

KINGMAN REGIONAL MEDICAL CENTER
AND MOHAVE COUNTY
DEPARTMENT OF PUBLIC HEALTH

**COMMUNITY HEALTH NEEDS
ASSESSMENT
2019**



**KINGMAN REGIONAL
MEDICAL CENTER**





Pinnacle Prevention coordinated, analyzed, prepared, and authored the 2019 Kingman Regional Medical Center (KRMC) and Mohave County Department of Public Health (MCDPH) Community Health Needs Assessment.



ACKNOWLEDGEMENTS

The 2019 Coordinated Community Health Needs Assessment (CHNA) is the result of the collaborative work of community leaders, stakeholders, and residents who shared valuable time, expertise, and input, including the following organizations:

- Bullhead City Police Department
- City of Bullhead
- City of Kingman
- City of Lake Havasu
- Dolan Springs
- First Things First La Paz/Mohave Regional Council
- Havasu Regional Medical Center (HRMC)
- Kingman Fire Department
- Kingman Police Department
- Kingman Regional Medical Center (KRMC)
- Kingman Unified School District
- Lake Havasu City Police Department
- Lake Havasu Unified School District
- Milemarkers
- Mohave County Department of Public Health (MCDPH)
- Mohave County Housing Authority
- Mohave County Libraries
- Mohave Mental Health Clinic
- North Country Healthcare
- Topock Schools
- Valley View Medical Center
- Western Arizona Council of Governments (WACOG)
- Western Arizona Regional Medical Center (WARMC)

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I INTRODUCTION AND DEFINED COMMUNITY

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

UNDERSTANDING POPULATION HEALTH AND PUBLIC HEALTH

Population health refers to an approach that focuses on interrelated conditions, factors, and outcomes that influence the health of populations of people, or specific demographics, over the course of their lives. Public health refers to all organized measures (whether public or private) that we as a society implement to prevent disease, promote health, and prolong life among the population as a whole. Both population health and public health activities aim to foster conditions in which people can be healthy and focus on entire populations, not on individual patients or diseases.

The Centers for Disease Control and Prevention (CDC) defines public health systems as "all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction." This recognizes that there are many different agencies and organizations that contribute to the health and well-being of communities. The public health system includes, but is not limited to, the following groups:

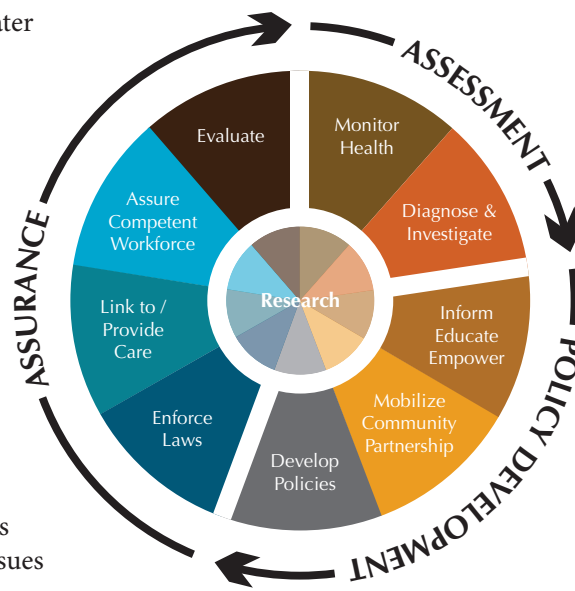
- Public health departments
- Healthcare providers
- Public safety agencies
- Human service and charity organizations
- Education and youth development organizations
- Recreation and arts-related organizations
- Economic and philanthropic organizations
- Environmental agencies and organizations

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

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

No single agency or organization can make measurable improvements in population health or public health alone; therefore, to achieve a greater impact in improving the health of residents, Kingman Regional Medical Center (KRMC) collaborated with the Mohave County Department of Public Health (MCDPH) to strengthen their impact with shared resources and expertise to complete the 2019 CHNA. This collaborative effort provides shared ownership for improving community health. To identify those health outcomes with the greatest potential for improvement, the CHNA collaboration explored the county's population demographics and social and economic realities while capturing community and partner input. The end result is a comprehensive summary of leading health issues affecting community members across Mohave County and the KRMC service region.

Figure 1. The 10 essential public health services



II ABOUT MOHAVE COUNTY AND THE KINGMAN REGIONAL MEDICAL CENTER SERVICE REGION

Mohave County is home to 204,691 Arizonans, an increase from 202,482 in past 3 years. The county is the fifth-most populous in Arizona. Mohave County is located in the northwestern corner of Arizona, covering 13,311.08 square miles (8.6 million acres) and sharing a border with California, Nevada, and Utah. The county is predominantly rural and includes the cities and towns of Kingman, Bullhead City, Lake Havasu City, and Colorado City as well as the unincorporated communities of Beaver Dam, Chloride, Dolan Springs, Fort Mohave, Golden Shores, Golden Valley, Grasshopper Junction, Hackberry, Littlefield, Meadview, Mohave Valley, Oatman, Peach Springs, Shipley, Temple Bar, Topock, Truxton, Valentine, White Hills, Wikieup, Willow Beach, and Yucca. Additionally, the region is home to the Fort Mojave Indian Community, Hualapai Nation, and the Kaibab-Paiute Indian Community. The majority of land in Mohave County (6 million acres) is federally owned by the Bureau of Land Management and Federal Parks and Recreation. The majority of Mohave County residents reside in the communities of Lake Havasu City, Bullhead City, and Kingman.

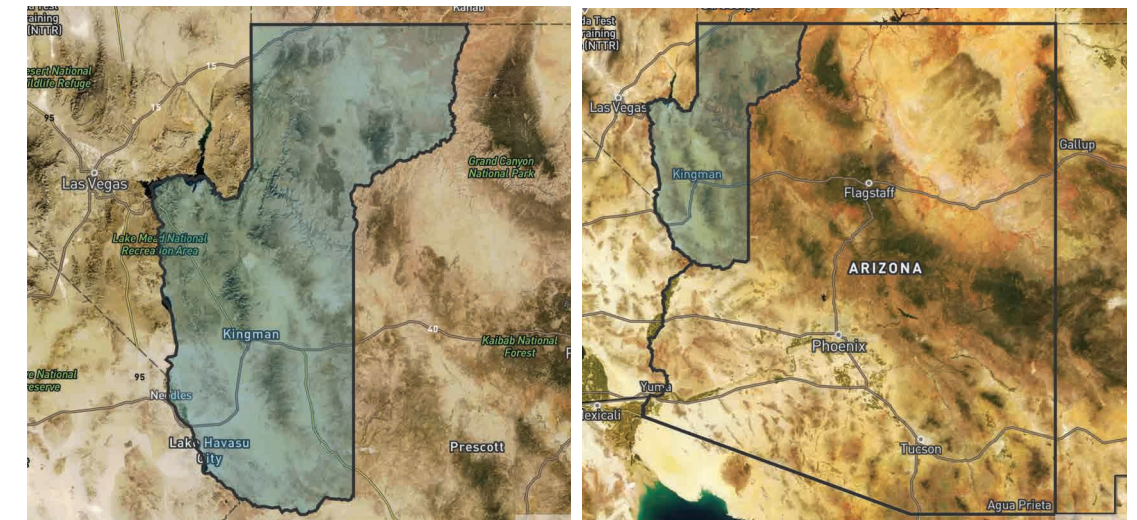
Approximately 17.5% of the county's population is children and youth under the age of 18. Mohave County continues to experience growth among the elderly and aging population, with 29.7% of the population consisting of adults 65 years of age and older (12% greater than the state average for elderly adults). With respect to ethnicity, 77.4% of the population is white, 16.4% is Hispanic or Latino, 3% is American Indian, 1.1% is Black or African American, 1.2% is Asian, and 1.6% identifies as two or more races/ethnicities. The population is 49.6% female and 50.4% male.

Mohave County is a federally designated medically underserved area (MUA) and identified as a health professional shortage area (HPSA). The incidence of chronic disease and the demand for long-term care are expected to increase over the next decade based on population projections.

Research shows that economic conditions have a significant impact on population health. There is strong evidence that poverty in childhood has long-lasting effects and limits life expectancy, even if social conditions subsequently improve. In addition, the percentage of the population below the federal poverty level, the percentage of the population with no high school diploma, and the percentage of the population with no health insurance are key drivers that predict poor health outcomes. Only 12.3% of individuals in Mohave County have a bachelor's degree or higher (16% lower than the state average). The median annual household income is \$42,200 (lower than the state average by approximately \$11,000), and 18.6% of the Mohave County population lives below the federal poverty level (1.5% higher than the average for the state of Arizona).

Major industries in Mohave County are manufacturing, engineering, freight, and health care. Efforts are underway to bring food industry redistributors to the county, with plans to have the nation's first and largest food industry redistributor headquartered in Bullhead City. There are several small businesses throughout the county, yet in 2017 the unemployment rate averaged 5.9%.

Figure 2. Mohave County, which is located in the northwest corner of the state of Arizona



KRMC was established in 1982 as the only local community-controlled nonprofit medical center in Mohave County. KRMC has grown to a 235-bed acute care hospital located in Kingman, Arizona, with over 1,800 employees, 275 volunteers, and 190 physicians and allied health professionals.

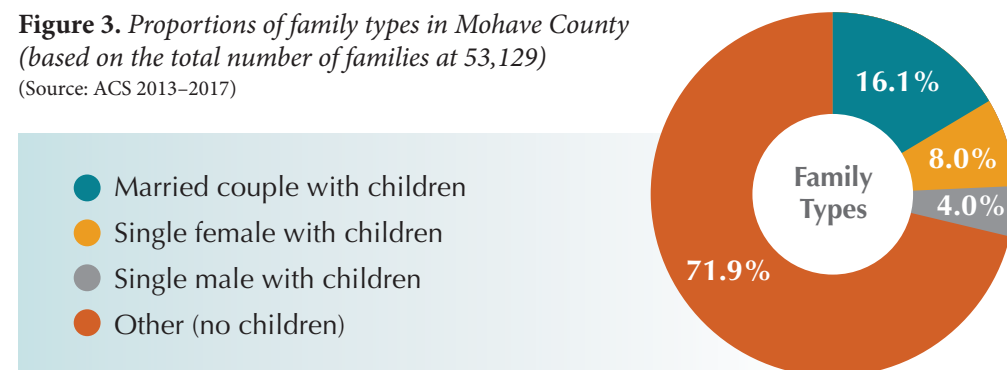
The mission of KRMC is to serve its community with compassion and commitment, with a vision of providing the region's best clinical care and patient service through an environment that fosters respect for others and pride in performance. This is reflected in KRMC's core values of compassion, commitment, respect for others, and pride in performance. The region served by KRMC, called the Kingman Hospital District, includes much of Mohave County's land area, with the exception of the "strip" area north of the Grand Canyon and the school district boundaries in Bullhead City and Lake Havasu City.

The mission of the MCDPH is to promote, protect, and improve the health of its communities. The MCDPH is responsible for ensuring that families across Mohave County can enjoy life without worry by working to prevent disease and promote health. The department employs 88 individuals. Divisions and programs of the MCDPH include Bio-Defense and Emergency Response, Environmental Health, Public Health Nursing, Nutrition and Health Promotion, and Senior Programs.

Table 1. Selected demographic characteristics of Mohave County
(Sources: RWJF County Health Rankings and US Census 2015–2017 American Community Survey)

		Mohave County	Arizona
Total Population		204,691	7,171,646
Age	Below 18 years old	17.5%	23.3%
	65 years and older	29.7%	17.1%
Sex	Female	49.6%	50.3%
	Male	50.4%	49.7%
Language	Not proficient in English	2.0%	5.0%
Race/Ethnicity	American Indian or Native Alaskan, non-Hispanic	3.0%	5.3%
	Asian, non-Hispanic	1.2%	3.5%
	Black, non-Hispanic	1.1%	4.3%
	Hispanic	16.4%	31.4%
	Native Hawaiian/Other Pacific Islander	0.2%	0.3%
	White, non-Hispanic	77.4%	54.9%
Rural	Two or more races, non-Hispanic	1.63%	2.19%
	Living in rural areas	23.0%	10.2%
Income	Living in urban areas	77.0%	89.8%
	Income Inequality (Gini Index)	0.45	0.47
	Median household income	\$42,200	\$53,510
	Living below the poverty level	18.57%	16.95%
	Children living below the poverty level	4.91%	5.76%
	65 and over living below the poverty level	2.25%	1.48%
Employment	Families living below the poverty level	12.34%	12.27%
	Unemployed	5.9%	4.9%
Education	Travel time to work (average)	20.44 min	25.1 min
	On-time graduation	83%	80%
	High school degree or higher(over 25 years old)	84.68%	86.51%
	Bachelor's degree or higher (over 25 years old)	12.33%	28.45%

Figure 3. Proportions of family types in Mohave County
(based on the total number of families at 53,129)
(Source: ACS 2013–2017)



III METHODOLOGY

The MCDPH and the KRMC used the Association of State and Territorial Health Officials (ASTHO) health assessment framework as the guiding methodology to conduct the 2019 CHNA. The methodology emphasizes a community-driven approach and builds on previous experiences and lessons learned from the 2016 Mohave County CHNA. As with the 2016 CHNA, to ensure a comprehensive approach, the 2019 CHNA relies on the collection and analysis of secondary, quantitative, morbidity, and mortality data from leading health indicators, in alignment with the data from the Robert Wood Johnson Foundation (RWJF) County Health Rankings. Other sources of secondary data include the American Community Survey, the Arizona Department of Health Services, and the Institute for Health Metrics and Evaluation. Available data sources have changed since the 2016 CHNA, limiting the ability for direct comparison across secondary data points between the two CHNAs. Mortality data availability is limited in comparison to the 2016 CHNA. In response to this, where key changes in indicators have been observed over time, longitudinal data is displayed. Additional secondary data was collected directly from three hospitals in the region: KRMC, Havasu Regional Medical Center, and Western Regional Medical Center.

Primary data, including both quantitative and qualitative data, was collected from community stakeholders, key informants, and community members at-large through 593 surveys and community engagement through six focus groups and 11 key informant interviews. When available, health status indicators are compared with a peer county based on the following variables: population size, population growth, population density, population mobility, percent children, elderly and foreign born, gender ratios, percent high school graduates, single-parent households, median home values, housing stress, percent owner-occupied housing units, median household income, receipt of government income, household income, overall poverty, elderly poverty, and unemployment. While this CHNA illustrates disease rates and individual health behaviors, the selected metrics provide a broader analysis of factors that affect people's health. This includes capturing environmental conditions that contribute to health, such as access to healthy foods. The CHNA highlights disparities related to health status and community conditions through a data-driven analysis.

The criteria used to select priority indicators were based on the following:

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

Strategies to address the identified health needs and improve the health of the community will be described in a separate document, the Community Health Improvement Plan (CHIP), which is a multiyear strategic plan for improving the health of Mohave County and the KRMC service region. This document will be developed in conjunction with community partners and will continue with the health improvement planning process. The CHNA is an Internal Revenue Service (IRS) requirement of charitable hospitals as part of the Patient Protection and Affordable Care Act and required for MCDPH accreditation by the Public Health Accreditation Board (PHAB), which oversees a voluntary accreditation process for local public health departments across the nation.



