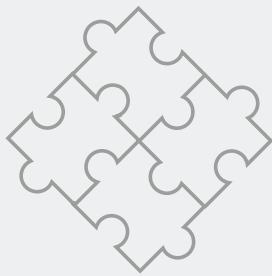
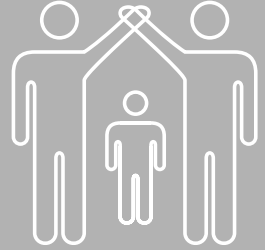


2016



Community Health Needs Assessment

2016 Health Status of Mohave County

MOHAVE COUNTY STRENGTHS

- > Access to outdoor recreation
- > Lower incidences of infant mortality and many cancers
- > High availability of diverse healthcare services as compared to other rural counties
- > Strong collaborative efforts working to address health needs



CONCERNING HEALTH TRENDS

- > Men and Women in Mohave County die earlier in life than their counterparts residing in similar communities.
- > Higher rates of mortality exist when compared to the state and peer counties such as those caused by unintentional injury including, motor vehicle collisions, chronic respiratory disease, suicide, diabetes, firearms, influenza and pneumonia.
- > Higher rates of disease risk factors exist including: overweight and obesity (especially among low income residents), low intake of fruits and vegetables, high rates of physical inactivity, as well as high rates of smoking and substance use across all age groups throughout the county.



ABOUT THE COMMUNITY

- > 27% of the population is older adults
- > Only 12% of the population has a bachelor's degree or higher
- > 20% of the population lives below the federal poverty level
- > The average life expectancy for males in Mohave County is 72 years
- > The average life expectancy for females in Mohave County is 78 years



SOCIAL FACTORS IMPACTING HEALTH

- > Higher rates of low quality housing with low rates of home ownership
- > Higher crime rates than peer counties
- > High unemployment
- > A higher percentage of adults report inadequate social support
- > A higher percentage of residents have limited access to healthy foods and are food insecure



HEALTHY COMMUNITY WANTS & NEEDS

- > Access to specialty care services and primary care providers
- > Access to quality substance abuse and mental health services for the under-insured
- > Improvements in culturally competent communication between patients and providers
- > Community development that prioritizes health and job opportunities



KINGMAN REGIONAL MEDICAL CENTER
Serving Our Community with Compassion and Commitment

Mohave County
Department of Public Health
Count On Us.



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The 2016 Coordinated Community Health Needs Assessment (CHNA) is the result of the collaborative work of community leaders, stakeholders, and residents who shared valuable time, expertise, and input and included the following:

- Arizona Youth Partnership (AZYP)
- City of Bullhead
- City of Kingman
- City of Lake Havasu
- Cornerstone Mission
- Dolan Springs Community Center
- First Things First
- Havasu Regional Medical Center (HRMC)
- Hualapai Tribe
- Interagency Council
- Kingman Fire Department
- Kingman Police Department
- Kingman Regional Medical Center (KRMC)
- Kingman Unified School District
- Kingman Visitors Center
- Lake Havasu City Police Department
- Mohave Community College (MCC)
- Mohave County Community Development
- Mohave County Department of Public Health (MCDPH)
- Mohave County Libraries
- Mohave County Probation
- Mohave County Sheriff Department
- Mohave Mental Health Clinic, INC.
- North Country Healthcare
- Regional Center for Border Health
- St. Margaret Mary Catholic Church
- Western Arizona Council of Governments (WACOG)
- Western Arizona Regional Medical Center (WARMC)

The 2016 Kingman Regional Medical Center (KRMC) Mohave County Department of Public Health (MCDPH) Community Health Needs Assessment was coordinated, analyzed, prepared, and authored by:

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INTRODUCTION AND DEFINED COMMUNITY

The Community Health Needs Assessment (CHNA), also known as the Community Health Assessment (CHA), describes the health of residents within a specific defined community or geographic area. For the purposes of this assessment, the community of focus is defined as the service area of the Mohave County Department of Public Health and Kingman Regional Medical Center and includes the entire geographic area within the boundaries of Mohave County. The CHA is an analysis of both quantitative and qualitative data in an effort to determine the public health status of the county. The CHA is used to identify opportunities to improve the health of a community by allowing hospitals to better meet the needs of the community through community benefits and for health departments to plan and prioritize the use of resources for public health programs and services.

Understanding Population Health and Public Health

Population health refers to an approach that focuses on interrelated conditions, factors, and outcomes that influence the health of populations of people, or groups of individuals, over the life course. Public health refers to all organized measures (whether public or private) that we as a society do to prevent disease, promote health, and prolong life among the population as a whole. Both population health and public health activities aim to provide conditions in which people can be healthy and focus on entire populations, not on individual patients or diseases¹. The Centers for Disease Control and Prevention (CDC) defines public health systems as “all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction.” This recognizes that there are many different agencies and organizations that contribute to the health and well-being of the community. The public health system includes²:

- Public health agencies at state and local levels
- Healthcare providers
- Public safety agencies

¹ World Health Organization. (WHO). <http://www.who.int/en/>.

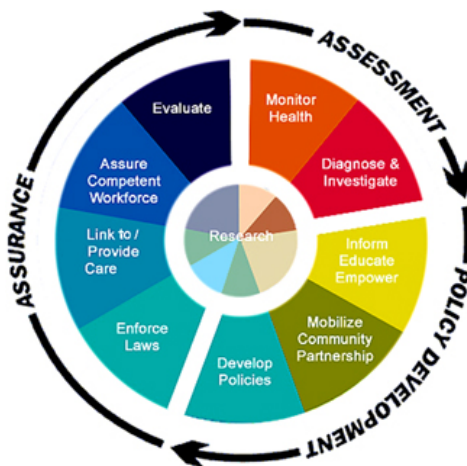
² Centers for Disease Control and Prevention. (CDC). www.cdc.gov.

- Human service and charity organizations
- Education and youth development organizations
- Recreation and arts-related organizations
- Economic and philanthropic organizations
- Environmental agencies and organizations

The heart of public health activities includes 10 essential public health services that all communities should undertake to support community health. These activities include:

1. Monitoring health status to identify and solve community health problems.
2. Diagnosing and investigating health problems and health hazards in the community.
3. Informing, educating, and empowering people about health issues.
4. Mobilizing community partnerships and action to identify and solve health problems.
5. Developing policies and plans that support individual and community health efforts.
6. Enforcing laws and regulations that protect health and ensure safety.
7. Linking people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assuring competent public and personal health care workforce.
9. Evaluating effectiveness, accessibility, and quality of personal and population-based health services.
10. Researching for new insights and innovative solutions to health problems.

Figure 1. The 10 Essential Public Health Services

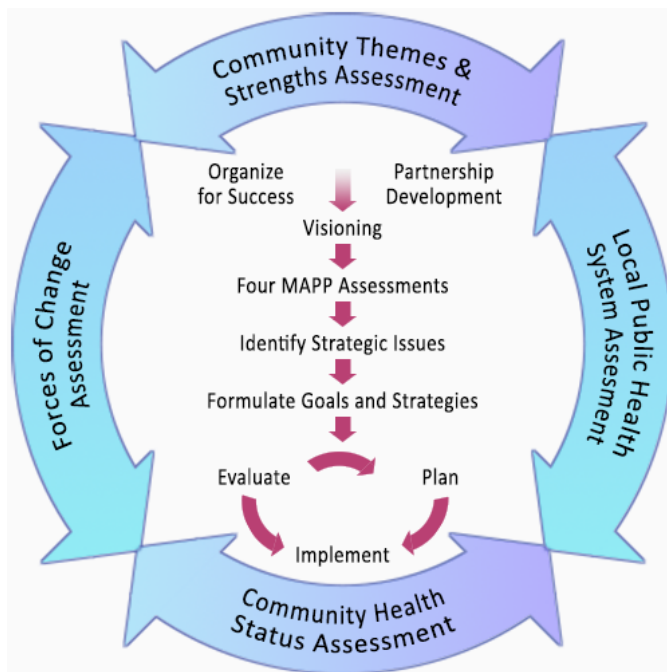


No single agency or organization can make measurable improvements in population health or public health alone; therefore, to achieve a greater impact in improving the health of residents Kingman Regional Medical Center (KRMC) collaborated with the Mohave County Department of Public Health (MCDPH) to strengthen their collective impact with shared resources and expertise to complete the 2016 CHA. This collaborative effort provides shared ownership for improving community health. To identify those health outcomes with the greatest potential for improvement, the CHA collaboration explored the county’s population demographics and social and economic realities while capturing community and partner input. The end result is a comprehensive summary of leading health issues affecting Arizonans across Mohave County and the KRMC service region.

Methodology

The MCDPH and KRMC used the Mobilizing for Action through Planning and Partnerships (MAPP) methodology to conduct the 2016 CHA.

Figure 2. Mobilizing for Action through Planning and Partnerships Framework



MAPP emphasizes a community-driven approach and builds on previous experiences and lessons learned from the 2013 Mohave County Health Profile. To ensure a comprehensive approach, the

2016 CHA relies on the collection and analysis of secondary, quantitative, morbidity, and mortality data from thirty-six priority health indicators, in alignment with the CDC Community Health Status Indicators (CHSI), as well as primary, qualitative data collected from community stakeholders, key informants, and community members at large through 1002 surveys and community engagement through seven focus groups and fourteen key informant interviews. Where available, health status indicators are compared with other peer counties across the U.S. based on the following variables: population size, population growth, population density, population mobility, percent children, elderly and foreign born, gender ratios, percent high school graduates, single parent households, median home values, housing stress, percent owner-occupied housing units, median household income, receipt of government income, household income, overall poverty, elderly poverty, and unemployment. While this CHA illustrates disease rates and individual health behaviors, the selected measures provide a broader analysis of factors that affect people's health. This includes capturing environmental conditions that contribute to health, such as access to healthy foods. The CHA highlights disparities related to health status and community conditions through a data-driven analysis. The criteria used to select priority indicators were based on the following:

- Is the indicator easily understood by both professionals and public residents?
- Is the data readily accessible and publishable?
- Is the data available at the county level and consistently available throughout the entire county?
- Is the data source for the indicator recent, preferably within the last three years?
- Does the indicator mix include the physical and social environment?

Strategies to address the identified health needs and improve the health of the community will be described in a separate document, the Community Health Improvement Plan (CHIP), which is a multi-year strategic plan for improving the health of Mohave County and the KRMC service region communities. This document will be developed in conjunction with community partners and will continue with the MAPP process. The CHA and CHIP is an Internal Revenue Service (IRS) requirement of charitable hospitals as part of the Patient Protection and Affordable Care Act and

required for the MCDPH accreditation by the Public Health Accreditation Board (PHAB), which oversees a voluntary accreditation process for local public health departments across the nation.

ABOUT MOHAVE COUNTY AND THE KINGMAN REGIONAL MEDICAL CENTER SERVICE REGION

Mohave County is home to 204,737 Arizonans. The county is the fifth most populous in Arizona. Mohave County is located in the northwestern corner of Arizona covering 13,311.08 square miles (8.6 million acres) and bordering with California, Nevada and Utah. The county is predominantly rural and includes the cities and towns of Kingman, Bullhead City, and Lake Havasu City as well the town of Colorado City and unincorporated communities of Beaver Dam, Chloride, Dolan Springs, Fort Mohave, Golden Shores, Golden Valley, Grasshopper Junction, Hackberry, Littlefield, Meadview, Mohave Valley, Oatman, Peach Springs, Shipley, Temple Bar, Topock, Truxton, Valentine, White Hills, Wikieup, Willow Beach, and Yucca. Additionally, the region is home to the Fort Mojave Indian Community, Hualapai Nation, and the Kaibab-Paiute Indian Community. The majority of land in Mohave County is federally owned (6 million acres) by the Bureau of Land Management and Federal Parks and Recreation. The majority of Mohave County residents reside in the communities of Lake Havasu City, Bullhead City, and Kingman. Approximately 18.3% of the population are children and youths under the age of eighteen. Mohave County continues to experience growth among the elderly and aging population, with 27.7% of the population consisting of adults sixty-five years of age and older (11% greater than the state average for older adults). With respect to ethnicity, 77.5% of the population is white, 16.2% is Hispanic or Latino, 3% is American Indian, 1.4 % is Black or African American, 1.2% is Asian, and 1% identifies as another ethnicity. With respect to gender, the population includes 49.7% females and 50.3% males. Mohave County is a federally designated medically underserved area (MUA) and identified as a health professional shortage area (HPSA). The incidence of chronic disease and demand for long-term care are expected to increase over the next decade, considering population projections.

Research shows that economic conditions have a significant impact on population health. There is strong evidence that poverty in childhood has long-lasting effects and limits life expectancy, even if social conditions subsequently improve. In addition, the percentage of the population below the federal poverty level, the percentage of the population with no high school diploma,

and the percentage of the population with no health insurance are key drivers that predict poor health outcomes. Only 12.2% of the individuals in Mohave County have a bachelor's degree or higher (15% lower than the state average). The median annual household income is \$38,456 (lower than the state average by approximately \$11,000 per year), and 20.8% of the Mohave County population lives below the federal poverty level (2% higher than the average for the state of Arizona).³ The major industries in Mohave County include manufacturing, engineering, freight, and healthcare. Efforts are underway to bring food industry redistributors to the County with plans to have the nation's first and largest food industry redistributor headquartered in Bullhead City. There are several small businesses throughout the county, yet in 2015 the unemployment rate averaged 7.5%.⁴

Figure 3. Mohave County, Arizona



Kingman Regional Medical Center (KRMC) was established in 1982 as the only local community-controlled nonprofit medical center in Mohave County. KRMC has grown to a 235-bed acute care hospital located in Kingman, Arizona with over 1,800 employees, 275 volunteers, and 190 physicians and allied health professionals. The mission of KRMC is to serve our community with compassion and commitment with a vision to provide the region's best clinical care and patient

³ United States Census Bureau. Mohave County, AZ. 2015.
<http://www.census.gov/quickfacts/table/PST045215/04015>.

⁴ United States Department of Labor. Bureau of Labor Statistics. Local Area Unemployment. 2015.
http://www.bls.gov/regions/west/news-release/countyemploymentandwages_arizona.htm.

service through an environment that fosters respect for others and pride in performance. This is reflected in the following core values that include compassion, commitment, respect for others, and pride in performance. The region served by KRMC, called the *Kingman Hospital District* includes much of Mohave County's land area with the exception of the "strip" area north of the Grand Canyon and the school district boundaries in Bullhead City and Lake Havasu City. The mission of the MCDPH is to promote, protect, and improve the health of our communities. MCDPH is responsible for ensuring that families across Mohave County can enjoy life without worry by working to prevent disease and promote health. The Department employs over 100 individuals. Divisions and programs of MCDPH include Bio-Defense and Emergency Response, Environmental Health, Public Health Nursing, Nutrition and Health Promotion, and Senior Programs.

Table 1. Mohave County Demographics

Mohave County Demographics		
	Arizona	Mohave County
Population	6,561,516	204,737
% Under 18 Years of Age	24.7	18.3
% 65 Years of Age or Older	14.8	27.7
% White Alone (Not Hispanic or Latino)	56.9	77.5
% Black	4.2	1.4
% American Indian	4.4	3.0
% Asian	2.9	1.2
% Native Hawaiian or Other Pacific Islander	0.2	0.2
% Hispanic or Latino	30.1	16.2
% Less than High School Degree	14.1	16.1
% Bachelor's Degree or Higher	27.1	12.2
% Below Federal Poverty Level (FPL)	18.2	20.8
% Unemployed	5.9	7.5
% Living with a Disability	11.9	13.5

The participants in the 2016 Mohave County CHA overwhelmingly recognized the small close-knit communities as one of the county's most notable strengths. Participants are aware of how the above demographic factors influence the health of Mohave County residents and demonstrated an eagerness to improve economic development and the health and well-being of their communities detailed in the stakeholder input section of the report.

HEALTH INDICATORS

The following health indicators are used to identify the impact of health concerns in Mohave County. Each indicator is presented with a brief description and the reason for its inclusion. Comparisons are provided to give each indicator further context and to highlight differences. Peer communities have been identified by the CDC and include those that are similar to Mohave County in various characteristics, including population size, population growth, poverty, and unemployment. For the full list of characteristics used in this methodology, please visit the CDC's CHSI website: <http://wwwn.cdc.gov/CommunityHealth/home>. When peer county information was not available, comparisons were made with the entire state of Arizona or other counties in Arizona. If none of these comparisons were available, a comparison to all other U.S. states is used. This comparison methodology is consistent with the CDC's CHSI and Arizona Health Matters. The following definitions are provided:

- **Incidence** is a measure of disease that allows public health authorities to determine a person's probability of being diagnosed with the disease during a given period of time. Therefore, incidence is the number of newly diagnosed cases of a disease.
- **Prevalence** is a measure of disease that allows public health authorities to determine a person's likelihood of having a disease. Therefore, the number of prevalent cases is the total number of cases of the disease that exist in a population.
- **Morbidity** is another term for illness. A person can have several co-morbidities simultaneously. Therefore, morbidities can include Alzheimer's disease, cancer, and traumatic brain injury. Morbidities are NOT deaths. Prevalence is a measure often used to determine the level of morbidity in a population.
- **Mortality** is another term for death. A mortality rate is the number of deaths due to a disease divided by the total population.

Key:

Indicators are highlighted as **green for better**, **orange for moderate**, and **red for worse** for comparison purposes with peer counties.

MORTALITY

CANCER DEATHS

Cancer Deaths

The age-adjusted death rate due to cancer in Mohave County is **206.2 per 100,000** (worse when compared to peer counties). This indicator represents overall deaths due to cancer in the years 2005–2011. Cancer is the second-leading cause of death in the US, and both its incidence and mortality are decreasing. The **median of all U.S. states is 185.0 per 100,000**, and the **Healthy People 2020 goal is 161.4 per 100,000**. Source: CDC's CHSI.

