2022
COMMUNITY HEALTH NEEDS ASSESSMENT

Verde Valley Medical Center Service Area
Verde Valley Region, Arizona

Sponsored by

Northern Arizona Healthcare

Verde Valley Medical Center

in collaboration with
Flagstaff Medical Center

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INTRODUCTION

PROJECT OVERVIEW

This Community Health Needs Assessment, a follow-up to a similar study conducted in 2012, is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in the Verde Valley region in northern Arizona. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status.

This collaborative assessment was conducted on behalf of Flagstaff Medical Center (FMC) and Verde Valley Medical Center (VVMC) for Northern Arizona Healthcare by PRC, a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey), as well as secondary research (vital statistics and other existing health-related data). It also allows for trending and comparison to benchmark data at the state and national levels.

PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Northern Arizona Healthcare and PRC and is similar to a previous survey used in the region, allowing for data trending.

Community Defined for This Assessment

The study area for the survey effort (referred to as the "Total Service Area" in this report) is defined as each of the residential ZIP Codes comprising the Flagstaff and Verde Valley regions, the service areas of Flagstaff Medical Center and Verde Valley Medical Center, respectively. This community definition, determined based on the ZIP Codes of residence of recent patients of the Northern Arizona Healthcare hospitals, is illustrated in the following map.

Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed a mixed-mode methodology was implemented. This included surveys conducted via telephone (landline and cell phone), as well as through online questionnaires.

The sample design used for this effort consisted of a stratified random sample of 400 individuals age 18 and older in the Total Service Area, including 200 in the Flagstaff Region and 200 in the Verde Valley Region. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Total Service Area as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 400 respondents is ±4.9% at the 95 percent confidence level.

Expected Error Ranges for a Sample of 400 Respondents at the 95 Percent Level of Confidence

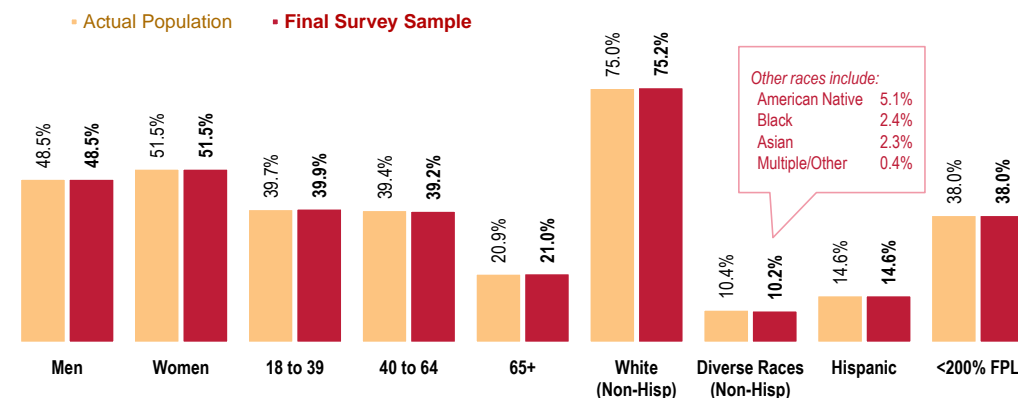| Note: | • The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials. |
| Examples: | • If 10% of the sample of 400 respondents answered a certain question with a "yes," it can be asserted that between 7.1% and 12.9% (10% ± 2.9%) of the total population would offer this response. |
| | • If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 45.1% and 54.9% (50% ± 4.9%) of the total population would respond "yes" if asked this question. |

Sample Characteristics

Once all interviews were completed, these were combined and weighted to best reflect the area as a whole. To accurately represent the population studied, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely sex, age, race, ethnicity, and poverty status), and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Total Service Area sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child's health care needs, and these children are not represented demographically in this chart.]

Population & Survey Sample Characteristics
(Total Service Area, 2022)

■ Actual Population   ■ **Final Survey Sample**

	Actual Population	Final Survey Sample
Men	48.5%	48.5%
Women	51.5%	51.5%
18 to 39	39.7%	39.9%
40 to 64	39.4%	39.2%
65+	20.9%	21.0%
White (Non-Hisp)	75.0%	75.2%
Diverse Races (Non-Hisp)	10.4%	10.2%
Hispanic	14.6%	14.6%
<200% FPL	38.0%	38.0%

Other races include:
American Native   5.1%
Black   2.4%
Asian   2.3%
Multiple/Other   0.4%

Sources: ● US Census Bureau, 2011-2015 American Community Survey.
              ● 2022 PRC Community Health Survey, PRC, Inc.
Notes: ● FPL is federal poverty level, based on guidelines established by the US Department of Health & Human Services.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

INCOME & RACE/ETHNICITY

INCOME ► Poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2021 guidelines place the poverty threshold for a family of four at $26,500 annual household income or lower). In sample segmentation: "low income" refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; "mid/high income" refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

RACE & ETHNICITY ► In analyzing survey results, mutually exclusive race and ethnicity categories are used. "White" reflects non-Hispanic White respondents; "Communities of Color" includes Hispanics and non-White race groups.

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by Northern Arizona Healthcare; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential 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.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 106 community stakeholders took part in the Online Key Informant Survey, as outlined below:

| ONLINE KEY INFORMANT SURVEY PARTICIPATION ||
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	14
Healthcare Leaders	49
Other Health Providers	2
Social Services Providers	6
Other Community Leaders	35

Final participation included representatives of the organizations outlined below.

- Banner Phoenix
- Beaver Creek School District
- Camp Verde Unified School District
- City of Clarkdale
- City of Cottonwood
- City of Sedona
- City of Williams
- Clarkdale–Jerome School District
- Coconino County
- Cottonwood-Oak Creek School District
- Flagstaff Emergency Physicians
- Flagstaff Family Food Center

- Flagstaff OB/GYN
- Flagstaff Shelter Services
- Flagstaff Unified School District
- Holbrook Ranches
- Manzanita Outreach
- NorthCountry Healthcare
- Northern Arizona Healthcare
- Northern Arizona Healthcare Medical Group
- Northern Arizona Healthcare Quality Team
- Northland Family Help Center
- Obstetrix Medical Group
- Pathfinder Health ACO
- Poore Medical Clinic
- Sedona–Oak Creek Unified School District
- Spectrum Healthcare
- Trauma and Acute Care Surgeons
- Williams Unified School District
- W.L. Gore & Associates

Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations.

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

NOTE ► These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants' opinions and perceptions of the health needs of the residents in the area.

Public Health, Vital Statistics & Other Data

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

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap (sparkmap.org)

- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)

- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics

- ESRI ArcGIS Map Gallery

- National Cancer Institute, State Cancer Profiles

- OpenStreetMap (OSM)

- US Census Bureau, American Community Survey

- US Census Bureau, County Business Patterns

- US Census Bureau, Decennial Census

- US Department of Agriculture, Economic Research Service

- US Department of Health & Human Services

- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)

- US Department of Justice, Federal Bureau of Investigation

- US Department of Labor, Bureau of Labor Statistics

Note that secondary data reflect county-level data for Coconino County (Flagstaff Region) and Yavapai County (Verde Valley Region).

Benchmark Data

Trending

A similar survey was administered in the Flagstaff Medical Center and Verde Valley Medical Center service areas in 2012 by PRC. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available.

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 represent the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data* published online by the Centers for Disease Control and Prevention. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2020 PRC National Health Survey*; these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2030

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.

Healthy People 2030's overarching goals are to:

- Attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death.

- Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.

- Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.

- Promote healthy development, healthy behaviors, and well-being across all life stages.

- Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.

The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After getting feedback from individuals and organizations and input from subject matter experts, the U.S. Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For the purpose of this report, "significance" of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

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 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 medical conditions that are not specifically addressed.

Public Comment

Verde Valley Medical Center made its prior Community Health Needs Assessment (CHNA) report publicly available on its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, the hospital had not received any written comments. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. The hospital will continue to use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.

IRS Form 990, Schedule H Compliance

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Schedule H (Form 990), the following table cross-references related sections.

IRS FORM 990, SCHEDULE H (2019)	See Report Page
Part V Section B Line 3a A definition of the community served by the hospital facility	4
Part V Section B Line 3b Demographics of the community	27
Part V Section B Line 3c Existing health care facilities and resources within the community that are available to respond to the health needs of the community	116
Part V Section B Line 3d How data was obtained	4
Part V Section B Line 3e The significant health needs of the community	12
Part V Section B Line 3f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
Part V Section B Line 3g The process for identifying and prioritizing community health needs and services to meet the community health needs	13
Part V Section B Line 3h The process for consulting with persons representing the community's interests	7
Part V Section B Line 3i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	137

SUMMARY OF FINDINGS

Significant Health Needs of the Community

The following "Areas of Opportunity" represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process.

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	▪ Cost of Physician Visits (Flagstaff Region) ▪ Access to Primary Care Physicians (Verde Valley Region) ▪ Adult Routine Medical Care ▪ Ratings of Local Health Care
CANCER	▪ Leading Cause of Death
HEART DISEASE & STROKE	▪ Leading Cause of Death
INFANT HEALTH & FAMILY PLANNING	▪ Teen Births (Verde Valley Region)
INJURY & VIOLENCE	▪ Unintentional Injury Deaths – Including Motor Vehicle Crash ▪ Homicide Deaths (Flagstaff Region)
MENTAL HEALTH	▪ "Fair/Poor" Mental Health ▪ Diagnosed Depression ▪ Suicide Deaths ▪ Mental Health Provider Ratio (Flagstaff Region) ▪ Difficulty Obtaining Mental Health Services ▪ Key Informants: Mental health ranked as a top concern.
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	▪ Low Food Access ▪ Overweight & Obesity [Adults] ▪ Fast Food Prevalence (Flagstaff Region) ▪ Access to Recreation/Fitness Facilities (Verde Valley Region)
POTENTIALLY DISABLING CONDITIONS	▪ Disability Prevalence ▪ Activity Limitations

—continued on the next page—

AREAS OF OPPORTUNITY (continued)	
	▪ Lung Disease Deaths ▪ COVID-19 Vaccination (Verde Valley Region)
	▪ Binge Drinking ▪ Personally Impacted by Substance Abuse (Flagstaff Region) ▪ Key Informants: Substance abuse ranked as a top concern.

Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment ("Areas of Opportunity" above) was determined based on a prioritization exercise conducted among community stakeholders (representing a cross-section of community-based agencies and organizations) in conjunction with the administration of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

1. Mental Health
2. Substance Abuse
3. Access to Healthcare Services
4. Heart Disease & Stroke
5. Nutrition, Physical Activity & Weight
6. Injury & Violence
7. Disability & Chronic Pain
8. Cancer
9. Respiratory Disease
10. Infant Health & Family Planning
11. Sexual Health

Hospital Implementation Strategy

Verde Valley Medical Center and Northern Arizona Healthcare will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital's action plan to guide community health improvement efforts in the coming years.

Note: An evaluation of the hospital's past activities to address the needs identified in prior CHNAs can be found as an appendix to this report.

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in the Total Service Area, including comparisons between the two hospital service areas, as well as trend data. These data are grouped by health topic.

Reading the Summary Tables

🔲 In the following tables, Total Service Area results are shown in the larger, gray column.

🔲 The columns to the left of the Total Service Area column provide comparisons between the two regions (hospital service areas), identifying differences for each as "better than" (☀), "worse than" (🐙), or "similar to" (🗀) the opposing area.

🟪 The columns to the right of the Total Service Area column provide any available trending for survey data (changes since 2012), as well as comparisons between regional data and any available state and national findings, and Healthy People 2030 objectives. Again, symbols indicate whether the Total Service Area compares favorably (☀), unfavorably (🐙), or comparably (🗀) to these external data.

See also Hospital-Specific Findings, provided as an appendix to this report.

> Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.
>
> *Tip: Indicator labels beginning with a "%" symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.*

SOCIAL DETERMINANTS	DISPARITY BETWEEN REGIONS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	FMC Service Area (Flagstaff Region)	VVMC Service Area (Verde Valley Region)		vs. AZ	vs. US	vs. HP2030	TREND
Linguistically Isolated Population (Percent)	(worse) 1.8	(better) 1.2	1.4	(better) 3.6	(better) 4.3		
Population in Poverty (Percent)	(worse) 17.6	(better) 13.0	14.7	(similar) 15.2	(similar) 13.4	(worse) 8.0	
Children in Poverty (Percent)	(similar) 17.2	(similar) 17.2	17.2	(better) 21.5	(similar) 18.5	(worse) 8.0	
Housing Exceeds 30% of Income	(similar) 30.4	(similar) 30.0	30.1	(similar) 29.2	(similar) 30.4		
% Unable to Pay Cash for a $400 Emergency Expense	(worse) 31.6	(better) 22.6	27.9		(similar) 24.6		
% HH Member Lost Job, Wages, Insurance Due to Pandemic	(similar) 31.3	(similar) 24.3	28.4				
No High School Diploma (Age 25+, Percent)	(similar) 9.5	(similar) 9.0	9.1	(better) 12.9	(better) 12.0		
% Unhealthy/Unsafe Housing Conditions	(similar) 15.5	(similar) 9.8	13.1		(similar) 12.2		

Note: In the section above, each region is compared against the opposing region. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better (sun) — similar (cloud) — worse (rain)

OVERALL HEALTH	DISPARITY BETWEEN REGIONS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	FMC Service Area (Flagstaff Region)	VVMC Service Area (Verde Valley Region)		vs. AZ	vs. US	vs. HP2030	TREND
% "Fair/Poor" Overall Health	(similar) 19.8	(similar) 17.5	18.9	(similar) 19.0	(worse) 12.6		(similar) 16.8

Note: In the section above, each region is compared against the opposing region. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better (sun) — similar (cloud) — worse (rain)

ACCESS TO HEALTH CARE	FMC Service Area (Flagstaff Region)	VVMC Service Area (Verde Valley Region)	Total Service Area	vs. AZ	vs. US	vs. HP2030	TREND
% [Age 18-64] Lack Health Insurance	7.9 (similar)	12.5 (similar)	9.6	18.7 (better)	8.7 (similar)	7.9 (similar)	21.4 (better)
% Cost Prevented Physician Visit in Past Year	20.7 (worse)	11.9 (better)	17.0	13.9 (similar)	12.9 (similar)		19.0 (similar)
% Cost Prevented Getting Prescription in Past Year	14.5 (similar)	11.7 (similar)	13.3		12.8 (similar)		16.5 (similar)
% Transportation Hindered Dr Visit in Past Year	12.0 (similar)	8.1 (similar)	10.4		8.9 (similar)		7.8 (similar)
% Difficulty Getting Child's Health Care in Past Year			5.7		8.0 (similar)		8.5 (similar)
% Have Foregone Medical Care Due to Pandemic	21.6 (similar)	21.8 (similar)	21.7				
Primary Care Doctors per 100,000	110.3 (better)	84.7 (worse)	94.4	87.7 (similar)	102.3 (similar)		
% Have Had Routine Checkup in Past Year	47.1 (worse)	65.9 (better)	55.1	73.8 (worse)	70.5 (worse)		59.1 (similar)
% Rate Local Health Care "Fair/Poor"	22.4 (similar)	27.1 (similar)	24.5		8.0 (worse)		23.6 (similar)

Note: In the section above, each region is compared against the opposing region. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better   similar   worse

	DISPARITY BETWEEN REGIONS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
CANCER	**FMC Service Area (Flagstaff Region)**	**VVMC Service Area (Verde Valley Region)**		**vs. AZ**	**vs. US**	**vs. HP2030**	**TREND**
Cancer (Age-Adjusted Death Rate)	☀ better 126.4	🌧 worse 150.6	**141.4**	☁ 132.5	☁ 149.4	☁ 122.7	
Cancer Incidence Rate (All Sites)	☁ 361.1	☁ 407.8	**396.5**	☁ 385.7	☁ 448.6		
Female Breast Cancer Incidence Rate	☀ 105.0	🌧 124.0	**119.2**	☁ 114.2	☁ 126.8		
Prostate Cancer Incidence Rate	☁ 74.6	☁ 84.2	**81.9**	☁ 79.6	☀ 106.2		
Lung Cancer Incidence Rate	☀ 29.1	🌧 47.8	**43.7**	☁ 45.1	☀ 57.3		
Colorectal Cancer Incidence Rate	☁ 29.8	☁ 32.8	**32.1**	☁ 32.3	☀ 38.0		
% Cancer	☁ 9.0	☁ 14.5	**11.3**	☁ 14.0	☁ 10.0		
Mammogram in Past 2 Years (% Women 50-74)	☁ 66.3	☁ 66.6	**66.5**	☁ 67.6	☁ 74.8	🌧 77.1	

Note: In the section above, each region is compared against the opposing region. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

☀ better   ☁ similar   🌧 worse

	DISPARITY BETWEEN REGIONS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
DIABETES	**FMC Service Area (Flagstaff Region)**	**VVMC Service Area (Verde Valley Region)**		**vs. AZ**	**vs. US**	**vs. HP2030**	**TREND**
% Diabetes/High Blood Sugar	☁ 9.1	☁ 11.6	**10.1**	☁ 10.9	☀ 13.8		☁ 7.8

Note: In the section above, each region is compared against the opposing region. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

☀ better   ☁ similar   🌧 worse

HEART DISEASE & STROKE	DISPARITY BETWEEN REGIONS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	FMC Service Area (Flagstaff Region)	VVMC Service Area (Verde Valley Region)		vs. AZ	vs. US	vs. HP2030	TREND
Coronary Heart Disease (Age-Adjusted Death Rate)	☀ 73.8	☁ 86.0	81.4	☁ 85.7	☁ 91.5	☁ 90.9	
% Heart Disease (Heart Attack, Angina, Coronary Disease)	☀ 4.3	🌧 9.9	6.7	☁ 6.4	☁ 6.1		☁ 4.9
Stroke (Age-Adjusted Death Rate)	☁ 28.9	☁ 31.8	30.7	☁ 30.9	☀ 37.6	☁ 33.4	
% Stroke	☀ 1.0	🌧 5.2	2.8	☁ 3.5	☁ 4.3		☁ 3.0
% Told Have High Blood Pressure	☁ 27.3	☁ 34.5	30.3	☁ 32.5	☀ 36.9	☁ 27.7	☁ 29.4
% Told Have High Cholesterol	☁ 20.5	☁ 24.9	22.4		☀ 32.7		☀ 28.7
% 1+ Cardiovascular Risk Factor	☀ 74.1	🌧 86.1	79.2		☀ 84.6		☁ 74.8

Note: In the section above, each region is compared against the opposing region. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

☀ better ☁ similar 🌧 worse

INFANT HEALTH & FAMILY PLANNING

INFANT HEALTH & FAMILY PLANNING	DISPARITY BETWEEN REGIONS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			TREND
	FMC Service Area (Flagstaff Region)	VVMC Service Area (Verde Valley Region)		vs. AZ	vs. US	vs. HP2030	
Late or No Prenatal Care (%)	⛈ 7.0	☀ 5.8	6.3	☀ 9.2	☁ 6.1		
Infant Death Rate	☁ 5.7	☁ 6.0	5.8	☁ 5.5	☁ 5.8	☁ 5.0	
Births to Adolescents Age 15 to 19 (Rate per 1,000)	☀ 16.2	⛈ 25.4	20.1	☀ 24.7	☁ 20.9	☀ 31.4	

Note: In the section above, each region is compared against the opposing region. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

☀ better ☁ similar ⛈ worse

INJURY & VIOLENCE

INJURY & VIOLENCE	DISPARITY BETWEEN REGIONS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			TREND
	FMC Service Area (Flagstaff Region)	VVMC Service Area (Verde Valley Region)		vs. AZ	vs. US	vs. HP2030	
Unintentional Injury (Age-Adjusted Death Rate)	⛈ 79.3	☀ 65.3	70.6	⛈ 58.8	⛈ 50.4	⛈ 43.2	
Motor Vehicle Crashes (Age-Adjusted Death Rate)	⛈ 21.8	☀ 14.1	17.0	⛈ 13.2	⛈ 11.5	⛈ 10.1	
Homicide (Age-Adjusted Death Rate)	⛈ 8.2	☀ 3.2	5.1	☀ 6.5	☀ 6.4	☁ 5.5	
Violent Crime Rate	⛈ 373.1	☀	324.1	☀ 482.6	☀ 416.0		

Note: In the section above, each region is compared against the opposing region. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

☀ better ☁ similar ⛈ worse

	DISPARITY BETWEEN REGIONS		TOTAL SERVICE AREA vs. BENCHMARKS			
				vs. AZ		
% "Fair/Poor" Mental Health	🌧 28.1	☀	**23.9**		🌧 13.4	12.3
% Diagnosed Depression	🌧 33.1	☀	**27.5**	🌧 16.8	🌧 20.6	
Suicide (Age-Adjusted Death Rate)	☁ 27.3		**29.5**	🌧 18.3	🌧 13.8	🌧 12.8
Mental Health Providers per 100,000	🌧 90.3	☀	**118.5**	☀ 70.0	☁ 124.9	
% Unable to Get Mental Health Svcs in Past Yr	☁ 14.6		**12.6**		🌧 7.8	

Note: In the section above, each region is compared against the opposing region. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

☀	☁	🌧
better	similar	worse

	DISPARITY BETWEEN REGIONS		TOTAL SERVICE AREA vs. BENCHMARKS			
				vs. AZ	**vs. US**	**vs. HP2030**
% "Very/Somewhat" Difficult to Buy Fresh Produce	☁ 18.6		**19.6**		☁ 21.1	
Population With Low Food Access (Percent)	☁ 32.5		**34.5**	🌧 26.8	🌧 22.2	
Fast Food (Restaurants per 100,000)	🌧 98.9	☀	**81.6**	☁ 77.3	☁ 82.2	
% No Leisure-Time Physical Activity	☁ 18.8		**21.3**	☁ 24.1	☀ 31.3	☁ 21.2	17.2

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)	DISPARITY BETWEEN REGIONS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	FMC Service Area (Flagstaff Region)	VVMC Service Area (Verde Valley Region)		vs. AZ	vs. US	vs. HP2030	TREND
% Child [Age 2-17] Physically Active 1+ Hours per Day			45.1		(similar) 33.0		
Recreation/Fitness Facilities per 100,000	(better) 14.9	(worse) 10.0	11.9	(similar) 11.1	(similar) 12.2		
% Overweight (BMI 25+)	(similar) 56.9	(similar) 63.9	59.9	(better) 65.7	(similar) 61.0		(similar) 56.0
% Obese (BMI 30+)	(similar) 25.9	(similar) 25.7	25.8	(better) 31.4	(better) 31.3	(better) 36.0	(similar) 21.3
% Children [Age 5-17] Overweight (85th Percentile)			25.1		(similar) 32.3		(similar) 20.6
% Children [Age 5-17] Obese (95th Percentile)			11.8		(similar) 16.0	(similar) 15.5	(similar) 7.8

Note: In the section above, each region is compared against the opposing region. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better (sun)   similar (cloud)   worse (rain)

ORAL HEALTH

ORAL HEALTH	DISPARITY BETWEEN REGIONS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	FMC Service Area (Flagstaff Region)	VVMC Service Area (Verde Valley Region)		vs. AZ	vs. US	vs. HP2030	TREND
Dentists per 100,000	(similar) 38.6		40.1	(better) 33.2	(better) 33.3		
% [Age 18+] Dental Visit in Past Year	(worse) 57.2	(better) 70.7	62.9	(similar) 62.3	(similar) 62.0	(better) 45.0	(similar) 62.8

Note: In the section above, each region is compared against the opposing region. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better (sun)   similar (cloud)   worse (rain)

POTENTIALLY DISABLING CONDITIONS

POTENTIALLY DISABLING CONDITIONS	DISPARITY BETWEEN REGIONS		Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	(Flagstaff Region)	(Verde Valley Region)		vs. AZ	vs. US	vs. HP2030	TREND
Disability Prevalence (%)	☀ 12.8	🌧 18.2	16.2	🌧 13.2	🌧 12.7		
% Activity Limitations	☁ 25.7	☁ 31.7	28.2		☁ 24.0		🌧 22.6

Note: In the section above, each region is compared against the opposing region. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

☀ better   ☁ similar   🌧 worse

RESPIRATORY DISEASE

RESPIRATORY DISEASE	DISPARITY BETWEEN REGIONS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	FMC Service Area (Flagstaff Region)	(Verde Valley Region)		vs. AZ	vs. US	vs. HP2030	TREND
Lung Disease (Age-Adjusted Death Rate)	☀ 34.8	🌧 53.3	46.3	☁ 40.2	🌧 39.1		
% Asthma	☁ 12.7	☁ 13.0	12.8	☁ 9.7	☁ 12.9		☁ 9.5
% COPD (Lung Disease)	☁ 4.9	☁ 6.6	5.6	☁ 6.7	☁ 6.4		☀ 9.1
% Fully/Partially Vaccinated for COVID-19	☀ 77.7	🌧 67.2	73.3				
% Mental Health Has Worsened During Pandemic	🌧 32.5	☀ 23.4	28.7				

Note: In the section above, each region is compared against the opposing region. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

☀ better   ☁ similar   🌧 worse

SEXUAL HEALTH

SEXUAL HEALTH	DISPARITY BETWEEN REGIONS		Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	(Flagstaff Region)	(Verde Valley Region)		vs. AZ	vs. US	vs. HP2030	TREND
HIV Prevalence Rate	similar 132.3	similar 126.5	128.7	better 276.9	better 372.8		
Chlamydia Incidence Rate	worse 753.7	better 218.7	422.8	better 581.6	better 539.9		
Gonorrhea Incidence Rate	worse 148.5	better 30.7	75.6	better 183.4	better 179.1		

Note: In the section above, each region is compared against the opposing region. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better / similar / worse

SUBSTANCE ABUSE

SUBSTANCE ABUSE	DISPARITY BETWEEN REGIONS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	FMC Service Area (Flagstaff Region)	VVMC Service Area (Verde Valley Region)		vs. AZ	vs. US	vs. HP2030	TREND
% Binge Drinker	similar 23.0	similar 23.9	23.4	worse 16.5	similar 24.5		worse 11.1
% Used an Prescription Opioid in Past Year	similar 15.7	similar 12.6	14.4		similar 12.9		
% Personally Impacted by Substance Abuse	worse 45.3	better 34.6	40.9		similar 35.8		

Note: In the section above, each region is compared against the opposing region. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better / similar / worse

TOBACCO USE	DISPARITY BETWEEN REGIONS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	FMC Service Area (Flagstaff Region)	VVMC Service Area (Verde Valley Region)		vs. AZ	vs. US	vs. HP2030	TREND
% Current Smoker	☁ 14.0	☁ 15.1	14.5	☁ 14.9	☁ 17.4	🌧 5.0	☁ 15.0
% Currently Use Vaping Products	☁ 11.8	☁ 9.1	10.6	🌧 5.3	☁ 8.9		

Note: In the section above, each region is compared against the opposing region. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

🌞	☁	🌧
better	similar	worse

Summary of Key Informant Perceptions

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 17 health issues is a problem in their own community, using a scale of "major problem," "moderate problem," "minor problem," or "no problem at all." The following chart summarizes their responses; these findings also are outlined throughout this report, along with the qualitative input describing reasons for their concerns. (Note that these ratings alone do not establish priorities for this assessment; rather, they are overlayed with other data findings to determine the prioritization described earlier.)

Key Informants: Relative Position of Health Topics as Problems in the Community

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

Health Topic	Major Problem	Moderate Problem
Mental Health	61.7%	28.7%
Substance Abuse	47.9%	40.4%
Diabetes	35.2%	46.2%
Access to Healthcare Services	27.9%	42.3%
Heart Disease & Stroke	21.7%	58.7%
Kidney Disease	20.7%	36.6%
Coronavirus Disease/COVID-19	18.0%	40.0%
Dementia/Alzheimer's Disease	16.3%	50.0%
Nutrition, Physical Activity & Weight	16.1%	51.6%
Injury & Violence	15.6%	44.4%
Disability & Chronic Pain	15.4%	58.2%
Cancer	14.0%	60.5%
Oral Health	13.5%	39.3%
Tobacco Use	12.9%	42.4%
Respiratory Diseases	12.8%	57.0%
Infant Health & Family Planning	12.5%	37.5%
Sexual Health	4.8%	33.3%

DATA CHARTS & KEY INFORMANT INPUT

The following sections present data from multiple sources, including the population- based PRC Community Health Survey, public health and other existing data sets (secondary data), as well as qualitative input from the Online Key Informant Survey.

Data indicators from these sources are intermingled and organized by health topic. To better understand the source data for specific indicators, please refer to the footnotes accompanying each chart.

COMMUNITY CHARACTERISTICS

Population Characteristics

Total Population

Data from the US Census Bureau reveal the following statistics for our community relative to size, population, and density. [COUNTY-LEVEL DATA]

Total Population
(Estimated Population, 2015-2019)

	TOTAL POPULATION	TOTAL LAND AREA (square miles)	POPULATION DENSITY (per square mile)
Coconino County (Flagstaff Region)	141,274	18,619	8
Yavapai County (Verde Valley Region)	228,067	8,124	28
Total Service Area	369,341	26,742	14
Arizona	7,050,299	113,591	62
United States	324,697,795	3,532,069	92

Sources: • US Census Bureau American Community Survey 5-year estimates.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).

Population Change 2010-2020

A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources. The following chart and map illustrate the changes that have occurred in the Total Service Area between the 2010 and 2020 US Censuses. [COUNTY-LEVEL DATA]

Change in Total Population
(Percentage Change Between 2010 and 2020)

An increase of 35,857 persons

Coconino County	Yavapai County	Total Service Area	AZ	US
7.9%	12.0%	10.4%	11.9%	7.1%
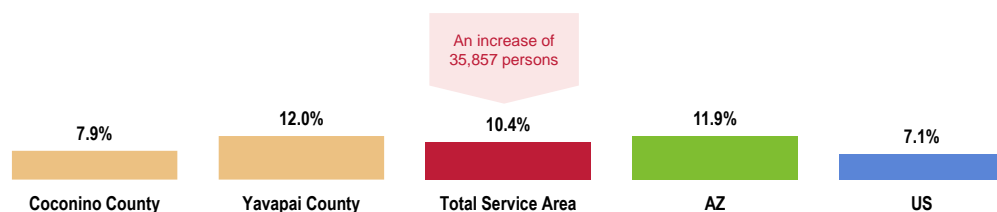
Sources: • US Census Bureau Decennial Census (2010-2020).
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).
Notes: • A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources.

Map Legend

Population Change, Percent by County, US Census 2010 - 2020

Report Location, County

- Over 10.0% Increase (+)
- 2.0 - 10.0% Increase (+)
- Less Than 2.0% Change (+/-)
- 2.0 - 10.0% Decrease (-)
- Over 10.0% Decrease (-)
- No Population or No Data

✳ SparkMap
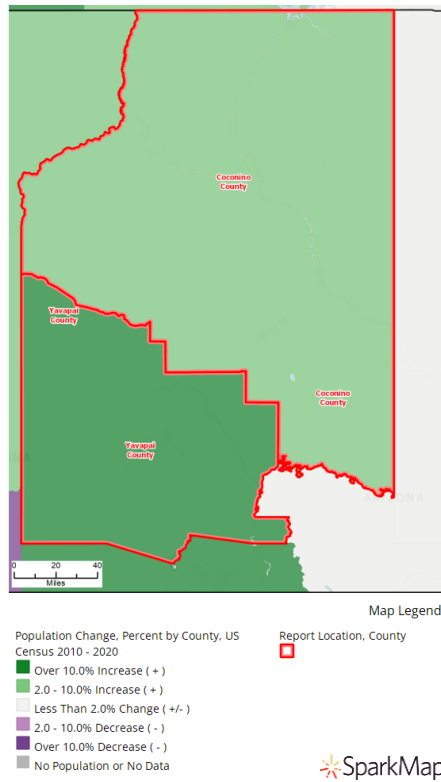
Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum. [COUNTY-LEVEL DATA]

Total Population by Age Groups
(2020)
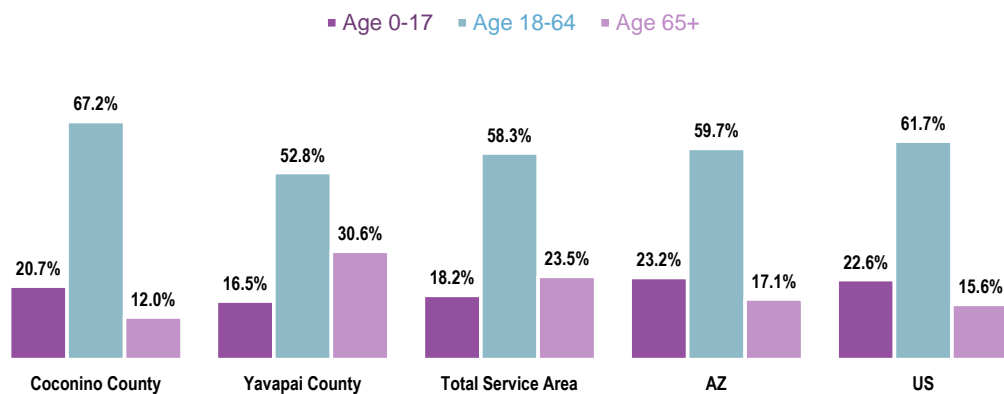
■ Age 0-17   ■ Age 18-64   ■ Age 65+

	Coconino County	Yavapai County	Total Service Area	AZ	US
Age 0-17	20.7%	16.5%	18.2%	23.2%	22.6%
Age 18-64	67.2%	52.8%	58.3%	59.7%	61.7%
Age 65+	12.0%	30.6%	23.5%	17.1%	15.6%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).

