



KINGMAN REGIONAL
MEDICAL CENTER

Community Health Needs Assessment for Mohave County 2022



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Live Well
Mohave

LIVE WELL MOHAVE
A COMMUNITY-DRIVEN HEALTH
IMPROVEMENT INITIATIVE



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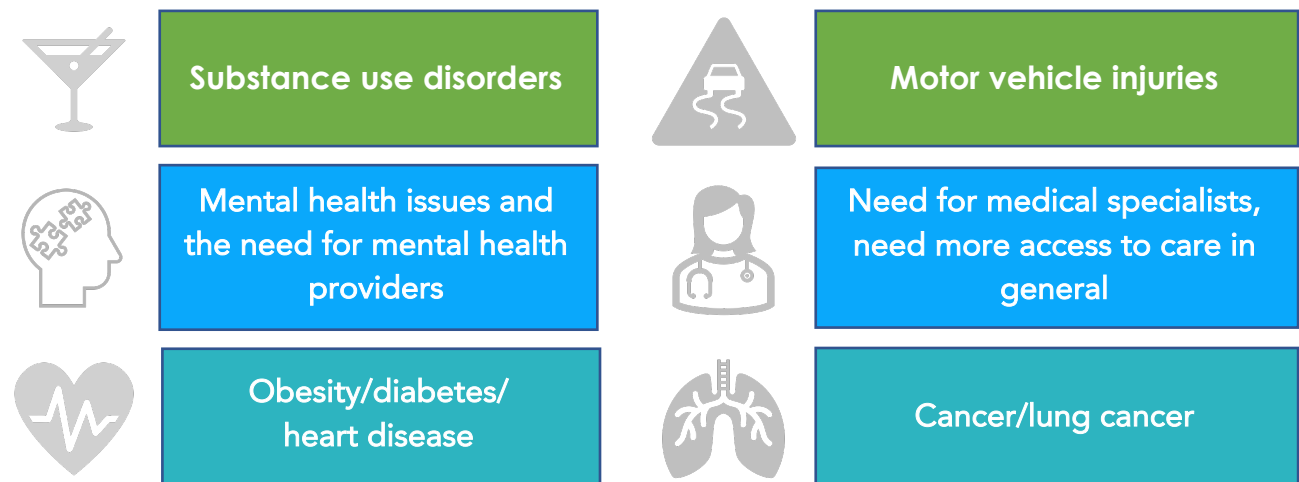


Summary

The *Mohave County Community Health Needs Assessment 2022* was completed as part of the Live Well Mohave project, a community driven health improvement initiative. The purpose of this assessment is to provide information that community members can use to help them assess health needs in the community. They use the information as input into choosing health priorities.

This report includes several components. First, there are findings from a survey done among 337 residents of Mohave County in the spring of 2021. Second, there are data analyses on disease and health issues, such as causes of hospitalizations and death in the county. Third, there are results of interviews done among key informants. Fourth, the final component is a list of community health assets and resources.

Several themes emerged from these various analyses. As shown in the body of this report, each of these areas emerged as concerns for residents (both in the survey and the key informant interviews) and/or were leading causes of deaths or hospitalizations in the county.



For a detailed description of the Live Well Mohave Project, priorities set by communities, the process used for health planning and more, please see the document entitled *Mohave County Community Health Improvement Plan 2022-2025* at the website of Kingman Regional Medical Center (KRMHC) [here](#) or the Mohave County Department of Public Health [here](#) or send an email to LiveWellMohave@mohave.gov.

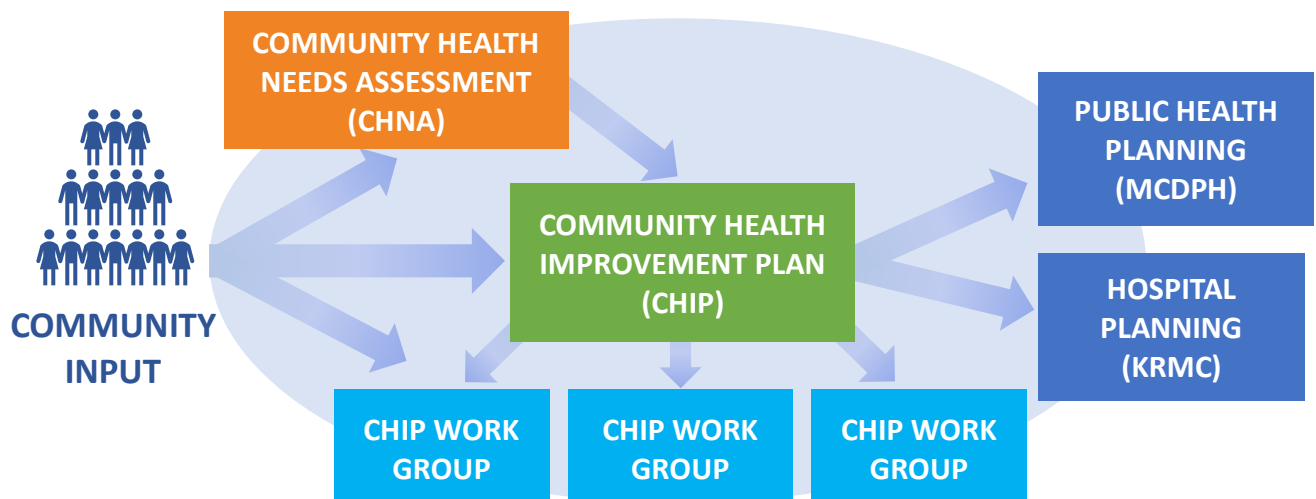
Introduction and Defined Community

This *Mohave County Community Health Needs Assessment (CHNA) 2022* is a comprehensive summary of leading health issues affecting community members across Mohave County, Arizona. It includes data, statistics, and public feedback that indicate where improvement is needed.

This assessment is part of a broad community-based initiative called Live Well Mohave for improving health and quality-of-life throughout Mohave County. This health improvement initiative involves the following process conducted on a continuous cycle:

1. Researchers collect facts and statistics regarding health and quality-of-life in Mohave County. This process includes engaging Mohave County residents and key stakeholders to obtain their insights. The information is then published in a Community Health Needs Assessment (CHNA).

Live Well Mohave: A Community-Driven Effort

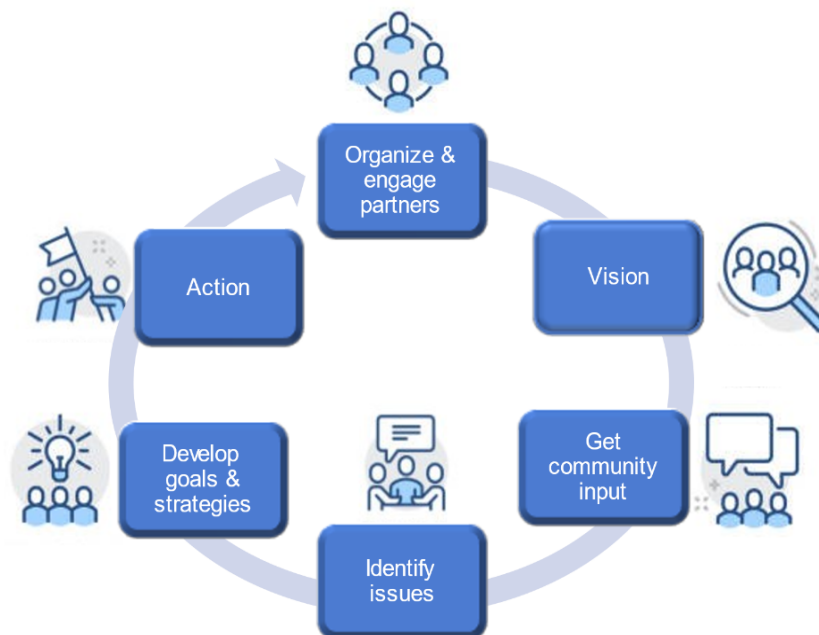


Examples of CHIP Work Groups: Mental Health Resource Team (MHRT), Mohave Substance Treatment Education & Prevention Partnership (MSTEPP)

2. Based on the information in the CHNA, individuals and groups in Mohave County communities identify priority health issues affecting local residents and develop plans for addressing those issues. These plans are documented in the Mohave County Community Health Improvement Plan (CHIP).
3. Guided by the priorities and strategies outlined in the CHIP, community stakeholders continue to collaborate in established CHIP work groups to implement strategies defined in the health improvement plan.
4. The CHNA and CHIP also inform Mohave County Department of Public Health (MCDPH) and Kingman Regional Medical Center (KRMHC) planning efforts. Both organizations develop strategies for addressing identified community health needs and priorities in their respective organizations.

To ensure a comprehensive approach to community health improvement efforts, Live Well Mohave uses the *Mobilizing for Action through Planning and Partnerships* (MAPP) methodology, which is a community-driven approach to engage stakeholders and the public in continuous improvement.

Mobilizing Action through Planning and Partnerships



The MAPP process includes the following steps on a continual cycle:

- 1) Organizing and Engaging Partners
- 2) Visioning
- 3) Collecting and Analyzing Data
- 4) Identifying and Prioritizing Strategic Issues
- 5) Developing Goals, Strategies and an Action Plan
- 6) Taking and Sustaining Action

Community Partners

The Mohave County Department of Public Health and Kingman Healthcare Inc. (doing business as *Kingman Regional Medical Center*) share project management responsibilities for the Live Well Mohave initiative.

- **Mohave County Department of Public Health** (MCDPH) serves the county's 216,985 residents by employing approximately 90 public health professionals when fully staffed, assigned to one of four divisions: Administration, Public Health Nursing, Environmental Health, and Nutrition & Health Promotion. The goals of the department include:
 - Chronic disease prevention
 - Improve maternal and child health outcomes
 - Build and strengthen community partnerships
 - Maximize tools and resources
 - Promote and protect community safety

The MCDPH mission is to promote, protect, and improve the health of our communities and its vision is to have healthy people in healthy communities. This work is accomplished by offering a variety of dynamic, innovative public health promotion and prevention programs, services, and activities to address the health priorities in the county and meet department strategic goals.

- **Kingman Regional Medical Center** (KRMC) is the largest healthcare provider in northwest Arizona and the only remaining non-profit hospital in Mohave County, Arizona. As a 235-bed multi-campus healthcare system, KRMC has over 1,900 employees, 270 physicians/allied health

professionals, and 150 volunteers who care for the health needs of the community. The mission of KRMC is to "Inspire and partner with our community to achieve optimal health—mind, body and spirit." KRMC's vision is to be among the kindest, highest quality health systems in the country.

As a non-profit hospital, KRMC performs a community health needs assessment and hospital implementation plan for addressing health priorities in compliance with Internal Revenue Service (IRS) requirements of charitable hospitals as part of the Patient Protection and Affordable Care Act. The Mohave County Department of Public Health is required to complete a Community Health (Needs) Assessment every five years to meet Public Health Accreditation Board requirements.

MCDPH and KRMC began working together in 2012 to jointly produce Mohave County's first community health needs assessment, which was subsequently published in 2013. Since then, both entities have continued to lead the Live Well Mohave community health improvement initiative.

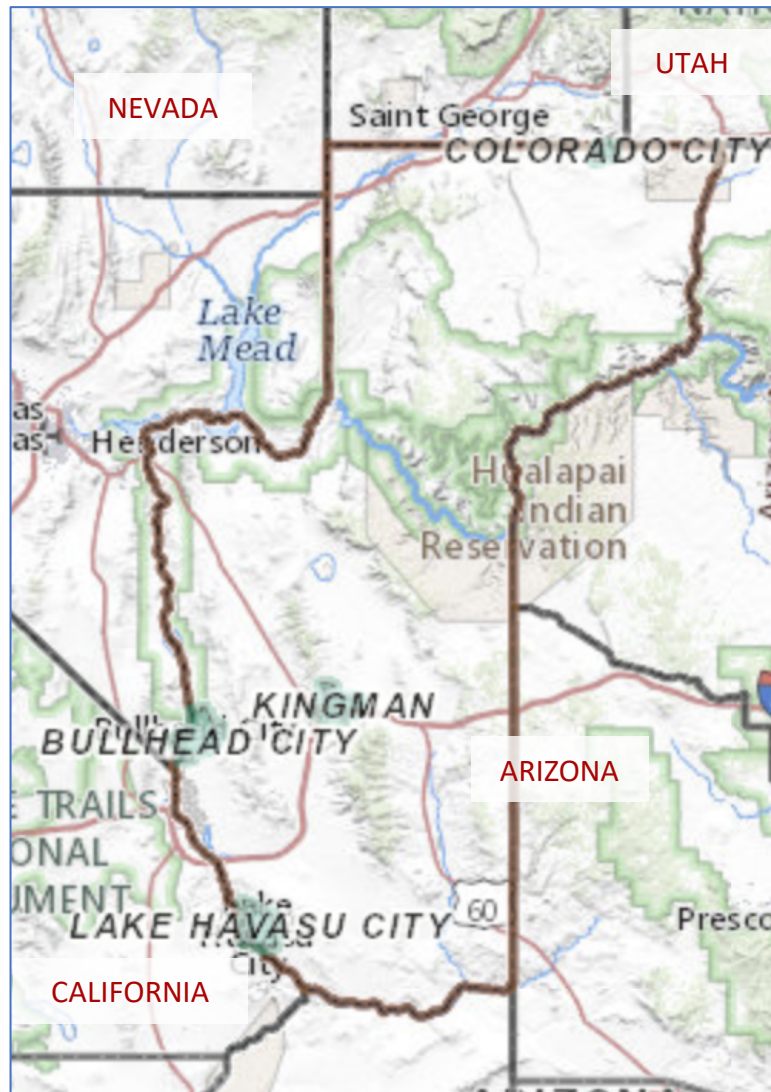
As the effort has grown, many other community partners have joined the collaborative effort. Most sectors of the community are represented in the Live Well Mohave initiative, including City and County government, Tribal organizations, healthcare providers, mental health providers, businesses, local charitable organizations, faith organizations, law enforcement, courts, schools, colleges, and multiple community service organizations.

This shared ownership is vital for improving community health. The end result is a comprehensive community effort to improve health in Mohave County. By linking together and effectively using limited resources, we can better address unmet community health needs.

Defined Community

The *Mohave County Community Health Needs Assessment 2022* (CHNA) 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 KRMC and includes the entire geographic area within the boundaries of

Mohave County. The CHNA is used to identify opportunities to improve the health of a community by allowing hospitals and public health partners to better meet the needs of the community and prioritize the use of resources for programs and services.



Impacts of Actions Taken Since 2019 CHNA

Community stakeholders throughout Mohave County continue to address priority health issues identified in the *Mohave County Community Health Needs Assessment 2019* (CHNA). However, with the advent of the COVID-19 pandemic in early 2020, the impacts were difficult to measure. The pandemic exacerbated many of public health issues such as mental health, substance use disorders, access to healthcare, etc. Nevertheless, community stakeholders throughout Mohave County continued to work on initiatives to address community health issues identified in the 2019 CHNA.

Overall, the largest impact from the 2019 CHNA is that the Live Well Mohave initiative continues to align community efforts toward common goals, which has helped to eliminate “silos” and reduce duplication of effort.

This has resulted in better coordination of scarce resources throughout Mohave County for addressing community health needs, which was especially evident when confronting the COVID pandemic. Associations and partnerships that had been formed with the CHNA/CHIP process proved invaluable for coordinating our community response.

The following discussion highlights significant impacts of the actions taken on the major health issues identified in the 2019 Mohave County Community Health Needs Assessment.

1. Mental Health

A. Mental Health Resource Team

The Mental Health Resource Team (MHRT) is a CHNA/CHIP work group established in 2013 to address community needs for mental health resources. Since then, MHRT has grown steadily from about 15 members to over 40 county-wide agency representatives and community members. Most mental health organizations in Mohave County participate on the team.

MHRT meets monthly on the third Thursday of the month. Members continue to develop and implement strategies for addressing mental health needs identified in the *Mohave County Community Health Needs Assessment* (CHNA) and *Community Health Implementation Plan* (CHIP). MHRT accomplishments since the 2019 CHNA include:

- Aligned community mental health efforts toward common goals to eliminate “silos” and reduce duplication of effort among pertinent organizations providing types of mental health services.
- Developed a community resource guide for the public.
- Offered mental health first aid training to community stakeholders.
- Provided education and community outreach throughout Mohave County to help reduce mental health stigma.

B. Kingman Regional Medical Center (KRMCC) Integrated Behavioral Health Program

As a result of the identified lack of mental health providers in the 2019 CHNA, KRMCC initiated an integrated behavioral health program to support patients with mental, emotional, or substance use disorders.

A key component of KRMCC’s Integrated Behavioral Health Program is implementing an evidence-based screening tool for use by local medical providers to identify patients who may be at risk for suicide or suffer from other mental health issues or a substance use disorder. If a risk is identified, providers can refer the patient to KRMCC Integrated Behavioral Health for one or more of the following services:

- Psycho-social assessment and evaluation.
- Short-term psychotherapy for depression, anxiety, and substance use disorders.
- Psychotherapy for managing chronic pain.
- Referral to drug/alcohol detox and medication-assisted treatment services in the community.
- Resource referral to community programs and support agencies
- “Whole person” health education to improve physical and mental health.

2. Substance Use Disorders

A. Mohave Substance Treatment Education & Prevention Partnership (MSTEPP)

MSTEPP was established in 2007 to unite citizens throughout Mohave County in finding solutions to the substance use disorder epidemic pervasive throughout our communities. In 2013, MSTEPP began collaborating with the Live Well Mohave (CHNA/CHIP) Initiative to address substance use disorder issues identified in the 2013 Community Health Needs Assessment. Since then, MSTEPP has served as an affiliated CHIP work group.

Through MSTEPP's efforts, recent accomplishments since the 2019 CHNA include:

- Mohave County dropped from the #1 overdose death rate in Arizona to #3.
- All local substance use disorders organizations have joined under MSTEPP.
- Achieved 100% participation in the Prescription Drug Monitoring Program (PDMP).
- Implemented county-wide drug drop boxes in all law enforcement agencies in the county and have destroyed thousands of pounds of unused or expired medications.
- Kingman Police Department was the first law enforcement agency to train and equip officers with Naloxone.
- Entered an Inter-Governmental Agreement with Arizona Youth Partnership to serve as the Kingman Naloxone distribution center.
- Kingman was the first rural community in Arizona to implement a harm reduction program.
- Kingman was the first community in Arizona to pilot the ODMAP (Overdose Mapping Application Program) – now expanding county wide by end of 2021.
- Developed the Mohave County Overdose Fatality Review Team.
- Developed an early intervention program in partnership with the Kingman Justice Court to address first time or low-level offenders in the Quality-of-Life Court.
- Placed a caseworker in the Mohave County Jail to help identify substance use and opioid use disorders among inmates for referral for treatment.
- Hosted the Annual “Walk Away from Drugs” every October, which is listed as the largest and longest lasting drug prevention event in Arizona.

B. Kingman Regional Medical Center (KRMC) Substance Use Disorder Initiatives

As described in section 1B, through KRMCC's Integrated Behavioral Health Program, providers have been actively working to identify and assist patients with substance use disorders in the KRMCC Emergency Department, acute care areas, and outpatient clinics. KRMCC screens patients for these risk factors. Once identified, KRMCC behavioral health specialists are available to ensure patients' access to resources, education, support, and treatment.

Additionally, a number of KRMCC medical providers began providing treatment for opioid addiction using evidence-based medication assisted treatment (MAT). KRMCC also developed an extensive campaign to educate the community about prescription opioids. Called "Painkillers and You," the campaign includes posters, newspaper articles, printed factsheets, and a website page at: www.azkrmcc.com/opioid.

3. Access to Healthcare

A. Kingman Regional Medical Center Initiatives to Improve Access to Care

As the largest healthcare provider and only non-profit healthcare system in Mohave County, Kingman Regional Medical Center (KRMCC) took the following actions to address access to care issues identified in the 2019 CHNA.

- **Implemented improvements to care delivery.**

KRMCC implemented new operational processes in its primary care clinics to increase patient throughput and reduce wait times for appointments. Other solutions included implementing advanced electronic medical record technologies and other software solutions to streamline patient care across service lines.

- **Implemented virtual healthcare options.**

To increase access to healthcare in our community, Kingman Regional Medical Center implemented options for patients to visit a healthcare provider remotely from their home using video conferencing capabilities. All KRMCC medical providers have the option to conduct virtual visits with patients for certain evaluations and procedures. Additionally, KRMCC offers an online telemedicine service called "Care Anywhere" for diagnosing and treating common medical conditions. During the pandemic, KRMCC offered the service for no charge. This

proved invaluable for remotely assessing patients with COVID symptoms, which helped reduced the spread of infection in local clinics.

- **Utilized mid-level healthcare providers.**

To address the nationwide shortage of medical doctors, KRMCM continued to employ more nurse practitioners and physician assistants to provide general medical care.

- **Strengthened KRMCM's medical residency program to address provider shortages.**

As a teaching hospital, KRMCM offers residency training to doctors in emergency and family medicine. KRMCM continues to strengthen and grow our residency program and as a result, many doctors apply to train here. In selecting candidates, the hospital is now prioritizing those who would consider staying in Kingman after completing their training.

- **Intensified healthcare provider recruiting efforts.**

To address the medical provider shortage in our area, Kingman Regional Medical Center strengthened and enhanced its recruiting efforts by:

- Offering highly competitive salaries, benefits, and relocation packages.
- Partnering with local economic development agencies and other community organizations to enhance community amenities and quality-of-life.
- Developing a professional recruiting video.
- Creating multi-platform recruiting campaigns that reach a national audience.
- Offering financial incentives to KRMCM employees who refer job candidates.
- Partnering with Mohave Community College and state universities to hire graduating healthcare workers.
- Refining hiring and onboarding processes.

- B.** To address community concerns expressed in the previous health needs assessment, Mohave County Department of Public Health and County Supervisor Jean Bishop secured a mobile unit to reach residents in rural areas.

- Mohave County received funding from the American Rescue Plan Act of 2021 (ARPA). MCDPH developed a plan, in partnership with County Supervisor Jean Bishop, to bring medical screenings, health education, and referrals to the residents of Mohave County. The plan establishes a mobile health unit that would travel to communities within District 4. The mobile health unit has been purchased by MCDPH, delivery is anticipated by late 2022, with services beginning shortly after delivery. Screening Services will include screening for blood glucose, cholesterol, hepatitis C, blood pressure, HIV, and other sexually transmitted diseases. Other services include tuberculosis skin testing, vaccinations for adults and children, behavioral/mental health screenings, and others. The goal is to implement a preventative model and increase availability of, and access to, these services.

4. Healthcare Costs

A. Kingman Regional Medical Center Initiatives to Address Healthcare Costs

As the largest healthcare provider and only non-profit healthcare system in Mohave County, Kingman Regional Medical Center (KRMC) addressed healthcare cost issues identified in the 2019 CHNA as follows:

- **Implemented price transparency.**

KRMC began publishing its pricing for various medical services and procedures on its website so that individuals can make informed decisions about their healthcare costs. Additionally, the KRMC website includes a price estimator tool that calculates patients' approximate out-of-pocket cost for a specific medical procedure or service at KRMC based on their insurance company and type of coverage.

- **Provided charity care and financial assistance.**

As non-profit healthcare system, KRMC provides charity healthcare services to low-income patients with no health insurance. KRMC also provides financial assistance to underinsured residents of Mohave County who require emergency care, hospitalization, or other medically necessary tests or treatments. Eligibility for charity care/financial assistance is based on household size and income. Since 2019, KRMC provided a total of \$10,211,197.00 in charity care to our community.

Additionally, through a separate program, KRMCM provides a significant discount of 65% from billed charges for all uninsured patients (self-pay with no third-party coverage), regardless of their ability to pay. Since 2019, KRMCM provided a total of \$57,448,257.00 in discounts to self-pay patients.

5. Chronic Disease and Health Behaviors

As indicated in the 2019 CHNA, per capita morbidity rates and mortality rates associated with various chronic diseases are high in Mohave County as compared to peer communities. With this, many community organizations and stakeholders-initiated efforts to improve community health outcomes related to various types of chronic disease.

For example, "Healthy Living Mohave" (a Live Well Mohave workgroup of community stakeholders) developed strategies for educating the community on how to reduce their risk of chronic disease through healthy lifestyle choices (proper diet, exercise, etc.). Their plans involved conducting community events and health fairs that promoted sports and outdoor recreation, community gardening, and other healthy community activities

However, the COVID pandemic and shutdowns impeded most Live Well Mohave plans. Additionally, health promotion resources in Mohave County were consumed by the public health crisis, which resulted in less public health messaging about health conditions other than COVID. Also, most community events and health fairs for educating the public about chronic disease were cancelled.

Nevertheless, some community efforts to address high morbidity/mortality from certain chronic diseases identified in the 2019 CHNA continued. Examples and impacts are listed below:

A. Breast Cancer

Through its "Catch It Early" program, Kingman Regional Medical Center offers free (no out-of-pocket cost) screening mammograms to all Mohave County women. It also provides other free or reduced-cost breast health services to help local women obtain the care they need, regardless of their ability to pay. From 2019-2022, KRMCM provided over 18,000 screening mammograms through the Catch It Early program. With those screenings, 138 breast cancers were

detected, with a large majority at the early stage when breast cancer is most curable.

B. Cancer Treatment

The KRMCC WL Nugent Cancer Center partnered with the National Cancer Institute's Community Oncology Research Program (NCORP), a national network dedicated to bringing cancer clinical trials to people in their own communities. With this, local cancer patients now have access to clinical trials for advanced cancer treatments close to home.

C. Diabetes and Endocrine Disorders

The 2019 CHNA shows that diabetes affects a large segment of Mohave County's population. However, there is a severe lack of endocrinologists in the county to meet their medical needs. Kingman Regional Medical Center undertook a major national campaign to recruit endocrinologists to the area and eventually signed one endocrinologist in 2021 who will begin practicing in Kingman (which had no endocrinologist) in 2022.

D. Hepatitis C

In 2020, Kingman Regional Medical Center launched an initiative specifically to reduce hepatitis C virus (HCV) in our area. This involved an extensive public communications campaign and processes for identifying and treating people who are infected with HCV to reduce spread of the disease. To date, 159 people have been screened for HCV through the program, 84 patients were confirmed with active Hepatitis C, and 37 patients completed the full course of treatment and were confirmed cured (via lab test).