CHRONIC DISEASE DEATHS

Chronic Kidney Disease Deaths

The age-adjusted death rate due to chronic kidney disease in Mohave County is **12.6 per 100,000** (moderate when compared to peer counties). This indicator represents overall deaths due to chronic kidney disease in the years 2005–2011. Chronic kidney disease was the eighth-leading cause of death in the U.S. in 2010. Almost one-quarter of the U.S. Medicare budget is used to treat chronic kidney disease and end-stage renal disease. The **median of all U.S. states is 17.5 per 100,000**. Source: CDC's CHSI

Coronary Heart Disease Deaths

The age-adjusted death rate due to coronary heart disease in Mohave County is **156.9 per 100,000** (worse when compared to peer counties). This indicator represents overall deaths due to coronary heart disease in the years 2005–2011. In 2010, heart disease and stroke cost the U.S. health care system \$500 billion. The **median of all U.S. states is 126.7 per 100,000**, and the **Healthy People 2020 goal is 103.4 per 100,000**. Source: CDC's CHSI

Stroke Deaths

The age-adjusted death rate due to stroke in Mohave County is **40.0 per 100,000** (moderate when compared to peer counties). This indicator represents overall deaths due to stroke in the years 2005–2011. In 2010, heart disease and stroke cost the U.S.

health care system \$500 billion. The **median of all U.S. states is 46.0 per 100,000**, and the **Healthy People 2020 goal is 34.8 per 100,000**. Source: CDC's CHSI

Alzheimer's Deaths

The age-adjusted death rate due to Alzheimer's in Mohave County is **27.6 per 100,000** (moderate when compared to peer counties). This indicator represents overall deaths due to Alzheimer's disease in the years 2005–2011. Alzheimer's disease is the sixth-leading cause of death in the U.S. for adults over 18. The **median of all U.S. states is 27.3 per 100,000**. Source: CDC's CHSI

Chronic Lower Respiratory Disease Deaths

The age-adjusted death rate due to chronic lower respiratory disease in Mohave County is **66.2 per 100,000** (worse when compared to peer counties). This indicator represents overall deaths due to chronic lower respiratory disease in the years 2005–2011. Chronic lower respiratory disease was the third-leading cause of death in the U.S. in 2010. The **median of all U.S. states is 49.6 per 100,000**. Source: CDC's CHSI

Diabetes Deaths

The age-adjusted death rate due to diabetes in Mohave County is **26.1 per 100,000** (worse when compared to peer counties). This indicator represents overall deaths due to diabetes in the years 2005–2011. Diabetes is the seventh-leading cause of death in the U.S. and is estimated to lower life expectancy by up to fifteen years. Diabetes increases a person's risk of heart disease by two to four times and is the leading cause of adult-onset blindness, chronic kidney disease, and lower limb amputation. The **median of all U.S. states is 24.7 per 100,000**. Source: CDC's CHSI

INFLUENZA AND PNEUMONIA DEATHS

Influenza and Pneumonia Deaths

The age-adjusted death rate due to influenza and pneumonia in Mohave County is **11.6 per 100,000** (worse when compared to the state of Arizona). This indicator represents overall deaths due to influenza and pneumonia in 2013. The **Arizona state rate is 10.0 per 100,000**. Source: Arizona Health Matters

MENTAL HEALTH

Suicide Deaths

The age-adjusted death rate due to suicide in Mohave County is **29.5 per 100,000** (worse when compared to the state of Arizona). This indicator represents the age-adjusted death rate due to suicide in 2013. Suicide is a leading cause of death in the US, and it is estimated that approximately twenty-five suicide attempts occur for every suicide death. The **Arizona state rate is 17.0 per 100,000** and the **Healthy People 2020 goal is 10.2 per 100,000**. Source: Arizona Health Matters

INFANT MORTALITY

Infant Mortality

The infant mortality rate in Mohave County is **3.4 per 1,000** (better when compared to the state of Arizona). This indicator represents the number of infant deaths occurring for every 1,000 live births in 2011. Infant mortality is one of the most widely used indicators of the overall health of a community. The **Arizona state rate is 5.3** and the **Healthy People 2020 goal is 6.0 per 1,000** live births. Source: Arizona Health Matters

PREVENTION AND SAFETY

Unintentional Injury Deaths

The age-adjusted death rate due to unintentional injury in Mohave County is **58.6 per 100,000** (worse when compared to peer counties). This indicator represents overall deaths due to unintentional injuries, including motor vehicle collisions, in the years 2005–2011. Unintentional injuries were the fifth-leading cause of death in the U.S. in 2010. The

median of all U.S. states is 50.8 per 100,000, and the Healthy People 2020 goal is 36.0 per 100,000. Source: CDC's CHSI

Firearms Deaths

The age-adjusted death rate due to firearms in Mohave County is **19.7 per 100,000** (worse when compared to the state of Arizona). This indicator represents the age-adjusted death rate due to firearms in 2013. Deaths due to firearms includes suicide, intentional use, and unintentional discharge. The **Arizona state rate is 14.1** and the **Healthy People 2020 goal is 9.3 per 100,000**. Source: Arizona Health Matters

Motor Vehicle Collision Deaths

The age-adjusted death rate due to motor vehicle collisions in Mohave County is **21.5 per 100,000** (worse when compared to peer counties). This indicator represents overall deaths due to motor vehicle collisions in the years 2005–2011. Motor vehicle collisions are the leading cause of death in people aged five to thirty-four years. The **median of all U.S. states is 19.2 per 100,000**, and the **Healthy People 2020 goal is 12.4 per 100,000**. Source: CDC's CHSI

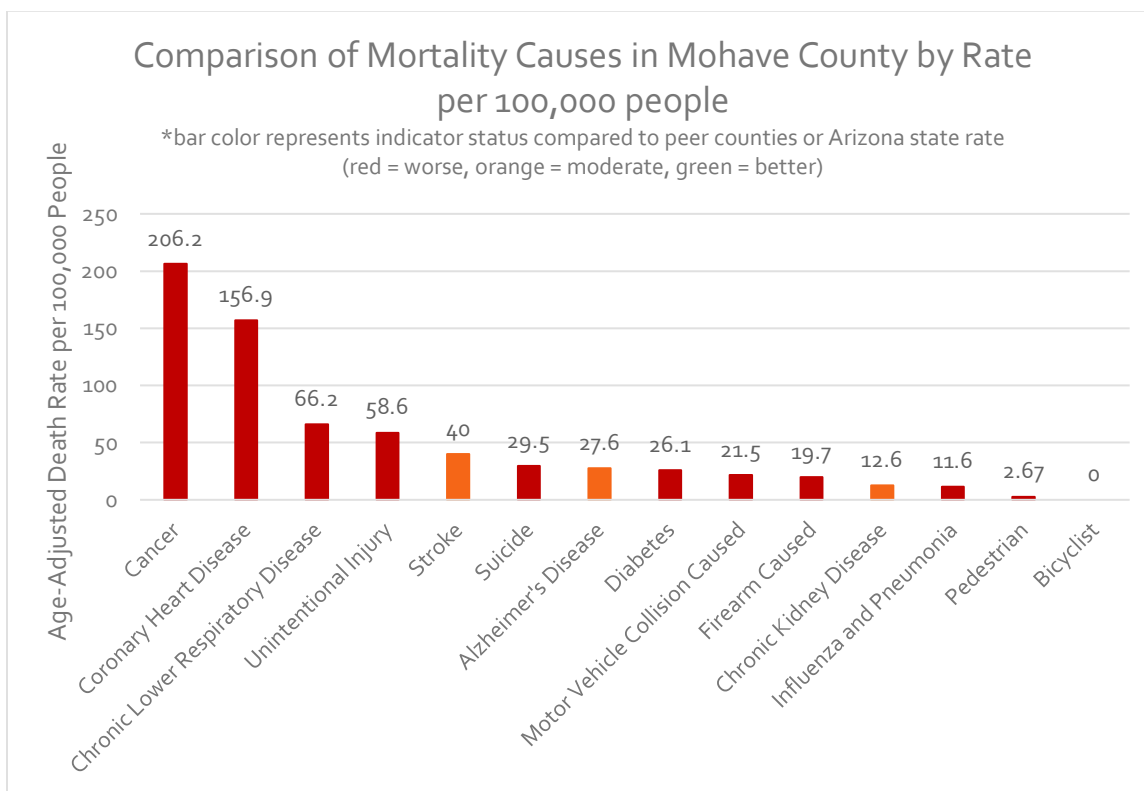
Bicyclist Deaths

There were **0** bicyclist deaths in Mohave County (better when compared to the State of Arizona). This indicator represents overall deaths of bicyclists in 2013. Source: Arizona Health Matters

Pedestrian Deaths

The annual pedestrian death rate in Mohave County is **2.67 per 100,000** (worse when compared to the state of Arizona). This indicator represents overall pedestrian deaths in the years 2008–2012. Pedestrian safety is important because walk-friendly neighborhoods promote physical activity. The **Arizona state rate is 2.34 per 100,000**, and the U.S. **rate is 1.56 per 100,000**. Source: Smart Growth America—Dangerous by Design

MORTALITY INDICATOR COMPARISON



LIFE EXPECTANCY

Female Life Expectancy

Female life expectancy in Mohave County is **78.7 years** (worse when compared to peer counties). This indicator represents the life expectancy of females in 2010. Among peer counties, the female life expectancy ranged from 78.5 years and 83.3 years. The **median of all U.S. states is 79.8 years**. Source: CDC's CHSI

Male Life Expectancy

Male life expectancy in Mohave County is **72.7 years** (worse when compared to peer counties). This indicator represents the life expectancy of males in 2010. Among peer

counties, the male life expectancy ranged from 72.2 years and 80.4 years. The **median of all U.S. states is 75.0 years**. Source: CDC's CHSI

MORBIDITY

ALZHEIMER'S DISEASE/DEMENTIA

Alzheimer's Disease or Dementia

Of the older adults in Mohave County, **6.6%** are living with Alzheimer's disease (better when compared to peer counties). This indicator represents the prevalence of Alzheimer's disease and dementia among Medicare fee-for-service beneficiaries in 2012. Dementia and Alzheimer's disease are typically diseases of older adults, and the risk of developing Alzheimer's doubles every five years after the age of sixty-five. The **median of all U.S. states is 10.3%**. Source: CDC's CHSI

CANCER

Cancer

The age-adjusted cancer incidence rate in Mohave County is **434.0 per 100,000** (better when compared to peer counties). This indicator represents the age-adjusted cancer incidence rate in the years 2006–2010. There has been a decline in the incidence of cancer and cancer-related death in recent years due to developments in research, detection, and treatment. However, cancer is still the second-leading cause of death in the US. The **median of all U.S. states is 457.6 per 100,000**. Source: CDC's CHSI

Cancer in the Medicare Population

The incidence of cancer in the Medicare population of Mohave County is **8.1%** (worse when compared to other counties in Arizona). This indicator represents the percentage of Medicare recipients who were treated for cancer in 2014. There has been a decline in the incidence of cancer-related death in recent years due to developments in research, detection, and treatment. However, cancer is still the second-leading cause of death in the US. The **Arizona state rate is 8.1%**. Source: Arizona Health Matters

Bladder Cancer

The incidence of bladder cancer in Mohave County is **28.5 per 100,000** (worse when compared to other U.S. counties). This indicator represents the age-adjusted incidence of bladder cancer in the years 2008–2012. Most types of bladder cancer are three to four times more prevalent in men than in women. The **Arizona state rate is 18.9 per 100,000**.

Source: Arizona Health Matters

Breast Cancer

The incidence of breast cancer in Mohave County is **102.1 per 100,000** (better when compared to other U.S. counties). This indicator represents the age-adjusted incidence of breast cancer in the years 2008–2012. According to the American Cancer Society, one in eight women will develop breast cancer and one in thirty-six will die from the disease.

The **Arizona state rate is 111.0 per 100,000**. Source: Arizona Health Matters

Cervical Cancer

The incidence of cervical cancer in Mohave County is **8.4 per 100,000 women** (moderate when compared to other U.S. counties). This indicator represents the age-adjusted incidence of cervical cancer in the years 2008–2012. The American Cancer Society estimates that 1 in every 147 women will be diagnosed with cervical cancer in her lifetime. Early cervical cancer can be cured by removing or destroying the cancerous tissue. The **Arizona state rate is 6.8 per 100,000**. Source: Arizona Health Matters

Colorectal Cancer

The incidence of colorectal cancer in Mohave County is **47.2 per 100,000** (moderate when compared to other U.S. counties). This indicator represents the age-adjusted incidence of colorectal cancer in the years 2008–2012. The CDC estimates that if all adults over the age of fifty had regular screenings, as much as 60% of deaths due to

colorectal cancer could be prevented. The **Arizona state rate is 35.4 per 100,000** and the **Healthy People 2020 goal is 38.6 per 100,000**. Source: Arizona Health Matters

Liver and Bile Duct Cancer

The incidence of liver and bile duct cancer in Mohave County is **8.0 per 100,000** (moderate when compared to other U.S. counties). This indicator represents the age-adjusted incidence of liver and bile duct cancer in the years 2008–2012. Liver and bile duct cancer is the sixth-leading cause of cancer-related death in men and the tenth-leading cause of cancer-related death in women. The **Arizona state rate is 7.1 per 100,000**. Source: Arizona Health Matters

Lung and Bronchus Cancer

The incidence of lung and bronchus cancer in Mohave County is **77.2 per 100,000** (moderate when compared to other U.S. counties). This indicator represents the age-adjusted incidence of lung and bronchus cancer in the years 2008–2012. According to the American Lung Association, more people die from lung cancer every year than any other type of cancer. The **Arizona state rate is 52.4 per 100,000**. Source: Arizona Health Matters

Melanoma

The incidence of melanoma in Mohave County is **13.7 per 100,000** (better when compared to other U.S. counties). This indicator represents the age-adjusted incidence of melanoma in the years 2008–2012. The percentage of people diagnosed with melanoma has more than doubled in the U.S. over the last thirty years. The **Arizona state rate is 16.5 per 100,000**. Source: Arizona Health Matters

Non-Hodgkin's Lymphoma

The incidence of non-Hodgkin's lymphoma in Mohave County is **16.5 per 100,000** (better when compared to other U.S. counties). This indicator represents the age-adjusted incidence of non-Hodgkin's lymphoma in the years 2008–2012. Non-Hodgkin's lymphoma

is a group of cancers of the lymphocytes and can occur at any age. The **Arizona state rate is 15.6 per 100,000**. Source: Arizona Health Matters

Oral Cavity and Pharynx Cancer

The incidence of oral cavity and pharynx cancer in Mohave County is **14.3 per 100,000** (better when compared to other U.S. counties). This indicator represents the age-adjusted incidence of oral cavity and pharynx cancer in the years 2008–2012. The known causes of oral cavity and pharynx cancer include smoking and heavy alcohol consumption. The **Arizona state rate is 8.7 per 100,000**. Source: Arizona Health Matters

Ovarian Cancer

The incidence of ovarian cancer in Mohave County is **13.3 per 100,000** (moderate when compared to other U.S. counties). This indicator represents the age-adjusted incidence of ovarian cancer in the years 2008–2012. Approximately 90% of women diagnosed with ovarian cancer are over the age of forty. The **Arizona state rate is 11.6 per 100,000**. Source: Arizona Health Matters

Prostate Cancer

The incidence of prostate cancer in Mohave County is **89.2 per 100,000** (better when compared to other U.S. counties). This indicator represents the age-adjusted incidence of prostate cancer in the years 2008–2012. According to the American Cancer Society, one in seven men will be diagnosed with prostate cancer and one in thirty-six will die from the disease. The **Arizona state rate is 89.8 per 100,000**. Source: Arizona Health Matters

INFECTIOUS DISEASES

HIV Prevalence

The prevalence of persons living with diagnosed HIV in Mohave County is **88.0 per 100,000** (better when compared to peer counties). This indicator represents the incidence of people living with diagnosed HIV per 100,000 in 2011. There are about

56,000 new cases of HIV in the U.S. every year. The **median of all U.S. states is 105.5 per 100,000**. Source: CDC's CHSI

HIV Incidence

The incidence of persons diagnosed with HIV in Mohave County is **5.6 per 100,000** (better when compared to the Arizona state rate). This indicator represents the incidence of people newly diagnosed with HIV per 100,000 in 2009-2013. There are about 56,000 new cases of HIV in the U.S. every year. The **Arizona state rate is 9.8 per 100,000**. Source: Arizona Health Matters

Syphilis

The incidence of syphilis in Mohave County is **0.0 per 100,000** (better when compared to peer counties). This indicator represents the incidence of primary and secondary syphilis in the year 2012. The CDC estimates that about 24,000 women per year may be left infertile due to untreated sexually transmitted diseases such as syphilis. The **median of all U.S. states is 0.0 per 100,000**. Source: CDC's CHSI

Gonorrhea

The incidence of gonorrhea in Mohave County is **17.3 per 100,000** (better when compared to peer counties). This indicator represents the incidence of gonorrhea in the year 2012. The CDC estimates that about 24,000 women per year may be left infertile due to untreated sexually transmitted diseases such as gonorrhea. The **median of all U.S. states is 30.5 per 100,000**. Source: CDC's CHSI

Chlamydia

The incidence of chlamydia in Mohave County is **260.6 per 100,000** (better when compared to the state of Arizona). This indicator represents the incidence of chlamydia in 2013. Chlamydia is the most frequently reported sexually transmitted disease in the US. The CDC estimates that about 24,000 women per year may be left infertile due to

untreated sexually transmitted diseases such as chlamydia. The **Arizona state rate is 466.6 per 100,000**. Source: Arizona Health Matters

Tuberculosis

The incidence of tuberculosis (TB) in Mohave County is **1.5 per 100,000** (better when compared with the state of Arizona). This indicator represents the incidence of TB in 2011. TB usually affects the lungs, although it can affect other parts of the body and is caused by a bacterial infection. TB is contagious until the infected person has completed appropriate treatment, which can last for weeks. The **Arizona state rate is 2.8 per 100,000 (2013)**. Source: Arizona Health Matters

HEART DISEASE AND STROKE

Atrial Fibrillation in the Medicare Population

Treatment for atrial fibrillation was sought by **7.6%** of the Medicare population in Mohave County (better when compared to other U.S. counties). This indicator represents the percentage of Medicare recipients who were treated for atrial fibrillation in 2014. Atrial fibrillation is an irregular heartbeat that can cause more serious problems such as blood clots, stroke, or heart failure. The **Arizona state rate is 7.6%**. Source: Arizona Health Matters

Heart Failure in the Medicare Population

Treatment for heart failure was sought by **11.4%** of the Medicare population in Mohave County (better when compared to other U.S. counties). This indicator represents the percentage of Medicare recipients who were treated for heart failure in 2014. Heart failure is when the heart cannot pump enough blood throughout the body, which leads to high blood pressure and fluid retention. According to the CDC, 5.7 million Americans have heart failure. The **Arizona state rate is 9.6%**. Source: Arizona Health Matters

Hyperlipidemia in the Medicare Population

Treatment for hyperlipidemia was sought by **48.6%** of the Medicare population in Mohave County (worse when compared to other U.S. counties). This indicator represents the percentage of Medicare recipients who were treated for hyperlipidemia in 2014. Hyperlipidemia can lead to atherosclerosis (hardening of the arteries), heart disease, and acute pancreatitis. A healthy diet and regular physical activity can reverse hyperlipidemia. The **Arizona state rate is 43.3%**. Source: Arizona Health Matters

Hypertension in the Medicare Population

Treatment for hypertension was sought by **54.9%** of the Medicare population in Mohave County (better when compared to other U.S. counties). This indicator represents the percentage of Medicare recipients who were treated for hypertension in 2014. Hypertension is the leading cause of stroke and a major cause of heart attacks. According to the Agency for Healthcare Research and Quality, nearly \$43 billion was spent in 2010 on the treatment of hypertension. The **Arizona state rate is 49.8%**. Source: Arizona Health Matters

Stroke in the Medicare Population

Treatment for stroke was sought by **3.8%** of the Medicare population in Mohave County (moderate when compared to other U.S. counties). This indicator represents the percentage of Medicare recipients who were treated for stroke in 2014. Strokes are the fourth-leading cause of death in the U.S. and cost an estimated \$38.6 billion. The **Arizona state rate is 3.3%**. Source: Arizona Health Matters

Ischemic Heart Disease in the Medicare Population

Treatment for ischemic heart disease was sought by **27.3%** of the Medicare population in Mohave County (moderate when compared to other U.S. counties). This indicator represents the percentage of Medicare recipients who were treated for ischemic heart disease in 2014. Ischemic heart disease is due to narrowed arteries, leading to decreased

blood flow and an increase in the risk of a heart attack. The **Arizona state rate is 23.6%**.