Median Age

Note the median age of our population, relative to state and national medians. [COUNTY-LEVEL DATA]

Median Age
(2015-2019)

	Coconino County	Yavapai County	AZ	US
Median Age	30.7	53.4	37.7	38.1

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).
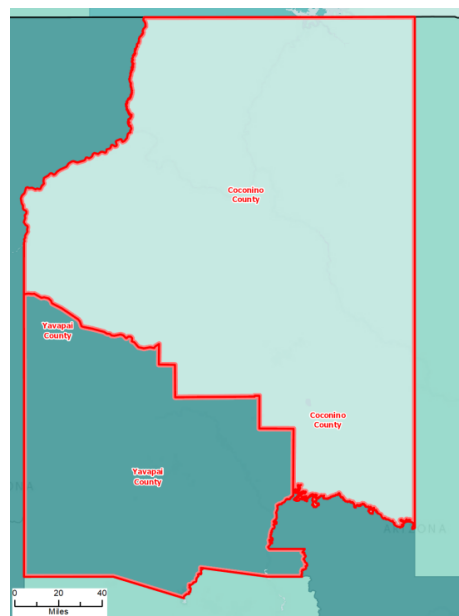
Map Legend

Median Age by County, ACS 2015-19
- Over 45.0
- 40.1 - 45.0
- 35.1 - 40.0
- Under 35.1
- No Data or Data Suppressed

Report Location, County

SparkMap

Race & Ethnicity

The following charts illustrate the racial and ethnic makeup of our community. Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States — people who identify their origin as Hispanic, Latino, or Spanish may be of any race. [COUNTY-LEVEL DATA]

Total Population by Race Alone
(2015-2019)
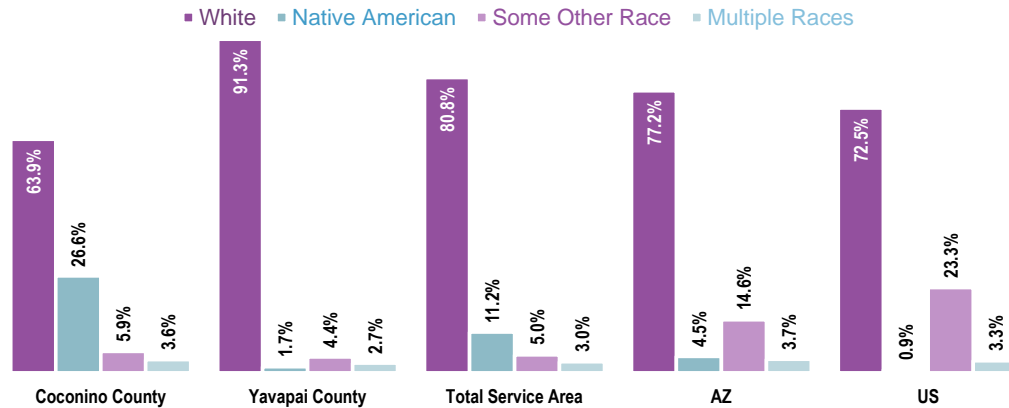
■ White   ■ Native American   ■ Some Other Race   ■ Multiple Races

	White	Native American	Some Other Race	Multiple Races
Coconino County	63.9%	26.6%	5.9%	3.6%
Yavapai County	91.3%	1.7%	4.4%	2.7%
Total Service Area	80.8%	11.2%	5.0%	3.0%
AZ	77.2%	4.5%	14.6%	3.7%
US	72.5%	0.9%	23.3%	3.3%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).

Hispanic Population
(2015-2019)
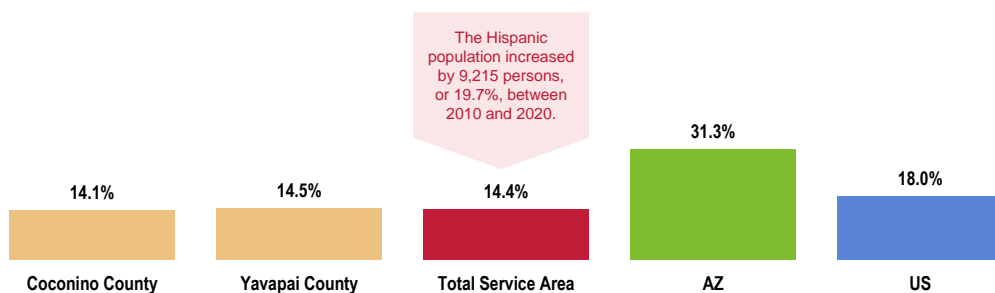
The Hispanic population increased by 9,215 persons, or 19.7%, between 2010 and 2020.

Coconino County	Yavapai County	Total Service Area	AZ	US
14.1%	14.5%	14.4%	31.3%	18.0%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).

Notes:
- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Linguistic Isolation

This indicator reports the percentage of the population age 5 years and older who live in a home in which: 1) no person age 14 years or older speaks only English; or 2) no person age 14 years or older speaks a non-English language but also speaks English "very well." [COUNTY-LEVEL DATA]

Linguistically Isolated Population
(2015-2019)

Coconino County	Yavapai County	Total Service Area	AZ	US
1.8%	1.2%	1.4%	3.6%	4.3%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English "very well."
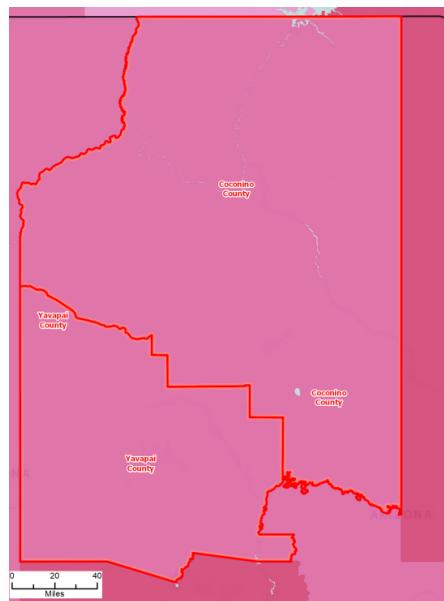
Map Legend

Population in Linguistically Isolated Households, Percent by County, ACS 2015-19

- Over 3.0%
- 1.1 - 3.0%
- 0.1 - 1.1%
- No Population in Linguistically Isolated Households
- No Data or Data Suppressed

Report Location, County

SparkMap

Social Determinants of Health

ABOUT SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

– Safe housing, transportation, and neighborhoods
– Racism, discrimination, and violence
– Education, job opportunities, and income
– Access to nutritious foods and physical activity opportunities
– Polluted air and water
– Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

– Healthy People 2030 (https://health.gov/healthypeople)

Income & Poverty

Poverty

The following chart outlines the proportion below the federal poverty threshold (for the total population as well as only among children) in comparison to state and national proportions. [COUNTY-LEVEL DATA]

Population in Poverty
(Populations Living Below the Poverty Level; 2015-2019)
Healthy People 2030 = 8.0% or Lower

■ Total Population   ■ Children
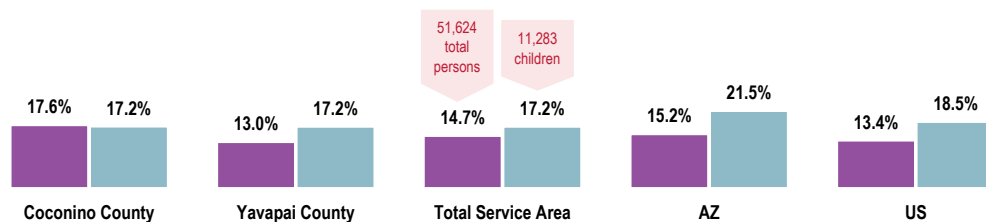
	Coconino County	Yavapai County	Total Service Area	AZ	US
Total Population	17.6%	13.0%	14.7%	15.2%	13.4%
Children	17.2%	17.2%	17.2%	21.5%	18.5%

51,624 total persons   11,283 children

Sources: ● US Census Bureau American Community Survey 5-year estimates.
  ● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).
  ● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes: ● Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.
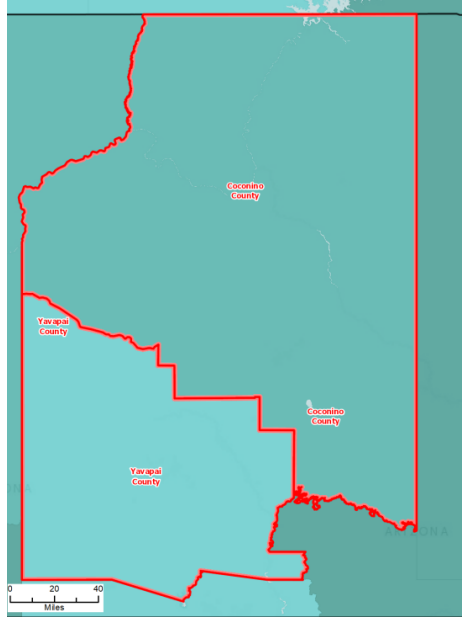
Map Legend

Population Below the Poverty Level, Percent by
County, ACS 2015-19

- Over 20.0%
- 15.1 - 20.0%
- 10.1 - 15.0%
- Under 10.1%
- No Data or Data Suppressed

Report Location, County

SparkMap
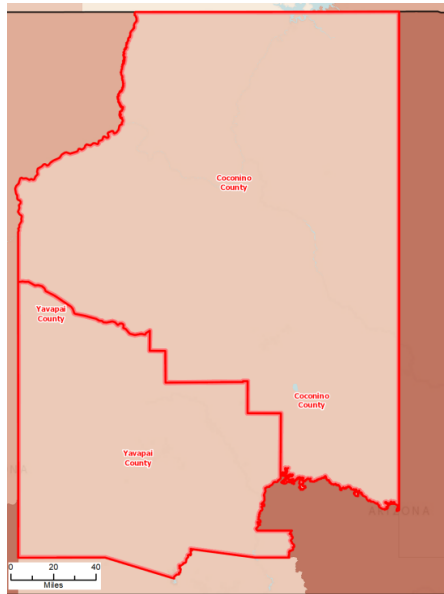
Map Legend

Population Below the Poverty Level, Children
(Age 0-17), Percent by County, ACS 2015-19

- Over 30.0%
- 22.6 - 30.0%
- 15.1 - 22.5%
- Under 15.1%
- No Population Age 0-17 Reported
- No Data or Data Suppressed

Report Location, County

SparkMap

Housing Burden

The following chart shows the housing burden in the Total Service Area. This serves as a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels. [COUNTY-LEVEL DATA]

Housing Costs Exceed 30% of Household Income
(2016-2020)
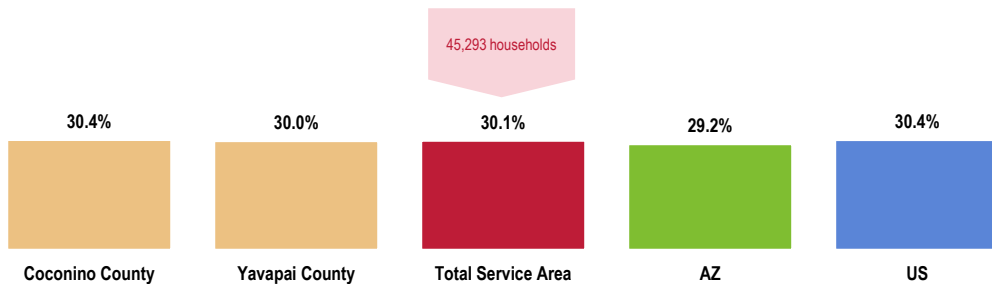
Coconino County	Yavapai County	Total Service Area	AZ	US
30.4%	30.0%	30.1% (45,293 households)	29.2%	30.4%

Sources:
- US Census Bureau, American Community Survey.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the percentage of the households where housing costs exceed 30% of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels.

Financial Resilience

"Suppose that you have an emergency expense that costs $400. Based on your current financial situation, would you be able to pay for this expense either with cash, by taking money from your checking or savings account, or by putting it on a credit card that you could pay in full at the next statement?"

Do Not Have Cash on Hand to Cover a $400 Emergency Expense

FMC Service Area	VVMC Service Area	Total Service Area	US
31.6%	22.6%	27.9%	24.6%
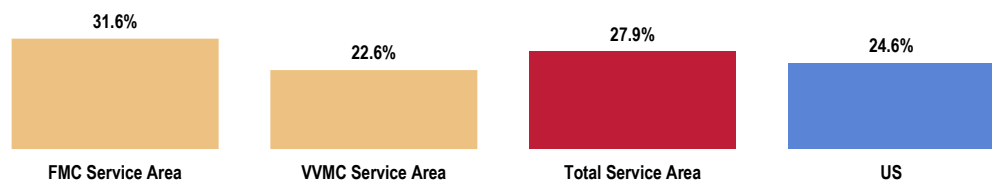
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 31]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

Do Not Have Cash on
Hand to Cover a $400 Emergency Expense
(Total Service Area, 2022)

22.9%	67.1%	41.3%	23.5%	12.2%	64.0%	13.2%	24.3%	40.0%	27.9%
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Communities of Color	Total Service Area
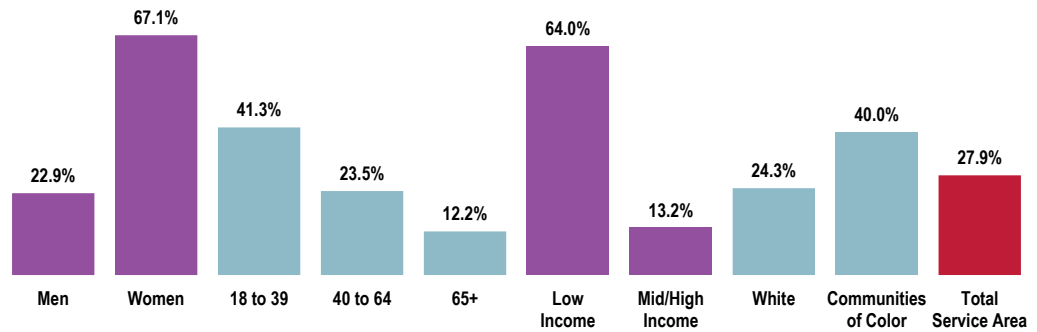
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 31]
Notes: ● Asked of all respondents.
● Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

Financial Loss Due to the Coronavirus Pandemic

"Has the coronavirus pandemic caused you or other household members to lose a job, work fewer hours than you wanted or needed, or led to a loss of health insurance coverage?"

Household Member has Lost a Job,
Hours/Wages, or Health Insurance as a Result of the Pandemic
(Total Service Area, 2022)

- Yes
- No

28.4%
71.6%
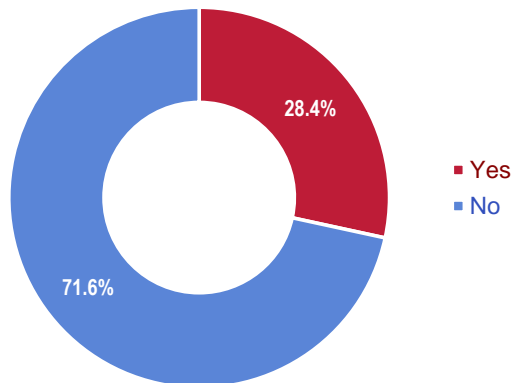
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 303]
Notes: ● Asked of all respondents.

Education

Education levels are reflected in the proportion of our population without a high school diploma. [COUNTY-LEVEL DATA]

Population With No High School Diploma
(Population Age 25+ Without a High School Diploma or Equivalent, 2015-2019)
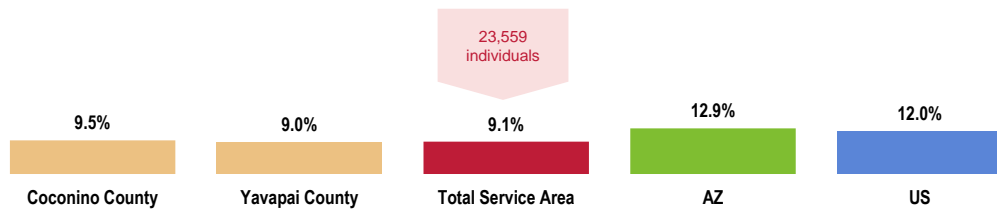
23,559 individuals

Coconino County	Yavapai County	Total Service Area	AZ	US
9.5%	9.0%	9.1%	12.9%	12.0%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.

Map Legend

Population with No High School Diploma (Age 25+), Percent by County, ACS 2015-19
- Over 21.0%
- 16.1 - 21.0%
- 11.1 - 16.0%
- Under 11.1%
- No Data or Data Suppressed

Report Location, County

SparkMap
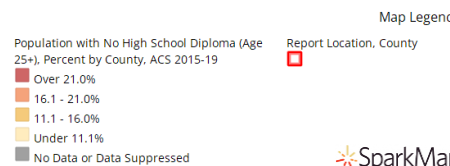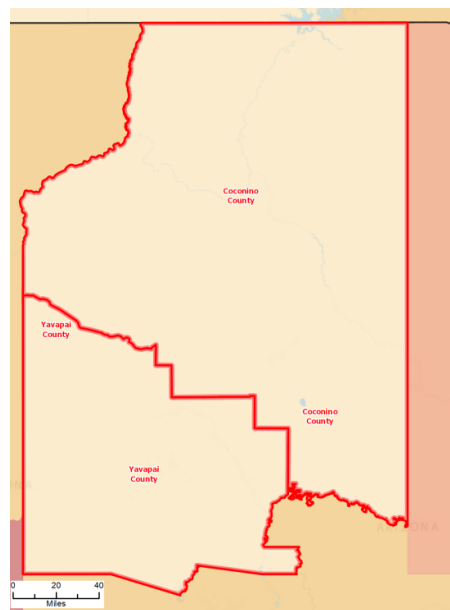
Housing

Unhealthy or Unsafe Housing

"Thinking about your current home, over the past 12 months have you experienced ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe?"

Unhealthy or Unsafe Housing Conditions in the Past Year

FMC Service Area	VVMC Service Area	Total Service Area	US
15.5%	9.8%	13.1%	12.2%
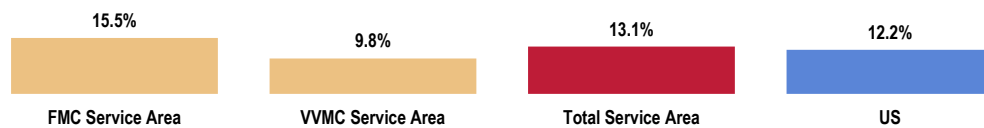
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 32]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

Unhealthy or Unsafe Housing Conditions in the Past Year
(Total Service Area, 2022)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Communities of Color	TSA
11.8%	14.4%	21.2%	8.7%	6.7%	24.2%	9.9%	10.2%	22.6%	13.1%
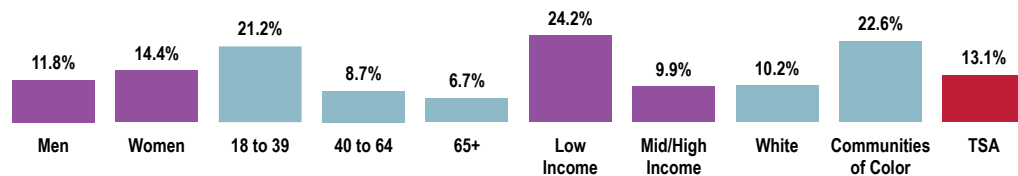
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 32]

Notes:
- Asked of all respondents.
- Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

Key Informant Input: Social Determinants of Health

Stakeholders participating in the Online Key Informant Survey identified the following concerns relative to the social determinants of health:

Housing

> Housing. – Healthcare Leader (Flagstaff Region)
>
> Housing. – Social Services Provider (Flagstaff Region)

Cost of Living

> Ability to secure a job that pays a living wage. For a vast majority of people do not support cost of living in Flagstaff, and decent housing w/ access to good schools and services are increasingly becoming out of reach of working folks, especially home ownership. Even with rentals, people are being priced out and forced out of basic rentals. For our college students, the rising cost of education, the increasing need for student loans and the uncertainty of being able to pay off those loans, secure a job that makes the future look hopeful, or a sense that they will have a world that is not consumed by extremism, climate disasters and poverty exists for them or future generations. – Healthcare Leader (Flagstaff Region)

HEALTH STATUS

Overall Health

"Would you say that in general your health is: excellent, very good, good, fair, or poor?"

Self-Reported Health Status
(Total Service Area, 2022)

- Excellent — 15.5%
- Very Good — 37.2%
- Good — 28.4%
- Fair — 16.4%
- Poor — 2.5%
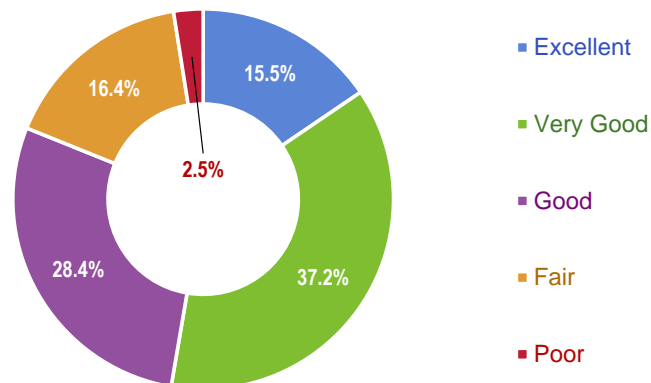
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: ● Asked of all respondents.

The following charts further detail "fair/poor" overall health responses in the Total Service Area in comparison to benchmark data, as well as by basic demographic characteristics (namely by sex, age groupings, income [based on poverty status], and race/ethnicity).

Experience "Fair" or "Poor" Overall Health

Total Service Area

FMC Service Area	VVMC Service Area	Total Service Area	AZ	US	2012	2022
19.8%	17.5%	18.9%	19.0%	12.6%	16.8%	18.9%
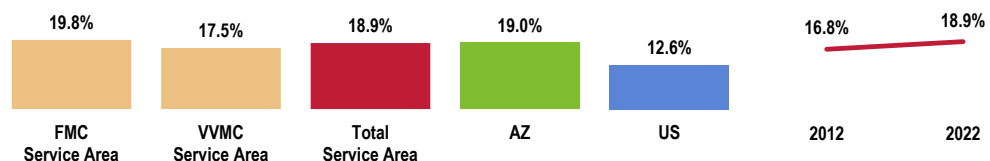
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 4]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Arizona data.
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Experience "Fair" or "Poor" Overall Health
(Total Service Area, 2022)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Communities of Color	Total Service Area
22.6%	15.5%	19.6%	20.2%	16.4%	28.3%	13.6%	20.4%	14.6%	18.9%

Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: ● Asked of all respondents.

Mental Health

ABOUT MENTAL HEALTH & MENTAL DISORDERS

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. …Mental disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Mental Health Status

"Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair, or poor?"

Self-Reported Mental Health Status
(Total Service Area, 2022)

- Excellent: 23.2%
- Very Good: 26.1%
- Good: 26.8%
- Fair: 15.5%
- Poor: 8.4%
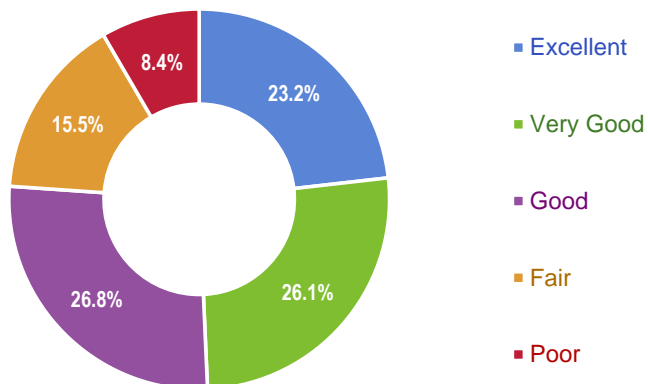
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 27]
Notes: • Asked of all respondents.

Experience "Fair" or "Poor" Mental Health

Total Service Area

Category	Value
FMC Service Area	28.1%
VVMC Service Area	18.2%
Total Service Area	23.9%
US	13.4%
2012	12.3%
2022	23.9%

Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 27]
        ● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
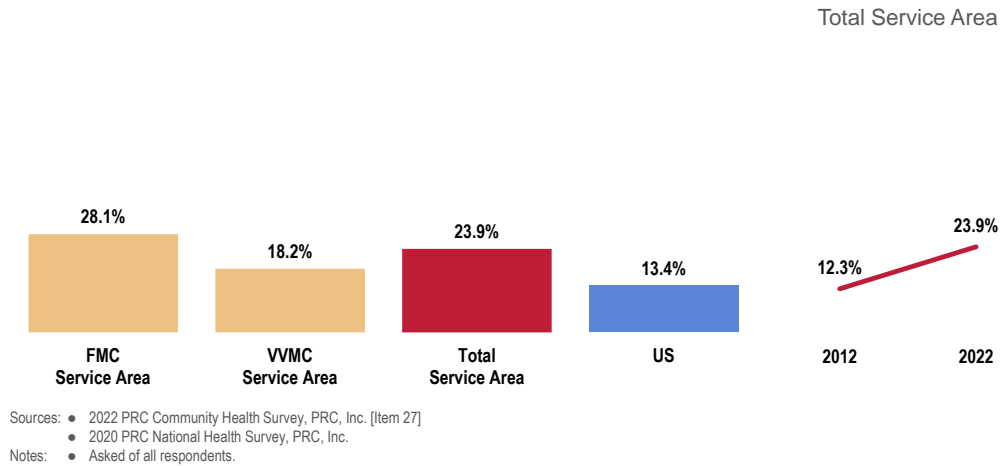
Worsening Mental Health Due to the Coronavirus Pandemic

"Since the start of the pandemic, would you say that your mental health has improved, stayed about the same, or become worse?"

Mental Health Has Gotten Worse
Since the Beginning of the Pandemic
(Total Service Area, 2022)

Category	Value
Men	24.2%
Women	32.8%
18 to 39	38.1%
40 to 64	27.8%
65+	13.2%
Low Income	27.8%
Mid/High Income	32.0%
White	29.1%
Communities of Color	27.5%
Total Service Area	28.7%

Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 302]
Notes: ● Asked of all respondents.
        ● Beginning of pandemic specified as March 2020.
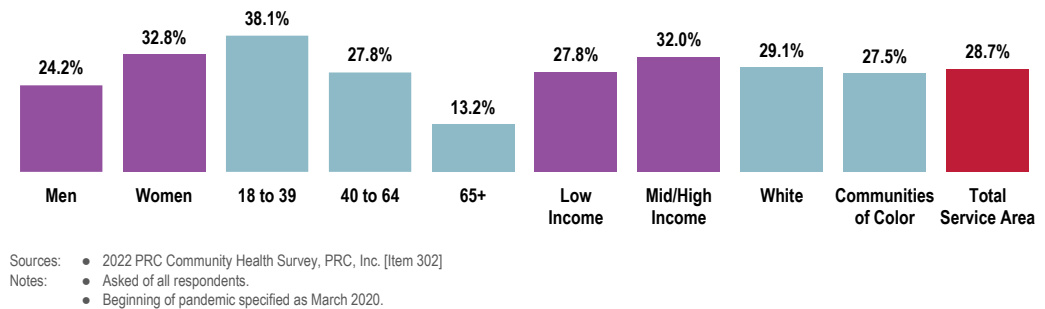
Diagnosed Depression

"Has a doctor or other healthcare provider ever told you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?"

Have Been Diagnosed With a Depressive Disorder

Total Service Area

Category	Percentage
FMC Service Area	33.1%
VVMC Service Area	20.1%
Total Service Area	27.5%
AZ	16.8%
US	20.6%
2012	12.5%
2022	27.5%
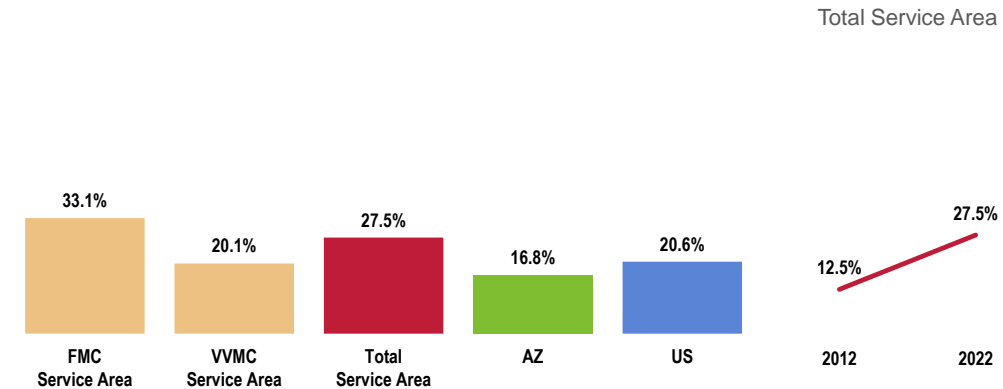
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 28]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Arizona data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.

Have Been Diagnosed With a Depressive Disorder
(Total Service Area, 2022)

Category	Percentage
Men	23.5%
Women	31.6%
18 to 39	36.8%
40 to 64	25.6%
65+	13.8%
Low Income	43.9%
Mid/High Income	22.0%
White	28.7%
Communities of Color	23.7%
Total Service Area	27.5%
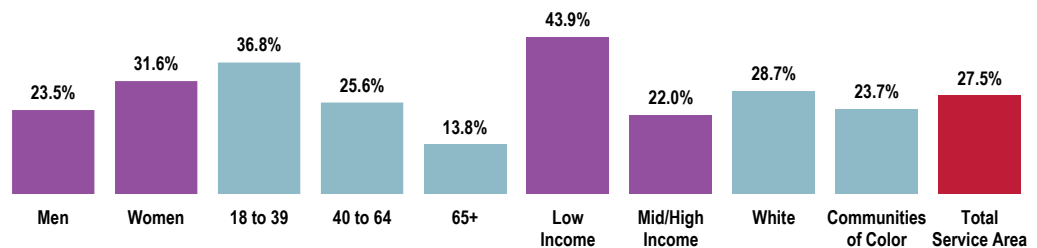
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 28]

Notes:
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.

Suicide

The following chart outlines the most current age-adjusted mortality rates attributed to suicide in our population (refer to "Leading Causes of Death" for an explanation of the use of age-adjusting for these rates). [COUNTY-LEVEL DATA]

Suicide: Age-Adjusted Mortality
(2016-2019 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 12.8 or Lower
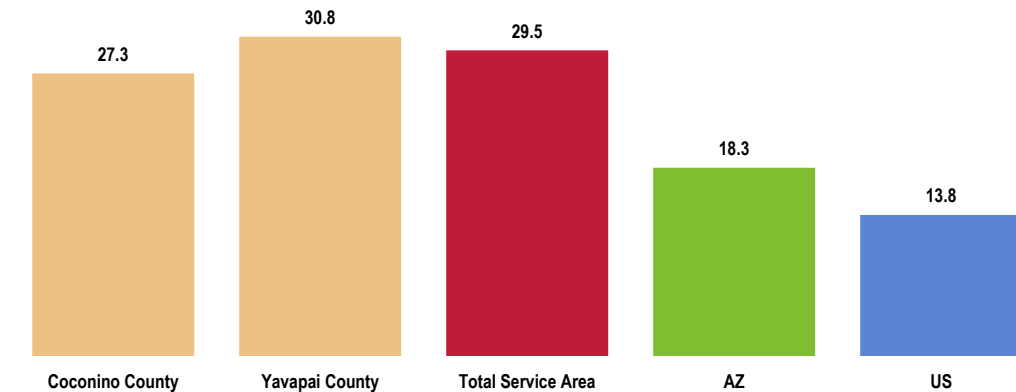
Coconino County	Yavapai County	Total Service Area	AZ	US
27.3	30.8	29.5	18.3	13.8

Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Mental Health Treatment

The following chart outlines access to mental health providers, expressed as the number of providers (psychiatrists, psychologists, clinical social workers, and counsellors who specialize in mental health care) per 100,000 residents. [COUNTY-LEVEL DATA]

Here, "mental health providers" includes psychiatrists, psychologists, clinical social workers, and counsellors who specialize in mental health care. Note that this indicator only reflects providers practicing in the Total Service Area and residents in the Total Service Area; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.

Access to Mental Health Providers
(Number of Mental Health Providers per 100,000 Population, 2021)

Coconino County	Yavapai County	Total Service Area	AZ	US
90.3	135.9	118.5	70.0	124.9

452 Mental Health Providers
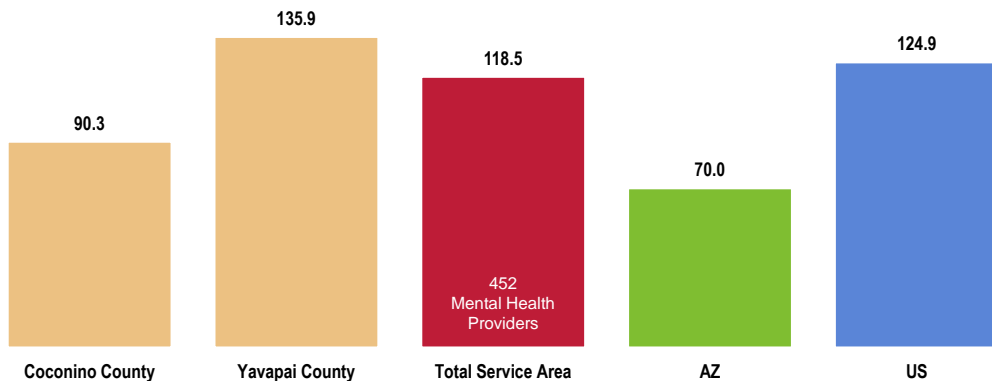
Sources:
- University of Wisconsin Population Health Institute, County Health Rankings.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).
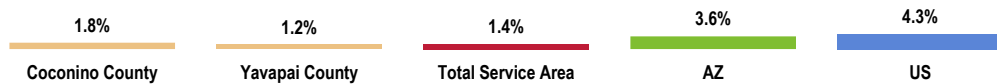
Notes:
- This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

"Was there a time in the past 12 months when you needed mental health services but were not able to get them?"

