

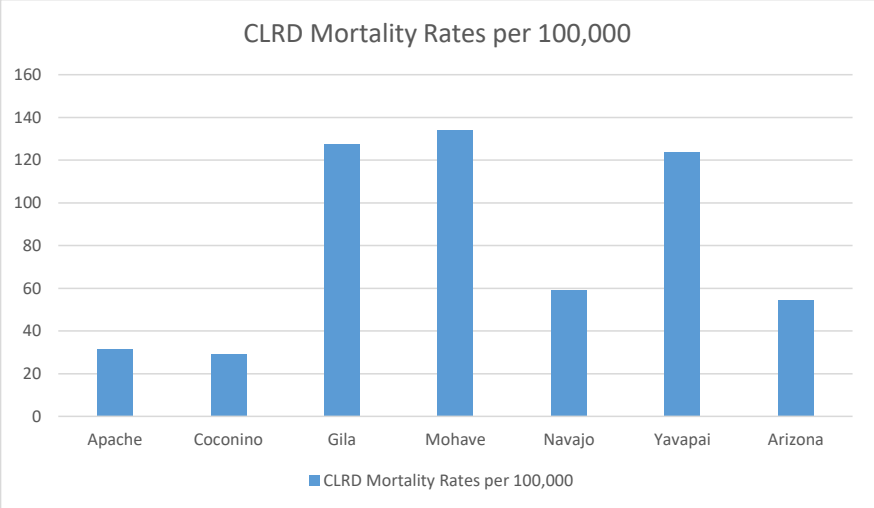
Respiratory Diseases*

There are respiratory diseases present in Northern Arizona, and in some counties they reach the highest rate of mortality in the state. Chronic Lower Respiratory Diseases (CLRD) include 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 by damaged alveoli or swollen bronchi. Breathing is not as easy as it may be for someone without a respiratory disease. It is important to visit the doctor for screenings or tests if you do not feel well, because these diseases can be life threatening. Smoking cigarettes increases your likelihood of getting a CLRD.

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 it is not caught early, it can be life threatening when the alveoli fill with fluid.

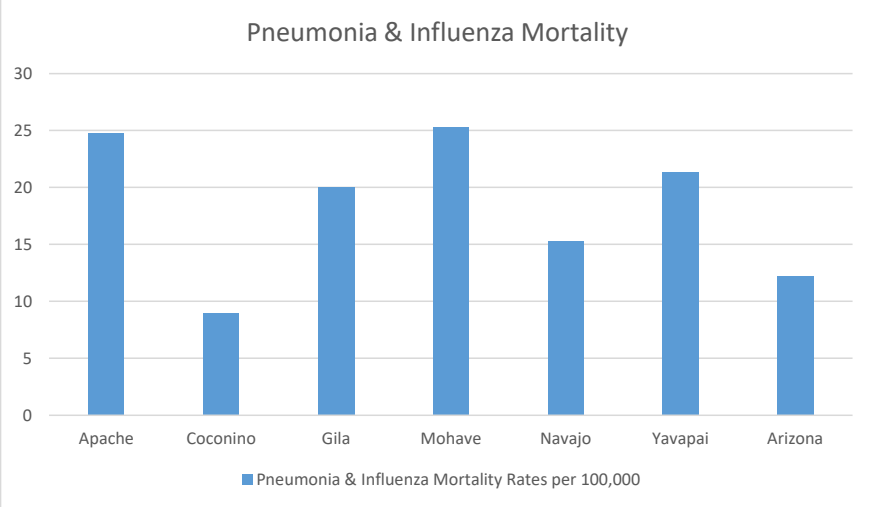
Chronic Lower Respiratory Diseases

- Mohave County recorded the highest rate of CLRD mortality in the NAH region at 133.9 per 100,000 individuals. Gila was the next highest at 127.4 per 100,000, and Yavapai was third highest at 123.8.
- The other three counties in the NAH region had CLRD mortality rates less than half that of Yavapai.



Pneumonia and Influenza

- In the NAH region in 2017, Mohave County showed the highest pneumonia and influenza mortality rate at 25.3 per 100,000, and Coconino showed the lowest at 9 per 100,000.



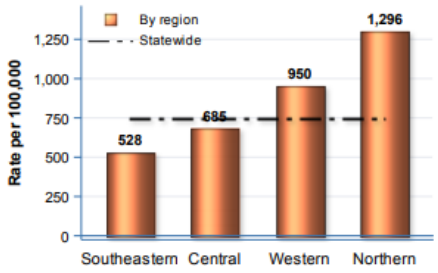
*All demographic information was taken from *https://pub.azdhs.gov/health-stats/report/ahs/ahs2017/pdf/5e13.pdf*, Arizona Department of Health Services 2017, unless noted otherwise.

Injury and Violence

The Arizona State Trauma Advisory Board reported in 2018 that Northern Arizona has a greater rate of traumatic injury than any other region in the state (see graphs on next page).*

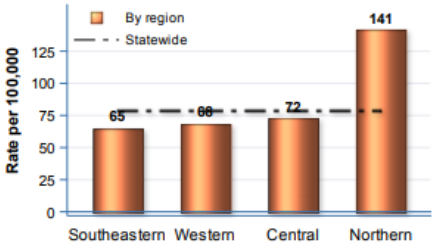
TRAUMA RATE

Figure 26a: Region-specific trauma rate per 100,000



Data source: Arizona State Trauma Registry 2017

Figure 26b: Region-specific severe trauma (ISS>15) rate per 100,000



Data source: Arizona State Trauma Registry 2017

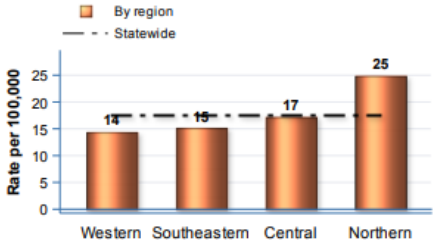
Table 20: Region-specific trauma rate per 100,000

Injury Region	All Trauma Patients		Severe Trauma Patients (ISS >15)	
	Total Trauma Cases	Rate per 100,000 (95%CI)	Total Trauma Cases	Rate per 100,000 (95%CI)
Western	4,305	950 [922, 979]	308	68 [60, 76]
Southeastern	6,626	528 [515, 541]	812	65 [60, 69]
Northern	7,173	1,296 [1,266, 1,326]	781	141 [131, 151]
Central	32,204	685 [677, 692]	3,394	72 [70, 75]

CI= Confidence interval

MORTALITY RATE

Figure 27: Region-specific trauma mortality rate per 100,000



Data source: Arizona State Trauma Registry 2017

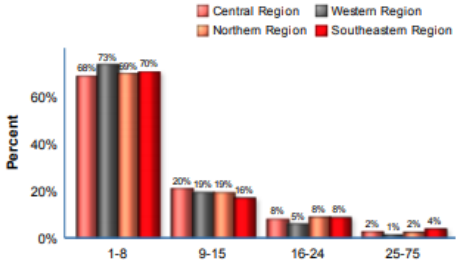
Table 21: Region-specific trauma mortality rate per 100,000

Injury Region	Total Trauma deaths	Rate per 100,000 (95%CI)
Western	65	14 [11, 18]
Northern	137	25 [21, 29]
Southeastern	189	15 [13, 17]
Central	806	17 [16, 18]

CI= Confidence interval

MORTALITY BY ISS

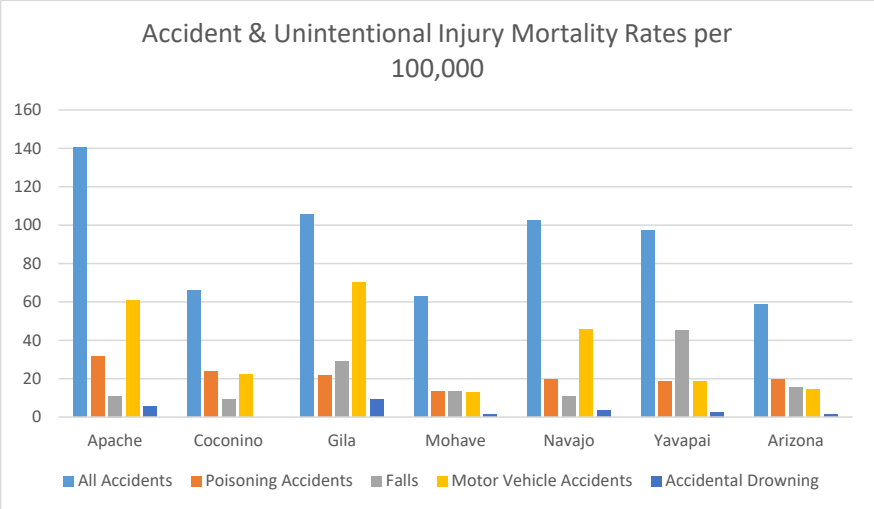
Figure 28: Region-specific trauma proportion by Injury Severity Score



Data source: Arizona State Trauma Registry 2017

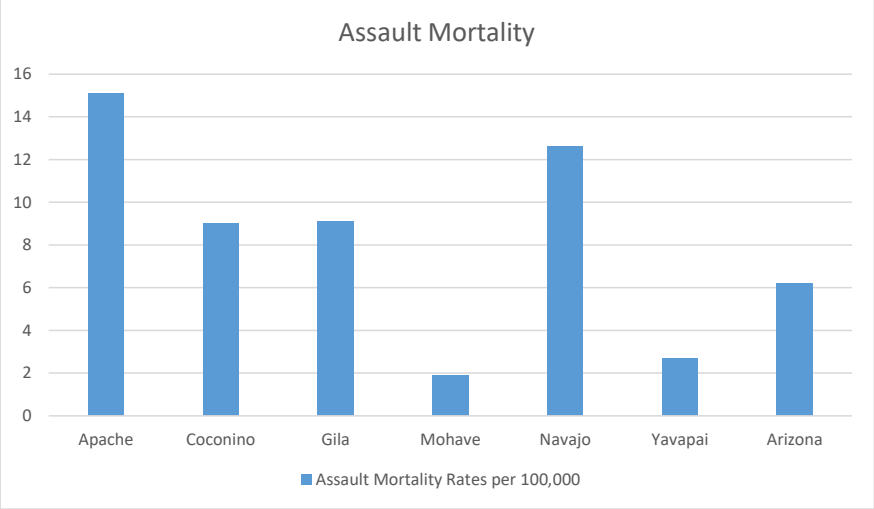
Accidents and Unintentional Injury**

- Accidents and unintentional injuries include such incidents as accidental poisoning, falls, motor vehicle accidents, and accidental drowning.
- All counties in the NAH region experienced higher accident and unintentional injury mortality rates than the overall rate for Arizona in 2017.
- Apache County experienced the highest overall rate at 140.3 per 100,000 individuals, while Mohave experienced the lowest at 62.9.
- Yavapai County had the highest mortality rate for falls at 45.3 per 100,000, while Arizona's mortality rate for falls was 15.4.
- Gila County had the highest mortality rate for motor vehicle accidents at 70 per 100,000, which is significantly higher than Arizona's rate of 14.1.



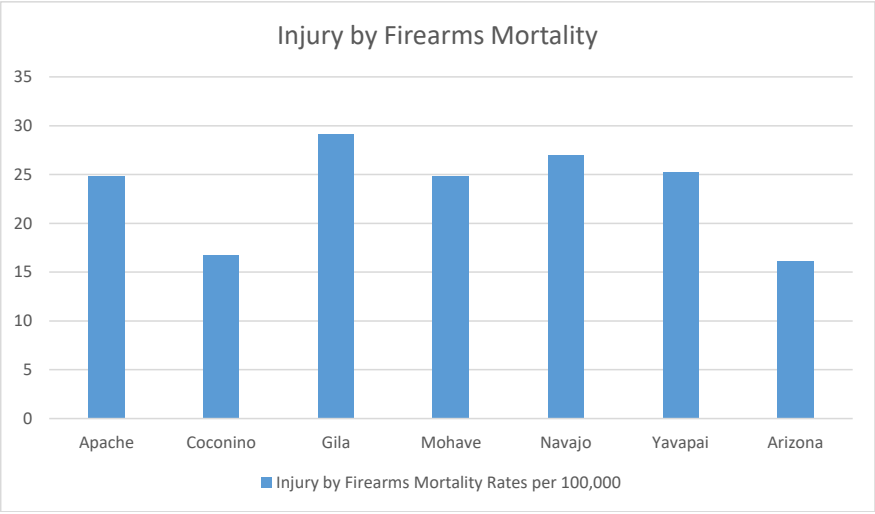
Assault (Homicide)**

- Apache County had the highest assault mortality rate in the NAH region in 2017, with 15.1 per 100,000 individuals, which is more than double that of Arizona's rate. Mohave County had the lowest rate at 1.9.



Injury by Firearms **

- All counties in the NAH region had higher mortality rates for injury by firearms than the rate for Arizona in 2017.
- Gila County had the highest rate at 29.1 per 100,000 individuals. Coconino County had the lowest rate at 16.7, which was only slightly above the Arizona rate of 16.1.

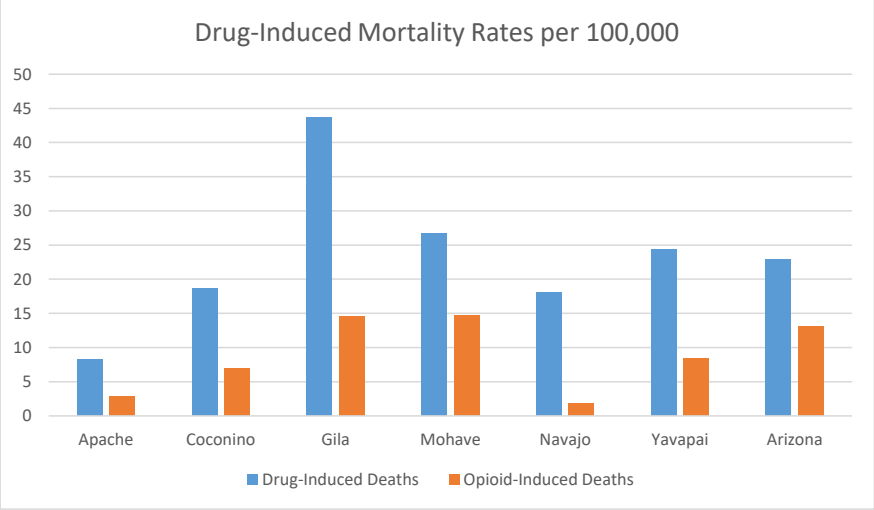


*All trauma-related, regional demographic information was taken from *https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/reports/2018-stab-annual-report.pdf* .
**All cause of death demographic information was taken from *https://pub.azdhs.gov/health-stats/report/ahs/ahs2017/pdf/5e13.pdf*, Arizona Department of Health Services 2017, unless noted otherwise.