Method and Sources

Information in this report is from two primary sources and numerous secondary sources. The two primary sources include:

1. The Live Well Mohave Survey 2021
2. Key Informant Interviews 2022

Secondary sources include data from various government and non-profit organizations. All data sources and methods used to collect data will be discussed in this section.

The Live Well Mohave Survey

In 2021, Mohave County Department of Public Health and Kingman Regional Medical Center conducted a public health survey to obtain insights from community members on health needs.

To qualify for the survey, respondents had to be at least 18 years old and residents of Mohave County. Respondents who indicated in the survey that they were residents of other counties or states were not included in the analysis. There were 337 residents who qualified for and completed the survey. Although paper versions of the survey were made available, all respondents completed the survey electronically via an anonymous link.

To track trends, the survey instrument that was used in the 2019 Mohave County Community Health Needs Assessment survey was used again in 2021. The 2021 survey included questions from 2019 on the following topics, asked in the same order and with the same response options:

- Personal health challenges faced by residents
- Access to and use of medical services
- Where residents access health information
- Neighborhood and social environment
- Demographics

Two sections were added to the end of the survey in 2021. The first was a section that contained a few questions about COVID-19. The second section asked respondents about the most important community health issues. This section was added because the 2019 survey only asked about *personal* health challenges and did not include questions about the community as a whole or what issues the community was facing. Because community health issues are important for setting priorities in the community health improvement plan, this was a necessary addition.

The new survey was fielded beginning on 5/28/21 and the survey was closed on 7/12/21. It's important to note that this period was more than a year after the introduction of



COVID-19 in Arizona. Although COVID-19 was circulating during these months, the number of cases was relatively low in Mohave County. This may have had an effect on the results, particularly for questions related to COVID-19 and/or infectious disease.

For comparison purposes, tables with results from both the 2019 and 2021 community surveys are shown in Appendix A. The 2021 survey instrument is in Appendix B.

Health (Epidemiological) Data

In addition to analyzing the survey and key informant data, the LWM Team examined data from reliable secondary sources. This information is shown in the Community Profile section of this report. The sources provide large-scale quantitative data that is representative of the county or region. The main sources of information and the methods associated with these sources are the following:

- Demographic Data from U.S. Census American Community Survey

Data on demographics such as age, gender, employment, housing characteristics and other topics are from the American Community Survey (ACS) in 2020. The ACS is a product of the U.S. Census Bureau and is considered the gold standard for these types of data. The ACS is conducted by sending letters to households across the country. Respondents can choose to answer by mail or online and they receive multiple reminders to complete the surveys.

Before 2020, a field representative was sent to non-responding households to encourage them to complete the survey. During the pandemic, however, the ACS made some changes to the method, including adding phone interviews as well as encouraging more online responses. During the first part of 2020, field representatives did not visit households in person at all. However, in all areas where it was possible, in-person visits were reinstated after July 2020. For further information about the survey and the method, see the U.S. Census Bureau website at this link:

https://www.census.gov/library/working-papers/2021/acs/2021_CensusBureau_01.html.

- Arizona Vital Statistics Data from Arizona Department of Health Services (ADHS)

Mortality (death) data is available from the ADHS Bureau of Public Health Statistics. These data come from death certificates which must be filled out by a physician or certified individual for every death in Arizona. In addition, the Bureau also collects data from deaths of Arizonans who die elsewhere in the United States. Therefore, all data shown in this report are for individuals who reside in Mohave County, regardless of where they died.

The key component of mortality data is the cause of death. "For purposes of national mortality statistics, every death is attributed to one underlying condition based on information reported on the death certificate," according to ADHS. For any one death, there may be multiple causes of death, but public health epidemiologists across the world use one system

for classifying the underlying cause. This is the International Classification of Diseases, 10th revision, commonly called “ICD-10.” For mortality reports and methods more information is available at:

<https://pub.azdhs.gov/health-stats/menu/info/sources.php>

Additionally, ADHS provides some vital statistic and other information by region of the county. A description and link are in Appendix G.

- Hospital and Healthcare Discharge Data from AZ Hospital Compare

Data on hospital visits are from AZ Hospital Compare which is a database managed by the Arizona Department of Health Services. According to ADHS Hospital Discharge Data website:

Hospital discharge data are a valuable source of information about the patterns of care, public health, and the burden of chronic disease and injury morbidity. ADHS collects hospital discharge records for inpatient and emergency department visits from all Arizona licensed hospitals. This collection is required by Arizona Revised Statute (A.R.S.) § 36-125-05, and Arizona Administrative Code Title 9, Chapter 11, Articles 4 and 5.



The data provide information on conditions and diagnoses experienced by patients at Arizona hospitals. Data in this database are from electronic hospital records and must be reported by hospitals every six months. Hospitals keep records of a wide variety of patient information including demographics (such as age or zip code) of the patient, the patient's presenting symptoms, diagnosis/illness, treatment, and other variables. All of these data are carefully de-identified and aggregated so that data users cannot identify the identity of any individual patient. More information may be found at:

<https://www.azdhs.gov/preparedness/public-health-statistics/hospital-discharge-data/index.php>

- Behavioral Risk Factor Surveillance System from the Centers for Disease Control and Prevention and ADHS

The Behavioral Risk Factor Surveillance System (BRFSS) is funded in part by the Centers for Disease Control and Prevention (CDC) and has been in operation since 1984. Currently, it is the only reliable source for measuring risk behaviors and conditions such as smoking, exercise/activity, prevalence of diabetes, annual check-ups, etc. among adult residents of Arizona. The BRFSS includes a survey that is executed continuously around the United States among a representative sample of residents via telephone. Both listed and unlisted phone numbers are used.

The Arizona Department of Health Services manages the BRFSS for Arizona. Unfortunately, there are not enough resources to obtain a large enough sample to look at Mohave County alone, so Mohave County is part of the “Western” region in these data. This region is a combination of Mohave, La Paz and Yuma Counties. There is more information about the BRFSS at this link:

<https://www.azdhs.gov/preparedness/public-health-statistics/behavioral-risk-factor-surveillance/index.php#about-us>

Data from all sources was from the most recent year available and the year is indicated in the charts and tables.



Key Informant Interviews

Key informants representing different communities within Mohave County were selected for interviews. These 13 informants included political leaders, medical professionals, social service providers, and other community leaders. They represent a variety of different towns and cities in Mohave County, including all of the largest cities (Bullhead City, Kingman, Lake Havasu

City) as well as other smaller communities. A table showing the groups and organizations represented by the key informants is shown below.

Types of Groups/Organizations Represented by Key Informants	
Schools	Healthcare
City government	Law enforcement
County government	Social services
First responders	The public
Board of Health	Medical facilities

Interviews were conducted in February and March of 2022 with the first interview conducted on February 17, 2022 and the last interview conducted on March 22, 2022. A MCDPH epidemiologist trained in qualitative research methods conducted all of the interviews individually with each of the key informants. Each interview was approximately 30 minutes. The interviews were video recorded with the permission of the respondents. Respondents were informed that some of their exact statements might be used for the report, but these statements would not be attributed specifically to them. Every effort has been made to protect the identity of the respondents, for example, by not mentioning a city or place name that might reveal the respondent's identity.

The interview tool may be found in Appendix C. It contains questions similar to those asked of community members in the Live Well Mohave community group sessions held in July and August of 2021. (See the *Mohave County Community Health Improvement Plan 2022-2025* for more information.) The tool includes questions such as, "How would you describe a healthy community?" and "What are the most important health issues in your community?" Respondents were instructed not to limit their answers only to medical care, but rather, to include anything they consider to be a part of "health" or being "healthy." In addition, a question related to social determinants of health was added. The questionnaire was semi-structured in the sense that it followed a sequence, but the interviewer would frequently ask for additional information or clarification on statements made by the respondent, e.g. "What else can you tell me about that?" As such, respondents frequently expounded on issues important to them.

Quotations shown in this report were taken verbatim from recordings of the interviews. Very little editing was done on the quotations to retain the original feel and meaning of the comments. Therefore, some quotations may be grammatically incorrect, but appear as they were spoken.

Community Profile

The area included in this assessment is Mohave County. Mohave County is in the northwest corner of the State of Arizona and borders the states of Utah to the north and California and Nevada to the west. Several Tribal communities are partially or completely within the borders of the county: Hualapai, Fort Mohave, and Kaibab-Paiute.

Demographics

The table below shows the make-up of Mohave County by gender, age, race, and other factors. Of note are the differences in age, race/ethnicity, and education levels of Mohave County residents when compared to residents of Arizona and/or the United States. For example, Mohave County has a larger senior community with almost one in three (30.4%) residents being 65 and older. In contrast, Arizona has only 17.6% who are 65 and older and the U.S. has 16.0% in this age group. The proportion of residents who are white (76.7%) is higher in Mohave County compared to Arizona and the U.S. Those with bachelor's or graduate degrees are a smaller proportion of the population in Mohave County (13.4%) compared to Arizona (30.3%) or the U.S. (32.9%).

MOHAVE COUNTY, SELECTED DEMOGRAPHICS				
	Mohave County	Arizona	United States	
Total population	210,998	7,174,064	326,569,308	
GENDER				
Male	50.4%	49.7%	49.2%	
Female	49.6%	50.3%	50.8%	
AGE				
Under 5 years	4.4%	6.0%	6.0%	
5 to 19	14.3%	19.6%	19.1%	
20-44 years	23.6%	32.9%	33.3%	
45-64 years	27.1%	24.0%	25.6%	
65 and older	30.4%	17.6%	16.0%	

RACE/ETHNICITY			
Hispanic or Latino (of any race)	16.7%	31.5%	18.2%
White	76.7%	54.1%	60.1%
Black or African American	0.9%	4.3%	12.2%
American Indian and Alaska Native	1.8%	3.8%	0.6%
Some other race	1.5%	3.6%	6.1%
Two or more races	2.5%	2.6%	2.8%
EDUCATION (Population 25 years and over)			
Highest Education Level Attained			
Up to 12th grade, no diploma	13.6%	12.1%	11.5%
High school graduate or equivalency	34.3%	23.8%	26.7%
Some college/associate's degree	38.7%	33.8%	28.9%
Bachelor's degree	8.3%	18.8%	20.2%
Graduate or professional degree	5.1%	11.5%	12.7%
Summary of Education Level			
High school graduate or higher	86.4%	87.9%	88.5%
Bachelor's degree or higher	13.4%	30.3%	32.9%
INCOME AND POVERTY			
Median household Income	\$47,686	\$61,529	\$64,994
Percent of population living below poverty level	16.2%	14.1%	12.8%
Number of residents living below poverty	33,529	990,528	40,910,326
Percent of children (under 18 years) living in poverty	25.2%	20.0%	17.5%
Percent of seniors (65 years and over) living in poverty	8.4%	8.9%	9.3%
Unemployment rate	6.0%	6.2%	5.2%
OTHER			
Percent of population with a disability	22.2%	13.2%	12.7%
Number of individuals with a disability	46,007	935,769	40,786,461
Percent of population insured	90.6%	89.4%	91.3%
Percent of population who are veterans	14.3%	8.9%	7.1%
Source: All figures except the unemployment rate are from the U.S. Census, American Community Survey, 5-Year Estimates Subject Tables, 2020 https://api.census.gov/data/2020/acs/acs5/profile Unemployment rates as of Aug 1, 2021: Economic and Business Research Center, Eller College of Management, University of Arizona https://www.azeconomy.org/arizona-unemployment-rate/			

Other notable figures from the table above include the following:

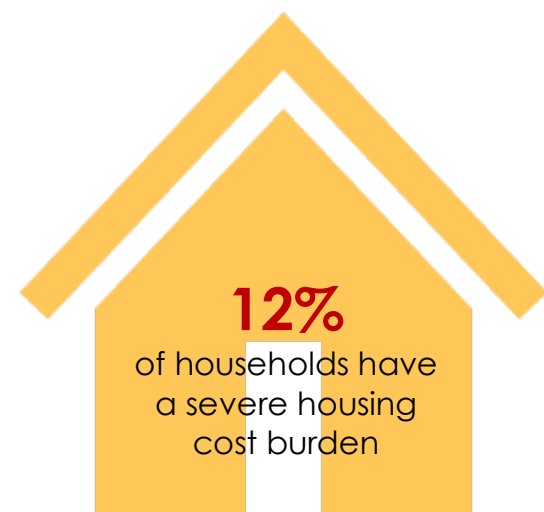
- 1 in every 4 children (25.2%) in the county lives in poverty.
- 1 in every 5 residents (22.2%) is living with a disability.
- Mohave County has twice the proportion of veterans than does the U.S. (14.3% and 7.1%) and this proportion is higher than that of Arizona (8.9%).

Households

As shown in the table below, most Mohave County residents (61.1%) live in detached housing units/homes and about one in four (26.1%) live in mobile homes. Almost all houses in the county have plumbing and kitchen facilities (99.2% and 98.9% respectively) and almost all have a computer (90.0%). However, this means one in ten homes (10.0%) does not have a computer and nearly two in ten do not have regular internet service (17.5%).

HOUSING, MOHAVE COUNTY	
TYPE OF HOUSING UNIT	
Detached home	61.1%
Attached home or apartment	12.4%
Mobile home	26.1%
Boat, RV, van, etc.	0.5%
HOUSING TENURE	
Occupied housing units	90,413
Owner-occupied	70.4%
Renter-occupied	29.6%

HOUSING FEATURES	
With complete plumbing facilities	99.2%
With complete kitchen facilities	98.9%
With telephone service	97.8%
With a computer	90.0%
With broadband internet subscription	82.5%
Without broadband internet subscription	17.5%
VEHICLES AVAILABLE	
No vehicle available	5.0%
1 vehicle available	34.6%
2 vehicles available	36.8%
3 or more vehicles available	23.6%
Sources: U.S. Census, American Community Survey ACS 5-Year Estimates 2020 Subject Tables, https://data.census.gov/cedsci/table?q=Housing%20Units&g=0100000US_0400000US04_0500000US04015&tid=ACSCP5Y2020.CP04	



%-age of households that spend 50% or more of their income on housing.
Source: Robert Wood Johnson Foundation, 2019.

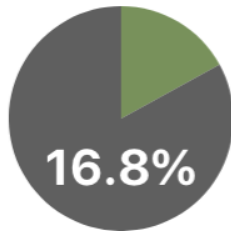
Food Security

Not surprisingly, given the number of residents living in poverty and the housing cost burden, many residents live with food insecurity. According to the U.S. Department of Agriculture, "most U.S. households have consistent, dependable access to enough food for active, healthy living—they are food secure. However, some households experience food insecurity at times during the year, meaning their access to adequate food is limited by a lack of money and other resources." (Source: USDA, *Household Food Security in the United States in 2020* September 2021.) In Mohave County, approximately one in six residents (16.8%) is food insecure.

FOOD INSECURITY, MOHAVE COUNTY

MOHAVE COUNTY

FOOD INSECURITY RATE



ESTIMATED PROGRAM ELIGIBILITY AMONG FOOD INSECURE PEOPLE



- 24%** Above SNAP, Other Nutrition Programs threshold of 185% poverty
- 76%** Below SNAP, Other Nutrition Programs threshold of 185% poverty

FOOD INSECURE PEOPLE: 34,560

AVERAGE MEAL COST
\$ 3.13

ADDITIONAL MONEY REQUIRED
TO MEET FOOD NEEDS
\$ 18,292,000

Source: Feeding America, accessed 9/21.
<https://map.feedingamerica.org/2018/overall/arizona>

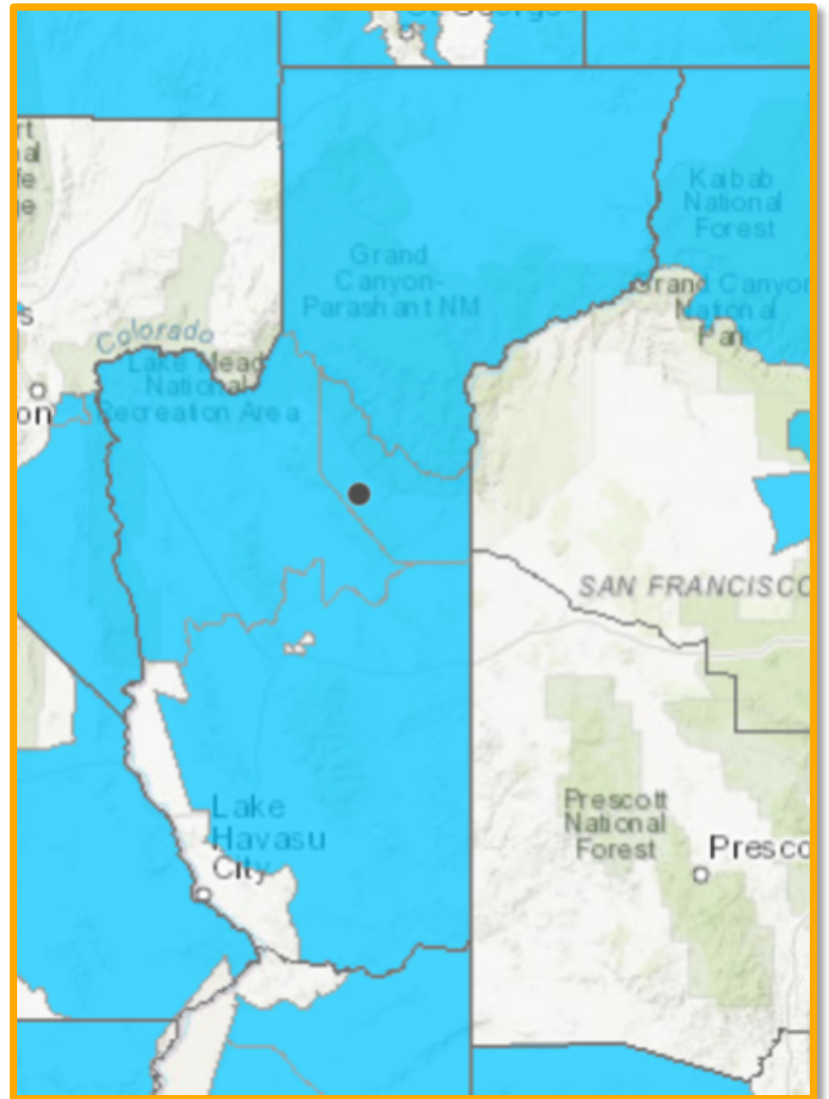
Healthcare Availability

In the “Community Health Assets” section of this report, there is a list of healthcare facilities including hospitals, urgent care clinics and other facilities listed by region of the county. Despite these resources, almost all of Mohave County is considered “medically underserved,” or in other words, there are not enough medical facilities and providers to adequately serve the community. As shown in the map below, the Health Resources Services Administration (HRSA) has classified all areas except for the Lake Havasu City area as medically underserved.

A component of being a medically underserved area is the number of healthcare providers available per capita. HRSA classified all of Mohave County as:

- Primary care health professional shortage area
- Dental health professional shortage area
- Mental health professional shortage area

In addition, there are no pediatric mental health providers in Mohave County.



Health Resources and Services Administration
<https://data.hrsa.gov/maps/quick-maps?config=mapconfig/MUA.json>

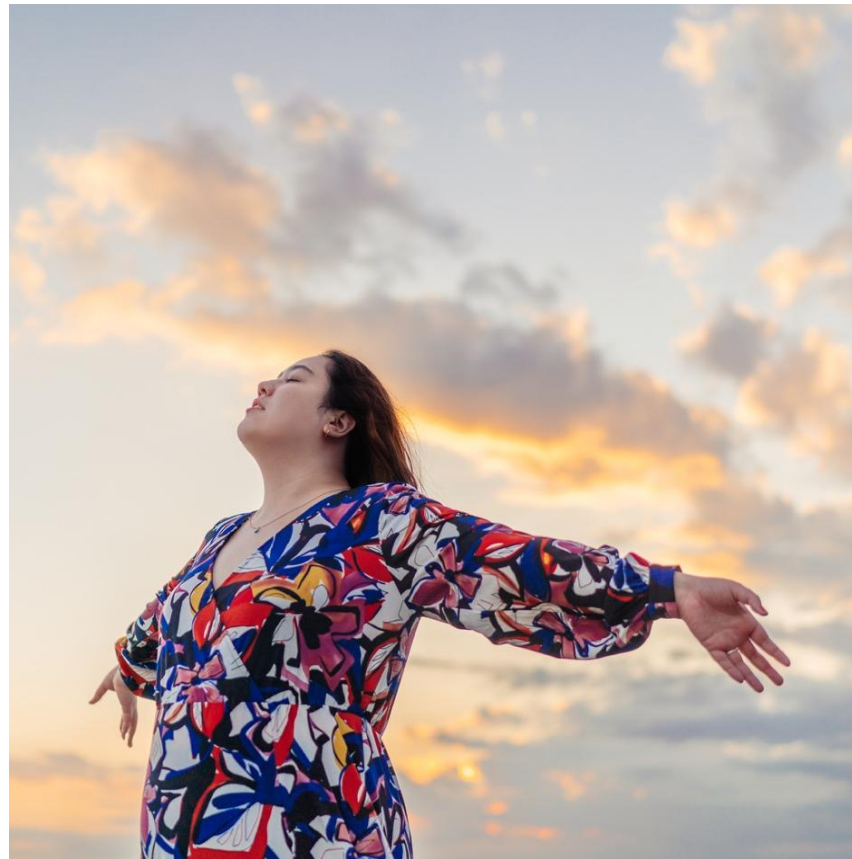
Survey Results

Personal Health Challenges

The Live Well Mohave survey asked respondents to rate their overall health as excellent, very good, good, fair, or poor. Most people (80%) rated their health excellent, very good, or good. However, it is important to note that one in five (20%) said their health was only fair or poor.

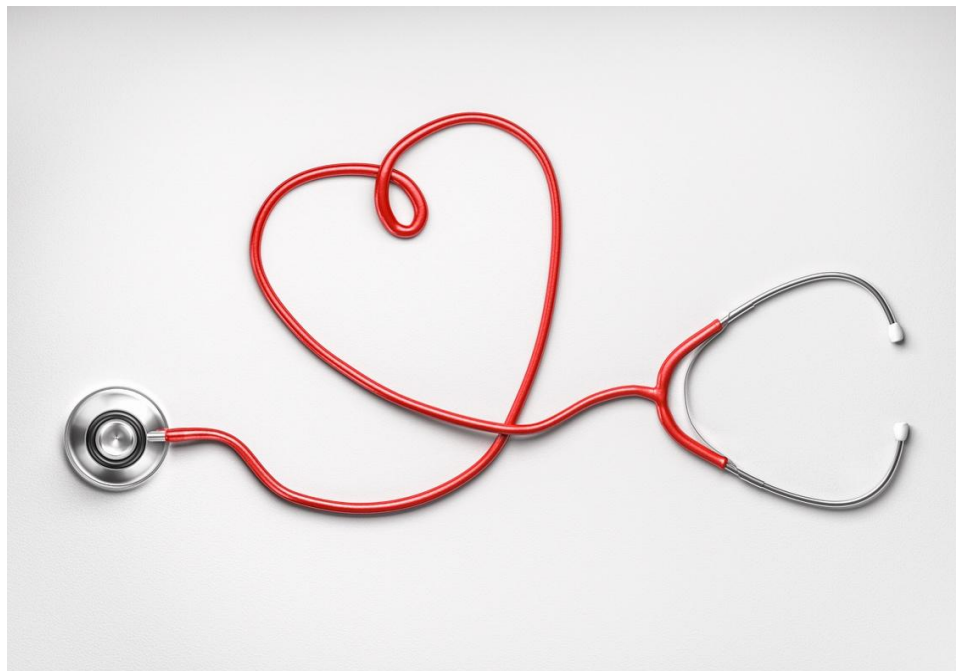
- 44% say overall health is excellent or very good
- 36% say it's good
- 20% say fair or poor

Regardless of their health status, many respondents could indicate a personal health challenge they face. In fact, almost all (87%) had at least one health problem and the majority (60%) had two or more personal health challenges. As shown in the table below, the most frequently chosen health challenge was being overweight or obese – mentioned by the most respondents (43%). After that was back pain, joint pain and high blood pressure (29%, 28%, and 24% respectively). And although mental health challenges may sometimes be hidden or denied, fully one in six (17%) indicated that mental health was one of their challenges.

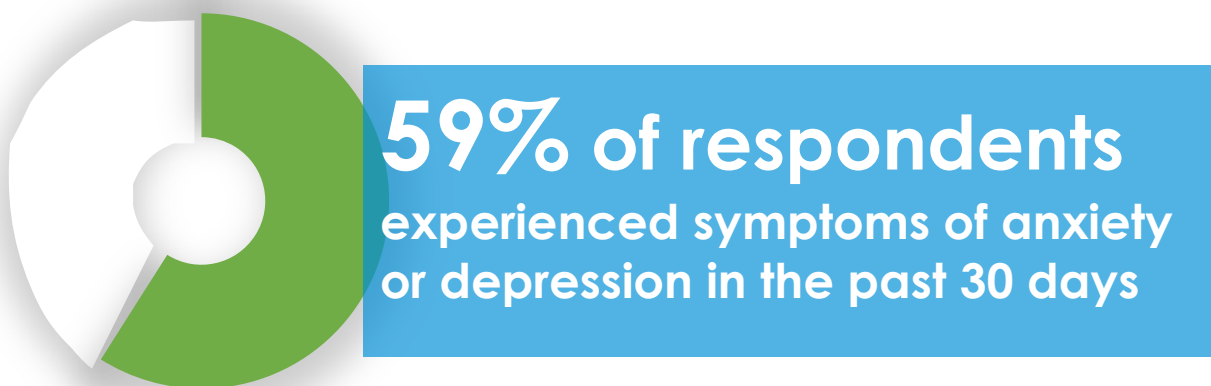


Top 3 Personal Health Challenges	
No health challenges	14%
Overweight/Obesity	43%
Back Pain	29%
Joint Pain	28%
High Blood Pressure	24%
Mental Health	17%
Diabetes	10%
Lung Disease (chronic bronchitis, COPD)	9%
Heart Disease	8%
Asthma	7%
Tobacco use	6%
Cancer	5%
Alcohol overuse	2%
Stroke	2%
Alzheimer's/Dementia	2%
Drug Addiction	1%
Other	16%
Note: Respondents could pick up to three health challenges	

In fact, when asked directly about emotional health issues, many respondents agreed that they had symptoms related to anxiety, worry, and other mental health concerns. When asked if they “felt worried, tense or anxious” or isolated in the past 30 days, the majority said they had. Fifty-nine percent said they had experienced at least one of these symptoms, indicators of anxiety and/or depression.