Unable to Get Mental Health Services
When Needed in the Past Year
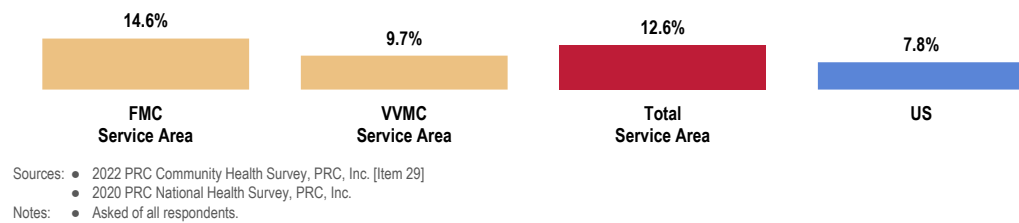
FMC Service Area	VVMC Service Area	Total Service Area	US
14.6%	9.7%	12.6%	7.8%

Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 29]
          ● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Unable to Get Mental Health Services
When Needed in the Past Year
(Total Service Area, 2022)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Communities of Color	Total Service Area
5.9%	19.0%	21.9%	8.5%	3.8%	23.0%	9.0%	11.0%	18.0%	12.6%

Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 29]
Notes: ● Asked of all respondents.
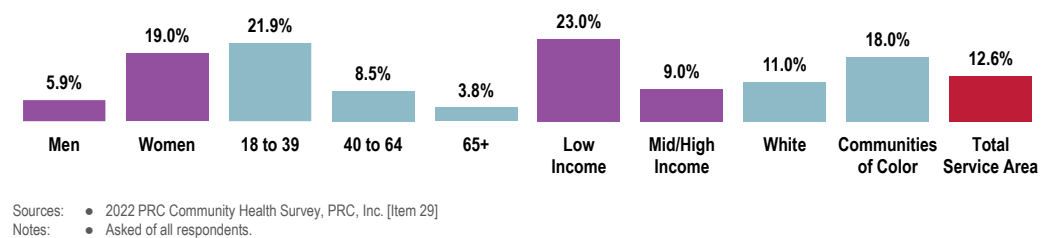
Key Informant Input: Mental Health

The following chart outlines key informants' perceptions of the severity of *Mental Health* as a problem in the community:
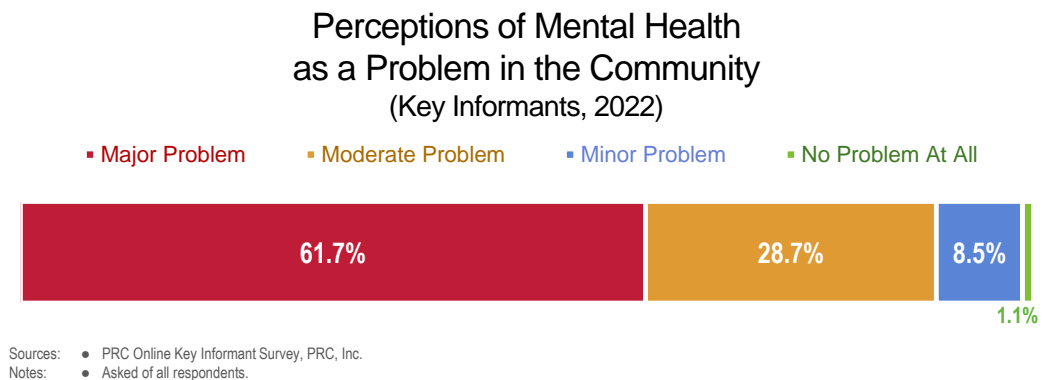
Perceptions of Mental Health
as a Problem in the Community
(Key Informants, 2022)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

61.7%	28.7%	8.5%	

1.1%

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

There's a serious lack of resources for people with mental health problems and people in mental health crises. I'm unaware of any option other than The Guidance Center. Failing to address mental health problems in the community leads to drug use and crime. – Community Leader (Flagstaff Region)

Lack of access to quality mental health care, lack of inpatient beds and outpatient counseling resources in the community. Lack of support systems, such as group homes or halfway houses for people recovering from MI and addiction. – Healthcare Leader (Flagstaff Region)

Availability of services. – Healthcare Leader (Flagstaff Region)

No resources but the Emergency Room, which is not well equipped to care for these patients. – Healthcare Leader (Flagstaff Region)

Access to care. – Healthcare Leader (Flagstaff Region)

Lack of access to quality outpatient care and lack of access and availability of substance use inpatient and outpatient care. – Healthcare Leader (Flagstaff Region)

Lack of treatment resources. – Healthcare Leader (Flagstaff Region)

ONLY adequate behavioral health care is through Flagstaff Medical Center. The Guidance Center is poorly run and managed, definitely not meeting the needs of the population in which they are required to serve. VERY limited access to outpatient services for new patients and follow up. – Healthcare Leader (Flagstaff Region)

Getting into services, long wait times and once in can't be seen as frequently as they should. Barriers to consistent care. – Community Leader (Flagstaff Region)

Ability to get into services quickly with a mental health professional. – Community Leader (Flagstaff Region)

There are limited services. – Community Leader (Verde Valley Region)

No community mental health services in the Verde Valley. There is an excellent mental health coalition and a great resource. Most practitioners are private and don't take insurance. – Community Leader (Verde Valley Region)

Finding counseling services. – Physician (Flagstaff Region)

Access to mental health services limited with no coverage in the hospital or crisis service. Spectrum is only available resource for mental health, long wait times. – Physician (Verde Valley Region)

Abject failure of the community to provide adequate access to meaningful mental health needs. Those organizations that we do have are saturated and do their best, but it is not enough. – Physician (Flagstaff Region)

Access to care is limited. There are very minimal resources for child mental health. Timing to get care is extremely long. There are limited inpatient beds for care. – Healthcare Leader (Flagstaff Region)

Access to mental health services/therapy. – Healthcare Leader (Flagstaff Region)

Lack of caregivers, along with identifying those in need before a crisis hits. – Community Leader (Flagstaff Region)

Availability of getting service within a timely manner. Long wait and process to get services. – Social Services Provider (Flagstaff Region)

Access and resources to treat mental health. – Healthcare Leader (Flagstaff Region)

Exceptionally low resources available. – Healthcare Leader (Flagstaff Region)

Limited mental health inpatient facilities. Transport a high number of pediatric mental health patients to Tucson, Phoenix, and Las Vegas. – Healthcare Leader (Flagstaff Region)

Lack of services! The Guidance Center is inadequate to treat the population that exists in our community, and there just aren't enough other services available. I know they can have difficulty getting on and staying on the right meds, so access to treatment and medication is a huge contributor to our homeless population and those who suffer from substance abuse issues as a result. – Healthcare Leader (Flagstaff Region)

Lack of access to care. Very few mental health providers in the community, huge unmet need. – Healthcare Leader (Flagstaff Region)

Contributing Factors

Lack of quality long-term care. Many people in our community do not have access to mental health care providers due to a variety of insurance issues and wait times to be seen. Additionally, many providers that utilize insurance often have limits as to how many sessions people can have which is detrimental to most of the population, in terms of what we have learned over the years about ACES and compounding trauma. Over the years I have also worked with a lot of people who disagree with their diagnosis, and I think there is a lack of understanding of how trauma can manifest for people which leads to misdiagnosis. People need to be treated as people and not billable hours so businesses that oversee mental health care need to prioritize people and structure services in a way that is client centered and employees centered as many clinicians and therapist are seeing a rise in client/patient acuity. Professional helpers need support to effectively serve. – Social Services Provider (Flagstaff Region)

I see a lot of homeless in the Flagstaff area and woods surrounding Flagstaff, which causes me to think there is a mental health issue. I also hear that suicides and suicide attempts are on the rise. I also see individuals who seem overly intoxicated by the way they walk and I often see people sleeping on sidewalks, under bushes, and in the very strangest places, which causes me to think they are 'sleeping it off'. – Community Leader (Flagstaff Region)

The biggest challenges for the mental health community as a whole, is that 90% get submitted for help due to a police contact due to a crime, suspicious activity or homelessness. The mental health community does not seem to think that there are enough resources for the mental health community, and relying on law enforcement to be in partnership has led to national tragedies. – Community Leader (Flagstaff Region)

COVID impact on mental health; lack of resources and accessibility to care. – Healthcare Leader (Flagstaff Region)

Access to care, housing, substance use, transportation, racial disparities and social justice. – Social Services Provider (Flagstaff Region)

Reducing the stigma of seeking treatment for mental illness is a huge challenge. It is better if we can connect people to mental health services within a primary care environment, that leads to greater acceptance of those services. Telehealth also helps. Payment for MH/BH services with parity for the licensure of the provider both in-person and via telehealth is huge. Also, the number of MH/BH specialists that do not require cash payments. I can get more services for people who are on AHCCCS or are uninsured sometimes than for those with commercial insurance. – Physician (Flagstaff Region)

Stigma for treatment is a cultural barrier to individuals receiving help. Education on what the signs and symptoms of when an individual should seek help are also not widely known or understood. If we had a better community understanding of what mental health really means and how lives can be improved with interventions, we would see more encouragement for treatment and more of an acceptance to get help when needed. Of course, access to help becomes another challenge once one is willing to go get it. – Healthcare Leader (Flagstaff Region)

Stigma, challenges in identification of people suffering with mental health issues. Lack of affordable housing. Lack of behavioral health professionals. – Community Leader (Verde Valley Region)

Isolation, hopelessness, poverty, stress, worry about the future, access to jobs that support cost of living, social media comparisons. – Healthcare Leader (Flagstaff Region)

Substance abuse and homelessness. – Community Leader (Verde Valley Region)

Honestly-that we don't talk about it and that there are very few pediatric mental health professionals and our local school systems do not have programs that focus on mental health unless there is an issue. Our community does not promote "positive" mental health and the topic seems to be only address those that are in mental health crisis. Access to mental health care on a pediatric or adult level almost feels "secret"-you know who the local counselors are through those that have seen them and not public resources etc. The process also seems to cater to the Medicare/Medicaid population or the upper-class population. Those in the middle class have to find a provider their insurance accepts which can be very difficult. – Healthcare Leader (Verde Valley Region)

Support and access, a lack of institutional empathy and support for this community's mental wellbeing, lack of integrated care into the clinics. – Physician (Flagstaff Region)

Insufficient number of providers. Wait times too long for new patients and getting appointments. Affordability; it's very costly for those without insurance. Extremely insufficient amount of providers for LGBTQ youth and their families. Need better community awareness. – Healthcare Leader (Flagstaff Region)

Access. Not enough providers. High suicide rates, particularly in young people. – Physician (Flagstaff Region)

Access to services, eligibility for services, wait times to access services, lack of financial ability to pay for services, few number of providers, lack of commitment from providers to address mental health issues with the homeless and other vulnerable populations. – Community Leader (Flagstaff Region)

We do not have robust programming in our schools that help our middle schoolers and high schoolers know how to make health choices that feed their mind, body and soul. Teaching our children how to make smart food choices, the importance of exercise, mental health, and much more. As much as parents teach this to their children (which is not consistent) teenagers often don't "hear" what their parents are saying. This leaves the children of our community to learn from each other, from social media and from pop culture creating insecurity and shame in our young children that degrades their mental health. – Healthcare Leader (Verde Valley Region)

Access to affordable mental health services and ability to navigate the behavioral health (mental and substance use disorder) landscape. Referrals that take months to complete intake. – Healthcare Leader (Flagstaff Region)

Not having insurance, overcrowding in facilities, substance abuse. – Healthcare Leader (Flagstaff Region)

Lack of Providers

Lack of mental health providers (that are covered by insurance or sliding scale uninsured) for individual and focus on family and children mental health. Coordination with public schools social emotional support services to keep kids healthy and in school. – Community Leader (Flagstaff Region)

Access to qualified and dedicated counselors and psychiatrists. – Physician (Flagstaff Region)

Lack of providers in Northern AZ. – Healthcare Leader (Flagstaff Region)

Prevalence/Incidence

Suicide rates in Northern AZ are very high compared to other regions. I view this as a signal that mental health issues are not being dealt with properly. – Community Leader (Verde Valley Region)

We are seeing significantly more mental health challenges with our students. We have added an additional counselor to address the social, emotional, and learning needs of students. – Community Leader (Verde Valley Region)

Awareness/Education

Knowledge of how and when to access needs to be as simple as possible. – Healthcare Leader (Flagstaff Region)

Homelessness

There is a sizeable homeless population in the Verde Valley, and I think many of these unfortunate people have mental challenges. – Healthcare Leader (Verde Valley Region)

Vulnerable Populations

LGBTQ support services for youth, especially those whose families are not supportive or worse. Kids need to know where to go and how to get services when their families are in denial or otherwise unsupportive. – Healthcare Leader (Flagstaff Region)

Funding

Adequate government funding for behavioral health services. – Healthcare Leader (Verde Valley Region)

DEATH, DISEASE & CHRONIC CONDITIONS

Cardiovascular Disease

ABOUT HEART DISEASE & STROKE

Heart disease is the leading cause of death in the United States, and stroke is the fifth leading cause. …Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Coronary Heart Disease & Stroke Deaths

The greatest share of cardiovascular deaths is attributed to heart disease. The following charts outline age-adjusted mortality rates for coronary heart disease and for stroke in our community. [COUNTY-LEVEL DATA]

Coronary Heart Disease: Age-Adjusted Mortality
(2016-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 90.9 or Lower
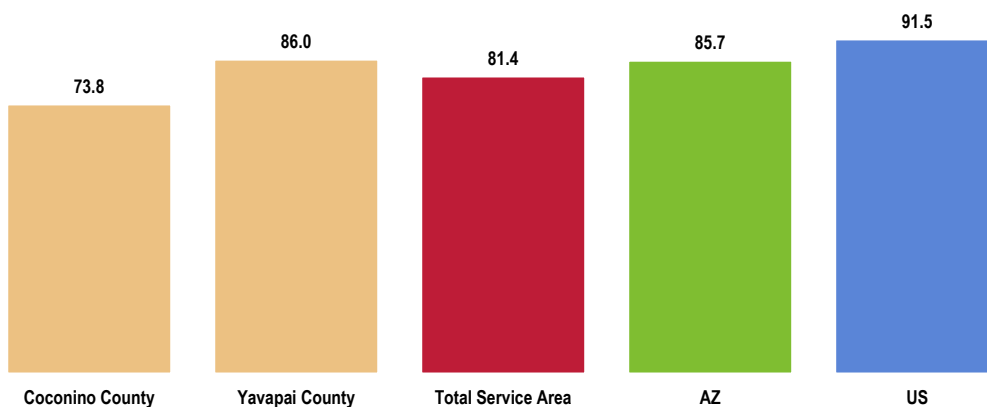
Coconino County	Yavapai County	Total Service Area	AZ	US
73.8	86.0	81.4	85.7	91.5

Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Stroke: Age-Adjusted Mortality
(2016-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 33.4 or Lower

Coconino County	Yavapai County	Total Service Area	AZ	US
28.9	31.8	30.7	30.9	37.6

Prevalence of Heart Disease & Stroke

"Has a doctor, nurse, or other health professional ever told you that you had heart disease, including heart attack or myocardial infarction, angina, or coronary heart disease?

Prevalence of Heart Disease

Total Service Area

18 to 39	4.6%	
40 to 64	4.9%	
65+	12.4%	

FMC Service Area	VVMC Service Area	Total Service Area	AZ	US	2012	2022
4.3%	9.9%	6.7%	6.4%	6.1%	4.9%	6.7%

"Has a doctor, nurse, or other health professional ever told you that you had a stroke?"

Prevalence of Stroke

Total Service Area

18 to 39	1.5%
40 to 64	2.6%
65+	5.8%

1.0%	5.2%	2.8%	3.5%	4.3%	3.0%	2.8%
FMC Service Area	VVMC Service Area	Total Service Area	AZ	US	2012	2022

Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 14]
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Arizona data.
 ● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Cardiovascular Risk Factors

Blood Pressure & Cholesterol

"Have you ever been told by a doctor, nurse, or other health care professional that you had high blood pressure?"

"Blood cholesterol is a fatty substance found in the blood. Have you ever been told by a doctor, nurse, or other health care professional that your blood cholesterol is high?"

Prevalence of High Blood Pressure
Healthy People 2030 = 27.7% or Lower

Prevalence of High Blood Cholesterol

30.3%	32.5%	36.9%	22.4%	32.7%
Total Service Area	AZ	US	Total Service Area	US
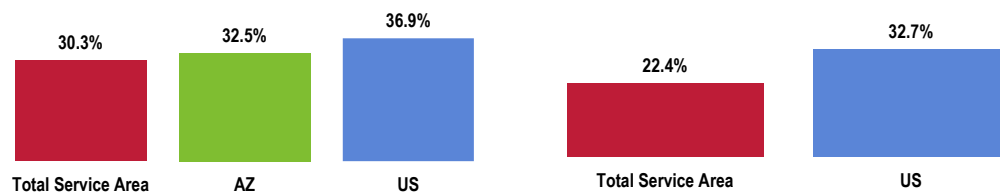
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Items 15–16]
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Arizona data.
 ● 2020 PRC National Health Survey, PRC, Inc.
 ● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes: ● Asked of all respondents.

<table>
<tr><th colspan="2">Prevalence of
High Blood Pressure
(Total Service Area)
Healthy People 2030 = 27.7% or Lower</th><th colspan="2">Prevalence of
High Blood Cholesterol
(Total Service Area)</th></tr>
<tr><td>29.4%</td><td>30.3%</td><td>28.7%</td><td>22.4%</td></tr>
<tr><td>2012</td><td>2022</td><td>2012</td><td>2022</td></tr>
</table>
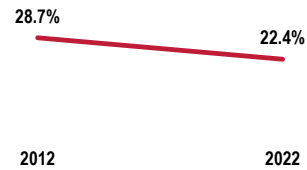
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Items 15–16]
       ● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes: ● Asked of all respondents.

Total Cardiovascular Risk

Total cardiovascular risk reflects the individual-level risk factors which put a person at increased risk for cardiovascular disease, including:

- High Blood Pressure
- High Blood Cholesterol
- Cigarette Smoking
- Physical Inactivity
- Overweight/Obesity

Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical both for preventing and for controlling cardiovascular disease.

The following chart reflects the percentage of adults in the Total Service Area who report one or more of the following: being overweight; smoking cigarettes; being physically inactive; or having high blood pressure or cholesterol.

Present One or More Cardiovascular Risks or Behaviors
(Total Service Area, 2022)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Communities of Color	Total Service Area
81.0%	78.2%	69.8%	81.4%	92.7%	86.8%	75.6%	79.9%	79.9%	79.2%
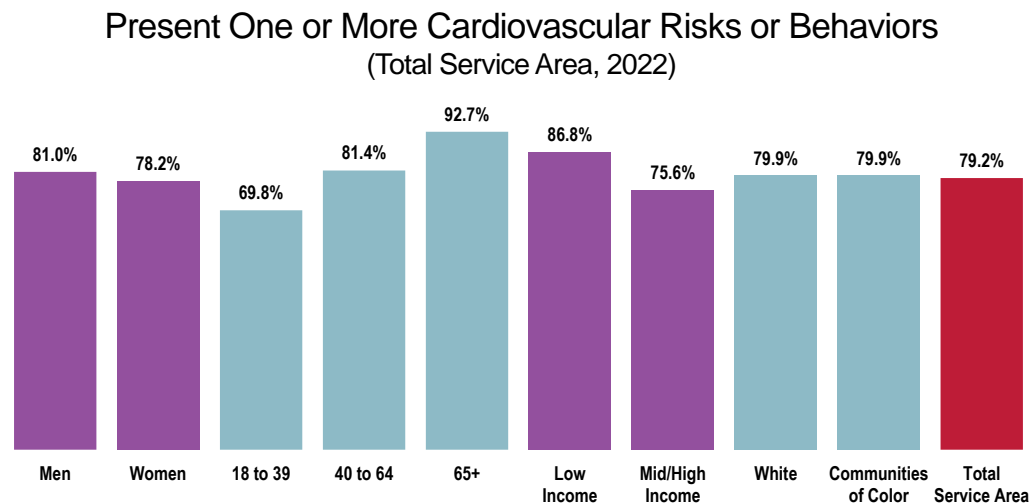
Sources:
● 2022 PRC Community Health Survey, PRC, Inc. [Item 51]
● 2020 PRC National Health Survey, PRC, Inc.
Notes:
● Reflects all respondents.
● Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Key Informant Input: Heart Disease & Stroke

The following chart outlines key informants' perceptions of the severity of *Heart Disease & Stroke* as a problem in the community:
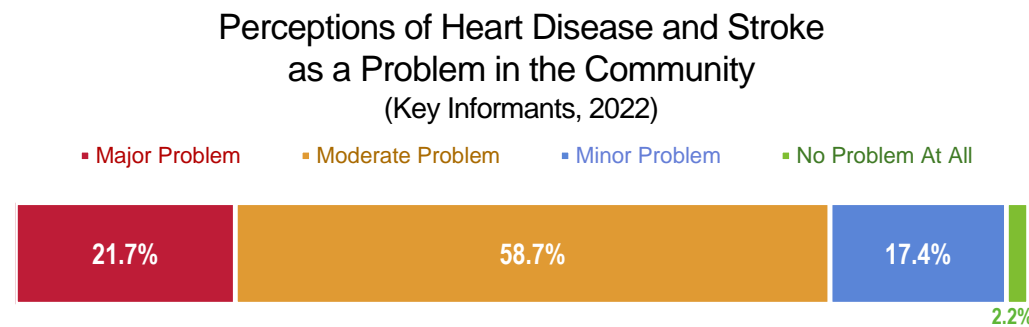
Perceptions of Heart Disease and Stroke
as a Problem in the Community
(Key Informants, 2022)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

Major Problem	Moderate Problem	Minor Problem	No Problem At All
21.7%	58.7%	17.4%	2.2%

Sources:
● PRC Online Key Informant Survey, PRC, Inc.
Notes:
● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Prevalence/Incidence

> According to the 2019 burden report put out by the health department, "heart disease is the number one killer in Arizona. Each year there are more than 50,000 hospitalizations and almost 10,000 deaths related to heart disease in Arizona." Death from stroke has been declining, but it still a major risk especially in minority populations. – Healthcare Leader (Flagstaff Region)

> We have high rates of cardiovascular disease in our community! – Healthcare Leader (Flagstaff Region)

> Heart disease is a problem with the entire country and stoke is a problem with some people who abuse drugs, of which sadly there are many. – Community Leader (Flagstaff Region)

Contributing Factors

> The altitude puts extra strain on the heart and respiratory system. Lack of exercise and poor eating habits contribute to the problem. We lack an adequate community of caregivers to treat this population. Many patients go to the valley for care. Tremendous access issues exist with current providers. – Community Leader (Flagstaff Region)

> Lack of access to cardiologists, neurologists. Poor lifestyle choices contributing to DM HTN. – Physician (Verde Valley Region)

> Access to preventative care. Obesity. – Healthcare Leader (Flagstaff Region)

> Diet, preventive measures, exercise and active lifestyles, smoking and stress. – Healthcare Leader (Flagstaff Region)

Lack of Providers

> Spotty/limited neuro service, especially interventional neuro services. – Physician (Flagstaff Region)

> Only one full time interventional cardiologist currently. Limited neurologist availability. – Physician (Verde Valley Region)

> Lack of doctors. – Community Leader (Verde Valley Region)

> Lack of providers in this specialty. – Healthcare Leader (Flagstaff Region)

Access to Care/Services

> Many people that I have spoken to about cardiac care must travel to Prescott or Prescott Valley for an appointment. – Community Leader (Verde Valley Region)

> Because I have heart disease and have had to go to Mayo Clinic to get diagnosis and treatment. My interaction with the cardiologists here was worthless. – Community Leader (Verde Valley Region)

Leading Cause of Death

> It is the major cause of death for Coconino County. – Physician (Flagstaff Region)

Aging Population

> Age of residents. – Community Leader (Verde Valley Region)

Cancer

ABOUT CANCER

Cancer is the second leading cause of death in the United States. …The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Cancer Deaths

The following chart illustrates age-adjusted cancer mortality (all types) in the Total Service Area. [COUNTY-LEVEL DATA]

Cancer: Age-Adjusted Mortality
(2016-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 122.7 or Lower
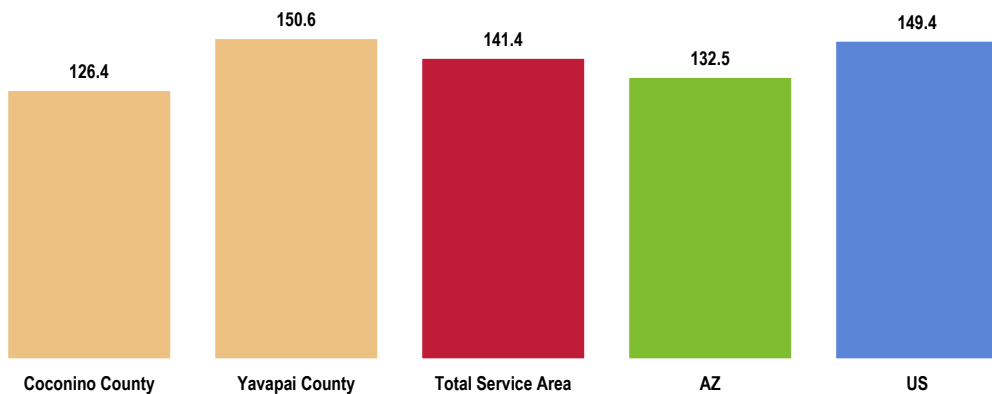
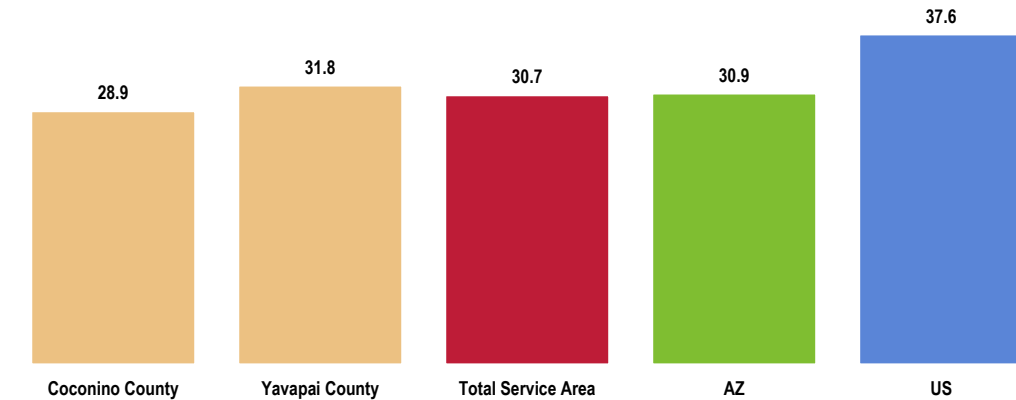| Coconino County	Yavapai County	Total Service Area	AZ	US
126.4	150.6	141.4	132.5	149.4

Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
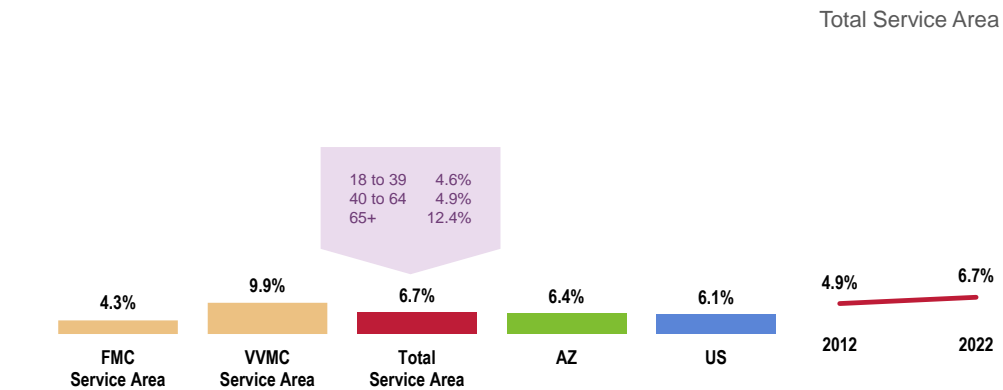
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Cancer Incidence

"Incidence rate" or "case rate" is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted. It is usually expressed as cases per 100,000 population per year. [COUNTY-LEVEL DATA]

Cancer Incidence Rates by Site
(Annual Average Age-Adjusted Incidence per 100,000 Population, 2014-2018)

Legend: ■ Coconino County ■ Yavapai County ■ Total Service Area ■ AZ ■ US

Site	Coconino County	Yavapai County	Total Service Area	AZ	US
All Sites	361.1	407.8	396.5	385.7	448.6
Female Breast Cancer	105.0	124.0	119.2	114.2	126.8
Prostate Cancer	74.6	84.2	81.9	79.6	106.2
Lung Cancer	29.1	47.8	43.7	45.1	57.3
Colon/Rectal Cancer	29.8	32.8	32.1	32.3	38.0

Sources:
- State Cancer Profiles.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Prevalence of Cancer

"Have you ever suffered from or been diagnosed with cancer?"

"Which type of cancer were you diagnosed with? (If more than one past diagnosis, respondent was asked about the most recent.)

Prevalence of Cancer

The most common types of cancers cited locally include:
1) Skin Cancer   23.8%
2) Breast Cancer   19.6%
3) Prostate Cancer   11.8%

FMC Service Area	VVMC Service Area	Total Service Area	AZ	US
9.0%	14.5%	11.3%	14.0%	10.0%

Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 18–19]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Arizona data.
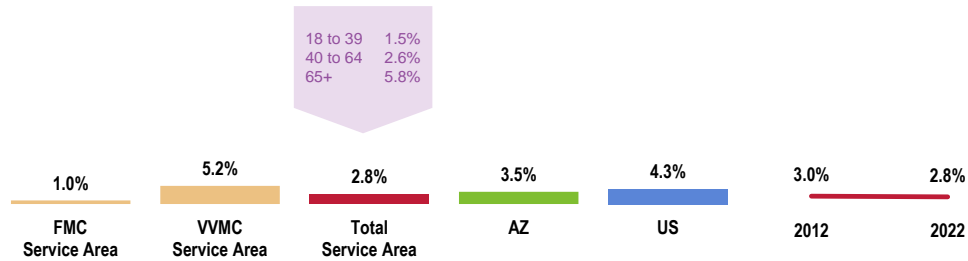- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Reflects all respondents.

Prevalence of Cancer
(Total Service Area, 2022)

10.4%	12.3%	5.2%	11.5%	20.5%	9.7%	11.6%	10.5%	14.3%	11.3%
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Communities of Color	Total Service Area
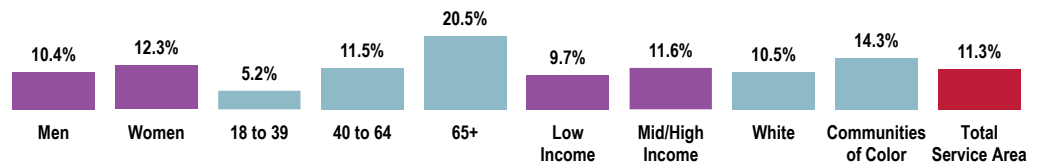
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 18]
Notes: ● Reflects all respondents.

ABOUT CANCER RISK

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Mammograms

FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women aged 50 to 74 years.

– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

The following indicator outlines the percentage of female Medicare enrollees, age 67-69 years, who have received a mammogram in the past two years. Mammography is important as a preventive behavior for early detection and treatment of health problems. Low screening levels can highlight a lack of access to preventive care, a lack of health knowledge, or other barriers. [COUNTY-LEVEL DATA]

Mammogram in Past Two Years
(Women Age 50-74; 2018)
Healthy People 2030 = 77.1% or Higher

Coconino County	Yavapai County	Total Service Area	AZ	US
66.3%	66.6%	66.5%	67.6%	74.8%
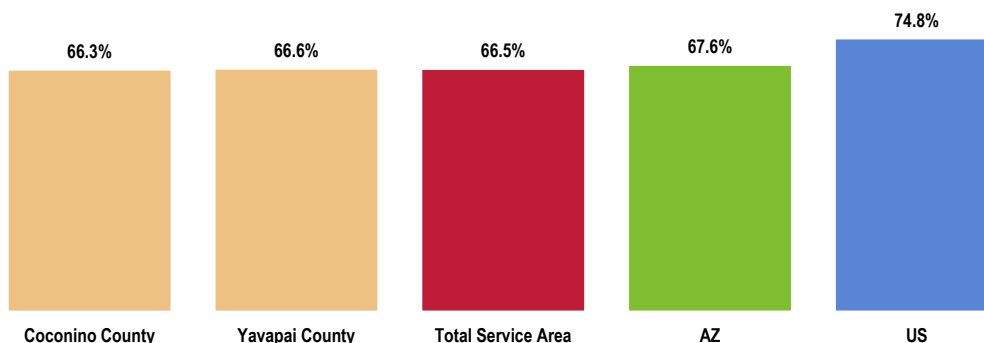
Sources: ● Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes: ● This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems.