Substance Abuse*

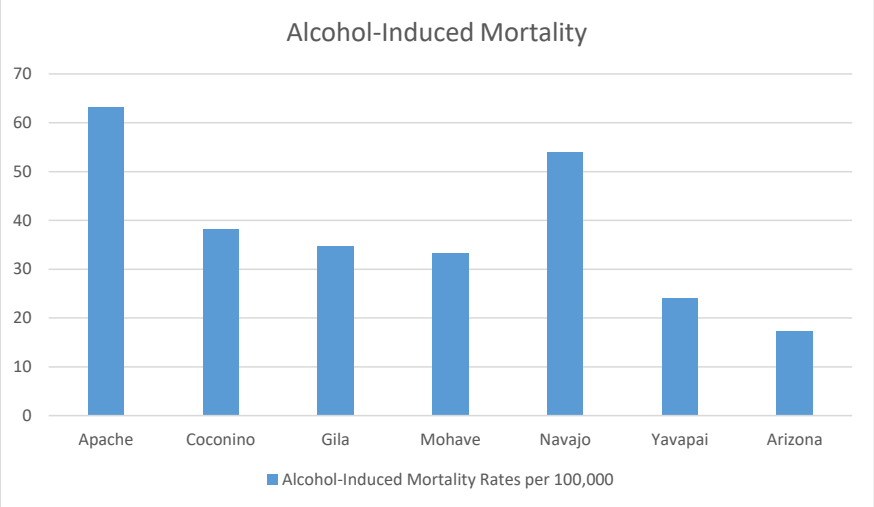
Drug-Induced Deaths

- Drug-induced deaths include those involving prescription opioids.
- The highest rate of drug-induced mortality in the state in 2017 was Gila County at 43.7 per 100,000 individuals.
- Apache County had the lowest rate of drug-induced deaths in the NAH region in 2017 at 8.3 per 100,000.
- The other Northern Arizona counties ranged from 18 to 26.7 per 100,000.



Alcohol-Induced Deaths

- All counties in the NAH region experienced higher alcohol-induced mortality rates than Arizona in 2017.
- The top 2 highest rates of alcohol-induced mortality in the state in 2017 were Apache County and Navajo County, with 63.3 and 53.9 deaths per 100,000 individuals respectively. These are more than triple the rate of Arizona.

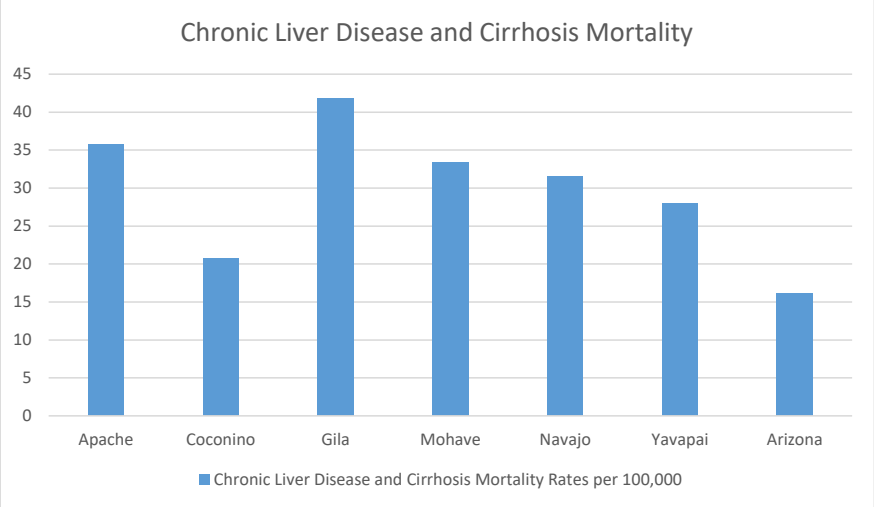


*All cause of death demographic information was taken from *https://pub.azdhs.gov/health-stats/report/ahs/ahs2017/pdf/5e13.pdf*, Arizona Department of Health Services 2017, unless noted otherwise.

Liver Disease*

Chronic Liver Disease and Cirrhosis

- In 2017 all counties in the NAH region had higher mortality rates from chronic liver disease and cirrhosis than Arizona's rate. These rates, along with the alcohol-induced mortality rates for the same counties, suggest high rates of alcohol consumption in the region.
- Gila County had the highest rate of chronic liver disease and cirrhosis mortality, with 41.9 deaths per 100,000 individuals. Coconino had the lowest rate at 20.8, while Arizona's rate was 16.1.



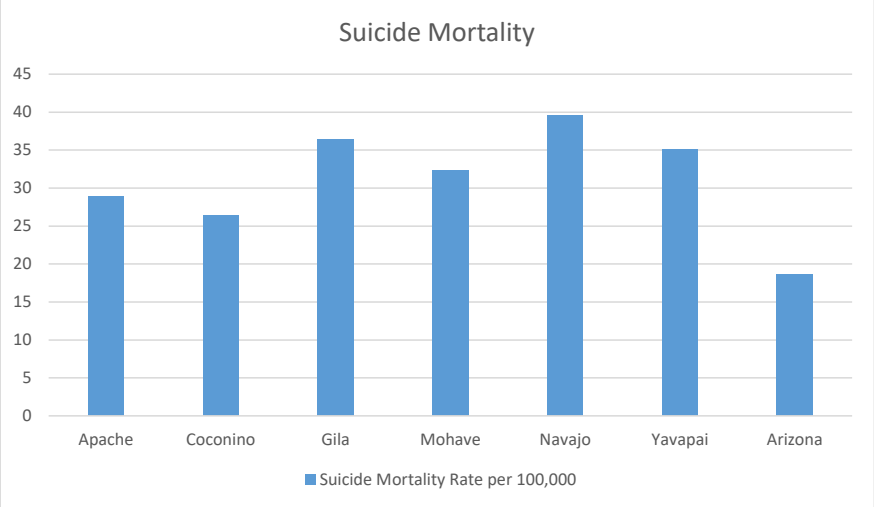
*All cause of death demographic information was taken from *https://pub.azdhs.gov/health-stats/report/ahs/ahs2017/pdf/5e13.pdf*, Arizona Department of Health Services 2017, unless noted otherwise.

Intentional Self-Harm

In 2017 suicide was the 8th leading cause of death in Arizona, while it was the 10th leading cause of death in the United States that same year.* According a 2018 report from Arizona Department of Health Services, "In Arizona…adjusted suicide rates have been rising, from 15.4 to 18.0 between 2006 and 2017."** Additionally, "Trends in suicide rates from 2006 to 2017 demonstrate excessive mortality among White males in comparison to all other groups for most of the period under study."** As of 2017, Arizona has included suicide prevention as a priority in the state's health improvement plan.***

Suicide*

- In 2017 all counties in the NAH region had higher mortality rates from suicide than Arizona.
- Navajo County had the highest rate of suicide mortality, with 39.5 deaths per 100,000 individuals, which is more than double the rate of Arizona.
- Coconino had the lowest rate at 26.4, while Arizona's rate was 18.7.



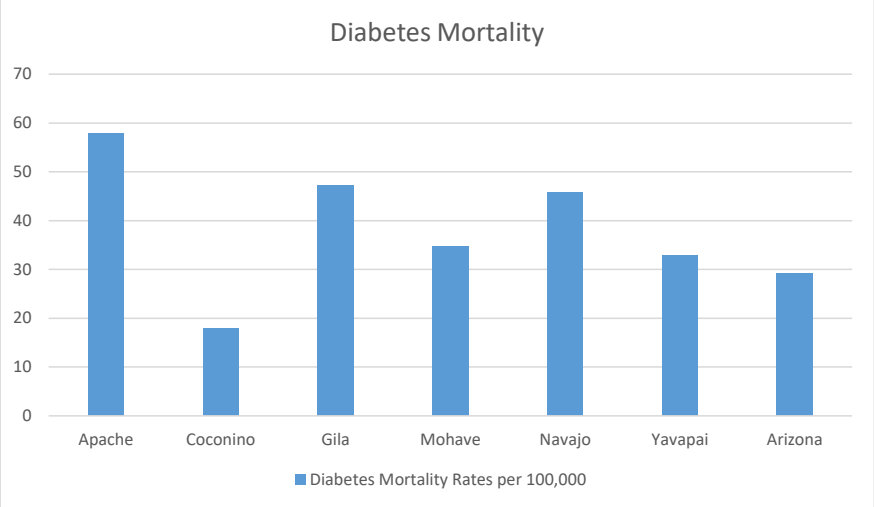
*All cause of death demographic information was taken from *https://pub.azdhs.gov/health-stats/report/ahs/ahs2017/pdf/5e13.pdf*, Arizona Department of Health Services 2017, unless noted otherwise.
**Information taken from *https://pub.azdhs.gov/health-stats/report/suicide/2018/suicide-report-12-2018.pdf,* Arizona Department of Health Services 2018
***Information taken from *https://azdhs.gov/documents/operations/managing-excellence/suicide.pdf*

Diabetes

Diabetes is a condition in which the body does not properly use its insulin. This can mean that there is not enough insulin or it is not being used effectively. If not watched over time, diabetes can lead to major health issues such as heart disease, blindness, kidney failure, and more. There are two different types of diabetes: the first is insulin-dependent diabetes mellitus (IDDM), and the second is non-insulin-dependent diabetes mellitus (NIDDM) or adult-onset diabetes. For either type of diabetes, it is extremely important that a doctor monitor the patient's condition.

Diabetes Deaths*

- All but one county in the NAH Region had higher diabetes mortality rates than Arizona's rate, which was 29.2 per 100,000 individuals.
- Coconino County's 18 deaths per 100,000 was the lowest rate in the region.
- Apache had the highest rate in the region with 57.8 diabetes deaths per 100,000 individuals.



*All demographic information was taken from *https://pub.azdhs.gov/health-stats/report/ahs/ahs2017/pdf/5e13.pdf*, Arizona Department of Health Services 2017

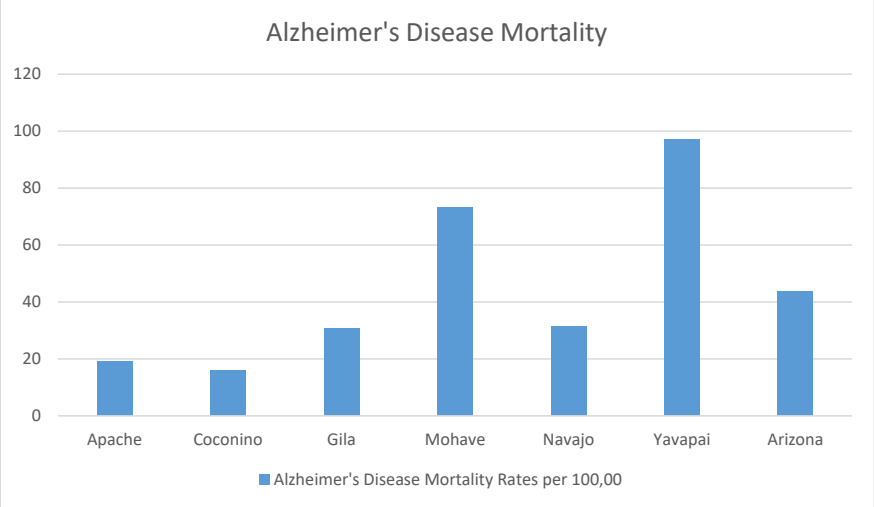
Other Diseases – Non-Infectious

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 the disease. The cause for the disease is still unknown, but the person can begin to change even decades before they discover the disease. Symptoms of Alzheimer's Disease include loss of memory, thinking skills, and ability to carry out easy tasks. Researchers believe it is because of protein deposits in the brain near the hippocampus, which controls memory.

Parkinson's Disease is a central nervous system disorder that causes loss of muscle control. It can impair movement, speech, cognition, bodily functions, and more. There is no cure.

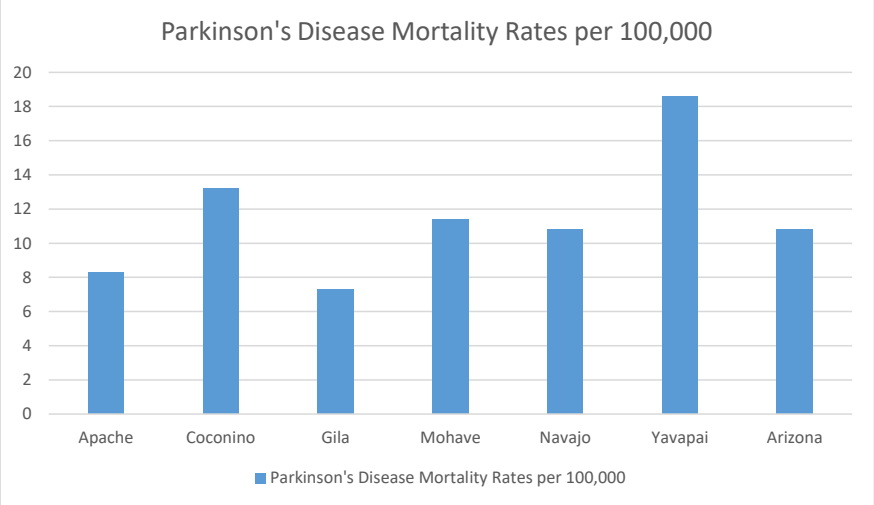
Alzheimer's Disease*

- The highest mortality rate in the NAH region in 2017 for Alzheimer's Disease was 97.2 per 100,000 individuals in Yavapai County.
- The lowest rate in the region was 16 per 100,000 in Coconino.



Parkinson's Disease*

- The highest mortality rate in the NAH region in 2017 for Parkinson's Disease was 18.6 per 100,000 individuals in Yavapai County.
- The lowest rate in the region was 7.3 per 100,000 in Coconino.



