



2020

*Community Health
Assessment
Update
Navajo County*

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Introduction

In January 2018, a group in Navajo County joined together to conduct community health planning for Navajo County. Led by staff from the Navajo County Public Health Services District (NCPHSD), participants from many agencies began the Mobilizing Action through Planning and Partnerships (MAPP) process, a “community-driven strategic planning process for improving community health.”¹ The process includes multiple phases including organizing the group, creating a vision, assessing the community’s health, identifying issues, developing goals and strategies, and putting those strategies into action. The end goal is to create a public health system in which all organizations are coordinated and communicating with each other to make the system as efficient and effective as possible.

One part of the MAPP community health planning process is to conduct a community health assessment (CHA). A CHA examines health and healthcare, including residents’ and leaders’ views of the current state of health in the community as well as epidemiological data on health issues, births, deaths, and other related topics. The Navajo County CHA was completed in January 2018 and from that, a Community Health Improvement Plan (CHIP) was implemented.

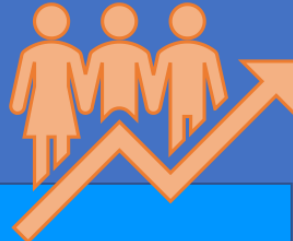
Every six years, the CHA & CHIP are revised, and every third year the CHA is updated. Currently, the team is in the third year and this document fulfills the requirements for the CHA update. The update includes:

1. **Epidemiological and other data** - This report provides an update to the epidemiological data obtained in the initial CHA report. It focuses on the key areas identified in 2018 as priorities. Epidemiological data is information about disease, health behaviors, and other health-related factors from a number of reliable sources, such as the Centers for Disease Control and Prevention and the Arizona Department of Health Services. It is important to consider these data when planning for public health is that these quantitative (large-scale and numerically based) data provide a representative portrait of county health characteristics. They provide the answers to the questions: “How big is this issue?” or “How many residents are affected?”

Three Components of the 2020 CHA Update



Survey among
over 800
residents re:
health issues,
goals, services



Analysis of
epidemiological
and other data



Regional focus
group among
residents

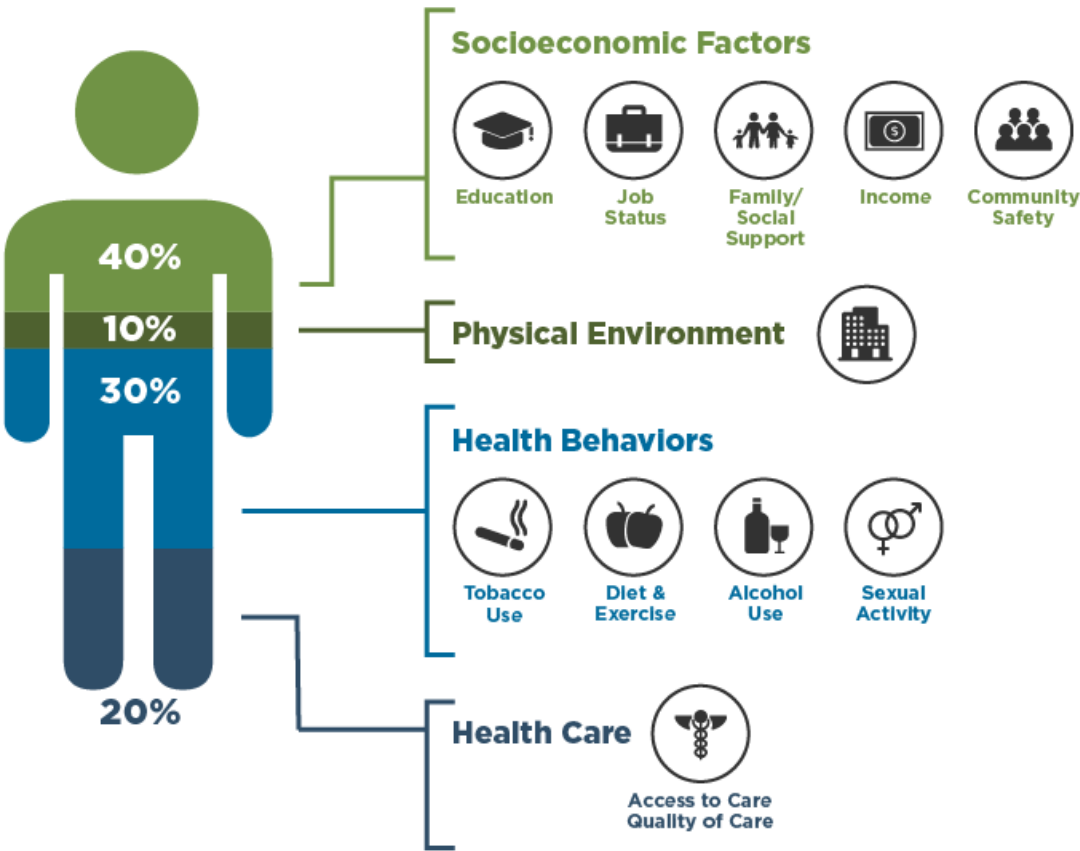
2. **Community Health Needs Assessment Survey** - A large scale (quantitative) survey of Navajo County Residents (fielded in October 2020). The survey was designed by an assessment committee for the initial survey in 2018. The instrument was kept mostly the same in 2020 so that changes between 2018 and 2020 could be measured accurately. This survey results show which public health issues are most important to residents and how they see health and healthcare in the community. The results are shown in this report.
3. **Regional Focus Group** - One regional focus group provides qualitative data to support and enhance the quantitative data in the updated CHA Report. It answers the questions: “*Why* do we see these health and disease patterns?” “*How* does this happen?” and “*How* do you feel about it?” Group discussions allow participants to tell their stories about health and disease and these stories help explain why and how health conditions (healthy and unhealthy) occur.

Social Determinants of Health

This report includes information on topics that go beyond what is often considered “health-related.” That is, it includes topics such as economic conditions, the physical

environment, and other issues. What do these factors have to do with health? Research has shown that social, economic, and environmental factors, contribute greatly to health. In fact, they contribute 80% of what determines an individual’s health. As shown in the graphic below medical or clinical care, such as seeing providers, receiving treatments, etc. contributes only 20% of what goes into a person’s health. Therefore, the original report and this update is organized around factors called “social determinants of health,” such as education, the environment, economy, housing, access to care, and others.

What Goes Into Your Health?



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

Adapted from The Bridgespan Group

“Health starts in our homes, schools, workplaces, neighborhoods, and communities,” states the Department of Health and Human Services Healthy People 2020 program.²

It goes on to say that most people are aware of the behaviors that make us healthy – eating well, not smoking, seeing a doctor when ill, etc. – but they often don’t consider factors such as opportunities for education, economic success, clean water and air, availability of healthy foods, safety and crime, and numerous other factors that affect health.

Executive Summary

- In 2018, Navajo County Public Health Services District, Summit Healthcare and a group of individual and organizational community partners directed and produced the Navajo County Community Health Assessment (CHA) and the Navajo County Community Health Improvement Plan (CHIP).
- In 2020, Summit Healthcare, Navajo County Public Health Services District, and other organizations worked together to update the 2018 Community Health Assessment with new information. This included a survey of 810 Navajo County residents, a regional focus group, and a summary of epidemiological data.
- Findings from the 2020 Navajo County Community Health Assessment are detailed in this report and summarized on this page.
- Priorities and key issues identified in 2018 remain priority issues in 2020 as indicated by the epidemiological data and residents in the survey and focus group.
- Substance use disorders, particularly those involving alcohol
 - Contribute to death and hospital stays
 - Are of concern to residents (selected as the top priority in the survey and mentioned in focus groups)
 - Often can't be treated due to lack of providers and services
 - Are seen by residents in the focus group and survey as an area in which services are not well met
- Substance use by youth needs particular attention, both because many youth partake of substances and also because many youth view (newly legalized) cannabis as harmless while public health research suggests it can be harmful to developing brains
- Poverty and joblessness continue to be an issue particularly among vulnerable populations
 - Unemployment increasing during the COVID-19 pandemic
 - Poverty still at alarmingly rates, and higher than Arizona or the U.S.
 - Poverty affects young and elderly at high rates
 - Homeless shelters are almost at maximum capacity
 - In the top ten most important health issues in survey

- Survey respondents identified individuals without health insurance, low-income residents as having needs not fully met
- Cost of healthcare services said to be a barrier to receiving healthcare (survey)
- Mental/emotional/behavioral health and related care and treatment are critical and may become more so during stressful pandemic period
 - Suicide death rate is higher than other areas
 - Mental health involved in thousands of hospital stays
 - Rated second highest (after substance use) as a most important health issue on the survey
 - Lack of access to mental healthcare services rated highest gap in services
 - Top three most important health issues (substance use, reduce child abuse and neglect, prevent and treat mental/emotional health issues) all related all related to mental/behavioral health.
 - Shortage of mental/behavioral health providers (evidence in data, mentioned in survey, focus group)
- Chronic diseases
 - #1 (cardiovascular disease), #2 (cancer), #4 (diabetes), and #5 (chronic liver disease) causes of death. (#3 is accidents, not related to chronic diseases)
 - Shortage of health specialists who might treat chronic diseases rated as important gap in survey and mentioned in focus group
 - High rates of contributing risk factors: obesity, lack of exercise, lack of cancer screenings
 - Mentioned as #4 and #5 most important health issues in survey
- Sexually transmitted diseases
 - #1 highest rate of gonorrhea in the state
 - Significant increase in syphilis over the past five years
 - Shortage of primary care providers and others to recommend counseling and testing
- In sum, the report finds that the community planning group priorities and goals are still relevant in 2020 and 2021. In fact, in some areas, such as mental and behavioral health and sexually transmitted diseases the need to address the issues are even more pronounced now than in 2018.

Epidemiological Data

In this section are epidemiological, demographic, and other data available for the priority areas of substance use disorder (substance abuse), poverty/homelessness, mental and behavioral health, chronic diseases, and sexually transmitted diseases. Quantitative data like these are included in community health assessments to gauge *how many* or *what percent* of residents in the community have a particular condition or practice a certain risk behavior (e.g., substance use, getting cancer screenings).

Included in this section is the most up-to-date information available on each topic. Some of the data, such as sexually transmitted disease counts, are up to date as of October 2020. However, some data sources take longer to process and/or releases have been delayed due to the COVID-19 pandemic. Therefore, the most recent data available on some topics may be from 2017 or 2018. In every case, the data shown in this report is more current than what was presented in the 2018 CHA Report. Updated general demographics from Navajo County, Arizona, and the U.S. are in Appendix A.



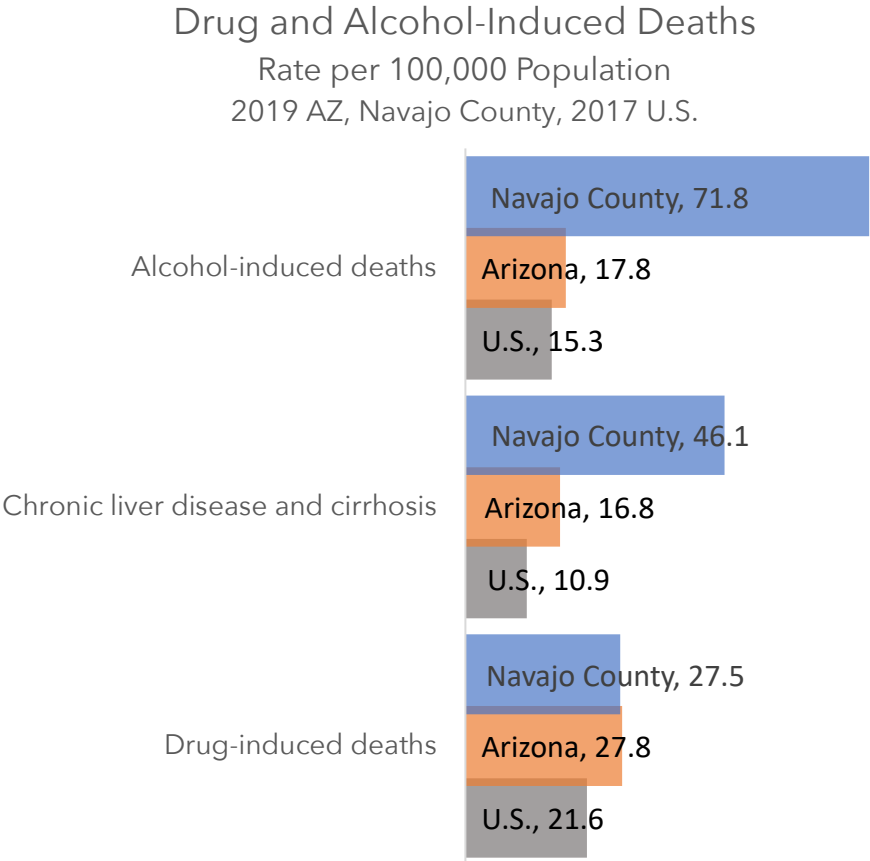
Substance Use Disorder

“When you’re living a life of addiction or mentally, you know you have problems you feel like you’re in a hole, and you know, when there aren’t a lot of resources out there...”

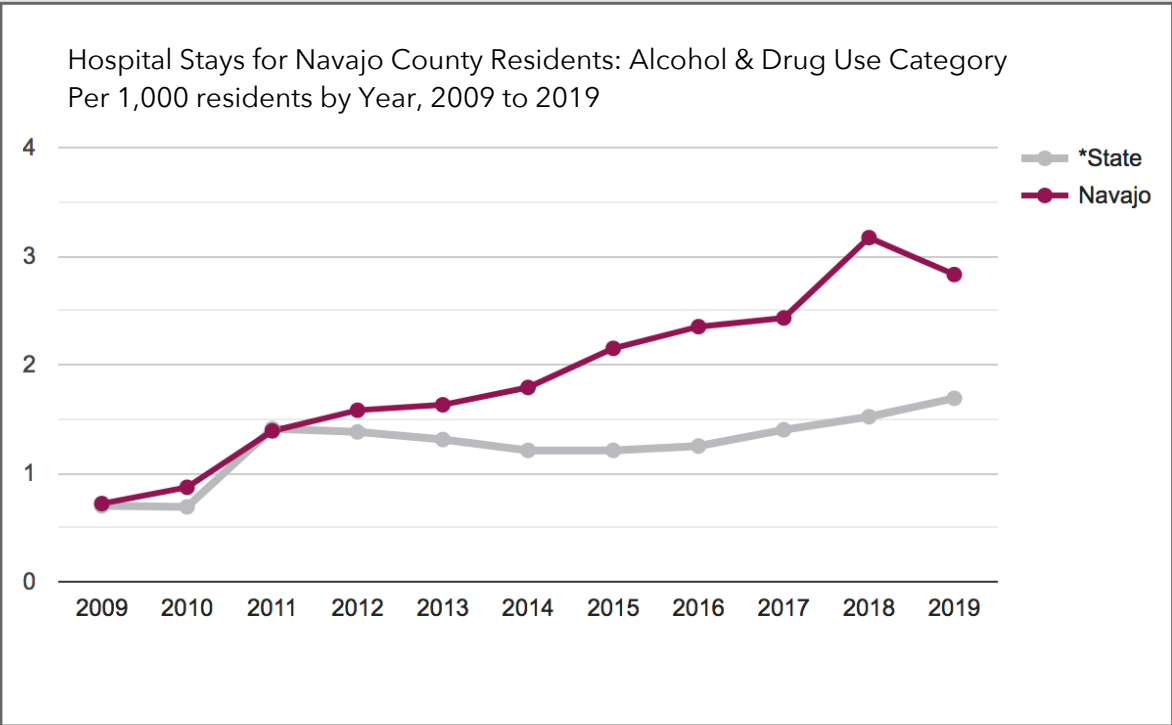
-- Focus group respondent

Substance-related Deaths and Hospital Visits

Navajo County has a particularly high rate of alcohol-related deaths and many hospital stays related to substance use. According to the death certificates analyzed by the Arizona Department of Health Services (ADHS), the rate of alcohol-induced deaths is well above the rate for Arizona or the United States.³ Deaths from Chronic liver disease and cirrhosis, some of which are caused by alcohol use, are also high in Navajo County. Drug-induced deaths in Navajo County are much closer to the state and national rates, as shown below.

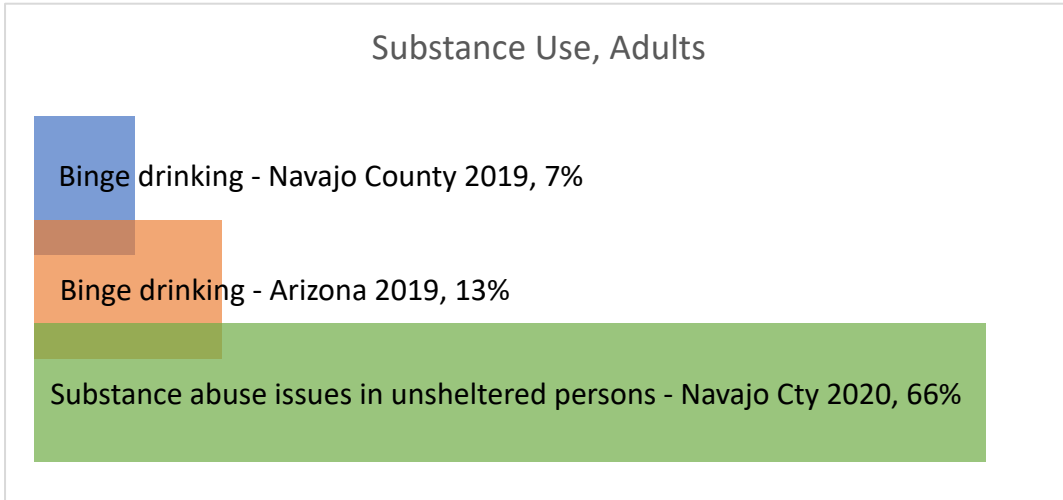


Hospital stays for Navajo County residents are common and the number has been growing in the past 10 years. Alcohol/drug use is the seventh most common primary reason for a hospital stay and is involved in more than 2,000 hospital stays as the primary or other reason for the visit. As shown in the chart below, hospital stays for alcohol and drug use have increased since 2009 and the rate per 1,000 residents is much higher than the state’s rate.⁴



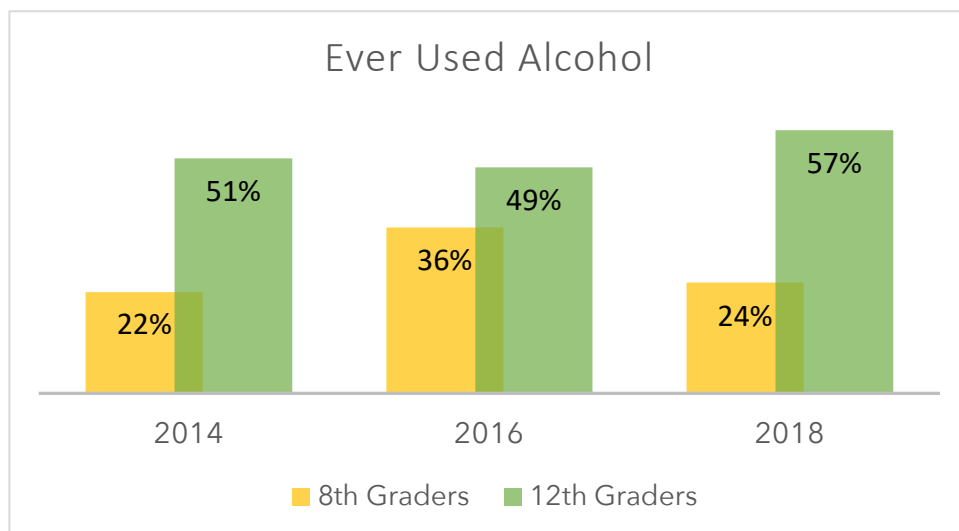
Prevalence of Substance Use Disorder - Adults

In the 2020 CHA Survey (details later in this report), residents interviewed named substance use/abuse as the most important health issue in Navajo County. There is no way to definitively determine how pervasive substance use disorder is in the community, but several ongoing studies provide some data on this issue, as shown below. For example, the Arizona Behavioral Risk Factor Surveillance System (BRFSS) survey showed that 7% (one in every 13 residents of Navajo County) have engaged in binge drinking in the past 30 days. For this survey, binge drinking was defined as 5 or more drinks for men or 4 or more drinks for women on a single occasion.⁵ In addition, two of every three unsheltered (homeless with no temporary or permanent shelter) persons identified in January 2020 in Navajo County reported that they had issues with substance abuse.⁶



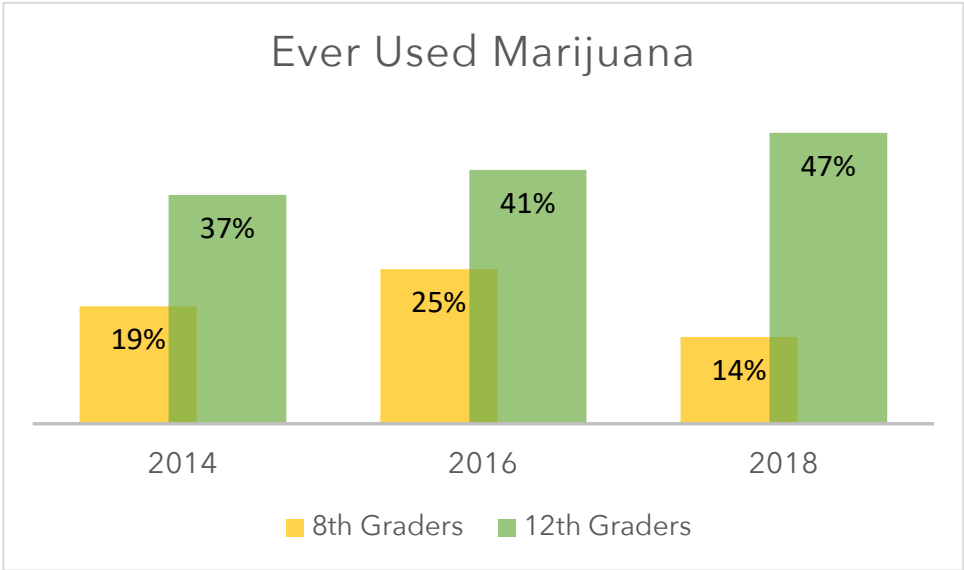
Youth and Substance Use

The evidence shows that substance use and related disorders are a critical issue in for Navajo County youth. The Arizona Youth Survey (AYS) for Navajo County 2018⁷ revealed that about one in four eighth graders had ever used alcohol and more than half of twelfth grader used alcohol. The numbers for marijuana use are only slightly lower with 14% of eighth graders and almost half of twelfth graders having used marijuana at some point in their lives. In addition, one in six twelfth graders (17%) said they had participated in binge drinking (five or more drinks at one time) in the past 30 days.

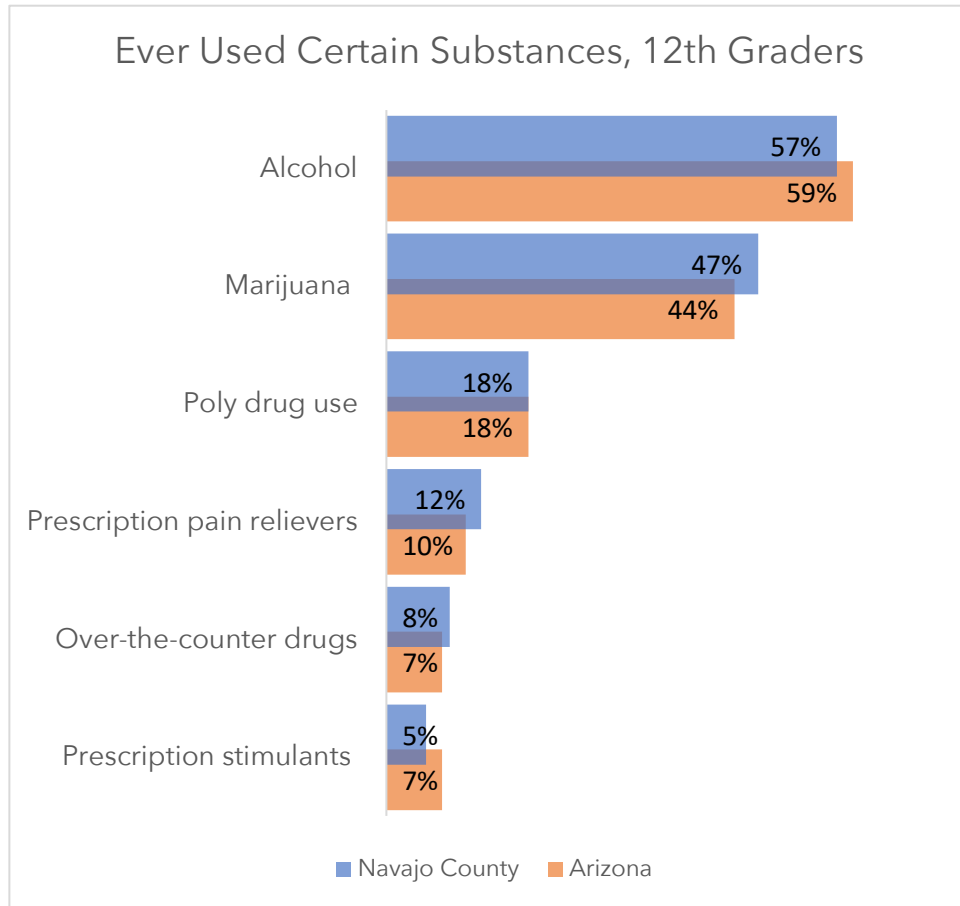


Both charts also show the changes over time. Among eighth graders, both alcohol use (shown above) and marijuana use (below) increased in 2016 and decreased in

2018. Among twelfth graders, there were increases in use of both alcohol and marijuana between 2014 and 2018.



In addition to marijuana and alcohol, some teens in Navajo County have at least experimented with other drugs. The chart below shows the percent of Navajo County and Arizona twelfth graders who have used various drugs and alcohol at least once in their lives. The drugs used by the highest number of Navajo County twelfth graders were alcohol and marijuana. This was followed by “poly drug use” or the use of multiple substances at the same time, such as alcohol and prescription drugs which was done by one in six of all of the twelfth graders in the survey. At lower levels were use of prescription pain relievers such as codeine or oxycontin at 12%, over-the-counter drugs “used for purposes of getting high” at 8%, and prescription stimulants such as Adderall or Ritalin at 5%. The rates for Arizona youth were similar to the rates for Navajo County youth.



Why might a middle or high school student seek out or accept alcohol or drugs? When asked in the Arizona Youth Survey, the reasons for using drugs and/or alcohol were most often related to emotional/mental status or fun-seeking. As shown in the table below, the most frequently mentioned reasons for using substances dealt with stress from school or family or feeling sad/down. Just as frequently, youth in the survey said they wanted to have fun or beat the boredom with “something to do.” The two motivations - to have fun and deal with school stress - both increase as teens age.

Reasons for Using Drugs/Alcohol, 2018			
	8 th Graders	10 th Graders	12 th Graders
To have fun	24%	44%	43%
To deal with stress from school	27%	35%	40%
To deal with the stress from my parents and family	24%	30%	31%
I was feeling sad or down	22%	25%	24%
I was bored and needed something to do	24%	13%	17%

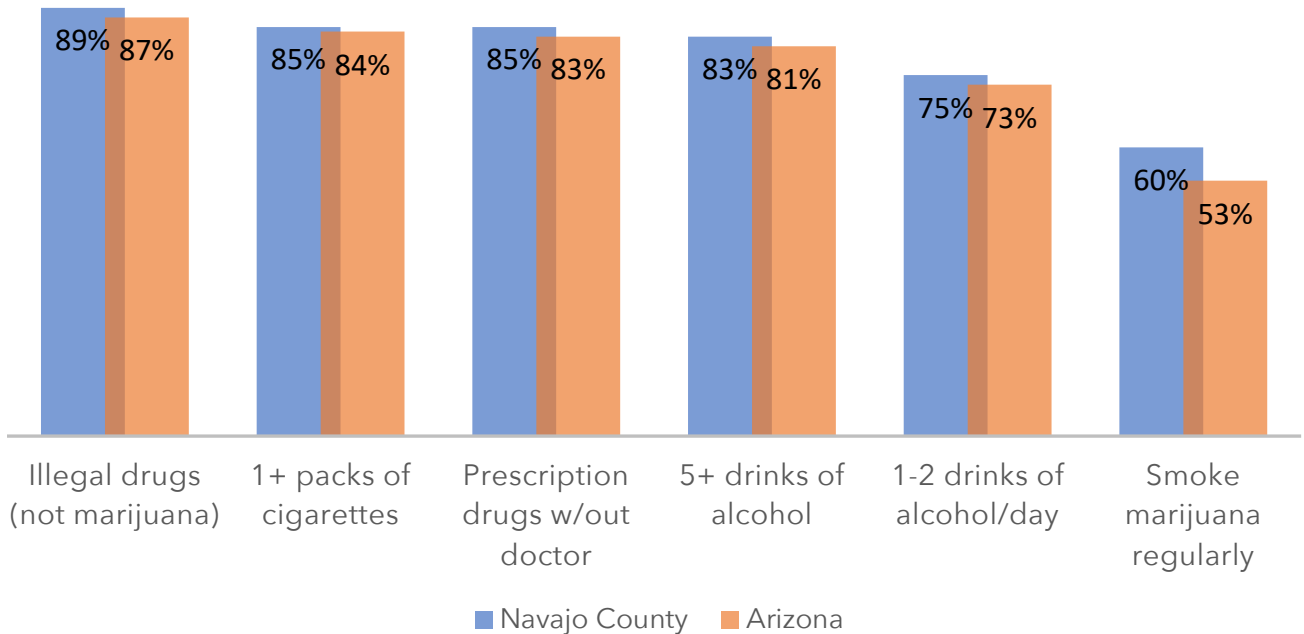
Among those youth who don't use drugs and alcohol, some of the influences are more important to younger teens/youth than to the older teens. Almost all of the respondents said that their reason for not using drugs was they were not interested in drugs. However, the younger students were more likely to mention pleasing parents and other adults (or at least avoiding punishments) and fear of legal ramifications as a reason for not using. The older students (twelfth graders) were much less likely to be motivated by adult approval or legalities when compared to the eighth and tenth graders.