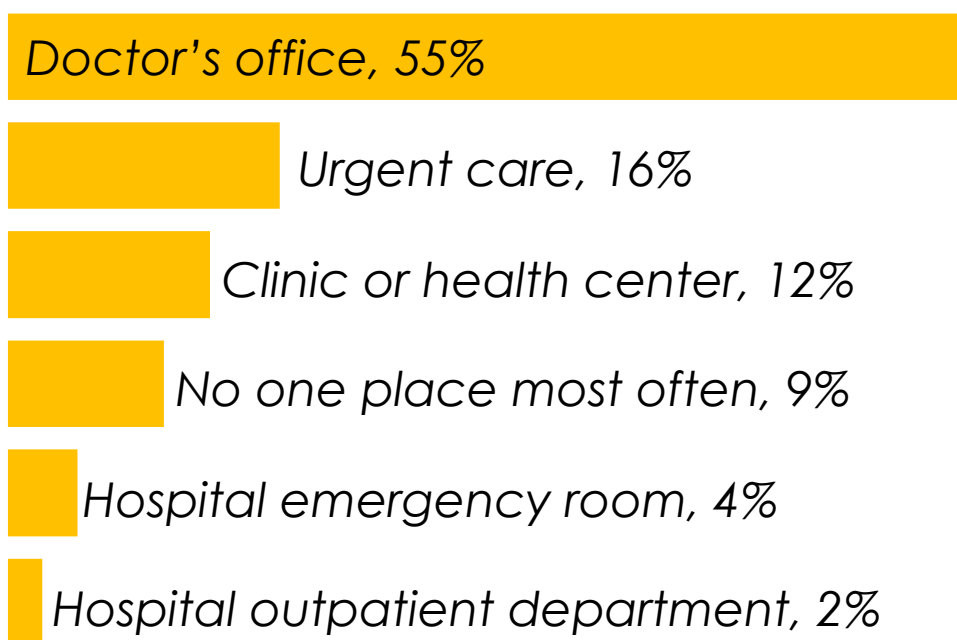


One cause for mental health challenges may have been dealing with the COVID-19 pandemic. Although the survey was not focused on COVID-19, it did ask respondents if the pandemic had disrupted their lives. Not surprisingly, most said that the pandemic disrupted their lives a lot or some (40% and 32% respectively). Only 6% said that the COVID-19 pandemic did not disrupt their lives at all. The remaining 23% said that their lives were disrupted “a little.”

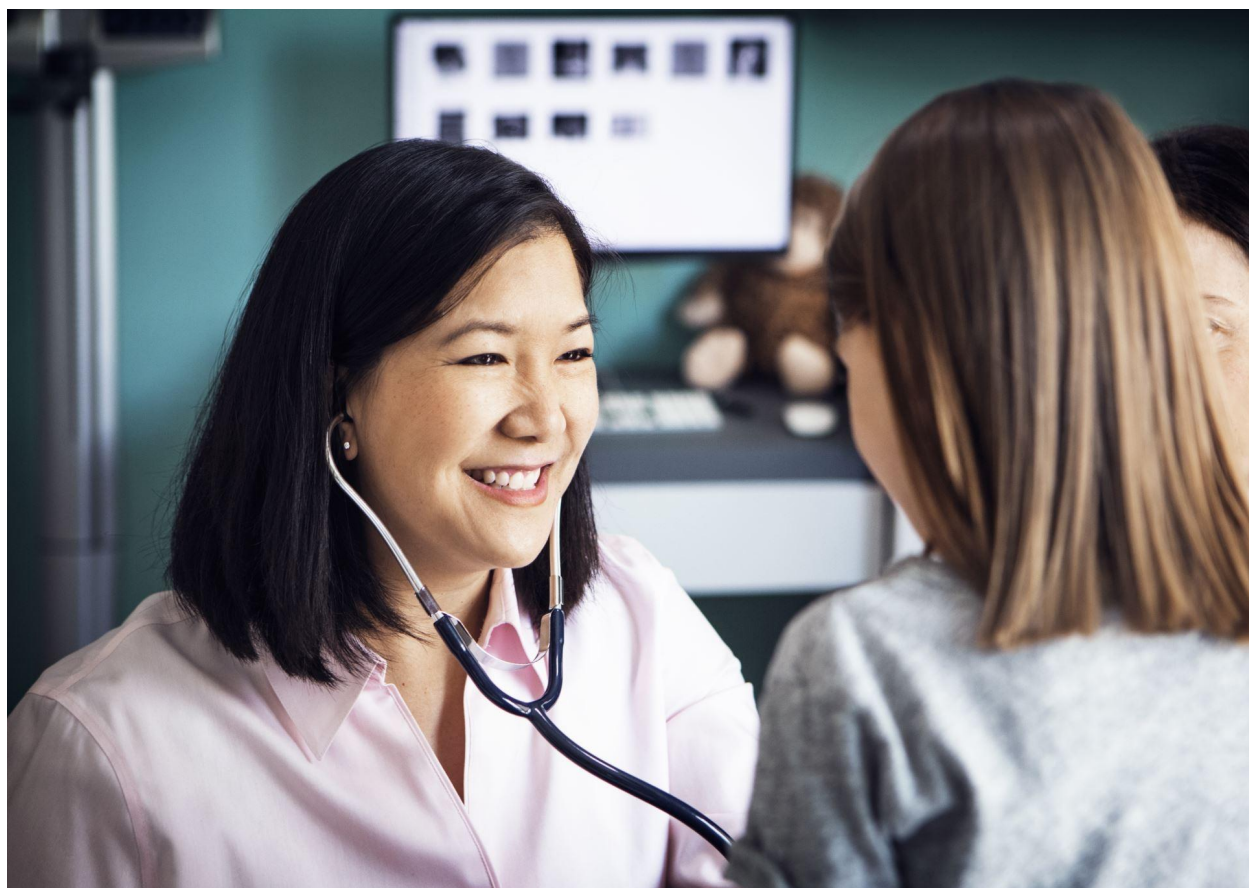


Access to Health Services

Respondents of the Live Well Mohave Survey were asked to report where they sought healthcare most often. As shown in the chart below, the top answer was



a doctor's office, which is the location used by the majority of respondents (55%). Another 12% went to a clinic or health center. Importantly, one in three respondents (31%) said they most often sought care at urgent care, a hospital (emergency room or outpatient), or they didn't have one location at all. That means that 31% of respondents didn't have a medical "home" or consistent point of care or provider. For these respondents then, they may be less likely to get preventive care, to get continuous care for specific issues, and other protective practices.



As for specific types of care, not all respondents felt that they were able to use all types. Respondents were asked, "In general, are you able to use each of these services in your community when needed?" As shown in the table below, most respondents said they were able to use the emergency department, urgent care, dental care, and a primary care provider. However, only about half of respondents said they were able to use a specialist in their community and the same percentage (54%) said they could use a mental health care provider.

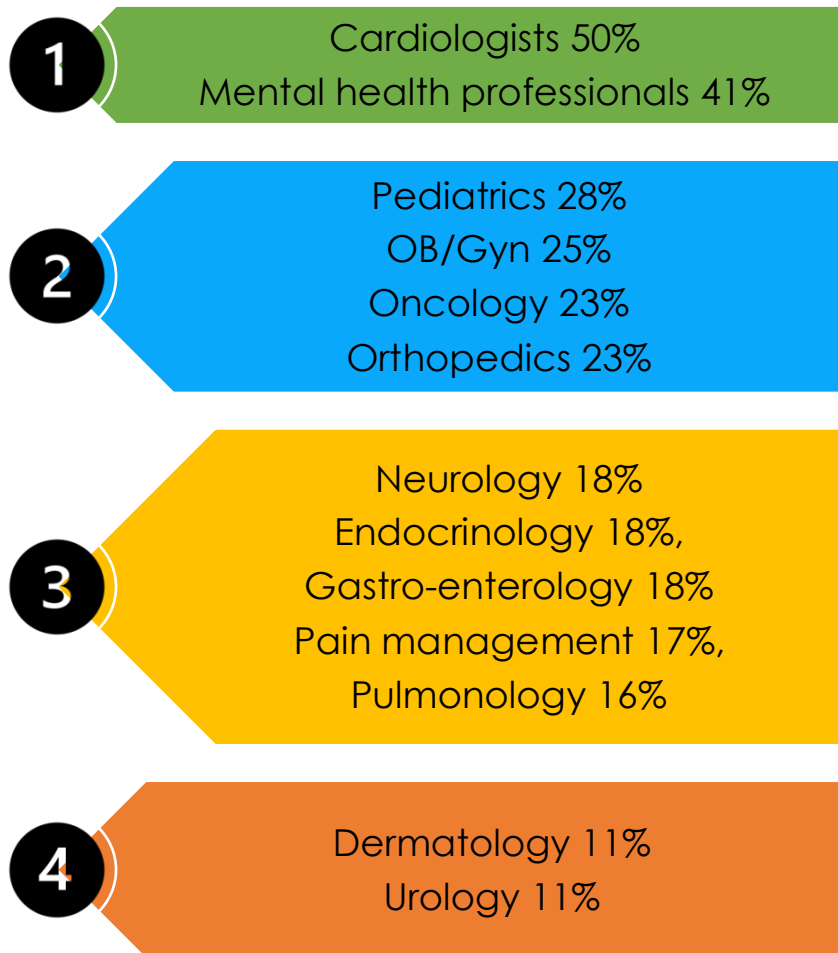
Services That Respondents are “Able to Use” in Their Communities

Emergency Department	89%
Urgent Care	89%
Dentist, Dental Hygienist	86%
Primary Care Provider (doctor, nurse, practitioner, PA, etc.)	76%
Specialist Doctor (heart doctor, cancer doctor, etc.)	54%
Mental Health Care Provider	54%

There were various reasons for not being able to use these services. In the table below are the most frequently selected reasons why respondents said they were not able to use a mental health care provider or a medical specialist. For each type, the top reasons are shown. Respondents were allowed to pick multiple reasons and all items that were chosen by 20% or more of the respondents are shown.

Top 4 reasons for not being able to use a mental health care provider	Top 3 reasons for not being able to use a specialist
I do not feel comfortable using this service in the community – 41%	No specialist in my community for my health problem – 54%
No specialist in my community for my health problem – 28%	I do not feel comfortable using this service in the community – 32%
Appointment times do not meet my need or schedule – 26%	Appointment times do not meet my need or schedule – 27%
I do not know if this is available in my community – 24%	
They do not accept my insurance – 21%	

Perhaps because respondents perceived a shortage of specialists and mental health providers, these providers were among those seen as most important. When asked to select no more than three types of providers that are most important in the community, respondents chose cardiologists and mental health providers most frequently. The graphic below shows the percent of respondents who chose each type of provider. These have been split into tiers to show the most frequently chosen, second most frequently chosen, etc.



Sources of Information

When seeking information about personal health, the respondents were split between online sources and providers. The graphic below shows the responses when respondents were asked where they go most often for information about their health.

Internet is top resource for health information, followed by health professional



1 of 2 use
the Internet
(48%)



2 of 5 ask a
health
professional
(42%)



1 of 10 talk
to a friend
(8%)



The rest
consult other
places
(2%)

Health Priorities

Survey respondents were given a list of 20 health issues and asked to select the three that were the most important community health issues in their communities. At the top of the list and chosen by almost half (44%) of the respondents was “substance use disorders.”

The second most frequently chosen issue was related to the economy. Thirty-seven percent of the respondents chose “Job opportunities,



#1

Substance use disorders,
including alcohol, drugs,
tobacco (44%)

#2 Job opportunities, income, poverty (37%)



income, poverty" as one of the top three issues in the community. This is not surprising given the economic downturn and increase in unemployment in recent years.



#3 Mental/emotional health issues (32%)

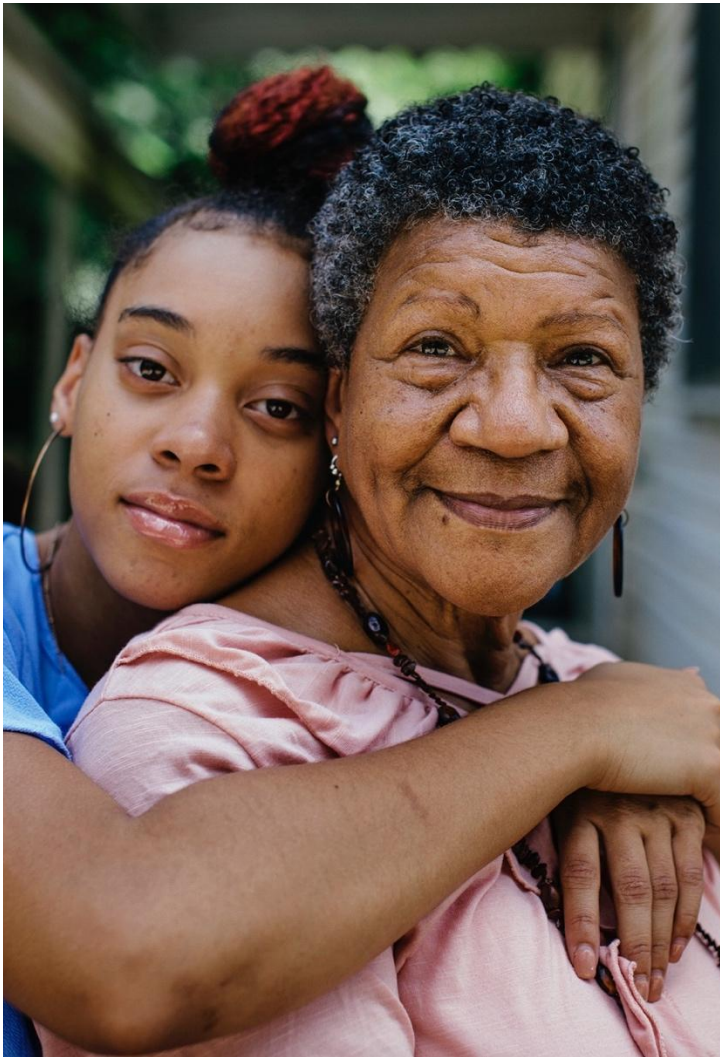
The third highest priority chosen by respondents was mental/emotional health. As discussed earlier, mental health was frequently chosen as a personal health issue and respondents indicated that there was a lack of mental health providers. Therefore, the importance of this issue is clearly present in the community.

The next two priorities, along with “Job opportunities, income, poverty” (which was the second most frequently chosen community health issue) could be defined as “social determinants of health.” These are issues that aren’t traditionally considered health issues. However, health may be affected by many factors including having a job and income, having social connections, activity, environment, and much more. So, the fourth priority, homelessness and housing, reflects the community’s understanding of being sheltered as a determinant of health. It was chosen by 25% of the sample. The fifth priority, education, was chosen by 24%.

The complete list of community health issues and the percent of respondents who chose each of them are listed below.

Community Health Issues	
Substance use disorders, including alcohol, drugs, tobacco addictions	44%
Job opportunities, income, poverty	37%
Mental/emotional health issues such as dementia, depression, suicide	32%
Housing, homelessness	25%
Education, schools	24%
Crime other than violent crime, such as theft, littering, graffiti, noise	18%
Air, water, the environment	15%
Nutrition/healthy food options	12%
Safe places for walking, biking, exercise	13%
Social connection/sense of community	13%
Chronic diseases such as cancer, diabetes, asthma	12%
Violent crime, including domestic violence, child abuse	11%
Transportation	11%
Racism or discrimination based on age, sex, race, sexual orientation	9%
Obesity	9%
Dental/oral health issues	6%

Falls, motor vehicle accidents, other injuries	5%
Infectious diseases such as flu, sexually transmitted diseases, or Covid-19	5%
Teen pregnancy	1%
Other issue not on list above (count as one of your three choices):	6%



Health Data

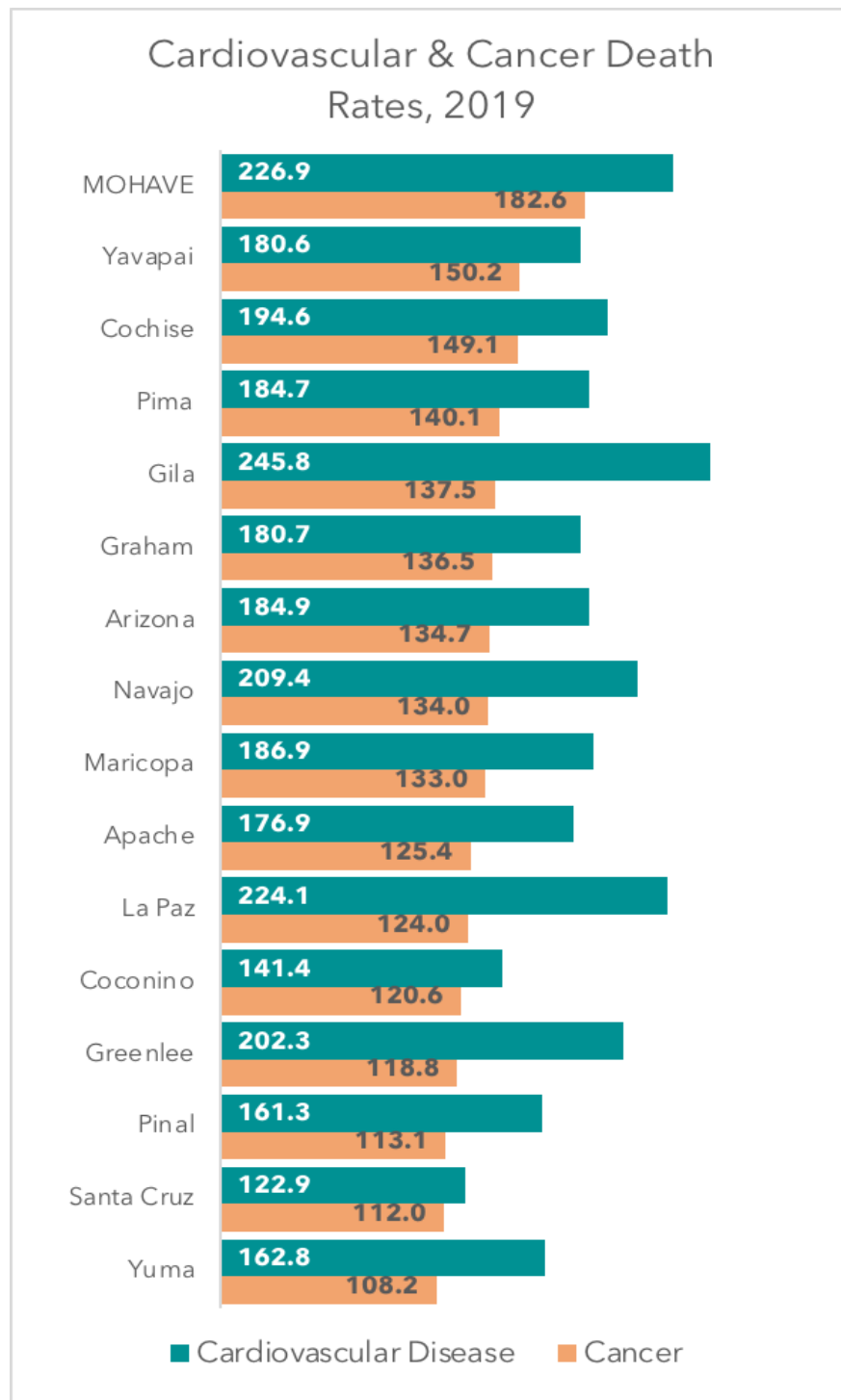
Leading Causes of Death

In the table below, the leading causes of death among Mohave County residents are listed in order of incidence. Cardiovascular disease and cancer are the most common causes of death at 226.9 and 182.6 deaths per 100,000 residents respectively. These are both much higher than the next level of causes, chronic lower respiratory diseases (70.8) and accidents (60.3). The death rate for motor vehicle accidents in Mohave County was 20.8 per 100,000 residents, which was almost twice that of the U.S. rate (11.1 per 100,000 residents) and higher than the Arizona rate (13.1)

Note: Accurate data on leading causes of death in Mohave County were only available for 2019 at the time that this report was created. Please note that this was prior to the COVID-19 pandemic. Causes of death are shown by rate per 100,000 residents. Using this rate helps allow comparisons to other counties and communities.

Leading Causes of Death (Rates), Mohave County	
Total deaths, all causes, age-adjusted	833.6
Cardiovascular disease	226.9
Cancer	182.6
Chronic lower respiratory diseases	70.8
Accident	60.3
Motor vehicle accident	20.8
Cerebrovascular disease	35.0
Alzheimer's disease	31.0
Suicide	28.8
Diabetes	28.0
Chronic liver disease and cirrhosis	24.1
Influenza and pneumonia	12.8
Assault (homicide)	12.0
2019, See Appendix D for mortality data and link to source.	

The rates of cardiovascular disease and cancer are not only higher than other causes but are also higher than for other counties in Arizona. Mohave County has one of the highest rates of cardiovascular disease (teal bar) and the highest rate of cancer (orange bar), as shown in the graph below.



Within the category of cancer deaths, lung cancer is by far the most common type. In 2019, there were 42.8 lung cancer deaths per 100,000 residents among Mohave County residents. This rate is twice as high as colorectal cancer at 18.8 deaths per 100,000 residents. Breast and prostate cancer are also lower at 14.0 and 11.6 respectively.

- Lung cancer (42.8 deaths per 100,000 residents)
- Colorectal cancer (18.8)
- Breast cancer (14.0)
- Prostate cancer (11.6)

Hospital Diagnoses

The most common diagnoses at hospitals also include heart and lung conditions. The table below shows the number of diagnoses for hospital stays at all hospitals in Mohave County combined. In 2019, there were 758 hospital stays for heart failure (cardiovascular), 401 for chronic pulmonary (lung) disease, 385 for pulmonary (lung) edema, and 310 cardiovascular procedures – all issues related to some of the most common causes of death.

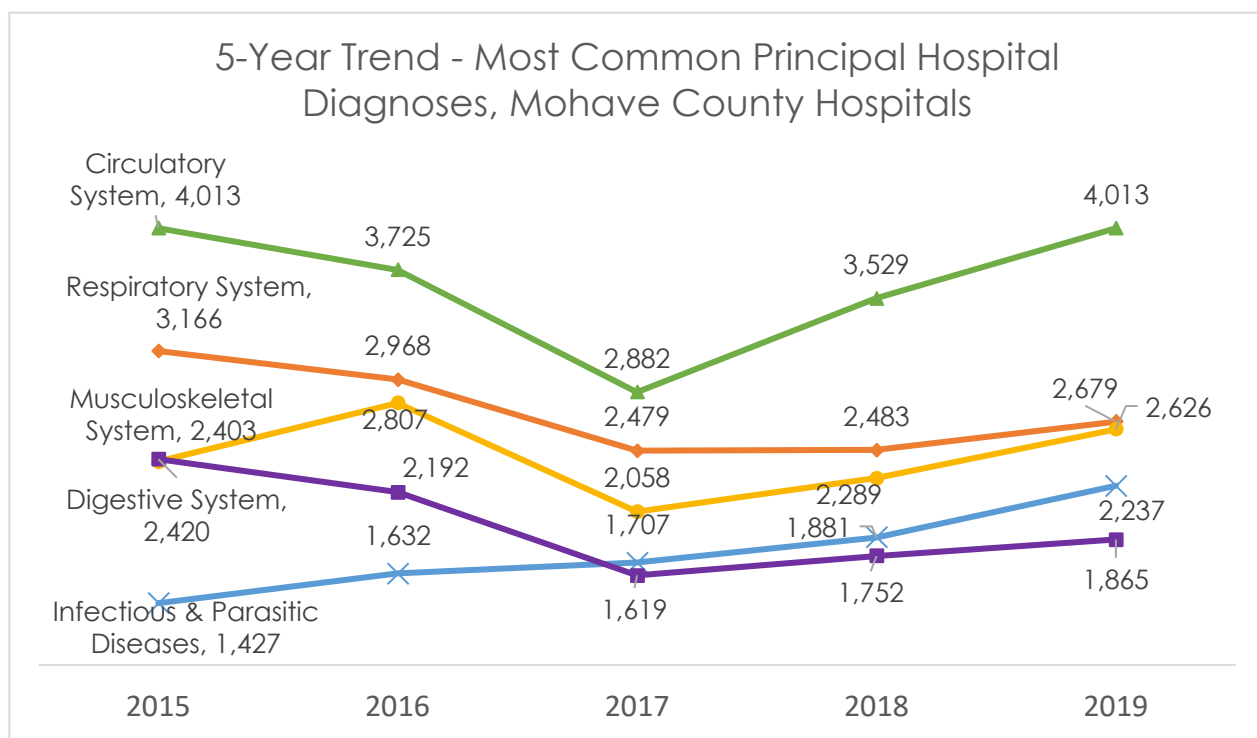
Also among the top ten most common diagnoses were normal childbirth (1,200 hospital stays) and septicemia both with and without major complications (1,321 and 405 visits respectively). Septicemia (sepsis) is blood poisoning caused by



bacteria that can progress to septic shock and cause death. People with weak immune systems or chronic conditions (e.g., diabetes, cancer, etc.) are more at risk for sepsis.

Ten Most Common Diagnosis Related Groups, Mohave County Hospitals		
	Number	% of Most Frequent Diagnoses
Total Discharges	22,378	100%
Septicemia, severe sepsis with major complication or comorbidity	1,321	21%
Normal newborn	1,200	19%
Major hip and knee joint replacement w/out major complication or comorbidity	875	14%
Heart failure or shock with major complication or comorbidity	758	12%
Simple pneumonia, pleurisy with major complication or comorbidity	428	7%
Septicemia, severe sepsis without major complication or comorbidity	405	6%
COPD (Chronic Obstructive Pulmonary Disease) with major complication or comorbidity	401	6%
Pulmonary edema and respiratory failure	385	6%
Percutaneous cardiovascular procedures with drug-eluting stent without major complication or comorbidity	310	5%
Esophagitis, gastroenteritis, digestive w/out major complication or comorbidity	290	5%
Source: ADHS, AZ Hospital Compare, County Profiles, 2019. See Appendix E for a more detailed list and link to the source. Includes only the principal (primary) diagnosis. Other diagnoses associated with the hospital stays are not included in this table.		