IV HEALTH INDICATORS

The overall health rankings of Mohave County in the 2019 RWJF County Health Rankings are as follows:

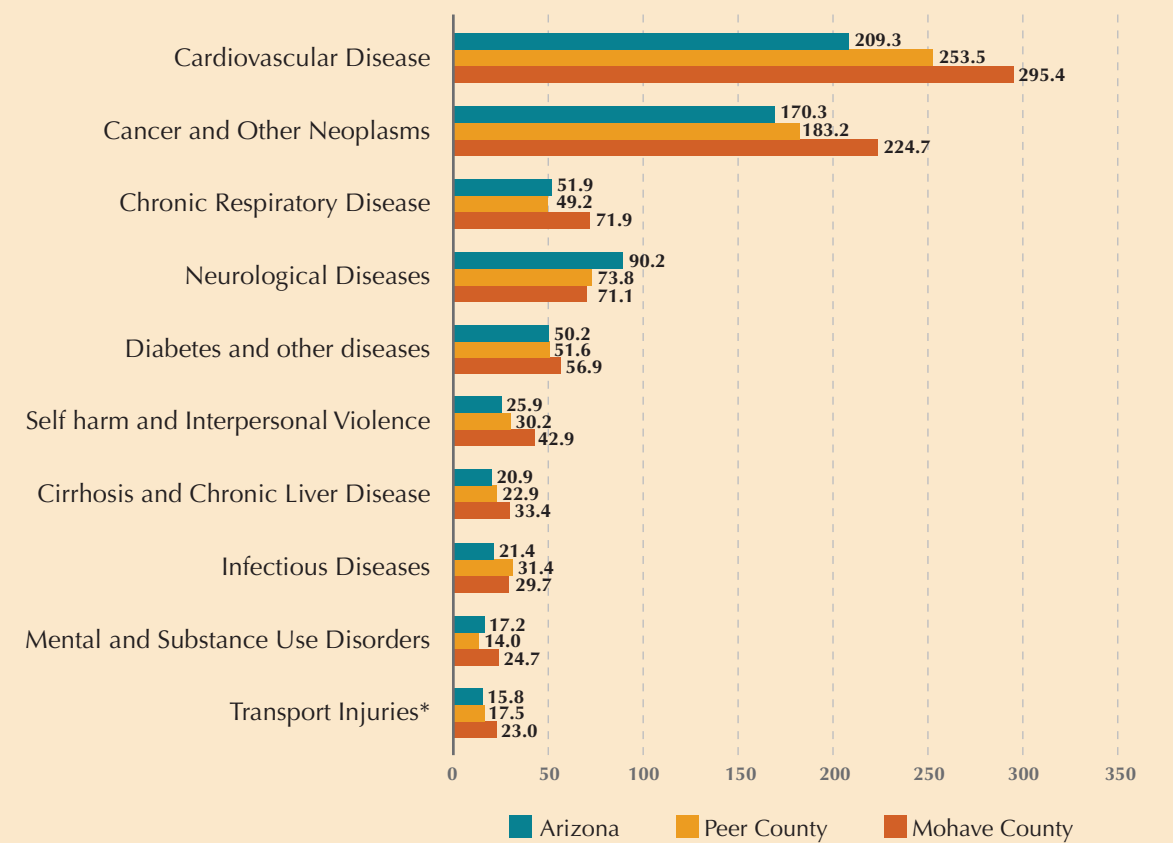
- **In Health Outcomes:** Mohave County ranks 11th out of the 15 Arizona counties.
- **In Health Factors:** Mohave County ranks 11th out of the 15 Arizona counties.
- **In Health Behaviors:** Mohave County ranks 12th out of the 15 Arizona counties.
- **In Clinical Care:** Mohave County ranks 11th out of the 15 Arizona counties.
- **In Social & Economic Factors:** Mohave County ranks 10th out of the 15 Arizona counties.
- **In Physical Environment:** Mohave County ranks 7th out of the 15 Arizona counties.

The health indicators in Figure 4 are used to identify the impact of health concerns in Mohave County.

MORTALITY

Figure 4. Top ten leading causes of death in Mohave County compared to Arizona and a peer county. Age-adjusted death rates per 100,000 people

(Source: Institute for Health Metrics and Evaluation (IHME))

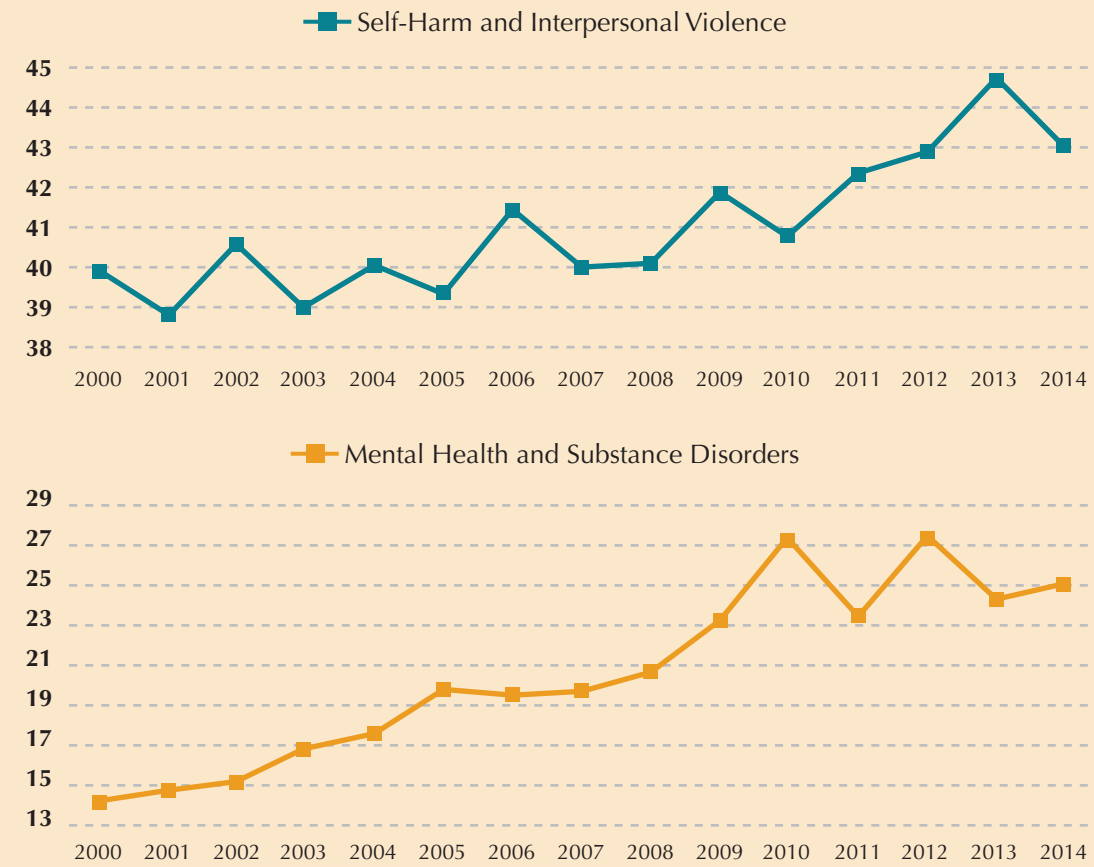


* Transport injuries include deaths due to pedestrian, cyclist, motorcyclist, and motor vehicle road injuries, in addition to water and air transport injuries.

Of the 10 leading causes of death in Mohave County, two have an increasing trend in recent years: death from self-harm and interpersonal violence and deaths from mental and substance abuse disorders.

Figure 5. Age-adjusted death rate per 100,000 from self-harm and interpersonal violence and mental health and substance abuse disorders in Mohave County from 2000 to 2014

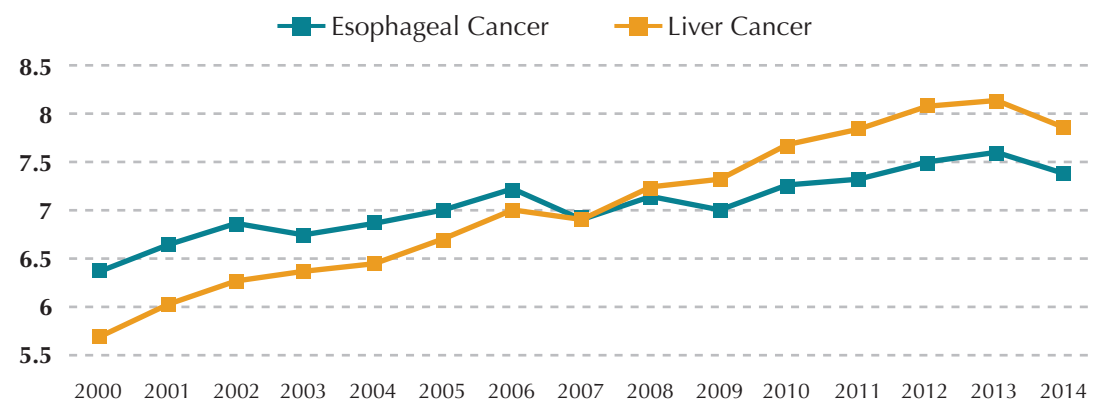
(Source: IHME)



Deaths from cancer and other neoplasms represent the second-most common cause of death in Mohave County. Overall cancer mortality rates have been decreasing in the county since 1995, and the mortality rate from most cancer types are similarly decreasing. The types of cancer that have increasing mortality rates are esophageal and liver cancers.

Figure 6. Age-adjusted death rate per 100,000 from esophageal and liver cancers in Mohave County from 2000 to 2014

(Source: IHME)



Alzheimer's Deaths

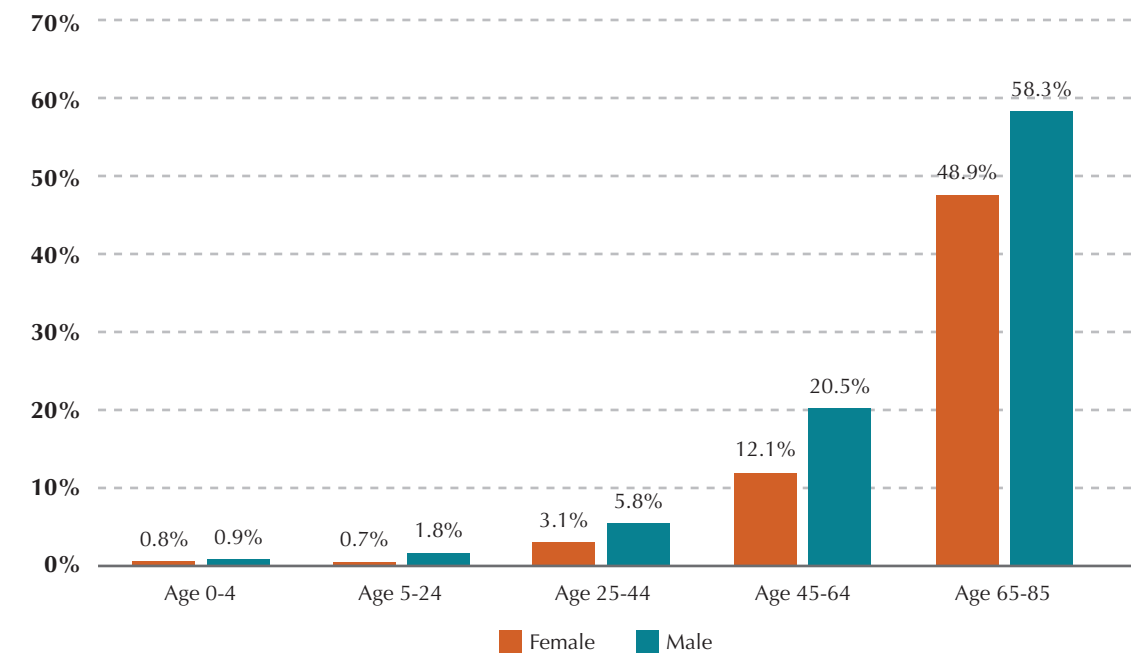
39.1 per 100,000 is the age-adjusted death rate due to Alzheimer's disease in 2017. Alzheimer's disease is also included in the above death rate for Neurological Diseases for comparability outside of Arizona. Source: Arizona Department of Health Services, Arizona Health Status and Vital Statistics 2017 Annual Report.

Premature Death

10,600 represents the potential number of years of life lost before age 75 per 100,000 people (age adjusted). Mohave is ranked 11th in Arizona for this health outcome in the RWJF County Health Rankings.

Figure 7. General mortality risk in Mohave County in 2014 by age group and sex

(Source: IHME)



Infant Mortality

6 represents the number of all infant deaths (within one year) per 1,000 live births in Mohave County. Source: RWJF County Health Rankings.

Life Expectancy

75.5 years is the average life expectancy of residents of Mohave County. Life expectancy across the state of Arizona is **79.9 years** and in a peer county is **78.6 years**. Source: RWJF County Health Rankings.

Firearms Deaths

27 per 100,000 people is the age-adjusted death rate due to firearms in Mohave County. The age-adjusted death rate from firearms across the state of Arizona is 15 per 100,000 people. Source: RWJF County Health Rankings.

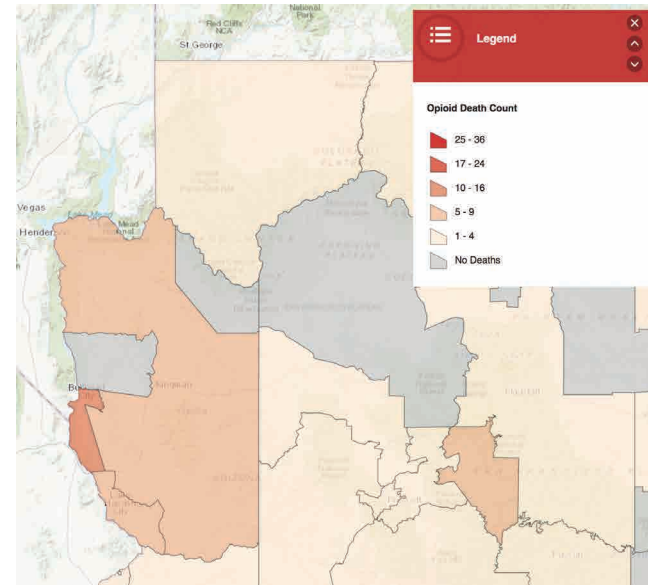
Drug Overdose Deaths

28 per 100,000 people is the age-adjusted death rate due to drug overdose in Mohave County. The age-adjusted death rate from drug overdose in a peer county is 23 per 100,000 and across the state of Arizona is 20 per 100,000 people. Source: RWJF County Health Rankings.

■ **Motor Vehicle Crash Deaths**
18 per 100,000 people is the age-adjusted death rate due to motor vehicle crashes in Mohave County. The age-adjusted death rate from firearms across the state of Arizona is 13 per 100,000 people. *Source: RWJF County Health Rankings.*

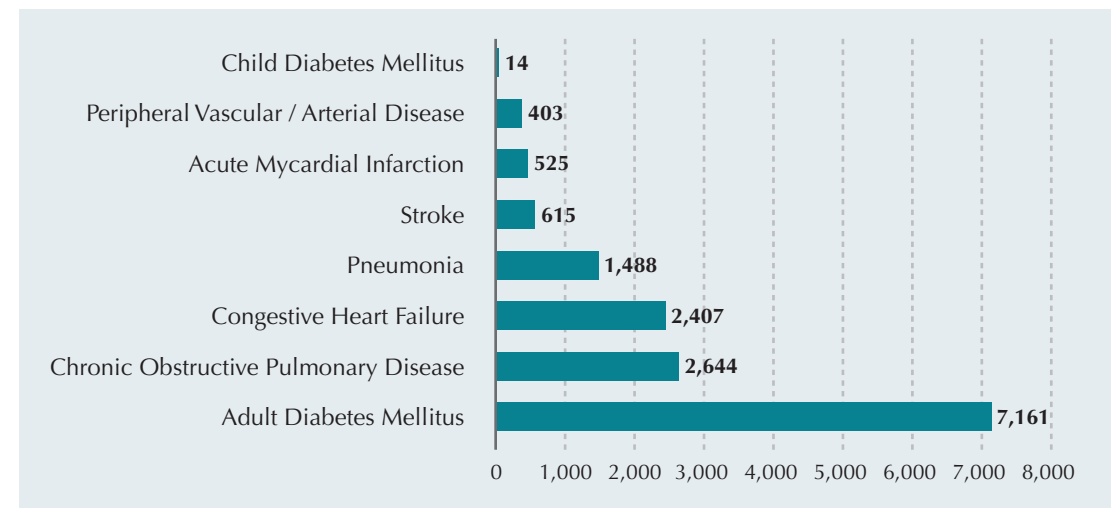
■ **Alcohol-Impaired Driving Deaths**
24% is the percent of total motor vehicle crash deaths where alcohol was a factor in Mohave County. Across the state of Arizona, alcohol impairment is a factor in 27% of all motor vehicle crash deaths. *Source: RWJF County Health Rankings.*

Figure 8. Opioid deaths by region in Mohave County
 (Source: Arizona Department of Health Services Opioid Maps)



MORBIDITY

Figure 9. Chronic disease reported diagnosis at the three regional medical centers in Mohave County in 2018
 (Source: Regional Hospital Data)



■ **Poor or Fair Health**
21% is the percent of adults reporting fair or poor health in Mohave County. Mohave is ranked 11th in Arizona for this health outcome in the RWJF County Health Rankings.