Reasons for NOT Using Drugs/Alcohol, 2018			
	8 th Graders	10 th Graders	12 th Graders
Not interested in drugs	88%	87%	84%
Parents would be disappointed	83%	73%	65%
Parents would take away privileges	66%	56%	42%
Other adults would be disappointed	64%	56%	46%
I would get a bad reputation	60%	47%	45%
Illegal and I could get arrested	71%	56%	47%
It can harm my body	35%	28%	16%

Notably low on the list of reasons not to use drugs or alcohol is that drugs and alcohol may be harmful to health. As shown in the table above, eighth graders are more likely to perceive physical harm in substance use (35% say "it can harm my body") than are twelfth graders (only 16% agree.) This is particularly striking since this table includes only those students who do not use drugs.

There are some differences in the perception of harm based on the type of substance considered. As shown in the chart below, illegal drugs other than marijuana were seen as the most harmful substance by both Navajo County and Arizona eighth, tenth, and twelfth graders and smoking marijuana regularly ("once or twice a week" in the survey wording) was seen as the least harmful. In fact, only 60% of Navajo County respondents and 53% of Arizona respondents rated regular marijuana use as even of moderate risk. This means that 40% of the county and 47% of the state respondents felt that marijuana use is no or little risk. As might be predicted, older teens were the least likely to find regular marijuana use to be of moderate or great risk - 54% of Navajo County twelfth graders rated it as great or moderate risk (not shown below).

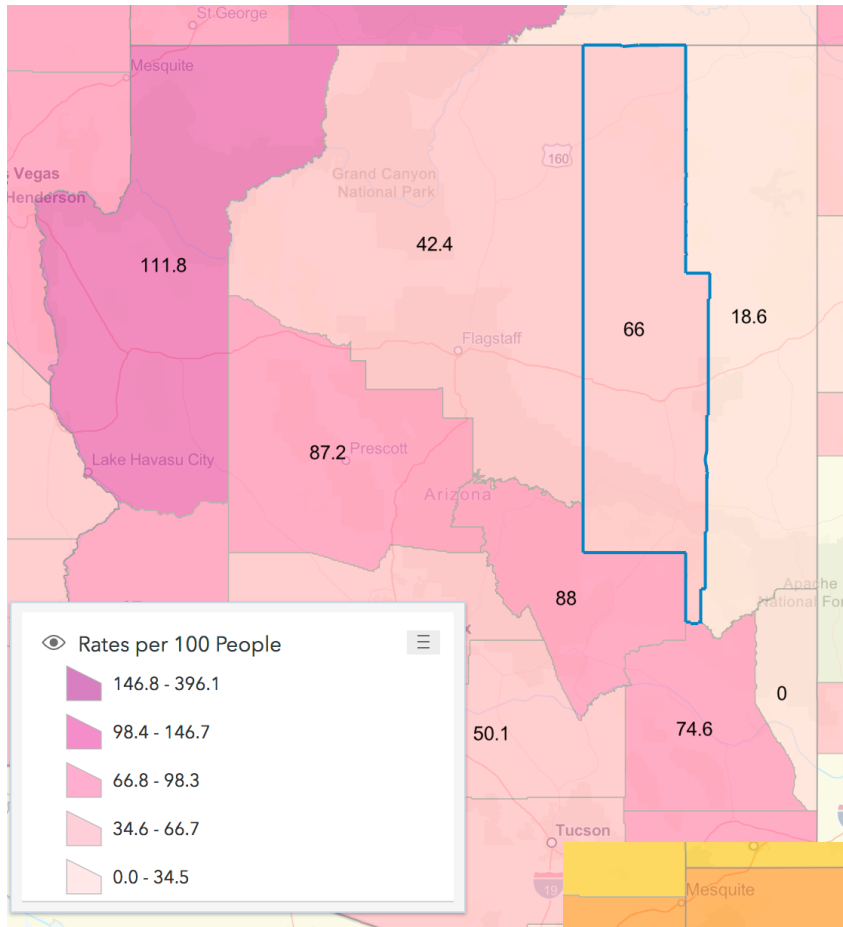
Substances: Perception of Harm, 2018
 % Moderate or Great Risk, 8th, 10th, 12th Graders Combined



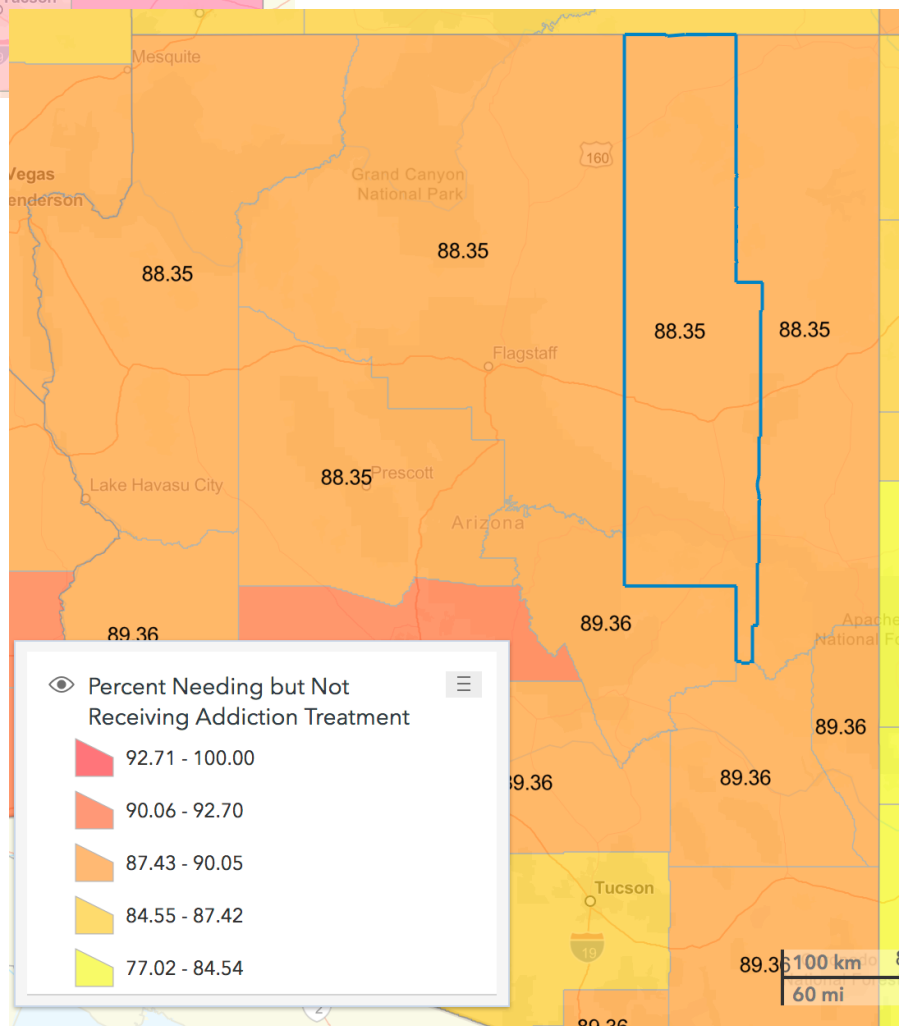
The adolescent view of alcohol and cigarettes as being potentially harmful to health is consistent with research on those subjects. When it comes to marijuana, however, the degree to which marijuana is harmful - or as some respondents saw it - not harmful - is still being debated in the scientific community. However, the Centers for Disease Control and Prevention⁸, The Surgeon General of the U.S.⁹ and the National Academy of Sciences of the U.S.A.¹⁰ all warn that cannabis use can have serious and lasting effects on developing brains of adolescents and young adults and can impair driving, among other issues. The November 2020 vote in Arizona to legalize recreational use of cannabis may make cannabis products more accessible to children (despite the 21 and older restriction) but it's likely that marketing and sales will increase significantly, possibly affecting this age group. According to The Arizona Republic, "Arizona's retail market is estimated at about \$1 billion annually counting medical sales only, and that could potentially double with recreational sales."¹¹

Shortage of Services

As mentioned earlier, residents participating in the 2020 CHA Survey and focus group referred to widespread issues of substance use disorders, and they also talked



about a shortage of providers and treatment programs to address the issues. As shown in the map left, Navajo County is in the low/middle range in terms of opioid prescription rates when compared to other counties in Arizona. This is consistent with other data that show alcohol use issues to be more common than opioids. The map below shows that 88% of Navajo County residents needing addiction treatment are not receiving it. There is also a shortage of mental and behavioral health providers in Navajo County, which will be discussed in a later section.

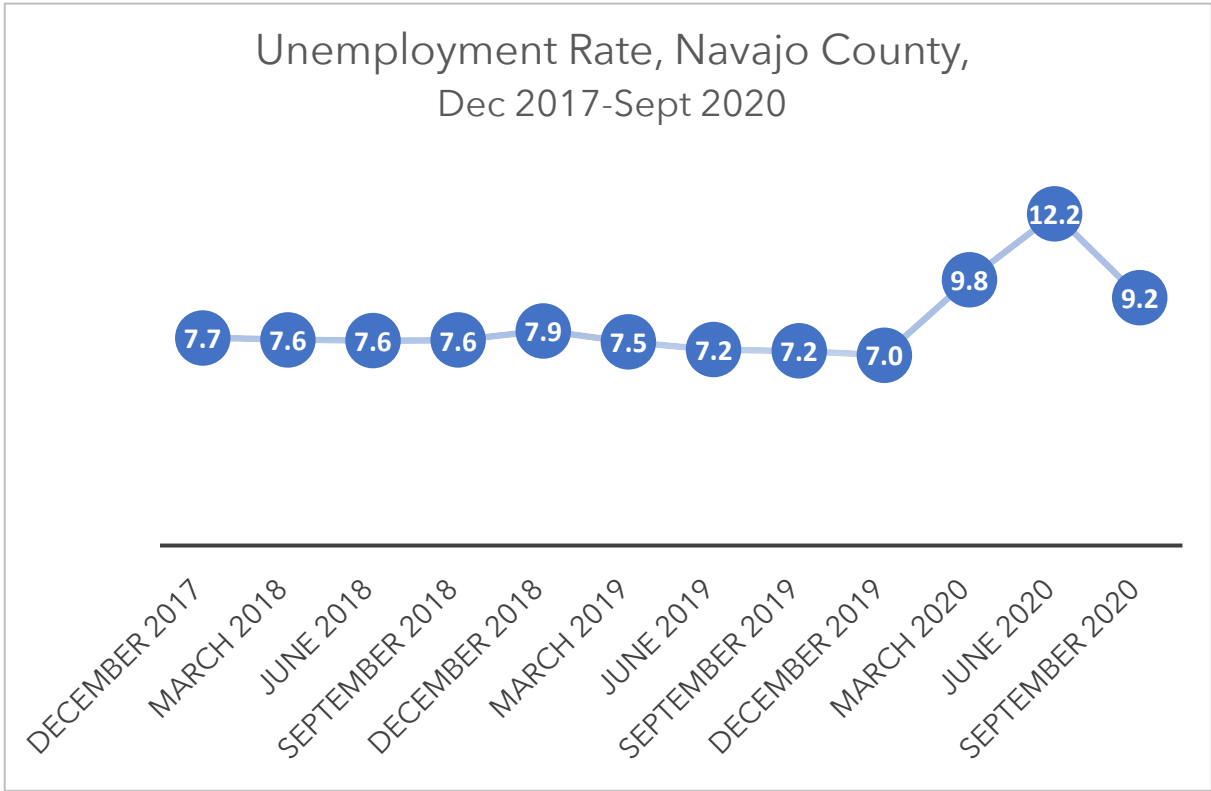


Poverty and Joblessness

"If you are out looking for a job, you can find one, but there's not too many careers, you know, that offer benefits, retirement, and increase and upgrades."

Unemployment

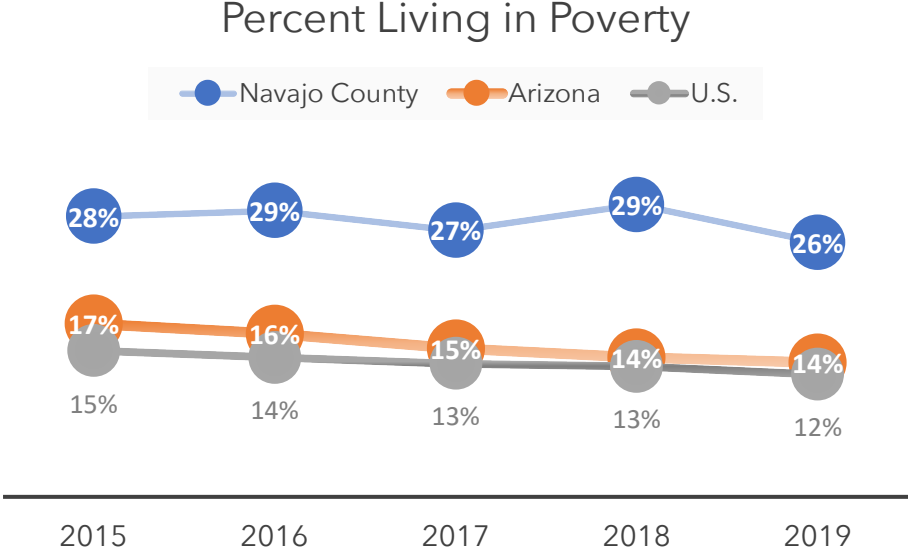
The COVID-19 pandemic has contributed to an economic downturn all over the world and Navajo County is no exception. This is demonstrated dramatically by the unemployment rate, shown below. While unemployment has been between 7% and 8% in recent years, by March 2020, it started climbing to 9.8% and was 12.2% by June. In the next quarter it dropped somewhat but was still higher than previous years at 9.2%.¹² Whether or not this trend will continue is uncertain and may be affected by number of factors from availability of the COVID vaccine to the world economy.



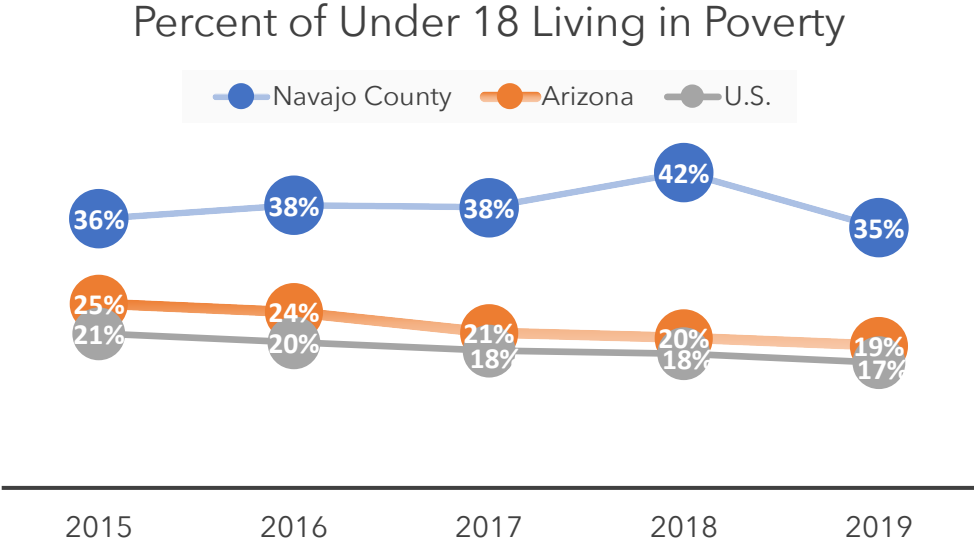
Poverty

While unemployment soared in response to the COVID pandemic, poverty was prevalent in Navajo County well before the pandemic started. As shown in the chart

below, one of every four residents lived in poverty in 2019.¹³ This has been the case for the past five years and was listed as a key issue in the 2018 Navajo County CHA Report. As also shown in the chart below, this poverty level is much higher than the rates for both Arizona and the U.S. These are the most recent data available, and it likely that there will be more residents who fit in this category in 2020 and 2021.

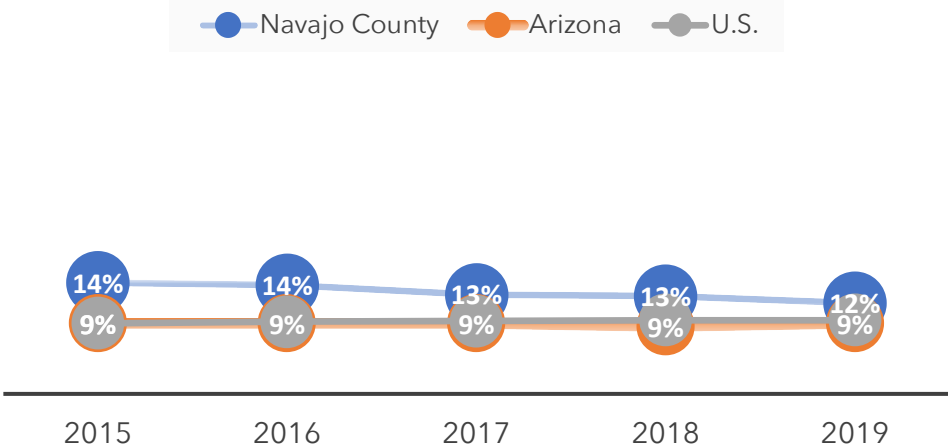


The next two charts show the level and trends of poverty in two vulnerable groups: children and seniors. The first chart below shows that one in three Navajo County children lived in poverty in 2019. In 2018, the situation was even worse at 42% of the county’s children in poverty. Again, in all years, the rate is much higher than either the state or national level and the disparity between Navajo County and the national level appears to be growing over time.

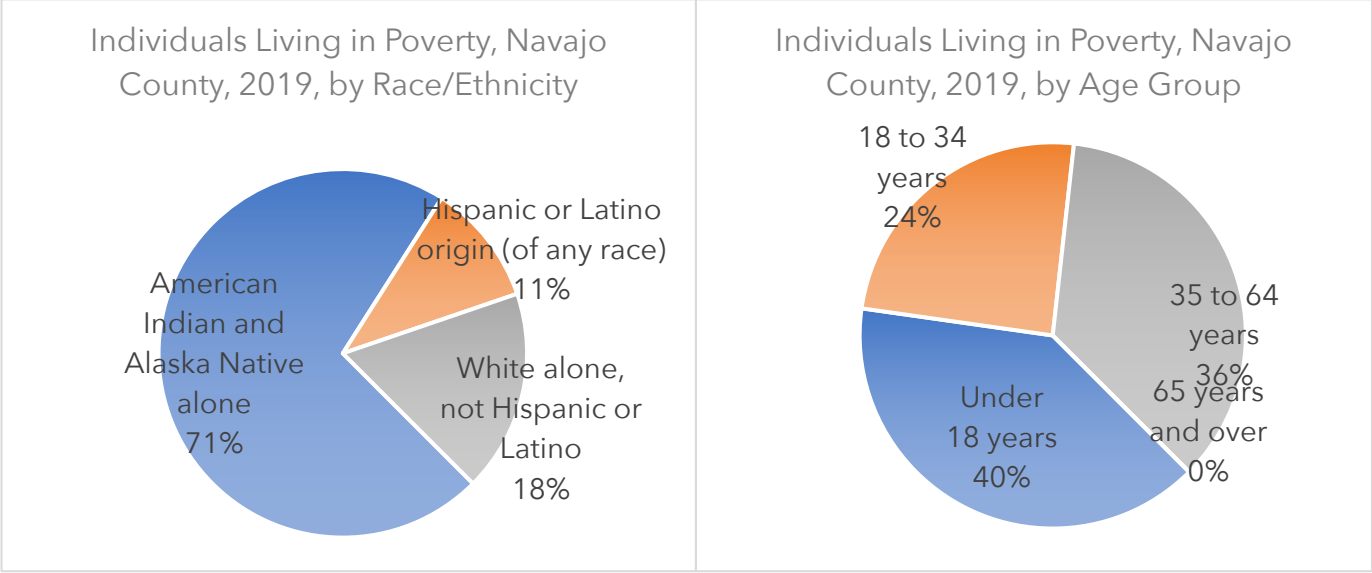


The second chart, below, shows the percent of Navajo County residents aged 65 and over who are living in poverty. In 2019, the percentage of seniors in this category (12%) was much lower than the percentage of children in poverty (35%). Additionally, it was not much higher than the rates for Arizona or the U.S. Still, the percentage of seniors in poverty means that one in every eight Navajo County residents 65 and over lived in poverty last year.

Percent of 65 and Over Living in Poverty



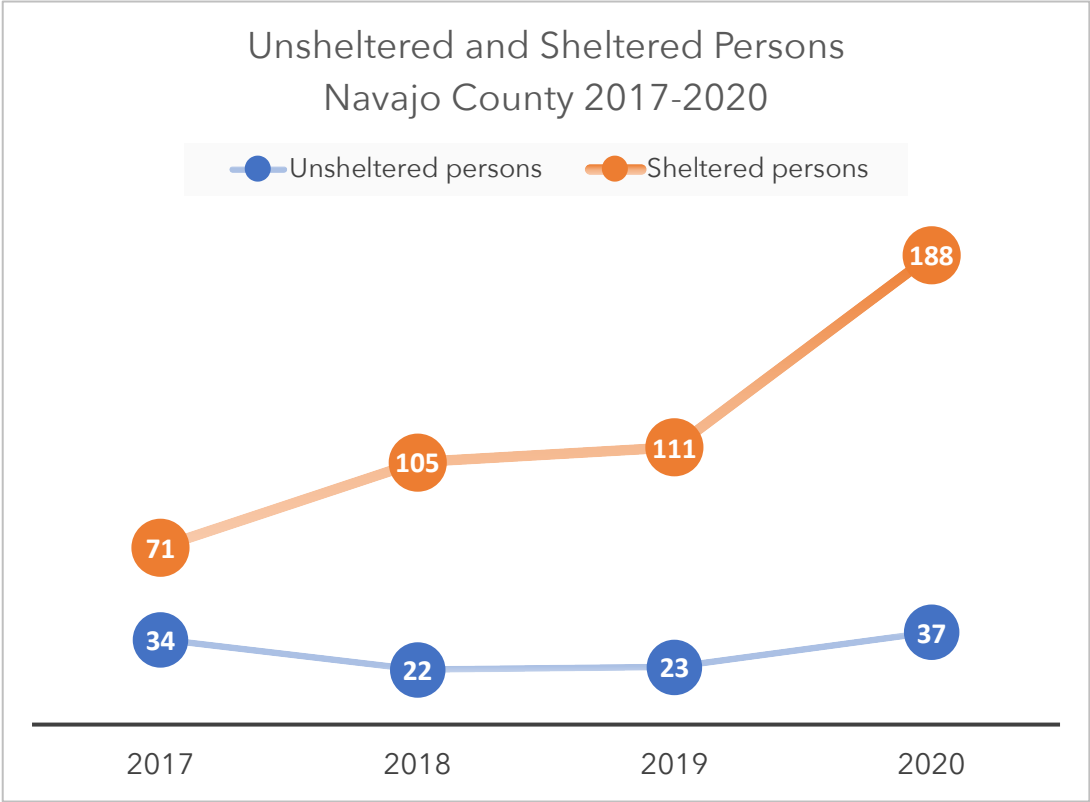
The two charts below show the make-up of all Navajo County residents living in poverty. As shown on the left, American Indians make up the majority of those in poverty (71%), followed by whites (18%) and Hispanic/Latinos (11%). As for age groups, about half of those in poverty are aged 18 to 64 (22% 18 to 34 and 33% 35 to 64). The other half are children (36% of those in poverty are children and 9% are 65 and older).



Homelessness

Every January, the Arizona Department of Housing conducts an annual count of unsheltered and sheltered individuals who don't have a permanent home. Called the Point in Time Study, volunteers in local areas seek out unsheltered persons and ask each one a few questions about their situation. They also tally the individuals in local shelters in order to generate a "sheltered persons" count. Because the count was done in January 2020, prior to the introduction of COVID-19 into Arizona, it does not show if the pandemic has affected homelessness. The January 2021 Point in Time Study should shed some light on the situation.

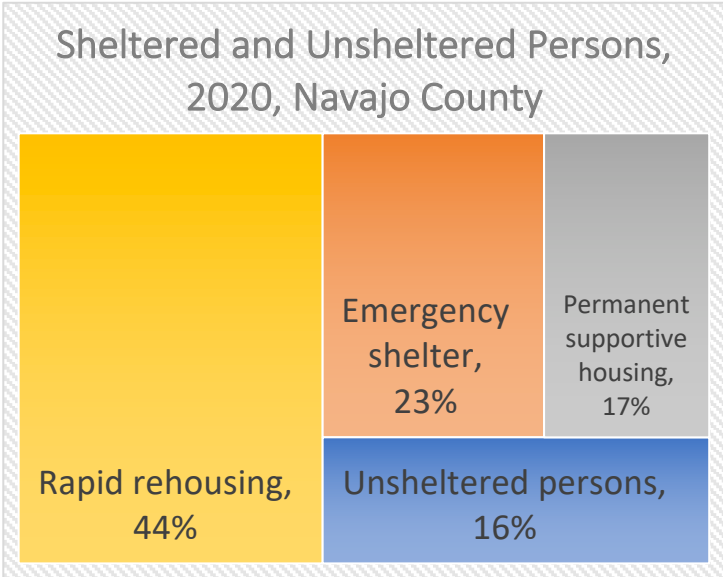
The chart below shows the count of sheltered and unsheltered persons in Navajo County from 2017 to 2020.¹⁴ The number of unsheltered persons (37) has grown somewhat since the levels in 2018 and 2019, but the number of sheltered (188) persons has grown significantly since 2017. In 2020, all of the unsheltered persons were found in Winslow or Whitewater. However, in past years they have been located in Lakeside, Pinetop, and Show Low as well.



According to the 2020 Point in Time Report, the unsheltered individuals were dealing with a number of issues or conditions. Most common was substance use disorder,

reported by two-thirds (66%) of the unsheltered persons interviewed. This was followed at a much lower level by chronic physical injury (16%) and developmental disability (13%). Some of the unsheltered had more than one condition and were grappling with a combination of conditions, such as substance abuse and serious mental illness.

Conditions Among Unsheltered Persons, 2020	
Issues with substance abuse	66%
Chronic physical injury	16%
Developmental disability	13%
Seriously mentally ill	9%
Traumatic brain injury	9%
Chronic disease	9%
Post-traumatic stress disorder	3%
HIV/AIDS	3%
<i>Note: Multiple responses allowed.</i>	



Among the total of sheltered and unsheltered persons identified in Navajo County in 2020, 16% were unsheltered, without even a temporary place to sleep. The remaining were in some type of shelter. Twenty-three percent were in emergency shelters, where a person can stay for as little as one night and may receive a meal or meals. The largest group (44%) were in rapid rehousing which helps those who don't need a great deal of assistance to quickly return to

permanent housing. Permanent supportive housing, which serves as shelter for 17% of the homeless in Navajo County, is a combination of affordable housing and services that connect sheltered persons to jobs, healthcare, and other services. Among all of the shelters, 97% of the beds were filled as of January 2020 suggesting that Navajo County may need additional housing services should more people become homeless.

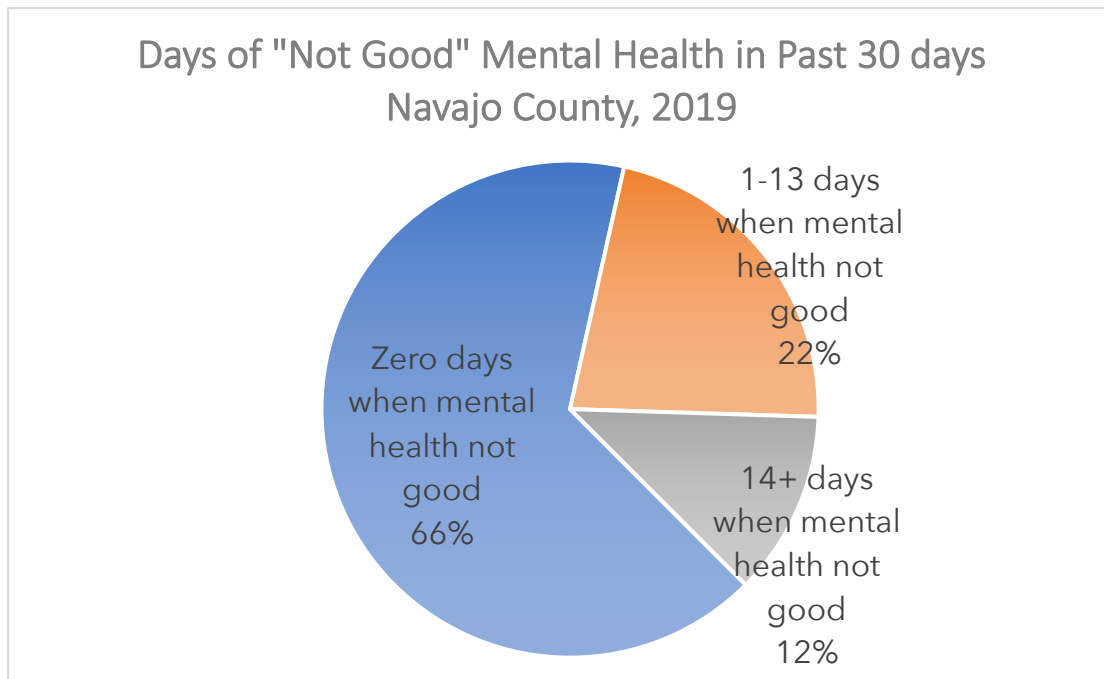
Mental/Behavioral Health

"When I am stressed, and I come home, I'm usually not taking it out on people that I work with, or that I see in the community, but I come home, and my family seems to be my punching bag. You know, and it gets taken out on them, so definitely, your mental health has a huge impact on your family for sure."