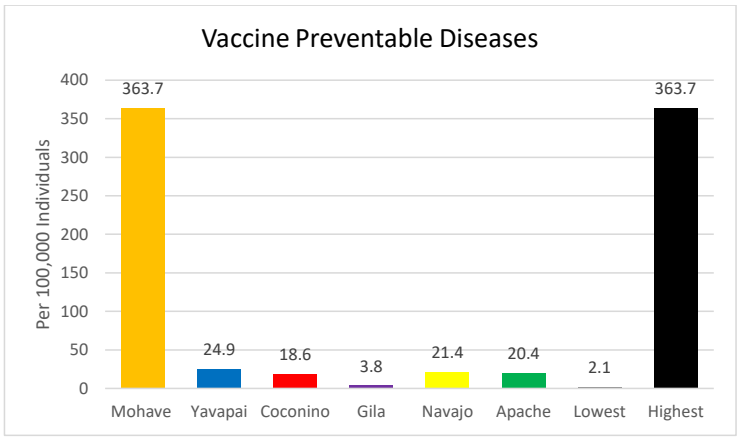
*All demographic information was taken from *https://pub.azdhs.gov/health-stats/report/ahs/ahs2017/pdf/5e13.pdf*, Arizona Department of Health Services 2017

Infectious Disease

Vaccine Preventable Conditions

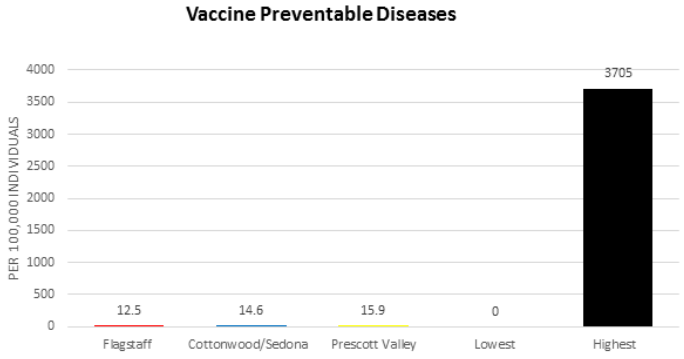
- Mohave County had the highest incidence rate for vaccine preventable diseases in 2013 out of all 15 Arizona counties.
- The primary care areas of Flagstaff, Prescott Valley, and Cottonwood/Sedona all had an incidence rate that was less than 20 per 100,000 individuals. This does not show a significant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

By Counties



Lowest – Santa Cruz **Highest – Mohave**

By Primary Care Area



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										

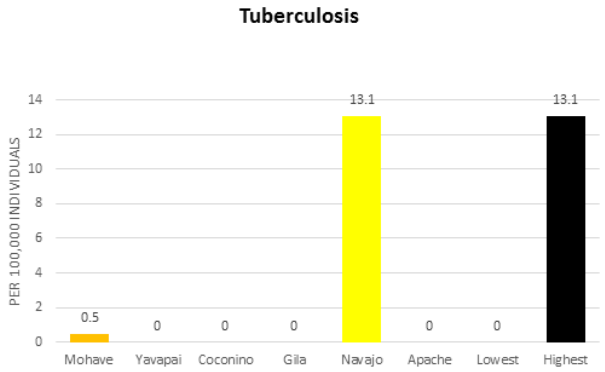
AZ Kindergarton Immunization Coverage Levels 2014-15 School Year								
County	# Enrolled	4+DTaP	3+Polio	2+MMR	3+ Hep B	+1 Varice	Personal Exempt	Medical Exempt
Apache	997	96.90%	95.70%	96.30%	97.60%	96.80%	2.20%	0.60%
Coconino	1414	93.90%	94.30%	94.10%	95.70%	96.30%	5.10%	0.70%
Gila	694	94.70%	94.80%	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

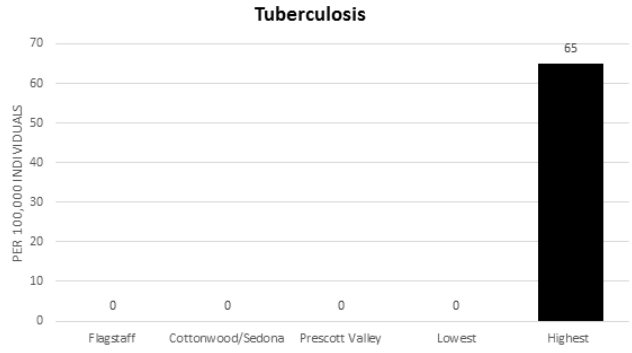
- In 2013 the counties of Yavapai, Coconino, Gila, and Apache did not have any cases of Tuberculosis.
- Navajo county reported the highest incidence rate for Tuberculosis in the state of Arizona.
- The primary care areas of Flagstaff, Prescott Valley, and Cottonwood/Sedona did not report any cases of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

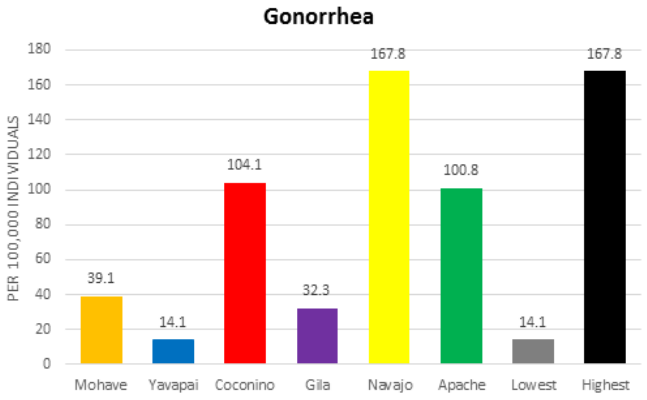
NC- In Navajo County during 2010, the rates of genital herpes, gonorrhea, and syphilis were 21.4, 33.5, and 1.9 respectively. This is compared to the state of Arizona, which had a rate of 29.0 for genital herpes, 50.8 for gonorrhea, and 3.6 for syphilis.18 The rates for these three STDs were lower in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

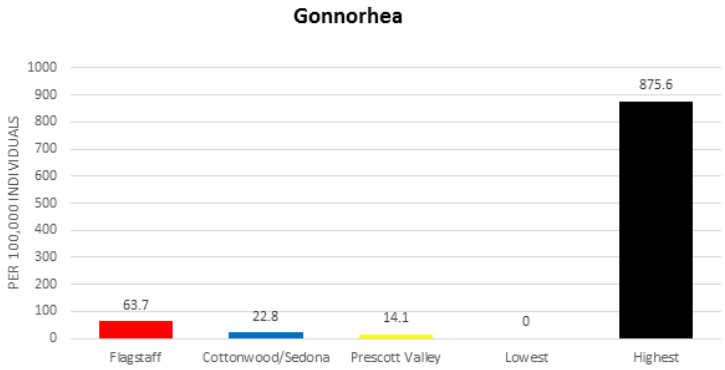
- In 2013 the annual average incidence rate of gonorrhea for Coconino County was 104.1 per 100,000 individuals.
- Navajo County held the highest incidence rate for gonorrhea in 2013 at 167.8.
- The primary care area of flagstaff reported 63.7 per 100,000 individual cases of gonorrhea in 2013.

By Counties



Lowest – Yavapai **Highest - Navajo**

By Primary Care Areas

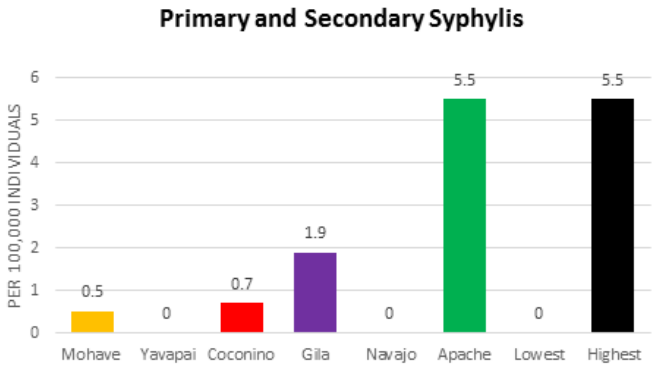


Lowest – Multiple with Zero **Highest – White Mountain Apache Tribe**

Syphilis

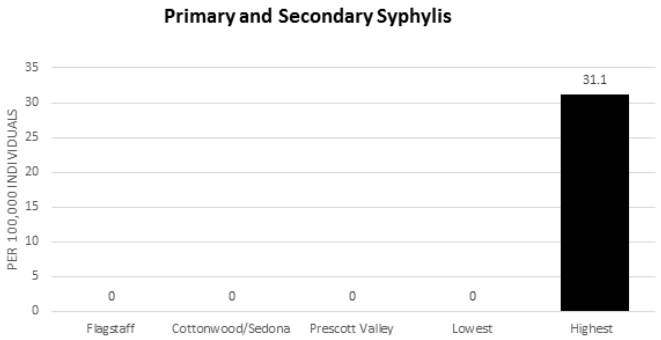
- Coconino County was found to have an incidence rate for primary and secondary syphilis of .7 per 100,000 individuals in 2013.
- Apache County held the highest incidence rate with 5.5 per 100,000 individuals that were reported to have primary or secondary syphilis.
- The primary care areas of Flagstaff, 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

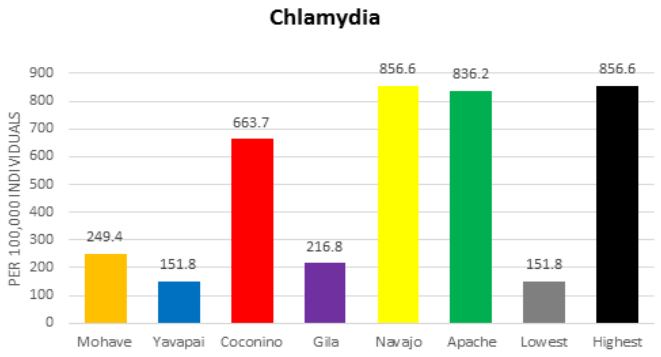


Lowest – Multiple with Zero **Highest – Salt River Pima-Maricopa Community**

Chlamydia

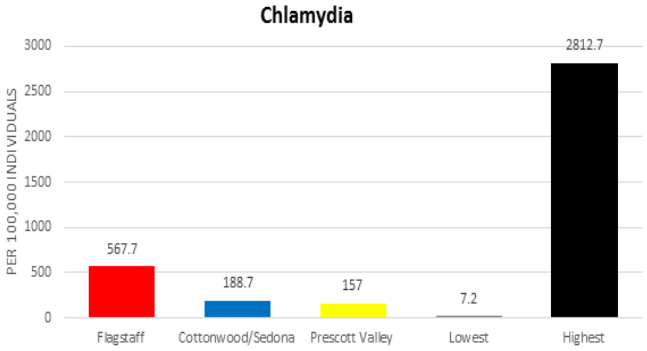
- Northern Arizona reported some of the highest incidence rates for chlamydia with Coconino, Apache, and Navajo coming in at 13th, 14th, and 15th respectively out of the 15 counties of Arizona.
- Coconino County had an incidence rate of 663.7 per 100,000 individuals in 2013.
- Navajo County reported 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

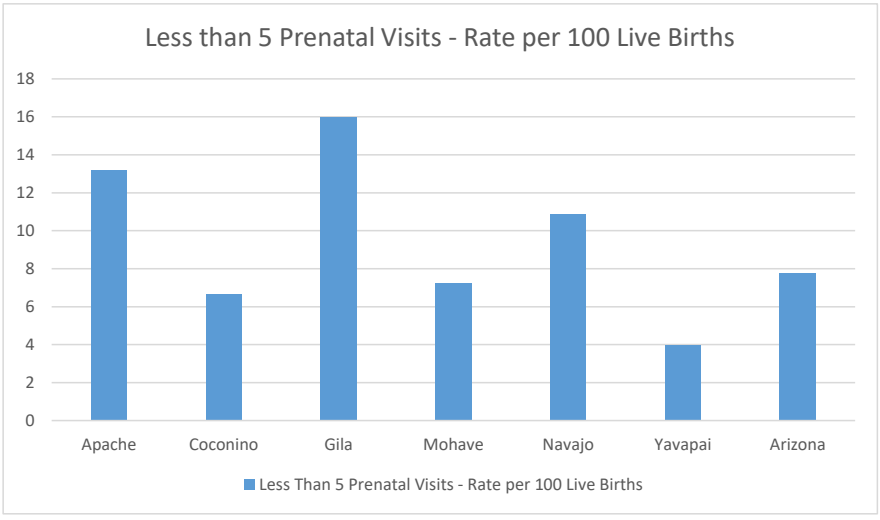


Lowest – Sun City West **Highest – White Mountain Apache Tribe**

Births*

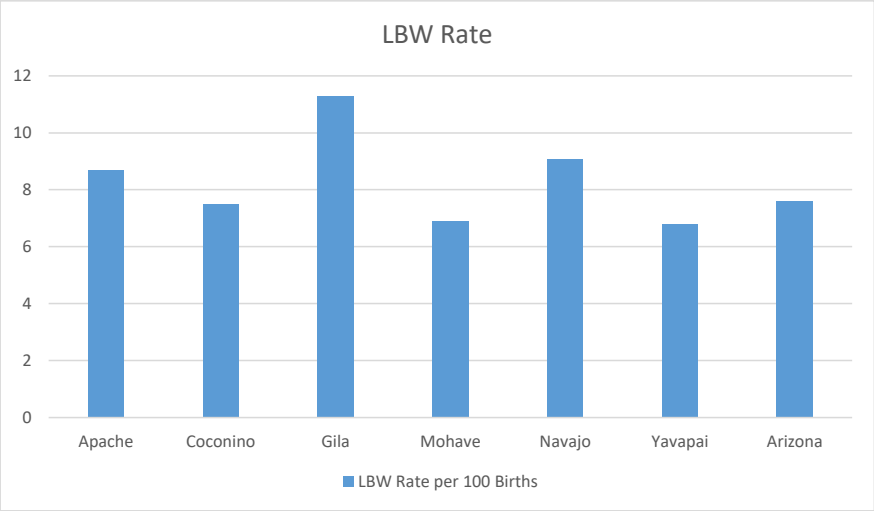
Prenatal Care Visits

- In the NAH region in 2018, Gila County had the highest rate of pregnant women who had less than 5 prenatal visits, with 16 per 100 live births. Yavapai had the lowest rate at 3.95 per 100 live births.



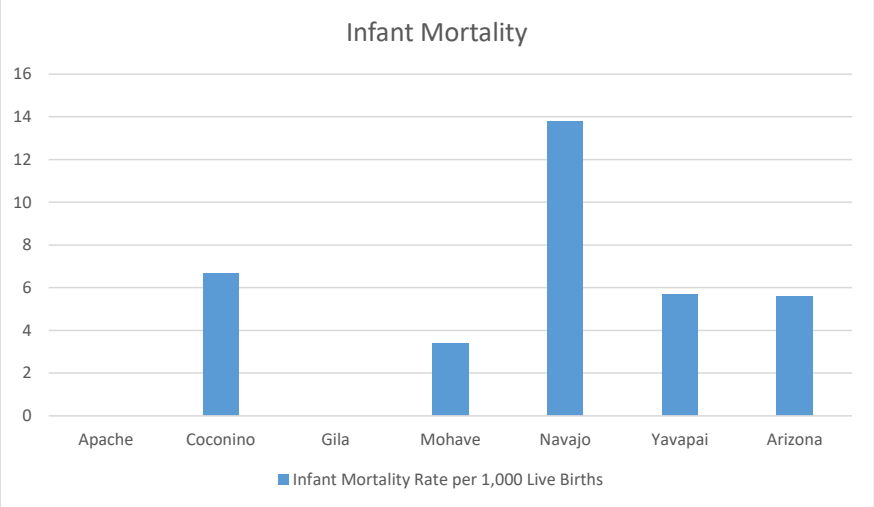
Low Birthweight (LBW)

- In the NAH region in 2018, Gila County had the highest rate of low weight births at 11.3 per 100 live births.
- Mohave County had the lowest rate in the region, with 6.9 low weight births per 100.