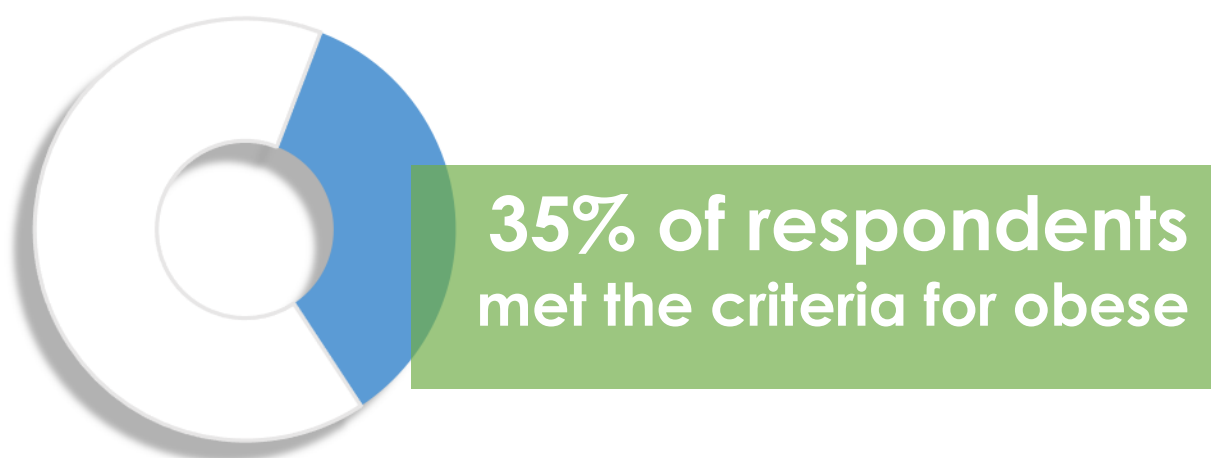
There have been some changes over time in the past five years when it comes to the number of hospital stays for certain types of diagnoses. For example, the graph below shows that stays related to the circulatory system (e.g., coronary bypass, cardiac valve) decreased in 2017 but returned to the previous (and

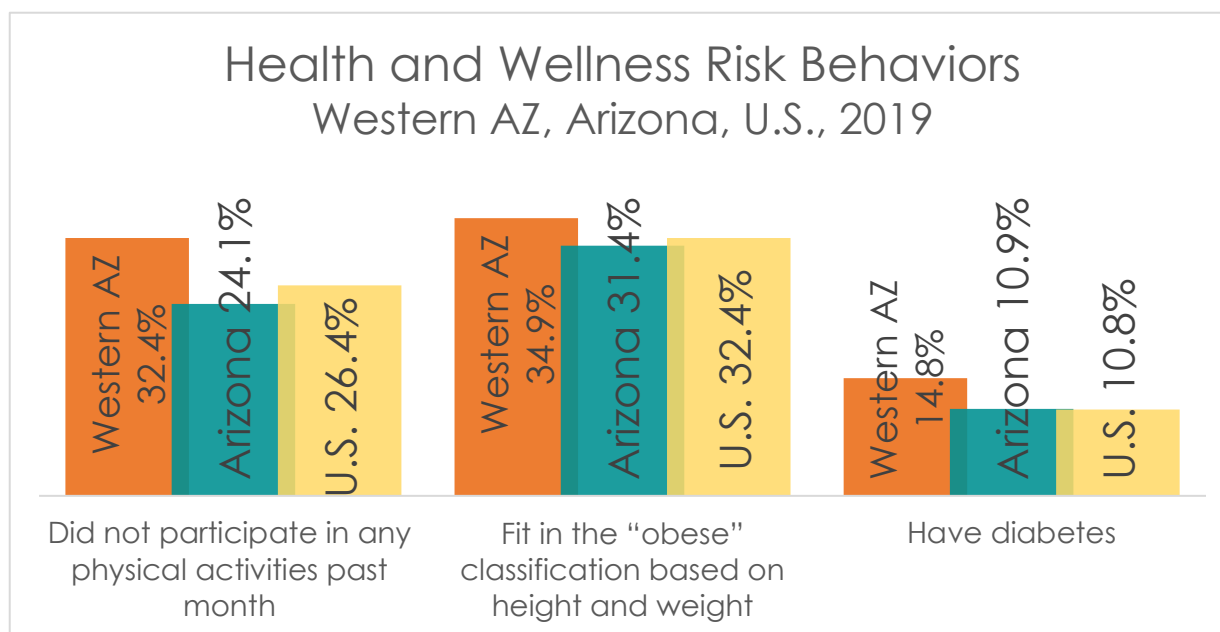


highest) level by 2019. Diagnoses of diseases or disorders of the respiratory and digestive systems decreased somewhat over the five years from 2015 to 2019. Infectious and parasitic diseases was the only category to increase each year during the time period, starting at 1,427 in 2015 and rising to 2,237 in 2019. This category will likely rise further in 2020 and 2021 due to the COVID-19 pandemic.

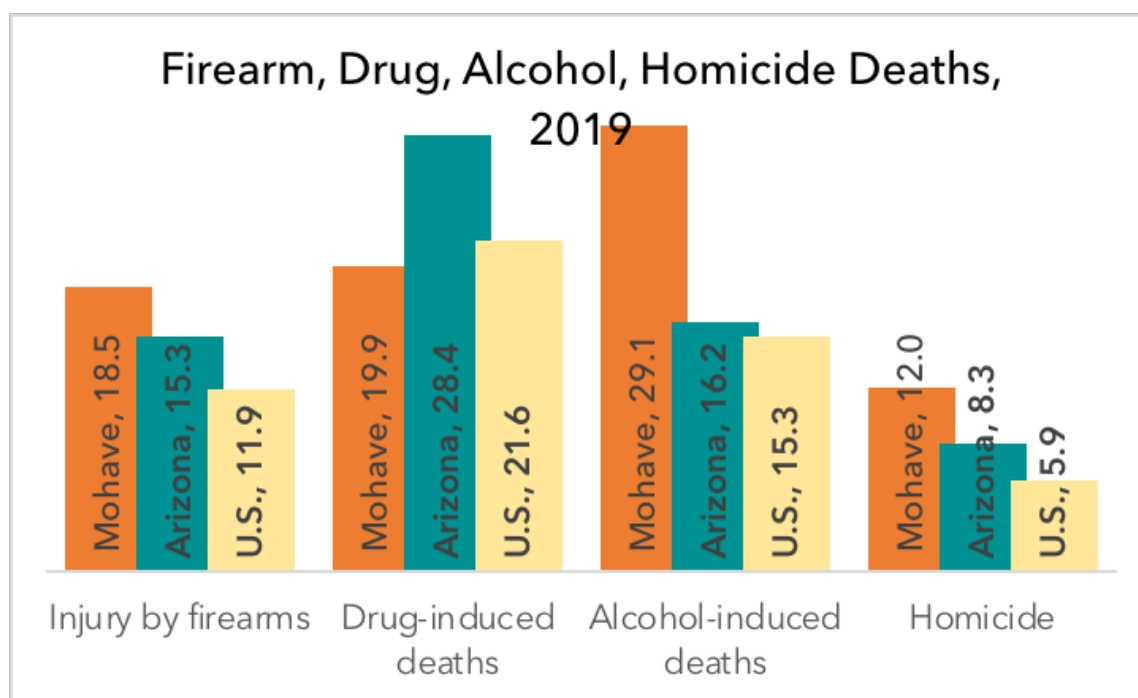
Substance Use Disorders and Other Risk Factors

Some health behaviors and conditions may be contributing, at least in part, to hospitalizations and deaths. As shown in the chart below, many residents of the western region of Arizona (a combination of Mohave, La Paz, and Yuma counties) have risk factors for heart disease, diabetes, and other chronic

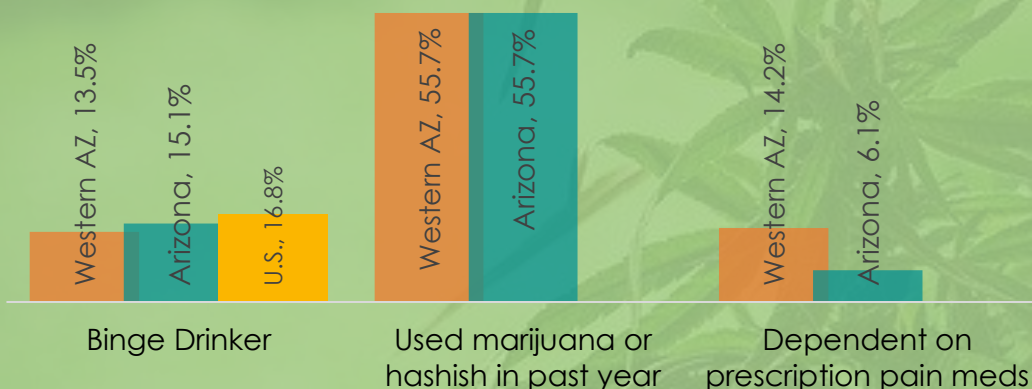




conditions. Among Western Arizona residents in the Behavioral Risk Factor Surveillance Survey, one in three did not participate in any physical activities in the past month – even mildly aerobic activities such as walking or gardening. In addition, one in three fit the classification for obesity, and one in seven (14.8%) have been told by a health provider that they have diabetes. For each of these measures, the percentage is higher or the same as Arizona or the U.S.



Substance Use Western AZ, Arizona, U.S. 2019



This section explores data related to two areas identified as community health priorities in the *Live Well Mohave Survey*: mental health and substance use. These topics appear frequently in the data related to deaths, hospitalizations, and risk behaviors. For example, as shown in the graph on the previous page, deaths due to firearm injuries, alcohol-induced deaths, and homicide rates were higher in Mohave County than in Arizona as a whole, and in the United States. This is most pronounced in alcohol-induced deaths for which Mohave has almost twice the rate as the U.S. (29.1 in Mohave and 15.3 in the U.S.). Drug-induced deaths were lower in Mohave County than in Arizona, but are near the rate for the U.S.

These findings are consistent with self-reported drug and alcohol use. When asked about substance use in the Arizona Behavioral Risk Factor Surveillance System (BRFSS) Survey, many residents of the western region of Arizona (a combination of Mohave, La Paz, and Yuma counties) reported using drugs and/or alcohol. As shown in the graph above, one in seven (13.5%) reported

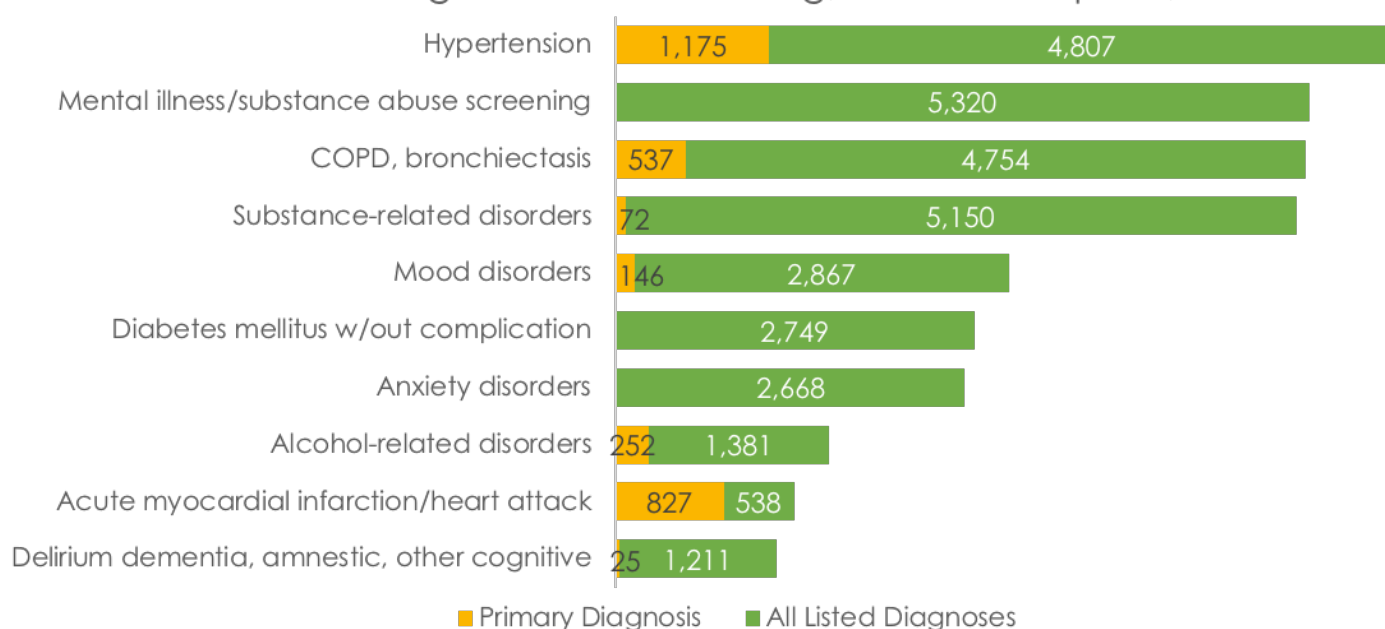
they drank enough alcohol to be classified as “binge drinkers.” (The survey analysis defines a binge drinker as males having five or more drinks on one occasion, females having four or more drinks on one occasion.) This was only slightly lower than the percentage for Arizona and the United States.

Alcohol was not the only substance being used by residents. In 2019, when cannabis was only available with a medical use card, over half of the Western Arizona respondents said they used marijuana or hashish. One in seven in the region admitted to being dependent on prescription pain medication – more than twice the percentage for Arizona (14.2% and 6.1% respectively). Data for the U.S. was not available for the last two measures. (See Appendix F.)

- 1 in 6 smoke tobacco
- 1 in 7 binge drink
- 1 in 2 used marijuana or hashish

Use of substances and mental conditions were also prevalent in hospital stays. The table below shows some selected diagnoses and for each diagnosis, the number of stays in which that condition was the primary reason for the stay or was a secondary or additional condition present at the time. For example, in Mohave County hospitals, there were 1,175 stays for which hypertension was the main reason or cause of the visit (in yellow on the graph). But there were three

Selected Diagnoses and Screening, Mohave Hospitals, 2019

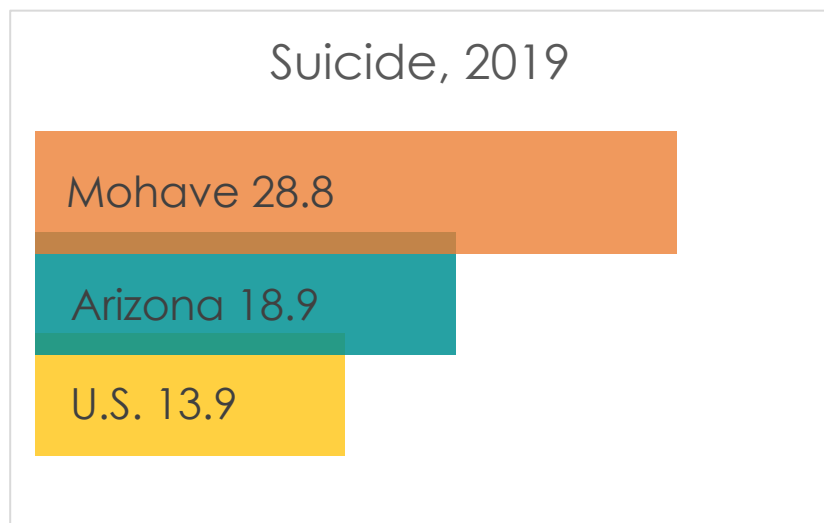


times as many *additional* stays (4,807) for which hypertension was not the primary reason for the stay, but hypertension was an additional condition experienced by the patient or was a condition identified during the course of the stay (in green on the graph).

There are thousands of patients identified with mental illnesses and substance use disorders in hospitals every year.

The graph shows that although most stays for substance use disorders or mental illness are not the primary reason for the visit, there are many stays in which patients present with or are diagnosed with a related condition. The table shows several issues not related to mental health or substance use for comparison. For example, there are over 5,000 stays in which chronic lung disease (COPD) is one of the diagnoses identified. Similarly, there are over 5,000 stays in which substance related disorders are diagnosed. Because multiple diagnoses may be identified for a single patient (e.g., hypertension, diabetes, and substance related disorder), none of these categories is mutually exclusive.

The graph also shows the screening that was done to identify mental illness or substance use disorders in patients. There were 5,320 screenings done at hospitals across the county (second bar). A screening usually consists of a short interview with the healthcare provider to talk about substance use and emotional and mental





status. This is considered a “best practice” in hospitals as it helps to identify patient needs and recommend or refer patients to appropriate care.

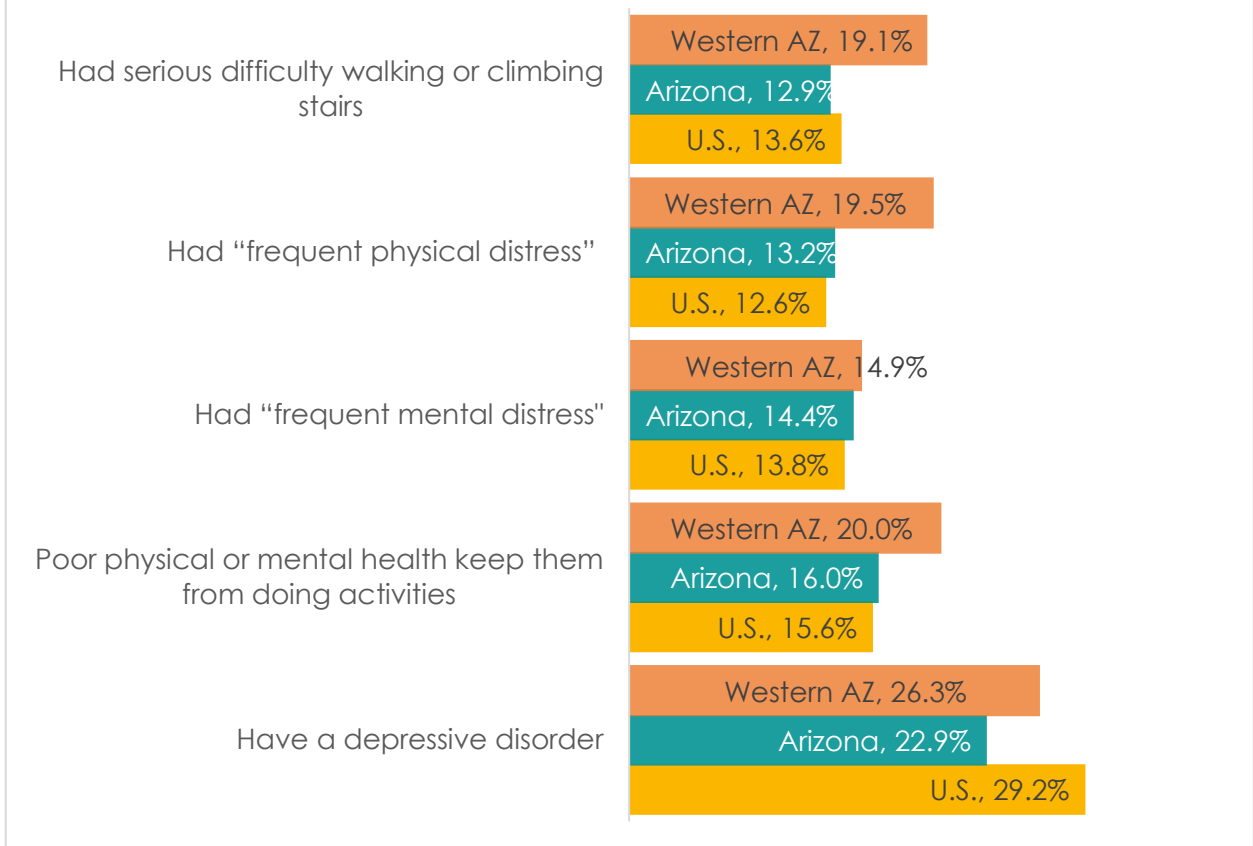
One outcome of screening can be to recommend counseling or a medical intervention to a patient in need. This type of care might

help to discourage suicide, which has a high rate in Mohave County. As shown above, the death rate from suicide was higher than the rates for the U.S. and Arizona. The suicide rate in Mohave (28.8 per 100,000 residents) was twice the rate as the suicide rate in the U.S. (13.9 per 100,000 residents).

Based on self-reported levels of stress, distress, and mental illness, it is clear that there are strains on both minds and bodies in Mohave County. As mentioned earlier, many respondents who participated in the Live Well Mohave Survey indicated that they experienced at least one of the symptoms of depression or anxiety. The Behavioral Risk Factor Surveillance Survey showed similar results, albeit with different questions. (See Appendix F.)

The graph below shows the prevalence of both physical and emotional stress among residents of Western Arizona. One in four (26.3%) indicated that a health professional has told them they had a depressive disorder. This is slightly higher than the rate for Arizona (22.9%) but lower than the rate for the U.S. (29.2%). One in five in the Western Arizona region have frequent physical distress and one in seven had frequent mental distress. One in five agreed that mental or physical health kept them from doing activities.

Mental and Physical Distress, 2019 Western AZ, Arizona, U.S.



Further data and results from all data sources and links to the sources may be found in the appendices.

Key Informant Interviews

Background/Purpose

The purpose of the key informant interviews was to add additional insights to the quantitative data analysis and findings from the *Mohave County Community Health Needs Assessment 2022*. As leaders in their communities, the key informants have unique and broad perspectives of community health needs. They were able to provide specific examples of how health issues affect them and their communities, as well as providing ideas for how to address these issues. This report summarizes their insights.

Method

Thirteen key informants were interviewed in individual sessions in Spring 2022. These individuals were from health care, social services, law enforcement, education, government, and other fields. (For more details, please see the Method and Sources chapter of this report.)

Summary of Findings

Defining “Healthy Community”

Key informants had a number of descriptions of what it means to be a “healthy community.” Respondents defined a healthy community by referring to numerous aspects of wellness -- from mental health to economic stability to social opportunities and other factors, in addition to access to healthcare. As one respondent said, “A community that has all of the necessary resources in place ... And just anything that just really supports a healthy mind, body, spirit.”

We think of the term “well-being” when we’re talking about a healthy community and the pillars of intellectual well-being, social relationship, and physical well-being all are key components of that definition.

Healthcare has been very focused on treatment of disease, and I think that if I'm explaining a healthy community you have to include the social elements that allow people to live healthy lives.

It starts with health but that's a community where people are active ... They're doing all the things that they should be doing to follow-up with their doctors and just eating right, exercising, and doing all those things to take care of themselves both physically and mentally.



Key Community Health Issues

The key informants were able to list many health challenges in their communities. Each of the sections below describe an issue and provides a picture of how the issue affects the community, as described by informants.

Medical Services

Finding and using healthcare services can be a challenge for residents, say the key informants. This is due to an interplay of many factors including the number of healthcare providers, health care insurance, availability, and travelling to providers, among others.

The schools in Mohave County are producing enough nurses to staff the gaps but all of them are leaving -- all of them. I think they're all on the road ... [They] just make so much money right now. And so then the other challenge here is with our housing we don't have housing for our nurses.

There's areas that are very either very remote and they don't have access to a lot of things [such as] getting to the drugstore or even clean water I mean there's so many remote areas out there they live off the grid and so that I see is a big problem out here.

Informants are especially concerned about what can happen when providers aren't available locally or there are barriers to seeing a provider, such as long travel distances or long waits to make an appointment. They contend that when residents aren't able to see a provider, they "just sit and wait and hope it goes



away.” And when it doesn’t, “they’ll go to the emergency room because there’s no time at that point to make an appointment.” The hospital emergency departments are often used as primary care providers in this way. In addition, winter tourists are exacerbating the problem by engaging in “medical tourism.” The respondents talked about winter visitors using many of the limited local medical resources.

I think lack of primary care availability is definitely an issue. I mean especially when you get the ‘snowbirds.’ They come down for the wintertime and you have that big influx of people and they all need healthcare.

Mohave County does not have enough specialty care providers, such as cardiologists or oncologists, said respondents. “We’ve got some good PCPS, but specialty not so much,” said one. As is the case for all providers, this makes it difficult to see a specialist or a resident must drive to the nearest city center – often hours away – to see a specialist. Additionally, some patients are sent to specialists when a specialist may not be able to help them.

One specific issue related to specialty healthcare is end-of-life care. With many retirees and seniors living in Mohave County, dealing with the healthcare issues that occur near or at the end of life are common. When they have a health crisis late in life – such as a heart attack – the elderly may present at an ER and need a specialist. If specialists aren’t available at local facilities, they may be flown (by helicopter) to a facility in Las Vegas or Phoenix. Two respondents described what can happen:

End of life care for patients is also a big challenge. One of the things that we run into all the time is patients 95-years-old and they’re in the hospital and they ... can’t even talk anymore, but the family wants you to do everything on these patients ... People are not having those

discussions with their families. They're not filling out their forms that indicate their [end-of-life] desires in advance.



Mental Health Issues and Services

There is no question that there is a need for mental health assistance in the respondents' communities. Depression, anxiety, stress, and other conditions exist now as much or more than ever. As with medical providers, the issue is finding enough mental health professionals to assist. One respondent talked about what

happens "when you are going through a situation that emotionally is trying and that you need a counselor or someone in the mental health profession to help, there's nowhere to reach out.

I think mental health is a really strong one here in [City] that is very understaffed. We have one mental health physician in all of [City] and we have a lot of issues ... I mean I had a guy in here yesterday that he could not even understand that I was trying to tell him ... He went into a crazed state and I had to walk him outside. And we ended up having to call the police because he was yelling obscenities and all of that.

Some say that COVID-related stress is contributing to mental health issues for adults and children alike. One respondent said that this has led to a lack of civility, as evidenced by arguments over the COVID-19 pandemic. "There's no more grace and kindness," said one.

Addressing the myriad of mental health needs in the community is a big challenge according to respondents. As is the case with medical healthcare services, it is not easy to access mental health services, especially in rural areas. This can be due to any number of factors, including inability to pay, stigma, lack of providers, geographical isolation and other considerations:

I mean we have 'the Great Resignation' going on, where everybody sort of imploding and the resiliency is really diluted and everybody is kind of scattering and we're trying to pull it back together.