Source: Arizona Health Matters

FOOD SAFETY

E. coli Infection

The incidence of *E. coli* infection in Mohave County is **0.0 per 100,000** (better when compared to the state of Arizona). This indicator represents the incidence of *E. coli* infection per 100,000 people in 2012. *E. coli* infections are commonly transmitted through consumption of contaminated foods and water or contact with cattle or the feces of infected people. Symptoms are sometimes mild, but it can lead to kidney failure and death. The **Arizona state rate is 3.7 per 100,000 (2013)**. Source: Arizona Health Matters

Salmonella Infection

The incidence of *Salmonella* infection in Mohave County is **18.2 per 100,000** (worse when compared to the state of Arizona). This indicator represents the incidence of *Salmonella* infection per 100,000 people in 2013. *Salmonella* infections are commonly transmitted through consumption of contaminated foods, and symptoms include diarrhea, fever, and abdominal cramps. Most infected people recover without treatment. The **Arizona state rate is 15.3 per 100,000** and the **Healthy People 2020 goal is 11.4 per 100,000**. Source: Arizona Health Matters

DIABETES

Adult Diabetes

Diagnosed diabetes affects **7.9%** of adults in Mohave County (moderate when compared to peer counties). This indicator represents the percentage of adults who report being diagnosed with diabetes in the years 2005–2011. Diabetes is the seventh-leading cause of death in the U.S. and is estimated to lower life expectancy by up to fifteen years. Diabetes increases a person's risk of heart disease by two to four times and is the leading

cause of adult-onset blindness, chronic kidney disease, and lower limb amputations. The **median of all U.S. states is 8.1%**. Source: CDC's CHSI

Diabetes in the Medicare Population

Diagnosed diabetes affects **24.1%** of the Medicare population in Mohave County (better when compared to other U.S. counties). This indicator represents the percentage of Medicare recipients who were treated for diabetes in 2014. Diabetes is the seventh-leading cause of death in the U.S. and is estimated to lower life expectancy by up to fifteen years. Diabetes increases a person's risk of heart disease by two to four times and is the leading cause of adult-onset blindness, chronic kidney disease, and lower limb amputations. The **Arizona state rate is 22.0%**. Source: Arizona Health Matters

OBESITY

Adult Obesity

Obesity affects **34.0%** of adults in Mohave County (worse when compared to peer counties). This indicator represents the percentage of adults who report being obese (BMI \geq 30) in the years 2006–2012. In 2008, it was estimated that the annual medical cost of obesity was \$146 billion. The **median of all U.S. states is 30.4%**. Source: CDC's CHSI

Overweight in Low-Income Children Aged Two to Five participating in Women, Infants, and Children (WIC)

The percentage of overweight low-income children aged two to five in WIC in Mohave County is **13.7%** (worse when compared to the state of Arizona). This indicator represents the percentage of low-income children aged two to five years old in WIC who were overweight in 2015 (between the eighty-fifth and ninety-fifth percentile of the gender-specific BMI for age growth chart). Children who are overweight over the age two have a higher risk of obesity and overweight in adulthood as well as high blood pressure, high cholesterol, and glucose intolerance. This can also indicate an excess calorie intake

through food and insufficient physical activity. The **Arizona state rate is 12.7%**. Source: Arizona Department of Health Services

Obesity in Low-Income Children Aged Two to Five participating in WIC

The percentage of obese low-income children aged two to five in WIC in Mohave County is **9.4%** (better when compared to the state of Arizona). This indicator represents the percentage of low-income children aged two to five in WIC who were overweight in 2015 (at the ninety-fifth percentile or higher of the gender-specific BMI for age growth chart). Obesity in children over age two is associated with obesity and overweight in adulthood as well as high blood pressure, high cholesterol, and glucose intolerance. This can also indicate an excess calorie intake through food and insufficient physical activity. The **Arizona state rate is 11.5%**. Source: Arizona Department of Health Services

OVERALL HEALTH STATUS

Adult Overall Health Status

Fair or poor health was reported by **20.3%** of adults in Mohave County (worse when compared to peer counties). This indicator represents the percentage of adults who reported fair or poor health in the years 2006–2012. Self-assessed health status is a good predictor of morbidity and mortality. The **median of all U.S. states is 16.5%**. Source: CDC's CHSI

Anemia in Low-Income Children Aged Six Months to Five Years in WIC

The percentage of anemia in children aged six months to five years participating in WIC in Mohave County is **9.4%** (better when compared to the state of Arizona). This indicator represents the percentage of low-income children aged six months to five years in WIC who had anemia in 2015 (hemoglobin measurement is at or below the fifth percentile for age and gender). Anemia is an indicator of iron deficiency, which is a risk factor for developmental delays and behavioral problems in children. The **Arizona state rate is 12.1%**. Source: Arizona Department of Health Services

MATERNAL FETAL AND INFANT HEALTH

Preterm Births

The percentage of preterm births in Mohave County is **12.9%** (moderate when compared to peer counties). This indicator represents the percentage of births that were preterm in the years 2006–2012. Preterm births are those births that occur before thirty-seven weeks of gestation. This increases the risk of infant death as well as long-term neurological disabilities. The **median of all U.S. states is 12.1%**, and the **Healthy People 2020 goal is 11.4%**. Source: CDC's CHSI

Babies with Low Birth Weight

The percentage of babies born with low birth weight in Mohave County is **6.4%** (better when compared to the state of Arizona). This indicator represents the percentage of babies whose birth weight was 2,500 grams or less in 2015. Babies born with low birth weight are more likely to need specialized medical care in the neonatal intensive care unit. The **Arizona state rate is 6.9%** and the **Healthy People 2020 goal is 7.8%**. Source: Arizona Health Matters

Low-Income Babies with High Birth Weight

The percentage of low-income babies born with high birth weight participating in WIC in Mohave County is **5.0%** (better when compared to the state of Arizona). This indicator represents the percentage of low-income babies in WIC whose birth weight was high (greater than 4,000 grams) in 2015. A high birth weight increases the risk of birth injury such as shoulder dystocia. The **Arizona state rate is 6.9%**. Source: Arizona Department of Health Services

Mothers Who Received Early Prenatal Care

The percentage of births to mothers who began prenatal care in their first trimester of pregnancy in Mohave County is **81.2%** (moderate when compared to the state of

Arizona). This indicator represents the percentage of births to mothers who began their prenatal care in their first trimester in 2013. Early prenatal care helps prevent low birth weight and infant mortality. It also helps improve birth outcomes and decrease health-care costs. The **Arizona state rate is 81.3%** and the **Healthy People 2020 goal is 77.9%**.

Source: Arizona Health Matters

Low-Income Mothers Whose Pre-Pregnancy BMI Was Underweight

The percentage of low-income women participating in WIC whose BMI was underweight prior to pregnancy in Mohave County is **5.3%** (worse when compared to the state of Arizona). This indicator represents the percentage of women in WIC whose self-reported pre-pregnancy weight indicated a BMI less than 18.5 (underweight) in 2015. Low pre-pregnancy weight may indicate malnourishment of the mother and is a risk factor for pregnancy complications, fetal growth restrictions, and having an underweight infant.

The **Arizona state rate is 4.1%**. Source: Arizona Department of Health Services

Low-Income Mothers Whose Pre-Pregnancy BMI Was Overweight

The percentage of low-income women participating in WIC whose BMI was overweight prior to pregnancy in Mohave County is **24.0%** (better when compared to the state of Arizona). This indicator represents the percentage of women in WIC whose self-reported pre-pregnancy weight indicated a BMI between 25 and 29.9 (overweight) in 2015. High pre-pregnancy weight is a risk factor for excess prenatal weight gain and postpartum weight retention.

The **Arizona state rate is 26.8%**. Source: Arizona Department of Health Services

Low-Income Mothers Whose Pre-Pregnancy BMI Was Obese

The percentage of low-income women participating in WIC whose BMI was obese prior to pregnancy in Mohave County is **32.0%** (worse when compared to the state of Arizona). This indicator represents the percentage of women in WIC whose self-reported pre-pregnancy weight indicated a BMI of 30 or greater (obese) in 2015. Obesity prior to

pregnancy is a risk factor for gestational diabetes and complications in delivery. The **Arizona state rate is 30.8%**. Source: Arizona Department of Health Services

Low-Income Mothers Whose Weight Gain in Pregnancy Was Less Than Ideal

The percentage of low-income women participating in WIC who gained less than the recommended amount of weight during pregnancy in Mohave County is **25.7%** (better when compared to the state of Arizona). This indicator represents the percentage of women in WIC who gained less than the recommended amount of weight during pregnancy in 2015. The recommended amount of weight gain for a pregnant woman whose pre-pregnancy BMI is in the normal range is twenty-five to thirty-five pounds total. Weight gain lower than the recommended amount is a risk factor for a low birth weight and baby and fetal growth restrictions. The **Arizona state rate is 26.0%**. Source: Arizona Department of Health Services

Low-Income Mothers Whose Weight Gain in Pregnancy Was Greater Than Ideal

The percentage of low-income women participating in WIC who gained more than the recommended amount of weight during pregnancy in Mohave County is **50.4%** (worse when compared to the state of Arizona). This indicator represents the percentage of women in WIC who gained more than the recommended amount of weight during pregnancy in 2015. The recommended amount of weight gain for a pregnant woman whose pre-pregnancy BMI is in the normal range is twenty-five to thirty-five pounds total. Weight gain greater than the recommended amount is a risk factor for a cesarean delivery and neonatal complications. The **Arizona state rate is 49.1%**. Source: Arizona Department of Health Services

Breastfeeding Initiation Among Low-Income Infants in WIC

The incidence of low-income infants in WIC who were breastfed at least once after birth in Mohave County is **69.0%** (worse when compared to the state of Arizona). This indicator represents the percentage of infants in WIC who were breastfed at least once, whether

or not they were breastfed in 2015. Breast milk is the ideal nutrition for infants, as it provides immune support against viral and bacterial infections and reduces the risk of respiratory diseases. The World Health Organization (WHO) recommends babies be exclusively breastfed until the age of six months and then continue breastfeeding for at least one to two years until both the mother and child are ready to stop. The **Arizona state rate is 70.0%**. Source: Arizona Department of Health Services

Low-Income Breastfed at Least Six Months Among Low-Income Infants in WIC

The percentage of low-income infants participating in WIC who were breastfed for at least six months after birth in Mohave County is **21.0%** (worse when compared to the state of Arizona). This indicator represents the percentage of infants in WIC who were breastfed for at least six months, whether or not they were breastfed in 2015. Breast milk is the ideal nutrition for infants, as it provides immune support against viral and bacterial infections and reduces the risk of respiratory diseases. The WHO recommends babies be exclusively breastfed until the age of six months and then continue breastfeeding for at least one to two years until both the mother and child are ready to stop. The **Arizona state rate is 24.0%**. Source: Arizona Department of Health Services

Low-Income Breastfed at Least Twelve Months Among Low-Income Infants in WIC

The percentage of low-income infants in WIC that were breastfed for at least twelve months after birth in Mohave County is **10.0%** (worse when compared to the state of Arizona). This indicator represents the percentage of infants in WIC who were breastfed for at least twelve months, whether or not they were breastfed in 2015. Breast milk is the ideal nutrition for infants, as it provides immune support against viral and bacterial infections and reduces the risk of respiratory diseases. The WHO recommends babies be exclusively breastfed until the age of six months and then continue breastfeeding for at least one to two years until both the mother and child are ready to stop. The **Arizona state rate is 12.0%**. Source: Arizona Department of Health Services

Low-Income Exclusively Breastfed at Least Three Months Among Low-Income Infants in WIC

The percentage of low-income infants participating in WIC that were exclusively breastfed for at least three months after birth in Mohave County is **18.0%** (the same when compared to the state of Arizona). This indicator represents the percentage of infants in WIC who were exclusively breastfed (consumed **only** breast milk) for at least three months, whether or not they were breastfed in 2015. Breast milk is the ideal nutrition for infants, as it provides immune support against viral and bacterial infections and reduces the risk of respiratory diseases. The WHO recommends babies be exclusively breastfed until the age of six months and then continue breastfeeding for at least one to two years until both the mother and child are ready to stop. The **Arizona state rate is 18.0%**. Source: Arizona Department of Health Services

Low-Income Exclusively Breastfed at Least Six Months Among Low-Income Infants in WIC

The percentage of low-income infants participating in WIC that were breastfed exclusively for at least six months after birth in Mohave County is **5.0%** (worse when compared to the state of Arizona). This indicator represents the percentage of infants in WIC who were exclusively breastfed (consumed **only** breast milk) for at least six months, whether or not they were breastfed in 2015. Breast milk is the ideal nutrition for infants, as it provides immune support against viral and bacterial infections and reduces the risk of respiratory diseases. The WHO recommends babies be exclusively breastfed until the age of six months and then continue breastfeeding for at least one to two years until both the mother and child are ready to stop. The **Arizona state rate is 7.0%**. Source: Arizona Department of Health Services

MENTAL HEALTH

Depression in the Medicare Population

The percentage of depression in adults in Mohave County is **10.3%** (moderate when compared to peer counties). This indicator represents the percentage of those with depression among Medicare fee-for-service beneficiaries in 2012. Depression is

considered part of the spectrum of affective disorders and can include symptoms such as a sad mood, lack of interest, weight loss or weight gain, fatigue, difficulty concentrating, recurrent thoughts of death, psychomotor affects, and inappropriate guilt. The **median of all U.S. states is 12.4%**. Source: CDC's CHSI

RESPIRATORY DISEASE

Older Adult Asthma

The percentage of asthma in older adults in Mohave County is **3.7%** (moderate when compared to peer counties). This indicator represents the percentage of older adults living with asthma among the Medicare fee-for-service beneficiaries in 2012. It is estimated that asthma costs \$20.7 billion in health-care expenditures annually. The **median of all U.S. states is 3.6%**. Source: CDC's CHSI

Hospitalization Rate Due to Asthma

The age-adjusted hospitalization rate due to asthma in Mohave County is **56.0 per 10,000** (worse when compared to the state of Arizona). This indicator represents the average annual age-adjusted hospitalization rate due to asthma per 10,000 population in 2013. Symptoms of asthma—including coughing, wheezing, and tightness in the chest—can usually be managed with long- and short-acting medications. Sometimes symptoms become severe enough that they lead to hospitalization and can even be fatal. The **Arizona state rate is 48.8%**. Source: Arizona Health Matters

COPD in the Medicare Population

The percentage of chronic obstructive pulmonary disease (COPD) in the Medicare population of Mohave County is **15.0%** (worse when compared to other U.S. counties). This indicator represents the percentage of Medicare recipients who were treated for COPD in 2014. COPD restricts airflow into the lungs, restricting breathing, and it does not have a cure. Symptoms can be lessened by medications, surgery, and therapy as well as smoking cessation. The **Arizona state rate is 9.1%**. Source: Arizona Health Matters

OTHER CHRONIC DISEASES

Chronic Kidney Disease in the Medicare Population

The percentage of chronic kidney disease in the Medicare population of Mohave County is **15.0%** (worse when compared to other U.S. counties). This indicator represents the percentage of Medicare recipients who were treated for chronic kidney disease in 2014. Chronic kidney disease eventually leads to kidney failure, which results in the body being unable to remove wastes and excess water. Kidney failure requires dialysis or a kidney transplant. The **Arizona state rate is 9.1%**. Source: Arizona Health Matters

Osteoporosis in the Medicare Population

The percentage of osteoporosis treatment in the Medicare population of Mohave County is **5.6%** (moderate when compared to other U.S. counties). This indicator represents the percentage of Medicare recipients who were treated for osteoporosis in 2014. Osteoporosis causes bones to become extremely fragile and break easily. It is estimated that osteoporosis leads to 2 million broken bones per year. The **Arizona state rate is 6.2%**. Source: Arizona Health Matters

Rheumatoid Arthritis or Osteoarthritis in the Medicare Population

The percentage of rheumatoid arthritis or osteoarthritis treatment in the Medicare population of Mohave County is **28.1%** (better when compared to other U.S. counties). This indicator represents the percentage of Medicare recipients who were treated for rheumatoid arthritis or osteoarthritis in 2014. Rheumatoid arthritis is an autoimmune disease that causes systemic inflammatory. The Arthritis Foundation estimates that 1.3 million people in the U.S. have rheumatoid arthritis and 27 million people have osteoarthritis. The **Arizona state rate is 28.4%**. Source: Arizona Health Matters

COUNTY HEALTH RANKINGS – HEALTH OUTCOMES

The County Health Rankings compiled by the Robert Wood Johnson Foundation rank Mohave County **11th out of 15** Arizona Counties for health outcomes. This ranking is based on length of life (rank: **11th out of 15**) and quality of life (rank: **8th out of 15**).