Infant Mortality

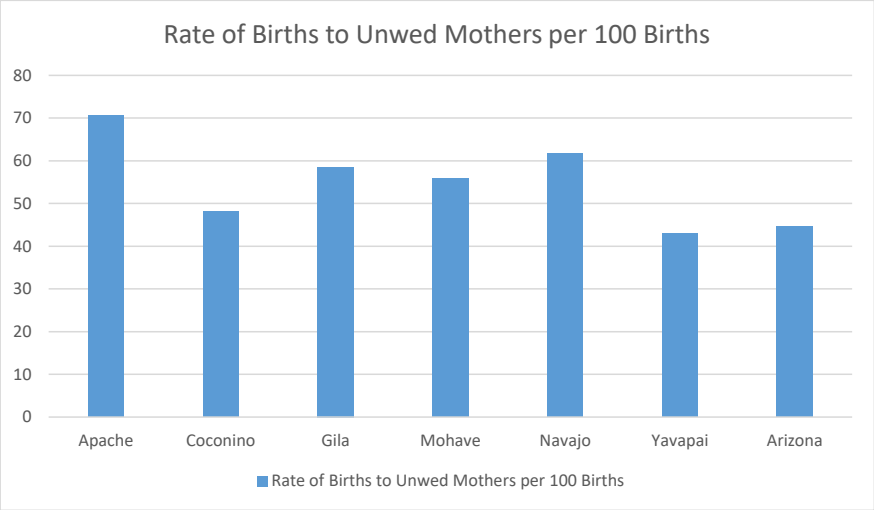
- Apache and Gila Counties had less than 6 infant mortalities per 1,000 live births in 2018, which equates to rate of approximately 0.
- Navajo County had the highest rate of infant mortality in the NAH region in 2018 with 13.8 per 1,000 live births.



Family Planning

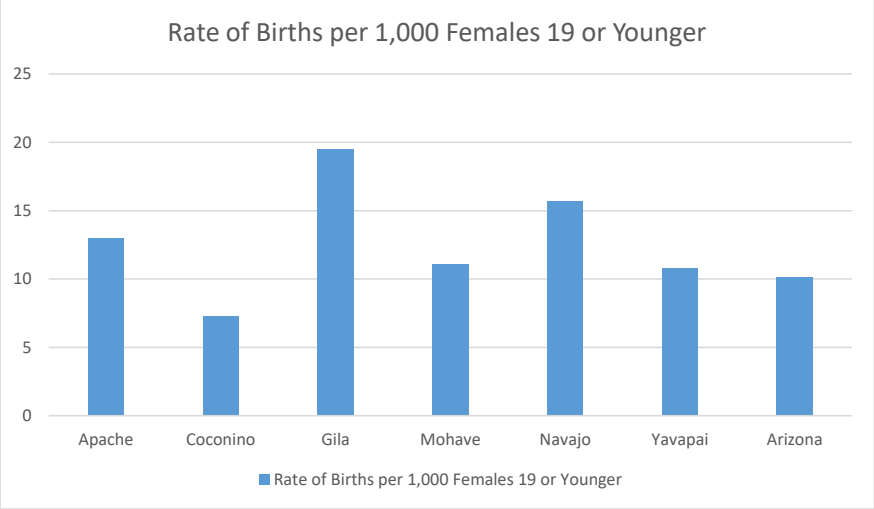
Birth to Unwed Mothers

- In the NAH region, Apache County held the highest rate of a birth to unwed mothers in 2018 with a rate of 70.7 per 100 births.
- Yavapai County had the lowest rate in the region with a rate of 43 per 10 live births, which is nearing the Arizona rate of 44.6.



Birth to Teen Mothers (Females 19 or Younger)

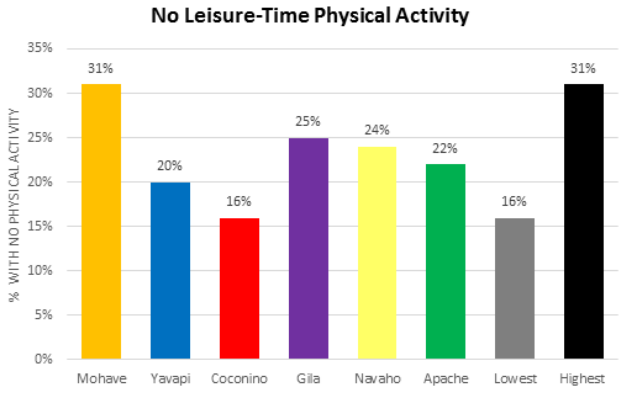
- In the NAH region in 2018, Gila County reported the highest rate of births to teen mothers with a rate of 19.5 births per 1,000 females age 19 or younger. This was not quite double the rate of Arizona, which was 10.1 per 1,000 teen females.
- Coconino County reported the lowest rate in the region with 7.3 births per 1,000 females age 19 or younger.



*All data taken from *https://pub.azdhs.gov/health-stats/report/avs/avs18/pdf/avs2018.pdf* unless otherwise noted

Modifiable Health Risks

Leisure-Time Physical Activity

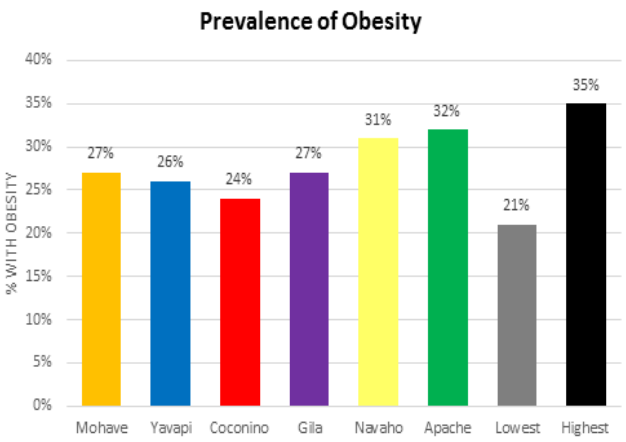


Lowest – Coconino **Highest – Mohave**

Source – countyhealthrankings.org 2011

Obesity and Overweight Status

- 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.
- 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.
- In Yavapai County, the percent of adults that report a BMI ≥ 30 is 20%.

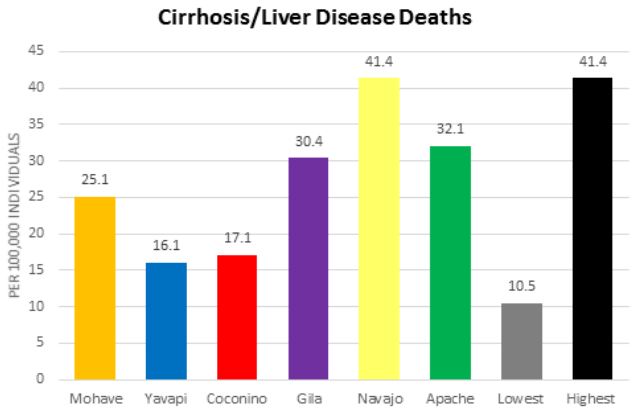


Lowest – Santa Cruz **Highest – Greenlee**

Source – countyhealthrankings.org 2011

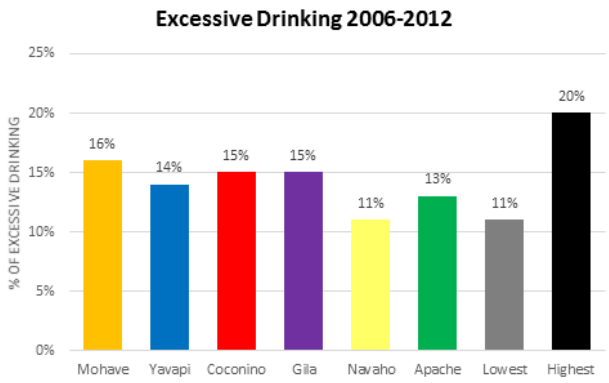
Substance Abuse

Age-Adjusted Cirrhosis/Liver Disease Deaths



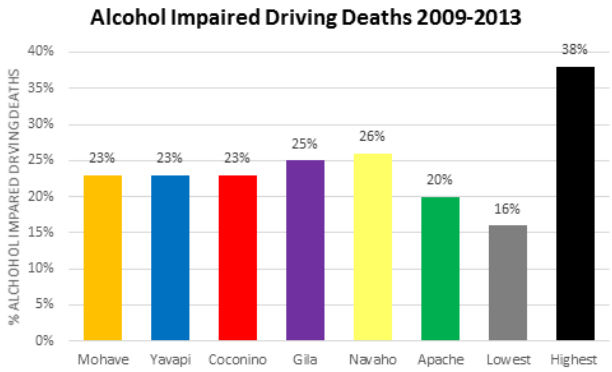
Lowest – Yuma **Highest – Navajo**

High-Risk Alcohol Use



Lowest – Navajo **Highest – La Paz**

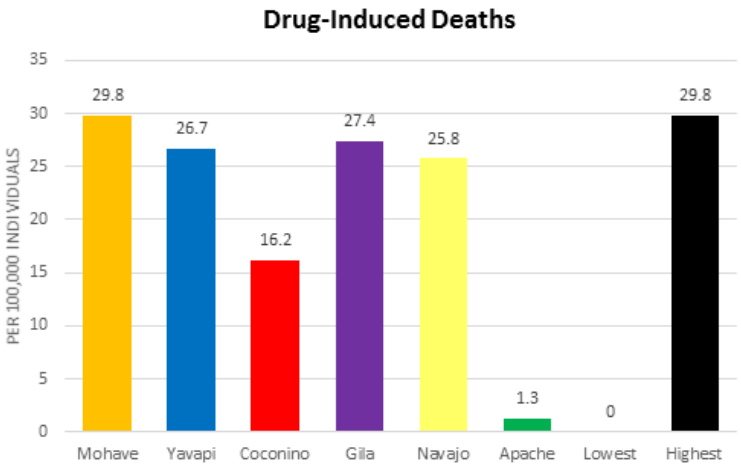
Source – countyhealthrankings.org



Lowest – Cochise **Highest – Graham**

Source – countyhealthrankings.org

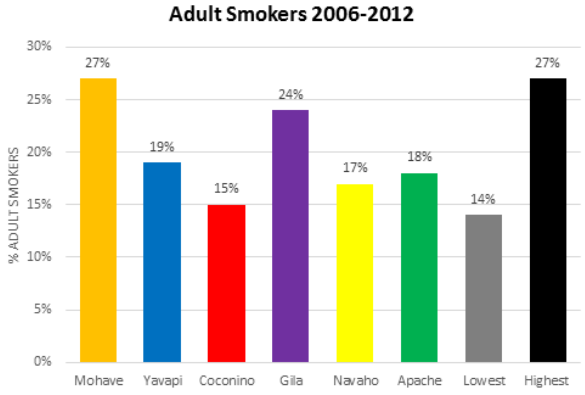
Drug-Induced Deaths



Lowest – Greenlee Highest – Mohave

Tobacco & Cigarette Use

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

Oral health of Arizona preschool children remains below national recommendations (*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.

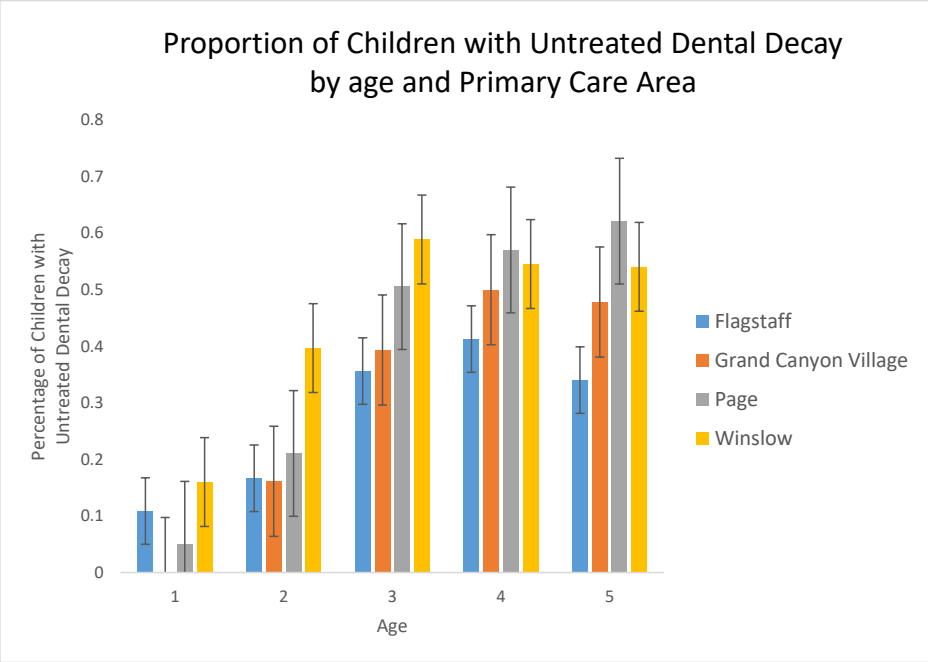
Methods: Preschool children received oral health screenings at 100 randomly selected licensed child care centers with classroom sizes of ten pupils or more. The screenings of 989 children were completed during the fall of 2008 through the spring of 2009. The survey involved a standardized cross-sectional, 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.

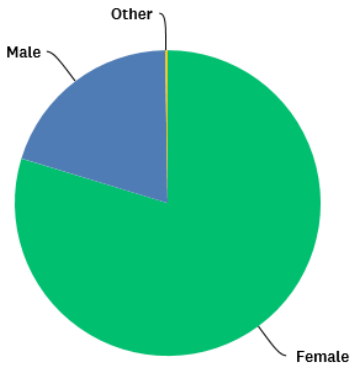
2019 Community Needs Survey

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 (79.71%), married (64.32%), white (86.32%), and/or not of Spanish, Hispanic, or Latino descent (91.20%). The following tables and graphs provide descriptive statistics regarding the survey respondents' demographics.

What is your gender?

Answered: 2,006 Skipped: 6

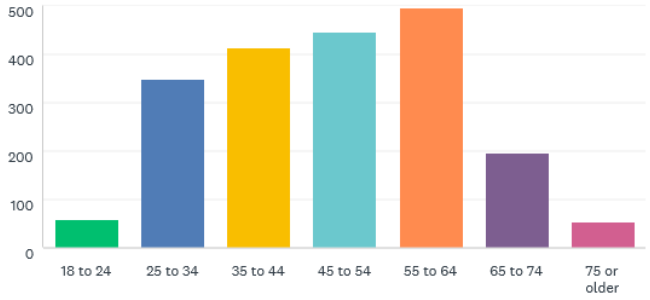


ANSWER CHOICES	RESPONSES	
Female (1)	79.71%	1,599
Male (2)	20.04%	402
Other (3)	0.25%	5
TOTAL		2,006

BASIC STATISTICS				
Minimum	Maximum	Median	Mean	Standard Deviation
1.00	3.00	1.00	1.21	0.41

What is your age?