Um I think we've kind of put [mental health patients] on a back shelf in a way. We do have mental health facilities, there's so many patients they can only treat so many at a time. Our inpatient unit is, what, 18 beds? ... It's like a revolving door -- you come in, you're only allowed so many days today, and then you have to leave.

Importantly, mental and behavioral health issues come into play in numerous settings. Respondents mentioned the overlap between mental health and homelessness, for example, as mental health issues may cause homelessness and/or become hard to treat when a person experiences homelessness. It is also apparent in educational settings where a student may “manifest anxiety or anxiousness or belly aches or they show up at the nurse’s office” even though at least some of their issues are mental health related. Clearly, mental health issues also arise when law enforcement or other first responders are called in:

Somebody's having a mental breakdown. Their families are at wit's end and don't know what to do. They call 9-1-1. A police officer then is sent to the house has to talk them down or even convince them to open the door ... so that puts our officer in harm's way and also potentially puts the citizen in a bad situation.

Substance Use Disorders

Substance use disorders and addiction to substances are problems across the county. As some respondents see it, substance use is a method that residents use to deal with stress or some of the mental health issues discussed in the last section. It's a “new pandemic of overdose and mental health crises.”

Fentanyl and methamphetamine and those drugs are easy to get and enough to make you feel better or even if it's just temporary. It's tempting, I suspect, for a lot of people ... I mean we're the opiate capital of the nation, right?

A concern for respondents is the ready availability of drugs and alcohol and the way substance use is integrated into day-to-day living. One respondent said they “went to a party and I just didn't drink. I got offered [alcohol] like three or four times and they said, ‘Oh you can't live here and not drink! It's part of our culture!’” By the same token, vape pens, marijuana, and alcohol are ubiquitous now and so can be accessed by children, “All they gotta do is open a cupboard in their home and they're coming to school high.”

Respondents mentioned the ways that substance use keeps residents from leading healthy lives and what harm addiction can bring, even if it's not easily recognized. For example, a patient in a hospital who is suffering from addiction to alcohol may not be aware of (or is in denial of) their addiction.

When you look at the patients that come into the hospital that end up in alcohol withdrawal and many of them, when they come in, you ask them ... 'Hey how much do you drink?' 'Oh, you know, a glass of wine a couple times a week' or whatever and then two days later they're starting into withdrawals. So that can be pretty dangerous for a person...But that clogs up the system because ... eventually [they end up] in the ICU and so we don't really have any facilities in the county that are equipped to just handle addiction like that.

Additionally, addiction can lead to incarceration for possession of an illegal drug or for committing crimes in order to buy legal or illegal drugs. Said one respondent, "There's some doctors very quick to give out opiates. And then the people become [addicted and] desperate and then they ... do the crimes."



Poverty/Homelessness

Undoubtedly, poverty can contribute to homelessness and it has negative effects on mental and physical health. Respondents lamented the high costs of housing and the challenges facing people living in or near poverty levels and "the working poor...whether be retired people that worked really hard and they're living on a fixed income or it's people who are working and they can't afford the copays."

With this housing spike and the way that things are, there's no way that people can afford to rent anywhere. It's gotten really, really difficult. If you look at the basic Social Security income, I think it's \$840 now, you can't rent that, you definitely can't do anything in [City] where rents have skyrocketed to \$1200 for a studio apartment.

Given the financial challenges described above and the mental health issues that exist for some residents, it is not surprising that there are some people without housing in the county. The respondents pointed out that these individuals are hesitant to seek help and the systems currently in place may not provide a long-term solution. For people “on the streets” it can take up to 10 years to get help. For seniors, affordable housing is also hard to come by.

We have what we call ‘affordable senior housing’ and it’s a Single Wide (mobile home) that the air conditioner just goes right out the window and they can’t afford to run it. So, seniors, God bless them, they’ll get a swamp cooler, or they’ll get a fan and then it becomes an air fryer in there.



As mentioned earlier, the overlap between mental health issues and law enforcement is undeniable. The respondents felt that, in some cases, people experiencing homelessness can end up cited for sleeping outdoors. Then, when they fail to appear in court, they are arrested for that violation. This results in a problematic cycle.

They get a citation to show up in court. Well, people are afraid to go to court, honestly, because they they’re afraid to go back to jail ... This is that catch-22 system, so if they don’t go to jail, they don’t go to court. They get a warrant so that the next time that they’re found sleeping, they go to jail ... which just it makes it almost impossible for a person to get out.

Chronic Diseases and Their Causes

Lung disease, heart disease, cancer, and other chronic diseases have been scientifically linked to lifestyle choices such as smoking, eating certain kinds of foods, and sedentary behavior. Respondents acknowledged these links and stated that they have observed many high-risk behaviors that lead to chronic diseases.

First, there is the use of tobacco, which several respondents stated is particularly common in their communities:

The sheer number of smokers ... Then that leads to all of the pulmonary and cardiac concerns that we have in that respect. I think if that's one of the biggest reasons why there's such a shortage of, or a difficulty in, access to care from cardiology and pulmonology is because we have such a huge smoking population.



I've always said if you wanted to make money in Mohave County, open a convenience store that specializes in alcohol in tobacco products -- the amount of smokers here is unbelievable.

Second, respondents mentioned a great deal of obesity in their communities, which they blame, at least in part, on the lack of fitness facilities and recreational opportunities and even a lack of sidewalks.

Access to parks and recreation opportunities, outdoor recreation, things that can occupy time that are healthy and in nature. And that doesn't mean just sports or fitness but access to cultural arts, access to things to see and do within your own community that promote the mind and keep the mind healthy and moving.

Third, poor eating habits abound with many residents unable to afford or find healthy foods. "It's just poor eating habits," said one, "People will not eat right because it's, 'I can't afford to do that. I can't afford to go get organic' or whatever. ... [They] get the junk food, order pizza.

COVID-19 Disease Spread

The COVID-19 pandemic was also on the minds of the respondents and it was mentioned as a key health issue. The comments focused on the difficulties with communicating accurate information about COVID-19 and wanting residents to be educated.

Right now, the pandemic, and the lack of education around that pandemic, is tremendous. What I hear coming out of people sometimes, I have to just go, 'Oh my goodness where did you hear that?' It couldn't be science-based because it's just not true.

Vulnerable Groups

Key informants were asked to identify those in their communities who they felt were the most vulnerable. Among the vulnerable groups mentioned were children and seniors, in general or specifically those living in poverty. The rationale for children was sometimes focused on developmental issues, such as brain development, but also on the fact that children are helpless to fend for themselves. Seniors too, need support, as shown in the comments below:

Well, I think the most vulnerable right now would be that infant to kindergarten age and then our seniors ... Our youngest citizens are the most vulnerable just 'cause they don't always have the ability to do for themselves, think for themselves, or make a way for themselves.

We have a lot of the elderly and it's amazing how many don't have any family support or structure at this stage in their life ... Who's checking on them to see that they are safe?



One informant added that middle-aged residents are also a concern, due to the unhealthy lifestyles among many in this age group, "They smoke. They don't exercise and they don't even drink enough water!"

Those with mental health challenges and those who are experiencing homelessness were also mentioned. There is often overlap between these groups and the needs become even more pronounced when a person is both living on the streets and having mental health issues. Both conditions make these groups more vulnerable to crime, violence, and trauma.

[Residents] that have that serious mental health issue or diagnosis, that they are extremely vulnerable they get attacked, beaten up, taken advantage of, their money stolen - if they've got, if they have an income - their food carts stolen, their phones stolen. That's a very vulnerable position.

Barriers to Creating a Healthy Community

What keeps the community from addressing health and wellness issues? Respondents had many ideas as to what is standing in the way and why it is difficult to solve the problems. Among the barriers were some tangible items, such as financial resources, and some less tangible ones, including the lack of collaboration.

Economic considerations. The increasingly high cost of living is a strain on residents and high costs of medication and health care often exacerbate the situation. Informants recognized that many employers, such as the casinos, don't offer healthcare insurance. Seniors on fixed income and those who don't qualify for AHCCCS are having to make a choice between having dinner or their prescriptions," said one. This can result in the individual taking fewer medications than required or using recreational drugs or alcohol to deal with their medical problems, both of which lead to more problems down the road.

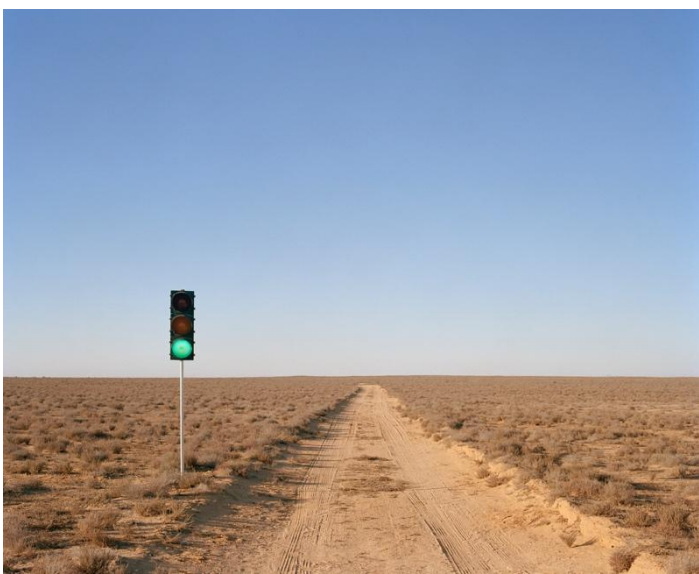


Changes in workforce. Both the "Great Resignation" of people leaving their jobs in the face of the pandemic and exhaustion/burn-out among workers hardest hit by the pandemic have contributed to a changing employment environment. "I think people in the caregiving field -- and I would consider educators, the healthcare field, the health department, the hospital -- we're exhausted, right? So, a huge barrier to

me is exhaustion..." said one informant. One respondent called the lack of staff "insane right now" and recruiting has shown that "there's just nobody out there" to apply for available jobs.

Lack of collaboration and communication." So, the barrier is we're not pausing and trying to seek to understand from the other perspective what is going on," said one key informant, who encouraged the community to come together, "I think we're still we're still busy percolating in a big pot of despair and we're not toweling off and getting out to try to figure out why we're in there." Part of the

disconnect is that many service providers and residents alike don't know what resources are available. Part of the issue is that there is no one media source that reaches a great proportion of the county population, "[I]t isn't like you can turn on your ABC News and you're gonna see something about" any of the cities in Mohave County, said one respondent.



Geographic considerations. Mohave County's hot climate was seen as a barrier to healthy living, e.g., "kids can't get out and play when it's 110 and 115 degrees" as well as a barrier to recruiting providers to live in the area. In addition, the remote and rural setting was stated as a reason for limited social determinants of health resources, such as healthy restaurants and sidewalks. Finally, the distribution of resources demands that most residents need to have a reliable form of transportation in order to get to locations with healthcare, healthy foods, etc.

Mistrust of government. The COVID-19 pandemic brought to light that many in the community do not trust governmental entities. One respondent pointed out the changes between when the polio vaccine was available in the 1950s and now, "When polio came out, you would go get vaccinated for polio without even thinking twice about it." In the 2020s, another said, many did get vaccinated because of a mistrust in science and the government. For some, this is a mistrust based on historical treatment of certain groups in the community, "I've kind of struggled myself with people in my family. 'I'm not getting that shot. They killed us with shots back in the day.'"

Lack of healthy "culture." As mentioned in the last section, some key informants have observed that Mohave County does not have a "healthy culture" in the way that, for example, Denver, Colorado. Denver is known for outdoor sports, healthy foods, and more. "I would love to work out...have a place for physical fitness, but it's not the culture here and so there's no one here that's really driving that effort forward," said one. "It's a fast-food world, , everybody, it's easier to run through Taco Bell than it is to go home and make a healthy burrito or a healthy taco," said another.

Solutions to Health Issues

Given these health issues, what can be done about it? When asked to imagine some solutions for the key health issues in their communities, respondents generated many ideas. They were encouraged to brainstorm or “dream” about

what could be done. In some cases, they mentioned a project that was already in place, sometimes they offered improvements to an existing project, and sometimes they came up with an entirely new idea.

Access to Medical Services

Recruit more providers. Informants said that more providers are needed, as well as support staff to work with them.

It's not about necessarily hiring more doctors -- you can -- but if you hire another doctor, you need to plan on hiring another three to four support staff for that person. Right now, I'm seeing more patients in an 8-hour day than I did in a 10-hour day 'cause the model works.

“Borrow” providers from other areas. If providers aren't willing to relocate to Mohave County, perhaps they could work part-time in the community.

The idea is to persuade providers in neighboring metropolitan areas to come to the county part-time and take on Mohave County residents as patients.

So, we share a lot of our medical professionals. We share them with the larger cities you know - they come up from Phoenix or come down from Las Vegas a couple days a week ... It's difficult to pay folks enough that they will stay here and in this area.

Provide a mobile unit that travels to remote areas of the county. A mobile unit is already approved for District 4 of the county and is being considered for District 1 as of May 2022.

I like the idea of the mobile health unit ... letting them get out and do some assessments out in the community - see what's out there, see

who's needing help, and providing vaccinations, providing information, maybe getting some of the organizations together to help donate some supplies.

Have end-of-life care discussions between providers and patients. The best way to deal with this is for the patient to make decisions about end-of-life care while they are still able and put those decisions in writing.

People are not having those discussions with their families. They're not filling out their forms that indicate their desires in advance. And so we have to figure out a way to educate people better and earlier in their lives to make those decisions ... Where it should start is in the primary care office as well, because that doctor is the one that has a relationship with the patient.



Mental Health and Substance Use Disorders

Recruit more mental health providers and use telehealth. As was the case with medical providers, respondents wanted to see more mental health providers and groups in their communities. Some providers could be physically present in the community while others may be able to help virtually:

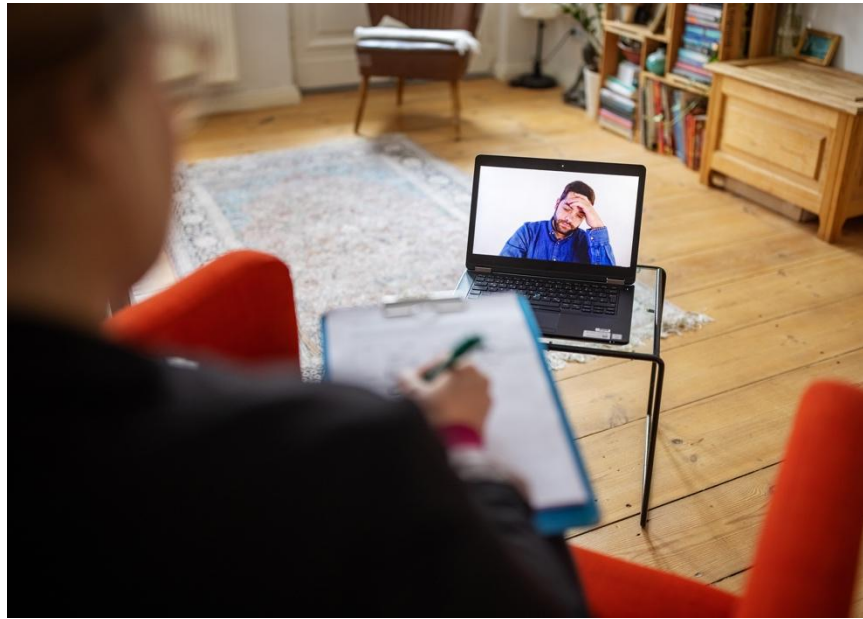
If we had some folks that could assist in crisis situations and then maintain so if we had mental health folks on site or in the community for crisis ... Zoom is fine for maintenance -- when it comes to behavior health assessments and continuation of care.

So, on the on the trauma piece, I definitely think just increased resources and that could be through telehealth. It could be like a rural transportation model [or] that could be through new providers.

Provide a combination of medication-assisted treatments and mental health support. Medication-assisted treatment for those with substance use disorders involves a combination of medications, such as Suboxone (buprenorphine/naloxone) for opioid addiction, as well as counseling support.

Psychiatry is one piece, severe mental illness support, detoxification support, improved medication, assisted treatment for those that have an addiction that want to stop, additional resources ... We do some at [medical facility] some medication-assisted treatment where we're barely starting it.

There's a number of things -- domestic violence shelters and services, sober-living homes, detoxification services, addiction treatment, AA groups and other groups to support behavioral health needs -- even on beyond behavioral health.



Encourage recreational activities for kids and teens as an alternative to substance use. Informants pointed out a lack of activities for kids and teens which they feel may contribute to other issues.

My upbringing was very much based on Little League sports and connection in those other ways, and so I never really had time in my childhood for vaping, drugs, tobacco use, alcohol, etc.

Poverty/Joblessness/Homelessness

Get people back to work. The COVID-19 pandemic caused many people to lose or leave their jobs in the past few years, but job opportunities are picking up.

The poverty -- let's just say motivate people to get out of their brains and go out and get jobs. Go to work. Honestly, I believe when people are out helping other people, working, feeling self-sufficient and self -- that we need to get people to stop relying off of handouts and take hand-ups ... Getting them to having a shower if you're homeless.

Offer more affordable housing, for seniors and others. Due in part to the rising cost of living in the county, affordable housing is hard to find. To house those

without housing and to prevent some individuals from becoming homeless in the future, respondents suggested transitional or permanent affordable housing.

Transitional housing working into, into subsidized housing ... Housing is the main issue here. There's not enough places for people to live - where they can live and afford to live.



Promote rehabilitation programs for people without housing. Respondents talked about the difficulties that people without housing face. They would like to help these residents with mental health issues and housing, as discussed previously. In addition, those without housing may need help with finding a job as mentioned below.

We need to figure out a way to get homeless people into places where they can rehabilitate ... I think the program that I've seen work best so far is the Western Arizona at Work. You could be homeless. You could go in there, they teach you skills, they help you kind of get into a place ... so it has to be funded.

Provide alternatives to detention for appropriate individuals, especially those driven by mental health or substance use disorders. Respondents contended that incarcerating residents with mental health issues and/or individuals without housing is not a good solution for law enforcement or the community. Instead, they said, getting mental health care or work training for those who need it is far more helpful. As one respondent pointed out, progress is already being made in this area. Instead of being booked into the jail, some cases with go to new facility and be provided with "counseling, medication if they're addicted to drugs ... That's a model being used in Yavapai County quite successfully. In at least one area, "We know it works 'cause we have a youth court and veterans' treatment court that follow the same principles and the recidivism rate on our treatment court folks is less than 10%, our general population folks is 85% plus."

Chronic Diseases and Their Causes

Encourage preventative visits to medical providers, e.g., check-ups. There are many things that people can do to prevent chronic diseases, as discussed

earlier. One approach is regular visits to a provider for check-ups, in the same way a person would get a tune-up for their car.

I think a lot of people neglect their health over the years until it starts to go south, and then suddenly [they say] 'Oh now I need a doctor!' ... Kind of like we do to our car. We change the oil, we fill up the tires, and we change the tires when they need to be changed and things like that to keep the car running as long as possible. But a lot of us don't take care of our health the same way.



Maybe even education on the illness they have ... how to eat properly, about skin sores, and things like that. How to care for their skin and keeping from getting infected and everything.

Promote tobacco cessation and have providers distribute smoking cessation materials. Respondents were aware of the consequences of

smoking and they had ideas about how to stop it, although they admitted how hard it is. One respondent talked about a media blitz related to smoking as well as arming providers with written materials to give to their patients, "Put it out there all the time, so everywhere they see it. Spend the money on advertising. Spend the money on a billboard that says, 'Here, look, we can help you quit smoking by doing this' and then get that information ... to that primary care provider and say, 'Here, give this to your patients.'"

Give education on physical activities and their benefits. Changing the existing culture in the county from sedentary lifestyles to more active ones would go a long way to reduce obesity and chronic illnesses, said the respondents. Part of it is educating people that they don't have to do a strenuous workout, but rather, simply walking everyday would be beneficial to their health.

We're not all going to be Ken and Barbies – ain't gonna happen - but if we could get everybody to lose the weight to be closer to that ideal weight that'd be great ... You only need to do 30 minutes a day, five days a week, and that's like 15-minute walk that way and a 15-minute walk back.

How do we educate people and how do we pull people together to do more exercise and you know make that cool to do, you know?

Provide recreational activities to promote active lifestyles. To encourage the physically active lifestyle, said respondents, you need to offer recreational opportunities, preferably outdoors. These spaces need to be safe and enjoyable to encourage use by residents. Said one respondent, "Usually, a town this size will have three to four [parks]. So let's look at ways that we can create some hiking trails and some parks and just things like that that allow for healthy living."

Increase access to healthy, fresh food. It's hard enough to choose healthy foods over less healthy options like fast food or pizza, but when healthy foods are hard to find, this creates an even bigger barrier to eating right. Make fresh produce and other healthy foods more accessible, said the respondents. There is a



community garden project that is underway so I'm hoping that those are things that maybe we can implement some fresher choices and things like that.

I think the availability of fresh produce would be huge ... They can, hopefully, get good education some good educational programs

that go along with your SNAP benefits -- to help inform people that they can make those healthy choices and move away from processed foods. Processed foods are killing us.

Mask and distance to reduce disease spread. The COVID-19 pandemic is not over but may be waning. In any case, this respondent suggested that county residents should set the controversy aside and follow the precautions when necessary.

I know that there's a lot of controversy going on with COVID and what is considered a healthy community ... and I think that you would take others into consideration and maybe wear a face mask or really try to do some social distancing.



Support the existing coalitions and create new community coalitions. Some communities in the county already have community coalitions in place. Respondents said that communities with these groups are finding it very helpful to open up communication and coordinate services. One respondent runs a collaboration meeting event with providers sharing updates on what's available and helpful. Another described their town's coalition.

The community resource coalition which is basically all the nonprofits -- economic development, faith-based -- really that helps people in some way and brought them together to have a conversation. We meet twice a year ... What it has done is break down some barriers because a lot of those same organizations are fighting for the same grant dollars and ... then they don't wanna talk to each other.

One key informant suggested that coalitions should gather together and create a shared strategic plan.

Create a resource guide of services. One outcome of community collaboration that respondents mentioned was a resource guide to services in the county, the state, or even in the tristate area of Arizona-Nevada-California. Having this kind of guide could help medical and service providers with various requests and issues.

Networking and working together ... I would like to see a real tri-state resource guide that that specifies -- 'cause people come to me from Needles and Laughlin and I would love to see something that kind of specified the whole tristate area. It could be broken down into sections or something.

Put on health fairs and events to promote health. Another way to share information about resources is to have an in-person event, such as a fair or a dinner ("Food always brings people together, right?") to distribute health and health services information.

I'd love to see some awareness campaigns or some awareness events, some resource fairs or something like that that brings out all of the different kinds of health agencies and resources in town you know in one location ... just to show that these resources exist in our community.

Do targeted outreach to communities in need. A third way that respondents suggested for educating people about resources was to go to specific communities that might be in need and reach out to them, perhaps through faith-based groups or other loci of social activity.

Targeting specific communities to reach out. I'm not sure if that involves a mailer is going out to churches in different neighborhoods and doing different events and our teaming up with trusted individuals in specific neighborhoods...

Provide integrated health where and when possible. Respondents imagined a healthy community in which residents could access integrated health care. Integrated healthcare means multiple types of care – for example, dental, physical, and mental health – all under the same roof. Some even suggested a fitness center and food bank along with the other services. Importantly, the gold standard for integrating care means that not only can residents get care in the same location, but the different types of care overlap to complement each other.

We've found is that using [behavioral health staff] also to combat chronic disease -- help with diabetic management, high blood pressure, new parenting ... expecting mothers really enjoy it as well. And then also those that have binge drinking or substance use disorder things like that -- there is a wide array of patient conditions that we use the behaviorist for, and I think it's really helped with our quality improvement outcomes.



Conclusions

Key informants envision their ideal “healthy communities” as places where residents are happy and healthy and can receive affordable, excellent health care and mental health care and ideally this would be integrated into holistic care. Far beyond just provision of care, to them, a healthy community would also include parks, hiking trails, healthy food, and active lifestyles which would mean fewer people living with heart disease and cancer. Substance use disorders would be prevented, or at least those living with substance issues would be recovered or recovering rather than living without housing or incarcerated. Respondents could identify many important health concerns in their communities.

All of these issues also appeared, in one form or another, on the list of priority health issues in *Mohave County Community Health Improvement Plan 2022-2025* and in other chapters of this report (*2022 Mohave County Community Health Needs Assessment*).

Community Health Assets

A key component of a community health needs assessment is to compile a list of community health assets. This helps the community identify gap areas as well as determine which individuals, organizations, or groups may be able to participate in health improvement.

The following are assets identified by participants in the community health planning meeting. This list is not intended to be a comprehensive resource guide and the list is constantly changing as the community changes. However, it does provide a good estimate of resources available in each community.