■ **Poor Physical Health Days**
4.9 is the average number of poor physical health days reported in the past 30 days (age adjusted) in Mohave County. Mohave is ranked 11th in Arizona for this health outcome in the RWJF County Health Rankings.

■ **Poor Mental Health Days**
4.5 is the average number of poor mental health days reported in the past 30 days (age adjusted) in Mohave County. Mohave is ranked 11th in Arizona for this health outcome in the RWJF County Health Rankings.

■ **Low Birth Weight**
7% is the percent of babies born at low birth weight (<2500g) in Mohave County. Mohave is ranked 11th in Arizona for this health outcome in the RWJF County Health Rankings.
161 is the number of babies born in the three regional hospitals at low birth weight in 2018. *Source: Regional Medical Center Data.*

■ **Preterm Births**
187 is the number of babies born preterm in the three regional hospitals in 2018. *Source: Regional Medical Center Data.*

■ **Teen Births**
34 births per 1,000 females aged 15–19 is the teen birth rate in Mohave County. Mohave is ranked 12th in Arizona for this health outcome in the RWJF County Health Rankings.

■ **Opioid-Related Emergency Department Visits**
1,615 is the number of emergency department visits that were related to opioid use in 2018. *Source: Regional Medical Center Data.*

■ **Opioid Overdoses**
230 is the number of opioid overdoses in Mohave County from June 15, 2017, to June 15, 2019. *Source: ADHS Opioid Dashboard.*

■ **Naloxone Administered**
718 is the number of times naloxone was administered in Mohave County from June 15, 2017, to June 15, 2019. *Source: ADHS Opioid Dashboard.*

■ **Mental-Health-Related Emergency Department Visits**
1,099 is the number of emergency department visits that were related to mental health problems in 2018. *Source: Regional Medical Center Data.*

■ **Preventable Hospital Stays for Medicare Enrollees**
4220 per 100,000 Medicare enrollees is the rate of hospital stays for sensitive ambulatory-care conditions. *Source: RWJF County Health Rankings.*

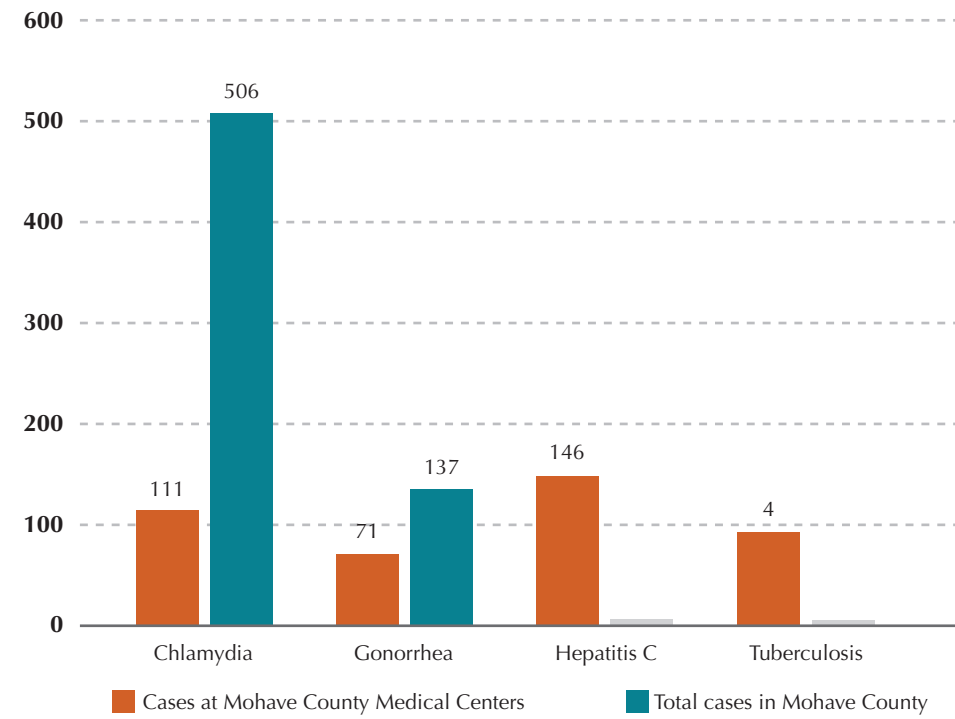
■ **HIV Prevalence**
132 per 100,000 people is the prevalence of HIV in Mohave County. Mohave is ranked 12th in Arizona for this health outcome in the RWJF County Health Rankings.

■ **Chlamydia**
212 is the number of new diagnoses of Chlamydia per 100,000 people per year. *Source: Arizona Department of Health Services.*

■ **2019 Hepatitis A Outbreak**
 As of June 2019, there were 374 cases of hepatitis A, and two deaths across Arizona were associated with this outbreak. There has been a 79% hospitalization rate. While the number of cases per county is not available at the time of this report printing, there are confirmed cases in Mohave County.

Figure 10. Communicable disease numbers reported to the state from regional hospitals in Mohave County in 2018

(Source: Regional Hospital Data)



Inpatient and Emergency Department Health Conditions

The three regional hospitals in Mohave County provided the top inpatient health conditions and the top emergency department health conditions at each facility. These lists included the following top health conditions:

In-patient top hospital health conditions in Mohave County hospitals:

- Diabetes mellitus
- Hypertension
- Substance-related disorders
- Chronic obstructive pulmonary disease
- Cardiac disorders
- Sepsis
- Pneumonia
- Chronic kidney disease

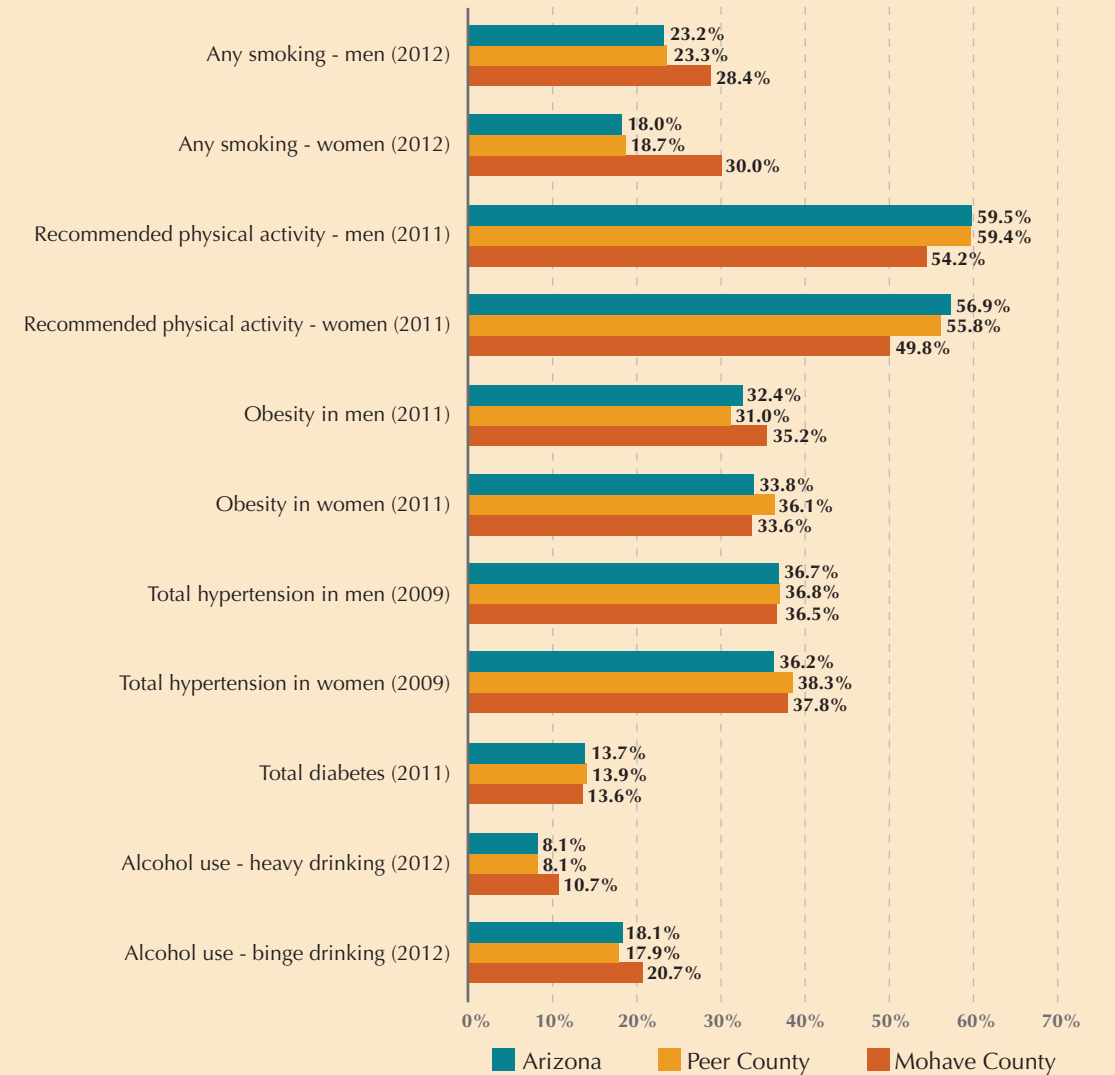
Emergency Department top hospital health conditions in Mohave County hospitals:

- Chest pain
- Abdominal pain
- Pneumonia
- Urinary tract infection
- Bronchitis
- Shortness of breath
- Fall-related injuries
- Back pain

HEALTH BEHAVIORS

Figure 11. Prevalence of risk/protective factors in the population in Mohave County, a peer county and Arizona

(Source: IHME)



Access to Exercise Opportunities

66% of the population in Mohave County has access to exercise opportunities. In a peer county, 60% of residents have access to exercise opportunities and across Arizona 86% of residents have access to exercise opportunities. Source: RWJF County Health Rankings.

Frequent Physical Distress

15% of the population in Mohave County experiences frequent physical distress (pain and suffering). Source: RWJF County Health Rankings.

Frequent Mental Distress

13% of the population in Mohave County experiences frequent mental distress. Source: RWJF County Health Rankings.

■ **Insufficient Sleep**

33% of the population in Mohave County experiences insufficient sleep. Across Arizona, 27% of the population experiences insufficient sleep. Source: RWJF County Health Rankings.

■ **Mammography Screening**

39% of female Medicare enrollees in Mohave County ages 65–74 receive a mammography screening. Across the state of Arizona, 40% of female Medicare enrollees ages 65–74 receive a mammography screening. Source: RWJF County Health Rankings.

■ **Flu Vaccination**

36% of Medicare enrollees in Mohave County receive an influenza vaccination. In a peer county, this rate is 30% and across Arizona it is 42%. Source: RWJF County Health Rankings.

ELEMENTS OF A HEALTHY COMMUNITY

In alignment with the Live Well Arizona initiative, Live Well AZ recognizes that “a healthy community is one where people have the opportunity to make healthy choices in environments that are safe, free from violence, and designed to promote health. Factors that influence health range from early childhood education to quality housing and jobs, and include many other areas of community development, such as financial inclusion, access to health clinics and healthy food, sustainable energy, and transportation.” Where we live, work, play, and learn determines our health and well-being as defined by the elements of a healthy community in Figure 12.

Figure 12. Elements of a healthy community
(Source: Live Well Arizona, Vitalyst Health Foundation)



ACCESS TO CARE

■ **Total Uninsured**

12% of the population in Mohave County under age 65 is without health insurance. Across Arizona, the uninsured rate is also 12%. Source: RWJF County Health Rankings.

■ **Uninsured Adults**

14% of the adult population in Mohave County does not have health insurance. Across Arizona, the uninsured rate is also 14%. Source: RWJF County Health Rankings.

■ **Uninsured Children**

7% of the child population in Mohave County does not have health insurance. Across Arizona, the uninsured rate is 8%. Source: RWJF County Health Rankings.

Provider ratios – Ratio of population to providers in Mohave County and Arizona

	Mohave County	Arizona
Primary Care Physicians	2,180:1	1,540:1
Dentists	2,440:1	1,630:1
Mental Health Providers	1,440:1	790:1

Source: RWJF County Health Rankings

PHYSICAL ENVIRONMENT

■ **Air Pollution – Particulate Matter**

5.1 is the average daily density of fine particulate matter in micrograms per cubic meter (Particulate Matter (PM) level of 2.5 is considered safe levels). Source: RWJF County Health Rankings.

■ **Reported Water Quality Violations**

There have been reported drinking water violations in Mohave County. Source: RWJF County Health Rankings and EPA (Environmental Protection Agency) SDWIS (Safe Drinking Water Information Systems) 2017 Water Quality Report

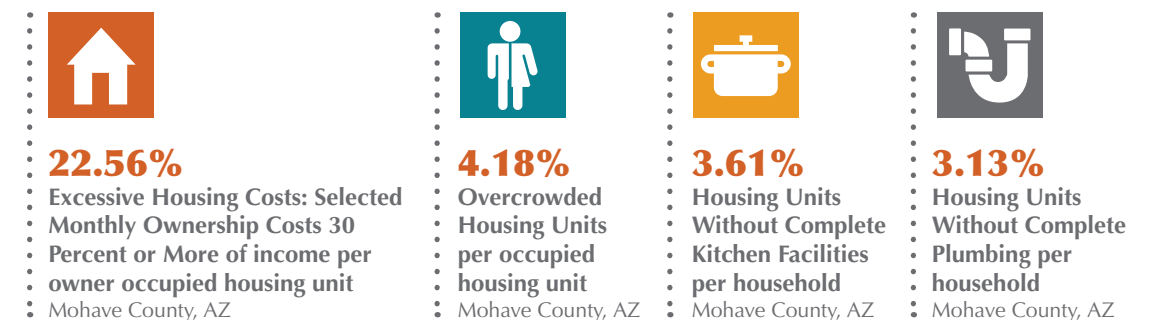
HOUSING

■ **Home Ownership**

68% is the rate of home ownership in Mohave County. In the state of Arizona, the home ownership rate is 63%. Source: RWJF County Health Rankings.