Answered: 2,005 Skipped: 7

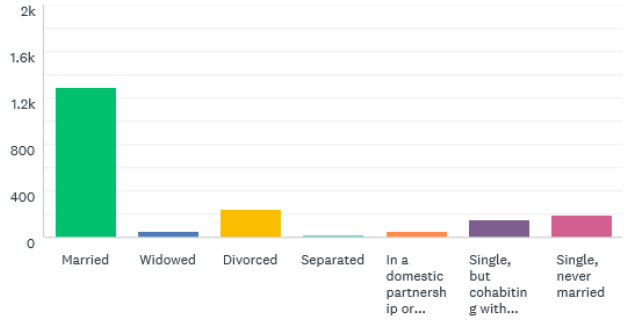


ANSWER CHOICES	RESPONSES	
18 to 24 (1)	2.89%	58
25 to 34 (2)	17.31%	347
35 to 44 (3)	20.55%	412
45 to 54 (4)	22.14%	444
55 to 64 (5)	24.69%	495
65 to 74 (6)	9.78%	196
75 or older (7)	2.64%	53
TOTAL		2,005

BASIC STATISTICS				
Minimum	Maximum	Median	Mean	Standard Deviation
1.00	7.00	4.00	3.88	1.42

Which of the following best describes your current relationship status?

Answered: 2,004 Skipped: 8



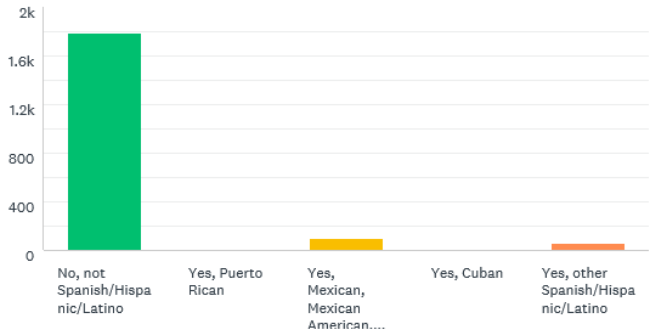
ANSWER CHOICES	RESPONSES	
Married (1)	64.32%	1,289
Widowed (2)	2.74%	55
Divorced (3)	12.13%	243
Separated (4)	1.00%	20
In a domestic partnership or civil union (5)	2.69%	54
Single, but cohabiting with a significant other (6)	7.63%	153
Single, never married (7)	9.48%	190
TOTAL		2,004

BASIC STATISTICS

Minimum	Maximum	Median	Mean	Standard Deviation
1.00	7.00	1.00	2.36	2.12

Are you of Spanish, Hispanic or Latino origin or descent?

Answered: 1,965 Skipped: 47

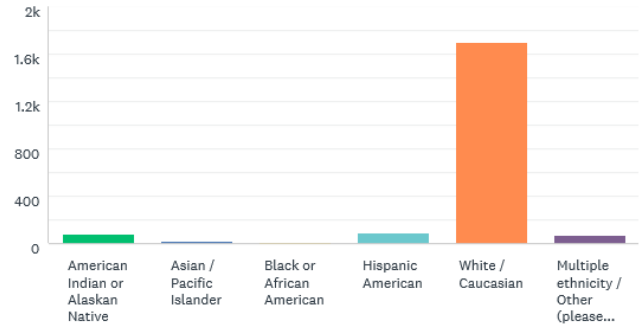


ANSWER CHOICES	RESPONSES	
No, not Spanish/Hispanic/Latino (1)	91.20%	1,792
Yes, Puerto Rican (2)	0.41%	8
Yes, Mexican, Mexican American, Chicano (3)	4.89%	96
Yes, Cuban (4)	0.20%	4
Yes, other Spanish/Hispanic/Latino (5)	3.31%	65
TOTAL		1,965

BASIC STATISTICS				
Minimum	Maximum	Median	Mean	Standard Deviation
1.00	5.00	1.00	1.24	0.83

Which race/ethnicity best describes you? (Please choose only one.)

Answered: 1,966 Skipped: 46

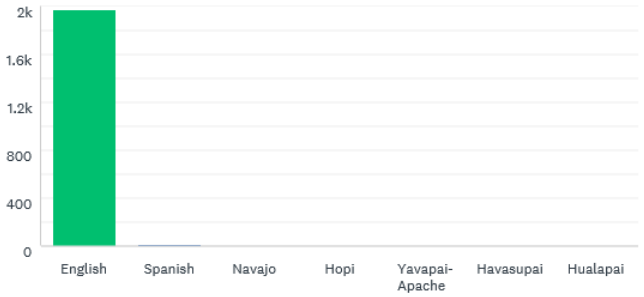


ANSWER CHOICES		RESPONSES	
American Indian or Alaskan Native (1)		4.07%	80
Asian / Pacific Islander (2)		1.22%	24
Black or African American (3)		0.41%	8
Hispanic American (4)		4.63%	91
White / Caucasian (5)		86.32%	1,697
Multiple ethnicity / Other (please specify) (6)	Responses	3.36%	66
TOTAL			1,966

BASIC STATISTICS				
Minimum	Maximum	Median	Mean	Standard Deviation
1.00	6.00	5.00	4.78	0.90

What language do you speak most often at home?

Answered: 1,980 Skipped: 32



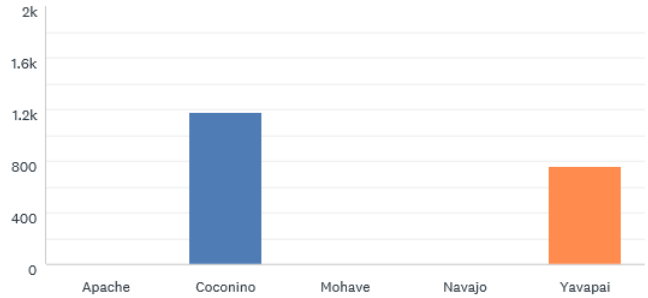
ANSWER CHOICES	RESPONSES	
English (1)	99.29%	1,966
Spanish (2)	0.45%	9
Navajo (3)	0.10%	2
Hopi (4)	0.00%	0
Yavapai- Apache (5)	0.05%	1
Havasupai (6)	0.00%	0
Hualapai (7)	0.00%	0
TOTAL		1,980

Comments (21)

BASIC STATISTICS				
Minimum	Maximum	Median	Mean	Standard Deviation
1.00	5.00	1.00	1.01	0.13

In what county do you live?

Answered: 1,973 Skipped: 39



ANSWER CHOICES	RESPONSES	
Apache (1)	0.20%	4
Coconino (2)	60.06%	1,185
Mohave (3)	0.30%	6
Navajo (4)	0.56%	11
Yavapai (5)	38.52%	760
TOTAL		1,973

Comments (9)

BASIC STATISTICS				
Minimum	Maximum	Median	Mean	Standard Deviation
1.00	5.00	2.00	3.17	1.46

In what ZIP code is your home located? (enter 5-digit ZIP code; for example, 00544 or 94305)

Answered: 1,953 Skipped: 59

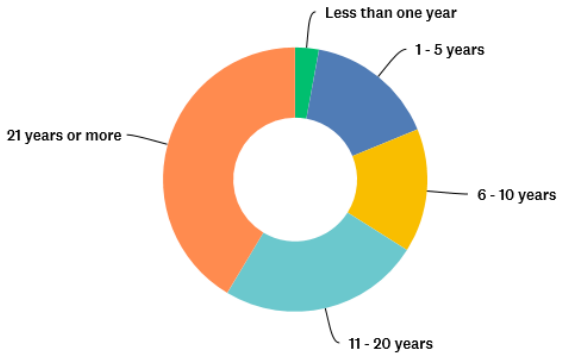
RESPONSES (1,953) WORD CLOUD TAGS (0)

Cloud View List View Search responses

86004		24.32%	475
86001		20.84%	407
86326		16.64%	325
86005		11.42%	223
86325		4.15%	81
86324		3.58%	70
86336		2.87%	56
86322		2.66%	52
86351		1.64%	32
86314		1.18%	23

How long have you lived in Northern Arizona?

Answered: 1,973 Skipped: 39

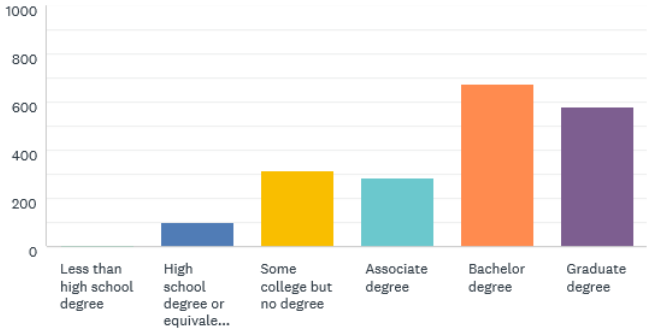


ANSWER CHOICES	RESPONSES	
Less than one year (1)	2.89%	57
1 - 5 years (2)	15.91%	314
6 - 10 years (3)	15.15%	299
11 - 20 years (4)	24.63%	486
21 years or more (5)	41.41%	817
TOTAL		1,973

BASIC STATISTICS				
Minimum	Maximum	Median	Mean	Standard Deviation
1.00	5.00	4.00	3.86	1.20

What is the highest level of school you have completed or the highest degree you have received?

Answered: 1,962 Skipped: 50

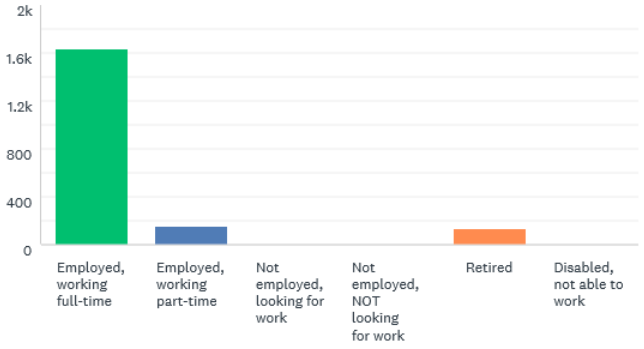


ANSWER CHOICES	RESPONSES	
Less than high school degree (1)	0.25%	5
High school degree or equivalent (e.g., GED) (2)	5.05%	99
Some college but no degree (3)	16.16%	317
Associate degree (4)	14.53%	285
Bachelor degree (5)	34.51%	677
Graduate degree (6)	29.51%	579
TOTAL		1,962

BASIC STATISTICS				
Minimum	Maximum	Median	Mean	Standard Deviation
0.00	5.00	4.00	3.67	1.21

Which of the following categories best describes your employment status?

Answered: 1,964 Skipped: 48

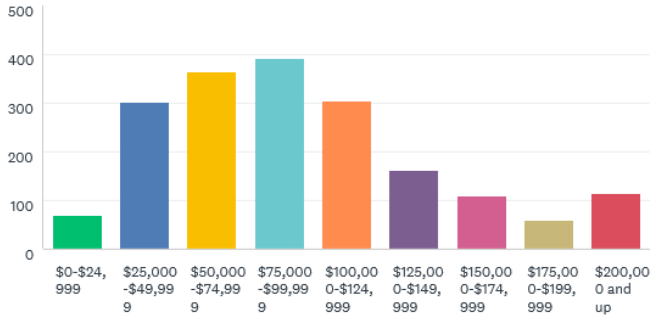


ANSWER CHOICES	RESPONSES	
Employed, working full-time (1)	83.60%	1,642
Employed, working part-time (2)	8.30%	163
Not employed, looking for work (3)	0.20%	4
Not employed, NOT looking for work (4)	0.31%	6
Retired (5)	6.92%	136
Disabled, not able to work (6)	0.66%	13
TOTAL		1,964

BASIC STATISTICS				
Minimum	Maximum	Median	Mean	Standard Deviation
0.00	5.00	0.00	0.41	1.11

What is your approximate average household income?

Answered: 1,882 Skipped: 130

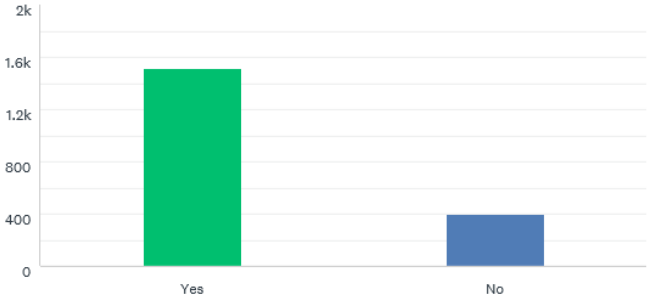


ANSWER CHOICES	RESPONSES	
$0-$24,999 (1)	3.72%	70
$25,000-$49,999 (2)	16.05%	302
$50,000-$74,999 (3)	19.34%	364
$75,000-$99,999 (4)	20.83%	392
$100,000-$124,999 (5)	16.21%	305
$125,000-$149,999 (6)	8.66%	163
$150,000-$174,999 (7)	5.90%	111
$175,000-$199,999 (8)	3.24%	61
$200,000 and up (9)	6.06%	114
TOTAL		1,882

BASIC STATISTICS				
Minimum	Maximum	Median	Mean	Standard Deviation
1.00	9.00	4.00	4.32	2.03

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?

Answered: 1,910 Skipped: 102

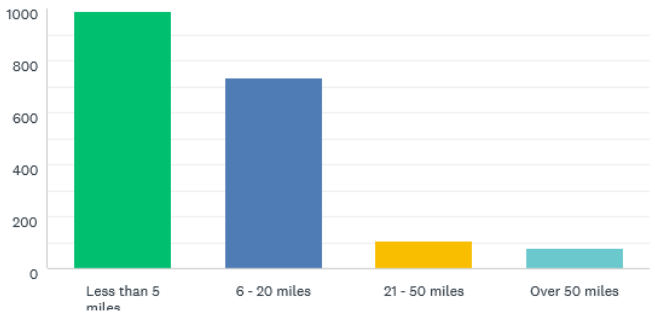


ANSWER CHOICES	RESPONSES	
Yes (1)	79.16%	1,512
No (2)	20.84%	398
TOTAL		1,910

BASIC STATISTICS				
Minimum	Maximum	Median	Mean	Standard Deviation
1.00	2.00	1.00	1.21	0.41

How far do your travel to receive medical care?

