

Community Health Needs Assessment 2018-2020



Northeastern Arizona Innovative Workforce Solutions
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Profile of Navajo County

Navajo County is located in northeastern Arizona. The area of the county is 9,960 square miles. About two-thirds of the area (6,633 square miles) is federally designated tribal land, including the Navajo Nation, Hopi, and White Mountain Apache Indian Reservation. The Navajo Nation and Hopi tribal land make up the northern half of the county and the White Mountain Apache Indian Reservation covers a strip at the south end of the county, as shown on the map to the right.⁵

In 2017, the county had 108,956 residents according to the U.S. Census. The population has remained relatively stable over the past six years with only three percent growth since 2012.⁶ The county is mostly rural with only three communities large enough to qualify as cities: Holbrook (the county seat), Show Low, and Winslow. Holbrook has a population near 5,000 and the other two cities have about 10,000 residents each. Holbrook and Winslow are situated on the heavily trafficked U.S. Interstate 40. Snowflake, Taylor and Pinetop-Lakeside are the only towns in the county, each with 4,000 to 5,000 residents. There are additional small communities in the county, such as Kykotsmovi Village in Hopi, Kayenta and Indian Wells in the Navajo Nation, and Fort Apache in the White Mountain Apache Indian Reservation. The county has 11 school districts, eight airports, 14 public libraries, and a Northland Pioneer College, which has campuses in Snowflake, Show Low, Holbrook and Winslow.

The climate is pleasant and conducive to numerous opportunities for outdoor activities, including hiking, biking, golfing skiing, hunting and more.

Overview

In January 2018, a group of organizations in Navajo County partnered together to conduct community health planning for Navajo County. Led by staff from the Navajo County Public Health Services District (NCPHSD), these agencies began the Mobilizing Action through Planning and Partnerships (MAPP) process, a “community-driven strategic planning process for improving community health.” 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. (Participating individuals and agencies are included on the next page).

One part of the MAPP community health planning process is to conduct a community health assessment (CHA). The 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 consisted of six separate research projects, each of which is described below. The results from these studies

are summarized in this report and the complete, detailed results are in the appendices, including detailed data tables covering much of the epidemiological data are presented in the full CHA report.

Community Health Assessment Organizational Partners

Summit Healthcare, North Country Healthcare (North Country), ChangePoint Integrated Health, Northland Pioneer College (NPC), Northeast Arizona Workforce Solutions (NAIWS), Navajo County Public Health Services District (NCPHSD)

Community Health Assessment Advisory Board/Stakeholders

Debra McGinty (NPC), Ron McArthur (Summit Healthcare CEO), Angie Fabian (Summit Healthcare Chief Marketing/Development Officer), Amanda Guay (North Country), Simonthal Francisco (Navajo Nation Epidemiology Center), Jeff Lee (NCPHSD Director), Jeff Oakes (ChangePoint), Bryan Layton (Navajo County), Nate Lemmon (Indian Health Services White Mountain Apache Tribe), Ava Linn (NCPHSD Nursing Services), Darcey McKee (NCPHSD Chronic Disease Self-Management & Tobacco), Stephanie Ray (NAIWS), Allison Hephner (NCPHSD) Nate Updike (ChangePoint), Paul Watson (NAIWS), Alan DeWitt, MD (Summit Healthcare, CMO), Ken Allen (Summit Healthcare, CPO)

Mobilizing Action Through Partnership and Planning (MAPP) Members

Tom Barela, Brandon Baxter (Northern Arizona Council of Governments), Jessica Beach (First Things First), Jimmy Bevell (Blue Vase Recovery Center), Debra Brackey (Hospice Compasses), Allison Brandon (North Country), Ralph Engler (NAMI), Isaac Garcia (North Country), Daniel Grant Brewer, D.O. (Summit Healthcare), Bob Hall (Winslow Chamber of Commerce), Jessica Hazen (NCPHSD), Robbie Koerperia (Holbrook Schools), Robert Hephner (Birdman Media), Greg Hackler (Hackler Chiropractic Center), Elizabeth Holler (Community Social Worker), Kendra Hook (NCPHSD), Jerry Howell (Business Owner), Deborah Huish (Child Consultation Health Consultant), Cynthia Husk (Vocational Rehabilitation), Jason Kelly (Northern Arizona Council On Aging), Fredda Kermes (Summit Healthcare), Janelle Linn (NCPHSD), Lynn Krigbaum (TRACKS), Deborah Lewis (Navajo County), Ivy Loney (Summit Healthcare), Don McMasters (Autism Foundation), Stephanie McQuillan (City of Show Low), Kim O'Farrell (NCPHSD), Stephanie Ray (NAIWS), Ashley Ryan (City of Show Low), Robert Schlesinger (NCPHSD), Michele Sgambelluri (NCPHSD Opioid Drug Project Program), Kay Shores (Blue Ridge High School), Vicky Solomon (Nexus Coalition for Drug Prevention), Dawn Stokes (North Country), Amy Stradling (NCPHSD Injury Prevention/Teen Health), Sunshine Tippetts (Solterra Senior Living Center), Theresa Warren (Alice's Place), Adam Wolfe (NCPHSD), Kelly Wood (Pinetop Fire Marshal), Kathleen Wynn (NPC), Rosalva Zimmerman (Arizona Department of Economic Security)