Figure 13. Housing burden and problems in Mohave County

(Source: US Census 2013–2017 ACS)



TRANSPORTATION

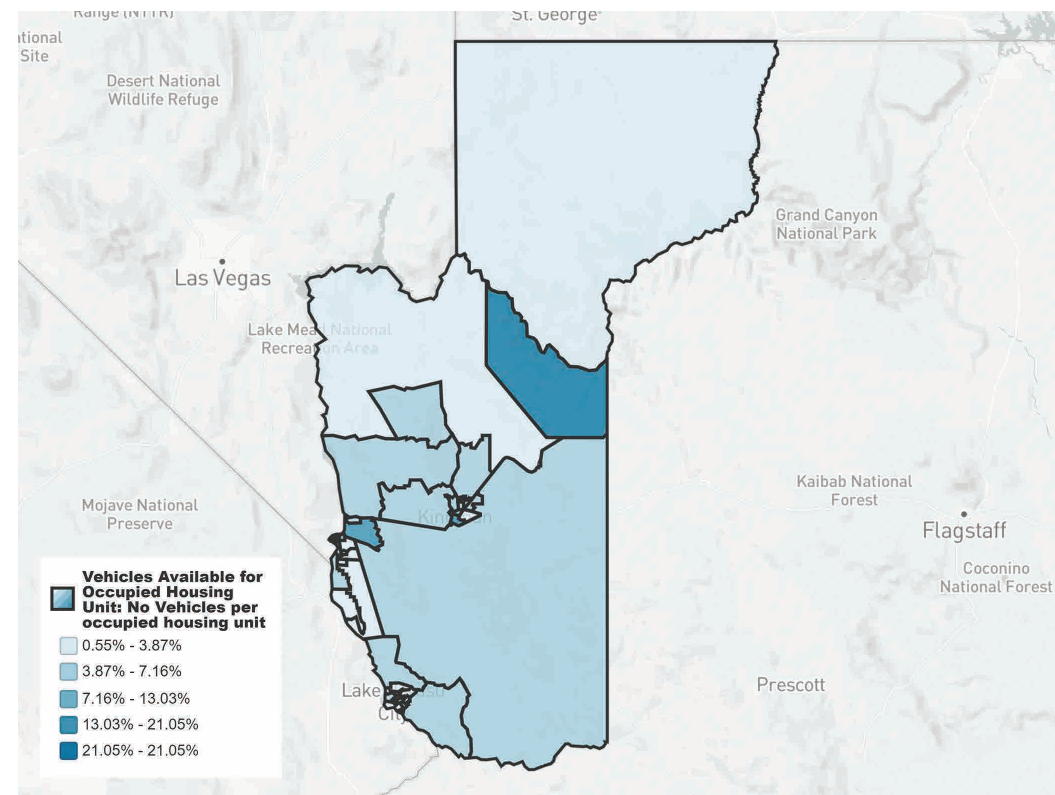
Public Transit

3 is the number of public transportation systems in Mohave County, including the Havasu Area Transit, Bullhead Area Transit System, and the Kingman Area Regional Transit. Source: American Public Transportation Association.

64.7% of income is spent on transportation by low-income individuals in Mohave County. Sources: US Housing and Urban Development and Department of Transportation.

3.93% of households in Mohave County do not have access to a vehicle. However, this number increases to as high as 21.05% in unincorporated areas of the county that are also lacking in access to a public transit system. Source: US Census 2013–2017.

Figure 14. Zero-vehicle households in Mohave County by census tracts
(Source: US Census 2013–2017)



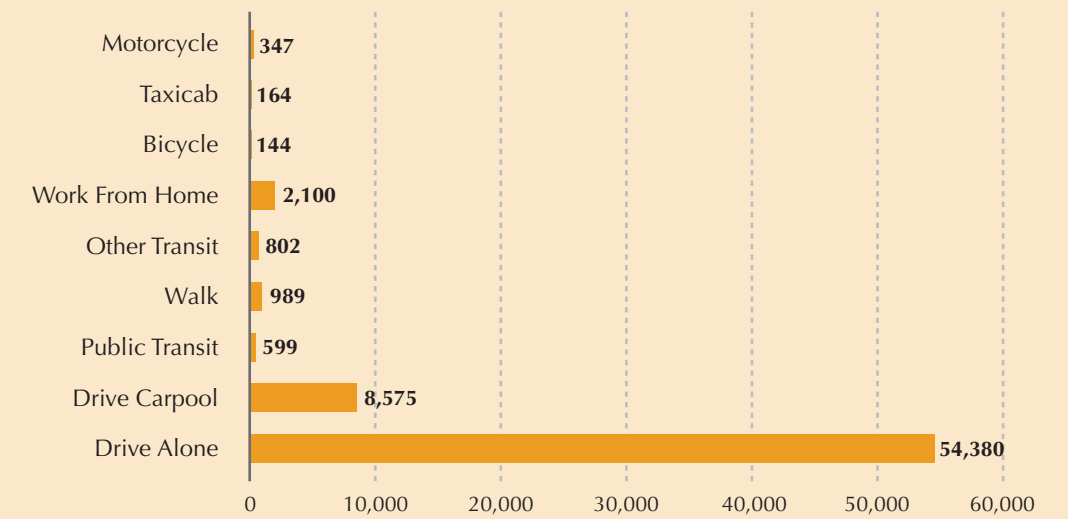
20.44 minutes is the average travel time to work in Mohave County. Source: US Census 2013–2017.

2% of commuters walk or bike to work in Mohave County. Source: US Census 2013–2017.

Walkability

6.47 is the walkability index for Mohave County based on a scale of 1 through 20, with scores closer to 1 indicating lower walkability. Source: EPA (Environmental Protection Agency) Walkability Index.

Figure 15. Commute type by percent of residents who commute in Mohave County
(Source: US Census 2013–2017 ACS)





FOOD ENVIRONMENT

■ **Food Environment Index**

5.7 is the index of factors that contribute to a healthy food environment, with 0 being the worst and 10 being the best. Source: RWJF County Health Rankings.

■ **Limited Access to Healthy Foods**

Table 2. Percent of the population and subpopulations in Mohave County and a peer county who live more than one mile from a supermarket or large grocery store if in an urban area, or more than 10 miles from a supermarket or large grocery store if in a rural area.

(Source: USDA Food Environment Atlas)

	Mohave County	Peer County
Population, low access to store	44.1%	42.0%
Population, low income and low access to store	20.0%	14.5%
Households, no car and low access to store	3.1%	2.9%
SNAP households, low access to store	7.9%	5.4%
Children, low access to store	8.1%	9.0%
Seniors, low access to store	10.8%	7.9%
White, low access to store	39.0%	33.7%
Black, low access to store	0.4%	2.1%
Hispanic, low access to store	5.9%	9.5%
Asian, low access to store	0.4%	1.0%
American Indian or Alaska Native, low access to store	0.9%	0.5%
Hawaiian or Pacific Islander, low access to store	0.1%	0.2%
Multiracial, low access to store	3.3%	4.6%

■ **Farmers Markets**

2 is the number of farmers markets in Mohave County. The markets are Kingman Farmers Market and Bullhead City Farmers Market. Source: Arizona Health Zone, Arizona Farmers Markets Map.

ACCESS TO SERVICES

■ **Child Care**

56 licensed child care facilities are in Mohave County, with a total capacity of 3,483. Facilities are located in Beaver Dam (1), Bullhead City (16), Dolan Springs (1), Fort Mohave (2), Golden Valley (1), Kingman (16), Lake Havasu (16), Mohave Valley (1), and Topock (2). Source: ADHS Child Care Facilities Licensing.

■ **Food Insecurity**

18% of the population in Mohave County are not food secure. The rate of food insecurity in a peer county is 15% and across Arizona is 15%. Source: RWJF County Health Rankings.

■ **Households Receiving Supplemental Nutrition Assistance Program (SNAP) Benefits**

17.1% of households in Mohave County are receiving SNAP. Source: Food Research and Action Center (FRAC).

- Potentially Eligible for the Women, Infants, and Children (WIC) Program**
 7,422 people were estimated eligible for WIC in 2016 (1,558 women, 1,246 infants, and 4,618 children). The assigned WIC caseload in 2019 was 3,500 individuals. Source: Arizona WIC.

- Children Eligible for Free or Reduced-Price Lunch**
 63% of children in Mohave County are eligible for free or reduced-price lunch in schools. Across Arizona 57% of children are eligible for free or reduced-price lunch in schools. Source: RWJF County Health Rankings.

SAFETY AND SOCIAL FACTORS

- Adverse Childhood Experiences (ACEs)**
 1,488 children have had five or more adverse childhood experiences (ACEs) in Mohave County. Source: ASBA Adverse Childhood Experiences in Arizona Report, 2017.

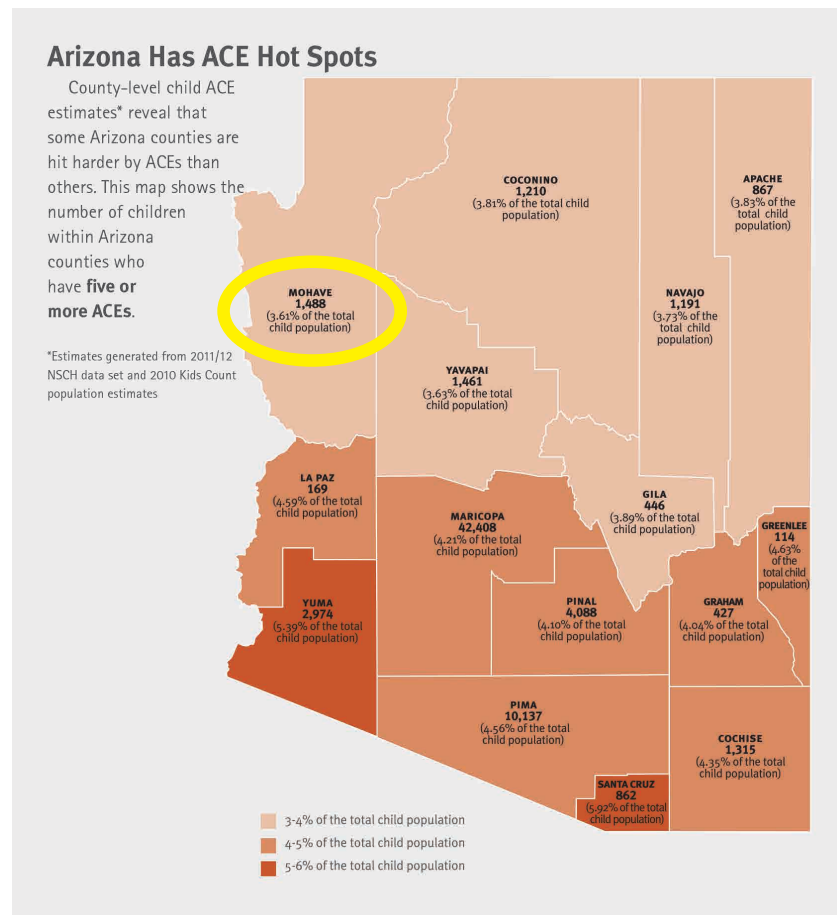


Figure 16. County-level child ACE estimates (Source: National Survey of Children's Health (NSCH) and Kids Count)

- Social Vulnerability**
 Social vulnerability refers to a community's capacity to prepare for and respond to the stress of hazardous events, ranging from natural disasters, such as tornadoes or disease outbreaks, to human-caused threats, such as toxic chemical spills. The Social Vulnerability Index (SVI) uses US Census data to determine the social vulnerability of every census tract. Census tracts are subdivisions of counties for which the Census collects statistical data. The SVI ranks each tract on 15 social factors, including poverty, lack of vehicle access, and crowded housing, and groups them into four related themes—socioeconomic status, household composition, race/ethnicity/language, and transportation. Source: CDC 2016.

Figure 17. Overall SVI for Mohave County (Source: CDC)

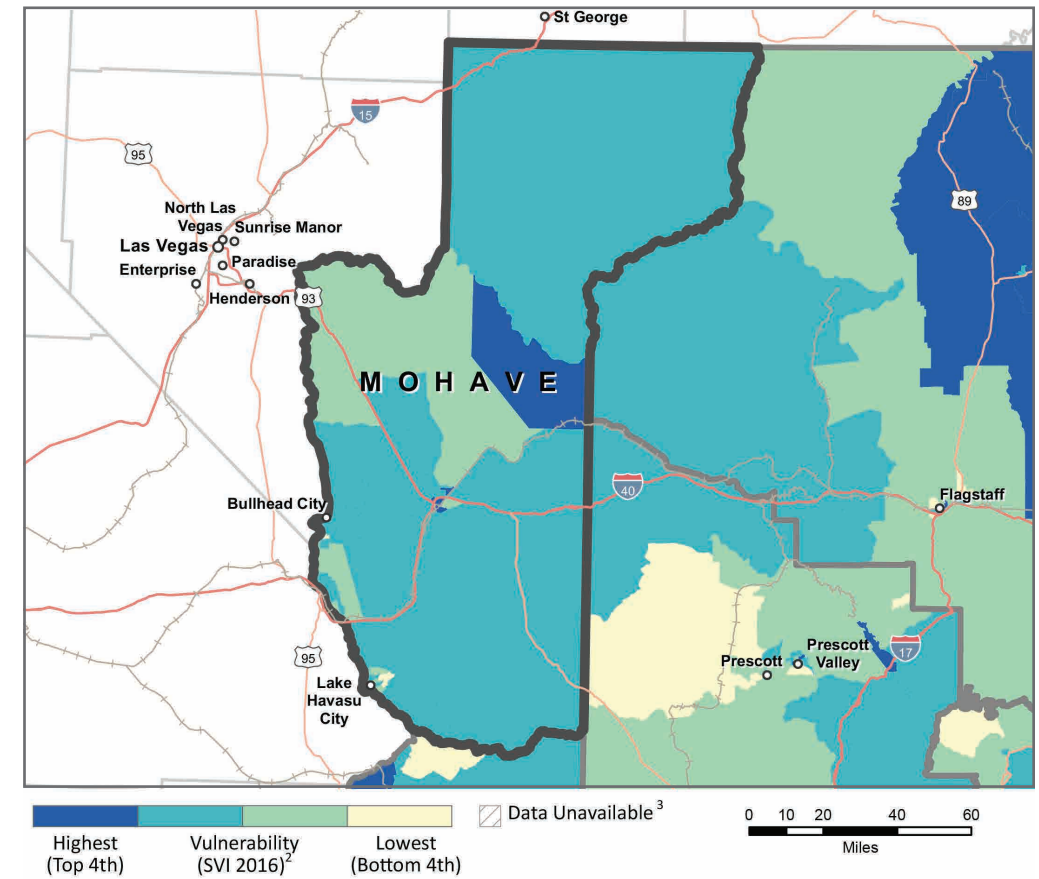
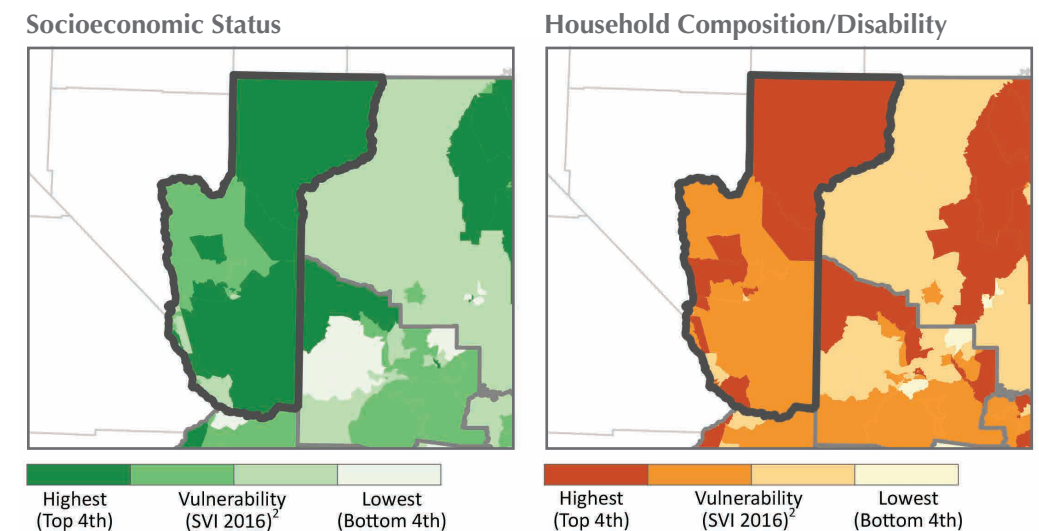


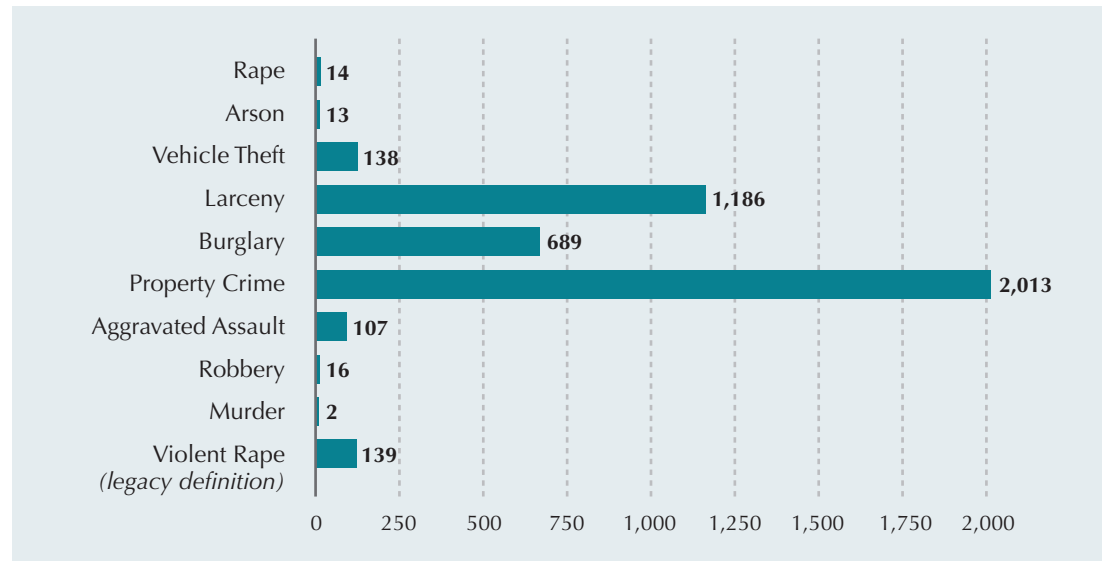
Figure 18. High SVI for Mohave County by Severity by Region (Source: CDC)



■ **Crime Rate by Type**

2,013 property crime offenses were reported in Mohave County in 2015. Source: locally reported crime data.