Table 2: Morbidity Indicator Summary

Indicator color represents indicator status compared to peer counties, Arizona state rate or all U.S. counties (red = worse, orange = moderate, green = better)

Morbidity Indicator	Rate
Adult obesity	34.0%
Adult overall poor health status	20.3%
Low-income mothers in WIC whose pre-pregnancy BMI was underweight	5.3%
Low-income mothers in WIC whose weight gain in pregnancy was greater than ideal	50.4%
Breastfeeding initiation among low-income infants in WIC	69.0%
Low-income infants in WIC breastfed at least 12 months	10.0%
Chronic kidney disease in the Medicare population	15.0%
COPD in the Medicare population	15.0%
Cancer in the Medicare population	8.1%
Bladder cancer	28.5 per 100,000
Hyperlipidemia in the Medicare population	48.6%
<i>Salmonella</i> infection incidence	18.2 per 100,000
Overweight in low-income children in WIC ages 2-5 years	13.7%
Low-income mothers in WIC whose pre-pregnancy BMI was obese	32.0%
Low-income infants in WIC breastfed at least 6 months	21.0%
Low-income infants in WIC exclusively breastfed at least 6 months	5.0%
Hospitalization rate due to asthma	56 per 100,000
Adult diabetes	7.9%
Preterm births	12.9%
Mothers who received early prenatal care	81.2%
Older adult asthma	3.7%
Liver and bile duct cancer	8.0 per 100,000
Stroke in the Medicare population	3.8%
Cervical Cancer	8.4 per 100,000
Colorectal cancer	47.2 per 100,000
Lung and bronchus cancer	77.2 per 100,000
Ovarian cancer	13.3 per 100,000
Ischemic heart disease in the Medicare population	27.3%
Low-income infants in WIC exclusively breastfed at least 3 months	18.0%
Depression in the Medicare population	10.3%
Osteoporosis in the Medicare population	5.6%

Morbidity Indicator	Rate
Gonorrhea incidence	17.3 per 100,000
Chlamydia incidence	260.6 per 100,000
Obesity in low-income children in WIC ages 2-5 years	9.4%
Babies with low birth weight	6.4%
HIV incidence	5.6 per 100,000
HIV prevalence	88.0 per 100,000
Heart failure in the Medicare population	11.4%
Rheumatoid arthritis or osteoarthritis in the Medicare population	28.1%
Alzheimer's disease or dementia	6.6%
All Cancers	434 per 100,000
Breast cancer	102.1 per 100,000
Melanoma	13.7 per 100,000
Non-Hodgkin's lymphoma	16.5 per 100,000
Oral cavity and pharynx cancer	14.3 per 100,000
Prostate cancer	89.2 per 100,000
Syphilis incidence	0 per 100,000
Tuberculosis incidence	1.5 per 100,000
Atrial fibrillation in the Medicare population	7.6%
Hypertension in the Medicare population	54.9%
<i>E. coli</i> infection incidence	0 per 100,000
Diabetes in the Medicare population	24.1%
Anemia in low-income children in WIC ages 6 months to 5 years	9.4%
Low-income babies in WIC with high birth weight	5.0%
Low-income mothers in WIC whose pre-pregnancy BMI was overweight	24.0%
Low-income mothers in WIC whose weight gain in pregnancy was less than ideal	25.7%

HEALTH-CARE ACCESS AND QUALITY

HOSPITALIZATIONS

Older Adult Preventable Hospitalizations

The incidence of preventable hospitalizations in older adults of Mohave County is **70.7 per 1,000** (worse when compared to peer counties). This indicator represents the proportion of preventable hospitalizations of older adult Medicare enrollees in the year 2011. Preventable hospitalizations are an indication that adequate outpatient care was not provided. The **median of all U.S. states is 71.3 per 1,000**. Source: CDC's CHSI

PRIMARY CARE

Cost Barrier to Care

The percentage of adults in Mohave County who do not see a doctor due to cost is **20.9%** (moderate when compared to peer counties). This indicator represents the percentage of adults over eighteen who needed to see a doctor but did not due to the cost in the years 2006–2012. Access to quality health care is key to achieving health equity and increasing the health of the community. The **median of all U.S. states is 15.6%** and the **Healthy People 2020 goal is 9.0%**. Source: CDC's CHSI

Primary Care Provider Access

The rate of access to primary care providers in Mohave County is **44.5 per 100,000** (moderate when compared to peer counties). This indicator represents the number of primary care providers per 100,000 county residents in the year 2011. Having a primary care provider increases the likelihood that a patient will receive appropriate care and will have greater trust in and communication with their health-care provider. The **median of all U.S. states is 48.0 per 100,000**. Source: CDC's CHSI

Dental Care Provider Access

The ratio of population to dentists in Mohave County is **2,570 to 1** (worse when compared to the Arizona State ratio). This indicator represents the number of people in

the population for every dentist providing services in the community. The **Arizona State ratio is 1,340 to 1**. Source: RWJF County Health Rankings

Mental Health Care Provider Access

The ratio of population to mental health care providers in Mohave County is **1,420 to 1** (worse when compared to the Arizona State ratio). This indicator represents the number of people in the population for every mental health care provider offering services in the community. The **Arizona State ratio is 800 to 1**. Source: RWJF County Health Rankings

INSURANCE

Uninsured

The percentage of those in Mohave County who do not have health insurance is **20.1%** (moderate when compared to peer counties). This indicator represents the estimated percentage of people under age sixty-five who did not have health insurance coverage in 2011. A lack of health insurance coverage increases the risk that a person may not visit a doctor when needed due to the cost. The **median of all U.S. states is 17.7%**. Source: CDC's CHSI

COUNTY HEALTH RANKINGS – CLINICAL CARE

The County Health Rankings compiled by the Robert Wood Johnson Foundation rank Mohave County **12th out of 15** Arizona Counties for clinical care. This ranking is based on insurance, care providers and services available.

Table 3: Health-Care Access and Quality Indicator Summary

Indicator color represents indicator status compared to peer counties, Arizona state rate or all U.S. counties (red = worse, orange = moderate, green = better)

Health-Care Access and Quality Indicator	Rate
Older adult preventable hospitalizations	70.7 per 1,000
Dental care provider access	2,570:1
Mental Health care provider access	1,420:1
Cost barrier to care	20.9%
Primary care provider access	44.5 per 100,000
Uninsured	20.1%

HEALTH BEHAVIORS

SUBSTANCE ABUSE

Adult Binge Drinking

The percentage of binge drinking in adults of Mohave County is **15.8%** (moderate when compared to peer counties). This indicator represents the percentage of adults over eighteen who reported binge drinking in the years 2006–2012. Excessive drinking, including binge drinking, is the third-leading lifestyle-related cause of death in the US. The **median of all U.S. states is 16.3%**. Source: CDC's CHSI

Adult Smoking Tobacco

The percentage of adult smokers in Mohave County is **29.0%** (worse when compared to peer counties). This indicator represents the percentage of adults over eighteen who reported smoking cigarettes in the years 2006–2012. Smoking cigarettes and other tobacco use is the most preventable cause of death and disease in the US. The **median of all U.S. states is 21.7%**, and the **Healthy People 2020 goal is 12.0%**. Source: CDC's CHSI

Teens Who Have Smoked

The percentage of teens who have smoked in Mohave County is **27.8%** (worse when compared to the state of Arizona). This indicator represents the percentage of teens enrolled in public school in the eighth, tenth, or twelfth grades who have smoked cigarettes one or more times in their lives in 2014. Smoking cigarettes and other tobacco use is the most preventable cause of death and disease in the US. The **Arizona state rate is 23.4%**. Source: Arizona Health Matters

Teens Who Currently Smoke Tobacco

The percentage of teens who report smoking at least once in the previous thirty days in Mohave County is **11.5%** (worse when compared to the state of Arizona). This indicator represents the percentage of teens enrolled in public school in the eighth, tenth, or twelfth grades who reported smoking at least once in the previous thirty days in 2014.

Smoking cigarettes and other tobacco use is the most preventable cause of death and disease in the US. The **Arizona state rate is 9.4%**. Source: Arizona Health Matters

Teens Who Have Used Methamphetamines

The percentage of teens who report having ever used methamphetamines in Mohave County is **1.1%** (worse when compared to the state of Arizona). This indicator represents the percentage of teens enrolled in public school in the eighth, tenth, or twelfth grades who have used methamphetamines one or more times in their life in 2014.

Methamphetamine use and addiction has broad and serious health and social consequences, including violent behavior, anxiety, confusion, extreme weight loss, confusion, serious dental problems, psychotic behaviors, homelessness, unemployment, and increased crime. The **Arizona state rate is 0.9%**. Source: Arizona Health Matters

Teens Who Use Alcohol

The percentage of teens who report using alcohol at least once in the previous thirty days in Mohave County is **25.8%** (worse when compared to the state of Arizona). This indicator represents the percentage of teens enrolled in public school in the eighth, tenth, or twelfth grades who reported using alcohol at least once in the previous thirty days in 2014. Young people who begin using alcohol at a young age are at an increased risk of developing alcohol dependence by the age of twenty-one. Alcohol use can impair judgement and lead to an increase in risky behaviors. The **Arizona state rate is 24.1%**.

Source: Arizona Health Matters

Teens Who Use Marijuana

The percentage of teens who report using marijuana at least once in the previous thirty days in Mohave County is **12.7%** (better when compared to the state of Arizona). This indicator represents the percentage of teens enrolled in public school in the eighth, tenth, or twelfth grades who reported using marijuana at least once in the previous thirty days in 2014. Marijuana is the most commonly used illegal drug in the U.S. and has been

shown to have negative effects on learning and memory for days and weeks after the initial acute effects of the drug have worn off. The **Arizona state rate is 13.6%**. Source: Arizona Health Matters

WOMEN'S HEALTH

Adult Female Routine Pap Tests

The percentage of women in Mohave County who report having routine pap tests is **72.7%** (worse when compared to peer counties). This indicator represents the percentage of women over eighteen who reported having a pap test in the previous three years between 2006–2012. Pap tests are an important screening tool for cervical cancer. The **median of all U.S. states is 77.3%**, and the **Healthy People 2020 goal is 93.0%**. Source: CDC's CHSI

PHYSICAL ACTIVITY

Adult Physical Inactivity

The percentage of adults in Mohave County report partaking in no leisure-time physical activity is **27.3%** (worse when compared to peer counties). This indicator represents the percentage of adults over eighteen who reported having no leisure-time physical activity in the years 2006–2012. Regular physical activity can improve the health and quality of Americans. The **median of all U.S. states is 25.9%**, and the **Healthy People 2020 goal is 32.6%**. Source: CDC's CHSI

TEEN BIRTHS

Teen Births

The teen birth rate in Mohave County is **53.9 per 1,000** (worse when compared to peer counties). This indicator represents the rate of female teens between the ages of fifteen and nineteen who gave birth per 1,000 female teens between the ages of fifteen and nineteen in the years 2005–2011. Teen pregnancy and child bearing can have serious

social and economic costs for teens and their families. The **median of all U.S. states is 42.1 per 1,000**, and the **Healthy People 2020 goal is 36.2 per 1,000**. Source: CDC's CHSI

COUNTY HEALTH RANKINGS – HEALTH BEHAVIORS

The County Health Rankings compiled by the Robert Wood Johnson Foundation rank Mohave County **11th out of 15** Arizona Counties for health behaviors. This ranking is based on behaviors and conditions that increase risks to health including smoking, obesity, access to exercise opportunities and sexually transmitted illness.

Table 4: Health Behaviors Indicator Summary

Indicator color represents indicator status compared to peer counties, Arizona state rate or all U.S. counties (red = worse, orange = moderate, green = better)

Health Behaviors Indicator	Rate
Adult smoking tobacco	29.0%
Teens who have smoked	27.8%
Teens who currently smoke tobacco	11.5%
Teens who have used methamphetamines	1.1%
Teens who use alcohol	25.8%
Adult women who receive routine Pap Tests	72.7%
Adult physical inactivity	27.3%
Teen birth rate	53.9 per 1,000
Adult binge drinking	15.8%
Teens who use marijuana	12.7%

SOCIAL FACTOR INDICATORS

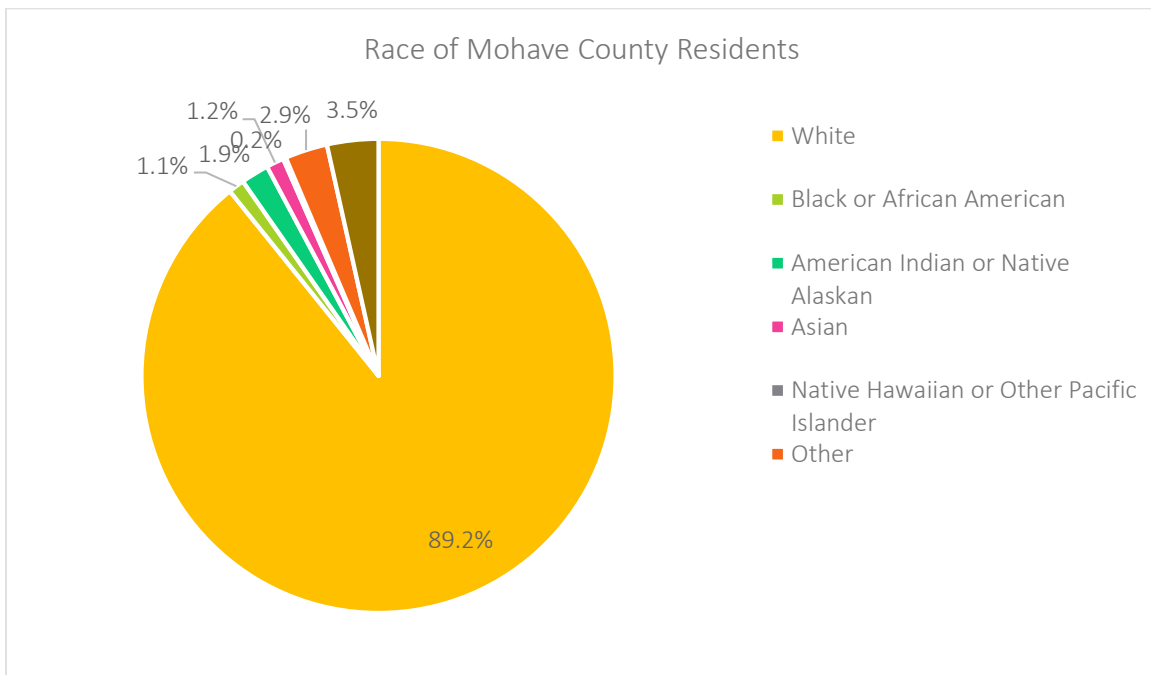
POPULATION

Gender

In terms of gender, **49.7%** of the population in Mohave County is female and **50.3%** is male. Source: American Fact Finder

Race and Ethnicity

In terms of race and ethnicity, **15.4%** of the population in Mohave County is Hispanic and **84.6%** is not Hispanic.



Source: American Fact Finder

Population Over Sixty-Five

The percentage of the population of Mohave County that is over sixty-five years old is **26.9%** (greater than the U.S. value). This indicator represents the percentage of the population that was over the age of sixty-five in 2014. An older population may have more health-care needs. The **percentage of the population in all of Arizona** that is over sixty-five years old is **15.9%**. Source: Arizona Health Matters

Population Under Eighteen

The percentage of the population of Mohave County that is under eighteen years old is **18.7%** (less than the U.S. value). This indicator represents the percentage of the population that was under the age of eighteen years in 2014. A younger population may have more education and childcare needs. The **percentage of the population in all of Arizona** that is under eighteen years old is **24.1%**. Source: Arizona Health Matters

Population Change

The percentage of population growth in Mohave County **1.6%** (less than Arizona State growth). This indicator represents the percentage the population grew or shrank in 2014. The **Arizona State rate is 5.3%**. Source: Arizona Health Matters

POVERTY

Poverty

The percentage of Mohave County individuals who live in poverty is **21.1%** (worse when compared to peer counties). This indicator represents the percentage of individuals who lived below the federal poverty level in 2012. In 2012, the federal poverty level was an income of \$11,170 for a single-person household or an income of \$23,050 for a household of four people. People living in low-income neighborhoods are less likely to have access to healthy foods and appropriate space for physical activity. Young people who grow up in neighborhoods with high poverty rates are more likely to be a victim of violence, use tobacco, alcohol, and other substances, become obese, and participate in risky sexual behaviors. The **median of all U.S. states is 16.3%**. Source: CDC's CHSI

High Housing Costs

The percentage of individuals in Mohave County who face high housing costs is **35.3%** (moderate when compared to peer counties). This indicator represents the percentage of people who lived in housing where 30% or more of the household income went toward

housing costs in 2008-2013. Access to affordable housing has a positive impact on the health and well-being of populations. The **median of all U.S. states is 27.3%**. Source: CDC's CHSI

Income Inequality

The Gini index of income inequality in Mohave County is **0.435** (better when compared to other U.S. counties). This indicator represents the coefficient of income inequality where zero is complete income equality (i.e., everyone has the same income) and one is complete inequality (i.e., one person has all the income and all others have no income) for the years 2010–2014. The level of income inequality is a strong predictor of a population's health. The **Arizona state rate is 0.461**. Source: Arizona Health Matters

Median Household Income

The median household income in Mohave County is **\$38,456** (worse when compared to other U.S. counties). This indicator represents the median household income based on all income earned by household members fifteen years and older in a calendar year for the years 2010–2014. Median income reflects the affluence of a community. The **Arizona state median income is \$49,928**. Source: Arizona Health Matters

Children Living Below the Poverty Level

The percentage of children in Mohave County living below the poverty level is **31.7%** (worse when compared to other U.S. counties). This indicator represents the percentage of children (under the age of eighteen) who lived below the poverty line in 2010–2014. Family income is important for a child's health—children who live in poverty are at higher risk of low birth weight, lead poisoning, and behavioral and emotional problems. The **Arizona state rate is 25.9%**. Source: Arizona Health Matters