CHA Survey Among Residents (CHA Community Survey)

A large scale (quantitative) survey of Navajo County residents was fielded in April and May 2018. The survey promoted through email lists, flyers, word-of-mouth, a promotional video, and radio advertisements. The survey was electronic with capacity for multiple respondents at a single computer for use at library, senior living, or other group settings. Paper versions were also available. The NCPHSD contacted representatives from all three of the largest tribal communities and asked them to forward the survey link further.

Over 1,100 individuals completed the survey, answering a variety of questions related to:

- The health status of the community
- Top community health concerns
- Importance of/need for various services
- Availability of services
- Current health insurance and healthcare status
- Demographics such as age, gender, etc.

Results from the survey will give the planning group direction on the community's strengths when it comes to health, where the needs are, and what barriers are keeping residents from optimal disease prevention practices (such as diet, exercise, vaccination, etc.) and healthcare.

Epidemiological Data

What is epidemiological data and why is it important to include in a health assessment? Technically speaking, epidemiology is “the study of the distribution and determinants of health-related states or events (including disease), and the application of this study to the control of diseases and other health problems.”² For purposes of this report, epidemiological data is information about disease, health behaviors, and other health-related factors from a number of reliable sources. Examples of epidemiological data are leading causes of death, number of births, the number of residents diagnosed with diabetes in a given year, the number of residents with mental health issues, and more. The reason why it is important to consider these data when planning for public health is that these quantitative (largescale 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?”

Focus Groups among Residents (CHA Focus Groups)

While the survey and the epidemiological data provide the counts and percentages of health conditions among residents and groups of residents, discussions with residents provide the answers to 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. These are qualitative studies – they are on a much smaller scale than the survey or epidemiological data, but more in-depth.

There were two focus groups held among residents. The first discussion was held on March 27, 2018 at the Winslow Visitor Center (Chamber of Commerce) in Winslow, Arizona. Nine participants attended the discussion group. The second discussion was held on March 28, 2018 in Lakeside (near Show Low) at Solterra Senior Center. Ten participants attended the session in Lakeside. There was a professional facilitator and two NCPHSD staff serving as note-takers at each group and sessions were recorded so that verbatim (and anonymous) quotes could be taken from the recordings. The detailed results of the focus groups and the discussion guide used by the facilitator can be found in the appendices. Respondents were not given a monetary incentive but did receive a meal during the sessions and a blood pressure monitor as a gift after the close of the sessions.

The participants represented a range of gender, age, race/ethnicity, marital status, parental status (those with and without children), working status (retired, working full-time, working part-time) and geography (residents of White River Apache Reservation, Heber/Overgaard, Show Low, Winslow, Taylor, and Lakeside). All participants signed consent forms agreeing to participate in the research voluntarily and to be audio taped. All text appearing in quotes in this report were taken verbatim from participants' comments and will be labeled "CHA Focus Groups."