KINGMAN

Type of Organization	Name	Address	Website
Hospitals	Kingman Healthcare Inc. doing business as Kingman Regional Medical Center	3269 Stockton Hill Rd, Kingman 86409	www.azkrmc.com
Community Health Centers	North Country Healthcare	1510 N. Stockton Hill Rd., Kingman 86401	www.northcountryhealthcare.org
Public Health Department	Mohave Co. Dept. of Public Health	700 W. Beale St, Kingman 86401	http://www.mohave.gov/
Mental Health Agencies	Mohave Mental Health Clinic	1743 Sycamore Ave., Kingman 86409	www.mmhc-inc.org
	Southwest Behavioral Health Clinic	2215 Hualapai Mtn. Rd #H, Kingman 86401	www.sbhservices.org
	Southwest Behavioral Crisis Unit (24 hr)	1301 West Beale Street Kingman, AZ, 86401	https://www.sbhservices.org/sites/default/files/uploads/documents/KOU%20Flyer.pdf
	Veterans Affairs, Hualapai Mountain Road	2668 Hualapai Mountain Road, Kingman 86401	https://www.prescott.va.gov/locations/kingman_cboc.asp
	Terros Health Mobile Crisis	3531 N Moore St Unit #4, Kingman 86409	https://www.terroshealth.org/mobile-crisis/
	Complete Joy Behavioral Health	1711 Stockton Hill Rd, Kingman 86401	http://www.completejoybehavioralhealth.com/behavioral-health-care-about-us
	Sonoran Prevention Works	3505 Western Ave Ste B, Kingman 86409	https://spwaz.org/
	Community Medical Services (CMS)	1115 Stockton Hill Road, Suites 103-104, Kingman 86401	https://communitymedicalservices.org/locations/az-kingman/

Social Services	AZ Dept of Economic Security	301 Pine St., (jobs); 519 Beale St., Kingman 86401	www.des.az.gov
	United Way of Kingman	2203 Hualapai Mtn Rd, #203, Kingman 86401	www.rivercitiesunitedway.org
	Kingman Cancer Care Unit	P.O. Box 3014 Kingman, AZ 86402	https://kingmancancercareunit.com/
	The Salvation Army (utilities assistance)	3309 E. Beale St., Kingman 86402	www.usw.salvationarmy.org
	Cornerstone Mission	3049 Sycamore Ave., Kingman 86409	www.cornerstonemissionaz.org
	Kingman Aid to Abused People	1770 Airway Ave., Kingman 86401	www.mykaap.com
	St. Vincent de Paul Society Kingman	218 Beale St., Kingman 86401	www.svdppingman.org
	Kingman Area Food Bank	2930 E. Butler Ave., Kingman 86409	http://www.kingmanareafoodbank.org/
	Western AZ Council of Govts (WACOG)	208 N. 4 th Street, Kingman 86401	https://www.wacog.com/
	Jerry Ambrose Veteran's Council (JAVC)	315 E. Oak St, Kingman 86401	https://javc.org/
	Arizona Youth Partnership	2701 E. Andy Devine Ave #115, Kingman 86401	https://azyp.org/location/kingman-office/
	Arizona at Work	2400 Airway Ave, Kingman 86409	https://arizonaatwork.com/locations/mohave-and-la-paz-counties-0
	Hope for the City Food Bank	1850 Gates Ave #8003, Kingman 86401	Partners with St. Mary's https://www.firstfoodbank.org/
	Mohave County Community Services	700 W. Beale, Kingman 86401	https://www.mohavecounty.us/ContentPage.aspx?id=114
	Katheryn Heidenreich Adult Center	1776 Airway Ave #B, Kingman 86409	https://kingmanadultcenter.com/
	Nations Finest (was "Veterans Resource Center")	1342 Hancock Rd, Bullhead City 864442	https://www.nationsfinest.org/get-help (Bullhead City serves Mohave County)
	Catholic Community Charities	2101 N, 4 th Street Flagstaff 86004	https://www.catholiccharitiesaz.org/get-help-pages/directory-of-services-flagstaff
	Cornerstone (homeless shelter)	3049 Sycamore Ave, Kingman 86409	http://www.cornerstonemissionaz.org/services.html
	Community Legal Services	2701 E. Andy Devine Ave #400, Kingman 86401	https://clsaz.org

LAKE HAVASU CITY

Type of Organization	Name	Address	Website
Hospitals	Lake Havasu City Regional Medical Ctr	101 Civic Center Ln, Lake Havasu City 86403	www.havasuregional.com
Community Health Centers	North Country Healthcare	2090 Smoketree Ave. N., Lake Havasu City 86403	www.northcountryhealthcare.org
	Cornerstone Family Healthcare	2082 Mesquite Ave. #106, Lake Havasu City 86403	http://cornerstonefamilyhealthcare.com/
Public Health Department	Mohave Co. Dept. of Public Health	2001 College Dr. #122, Lake Havasu City 86403	http://www.mohave.gov/

Mental Health Agencies	Mohave Mental Health Clinic	2187 Swanson Ave., Lake Havasu City 86403	www.mmhc-inc.org
	Southwest Behavioral Health Clinic	1845 Major complication or comorbidityulloch Blvd N., Lake Havasu City 86403	www.sbhservices.org
	Faith and Grace DV Shelter	P.O. Box 774, Lake Havasu City 86405	https://faithandgraceinc.com
Social Services	AZ Dept of Economic Security	228 London Bridge Rd., Lake Havasu City 86403	www.des.az.gov
	Hildy House (Westcare Foundation and Diamond House)	Westcare Arizona, Bullhead City 86442	https://www.westcare.com/page/where-we-serve_AZ
	The Salvation Army	2049 Swanson Ave., Lake Havasu City 86403	www.usw.salvationarmy.org
	St. Vincent de Paul, Food Distribution	1841 W. Acoma Blvd., Lake Havasu City 86403	www.stvincentdepaul.net
	United Way of Lake Havasu	145 N. Lake Havasu Ave., Lake Havasu City 86403	www.rivercitiesunitedway.org
	Cornerstone Mission	3049 Sycamore Ave., Kingman 86409	www.cornerstonemissionaz.org
	Kingman Aid to Abused People	1770 Airway Ave., Kingman 86401	www.mykaap.com

BULLHEAD CITY

Type of Organization	Name	Address	Website
Hospitals	Western AZ Regional Medical Center	2735 Silver Creek Rd., Bullhead City 86442	www.warmc.com
	Valley View Medical Center	5330 AZ-95, Fort Mohave, AZ 86426	https://www.valleyviewmedicalcenter.net/
Community Health Centers	North Country Healthcare	2585 Miracle Mile #116, Bullhead City 86442	www.northcountryhealthcare.org
Public Health Department	Mohave Co. Environmental Health	1130 Hancock Rd., Bullhead City 86442	www.mohavecounty.us/EHInspections.aspx
Mental Health Agencies	Mohave Mental Health Clinic	1145 Marina Blvd., Bullhead City 86442	www.mmhc-inc.org
	Southwest Behavioral Health Clinic	2580 AZ-95, Bullhead City 86442	www.sbhservices.org
	MIKID	810 Gemstone #3, Bullhead City, AZ 86442	https://www.mikid.org/
	Healthy Mind	2580 AZ-95 STE 118, Bullhead City, AZ 86442	

	Mohave Mental Health for Children	2580 AZ-95, Bullhead City, AZ 86442	https://yourfirststep.org/treatment-center/mohave-mental-health-clinic-inc-child-and-family-services-center-bullhead-city-az/
	Talas Harbor	831 Landon Dr, Bullhead City, AZ 86429	http://talasharborbullheadcity.com/
	Rivyve Behavioral Health Treatment Ctr	2150 Silver Creek Rd, Bullhead City, AZ 86442	https://www.rivyve.com/
Social Services	River Cities United Way	1155 Hancock Rd. #3, Bullhead City 86442	www.rivercitiesunitedway.org
	Bullhead Christian Center dba Praise Chapel (Food Bank)	590 Hancock Rd., Bullhead City 86442	www.praisechapelbullhead.org
	AZ Dept of Economic Security	2601 AZ-95, Bullhead City 86442	www.des.az.gov
	Northern AZ Veterans Resource Center is now "Nation's Finest"	1491 Palma Rd. #15, Bullhead City 86442	www.vetsresource.org
	The Salvation Army	1491 Palma Rd., Bullhead City 86442	https://bullheadcity.salvationarmy.org/ www.satruck.org
	St. Vincent de Paul	780 Marina Blvd., Bullhead City 86442	www.stvincentdepaul.net
	The River Fund	1341 Hancock Rd, Bullhead City 86442	https://riverfundinc.com/
	Westcare Foundation (Hildy House, Diamond House)	Westcare Arizona, Bullhead City 86442	https://www.westcare.com/page/where-we-serve_AZ
	Catholic Charities	1594 N. Oatman Rd, Bullhead City, AZ 86442	https://www.catholiccharitiesaz.org/get-help-pages/directory-of-services-bullhead-city
Service Clubs	Rotary, Kiwanas, Lions, Elks, Boys & Girls Clubs	See individual club for more information	http://bullheadchamber.chambermaster.com/list

DOLAN SPRINGS, CHLORIDE & MEADVIEW

Type of Organization	Name	Address	Website or Notes
Hospitals	None		KRMC or Las Vegas
Community Health Centers	North Country Healthcare	1510 N. Stockton Hill	www.northcountryhealthcare.org

		Rd., Kingman 86401	
Private physician	Dr. Mirza	5653 AZ-95 # A, Fort Mohave, AZ 86426	DS private physician, 1 day/week service, may increase days with demand. Provider has medical van.
Ambulance Service	Very scarce		Covers huge area
Lake Mohave Ranchos Fire District	Mostly volunteer, free blood pressure checks	16126 Pierce Ferry Rd, Dolan Springs	http://www.lmrfd.org/
Social Services	AZ Dept of Economic Security	301 Pine St., (jobs); 519 Beale St., Kingman 86401	www.des.az.gov
Various programs and services	Western AZ Council of Govts (WACOG)	208 N. 4 th Street, Kingman 86401	https://www.wacog.com/
Housing and homeless services	Mohave County Housing Authority	700 W. Beale, Kingman 86401	MCHA comes periodically to Dolan Springs
Assistance with paying rent or utility bills	Mohave County Community Services	700 W. Beale, Kingman 86401	https://www.mohavecounty.us/ContentPage.aspx?id=114
Library	Dolan Springs Community Library	16140 Pierce Ferry Rd, Dolan Springs, Dolan Springs 86441	https://www.mohave.gov/dolan-springs/

COLORADO CITY

Type of Organization	Name	Address	Website
Hospitals	Dixie Regional Medical Center	St. George	
Community Health Centers	Creek Valley Health Clinic	20 S Colvin St., Colorado City, AZ 86021	https://www.creekvalleyhc.com/
	Hometown Wellness	1070 Hildale St, Hildale, UT 84784	https://hometown-wellness.com/
	Heritage Midwifery	Peyton, Colorado	https://www.heritagehomebirth.com/
	Centennial Park Birthing Center	1675 S. Berry Knoll Blvd #A, Colorado City, AZ 86021	
Dental	Hildale Dental	1080 Utah Ave, Hurricane, UT 84737	
FQHC	Family Healthcare	391 N. 200 W, Hurricane, Utah 84737	https://familyhc.org/hurricane-clinic/
Public Health Department	Mohave County Health Department	20 S Colvin St., Colorado City, AZ 86021	www.mohave.gov
Public Health (WIC)	Coconino County PHD WIC	55 Central Street Colorado City, AZ 86021	www.mohave.gov
Mental Health Agencies	Creek Valley Health Clinic	20 Colvin St, Colorado City, AZ 86021	https://www.creekvalleyhc.com/

	Encompass Health Services (RBHA)	50 Township Ave, Colorado City, AZ 86021	https://www.encompass-az.org/
Social Services	Cherish Families	280 W Township Ave Colorado City, AZ 86021	https://cherishfamilies.org/
	City Help Center Food Bank	75 N, Central St, Colorado City, AZ 86021	
Parks and Recreation	UEP Land Trust	1155 Canyon St, Hildale, UT 84784	https://ueptrust.com/

GOLDEN SHORES & TOPOCK

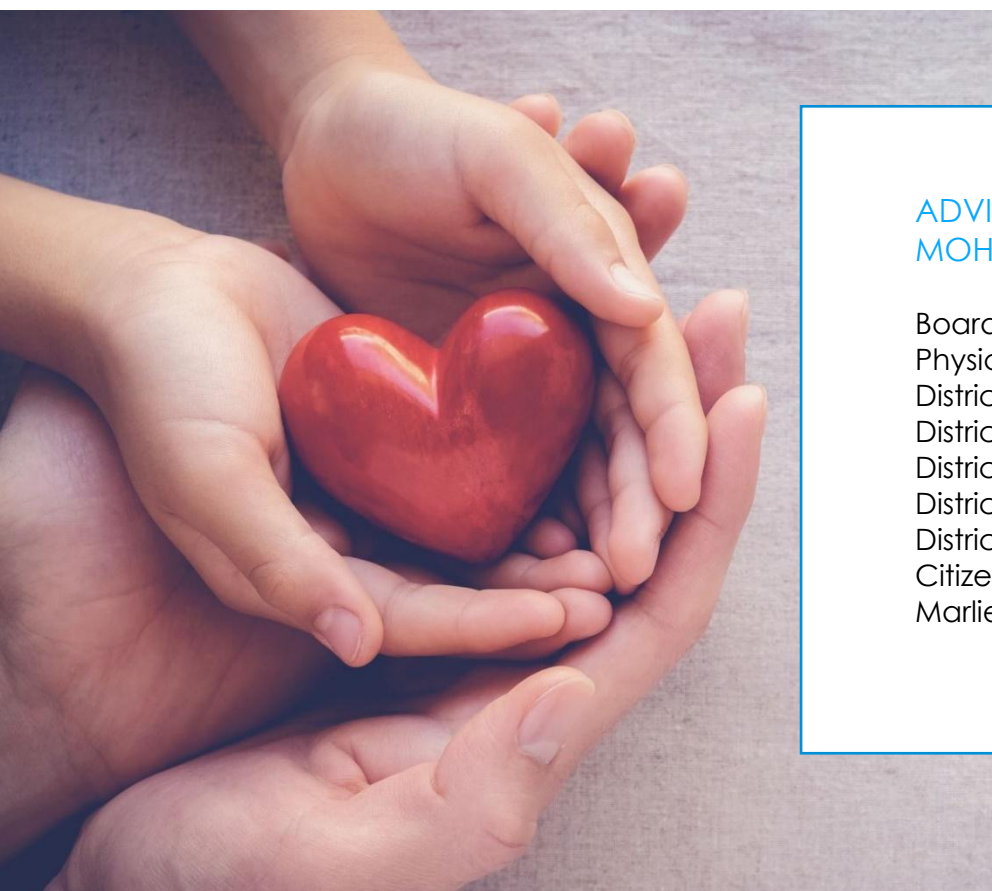
Type of Organization	Name	Address	Website
Hospitals	Valley View Medical Center	5330 AZ-95, Fort Mohave, AZ 86426	https://www.valleyviewmedicalcenter.net/
	Lake Havasu City Regional Medical Ctr	101 Civic Center Ln, Lake Havasu City 86403	www.havasuregional.com
Community Health Centers	Vista Health	5653 AZ-95 #A, Fort Mohave, AZ 86426	
Public Health Department	Mohave County Senior Nutrition	13136 Golden Shores Pkwy, Topock, AZ 86436	MCDPH Senior Nutrition
Mental Health Agencies (see Bullhead City)	Mohave Mental Health Clinic	1145 Marina Blvd., Bullhead City 86442	www.mmhc-inc.org
	Southwest Behavioral Health Clinic	2580 AZ-95, Bullhead City 86442	www.sbhservices.org
Social Services	Food Bank at Golden Shores Baptist Church	5084 Cibola Dr., Topock, AZ 86436	https://azsbc.org/churches/golden-shores-community-baptist-church/
	Food Bank St. Mary's (in St. Vincent DePaul)	780 Marina Blvd., Bullhead City 86442	www.stvincentdepaul.net
Fire Department	Golden Shores Volunteer Fire Dept.	12950 Oatman Hwy, Topock, AZ 86436	Golden Shores Volunteer Fire Dept.
Public Library	Golden Shores/Topock Community Library	13136 S. Golden Shores Pkwy, Topock, AZ 86436	https://www.mohavecountylibrary.us/golden-shorestopock/
Community Center/ Civic Association	Golden Shores Senior Center/ Community Center	13136 Golden Shores Pkwy, Topock, AZ 86436	https://www.arizonaseniors.net/senior-centers/7007/golden-shores-senior-center/

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- Robert Wood Johnson Foundation
- Centers for Disease Control and Prevention (CDC)
- Cannabis photo: [Julia Teichmann](#)

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ADVISORY COMMITTEE MOHAVE BOARD OF HEALTH

Board of Supervisors: Supervisor Jean Bishop
Physician: Dr. Dat Nguyen
District 1: Hunter Adams
District 2: Kathy Bruck
District 3 Vacant
District 4: Marianne Salem
District 5: Nancy Mongeau
Citizen Members: Allyson Fair, Cal Sheehy,
Marlie Lucas, Sandra Thomas

Appendices

APPENDIX A: LIVE WELL MOHAVE SURVEY RESULTS – DETAILED DATA TABLES

General Health		
	2019	2021
Excellent	11.2%	8.4%
Very Good	33.5%	35.8%
Good	40.9%	36.1%
Fair	12.8%	18.2%
Poor	1.7%	1.5%
How would you describe your overall health? (mark only one option)		
<ul style="list-style-type: none"> Significantly more respondents described their health as fair in 2021 compared to 2019, other categories did not see a significant difference. Statistical significance for all tables determined through two sample z-test with $p < .05$ regarded as significant. 		

Personal Health Challenges		
	2019	2021
Overweight/Obesity	33.8%	43.1%
Back Pain	25.0%	28.6%
Joint Pain	29.1%	28.3%
High Blood Pressure	23.8%	24.1%
Mental Health	10.2%	17.2%
Other	18.7%	15.7%
Diabetes	12.1%	10.2%
Lung Disease (chronic bronchitis, COPD)	3.9%	8.7%
Heart Disease	6.5%	8.1%
Asthma	6.0%	6.6%
Tobacco use	7.8%	6.0%
Cancer	4.1%	4.5%
Alcohol overuse	2.2%	2.1%
Stroke	1.7%	1.8%
Alzheimer's/Dementia	2.0%	1.8%
Drug Addiction	1.2%	1.2%
I do not have any health challenges	16.8%	14.5%
Please select the top health challenges you face: (select no more than 3 options)		
<ul style="list-style-type: none"> Significantly more respondents selected overweight/obesity, mental health, and lung disease as their top health challenges in 2021 compared to 2019. 		

Access to Medical Services		
	2019	2021
Emergency Department	89.3%	88.9%
Urgent Care	90.3%	88.9%
Dentist, Dental Hygienist	82.4%	86.0%
Primary Care Provider (doctor, nurse, practitioner, physician assistant)	81.5%	76.4%
Specialist Doctor (heart doctor, cancer doctor, diabetes doctor, etc.)	57.5%	54.1%
Mental Health Care Provider (therapist, psychologist, psychiatrist)	63.8%	53.8%
In general, are you able to use each of these services in your community when needed?		
<ul style="list-style-type: none"> Significantly fewer respondents were able to access a Mental Health Care Provider in 2021 compared to 2019 		

Reasons for Inability to Access Services - 2021						
	Primary Care Provider	Mental Health Care Provider	Specialist Doctor	Urgent Care	Emergency Department	Dentist
Appointment times do not meet my need or schedule	74.4%	25.9%	27.4%	64.5%	25.0%	43.2%
Provider is not accepting new patients	57.7%	18.8%	16.2%	22.6%	9.4%	11.4%
Cannot afford it	17.9%	18.8%	15.4%	35.5%	59.4%	93.2%
No health insurance coverage	14.1%	12.9%	6.8%	16.1%	18.8%	50.0%
They do not accept my insurance	20.5%	21.2%	7.7%	19.4%	12.5%	22.7%
Cannot take time off work	19.2%	11.8%	7.7%	19.4%	6.3%	15.9%
No transportation	2.6%	2.4%	0.9%	6.5%	6.3%	4.5%
No Specialist in my community for my health problem	39.7%	28.2%	53.8%	32.3%	31.3%	22.7%
I do not know if this is available in my community	9.0%	23.5%	12.8%	29.0%	15.6%	13.6%
I do not feel comfortable using this service in the community.	39.7%	41.2%	31.6%	45.2%	87.5%	29.5%
If you are not able to use any of these services in your community when you need them, tell us why. (Please select all that apply.)						

Primary Reason for Inability to Access Services		
	2019	2021
Emergency Department	Cannot Afford It	I do not feel comfortable using this service in the community
Urgent Care	Cannot Afford It	Appointment times do not meet my needs or schedule
Dentist, Dental Hygienist	Cannot Afford It	Cannot Afford It
Primary Care Provider (doctor, nurse, practitioner, physician assistant)	Appointment times do not meet my needs or schedule	Appointment times do not meet my needs or schedule
Specialist Doctor (heart doctor, cancer doctor, diabetes doctor, etc.)	No Specialist in my community for my health problem	No Specialist in my community for my health problem
Mental Health Care Provider (therapist, psychologist, psychiatrist)	No Specialist in my community for my health problem	I do not feel comfortable using this service in the community
If you are not able to use any of these services in your community when you need them, tell us why. (Please select all that apply.)		

Reasons for Leaving the Community to Access Services - 2021						
	Primary Care Provider	Dentist	Mental Health Care Provider	Specialist Doctor	Urgent Care	Emergency Doctor
I do not feel the quality of services is good enough in my community	47.5%	37.9%	43.8%	41.1%	46.3%	50.0%
No Specialist in my community for my health problem	23.8%	28.8%	24.1%	34.3%	16.4%	14.0%
I do not feel comfortable using this service in my community	23.0%	24.2%	22.3%	19.3%	26.9%	25.6%
I do not know if this service is available in my community	5.7%	9.1%	9.8%	5.3%	10.4%	10.5%
<ul style="list-style-type: none"> If you ever leave your community to use any of these services, tell us why. (Please select all that apply.) In 2019, The two most common reasons survey respondents noted for leaving their community to access any of these services were that the service was not available in their community and that the respondent did not feel the quality of services available in their community would be good enough 						

Primary Location of Medical Care Access - 2021		
	2019	2021
Doctor's office	60%	55%
Urgent care	N/A	16%
Clinic or health center	N/A	12%
I don't go to one place most often.	N/A	9%

Hospital emergency room	N/A	4%
Hospital outpatient department	N/A	2%
Which of the following best describes the place where you most often go when you need medical care?		
<ul style="list-style-type: none"> No statistically significant differences detected 		

Most Important Specialty Service Provider to Have in the Community		
	2019	2021
Cardiology	50.8%	49.8%
Mental Health	32.7%	40.8%
Pediatrics	32.0%	28.1%
Obstetrics/Gynecology	N/A	25.1%
Oncology	N/A	23.1%
Orthopedics	N/A	23.1%
Neurology	N/A	18.4%
Endocrinology	N/A	17.7%
Gastroenterology	N/A	17.7%
Pain Management	N/A	17.4%
Pulmonology	N/A	16.4%
Dermatology	N/A	11.4%
Urology	N/A	10.7%
Thinking about your health and your community's health, what three medical specialty providers are most important to have in your community? (mark the top three options)		
<ul style="list-style-type: none"> Significantly more respondents in 2021 selected mental health as one of the most important medical specialty providers to have in the community. 		

Ease of Accessing Services						
	2019			2021		
	Very Easy	Somewhat Easy or Somewhat Difficult	Very Difficult or Does not exist near me	Very Easy	Somewhat Easy or Somewhat Difficult	Very Difficult or Does not exist near me
Supermarkets or grocery stores	75.3%	17.1%	7.6%	71.5%	24.8%	3.6%
Parks or playgrounds	74.5%	18.8%	6.7%	67.8%	28.9%	3.3%
Emergency Room	69.2%	21.4%	9.4%	61.8%	30.1%	8.1%
Urgent Care	64.5%	26.9%	8.6%	58.0%	35.3%	6.8%
Dental services	64.2%	25.6%	10.2%	58.2%	33.9%	7.9%
Exercise or wellness classes	58.4%	32.1%	9.4%	46.5%	42.5%	11.0%
Primary Care Provider	57.3%	32.7%	10.0%	49.5%	39.9%	10.6%
Mental health services	41.7%	37.0%	21.4%	34.2%	42.3%	23.5%
Specialists	37.0%	43.4%	19.6%	33.6%	38.3%	28.1%

Farmer's Markets / Farm Stands	27.6%	38.0%	34.3%	33.2%	30.6%	36.2%
Please indicate how easy it would be for you to get to each of these places in your community if you wanted to go there.						
<ul style="list-style-type: none"> There was a significant decrease from 2019 to 2021 in the number of respondents who indicated that accessing a supermarket in their community would be very difficult or did not exist near them The number of respondents selecting Very Easy significantly decreased for Exercise or Wellness Class, Primary Care Provider, Mental Health Services, and Emergency Room in 2021 There was a significant increase from 2019 to 2021 in the number of respondents who stated that accessing Specialists was very difficult or did not exist near them Parks and Playgrounds had a significant decrease in the number of respondents in 2021 who stated that it would be very easy to access. However, it also saw a significant decrease in the number of respondents who stated it was very difficult or did not exist near them. 						

Main Source of Health Information		
	2019	2021
Internet	44.3%	48.3%
Healthcare Professional (doctor, nurse, physician assistant, dentist)	45.0%	41.9%
Family or Friend	N/A	7.7%
Workplace resources (occupational health, onsite nurse, etc.)	N/A	1.0%
Other, please state	N/A	0.7%
Books/magazines	N/A	0.3%
If you have a question about your health, where do you most often go for answers? (Only mark one option.)		
<ul style="list-style-type: none"> No statistically significant differences detected 		

Access to Food		
	2019	2021
We had enough of the kinds of food we want to eat.	75.9%	74.8%
We had enough but not always the kinds of food we want.	18.6%	22.2%
We sometimes did not have enough to eat.	4.8%	1.7%
We often did not have enough to eat.	0.7%	1.3%
Which of these statements best describes your household in the last 12 months: (only mark one option)		
<ul style="list-style-type: none"> There was a significant decrease from 2019 to 2021 in the number of respondents who selected "We sometimes did not have enough to eat." 		

Ease of Access to Fresh Fruits and Vegetables		
	2019	2021
Very Easy/Somewhat Easy	70.3%	71.7%
Somewhat Difficult/Very Difficult	19.7%	23.3%
No Options Near Me	10.0%	5.0%

If you or your neighbors wanted to purchase fresh fruits and vegetables near your home, how easy is this for you? (mark only one option)

- There was a significant decrease from 2019 to 2021 in the number of respondents who selected "No Options Near Me"

Primary Source of Food

	2019	2021
Grocery store	92.0%	94.3%
Fast food restaurant	N/A	1.7%
Sit down restaurant	N/A	1.7%
Convenience store	N/A	1.0%
Senior Center	N/A	1.0%
Food pantry	N/A	0.3%

Where do you get most of your food?

- No statistically significant differences detected

Main Considerations When Grocery Shopping

	2019	2021
Quality of food	73.4%	66.8%
Cost of food	73.4%	61.1%
Food that is healthy	47.1%	43.0%
Food that my family will like and eat	27.2%	24.9%
Coupons, promotions, or discounted food	15.5%	13.6%
Taste of food	14.4%	13.6%
How long the food will last in my home	13.7%	9.2%
Food that I grew up eating	4.1%	2.7%

When shopping for groceries, what matters most to you? (Mark your top three options)

- There was a significant decrease from 2019 to 2021 in the number of respondents who chose "Quality of Food", "Cost of Food", and "How long the food will last in my home."