Answered: 1,908 Skipped: 104



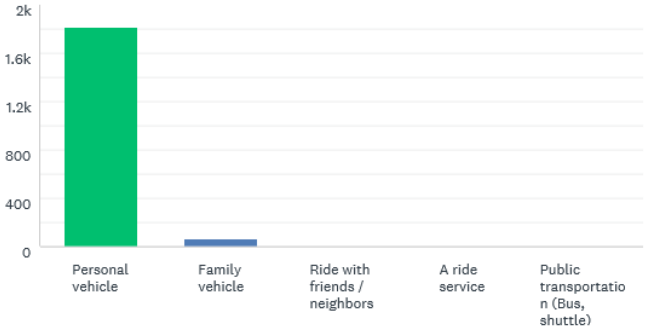
ANSWER CHOICES	RESPONSES	
Less than 5 miles (1)	51.83%	989
6 - 20 miles (2)	38.47%	734
21 - 50 miles (3)	5.66%	108
Over 50 miles (4)	4.04%	77
TOTAL		1,908

BASIC STATISTICS

Minimum	Maximum	Median	Mean	Standard Deviation
1.00	4.00	1.00	1.62	0.77

What is your typical transportation to medical appointments?

Answered: 1,913 Skipped: 99

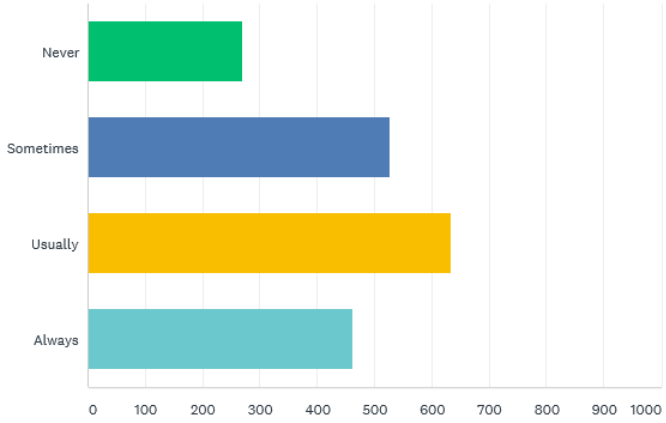


ANSWER CHOICES	RESPONSES	
Personal vehicle (1)	95.14%	1,820
Family vehicle (2)	3.45%	66
Ride with friends / neighbors (3)	0.68%	13
A ride service (4)	0.10%	2
Public transportation (Bus, shuttle) (5)	0.63%	12
TOTAL		1,913

BASIC STATISTICS				
Minimum	Maximum	Median	Mean	Standard Deviation
1.00	5.00	1.00	1.08	0.41

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 as you thought you needed?

Answered: 1,894 Skipped: 118

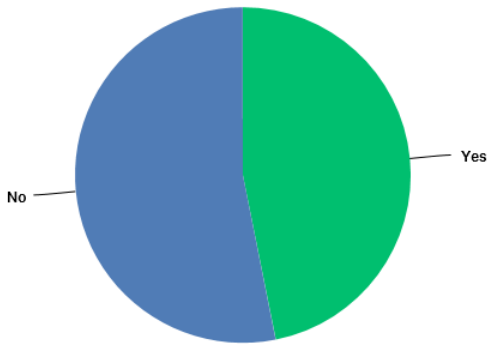


ANSWER CHOICES	RESPONSES	
Never (1)	14.26%	270
Sometimes (2)	27.88%	528
Usually (3)	33.42%	633
Always (4)	24.45%	463
TOTAL		1,894

BASIC STATISTICS				
Minimum	Maximum	Median	Mean	Standard Deviation
1.00	4.00	3.00	2.68	1.00

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?

Answered: 1,903 Skipped: 109

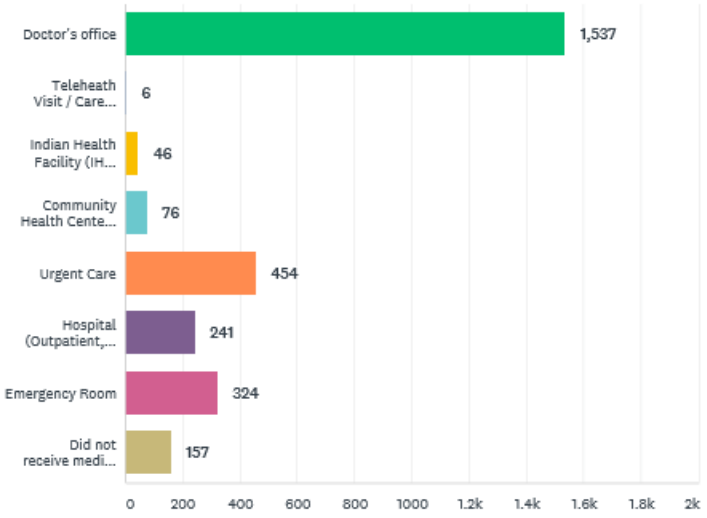


ANSWER CHOICES	RESPONSES	
Yes (1)	46.87%	892
No (2)	53.13%	1,011
TOTAL		1,903

BASIC STATISTICS				
Minimum	Maximum	Median	Mean	Standard Deviation
1.00	2.00	2.00	1.53	0.50

In the past 12 months, where have you gone to get medical care?Check all that apply.

Answered: 1,910 Skipped: 102



ANSWER CHOICES	RESPONSES	
Doctor's office (1)	80.47%	1,537
Teleheath Visit / Care on line (2)	0.31%	6
Indian Health Facility (IHS, Tribal, Urban) (3)	2.41%	46
Community Health Center or Clinic (4)	3.98%	76
Urgent Care (5)	23.77%	454
Hospital (Outpatient, Inpatient, Labor and Delivery) (6)	12.62%	241
Emergency Room (7)	16.96%	324
Did not receive medical care in the past 12 months (8)	8.22%	157
Total Respondents: 1,910		

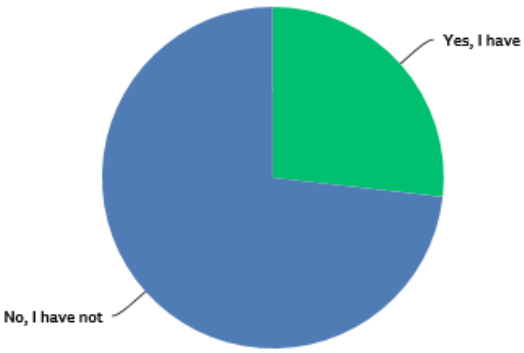
Comments (76)

BASIC STATISTICS

Minimum	Maximum	Median	Mean	Standard Deviation
1.00	8.00	1.00	3.25	2.60

In the last 12 months, have you delayed or avoided medical care because you were not able to pay for it?

Answered: 1,885 Skipped: 127

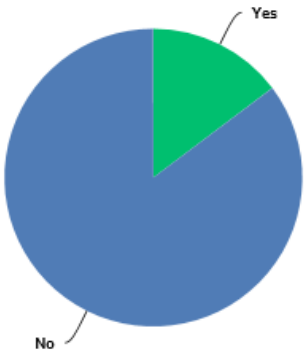


ANSWER CHOICES	RESPONSES	
Yes, I have (1)	26.79%	505
No, I have not (2)	73.21%	1,380
TOTAL		1,885

BASIC STATISTICS				
Minimum	Maximum	Median	Mean	Standard Deviation
1.00	2.00	2.00	1.73	0.44

In the last 12 months, have you tried to get medical care and were not able to?

Answered: 1,887 Skipped: 125

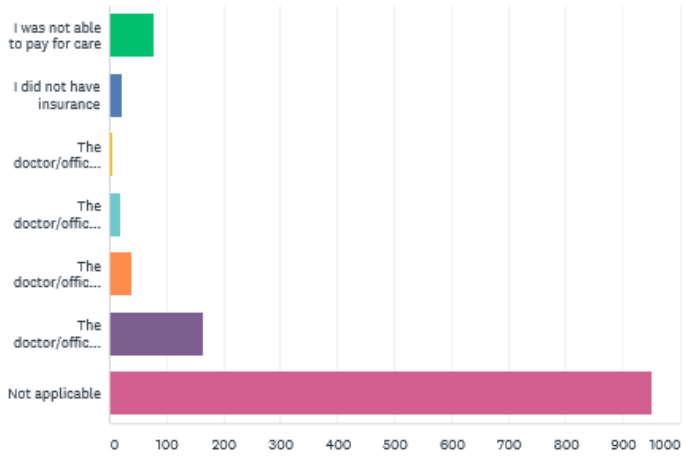


ANSWER CHOICES	RESPONSES	
Yes (1)	14.73%	278
No (2)	85.27%	1,609
TOTAL		1,887

BASIC STATISTICS				
Minimum	Maximum	Median	Mean	Standard Deviation
1.00	2.00	2.00	1.85	0.35

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

Answered: 1,318 Skipped: 694



ANSWER CHOICES	RESPONSES	
I was not able to pay for care (1)	5.92%	78
I did not have insurance (2)	1.52%	20
The doctor/office did not take my Medicare, Medicaid or AHCCCS plan (3)	0.53%	7
The doctor/office did not take my insurance (4)	1.44%	19
The doctor/office was not taking new patients (5)	2.96%	39
The doctor/office/clinic didn't have any appointments as soon as I needed (6)	12.37%	163
Not applicable (7)	72.08%	950
TOTAL		1,318

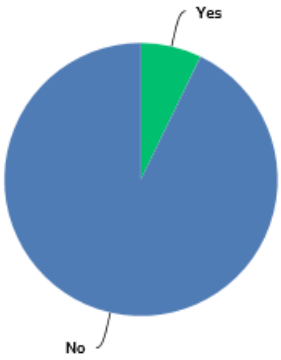
Comments (71)

BASIC STATISTICS

Minimum	Maximum	Median	Mean	Standard Deviation
1.00	7.00	7.00	6.30	1.60

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?

Answered: 1,876 Skipped: 136

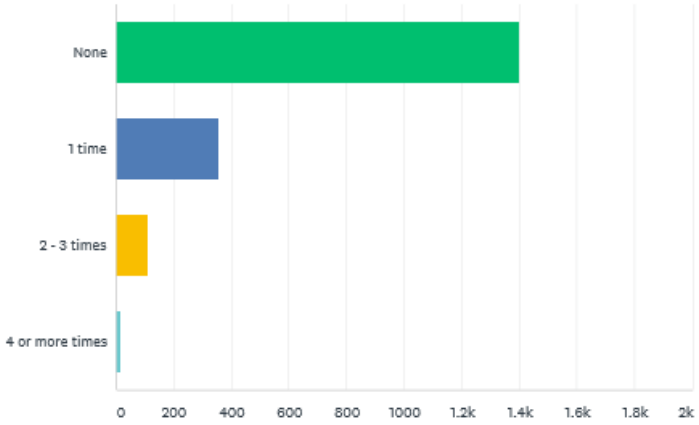


ANSWER CHOICES	RESPONSES	
Yes (1)	7.20%	135
No (2)	92.80%	1,741
TOTAL		1,876

BASIC STATISTICS				
Minimum	Maximum	Median	Mean	Standard Deviation
1.00	2.00	2.00	1.93	0.26

In the last 12 months, how many times did you go to a hospital emergency room?

Answered: 1,885 Skipped: 127



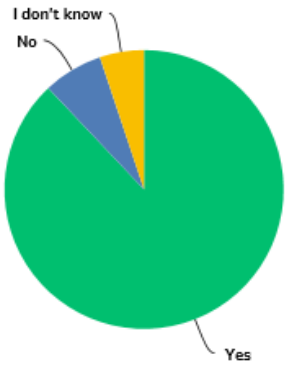
ANSWER CHOICES	RESPONSES	
None (1)	74.43%	1,403
1 time (2)	18.83%	355
2 - 3 times (3)	5.89%	111
4 or more times (4)	0.85%	16
TOTAL		1,885

BASIC STATISTICS

Minimum	Maximum	Median	Mean	Standard Deviation
1.00	4.00	1.00	1.33	0.62

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.)

Answered: 1,837 Skipped: 175

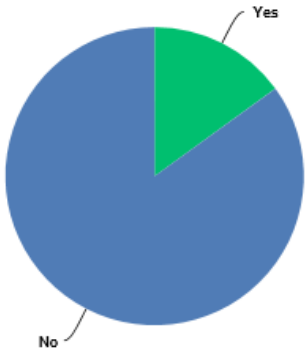


ANSWER CHOICES	RESPONSES	
Yes (1)	87.97%	1,616
No (2)	6.91%	127
I don't know (3)	5.12%	94
TOTAL		1,837

BASIC STATISTICS				
Minimum	Maximum	Median	Mean	Standard Deviation
1.00	3.00	1.00	1.17	0.49

Have you seen a behavioral or mental health provider in the last 12 months?

Answered: 1,870 Skipped: 142

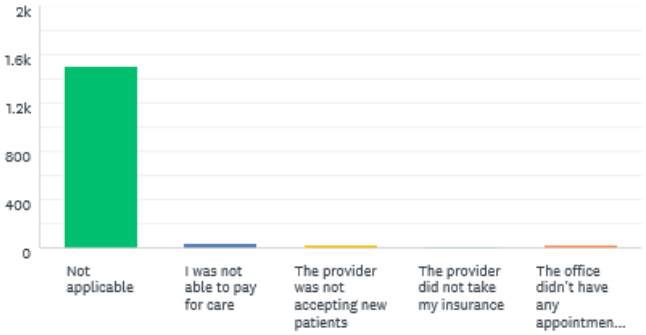


ANSWER CHOICES	RESPONSES	
Yes (1)	15.03%	281
No (2)	84.97%	1,589
TOTAL		1,870

BASIC STATISTICS				
Minimum	Maximum	Median	Mean	Standard Deviation
1.00	2.00	2.00	1.85	0.36

If you needed to see a mental health provider in the last 12 months, but did not, why not?

Answered: 1,661 Skipped: 351



ANSWER CHOICES	RESPONSES	
Not applicable (1)	90.67%	1,506
I was not able to pay for care (2)	2.65%	44
The provider was not accepting new patients (3)	1.69%	28
The provider did not take my insurance (4)	1.26%	21
The office didn't have any appointments as soon as I needed (5)	1.69%	28
TOTAL		1,661

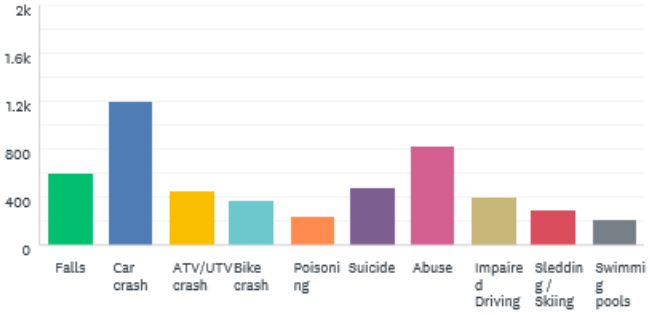
Comments (46)

BASIC STATISTICS

Minimum	Maximum	Median	Mean	Standard Deviation
1.00	5.00	1.00	1.17	0.68

What is the biggest accident risk to children in northern Arizona? Choose up to 3.