Figure 19. Crimes by Type for Mohave County
(Source: Local Crime Data)



■ **Violent Crimes**

221 violent crime offenses per 100,000 people were reported in Mohave County. Source: RWJF County Health Rankings.

■ **Motor Vehicle Crashes**

49 motor vehicle crash fatalities occurred in Mohave County in 2015. Source: National Highway Traffic Safety Administration (NHTSA) Fatality Analysis Reporting System (FARS).

■ **Residential Segregation (Black/White)**

62 is the black/white residential segregation index score, which ranges from 0 (complete integration) to 100 (complete segregation). The index score can be interpreted as the percentage of either black or white residents who would have to move to different geographic areas to produce a distribution that matches that of the larger area. Source: RWJF County Health Rankings.

■ **Residential Segregation (Nonwhite/White)**

30 is the nonwhite/white residential segregation index score, which ranges from 0 (complete integration) to 100 (complete segregation). The index score can be interpreted as the percentage of either nonwhite or white residents that would have to move to different geographic areas to produce a distribution that matches that of the larger area. Source: RWJF County Health Rankings.

■ **Social Associations**

5.8 is the number of membership associations per 10,000 people in Mohave County. Poor family support, minimal contact with others, and limited involvement in community life are associated with increased morbidity and early mortality. Furthermore, social support networks have been identified as powerful predictors of health behaviors, suggesting that individuals without a strong social network are less likely to make healthy lifestyle choices than individuals with a strong network. Source: RWJF County Health Rankings.



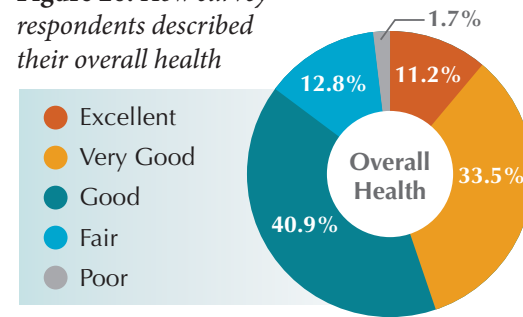
V STAKEHOLDER INPUT

The 2019 CHNA entailed a multimethod approach for gathering community input on health needs, which included a community survey, focus groups, and key informant interviews across Mohave County.

COMMUNITY SURVEY

A survey was distributed by the CHNA research and analysis team to the community to collect insights into the perceptions of health needs and aspects of a healthy community by Mohave County residents. A total of 593 community members across Mohave County provided responses to the CHNA survey between March and April 2019. The survey was conducted using a convenience sample reached by Facebook and with outreach from community partners. The survey respondents primarily represented women (73.1%) and those of self-identified white ethnicity (87.1%). Men and racial and ethnic minority groups were not represented as expected based on the demographics of the county. Of the survey respondents, 77.6% reported completing at least some college or postsecondary education. It is important to note that respondents to this survey are generally more female, whiter, and have a higher level of education than the county as a whole.

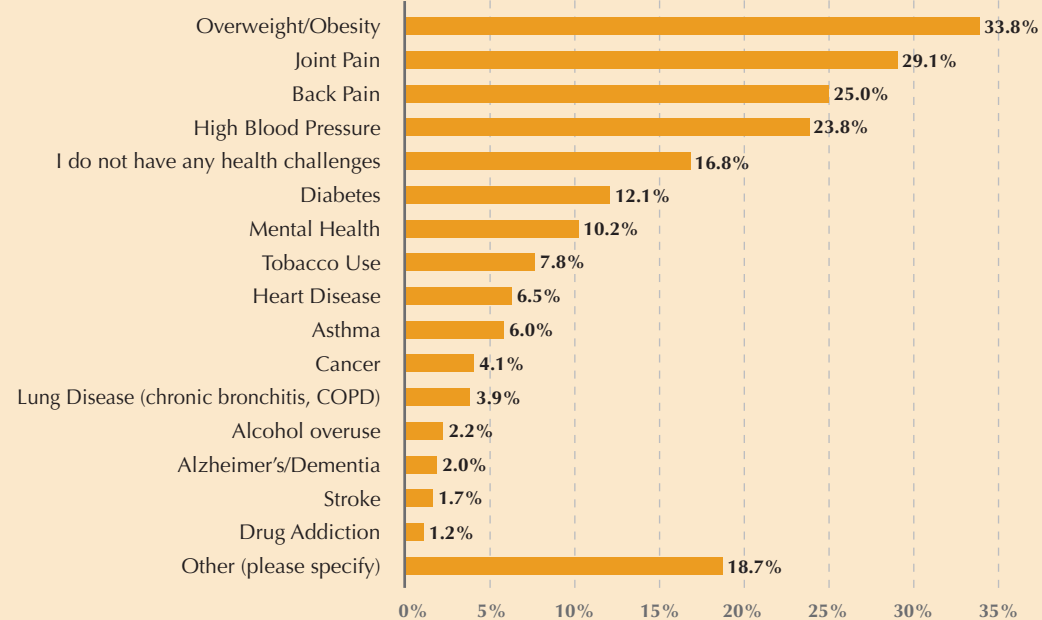
Figure 20. How survey respondents described their overall health



When asked to consider their own overall health and health challenges, survey respondents noted that they are in mostly in good (40.9%), very good (33.5%), or excellent (11.2%) health.

The top three most common health challenges that respondents themselves face are obesity (33.8%), joint pain (29.1%), back pain (25.0%), and high blood pressure (23.8%).

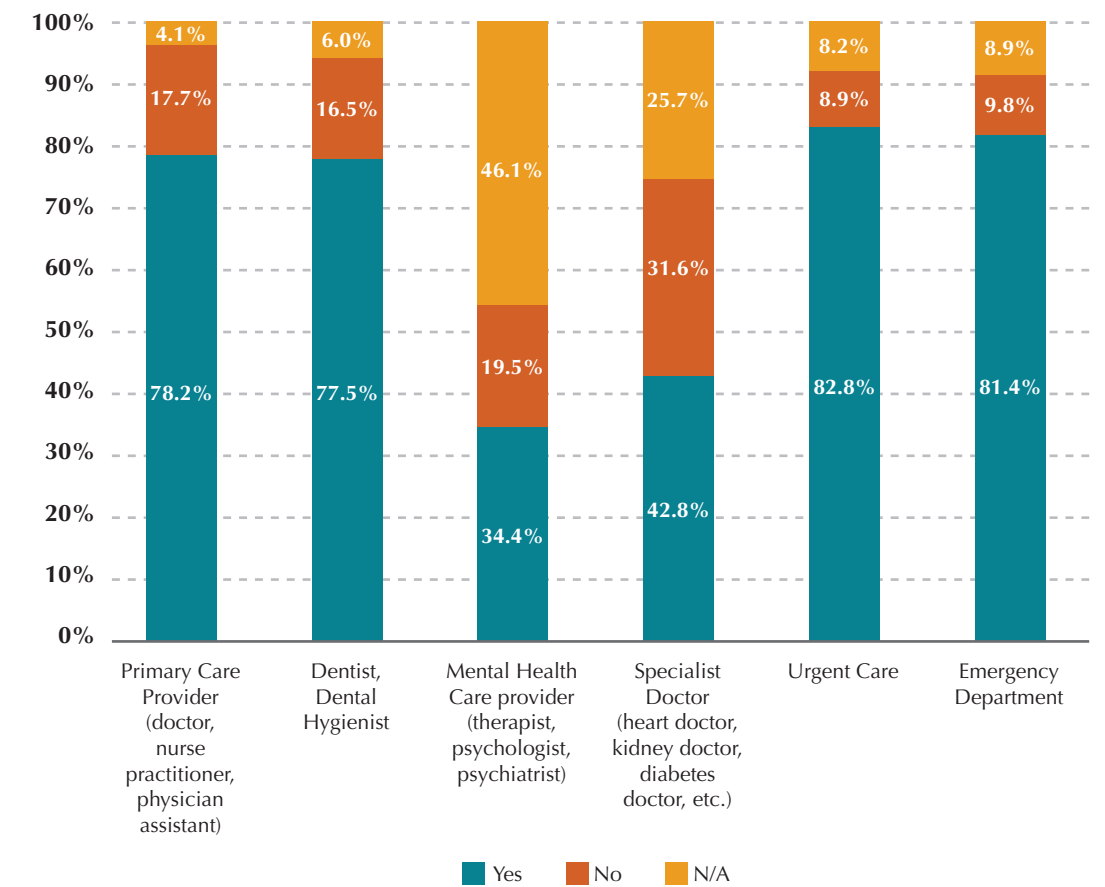
Figure 21. Most common health challenges faced by survey respondents



ACCESS TO HEALTHCARE

The primary reason respondents reported not being able to see a primary care provider was that appointment times did not meet their needs or schedule. The most common reason respondents reported not being able to see a dentist or visit an urgent care or emergency department was because they could not afford it. The primary reason reported for not being able to see a mental-health-care provider or specialist provider was due to services not being available in the respondent's community. 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.

Figure 22. Survey respondents who can and cannot access the health-care services offered in their community



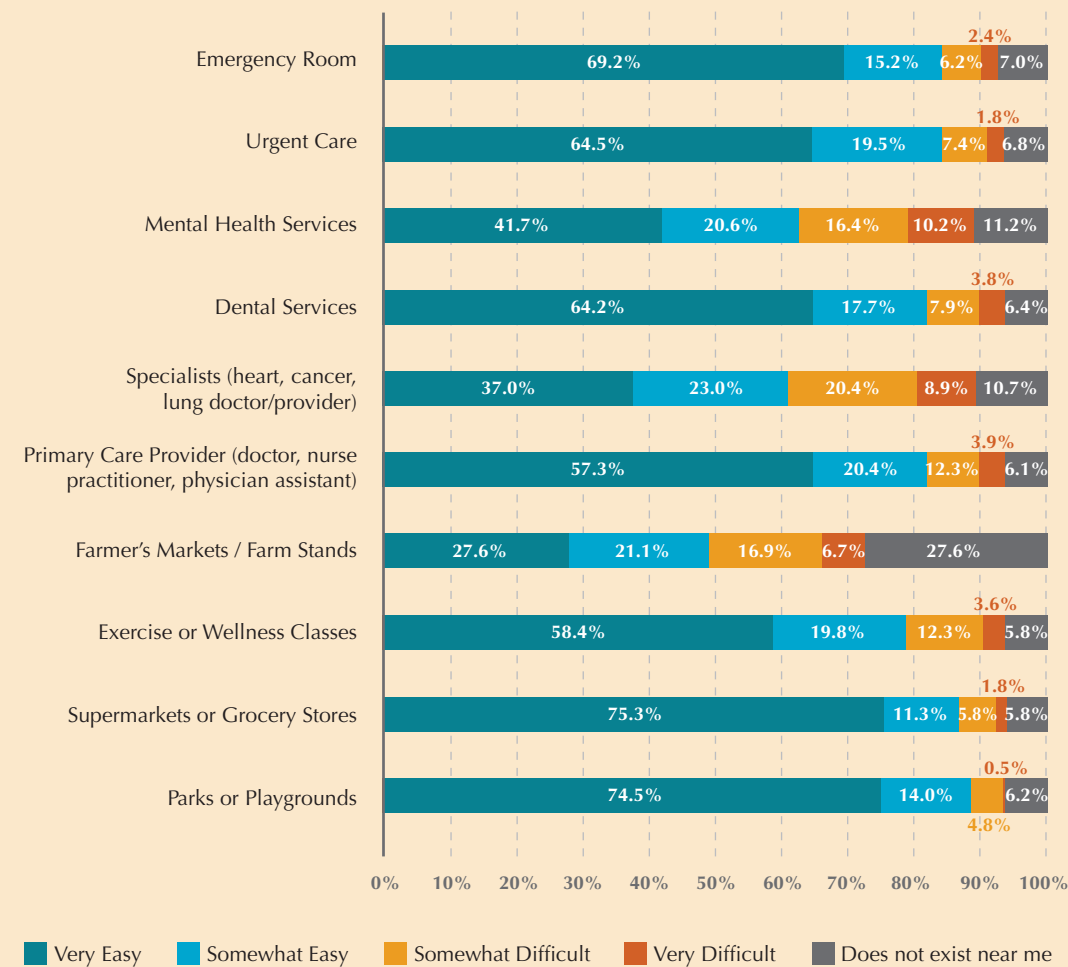
Survey respondents were asked to consider which specialty care providers they feel are most important to have available in their community. The three most important specialty service providers noted by respondents are the following:

1. Cardiology (50.8%)
2. Mental health (32.7%)
3. Pediatrics (32%)

When asked about typical habits around accessing health care, most respondents (60%) noted that they access care in a doctor's office setting. Respondents either go to a health-care professional (45%) or the internet (44.3%) to answer health-related questions.

When asked about the ease of getting to and from places that support well-being in the community, respondents identified farmers markets and health-care specialists as the most difficult to access.

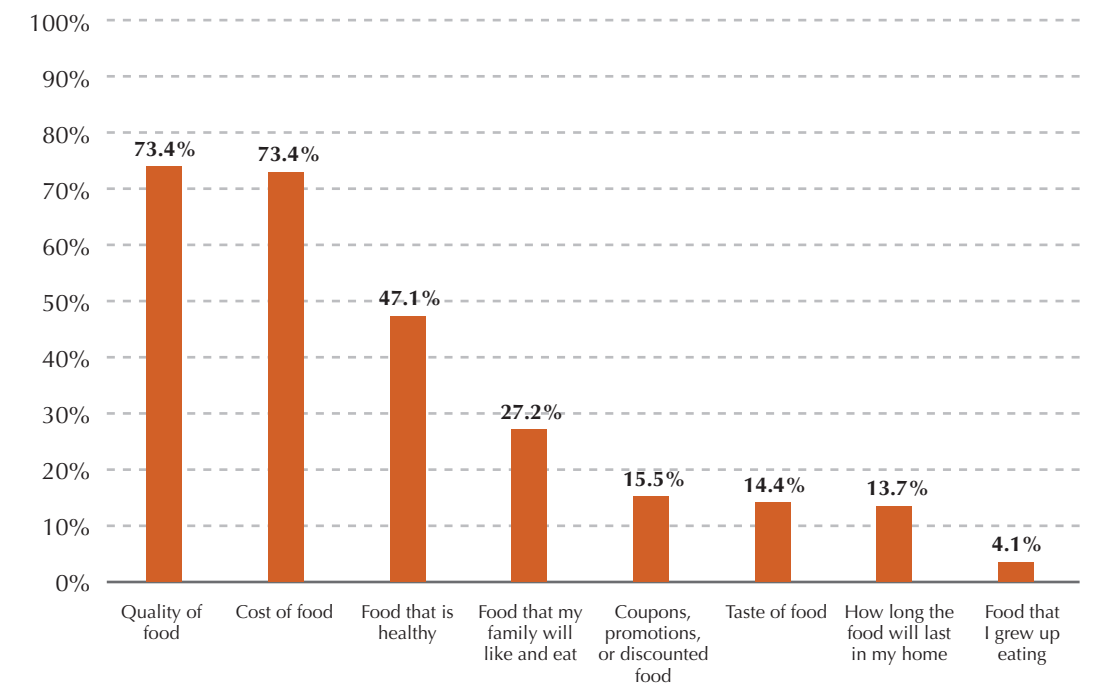
Figure 23. Reported ease of accessibility of various services in the community



ACCESS TO HEALTHY FOODS

Survey respondents were asked to reflect on their access to food and the kinds of foods they ate over the last 12 months. About three quarters (75.9%) of respondents had enough of the kinds of foods they wanted to eat and almost one fifth (18.6%) of respondents had enough food, but not always the kind they want to eat. There was a group of respondents who sometimes did not have enough to eat (4.8%) and often did not have enough to eat (0.7%). When asked about shopping habits, 92% of respondents noted they buy most of their food at a grocery store, and 70.3% said it is very easy or somewhat easy to buy fresh fruits and vegetables near their home. In contrast, 10% of respondents said there is no option to buy fresh fruits and vegetables near their home.