--Focus Group Respondent

Prevalence of Mental Health Issues

While most people in Navajo County report good mental health most days, some are struggling. According to the 2018 and 2019 Behavioral Risk Factor Surveillance System (BRFSS), one in three residents had at least one day in the past month when their mental health was "not good." More disturbing is that one in five residents (22%) spent at least half of the last 30 days with their mental health being "not good."¹⁵ This was prior to the COVID-19 pandemic, so it's possible that this number is even higher today (in 2020). In addition, 15% of Navajo County respondents indicated that they had been told by a provider that they had a depressive disorder.¹⁶



Navajo County youth are not immune to mental health issues. As discussed earlier in the section on substance use, eighth, tenth, and twelfth graders had many reasons for using drugs and alcohol, including to have fun. Also on the list of reasons was stress and sadness. About one in four eighth graders who use drugs and/or alcohol (27%)

indicated they did so to deal with stress from school or stress from their parents or family (24%). These percentages grew with the age of the students and among twelfth graders 40% were dealing with stress from school by using drugs or alcohol.

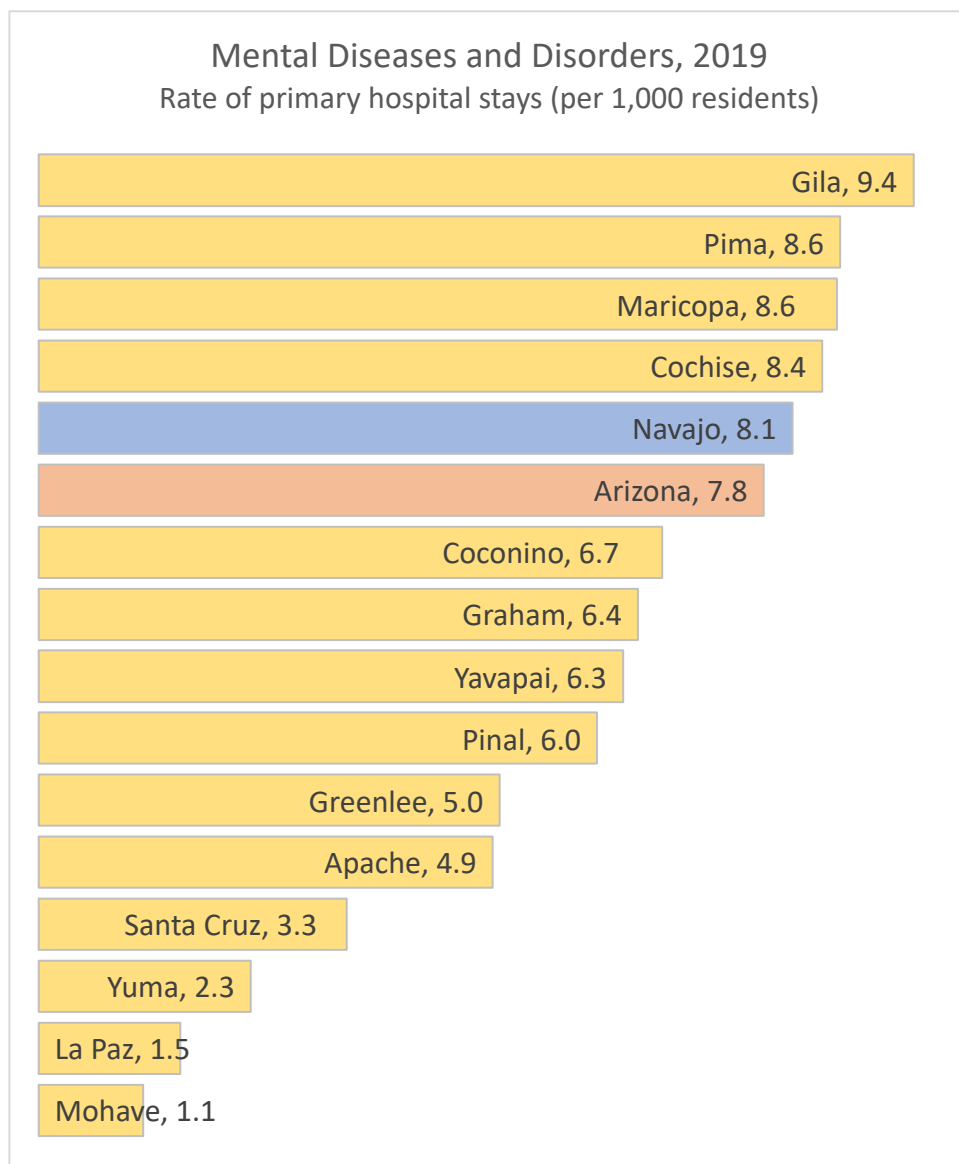
Reasons for Using Drugs/Alcohol, Navajo County, 2018 (Partial List)			
	8 th Graders	10 th Graders	12 th Graders
To deal with stress from school	27%	35%	40%
To deal with the stress from my parents and family	24%	30%	31%
I was feeling sad or down	22%	25%	24%

Hospital Stays and Deaths

In both the 2018 the 2020 CHA Surveys, residents selected mental health as one of the key needs in the community (see Survey Results section), and the epidemiological data support their selection. As shown below, psychoses were the #1 most frequent reason for a hospital stay in the county in 2019. Psychoses, as it is classified by hospitals, includes mental health issues such as schizophrenia, bipolar disorder, major depressive disorder and others.¹⁷ As mentioned earlier, substance use disorders (“alcohol, drug abuse or dependence”) is another mental/behavioral health issue that appears on the list of most common types of hospital stays.

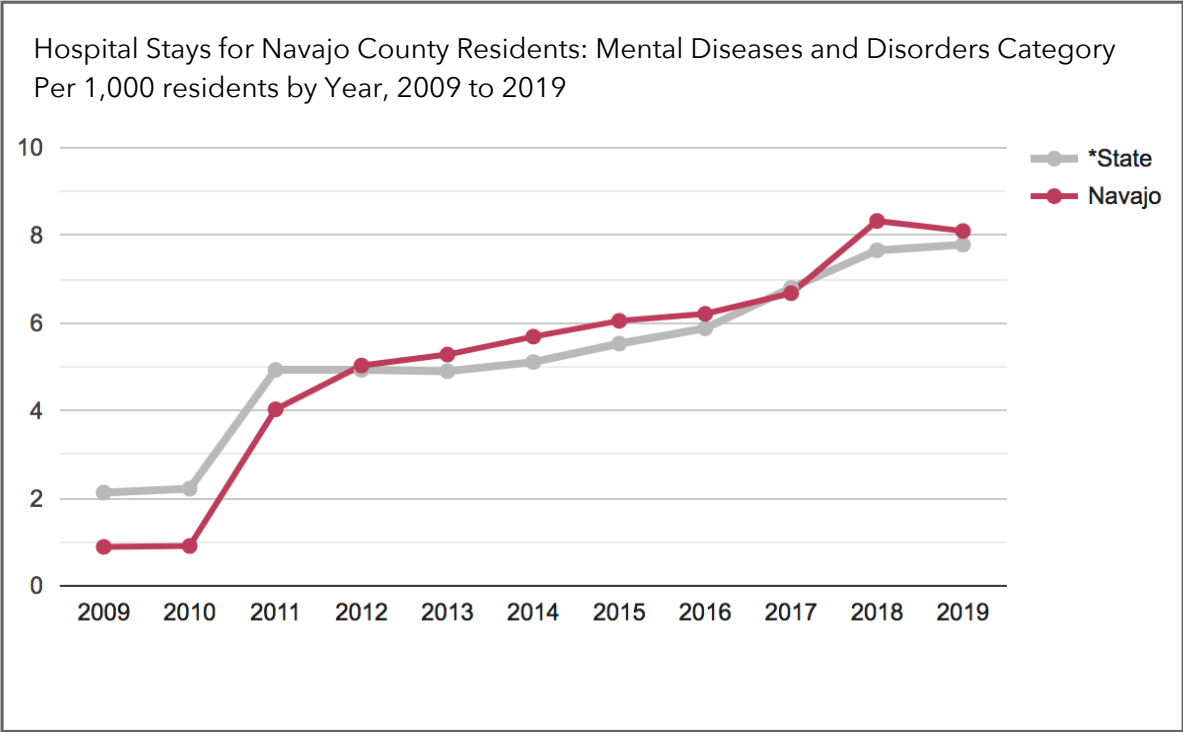
Most Common Types of Diagnoses for Hospital Stays, Navajo County Residents, 2019		
	Number	% of all discharges
Discharges (principal) - Main reason for stay		
Psychoses	731	5.9%
Normal newborn	572	4.6%
Septicemia or severe sepsis	438	3.5%
Major hip and knee joint replacement or reattachment of lower extremity	356	2.9%
Neonate with other significant problems	326	2.6%
Pulmonary edema and respiratory failure	259	2.1%
Alcohol, drug abuse or dependence without rehabilitation therapy	239	1.9%
Heart failure and shock	199	1.6%
Pneumonia and pleurisy	178	1.4%
Note: This table Includes the one principal reason for a hospital stay.		

When compared to other counties in Arizona, Navajo County is among the counties with the most hospital stays due primarily to mental health disorders. As shown in the chart below, the rate per 1,000 residents was the fifth highest of the 15 Arizona counties in 2019.¹⁸

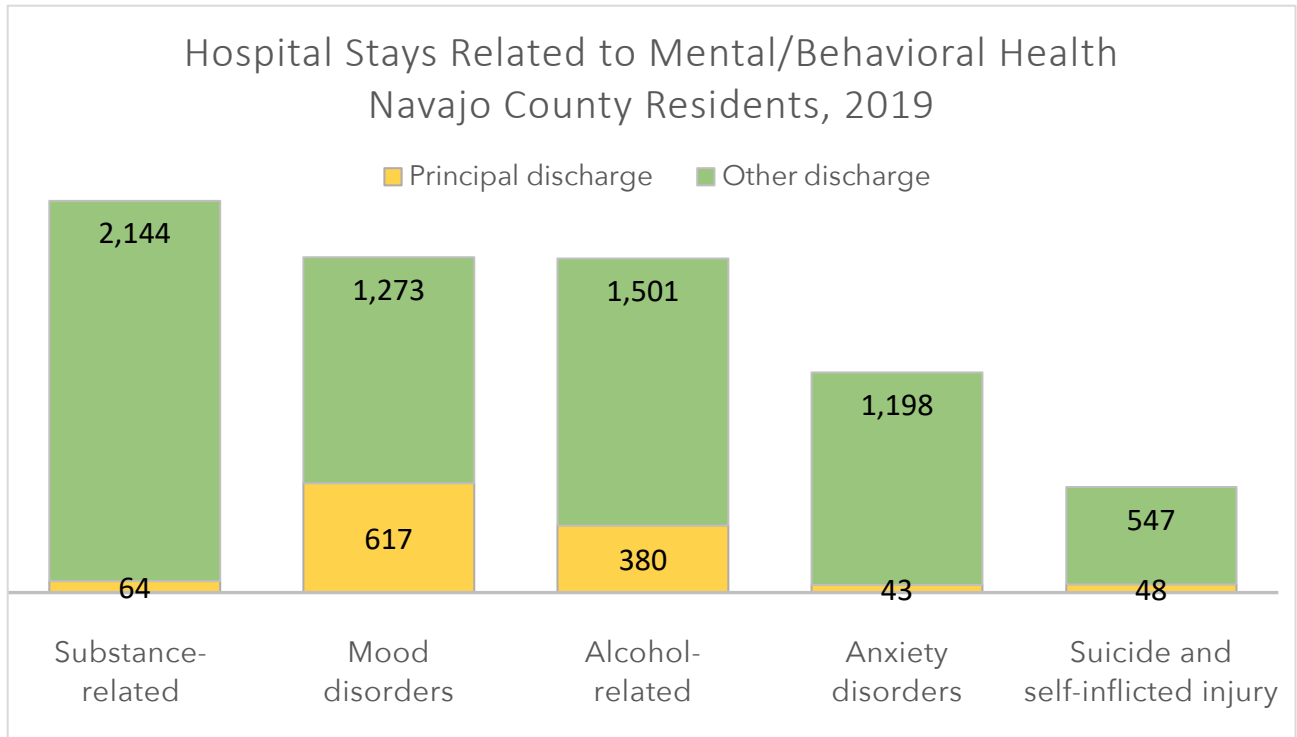


Not only does Navajo County have a high rate of hospital stays for mental disorders now, but the rate has grown profoundly in the past decade. From 2009 to 2019, the rate per 1,000 residents went from near 1.0 per 1,000 in 2009 to over 8.0 in 2019. This increase may be due, wholly or in part to more mental illness in the community over the past ten years. It may also be a reflection of the increasing willingness and

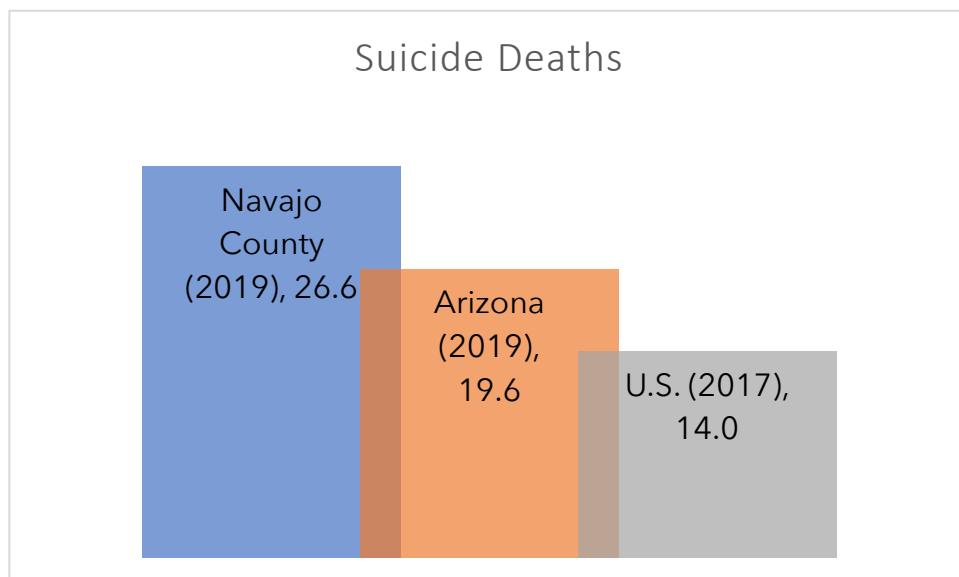
ability of the medical community to recognize and document mental illness. In either case, the result is still a need for mental health treatment and solutions.



While mental illness (psychoses, substance use disorder, and others) are among the most common principal reasons for a hospital stay, there are often mental health issues that identified during a stay that weren't the principal reason for the stay. For example, as shown in the chart below, there were 64 hospital stays attributed to "substance-related disorders." However, 2,144 *additional* stays had substance-related disorders as part of the discharge diagnosis. The same is true for mood, alcohol-related, and anxiety disorders.

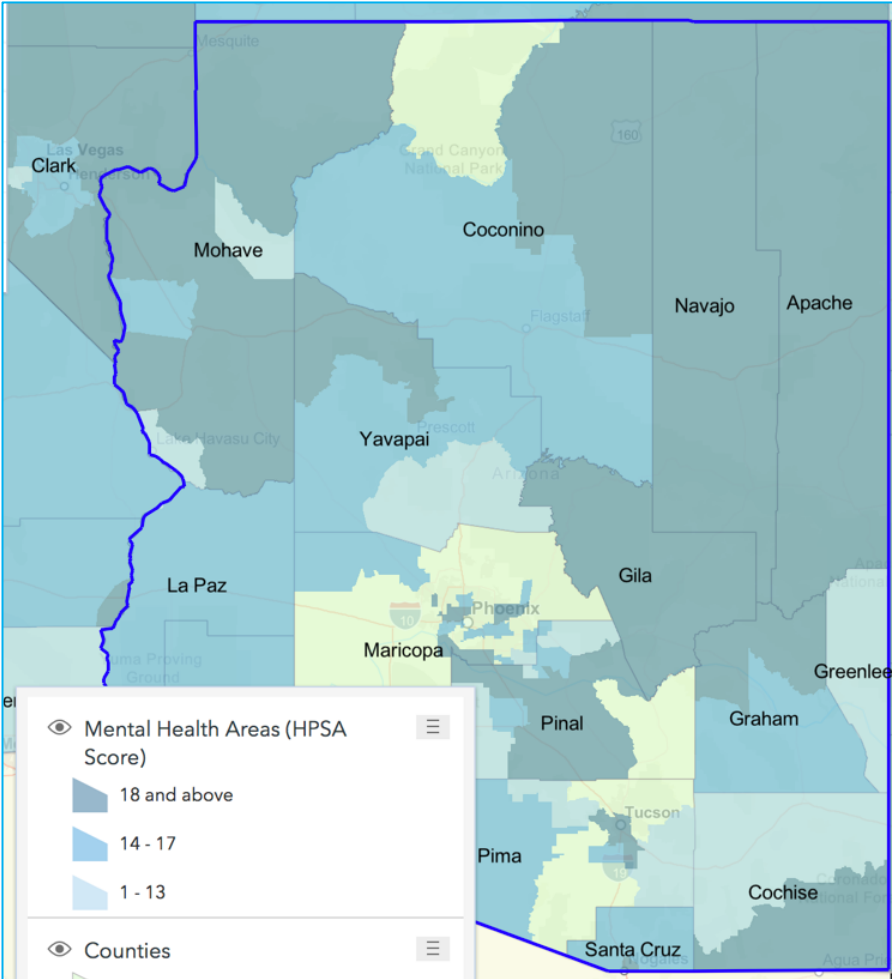


One of the saddest outcomes of mental health disorders is that they can result in suicide. As shown in the table above, there were almost 600 hospital stays related to suicides, suicide attempts and intentional self-inflicted injuries.¹⁹ As shown in the table below, actual suicide deaths in Navajo County reached a rate of 26.6 per 100,000 residents (30 suicide deaths). This is much higher than the rate per 100,000 for Arizona or the U.S. In fact, the rate is almost twice that of the U.S in 2017, the most recent year available for national data.²⁰



Mental and Behavioral Health Providers

According to reports from the Health Services & Resources Administration (HRSA) and residents of Navajo County (see survey results), Navajo County is not adequately equipped to deal with the large number of mental and behavioral health issues, including substance use disorders. As shown on the map to the right, all of Navajo County is in the category of highest need for mental health professionals.²¹ (Higher scores indicate higher need.²²) Additionally, as will be shown in the next section, there is a shortage of providers overall which also contributes to difficulties in getting referrals for mental health care.

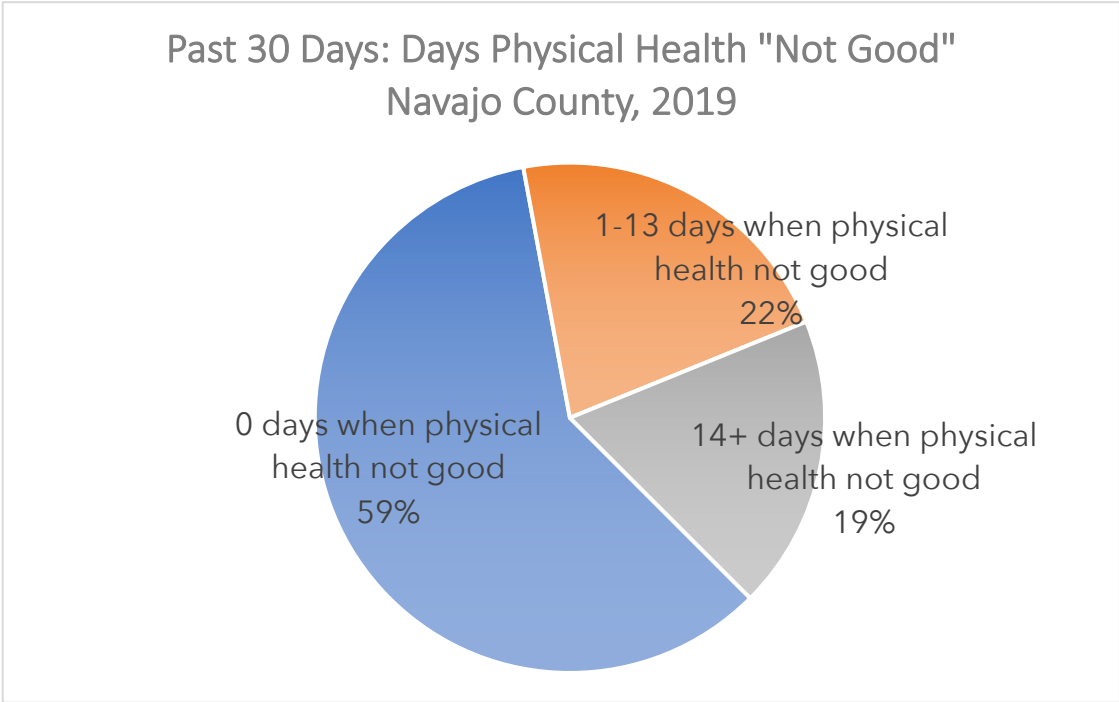


Chronic Diseases

"My little guy who is four, he's type one diabetic. He was diagnosed at 13 months; my husband is also type one diabetic and um... When I go to [the local hospital] ... they have to turn him away and send him somewhere else. I consider that not meeting the medical needs."

-- Focus group respondent

Most Navajo County residents find their health to be good most of the time, but the presence of diseases and conditions is widespread. As shown below, 59% of Navajo County residents said they would describe their physical health as "not good." But strikingly, one in five (19%) had 14 or more days when their physical health was not good for at least half of the month. The remaining 22% had a few days of the past 30 when they didn't feel good.



There are, of course, many reasons why an individual might feel that their health is not good - from having a short-term infectious disease to having a chronic condition to mental health issues. Among Navajo County residents, many report that they have been diagnosed with a serious condition. The table below shows that one in five report they have been diagnosed with cancer; one in five with diabetes; and others with heart disease, stroke or kidney disease.

Reported Conditions, Navajo County		
Ever diagnosed with...	2018	2019
Cancer	17%	20%
Diabetes	16%	19%
Coronary heart disease or heart attack	4%	10%
Stroke	5%	6%
Kidney disease	5%	5%

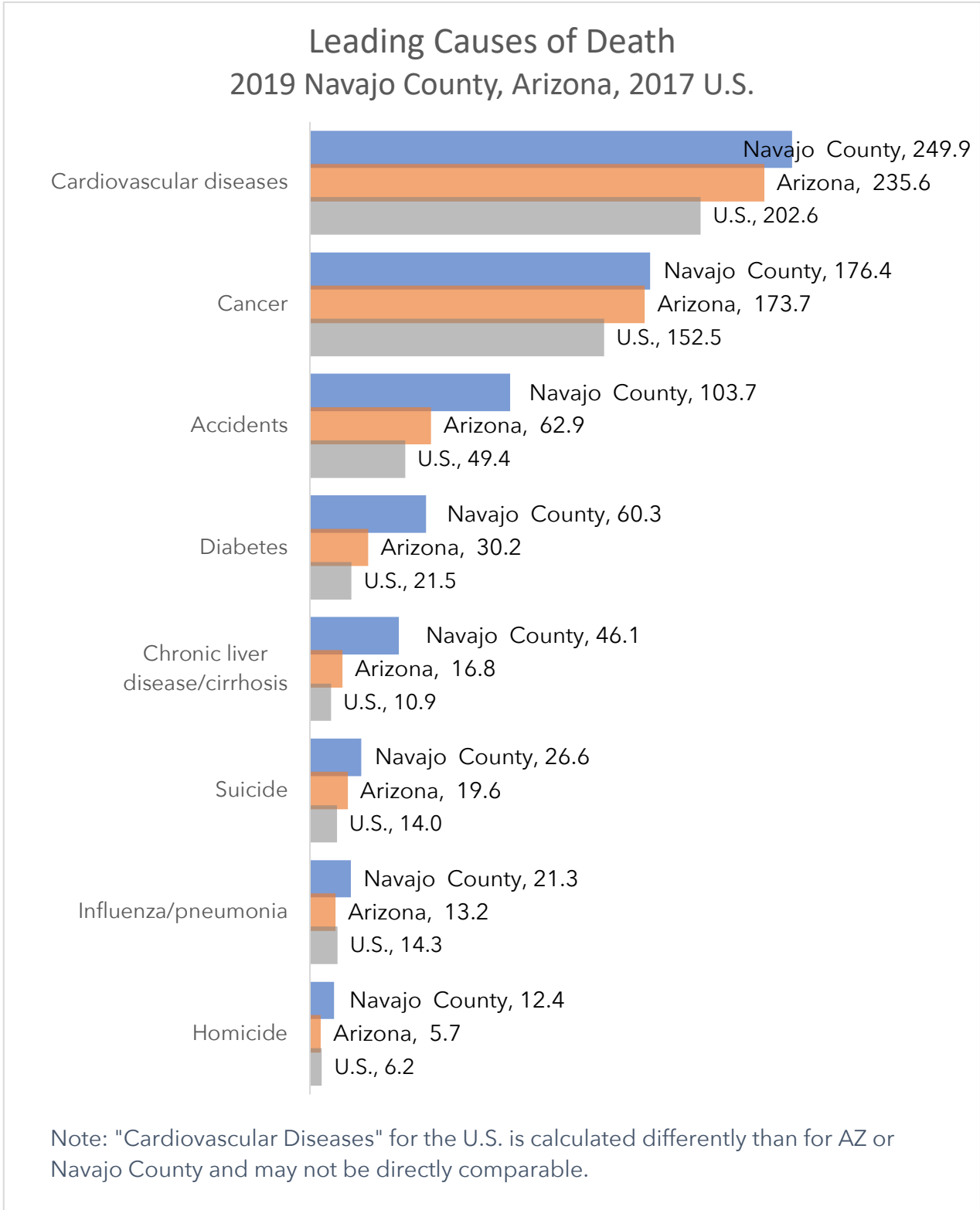
Deaths and Hospital Stays

As was the case in 2018, the leading causes of death in Navajo County, continue to be heart disease and cancer. As shown in the table below, cardiovascular diseases are the number one cause of death in Navajo County accounting for almost 300 deaths in 2019. Cancer (malignant neoplasms) are the second most common cause of death with 199 deaths.

Selected Causes of Death, Navajo County, 2019		
	Number	Rate per 100,000
	1,196	1060.0
Major cardiovascular diseases	282	249.9
Diseases of the heart	202	179.0
Essential (primary) hypertension and hypertensive renal diseases	16	14.2
Cerebrovascular diseases	56	49.6
Atherosclerosis	<6	<5.3
Other diseases of arteries, arterioles and capillaries	7	6.2
Malignant neoplasms (cancer)	199	176.4
Total accidents (unintentional injuries)	117	103.7
Transport accidents	38	33.7
Non transport accidents	79	70.0
Diabetes	68	60.3
Chronic liver disease and cirrhosis	52	46.1
Intentional self-harm (suicide)	30	26.6
Influenza and pneumonia	24	21.3
Assault (homicide)	14	12.4

When compared to Arizona and the U.S., Navajo County death rates for chronic diseases are only slightly higher, with a few exceptions. The chart below shows that

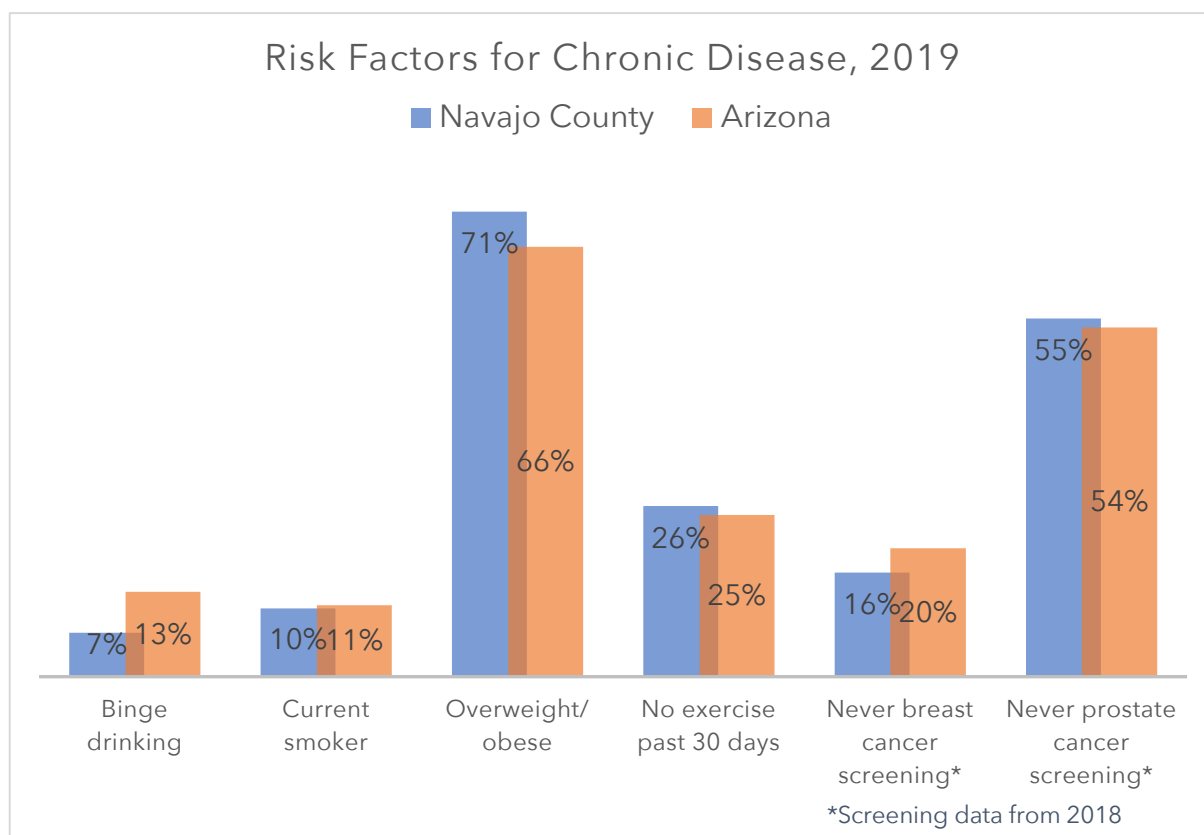
the most two most common causes of death in Navajo County were cardiovascular diseases at 249.9 deaths per 100,000 residents and cancer at 176.4 deaths per 100,000. The third highest cause of death was accidents at 103.7 per 100,000.