Days Feeling Worried, Tense, or Anxious

	2019	2021
Less than 5 days	58.0%	53.0%
6-10 days	14.5%	12.2%
Greater than 10 days	27.4%	34.8%

During the past 30 days, how many days have you felt worried, tense, or anxious? (Mark only one option.)

- In 2021, there was a significant increase in the number of respondents who experienced greater than 10 days feeling worried, tense, or anxious.

Frequency of Feeling Isolated from Others		
	2019	2021
Never or Hardly Ever	66.7%	51.7%
Some of the time	22.9%	32.6%
Most of the time or Every Day	10.5%	15.7%
During the past 30 days, how often have you felt isolated from others? (mark only one option)		
<ul style="list-style-type: none"> There were significant changes in all categories from 2019 to 2021. The number of respondents reporting never or hardly ever feeling isolated from others decreased significantly while the number reporting feeling isolated some of the time and most of the time or every day increased significantly. 		

Perception of Neighborhood						
	2019			2021		
	Strongly Agree or Agree	Neither Disagree or Agree	Disagree or Strongly Disagree	Strongly Agree or Agree	Neither Disagree or Agree	Disagree or Strongly Disagree
People in this neighborhood generally get along with each other.	65.6%	21.3%	13.1%	52.9%	31.6%	15.5%
People around here are willing to help their neighbors.	57.8%	26.9%	15.4%	49.0%	31.4%	19.7%
People in this neighborhood can be trusted.	39.5%	39.5%	20.9%	35.2%	39.3%	25.5%
People in this neighborhood share the same values.	34.0%	47.5%	18.5%	29.2%	43.3%	27.5%
This is a close-knit neighborhood.	28.0%	41.8%	30.1%	23.2%	34.6%	42.2%
Thinking about the neighborhood that you live in, please indicate how much you agree or disagree with the following statements. (Mark one answer for each statement)						
<ul style="list-style-type: none"> The number of respondents who strongly agreed or agreed significantly decreased from 2019 to 2021 for "People in this neighborhood generally get along with each other" and "People around here are willing to help their neighbors" There was a significant increase from 2019 to 2021 in the number of respondents who disagreed or strongly disagreed with "People in this neighborhood share the same values" and "This is a close-knit neighborhood" 						

Perception of Neighborhood Problems						
	2019			2021		
	Big problem	Somewhat of a problem	No problem	Big problem	Somewhat of a problem	No problem
Bus or public transportation options	43.1%	32.7%	23.0%	45.3%	35.8%	18.9%
Housing costs / housing conditions	19.7%	38.8%	41.1%	42.0%	32.2%	25.9%
Safe roads for walking and biking	29.7%	38.8%	31.3%	40.1%	36.2%	23.7%

Selling or using drugs	32.4%	33.7%	33.2%	32.5%	41.0%	26.5%
High food prices	17.6%	46.2%	35.4%	29.7%	46.9%	23.4%
Quality of schools	22.5%	35.2%	41.3%	28.4%	40.0%	31.6%
Litter/trash/graffiti	18.7%	31.9%	48.8%	23.8%	39.7%	36.6%
Job opportunities	31.8%	43.0%	24.0%	22.5%	40.4%	37.1%
Stealing / theft	23.1%	38.7%	38.1%	18.9%	45.5%	35.7%
Safety of my neighborhood	8.2%	31.7%	59.7%	8.0%	42.0%	50.0%

In your neighborhood, are the following items a big problem, somewhat of a problem, or no problem at all?

- There was a significant increase from 2019 to 2021 in the number of respondents who thought the following were big problems in their community: Housing Costs/housing conditions, Safe roads for walking and biking, High food process, and Quality of schools
- There was a significant decrease in the number of respondents who thought that job opportunities were a big problem in 2021.
- There was a significant decrease in the number of respondents in 2021 who thought that selling or using drugs and litter/trash/graffiti were no problem
- The number of respondents who thought safety in their neighborhood was no problem decreased significantly from 2019 to 2021

*In 2021, no responses were recorded for Violence, Drinking in Public, Lack of Health Food Options, and Kids or Teenagers Causing a Disturbance

Most Important Health Issues (2021 Only)

Substance use disorders, including alcohol, drugs, tobacco addictions	44.4%
Job opportunities, income, poverty	36.8%
Mental/emotional health issues such as dementia, depression, suicide	31.6%
Housing, homelessness	24.7%
Education, schools	24.3%
Crime other than violent crime, such as theft, littering, graffiti, noise	18.4%
Air, water, the environment	15.3%
Safe places for walking, biking, exercise	13.2%
Social connection/sense of community	12.8%
Nutrition/healthy food options	12.2%
Chronic diseases such as cancer, diabetes, asthma	11.8%
Violent crime, including domestic violence, child abuse	11.5%
Transportation	11.1%
Racism or discrimination based on age, sex, race, sexual orientation	9.0%
Obesity	8.7%
Dental/oral health issues	6.3%
Other	5.6%
Falls, motor vehicle accidents, other injuries	5.2%
Infectious diseases such as flu, sexually transmitted diseases, or Covid-19	4.5%
Teen pregnancy	1.0%

From the list below, select three issues you feel are most important to the health of the community. Please read the entire list before selecting. If there is an item that is not on the list

but you feel is one of your top three issues, please select "other issue" and enter it in the box. Each "other" item will count as one of your three choices. Please select no more than 3 items.

*Question not in 2019 Community Health Needs Assessment

Disruption of Life by COVID-19	
A lot	39.6%
Some	31.9%
Just a little	22.6%
None	5.9%
How much, if at all, has your life been disrupted by the coronavirus outbreak?	

*Question not in 2019 Community Health Needs Assessment

Worry or Stress Related to COVID-19	
Worry or stress had negative impact on mental health	46.5%
Major impact (% of those who said yes)	56.4%
Minor impact (% of those who said yes)	43.6%
Worry or stress did not have negative impact on mental health	53.5%
Do you feel that worry or stress related to coronavirus has had a negative impact on your mental health or not? (For those who answered "yes") Was that a major impact or a minor impact	

*Question not in 2019 Community Health Needs Assessment

Gender	
Female	61.4%
Male	19.0%
Transgender	0.6%
Other	0.6%
Prefer not to answer	2.4%
Left answer blank	16.0%
Do you currently describe yourself as...? (Check all that apply)	

Age Group	
18-24	1.8%
25-34	8.9%
35-44	15.1%
45-54	15.4%
55-64	20.8%
65-74	16.9%
75 or older	5.0%
No answer	16.0%
What is your age?	

Hispanic Origins	
Yes, of Hispanic origin	6.2%
No, not of Hispanic, Latino, or Spanish origin	76.0%
No answer	17.8%
Please answer both the next question (about Hispanic origin) and the following question (about race). For this questionnaire, Hispanic origins are not races.	

Race	
White	77.2%
Black or African American	0.3%
American Indian or Alaskan Native	1.2%
Asian/Pacific Islander	1.8%
Some other race	2.7%
No answer	16.9%
How would you describe yourself?	

Highest Level of Education	
Less than a high school degree	2.1%
High school degree or equivalent (e.g., GED)	5.9%
Some college, but no degree	24.0%
Associate degree	15.7%
Bachelor's degree	17.2%
Graduate degree or higher	19.0%
No answer	16.0%
What is the highest level of school you have completed or the highest degree you have received?	

Community of Residence	
Kingman	39.8%
Lake Havasu City	13.1%
Bullhead City	11.0%
Fort Mohave	6.5%
Golden Valley	3.9%
Mohave Valley	1.8%
Colorado City	1.8%
Dolan Springs	0.6%
Topock	0.6%
Hackberry	0.6%
Cedar Hills/Centennial Park/Chloride/Meadview/Peach Springs	1.5%
No answer	19.0%
From the list below, please select the community in which you live. If you live in more than one community, please select the one in which you lived for the greatest number of weeks in the year 2020.	

APPENDIX B: LIVE WELL MOHAVE SURVEY INSTRUMENT

Kingman Regional Medical Center (KRMC) and the Mohave County Department of Public Health (MCDPH) 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 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.

How would you describe your overall health? (mark only one option)

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

Please select the top health challenges you face: (select no more than 3 options). *[Options were randomly rotated to avoid order bias.]*

- | | |
|--|---|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Overweight/Obesity | <input type="checkbox"/> Alcohol overuse/tobacco use/drug addiction |
| <input type="checkbox"/> Lung Disease (chronic bronchitis, COPD) | <input type="checkbox"/> Alzheimer's/Dementia |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> I do not have any health challenges |
| <input type="checkbox"/> Stroke | |
| <input type="checkbox"/> Heart disease | |
| <input type="checkbox"/> Joint Pain | |
| <input type="checkbox"/> Back Pain | |
| <input type="checkbox"/> Other (please state) <input type="text"/> | |

In general, are you able to use each of these services in your community when needed? *[Options were randomly rotated to avoid order bias.]*

	Yes	No	Not applicable
Primary Care Provider (doctor, nurse practitioner, physician assistant)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dentist, Dental Hygienist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Care Provider (therapist, psychologist, psychiatrist)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialist Doctor (heart doctor, cancer doctor, diabetes doctor, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urgent Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you are not able to use any of these services in your community when you need them, tell us why. (Please select all that apply.) *[Options were randomly rotated to avoid order bias.]*

Primary Care Provider (doctor, nurse practitioner, physician assistant)

- ☐ Provider is not accepting new patients
- ☐ No health insurance
- ☐ They do not accept my health insurance
- ☐ Cannot take time off
- ☐ I do not know if this is available in my area
- ☐ I do not feel comfortable using this service in my community
- ☐ Cannot afford it
- ☐ No specialists in my area
- ☐ Appointment times do not fit my schedule

Question above asked for each of the following services:

Dentist, Dental Hygienist

Mental Health Care Provider (therapist, psychologist, psychiatrist)

Specialist Doctor (heart doctor, cancer doctor, diabetes doctor, etc.)

Urgent Care

Emergency Department

If you ever leave your community to use any of these services, tell us why. (Please select all that apply)
[Options were randomly rotated to avoid order bias.]

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 the
quality of services is
good enough in my
community

Dentist, Dental
Hygienist

Primary Care Provider
(doctor, nurse,
practitioner, physician
assistant)

☐
☐
☐
☐

Mental Health Care
Provider (therapist,
psychologist,
psychiatrist)

☐
☐
☐
☐

Specialist Doctor (heart
doctor, cancer doctor,
diabetes doctor, etc.)

☐
☐
☐
☐

Urgent Care

☐
☐
☐
☐

Emergency Department

☐
☐
☐
☐

Which of the following best describes the place where you most often go when you need medical care? (only mark one option) *[Options were randomly rotated to avoid order bias.]*

- ☐ Clinic or health center
- ☐ Doctor's office
- ☐ Hospital outpatient department
- ☐ Urgent Care
- ☐ Hospital emergency room
- ☐ I don't go to one place most often
- ☐ Some other place: _____

Thinking about your health and your community's health, what three medical specialty providers are most important to have in your community? (mark the top three options) *[Options were randomly rotated to avoid order bias.]*

- ☐ Cardiology (heart specialty)
- ☐ Pulmonology (lung specialty)
- ☐ Obstetrics/Gynecology (women's care specialty)
- ☐ Pediatrics (children/adolescent care specialty)
- ☐ Mental Health (emotional care specialty)
- ☐ Neurology (brain/nervous system specialty)
- ☐ Pain Management (pain care specialty)
- ☐ Endocrinology (diabetes and hormone specialty)
- ☐ Dermatology (skin care specialty)
- ☐ Oncology (cancer specialty)
- ☐ Gastroenterology (stomach/intestine/colon specialty)
- ☐ Urology (urinary tract/male reproductive specialty)
- ☐ Orthopedics (bone and joint specialty)

Please indicate how easy it would be for you to get to each of these places in your community if you wanted to go there. *[Options were randomly rotated to avoid order bias.]*

	Very easy	Somewhat easy	Somewhat difficult	Very difficult	Does not exist near me
Parks or playgrounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supermarkets or grocery stores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise or wellness classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Farmer's Markets/Farm Stands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary Care Provider (doctor, nurse practitioner, physician assistant)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialist Doctor (heart doctor, cancer doctor, diabetes doctor, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urgent Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have a question about your health, where do you most often go for answers? (only mark one option) *[Options were randomly rotated to avoid order bias.]*

- ☐ Internet
- ☐ Family or Friend
- ☐ Healthcare Professional (doctor, nurse, physician assistant, dentist)
- ☐ Health fairs, lectures, or other public health events
- ☐ Workplace resources (occupational health, onsite nurse, etc.)
- ☐ Books/magazines
- ☐ Other, please state

Which of these statements best describes your household in the last 12 months: (only mark one option) *[Options were randomly rotated to avoid order bias.]*

- ☐ We had enough of the kinds of food we want to eat.
- ☐ We had enough but not always the kinds of food we want.
- ☐ We sometimes did not have enough to eat.
- ☐ We often did not have enough to eat.

If you or your neighbors wanted to purchase fresh fruits and vegetables near your home, how easy is this for you? (mark only one option)

- ☐ Very easy
- ☐ Somewhat easy
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ No option near me

When shopping for groceries, what matters most to you? (Mark your top three options) *[Options were randomly rotated to avoid order bias.]*

- ☐ Cost of food
- ☐ Quality of food
- ☐ Food that is healthy
- ☐ Taste of food
- ☐ Food that I grew up eating
- ☐ How long the food will last in my home
- ☐ Coupons, promotions, or discounted food
- ☐ Food that my family will like and eat

During the past 30 days, how many days have you felt worried, tense or anxious? (mark only one option)

- ☐ 0 days
- ☐ 1-5 days
- ☐ 6-10 days
- ☐ 11-15 days
- ☐ 16 or more days

During the past 30 days, how often have you felt isolated from others? (mark only one option)

- ☐ Every day
- ☐ Most of the time
- ☐ Some of the time
- ☐ Hardly ever
- ☐ Never

Thinking about the neighborhood that you live in, please indicate how much you agree or disagree with the following statement. (Mark one answer for each statement.) *[Options were randomly rotated to avoid order bias.]*

	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree
People in this neighborhood generally get along with each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in this neighborhood share the same values.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People around here are willing to help their neighbors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This is a close-knit neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in this neighborhood can be trusted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In your neighborhood, are the following items a big problem, somewhat of a problem, or no problem at all? *[Options were randomly rotated to avoid order bias.]*

	Big problem	Somewhat of a problem	No problem
Job opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stealing / theft	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of schools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High food prices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Selling or using drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Litter / trash / graffiti

☐☐☐

Safety of my
neighborhood

☐☐☐

Housing
costs /
housing
conditions

☐☐☐

Bus or public
transportation options,
especially for people
who do not have cars or
are unable to drive

☐☐☐

Safe roads for walking and
biking

☐☐☐

From the list below, select three issues you feel are most important to the health of the community.
Please read the entire list before selecting. *[Options were randomly rotated to avoid order bias.]*

If there is an item that is not on the list but you feel is one of your top three issues, please select "other issue" and enter it in the box. Each "other" item will count as one of your three choices.

Please select no more than 3 items.

- ☐ Air, water, the environment
- ☐ Chronic diseases such as cancer, diabetes, asthma
- ☐ Crime other than violent crime, such as theft, littering, graffiti, noise
- ☐ Dental/oral health issues
- ☐ Education, schools
- ☐ Falls, motor vehicle accidents, other injuries
- ☐ Housing, homelessness
- ☐ Infectious diseases such as flu, sexually transmitted diseases, or Covid-19
- ☐ Job opportunities, income, poverty
- ☐ Mental/emotional health issues such as dementia, depression, suicide
- ☐ Nutrition/healthy food options
- ☐ Obesity
- ☐ Racism or discrimination based on age, sex, race, sexual orientation
- ☐ Safe places for walking, biking, exercise
- ☐ Social connection/sense of community
- ☐ Substance use disorders, including alcohol, drugs, tobacco addictions
- ☐ Teen pregnancy
- ☐ Transportation
- ☐ Violent crime, including domestic violence, child abuse
- ☐ Other not on list above (count as one of your three choices): _____

How much, if at all, has your life been disrupted by the coronavirus outbreak?

☐

A lot

☐

Some

- ☐ Just a little
- ☐ None

Do you feel that worry or stress related to coronavirus has had a negative impact on your mental health or not?

- ☐ Yes
- ☐ No

[Asked if "Yes" to previous question.] Was that a major impact or a minor impact

- ☐ Major impact
- ☐ Minor impact

For each item listed below please indicate whether or not you have had that experience because of COVID-19. Have you _____ because of the coronavirus, or not? *[Options were randomly rotated to avoid order bias.]*

	Yes	No
Lost income from a job or business	<input type="radio"/>	<input type="radio"/>
Lost your job, been laid off, or had your hours reduced without pay	<input type="radio"/>	<input type="radio"/>
Been unable to get groceries	<input type="radio"/>	<input type="radio"/>
Been unable to get prescription medication	<input type="radio"/>	<input type="radio"/>
Been unable to get medical care for conditions or concerns not related to the coronavirus	<input type="radio"/>	<input type="radio"/>

Have you ever had a positive test for COVID-19?

- ☐ Yes
- ☐ No
- ☐ Don't know

In what month and year did you first have a positive COVID-19 test? _____

Would you say you are feeling back to your usual health?"

- ☐ Yes
- ☐ No

About how long would you say it took you to return to your usual health? Count the time from when you had the COVID-19 test to when you returned to your usual health.

- ☐ 0 days
- ☐ 1-3 days
- ☐ 4-7 days
- ☐ 8 days to less than 2 weeks
- ☐ 2-3 weeks
- ☐ 1 month
- ☐ 2-6 months
- ☐ More than 6 months
- ☐ Not back to usual health

Below are symptoms you may or may not be experiencing due to COVID-19. Please indicate symptoms you are still experiencing that began when you were first tested for COVID-19. (Select all that apply.)

Do not include symptoms that you had prior to having COVID-19

- | | |
|---|--|
| <input type="checkbox"/> Fatigue/feeling tired | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Chest pain |
| <input type="checkbox"/> Loss of taste or smell | <input type="checkbox"/> Body aches |
| <input type="checkbox"/> Congestion/stuffy nose | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Confusion | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Chest pain |
| <input type="checkbox"/> Body aches | <input type="checkbox"/> Don't have any symptoms |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Nausea | |

What else would you like to tell us about health and wellness in the community that we haven't already asked? [Open text answer.]

Do you currently describe yourself as...? (Check all that apply)

- ☐ Female
- ☐ Male
- ☐ Transgender
- ☐ Prefer not to answer
- ☐ Other (Please specify) _____

What is your age?

- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65-74
- ☐ 75 or older

Please answer both the next question (about Hispanic origin) and the following question (about race). For this questionnaire, Hispanic origins are not races. Are you of Hispanic, Latino, or Spanish origin?

- ☐ No, not of Hispanic, Latino, or Spanish origin
- ☐ Yes, of Hispanic origin (Mexican, Mexican American, Chicano, Puerto Rican, Cuban, or another Hispanic, Latino, or Spanish origin)

How would you best describe yourself?

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian/Pacific Islander
- ☐ Some other race

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

From the list below, please select the community in which you live. If you live in more than one community, please select the one in which you lived for the greatest number of weeks in the year 2020. *[Drop down list of communities provided.]*

[If not in dropdown list above] Enter other community or area _____

In what state is the community or area where you live?

- ☐ Arizona
- ☐ Other state

In what county is the community or area where you live?

☐ Mohave County

☐ Other county

Thank you for completing the survey. The Live Well Mohave partnership is making plans for health and health care in the community. All members of the community are invited to participate. If you would like to receive an email about the process - including the results of this survey - send us an email at livewellmohave@mohave.gov. Also, you can participate by checking in on the website, Twitter and/or Facebook.

Email: livewellmohave@mohave.gov

Website: www.mohave.gov

Facebook: <https://www.facebook.com/MohaveHealthInfo>

Thank you

APPENDIX C: KEY INFORMANT INTERVIEW QUESTIONNAIRE

Introduction

Interviewer to review the following:

- Request permission to record. Recording will be destroyed when final report is issued.
- Interviewer's name and background working with KRMC and Mohave County Public Health.
- This is part of the community health needs assessment and community health improvement plan.
- Interview will be 30 minutes, unless you would like to go longer.
- This interview will be part of a larger report. Although you may be quoted in the report that quote will not be specifically attributed to you.
- Feel free to share your opinions and if there's anything you don't want to answer that's fine, just let me know and we'll move along to the next question
- Sometimes I'll ask you about "the community." Let's define community as the community that your organization serves. Or you can define as you normally would.
- And when I say "healthy" I mean anything that comes to mind for you - it doesn't have to be limited to medical issues.
- Do you have any questions before we start?

Interview questions

1. When I say a **healthy community**, what does that mean to you? What would that look like ideally? (Probe: What are the characteristics of a healthy community?)
2. What would you say are the **most important health issues** in the community you serve? (Probe: What else?)
3. [Interviewer: After Question 2 is exhausted, probe for social determinants of health if not already mentioned.] In public health we often **talk about social determinants of health**. These are factors outside of the health care system, for example, being homeless or access to clean water and so on. Are there any of these that you haven't mentioned that you feel are important issues in your community?
4. What are the **barriers** to having a healthy community? What is getting in the way of having the ideal healthy community?
5. In your community, which individuals or groups are the **most vulnerable** when it comes to health issues? (Probe: Why do you say that?)

6. You have mentioned a, b, and c [from questions 2 and 3] as important health issues.
 - a. Let's take the first one. What do you think that we, as a community, in Mohave County can do **to address this issue** and how do you see **your organization** contributing?
 - b. Let's take the second one ...
 - c. Let's take the third one ...
7. **What else** would you like to tell me that I might not have asked?

APPENDIX D: MORTALITY TABLES

Leading Causes of Death, Mohave County, Arizona, and U.S.			
	Mohave	Arizona	U.S.
Total, all causes	833.6	676.6	715.2
Cancer	182.6	134.7	146.2
Diseases of heart	178.4	137.3	161.5
Chronic lower respiratory diseases	70.8	39.2	38.2
Accident	60.3	59.2	49.3
Cerebrovascular disease*	35.0	31.0	37.0
Alzheimer's disease	31.0	33.2	29.8
Intentional self-harm (suicide)	28.8	18.9	13.9
Diabetes	28.0	23.9	21.6
Influenza and pneumonia	12.8	10.4	12.3

Age-adjusted. *For U.S., this is "stroke." Source: Arizona Department of Health Services, Arizona Health Status and Vital Statistics 2019 Annual Report, <https://pub.azdhs.gov/health-stats/report/ahs/ahs2019/index.php?pg=counties>
Source for US: Kochanek, K., J. Xu, E. Arias, *Mortality in the United States, 2019*. National Center for Health Statistics Data Brief No. 395. December 2020
<https://www.cdc.gov/nchs/data/databriefs/db395-H.pdf>

Deaths by Gender, Mohave County and Arizona, 2019						
Rate per 100,000 Residents	Total		Males		Females	
	Mohave	AZ	Mohave	AZ	Mohave	AZ
Total, all causes	833.6	676.6	987.8	799.6	679.3	562.9
Cardiovascular disease	226.9	184.9	278.5	221.2	175.4	152.4
Diseases of heart	178.4	137.3	231.1	172.5	126.5	106.3
Coronary heart disease	135.6	98.2	177.4	129.4	94.5	71.1
Cancer (malignant neoplasms)	182.6	134.7	203.5	156.7	162.5	116.4
Lung cancer	42.8	26.2	40.4	29.7	45.4	23.3
Breast cancer	14.0	10.1	0.0	0.3	27.8	18.8
Colorectal cancer	18.8	12.3	26.6	14.6	11.4	10.1
Prostate cancer	11.6	7.8	23.9	17.4	NA	NA
Malignant melanoma of skin	3.9	2.3	6.1	3.1	1.7	1.6
Cervical cancer	2.3	1.0	NA	NA	4.6	2.0
Accident (unintentional injury)	60.3	59.2	81.4	82.6	37.9	36.0
Accidental poisoning	14.7	25.8	18.0	37.7	10.6	13.7
Motor vehicle accident	20.8	13.1	31.4	18.9	9.7	7.5
Accidental falls	11.2	12.2	10.5	13.9	11.9	10.6

Accidental drowning	1.6	1.3	1.7	1.8	1.5	0.7
Chronic lower respiratory diseases	70.8	39.2	76.4	41.9	65.3	37.0
Diabetes	28.0	23.9	33.3	30.5	22.7	18.1
Cerebrovascular disease	35.0	31.0	31.6	30.2	37.9	31.4
Intentional self-harm (suicide)	28.8	18.9	45.8	29.7	10.8	8.3
Alzheimer's disease	31.0	33.2	29.1	26.3	33.1	38.3
Chronic liver disease and cirrhosis	24.1	14.7	31.6	18.8	16.3	10.8
Parkinson's disease	7.2	8.7	10.3	12.8	4.3	5.4
Influenza and pneumonia	12.8	10.4	16.3	12.3	9.6	8.9
Essential (primary) hypertension and hypertensive renal disease	8.9	11	9.1	11.6	8.5	10.3
Nephritis	2.4	5.9	17.1	10.3	7.0	6.5
Assault (homicide)	12.0	8.3	1.3	9.1	3.5	2.6
Septicemia	2.8	3.8	2.8	4.4	2.9	3.3
HIV disease	1.1	0.9	1.7	1.5	0.5	0.4
AVERAGE AGE AT DEATH	73.5	72.5	72.4	69.8	75.0	75.7
MEDIAN AGE AT DEATH	75.0	76.0	74.0	74.0	77.0	79.0

Age-adjusted. Source: Arizona Department of Health Services, Arizona Health Status and Vital Statistics 2019 Annual Report, <https://pub.azdhs.gov/health-stats/report/ahs/ahs2019/index.php?pg=counties>

Leading Causes of Death by Age Group, Mohave County, 2019						
	Infants	1-14 years old	15-19 years old	20-44	45-64	65+
Accident (unintentional injury)		<6	<6	31	46	95
Accidental poisoning				14	13	
Falls					<6	47
Motor vehicle accidents		<6	<6	15	12	17
Accidental drowning and submersion		<6				
Alzheimer's disease						136
Assault (homicide)				<6	<6	
Cerebrovascular diseases				<6	16	133
Chronic liver disease and cirrhosis				6	36	0
Chronic lower respiratory diseases		<6			37	282
Congenital malformations	<6					
Diabetes				<6	25	79
Diseases of heart				8	131	611
Essential (primary) hypertension and hypertensive renal disease					<6	30

HIV disease					<6	
Influenza and pneumonia				<6	7	44
Intentional self-harm (suicide)		<6		21	20	
Cancer (Malignant neoplasms)		<6		8	176	607
Malignant neoplasm of trachea, bronchus and lung					38	154
Malignant neoplasm of colon, rectum, and anus					16	70
Malignant neoplasm of lymphoid, hematopoietic and related tissue				<6		51
Malignant neoplasm of prostate						46
Malignant neoplasm of breast				<6	15	37
Malignant neoplasm of pancreas					9	31
Malignant neoplasm of meninges, brain, other parts of central nervous system				<6		
Nephritis, nephrotic syndrome and nephrosis					7	47
Obesity				<6		
Parkinson's disease						32
Perinatal conditions	<6					
Short gestation and low birth weight	<6					
Septicemia					<6	8
Sudden infant death syndrome	<6					
Viral hepatitis					<6	
Total, all causes	9	6	<6	102	631	2,595

Source: Arizona Department of Health Services, Leading Causes of Death Age Group Tables.
<https://pub.azdhs.gov/health-stats/report/avs/avs19/index.php?pg=three>

Note: ADHS does not show the exact number of deaths in a particular age group and cause if the number of deaths is less than six. Therefore, "<6" means that there was at least one death in this category and age group, but no more than five deaths in the year 2019.