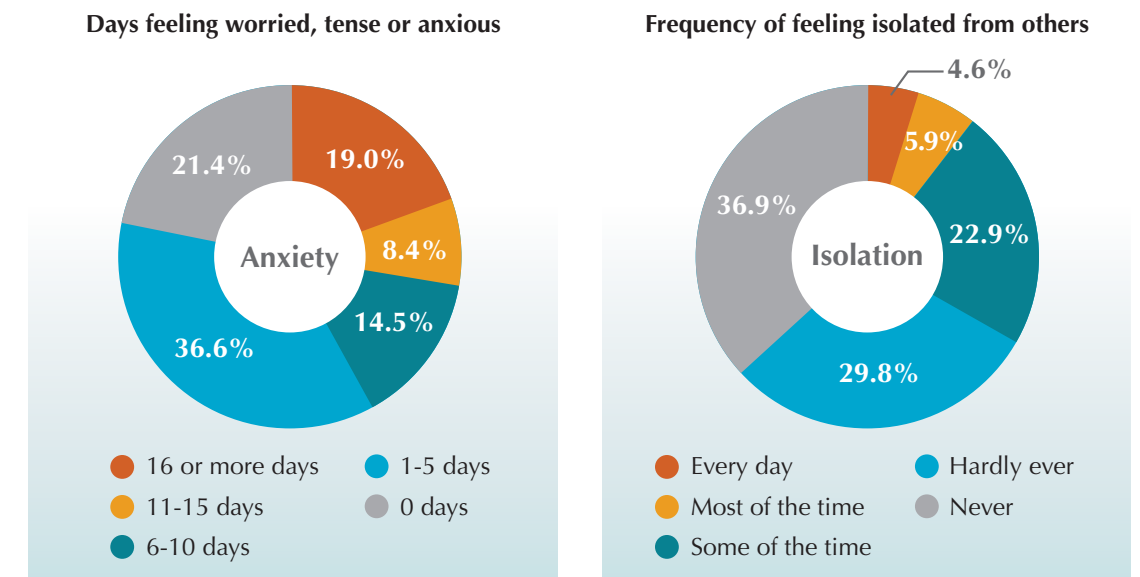
Figure 24. The most important considerations respondents reported when shopping for groceries



MENTAL HEALTH AND SOCIAL WELL-BEING

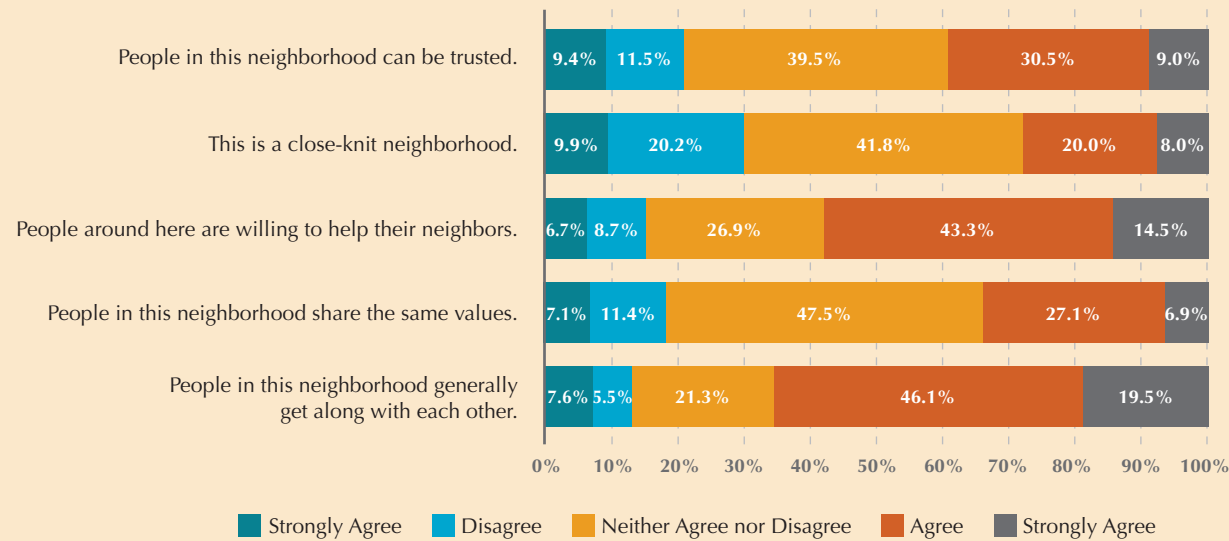
When asked to reflect on aspects of mental health and community connectedness, almost one third (27.4%) of respondents reported feeling worried tense or anxious at least 11 days out of the previous 30, and 14.5% felt worried, tense, or anxious between 6–10 days out of the previous 30 days. Over 10% of respondents reported feeling isolated from others either every day or most of the time, with only just over one third of respondents (36.9%) never feeling isolated from others.

Figure 25. Respondents reporting of days feeling worried, tense, or anxious and feeling isolated from others



Most respondents generally felt that the people in the neighborhoods where they live were willing to help their neighbors (57.8%) and get along well with each other (65.6%). Fewer respondents felt that the neighborhood was close-knit (28%), that the people in their neighborhood could be trusted (39.5%), and that their neighbors share their values (34%).

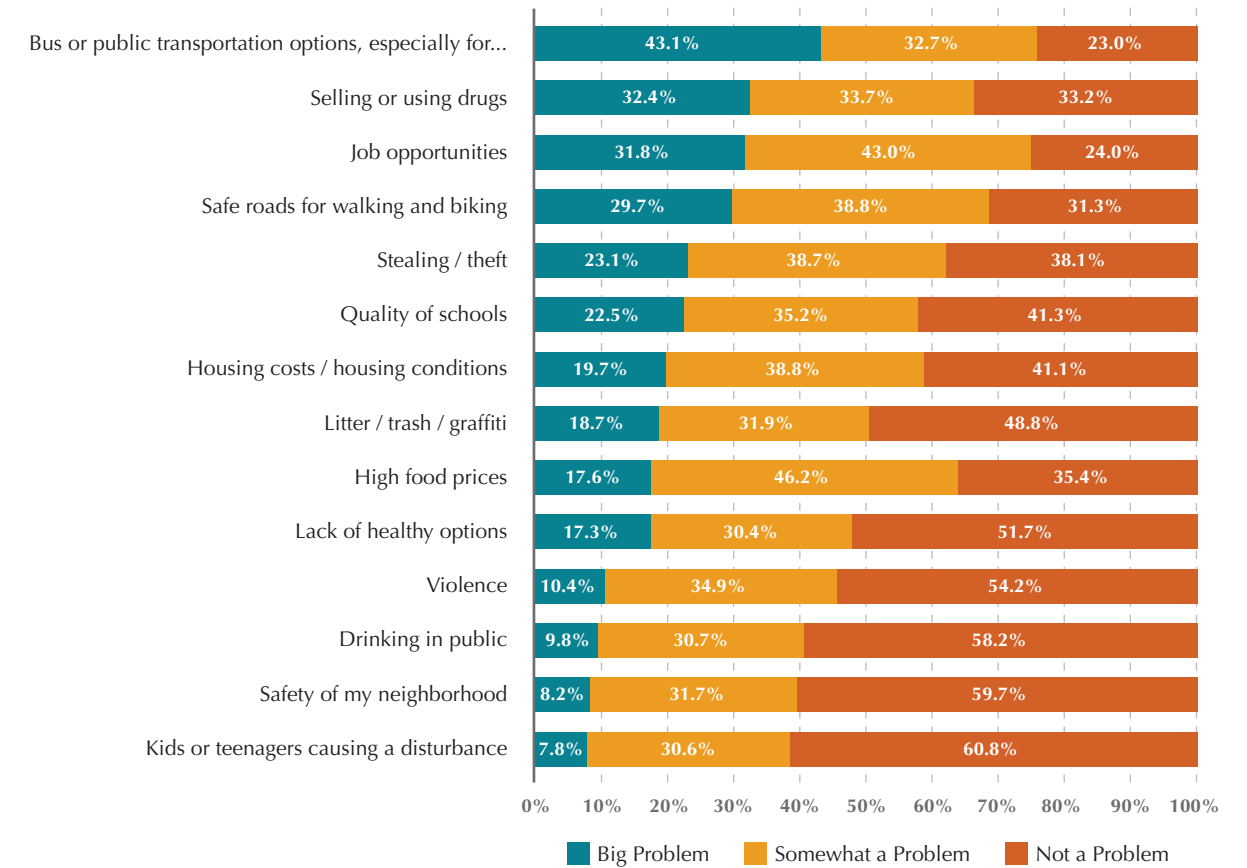
Figure 26. Survey respondent perceptions about the neighborhoods in which they live in Mohave County



When asked to reflect on the biggest problems facing their communities with respect to aspects of health, the top four perceived problems were the following:

1. A lack of bussing or public transit options
2. People selling or using drugs
3. A lack of job opportunities
4. A lack of safe roads for walking and biking

Figure 27. Survey respondent perceptions of concerns within their communities



These survey results are reflective of self-reported behaviors, attitudes, and perceptions. The results are intended to inform Mohave County leaders and health improvement stakeholders on resident-reported needs in comparison to focus group findings and secondary data sources. No single data source should be given more weight than another; instead, data should be critically analyzed collectively for health improvement planning when prioritizing goals and strategies to address the identified health needs from the community survey.

FOCUS GROUPS

In April 2019, six community focus group discussions were conducted by the CHNA research and analysis team across Mohave County. The goal of these focus groups was to gain a deeper understanding of Mohave County residents' perceptions of the factors that affect their health and well-being. Focus groups were held in Lake Havasu City, Bullhead City, and Kingman and targeted adults residing in Mohave County. Focus groups contained six to 10 participants per session, for a total sample size of 45 (n = 45). Participants were recruited through social media,

public health programs, hospitals, and public service announcements played on area radio stations. The focus group discussions lasted approximately one hour. Discussions from each session were transcribed and analyzed with an inductive categorization content analysis approach consistent with standard qualitative research protocols using MAXQDA data analysis software. Using this technique, categories within the text were then developed into major themes representative of the data. These themes were then linked with examples and quotations from the discussions. Data was also analyzed for any unique findings specific to particular demographics, such as unique needs in specific regions or towns. To protect the identities of focus group participants, the findings have been compiled and are reported collectively. Categories were derived based on concepts from interview questions and included general community assets and challenges related to health, personal health worries, access to health-care services, health equity perceptions, and lived experiences. While discussions were primarily analyzed to find shared perceptions and experiences throughout the county, key differences in perceptions are highlighted. The emerging themes within each category are summarized below.

Table 3. Focus Group Participation by Location

City	Location	Number of Participants
Lake Havasu City AM	Lake Havasu City Library	7
Lake Havasu City PM	Lake Havasu City Library	6
Bullhead City AM	Bullhead City Library	10
Bullhead City PM	Bullhead City Library	6
Kingman AM	Kingman Library	7
Kingman PM	Kingman Library	9

COMMUNITY HEALTH ASSETS

Outdoor Recreation

Outdoor recreation opportunities were frequently cited as one of the greatest assets of the Mohave County region that support community well-being. Focus group participants mentioned appreciation for area trails and parks. Water recreation opportunities were also mentioned in the Lake Havasu City and Bullhead City communities, where community members said that the lake and river is what originally drew them to the community. Outside of the hot summer season, community members appreciated the outdoor climate of the Mohave County region and mentioned the sunny, mild seasons as an asset that allows for improved management of allergies and asthma.

“Small-Town” Communities

Residents also noted that they appreciated the “small-town” feel of their cities and towns within Mohave County. Many noted the relatively close proximity of services that allows them to walk to amenities. Focus group participants also felt that residing in smaller communities supports their mental well-being, recognizing that the pace was less stressful and that people in their community were generally friendly and welcoming.



COMMUNITY HEALTH CHALLENGES AND BARRIERS

Lack of Transportation

The overwhelming majority of focus group participants identified lack of transportation as one of the greatest impediments to their health. While the communities that the focus groups were hosted in were the only three communities that have access to public transportation in Mohave

County, focus group participants nevertheless mentioned that they still felt that the public transit routes and hours were limited and posed a challenge in getting to health-care appointments and accessing services. Of the medical transportation services available, it was perceived to be difficult to get approval through Medicaid, also known as the Arizona Health Care Cost Containment System, or that the medical transportation services required advanced scheduling, which did not align with the availability of more urgent needs.

Many focus group participants expressed a desire to be able to bike to more places, including to work and to health-care appointments, but cited the lack of bike lanes as the primary barrier that prevents them from feeling safe enough to do so. Participants also noted that there were limited options to lock bicycles up for park-and-ride services in association with the local public transit system. Participants

also described the lack of sidewalks as a barrier that prevents them from walking to and from appointments and to area grocery stores.

Lack of Activities for Youth

Every focus group identified the lack of activities for youth as a primary concern affecting the well-being of young adults across Mohave County. Focus group participants identified the lack of events and free activities for families as a cause of youth feeling disconnected from the community. It was felt that increasing physical activity options for youth would help to address this challenge, but also increasing access to the arts would help to improve mental well-being for youth and young adults.

Lack of Healthy Food Options

Many focus group participants mentioned the lack of healthier restaurant options across the county as a major barrier to health. It was frequently said that there were too many mainstream fast food options. Community members would like to see City Council working with restaurants and businesses to bring in a larger variety of healthier options. The community members would also like to have health food store options available. Focus group participants from smaller communities, such as Dolan Springs, mentioned limited grocery options that result in limited access to healthy fresh foods. Dollar stores were cited in smaller communities as having limited fresh foods, but they were also recognized as the only option available.

MENTAL HEALTH AND SPECIALTY HEALTH-CARE NEEDS

Shortage of Providers

When asked what worries community members the most regarding their health, mental-health-care providers, pediatricians, and neurologists were overwhelmingly mentioned as a critical need across Mohave County. Addressing the health-care needs of young children and adolescents was frequently mentioned as a high priority. Participants mentioned wanting to see more pediatric specialty providers, especially in the behavioral health field. There was a desire to have more access to mental health support for children integrated into the school system.

“IT’S A HARD TOWN TO BIKE IN. THIS MAKES IT ALMOST NECESSARY FOR EVERYONE TO DRIVE. I DON’T EVEN REALLY HAVE A PLACE TO LOCK MY BIKE UP IF I EVEN WANTED TO TRY TO TAKE THE BUS.

—KINGMAN FOCUS GROUP PARTICIPANT

Overall, it was felt that there is a large turnover in specialty providers across the county. This was especially relevant within the Lake Havasu City and Bullhead City communities, where participants mentioned having to frequently travel to Kingman, Las Vegas, and Flagstaff for specialty health-care services.