Key Informant Input: Cancer

The following chart outlines key informants' perceptions of the severity of *Cancer* as a problem in the community:

Perceptions of Cancer
as a Problem in the Community
(Key Informants, 2022)
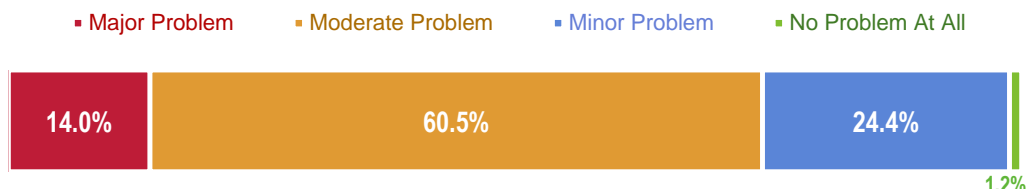
■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

14.0%	60.5%	24.4%	

1.2%

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.
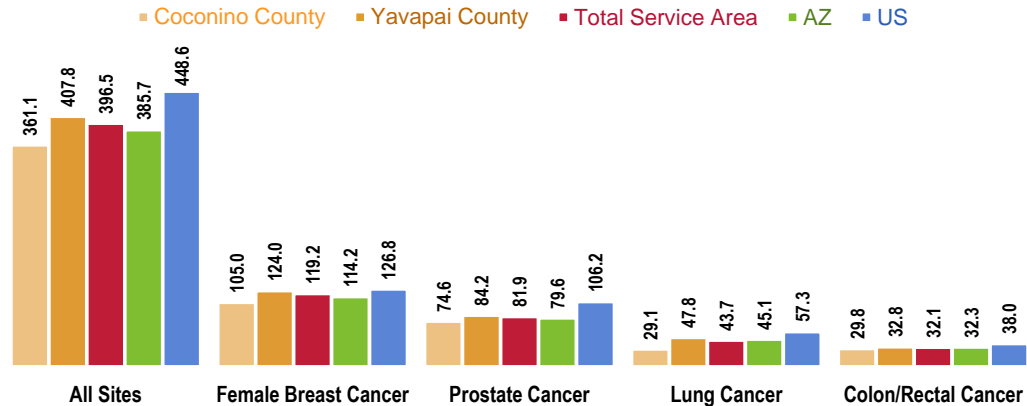
Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

Lots of cases of cancer patients who travel to Phoenix for their care, voicing lack of progressive cancer care in Flagstaff. – Healthcare Leader (Flagstaff Region)

Lack of access to wide range of cancer services. – Healthcare Leader (Flagstaff Region)

The lack of sophisticated cancer treatment facilities. – Healthcare Leader (Flagstaff Region)

Modifications in the Cancer Center and providers to care for the patients in the Flagstaff area. – Healthcare Leader (Flagstaff Region)

No formal or comprehensive cancer care in local area. – Healthcare Leader (Flagstaff Region)

Cancer services are in flux in the Flagstaff community and the overall program for oncology seems to be lacking strategy and quality care. – Healthcare Leader (Flagstaff Region)

People leave the community to have care. – Healthcare Leader (Flagstaff Region)

> There are not enough services available within the Verde Valley for those who have had cancer or are being treated for cancer. Many have to travel to Flagstaff or Prescott for treatment, long distances for those who are fragile. – Community Leader (Verde Valley Region)

Contributing Factors

> Major transitions occurring in providers and structure of care delivery. Significant cancer rate due to toxic exposures. – Physician (Flagstaff Region)

> Down winders are getting more and more exposed, along with general population and more individuals becoming diagnosed with this disease. The ability of affording treatment is also in this area of concern for the local population. – Social Services Provider (Flagstaff Region)

> Fallout from government test years ago. – Community Leader (Flagstaff Region)

Lack of Providers

> Lack of available doctors who can treat or diagnose cancer. – Community Leader (Verde Valley Region)

Leading Cause of Death

> It is one of the top five causes of death. – Community Leader (Flagstaff Region)

Respiratory Disease

ABOUT RESPIRATORY DISEASE

Respiratory diseases affect millions of people in the United States. …More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

Interventions tailored to at-risk groups can also help prevent and treat other respiratory diseases — for example, pneumonia in older adults and pneumoconiosis in coal miners. And increasing lung cancer screening rates can help reduce deaths from lung cancer through early detection and treatment.

– Healthy People 2030 (https://health.gov/healthypeople)

Lung Disease Deaths

The mortality rate for lung disease in the Total Service Area is summarized in the following chart, in comparison with Arizona and national rates. [COUNTY-LEVEL DATA]

Note: Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.

Lung Disease: Age-Adjusted Mortality
(2016-2020 Annual Average Deaths per 100,000 Population)

Coconino County	Yavapai County	Total Service Area	AZ	US
34.8	53.3	46.3	40.2	39.1

Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
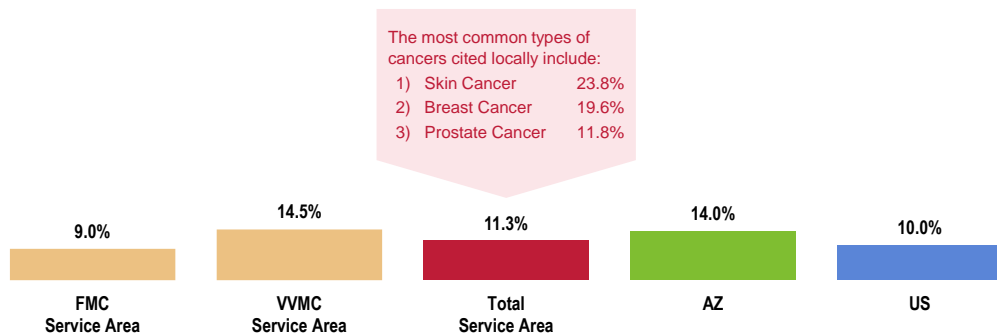- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- This indicator is relevant because lung disease is a leading cause of death in the United States.

Prevalence of Respiratory Disease

Asthma

"Do you currently have asthma that was diagnosed by a doctor, nurse, or other health professional?"

Prevalence of Asthma

Total Service Area

FMC Service Area	VVMC Service Area	Total Service Area	AZ	US	2012	2022
12.7%	13.0%	12.8%	9.7%	12.9%	9.5%	12.8%

Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 11]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Arizona data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes those who have ever been diagnosed with asthma and report that they still have asthma.

Chronic Obstructive Pulmonary Disease (COPD)

"Would you please tell me if you have ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema?"

Prevalence of
Chronic Obstructive Pulmonary Disease (COPD)

Total Service Area

4.9%	6.6%	5.6%	6.7%	6.4%	9.1%	5.6%
FMC Service Area	VVMC Service Area	Total Service Area	AZ	US	2012	2022
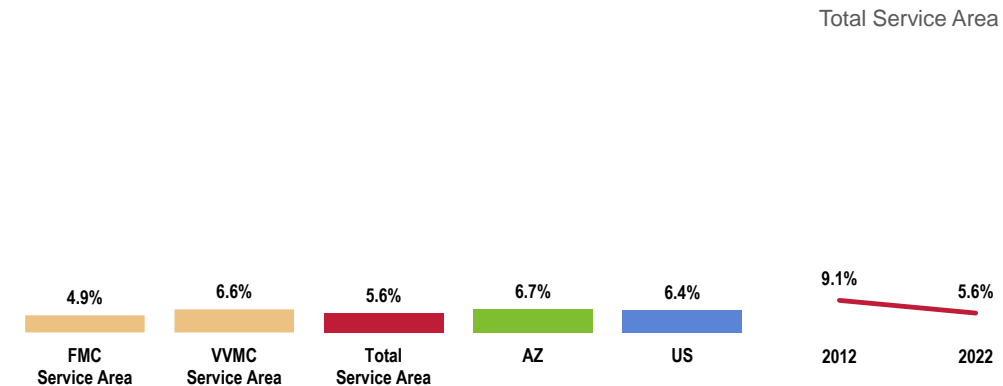
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 12]
         ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Arizona data.
         ● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
         ● Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.

Key Informant Input: Respiratory Disease

The following chart outlines key informants' perceptions of the severity of *Respiratory Disease* as a problem in the community:

Perceptions of Respiratory Diseases
as a Problem in the Community
(Key Informants, 2022)
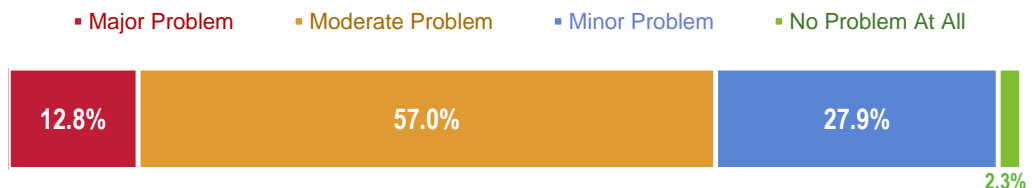
■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

12.8%	57.0%	27.9%	

2.3%

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Contributing Factors

Altitude, allergies combined with poor cardiac condition are problems. – Community Leader (Flagstaff Region)

Aging population, lots of smokers. – Community Leader (Verde Valley Region)

Environmental risk factors, smoke, dust, allergens, altitude. One pulmonary care clinic. – Physician (Flagstaff Region)

Due to Covid-19

COVID created heavy demand on the respiratory resources. – Community Leader (Flagstaff Region)

COVID illness is leaving lung scarring as a lasting side effect for many who have experienced COVID. There is a total lack of pulmonary specialists in our region, the state and the nation. The altitude further complicates the scarring, making it difficult for these survivors to remain in the community without continuous supplemental oxygen. – Healthcare Leader (Flagstaff Region)

Lack of Providers

Lack of physician providers in this specialty. – Healthcare Leader (Flagstaff Region)

No full-time pulmonologist in area. – Physician (Verde Valley Region)

Tobacco Use

There are a lot of smokers. – Community Leader (Flagstaff Region)

Smoking, COPD highly prevalent in community. – Physician (Verde Valley Region)

Coronavirus Disease/COVID-19

Age-Adjusted COVID-19 Deaths

The following outlines age-adjusted mortality to date attributed to COVID-19 since the beginning of the pandemic.

See also *Financial Loss Due to the Coronavirus Pandemic* in the **Social Determinants of Health** section of this report.

COVID-19: Age-Adjusted Mortality
(Deaths per 100,000 Population as of May 31, 2022)
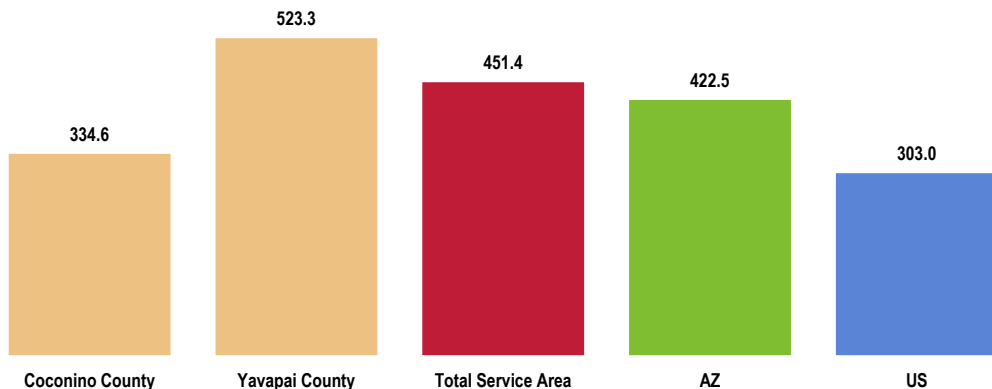
	Coconino County	Yavapai County	Total Service Area	AZ	US
	334.6	523.3	451.4	422.5	303.0

Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).
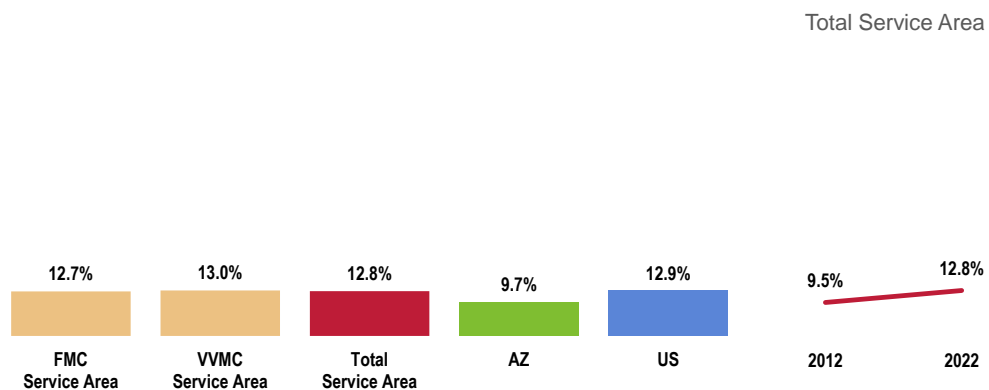
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- This indicator is relevant because lung disease is a leading cause of death in the United States.

COVID-19 Vaccination

"Please tell me which of the following statements best describes you: I am vaccinated for COVID-19; I plan to receive the vaccine; I do not plan to receive the vaccine; or I haven't decided whether to receive the vaccine?"

[UNVACCINATED] **"What is the main reason you have NOT received the COVID-19 vaccine??"**

Prevalence of COVID-19 Vaccination
(Total Service Area, 2022)

Among unvaccinated respondents, the main reasons given included:
- Side effects (19.2%)
- Safety/trust (19.0%)
- Not enough research (13.9%)
- Don't want it (8.3%)
- Personal preference (5.9%)
- Don't believe in it (5.9%)
- Already had COVID-19 (4.5%)

- Fully Vaccinated
- Don't Plan to Get Vaccinated
- Haven't Decided
- Plan to Get Vaccination

7.0%
16.4%
3.4%
73.3%
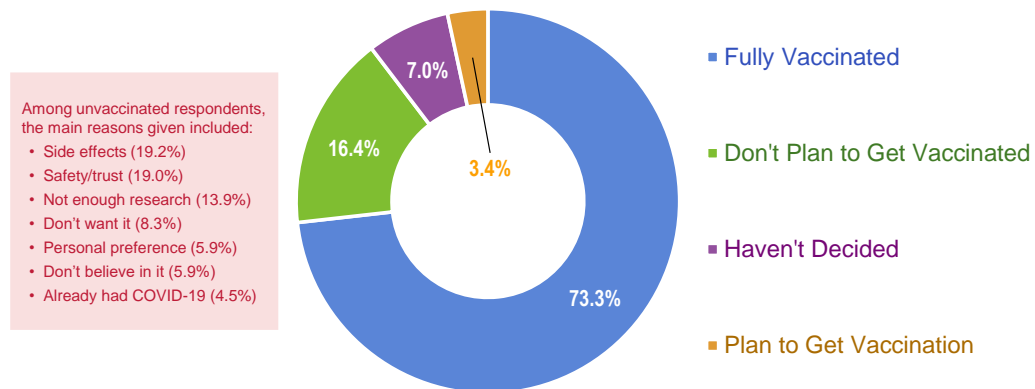
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Items 304–305]
Notes: ● Asked of all respondents.

Key Informant Input: Coronavirus Disease/COVID-19

The following chart outlines key informants' perceptions of the severity of *Coronavirus Disease/COVID-19* as a problem in the community:

Perceptions of Coronavirus Disease/COVID-19 as a Problem in the Community
(Key Informants, 2022)
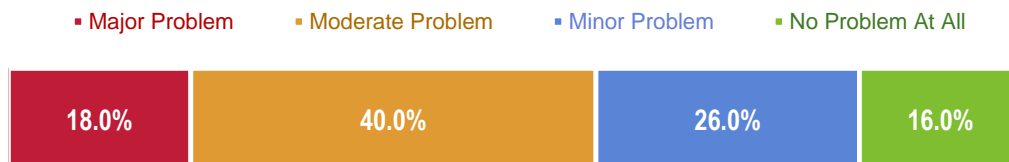
- Major Problem
- Moderate Problem
- Minor Problem
- No Problem At All

18.0%	40.0%	26.0%	16.0%

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Low Vaccination Rates

Low percentage of people vaccinated. – Healthcare Leader (Verde Valley Region)

Up to date vaccination rate is too low to obtain herd immunity, so even while our numbers are currently low community spread, we remain vulnerable to future surges. We MUST continue to push for vaccination of the unvaccinated, boosters for those who are due and on-going campaigns to ensure more people are up to date on COVID vaccine status – Healthcare Leader (Flagstaff Region)

We have low vaccination rates. – Community Leader (Verde Valley Region)

Contributing Factors

> Not enough people are getting vaccinated and there are too many falsehoods about COVID and vaccines on social media. – Community Leader (Flagstaff Region)

> High positivity rates in our community. Lack of placement options/post-acute services for COVID+ population. – Healthcare Leader (Flagstaff Region)

> Funding, access to testing and vaccinations, housing issues. – Social Services Provider (Flagstaff Region)

Awareness/Education

> Ineffective education on how to prevent the spread. It appears that the community relied on others to educate. – Community Leader (Flagstaff Region)

> There is a lot of misunderstanding about COVID-19, and this leads to uneven expectations across the community. There have been such disproportionate impacts of the death and disability related to COVID-19. The general population is naive to potential long-term sequelae of the disease. – Physician (Flagstaff Region)

Impact on Quality of Life

> It has caused much devastation and death and left our health care delivery systems stressed. – Physician (Flagstaff Region)

> It's a deadly virus that not only eluded treatment during its first few years, but agreement on how to best mitigate its spread among the community, furthering its impact and mortality. Closure of schools/businesses, though necessary to mitigate spread, had a ripple effect of damage when community members were not aligned. The surge of this virus took multiple industries to the brink of collapse. The lost workforce has not returned furthering the ripple. The virus shattered the preexisting brittle morale among healthcare workers. – Physician (Flagstaff Region)

Lack of Adherence to Public Health Mitigation Measures

> Many in our community do not follow or believe CDC or FDA guidelines. As a result, COVID-19 transmission rates are very high. VVMC has done a very good job of treatment and management of COVID-19 cases, but we have had way too many cases and deaths for our community population size. – Community Leader (Verde Valley Region)

> Inconsistencies in masking and distancing requirements have potentiated this infection in our community. – Physician (Flagstaff Region)

Vulnerable Populations

> Flagstaff Medical Center is the closest hospital to the Navajo Reservation, we cared for a high number of COVID positive Native Americans. – Healthcare Leader (Flagstaff Region)

Access to Care/Services

> During the pandemic, it seemed we were not prepared to handle the volume of patients, locally and regionally. The staff created multiple solutions to deal with the changing landscape but still caused some disruption across the community. In fairness, this was a global problem and our hospital seemed to manage the crisis very well. – Community Leader (Flagstaff Region)

Injury & Violence

ABOUT INJURY & VIOLENCE

INJURY ▶ In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. …Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

VIOLENCE ▶ Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. …Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

‒ Healthy People 2030 (https://health.gov/healthypeople)

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Unintentional injury is a leading cause of death. The chart that follows illustrates unintentional injury death rates for the Total Service Area, Arizona, and the US. [COUNTY-LEVEL DATA]

Unintentional Injuries: Age-Adjusted Mortality
(2016-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 43.2 or Lower
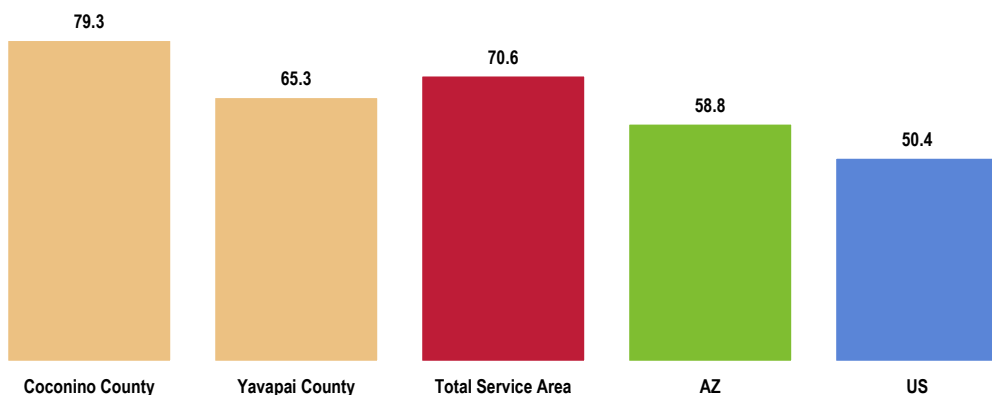
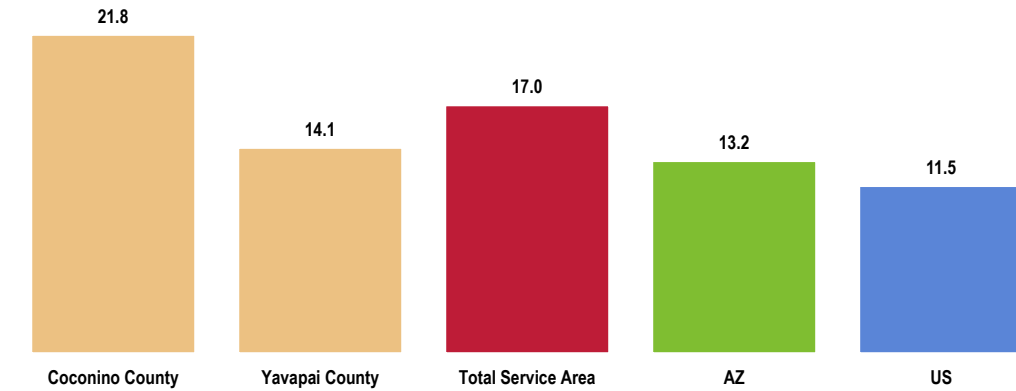| Coconino County	Yavapai County	Total Service Area	AZ	US
79.3	65.3	70.6	58.8	50.4

Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Age-Adjusted Motor Vehicle Crash Deaths

Motor vehicle crashes contribute to a significant share of unintentional injury deaths in the community. Mortality rates for motor vehicle crash deaths are outlined below. [COUNTY-LEVEL DATA]

Motor Vehicle Crashes: Age-Adjusted Mortality
(2016-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 10.1 or Lower

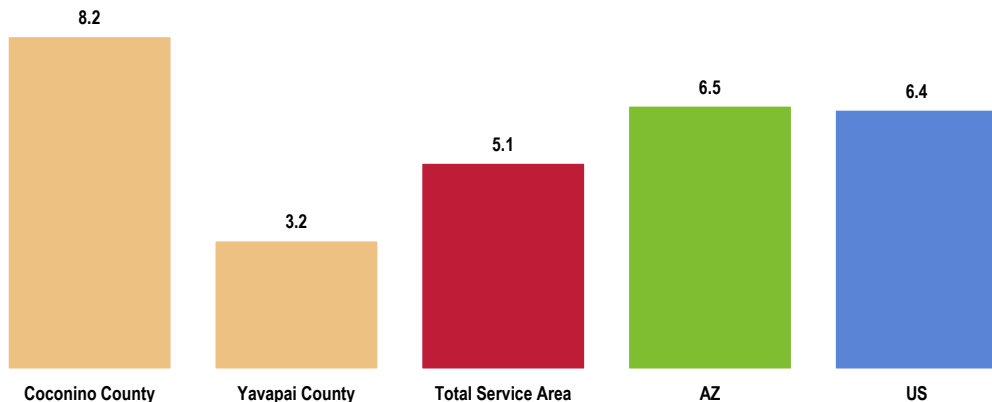| Coconino County	Yavapai County	Total Service Area	AZ	US
21.8	14.1	17.0	13.2	11.5

Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- This indicator is relevant because motor vehicle crash deaths are preventable, and they are a cause of premature death.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

Age-adjusted mortality attributed to homicide is shown in the following chart. [COUNTY-LEVEL DATA]

Homicide: Age-Adjusted Mortality
(2016-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 5.5 or Lower

Coconino County	Yavapai County	Total Service Area	AZ	US
8.2	3.2	5.1	6.5	6.4

Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
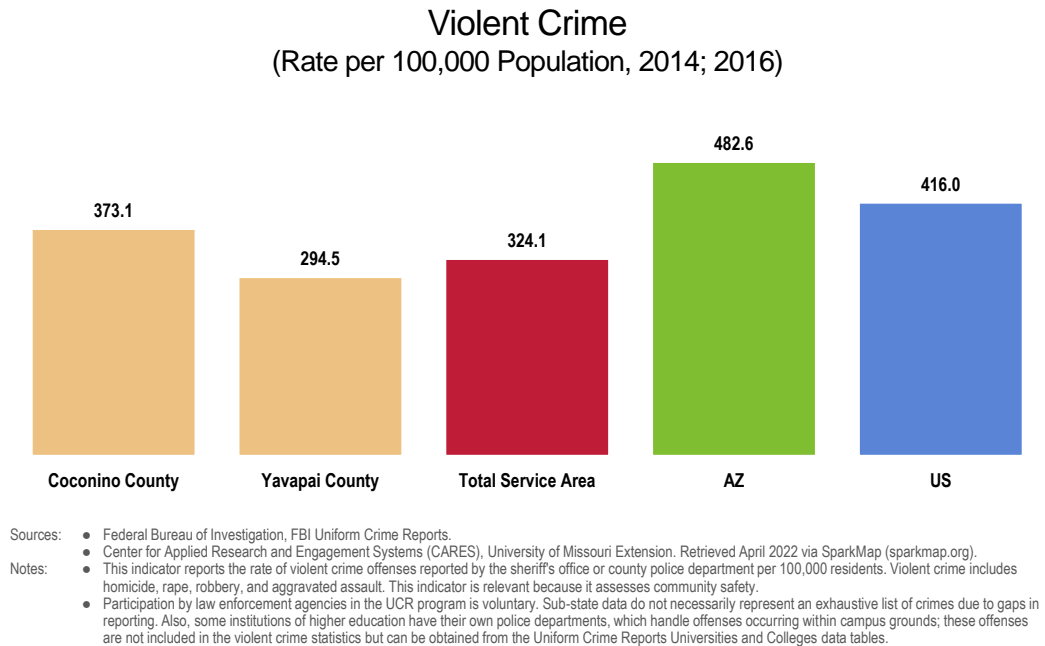- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
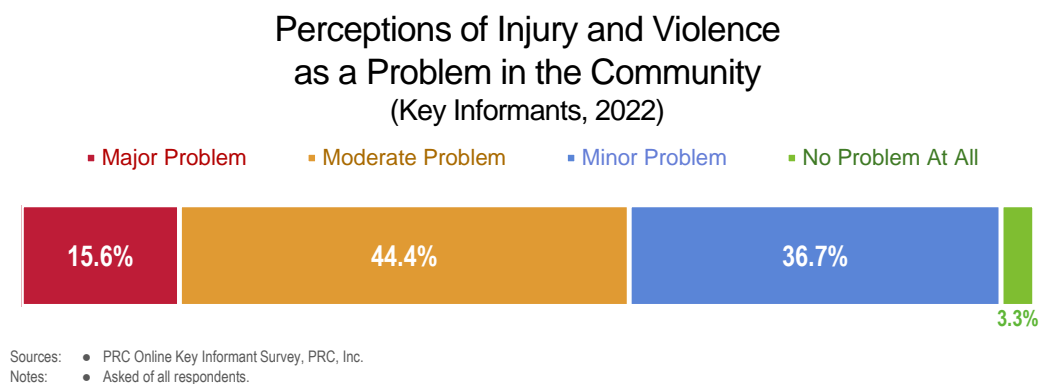
Violent Crime

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions. [COUNTY-LEVEL DATA]

Violent Crime
(Rate per 100,000 Population, 2014; 2016)

373.1	294.5	324.1	482.6	416.0
Coconino County	Yavapai County	Total Service Area	AZ	US

Sources: ● Federal Bureau of Investigation, FBI Uniform Crime Reports.
 ● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).
Notes: ● This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
 ● Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Key Informant Input: Injury & Violence

The following chart outlines key informants' perceptions of the severity of *Injury & Violence* as a problem in the community:

Perceptions of Injury and Violence
as a Problem in the Community
(Key Informants, 2022)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

15.6%	44.4%	36.7%	

3.3%

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Prevalence/Incidence

> See it on a daily basis. – Healthcare Leader (Flagstaff Region)

> Our community has high rates of domestic violence, and it seems that assault is also on the rise per law enforcement annual reports. I selected major problem due to DV and sexual assault. – Social Services Provider (Flagstaff Region)

> High number of patients seen in the Emergency Department that are victims of violence. – Healthcare Leader (Flagstaff Region)

> I read the police report each week. – Community Leader (Verde Valley Region)

Contributing Factors

> Education, racial disparities, access to services and transportation, housing. – Social Services Provider (Flagstaff Region)

> Poor traffic control, no focus on a "walkable community," no significant efforts of meaningful firearm safety. People will keep getting hit and shot until these are fixed. – Physician (Flagstaff Region)

> Extreme number of intoxicants, addictive/behavioral health issues and no place for these patients to go except the ED, which is already overwhelmed with sick patients. – Healthcare Leader (Flagstaff Region)

Diabetes

ABOUT DIABETES

More than 30 million people in the United States have diabetes, and it's the seventh leading cause of death. …Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

– Healthy People 2030 (https://health.gov/healthypeople)

Prevalence of Diabetes

"Have you ever been told by a doctor, nurse, or other health professional that you have diabetes? (If female, add: not counting diabetes only occurring during pregnancy?)**"**

Prevalence of Diabetes

Total Service Area

FMC Service Area	VVMC Service Area	Total Service Area	AZ	US	2012	2022
9.1%	11.6%	10.1%	10.9%	13.8%	7.8%	10.1%
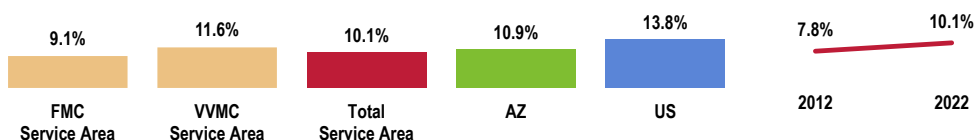
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 17]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Arizona data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Prevalence of Diabetes
(Total Service Area, 2022)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Communities of Color	Total Service Area
12.3%	8.2%	3.7%	13.4%	15.2%	12.0%	9.8%	8.8%	14.7%	10.1%
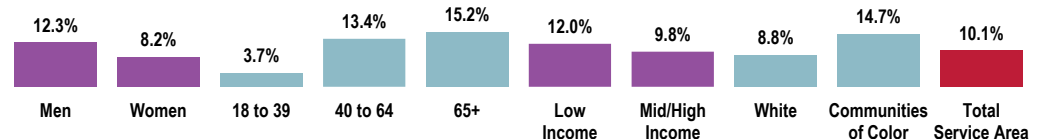
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 17]
Notes: ● Asked of all respondents.
● Excludes gestational diabetes (occurring only during pregnancy).

Key Informant Input: Diabetes

The following chart outlines key informants' perceptions of the severity of *Diabetes* as a problem in the community:

Perceptions of Diabetes
as a Problem in the Community
(Key Informants, 2022)
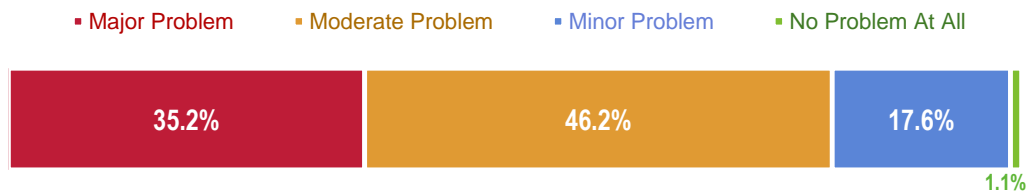
■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

35.2%	46.2%	17.6%	1.1%

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Contributing Factors

Affordable and access to quality fresh food for those whose household incomes have not kept pace w/ cost of living in FLG. Cheaper, easier and more satisfying due to fat and salt to access fast food. Work/life balance has become so challenging for those w/out adequate incomes in our communities that family diet and recreation that result in movement have suffered. Access to care that accompanies someone with these challenges in a way that feels personal and has realistic hope of transforming their health – Healthcare Leader (Flagstaff Region)

Proper nutrition education, help, finding time and places to exercise, too much computer time. – Community Leader (Verde Valley Region)

I see a community, especially lower income, that does not make healthy food or lifestyle choices that promote physical health. I believe this is attributed to a lack of access to time to shop, cook or work out. Additionally, it takes money often time to buy healthier foods or join a gym or safe places to recreate and exercise. Also, education on healthy food types, quantities, recipes, and how to cook better food options can exasperate diabetes. Lack of knowledge may also affect whether someone with this condition pursues a beneficial physical health regime. For example, do they know how few minutes daily can be of value, the low cost of some gyms, at-home exercises, etc. – Community Leader (Flagstaff Region)

Access to affordable medications and access to well-trained providers who can see you on a regular basis. – Physician (Flagstaff Region)

Access to affordable insulin. Pervasive obesity and prevalence of type 2 diabetes. – Healthcare Leader (Flagstaff Region)

Access to affordable healthy food and to education and tools for DM management compliance. – Healthcare Leader (Flagstaff Region)

Access to testing and a doctor to diagnose the disease. If lucky enough to get that done before seeing irreversible health issues as a result of a late diagnosis, access to the necessary tools and nutrition to manage the disease is another problem. Education on prevention, identification, and management is also hard to get to where it is needed. – Healthcare Leader (Flagstaff Region)

Cost of care, only one specialist. – Healthcare Leader (Flagstaff Region)

Nutrition, lack of mobility due to age of residents. – Community Leader (Verde Valley Region)

Easy access to fast food and unhealthy eating. Cost of living and putting eating healthily on the back burner. – Social Services Provider (Flagstaff Region)

Diabetes prevalence is higher among older, male, people of color in a recent Medicare review. Barriers to care include low education attainment, lower income, less likely to receive routine care, and high percentages reporting they do not know everything necessary to manage their diabetes. High numbers are living with comorbidities, including high blood pressure. Access to testing supplies and self-management education in a comprehensive clinic setting (including dental and retinal eye screenings) could address many barriers. – Healthcare Leader (Flagstaff Region)

Access to Care/Services

Access to comprehensive diabetes care. – Healthcare Leader (Flagstaff Region)

Access to care. Being able to attend appointments. – Healthcare Leader (Flagstaff Region)

Timely access to quality primary care and limited availably of diabetes specific care. – Physician (Flagstaff Region)

Access to healthcare and structural challenges (walkability, etc.). – Healthcare Leader (Flagstaff Region)

Access to care. – Social Services Provider (Flagstaff Region)

Awareness/Education

I think the non-clinical challenges, like coaching to lose weight, sleep better, and manage stress. – Healthcare Leader (Flagstaff Region)

Lack of understanding of diabetes in Northern Arizona, including Indian reservation and dialysis. – Community Leader (Flagstaff Region)

Limited Access to Specialty Care

Wait list to see an endocrinologist. Lack of endocrinologists. – Community Leader (Verde Valley Region)

Lack of endocrinology specialty options. – Healthcare Leader (Flagstaff Region)

Affordable Medications/Supplies

Access to affordable care and medications. – Physician (Flagstaff Region)

We have a large number of patients with type 2 diabetes. The cost of insulin is very high, and many patients are unable to afford this. – Healthcare Provider (Verde Valley Region)

Vulnerable Populations

High incidence in Native Americans. – Physician (Flagstaff Region)

High incidence of DM within community. Large impact on Native American community. – Healthcare Leader (Flagstaff Region)

Access to Affordable Healthy Food

Access to healthy foods in outlying areas of Coconino County. Affordability of healthy foods. – Community Leader (Flagstaff Region)

Lack of Providers

Lack of primary care providers. – Healthcare Leader (Flagstaff Region)

Prevention

How to prevent through healthy eating and exercise habits. – Community Leader (Flagstaff Region)

Kidney Disease

ABOUT KIDNEY DISEASE

More than 1 in 7 adults in the United States may have chronic kidney disease (CKD), with higher rates in low-income and racial/ethnic minority groups. And most people with CKD don't know they have it. …People with CKD are more likely to have heart disease and stroke — and to die early. Managing risk factors like diabetes and high blood pressure can help prevent or delay CKD. Strategies to make sure more people with CKD are diagnosed early can help people get the treatment they need.