After accidents, the fourth and fifth highest leading causes of death in Navajo County were diabetes (60.3/100,000) and liver disease (46.1/100,000). Therefore, chronic diseases – heart disease, cancer, diabetes, and liver disease – made up four of the top five leading causes of death.

Risk Factors and Behaviors for Chronic Diseases

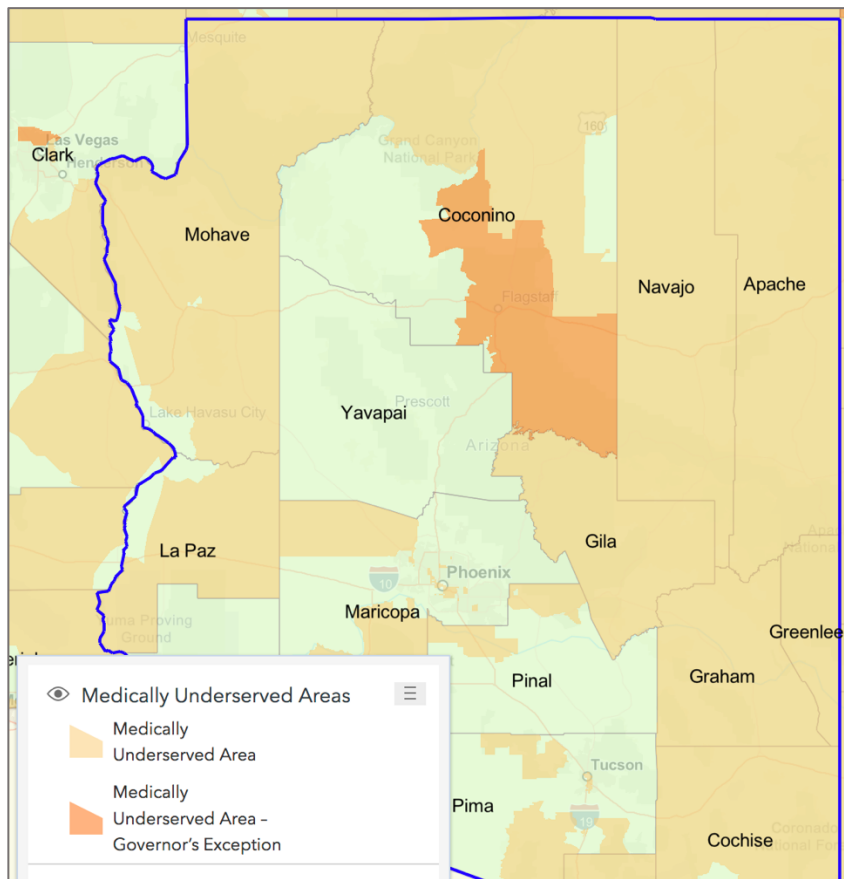
What are residents doing to reduce their risk for heart disease, cancer, diabetes and other chronic diseases? Some practices are promising while some could use improvement. As shown below, most residents don't binge drink or smoke cigarettes. However, 71% are overweight or obese, a rate even higher than for Arizona at 66%. Not surprisingly, then, there are some residents who do not get any type of exercise, or even minimal activity. When asked, "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" one in four answered "no."



When asked about screening practices, women were more likely to have been screened. Only 16% of eligible women had not had a mammogram while 55% of men had not had a PSA test (a blood test for prostate cancer screening).²³ It's possible that

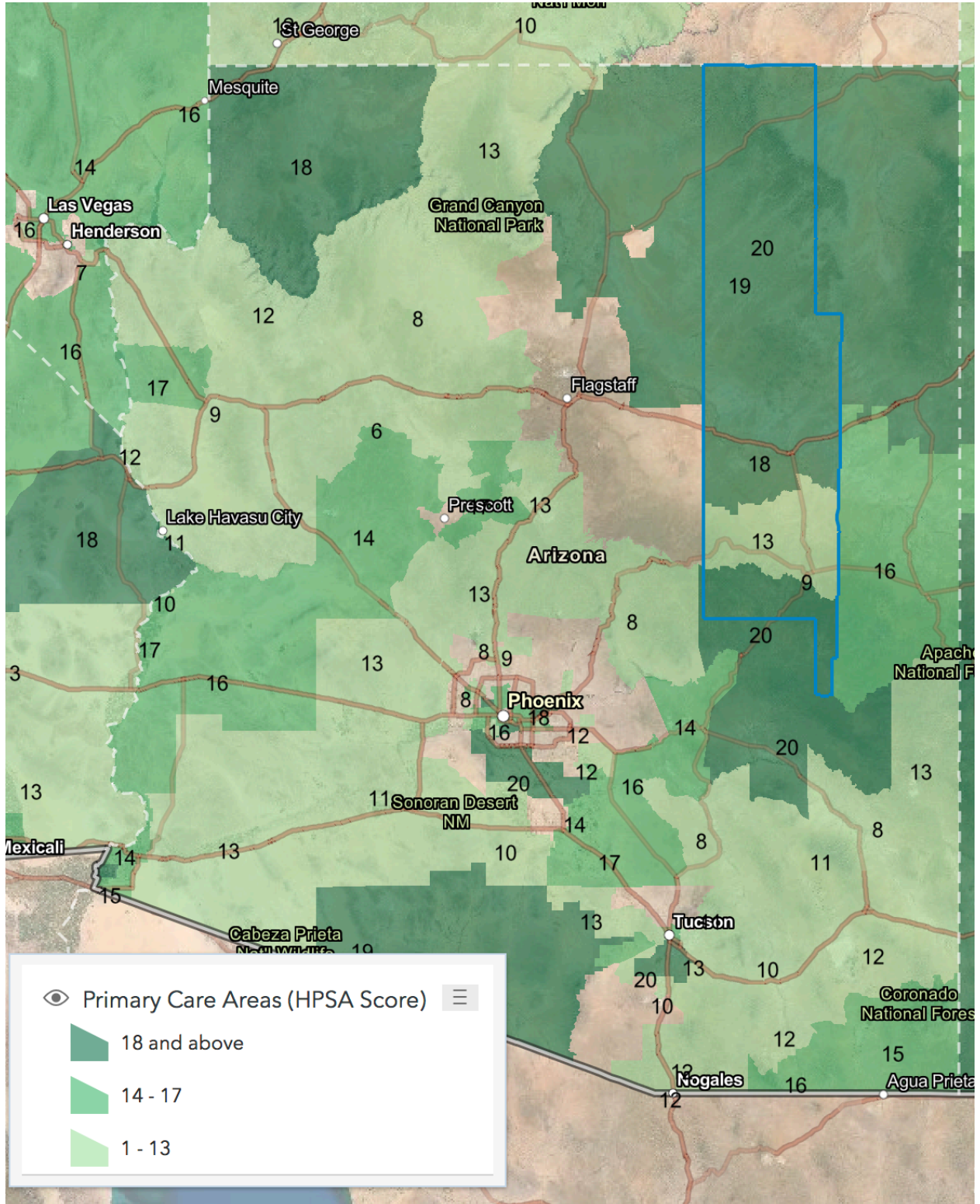
some men may have not been fully aware of the PSA test as it is a blood test that might be done with other blood screening and they may have consented to it among a number of other tests. In contrast, a mammogram requires a separate clinical visit and involves a procedure that would be hard to forget. For both procedures, however, it would be beneficial to the health of the community to get the number of unscreened residents closer to zero.

Shortage of Healthcare Providers/Specialists



Navajo County was in 2018, and still is in 2020, a designated medically underserved area. As shown in the map below, all of Navajo County and parts of the neighboring counties are classified by Health Resources & Services Administration (HRSA) as Medically Underserved Areas (MUAs).²⁴ A MUA is characterized by HRSA as “having too few primary care providers, high infant mortality, high poverty or a high elderly population.”

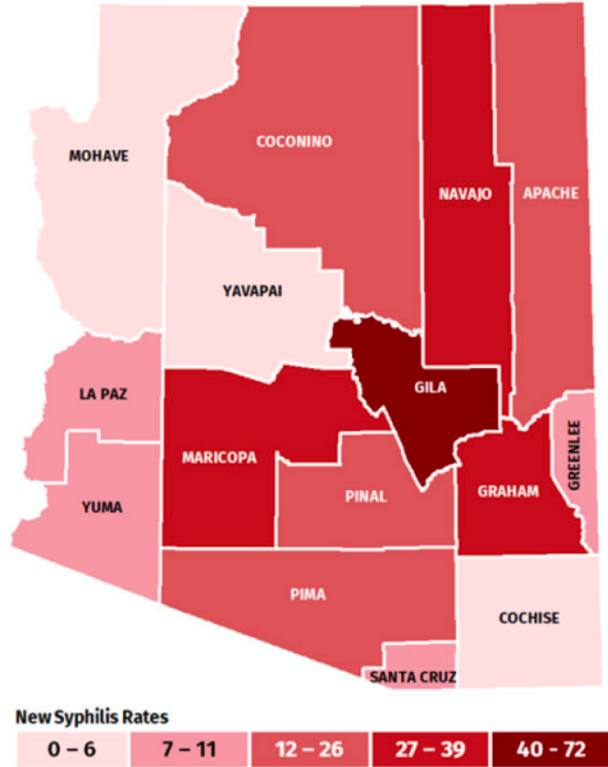
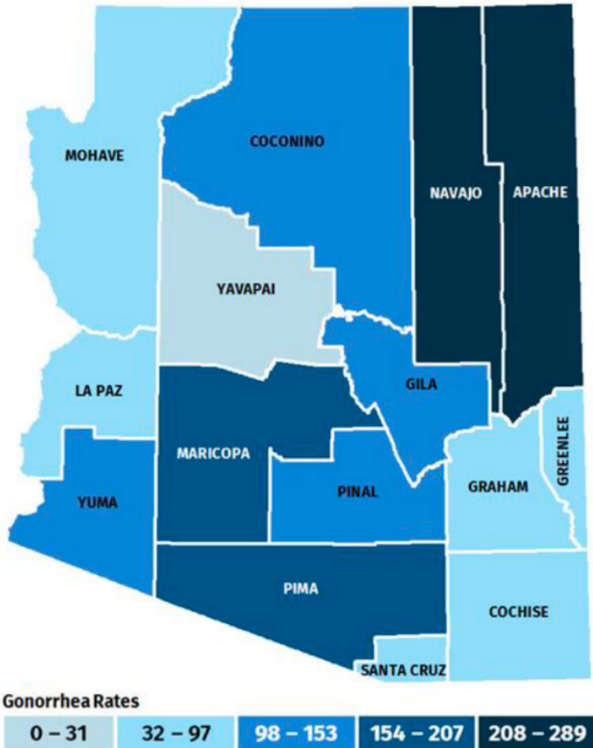
As mentioned earlier, Navajo County has a shortage of mental health providers and services for those needing addiction treatment. As shown below, Navajo County also has a shortage of primary care providers, officially documented by HRSA. In addition, participants in the CHA Survey and focus groups mentioned a shortage of specialists as well. The shortage of specialists is a poor match for a population that needs care for chronic diseases. Thus, this is a priority for Navajo County.



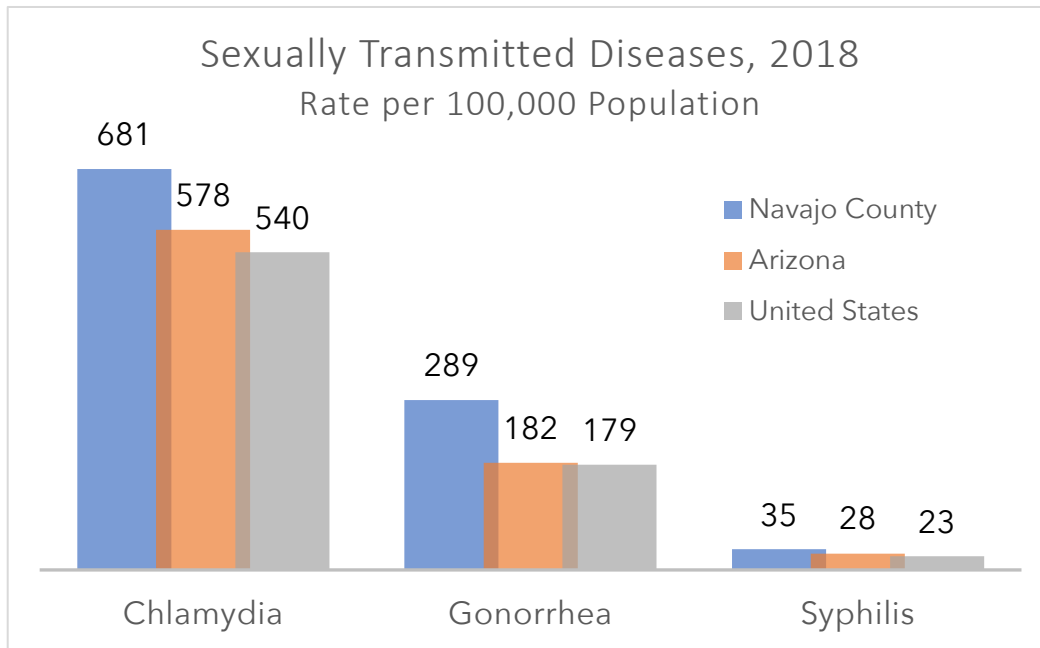
Sexually Transmitted Diseases

STD Rates and Comparisons

In 2018, the rates of sexually transmitted diseases (STDs) among Navajo County residents were high. According to the Navajo County Department of Health Services and the Arizona Department of Health Services, Navajo County was among the three highest counties in Arizona in terms of chlamydia and syphilis rates and was the county with the highest rate of gonorrhea.²⁵ As shown in the maps below, Navajo County ranked in the highest or second highest range for all three of the most common STDs.²⁶ The exact rates were 768 cases of chlamydia or 681 cases per 100,000 residents; 326 cases of gonorrhea or 289 cases per 100,000 residents; and 39 cases of syphilis (primary, secondary or early) or 35 per 100,000.

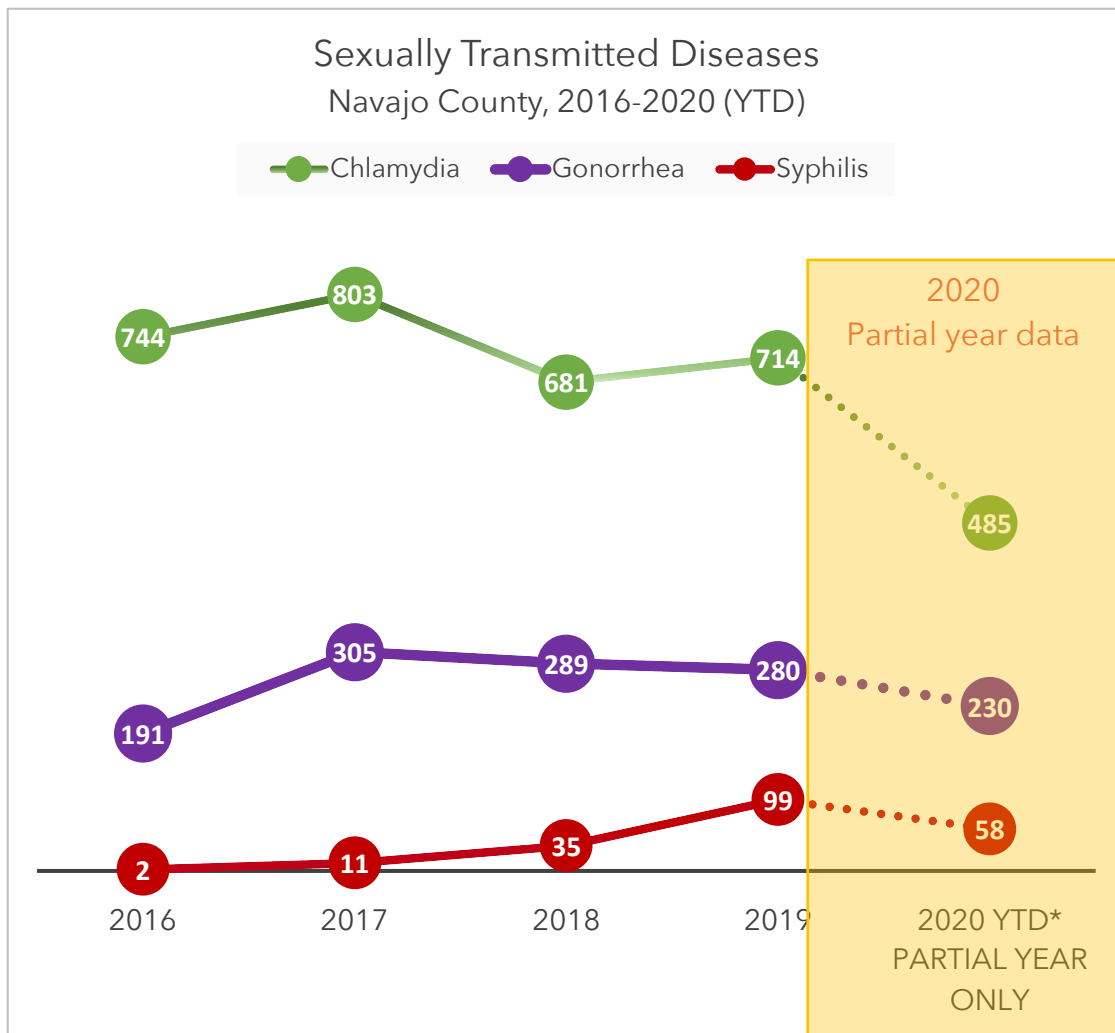


In addition to being higher than other Arizona counties, the rates of sexually transmitted diseases in Navajo County are higher than those in the state as a whole and in the U.S. As shown in the graph below, the chlamydia rate was more than 100 cases per 100,000 higher than both the Arizona and U.S. rates in 2018. The same was true for gonorrhea, which has a rate more than 60% higher than then the U.S. rate.²⁷



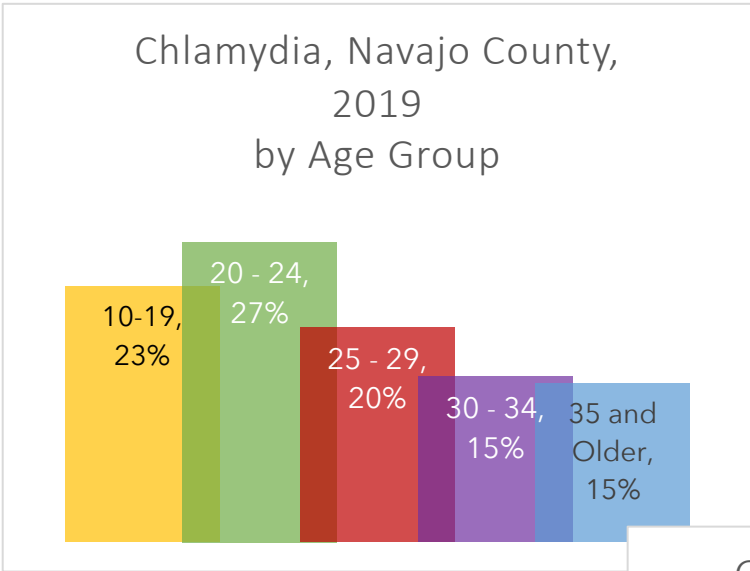
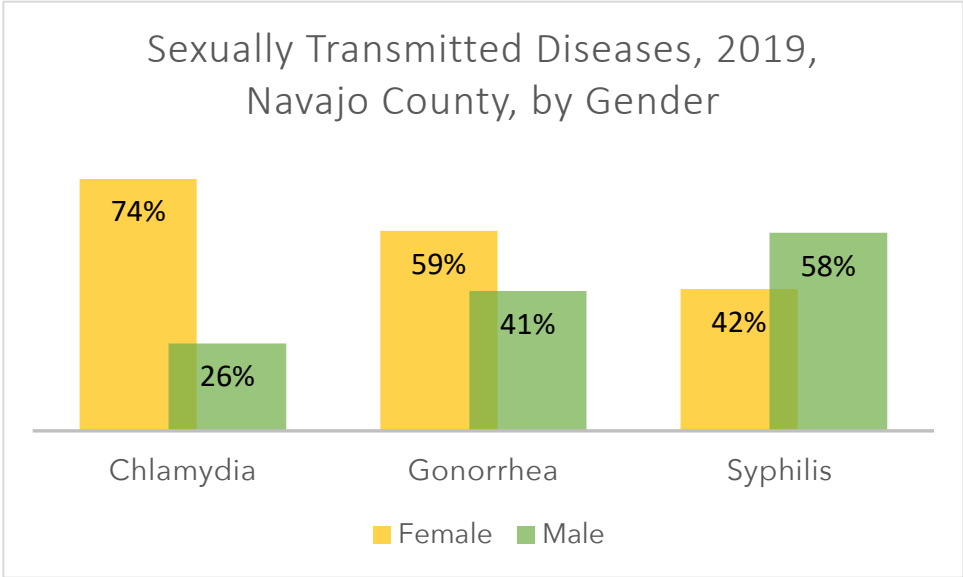
As for trends over time, chlamydia has shown some improvement while gonorrhea has stayed about the same and syphilis has increased. As shown in the chart below, between 2017 and 2019, the rate of chlamydia decreased slightly and gonorrhea stayed at about the same level. The rates shown for 2020 include only part of the year, but if the chlamydia cases continue at the same pace, there may be fewer in 2020 than in previous years.²⁸ Gonorrhea cases, however, are nearing last year's level, even though the numbers are incomplete.

Navajo County is experiencing an epidemic of syphilis cases. There were increases in primary, secondary and early (PSE) syphilis cases in starting in 2017 and continuing into 2020 thus far - data are incomplete at this time. NCPHSD was putting STD prevention efforts in place when the COVID-19 pandemic began. NCPHSD had to slow and even stop these prevention efforts due to the pandemic.



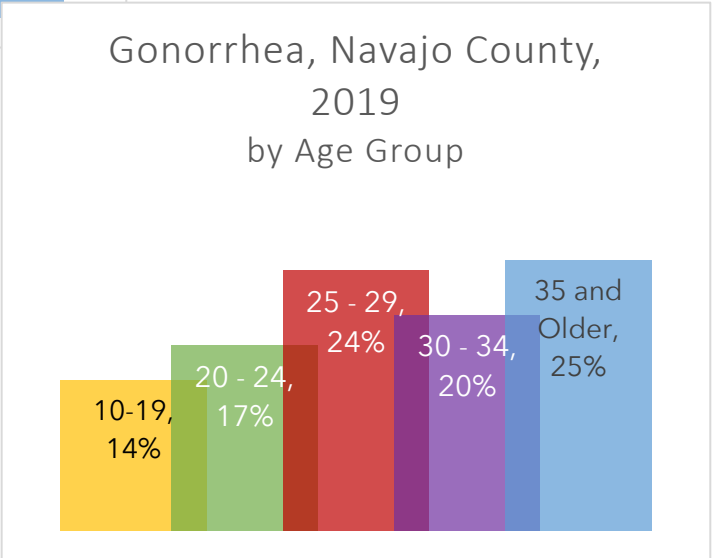
Demographics of STD Cases

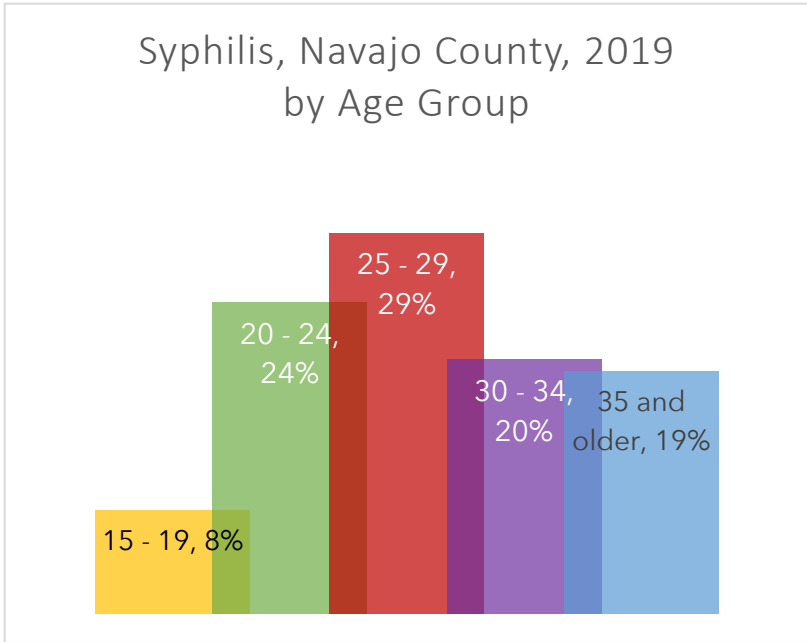
Those who have contracted sexually transmitted diseases vary by type of disease. Those Navajo County residents who contracted chlamydia in 2019 (the most recent full year of data available), most were female (74%) while only about one in four were male. This is typical of chlamydia results by gender as the disease often goes undiagnosed among men. For gonorrhea, there were slightly more men than women reported with the disease. Syphilis cases are divided almost evenly among men and women with a slightly larger percentage among men. Nationally, the proportion of men is higher, possibly due to an outbreak among men who have sex with men (MSM).²⁹ In Navajo County, however, while there is an outbreak of syphilis cases, the proportion of men remains closer to that of women, but still higher.



It may come as no surprise that those most likely to be infected with a sexually transmitted disease are those in their teens, twenties or early thirties. As shown in the chart to the left, chlamydia cases are the youngest, with one in four (23%) being in their teens. Only 15% were 35 and older.

In contrast, gonorrhea cases tend to be older with more than half of the cases being between the ages of 20 and 34, as shown to the right. Only one in seven (14%) were under the age of 20 and none of these cases were under 15 (not shown).





Cases of syphilis had a similar age distribution to cases of gonorrhea. There were very few cases under the age of 20 (8%) and none were under the age of 15 (not shown). Three out of four were between the ages of 20 and 34 years old.

Since the last Navajo County Community Health Assessment published in 2018, there continue to be issues related to sexually

transmitted diseases in Navajo County. While there may be a decrease in chlamydia over time, and possibly for the year 2020, both gonorrhea and syphilis remain high compared to other counties, the state of Arizona, and the nation.

Survey Results

As a part of the Navajo County Community Health Assessment Update 2020, Summit Healthcare, Navajo County, and the other partners fielded a survey of Navajo County residents. The purpose of the survey was to determine knowledge, attitudes, and behaviors related to health and healthcare, access to healthcare and needs of the community. An additional purpose was to learn if there were any changes between when the last CHA survey was done (2018) and 2020.

Method

Eight-hundred and ten Navajo County residents aged 18 and older completed the survey. The survey was available electronically or on paper in English and in Spanish. One survey was completed in Spanish, the remainder were completed in English. The survey was available between September 29, 2020 and November 6, 2020. The average time to complete the survey was 14 minutes.

The survey instrument was the same as the instrument used in 2018, with very few additions, in order to make the results comparable between 2020 and 2018. (See Appendix B for survey instrument.) The 2018 survey was developed by the Community Health Assessment Advisory Team which included healthcare service providers, public health representatives, and others. The 2018 survey was fielded during April and May 2018, approximately a year and a half prior to the 2020 survey. The 2018 survey was conducted prior to the COVID-19 pandemic.

The survey was also promoted using the “snowball” method through social media, email, and word-of-mouth and respondents were encouraged to forward the survey to others in Navajo County. Thus, the survey cannot be considered statistically representative of the county because respondents were not selected randomly. However, it offers many insights from community members.