HEALTH-CARE EXPERIENCES AND HEALTH-CARE COSTS

Provider Availability

In all focus group discussions, participants pointed to the lack of appointment availability and long wait times to be seen by a provider as major factors influencing their health and care. Participants who are new to the community were identified as experiencing the long wait times to be seen as new patients. Participants also mentioned that they most frequently go to urgent care or the emergency room when they are sick because primary care physicians do not have any availability to get people in for appointments within a reasonable time frame. As a result of the long wait times, participants described seeking out health care in other states, but they worried about those services being covered under their health insurance plan.

Patient-Provider Relationships

Focus group participants frequently talked about poor experiences with medical providers. Poor experiences were often characterized by providers lacking compassion, feeling dismissed

by providers, and feeling like information and medical history was not being reviewed in their charts. Community members mentioned feeling like they frequently had to repeat their medical history every time they would go into the same doctor’s office or within the same health-care system. Participants mentioned that there was concern their charts were not being read and important information, ranging from information about medication allergies to recounting painful medical histories, was frequently being missed. Community members described not feeling like they were being believed when discussing their symptoms and described these encounters as humiliating.

Overall, community members mentioned feeling disconnected from their health-care experience. They would discuss being referred to labs and not being told what the labs were for or not receiving any follow-up on the outcomes of lab testing. Participants felt

that providers were not talking with each other. Participants frequently expressed confusion with regard to physician referrals, trying to understand what steps should be taken to manage care and not understanding the side effects of certain medications that were prescribed to them or why those medications were prescribed in the first place.

Health-Care Costs

The majority of the focus group participants mentioned having health insurance coverage with an equal mix of both public and private insurance coverage among the participants. The few who did not have health insurance coverage noted that health insurance options were provided through their employer, but they opted not to accept the employer-provided health insurance coverage because the premium cost amount that the employee was responsible for, and would be deducted from their paycheck, was perceived to be too high.

Other focus group participants with private or employer-covered health insurance cited that

“AS A NEW PATIENT IT HAS TAKEN ME SIX MONTHS TO GET IN TO SEE A DOCTOR.

—LAKE HAVASU CITY FOCUS GROUP PARTICIPANT

“I WONDER IF THEY KNOW WHAT IT FEELS LIKE TO BE ON THE OTHER SIDE. THEY ASSUME THAT I CAN WORK IN THE MANNER THAT THEY DO IN THEIR HEAD. I WANT A HEALTH-CARE PROVIDER WHO SHARES MY PERSONAL EXPERIENCES.

—LAKE HAVASU CITY FOCUS GROUP PARTICIPANT

the high copay amounts to see a specialist prevented them from seeing specialty providers. Participants stated that they often faced the choice of having to decide whether to go to a doctor's

“ THE ENTIRE MEDICAL APPOINTMENT PROCESS IS CONFUSING AND MYSTERIOUS. SOMETIMES SOMETHING IS COVERED BY YOUR INSURANCE AND THEN OTHER TIMES YOU FIND IT'S NOT. THE DOCTOR'S OFFICE DOESN'T KNOW OR TELL YOU WHAT IS COVERED. I GET PRESCRIBED THINGS AND I DON'T KNOW WHY. NOBODY IS TALKING TO EACH OTHER. WE FEEL A LITTLE HOPELESS THAT ANYTHING IS GOING TO IMPROVE.

—BULLHEAD CITY FOCUS GROUP PARTICIPANT

appointment and pay the office visit copay or save that money to feed themselves or pay the utility bills that month. When asked what level of copay would be considered reasonably affordable, most focus group participants agreed on an average amount of no more than \$10. Many stated that their average copay amount to see a specialist was around \$50 per visit. Lastly, ambulance and medical emergency transportation costs were frequently mentioned as worrisome and cost prohibitive. Focus group participants mentioned that they would avoid ambulance costs by relying on taxis or online ride-sharing services, such as Uber, to transport them for medical emergencies. Overall, when it comes to health-care costs focus group participants felt like they were “pawns in a game of politics.”

KEY INFORMANT INTERVIEWS

From May through June 2019, the assessment team conducted 11 (n = 11) key informant interviews with stakeholders representing a variety of sectors, including hospitals and health care, early childhood, housing, education, government and public officials, transportation and community design, and law enforcement. Key informants were identified by the CHNA advisory team as those

representing organizational leadership roles for different communities and population groups across Mohave County. Twenty key informants were invited to participate in the interview with a total of 11 who participated. Interviews were conducted via telephone using an in-depth, semistructured interview protocol. Interviews lasted approximately 30 minutes.

The goals for the key informants were to:

- determine unique perceptions of community leaders and organizations on the strengths and needs of the community related to health and well-being;
- explore how these issues could be addressed in the future; and
- identify the gaps, challenges, and opportunities for addressing community health needs more effectively through a cross-sector collaborative approach.

Table 4. Organizations represented by key informant interviews

Bullhead City Police Department
Dolan Springs Recreation (Volunteer)
First Things First La Paz/Mohave Regional Council
Havasu Regional Medical Center
Kingman Regional Medical Center Clinical and Case Management Department
Kingman Regional Medical Center Executive Administrative Department
Lake Havasu Unified School District
MileMarkers Therapy
Mohave County Board of Supervisors
Mohave County Housing Authority
Topock Schools

ORGANIZATIONAL PERSPECTIVES ON COMMUNITY HEALTH ASSETS ACROSS MOHAVE COUNTY

Human Assets

The engagement of passionate grassroots advocates and committed community leaders was overwhelmingly identified as one of the strongest health assets across Mohave County by key informant interviewees. It was recognized that collaboration efforts continue to only get better over the years. Key informants mentioned the value that has resulted from bringing organizations together to stay informed on collective efforts, avoid duplication of efforts, break down silos, and leverage a more integrated approach to health-care delivery. One success that was frequently mentioned as a best practice model to replicate in other communities across Mohave County was the convening hosted by Mayor Cal Sheehy of Lake Havasu City, which brought community organizations and nonprofits together to have conversations around collaboration.

Ability to “Do a Lot with a Little”

While key informants mentioned the need for additional funding, infrastructure, and resources (which was recognized as a universal challenge for many rural and remote communities), it was frequently cited that despite this limitation, the community is creative in identifying ways to “do a lot with a little.” Examples that were shared included the addition of wellness centers and physical activity amenities to many hospitals, the expansion of telemedicine services, improvements to outdoor recreational options, and the expansion of graduate medical education programs that are improving provider retention.

ORGANIZATIONAL PERSPECTIVES ON GREATEST COMMUNITY HEALTH CHALLENGES AND BARRIERS ACROSS MOHAVE COUNTY

Mental Health-Care Access and Continuum of Care

Lack of mental health providers and facilities was cited as the greatest challenge and most important priority to address by all key informants. It was felt that mental health needs extend to all segments of the population, from children to older adults. Key informants mentioned the importance of early identification for children and described how they felt that children were the ones who were “slipping through the cracks” the most without getting adequately screened and supported for behavioral health needs. Lack of behavioral health support for children within the autism spectrum, a vulnerable population, was also mentioned.

“ WE HAVE A HUGE MENTAL HEALTH EPIDEMIC IN MOHAVE COUNTY. MENTAL HEALTH PROVIDERS ARE SPREAD THIN WITH HIGH TURN-OVER AND THOSE WE SERVE ARE TAKING THE HIT. WHEN YOU HAVE MENTAL HEALTH ISSUES YOU NEED CONSTANT AND CONSISTENT SUPPORT WITH A PROVIDER YOU TRUST. WE NEED STABILIZATION IN OUR MENTAL HEALTH WORK.

—KEY INFORMANT

Key informants described the system of continuous care to address the mental health needs as lacking across the county. While some collaboratives exist within certain communities in Mohave County to address this need, they were described as inconsistent support. Solutions offered to address this need included increasing access to wrap-around navigation support services. This was identified as being critically important when insurance changes or health plan coverage changes occur.

Transportation

While lack of transportation was identified as a barrier across

“ THERE'S A LOT OF PEOPLE HERE IN THE COMMUNITY THAT ARE INTERESTED IN BEING ENGAGED AND TAKE PRIDE IN OUR COMMUNITY AND WANT TO SEE THINGS IMPROVE.”

—KEY INFORMANT

Mohave County as a whole, key informants expressed concern with respect to the disproportionate burden affecting the smaller outlying and sovereign tribal communities within the county. Key informants were concerned about the fact that many residents in these communities often must travel an hour or more to get to the closest hospital, grocery store, or pharmacy. Understanding that transportation funding is limited, key informants offered solutions to this challenge that included potentially bringing more satellite sites and limited clinic services back into these communities and made available at locations such as schools and community centers.

Aging Population

Key informants often mentioned the increased needs related to the high proportion of the aging population (65+ years) residing in Mohave County in comparison to other parts of the state. It was noted that many of the retirees who move to Mohave County leave families in other states, resulting in lack of family support as they age. This results in increased demands on the health-care system, requiring additional support for dementia-related services, social services, affordable housing, and specialists, including neurologists, cardiologists, and orthopedists. Key informants discussed the challenges in not being able to keep pace with the demand. Hospice of Havasu was cited as an example of a great resource to address this need with the opportunity to replicate their service model in other Mohave County communities.

ORGANIZATIONAL PERSPECTIVES ON GREATEST OPPORTUNITIES FOR COLLECTIVE ACTION TO IMPROVE HEALTH IN MOHAVE COUNTY

Overall, key informants expressed support for collective action to advance the health priorities of the county. Strategies for collective action to address the needs included offering more “one-stop-shop” services in places where community members regularly attend or visit, such as schools. One-stop-shop services were described as including counseling (mental and behavioral health support), dental, vision, and nutrition services. Key informants talked about not reinventing the wheel to achieve this, but learning what works and adapting from other similar rural communities.

Key informants talked about the importance of continued unity among service providers to address the identified challenges together. Understanding that resources are limited, key informants offered solutions that included the importance of leveraging both human and financial resources through a cohesive and coordinated approach to address the fragmentation that occurs among providers. Interviewees also discussed the value of consistent messaging across providers and sectors and emphasized messaging that focuses on preventative health approaches.

When asked about a vision for a healthy community in the next three years, key informants described a healthy Mohave County as one that is compassionate, connected, and coordinated.

“SCHOOLS ARE THE HEART OF A HEALTHY COMMUNITY. IT IS NOT ONLY THE PLACE WHERE WE EDUCATE CHILDREN; IT IS ALSO WHERE WE TAKE CARE OF SOCIAL AND HEALTH NEEDS SUCH AS PROVIDING A SAFE PLACE WITH AIR CONDITIONING AND FOOD. WE CAN ALL ADDRESS HEALTH NEEDS HERE.”
—KEY INFORMANT

VI KEY FINDINGS AND NEXT STEPS

The purpose of the 2019 CHNA for Mohave County was to gain a comprehensive understanding of health needs and issues facing Mohave County residents. This assessment was completed through a systematic analysis of secondary data, primary data collection, and engagement with community members to learn their perspectives and experiences. Key findings are summarized as follows:

Robert Wood Johnson Foundation (RWJF) County Health Rankings

- In Health Outcomes: Mohave County ranks 11th out of the 15 Arizona counties.
- In Health Factors: Mohave County ranks 11th out of the 15 Arizona counties.
- In Health Behaviors: Mohave County ranks 12th out of the 15 Arizona counties.
- In Clinical Care: Mohave County ranks 11th out of the 15 Arizona counties.
- In Social & Economic Factors: Mohave County ranks 10th out of the 15 Arizona counties.
- In Physical Environment: Mohave County ranks seventh out of the 15 Arizona counties.

Strengths

- Mohave County has a network of committed agencies and community advocates working to address the health needs of residents.
- The county offers extensive free or low-cost outdoor recreation opportunities for residents of all ages to engage in physical activity.
- Approximately 85% of community members surveyed described their health status as good to excellent.

Alarming Health Trends

- Two of the increasing top 10 causes of death in Mohave County are the result of
 1. Self-harm and interpersonal violence, and
 2. Substance abuse and mental health disorders.

Other causes are decreasing or static.

- Mortality rates are increasing from esophageal cancer and liver cancer.
- Rates of smoking, binge drinking, and heavy drinking are all higher in Mohave County than in other Arizona counties and other peer counties.
- The northernmost part of Mohave County is disproportionately affected by poor health outcomes and is increasing in social vulnerability.

Elements of a Healthy Community Disproportionately Affecting Health in Mohave County

- One fifth of Mohave County residents are experiencing excessive housing costs
- Mohave County communities have high residential segregation
- 18% of Mohave County residents are food insecure (3% higher than Arizona overall)
- Low-income residents in Mohave County spend 64.7% of their income on transportation

Concerns and Opportunities Identified by Community Input

- The top three health care specialty services needed in Mohave County are cardiology (50.8%), mental health (32.7%), and pediatrics (32%).
- Almost as many people go to the internet for answers to health questions (44.3%) as they do to their health care-provider (45%) to answer health-related questions.
- 10% of respondents said there is no option to buy fresh fruits and vegetables near their home.
- Almost one third (27.4%) of respondents reported feeling worried tense or anxious at least 11 days out of the previous 30 days and a further 14.5% felt worried, tense, or anxious between six to 10 of the previous 30 days.
- Over 10% of respondents reported feeling isolated from others either every day or most of the time with only just over one third of respondents (36.9%) reporting that they never feel isolated from others.
- Community members and key informants report pressing needs when it comes to transportation to access basic health-care needs and social services.
- Overall, provider shortages and health-care costs are identified as the greatest priorities and opportunities for collective action.



NEXT STEPS

The 2019 CHNA builds on the previous two CHNA assessments and community health improvement planning efforts that were completed in 2016 and 2013. As part of the continuous community health needs assessment process, the CHNA report findings will be used to develop a multiyear community health improvement plan (CHIP) for Mohave County and the Kingman Regional Medical Center (KRMC) service region. Development of the CHIP is a community-driven process that prioritizes strategies for improving the identified health needs and issues. The MCDPH and the KRMC will develop updated goals and strategies for the CHIP that leverages strengths, resources, and outreach to help community partners best identify ways to address health needs, thus improving overall health and addressing the critical health issues and well-being of residents across Mohave County.

APPENDICES

- Community Assets
- Community Health Survey Questionnaire
- Focus Group Discussion Guide
- Key Informant Interview Guide

COMMUNITY ASSETS

KINGMAN				
Type of Organization	Name	Phone Number	Address	Website
Hospitals	Kingman Regional Medical Center	(928)757-2101	3269 Stockton Hill Rd, Kingman, AZ 86409	www.azkrmc.com
Community Health Centers	North County Healthcare	(928)753-1177	1510 N Stockton Hill Rd Kingman, AZ 86401	www.northcountryhealthcare.org
Public Health Department	Mohave County Department of Public Health	(928)753-0743	700 W Beale St Kingman, AZ 86401	www.mohavecounty.us
Mental Health Agencies	Mohave Mental Health Clinic	(928)757-8111	1743 Sycamore Ave Kingman, AZ 86409	www.mmhc-inc.org
	Southwest Behavioral Health Clinic	(928)753-9387	2215 Hualapai Mountain Rd, #H Kingman AZ 86401	www.sbhservices.org
Social Services	Arizona Department of Economic Security	(928)753-4441	301 Pine St Kingman AZ 86401; (Employment) 519 Beale St Kingman, AZ 86401	www.des.az.gov
	United Way of Kingman	(928)753-6720	2203 Hualapai Mtn Rd, #203 Kingman, AZ 86401	www.rivercitiesunitedway.org
	The Salvation Army (utility assistance)	(928)718-2600	309 E. Beale Street Kingman, AZ 86402	www.usw.salvationarmy.org
	Cornerstone Mission	(928)757-1535	3049 Sycamore Ave Kingman, AZ 86409	www.cornerstonemissionaz.org
	Kingman Aid to Abused People	(928)753-6222	1770 Airway Ave, Kingman, AZ 86401	www.mykaap.com
	St Vincent de Paul Society Kingman	(928)753-4399	218 Beale St Kingman, AZ 86401	www.svdppingman.org
	Kingman Area Food Bank	(928)757-4165	2930 E Butler Ave Kingman, AZ 86409	www.azfoodbanks.org

COMMUNITY HEALTH SURVEY QUESTIONNAIRE

Kingman Regional Medical Center and Mohave County Department of Public Health Community Health Survey 2019

Introduction

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 consists of a total of 22 questions and should take no longer than 10 minutes to complete. The survey is voluntary, and your answers will be completely confidential. The information you give us cannot be linked to you in any way. Thank you for participating in our survey. Your feedback is important.