Recommended tests can help identify people with CKD to make sure they get treatments and education that may help prevent or delay kidney failure and end-stage kidney disease (ESKD). In addition, strategies to make sure more people with ESKD get kidney transplants can increase survival rates and improve quality of life.

– Healthy People 2030 (https://health.gov/healthypeople)

Key Informant Input: Kidney Disease

The following chart outlines key informants' perceptions of the severity of *Kidney Disease* as a problem in the community:
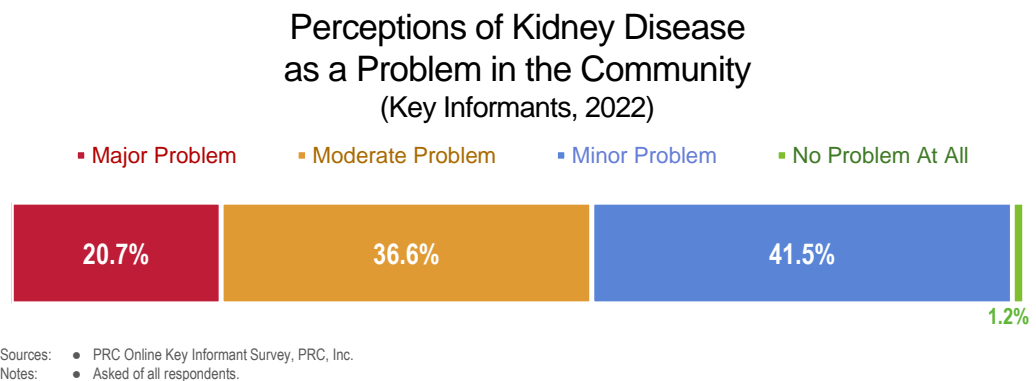
Perceptions of Kidney Disease
as a Problem in the Community
(Key Informants, 2022)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

20.7%	36.6%	41.5%	

1.2%

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

Overall health of community; access to dialysis chairs. – Healthcare Leader (Flagstaff Region)

Ease of accessing nephrologist in follow up. Dialysis chairs in town are not adequate for level of care required in region. – Healthcare Leader (Flagstaff Region)

Provider practices are full and limited resources for this specialty. – Healthcare Leader (Verde Valley Region)

Lack of Providers

Lack of doctors. – Community Leader (Verde Valley Region)

Lack of specialty physicians in this area. – Healthcare Leader (Flagstaff Region)

Lack of local specialists. – Healthcare Leader (Flagstaff Region)

Contributing Factors

We have a shortage of access to affordable and timely dialysis. As with diabetes, we also see members of our community progress to far into this disease before it is diagnosed, and the patient is provided the needed resources and education to prevent it from aggressively progressing into the next stages. – Healthcare Leader (Flagstaff Region)

> Diet, including rising costs of fresh and health foods, and lack of active lifestyle. – Healthcare Leader (Flagstaff Region)

Aging Population

> Because of the median age of the residents in the Verde Valley. – Community Leader (Verde Valley Region)

Disease Management

> High number of uncontrolled diabetic patients with resulting kidney impairment. – Healthcare Leader (Flagstaff Region)

Vulnerable Populations

> High rate of ESRD in Native Americans. – Physician (Flagstaff Region)

Potentially Disabling Conditions

ABOUT DISABILITY & HEALTH

Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

– Healthy People 2030 (https://health.gov/healthypeople)

Disability

The following represents the percentage of the total civilian, non-institutionalized population in the Total Service Area with a disability. This indicator is relevant because disabled individuals may comprise a vulnerable population that requires targeted services and outreach. [COUNTY-LEVEL DATA]

Disability data come from the US Census Bureau's American Community Survey (ACS), Survey of Income and Program Participation (SIPP), and Current Population Survey (CPS). All three surveys ask about six disability types: hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and independent-living difficulty.

Respondents who report any one of the six disability types are considered to have a disability.

Population With Any Disability
(Total Civilian Non-Institutionalized Population; 2016-2020)
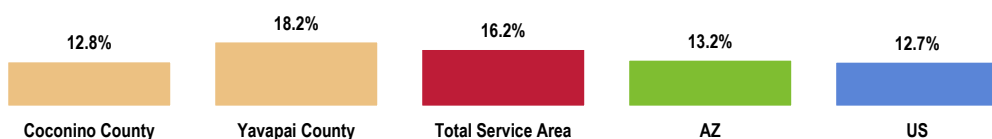
Coconino County	Yavapai County	Total Service Area	AZ	US
12.8%	18.2%	16.2%	13.2%	12.7%

Sources:
- US Census Bureau, American Community Survey.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).
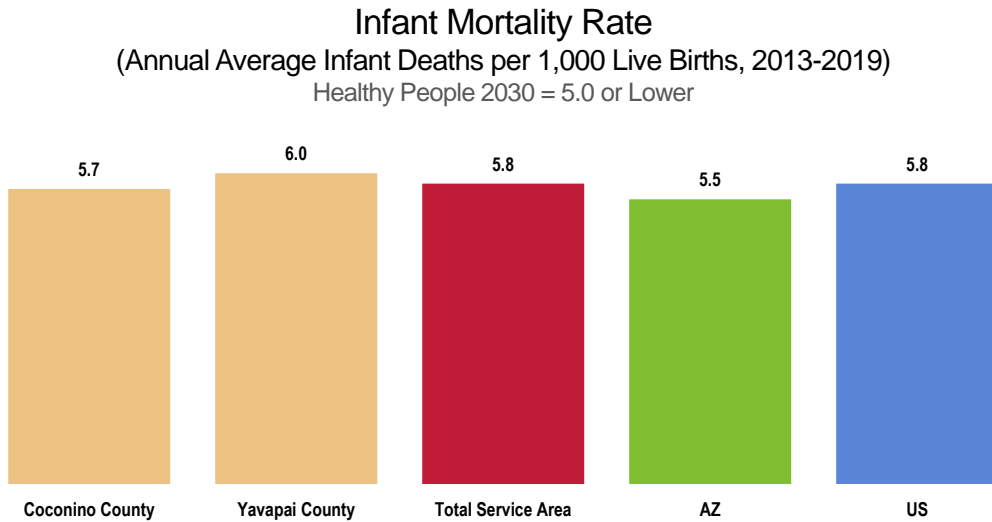
Notes:
- This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Activity Limitations

"Are you limited in any way in any activities because of physical, mental, or emotional problems?"

Limited in Activities in Some Way
Due to a Physical, Mental or Emotional Problem
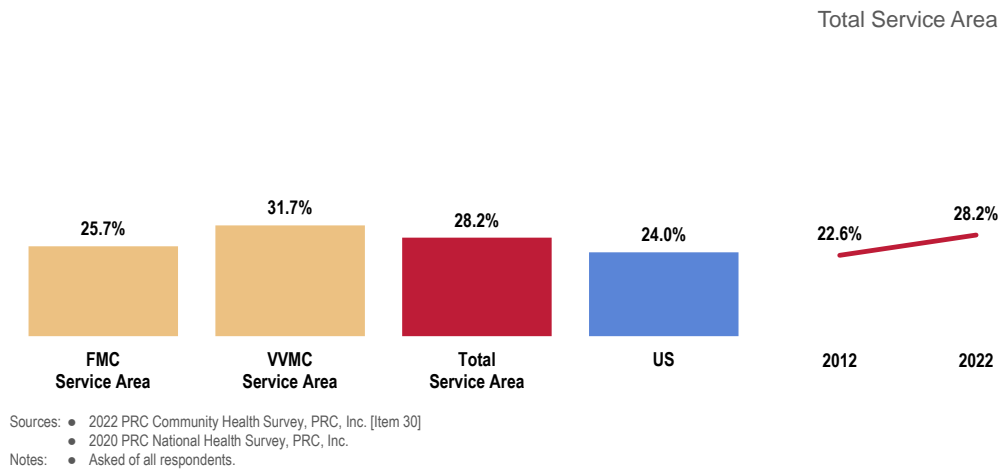
Total Service Area

25.7%	31.7%	28.2%	24.0%	22.6%	28.2%
FMC Service Area	VVMC Service Area	Total Service Area	US	2012	2022

Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 30]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Limited in Activities in Some Way
Due to a Physical, Mental or Emotional Problem
(Total Service Area, 2022)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Communities of Color	Total Service Area
28.8%	27.9%	27.3%	27.7%	31.0%	40.2%	23.5%	30.2%	23.3%	28.2%

Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 30]
Notes: ● Asked of all respondents.
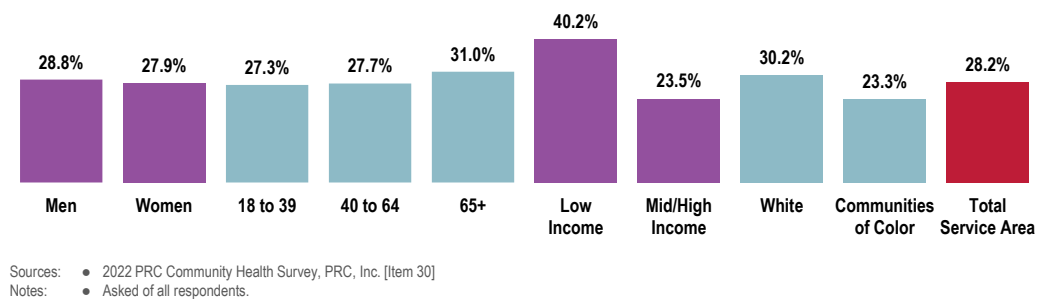
Key Informant Input: Disability & Chronic Pain

The following chart outlines key informants' perceptions of the severity of *Disability & Chronic Pain* as a problem in the community:

Perceptions of Disability & Chronic Pain
as a Problem in the Community
(Key Informants, 2022)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All

15.4%	58.2%	25.3%	

1.1%

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.
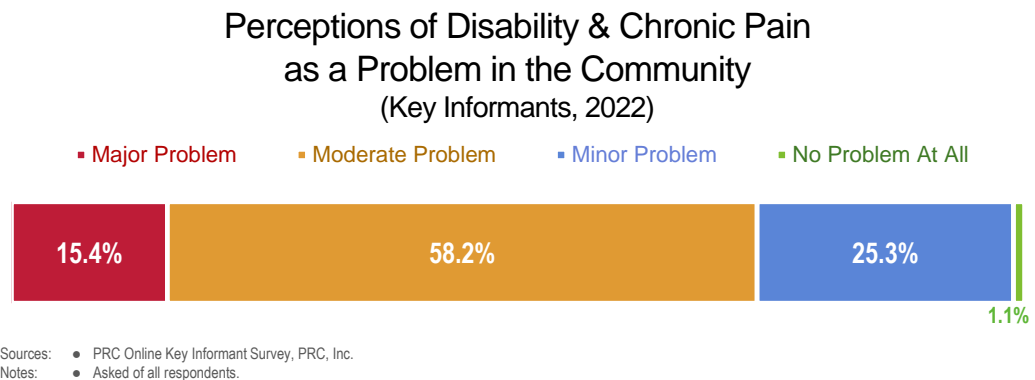
Among those rating this issue as a "major problem," reasons related to the following:

Aging Population

Again, because the median age is older in the Verde Valley. – Community Leader (Verde Valley Region)

We have an aging population who I often hear complaining about disability and pain. – Community Leader (Verde Valley Region)

Age of residents and number of people I know who have chronic pain issues. – Community Leader (Verde Valley Region)

I work with seniors and individuals with disabilities and hear a great deal about these issues and how difficult it can be to get around to the places they need to go. – Community Leader (Verde Valley Region)

Contributing Factors

I do not know of any pain treatment centers and disability seems prevalent in our lower income community. – Healthcare Leader (Flagstaff Region)

We have few pain specialists in our community, and we see many surgeries at FMC each year for pain. We have many individuals who self-report inability to work due to disability/pain, and it appears to be a driver of poverty. – Healthcare Leader (Flagstaff Region)

Transportation, access, racial disparities. – Social Services Provider (Flagstaff Region)

We have more and more people struggling to survive and thrive in Flagstaff, and that impacts access to care and personal resilience to overcome challenges. The drug, alcohol, unemployment paying living wages, and mental health issues on the reservation and in our community have resulted in rising chronic homelessness, violence and substance abuse out of a sense of hopelessness and lack of opportunity. Sadly, a growing % of people and households do not experience a sense of thriving and hope, which are essential in overcoming or managing disability and chronic pain. – Healthcare Leader (Flagstaff Region)

Access to Care/Services

Residents that have voiced limited resources in this area. – Healthcare Leader (Flagstaff Region)

Pain Management clinics are often unable to take new patients because they have so many patients already. – Healthcare Provider (Verde Valley Region)

Key Informant Input: Dementia/Alzheimer's Disease

The following chart outlines key informants' perceptions of the severity of *Dementia, Including Alzheimer's Disease* as a problem in the community:
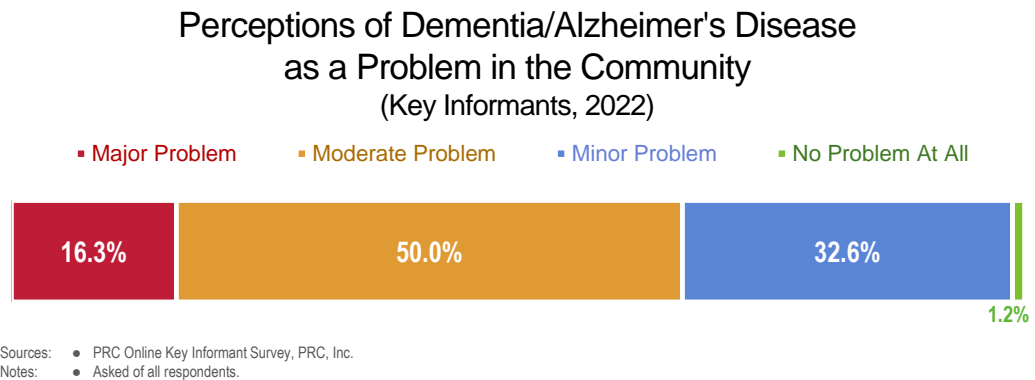
Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community
(Key Informants, 2022)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

16.3%	50.0%	32.6%	

1.2%

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

Are median age in the Verde Valley is well over 55. We know that dementia/Alzheimer's disease comes with age. More services need to be available within the Verde Valley for those suffering with this disease and their families such as respite care for the family, adult day care, and long-term residential care for those in the advanced stages of the disease. – Community Leader (Verde Valley Region)

Our community is an older community and many of our seniors live alone or have limited family support. I believe dementia is a problem because these seniors have no assisted living facilities or memory care facilities in the area. Likely then would have to be relocated to Prescott or the valley. – Community Leader (Verde Valley Region)

I don't believe the community has adequate facilities to house and care for individuals with dementia/Alzheimer's disease, so families are faced with moving their loved one to a different city in order to provide adequate care. The lack of adequate services is the problem. – Healthcare Leader (Flagstaff Region)

No availability of neurologists. Absence of neuropsychiatric evaluation for dementia. Lack of home-based services or adult care services for vulnerable dementia afflicted geriatric population. – Physician (Verde Valley Region)

There is no access to geriatric behavioral health or neurology follow up in Flagstaff. – Physician (Flagstaff Region)

Aging Population

There are many older people who live in this community who may be affected by this disease and need help or care. – Community Leader (Verde Valley Region)

The Verde Valley has a significant retirement population and amongst that group are elderly folks who find themselves in the early stages of dementia or Alzheimer's and this becomes a heavy burden, especially when those individuals are on their own. – Healthcare Leader (Verde Valley Region)

High level of post retirement, elderly demographic with fewer than optimal resources. – Other Healthcare Provider (Verde Valley Region)

Age of residents. – Community Leader (Verde Valley Region)

Contributing Factors

The Verde Valley has a large population of elderly individuals. Dementia is commonly seen. There is lack of resources for dementia care, specifically when an individual has co-occurring complex medical or behavioral problems. – Healthcare Provider (Verde Valley Region)

Lack of resources, especially placement, for aging population. Facilities are cost prohibitive. Court system is slow to respond to guardianship cases. – Healthcare Leader (Flagstaff Region)

Diagnosis/Treatment

Very, very poor-quality memory unit/skilled nursing facility in the area. They are pathetic. – Healthcare Leader (Flagstaff Region)

Prevalence/Incidence

Interact with a high population of Alzheimer's patients at local memory units. – Healthcare Leader (Flagstaff Region)

Lack of Providers

Lack of doctors to address or treat this disease. – Community Leader (Verde Valley Region)

BIRTHS

ABOUT INFANT HEALTH

Keeping infants healthy starts with making sure women get high-quality care during pregnancy and improving women's health in general. After birth, strategies that focus on increasing breastfeeding rates and promoting vaccinations and developmental screenings are key to improving infants' health. Interventions that encourage safe sleep practices and correct use of car seats can also help keep infants safe.

The infant mortality rate in the United States is higher than in other high-income countries, and there are major disparities by race/ethnicity. Addressing social determinants of health is critical for reducing these disparities.

– Healthy People 2030 (https://health.gov/healthypeople)

Birth Outcomes & Risks

Lack of Prenatal Care

Early and continuous prenatal care is the best assurance of maternal and infant health.

This indicator reports the percentage of Total Service Area women who did not receive prenatal care until the seventh month of pregnancy (if at all). This indicator can signify a lack of access to preventive care, a lack of health knowledge, or other barriers to services. [COUNTY-LEVEL DATA]

Late or No Prenatal Care (7th Month or Later, If At All)
(Percentage of Live Births, 2019)

Coconino County	Yavapai County	Total Service Area	AZ	US
7.0%	5.8%	6.3%	9.2%	6.1%
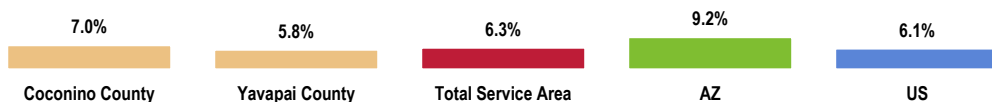
Sources:
- Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).

Note:
- This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.

Infant Mortality

The following chart shows the number infant deaths per 1,000 live births in the Total Service Area. High infant mortality can highlight broader issues relating to health care access and maternal/child health. [COUNTY-LEVEL DATA]

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2013-2019)
Healthy People 2030 = 5.0 or Lower

Coconino County	Yavapai County	Total Service Area	AZ	US
5.7	6.0	5.8	5.5	5.8

Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

Family Planning

ABOUT FAMILY PLANNING

Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. …Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical for preventing unintended pregnancies. Birth control and family planning services can also help increase the length of time between pregnancies, which can improve health for women and their infants.

Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

– Healthy People 2030 (https://health.gov/healthypeople)

Births to Adolescent Mothers

Here, teen births include births to women ages 15 to 19 years old, expressed as a rate per 1,000 female population in this age cohort.

The following chart outlines the teen birth rate in the Total Service Area, compared to rates statewide and nationally. In many cases, teen parents have unique health and social needs. High rates of teen pregnancy might also indicate a prevalence of unsafe sexual behavior. [COUNTY-LEVEL DATA]

Teen Birth Rate
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2013-2019)
Healthy People 2030 = 31.4 or Lower

Coconino County	Yavapai County	Total Service Area	AZ	US
16.2	25.4	20.1	24.7	20.9
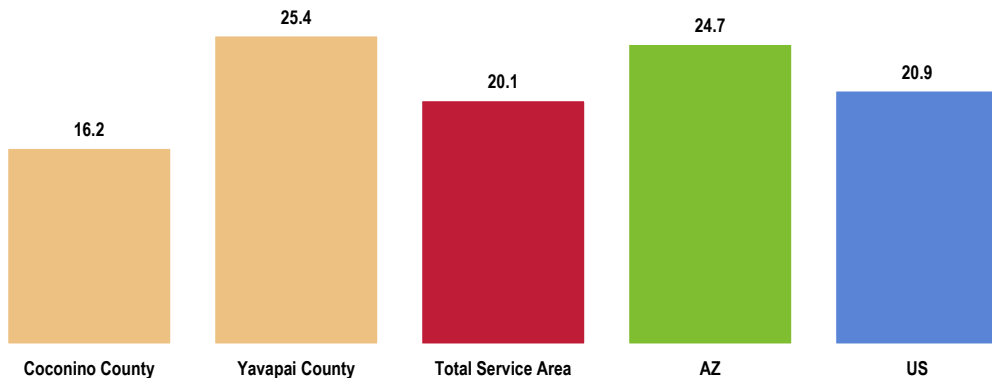
Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Key Informant Input: Infant Health & Family Planning

The following chart outlines key informants' perceptions of the severity of *Infant Health and Family Planning* as a problem in the community:

Perceptions of Infant Health and Family Planning as a Problem in the Community
(Key Informants, 2022)

▪ Major Problem   ▪ Moderate Problem   ▪ Minor Problem   ▪ No Problem At All

12.5%	37.5%	42.0%	8.0%

Sources: ●   PRC Online Key Informant Survey, PRC, Inc.
Notes: ●   Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> I don't believe there are adequate services for mothers/families postpartum. – Healthcare Leader (Flagstaff Region)

> Lack of resources dedicated to family planning and infant health. – Healthcare Leader (Flagstaff Region)

> There's a lack of resources for new parents, particularly related to finding affordable housing and getting help with necessities. – Community Leader (Flagstaff Region)

> I am currently seeking treatment for infertility in Phoenix because no one in Northern Arizona offers any treatment. – Community Leader (Verde Valley Region)

Contributing Factors

> Politicization of family planning and access to affordable options for birth control. Significant paucity in available primary care providers in the community and no efforts to improve such. – Physician (Flagstaff Region)

Prevalence/Incidence

> Both in our community and nationally we have inexcusably high rates of infant and maternal mortality. We see many patients at our hospitals who did not receive prenatal care, and we continue to see disproportionate numbers of women of color and indigenous women suffering from maternal morbidity and mortality compared to white women. – Healthcare Leader (Flagstaff Region)

Income/Poverty

> Socio-economic and cultural conditions limit access and availability to needed services. – Community Leader (Flagstaff Region)

Lack of Providers

> Residents voicing concerns about lack of providers in this area. – Healthcare Leader (Flagstaff Region)

MODIFIABLE HEALTH RISKS

Nutrition

ABOUT NUTRITION & HEALTHY EATING

Many people in the United States don't eat a healthy diet. …People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

– Healthy People 2030 (https://health.gov/healthypeople)

Access to Fresh Produce

"How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford — would you say: very difficult, somewhat difficult, not too difficult, or not at all difficult?"

Level of Difficulty Finding Fresh Produce at an Affordable Price
(Total Service Area, 2022)

- 4.0% — ■ Very Difficult
- 15.6% — ■ Somewhat Difficult
- 35.1% — ■ Not Too Difficult
- 45.3% — ■ Not At All Difficult
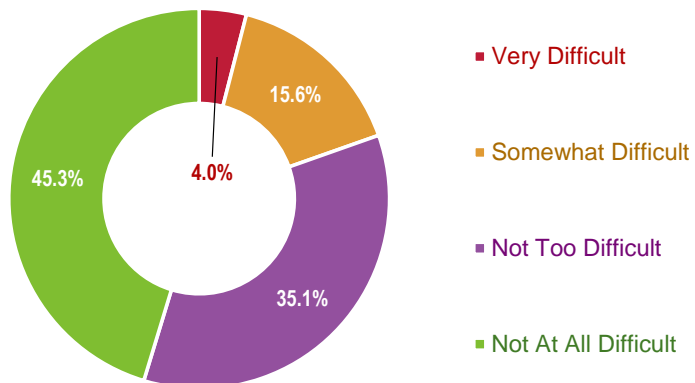
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 25]
Notes: ● Asked of all respondents.

Find It "Very" or "Somewhat"
Difficult to Buy Affordable Fresh Produce

FMC Service Area	VVMC Service Area	Total Service Area	US
18.6%	20.9%	19.6%	21.1%

Find It "Very" or "Somewhat"
Difficult to Buy Affordable Fresh Produce
(Total Service Area, 2022)
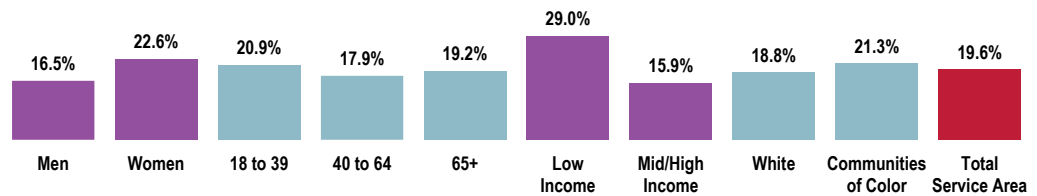
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Communities of Color	Total Service Area
16.5%	22.6%	20.9%	17.9%	19.2%	29.0%	15.9%	18.8%	21.3%	19.6%

Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This related chart is based on US Department of Agriculture data. [COUNTY-LEVEL DATA]

Population With Low Food Access
(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2019)

119,073 individuals
have low food
access

Coconino County	Yavapai County	Total Service Area	AZ	US
32.5%	35.8%	34.5%	26.8%	22.2%
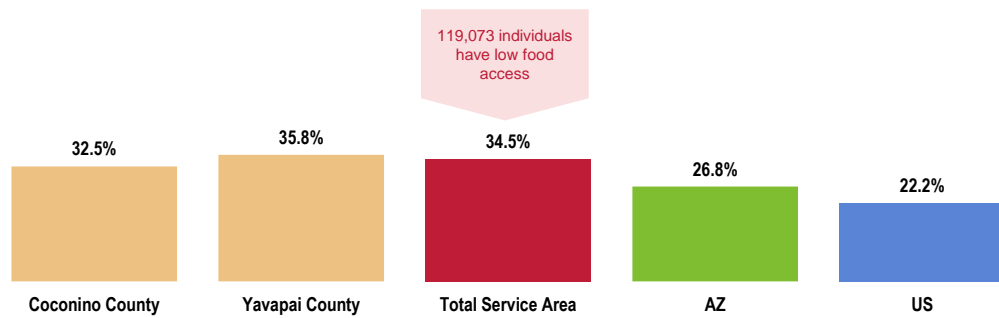
Sources: ● US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).
Notes: ● This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.
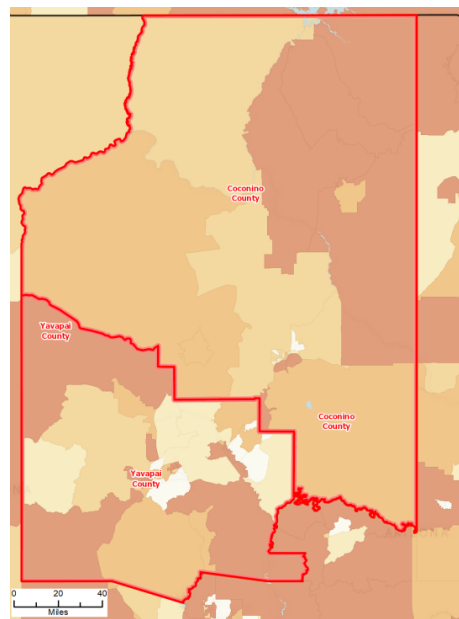
Map Legend

Population with Limited Food Access, Percent by Tract, USDA - FARA 2019   Report Location, County

Over 50.0%
20.1 - 50.0%
5.1 - 20.0%
Under 5.1%
No Low Food Access

SparkMap

Food Environment: Fast Food

The following shows the number of fast food restaurants in the Total Service Area, expressed as a rate per 100,000 residents. This indicator provides a measure of healthy food access and environmental influences on nutrition. [COUNTY-LEVEL DATA]

Here, fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating.

Fast Food Restaurants
(Number of Fast Food Restaurants per 100,000 Population, 2019)
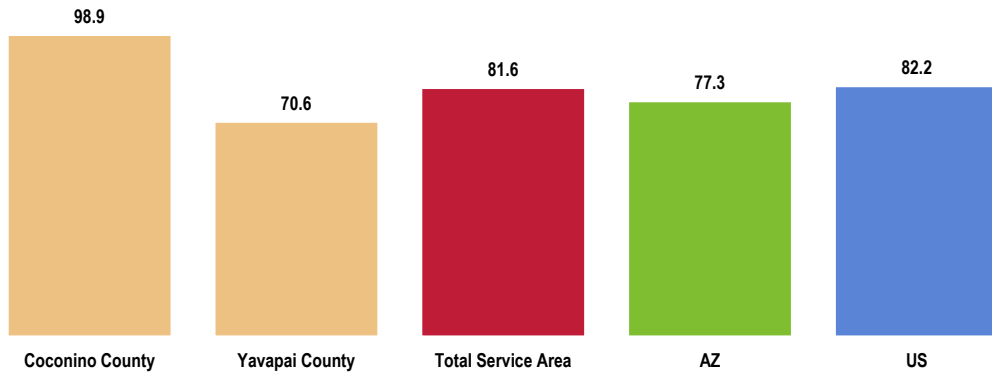
Coconino County	Yavapai County	Total Service Area	AZ	US
98.9	70.6	81.6	77.3	82.2

Sources:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Physical Activity

ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

– Healthy People 2030 (https://health.gov/healthypeople)

Leisure-Time Physical Activity

"During the past month, other than your regular job, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?"

No Leisure-Time Physical Activity in the Past Month
Healthy People 2030 = 21.2% or Lower

Total Service Area

	FMC Service Area	VVMC Service Area	Total Service Area	AZ	US	2012	2022
	18.8%	24.6%	21.3%	24.1%	31.3%	17.2%	21.3%
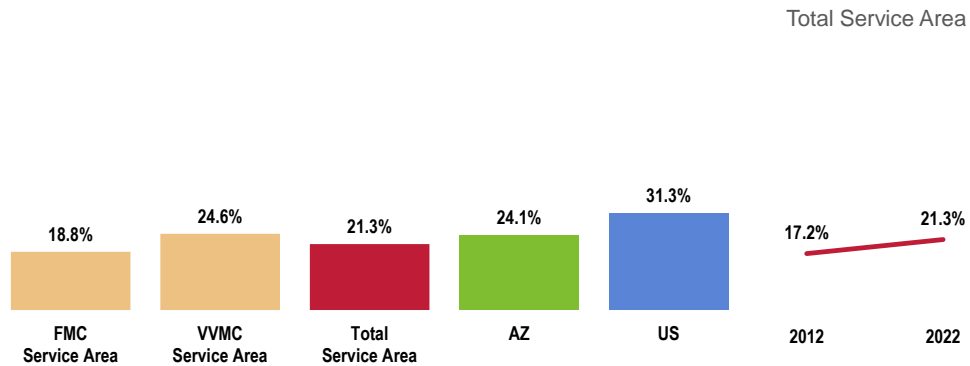
Sources:
● 2022 PRC Community Health Survey, PRC, Inc. [Item 26]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Arizona data.
● 2020 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes: ● Asked of all respondents.

No Leisure-Time Physical Activity in the Past Month
Healthy People 2030 = 21.2% or Lower

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Communities of Color	Total Service Area
20.4%	22.3%	21.9%	21.4%	21.6%	37.1%	14.1%	18.5%	31.3%	21.3%
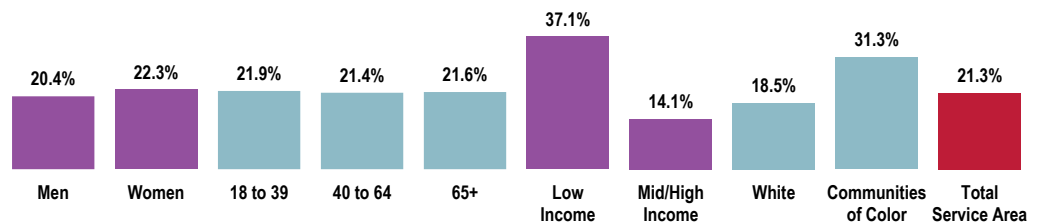
Sources:
● 2022 PRC Community Health Survey, PRC, Inc. [Item 26]
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes: ● Asked of all respondents.

Children's Physical Activity

CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

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"During the past 7 days, on how many days was this child physically active for a total of at least 60 minutes per day?"

Child Is Physically Active for One or More Hours per Day
(Parents of Children Age 2-17)

45.1% — Total Service Area
33.0% — US
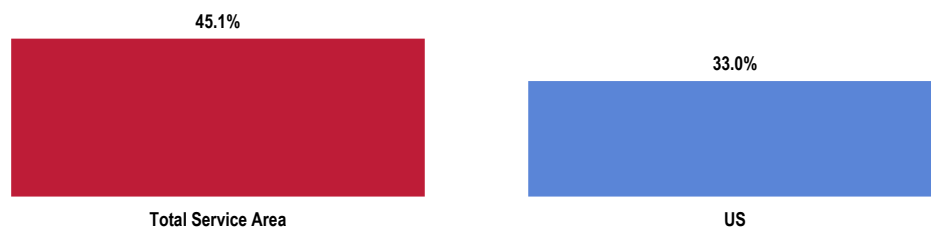
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 48]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children age 2-17 at home.
● Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Access to Physical Activity

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."

Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

The following chart shows the number of recreation/fitness facilities for every 100,000 population in the Total Service Area. This is relevant as an indicator of the built environment's support for physical activity and other healthy behaviors. [COUNTY-LEVEL DATA]

Population With Recreation & Fitness Facility Access
(Number of Recreation & Fitness Facilities per 100,000 Population, 2019)
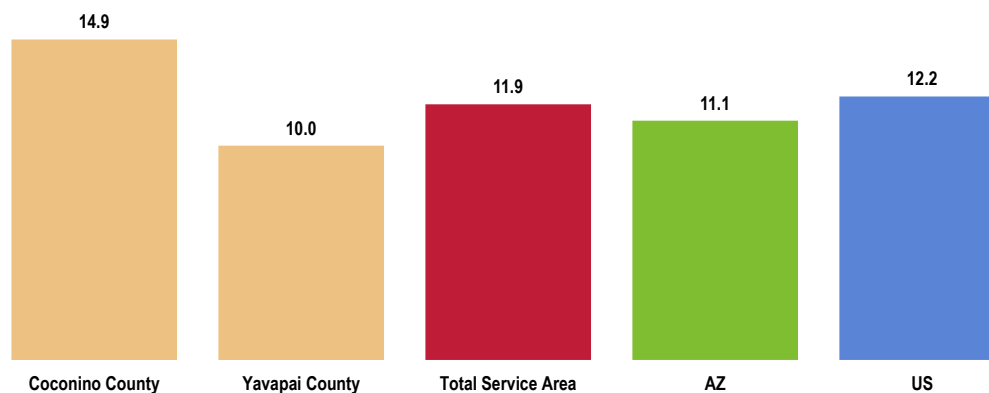
Coconino County	Yavapai County	Total Service Area	AZ	US
14.9	10.0	11.9	11.1	12.2

Sources:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).

Notes:
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940 , which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities." Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.* This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

Weight Status

ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

– Healthy People 2030 (https://health.gov/healthypeople)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI ≥30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

– Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

"About how much do you weigh without shoes?"

"About how tall are you without shoes?"

Reported height and weight were used to calculate a Body Mass Index or BMI value (described above) for each respondent. This calculation allows us to examine the proportion of the population who is at a healthy weight, or who is overweight or obese (see table above).

Prevalence of Total Overweight (Overweight and Obese)

Total Service Area

56.9%	63.9%	59.9%	65.7%	61.0%	56.0%	59.9%
FMC Service Area	VVMC Service Area	Total Service Area	AZ	US	2012	2022
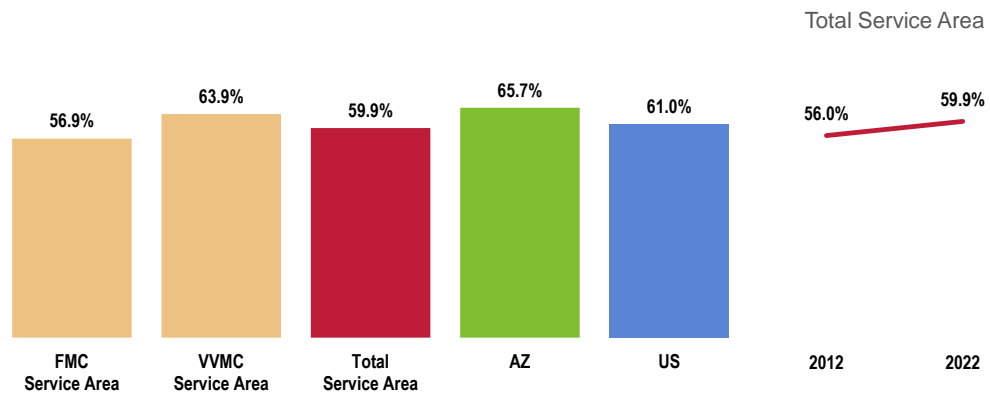
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 54]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Arizona data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Prevalence of Obesity
(Total Service Area, 2022)
Healthy People 2030 = 36.0% or Lower

25.7%	26.0%	20.7%	34.0%	20.3%	30.3%	23.5%	21.7%	38.9%	25.8%
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Communities of Color	Total Service Area
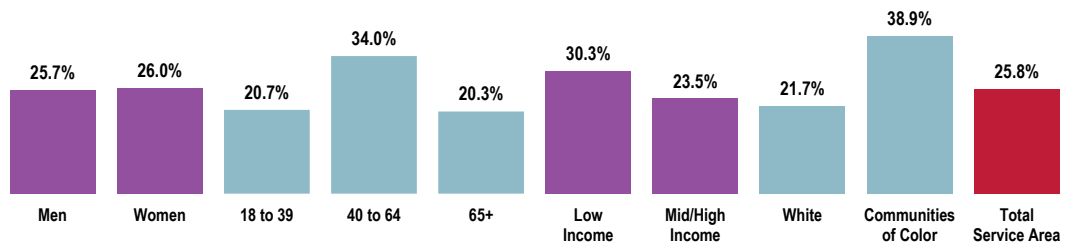
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 54]
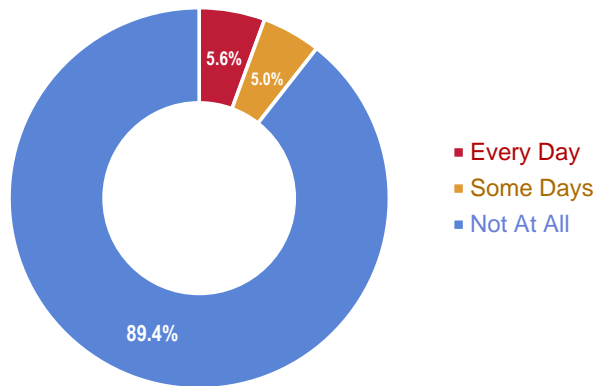- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Arizona data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Children's Weight Status

ABOUT WEIGHT STATUS IN CHILDREN & TEENS

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight   <5th percentile
- Healthy Weight   ≥5th and <85th percentile
- Overweight   ≥85th and <95th percentile
- Obese   ≥95th percentile

– Centers for Disease Control and Prevention

The following questions were used to calculate a BMI value (and weight classification as noted above) for each child represented in the survey:

"How much does this child weigh without shoes?"

"About how tall is this child?"

Prevalence of Overweight in Children
(Parents of Children Age 5-17)

Total Service Area
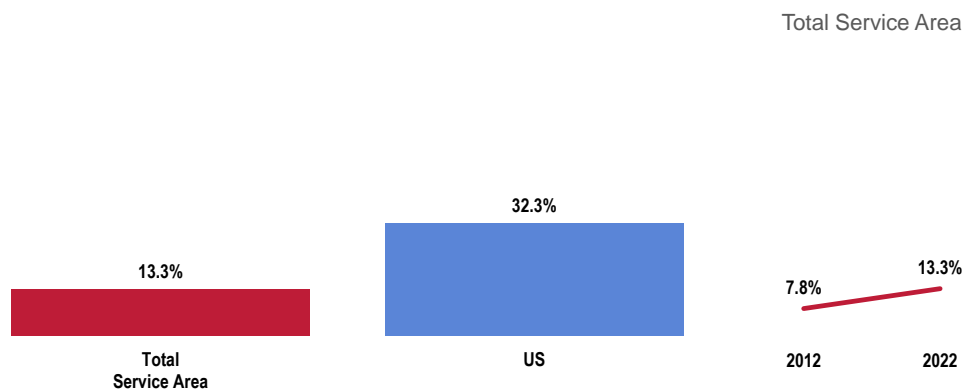
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 57]
         ● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children age 5-17 at home.
       ● Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

Key Informant Input: Nutrition, Physical Activity & Weight

The following chart outlines key informants' perceptions of the severity of *Nutrition, Physical Activity & Weight* as a problem in the community:
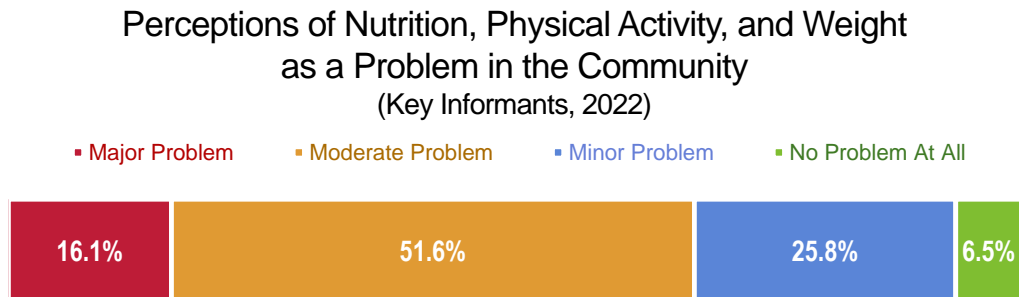
Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community
(Key Informants, 2022)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

16.1%	51.6%	25.8%	6.5%

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Contributing Factors

In general, a significant percentage of the people in our Verde Valley communities are overweight, are not physically active, and do not eat well. The challenge is the same for most communities. It takes effort to establish proper nutrition. It takes effort and dedication to be physically active. Just telling people that they should eat properly, be physically active and lose weight is a lost cause. We have created a society that wants our medical community to give us drugs and treatments that will make us feel better without any effort on our part. – Community Leader (Verde Valley Region)

There's no community fitness center or a place for people to learn about healthy living and exercise. Not everyone can afford a monthly gym membership and they don't have any other options. – Community Leader (Flagstaff Region)

Poverty, adequate nutrition. – Community Leader (Verde Valley Region)

Lack of education and lack of access to quality affordable food. – Healthcare Leader (Flagstaff Region)

Low income, lack of activities, no access to safe recreation, no low-cost options for exercise. Most Verde Valley residents live in a food desert. – Community Leader (Verde Valley Region)

Access to Affordable Healthy Food

The cost of nutritious food in our community is very high and will only be higher with inflation. People do not have many opportunities to learn about additives in their foods which can lead to other physical health issues. – Social Services Provider (Flagstaff Region)

Biggest challenge is additives and sugar in everything. Cost of healthy food. Outlying areas not having access to healthy affordable foods. – Community Leader (Flagstaff Region)

Lack of support for affordable nutritious food. – Healthcare Leader (Flagstaff Region)

Education/Awareness

Information and access to these services. – Physician (Flagstaff Region)

Access to registered dieticians, lack of public awareness. – Community Leader (Verde Valley Region)

Obesity

High incidence of obesity, especially among our Native American population. – Healthcare Leader (Flagstaff Region)

Children & Youth

Kids physical fitness/after school program. FMC used to support K-12 after school program FitKids, but dropped funding several years ago. – Community Leader (Flagstaff Region)

Disease Management

> Focus on dealing with disease, rather than promoting wellness. For example, we need physicians who are trained in nutrition and can counsel specific dietary changes in place of prescribing pills for high cholesterol, blood pressure, etc. – Community Leader (Verde Valley Region)

Substance Abuse

ABOUT DRUG & ALCOHOL USE

More than 20 million adults and adolescents in the United States have had a substance use disorder in the past year. …Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

– Healthy People 2030 (https://health.gov/healthypeople)

Alcohol

Binge Drinking

"Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 (if male)**/4** (if female) **or more drinks on an occasion?"**

Binge Drinkers
Healthy People 2030 = 25.4% or Lower

Total Service Area

FMC Service Area	VVMC Service Area	Total Service Area	AZ	US	2012	2022
23.0%	23.9%	23.4%	16.5%	24.5%	11.1%	23.4%
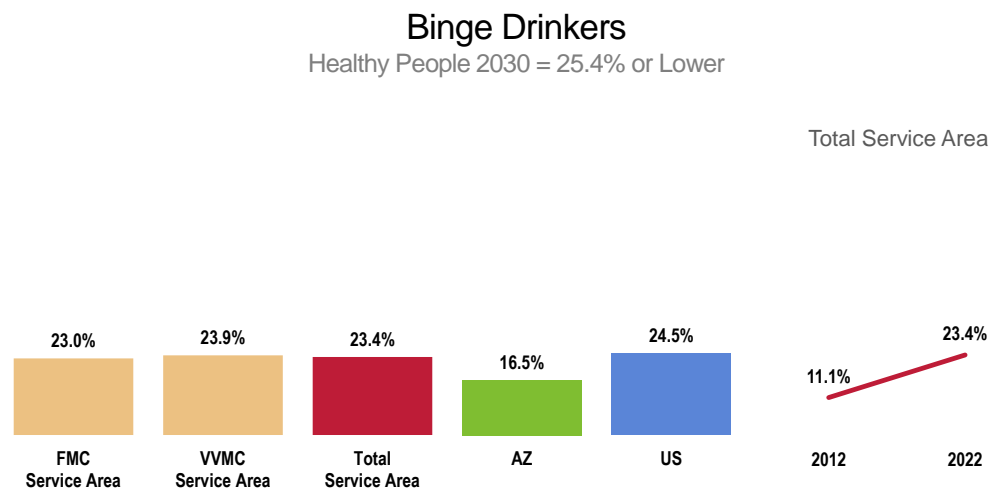
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 22]
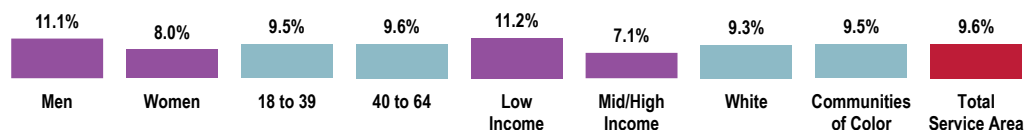- 2020 PRC National Health Survey, PRC, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Arizona data.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.
- Binge drinking reflects the number of persons aged 18 years and over who drank 5 or more drinks on a single occasion (for men) or 4 or more drinks on a single occasion (for women) during the past 30 days.

Binge Drinkers
(Total Service Area, 2022)
Healthy People 2030 = 25.4% or Lower

Men	22.5%
Women	24.5%
18 to 39	34.2%
40 to 64	19.0%
65+	11.1%
Low Income	34.2%
Mid/High Income	19.9%
White	20.9%
Communities of Color	20.9%
Total Service Area	23.4%

Use of Prescription Opioids

"Opiates or opioids are drugs that doctors prescribe to treat pain. Examples of prescription opiates include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. In the past year, have you used any of these prescription opiates?"

Opioids are a class of drugs used to treat pain. Examples presented to respondents include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. Common brand name opioids include Vicodin, Dilaudid, Percocet, OxyContin, and Demerol.

Used a Prescription Opioid in the Past Year

FMC Service Area	15.7%
VVMC Service Area	12.6%
Total Service Area	14.4%
US	12.9%

Personal Impact From Substance Abuse

"To what degree has your life been negatively affected by your own or someone else's substance abuse issues, including alcohol, prescription, and other drugs? Would you say: a great deal, somewhat, a little, or not at all?"

Degree to Which Life Has Been Negatively Affected by Substance Abuse (Self or Other's)
(Total Service Area, 2022)

- ■ Great Deal
- ■ Somewhat
- ■ Little
- ■ Not At All

Great Deal: 12.7%
Somewhat: 17.0%
Little: 11.2%
Not At All: 59.1%
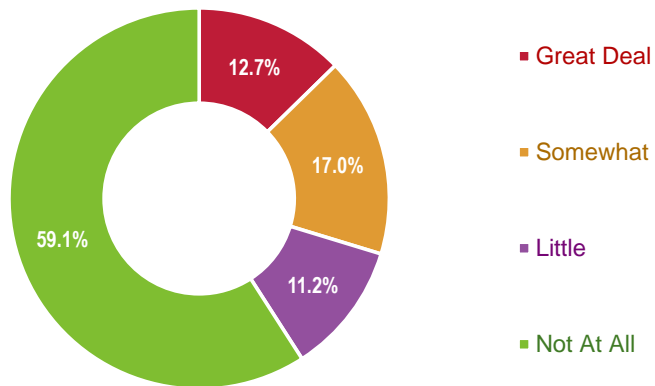
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 24]
Notes: ● Asked of all respondents.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)

FMC Service Area	VVMC Service Area	Total Service Area	US
45.3%	34.6%	40.9%	35.8%
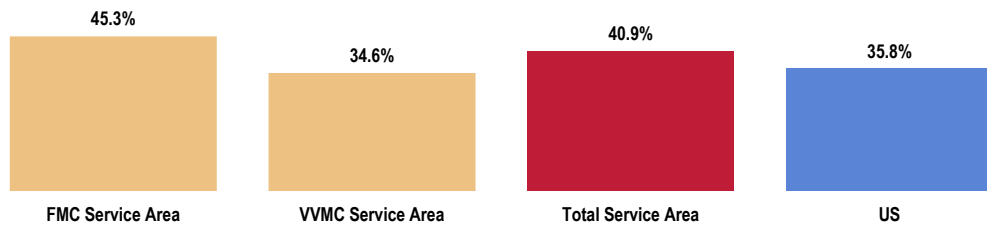
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 24]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Includes response of "a great deal," "somewhat," and "a little."

Life Has Been Negatively Affected
by Substance Abuse (by Self or Someone Else)
(Total Service Area, 2022)
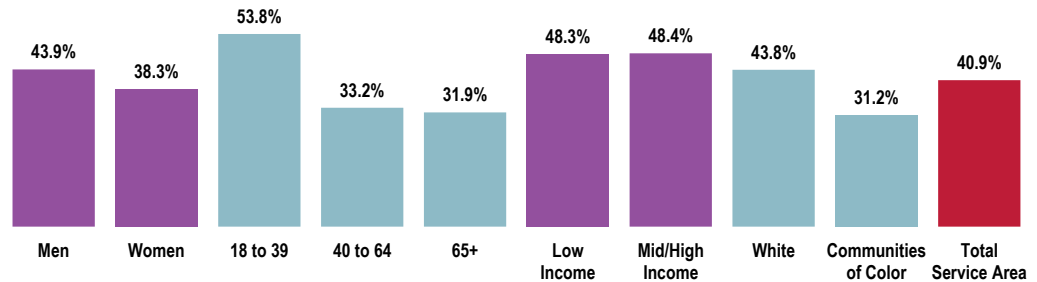
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Communities of Color	Total Service Area
43.9%	38.3%	53.8%	33.2%	31.9%	48.3%	48.4%	43.8%	31.2%	40.9%

Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 24]
Notes: ● Asked of all respondents.
● Includes response of "a great deal," "somewhat," and "a little."

Key Informant Input: Substance Abuse

The following chart outlines key informants' perceptions of the severity of *Substance Abuse* as a problem in the community:

Perceptions of Substance Abuse
as a Problem in the Community
(Key Informants, 2022)
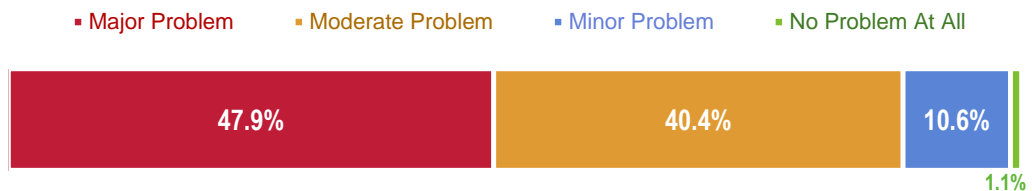
■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

47.9%	40.4%	10.6%	1.1%

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

Limited capacity to meet needs. Not a priority. – Healthcare Leader (Flagstaff Region)

Resources. – Community Leader (Verde Valley Region)

Enough treatment opportunities for those who need it. Affordability. – Community Leader (Verde Valley Region)

Starting services to begin with, long waits for bed openings. – Community Leader (Flagstaff Region)

There is a pathetic lack of resources for people suffering from substance abuse. There's the guidance center and that's about it. Many people don't have the resources to look outside of the county for treatment or they can't get treatment at all until they're involved in the criminal justice system. – Community Leader (Flagstaff Region)

Facilities. – Healthcare Leader (Flagstaff Region)

Lack of adequate substance abuse providers, in particular ETOH and opiate specialists. Homeless population is at high risk. – Physician (Flagstaff Region)

Sufficient staffing for these services and healthcare industry payment models rewarding organizations for creating robust multi-disciplinary services. – Healthcare Leader (Flagstaff Region)

A lack of treatment providers and facilities. – Healthcare Leader (Flagstaff Region)

Transitional care. – Healthcare Leader (Flagstaff Region)

Intake facilities. – Healthcare Leader (Flagstaff Region)

Lack of detox facility, halfway house, or group homes to support recovery. – Healthcare Leader (Flagstaff Region)

Don't know of any specific resources. – Healthcare Leader (Flagstaff Region)

We do not have the proper treatment services in our community. We do not have a sufficient detox facility. We do not have effective after care support. We need a quality long-term, in-patient program, 28 days is not enough. We also need youth services and prevention for substance abuse. – Social Services Provider (Flagstaff Region)

Contributing Factors

Similar to the mental health answer, there is a stigma around getting help for substance abuse. Poor community knowledge on what substance abuse is and when one should seek help for this leads to the problem progressing far more than it should before the patient ends up with an ED visit or worse an irreversible consequence resulting from the abuse. – Healthcare Leader (Flagstaff Region)

Insurance coverage and ability to get person help if involuntary (must show they are demonstrating harm to themselves or others). Support for family trying to help loved one with substance abuse. – Community Leader (Flagstaff Region)

Greatest barriers are provider availability. In addition, there seems to be a lack of education at our shelters where many transients from the reservation sleep and then have a continuous cycle of substance abuse. There is a lack of wanting to change and access care. – Healthcare Leader (Flagstaff Region)

Flagstaff seems to be no different than across the nation, but I don't feel we put enough resources into education, awareness, support, and services for the substance abuse community. – Community Leader (Flagstaff Region)

Stigma, access to care. – Community Leader (Verde Valley Region)

Lack of resources, cost of treatment. – Healthcare Leader (Flagstaff Region)

Provider training and comfort with primary care-based MAT services and connection to community resources for support groups. Again, reducing the stigma for seeking care. Reducing barriers to make more care available – some of this goes back to reimbursement/payment issues. There are a lot of practical barriers for primary care sites with Outpatient Treatment Center licenses to cross the hurdles to provide more MAT. And there are capacity issues at places like TGC and SW Behavioral. – Physician (Flagstaff Region)

People with substance abuse problems do not want the help. The help that they receive from family members are usually met with resistance. The justice system has been historically not helpful by issuing drug court, however the recidivism is quite high, and maybe more appropriate would be harsher penalties with people who fail out or reject treatment. – Community Leader (Flagstaff Region)

Hope about their future and their family's future, financial and job stress, work/life balance stress, negative stereotyping and time to navigate the system. – Healthcare Leader (Flagstaff Region)

Transportation, insurance, racial disparities, housing. – Social Services Provider (Flagstaff Region)

Lack of programs for the public, potential cost, absence of family to provide support, length of time for waiting for the resource. – Community Leader (Flagstaff Region)

Prevalence/Incidence

High number of opioid overdoses and fatalities in Coconino County. – Healthcare Leader (Flagstaff Region)

Increased availability of drugs laced with or solely containing Fentanyl. – Community Leader (Flagstaff Region)

Extremely high number of overdose patients seen in the community. – Healthcare Leader (Flagstaff Region)

Substance abuse is prevalent in the Verde Valley and is being seen increasingly in younger individuals and elderly individuals. – Healthcare Provider (Verde Valley Region)

Awareness/Education

Lack of knowledge of what is available. – Community Leader (Verde Valley Region)

Income/Poverty

Gainful employment opportunities for low socioeconomic income people and affordable housing options. – Physician (Flagstaff Region)

Vulnerable Populations

Alcohol use, in-hospital evaluation and treatment for Native patients. – Physician (Flagstaff Region)

Wealth. Particularly the Native American community who does not always have the resources for treatment or alternatives. – Healthcare Leader (Flagstaff Region)

Tobacco Use

ABOUT TOBACCO USE

More than 16 million adults in the United States have a disease caused by smoking cigarettes, and smoking-related illnesses lead to half a million deaths each year.

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

– Healthy People 2030 (https://health.gov/healthypeople)

Cigarette Smoking

"Do you now smoke cigarettes every day, some days, or not at all?" ("Current smokers" include those smoking "every day" or on "some days.")

Cigarette Smoking Prevalence
(Total Service Area, 2022)

- Every Day — 9.8%
- Some Days — 4.7%
- Not At All — 85.5%
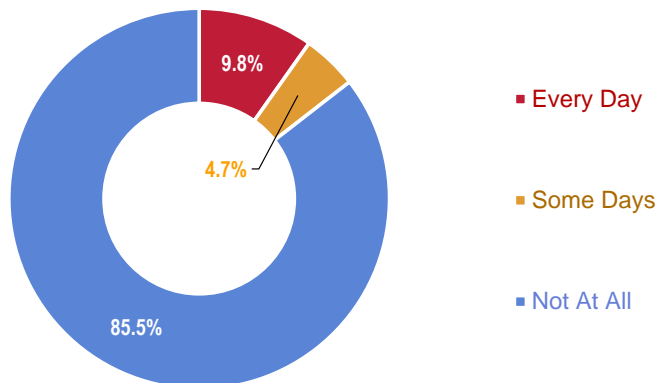
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 20]
Notes: ● Asked of all respondents.

Current Smokers

Healthy People 2030 = 5.0% or Lower

Total Service Area

14.0%	15.1%	14.5%	14.9%	17.4%	15.0%	14.5%
FMC Service Area	VVMC Service Area	Total Service Area	AZ	US	2012	2022
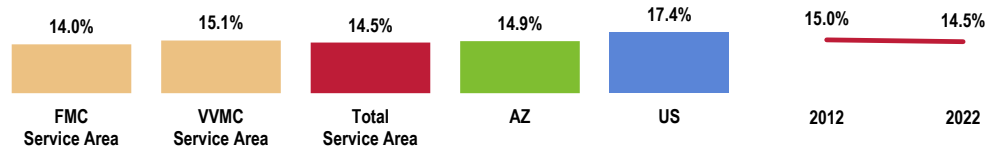
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 20]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Arizona data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

Current Smokers
(Total Service Area, 2022)

Healthy People 2030 = 5.0% or Lower

12.8%	16.1%	17.5%	11.6%	15.1%	26.0%	10.0%	13.2%	19.1%	14.5%
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Communities of Color	Total Service Area

Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 20]
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.
- Includes regular and occasion smokers (every day and some days).

Use of Vaping Products

"The next questions are about electronic vaping products, such as electronic cigarettes, also known as e-cigarettes. These are battery-operated devices that simulate traditional cigarette smoking, but do not involve the burning of tobacco. Do you now use electronic vaping products, such as e-cigarettes, "every day," "some days," or "not at all"?"

Use of Vaping Products
(Total Service Area, 2022)

- Every Day — 5.6%
- Some Days — 5.0%
- Not At All — 89.4%

Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 21]
Notes: ● Asked of all respondents.

Currently Use Vaping Products
(Every Day or on Some Days)

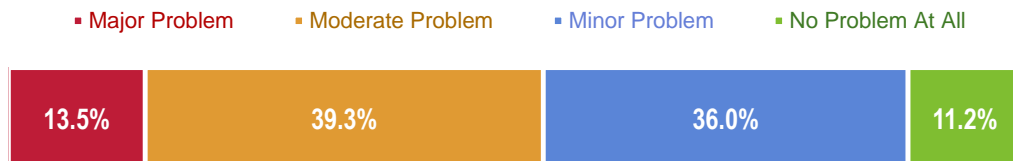| FMC Service Area	VVMC Service Area	Total Service Area	AZ	US
11.8%	9.1%	10.6%	5.3%	8.9%
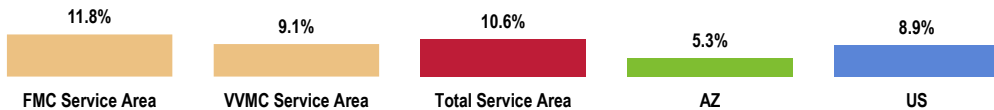
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 21]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Arizona data.
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Currently Use Vaping Products
(Total Service Area, 2022)

11.8%	9.5%	21.9%	4.3%	1.8%	18.3%	8.9%	11.7%	7.9%	10.6%
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Communities of Color	Total Service Area
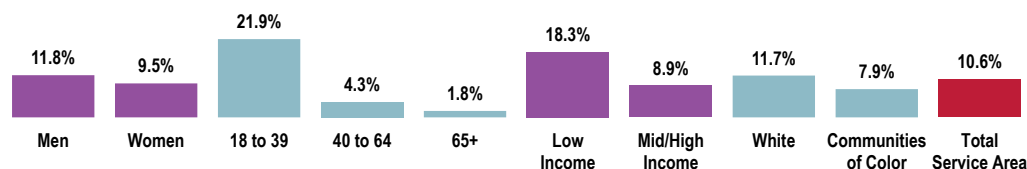
Sources:
● 2022 PRC Community Health Survey, PRC, Inc. [Item 21]
● 2020 PRC National Health Survey, PRC, Inc.
Notes:
● Asked of all respondents.
● Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Key Informant Input: Tobacco Use

The following chart outlines key informants' perceptions of the severity of *Tobacco Use* as a problem in the community:

Perceptions of Tobacco Use
as a Problem in the Community
(Key Informants, 2022)
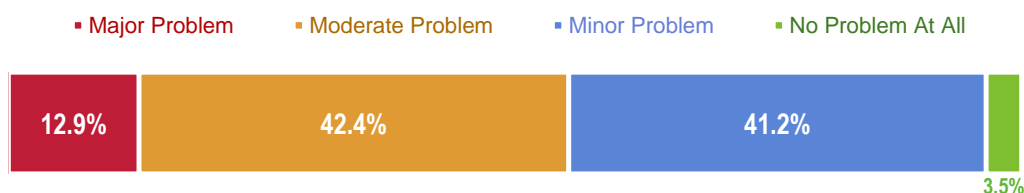
■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

12.9%	42.4%	41.2%	3.5%

Sources:
● PRC Online Key Informant Survey, PRC, Inc.
Notes:
● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Youth Vaping

High number of teenagers in middle school and high school are vaping. – Healthcare Leader (Flagstaff Region)

Nicotine use is being seen in the form of vaping in children between the ages of 11-18. – Healthcare Provider (Verde Valley Region)

Prevalence/Incidence

High percentage of smokers in the community. – Healthcare Leader (Verde Valley Region)

High incidence of tobacco users and incidental secondhand smoke exposure. – Healthcare Leader (Flagstaff Region)

Environmental Tobacco Smoke

There are a lot of smokers, and they will stand outside of businesses smoking, causing other people to have to inhale the secondhand smoke. – Community Leader (Flagstaff Region)

Sexual Health

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

Healthy People 2030 (https://health.gov/healthypeople)

HIV

The following chart outlines prevalence (current cases, regardless of when they were diagnosed) of HIV per 100,000 population in the area. [COUNTY-LEVEL DATA]
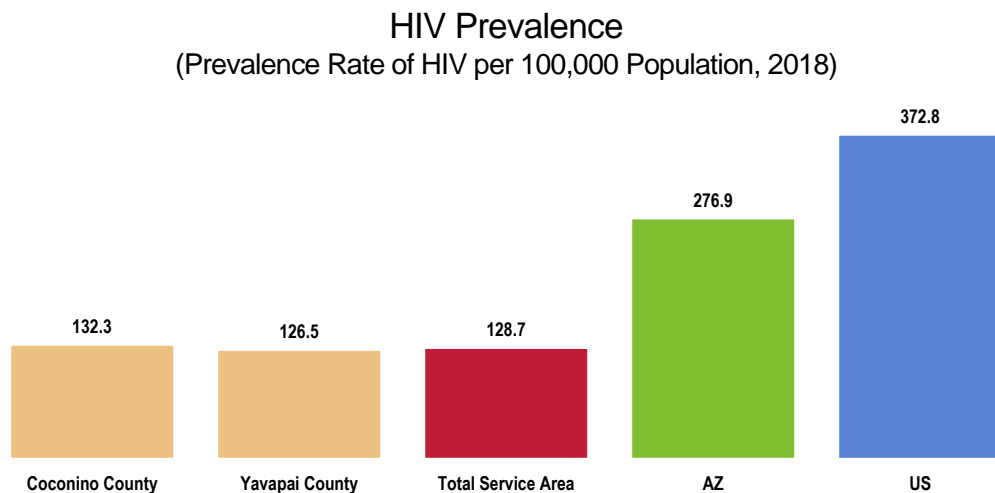
HIV Prevalence
(Prevalence Rate of HIV per 100,000 Population, 2018)

Coconino County	Yavapai County	Total Service Area	AZ	US
132.3	126.5	128.7	276.9	372.8

Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

Sexually Transmitted Infections (STIs)

CHLAMYDIA ▶ Chlamydia is the most commonly reported STI in the United States; most people who have chlamydia are unaware, since the disease often has no symptoms.

GONORRHEA ▶ Anyone who is sexually active can get gonorrhea. Gonorrhea can be cured with the right medication; left untreated, however, gonorrhea can cause serious health problems in both women and men.