Families Living Below the Poverty Level

The percentage of families in Mohave County living below the poverty level is **13.6%** (moderate when compared to other U.S. counties). This indicator represents the percentage of families who lived below the poverty line in 2010–2014. A high poverty rate is a sign that there are insufficient job and economic opportunities in the area and can result in lower-quality schools due to a smaller tax base. The **Arizona state rate is 13.3%**. Source: Arizona Health Matters

People Sixty-Five Years and Older Living Below the Poverty Level

The percentage of people sixty-five years and older in Mohave County who live below the poverty level is **7.8%** (better when compared to other U.S. counties). This indicator represents the percentage of people sixty-five years and older who live below the poverty line in 2010–2014. People over sixty-five years old who live in poverty are especially vulnerable due to possible social isolation, medical problems such as frailty, and other physical limitations. The **Arizona state rate is 8.6%**. Source: Arizona Health Matters

Home Ownership

The percentage of houses in Mohave County occupied by homeowners is **49.2%** (worse when compared to other U.S. counties). This indicator represents the percentage of houses occupied by homeowners in 2010–2014. Homeowners are more likely to be involved in civic matters and improve their homes. The **Arizona state rate is 52.6%**. Source: Arizona Health Matters

Households with Cash Public Income Assistance

The percentage of households in Mohave County that receive cash public income assistance is **2.7%** (moderate when compared to other U.S. counties). This indicator represents the percentage of households that received cash public income assistance (general assistance of TANF—Temporary Assistance to Needy Families—but not non-cash

benefits like SNAP—Supplemental Nutrition Assistance Program—or WIC) in 2010–2014. Communities that have more cash public income assistance are areas of higher poverty. The **Arizona state rate is 2.5%**. Source: Arizona Health Matters

Renters Spending 30% or more of Household Income on Rent

The percentage of renters in Mohave County occupied by homeowners is **49.6%** (moderate when compared to other U.S. counties). This indicator represents the percentage of renters who spent 30% or more of their household income on rent for housing in 2010–2014. The **Arizona state rate is 50.9%**. Source: Arizona Health Matters

EDUCATION AND EMPLOYMENT

On-time High School Graduation

The on-time high school graduation rate in Mohave County is **73.6%** (moderate when compared to peer counties). This indicator represents the percentage of a ninth-grade cohort who goes on to graduate in four years based on data from the years 2010–2011. Education and employment have an important impact on health. The **median of all U.S. states is 83.3%**. Source: CDC’s CHSI

People Twenty-Five Years and Older with a Bachelor’s Degree or Higher

The percentage of people aged twenty-five years and older in Mohave County who have a bachelor’s degree or higher is **12.2%** (moderate when compared to Arizona State rate). This indicator represents the percentage of the population 25 years and older who have earned a bachelor’s degree or a higher educational attainment from the years 2009–2014. Having a bachelor’s degree opens up job opportunities and can have a positive impact on health and well-being. The **Arizona state rate is 27.1%**. Source: U.S. Census: American Fact Finder

School Dropouts

The percentage of students in grades seven to twelve in Mohave County who have dropped out of school during the academic year is **3.0%** (better when compared to the state of Arizona). This indicator represents the percentage of seventh- to twelfth-grade students who dropped out of school during the academic year 2014–2015. Education can have an important impact on health and decrease the risk of a person being unemployed, on government assistance, or involved in crime. The **Arizona state rate is 3.5%**. Source: Arizona Health Matters

Unemployment

The unemployment rate in Mohave County is **7.1%** (worse when compared to peer counties). This indicator represents the percentage of the population who were over sixteen and not currently employed but seeking work in February 2016. People who are unemployed have higher illness rates, an increased risk of death, and lower access to health insurance and health care. The **Arizona State rate is 5.2%**. Source: Bureau of Labor Statistics

SOCIAL SUPPORT

Single-parent Households

The percentage of children in Mohave County who live in single-parent households is **35.4%** (moderate when compared to peer counties). This indicator represents the percentage of children in all family households who lived in a household with a single parent (male or female head of the household) in the years 2008–2012. Children who live in households with two married adults (biological or adoptive parents of all children in the household) are generally healthier and have greater access to health care. The **median of all U.S. states is 30.8%**. Source: CDC's CHSI

Linguistic Isolation

The percentage of households in Mohave County that are in linguistic isolation is **1.8%** (moderate when compared to other U.S. counties). This indicator represents the percentage of households where every member aged fourteen or older had some difficulty speaking English in the years 2010–2014. People living in linguistically isolated households may have difficulty accessing the community services they need, including transportation, medical, social, and educational services. The **Arizona state rate is 4.8%**.

Source: Arizona Health Matters

Inadequate Social Support

The percentage of adults in Mohave County who report inadequate social support is **23.9%** (worse when compared to peer counties). This indicator represents the percentage of adults who were over eighteen and who reported not having enough social-emotional support in the years 2006–2012. Social isolation has a negative impact on overall health and well-being. The **median of all U.S. states is 19.6%**. Source: CDC's CHSI

Students at High Risk

The percentage of students in Mohave County at high risk is **27.0%** (8th grade), **27.7%** (10th grade) and **29.5%** (12th grade) – worse when compared to Arizona State rates. This indicator represents students who have more than a specified number of risk factors operating in **their** lives in the areas of community, family, school and peer & individual risk factors. The **Arizona State rates are 24.9% (8th grade), 23.3% (10th grade) and 23.6% (12th grade)**. Source: Arizona Criminal Justice Commission

VIOLENT CRIME

Violent Crime

The violent crime rate in Mohave County is **193.2 per 100,000** (moderate when compared to peer counties). This indicator represents the rate of violent crime—including homicide, rape, robbery, and aggravated assault—in the years 2010–2012. Witnessing or being the victim of a violent crime has lifelong consequences on health and well-being. The **median of all U.S. states is 199.2 per 100,000**. Source: CDC's CHSI

COUNTY HEALTH RANKINGS – SOCIAL & ECONOMIC FACTORS

The County Health Rankings compiled by the Robert Wood Johnson Foundation rank Mohave County **9th out of 15** Arizona Counties for social & economic factors. This ranking is based on education, employment, poverty, social associations, violent crime and injury deaths.

Table 5: Social Factors Indicator Summary

Indicator color represents indicator status compared to peer counties, Arizona state rate or all U.S. counties (red = worse, orange = moderate, green = better)

Social Factors Indicator	Rate
Gender: female	49.7%
Gender: male	50.3%
Population over 65 years old	26.9%
Population under 18 years old	18.7%
People living in poverty	21.1%
Children living in poverty	31.7%
Homeownership	49.2%
Inadequate social support	23.9%
Violent crime	193.2 per 100,000
Median household income	\$38,456
People 25 years and older with a bachelor's degree or higher	12.2%
Unemployment	87.1%
Students at high risk in 8 th grade	27.0%
Students at high risk in 10 th grade	27.7%
Students at high risk in 12 th grade	29.5%
Single-parent households	35.4%
Linguistic isolation	1.8%
People facing high housing costs	35.3%
Families living in poverty	13.6%
Households with cash public assistance	2.7%
Renters spending 30% or more of household income on rent	49.6%
On-time high school graduation	73.6%
School dropouts	3.0%
Income inequality index	0.435
People 65 years and older living in poverty	7.8%

PHYSICAL ENVIRONMENT

FOOD INSECURITY AND FOOD ACCESS

Child Food Insecurity

The percentage of children in Mohave County who are food insecure is **31.9%** (worse when compared to other U.S. counties). This indicator represents the percentage of children under eighteen living in households that experienced food insecurity at some point during 2014. Food insecurity is defined as limited or uncertain availability of nutritionally adequate foods. The **Arizona state rate is 26.8%**. Source: Arizona Health Matters

Food Insecurity

The percentage of the total population in Mohave County who are food insecure is **19.2%** (worse when compared to other U.S. counties). This indicator represents the percentage of the population who experienced food insecurity at some point during 2014. Food insecurity is defined as limited or uncertain availability of nutritionally adequate foods. The **Arizona state rate is 17.1%**. Source: Arizona Health Matters

Limited Access to Healthy Foods

The percentage of individuals in Mohave County who are low-income and do not live close to a full service grocery store or supermarket is **17.3%** (worse when compared to peer counties). This indicator represents the percentage of the population who were low-income and who did not live close to a grocery store in 2010. In rural areas, this means living more than ten miles from a grocery store, and in urban areas, this means living more than one mile from a grocery store. Access to healthy foods is important for overall health and well-being. The **median of all U.S. states is 6.2%**. Source: CDC's CHSI

Children with Low Access to a Grocery Store

The percentage of children in Mohave County who do not live close to a grocery store is **8.2%** (worse when compared to other U.S. counties). This indicator represents the

percentage of children who did not live close to a grocery store in 2010. In rural areas, this means living more than ten miles from a grocery store, and in urban areas, this means living more than one mile from a grocery store. Access to healthy foods is important for overall health and well-being. Source: Arizona Health Matters

Households with No Car and Low Access to a Grocery Store

The percentage of households in Mohave County who do not have a car and do not live close to a grocery store is **2.4%** (better when compared to other U.S. counties). This indicator represents the percentage of households who did not have a car and who did not live close to a grocery store in 2010. In rural areas, this means living more than ten miles from a grocery store, and in urban areas, this means living more than one mile from a grocery store. Access to healthy foods is important for overall health and well-being. Source: Arizona Health Matters

People Sixty-Five and Older with Low Access to a Grocery Store

The percentage of individuals over the age of sixty-five in Mohave County who do not live close to a grocery store is **10.7%** (worse when compared to other U.S. counties). This indicator represents the percentage of the population who were over 65 years old and who did not live close to a grocery store in 2010. In rural areas, this means living more than ten miles from a grocery store, and in urban areas, this means living more than one mile from a grocery store. Access to healthy foods is important for overall health and well-being. Source: Arizona Health Matters

BUILT ENVIRONMENT

Access to Parks

The percentage of the population in Mohave County who live within half a mile of a park is **12.0%** (moderate when compared to peer counties). This indicator represents the percentage of the population who lived within half a mile of a park in 2010. Safe and

accessible parks can increase physical activity levels. The **median of all U.S. states is 14.0%**. Source: CDC's CHSI

Liquor Store Density

The liquor store density in Mohave County is **2.5 per 100,000** (better when compared to other U.S. counties as it is better to have a lower density). This indicator represents the number of liquor stores per 100,000 population in 2014. A high density of liquor stores is associated with higher rates of violence. The **Arizona state rate is 3.1 per 100,000**. Source: Arizona Health Matters

HOUSING

Housing Stress

The percentage of housing in Mohave County defined as stressed is **35.5%** (moderate when compared to peer counties). This indicator represents the percentage of housing that met at least one definition of stressed housing in the years 2007–2011:

1. Housing unit lacks complete plumbing.
2. Housing unit lacks complete kitchen.
3. Household is overcrowded.
4. Household is cost burdened.

Quality housing that is not stressed is associated with improved health and well-being.

The **median percentage of housing stress of all U.S. states is 28.1%**. Source: CDC's CHSI

Living Near Highways

The percentage of the population in Mohave County that live near a highway is **0.9%** (better when compared to peer counties). This indicator represents the percentage of the population who lived within 150 meters of a highway in 2010. Traffic-related air pollutants are in higher concentrations near busy roads such as highways, and evidence has shown a link between traffic-related air pollutants and the exacerbation of asthma.

The **median of all U.S. states is 1.5%**. Source: CDC's CHSI

AIR QUALITY AND TOXINS

Annual Particle Pollution (PM2.5 Concentration)

The annual average concentration of PM2.5 in Mohave County is **6.7 $\mu\text{g}/\text{m}^3$** (better when compared to peer counties). This indicator represents annual average PM2.5 concentrations in 2008. Poor air quality has been linked to premature death, cancer, and damage to the respiratory and cardiovascular systems. The **median of all U.S. states is 10.7 $\mu\text{g}/\text{m}^3$** . Source: CDC's CHSI

Recognized Carcinogens Released into Air

The amount of recognized carcinogens released into the air in Mohave County is **7,109 pounds** (less in comparison to previous years' values). This indicator represents the amount of known carcinogens released into the air in pounds in 2014. These included compounds with strong evidence of causing cancer. This is not a measure of the degree to which people were exposed to these compounds, only how much was released into the air. The **Arizona state amount released is 282,885 pounds**. Source: Arizona Health Matters

COUNTY HEALTH RANKINGS – PHYSICAL ENVIRONMENT

The County Health Rankings compiled by the Robert Wood Johnson Foundation rank Mohave County **14th out of 15** Arizona Counties for physical environment. This ranking is based on air and water quality, housing and commute to work.

Table 6: Physical Environment Indicator Summary

Indicator color represents indicator status compared to peer counties, Arizona state rate or all U.S. counties (red = worse, orange = moderate, green = better)

Physical Environment Indicator	Rate
Child food insecurity	31.9%
Food insecurity	19.2%
Limited access to healthy foods	17.3%
People 65 years and older with low access to a grocery store	10.7%
Children with low access to a grocery store	8.2%
Households with no car and low access to a grocery store	2.4%
People who live within half a mile of a park	12.0%
People living in stressed housing	35.5%
People living near highways	0.9%
Annual particle pollution (PM2.5)	6.7 µg/m ³
Liquor store density	2.5 per 100,000
Recognized carcinogens released into air	7,109 pounds

STAKEHOLDER INPUT

The Mohave County Health Improvement Team employed a multi-method approach for gathering input from a range of residents and stakeholders.

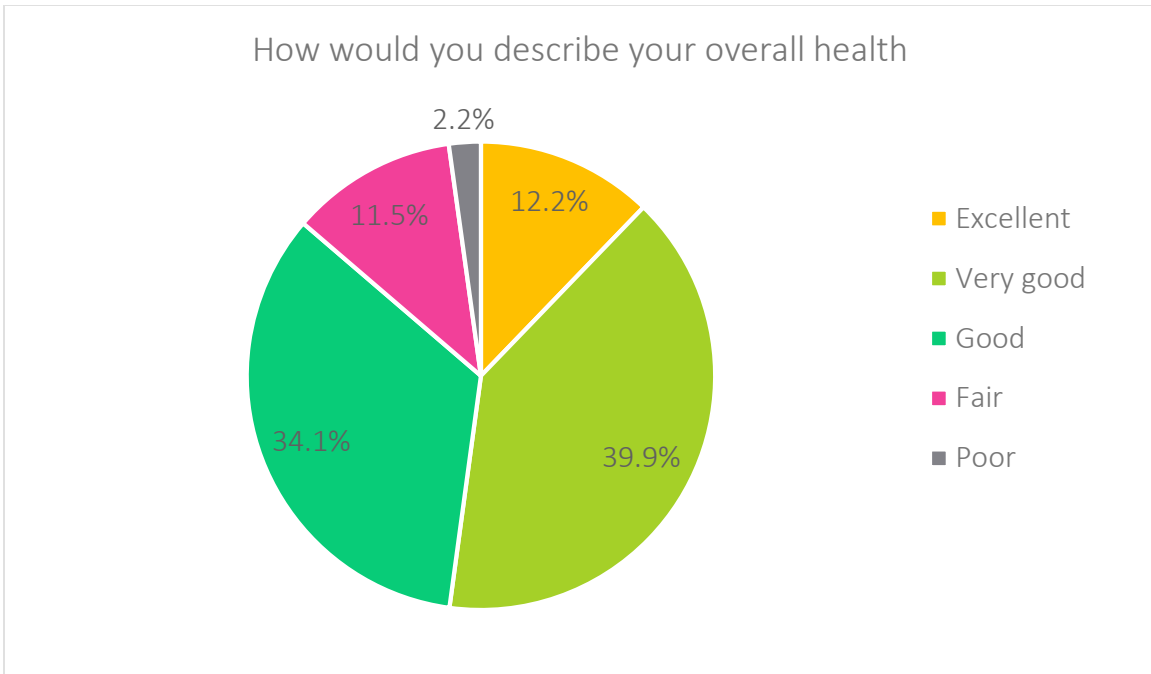
COMMUNITY SURVEY SUMMARY

The Mohave County Community Health Survey was an electronic survey developed by the Health Improvement Team to learn more about health and quality of life from the perspective of Mohave County residents. **1002** Mohave County residents completed the survey. Survey respondent demographics are summarized in Table 2.