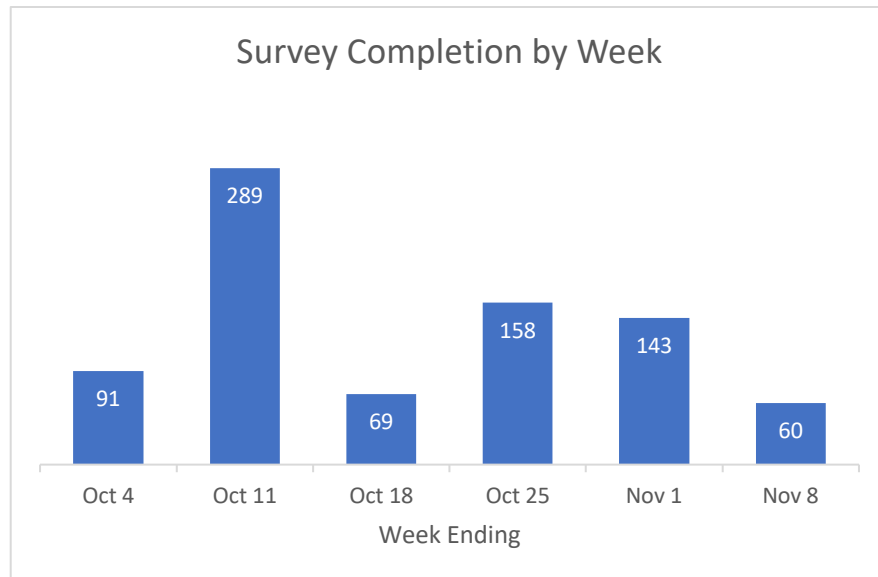
The 2020 survey was fielded approximately seven to eight months into the pandemic and prior to distribution of a vaccine. At the time the survey started, new cases of COVID had slowed in Navajo County and only climbed moderately during the period that the survey was available. As shown in the two charts below, almost all surveys were done before Navajo County reached the critical level (in red). What effect the pandemic did or did not have on the survey results is unknown but should be considered as background to the community health environment as residents took the survey.

Daily New Cases Per 100k Population

Last updated November 19, 2020



https://covidactnow.org/us/arizona-az/county/navajo_county



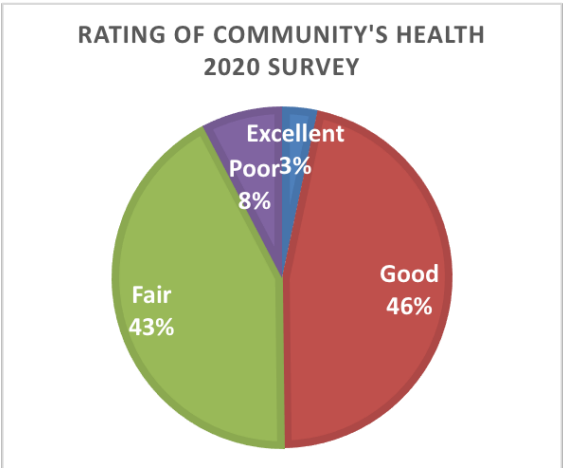
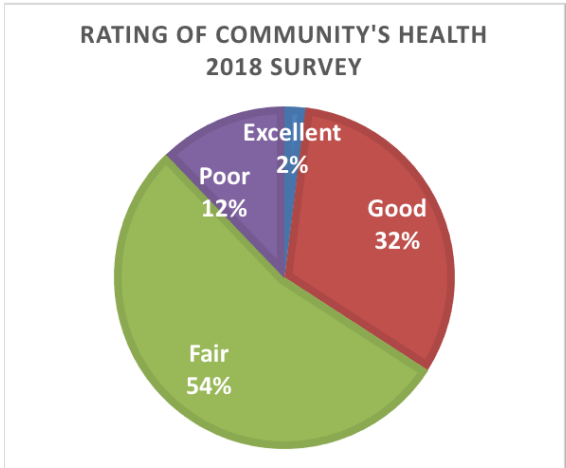
Sources:

Chart of daily new cases, COVIDactnow.org

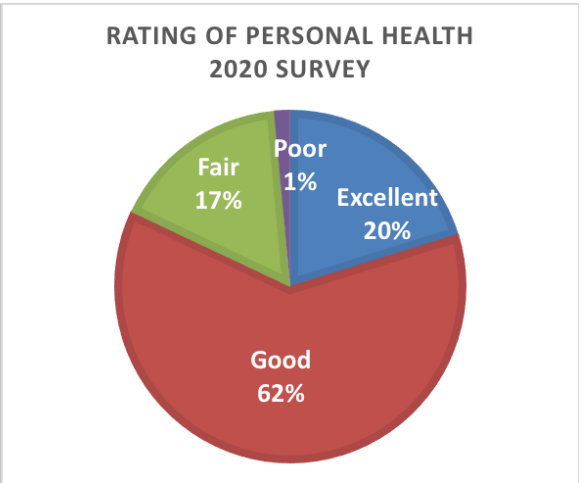
https://covidactnow.org/us/arizona-az/county/navajo_county?s=1349336

Findings

Surprisingly, given the COVID-19 pandemic, residents of Navajo County were quite positive about the health of their community. Survey respondents were more likely to rate the health of the community as “excellent” (3%) or “good” (46%) compared to the last survey in 2018. However, while more positive than in 2018, the ratings in 2020 were still less than outstanding. About one-half of the respondents in 2020 rated the community’s health as fair (43%) or poor (8%) as shown in graph below.



In both 2018 and 2020, respondents were more positive about their own personal health than they were about the health of the community. In 2020, most respondents rated their health as excellent (20%) or good (62%) and about one in six rated their health as fair (17%) or poor (1%).



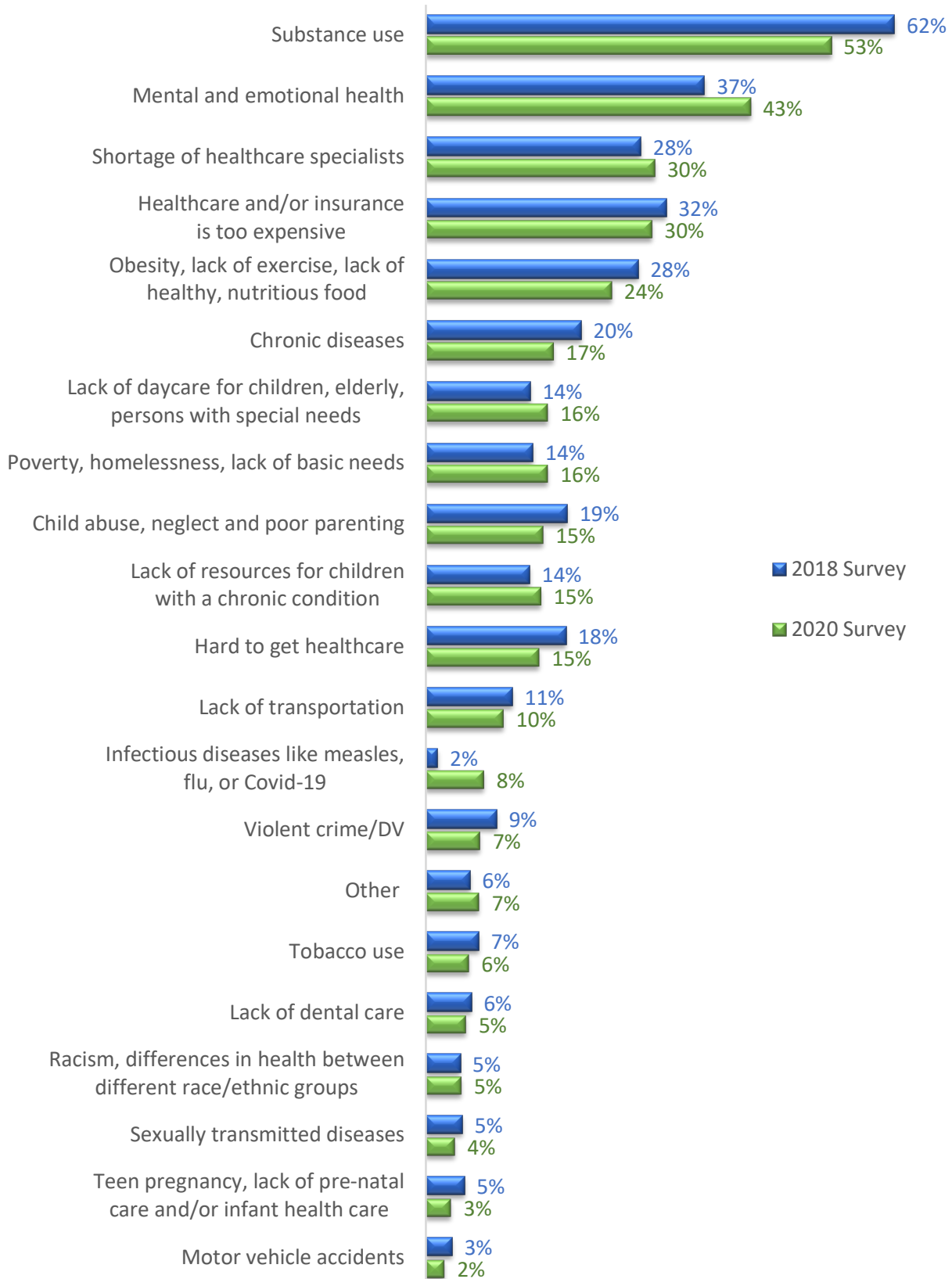
Despite some changes between 2018 and 2020, the top five health concerns or issues in the community remained the same:

- Substance use including alcohol, opioids, illegal drugs, and prescriptions

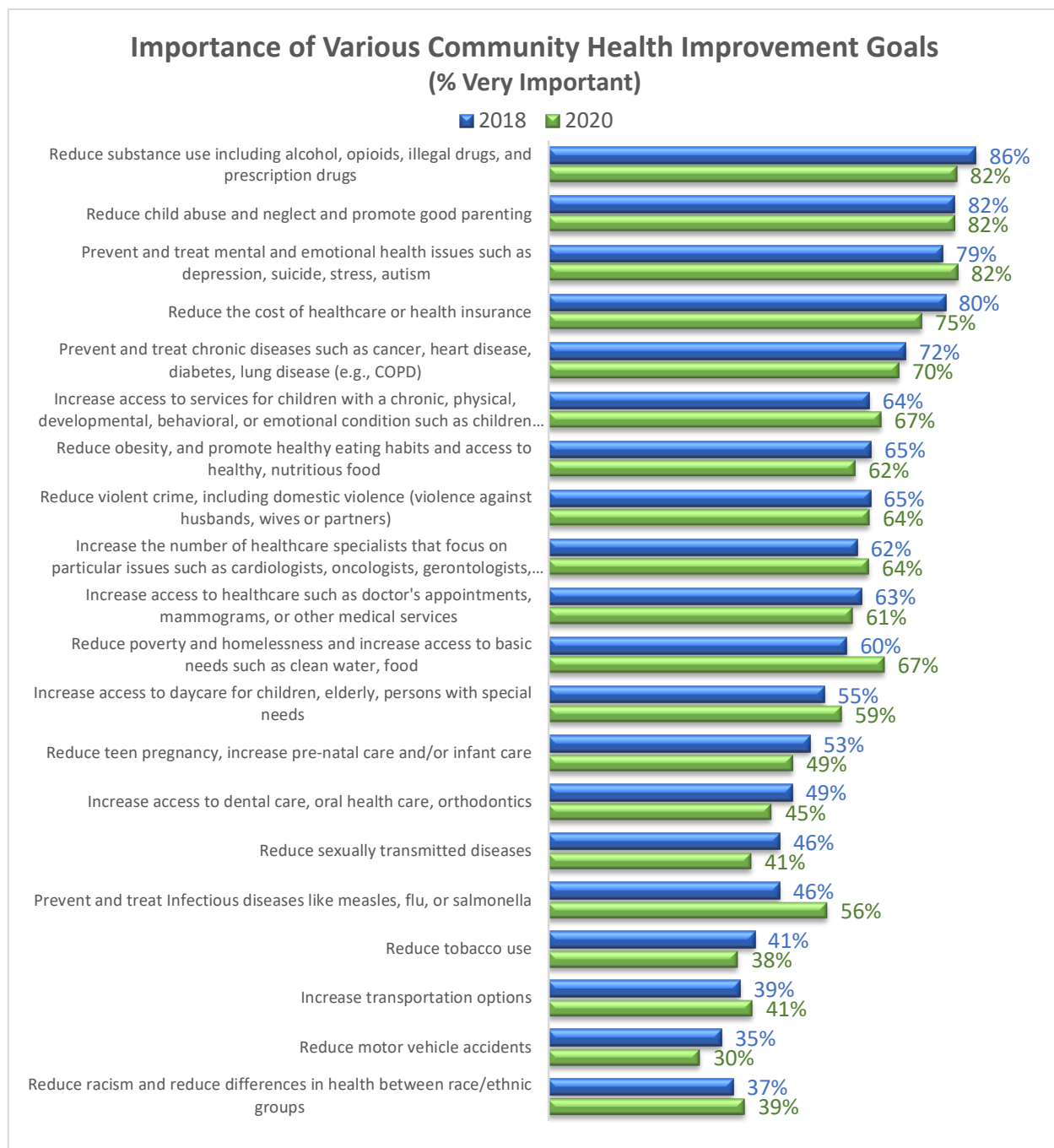
- Mental and emotional health issues such as depression, suicide, stress, autism
- Shortage of healthcare specialists, such as such as cardiologists, oncologists, gerontologists etc.
- The expense of healthcare or health insurance
- Obesity, lack of exercise, lack of healthy, nutritious food

When respondents were asked to choose the three most important health concerns or issues from a list of 20 items, these issues were chosen most often. See graph next page.

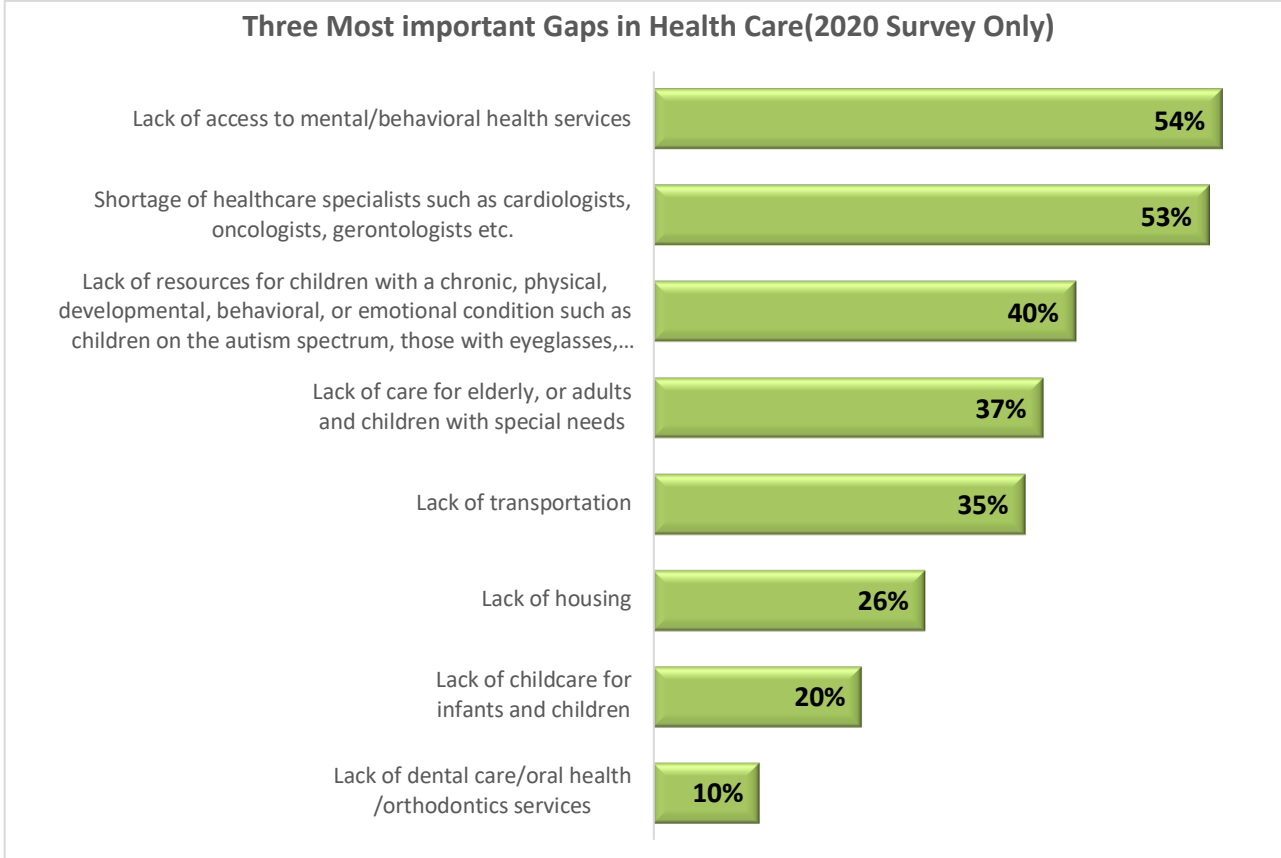
Three Most Important Health Issues in Community



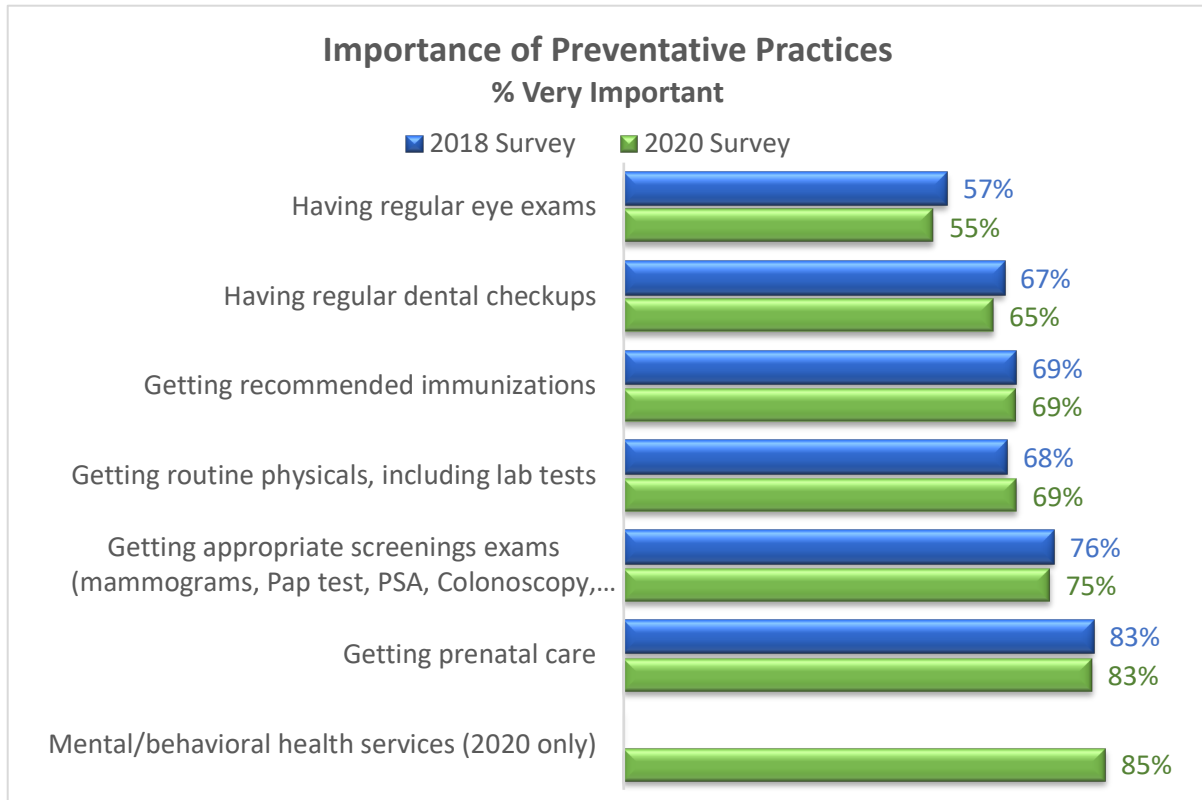
These same issues - substance abuse, mental/emotional care, and cost of healthcare - appeared again in priorities for community health goals in both 2018 and 2020. The other areas most frequently rated as “very important” were treating and preventing chronic diseases and reducing child abuse and neglect. The biggest changes seen in 2020 were related to infectious disease (which went from 46% in 2018 to 56% of respondents rating it “very important” in 2020) and poverty (which went from 60% in 2018 to 67% “very important” rating in 2020).



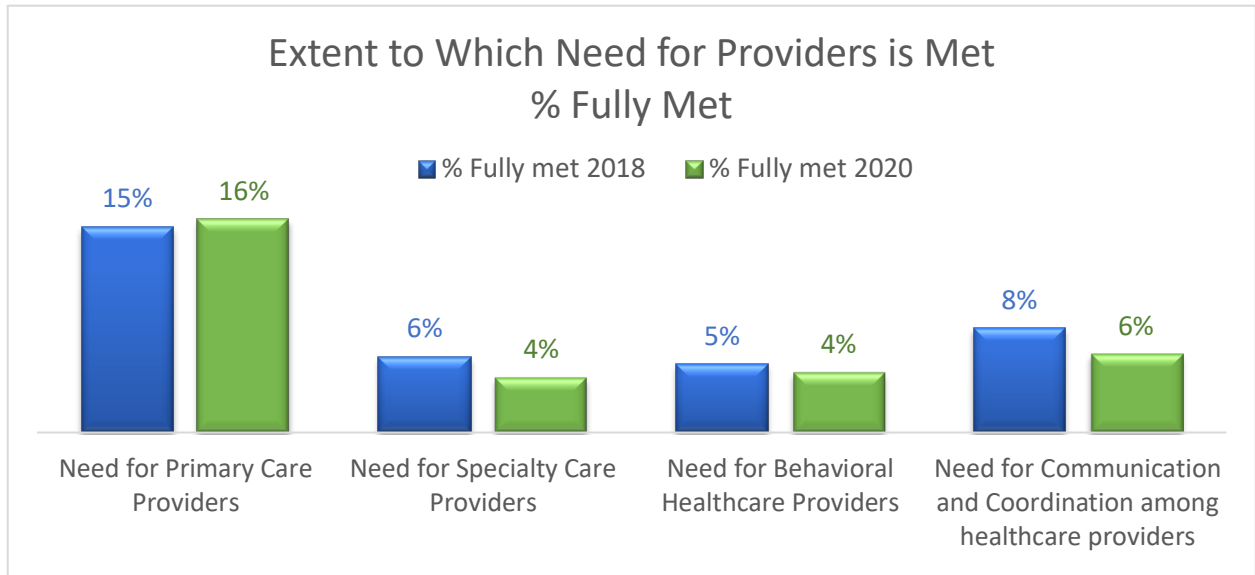
In 2020, a question on gaps in healthcare and public health was added. Results show the impression of gaps in mental and behavioral health services and the shortage of specialists, as shown below. In the second tier were lack of services for children with special needs, lack of home or daycare, and lack of transportation.



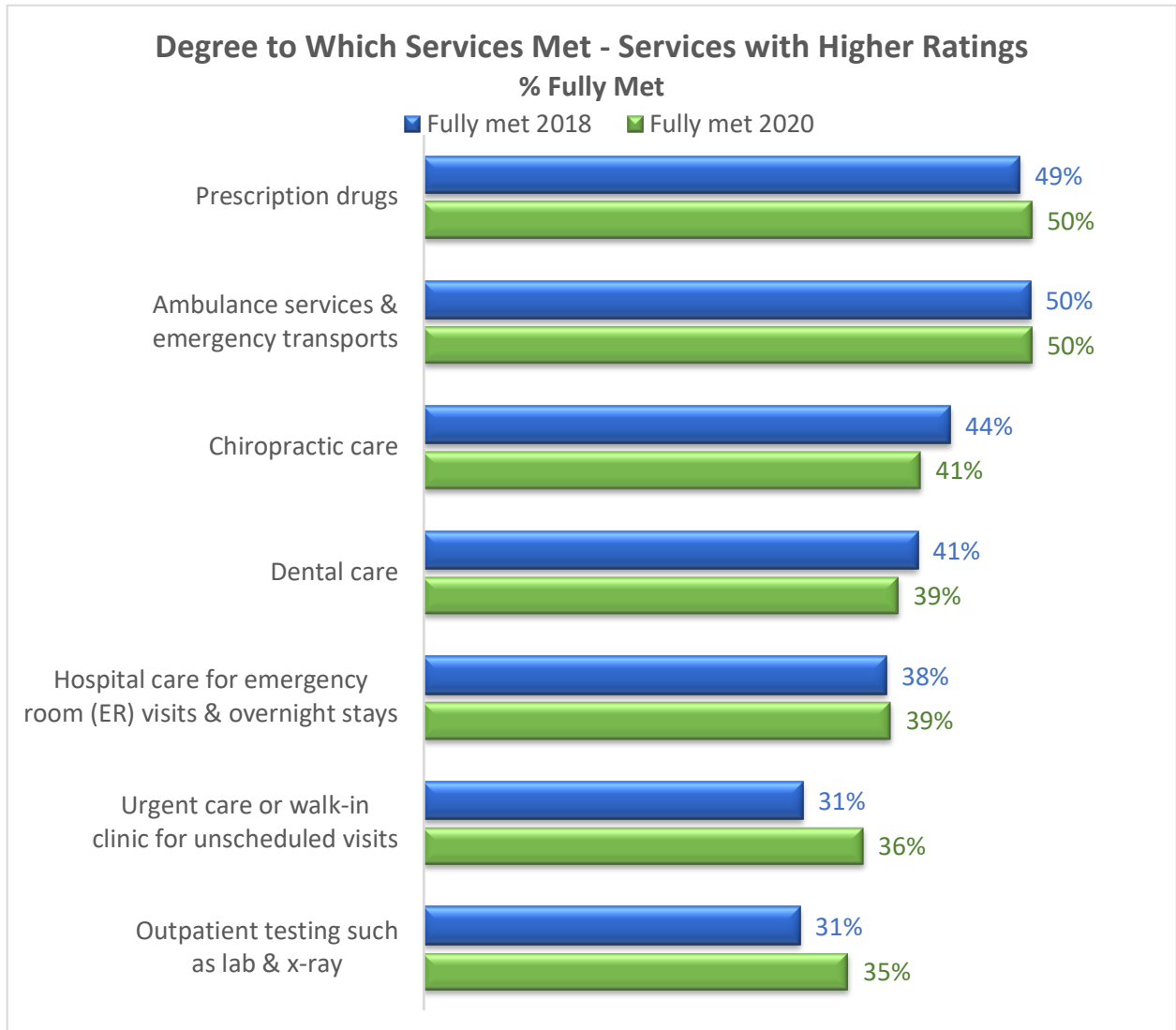
As was the case in 2018, the results in 2020 show that a majority of respondents considered routine preventative practices to be very important. The most important were mental/behavioral health services (83%) and prenatal care (85%) and getting routine physical exams was very important to 69%. However, a surprisingly large number think these practices are seen as “somewhat” or even “not at all” important. For example, in 2020, 55% of respondents indicated that they thought regular eye exams were important but 45% rated them only somewhat or not at all important. Prenatal care, which is considered critical in the public health and healthcare communities, was rated somewhat/not important to one in every six respondents (16%). See chart below.



A shortage of healthcare providers was mentioned earlier as a need identified by respondents. When asked directly about the degree to which the need for various kinds of providers are being met in the community, respondents in both the 2018 and 2020 surveys overwhelmingly indicated that needs were not being fully met. As shown in the chart below, only 15% in 2018 and 16% in 2020 felt that the need for primary care providers was being fully met. As for specialists, behavioral health providers and coordination among providers, fewer than 10% for each type felt that these needs were fully met.

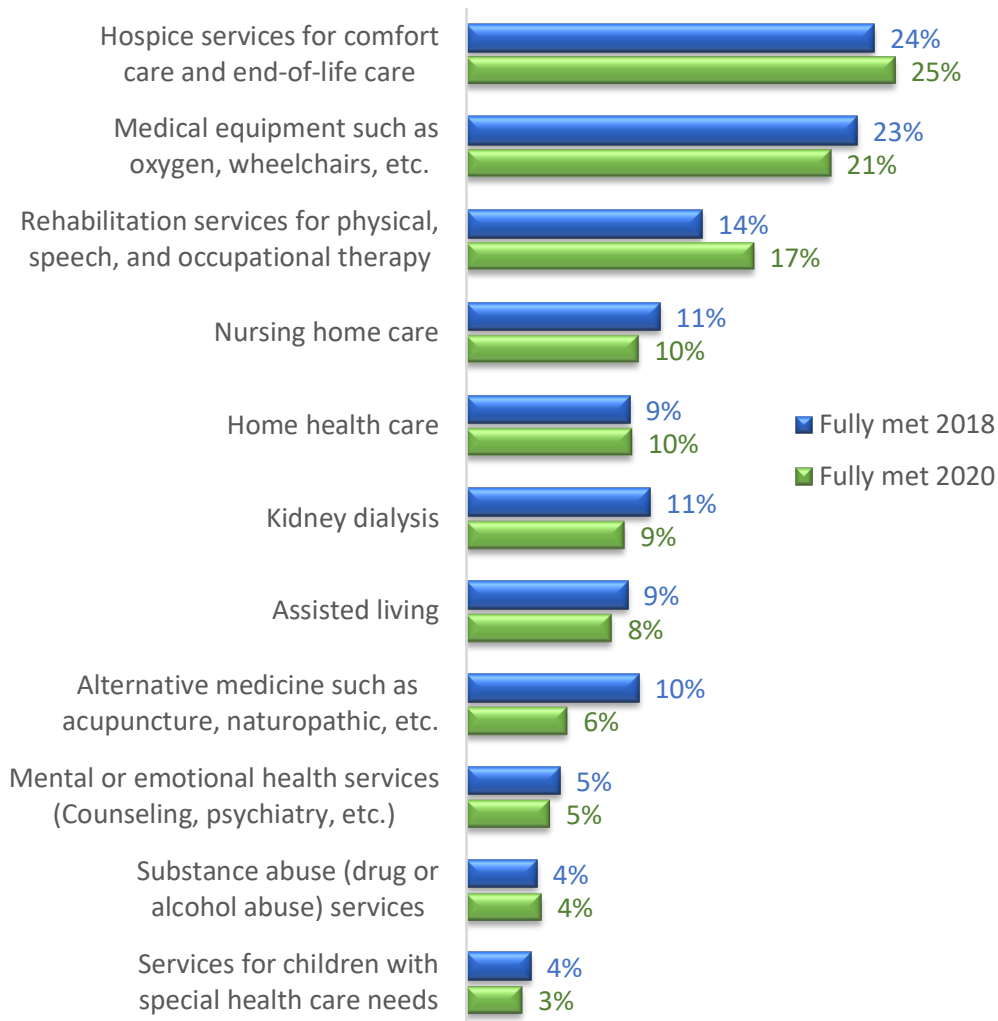


In addition to the shortage of providers, there are other needs for healthcare services that are not being met in Navajo County. For example, none of the 18 services listed in the survey garnered more than 50% rating the need as fully met and some were as low as three or four percent. The next two charts show the highest and lowest rated services in terms of fully meeting the needs of the community. The most likely to be seen as fully met were clinical and emergency services including ambulance services, urgent care, hospital visits, as well as prescription drugs and chiropractic care. Ratings in 2020 were similar to those in 2018, although slightly more respondents felt that the need for urgent care and testing was being met in 2020. This may be because one medical organization added walk-in clinics over the past several years.