The following chart outlines local incidence for these STIs. [COUNTY-LEVEL DATA]
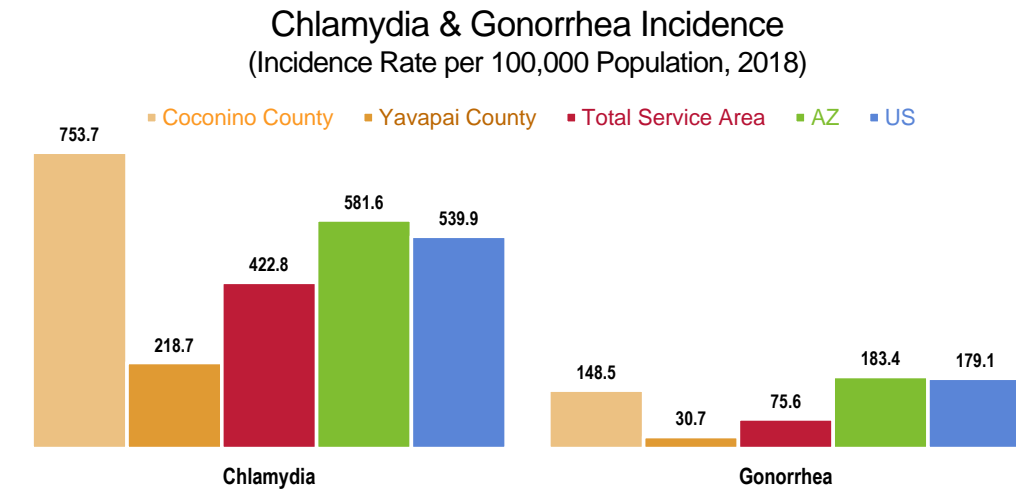
Chlamydia & Gonorrhea Incidence
(Incidence Rate per 100,000 Population, 2018)

■ Coconino County ■ Yavapai County ■ Total Service Area ■ AZ ■ US

Chlamydia
- 753.7
- 218.7
- 422.8
- 581.6
- 539.9

Gonorrhea
- 148.5
- 30.7
- 75.6
- 183.4
- 179.1

Sources: ● Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).
Notes: ● This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Key Informant Input: Sexual Health

The following chart outlines key informants' perceptions of the severity of *Sexual Health* as a problem in the community:

Perceptions of Sexual Health
as a Problem in the Community
(Key Informants, 2022)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All

| 4.8% | 33.3% | 57.1% | 4.8% |
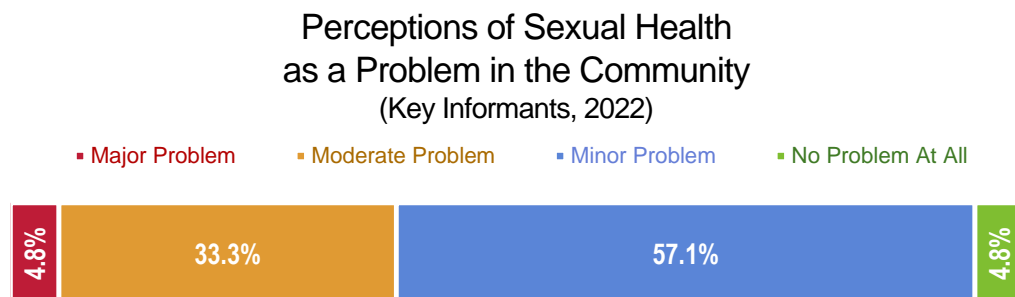
Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among one respondent rating this issue as a "major problem," the reasons related to the following:

Contributing Factors

Combination factors of young university population, large rural catchment area, limited number of reproductive health specialists. Conservative law makers building barriers to access. – Physician (Flagstaff Region)

ACCESS TO HEALTH CARE

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. …About 1 in 10 people in the United States don't have health insurance. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Lack of Health Insurance Coverage

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

"Do you have any government-assisted healthcare coverage, such as Medicare, Medicaid (or another state-sponsored program)**, or VA/military benefits?"**

"Do you currently have: health insurance you get through your own or someone else's employer or union; health insurance you purchase yourself; or, you do not have health insurance and pay for health care entirely on your own?"

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus excluding the Medicare population), who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Health Care Insurance Coverage
(Adults Age 18-64; Total Service Area, 2022)

- Private Insurance — 59.7%
- VA/Military — 2.8%
- Medicaid/Medicare/Other Gov't — 24.3%
- No Insurance/Self-Pay — 9.6%
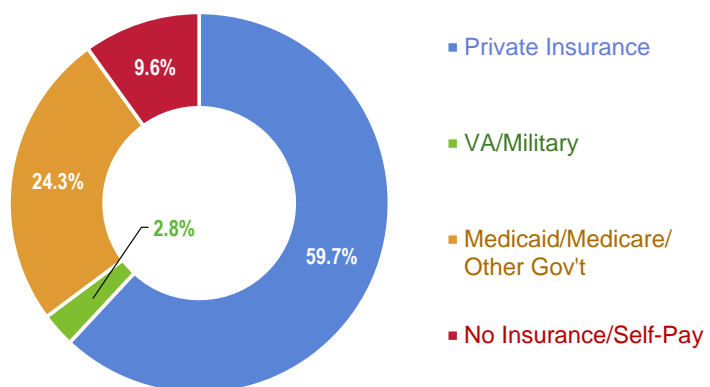
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 60]
Notes: • Reflects respondents age 18 to 64.

Lack of Health Care Insurance Coverage
(Adults Age 18-64)
Healthy People 2030 = 7.9% or Lower

Total Service Area

7.9%	12.5%	9.6%	18.7%	8.7%	21.4% → 9.6%	
FMC Service Area	VVMC Service Area	Total Service Area	AZ	US	2012 → 2022	
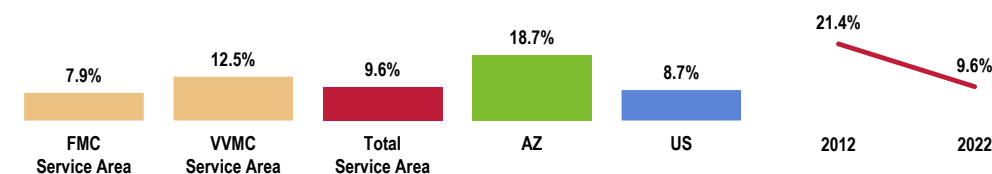
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 60]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Arizona data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents under the age of 65.

Lack of Health Care Insurance Coverage
(Adults Age 18-64; Total Service Area, 2022)
Healthy People 2030 = 7.9% or Lower

11.1%	8.0%	9.5%	9.6%	11.2%	7.1%	9.3%	9.5%	9.6%
Men	Women	18 to 39	40 to 64	Low Income	Mid/High Income	White	Communities of Color	Total Service Area

Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 60]
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents under the age of 65.

Difficulties Accessing Health Care

Barriers to Health Care Access

To better understand healthcare access barriers, survey participants were asked whether any of the following barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

"Was there a time in the past 12 months when you needed to see a doctor, but could not because of the cost?"

"Was there a time in the past 12 months when you needed a prescription medicine, but did not get it because you could not afford it?"

"Was there a time in the past 12 months when a lack of transportation made it difficult or prevented you from seeing a doctor or making a medical appointment?"

The percentages shown in the following chart reflect the total population, regardless of whether medical care was needed or sought.

Barriers to Access Have
Prevented Medical Care in the Past Year

▪ FMC   ▪ VVMC   ▪ Total Service Area   ▪ US

Cost (Doctor Visit): 20.7% / 11.9% / 17.0% / 12.9%
Cost (Prescriptions): 14.5% / 11.7% / 13.3% / 12.8%
Lack of Transportation: 12.0% / 8.1% / 10.4% / 8.9%
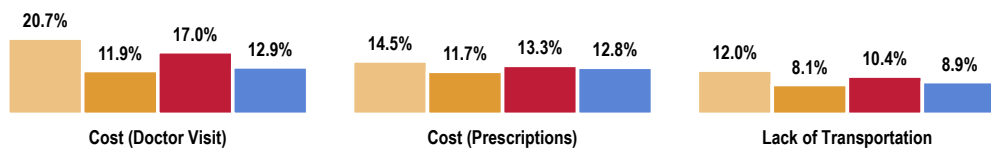
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Items 6–8]
           ● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Accessing Health Care for Children

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.

"Was there a time in the past 12 months when you needed medical care for this child, but could not get it?"

Had Trouble Obtaining Medical Care for Child in the Past Year
(Parents of Children 0-17)

Total Service Area
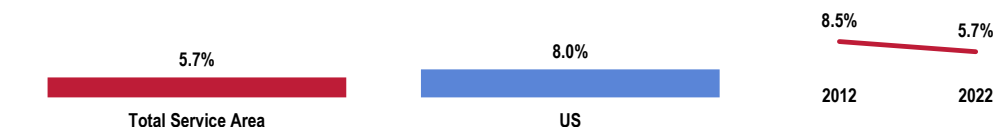
5.7% — Total Service Area

8.0% — US

8.5% (2012) → **5.7%** (2022)

Care Avoidance Due to the COVID-19 Pandemic

See also *Coronavirus Disease/COVID-19* in the **Lung Disease** section of this report.

"Has there been a time since the beginning of the pandemic when you needed medical care or had a medical appointment scheduled, but you chose to avoid receiving care due to concerns about coronavirus?"

Went Without Needed or
Planned Medical Care Due to the Pandemic
(Total Service Area, 2022)
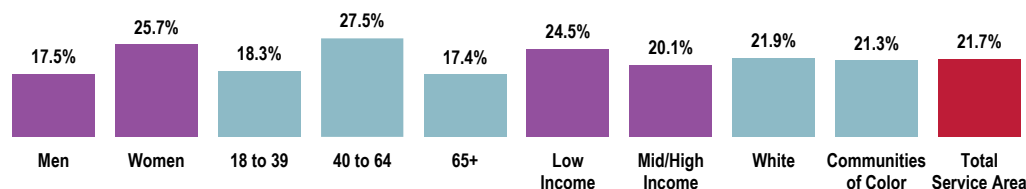
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Communities of Color	Total Service Area
17.5%	25.7%	18.3%	27.5%	17.4%	24.5%	20.1%	21.9%	21.3%	21.7%

Key Informant Input: Access to Health Care Services

The following chart outlines key informants' perceptions of the severity of *Access to Health Care Services* as a problem in the community:

Perceptions of Access to Health Care Services as a Problem in the Community
(Key Informants, 2022)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

27.9%	42.3%	27.9%	

1.9%

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.
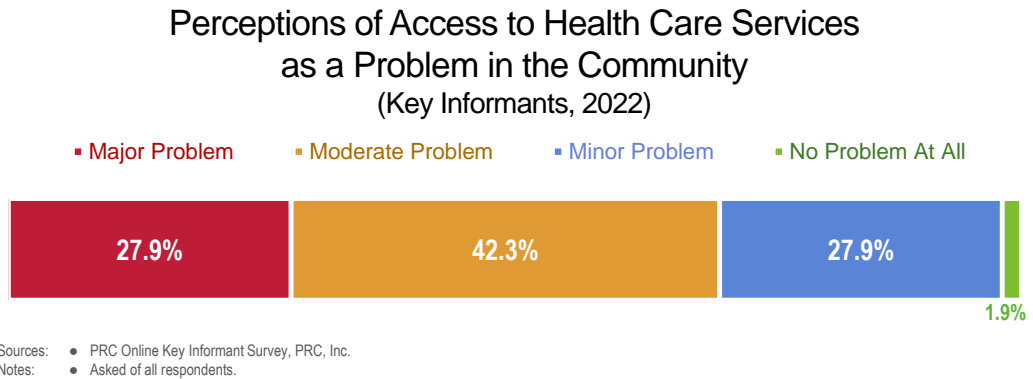
Among those rating this issue as a "major problem," reasons related to the following:

Lack of Providers

Not enough primary care providers. Limited number of specialists. – Physician (Verde Valley Region)

We have a shortage of doctors and access to services. We need family care practitioners, and I would love to see telehealth services to connect our residents with specialists without having to drive two hours. – Community Leader (Verde Valley Region)

Lack of physicians, especially in specialties such as endocrinology. – Community Leader (Verde Valley Region)

Exodus of good doctors, apparently due to overwork and mismanagement. – Community Leader (Verde Valley Region)

The Verde Valley is rural and attracting health care providers is difficult. Many of the existing healthcare providers are closed to new patients. It can take months for patients to get into a PCP for the first visit. – Healthcare Provider (Verde Valley Region)

Lack of physicians in our community and continuing loss of healthcare providers. – Community Leader (Verde Valley Region)

There is a shortage of primary care clinicians and sites. – Community Leader (Verde Valley Region)

The biggest challenge in Sedona is to find a doctor, period. It has taken me two years to establish a doctor in the Sedona area. – Community Leader (Verde Valley Region)

A total lack of primary care physicians in the community drives patients to delay health care or seek more expensive urgent care or emergency room care for routine health care needs. This drives up our overall cost of health services (which come right out of our bottom line). Preventive care appointments or booking 6-8 months out and urgently needed visits are 30-40 days out. This is totally unacceptable and is stalling improving health and healing our communities as is our mission and vision at NAH. It delays release to return to work for colleagues who are ill or injured, which drives up overtime and traveler coverage costs for employee absences. – Healthcare Leader (Flagstaff Region)

We have seen many doctors leave our community and continue to hear stories of the difficulty to recruit new doctors to our area. We have heard rumblings that our hospital may be closing. I am not in a place to validate any of this, but it is being discussed at some levels. For our aging community, this is a major issue. I have also heard from several of our clients and volunteers that they have chosen to drive to Phoenix or Flagstaff for medical care. For someone with more limited means, this is not only inconvenient but, in some cases, prohibitive for receiving medical care. – Social Services Provider (Verde Valley Region)

Shortage of medical professionals. – Social Services Provider (Verde Valley Region)

Not enough doctors and they change quite often, can't form a relationship. – Community Leader (Flagstaff Region)

Doctors not available. No primary care in Sedona. – Community Leader (Verde Valley Region)

Access to Care/Services

Given the major distribution of population that our area serves (including Navajo and Hopi reservations, outlying areas, etc.) our community is not yet fully equipped to handle the ever-increasing needs and provide durable access to health care services. – Physician (Flagstaff Region)

Distances that must be traveled. Limited appointment availability for acute illness. Limited providers. – Community Leader (Flagstaff Region)

Access to healthcare. Patients are not able to get appointments quickly enough. – Healthcare Leader (Flagstaff Region)

Frustration with cost and access to healthcare that feels personal and affordable. – Healthcare Leader (Flagstaff Region)

Timely access to quality primary care. – Physician (Flagstaff Region)

In general, we are losing a lot of doctors on an ongoing basis. They come for a period of time (1-3 years) then leave. People don't feel they have consistent care with one doctor or group of doctors. And when they need a specialist often they have to travel to Flagstaff or Prescott or Phoenix to get the care they need. This is a burden on many of them, especially if they are older and have trouble driving or don't drive. So the result is someone not getting the care they need to have a comfortable and safe life. – Community Leader (Verde Valley Region)

There is a serious lack of mental health/crisis centers. Many people who are addicted to substances are mentally ill, self-medicating with illicit substances, and need help/treatment to overcome their addictions. – Community Leader (Flagstaff Region)

Very difficult to get patients into a primary care physician in a timely fashion. Also, although there is 1 methadone clinic in town, for it to be effective for ED referrals we need patients to be seen within 72 hours for follow up. Number 1 is that Flagstaff needs an alcohol detox center. – Physician (Flagstaff Region)

Dermatology access. IVF is not something in the areas either, even if it was a clinic that came once a month, etc. Mental health care is huge and no access to post-acute care. – Healthcare Leader (Flagstaff Region)

There is a waiting list to see a healthcare provider. More of a wait for specialties. Even more of a wait if you are Medicare or AHCCS. – Healthcare Leader (Flagstaff Region)

Availability of healthcare providers is a problem. Getting a timely appointment to affect a treatment sooner rather than later. Infrastructure of providers is broken. Calls are lost, dropped, or never answered. Frustration is high due to access. – Community Leader (Flagstaff Region)

Contributing Factors

Housing, mental health and substance use, transportation, low wages, minimal employer benefits. – Social Services Provider (Flagstaff Region)

Long waits (up to 6 months) for primary care physician. Home health care understaffed. Overworked medical assistants who are burnt out leading to longer wait times for primary care physician appointments who are covering multiple subspecialists. Community is geriatric predominant and prefer physicians compared to nurse practitioners to be their primary care physician. – Physician (Verde Valley Region)

Social determinants of Health. Certainly lack of access to care is a problem in our community, but only 10% of a persons health is attributed to having a primary care physician. Our problems are around safety of recreation, access to exercise, lack of healthy foods, and a myriad of challenges faced by rural communities. – Community Leader (Verde Valley Region)

The number of providers available to care for our community in comparison to the growing population is a huge risk. This includes not only primary care but specialty care such as pediatric care, gastroenterology, orthopedics, endocrinology etc. Our community is also lacking in opportunities to promote healthy habits, help those that may be at risk for serious health concerns because of poor habits. – Healthcare Leader (Verde Valley Region)

Access to dental care for those without insurances and who cannot afford to pay cash. Also, our community offers an insufficient amount of mental health services. Wait times for new patients are way too long. – Healthcare Leader (Flagstaff Region)

Provider capacity, provider health, provider turnover, succession planning, barriers/bottlenecks to access including EHR, marginalized communities, lack of a 10-year strategic plan. Essentially the obsolete and outdated approaches of the 20th century placing the organization at risk. – Physician (Flagstaff Region)

Specialty Care

Dermatology. More access to gastroenterology. – Healthcare Leader (Flagstaff Region)

Pulmonologist is in high demand. Addiction medicine resources. – Physician (Verde Valley Region)

Pulmonologist is in high demand. Addiction medicine resources. – Physician (Verde Valley Region)

Gastroenterology. – Physician (Verde Valley Region)

Vulnerable Populations

A significant number of Verde Valley residents don't have health insurance and as a result, typically don't receive routine health care, including screenings, check-ups, and illness prevention counseling. – Social Services Provider (Verde Valley Region)

Health equity; without equity in health disparities will exist and perpetuate chronic illness, mortality, incivilities among our citizens. – Physician (Flagstaff Region)

Poverty. – Healthcare Leader (Flagstaff Region)

> High homeless population living outside with no primary preventative health care. – Healthcare Leader (Flagstaff Region)

Healthcare Burnout

> A secondary, or tangential issue. The burnout of healthcare workers is a community health issue. Burnout leads to decreased access and increased risk of patient harm, it is not measured or diagnosed but is a compounding factor the other issues we see today. While never before identified in this study, I believe a community plan to help support healthcare workers and reduce burnout will have a blanket effect on improving community health in all other regards. – Healthcare Leader (Flagstaff Region)

COVID-19

> With COVID, it is difficult to get an appointment at the walk in, which makes it difficult to get health care. – Community Leader (Verde Valley Region)

Alcohol/Drug Use

> Substance abuse. We have a major issue with drunk people wandering our streets and having fire and ambulances called on those who pass out in public. – Healthcare Leader (Flagstaff Region)

Primary Care Services

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

– Healthy People 2030 (https://health.gov/healthypeople)

Access to Primary Care

This indicator is relevant because a shortage of health professionals contributes to access and health status issues. [COUNTY-LEVEL DATA]
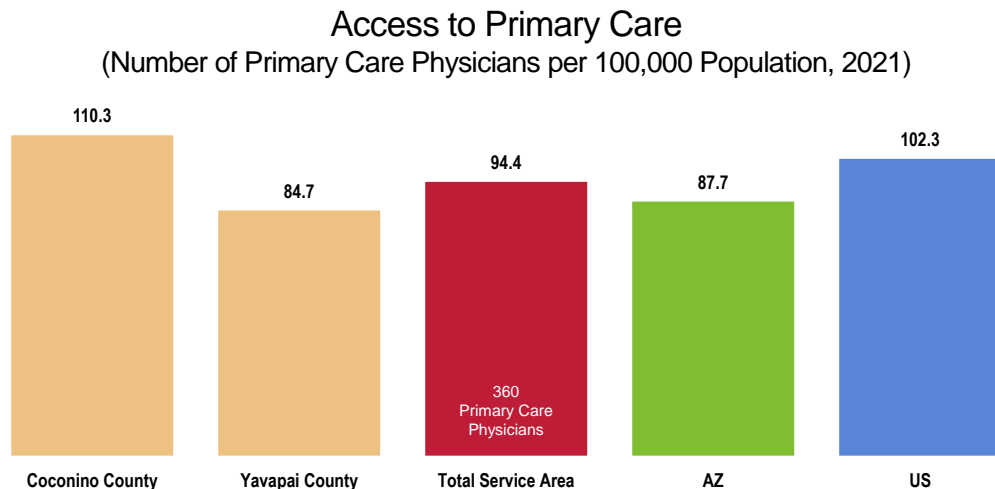
Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population, 2021)

	Coconino County	Yavapai County	Total Service Area	AZ	US
Value	110.3	84.7	94.4	87.7	102.3

Total Service Area: 360 Primary Care Physicians

Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).

Notes:
- Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Utilization of Primary Care Services

"A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition. About how long has it been since you last visited a doctor for a routine checkup?"

[Parents] **"About how long has it been since this child visited a doctor for a routine checkup or general physical exam, not counting visits for a specific injury, illness, or condition?"**

Have Visited a Physician for a Checkup in the Past Year

Total Service Area

Category	Percentage
FMC Service Area	47.1%
VVMC Service Area	65.9%
Total Service Area	55.1%
AZ	73.8%
US	70.5%
2012	59.1%
2022	55.1%
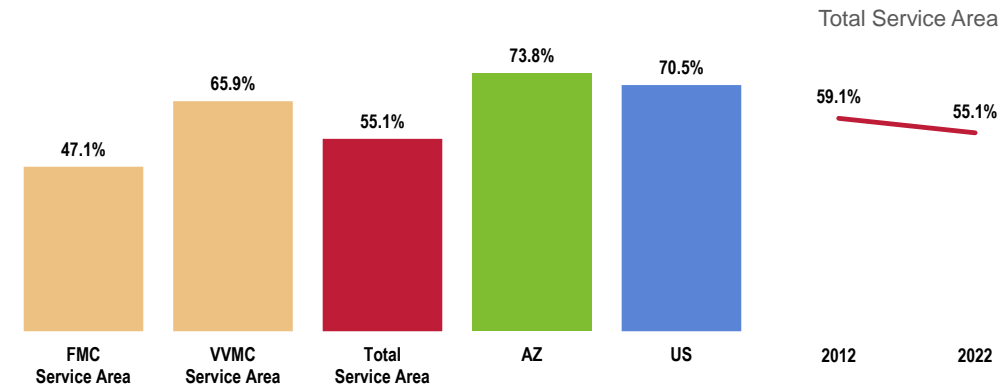
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 9]
        ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Arizona data.
        ● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Have Visited a Physician for a Checkup in the Past Year
(Total Service Area, 2022)

Category	Percentage
Men	54.9%
Women	54.9%
18 to 39	37.6%
40 to 64	61.9%
65+	75.5%
Low Income	44.1%
Mid/High Income	58.3%
White	54.0%
Communities of Color	58.7%
Total Service Area	55.1%
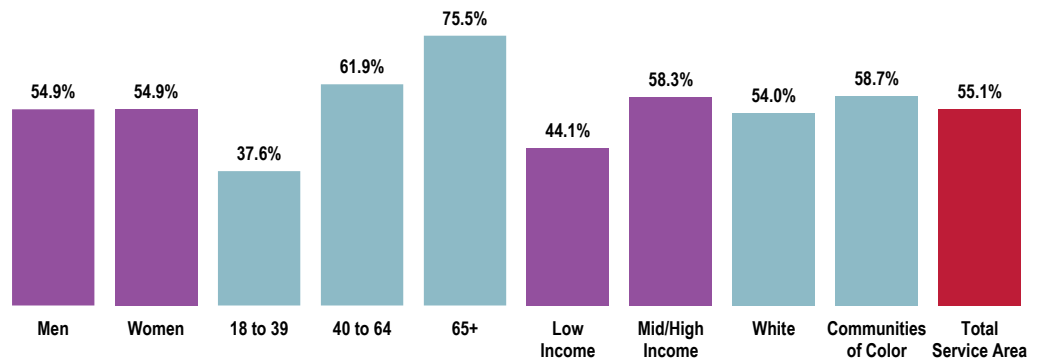
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 9]
Notes: ● Asked of all respondents.

Child Has Visited a Physician
for a Routine Checkup in the Past Year
(Parents of Children 0-17)

80.2%
Total Service Area

77.4%
US

84.7% → 80.2%
Total Service Area
2012   2022
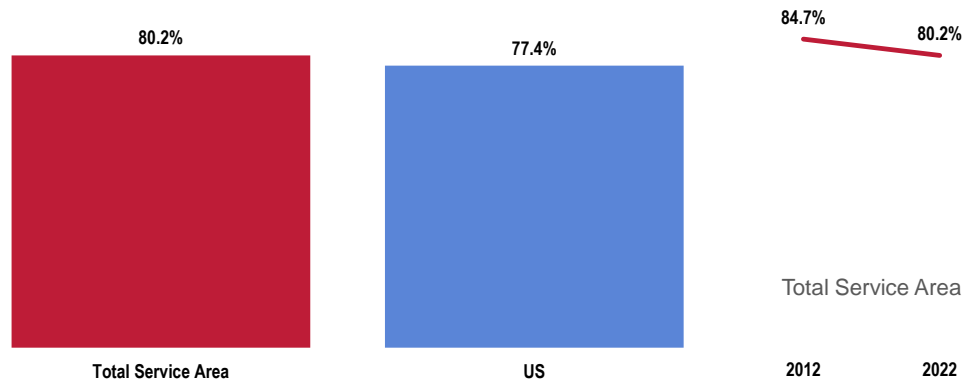
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 47]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children 0 to 17 in the household.

Oral Health

ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. …Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

– Healthy People 2030 (https://health.gov/healthypeople)

Access to Dentists

The following chart outlines the number of dentists for every 100,000 residents in the Total Service Area. [COUNTY-LEVEL DATA]

This indicator includes all dentists — qualified as having a doctorate in dental surgery (DDS) or dental medicine (DMD), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

Access to Dentists
(Number of Primary Care Physicians per 100,000 Population, 2021)
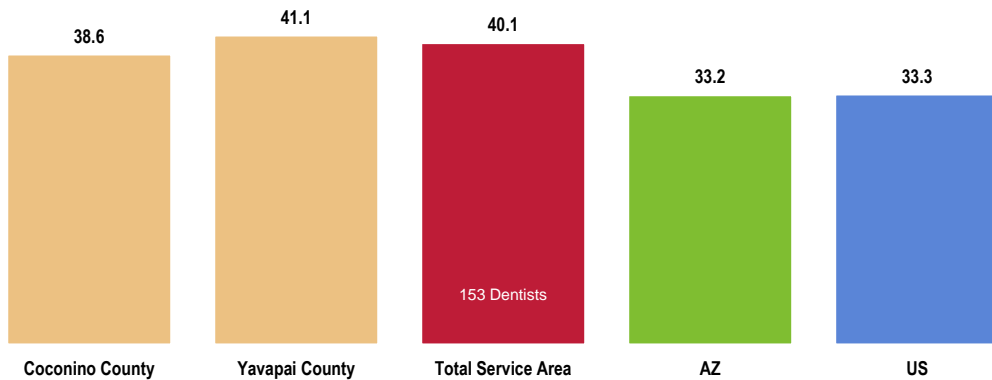
Coconino County	Yavapai County	Total Service Area	AZ	US
38.6	41.1	40.1 (153 Dentists)	33.2	33.3

Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists - qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

Dental Care

"About how long has it been since you last visited a dentist or a dental clinic for any reason?"

Have Visited a Dentist or Dental Clinic Within the Past Year
Healthy People 2030 = 45.0% or Higher

Total Service Area

FMC Service Area	VVMC Service Area	Total Service Area	AZ	US	2012	2022
57.2%	70.7%	62.9%	62.3%	62.0%	62.8%	62.9%
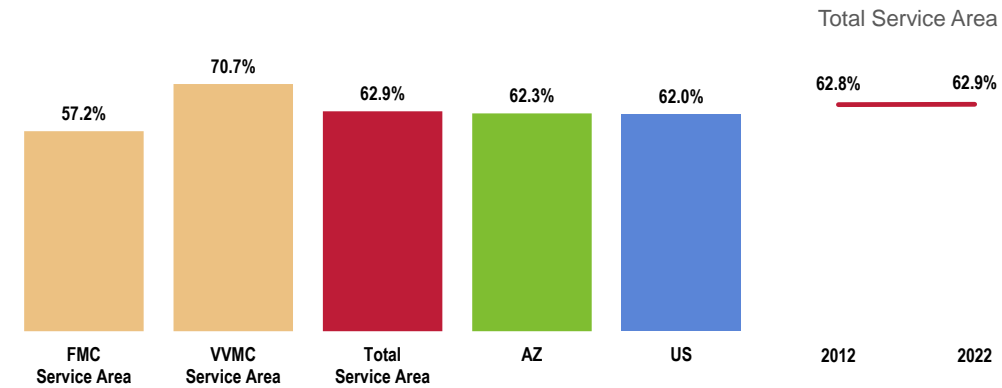
Sources:
● 2022 PRC Community Health Survey, PRC, Inc. [Item 10]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Arizona data.
● 2020 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes:
● Asked of all respondents.

Key Informant Input: Oral Health

The following chart outlines key informants' perceptions of the severity of *Oral Health* as a problem in the community:

Perceptions of Oral Health
as a Problem in the Community
(Key Informants, 2022)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

Major Problem	Moderate Problem	Minor Problem	No Problem At All
13.5%	39.3%	36.0%	11.2%

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Affordable Care/Services

> Cost for those struggling to make ends meet and small number of dental offices that work with Medicaid insurance. – Social Services Provider (Flagstaff Region)

> Cost of dental care and lack of insurance and/or ability to afford copays. It's an easier issue for people to put off for other needs. – Healthcare Leader (Flagstaff Region)

> Cost and lack of insurance coverage deters adults and families from getting regular preventative oral health care. – Community Leader (Flagstaff Region)

Contributing Factors

Oral health is an access issue. People that do not have dental insurance have limited options for care locally and the places that provide care often cannot perform teeth saving procedures only extractions. Additionally, we know through research that untreated dental issues can lead to issues that can goes as far as causing death. While one extracted tooth may not seem like a big deal to a provider, imagine that every time the person has a cavity or needs a crown instead the tooth is pulled. That begins to limit the options a person has to eat food as chewing can become difficult then we are back to the concern about nutrition needed for good health. Depending on where the extraction is it could also affect someone's self-esteem- maybe they won't smile anymore because they are embarrassed of their missing tooth. – Social Services Provider (Flagstaff Region)

We have very few dentists and even few employers who provide dental insurance. – Community Leader (Verde Valley Region)

Not covered by AHCCCS; cost of care. – Community Leader (Verde Valley Region)

Access to Care for Uninsured/Underinsured

Extremely insufficient amount of resources for people without dental insurance and who cannot afford to pay cash. – Healthcare Leader (Flagstaff Region)

Diagnosis/Treatment

Most people I encounter do not prioritize oral health and many of my clients have some kind of dental disease but have no insurance or means to address the issue. So, it gets worse and worse until they end up in the ED. – Community Leader (Flagstaff Region)

Environmental Contributors

The water in Flagstaff is not fluoridated. Dental issues seem to be more prevalent here. – Community Leader (Flagstaff Region)

Income/Poverty

We have several low- and moderate-income areas in the Verde Valley. They are struggling financially with just being able to live and work here. Dental care is often one of the last things taken care of when you don't have money. No low cost dental services are readily available for the group of our population. – Community Leader (Verde Valley Region)

LOCAL RESOURCES

Perceptions of Local Health Care Services

"How would you rate the overall health care services available to you? Would you say: excellent, very good, good, fair, or poor?"

Rating of Overall Health Care Services Available in the Community
(Total Service Area, 2022)

- Excellent — 12.1%
- Very Good — 25.4%
- Good — 38.1%
- Fair — 16.5%
- Poor — 8.0%
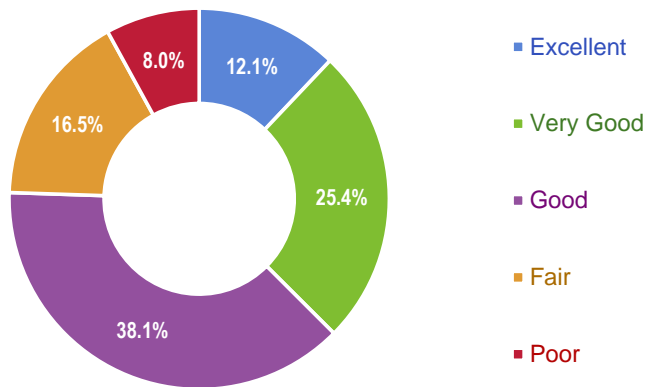
Sources: ●   2022 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: ●   Asked of all respondents.

Perceive Local Health Care Services as "Fair/Poor"

Total Service Area

22.4%	27.1%	24.5%	8.0%	23.6%	24.5%
FMC Service Area	VVMC Service Area	Total Service Area	US	2012	2022
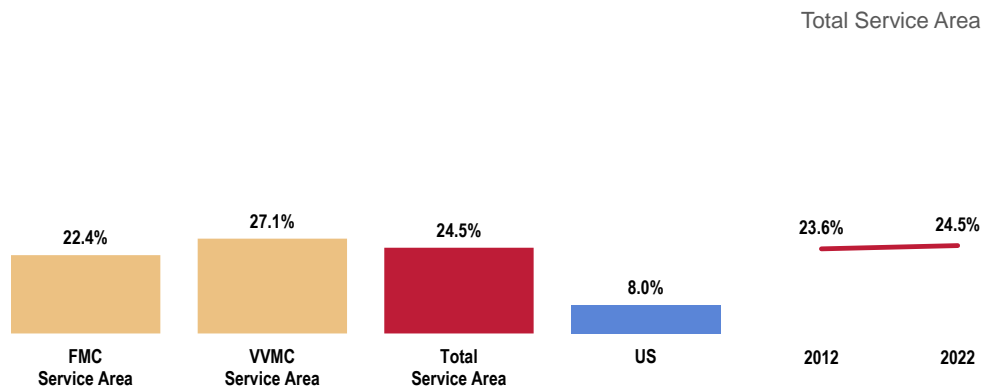
Sources: ●   2022 PRC Community Health Survey, PRC, Inc. [Item 5]
                   ●   2020 PRC National Health Survey, PRC, Inc.
Notes: ●   Asked of all respondents.

Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within the Total Service Area as of September 2020. [COUNTY-LEVEL DATA]
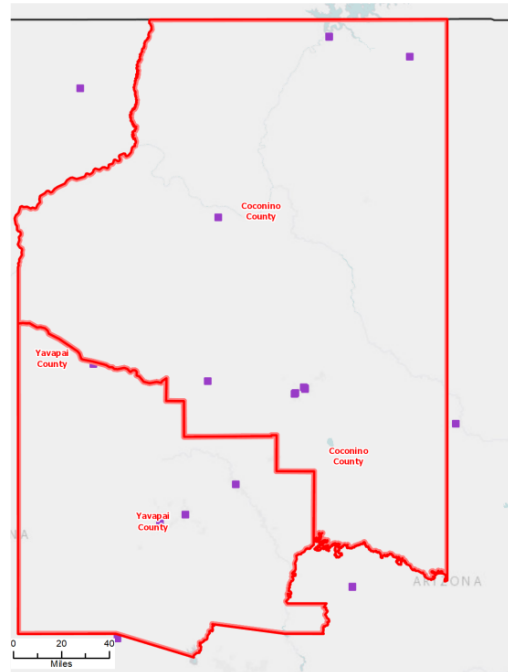
Resources Available
to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Health Care Services

- Apricus
- Canyon Lands Health Care
- Catholic Social Services
- City of Flagstaff
- Coconino County
- Community Health Center of Yavapai
- Community Health Leaders
- Concierge Practices
- Dentist's Offices
- Doctor's Offices
- Flagstaff Medical Center
- Flagstaff Shelter Services
- The Guidance Center, Inc.
- Haven Health
- Hospitals
- Native Americans for Community Action (NACA)
- North Country HealthCare
- Northern Arizona Healthcare Behavioral Health
- Northern Arizona Healthcare Medical Group
- Opioid Overdose Prevention Program
- Pathfinder Health
- Poore Medical Clinic
- Red Rock Pediatrics
- Spectrum Healthcare
- Terros Health
- University
- Urgent Care
- VERA Whole Health
- Verde Valley Medical Center
- Veteran's Administration
- Yavapai County Health Department

Cancer

- Doctor's Offices
- Flagstaff Medical Center
- Native Americans for Community Action (NACA)
- North Country HealthCare
- Northern Arizona Radiology

- Sacred Peaks
- Sedona Cancer Center

Coronavirus Disease/COVID-19

- Arizona Department of Health
- CDC
- Coconino County Health and Human Services
- County Vaccination Site
- Covid Testing Sites
- Doctor's Offices
- Elks Lodge
- Flagstaff Medical Center
- Flagstaff Shelter Services
- Flagstaff Unified School District
- Fort Tuthill
- Government
- Healthcare Systems
- Hospitals
- Native Americans for Community Action (NACA)
- Northern Arizona University
- North Country HealthCare
- Northern Arizona Healthcare
- Pharmacies
- Spectrum Healthcare
- State Run Vaccine Clinics
- Tribal Health Offices
- United Way
- Verde Valley Medical Center
- Walmart

Dementia/Alzheimer's Disease

- Adult Family Homes
- Arizona Long Term Care System (ALTCS)
- City of Flagstaff
- Court System
- Haven Health
- Long-Term Care Facilities
- The Peaks

Diabetes

- Coconino County Health and Human Services
- Community Health Center of Yavapai
- Diabetic Educators
- Dialysis Clinics
- Doctor's Offices
- Employers
- Flagstaff Medical Center
- Food Banks
- Fruit Street
- Indian Health Service (IHS)
- Native Americans for Community Action (NACA)
- North Country HealthCare
- Northern Arizona Healthcare Diabetes Program
- Sacred Peaks
- Spectrum Healthcare
- Tuba City Regional
- VERA Whole Health
- Verde Valley Medical Center
- Veteran's Administration
- Yavapai County Health Department
- YMCA

Disability & Chronic Pain

- Bone and Joint Practices
- Doctor's Offices
- Flagstaff Medical Center
- Hospitals
- North Country HealthCare
- Northern Arizona Healthcare
- Northern Arizona Pain Institute
- Orthopedic and Spine Institute
- Paratransit/Mountain Line
- Physical Therapy
- Rehab Hospital of Northern Arizona
- Spectrum Healthcare
- Social Security Disability Insurance (SSDI)

Heart Disease & Stroke

- Doctor's Offices
- Flagstaff Medical Center
- Healthy Habits (Flagstaff Unified School District)
- Guardian Air and Ground Transport
- Heart and Vascular Center of Northern Arizona
- Hospitals
- Indian Health Service (IHS)
- Mountain Heart

- Northern Arizona Healthcare
- Parks and Recreation
- Sacred Peaks
- Verde Valley Medical Center

Infant Health & Family Planning

- Arizona Families First
- Coconino County Health and Human Services
- Coconino Health Department
- Department of Child Safety (DCS)
- Doctor's Offices
- Flagstaff Health Center
- Hospitals
- North Country HealthCare
- Northland Family Healthcare
- Sacred Mountain Healthcare
- Women, Infant, Children Program

Injury & Violence

- Flagstaff Victim Witness
- Law Enforcement
- Northern Arizona Care and Services After Assault (NACASA)
- Northern Arizona Healthcare
- Northland Family Help Center
- Sharon Manor
- Shelters
- Spectrum Healthcare

Kidney Disease

- Davita
- Dialysis Clinics
- Doctor's Offices
- Flagstaff Medical Center
- Hemodialysis Centers
- Hospitals
- Indian Health Service (IHS)
- Native Americans for Community Action (NACA)
- North Country HealthCare
- Northern Arizona Healthcare
- Parks and Recreation
- Sacred Heart Practice
- Southwest Kidney
- Urgent Care
- US Renal

Mental Health

12 Step Programs
Child and Family Support Services
Churches
Coconico Community Guidance Center
Coconino County Health and Human Services
Community Mental Health Centers
Counselors
County Opioid Crisis Response
Crisis Network Hotline
Doctor's Offices
Emergency Response Teams
Encompass
Flagstaff Family Resources
Flagstaff Medical Center
Flagstaff Unified School District
Government
Health Choice
Hope Lives
Hospitals
NARBHA Institute
National Alliance on Mental Illness (NAMI)
Native Americans for Community Action (NACA)
Non-Profit Grant Funded Services
North Country HealthCare
Northern Arizona Healthcare Behavioral Health
Northern Arizona University
Outpatient Behavioral Health
Shelters
Southwest Behavioral Health
Spectrum Healthcare
State and City Funding
Terros Health
The Guidance Center, Inc.
Verde Valley Mental Health Coalition

Nutrition, Physical Activity, & Weight

Community Health Center of Yavapai
Cottonwood Rec Center
Food Banks
Health and Human Services Programs
Indian Health Service (IHS)
Northern Arizona Healthcare
Northern Arizona Healthcare Inspire for Children
Parks and Recreation
Spectrum Healthcare
VERA Whole Health
Verde Valley Medical Center
Vetera's Administration

Yavapai County Health Department

Oral Health

A New Dawn Arizona
Coconino County
Dentist's Offices
North Country HealthCare
Northern Arizona University
Poore Medical Clinic

Respiratory Disease

Doctor's Offices
Flagstaff Medical Center
Northern Arizona Healthcare
Northern Arizona Pulmonary Associates
Sleep Center
Verde Valley Medical Center

Sexual Health

Campus Health
Flagstaff OB/GYN
North Country HealthCare
Planned Parenthood

Substance Abuse

12 Step Programs
AA/NA
Aspen House
Back to Basics Outdoor Adventure Recovery
Coconino Community Guidance Center
Coconino County
Community Based Meetings
Flagstaff Medical Center
Flagstaff Shelter Services
Foundation House Sober Living
Friends/Family
Hospitals
MATForce
NARBHA Institute
Native Americans for Community Action (NACA)
North Country HealthCare
Northern Arizona Healthcare Behavioral Health
Northland Family Help Center
Southwest Behavioral Health
Spectrum Healthcare
Terros Health

The Guidance Center, Inc.

University

Verde Valley Behavioral Health

Verde Valley Guidance Center

Verde Valley Medical Center

Veteran's Administration

Tobacco Use

Coconino County Health and Human Services

Doctor's Offices

Native Americans for Community Action (NACA)

Northern Arizona Healthcare

APPENDICES

HOSPITAL-SPECIFIC FINDINGS

The tables that follow outline findings specific to the individual hospital service areas relative to state and national benchmarks.

Flagstaff Medical Center (FMC)

		FMC SERVICE AREA vs. BENCHMARKS		
SOCIAL DETERMINANTS		**vs. AZ**		
Linguistically Isolated Population (Percent)	**1.8**	☀️ 3.6	☀️ 4.3	
Population in Poverty (Percent)	**17.6**	15.2	🌧 13.4	🌧 8.0
Children in Poverty (Percent)	**17.2**	☀️ 21.5	☁️ 18.5	🌧 8.0
Housing Exceeds 30% of Income	**30.4**	29.2	☁️ 30.4	
% Unable to Pay Cash for a $400 Emergency Expense	**31.6**		🌧 24.6	
% HH Member Lost Job, Wages, Insurance Due to Pandemic	**31.3**			
No High School Diploma (Age 25+, Percent)	**9.5**	☀️ 12.9	☀️ 12.0	
% Unhealthy/Unsafe Housing Conditions	**15.5**		☁️ 12.2	

☀️ better   ☁️ similar   🌧 worse

	FMC Service Area	FMC SERVICE AREA vs. BENCHMARKS		
OVERALL HEALTH		**vs. AZ**	**vs. US**	**vs. HP2030**
% "Fair/Poor" Overall Health	**19.8**	☁️ 19.0	🌧 12.6	

☀️ better   ☁️ similar   🌧 worse

ACCESS TO HEALTH CARE

ACCESS TO HEALTH CARE		vs. AZ		
% [Age 18-64] Lack Health Insurance	7.9	☀ 18.7	⛅ 8.7	⛅ 7.9
% Cost Prevented Physician Visit in Past Year	20.7	13.9	🌧 12.9	
% Cost Prevented Getting Prescription in Past Year	14.5		⛅ 12.8	
% Transportation Hindered Dr Visit in Past Year	12.0		⛅ 8.9	
% Difficulty Getting Child's Health Care in Past Year	0.9		☀ 8.0	
% Have Foregone Medical Care Due to Pandemic	21.6			
Primary Care Doctors per 100,000	110.3	☀ 87.7	⛅ 102.3	
% Have Had Routine Checkup in Past Year	47.1	73.8	🌧 70.5	
% Rate Local Health Care "Fair/Poor"	22.4		🌧 8.0	

☀	⛅	🌧
better	similar	worse

CANCER	FMC Service Area	FMC SERVICE AREA vs. BENCHMARKS		
		vs. AZ	vs. US	vs. HP2030
Cancer (Age-Adjusted Death Rate)	126.4	⛅ 132.5	☀ 149.4	⛅ 122.7
Cancer Incidence Rate (All Sites)	361.1	⛅ 385.7	☀ 448.6	
Female Breast Cancer Incidence Rate	105.0	⛅ 114.2	☀ 126.8	
Prostate Cancer Incidence Rate	74.6	⛅ 79.6	☀ 106.2	
Lung Cancer Incidence Rate	29.1	☀ 45.1	☀ 57.3	

		FMC SERVICE AREA vs. BENCHMARKS		
		vs. AZ		
Colorectal Cancer Incidence Rate	29.8	☁ 32.3	☀ 38.0	
% Cancer	9.0	☀ 14.0	☁ 10.0	
Mammogram in Past 2 Years (% Women 50-74)	66.3	☁ 67.6	☁ 74.8	🌧 77.1
		☀ better	☁ similar	🌧 worse

DIABETES	FMC Service Area	FMC SERVICE AREA vs. BENCHMARKS		
		vs. AZ	vs. US	vs. HP2030
% Diabetes/High Blood Sugar	9.1	☁ 10.9	☀ 13.8	
		☀ better	☁ similar	🌧 worse

		FMC SERVICE AREA vs. BENCHMARKS		
		vs. AZ		
Coronary Heart Disease (Age-Adjusted Death Rate)	73.8	☀ 85.7	☀ 91.5	☀ 90.9
% Heart Disease (Heart Attack, Angina, Coronary Disease)	4.3	6.4	☁ 6.1	
Stroke (Age-Adjusted Death Rate)	28.9	30.9	☀ 37.6	☀ 33.4
% Stroke	1.0	☀ 3.5	☀ 4.3	
% Told Have High Blood Pressure	27.3	32.5	☀ 36.9	☁ 27.7
% Told Have High Cholesterol	20.5		☀ 32.7	
% 1+ Cardiovascular Risk Factor	74.1		☀ 84.6	
		☀ better	☁ similar	🌧 worse

INFANT HEALTH & FAMILY PLANNING	FMC Service Area	FMC SERVICE AREA vs. BENCHMARKS		
		vs. AZ	vs. US	vs. HP2030
Late or No Prenatal Care (%)	7.0	☀ better 9.2	☁ similar 6.1	
Infant Death Rate	5.7	☁ similar 5.5	☁ similar 5.8	☁ similar 5.0
Births to Adolescents Age 15 to 19 (Rate per 1,000)	16.2	☀ better 24.7	☀ better 20.9	☀ better 31.4

☀ better ☁ similar 🌧 worse

INJURY & VIOLENCE	FMC Service Area	FMC SERVICE AREA vs. BENCHMARKS		
		vs. AZ	vs. US	vs. HP2030
Unintentional Injury (Age-Adjusted Death Rate)	79.3	🌧 worse 58.8	🌧 worse 50.4	🌧 worse 43.2
Motor Vehicle Crashes (Age-Adjusted Death Rate)	21.8	🌧 worse 13.2	🌧 worse 11.5	🌧 worse 10.1
Homicide (Age-Adjusted Death Rate)	8.2	🌧 worse 6.5	🌧 worse 6.4	🌧 worse 5.5
Violent Crime Rate	373.1	☀ better 482.6	☁ similar 416.0	

☀ better ☁ similar 🌧 worse

MENTAL HEALTH	FMC Service Area	FMC SERVICE AREA vs. BENCHMARKS		
		vs. AZ	vs. US	vs. HP2030
% "Fair/Poor" Mental Health	28.1		🌧 worse 13.4	
% Diagnosed Depression	33.1	🌧 worse 16.8	🌧 worse 20.6	
Suicide (Age-Adjusted Death Rate)	27.3	🌧 worse 18.3	🌧 worse 13.8	🌧 worse 12.8
Mental Health Providers per 100,000	90.3	☀ better 70.0	🌧 worse 124.9	
% Unable to Get Mental Health Svcs in Past Yr	14.6		🌧 worse 7.8	

☀ better ☁ similar 🌧 worse

		FMC SERVICE AREA vs. BENCHMARKS		
		vs. AZ		
% "Very/Somewhat" Difficult to Buy Fresh Produce	18.6		☁ 21.1	
Population With Low Food Access (Percent)	32.5	🌧 26.8	🌧 22.2	
Fast Food (Restaurants per 100,000)	98.9	🌧 77.3	🌧 82.2	
% No Leisure-Time Physical Activity	18.8	☁ 24.1	☀ 31.3	☁ 21.2
% Child [Age 2-17] Physically Active 1+ Hours per Day	45.6		☁ 33.0	
Recreation/Fitness Facilities per 100,000	14.9	☀ 11.1	☀ 12.2	
% Overweight (BMI 25+)	56.9	☀ 65.7	☁ 61.0	
% Obese (BMI 30+)	25.9	☁ 31.4	☁ 31.3	☀ 36.0

☀ better ☁ similar 🌧 worse

ORAL HEALTH	FMC Service Area	FMC SERVICE AREA vs. BENCHMARKS		
		vs. AZ	vs. US	vs. HP2030
Dentists per 100,000	38.6	☁ 33.2	☁ 33.3	
% [Age 18+] Dental Visit in Past Year	57.2	☁ 62.3	☁ 62.0	☀ 45.0

☀ better ☁ similar 🌧 worse

COMMUNITY HEALTH NEEDS ASSESSMENT

		FMC SERVICE AREA vs. BENCHMARKS		
		vs. AZ		
Disability Prevalence (%)	**12.8**	☁ 13.2	☁ 12.7	
% Activity Limitations	**25.7**		☁ 24.0	
		☀ better	☁ similar	🌧 worse

		FMC SERVICE AREA vs. BENCHMARKS		
		vs. AZ		
Lung Disease (Age-Adjusted Death Rate)	**34.8**	☀ 40.2	☁ 39.1	
% Asthma	**12.7**	☁ 9.7	☁ 12.9	
% COPD (Lung Disease)	**4.9**	☁ 6.7	☁ 6.4	
% Fully/Partially Vaccinated for COVID-19	**77.7**			
% Mental Health Has Worsened During Pandemic	**32.5**			
		☀ better	☁ similar	🌧 worse

		FMC SERVICE AREA vs. BENCHMARKS		
		vs. AZ	**vs. US**	**vs. HP2030**
HIV Prevalence Rate	**132.3**	☀ 276.9	☀ 372.8	
Chlamydia Incidence Rate	**753.7**	🌧 581.6	🌧 539.9	
Gonorrhea Incidence Rate	**148.5**	☀ 183.4	☀ 179.1	
		☀ better	☁ similar	🌧 worse

		FMC SERVICE AREA vs. BENCHMARKS		
		vs. AZ		
% Binge Drinker	23.0	worse 16.5	similar 24.5	
% Used an Prescription Opioid in Past Year	15.7		similar 12.9	
% Personally Impacted by Substance Abuse	45.3		worse 35.8	

	better	similar	worse

TOBACCO USE	FMC Service Area	FMC SERVICE AREA vs. BENCHMARKS		
		vs. AZ	vs. US	vs. HP2030
% Current Smoker	14.0	similar 14.9	similar 17.4	worse 5.0
% Currently Use Vaping Products	11.8	worse 5.3	similar 8.9	

	better	similar	worse

Verde Valley Medical Center (VVMC)

	VVMC	VVMC SERVICE AREA vs. BENCHMARKS		
		vs. AZ		
Linguistically Isolated Population (Percent)	1.2	☀️ 3.6	☀️ 4.3	
Population in Poverty (Percent)	13.0	☀️ 15.2	☁️ 13.4	🌧️ 8.0
Children in Poverty (Percent)	17.2	☀️ 21.5	☁️ 18.5	🌧️ 8.0
Housing Exceeds 30% of Income	30.0	☁️ 29.2	☁️ 30.4	
% Unable to Pay Cash for a $400 Emergency Expense	22.6		☁️ 24.6	
% HH Member Lost Job, Wages, Insurance Due to Pandemic	24.3			
No High School Diploma (Age 25+, Percent)	9.0	☀️ 12.9	☀️ 12.0	
% Unhealthy/Unsafe Housing Conditions	9.8		☁️ 12.2	

☀️ better	☁️ similar	🌧️ worse

OVERALL HEALTH	VVMC Service Area	VVMC SERVICE AREA vs. BENCHMARKS		
		vs. AZ	vs. US	vs. HP2030
% "Fair/Poor" Overall Health	17.5	☁️ 19.0	☁️ 12.6	

☀️ better	☁️ similar	🌧️ worse

ACCESS TO HEALTH CARE	VVMC Service Area	VVMC SERVICE AREA vs. BENCHMARKS		
		vs. AZ	vs. US	vs. HP2030
% [Age 18-64] Lack Health Insurance	12.5	☀️ 18.7	☁️ 8.7	☁️ 7.9
% Cost Prevented Physician Visit in Past Year	11.9	☁️ 13.9	☁️ 12.9	

ACCESS TO HEALTH CARE (continued)	VVMC Service Area	vs. AZ	vs. US	vs. HP2030
% Cost Prevented Getting Prescription in Past Year	11.7		similar 12.8	
% Transportation Hindered Dr Visit in Past Year	8.1		similar 8.9	
% Have Foregone Medical Care Due to Pandemic	21.8			
Primary Care Doctors per 100,000	84.7	similar 87.7	worse 102.3	
% Have Had Routine Checkup in Past Year	65.9	worse 73.8	similar 70.5	
% Rate Local Health Care "Fair/Poor"	27.1		worse 8.0	

better (sun)	similar (cloud)	worse (rain)

CANCER	VVMC Service Area	vs. AZ	vs. US	vs. HP2030
Cancer (Age-Adjusted Death Rate)	150.6	similar 132.5	similar 149.4	worse 122.7
Cancer Incidence Rate (All Sites)	407.8	similar 385.7	similar 448.6	
Female Breast Cancer Incidence Rate	124.0	similar 114.2	similar 126.8	
Prostate Cancer Incidence Rate	84.2	similar 79.6	better 106.2	
Lung Cancer Incidence Rate	47.8	similar 45.1	better 57.3	
Colorectal Cancer Incidence Rate	32.8	similar 32.3	better 38.0	
% Cancer	14.5	similar 14.0	similar 10.0	
Mammogram in Past 2 Years (% Women 50-74)	66.6	similar 67.6	similar 74.8	worse 77.1

better (sun)	similar (cloud)	worse (rain)

DIABETES

DIABETES	VVMC Service Area	vs. AZ	vs. US	vs. HP2030
		VVMC SERVICE AREA vs. BENCHMARKS		
% Diabetes/High Blood Sugar	11.6	☁ similar 10.9	☁ similar 13.8	

Legend: ☀ better   ☁ similar   🌧 worse

	VVMC	vs. AZ	vs. US	vs. HP2030
		VVMC SERVICE AREA vs. BENCHMARKS		
Coronary Heart Disease (Age-Adjusted Death Rate)	86.0	☁ 85.7	☁ 91.5	☁ 90.9
% Heart Disease (Heart Attack, Angina, Coronary Disease)	9.9	☁ 6.4	☁ 6.1	
Stroke (Age-Adjusted Death Rate)	31.8	☁ 30.9	☀ 37.6	☁ 33.4
% Stroke	5.2	☁ 3.5	☁ 4.3	
% Told Have High Blood Pressure	34.5	☁ 32.5	☁ 36.9	🌧 27.7
% Told Have High Cholesterol	24.9		☀ 32.7	
% 1+ Cardiovascular Risk Factor	86.1		☁ 84.6	

Legend: ☀ better   ☁ similar   🌧 worse

INFANT HEALTH & FAMILY PLANNING

INFANT HEALTH & FAMILY PLANNING	VVMC Service Area	vs. AZ	vs. US	vs. HP2030
		VVMC SERVICE AREA vs. BENCHMARKS		
Late or No Prenatal Care (%)	5.8		☁ 6.1	
Infant Death Rate	6.0	☁ 5.5	☁ 5.8	🌧 5.0
Births to Adolescents Age 15 to 19 (Rate per 1,000)	25.4	☁ 24.7	🌧 20.9	☀ 31.4

Legend: ☀ better   ☁ similar   🌧 worse

INJURY & VIOLENCE

VVMC SERVICE AREA vs. BENCHMARKS

INJURY & VIOLENCE	VVMC Service Area	vs. AZ	vs. US	vs. HP2030
Unintentional Injury (Age-Adjusted Death Rate)	65.3	similar 58.8	worse 50.4	worse 43.2
Motor Vehicle Crashes (Age-Adjusted Death Rate)	14.1	similar 13.2	worse 11.5	
Homicide (Age-Adjusted Death Rate)	3.2	better 6.5	better 6.4	
Violent Crime Rate	294.5	better 482.6	better 416.0	

better / similar / worse

VVMC SERVICE AREA vs. BENCHMARKS

	VVMC Service Area	vs. AZ	vs. US	vs. HP2030
% "Fair/Poor" Mental Health	18.2		similar 13.4	
% Diagnosed Depression	20.1	similar 16.8	similar 20.6	
Suicide (Age-Adjusted Death Rate)	30.8	worse 18.3	worse 13.8	worse 12.8
Mental Health Providers per 100,000	135.9	better 70.0	similar 124.9	
% Unable to Get Mental Health Svcs in Past Yr	9.7		similar 7.8	

better / similar / worse

NUTRITION, PHYSICAL ACTIVITY & WEIGHT

VVMC SERVICE AREA vs. BENCHMARKS

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	VVMC Service Area	vs. AZ	vs. US	vs. HP2030
% "Very/Somewhat" Difficult to Buy Fresh Produce	20.9		similar 21.1	
Population With Low Food Access (Percent)	35.8	worse 26.8	worse 22.2	

		VVMC SERVICE AREA vs. BENCHMARKS		
		vs. AZ		
Fast Food (Restaurants per 100,000)	**70.6**	☁ similar 77.3	☀ better 82.2	
% No Leisure-Time Physical Activity	**24.6**	☁ similar 24.1	☀ better 31.3	☁ similar 21.2
Recreation/Fitness Facilities per 100,000	**10.0**	☁ similar 11.1	🌧 worse 12.2	
% Overweight (BMI 25+)	**63.9**	☁ similar 65.7	☁ similar 61.0	
% Obese (BMI 30+)	**25.7**	☁ similar 31.4	☁ similar 31.3	☀ better 36.0

☀ better ☁ similar 🌧 worse

ORAL HEALTH	VVMC Service Area	VVMC SERVICE AREA vs. BENCHMARKS		
		vs. AZ	**vs. US**	**vs. HP2030**
Dentists per 100,000	**41.1**	☀ better 33.2	☀ better 33.3	
% [Age 18+] Dental Visit in Past Year	**70.7**	☀ better 62.3	☀ better 62.0	☀ better 45.0

☀ better ☁ similar 🌧 worse

POTENTIALLY DISABLING CONDITIONS	VVMC Service Area	VVMC SERVICE AREA vs. BENCHMARKS		
		vs. AZ	**vs. US**	**vs. HP2030**
Disability Prevalence (%)	**18.2**	🌧 worse 13.2	🌧 worse 12.7	
% Activity Limitations	**31.7**		🌧 worse 24.0	

☀ better ☁ similar 🌧 worse

		VVMC SERVICE AREA vs. BENCHMARKS		
		vs. AZ		
Lung Disease (Age-Adjusted Death Rate)	**53.3**	🌧️ 40.2	🌧️ 39.1	
% Asthma	**13.0**	☁️ 9.7	☁️ 12.9	
% COPD (Lung Disease)	**6.6**	☁️ 6.7	☁️ 6.4	
% Fully/Partially Vaccinated for COVID-19	**67.2**			
% Mental Health Has Worsened During Pandemic	**23.4**			
		☀️ better	☁️ similar	🌧️ worse

		VVMC SERVICE AREA vs. BENCHMARKS		
		vs. AZ		
HIV Prevalence Rate	**126.5**	☀️ 276.9	☀️ 372.8	
Chlamydia Incidence Rate	**218.7**	☀️ 581.6	☀️ 539.9	
Gonorrhea Incidence Rate	**30.7**	☀️ 183.4	☀️ 179.1	
		☀️ better	☁️ similar	🌧️ worse

SUBSTANCE ABUSE	**VVMC Service Area**	**vs. AZ**	**vs. US**	**vs. HP2030**
% Binge Drinker	**23.9**	🌧️ 16.5	☁️ 24.5	
% Used an Prescription Opioid in Past Year	**12.6**		☁️ 12.9	
% Personally Impacted by Substance Abuse	**34.6**		☁️ 35.8	
		☀️ better	☁️ similar	🌧️ worse

		vs. AZ		
% Current Smoker	**15.1**	☁ 14.9	☁ 17.4	🌧 5.0
% Currently Use Vaping Products	**9.1**	☁ 5.3	☁ 8.9	

☀	☁	🌧
better	similar	worse

EVALUATION OF PAST ACTIVITIES

Community Benefit

Over the past three years, Flagstaff Medical Center has invested in improving the health of our community's most vulnerable populations. Our commitment to this goal is reflected in:

- Over $1 million in community benefit, excluding uncompensated Medicare.
- More than $413 million in charity care and other financial assistance programs.

Over the past three years, Verde Valley Medical Center has invested in improving the health of our community's most vulnerable populations. Our commitment to this goal is reflected in:

- Over $.5 million in community benefit, excluding uncompensated Medicare.
- More than $78 million in charity care and other financial assistance programs.

Our work also reflects a focus on community health improvement, as described below.

Addressing Significant Health Needs

Northern Arizona Healthcare conducted its last CHNA in 2019 and reviewed the health priorities identified through that assessment. Taking into account the top-identified needs — as well as hospital resources and overall alignment with the hospital's mission, goals and strategic priorities — it was determined at that time that Northern Arizona Healthcare, which operates Flagstaff Medical Center and Verde Valley Medical Center, would focus on developing and/or supporting strategies and initiatives to improve:

- Access to Health Services
- Mental Health & Mental Disorders
- Chronic Disease

Strategies for addressing these needs were outlined in Northern Arizona Healthcare's Implementation Strategy. Pursuant to IRS requirements, the following sections provide an evaluation of the impact of the actions taken by Flagstaff Medical Center and Verde Valley Medical Center to address these significant health needs in our community.

Evaluation of Impact

Priority Area: Access to Health Services	
Community Health Need	Improve access to primary care
Goal(s)	• Decrease of non-emergent ED visits by NAH employees/dependents • Increase number of new patients in NAH employed Primary Care Clinics

Strategy #1: Build the capacity of employed primary care clinics	
Strategy Was Implemented?	Yes
Target Population(s)	• High priority patients • Local community members in primary service area • NAH employees and dependents
Partnering Organization(s)	Internal: Human Resources, Administration, Provider Group, CBO, PathfinderHealth ACO, Population Health, Financial Planning External: Local primary care providers, local healthcare organizations, third party payors
Results/Impact	• Immediate care created at VVMC • Virtual Care services expanded to Primary Care at FMC and VVMC. • FMC and VVMC expanded office hours to include same day and Saturday appointments • Non emergent ED appointments decreased for the NAH employees and dependents 3.5% from 2020 to 2021. • Amount paid per ED visits decreased 29.3% from 2020 to 2021. • Well visits and preventative screenings visits increased for the NAH employee and dependent population from 39% in 2019 to 40% in 2021. • NAH primary care has increased by 2699 patients between 2019 and 2021.

Strategy #2: Provide remote patient monitoring	
Strategy Was Implemented?	Yes
Target Population(s)	High priority patients
Partnering Organization(s)	Internal: Virtual Care, Care Management, NAH Provider Group External: Telehealth vendors, Verizon
Results/Impact	• Telehealth visits increased 76.8% between 2020 and 2021 for NAH employees and dependents • 86 patients were enrolled in remote patient monitoring between 2019 and 2021

Strategy #3: Identify appropriate patients to enroll in Community Care Network Program

Strategy Was Implemented?	Yes
Target Population(s)	High priority patients NAH employees and dependents
Partnering Organization(s)	Internal: Care Management, Nursing, Primary & Specialty Care providers, PathfinderHealth ACO, Population Health, Virtual Care External: Primary & Specialty Care providers, UMR, third party payors
Results/Impact	• NAH saved an additional $76,858 from 2020 and 2021 in Complex Care Management of employees and dependents • 773 patients were enrolled in Community Care Management in 2021

Priority Area: Chronic Disease

Community Health Need	Long term reduction in morbidity from chronic disease
Goal(s)	• Provide health promotion and disease prevention to the communities we serve. • Reduce the burden of chronic disease in Northern Arizona Healthcare primary service area

Strategy #1: Setting up and running a COVID-19 Vaccination Clinic

Strategy Was Implemented?	Yes
Target Population(s)	NAH Employees Community Members
Partnering Organization(s)	Internal: Employee Health, Legal, Quality, Human Resources, Nursing, Population Health, Supply Chain, Facilities, Security, Administration External: Coconino County Health Services, Yavapai County Health Services, Flagstaff Elk's Lodge, City of Sedona, City of Camp Verde
Results/Impact	• Over 32,000 COVID vaccinations given

Strategy #2: Develop a Comprehensive Cardiovascular Service Line

Strategy Was Implemented?	Yes
Target Population(s)	Community member with cardiovascular needs
Partnering Organization(s)	Internal: Administration, NAHPG, Financial Planning, Supply Chain, CBO External: State of AZ,

Results/Impact	• Increased access to Cardiovascular Care by
	    ○ Added 2 new providers since 2019
	    ○ Added Electrophysiology since 2019
	    ○ Added to and upgraded phone system
	    ○ Added support staff to meet community need
	• NAH Employees and dependents increased cholesterol screenings by 3% from 2019 to 2021

Strategy #3: Conduct Cardiovascular / Diabetes and Tobacco community screenings

Strategy Was Implemented?	Yes
Target Population(s)	Rural Populations High Risk community members Under and Un insured populations
Partnering Organization(s)	Internal: Population Health, Communications, Supply Chain, NAHMG External: Local libraries, local post offices, Grand Canyon National Park, Grand Canyon River Guides, YMCA, Cities of Flagstaff, Sedona, Winslow, Williams, Camp Verde, Cottonwood, Clarkdale
Results/Impact	• 1900 northern AZ rural and un/under insured community members were screened for cholesterol, diabetes, and tobacco use • The COVID worldwide pandemic paused the community screenings for 2020 and 2021

Priority Area: Mental Health and Mental Disorders

Community Health Need	To reduce the burden of mental health issues in the NAH primary service area
Goal(s)	• Partnering with local agencies to reduce suicides • Increase the residents able to receive mental health services

Strategy #1: Partner with community agencies to provide collaborative care

Strategy Was Implemented?	Yes
Target Population(s)	Community members presenting to the ED with mental health concerns
Partnering Organization(s)	Internal: ED, Behavioral Health, Nursing, Guardian Medical Transport External: Spectrum Healthcare, BH providers, The Guidance Center, Teros Health, Police Departments / Justice Coalitions, NAU
Results/Impact	• VVMC partnered with Spectrum Healthcare to create a community focused approach to ED patients with mental health needs • CPI Training for sitters and ED staff at FMC and VVMC • NAHMG integrated Behavioral Health with Primary Care • NAH Foundation provided grants to NACA for suicide prevention • FMC partnered with NAU to survey employees with their understanding of Behavioral and Mental Health • The 2020 Flagstaff Leadership program chose mental health as their community leadership project • Depression & Substance Abuse screening at NAHMG Primary Care Clinics • Creation of the Pediatric Behavioral Health Collaborative in 2019 • FMC supports DUI/Drug Court treatment program • FMC ED started Trauma START screenings and brief intervention / assessment

Strategy #2: Support Mental Health First Aid Training

Strategy Was Implemented?	Yes
Target Population(s)	Healthcare staff Community members
Partnering Organization(s)	Internal: NAH Foundation, Education External: Stronger as One collaboration
Results/Impact	• FMC and VVMC offer Mental Health First Aid training for employees and community members • NAH Foundation raised funds for Mental Health First Aid training • FMC is a supporting member of the Stronger as One collaborative

Strategy #3: Behavioral Health services offered via telehealth

Strategy Was Implemented?	Yes
Target Population(s)	NAH Employees BH clients
Partnering Organization(s)	Internal: Virtual Care, NAHMG, BH Services External: AmWell, Verizon, Zoom
Results/Impact	• 393 NAH Employees and dependents had telehealth BH visits in 2021 • 19 NAH employees and dependents were enrolled in Complex Care program, via telehealth, for BH and SA in 2021