Table 2. Survey Respondent Demographics

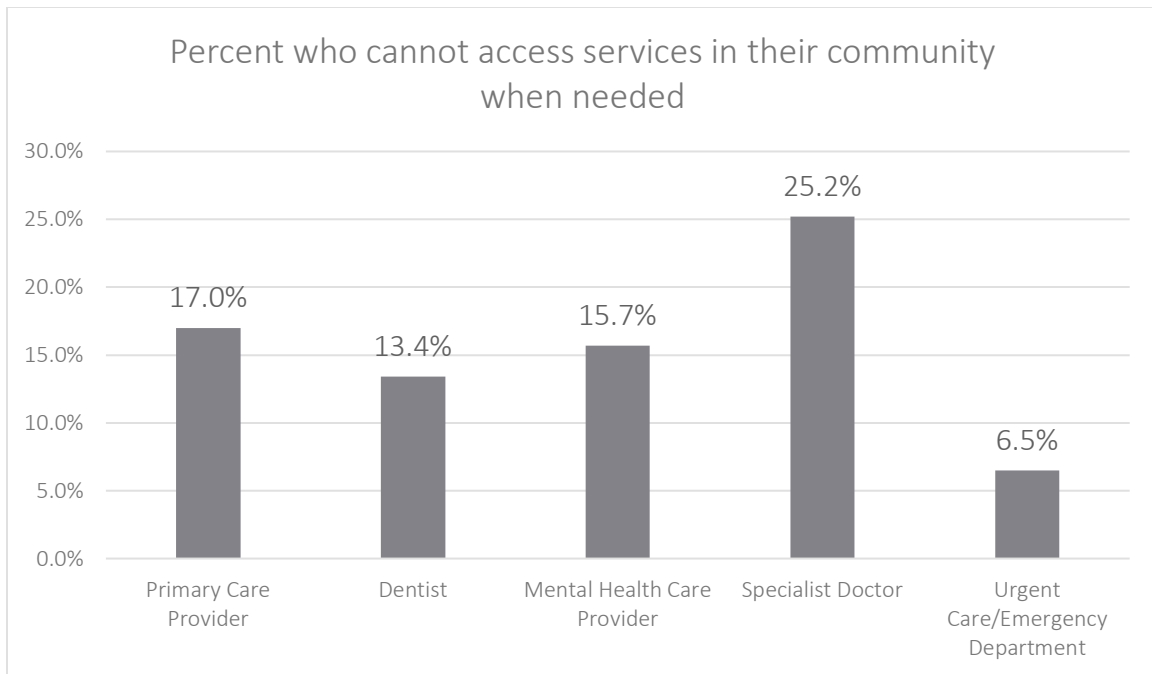
Demographic Category		Percent	Count
Gender	Female	71.6%	717
	Male	21.9%	219
	Transgender	0.3%	3
	Not specified	6.3%	63
Age	17 years old or younger	1.5%	15
	18-24 years old	5.8%	58
	25-34 years old	11.9%	119
	35-44 years old	14.9%	149
	45-54 years old	19.9%	199
	55-64 years old	24.9%	249
	65-74 years old	11.2%	112
	75 years old or older	3.5%	35
	Not specified	6.6%	66
Race/Ethnicity	American Indian/Alaskan Native	1.4%	14
	Asian/Pacific Islander	1.7%	17
	Black/African American	0.5%	5
	Hispanic	6.1%	61
	White/Caucasian	81.8%	820

Demographic Category		Percent	Count
	Other	2.3%	23
	Not specified	6.2%	62
Highest Level of Education	Less than high school	2.6%	26
	High school degree or equivalent (GED)	16.2%	162
	Some college but no degree	31.9%	320
	Associate degree	17.3%	173
	Bachelor degree	17.0%	170
	Graduate degree	9.1%	91
	Not specified	6.0%	60
City of Residence (As Determined by Zip Code)	Kingman	41.8%	419
	Lake Havasu City	22.75%	228
	Bullhead City	11.2%	113
	Fort Mohave	5.0%	52
	Golden Valley	3.9%	40
	Mohave Valley	1.2%	13
	Chloride	<1.0%	4
	Dolan Springs	<1.0%	4
	Topock	<1.0%	4
	Willow Beach	<1.0%	4
	Yucca	<1.0%	3
	Colorado City	<1.0%	1
	Hackberry	<1.0%	1
	Meadview	<1.0%	1
	Parker	<1.0%	1
	Peach Springs	<1.0%	2
	Not Specified	11.2%	113



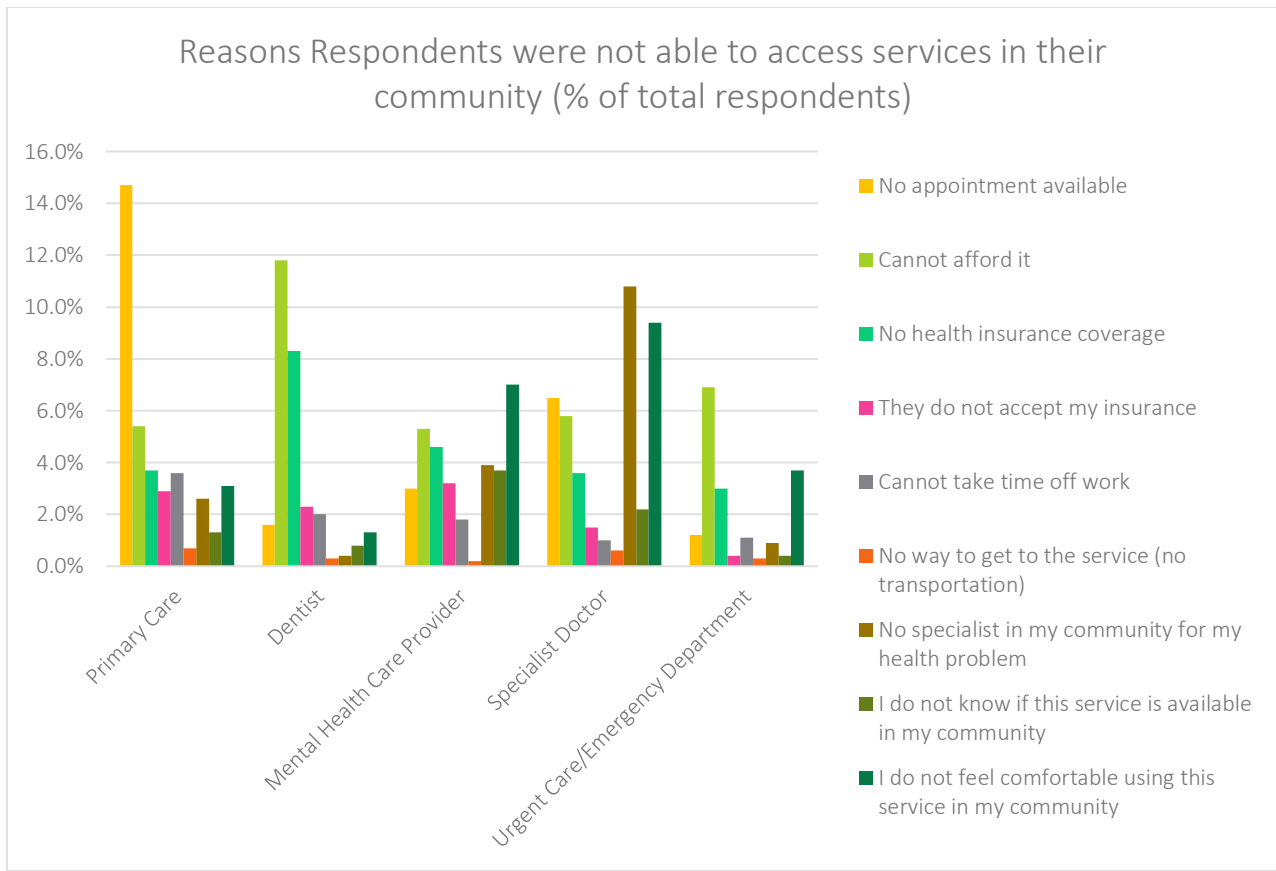
The graph above shows a self-reported, individual measure of overall health for residents in Mohave County. Over 85% of the respondents measure their own health as good, very good or excellent. The breakdown is as follows:

- 12.2% of people described their health as “Excellent”
- 39.9% of people described their health as “Very good”
- 34.1% of people described their health as “Good”
- 11.5% of people described their health as “Fair”
- 2.2% of people described their health as “Poor”



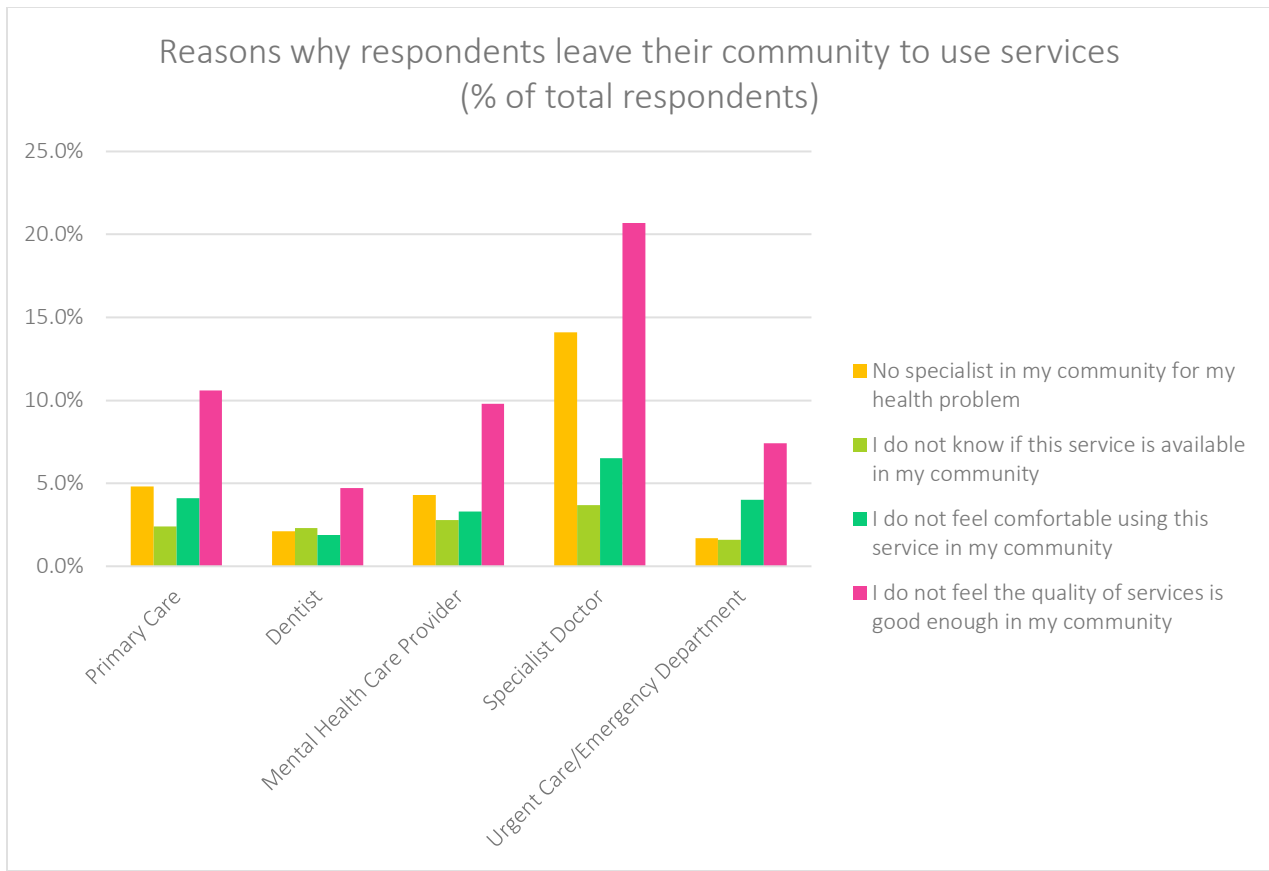
The graph above shows the percentage of Mohave County residents who cannot access specific health services in the community when they need them. There is a shortage of specialist doctors in Mohave County as one in four residents reported not being able to access specialist care when needed. The breakdown for lack of access is as follows:

- Primary Care Provider: 17.0%
- Dentist: 13.4%
- Mental Health Care Provider: 15.7%
- Specialist Doctor: 25.2%
- Urgent Care: 6.5%



The graph above summarizes the main reasons that residents were not able to access specific services in their community and the percentage of residents for whom these reasons apply. The biggest reasons residents cannot access the following services are as follows:

- Primary care: There are no appointments available => 14.0%
- Dentist: Cannot afford it => 12.0%
- Mental Health Provider: I do not feel comfortable using this service in my community => 7.0%
- Specialist Doctor: No specialist in my community for my health problem => 10.8%
- Urgent Care/Emergency Department: Cannot afford it => 6.9%



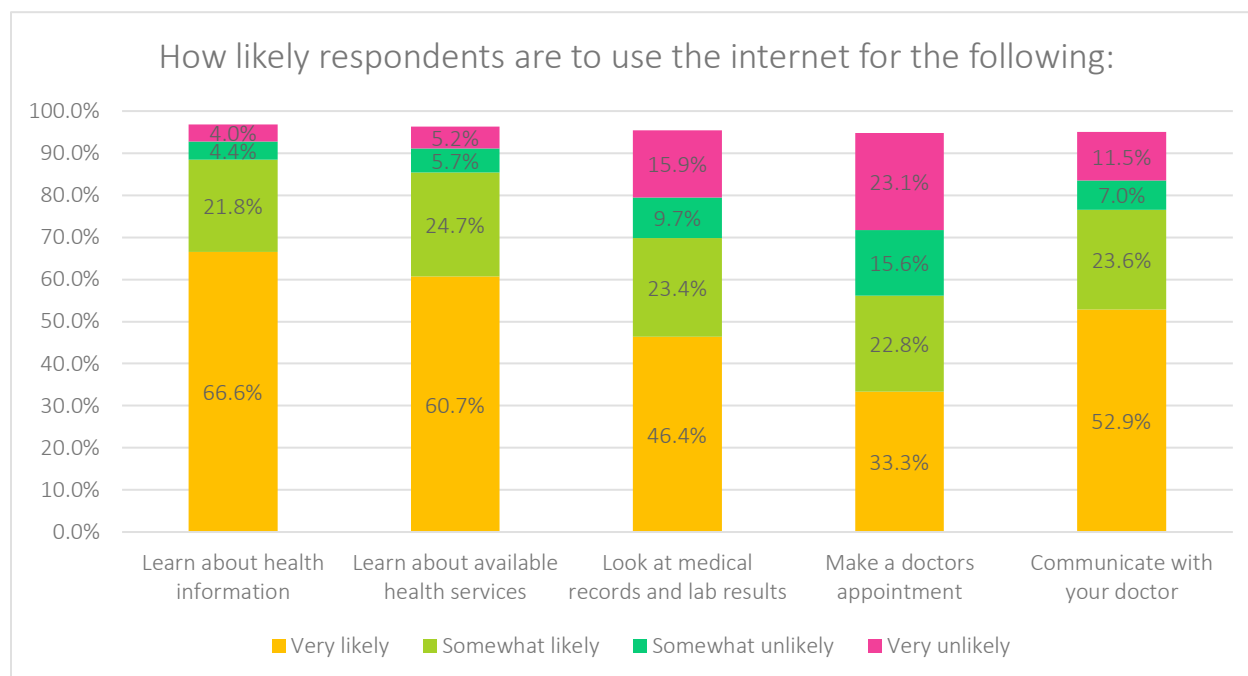
The graph above shows the reasons why respondents leave their communities to use specific services. The biggest reason for leaving the community for each services is as follows:

- Primary Care: I do not feel the quality of services is good enough in my community => 10.6%
- Dentist: I do not feel the quality of services is good enough in my community => 4.7%
- Mental Health Care Provider: I do not feel the quality of services is good enough in my community => 9.8%
- Specialist Doctor: I do not feel the quality of services is good enough in my community => 20.7%
- Urgent Care/Emergency Department: I do not feel the quality of services is good enough in my community => 7.4%

Internet Access – How respondents access the internet

Home computer	80.7%
Mobile phone or tablet	75.1%
Public computer	7.3%
Computer owned by family or friends	4.8%
No easy access to the internet	1.4%

The table above shows that a large majority of residents access the Internet from a home computer or a mobile phone/tablet. Only 1.4% of respondents signified that they do not have easy access to the Internet.



The graph above shows the likelihood that residents would be willing to use the Internet for specific health-related purposes. The largest percentage of residents indicated they would be very likely to use the Internet to learn about health information. Meanwhile, the largest percentage of residents indicated they would be “Very unlikely” to use the Internet to make a doctor’s appointment. The rest of responses are as follows:

- Very likely to use the Internet to learn about health information: 66.6%
- Very likely to use the Internet to learn about available health services: 60.7%
- Very likely to use the Internet to look at medical records and lab results: 46.4%
- Very likely to use the internet to make a doctor’s appointment: 33.3%
- Very likely to use the internet to communicate with their doctor: 52.9%

The following table shows the percentage of residents for whom a specific statement applied. For example, 67.7% of residents indicated that they feel safe in their community.

Exercise for 30 minutes or more, at least 3 times per week	48.3%
Eat at least 5 servings of fruits and vegetables most days	36.0%
Smoke cigarettes on most days	13.7%
Chew tobacco on most days	0.8%
Used illegal drugs in the past 12 months	2.0%
Used prescription drugs without a doctor's prescription in the past 12 months	2.9%
Consume more than 4 alcoholic drinks on most days	2.6%
Use sunscreen or sunblock whenever outside for more than one hour on a sunny day	40.7%
Get a flu shot every year	50.7%
Feel safe in their community	67.7%
Feel down, depressed or helpless on most days	8.6%
Feel nervous, anxious or on most days	10.7%
Not able to control or stop worrying on most days	10.4%

Where people get physical activity: Home 60%; Gym 26.2%; Outdoors 54.3%; School 1.6%; Community Center 2.2%; Parks & Rec 22.1%; Privately owned business 2.9%; senior center 1.5%; Other 7.0%. Exercise at home was the most popular response with 60% of the respondents indicating that they do physical activity at home. Outdoors was a close second with 54.3%.

Where You Purchase Your Food	Count	Percent
Convenience store	6	0.6%
Farmer's Market or farm stand	15	1.5%
Fast food restaurant	21	2.1%
Food Pantry	4	0.4%
Grocery store	867	86.5%
Meals on Wheels	1	0.1%
Other (please specify)	24	2.4%
Sit Down Restaurant	22	2.2%

The table above shows the places where most Mohave County residents get their food. A majority (86.5%) indicated that they get most of their food from the grocery store.

About how far do you live from the closest grocery store? (Safeway, Smith's, Basha's, etc.)

Miles	Count	Percent
0-5 miles	712	71.1%
11-20 miles	70	7.0%
21 or more miles	51	5.1%
6-10 miles	127	12.7%

The table above shows the distance that Mohave County residents live from the grocery store. A majority (71.1%) live within 5 miles of the grocery store.

Are There Enough Healthy Food Options in Your Community?	Count	Percent
Yes	486	48.5%
No	451	45.0%
I am unsure what healthy food options are.	20	2.0%

The table above shows residents' thoughts on whether or not they believe there are enough healthy food options in Mohave County. There was an almost even split between those saying that there are enough health options (48.5%) and those saying that there are not enough healthy options (45.0%).