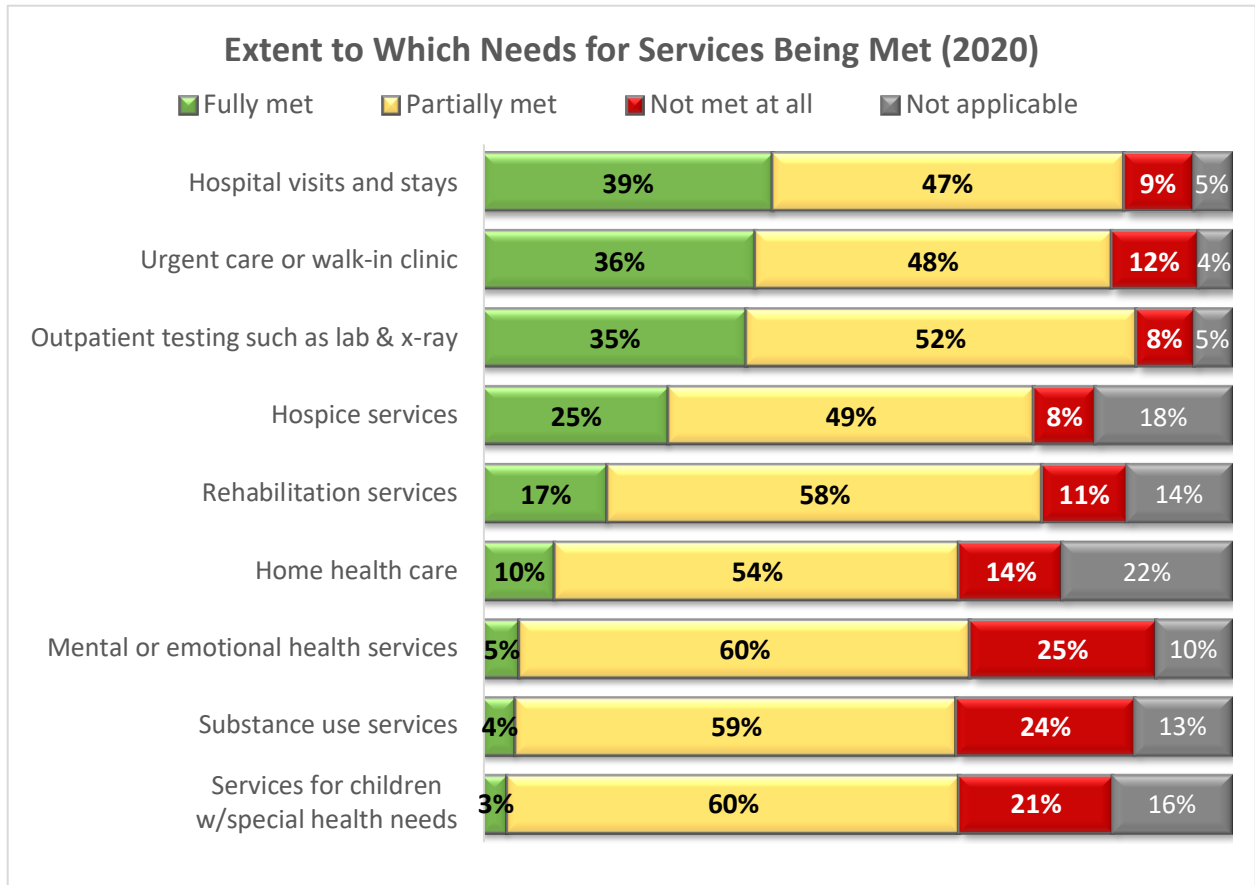


There were other services that were rated much lower in terms of meeting the needs of the community. The next chart shows the services in the lower tier of ratings, i.e. those services which were seen as not fully meeting needs. Once again, the services related to mental or emotional health, children with special health needs, and substance use appeared as areas in which community needs are not being met. For each of these services, only three to five percent of respondents indicated that the need for the service was fully met.

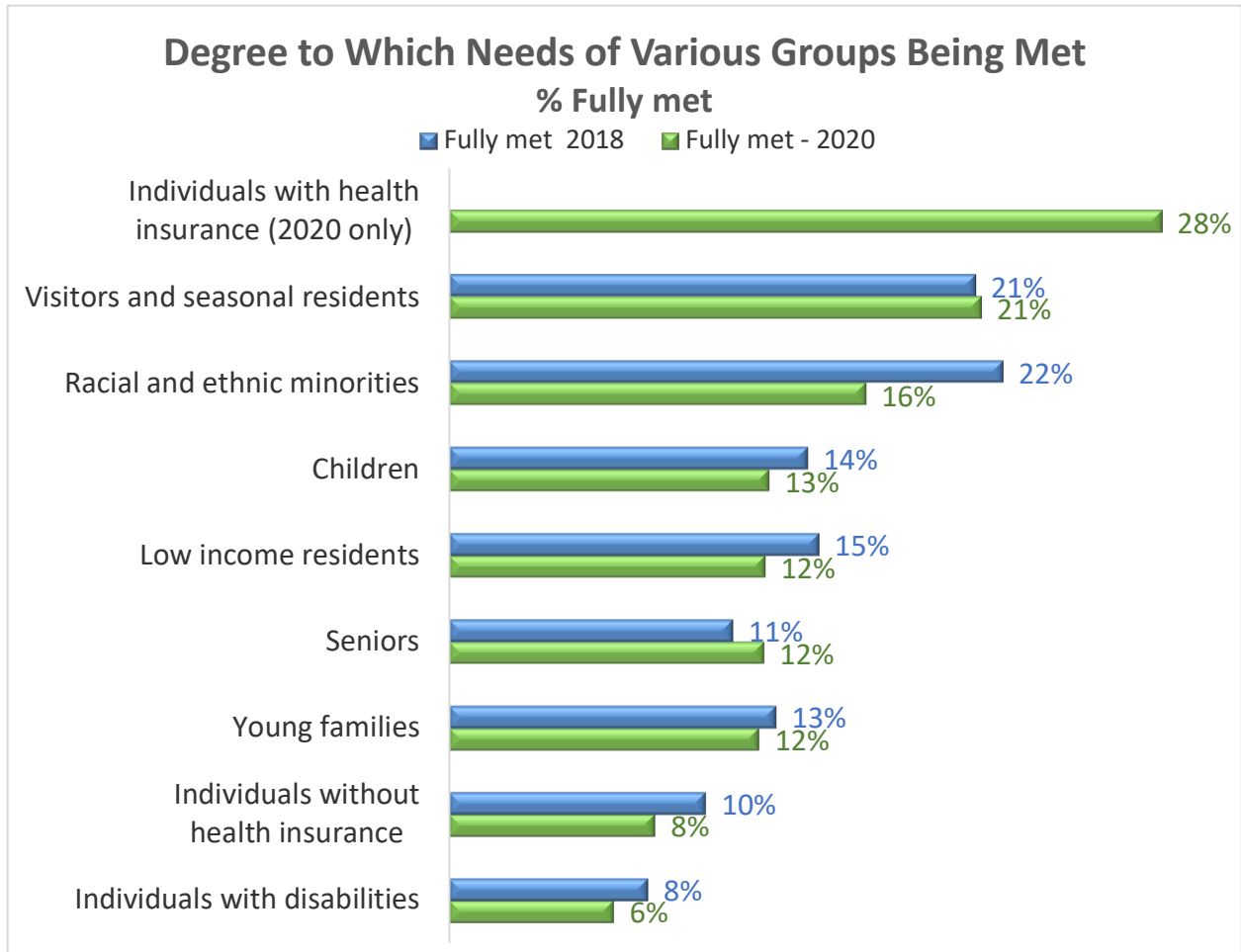
Degree to Which Services Met - Services with Lower Ratings % Fully Met



The fact that some services are not meeting needs at all was apparent in many responses, as shown in the chart below. As discussed earlier, respondents indicated that the needs related to mental health, substance use, and children with special needs were not fully met. The chart below shows the percentage of respondents who indicated that these needs were not met at all – about one in four selected “not met at all” for these three categories. (Full listings of all services and response categories for both 2018 and 2020 can be found in the detailed data tables in Appendix C.)



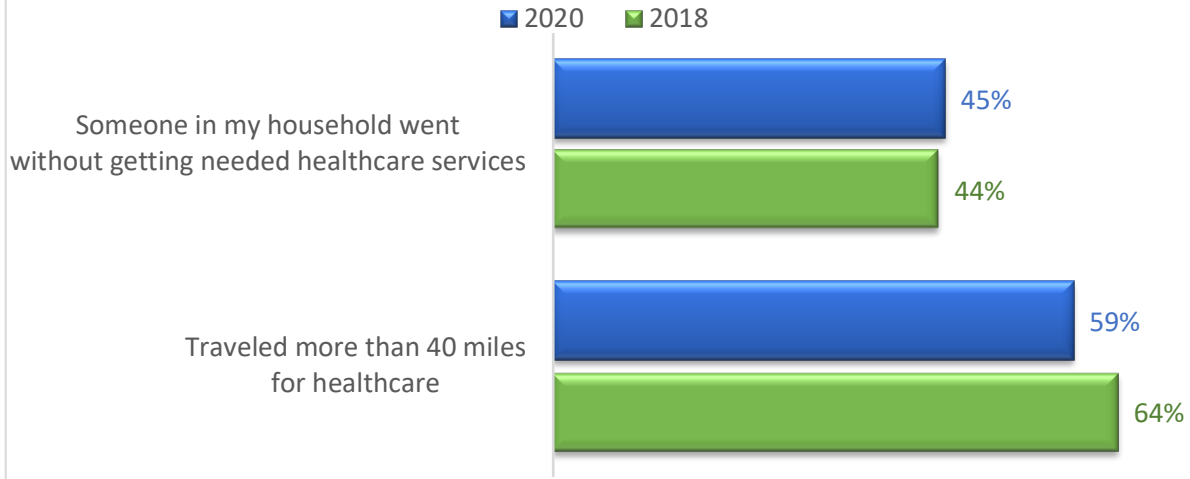
Which groups are more able to have their healthcare needs met? As shown in the chart below, survey results indicated that individuals with health insurance were the most likely to have their healthcare needs fully met while people with disabilities were the least likely. Racial/ethnic minorities were seen as more in need in 2020 (22% fully met) compared to 2018 (16% fully met). All other groups were at about the same level in 2020 as they were for the 2018 survey.



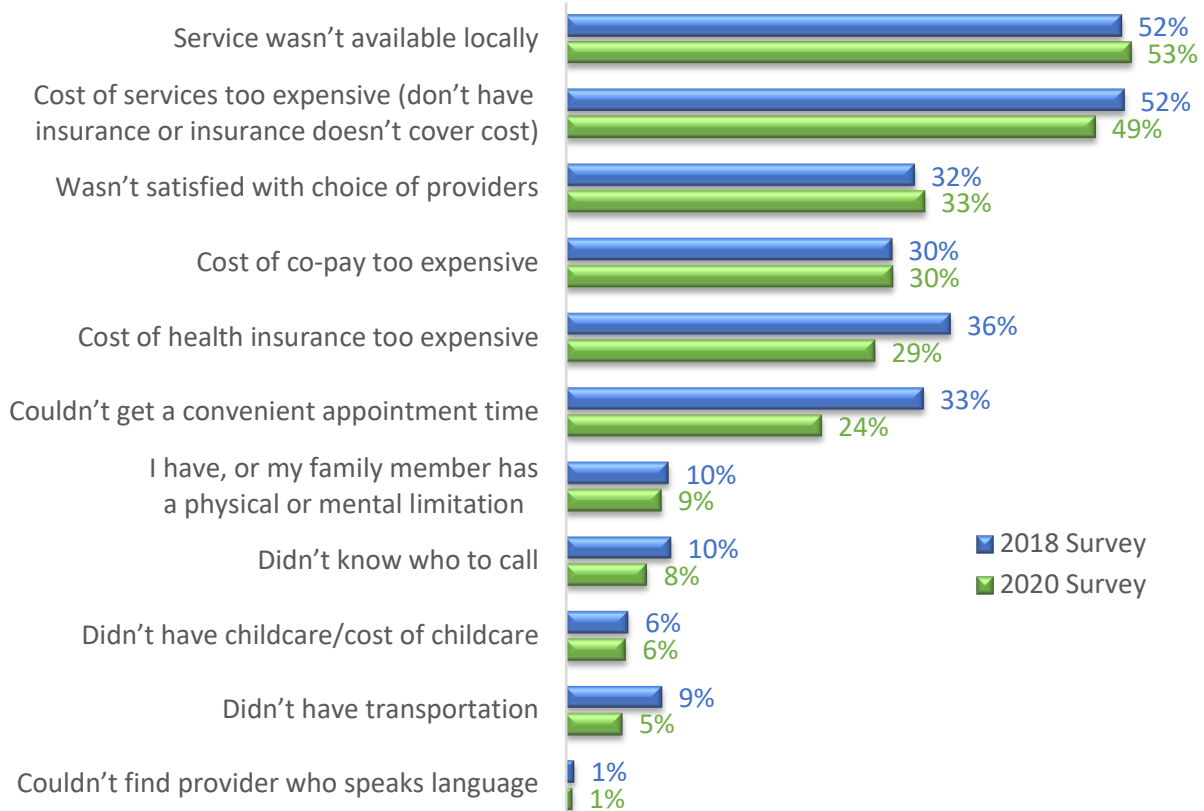
As was the case in 2018, there were individuals in 2020 who had difficulty accessing care. Almost all respondents (94%) said they or someone in their household needed healthcare at some point in the past 12 months. However, almost half (45% in 2018, 44% in 2020) indicated that they, or someone in their household, did not get that care. In addition, it was not uncommon for respondents to say they had to travel more than 40 miles to get care, as shown in the first chart below.

There were many reasons for not getting needed healthcare, but many of them focused on availability and cost. The second chart below shows obstacles to receiving care and the percent of respondents who identified the obstacles as issues for them. Not being able to get the service locally or having too few providers to choose from were among the top reasons for not getting care. The costs of services, co-pays, and health insurance were also top choices. There were slightly fewer respondents in 2020 (compared to 2018) who selected cost of health insurance or not getting a convenient appointment time as barriers to accessing care. Otherwise the pattern of responses was similar in the 2018 and 2020 surveys.

Difficulty in Getting Healthcare (Past 12 Months)

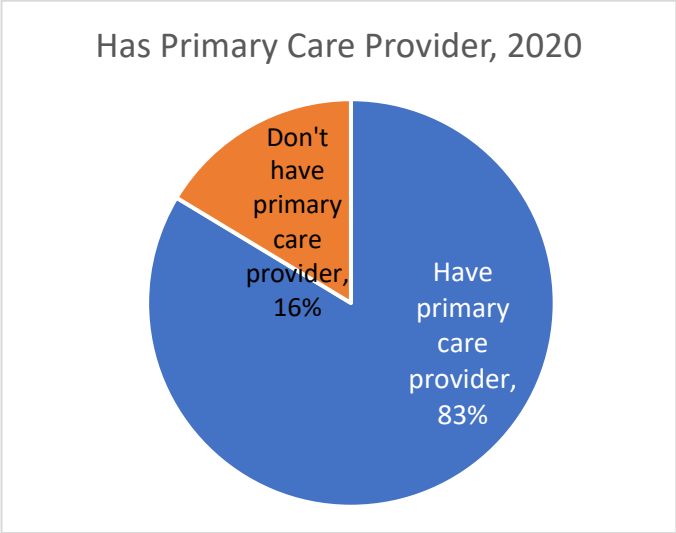
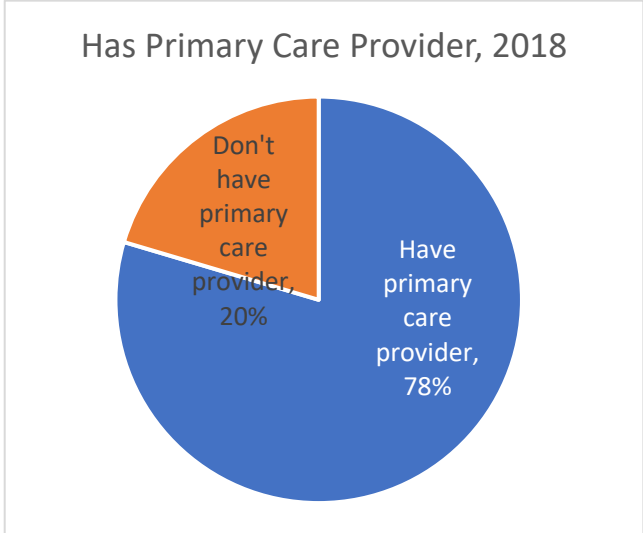


Reasons for Not Getting Healthcare



Most who took the survey have a primary care provider (described as “doctor or medical provider that you...call or go to whenever you are sick or need a check-up,

etc.”) Five of six respondents said they have a primary care provider. This means that one of six (16%) do not have a “go to” provider when they are in need of medical consultation or care. This is slightly better than in 2018 when 1 in 5 (20%) did not have a primary care provider.

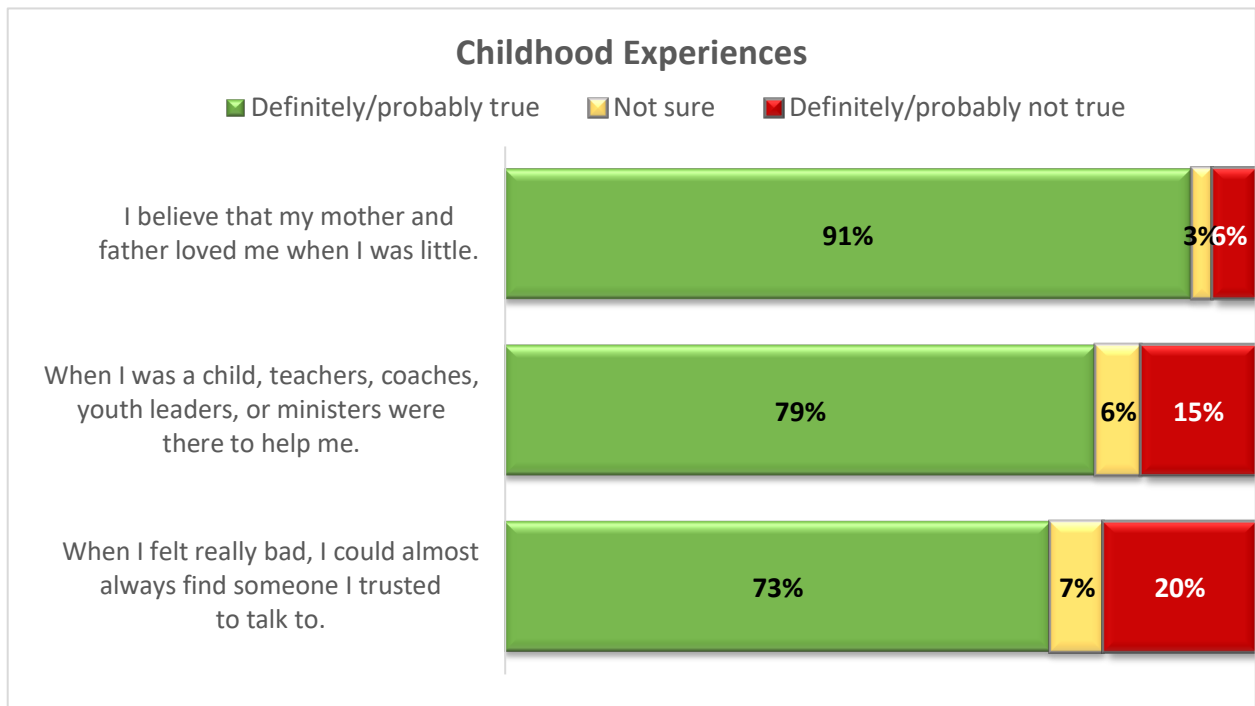


Health insurance was mostly through group policies and those without insurance was minimal. Seventy-three percent of respondents in 2020 said they were insured under a group policy, such as a policy through an employer. Only 3% had no coverage at all. This was comparable to 2018 when 71% were under a group policy and 3% had no insurance. The remaining respondents had AHCCCS, Medicaid, Medicare, or coverage from some other government program.

Type of Health Insurance	2018 Survey	2020 Survey
Health insurance through a group policy, such as an employer	71%	73%
Medicare – Traditional (you choose your healthcare providers and hospitals)	11%	12%
Health insurance through an individual policy	6%	4%
I do not have any type of health insurance	6%	3%
Medicare – HMO or PPO (Limited choice of healthcare providers and hospitals)	2%	2%
Indian Health Services	8%	1%
Veteran’s Administration	4%	1%
SSI (Supplemental Security Income) Medicare (65 and older)	2%	0%
AHCCCS, CRS or Medicaid	11%	0%
CARE 1st AHCCCS (Arizona Health Care Cost Containment System)	NA	3%
Steward Health AHCCCS	NA	2%
Total	121%	101%

Note: Respondents could select more than one answer so the total may exceed 100%.

Three questions on childhood experiences were included for the first time in the 2020 survey. The survey respondents were adults only, however, childhood experiences can affect individuals for their entire lives, so the purpose was to gauge levels of childhood contentment. Based on the results of the three questions, most respondents had positive responses to the statements shown below - e.g. 91% felt that their mother and father loved them. However, sadly, there were 15% who indicated that it was probably or definitely not true that they had adult mentors (other than parents/relatives) to help them and 20% indicated that they didn't have someone they could talk to when they were feeling bad.



Conclusions

- Overall, there were very few changes between the 2018 survey and the 2020 survey. The most notable differences were:
 - Respondents were slightly more likely in 2020 to see infectious diseases (such as COVID-19) as a priority, although infectious disease remained as one of the lowest ranked concerns when compared with other issues
 - Respondents were slightly more likely to see the health of the community in a positive light.
 - Respondents were slightly less likely to agree that racial/ethnic minorities were having their healthcare needs met.
- In 2020, the top health concerns and health improvement areas continued to be the same as those selected in 2018:
 - Substance use including alcohol, opioids, illegal drugs, and prescriptions
 - Mental and emotional health issues such as depression, suicide, stress, autism
 - Shortage of healthcare specialists, such as such as cardiologists, oncologists, gerontologists etc.
 - The expense of healthcare or health insurance
 - Obesity, lack of exercise, lack of healthy, nutritious food and chronic diseases
 - Child abuse, neglect and poor parenting
- The gaps in services and access to services varied, but some themes emerged in terms of where the needs are most and least fully met. The table below highlights the areas identified in the survey.

Strengths in the community (most fully met needs)	Gaps in the community (least fully met needs)
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<ul style="list-style-type: none"> • Prescription drugs • Ambulance and emergency care • Urgent care • Chiropractic care • Dental care • Hospital care ER and Inpatient • Outpatient testing 	<ul style="list-style-type: none"> • Substance use services • Services for children with chronic conditions or special healthcare needs • Mental and emotional health issues Shortage of specialists, primary care providers • Alternative medicine services • Care for the elderly, including assisted living, nursing home care • Home health care
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- The groups seen as having the most needs were as follows:
 - Individuals with disabilities
 - Individuals without health insurance
 - Seniors
 - Low income residents
 - Children
 - Racial/ethnic minorities
- Routine preventative practices such as routine physicals or screening exams are seen as important but there is room for promoting these practices as an alternative to needing healthcare services later.

Childhood experiences, covered briefly in the 2020 survey, could be explored further in the future to learn more about how these experiences affect children and adults and their health

Appendix A: Navajo County, Arizona, and U.S. Demographics

	Navajo County	Arizona	United States	
Population estimates, July 1, 2019	110,924	7,278,717	328,239,523	
Population, percent change - April 1, 2010 to July 1, 2019	3.2%	13.9%	6.3%	
Persons under 5 years, percent	6.7%	5.9%	6.0%	
Persons under 18 years, percent	26.3%	22.5%	22.3%	
Persons 65 years and over, percent	18.8%	18.0%	16.5%	
Female persons, percent	50.0%	50.3%	50.8%	
American Indian and Alaska Native alone, percent	45.7%	5.3%	1.3%	(a)
White alone, not Hispanic or Latino, percent	41.6%	54.1%	60.1%	
Hispanic or Latino, percent	11.5%	31.7%	18.5%	(b)
Black or African American alone, percent	1.0%	5.2%	13.4%	(a)
Asian alone, percent	0.6%	3.7%	5.9%	(a)
Native Hawaiian and Other Pacific Islander alone, percent	0.2%	0.3%	0.2%	(a)
Two or More Races, percent	2.2%	2.9%	2.8%	
White alone, percent	50.4%	82.6%	76.3%	
Veterans, 2014-2018	7,379	487,684	18,611,432	
Veterans, percent of population	6.7%	6.7%	5.7%	
Foreign born persons, percent, 2014-2018	2.9%	13.4%	13.5%	
Housing units per 100 residents, July 1, 2019	58,502	3,075,981	139,684,244	
Owner-occupied housing unit rate, 2014-2018	69.1%	63.6%	63.8%	
Median value of owner-occupied housing units, 2014-2018	\$118,800	\$209,600	\$204,900	
Median selected monthly owner costs -with a mortgage, 2014-2018	\$1,067	\$1,394	\$1,558	
Median selected monthly owner costs -without a mortgage, 2014-2018	\$279	\$406	\$490	
Median gross rent, 2014-2018	\$691	\$1,009	\$1,023	
Building permits, 2019 (per 100,000 residents)	381	46,580	1,386,048	
Households, 2014-2018	34,407	2,524,300	119,730,128	
Persons per household, 2014-2018	3.08	2.69	2.63	
Living in same house 1 year ago, percent of persons age 1 year+, 2014-2018	86.4%	82.2%	85.5%	

Language other than English spoken at home, percent of persons age 5 years+, 2014-2018	37.1%	27.2%	21.5%
Households with a computer, percent, 2014-2018	74.8%	89.9%	88.8%
Households with a broadband Internet subscription, percent, 2014-2018	60.7%	81.8%	80.4%
High school graduate or higher, percent of persons age 25 years+, 2014-2018	82.8%	86.8%	87.7%
Bachelor's degree or higher, percent of persons age 25 years+, 2014-2018	15.8%	28.9%	31.5%
With a disability, under age 65 years, percent, 2014-2018	12.5%	8.6%	8.6%
Persons without health insurance, under age 65 years, percent	14.4%	13.6%	9.5%
In civilian labor force, total, percent of population age 16 years+, 2014-2018	47.6%	59.2%	62.9%
In civilian labor force, female, percent of population age 16 years+, 2014-2018	45.8%	54.5%	58.2%
Total retail sales, 2012 (\$1,000)	1,120,273	84,716,542	4,219,821,871
Total retail sales per capita, 2012	\$10,461	\$12,927	\$13,443
Mean travel time to work (minutes), workers age 16 years+, 2014-2018	21.4	25.3	26.6
Median household income (in 2018 dollars), 2014-2018	\$40,054	\$56,213	\$60,293
Per capita income in past 12 months (in 2018 dollars), 2014-2018	\$18,333	\$29,265	\$32,621
Persons in poverty, percent	25.2%	13.5%	10.5%
Total employer establishments, 2018	1,754	144,867	7,912,405
Total employment, 2018	19,457	2,549,128	130,881,471
Total annual payroll, 2018 (\$1,000)	738,734	123,144,606	7,097,310,272
Total employment, percent change, 2017-2018	3.5%	4.1%	1.8%
Total non-employer establishments, 2018	5,593	502,593	26,485,532
All firms, 2012	100%	100%	100%
Men-owned firms, 2012	49%	49%	54%
Women-owned firms, 2012	36%	36%	36%
Minority-owned firms, 2012	32%	27%	29%
Nonminority-owned firms, 2012	64%	69%	69%
Veteran-owned firms, 2012	11%	9%	9%
Population per square mile, 2010	11.1	64.1	92.9
Land area in square miles, 2010	9,950	113,594	3,531,905

(a) Includes persons reporting only one race

(b) Hispanics may be of any race, so also are included in applicable race categories

Source: U.S. Census, Quick Facts, accessed December 7, 2020.

<https://data.census.gov/cedsci/profile?g=0100000US>

Appendix B: Survey Instrument

Thank you for taking this survey.

The purpose of the survey is to get input about the health of the community from people in Navajo County. Your answers are confidential. When all surveys are done, we will combine your answers with the answers of others and use the information for planning for the future.

The survey is hosted by partnership of organization including Summit Healthcare, Navajo County Public Health Services District, ChangePoint Integrated Health, Northland Pioneer College, Northeastern Arizona Innovative Workforce Solution, and North Country Healthcare.

This survey takes no more than 13 minutes to complete.

* 1. Are you 18 years or older?

Yes

No

This survey is only for those 18 and older. Thank you for your interest.