1. Substance Abuse

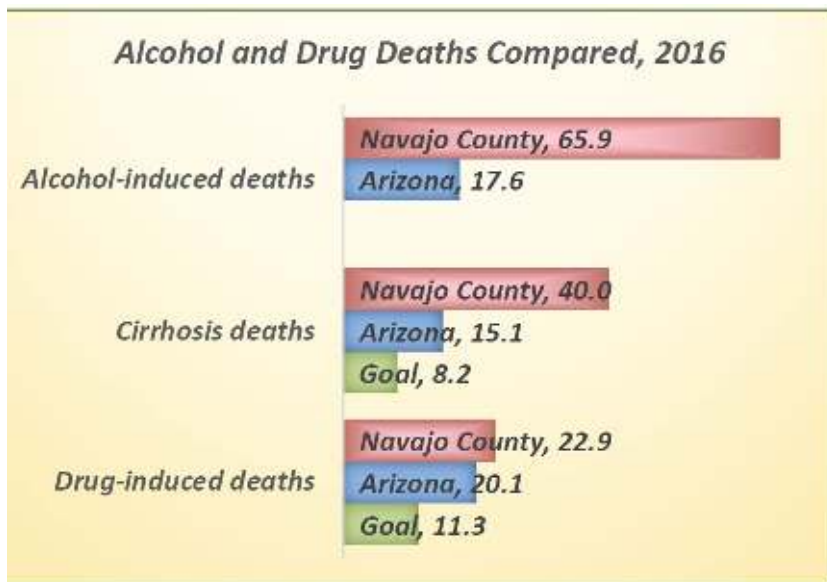
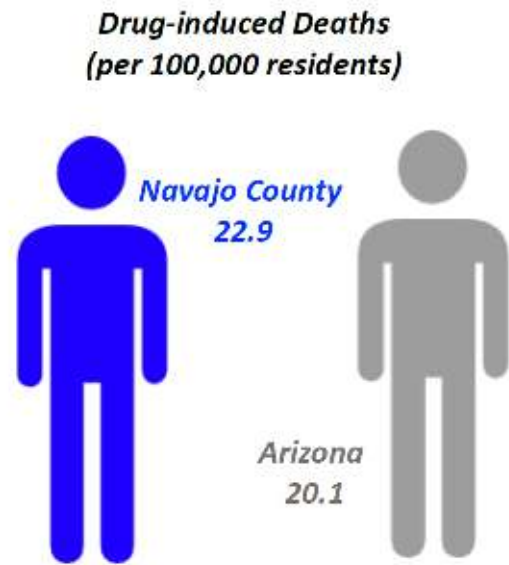
NEED: Address prevention and treatment resources available for substance abuse (alcohol, legal drugs, illegal drugs).

GOAL:

1. Reduce substance use among youth.
2. Identify substance abuse through screening, brief intervention and referral to treatment (SBIRT).
3. Create a collaborative care model involving local and statewide health care agencies that care for substance abuse patients.

“Substance abuse including alcohol, opioids, illegal and prescription drugs” was the most frequently chosen issue as a top health priority and goal for Navajo County. Sixty-two percent of respondents chose this issue, more than 25 percentage points higher than any other issue.

In addition, reducing substance abuse was the #1 or #2 ranked goal by males, females, whites, American Indians, Hispanics, and each of the age groups from 18 to 70 and older. Clearly, it is seen as a high priority by many in the community.



Navajo County is higher than Arizona when it comes to alcohol-related deaths and similar when it comes to drug-induced deaths, but the alcohol deaths are considerably higher than the drug deaths. Stated in terms of individual lives, there were 71 lives lost due to alcohol and 25 deaths due to drugs in Navajo County in 2016.

Committee Members

Name	Organization
Vicky Solomon (Chair)	Nexus Coalition for Drug Prevention

Allison Hephner	NCPHSD
Amy Stradling	NCPHSD
Debra Robertson	Nexus Coalition for Drug Prevention
Brenda Willis	Nexus Coalition for Drug Prevention
Dan Roper	Veterans Administration Clinic
Tammy Moore	Lawyers Title/Realtors
Ivy Loney	Summit Healthcare
Jamie Amos	Summit Healthcare Pain Clinic
Angie Fabian	Summit Healthcare
Codie Sanders	NCPHSD Office of the Medical Examiner
Barry Agan	Whiteriver HIS
Mary Ann Antonini	Summit Healthcare Emergency Room
Kevin Lowry	Summit Healthcare Case Management
Dax Trujillo, MD	Summit Healthcare Pain Clinic
Avis Davis	Summit Healthcare Pharmacy

1st Quarter 2019 Update

- Completed a contact list for relevant individuals and organizations.
- Held 10 committee meetings from September 2018 - March 2019.
- Navajo County Public Health and Nexus Coalition held 165 prevention education.
- Placed over 214 media placements (radio, social media, video and print) with an estimated audience reach of 429,799. (media placed with Birdman, Facebook, YouTube, Audio Podcast, WMI.)