Top 3 health challenges faced by individual survey respondents were reported as follows:

1. Obesity and overweight: 35.6%
2. Back pain: 26.3%
3. Joint pain: 25.9%

Top 3 health challenges in the community perceived by survey respondents were as follows:

1. Drug addiction (65.1% of respondents agree)
2. Obesity and overweight: (51.2% of respondents agree)
3. Mental health (39.5% of respondents agree)

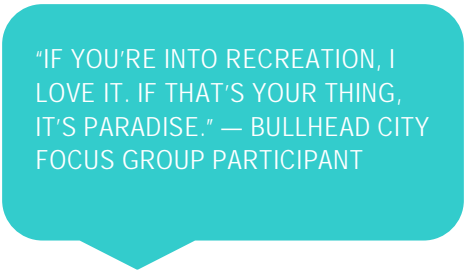
FOCUS GROUP RESULTS

Seven focus group discussions were held in May and June of 2016. The purpose of these focus groups was to explore resident's perceptions on health and healthcare services in a more conversational and in-depth approach not available through survey methods. Focus groups were held in the most populous cities of Kingman, Bullhead City, and Lake Havasu City. The Community Health Improvement Initiative recommended several outlying communities to target for focus groups, however, due to limited time and resources, Dolan Springs was the only outlying community where a focus group was held. Two sessions were conducted in Kingman at the KRMC Hualapai Mountain Campus and one session was held at each of the following locations: Bullhead City Library, Lake Havasu City Library, St. Margaret Mary Catholic Church in Bullhead City, the Regional Center for Border Health office in Lake Havasu City and the Dolan Springs Community Center. Two of the seven focus groups were held in Spanish. Each focus group comprised six to twelve community members per session, reaching a total sample size of fifty-two (N = 52). Focus Group participants were fairly representative of demographics in Mohave County for age and gender. Information on participant's Socioeconomic status, race and ethnicity were not gathered or estimated. To protect the identities of focus group participants, the findings have been compiled and are reported collectively. Discussions were audio recorded with consent from participants, transcribed and analyzed for common themes across all discussions. Analysis focused primarily on shared perceptions and experiences across the county, however there some regional differences that are highlighted based on key differences in healthcare service operations and other distinct regional characteristics.

COMMUNITY HEALTH ASSETS

Almost all focus groups discussed the value of living in a smaller community that has an affordable cost of living. Many noted the close proximity of amenities, as well as the easy access to large cities and destinations without the traffic and fast-paced highways.

Participants frequently expressed positive feelings about their fellow community members.



"IF YOU'RE INTO RECREATION, I LOVE IT. IF THAT'S YOUR THING, IT'S PARADISE." — BULLHEAD CITY FOCUS GROUP PARTICIPANT

Residents were described as “very nice”, “warm and friendly” and “willing to help you out.” Focus group participants also identified the beautiful scenery, weather and outdoor recreational opportunities as major assets to health in Mohave County.

FOCUS GROUP KEY HEALTH CONCERNS AND GAPS IN HEALTH SERVICES

Mental health and substance abuse are major health concerns throughout the county

“THERE IS DEFINITELY AN OPPORTUNITY TO BETTER LINK MENTAL HEALTH AND SUBSTANCE ABUSE.” – LAKE HAVASU CITY FOCUS GROUP PARTICIPANT

“WE OFTEN DON’T LOOK AT THE UNDERLYING ISSUES, AND WITH SUBSTANCE ABUSE THERE IS OFTEN AN UNDERLYING MENTAL HEALTH ISSUE...THAT GOES IGNORED.” – BULLHEAD CITY FOCUS GROUP PARTICIPANT

When asked what the top health concern was for participants and their communities, almost all focus groups identified mental health and substance abuse first. They also discussed how mental health and substance abuse were strongly linked and that services should address them jointly, as opposed to addressing substance abuse independent of mental health.

Participants pointed to the lack of meaningful activities and jobs for young people as a major cause for the increase in substance use and abuse. Many discussed how many teens are bored and do not feel that there is much hope for a good future in Mohave County. Participants also identified the “party culture” common to casino towns and boating recreation as influencing the high rates of substance use and abuse. Recreational drug and alcohol use is seen as strongly encouraged and made easily accessible in these communities by legal and illegal industries that cater to tourists. Lastly, the lack of compassionate and quality mental health and substance abuse services was also identified as contributing to high rates of substance use in that many people who fail to get the help they seek often turn to drugs to self-medicate.

Lack of affordable, quality and compassionate mental health and substance abuse services

Focus Group participants across the county felt that there was a significant lack of choice when it comes to mental health and substance abuse services. Many felt that there were few private mental health providers to choose from and that those available did not accept many insurances. These people mentioned that they were forced to travel outside of the county for regular mental health care. Many participants were aware of the fact that decreased federal and state funding for mental health services has contributed to the limited options for low-income residents. These agencies were viewed as overwhelmed with need and ill-equipped with necessary resources which causes high burnout and high staff turnover. Participants shared many negative

“IT’S SUCH AN INTIMATE PERSONAL RELATIONSHIP BUT IT DOESN’T WORK IF I DON’T TRUST YOU.” - KINGMAN FOCUS GROUP PARTICIPANT

IT’S STIGMATIZED WHEN YOU DO SEEK HELP. YOU FEEL ASHAMED. AND THEN TO HAVE A NEW DOCTOR EVERY 90 DAYS AND HAVE TO REPEAT YOURSELF. YOU’VE ALREADY LIVED IT AND THEN YOU HAVE TO RELIVE IT AGAIN AND AGAIN.” – KINGMAN FOCUS GROUP PARTICIPANT

personal experiences as consumers and as former employees of area mental health services, feeling that patients are frequently disrespected and stigmatized. According to participants, the high staff turnover rates were partly to blame for people’s lack of trust in the quality and confidentiality of care.

Participants told stories of family members seeking emergency mental services, but that the capacity of providers and facilities were sorely lacking. This was especially true for family members needing residential mental health and substance abuse services who were forced to travel to Prescott or Gilbert for care. These participants discussed the additional emotional, time and financial burden of having to travel such long distances to visit family members needing residential and inpatient care.

Need for improved access to quality primary care, specialty care and comprehensive services for the aging

Participants identified the need for more primary care providers throughout the county. Many discussed waiting up to a month to see a general

practitioner and that their appointments were often rushed and inadequate. Some participants expressed frustration with the lack of effective communication and compassionate person-centered care as a result of the high patient loads.

"I KEEP GETTING REASSIGNED NEW DOCTORS ON AHCCCS. NOW I HAVE NO DOCTOR. I HAVE HAD HEART PROBLEMS AND I WISH I HAD A DOCTOR THAT I COULD SEE ON A REGULAR BASIS."—LAKE HAVASU CITY FOCUS GROUP PARTICIPANT

Focus group participants repeatedly mentioned a lack of specialty care providers throughout the county. Experiences with existing Mohave County specialty providers was mostly seen as negative based on poor communication and poor clinical care. With limited choices in specialty care providers, many participants travel to Las Vegas, Phoenix, Prescott and Flagstaff for specialty services such as gastroenterologists, endocrinologist, ear nose and throat physicians,

"I HAVE TO TRAVEL FOUR HOURS TO SEE A SPECIALIST. LAS VEGAS IS CLOSER BUT THEY DON'T ACCEPT MY INSURANCE." — DOLAN SPRINGS FOCUS GROUP PARTICIPANT

and pediatrics. It was common for participants to note that they regularly travel distances of 100 to 200 miles to seek specialty care. They discussed how this causes an additional burden on families already faced with limited time and financial resources.

Kingman focus group participants recognized the expansion of long-term care facilities in the area, but expressed concern that they were not enough to meet the needs of the large aging community, especially those with Alzheimer's and dementia. Participants also shared emotional experiences struggling to care for aging family members and feelings of helplessness in not knowing what is out there to support them, or what they will be able to do when they can no longer care for their loved ones at home.

Need for improved emergency medical services

Focus group participants shared stories of themselves, family members and friends having to be “air-evacuated” to hospitals in Phoenix or Las Vegas. Many noted the need for regional hospitals in the county to improve their trauma resources in order to reduce high emergency travel costs and preventable death. Dolan Spring residents discussed long ambulance and EMT response times due to limited resources and poor quality roads. Many agreed that despite the reduction in resources for fire and emergency, there is still a need for additional EMTs and a sub-station. These outlying residents also identified snake bites and heatstroke as common medical emergencies that could be better addressed through increased access to antivenin, as well innovative community-based strategies discussed later.

FOCUS GROUP RECOMMENDATIONS FOR IMPROVING HEALTHCARE AND COMMUNITY HEALTH

Strategies for increasing awareness of available health services

When asked about the likelihood of residents using the internet and technology to learn more about available services, make appointments, and access patient records participants noted that most younger and middle-aged adults would prefer this method if they knew it existed. They stressed the need for any web-based resource guides, patient portals or other online services to be simple and user friendly. Participants in all focus groups agreed that older adults and many in the Hispanic/Latino community would not feel comfortable utilizing computers or the internet for these activities. More effective strategies for reaching these audiences included targeted

“EVERYBODY KNOWS 911. WHY COULDN'T THEY COME UP WITH A PHONE NUMBER FOR PEOPLE TO CALL FOR HELP AND SAY 'THIS IS THE TYPE OF HELP I NEED' AND BE REFERRED TO THE RIGHT PLACE.”
– KINGMAN FOCUS GROUP PARTICIPANT

radio and television advertisements, direct mail corresponding popular coupon books, posters and flyers at churches and local Hispanic businesses. Participants noted the value of word of mouth information sharing and the need for telephone referral services.

Strategies for improving communication and person-centered care

Focus group participants expressed frustration with poor communication between healthcare providers and administrative staff, as well as between patients and healthcare providers. This was especially apparent in the Spanish speaking focus groups. Participants recommended that providers and administrative staff receive more education and professional development to improve communication, improve cultural competency, and address stigma related to mental health and substance abuse. Many participants identified the need for a community member or third party professional who could help patients better understand their insurance, what healthcare resources were available to them, help with translation and better facilitate communication with healthcare providers and staff. These recommendations reflect national trends in support of lay and paraprofessional healthcare roles known as Community Health Workers, Lay Health Workers, Patient Navigators and Promotoras.

Strategies to improve healthy behaviors

Many participants noted the close proximity of amenities and public transportation as a major asset if you lived in the central part of town. They recommended expanding public transportation for those living farther from the center. Many felt that people would utilize and pay for public transportation if the stops and routes effectively met people's needs. The role of public transportation was seen as a way to improve quality of life for people lacking cars, especially seniors and youth. Participants identified existing opportunities for youth to be physically active outside of school hours such as skate park and aquatic centers, but that transportation to these existing resources was a major challenge for many low-income and single parent families during the summer months. Many participants identified the need for additional free or low-cost recreational opportunities during the hotter weather such as indoor trampoline parks, aquatic centers, as well as shade structures and water features in existing parks.

Focus group participants identified the opportunity for providing more meaningful recreational and vocational activities for youth and young people in order to prevent substance use and abuse. Many felt that comprehensive health promotion and health education programming to

address risk behaviors could also be incorporated into more after-school youth programming and vocational opportunities. Lake Havasu City residents further recommended the creation and promotion of alcohol and drug free group activities and events as alternative recreational opportunities for adults and young people who want to enjoy the lake and holiday celebrations.

Community-based strategies for improve access to quality care in outlying areas

According to Dolan Springs residents, it is common for people complain about the lack of resources and challenges faced by their community without offering to help. This was not the case for participants in the Dolan Springs focus group. In addition to identifying needs that could be supported by KRMC or MCDPH, they also offered specific ways they could help address health needs. As previously mentioned, Dolan Springs has experienced an uptick in the number of people coming into gas stations and business experiencing heat stroke and needing emergency medical attention. Participants see a valuable opportunity to create a training programs and toolkit to certify area businesses on how to identify and respond to heat stroke until medical professionals arrive. They also discussed the potential for expanding that idea to the education and certification of other lay health professionals and volunteer first responders in order to provide more community-based response services when it is difficult or impossible to access other services.

As with many of the focus groups, Dolan Springs residents also identified the need for primary care since there is no longer a general practitioner in their community or in the surrounding towns in closer proximity than Kingman. Focus group participants proactively discussed opportunities for utilizing existing facilities to create wrap-around community health and clinical services such as primary care one or two days a week, mental health the other days of the week, as well as additional health services of value to the community. They also discussed the possibility of these being provided through mobile health services and including a small lab so that they could avoid having to travel to Kingman for bloodwork. Participants frequently expressed that there is strong community will to help bring improved services to the community,

and as one participant put it “we want to know what KRMC can do to help us” make these ideas a reality.

KEY INFORMANT INTERVIEW RESULTS

The assessment team conducted a fourteen interviews representing thirteen different organizational perspectives (N = 14). The initial key informants were identified by the Health Assessment Team and in-depth, semi-structured interviews were conducted via telephone and lasted approximately thirty minutes. The team was specifically interested in learning the organizational perspectives from leaders in the community on the following key issues:

- What are the strengths and assets of communities in Mohave County that contribute to improved health, and how can these assets be strengthened?
- What challenges are organizations experiencing when trying to provide health services?
- What areas for improvement should be prioritized in order to address community health needs within the next three to five years?

The organizations that participated in the key informant interviews are included in Table 8.

Table 8. Key Informant Participant by Organization

Organization	
1	Bullhead City Police Department
2	Mohave Substance Abuse Team
3	North Country Healthcare
4	Hualapai Tribe
5	Mohave County Superior Court
6	Treatment Assessment Screening Center
7	Kingman Regional Medical Center
8	Mohave Mental Health Clinic
9	Havasu Regional Medical Center
10	Cornerstone Mission
11	Kingman Unified School District
12	Bullhead City
13	City of Kingman

Consistent with the methodology of focus group analysis, information shared from key informant interviews was analyzed for common themes and concepts. The following key themes and concepts emerged across all or most interviews:

ASSETS AND CHALLENGES

Current collaboration among agencies and organizations is seen as a major asset

Key informants noted that the number and diversity of healthcare service organizations like the many hospitals, tribal health services, youth services and behavioral health services available throughout Mohave County is rare for such a rural county. Many interviewees identified current collaboration and communication across local and state level agencies and organizations as being a major asset. Recent collaborative efforts have allowed organizations to scale up community outreach and education strategies, unify organizations under a shared set of goals, and better identify gaps in services. Efforts have also influenced more targeted community investments in crucial services for the homeless and the hungry, as well as investments in parks, trails and other opportunities for families to be physically active.

"I JUST WANT TO SAY THANK YOU TO ALL OF THE DEDICATED COMMUNITY HEALTH AND HEALTHCARE LEADERS AND STAFF WORKING TO IMPROVE OUR COMMUNITY." — KEY INFORMANT

Limited financial and human resources

Key informants frequently discussed limited funding as a major challenge in providing general and community health related services to the community. Furthermore, many noted challenges finding and retaining qualified employees including law enforcement, behavior health staff, nurses, infectious disease specialists and other specialty providers. Spanish-speaking, culturally competent staff were seen as highly valuable by some organizations. Despite the fact that these positions represent some of the most secure and good paying jobs available in the county, interviewees felt that area cities and communities did not provide enough amenities, jobs for

spouses, and other characteristics of larger cities necessary to attract and retain these highly needed staff.

MAIN HEALTH CONCERNS ACCORDING TO KEY INFORMANTS

Substance abuse and mental health

Similar to the findings from the focus groups and community health survey, key informants identified drug use and mental health as the most pressing health concerns in the community. They discussed the negative impact current substance abuse and untreated mental illness has on neighborhoods, families, schools and how these issues put a major strain on the ability of organizations to provide basic services. Many interviewees noted that substance abuse is a problem across all ages, but that prevention and early intervention should target children and youth. Mirroring the focus group respondents, informants felt that there was a need and an opportunity to treat substance abuse and mental health jointly. Limited quality mental health and substance abuse treatment options for the uninsured and underinsured was identified, but these informants were aware of the funding and staff challenges faced by these agencies. Despite these challenges, most informants felt strongly that the need cannot be ignored and that more needs to be done to provide these crucial services.

Chronic disease and risk factors

Key informants also identified chronic diseases such as asthma, chronic obstructive pulmonary disease (COPD), diabetes, and kidney diseases as other major health concerns that they believe residents are facing. High rates of smoking, overweight, and obesity were seen as key risk factors

THE VIEW THROUGHOUT THE COMMUNITY IS THAT DIABETES IS AN INEVITABILITY, THAT 'I'M GOING TO GET IT NO MATTER WHAT.'— KEY INFORMANT

and contributors to these diseases. Informants identified the need for better outreach and education to reduce unhealthy behaviors. Some also identified the need for healthier environments such as grocery stores that offer and promote healthy foods, as well as high quality, free or affordable fitness and recreation facilities in order to support and encourage healthy lifestyles.

VISIONS FOR THE FUTURE AND 3-5 YEAR PRIORITIES

A healthier Mohave County includes attractive amenities and highly engaged stakeholders

When asked to envision a healthier future for Mohave County residents, many key informants described cities and towns that provide diverse opportunities for families and individuals to be social and physically active such as improved sidewalks, trails, biking, parks, fitness facilities and sports complexes. They also envisioned a future where elected officials and other leaders saw the connections between economic development, community development, improved infrastructure and community health. Cities and towns where leaders supported investments to improve amenities, culture and the arts in order to make communities more attractive to highly skilled health professionals.

In addition to more coalition participation by elected officials, key informants also hope to have more doctors, pharmacists and other healthcare providers involved in the coalition to help identify innovative, coordinated and effective strategies such as a robust health information exchange. One interviewee described a vision for more technology-based healthcare and service delivery system that also served to link people to educational opportunities and additional health services catering to their needs. Another informant envisioned improved “transition of care” resources and strategies. Transition of care roles similar to Community Health Workers, Patient Navigators and Promotoras who help patients set and get to appointments, better understand doctor’s orders, and link patients to any other resources needed to ensure successful recovery and ongoing treatment.

Obtaining funding and strengthening collaboration should be key 3-5 year priorities

Current collaboration across agencies and organizations was already mentioned as a major asset. Many informants identified the need to further strengthen and improve coordination towards shared health improvement goals. As mentioned in the informant visions above, some noted the need to expand collaboration to better link social and behavioral health services with clinical services. They saw stronger coordination and collaboration as an opportunity more effectively

use dwindling resources, but more importantly, as a valuable opportunity to seek additional funding resources. Informants identified the availability of federal, private and philanthropic funds to support efforts and recommended that grant research and writing be a key priority of the Health Improvement Initiative in the coming years.

The Community Health Improvement Initiative should scale up outreach and education

Many key informants recognized the need for improved public awareness of health issues, as well as the available services and resources to address these issues. These informants recommended that the Health Improvement Initiative continue to prioritize the development and dissemination of a resource guide for use by residents and services providers. Some saw the development of a resources guide as an opportunity to strengthen and expand collaboration across healthcare providers and agencies in order to better align services and tailor referral strategies to each individual's unique needs.