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

- Excellent
- Very Good
- Good
- Fair
- Poor

2. Please select the top health challenges you face: (select no more than 3 options)

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

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

	Yes	No	Not Applicable
Primary Care Provider (doctor, nurse, practitioner, physician assistant)			
Dentist, Dental Hygienist			
Mental Health Care Provider (therapist, psychologist, psychiatrist)			
Specialist Doctor (heart doctor, cancer doctor, diabetes doctor, etc.)			
Urgent Care			
Emergency Department			

LAKE HAVASU CITY				
Type of Organization	Name	Phone Number	Address	Website
Hospitals	Lake Havasu Regional Medical Center	(928)855-8185	101 Civic Center Ln Lake Havasu City, AZ 86403	www.havasuregional.com
Community Health Centers	North County Healthcare	(928)854-1800	2090 Smoketree Ave N Lake Havasu City, AZ 86403	www.northcountryhealthcare.org
Public Health Department	Mohave County Health Department	(928)453-0703	2001 College Dr #122 Lake Havasu City, AZ 86403	www.mohavecounty.us
Mental Health Agencies	Mohave Mental Health Clinic	(928)855-3432	2187 Swanson Ave Lake Havasu City, AZ 86403	www.mmhc-inc.org
	Southwest Behavioral Health	(928)453-2661	1845 McCulloch Blvd N Lake Havasu City, AZ 86403	www.sbhservices.org
Social Services	Interagency Community Food Bank	(928)453-5800	1940 Mesquite Ave #M Lake Havasu City, AZ 86403	www.lhcenteragency.org
	AZ Department of Economic Security	(928)854-0300	228 London Bridge Rd Lake Havasu City, AZ 86403	www.des.az.gov
	The Salvation Army	(928)680-3678	2049 Swanson Ave Lake Havasu City, AZ 86403	www.usw.salvationarmy.org
	St Vincent De Paul Food Distribution	(928)680-2874	1841 W Acoma Blvd Lake Havasu City, AZ 86403	www.stvincentdepaul.net
	United Way of Lake Havasu	(928)855-6333	145 N Lake Havasu Ave Lake Havasu City, AZ 86403	www.rivercitiesunitedway.org

BULLHEAD CITY				
Type of Organization	Name	Phone Number	Address	Website
Hospitals	Western AZ Regional Medical Center	(928)763-2273	2735 Silver Creek Rd, Bullhead City, AZ 86442	www.warmc.com
Community Health Centers	North County Healthcare	(928)704-1221	2585 Miracle Mile #116 Bullhead City, AZ 86442	www.northcountryhealthcare.org
Public Health Department	Mohave County Environmental Health	(928)758-0704	1130 Hancock Rd, Bullhead City, AZ 86442	www.mohavecounty.us/EHInspections.aspx
Mental Health Agencies	Mohave Mental Health Clinic	(928)758-5905	1145 Marina Blvd, Bullhead City, AZ 86442	www.mmhc-inc.org
	Southwest Behavioral Health	(928)763-7776	2580 AZ-95 Bullhead City, AZ 86442	www.sbhservices.org
Social Services	River Cities United Way	(928)758-1030	1155 Hancock Rd #3 Bullhead City, AZ 86442	www.rivercitiesunitedway.org
	Bullhead Christian Center DBA Praise Chapel (Food Bank)	(928)758-7717	590 Hancock Rd Bullhead City, AZ 86442	www.praisechapelbullhead.org
	Department of Economic Security	(928)704-7776	2601 AZ-95 Bullhead City, AZ 86442	www.des.az.gov
	Northern AZ Veterans Resource Center	(928)444-1135	1491 Palma Rd #15 Bullhead City, AZ 86442	www.vetsresource.org
	Salvation Army	(928)758-3141	1461 Palma Rd Bullhead City, AZ 86442	satruck.org
	St Vincent De Paul	(928)758-5251	780 Marina Blvd Bullhead City, AZ 86442	www.stvincentdepaul.net

4. 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)

	Appointment times do not meet my need or schedule	Provider is not accepting new patients	Cannot afford it	No health insurance coverage	They do not accept my insurance	Cannot take time off work	No transportation	No Specialist in my community for my health problem	I do not know if this is available in my community	I do not feel comfortable using this service in my community
Primary Care Provider (doctor, nurse, practitioner, physician assistant)										
Dentist, Dental Hygienist										
Mental Health Care Provider (therapist, psychologist, psychiatrist)										
Specialist Doctor (heart doctor, cancer doctor, diabetes doctor, etc.)										
Urgent Care										
Emergency Department										

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

	No Specialist in my community for my health problem	I do not know if this service is available in my community	I do not feel comfortable using this service in my community	I do not feel the quality of services is good enough in my community
Primary Care Provider (doctor, nurse, practitioner, physician assistant)				
Dentist, Dental Hygienist				
Mental Health Care Provider (therapist, psychologist, psychiatrist)				
Specialist Doctor (heart doctor, cancer doctor, diabetes doctor, etc.)				
Urgent Care				
Emergency Department				

6. Which of the following best describes the place where you most often go when you need medical care? (only mark one option)

- 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: _____

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)

- 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)

8. 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.

(mark one answer for each item)	Very easy	Somewhat easy	Somewhat difficult	Very difficult	Does not exist near me
Parks or playgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supermarkets or grocery stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise or wellness classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Farmer's Markets / Farm Stands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Provider (doctor, nurse practitioner, physician assistant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialists (heart, cancer, lung doctor/provider)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urgent Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. If you have a question about your health, where do you most often go for answers? (only mark one option)

- 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 _____

10. Which of these statements best describes your household in the last 12 months: (only mark one option)

- 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.

11. 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

12. Where do you get most of your food?

- Grocery store
- Sit down restaurant
- Fast food restaurant
- Convenience store
- Farmers market or farm stand
- Food pantry
- Meals on Wheels
- Senior Center
- Other (Please specify) _____

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

- 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

14. 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

15. 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

16. 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)	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
People in this neighborhood generally get along with each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in this neighborhood share the same values.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People around here are willing to help their neighbors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This is a close-knit neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in this neighborhood can be trusted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(Mark one answer for each item)	Big problem	Somewhat of a problem	No problem
Job opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stealing / theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High food prices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drinking in public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selling or using drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kids or teenagers causing a disturbance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Litter / trash / graffiti	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of healthy food options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety of my neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing costs / housing conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bus or public transportation options, especially for people who do not have cars or are unable to drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe roads for walking and biking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tell Us About You

18. What is your gender?

- Female
- Male
- Transgender

20. What is your age?

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

21. Which race/ethnicity best describes you?

- American Indian or Alaskan Native

19. In what zip code is your home located?

- _____
- Asian/Pacific Islander
 - Black or African American
 - Hispanic
 - White/Caucasian
 - Multiple race/ethnicity/other (please specify) _____

22. 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

Is there anything else you would like to share with us regarding your health needs that we didn't ask you?

END OF SURVEY. THANK YOU!

FOCUS GROUP DISCUSSION GUIDE

Introduction:	<p><i>Hello, my name is X and I work with Pinnacle Prevention. Pinnacle Prevention is an Arizona-based nonprofit that is dedicated to growing healthy families and communities. We are partnering with Kingman Regional Medical Center and the Mohave County Department of Public Health to understand what impacts your health and wellbeing here in your community. A big piece of this project is to understand your opinions, needs and wants when it comes to your health from community members like you.</i></p> <p><i>Have any of you ever participated in a Focus Group or heard of a Focus Group? There are no right or wrong answers. This conversation is about what you think and about your experiences. When we talk in a group like this, it allows for people to agree or disagree depending on their personal beliefs or experiences. This is a good thing, so it is important that we respect each other and any differences.</i></p>
Overview of Focus Group Goals:	<p><i>The goal of today's conversation to understand the strengths and needs of the community when it comes to health, knowing that healthcare influences our health, but also that where we live, work, and play all have an impact on our health and wellbeing. Another goal is to identify ways healthcare and community organizations might do a better job addressing those health issues that are most important to you.</i></p> <p><i>The results will be written in a Community Health Assessment Report. Healthcare and community organizations will then use this report to create a plan for improving health. The hospital and health department will continue to do this assessment and planning every 3 years so you might hear about it again in the future. The hope is that by looking at health data and talking more with residents like this, we can work better together and improve our services.</i></p>
Informed Consent:	<p><i>We won't be asking very sensitive questions today, but you don't have to share anything that you don't feel comfortable sharing. With your permission we would like to record this conversation to make sure that we accurately capture your important feedback. We will not include your any personal identifying information in any of the final reports. Nothing that you say can be connected to you. Is everyone OK with this conversation being recorded as agreed to on your signed informed consent form that you completed when you arrived? All recordings will be destroyed after the analysis and translation is complete. We will also be taking notes as a reminder for us of things that were mentioned that are the most important to the group. Feel free to get up to use the restroom or attend to anything you need to. But I ask that you refrain from using your phones in the group. We are scheduled to be together for no more than 60 minutes today and after the discussion you will be receiving a \$25 Visa gift card in appreciation for your time. Are there any questions or concerns before we begin? Wonderful – let's get started.</i></p>
I. Ice-Breaker and Introductions:	<p><i>Let's start by having you share your first name and how long you have been living here in the community. (When I say community, I am referring to the town that you live in.)</i></p> <p>Possible Probes:</p> <ul style="list-style-type: none"> • Tell me more about [X]?
Healthy Community Design	
II. General Community	<p><i>What does the community offer, or what in the community, makes it easier for you to stay healthy or to keep yourself healthy?</i></p> <p>Possible Probes:</p> <ul style="list-style-type: none"> • Tell me more about [X]? • What about [X] makes it easier? • What does a healthy community look like to you?

III. General Community Design Challenges/Concerns:	<p>What is missing in the community that is making it harder for you to be healthy and live your best life?</p> <p>Possible Probes:</p> <ul style="list-style-type: none"> • When you say [X], why do you feel that is important? • What could be done to help you overcome [X]?
IV. Resiliency:	<p>What worries you the most about your health?</p> <p>Possible Probes:</p> <ul style="list-style-type: none"> • What do you do to overcome these worries? • What makes you feel confident in meeting your health needs?
V. Social Cohesion:	<p>How often do you feel lonely?</p> <p>Possible Probes:</p> <ul style="list-style-type: none"> • What do you do when you get lonely? • What is the most effective at making you feel less lonely? • Let's think about the neighborhood where you live or sleep at night – Tell me about your relationships with your neighbors and what makes connecting with your neighbors easy or challenging?
Access to Care	
VI. Understanding where health services are accessed:	<p>Tell me about where you go when you need a general check-up or have non-urgent health needs?</p> <p>Possible Probes:</p> <ul style="list-style-type: none"> • Why did you decide to go to [X]? • What has the greatest influence over where you decide to go for your general health needs?
VII. Specialty Services:	<p>Tell me about where you go when you have a specific or special health care need (For example, if you needed to see a specialist for a heart condition, or to see someone to manage diabetes for you or a family member.)</p> <p>Possible Probes:</p> <ul style="list-style-type: none"> • Tell me about what specialty services you need for you or a family member that have been hard to access. • What about [X] makes it [easier or challenging]? • What kind of health care services do you wish that you had available here in your community that you do not have?
VIII. Mental Health:	<p>Let's transition to mental health care, also sometimes referred to as behavioral health. Tell me about where you would go for support if you needed someone to talk to or where you would go for help if you were frequently feeling anxious or depressed?</p> <p>Possible Probes:</p> <ul style="list-style-type: none"> • How would you find out about mental health services that are available in the community? • What makes it harder for you to access behavioral or mental health services in the area and why?
IX. Insurance Coverage:	<p>Let's now transition into insurance coverage. For those that have insurance coverage, what makes it easier or harder for you to utilize the health care services and coverage available under your plan?</p> <p>Possible Probes:</p> <ul style="list-style-type: none"> • For those with insurance coverage, how do you find out about what is or is not covered under your plan? • For those with insurance coverage, what would you like to see covered or made available under your plan and why? • If you don't have health insurance coverage, what barriers are impacting your ability to get covered?

Equity	
X. Who's Not Thriving:	<p>Who in the community might not want to or not be able to use [A, B, and C] to [do X, Y and Z]?</p> <p>Possible Probes:</p> <ul style="list-style-type: none"> • Are there certain groups of people that seem to be impacted by poor health more than others and if so, why do you think that is? • What do you think community leaders can do differently, if anything, to make your community a community where you will thrive?
Closing Reflections	
XI. Health System Perceptions and Understanding:	<p>What do you wish health care providers and organizations knew about you that they don't already know that would help to support you and your health needs better?</p> <p>Possible Probes:</p> <ul style="list-style-type: none"> • What can health care providers do to best connect with you?
XII. Closing Reflections:	<p>What didn't we ask you that we should have about your health and wellbeing?</p>
Wrap Up:	<p>Thank you so much for taking the time to be here today and sharing your important feedback with us. Your thoughts and opinions are very important.</p> <p>That is it for my questions. As I mentioned at the beginning of our discussion, this information will be compiled into a report for community leaders and stakeholders and will be used to develop a plan to improve the health of the community. If you would like to see the final report it will be available through the hospital and county health department.</p>

Interviewer:

Key Informant:

Title and Organization:

Sector:

Introduction

- Good afternoon. My name is (Insert Interviewer Name) with Pinnacle Prevention (Describe Pinnacle Prevention if needed). I am contacting you on behalf of Kingman Regional Medical Center (KRMCM) and Mohave County Department of Public Health who have identified you as an important stakeholder to share your input about the health needs of the community members in Mohave County.
- This is part of a community health needs assessment (CHNA) for the hospital and the county health department and your input is incredibly valuable to us. The information you share will also be used with information we gather from community members through a community survey and focus group discussions.
- The interview will take no more than about 30 minutes of your time.
- There are no right or wrong answers. This is just to learn more about your role and work in the community and what you see as major health needs.
- If there is anything you don't feel comfortable answering or do not know the answer to don't hesitate to just let me know or skip that question. Just answer to the best of your knowledge and from your personal experience.
- Please note, your feedback will remain anonymous and summarized in the final report that will be made available through the hospital in the fall if you would like to see the final outcomes.
- Do you have any questions before we start?

Discussion Questions

General Organizational Perspective

Tell me a little about your organization/role in the community (optional/if necessary)

(If not discussed in above response) Tell me something you are proud of when it comes to how your organization supports the health of the community?

Major Health Issues

Tell me about the health of the residents/employees/people you serve.

Probe: Recognizing that where we live, learn, work, and play affects health, what do you think are the most pressing health concerns that you see. Why?

Who do you consider to be the populations in the community most vulnerable or at risk for the challenges you identified?

During our focus groups, community members identified a need for more doctors and specialists in the county. Can you help me understand this need from your unique perspective – what do you see?

Existing Assets and Barriers

From your perspective, what are the biggest strengths when it comes to health in the county?

Probe: What keeps the community healthy?

From your perspective, what are the challenges when it comes to staying healthy in your community?

Probe: What is lacking in the community that makes it harder for people to be healthy?

What services, groups or policies are you aware of in the community that currently focus on these health issues?

Opportunities for Collective Action

You have mentioned X, Y and Z, do you see any opportunities for organizations in the region to collaborate and work together to address these issues (AND/OR) build upon existing strengths? If so, please describe these opportunities

What health-related programs, services, or policies are currently not available that you think should be?

Vision for Health Improvement

I'd like you to think ahead 3 years, what is your vision for the future related to people's health in the community?

Probe: What do you think needs to happen in the community to make this vision a reality?

Closing

What didn't I ask you that I should have about the health needs of the community?

Thank you so much for taking the time to share your important perspectives with us. That is it for my questions. As I mentioned at the beginning of our discussion, this information will be compiled into a report and will be used to guide opportunities to improve the health of the community. If you would like to see the final report it will be available through the hospital and health department after July.