2. How would you rate the overall health of the community?

Excellent

Good

Fair

Poor

* 3. From the list below, select the three most important health problems or issues in the community. Please read the entire list before selecting.

If you do not see an item on the list, please select "Other" and type in the missing issue. You may add up to three "other" items.

- Mental and emotional health issues such as depression, suicide, stress, autism
- Substance use including alcohol, opioids, illegal drugs, and prescriptions
- Healthcare or health insurance is too expensive
- Shortage of healthcare specialists such as cardiologists, oncologists, gerontologists etc.
- Obesity, lack of exercise, lack of healthy, nutritious food
- Chronic diseases such as cancer, heart disease, diabetes, lung disease (e.g., COPD)
- Child abuse, neglect and poor parenting
- Hard to get healthcare such as doctor's appointments, mammograms, or other medical services
- Poverty, homelessness, lack of basic needs such as clean water and food
- Lack of daycare for children, elderly, persons with special needs
- Lack of resources for children with a chronic physical, developmental, behavioral, or emotional condition such as children on the autism spectrum, those with eyeglasses, etc.
- Lack of transportation
- Violent crime, including domestic violence (violence against husbands, wives or partners)
- Tobacco use
- Lack of dental care/oral health/orthodontics
- Teen pregnancy, lack of pre-natal care and/or infant health care
- Sexually transmitted diseases
- Racism, differences in health between different race/ethnic groups
- Motor vehicle accidents
- Infectious diseases like measles, flu, or Covid-19
- Other (You may add up to three issues not listed above)

4. Listed below are ways to improve the health of the community. For each item listed, indicate if it is very important, somewhat important, or not at all important to achieve the goal in order to improve the community's health. Select "N/A" if you have no opinion.

	Very important	Somewhat important	Not at all important	N/A
Reduce child abuse and neglect and promote good parenting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very important	Somewhat important	Not at all important	N/A
Reduce substance use including alcohol, opioids, illegal drugs, and prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevent and treat mental and emotional health issues such as depression, suicide, stress, autism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce the cost of healthcare or health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevent and treat chronic diseases such as cancer, heart disease, diabetes, lung disease (e.g., COPD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase access to services for children with a chronic, physical, developmental, behavioral, or emotional condition such as children on the autism spectrum, those with eyeglasses, hearing needs etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce obesity, and promote healthy eating habits, and access to healthy, nutritious food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce violent crime, including domestic violence (violence against husbands, wives or partners)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase the number of healthcare specialists that focus on particular issues such as cardiologists, oncologists, gerontologists etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase access to healthcare such as doctor's appointments, mammograms, or other medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very important	Somewhat important	Not at all important	N/A
Reduce poverty, homelessness, joblessness and basic needs such as clean water and food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase access to daycare for children, elderly, persons with special needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce teen pregnancy, increase pre-natal care and/or infant care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase access to dental care, oral health, orthodontics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce sexually transmitted diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevent and treat infectious diseases like measles, flu, or Covid-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce tobacco use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase transportation options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce motor vehicle accidents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce racism and reduce differences in health between race/ethnic groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Listed below are ways to improve access to healthcare in the community. Select three items that most prevent access to healthcare in the community.

- Shortage of healthcare specialists such as cardiologists, oncologists, gerontologists etc.
- Lack of transportation
- Lack of resources for children with a chronic, physical, developmental, behavioral, or emotional condition such as children on the autism spectrum, those with eyeglasses, hearing needs etc.
- Lack of childcare for infants and children
- Lack of care for elderly, or adults and children with special needs
- Lack of dental care/oral health/orthodontics services
- Lack of access to mental/behavioral health services
- Lack of housing
- Other (You may enter one, two, or three ways to improve access to healthcare in the community that not listed above)

6. Below are some activities related to healthcare. For each item listed, indicate if it is very important, somewhat important, not at all important to improve the community's health.

	Very important	Somewhat important	Not at all important
Getting appropriate screenings exams (mammograms, Pap test, PSA, Colonoscopy, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting routine physicals, including lab tests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having regular dental checkups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting recommended immunizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having regular eye exams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting prenatal care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental/behavioral health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Now we'd like to ask you about healthcare in the community. The term "healthcare" is any and all hospitals, clinics, doctor's offices or anywhere a person might go to see a healthcare provider for a check-up, an illness, etc.

Please rate how well the need for PRIMARY CARE healthcare providers is being met in the community. Primary care includes family providers, pediatricians, OB-GYNs and general internists.

- Fully met
- Partially met
- Not met at all
- N/A

8. Please rate how well the need for SPECIALTY HEALTHCARE providers is being met in the community. Examples of specialty doctors include heart, cancer, brain (neurology), lung (pulmonary), bone/joint and surgeons.

- Fully met
- Partially met
- Not met at all
- N/A

9. Please rate how well the need for BEHAVIORAL HEALTHCARE PROVIDERS is being met in the community. Examples of behavioral healthcare providers are psychologists, counselors and others who deal with emotional mental health.

- Fully met
- Partially met
- Not met at all
- N/A

10. One aspect of healthcare is COMMUNICATION AND COORDINATION. An example of communication and coordination is when a specialist talks to a primary care provider about a patient's condition. That way, the specialist and the primary care provider can make sure that they are coordinating the patient's medication, treatment, and recommendation.

The need for COMMUNICATION AND COORDINATION OF CARE among healthcare providers and specialists in the community is being....

- Fully met
- Partially met
- Not met at all
- N/A

11. Please rate how well the need for each of these health care services is being met in the community. Select "N/A" if you have no opinion or don't know.

	Fully met	Partially met	Not met at all	N/A
Hospital care for emergency room (ER) visits & overnight stays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient testing such as lab & x-ray	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urgent care or walk-in clinics for unscheduled visits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospice services for comfort care and end-of-life care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rehabilitation services for physical, speech, and occupational therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental or emotional health services (Counseling, psychiatry, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services for children and adults with special healthcare needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use (drug or alcohol use) services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Please rate how well the need for these healthcare services is being met in the community. Select "N/A" if you have no opinion or don't know.

	Fully met	Partially met	Not met at all	N/A
Ambulance services & emergency transports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chiropractic care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical equipment such as oxygen, wheelchairs, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing home care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kidney dialysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assisted living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alternative medicine such as acupuncture, naturopathic, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling such as individual, family marriage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental/behavioral health services such as SMI and hospital treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. For each group of people below, please rate how well healthcare services in the community are meeting their needs. Are the healthcare needs of _____ being fully met, partially met, not met at all?

	Fully met	Partially met	Not met at all	N/A
Children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Young families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seniors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low income residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Racial and ethnic minorities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visitors and seasonal residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individuals with disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individuals without health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individuals with health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Now we'd like to ask you about health and healthcare needs in your household. In the past 12 months, did you or anyone in your household need healthcare services for any reason (illness, check-up, etc.)?

- Yes
- No
- Don't know

15. In the past 12 months, did you or anyone in your household have to travel more than 40 miles in order to receive the healthcare services they needed?

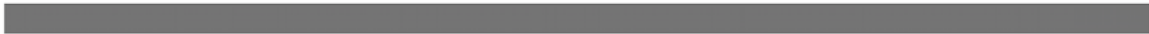
- Yes
- No
- Don't know

16. In the past 12 months, did you or anyone else in your household go without getting healthcare services that they needed?

- Someone in my household went without getting needed healthcare services
- All members of my household got the healthcare services they needed
- No one in my household needed healthcare in the past 12 months

17. From the list below, select the reasons that prevented you or a member of your household from getting the care needed during the past 12 months. Check all that apply.

- Cost of services too expensive (don't have insurance or insurance doesn't cover cost)
- Cost of co-pay too expensive
- Cost of health insurance too expensive
- Didn't have transportation
- Couldn't get a convenient appointment time
- Couldn't find provider who speaks language
- I have, or my family member has a physical or mental limitation
- Didn't have childcare/cost of childcare
- Didn't know who to call
- Wasn't satisfied with choice of providers
- Service wasn't available locally
- Other (please specify)



18. Please indicate if you or a member of your household were able to get the specific healthcare services mentioned below when needed in the past 12 months. Select "N/A" if the item does not apply to you or your household members.

	Yes	No	N/A
Asthma, COPD & other respiratory diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stroke & other neurological disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental and emotional health conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance (drugs or alcohol) use & disorder ("substance abuse and addictions")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alzheimer's disease & other dementia disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children with special healthcare needs such as autism, poor eyesight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infectious diseases (COVID-19, flu, STD, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. The last few questions are about you and your health. How would you rate your own health?

- Excellent
- Good
- Fair
- Poor

20. Do you currently have a doctor or other medical provider that you consider to be your primary care provider? This would be the provider that you call or go to whenever you are sick or need a check-up, etc.

- Yes
- No
- Don't Know

21. Which of the following best describes your health insurance coverage? Check all that apply.

- I do not have any type of health insurance
- Health insurance through a group policy, such as an employer
- Health insurance through an individual policy
- Medicare – Traditional (you choose your healthcare providers and hospitals)
- Medicare – HMO or PPO (Limited choice of healthcare providers and hospitals)
- AZLTCS (Arizona Long Term Care System)
- SSI (Supplemental Security Income) Medicare (65 and older)
- CARE 1st AHCCCS (Arizona Health Care Cost Containment System)
- Steward Health AHCCCS (Arizona Health Care Cost Containment System)
- CRS (Children Rehabilitative) Services or Medicaid
- KidsCare
- Indian Health Services
- Veteran's Administration
- Other (please specify)

22. This section includes questions about you and your household. Your answers will be combined with answers from others so we can look at the needs of different groups, e.g. seniors, rural residents, etc.

Which of the following best describes you?

- Male
- Female
- Other

23. Which of the following includes your age?

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

25. Have you ever served in any branch of the United States military, or not?

Yes

No

26. What is the highest level of education you have completed?

Grade school or part of high school

High school graduate, GED or equivalent

Some college

Certificate or associate degree completion

Bachelor's degree

Master degree or other graduate degree

Other (please specify)

27. Which of the following best describes your employment status? (Check one.)

Retired

Working 40 hours per week or more

Working fewer than 40 hours per week

Not working, LOOKING for work

Not Working, NOT looking for work

Other (please specify)

28. Are you self-employed?

Yes

No

29. Which of the following best describes the location where you LIVE?

- I live on non-tribal land
- I live on the Hopi Reservation/Nation
- I live on the Navajo Nation Reservation
- I live on White Mountain Apache Reservation
- Other (please specify)

30. In what COUNTY do you live?

- Navajo County
- Other (please specify)

31. What city or town do you live in?

32. What is your zip code?

33. Which of the following describes you?

- Full-time resident of Navajo County
- Part-time/seasonal resident of Navajo County
- Other (please specify)

34. How much total combined money did all members of your HOUSEHOLD earn in 2019? This includes money from jobs (hourly pay, salary tips, etc.); net income from business, farm, or rent; pension; dividends; interest; social security payments; and any other money income received by members of your HOUSEHOLD that are eighteen (18) year of age or older.

35. How many individuals live in your household, including yourself? If you live alone, select "1", if you live with one other person, select "2" and so on.

36. Is there at least one person under the age of 18 living in your household?

Yes

No

37. Is there at least one person under 18 in your household who has a chronic physical, developmental, behavioral, or emotional condition?

Yes

No

38. Is there at least one person 60 years old or older living in your household?

Yes

No

39. Is there at least one person 18 or older with a disability living in your household?

Yes

No

40. The last three questions are about your experiences as a child. For each one, please indicate whether the statement is definitely true, probably true, not sure, probably not true or definitely not true as it applies to your childhood. definitely true, probably true, not sure, probably not true or definitely not true

	Definitely true	Probably true	Not sure	Probably not true	Definitely not true
I believe that my mother and father loved me when I was little.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I was a child, teachers, coaches, youth leaders, or ministers were there to help me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I felt really bad, I could almost always find someone I trusted to talk to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

That is the end of the survey. Thank you for contributing to health in your community!

Appendix C: Survey Results Data Tables - 2018 and 2020

Age 18 and Older	2018 Survey	2020 Survey	Difference (in percentage points)	2020 Number
Yes	100%	100%	0	810
No	0%	0%	0	0
Grand Total	100%	100%	0	810

Q 1. Are you 18 years or older?

Overall rating of community's health	2018 Survey	2020 Survey	Difference (in percentage points)	2020 Number
Excellent	2%	3%	1	27
Good	32%	46%	14	375
Fair	54%	43%	-11	343
Poor	12%	8%	-5	62
Grand Total	100%	100%	0	807

Q 2. How would you rate the overall health of the community?

Three Most Important Health Issues	2018 Survey	2020 Survey	Difference (in percentage points)	2020 Number
Substance use including alcohol, opioids, illegal drugs, and prescriptions	62%	53%	-8	432
Mental and emotional health issues such as depression, suicide, stress, autism	37%	43%	6	346
Shortage of healthcare specialists such as cardiologists, oncologists, gerontologists etc.	28%	30%	2	244
Healthcare or insurance is too expensive	32%	30%	-2	241
Obesity, lack of exercise, lack of healthy, nutritious food	28%	24%	-3	198
Chronic diseases such as cancer, heart disease, diabetes, lung disease (e.g., COPD)	20%	17%	-4	136
Lack of daycare for children, elderly, persons with special needs	14%	16%	2	130
Poverty, homelessness, lack of basic needs such as clean water and food	14%	16%	2	130
Child abuse, neglect and poor parenting	19%	15%	-3	125
Lack of resources for children with a chronic physical, developmental, behavioral, or emotional condition	14%	15%	2	123

such as children on the autism spectrum, those with eyeglasses, etc.

Hard to get healthcare such as doctor's appointments, mammograms, or other medical services	18%	15%	-3	121
Lack of transportation	11%	10%	-1	83
Infectious diseases like measles, flu, or Covid-19	2%	8%	6	62
Violent crime, including domestic violence (violence against husbands, wives or partners)	9%	7%	-2	58
Tobacco use	7%	6%	-1	46
Lack of dental care/oral health/orthodontics	6%	5%	-1	43
Racism, differences in health between different race/ethnic groups	5%	5%	0	38
Sexually transmitted diseases	5%	4%	-1	31
Teen pregnancy, lack of pre-natal care and/or infant health care	5%	3%	-2	27
Motor vehicle accidents	3%	2%	-1	20
Other (see chart below)	6%	7%	1	57

Q 3. From the list below, select the three most important health problems or issues in the community. Please read the entire list before selecting. If you do not see an item on the list, please select "Other" and type in the missing issue. You may add up to three "other" items.

Most Important Issues – "Other" Category Mentions	2020 Number
Total number of respondents who provided an "other" issue	57
Specialists	15
We need an endocrinologist for diabetes and thyroid management	1
Need a good ENT for Show Low. I have to go to Flagstaff	1
Naturopathic doctors (NMD's), Organic foods	1
not just shortage of specialists, surgical specialist. ive noticed people don't trust doctors here when it's a serious health problem	1
NEED TOP RATED ORAL SURGEONS, AND OTHER SPECIALIST ONLY FOUND IN PHX OR TUCSON [emphasis in original]	1
Cardiac care limited at hospital, known issue, friend was flown to Phx for catherization.	1
Children doctors. Resources for special needs,	1
Competent healthcare professionals	1
Internal Medicine specialists.	1
Gastroenterologist, many people have to travel to PHX/Flag. Dr here is semi retired.	1
Lack of Neurologist	1
Doctors under qualified / inexperienced	1
Lack of communication between healthcare providers and their patients. Lack of continuity in the healthcare population, too much turnover. personnel.	1

	2020 Number
Most Important Issues – “Other” Category Mentions	
Doctors who are too specialized forcing you to see multiple doctors.	1
Health care professionals are lacking (NO Dr's).	1
Social problems	13
Lack of education/ Lack of education programs emphasizing all the above/ Low education attainment, weak schools, high unemployment	3
Poor quality of life as jobs are minimum wage. / Lack of economic advancement /kack [sic] of employment/Lack of Jobs	2
Fatherlessness, family breakdown, out of wedlock births	1
Judicial System problems	1
Lack of life skills in young adults, so they fall into poverty, substance abuse, etc.	1
Lack of affordable housing, lack of good paying jobs for the underskilled, lack of water	1
Traffic, noise & number of visitors brought by short term vacation rentals	1
lack of victim advocates for victims of domestic violence and proper workflow for advocates in place	1
lacking affordable housing and health care gap between low and mid incomes.	1
Healthcare options/hospital	6
More diverse health care options. Something other than the Summit Monopoly	1
Need a better run hospital.	1
Healthcare lacks professionalism and care. It is always rushed and patients aren't treated with the best care.	1
Lack of healthcare company choices	1
Lack of speedy blood work options	1
NEED DR, DENTAL SERVICES 7 DAYS A WEEK AND LATE APPOINTMENTS. [emphasis in original]	1
Mental health/substance use disorder	5
Misconceptions about mental health. Having medical bills you can't seem to get on top of due to high deductibles and co-pays. Doctors who are too specialized forcing you to see multiple doctors.	1
no resources for dual diagnosis SMI inpatient rehabs	1
lack of mental health providers and coueslors	1
alcoholism - too easy for young people to get	1
Lack of psychologists and behavioral health providers - does not include Autism as that is not a behavioral health issue. This survey has terribly worded choices.	1
COVID-19/The pandemic	4
COVID	4
Children	3
Lack of activities for youth. We need youth centers/Lack of things to do for healthy children and teenagers	2
Poor parenting	1

Most Important Issues – “Other” Category Mentions	2020 Number
Seniors	3
Assisted living, memory care, elder care group homes	1
Aging population	1
Elder nutrition and related issues	1
Cost of health care	3
Expense of local health care	1
Having medical bills you can't seem to get on top of due to high deductibles and co-pays.	1
lacking affordable housing and health care gap between low and mid incomes.	1
Other	10
Abortions	1
ALL OF THE ABOVE	1
Assistance for veterans	1
Programs for Adult Activities have ceased. Small groups for softball are all that can be found	1
Dialysis for Renal Disease	1
Disability Discrimination	1
government interference in personal choice of healthcare	1
Healthy eating education plus healthy choice's type restaurants and grocery stores. The availability of healthy stores such as sprouts, Whole Foods, Trader Joe's. Vegetarian/Vegan restaurants	1
lack of resources for anyone with a chronic physical, developmental, behavioral, or emotional condition such as all types of before mentioned	1
Women are gaslit by both male and female drs.	1

Q 3. (continued) If you do not see an item on the list, please select “Other” and type in the missing issue. You may add up to three “other” items.

Note: 57 respondents offered an issue they considered important in the “Other” open-text box. Respondents were allowed multiple responses. Answers shown verbatim. Respondents may have selected an item in the multiple choice and repeated it in the “Other” text box.

Importance of Various Health Improvements	2018 Survey	2020 Survey	Difference (in percentage points)	2020 Number
Reduce child abuse and neglect and promote good parenting				
Very important	82%	82%	0	653
Somewhat important	16%	16%	-1	126
Not at all important	1%	2%	0	15
N/A	1%	1%	0	7
Grand Total	100%	100%		801
Reduce substance use including alcohol, opioids, illegal drugs, and prescription drugs				

Importance of Various Health Improvements	2018 Survey	2020 Survey	Difference (in percentage points)	2020 Number
Very important	86%	82%	-4	658
Somewhat important	12%	16%	4	130
Not at all important	1%	1%	0	12
N/A	1%	1%	0	6
Grand Total	100%	100%		806

Prevent and treat mental and emotional health issues such as depression, suicide, stress, autism

Very important	79%	82%	3	662
Somewhat important	19%	15%	-4	124
Not at all important	1%	2%	0	14
N/A	0%	1%	0	5
Grand Total	100%	100%		805

Reduce the cost of healthcare or health insurance

Very important	80%	75%	-5	603
Somewhat important	17%	20%	4	164
Not at all important	2%	3%	1	26
N/A	1%	1%	0	11
Grand Total	100%	100%		804

Prevent and treat chronic diseases such as cancer, heart disease, diabetes, lung disease (e.g., COPD)

Very important	72%	70%	-1	562
Somewhat important	25%	25%	0	202
Not at all important	2%	4%	2	33
N/A	2%	0%	-1	1
Grand Total	100%	100%		798

Increase access to services for children with a chronic, physical, developmental, behavioral, or emotional condition such as children on the autism spectrum, those with eyeglasses, etc.

Very important	64%	67%	2	535
Somewhat important	30%	30%	0	239
Not at all important	3%	2%	-1	16
N/A	3%	1%	-1	11
Grand Total	100%	100%		801

Reduce obesity, and promote healthy eating habits and access to healthy, nutritious food

Very important	65%	62%	-3	495
Somewhat important	31%	32%	1	254
Not at all important	4%	5%	2	44
N/A	1%	1%	1	11
Grand Total	100%	100%		804

Importance of Various Health Improvements	2018 Survey	2020 Survey	Difference (in percentage points)	2020 Number
Reduce violent crime, including domestic violence (violence against husbands, wives or partners)				
Very important	65%	64%	-1	517
Somewhat important	30%	30%	0	243
Not at all important	3%	4%	1	30
N/A	2%	1%	-1	12
Grand Total	100%	100%		802
Increase the number of healthcare specialists that focus on particular issues such as cardiologists, oncologists, gerontologists, etc.				
Very important	62%	64%	2	517
Somewhat important	33%	31%	-2	248
Not at all important	3%	4%	1	34
N/A	2%	1%	-1	5
Grand Total	100%	100%		804
Increase access to healthcare such as doctor's appointments, mammograms, or other medical services				
Very important	63%	61%	-2	491
Somewhat important	31%	32%	1	257
Not at all important	5%	5%	1	44
N/A	2%	1%	0	12
Grand Total	100%	100%		804
Reduce poverty and homelessness and increase access to basic needs such as clean water, food				
Very important	60%	67%	8	539
Somewhat important	32%	26%	-7	204
Not at all important	6%	5%	-1	39
N/A	2%	2%	0	17
Grand Total	100%	100%		799
Increase access to daycare for children, elderly, persons with special needs				
Very important	55%	59%	3	470
Somewhat important	36%	33%	-3	267
Not at all important	5%	6%	0	44
N/A	3%	2%	-1	17
Grand Total	100%	100%		798
Reduce teen pregnancy, increase pre-natal care and/or infant care				
Very important	53%	49%	-3	393
Somewhat important	39%	41%	2	331
Not at all important	6%	6%	1	52

Importance of Various Health Improvements	2018 Survey	2020 Survey	Difference (in percentage points)	2020 Number
N/A	3%	3%	0	25
Grand Total	100%	100%		801
Increase access to dental care, oral health care, orthodontics				
Very important	49%	45%	-4	359
Somewhat important	41%	43%	2	347
Not at all important	8%	9%	2	74
N/A	2%	3%	0	21
Grand Total	100%	100%		801
Reduce sexually transmitted diseases				
Very important	46%	41%	-6	326
Somewhat important	41%	44%	2	352
Not at all important	7%	10%	3	80
N/A	5%	5%	1	43
Grand Total	100%	100%		801
Reduce tobacco use				
Very important	41%	38%	-3	299
Somewhat important	42%	45%	4	356
Not at all important	13%	13%	-1	99
N/A	4%	4%	0	32
Grand Total	100%	100%		786
Increase transportation options				
Very important	39%	41%	2	327
Somewhat important	46%	43%	-2	347
Not at all important	13%	12%	-1	96
N/A	3%	4%	0	28
Grand Total	100%	100%		798
Reduce motor vehicle accidents				
Very important	35%	30%	-4	242
Somewhat important	48%	48%	1	385
Not at all important	12%	16%	3	124
N/A	5%	6%	1	45
Grand Total	100%	100%		796
Reduce racism and reduce differences in health between race/ethnic groups				
Very important	37%	39%	2	316
Somewhat important	37%	33%	-4	264

Importance of Various Health Improvements	2018 Survey	2020 Survey	Difference (in percentage points)	2020 Number
Not at all important	17%	18%	1	147
N/A	9%	9%	1	75
Grand Total		100%		802

Prevent and treat infectious diseases like measles, flu, or Covid-19

Very important	46%	56%	10	452
Somewhat important	43%	35%	-8	282
Not at all important	7%	7%	0	55
N/A	3%	2%	-1	14
Grand Total	100%	100%		803

Q 4. Listed below are ways to improve the health of the community. For each item listed, indicate if it is very important, somewhat important, or not at all important to achieve the goal in order to improve the community's health. Select "N/A" if you have no opinion.

Importance of Various Barriers to Access to Care	2018 Survey	2020 Survey	Difference (in percentage points)	2020 Number
Lack of access to mental/behavioral health services	NA	54%	NA	439
Shortage of healthcare specialists such as cardiologists, oncologists, gerontologists etc.	NA	53%	NA	429
Lack of resources for children with a chronic, physical, developmental, behavioral, or emotional condition such as children on the autism spectrum, those with eyeglasses, hearing needs etc.	NA	40%	NA	326
Lack of care for elderly, or adults and children with special needs	NA	37%	NA	301
Lack of transportation	NA	35%	NA	287
Lack of housing	NA	26%	NA	210
Lack of childcare for infants and children	NA	20%	NA	161
Lack of dental care/oral health/orthodontics services	NA	10%	NA	82

Q 5. Listed below are ways to improve access to healthcare in the community. Select three items that most prevent access to healthcare in the community.

Importance of Various Preventative Practices	2018 Survey	2020 Survey	Difference (in percentage points)	2020 Number
Getting routine physicals, including lab tests				
Not at all important	2%	2%	1	18
Somewhat important	30%	28%	-1	229
Very important	68%	69%	2	557
Grand Total	100%	100%		804

Importance of Various Preventative Practices	2018 Survey	2020 Survey	Difference (in percentage points)	2020 Number
Getting appropriate screenings exams (mammograms, Pap test, PSA, Colonoscopy, etc.)				
Not at all important	1%	0%	-1	4
Somewhat important	22%	24%	2	196
Very important	76%	75%	-1	604
Grand Total	100%	100%		804
Having regular dental checkups				
Not at all important	1%	1%	0	12
Somewhat important	31%	33%	2	269
Very important	67%	65%	-2	525
Grand Total	100%	100%		806
Getting recommended immunizations				
Not at all important		5%	-1	38
Somewhat important	6%	26%	4	210
Very important	22%	69%	0	556
Grand Total	69%	100%		804
Having regular eye exams				
Not at all important	2%	2%	0	15
Somewhat important	40%	44%	4	351
Very important	57%	55%	-2	440
Grand Total	100%	100%		806
Getting prenatal care				
Not at all important	1%	2%	1	13
Somewhat important	15%	16%	1	126
Very important	83%	83%	0	658
Grand Total	100%	100%		797
Mental/behavioral health services (New in 2020)				
Not at all important	NA	1%	NA	7
Somewhat important	NA	14%	NA	114
Very important	NA	85%	NA	681
Grand Total	NA	100%	NA	802

Q 6. Below are some activities related to healthcare. For each item listed, indicate if it is very important somewhat important, not at all important to improve the community's health.

How well is need for types of providers being met	2018 Survey	2020 Survey	Difference (in percentage points)	2020 Number
Need for Primary Care Providers				
Fully met	15%	16%	1	128
Partially met	70%	74%	4	598
Not met at all	14%	9%	-5	70
N/A	1%	1%	1	12
Grand Total	100%	100%		808
Need for Specialty Care Providers				
Fully met	6%	4%	-2	33
Partially met	63%	66%	4	535
Not met at all	29%	27%	-2	217
N/A	3%	3%	0	22
Grand Total	100%	100%		807
Need for Behavioral Healthcare Providers				
Fully met	5%	4%	-1	36
Partially met	57%	61%	3	492
Not met at all	31%	28%	-3	228
N/A	6%	6%	0	51
Grand Total	100%	100%		807
Need for Communication and Coordination among healthcare providers				
Fully met	8%	6%	-2	47
Partially met	66%	64%	-2	518
Not met at all	21%	25%	4	204
N/A	5%	5%	0	39
Grand Total	100%	100%		808

Q 7. Now we'd like to ask you about healthcare in the community. The term "healthcare" is any and all hospitals, clinics, doctor's offices or anywhere a person might go to see a healthcare provider for a check-up, an illness, etc. Please rate how well the need for PRIMARY CARE healthcare providers is being met in the community. Primary care includes family providers, pediatricians, OB-GYNs and general internists.

Q 8. Please rate how well the need for SPECIALTY HEALTHCARE providers is being met in the community. Examples of specialty doctors include heart, cancer, brain (neurology), lung (pulmonary), bone/joint and surgeons.

Q 9. Please rate how well the need for BEHAVIORAL HEALTHCARE PROVIDERS is being met in the community. Examples of behavioral healthcare providers are psychologists, counselors and others who deal with emotional mental health.

Q 10. One aspect of healthcare is COMMUNICATION AND COORDINATION. An example of communication and coordination is when a specialist talks to a primary care provider about a patient's condition. That way, the specialist and the primary care provider can make sure that they are coordinating the patient's medication, treatment, and recommendation. The need for COMMUNICATION AND COORDINATION OF CARE among healthcare providers and specialists in the community is being...