2nd Quarter 2019 Update

- Summit Healthcare received an Opioid Grant from HRSA for planning at a budget of \$200k. Summit Partnered with Navajo County Public Health, Nexus Coalition for Drug Prevention, Summit Healthcare Medical Associates (Integrated Behavioral Health and Pain Clinic), ChangePoint Integrated Health, Community Medical Services, Timber Mesa Fire and Medical District, Northeast AZ Police Association and Northeast AZ Fire Chief's Association to apply for Safe Stations - One Stop (SSOS) Grant. Our goal is to create a sustainable, multi-agency consortium that will identify all resources and services for addressing prevention and treatment of substance abuse disorder and opioid use disorder, culminating with the pilot of Safe Stations at 100% of the 5 Timber Mesa fires stations in the project service area: Lakeside, Show Low (2), Linden and White Mountain Lake, by June 30, 2020, providing those affected with substance abuse disorder with a safe environment where they can access resources and services for treatment and recovery on a One Stop setting.
- Sonora Prevention/ Julian, White Mt Housing Mike Lupe & Nexus are partnering to provide a Whiteriver Naloxone/Fentanyl training for up to 70 persons in July sometime. We are working getting ADHS Pavilion that will hold everyone for the training. Mike Lupe reports people on board so far: Whiteriver: 64 now maybe up to 70 interested,

Local Police – 23, Game & Fish – 7, BIA Criminal Investigators – 4 FBI – 5, WM Security – 18, Maintenance – 7, EMS - not sure count yet.

- Nexus Coalition partnered with MATFORCE, Merilee Fowler Yavapi County on the Strategic Prevention Framework (SPF) grant. We just submitted it. We will have a focus on vaping prevention. There is an online prevention for high school students as well. We may hear in July or Aug for this grant.

2. Mental Health/Emotional Health

NEED: To provide a comprehensive, accessible mental/emotional health care system for our communities. Lack of mental health resources in the communities.

GOAL:

1. Lower suicide rates by 5% points in next 3-5 years.
2. Create a collaborative care model involving local and statewide health care agencies that care for mental health patients.

Navajo County has a shortage of behavioral health providers to offer to the communities. Lack of resources for getting counseling and assistance with mental health issues. There is a connection between substance abuse and mental health. According to the National Institute on Drug Abuse, “Multiple national population surveys have found that about half of those who experience mental illness during their lives will also experience a substance use disorder and vice versa.”



Committee Members

Name	Organization
Ralph Engler	National Alliance on Mental Illness (NAMI), White Mountains
Allison Hephner	Navajo County Public Health Services District
Ivy Loney	Summit Health Care
Stephen Julian	Navajo County Probation
Rhonda Krouse	Snowflake Fire District
Nathanael Lemmon	Indian Health Services White Mountain Apache Tribe

Kimberly O'Farrell	Navajo County Emergency Management
Angie Fabian	Summit Health Care
Nathan Updike (Chair)	ChangePoint Integrated Health
Brandon, Martineau	Heber Parent and Community Member

1st Quarter 2019 Update

- Team developed a coping skills presentation for parents and student that will be delivered separately to the parents at an evening event, students will receive at an assembly. To be completed Heber at Mogollon School District in April 2019.

2nd Quarter 2019 Update

- Heber Schools Stress Management Parent and Student Workshop
 - COMPLETE: 4/15/2019 24 Parents Attended
 - COMPLETE: 4/16/2019 173 Students
 - Both presentations were well received so much so that the Community Counsel on Mental Health next objective is to create peer support for mental health and provide tools for teacher to foster a culture of mental health awareness and support in all schools. This is meant to be a follow up to the Stress Management Parent and Student Workshops
- Schedule quarterly trainings with schools, faith organizations, employers, Safetalk, MHFA, CIT training, Parent & Youth Stress Management Training.
 - COMPLETE: CIT BeSafe/Randy Russel Training educating police and youth and adults with Developmental Disabilities how to interact safely.
 - IN PROCESS: School plans to be completed by 6/25/2019
 - IN PROCESS: Mental Health First Aid 6/30/2019