Deaths Related to Firearms, Drugs, and Alcohol, 2019						
Rate per 100,000 Residents	Total		Males		Females	
Injury by firearms	18.5	15.3	30.1	25.9	6.5	5.0
Drug-induced deaths	19.9	28.4	24.0	39.8	15.0	16.9
Opioid-induced deaths	12.6	18.6	16.6	26.5	8.0	10.4
Alcohol-induced deaths	29.1	16.2	38.5	22.6	19.5	10.1

Age-adjusted. Source: Arizona Department of Health Services, Arizona Health Status and Vital Statistics 2019 Annual Report, <https://pub.azdhs.gov/health-stats/report/ahs/ahs2019/index.php?pg=counties>. Note: These categories overlap categories in the previous table. For example, a suicide death or an accidental death from the previous table may also be classified in the drug-induced deaths in this table (if there was a drug overdose involved.)

Deaths from Cancer by County, 2019							
County	Cancer (all types)	Lung cancer	Colo-rectal cancer	Breast cancer	Prostate cancer	Skin cancer	Cervical cancer
MOHAVE	182.6	22.6	6.0	8.0	6.2	0.8	1.2
Arizona	134.7	42.8	18.8	14.0	11.6	3.9	2.3
Apache	125.4	36.3	23.2	0.0	11.6	0.0	0.0
Cochise	149.1	10.9	15.1	6.3	4.4	0.0	0.0
Coconino	120.6	27.4	13.2	9.3	8.7	0.9	0.0
Gila	137.5	26.2	10.3	9.9	7.2	2.2	0.8
Graham	136.5	20.3	11.0	10.8	9.7	1.4	0.5
Greenlee	118.8	11.7	13.3	10.0	9.9	0.0	0.9
La Paz	124.0	21.1	9.4	13.1	5.3	2.7	2.4
Maricopa	133.0	33.1	8.4	4.4	7.4	1.6	0.0
Navajo	134.0	25.5	12.7	10.4	7.7	2.4	1.2
Pima	140.1	23.3	9.5	7.9	5.3	2.0	0.7
Pinal	113.1	30.9	12.7	8.4	9.8	3.4	0.5
Santa Cruz	112.0	26.2	12.3	10.1	7.8	2.3	1.0
Yavapai	150.2	34.9	11.9	10.8	10.8	3.6	0.4
Yuma	108.2	12.3	14.6	7.4	4.3	0.0	0.0

Age-adjusted, Source: ADHS, Bureau of Public Health Statistics, Population Health and Vital Statistics, Advanced Vital Statistics by County, 2019
<https://pub.azdhs.gov/health-stats/report/avs/avs19/index.php?pg=three>

Selected Causes of Deaths by County, 2019							
County	Injury by firearms deaths	Drug-induced deaths	Opioid-induced deaths	Alcohol-induced deaths	Accident (unintentional injury)	Motor vehicle accident	Accidental poisoning
MOHAVE	18.5	19.9	12.6	29.1	60.3	20.8	14.7
Arizona	15.3	28.4	18.6	16.2	59.2	13.1	25.8
Apache	10.3	11.9	4.6	75.0	127.1	49.4	26.3
Cochise	20.4	25.4	13.6	15.6	47.8	13.6	22.0
Coconino	15.2	18.1	8.2	35.6	72.8	16.2	26.1
Gila	31.8	30.5	5.2	61.9	82.0	29.6	22.1
Graham	8.4	27.8	6.6	20.4	61.6	14.9	28.0
Greenlee	11.6	11.6	11.6	7.5	63.7	23.1	0.0
La Paz	28.7	10.4	7.3	82.4	79.9	29.7	13.9
Maricopa	13.7	29.1	20.7	13.7	57.0	10.8	26.5
Navajo	15.0	32.1	10.7	71.2	112.1	35.3	37.9
Pima	18.9	31.9	20.5	13.1	61.7	14.2	28.8
Pinal	14.5	21.7	12.5	10.9	47.6	14.9	16.9
Santa Cruz	6.7	15.7	11.5	2.5	45.0	14.4	15.7
Yavapai	23.5	41.4	25.0	18.2	69.5	14.5	32.1
Yuma	12.4	20.4	1.9	7.7	44.0	10.1	19.0

Age-adjusted, Source: ADHS, Bureau of Public Health Statistics, Population Health and Vital Statistics, Advanced Vital Statistics by County, 2019
<https://pub.azdhs.gov/health-stats/report/avs/avs19/index.php?pg=three>
 Note: Categories in columns are not mutually exclusive. For example, an opioid-induced death is counted in both "Opioid-induced deaths" and "Drug-induced deaths."

Selected Causes of Death by Primary Care Area (Community), 2019								
	Mohave County		Bullhead City		Kingman		Lake Havasu City	
All causes	3,347	100%	1,150	100%	1,063	100%	851	100%
Cardio-vascular diseases	956	29%	305	27%	282	27%	285	33%
Lung cancer	192	6%	69	6%	66	6%	46	5%
Breast cancer	53	2%	15	1%	20	2%	14	2%
Motor vehicle accident	47	1%	13	1%	16	2%	6	1%
Suicide	69	2%	24	2%	21	2%	15	2%
Injury by firearm	46	1%	16	1%	14	1%	12	1%
Drug-induced death	47	1%	11	1%	22	2%	10	1%
Alcohol-induced death	86	3%	25	2%	30	3%	14	2%

Source: ADHS, Number of Deaths from Selected Causes by Primary Care Area.
<https://pub.azdhs.gov/health-stats/report/cvs/cvs19/index.php>

Deaths in Mohave County by Month January 2019 through August 2021			
	2019	2020	2021*
January	322	305	519
February	272	286	337
March	266	309	346
April	278	301	317
May	308	328	309
June	288	372	326
July	274	420	386
August	300	364	370
September	237	269	
October	256	287	
November	275	338	
December	271	430	
Total	3,347	4,009	2,910
*Partial year and provisional data, may change somewhat before finalized. Arizona Department of Health Services, Final Number of Deaths by County of Residence and Month, Arizona, 2019 https://pub.azdhs.gov/health-stats/mu/index.php			

Deaths by Year, Mohave County						
	2016	2017	2018	2019	2020	2021 Year-to-date*
Total deaths	3,181	3,144	3,387	3,347	4,009	2,910
Source: ADHS. *Partial year and provisional data, may change somewhat before finalized.						

APPENDIX E: HOSPITAL DATA

Most Common Diagnosis Related Groups in 2019			
	Number	Percent of Total Discharges	Percent of Ten Most Frequent Diagnoses
Total Discharges	22,378	105.47	
Septicemia or Severe Sepsis Without Mv >96 Hours With major complication or comorbidity	1,321	6%	21%
Normal Newborn	1,200	5%	19%
Major Hip and Knee Joint Replacement or Reattachment or Lower Extremity Without Major complication or comorbidity	875	4%	14%
Heart Failure and Shock with Major complication or comorbidity	758	3%	12%
Simple Pneumonia and Pleurisy with Major complication or comorbidity	428	2%	7%
Septicemia or Severe Sepsis Without Mv >96 Hours without major complication or comorbidity	405	2%	6%
Chronic Obstructive Pulmonary Disease with major complication or comorbidity	401	2%	6%
Pulmonary Edema and Respiratory Failure	385	2%	6%
Percutaneous Cardiovascular Procedures with Drug-eluting stent without major complication or comorbidity	310	1%	5%
Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders Without Major complication or comorbidity	290	1%	5%
Mv = mean blood flow velocity			
Source: ADHS, AZ Hospital Compare, County Profiles			
https://gis.azdhs.gov/hospitalcompare/countyview.html?geogid=04015&geogtype=county			

Major Diagnostic Category, Principal Diagnosis, 2015-2019, Mohave County					
	2015	2016	2017	2018	2019
Circulatory System	4,013	3,725	2,882	3,529	4,013
Respiratory System	3,166	2,968	2,479	2,483	2,679
Musculoskeletal System	2,403	2,807	2,058	2,289	2,626
Infectious & Parasitic Diseases	1,427	1,632	1,707	1,881	2,237
Digestive System	2,420	2,192	1,619	1,752	1,865
Newborns and other neonates with condition originating in the perinatal period	1,724	1,704	1,418	1,573	1,628
Pregnancy, Childbirth	1,739	1,705	1,429	1,532	1,598

Nervous System	1,178	1,266	1,025	1,057	1,228
Kidney and Urinary Tract	1,313	1,158	873	1,030	1,154
Endocrine, Nutritional & Metabolic Diseases	754	743	541	707	808
Hepatobiliary System & Pancreas	845	808	605	655	671
Skin, Subcutaneous Tissue and Breast	602	561	426	380	424
Injuries, Poisonings & Toxic Effects of Drugs	407	357	282	283	296
Mental Diseases & Disorders (MDC 19)	291	241	213	190	237
Alcohol/Drug Use & Alcohol/Drug Induced Organic Mental Disorders (MDC 20)	150	147	140	146	211
Blood, Blood Forming Organs, Immunological Disorders	277	247	186	192	191
Factors Influencing Health Status & Other Contacts with Health Services	347	129	90	87	119
Ear, Nose, Mouth & Throat	181	167	107	107	112
Myeloproliferative Disease	88	122	93	79	85
Female Reproductive System	107	109	88	89	80
Male Reproductive System	72	80	50	70	69
Multiple Significant Trauma	30	19	27	21	20
Eye	7	8	7	8	13
HIV Infections	11	14	15	10	9
Burns	9	7		9	
Diagnosis can't be assigned	25	30	25	18	25
Source: Arizona Department of Health Services. Arizona Hospital Compare. (n.d.) Web. Accessed: September 2021. www.gis.azdhs.gov/hospcompare . Major Diagnostic Categories (MDCs): MDC codes group DRGs into broader categories such as respiratory system or digestive system. Each hospital stay is assigned one MDC. Diagnosis Related Groups (DRGs): DRG codes classify hospital stays into groups based on how much it costs to care for patients. Each hospital stay is assigned one DRG For more information see the ICD-10-CM/PCS MS-DRG v37.0 Definitions Manual					

Principal and All Listed Discharge Diagnoses, 2019				
	All listed diagnoses		Principal discharge	
	Number	Rate	Number	Rate
Endocrine; nutritional; and metabolic diseases and immunity disorders				
Fluid and electrolyte disorders	7,754	36.54	316	1.49
Disorders of lipid metabolism	6,950	32.76	-	-
Other nutritional; endocrine; and metabolic disorders	6,748	31.8	72	0.34
Diabetes mellitus with complications	3,641	17.16	431	2.03
Thyroid disorders	3,420	16.12	14	0.07
Diabetes mellitus without complication	2,749	12.96	-	-
Nutritional deficiencies	2,188	10.31	11	0.05
Gout and other crystal arthropathies	715	3.37	11	0.05

Principal and All Listed Discharge Diagnoses, 2019				
Diseases of the circulatory system				
Essential hypertension	6,717	31.66	-	-
Hypertension with complications and secondary hypertension	5,982	28.19	1,175	5.54
Coronary atherosclerosis and other heart disease	5,499	25.92	243	1.15
Cardiac dysrhythmias	5,091	23.99	655	3.09
Congestive heart failure; non-hypertensive	4,633	21.84	126	0.59
Other circulatory disease	2,596	12.23	75	0.35
Conduction disorders	1,892	8.92	62	0.29
Pulmonary heart disease	1,570	7.4	205	0.97
Acute myocardial infarction	1,365	6.43	827	3.9
Heart valve disorders	1,240	5.84	108	0.51
Peri-; endo-; and myocarditis; cardiomyopathy	1,146	5.4	33	0.16
Phlebitis; thrombophlebitis and thromboembolism	1,124	5.3	95	0.45
Peripheral and visceral atherosclerosis	1,048	4.94	82	0.39
Late effects of cerebrovascular disease	616	2.9	103	0.49
Acute cerebrovascular disease	573	2.7	412	1.94
Nonspecific chest pain	530	2.5	134	0.63
Aortic; peripheral; and visceral artery aneurysms	425	2	64	0.3
Other nervous system disorders	5,679	26.76	165	0.78
Epilepsy; convulsions	792	3.73	107	0.5
Other hereditary/degenerative nervous system	644	3.04	10	0.05
Paralysis	525	2.47	12	0.06
Headache; including migraine	466	2.2	21	0.1
Other ear and sense organ disorders	414	1.95	-	-
Mental Illness				
Screening/history of mental health and substance use codes	5,320	25.07	-	-
Substance-related disorders	5,222	24.61	72	0.34
Mood disorders	3,013	14.2	146	0.69
Anxiety disorders	2,677	12.62	9	0.04
Alcohol-related disorders	1,633	7.7	252	1.19
Delirium dementia and amnestic and other cognitive disorders	1,236	5.83	25	0.12
Suicide and intentional self-inflicted injury	307	1.45	74	0.35
Schizophrenia, other psychotic disorders	202	0.95	34	0.16
Diseases of the respiratory system				
Chronic obstructive pulmonary disease and bronchiectasis	5,291	24.94	537	2.53
Respiratory failure; insufficiency; arrest	4,867	22.94	503	2.37

Principal and All Listed Discharge Diagnoses, 2019				
Pneumonia	2,410	11.36	689	3.25
Other lower respiratory disease	1,691	7.97	49	0.23
Pleurisy; pneumothorax; pulmonary collapse	1,130	5.33	94	0.44
Asthma	923	4.35	78	0.37
Acute bronchitis	524	2.47	110	0.52
Other upper respiratory disease	419	1.97	12	0.06
Deficiency and other anemia	4,167	19.64	100	0.47
Coagulation and hemorrhagic disorders	1,825	8.6	29	0.14
Acute post-hemorrhagic anemia	1,409	6.64	33	0.16
Diseases of white blood cells	863	4.07	14	0.07
Diseases of the digestive system				
Esophageal disorders	3,956	18.64	53	0.25
Other gastrointestinal disorders	3,043	14.34	122	0.57
Other liver diseases	1,311	6.18	103	0.49
Abdominal hernia	704	3.32	145	0.68
Intestinal obstruction without hernia	639	3.01	314	1.48
Gastrointestinal hemorrhage	609	2.87	241	1.14
Biliary tract disease	584	2.75	207	0.98
Diverticulosis and diverticulitis	501	2.36	156	0.74
Pancreatic disorders	477	2.25	229	1.08
Diseases of the genitourinary system				
Acute and unspecified renal failure	3,821	18.01	390	1.84
Chronic kidney disease	3,743	17.64	6	0.03
Urinary tract infections	2,180	10.27	336	1.58
Hyperplasia of prostate	1,719	8.1	28	0.13
Genitourinary symptoms and ill-defined conditions	1,645	7.75	20	0.09
Other diseases of kidney and ureters	896	4.22	95	0.45
Menopausal disorders	667	3.14	-	-
Calculus of urinary tract	501	2.36	16	0.08
Other diseases of bladder and urethra	400	1.89	14	0.07
Symptoms; signs; and ill-defined conditions and factors influencing health status				
Allergic reactions	3,474	16.37	12	0.06
Shock	831	3.92	6	0.03
Malaise and fatigue	693	3.27	42	0.2
Other screening for suspected conditions	622	2.93	7	0.03
Nausea and vomiting	415	1.96	27	0.13
Diseases of the musculoskeletal system and connective tissue				
Other connective tissue disease	2,864	13.5	68	0.32
Osteoarthritis	2,432	11.46	923	4.35

Principal and All Listed Discharge Diagnoses, 2019				
Spondylosis; intervertebral disc disorders; other back problems	2,065	9.73	311	1.47
Other bone disease/musculoskeletal deformities	672	3.17	46	0.22
Rheumatoid arthritis and related disease	597	2.81	7	0.03
Other non-traumatic joint disorders	458	2.16	24	0.11
Osteoporosis	445	2.1	-	-
Infectious and parasitic diseases				
Septicemia	2,498	11.77	2,077	9.79
Immunizations and screening for infectious disease	1,974	9.3	-	-
Bacterial infection; unspecified site	1,911	9.01	11	0.05
Hepatitis	465	2.19	6	0.03
Certain conditions originating in the perinatal period				
Liveborn	1,517	7.15	1,517	7.15
Other perinatal conditions	460	2.17	25	0.12
Injury and poisoning				
Complications of surgical procedures/medical care	1,273	6	375	1.77
Complication of device; implant or graft	894	4.21	478	2.25
Other injuries, conditions due to external causes	849	4	58	0.27
Fracture of neck of femur	444	2.09	400	1.89
Other fractures	413	1.95	143	0.67
Superficial injury; contusion	290	1.37	17	0.08
Other pregnancy and delivery including normal	1,508	7.11	135	0.64
Other complications of birth; puerperium affecting management of mother	749	3.53	293	1.38
OB-related trauma to perineum and vulva	537	2.53	211	0.99
Skin and subcutaneous tissue infections	1,214	5.72	288	1.36
Chronic ulcer of skin	1,101	5.19	49	0.23
Cancer (Neoplasms)				
Secondary malignancies	722	3.4	107	0.5
Cancer of bronchus; lung	511	2.41	112	0.53
Cancer of breast	504	2.38	10	0.05
Cancer of prostate	501	2.36	16	0.08

Principal and All Listed Discharge Diagnoses, 2019				
Residual codes; unclassified				
External cause codes: Place of occurrence	3,291	15.51	-	-
Adverse effects of medical drugs	1,451	6.84	-	-
Adverse effects of medical care	1,275	6.01	-	-
External cause codes: Fall	1,271	5.99	-	-
External cause codes: Unspecified	894	4.21	-	-
Only diagnoses with 400 or more hospital stays shown. For a complete listing, see https://gis.azdhs.gov/hospitalcompare/countyview.html?geogid=04015&geogtype=county#conditions				
Discharges (Principal): The number of hospital stays (or discharges) for the selected condition based on where patients live. Principal diagnosis means this is the condition chiefly responsible for admission to the hospital for care.				
Discharges (All-listed): All-listed diagnoses include the principal diagnosis (or reason for going to the hospital) as well as any other conditions that coexist during the hospital stay.				
Rate of discharges (Principal): Principal discharges divided by the number of residents in the county. County resident or population numbers are obtained from the US Census Bureau.				
Rate of discharges (All-listed): All-listed discharges divided by the number of residents in the county. County resident or population numbers are obtained from the US Census Bureau.				
Dash (-): A dash is reported when there are not enough data for the given selection. There are many reasons there may not be enough data to report.				
Source: Arizona Department of Health Services, AZ Hospital Compare,				

Communicable Disease Cases, Various Years	
Communicable Disease Cases, Year-to-Date, Mohave County	
Valley Fever (Coccidioidomycosis)	112
Campylobacteriosis	34
Hepatitis B, chronic	12
MRSA, invasive	11
Carbapenem-resistant Enterobacteriaceae	9
Streptococcus pneumoniae, invasive	7
Influenza*	15
Salmonellosis	6
Pertussis	2
Streptococcal Group A, invasive	2
Hepatitis A	1
Hepatitis B, acute	1
Source: Epidemiology and Disease Control, ADHS. Includes cases from 1/1/21 through 9/28/21. https://www.azdhs.gov/preparedness/epidemiology-disease-control/index.php#data-stats *Influenza cases are for the 2020-2021 season. Source: Epidemiology and Disease Control, ADHS. https://www.azdhs.gov/preparedness/epidemiology-disease-control/flu/index.php#surveillance-influenza-season	

Sexually Transmitted Diseases	
Chlamydia	263
Gonorrhea	116
HIV cases (2019)	7
<p>Source for chlamydia and gonorrhea: Epidemiology and Disease Control, ADHS. Includes cases from 1/1/21-6/30/21. https://www.azdhs.gov/preparedness/epidemiology-disease-control/disease-integration-services/std-control/index.php#reports</p> <p>Source for HIV: ADHS. Year: 2019 (new cases). https://www.azdhs.gov/documents/preparedness/epidemiology-disease-control/disease-integrated-services/hiv-epidemiology/reports/2020/annual-report.pdf</p>	

APPENDIX F: BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM DATA

Note: The Arizona Behavioral Risk Factor Surveillance System places responses from residents in Mohave, La Paz and Yuma Counties together into one group called “Western Region.” The sample size is not large enough to separate Mohave County alone.

Substance Use Behaviors, Arizona Western Region, 2019			
	Western Region	Arizona	U.S.
Substance Use			
Current smoker	16.5%	14.9%	16.0%
Heavy Drinker	6.9%	5.6%	6.5%
Binge Drinker	13.5%	15.1%	16.8%
Largest number of drinks had on any occasion, past 30 days	7.4	7.5	7.5
Used marijuana or hashish in past year	55.7%	55.7%	--
Days used marijuana last 30 days	13.5	11.1	--
Had any adverse effects of medical marijuana	9.0%	7.2%	--
Used prescription medication off prescription within the past 30 days	14.7%	13.2%	--
Felt dependent on prescription pain medication, past year	14.2%	6.1%	--

Binge drinker = males having five or more drinks on one occasion, females having four or more drinks on one occasion. Western Region includes Mohave, Yuma, and La Paz counties combined. Sample size is too small to use data on county level.

Source: Arizona Behavior Risk Factor Surveillance System, *2019 Annual Report*, <https://azdhs.gov/preparedness/public-health-statistics/behavioral-risk-factor-surveillance/index.php#reports>

Mental & Physical Health Status, Arizona Western Region, 2019			
	Western Region	Arizona	U.S.
Ever told by a health professional have a depressive disorder, including depression, major depression, dysthymia, or minor depression	26.3%	22.9%	29.2%
Poor physical or mental health keep them from doing their usual activities such as self-care, work, or recreation	20.0%	16.0%	15.6%

Had "frequent mental distress" which Includes stress, depression, and problems with emotions	14.9%	14.4%	13.8%
Have serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition	14.8%	12.1%	11.7%

Health Conditions

Ever told by a doctor or other provider...			
...had/have high blood pressure	38.6%	32.5%	32.3%
...had/have high cholesterol	36.5%	31.6%	30.8%
...had diabetes	14.8%	10.9%	10.8%
...had/have asthma	11.2%	9.7%	9.7%
...had a heart attack, also called a myocardial infarction	6.0%	4.5%	4.3%
...had a stroke	4.5%	3.5%	3.2%
Taking medication for high blood pressure	70.3%	73.4%	76.6%
Fit in the "obese" classification based on height and weight	34.9%	31.4%	32.4%
Had "frequent physical distress" during past 30 days	19.5%	13.2%	12.6%
Had/have serious difficulty walking or climbing stairs	19.1%	12.9%	13.6%
Have difficulty dressing or bathing	7.2%	4.1%	3.8%
HIV/AIDS risk: Injected drugs (that were not prescribed) and/or been treated for a sexually transmitted disease in past year	7.6%	6.4%	6.7%

Western Region includes Mohave, Yuma, and La Paz counties combined. Sample size is too small to use data on county level.

Source: Arizona Behavior Risk Factor Surveillance System, 2019 Annual Report, <https://azdhs.gov/preparedness/public-health-statistics/behavioral-risk-factor-surveillance/index.php#reports>

Additional Topics, Western Arizona Region, 2019

	Western Region	Arizona	U.S.
Preventative Behaviors			
Participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise during the past month	67.6%	75.9%	73.6%
Did not participate in any physical activities or exercises such as those listed above during past month	32.4%	24.1%	26.4%

Flu vaccine in past 12 months	39.4%	39.6%	43.4%
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Healthcare Access

Visited a doctor for a routine checkup within 12 months	75.0%	73.5%	77.6%
Have one person as their personal doctor or health care provider	69.6%	71.1%	77.0%
Could not afford the cost when needed to see the doctor within last 12 months	14.5%	13.9%	12.6%

LGBTQ Identity

Are LGBTQ	10.1%	10.1%	7.7%
Are LGBTQ and male	5.3%	9.1%	6.1%

Western Region includes Mohave, Yuma, and La Paz counties combined. Sample size is too small to use data on county level.

Source: Arizona Behavior Risk Factor Surveillance System, 2019 Annual Report,
<https://azdhs.gov/preparedness/public-health-statistics/behavioral-risk-factor-surveillance/index.php#reports>

APPENDIX G: COMMUNITY (PRIMARY CARE AREA) STATISTICAL PROFILES

The Arizona Department of Health Services classifies different areas of Arizona as “primary care areas.” According to ADHS, “Primary Care Area Statistical Profiles describe areas in Arizona where the local residences primarily obtain their health care.” There are six of these “primary care areas” in Mohave County, as shown in the map to the right.

Each profile includes data from a number of sources on topics that are wide-ranging – from population size to number of primary care providers to rates of prenatal care. The statistical profiles for each of the Mohave County primary care areas are included in this appendix.

The source for the profiles is the Bureau of Women's and Children's Health, Arizona Department of Health Services.

<https://www.azdhs.gov/prevention/health-systems-development/data-reports-maps/index.php#statistical-profiles-pca>

Sources and definitions of data used for the profiles may be found here:

<http://www.azdhs.gov/documents/prevention/health-systems-development/data-reports-maps/reports/datadocu.pdf>