How well types of healthcare services are being met	2018 Survey	2020 Survey	Difference (in percentage points)	2020 Number
Hospital care for emergency room (ER) visits & overnight stays				
Fully met	38%	39%	0	311
Partially met	45%	47%	2	378
Not met at all	11%	9%	-2	75
N/A	6%	5%	-1	41
Grand Total	100%	100%		805
Outpatient testing such as lab & x-ray				
Fully met	31%	35%	4	283
Partially met	56%	52%	-4	420
Not met at all	7%	8%	1	63
N/A	6%	5%	-1	40
Grand Total	100%	100%		806
Urgent care or walk-in clinic for unscheduled visits				
Fully met	31%	36%	5	293
Partially met	51%	48%	-3	384
Not met at all	14%	12%	-2	93
N/A	4%	4%	1	36
Grand Total	100%	100%		806
Hospice services for comfort care and end-of-life care				
Fully met	24%	25%	1	200
Partially met	47%	49%	2	394
Not met at all	10%	8%	-2	67
N/A	19%	18%	-1	146
Grand Total	100%	100%		807
Rehabilitation services for physical, speech, and occupational therapy				
Fully met	14%	17%	3	134
Partially met	58%	58%	0	468
Not met at all	11%	11%	0	92
N/A	17%	14%	-3	112
Grand Total	100%	100%		806

How well types of healthcare services are being met	2018 Survey	2020 Survey	Difference (in percentage points)	2020 Number
Home health care				
Fully met	9%	10%	0	76
Partially met	51%	54%	3	429
Not met at all	17%	14%	-3	110
N/A	22%	22%	0	178
Grand Total	100%	100%		793
Mental or emotional health services (Counseling, psychiatry, etc.)				
Fully met	5%	5%	-1	39
Partially met	57%	60%	3	485
Not met at all	26%	25%	-1	200
N/A	11%	10%	-1	81
Grand Total	100%	100%		805
Services for children and adults with special health care needs (In 2018, wording was “...children with special health care needs”)				
Fully met	4%	3%	0	26
Partially met	52%	60%	9	487
Not met at all	22%	21%	-2	166
N/A	22%	16%	-6	127
Grand Total	100%	100%		806
Substance use (drug or alcohol abuse) services (In 2018, wording was “Substance abuse...”)				
Fully met	4%	4%	0	35
Partially met	58%	59%	1	476
Not met at all	26%	24%	-2	192
N/A	12%	13%	1	104
Grand Total	100%	100%		807

Q 11. Please rate how well the need for each of these health care services is being met in the community. Select "N/A" if you have no opinion or don't know.

How Well Health Care Services Are Being Met	2018 Survey	2020 Survey	Difference (in percentage points)	2020 Number
Ambulance services & emergency transports				
Fully met	50%	50%	0	406
Partially met	38%	39%	1	317
Not met at all	4%	2%	-2	18
N/A	8%	8%	0	66
Grand Total	100%	100%		807

How Well Health Care Services Are Being Met	2018 Survey	2020 Survey	Difference (in percentage points)	2020 Number
Prescription drugs				
Fully met	49%	50%	1	402
Partially met	39%	39%	1	314
Not met at all	6%	2%	-4	18
N/A	6%	8%	2	65
Grand Total	100%	100%		799
Chiropractic care				
Fully met	44%	41%	-2	330
Partially met	34%	37%	3	300
Not met at all	9%	5%	-3	42
N/A	14%	16%	2	131
Grand Total	100%	100%		803
Dental care				
Fully met	41%	39%	-2	313
Partially met	50%	50%	0	395
Not met at all	6%	6%	0	45
N/A	4%	6%	2	44
Grand Total	100%	100%		797
Medical equipment such as oxygen, wheelchairs, etc.				
Fully met	23%	21%	-2	169
Partially met	52%	50%	-2	398
Not met at all	8%	10%	1	79
N/A	17%	19%	2	156
Grand Total	100%	100%		802
Nursing home care				
Fully met	11%	10%	-1	80
Partially met	54%	57%	3	459
Not met at all	17%	13%	-4	103
N/A	18%	20%	2	162
Grand Total	100%	100%		804
Kidney dialysis				
Fully met	11%	9%	-1	73
Partially met	42%	42%	1	337
Not met at all	17%	16%	-1	129

How Well Health Care Services Are Being Met	2018 Survey	2020 Survey	Difference (in percentage points)	2020 Number
N/A	31%	32%	2	259
Grand Total	100%	100%		798
Assisted living				
Fully met	9%	8%	-1	67
Partially met	56%	57%	1	454
Not met at all	16%	14%	-3	108
N/A	19%	21%	3	168
Grand Total	100%	100%		797
Alternative medicine such as acupuncture, naturopathic, etc.				
Fully met	10%	6%	-4	47
Partially met	43%	41%	-2	334
Not met at all	28%	30%	1	238
N/A	18%	23%	5	186
Grand Total	100%	100%		805
Counseling such as individual, family, marriage				
Fully met	NA	7%	NA	58
Partially met	NA	53%	NA	426
Not met at all	NA	21%	NA	167
N/A	NA	19%	NA	156
Grand Total	NA	100%	NA	807
Mental/behavioral health services such as SMI and hospital treatment				
Fully met	NA	5%	NA	44
Partially met	NA	53%	NA	426
Not met at all	NA	25%	NA	201
N/A	NA	17%	NA	136
Grand Total	NA	100%	NA	807

Q 12. Please rate how well the need for these healthcare services is being met in the community. Select "N/A" if you have no opinion or don't know.

Healthcare Needs of Various Groups	2018 Survey	2020 Survey	Difference (in percentage points)	2020 Number
Children				
Fully met	14%	13%	-2	101
Partially met	69%	68%	-1	545
Not met at all	7%	7%	-1	55

Healthcare Needs of Various Groups	2018 Survey	2020 Survey	Difference (in percentage points)	2020 Number
N/A	10%	13%	3	103
Grand Total	100%	100%		804
Young families				
Fully met	13%	12%	-1	98
Partially met	66%	63%	-3	507
Not met at all	8%	8%	0	65
N/A	13%	17%	4	135
Grand Total	100%	100%		805
Seniors				
Fully met	11%	12%	1	99
Partially met	66%	68%	1	542
Not met at all	11%	9%	-2	69
N/A	11%	11%	0	91
Grand Total	100%	100%		801
Low income residents				
Fully met	15%	12%	-2	100
Partially met	58%	56%	-1	454
Not met at all	16%	16%	0	132
N/A	12%	15%	3	120
Grand Total	100%	100%		806
Racial and ethnic minorities				
Fully met	22%	16%	-5	132
Partially met	48%	53%	5	429
Not met at all	9%	6%	-2	51
N/A	22%	24%	3	195
Grand Total	100%	100%		807
Visitors and seasonal residents				
Fully met	21%	21%	0	168
Partially met	52%	52%	0	415
Not met at all	8%	5%	-2	43
N/A	20%	22%	2	178
Grand Total	100%	100%		804
Individuals with disabilities				
Fully met	8%	6%	-1	52
Partially met	63%	65%	2	519

Healthcare Needs of Various Groups	2018 Survey	2020 Survey	Difference (in percentage points)	2020 Number
Not met at all	14%	11%	-3	91
N/A	16%	18%	2	142
Grand Total	100%	100%		804

Individuals without health insurance

Fully met	10%	8%	-2	65
Partially met	45%	47%	1	374
Not met at all	28%	26%	-1	211
N/A	17%	19%	2	154
Grand Total	100%	100%		804

Individuals with health insurance

Fully met	NA	28%	NA	225
Partially met	NA	64%	NA	511
Not met at all	NA	4%	NA	32
N/A	NA	4%	NA	36
Grand Total	NA	100%	NA	804

Q 13. For each group of people below, please rate how well healthcare services in the community are meeting their needs. Are the healthcare needs of _____ being fully met, partially met, not met at all?

Access and Barriers to Healthcare	2018 Survey	2020 Survey	Difference (in percentage points)	2020 Number
Needed Healthcare Past 12 Months				
Yes	95%	94%	-1	756
No	5%	6%	1	45
Don't know	NA	0%		4
Grand Total	100%	100%		805

Q 14. Now we'd like to ask you about health and healthcare needs in your household. In the past 12 months, did you or anyone in your household need healthcare services for any reason (illness, check-up, etc.)?

Traveled more than 40 miles for healthcare

Yes	64%	59%	-5	448
No	36%	40%	5	305
Don't know	NA	0%		1
Grand Total	100%	100%		754

Q 15. In the past 12 months, did you or anyone in your household have to travel more than 40 miles in order to receive the healthcare services they needed?

Went without healthcare

Access and Barriers to Healthcare	2018 Survey	2020 Survey	Difference (in percentage points)	2020 Number
Someone in my household went without getting needed healthcare services	44%	40%	-4	302
All members of my household got the healthcare services they needed	56%	50%	-6	373
No one in my household needed healthcare in the past 12 months	0%	10%	10	72
Grand Total	100%	100%		747

Q 16. In the past 12 months, did you or anyone else in your household go without getting healthcare services that they needed? Note: Asked only of those who said they needed healthcare past 12 months.

Reason for Not Getting Healthcare

Cost of co-pay too expensive	30%	30%	0	92
Cost of services too expensive (don't have insurance or insurance doesn't cover cost)	52%	49%	-3	149
Cost of health insurance too expensive	36%	29%	-7	87
Didn't have transportation	9%	5%	-4	16
Couldn't get a convenient appointment time	33%	24%	-9	72
Couldn't find provider who speaks language I have, or my family member has a physical or mental limitation	10%	9%	-1	27
Didn't have childcare/cost of childcare	6%	6%	0	17
Didn't know who to call	10%	8%	-2	23
Wasn't satisfied with choice of providers	32%	33%	1	101
Service wasn't available locally	52%	53%	1	159
Other (please specify)	12%	16%	4	47

Q 17. From the list below, select the reasons that prevented you or a member of your household from getting the care needed during the past 12 months. Check all that apply. Note: Asked only of 302 respondents who did not get needed healthcare. Respondents allowed multiple responses.

Healthcare Access for Specific Conditions	2018 Survey	2020 Survey	Difference (in percentage points)	2020 Number
Asthma, COPD & other respiratory diseases				
Yes	22%	23%	1	175
No	13%	12%	-1	92
N/A	65%	65%	0	496
Grand Total	100%	100%		763
Heart disease				
Yes	17%	15%	-2	114
No	14%	12%	-2	91

Healthcare Access for Specific Conditions	2018 Survey	2020 Survey	Difference (in percentage points)	2020 Number
N/A	69%	73%	4	558
Grand Total	100%	100%		763
Stroke and other neurological disorders				
Yes	5%	4%	-1	30
No	17%	12%	-5	94
N/A	78%	84%	5	636
Grand Total	100%	100%		760
Mental and emotional health conditions				
Yes	16%	17%	0	127
No	23%	22%	-1	171
N/A	61%	61%	1	468
Grand Total	100%	100%		766
Obesity				
Yes	10%	9%	0	70
No	19%	16%	-3	123
N/A	71%	75%	3	567
Grand Total	100%	100%		760
Diabetes				
Yes	18%	15%	-3	115
No	12%	8%	-4	60
N/A	70%	77%	7	587
Grand Total	100%	100%		762
Cancer				
Yes	6%	8%	2	60
No	14%	9%	-5	69
N/A	80%	83%	3	624
Grand Total	100%	100%		753
Substance (drugs or alcohol) use and addictions (2018 wording was "Substance abuse...")				
Yes	3%	2%	-1	17
No	16%	11%	-5	82
N/A	80%	87%	7	664
Grand Total	100%	100%		763
Alzheimer's disease and other dementia disorders				
Yes	2%	2%	0	16

Healthcare Access for Specific Conditions	2018 Survey	2020 Survey	Difference (in percentage points)	2020 Number
No	15%	10%	-4	78
N/A	84%	88%	4	668
Grand Total	100%	100%		762
Pregnancy				
Yes	7%	7%	-1	50
No	11%	7%	-3	57
N/A	82%	86%	4	655
Grand Total	100%	100%		762
Chronic pain				
Yes	19%	17%	-2	131
No	23%	20%	-3	148
N/A	58%	63%	5	477
Grand Total	100%	100%		756
Children with special healthcare needs such as autism or poor eyesight				
Yes	9%	7%	-2	51
No	16%	12%	-4	94
N/A	75%	81%	6	618
Grand Total	100%	100%		763
Dental Care				
Yes	69%	70%	2	534
No	16%	14%	-2	106
N/A	15%	16%	0	119
Grand Total	100%	100%		759
Infectious diseases (COVID-19, flu, STD, etc.)				
Yes	NA	24%	NA	185
No	NA	9%	NA	68
N/A	NA	67%	NA	511
Grand Total	NA	100%	NA	764

Q 18. Please indicate if you or a member of your household were able to get the specific healthcare services mentioned below when needed in the past 12 months. Select “N/A” if the item does not apply to you or your household members.

Rating of Personal Health	2018 Survey	2020 Survey	Difference (in percentage points)	2020 Number
Excellent	17%		-17	155

Good	61%		-61	473
Fair	18%		-18	127
Poor	3%		-3	11
Grand Total	100%	0%		766

19. The last few questions are about you and your health. How would you rate your own health?

Have Primary Care Provider	2018 Survey	2020 Survey	Difference (in percentage points)	2020 Number
Yes	78%	83%	5	634
No	20%	16%	-4	124
Don't Know	2%	1%	-1	7
Grand Total	100%	100%		765

20. Do you currently have a doctor or other medical provider that you consider to be your primary care provider? This would be the provider that you call or go to whenever you are sick or need a check-up, etc.

Type of Health Insurance	2018 Survey	2020 Survey	Difference (in percentage points)	2020 Number
Health insurance through a group policy, such as an employer	71%	73%	2	535
Medicare – Traditional (you choose your healthcare providers and hospitals)	11%	12%	1	87
Health insurance through an individual policy	6%	4%	-2	27
CARE 1st AHCCCS (Arizona Health Care Cost Containment System)	NA	3%	NA	20
I do not have any type of health insurance	6%	3%	-3	20
Steward Health AHCCCS (Arizona Health Care Cost Containment System)	NA	2%	NA	13
Medicare – HMO or PPO (Limited choice of healthcare providers and hospitals)	2%	2%	0	13
Indian Health Services	8%	1%	-7	11
Veteran's Administration	4%	1%	-4	5
AZLTCS (Arizona Long Term Care System)	0%	0%	0	2
SSI (Supplemental Security Income) Medicare (65 and older)	2%	0%	-1	2
KidsCare	0%	0%	0	1
AHCCCS, CRS or Medicaid	11%	0%	-11	
Grand Total	121%	100%		736

Q 21. Which of the following best describes your health insurance coverage? MULTIPLE ANSEERTSD

Childhood Experiences (Asked in 2020 Only)	Total Percent	Percent of Those Answering Question	2020 Number
Childhood experience: parental love			
Definitely true	69%	75%	558
Probably true	15%	16%	121
Not sure	2%	3%	20
Probably not true	3%	4%	27
Definitely not true	2%	2%	17
No answer	8%	--	67
Grand Total	100.0%	100%	810

a. I believe that my mother and father loved me when I was little.

Childhood experience: adult support

Definitely true	46%	50%	373
Probably true	26%	28%	211
Not sure	6%	6%	45
Probably not true	7%	8%	60
Definitely not true	7%	7%	53
No answer	8%	--	68
Grand Total	100%	100%	810

b. When I was a child, teachers, coaches, youth leaders, or ministers were there to help me.

Childhood experience: someone trusted to talk to

Definitely true	41%	44%	330
Probably true	26%	28%	210
Not sure	7%	7%	53
Probably not true	10%	11%	79
Definitely not true	9%	10%	71
No answer	8%	--	67
Grand Total	100%	100%	810

c. When I felt really bad, I could almost always find someone I trusted to talk to.

Q 40. The last three questions are about your experiences as a child. For each one, please indicate whether the statement is definitely true, probably true, not sure, probably not true or definitely not true as it applies to your childhood. definitely true, probably true, not sure, probably not true or definitely not true

Demographics	2018 Survey	2020 Survey	Difference (in percentage points)	2020 Number
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Gender

Demographics	2018 Survey	2020 Survey	Difference (in percentage points)	2020 Number
Female	73%	71%	-2%	575
Male	26%	23%	-3%	190
No answer	0%	5%	5%	43
Other	1%	0%	-1%	2
Grand Total	100%	100%		810

22. This section includes questions about you and your household. Your answers will be combined with answers from others so we can look at the needs of different groups, e.g. seniors, rural residents, etc. Which of the following best describes you?

Age Group

18-19 years old	1%	0%	-1%	2
20-29 years old	8%	5%	-3%	42
30-39 years old	20%	13%	-7%	106
40-49 years old	19%	20%	2%	165
50-59 years old	26%	24%	-2%	195
60-69 years old	20%	22%	2%	182
70 years old and older	6%	9%	3%	69
No answer	0%	6%	6%	49
Grand Total	100%	100%		810

23. Which of the following includes your age?

Race/ethnicity

American Indian or Alaskan Native	15%	5%	-10	43
Asian	1%	1%	0	7
Bi-Racial or Mixed Race		3%	3	23
Black or African American	1%	0%	-1	2
Hispanic or Latino	6%	4%	-2	36
Other (please specify)	3%	0%	-3	2
Refused/no answer	1%	7%	6	58
White	74%	79%	5	638
Grand Total	100%	100%	-10	810

Q 24. Which race/ethnicity best describes you? (Please choose only one.)

Veteran

Yes	9%	6%	-3	712
No	90%	88%	-2	47
No answer	1%	6%	5	51
Grand Total	100%	100%		810

Q 25. Have you ever served in any branch of the United States military, or not?

Demographics	2018 Survey	2020 Survey	Difference (in percentage points)	2020 Number
				Count of Education
Education				
Grade school or part of high school	1%	0%	-1	2
High school graduate, GED or equivalent	10%	6%	-4	52
Some college	49%	22%	-27	178
Certificate or associate degree completion	NA	22%	NA	178
Bachelor's degree/Bachelor's degree or more*	39%	21%	-18	174
Master degree or other graduate degree	NA	22%	NA	181
No answer	1%	6%	5	45
Grand Total	100%	100%	-3	810

26. What is the highest level of education you have completed?

*Graduate not asked separately

Demographics	2018 Survey	2020 Survey	Difference (in percentage points)	2020 Number
				Count of Employment status
Employment status				
Working 40 hours per week or more	68%	66%	-2	535
Retired	12%	13%	1	104
Working fewer than 40 hours per week	13%	11%	-2	91
Not working, LOOKING for work	2%	0%	-2	3
Not Working, NOT looking for work	5%	3%	-2	24
Other (please specify)	4%	1%	-3	9
No answer	0%	5%	5	44
Grand Total	104%	100%		810

Q 27. Which of the following best describes your employment status? (Check one.) Note: In 2018, some respondents gave multiple

Are you self-employed?

Yes	NA	8%	NA	701
No	NA	87%	NA	43
No answer	NA	5%	NA	66
Grand Total	NA	100%		810

Q 28. Are you self-employed? Note: Question not asked in 2018.

Live on Tribal or Non-Tribal Land

I live on non-tribal land	87%	88%	1	714
I live on the Hopi Reservation/Nation	3%	0%	-3	1
I live on the Navajo Nation Reservation	4%	1%	-3	11
I live on White Mountain Apache Reservation	4%	3%	-1	23
Refused/no answer	2%	2%	0	42
Other (please specify)	3%	2%	-1	16

Demographics	2018 Survey	2020 Survey	Difference (in percentage points)	2020 Number
Grand Total (note in 2018 multiple answers)	103%	100%		810
Q 29. Which of the following best describes the location where you LIVE?				
County				
Navajo County	100%	95%	-5	768
No answer	0%	5%	5	42
Grand Total	100%	100%		810
Q 30. In what COUNTY do you live?				
City or Town of Residence				
Holbrook	NA	9%	NA	75
Lakeside	NA	13%	NA	108
Pinetop	NA	7%	NA	60
Show Low	NA	34%	NA	277
Snowflake	NA	10%	NA	81
Taylor	NA	6%	NA	46
Whiteriver	NA	2%	NA	18
Winslow	NA	4%	NA	31
Other (please specify)	NA	11%	NA	85
No answer	NA	6%	NA	47
Grand Total	NA	100%	NA	810
Q 31. What city or town do you live in?				
Full- or Part-Time Resident				
Full-time resident of Navajo County	94%	92%	-2	743
Part-time/seasonal resident of Navajo County	3%	3%	0	24
No answer	3%	5%	2	43
Grand Total	100%	100%		810
Q 33. Which of the following describes you?				
Household Income				
\$ 12,500 or less	3%	1%	-2	8
\$ 13,000 to \$ 16,500	2%	2%	-1	13
\$ 17,000 to \$ 21,000	2%	2%	0	16
\$ 22,000 to \$ 25,000	4%	2%	-2	20
\$ 26,000 to \$ 29,500	4%	3%	-1	27
\$ 30,000 to \$ 34,000	5%	5%	0	39
\$ 35,000 to \$ 38,000	5%	3%	-2	22
\$ 39,000 to \$ 42,500	4%	3%	-1	24
\$ 43,000 to \$ 47,000	4%	3%	-1	24

Demographics	2018 Survey	2020 Survey	Difference (in percentage points)	2020 Number
\$ 48,000 to \$ 51,000	5%	5%	1	44
\$ 52,000 to \$ 55,000	4%	5%	1	41
\$ 56,000 to \$60,000	4%	4%	0	34
\$ 61,000 to \$ 64,000	4%	3%	0	28
\$ 65,000 to \$ 68,000	3%	4%	1	34
\$ 69,000 to \$ 80,000	10%	9%	-1	69
\$ 81,000 to \$ 90,000	5%	7%	1	53
\$ 91,000 to \$ 100,000	5%	7%	1	54
Over \$ 100,000	17%	21%	4	170
No answer	10%	11%	1	90
Grand Total	100%	100%		810

Q 34. How much total combined money did all members of your HOUSEHOLD earn in 2019? This includes money from jobs (hourly pay, salary tips, etc.); net income from business, farm, or rent; pension; dividends; interest; social security payments; and any other money income received by members of your HOUSEHOLD that are eighteen (18) year of age or older.

Number of Individuals in Household

1	12%	11%	-1	90
2	41%	41%	1	334
3	14%	14%	0	114
4	15%	13%	-2	104
5	8%	7%	-1	57
6	5%	4%	-1	32
7	2%	1%	-1	11
8 or more	2%	1%	-2	5
No answer	1%	7%	6	3
Grand Total	100%	100%		810

35. How many individuals live in your household, including yourself? If you live alone, select “1”, if you live with one other person, select “2” and so on.

Person Under 18 in the Household

Yes	42%	36%	-6	293
No	56%	58%	1	469
No answer	1%	6%	5	48
Grand Total	100%	100%		810

36. Is there at least one person under the age of 18 living in your household?

Person Under 18 with a Condition in the Household

Yes	49%	33%	-15	99
No	51%	67%	15	198
Grand Total	100%	100%	0	297

Demographics	2018 Survey	2020 Survey	Difference (in percentage points)	2020 Number
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37. Is there at least one person under 18 in your household who has a chronic physical, developmental, behavioral, or emotional condition? Note: Asked of those who said "yes" or did not answer previous question.

Person 60 years old or older living in Household

Yes	38%	41%	3	331
No	60%	51%	-9	416
No answer	2%	8%	6	63
Grand Total	100%	100%		810

38. Is there at least one person 60 years old or older living in your household?

Adult with Disability in Household (Wording in 2018 was "...at least one person with a disability)

Yes	23%	11%	-12	91
No	75%	81%	6	656
No answer	2%	8%	6	63
Grand Total	100%	100%		810

Q 39. Is there at least one person 18 or older with a disability living in your household?

Note: Totals from questions in 2018 and 2020 may not add to 100% due to rounding, multiple answers per respondent, or treatment of blank/no answer cells. Changes in wording may affect the results between 2018 and 2020.

Endnotes

¹ National Association of City and County Health Officers, Mobilizing for Action through Planning and Partnerships. <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp>

² Office of Disease Prevention and Health Promotion, Healthy People 2020, Social determinants of Health, <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

³ Arizona Department of Health Services, Advance Vital Statistics by County of Residence, Arizona 2019
<https://pub.azdhs.gov/health-stats/report/avs/avs19/pdf/avs2019.pdf>

⁴ Arizona Department of Health Services, AZ Hospital Compare, County Profile, data from 2019 accessed 11/18/20. For further information on source and how discharge codes are classified, see link below.
<https://gis.azdhs.gov/hospitalcompare/countyview.html?geogid=04017&geogtype=county#overview>

⁵ Arizona Department of Health Services (ADHS), Arizona Behavioral Risk Factor Surveillance System (BRFSS). analysis of unpublished BRFSS datasets, 2018, 2019. A description of the survey and information on requesting datasets may be found here:
<https://azdhs.gov/preparedness/public-health-statistics/behavioral-risk-factor-surveillance/index.php>

⁶ Arizona Department of Housing 2020, *Balance of State Continuum of Care Sheltered and Unsheltered Point in Time Report*, July 2020
https://housing.az.gov/sites/default/files/documents/files/2020%20PIT%20AZBOSCO%20Narrative%20Report%20_0.pdf

⁷ Arizona Criminal Justice Commission, *2018 Youth Survey, Navajo County*. The Arizona Youth Survey was not conducted in 2020 due to school closures related to the COVID-19 pandemic. The data here are from the 2018 Arizona Youth Survey which is newer than the 2016 AYS used in the last Community Health Assessment.
https://www.azcjc.gov/Portals/0/Documents/pubs/AYSReports/2018/2018_AYS_Navajo_County_Profile_Report.pdf

⁸ Marijuana and Public Health: Adolescents and Young Adults, accessed 11/22/20.

<https://www.cdc.gov/marijuana/nas/adolescents.html>

⁹ Health and Human Services, "U.S. Surgeon General's Advisory: Marijuana Use and the Developing Brain" undated, accessed 11/22/20.

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¹⁰ Proceedings of the National Academy of Science of the United States of America, "Cannabis and the adolescent brain", 1/7/2020, 117(1)7-11:

<https://doi.org/10.1073/pnas.1920325116>

<https://www.pnas.org/content/117/1/7>

¹¹ Randazzo, Ryan, Arizona Republic, Published 4/20/19, updated 11/12/20, accessed 11/21/20. "Here's what you need to know about marijuana in Arizona."

<https://www.azcentral.com/story/money/business/consumers/2019/04/20/420-weed-day-marijuana-arizona-what-you-need-know/3508796002/>

¹² University of Arizona, Economic and Business Research Center, *Arizona's Economy*.

Accessed 11/16/20. <https://www.azeconomy.org/data/navajo-county/>

¹³ U.S. Census, American Community Survey (ACS), 1-Year Estimates, Table S170, accessed 11/22/20.

https://data.census.gov/cedsci/table?q=Poverty&g=0100000US_0400000US04_0500000US04017&tid=ACSST1Y2017.S1701&hidePreview=true

¹⁴ Arizona Department of Housing 2020, *Balance of State Continuum of Care Sheltered and Unsheltered Point in Time Report*, July 2020

https://housing.az.gov/sites/default/files/documents/files/2020%20PIT%20AZBOSCO%20Narrative%20Report%20_0.pdf

Arizona Department of Housing, *AZ Balance of State Continuum of Care 2019 Point in Time Report*

<https://housing.az.gov/sites/default/files/documents/files/2019-Navajo-Co-PIT-DATA.pdf>

Arizona Department of Housing, *AZ Balance of State Continuum of Care 2018 Point in Time Report*

<https://housing.az.gov/sites/default/files/documents/files/2018%20Point%20in%20Time%20Summary.pdf>

Arizona Department of Housing, *AZ Balance of State Continuum of Care 2017 Point in Time Report*, June 2017.

<https://housing.az.gov/sites/default/files/documents/files/2017%20Point%20in%20Time%20Summary.pdf>

¹⁵ Arizona Department of Health Services (ADHS), Arizona Behavioral Risk Factor Surveillance System (BRFSS). analysis of unpublished BRFSS datasets, 2018, 2019. A description of the survey and information on requesting datasets may be found here:

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

¹⁶ Ibid.

¹⁷ Arizona Department of Health Services, AZ Hospital Compare, County Profile, data from 2019 accessed 11/18/20. For further information on source and how discharge codes are classified, see link below.

<https://gis.azdhs.gov/hospitalcompare/countyview.html?geogid=04017&geogtype=county#overview>

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ Navajo County and Arizona data are from Arizona Department of Health Services, *Population Health and Vital Statistics, Advance Vital Statistics by County of Residence, Arizona 2019*. Some Arizona figures were rounded to the nearest 10 to protect confidentiality.

<https://pub.azdhs.gov/health-stats/report/avs/avs19/pdf/avs2019.pdf>

U.S. data are from CDC, Center for Health Statistics, Health, United States, 2017 Data Finder.

https://www.cdc.gov/nchs/hus/contents2018.htm#Table_006

²¹ Health Resources Services Administration, Health Professional Shortage Areas (HPSA)

<https://data.hrsa.gov/maps/map-tool/#>, accessed 11/7/20.

²² For more on health professional service area designations, see Health Resources & Services Administration, Health Professional Shortage Areas.

<https://bhw.hrsa.gov/shortage-designation/hpsas>

²³ Arizona Department of Health Services (ADHS), Arizona Behavioral Risk Factor Surveillance System (BRFSS). analysis of unpublished BRFSS datasets, 2018, 2019. A description of the survey and information on requesting datasets may be found here:

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

²⁴ Health Resources Services Administration, Health Professional Shortage Areas (HPSA), HRSA Map Tool accessed 11/7/20, <https://data.hrsa.gov/maps/map-tool/#>,

Explanation of designations here: <https://bhw.hrsa.gov/shortage-designation/types>

²⁵ Arizona Department of Health Services, *Arizona 2018 Annual STD Report* (online dashboards), accessed 11-23-20.

²⁶ Ibid.

²⁷ Ibid.

²⁸ All 2019 and 2020 sexually transmitted disease data are from the Arizona Department of Health Services, Office of Disease Integration and Services, Sexually Transmitted Disease Program, per special data request to program.

²⁹ Centers for Disease Control and Prevention, Sexually Transmitted Disease Surveillance, 2017, Syphilis, accessed 11/23/20. <https://www.cdc.gov/std/stats17/syphilis.htm>