Answered: 1,808 Skipped: 204



ANSWER CHOICES	RESPONSES	
Falls (1)	33.13%	599
Car crash (2)	66.65%	1,205
ATV/UTV crash (3)	25.66%	464
Bike crash (4)	20.24%	366
Poisoning (5)	13.38%	242
Suicide (6)	26.55%	480
Abuse (7)	45.96%	831
Impaired Driving (8)	21.90%	396
Sledding / Skiing (9)	15.87%	287
Swimming pools (10)	12.11%	219
Total Respondents: 1,808		

BASIC STATISTICS

Minimum	Maximum	Median	Mean	Standard Deviation
1.00	10.00	4.00	4.66	2.79

Do you wear a seatbelt when you are in a car?

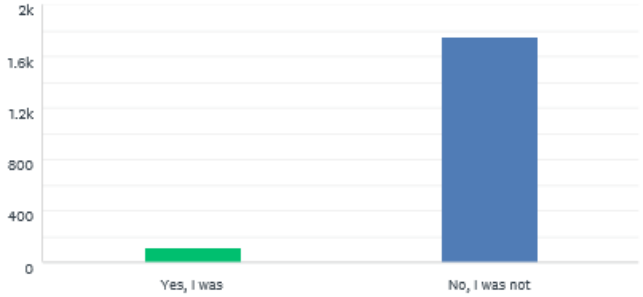
Answered: 1,869 Skipped: 143

ANSWER CHOICES	RESPONSES	
Yes (1)	98.07%	1,833
No, My parents didn't/don't wear one (2)	0.16%	3
No, I am safer without it (3)	0.05%	1
No, I don't want to (4)	0.86%	16
No, it doesn't fit me correctly (5)	0.21%	4
No, other reason (6)	0.64%	12
TOTAL		1,869

BASIC STATISTICS				
Minimum	Maximum	Median	Mean	Standard Deviation
1.00	6.00	1.00	1.07	0.62

Were you without health insurance for any amount of time in the past 12 months, or not?

Answered: 1,861 Skipped: 151

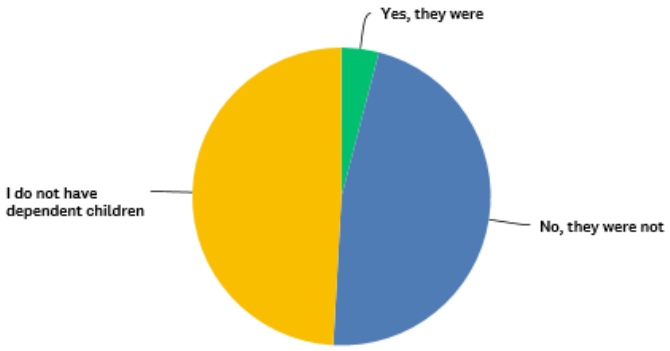


ANSWER CHOICES	RESPONSES	
Yes, I was (1)	5.91%	110
No, I was not (2)	94.09%	1,751
TOTAL		1,861

BASIC STATISTICS				
Minimum	Maximum	Median	Mean	Standard Deviation
1.00	2.00	2.00	1.94	0.24

Were your dependent children without health insurance for any amount of time in the past 12 months, or not?

Answered: 1,855 Skipped: 157

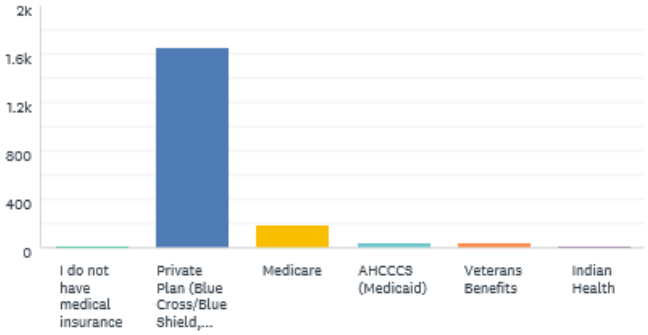


ANSWER CHOICES	RESPONSES	
Yes, they were (1)	4.04%	75
No, they were not (2)	46.85%	869
I do not have dependent children (3)	49.11%	911
TOTAL		1,855

BASIC STATISTICS				
Minimum	Maximum	Median	Mean	Standard Deviation
1.00	3.00	2.00	2.45	0.67

What type of medical insurance do you have?Check all that apply.

Answered: 1,861 Skipped: 151



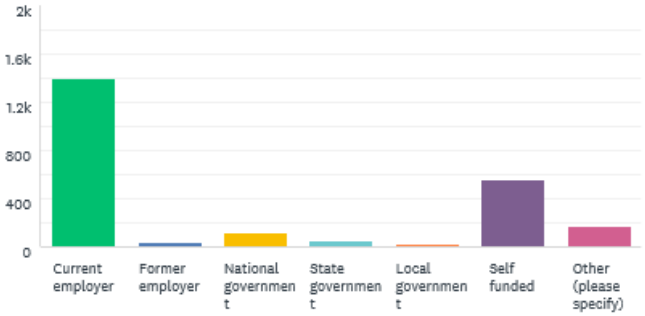
ANSWER CHOICES	RESPONSES	
I do not have medical insurance (1)	1.34%	25
Private Plan (Blue Cross/Blue Shield, Aetna, Cigna, United Healthcare) (2)	89.36%	1,663
Medicare (3)	10.21%	190
AHCCCS (Medicaid) (4)	2.42%	45
Veterans Benefits (5)	2.10%	39
Indian Health (6)	1.29%	24
Total Respondents: 1,861		

Comments (58)

BASIC STATISTICS				
Minimum	Maximum	Median	Mean	Standard Deviation
1.00	6.00	2.00	2.24	0.72

Who pays for your health insurance? (Check all that apply)

Answered: 1,848 Skipped: 164



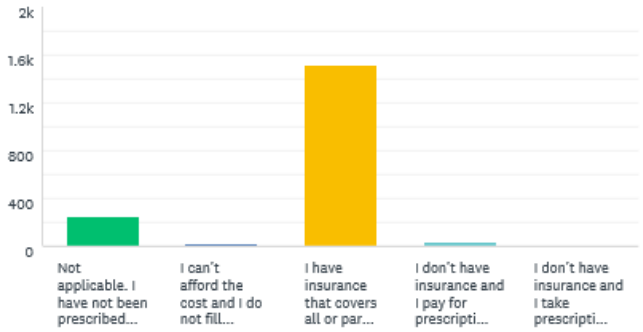
ANSWER CHOICES		RESPONSES	
Current employer (1)		75.87%	1,402
Former employer (2)		2.16%	40
National government (3)		6.33%	117
State government (4)		2.98%	55
Local government (5)		1.30%	24
Self funded (6)		29.55%	546
Other (please specify) (7)	Responses	9.04%	167
Total Respondents: 1,848			

BASIC STATISTICS

Minimum	Maximum	Median	Mean	Standard Deviation
1.00	7.00	1.00	2.81	2.38

How do you pay for prescription medications?

Answered: 1,850 Skipped: 162



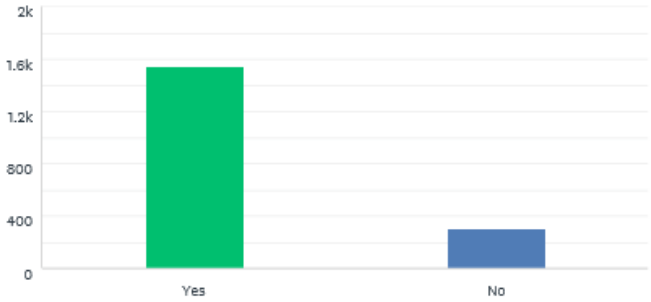
ANSWER CHOICES	RESPONSES	
Not applicable. I have not been prescribed any medications (1)	13.46%	249
I can't afford the cost and I do not fill prescriptions (2)	0.92%	17
I have insurance that covers all or part of the cost of prescription medications (3)	81.89%	1,515
I don't have insurance and I pay for prescription medications myself (4)	1.62%	30
I don't have insurance and I take prescription medications less often (5)	0.27%	5
TOTAL		1,850

Comments (65)

BASIC STATISTICS				
Minimum	Maximum	Median	Mean	Standard Deviation
1.00	5.00	3.00	2.74	0.72

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?

Answered: 1,844 Skipped: 168

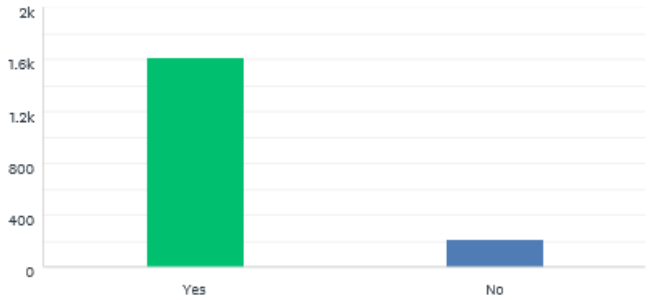


ANSWER CHOICES	RESPONSES	
Yes (1)	83.79%	1,645
No (2)	16.21%	299
TOTAL		1,844

BASIC STATISTICS				
Minimum	Maximum	Median	Mean	Standard Deviation
1.00	2.00	1.00	1.16	0.37

Do you have dental insurance?

Answered: 1,841 Skipped: 171

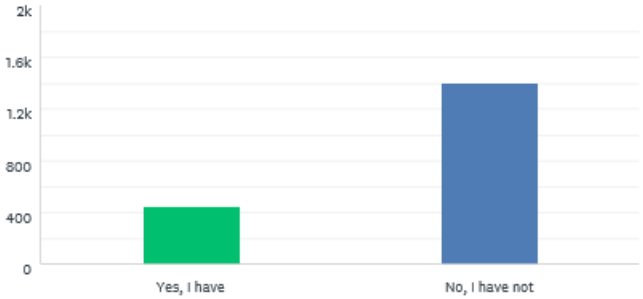


ANSWER CHOICES	RESPONSES	
Yes (1)	88.16%	1,623
No (2)	11.84%	218
TOTAL		1,841

BASIC STATISTICS				
Minimum	Maximum	Median	Mean	Standard Deviation
1.00	2.00	1.00	1.12	0.32

In the last 12 months, have you delayed or avoided dental care because you were not able to pay for it?

Answered: 1,838 Skipped: 174

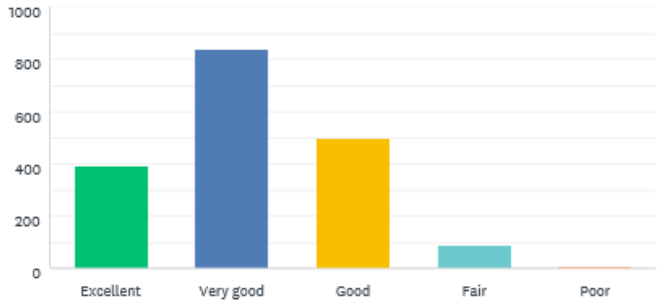


ANSWER CHOICES	RESPONSES	
Yes, I have (1)	24.05%	442
No, I have not (2)	75.95%	1,396
TOTAL		1,838

BASIC STATISTICS				
Minimum	Maximum	Median	Mean	Standard Deviation
1.00	2.00	2.00	1.76	0.43

In general, how would you rate your overall health?

Answered: 1,827 Skipped: 185

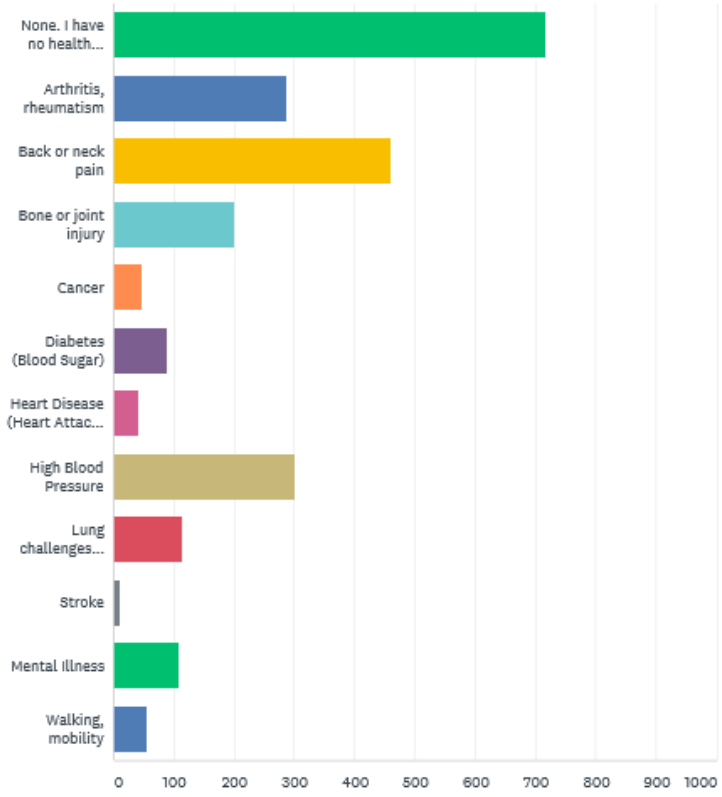


ANSWER CHOICES	RESPONSES	
Excellent (1)	21.51%	393
Very good (2)	45.76%	836
Good (3)	27.37%	500
Fair (4)	4.87%	89
Poor (5)	0.49%	9
TOTAL		1,827

BASIC STATISTICS				
Minimum	Maximum	Median	Mean	Standard Deviation
1.00	5.00	2.00	2.17	0.84

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

Answered: 1,759 Skipped: 253



(Do you have any of the following health challenges? Cont.)

ANSWER CHOICES	RESPONSES	
None. I have no health challenges (1)	40.82%	718
Arthritis, rheumatism (2)	16.26%	286
Back or neck pain (3)	26.21%	461
Bone or joint injury (4)	11.43%	201
Cancer (5)	2.67%	47
Diabetes (Blood Sugar) (6)	5.06%	89
Heart Disease (Heart Attack, Blocked Arteries) (7)	2.33%	41
High Blood Pressure (8)	17.11%	301
Lung challenges (Asthma, COPD) (9)	6.54%	115
Stroke (10)	0.57%	10
Mental Illness (11)	6.14%	108
Walking, mobility (12)	3.18%	56
Total Respondents: 1,759		

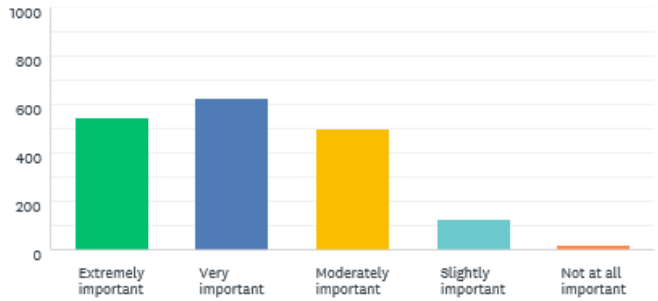
Comments (177)

BASIC STATISTICS

Minimum	Maximum	Median	Mean	Standard Deviation
1.00	12.00	3.00	4.08	3.25

How important is exercise to you?