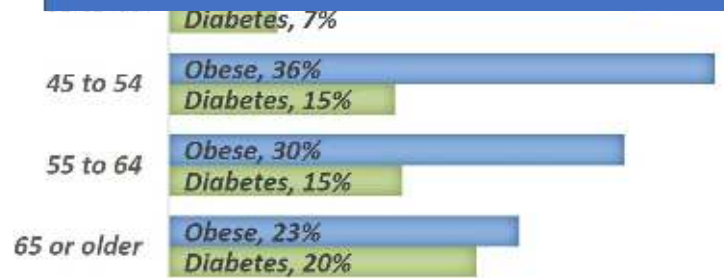
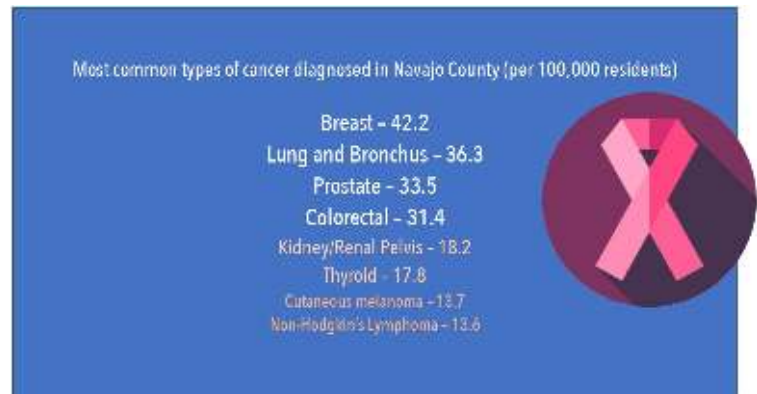
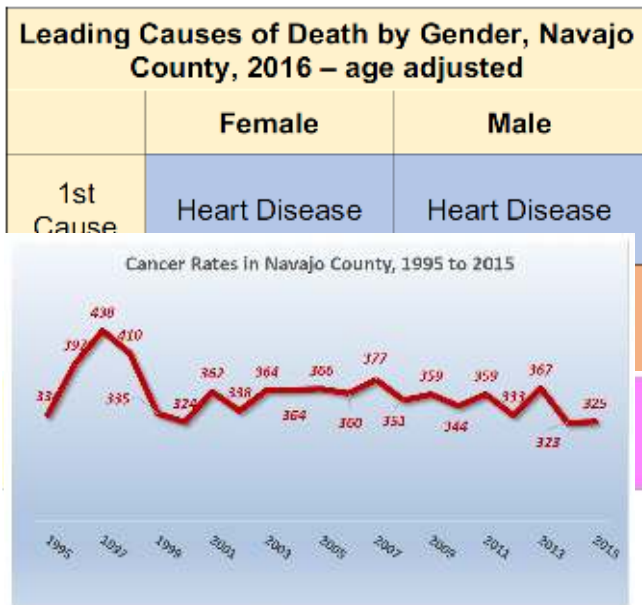
3. Chronic Disease Management

NEED: To educate the communities on healthy behaviors that prevent chronic diseases such as diabetes, heart disease, cancer and other chronic conditions.

GOAL: Increase number of community members actively engaged in health behaviors that prevent and/or manage chronic diseases

More than half of county households there is a person with a chronic health condition.

Leading types of cancer in Navajo County match the leading types in the state, but at lower rates. Breast, lung, prostate and colorectal cancer are the top four cancer diagnoses for Arizona and Navajo County. (Charts below represent Navajo County community members)



Committee Members

Name	Organization
Ivy Loney (Chair)	Summit Health Care
Deborah Kalish	Summit Healthcare Diabetes
Julie Forney	Summit Healthcare Cancer Center
Angie Valentine	Summit Healthcare Home Health
Rebecca Belnap	Navajo County Nutrition
Vicki Solomon	Nexus Coalition for Drug Prevention
Kelly, Joe	Little Colorado Medical Center
Nathanael Lemmon	IHS
Deborah Huish	Navajo County
Darcey McKee	Navajo County
Melinda Klug, NP	Summit Healthcare Heart, Lung & Vascular
Augusta Gose	North Country Healthcare
Ken Allen	Summit Healthcare
Allison Hephner	NCPHSD Outreach

1st Quarter 2019 Update

- Subcommittee did not meet in the first quarter due to a change in committee leadership. New leadership was identified, and first meeting was scheduled for 4/5/2019.