Exploring the feasibility for more residential substance abuse and inpatient mental health treatment facilities should be a major priority over the next 3 to 5 years

Most key informants stressed the need for an affordable residential detox or substance abuse treatment facility in Mohave County to serve the many residents suffering from addiction who want help. Additionally, they saw the need to explore more inpatient and residential mental health treatment facilities to avoid long stays in the emergency room, jail placements and the burden of travel currently experienced by many people in crisis.

KEY FINDINGS AND CONCLUSIONS

The 2016 CHA for Mohave County set out to gain a more comprehensive picture of health issues facing Mohave County residents. Through a systematic analysis of secondary data, primary quantitative and qualitative research through community engagement the following key findings were identified across all or most sources of data:

Strengths

- Existing coalitions and collaborative efforts working to address specific health needs.
- Access to outdoor recreation.
- Lower incidences of infant mortality and many cancers.
- High availability of diverse healthcare services as compared to other rural counties

Alarming Health Trends

- Men and Women in Mohave County die earlier in life than their counterparts residing in similar communities.
- Higher rates of mortality exist when compared to the state and peer counties such as those caused by unintentional injury including, motor vehicle collisions, chronic respiratory disease, suicide, diabetes, firearms, influenza and pneumonia.
- Some of the leading causes of death include chronic diseases which have been shown to have the greatest financial impact due to high treatment costs and low worker productivity.
- Higher rates of disease risk factors exist including: overweight and obesity (especially among low income residents), low intake of fruits and vegetables, high rates of physical inactivity, as well as high rates of smoking and substance use across all age groups throughout the county.

Existing Social Determinants of Poor Health

- Higher rates of individuals and children living below the federal poverty level.
- Higher rates of low quality housing with low rates of home ownership.
- Higher crime rates than peer counties.
- High unemployment
- A higher percentage of adults report inadequate social support.
- A higher percentage of residents have limited access to healthy foods and are food insecure.

Opportunities for Improvement as Identified by Community Input

- Access to specialty care services and primary care providers.
- Access to quality substance abuse and mental health services for the underinsured.
- Strategies and support services to better facilitate culturally competent communication between patients and providers, as well as to support care transition.
- Increase public and provider awareness of available services using diverse outreach and engagement strategies including web-based technologies, telephone referral services, as well as targeted promotion through area business and churches.

The CHA findings will be utilized to develop a multi-year Community Health Improvement Plan (CHIP) for Mohave County and provide solutions for improving these issues.

APPENDICES

- Community Survey
- Focus Group Discussion Guide
- Key Informant Interview Guide
- Community Resources and Assets

Community Survey

**Community Health Needs Assessment Survey for Mohave County Department of Public Health
and Kingman Regional Medical Center (KRMC)**

Introduction

The Mohave County Department of Health and Kingman Regional Medical Center are conducting a survey to learn more about health and quality of life in Mohave County. The results of this survey will help organizations address the county's major health and community concerns. The survey consists of a total of 18 questions and should take no longer than 10 minutes to complete. The survey is voluntary and your answers will be completely confidential. The information you give us cannot be linked to you in any way. Thank you for participating in our survey. Your feedback is important.

General Health Questions

1. How would you describe your overall health?

- Excellent
- Very Good
- Good
- Fair
- Poor

2. In general, are you able to use each of these services in your community when needed?

	Yes	No	Not Applicable
Primary Care Provider (Doctor, Nurse Practitioner, or Physician Assistant)			
Dentist			
Mental Health Care Provider			
Specialist Doctor (For example, Heart Doctor, Kidney Doctor, Diabetes Doctor)			
Urgent Care/Emergency Department			

3. (If No to Question 2) If you are not able to use any of these services in your community when needed, tell us why. (Please chose all that apply.)

	No appointment available	Cannot afford it	No insurance coverage	Don't accept my insurance	Cannot take time off work	No transportation	No specialist in my community	I don't feel comfortable
Primary Care Provider (Doctor, Nurse Practitioner, or Physician Assistant)								
Dentist								
Mental Health Care Provider								
Specialist Doctor (For example, Heart								

Doctor, Kidney Doctor, Diabetes Doctor)								
Urgent Care/Emergency Department								

4. If you ever leave your community to use any of these services, tell us why. (Please chose all that apply).

	No specialist in my community for my health problem	I do not know if this service is available in my community	I do not feel comfortable using this service in my community	I do not feel that the quality of services is good enough in my community
Primary Care Provider (Doctor, Nurse Practitioner, or Physician Assistant)				
Dentist				
Mental Health Care Provider				
Specialist Doctor (For example, Heart Doctor, Kidney Doctor, Diabetes Doctor)				
Urgent Care/Emergency Department				

5. How do you access the internet? (Check all that apply)

- Home Computer
- Mobile phone or tablet
- Public computer (library, etc.)
- Computer owned by family or friends
- I do not have easy access to the internet

6. How likely are you to use the internet for each of the following?

	Very Likely	Somewhat Likely	Somewhat Unlikely	Very Unlikely
To learn about health information				
To learn about available health services				
To look at your medical records and lab results				

To make a doctor's appointment				
If it were available, to communicate with your doctor				

If you answered somewhat unlikely or very unlikely to any of the above, please tell us why.

7. Which statements below describe you? (Choose all that apply)

- I exercise for 30 minutes or more, at least three times per week I eat at least five servings of fruits and vegetables on most days I smoke cigarettes on most days
- I chew tobacco on most days
- In the past 12 months I have used illegal drugs
- In the past 12 months I have used prescription drugs without a doctor's prescription I consume more than four alcoholic drinks on most days
- I use sunscreen or sunblock whenever I go outside for more than one hour on a sunny day I get a flu shot every year
- I feel safe in my community
- I feel down, depressed or helpless on most days I feel nervous anxious or on edge on most days
- I am not able to control or stop worrying on most days None of the above apply to me

8. Where do you participate in physical activity or exercise?

- I do not participate in any physical activity
- Home
- Gym
- Outdoors
- School
- Community Centers
- Parks/Recreation Areas
- Privately Owned Business
- Senior Center
- Other (please specify)

9. Where do you get most of your food?

- Grocery store
- Sit down restaurant
- Fast food restaurant
- Convenience store
- Farmer's Market or farm stand
- Food Pantry
- Meals on Wheels
- Other (please specify)

10. About how far do you live from the closest grocery store? (Safeway, Smiths, Bashas, etc)

- 0-5 Miles
- 6-10 Miles
- 11-20 Miles

- 21 or More Miles

11. Do you feel there are enough healthy food options in your community?

- Yes
- No
- I am unsure what healthy food options are

12. Please select the top health challenges you face:

- Cancer
- Diabetes
- Overweight/Obesity
- Lung Disease (chronic bronchitis, COPD)
- High Blood Pressure
- Stroke
- Heart Disease
- Joint Pain
- Back Pain
- Asthma
- Mental Health
- Alcohol overuse
- Tobacco use
- Drug Addiction
- Alzheimer's/Dementia
- I do not have any health challenges
- Other (please specify)

13. What do you think are the top 3 health issues for Mohave County as a whole?

- Cancer
- Diabetes
- Overweight/Obesity
- Lung Disease (chronic bronchitis, COPD)
- High Blood Pressure
- Stroke
- Heart Disease
- Joint Pain
- Back Pain
- Asthma
- Mental Health
- Alcohol overuse
- Tobacco use
- Drug Addiction
- Alzheimer's/Dementia

Tell Us About You

14. What is your gender?

- Female
- Male

- Transgender

15. In what zip code is your home located? (enter 5-digit zip code, for example, 86004)

16. What is your age?

- 17 or younger
- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 75 or older

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

- American Indian or Alaskan Native
- Asian/Pacific Islander
- Black or African American
- Hispanic
- White/Caucasian
- Multiple Race/Ethnicity/Other (Please Specify)

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

- Less than a high school degree
- High school degree or equivalent (e.g. GED)
- Some college, but no degree
- Associate degree
- Bachelor degree
- Graduate degree or higher

Focus Group Discussion Guide

FOCUS GROUP DISCUSSION GUIDE

Hello, my name is [name] and I work on behalf of the Mohave County Health Department and the Kingman Regional Medical Center. We are partnering with many community organizations and residents to understand the health of Mohave County as a whole through a process called a Health Needs Assessment and a big piece of this project is to understand the opinions, needs and wants of residents like you.

Have any of you ever participated in a Focus Group or heard of a Focus Group? There are no right or wrong answers. This conversation is about what you think and about your experiences or those of your family members or neighbors. When we talk in a group like this, it allows for people to agree or disagree depending on their personal beliefs or experiences. This is a good thing so it is important that we respect each other and any differences.

Goals:

The goal of today's conversation is to understand the strengths and needs of the community when it comes to health, knowing that healthcare influences our health, but also that where we live, work, play and pray all have an impact on our health and wellbeing. Another goal is to identify ways healthcare and community organizations might do a better job addressing those health issues that are most important to you.

The results will be written in a Community Health Assessment Report. This will be posted on Mohave County Health Department's and Kingman Regional Medical Center's website. We can also provide a copy here at the library if you would like to review it. Healthcare and Community Organizations will then use this report to create an action plan for improving health. This Health Improvement Plan will also be available online if you are interested in seeing how the results were used. The health department and hospital will continue to do this assessment and planning every 3 to 5 years so you might hear about it again in the future. The hope is that by looking at health data and talking more with residents like this, we can work better together and improve our services.

Informed Consent:

We won't be asking very sensitive questions today, but you don't have to share anything that you don't feel comfortable sharing. We would like to record this conversation with your permission to make sure that we get down correctly. We will not write your name on anything and we will destroy this sign in sheet so I won't have any record of anyone's last name. Nothing that you say can be connected to you. Is everyone OK with this conversation being recorded?

This is my assistant [name] and he will be taking notes as a reminder of things that were most important to the group. Feel free to get up to use the bathroom or attend to anything you need

to. But I ask that you refrain from using your phones in the group. Are there any questions or concerns before we begin?

Strengths/Assets:

To get us warmed up and talking about the community that you live in, let's say that someone wants to move here to [name community], what would you say are the biggest strengths or the best things about [name community]?

Possible Probes: *Tell me more about [X]?*

When you say [X], why do you feel that is important?

Do others agree with [X]?

General Challenges:

What are some of the biggest problems in [name community] that might make someone not want to move here?

Possible Probes: *Tell me more about [X]?*

When you say [X], why do you feel that is important?

Do others agree with [X]?

Top Health Issues:

When you think about yourself, your family, friends, coworkers or just the community as a whole, what are the most pressing health concerns or health problems people face today?

Possible Probes: *Do others agree with [X]?*

Are there any other major health issues that you see in your community?

Causes and Impacts:

[focus on one or two issues/topics area that seems to resonate with most in the group. They may already start discussing causes and impacts. You may need to focus on one issue at a time, maybe not. In other words, you may say X and X for each question if you want to explore two issues]

Many of you have mentioned that [X] is a major concern, what do you think caused [X] to become such a problem?

How have you seen [X] affecting your community?

What is currently being done to address/improve [X]?

Potential Solutions:

What do you think that the community and leaders should do differently to address [X]?

Possible Probes: *Do others agree with [X]?*

When you say [A, B, and C], what would that look like?

Who do you think needs to be involved in [X]?

IF issue is mental health or substance abuse related:

When I we think about someone who is dealing with [X], have you ever heard them say that they feel uncomfortable or afraid to get help? [If yes] Why do think that is?

issue is healthcare access and quality related in regards to scheduling appointments, patient records, communication with providers, or lack of specialists:

Many of you have mentioned issues related to [A, B, and/or C], how might we use technology, like smart phones, computers and the internet to address [A, B, and/or C]?

Possible Probes: *Tell me more about [X]?*

When you say [A, B, and C], what would that look like?

Who do you think needs to be involved in [X]?

Who in the community might not want to or not be able to use [A, B, and C] to [do X, Y and Z]?

Vision:

Now I would like to you to pretend it is 5 years in the future and [name community] has become a healthier place to live, learn, work and play. Picture what this community would look like and how it would be. [pause to give time to reflect] What is it about this future [name community] that makes it easier for you to be healthy?

Possible Probes: *Tell me more about [X]?*

Do others feel the same way?

What are some totally different ideas on what makes this future healthier?

Closing: *Thank you so much for taking the time and sharing with me. Your thoughts and opinions are very important. That is it for my questions. Is there anything else that you would like to*

mention that we didn't discuss today? You will be receiving this gift card in appreciation for your time and participation.

Key Informant Interview Discussion Guide

KEY INFORMANT INTERVIEW GUIDE

Goals of the Key Informant Interview:

- To determine perceptions of the health strengths and needs from the community organization and leadership perspective.
- To explore how these issues can be addressed in the future.
- To identify the gaps, challenges, and opportunities for addressing community needs more effectively as an organization and through collaborations.

Questions

- Tell me about your organization or agency.
- What are some of the biggest challenges your organization faces in providing programs/services in the community?
- What challenges do you see that your employees and residents face day-to-day in your community?
- Recognizing that where we live, learn, work, and play affects health, what do you think are the most pressing health concerns that you see from an organizational perspective in the community? Why?
- How have these health issues affected how you operate in the community?
- Who do you consider to be the populations in the community most vulnerable or at risk for the pressing health conditions/issues you identified?
- From your perspective, what are the biggest strengths the community has to addressing health issues?
- What programs, services, or policies are you aware of in the community that currently focus on these health issues?
- What health-related programs, services, or policies are currently not available that you think should be?
- I'd like you to think ahead about the future of your community. When you think about the community 3-5 years from now, what do you see as the priorities for a healthy community?
- What do you think needs to happen in the community to make this vision a reality?
- Who do you think needs to be involved in these efforts?

Community Resources and Assets

LISTING OF COMMUNITY RESOURCES AND ASSETS

Kingman				
Type of Organization	Name	Phone Number	Address	Website
Hospitals	Kingman Regional Medical Center	(928) 757-2101	3269 Stockton Hill Rd, Kingman AZ 86409	www.azkrmc.com
Community Health Centers	North Country Healthcare	(928) 753-1177	1510 N Stockton Hill Rd, Kingman AZ 86401	www.northcountryhealthcare.org
Public Health Department	Mohave County Department of Public Health	(928) 753-0743	700 W Beale St, Kingman AZ 86401	www.mohavecounty.us
Mental Health Agencies	Mohave Mental Health Clinic	(828) 757-8111	1743 Sycamore Ave, Kingman AZ 86409	www.mmhc-inc.org
	Southwest Behavioral Health Clinic	(928) 753-9387	2215 Hualapai Mountain Rd, #H, Kingman AZ 86401	www.sbhservices.org
Social Services	Arizona Department of Economic Security	(928) 753-4441	301 Pine St, Kingman AZ 86401; (Employment) 519 Beale St, Kingman AZ 86401	www.des.az.gov
	United Way of Kingman	(928) 753-6720	2203 Hualapai Mountain Rd, #203, Kingman AZ 86401	www.rivercitiesunitedway.org
	The Salvation Army (utility assistance)	(928) 718-2600		www.usw.salvationarmy.org
	Kingman Aid to Abused People	(928) 753-6222	1770 Airway Ave, Kingman AZ 86409	www.mykaap.com
	Kingman Area Food Bank	(928) 757-4165	2930 E Butler Ave, Kingman AZ 86409	www.azfoodbanks.org

Lake Havasu City				
Type of Organization	Name	Phone Number	Address	Website
Hospitals	Lake Havasu Regional Medical Center	(928) 855-8185	101 Civic Center Ln, Lake Havasu City AZ 86403	www.havasuregional.com
Community Health Centers	North Country Healthcare	(928) 854-1800	2090 Smoketree Ave N, Lake Havasu City AZ 86403	www.northcountryhealthcare.org

Lake Havasu City				
Type of Organization	Name	Phone Number	Address	Website
Public Health Department	Mohave County Health and Social	(928) 453-0703	2001 College Dr #122 Lake Havasu City AZ 86403	www.mohavecounty.us
Mental Health Agencies	Mohave Mental Health Clinic	(928) 855-3432	2187 Swanson Ave, Lake Havasu City AZ 86403	www.mmhc-inc.org
	Southwest Behavioral Health	(928) 453-2661	1845 McCulloch Blvd N, Lake Havasu City AZ 86403	www.sbhservices.org
Social Services	Interagency Community Food Bank	(928) 453-5800	1940 Mesquite Ave, #M, Lake Havasu City AZ 86403	www.lhcinteragency.org
	AZ Department of Economic Security	(928) 854-0300	228 London Bridge Rd, Lake Havasu City AZ 86403	www.des.az.gov
	St. Vincent De Paul Food Distribution	(928) 680-2874	1841 W Acoma Blvd, Lake Havasu City AZ 86403	
	United Way of Lake Havasu	(928) 855-6333	145 N Lake Havasu Ave, Lake Havasu City AZ 86403	www.rivercitiesunitedway.org

Community Assets in Bullhead City				
Type of Organization	Name	Phone Number	Address	Website
Hospitals	Western AZ Regional Medical Center	(928) 763-2273	2735 Silver Creek Rd, Bullhead City AZ 86442	www.warmc.com
Community Health Centers	North Country Healthcare	(928) 704-1221	2585 miracle Mile #116, Bullhead City AZ 86442	www.northcountryhealthcare.org
Public Health Department	Mohave County Environmental Health	(928) 758-0704	1130 Hancock Rd, Bullhead City AZ 86442	
Mental Health Agencies	Mohave Mental Health Clinic	(928) 758-5905	1145 Marina Blvd, Bullhead City AZ 86442	
	Southwest Behavioral Health	(928) 763-7776	2580 AZ-95, Bullhead City AZ 86442	

Community Assets in Bullhead City

Type of Organization	Name	Phone Number	Address	Website
Social Services	River Cities United Way	(928) 758-1030	1155 Hancock Rd #3, Bullhead City AZ 86442	
	Bullhead Christian Center DBA Praise Chapel (Food Bank)	(928) 758-7717	590 Hancock Rd, Bullhead City AZ 86442	
	Department of Economic Security	(928) 704-7776	2601 AZ-95, Bullhead City AZ 86442	
	Northern AZ Veterans Resource Center	(928) 444-1135	1491 Palma Rd #15, Bullhead City AZ 86442	www.vetsresource.org



KINGMAN REGIONAL MEDICAL CENTER
Serving Our Community with Compassion and Commitment