Answered: 1,826 Skipped: 186

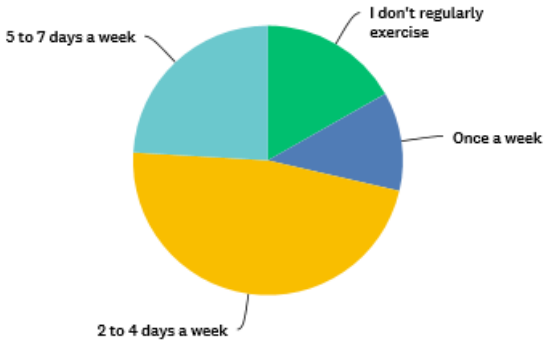


ANSWER CHOICES	RESPONSES	
Extremely important (1)	29.85%	545
Very important (2)	34.50%	630
Moderately important (3)	27.38%	500
Slightly important (4)	7.06%	129
Not at all important (5)	1.20%	22
TOTAL		1,826

BASIC STATISTICS				
Minimum	Maximum	Median	Mean	Standard Deviation
0.00	4.00	1.00	1.16	0.97

In a typical week, how many days do you exercise?

Answered: 1,829 Skipped: 183

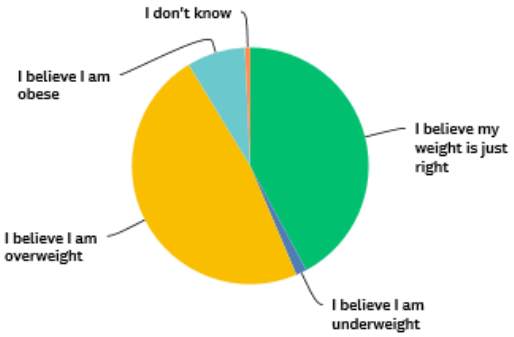


ANSWER CHOICES	RESPONSES	
I don't regularly exercise (1)	16.79%	307
Once a week (2)	11.86%	217
2 to 4 days a week (3)	47.29%	865
5 to 7 days a week (4)	24.06%	440
TOTAL		1,829

BASIC STATISTICS				
Minimum	Maximum	Median	Mean	Standard Deviation
1.00	4.00	3.00	2.79	0.99

How would you describe your weight?

Answered: 1,827 Skipped: 185

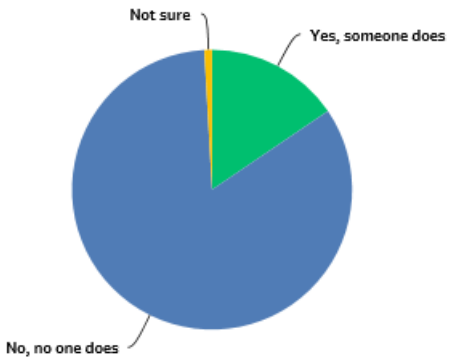


ANSWER CHOICES	RESPONSES	
I believe my weight is just right (1)	42.15%	770
I believe I am underweight (2)	1.48%	27
I believe I am overweight (3)	47.67%	871
I believe I am obese (4)	7.99%	146
I don't know (5)	0.71%	13
TOTAL		1,827

BASIC STATISTICS				
Minimum	Maximum	Median	Mean	Standard Deviation
1.00	5.00	3.00	2.24	1.11

Does anyone in your household currently smoke cigarettes, or use tobacco?

Answered: 1,818 Skipped: 194

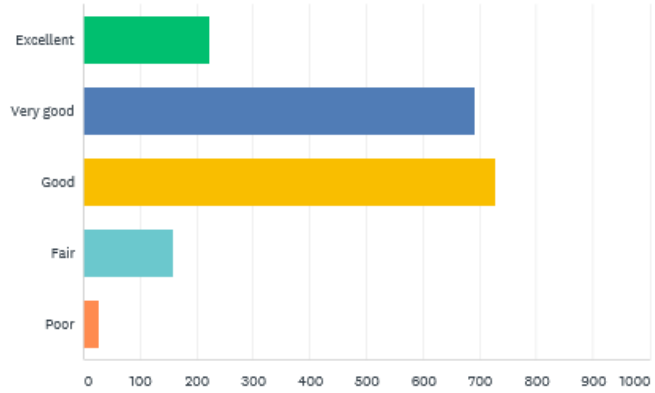


ANSWER CHOICES	RESPONSES	
Yes, someone does (1)	15.51%	282
No, no one does (2)	83.61%	1,520
Not sure (3)	0.88%	16
TOTAL		1,818

BASIC STATISTICS				
Minimum	Maximum	Median	Mean	Standard Deviation
1.00	3.00	2.00	1.85	0.38

In general, how would you rate your overall diet?

Answered: 1,827 Skipped: 185

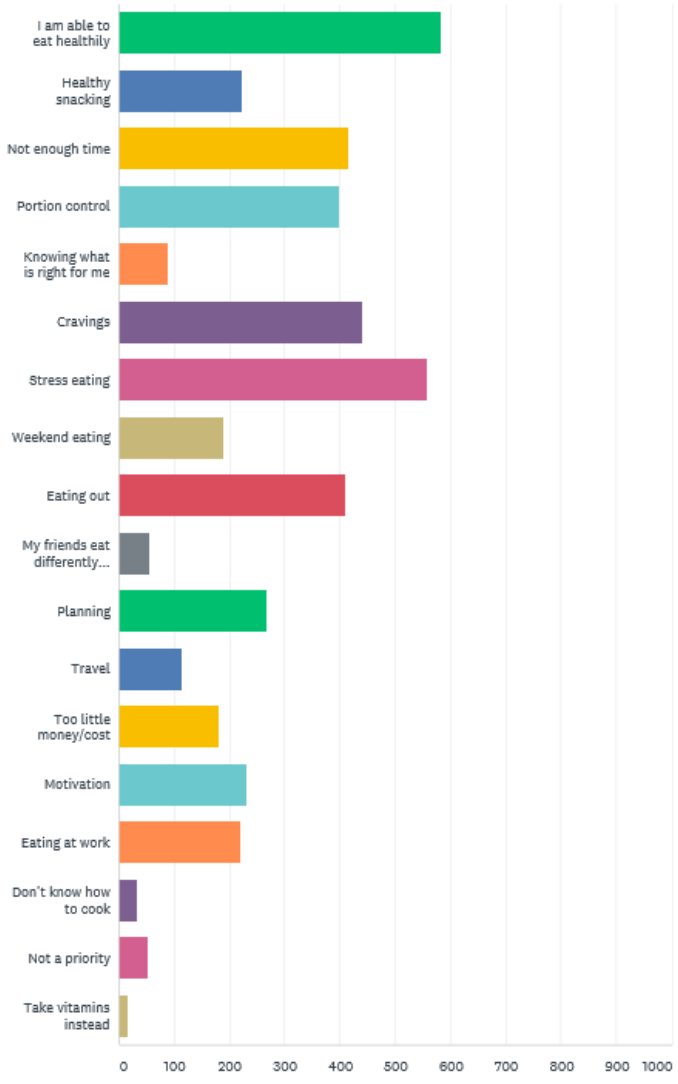


ANSWER CHOICES	RESPONSES	
Excellent (1)	12.21%	223
Very good (2)	37.82%	691
Good (3)	39.85%	728
Fair (4)	8.65%	158
Poor (5)	1.48%	27
TOTAL		1,827

BASIC STATISTICS				
Minimum	Maximum	Median	Mean	Standard Deviation
1.00	5.00	2.00	2.49	0.87

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

Answered: 1,814 Skipped: 198



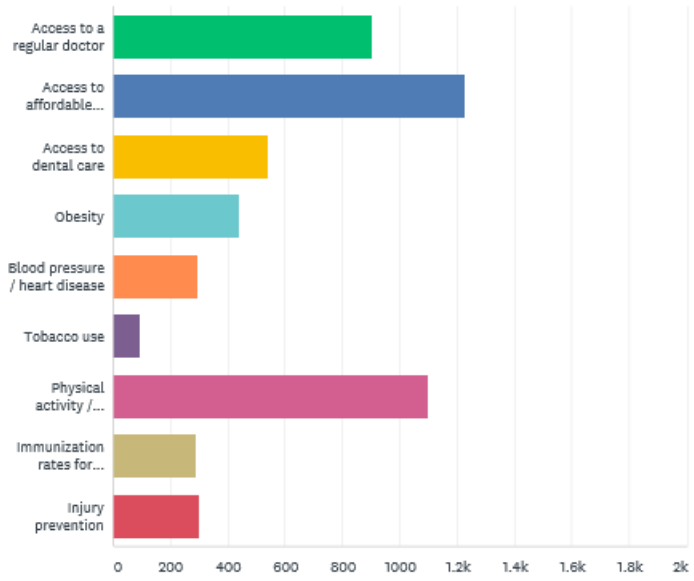
(What are your biggest barriers to healthy eating? Cont.)

ANSWER CHOICES	RESPONSES	
I am able to eat healthily (1)	32.19%	584
Healthy snacking (2)	12.35%	224
Not enough time (3)	22.82%	414
Portion control (4)	22.05%	400
Knowing what is right for me (5)	4.85%	88
Cravings (6)	24.31%	441
Stress eating (7)	30.76%	558
Weekend eating (8)	10.42%	189
Eating out (9)	22.66%	411
My friends eat differently from me (10)	3.09%	56
Planning (11)	14.77%	268
Travel (12)	6.17%	112
Too little money/cost (13)	9.92%	180
Motivation (14)	12.68%	230
Eating at work (15)	12.13%	220
Don't know how to cook (16)	1.87%	34
Not a priority (17)	2.92%	53
Take vitamins instead (18)	0.94%	17
Total Respondents: 1,814		

BASIC STATISTICS				
Minimum	Maximum	Median	Mean	Standard Deviation
1.00	18.00	7.00	7.04	4.46

Which 3 of these Healthy People 2020 issues are the most important to you?

Answered: 1,795 Skipped: 217



ANSWER CHOICES	RESPONSES	
Access to a regular doctor (1)	50.31%	903
Access to affordable medical insurance (2)	68.25%	1,225
Access to dental care (3)	29.97%	538
Obesity (4)	24.40%	438
Blood pressure / heart disease (5)	16.38%	294
Tobacco use (6)	5.07%	91
Physical activity / exercise (7)	61.00%	1,095
Immunization rates for children (8)	16.04%	288
Injury prevention (9)	16.88%	303
Total Respondents: 1,795		

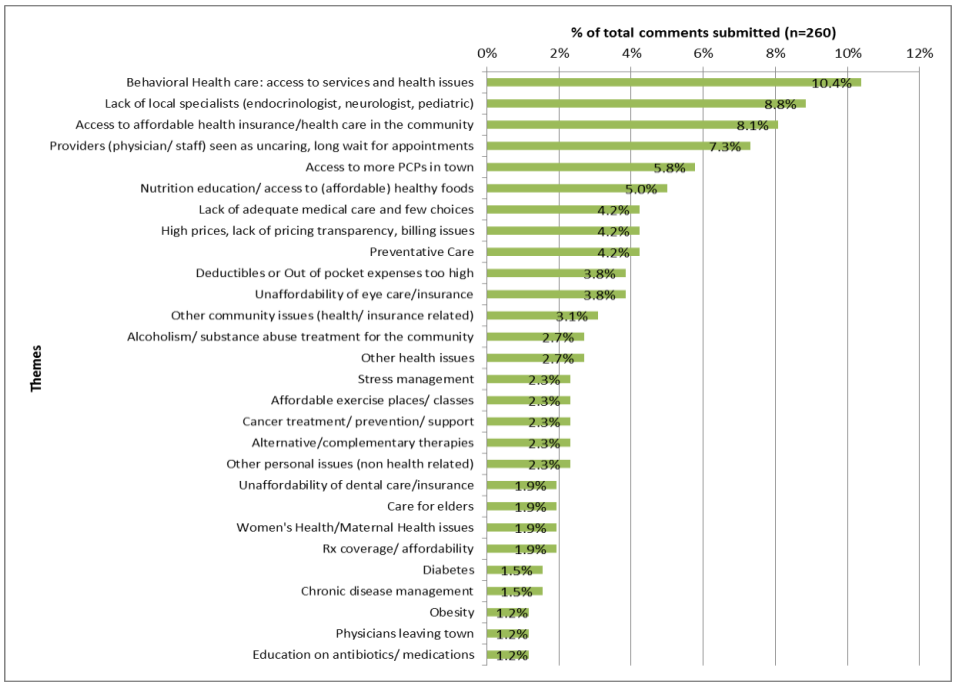
BASIC STATISTICS

Minimum	Maximum	Median	Mean	Standard Deviation
1.00	9.00	3.00	4.14	2.64

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

Commented [RD1]: I did not update/change this, or any of the following pages.



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 mential 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

Conclusion

NAH's 2019 Community Health Needs Assessment (CHNA) identifies ongoing health needs, data that can guide and inform a concerted strategic planning, funding and implementation plan through 2021. Since NAH's 2016 assessment, some issues improved, yet some parameters grew worse.

Positive progress includes lower incidence of diabetes and an increase in mental health resources. Local agencies are partnering or increasing services to address unmet community needs identified in 2016. This is particularly true in the area of suicide prevention and mental health – where new coalitions have formed for both suicide prevention, mental health first aid and pediatric behavioral health.

Like most of the United States, the community struggles to recruit and retain enough health providers, at a time when its aging population increases health service demand. However, solutions such as comprehensive care management, remote patient monitoring, health coaching, nutrition programs aimed at disease prevention, mental health first aid training, and community integrated paramedicine have all been created and/or supported by NAH to address various health needs and access in the community.

NAH is always looking for ways to partner constructively with community agencies and organizations throughout northern Arizona to improve health and heal people. The 2019 CHNA will assist in guiding funding with our partner Foundation, as well as support increasing access to healthcare in our primary service area.

In listening to our communities, NAH will be sensitive to the community recommended solutions to address the prioritized needs:

I. Collaboration with organizations across the region to compliment services and provide interdisciplinary support for community members.
II. Social Determinants of Health need to play a key role in healthcare and patient care plans going forward.
III. Increase quantity and quality of health services
IV. Increase capacity through training and collaboration
V. Integrate health services: primary care, mental health, etc whenever possible
VI. Increase awareness of existing health and social resources

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