2nd Quarter 2019 Update

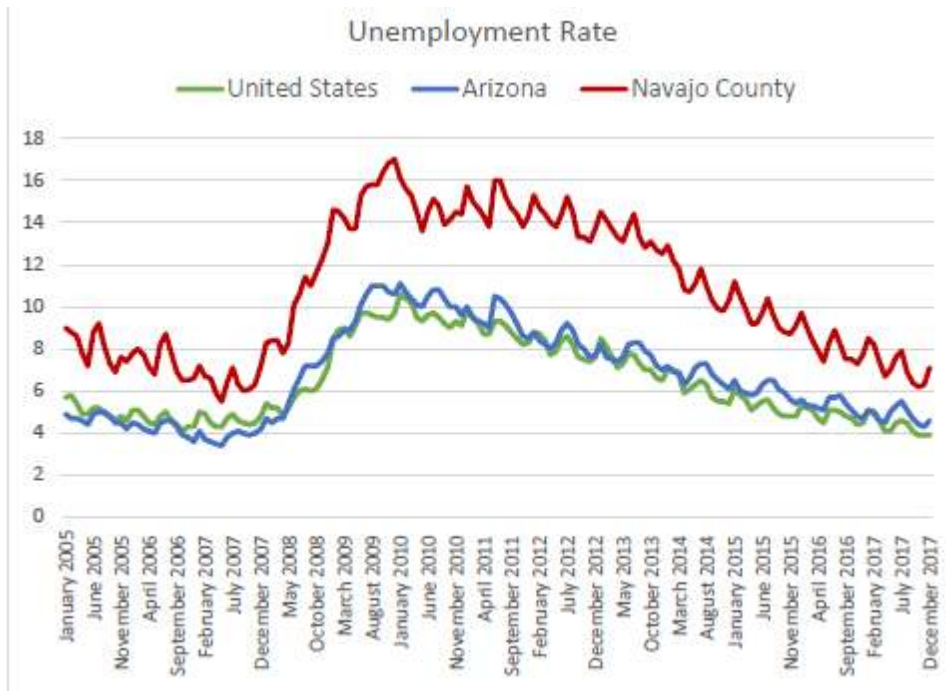
- 4/5/2019 Chronic Disease Action Plan was reviewed, and it was decided by the group to focus first on identifying the players, the services and the data. Once this information is obtained the action plan will be revised and implemented with goals that can be continuously evaluated and measured moving forward.
- Summit standardized formalized care pathways and stop light education on the major chronic illnesses. These are being worked on for distribution. After discharge patient is called to ensure care coordination. For the Summit Clinics and Dr. Thomson patients who are high risk and rising risk are care managed. Patients with two or more chronic illnesses have been reached out to proactively by the RN Care Coordinators and/or the behavioral health consultants and introduction is made to support any gaps in care.
- Summit is supporting more coordinated skilled nursing discharges working more closely with the Havens. A reduction in readmissions from 5.9% to 5.3% this past quarter was achieved. Summit was also the number one hospital in the state for lowest congestive heart failure readmissions. Super exciting as Mayo has asked us to come present to their congestive heart failure collaborative in May.
- Summit submitted a grant for more chronic care RN Care Coordinators.
- Working on a chronic care menu of services interventions to increase access to chronic disease support

4. Poverty

NEED: 1 in 3 Navajo County residents' lives in poverty. The unemployment rate is higher, and the median income is lower than they are for Arizona.

GOAL: Create a coordinated system for support for vulnerable populations (both virtual system and brick-and-mortar facilities).

Economic conditions are such that many Navajo County residents are living at or near poverty and others are working hard to make ends meet. The median income for a Navajo County resident is \$36,900 which is far less than the median income in Arizona (\$51,300) and the U.S. median income of \$55,300.



Committee Members

Name	Organization
Ron Everingham	The ReCenter at the Church
Allison Hephner	Navajo County Public Health Services Community Outreach
Justin Harris	WellCare
Kendra Hook	Az@Work/Workforce
Stephanie Ray (Chair)	Workforce Innovation and Opportunity, Assistant Director
Connie Kakavas	Summit Healthcare
Kevin Lowrey	Summit Healthcare Social Services

1st Quarter 2019 Update

- February 2019 - Received a Community Service Block Grant (CSBG) of \$55,800, this funding stream has been allocated to wire the Navajo-Apache County Regional Network (NACRN) Center with high-grade technology and support.
- In process of recruiting 2 Americorps Vistas
- In negotiations with City of Show Low for NACRN Center at 760 E McNeil in Show Low.

5. Sexually Transmitted Diseases

NEED: Sexually transmitted diseases – particularly chlamydia and gonorrhea – are a growing epidemic

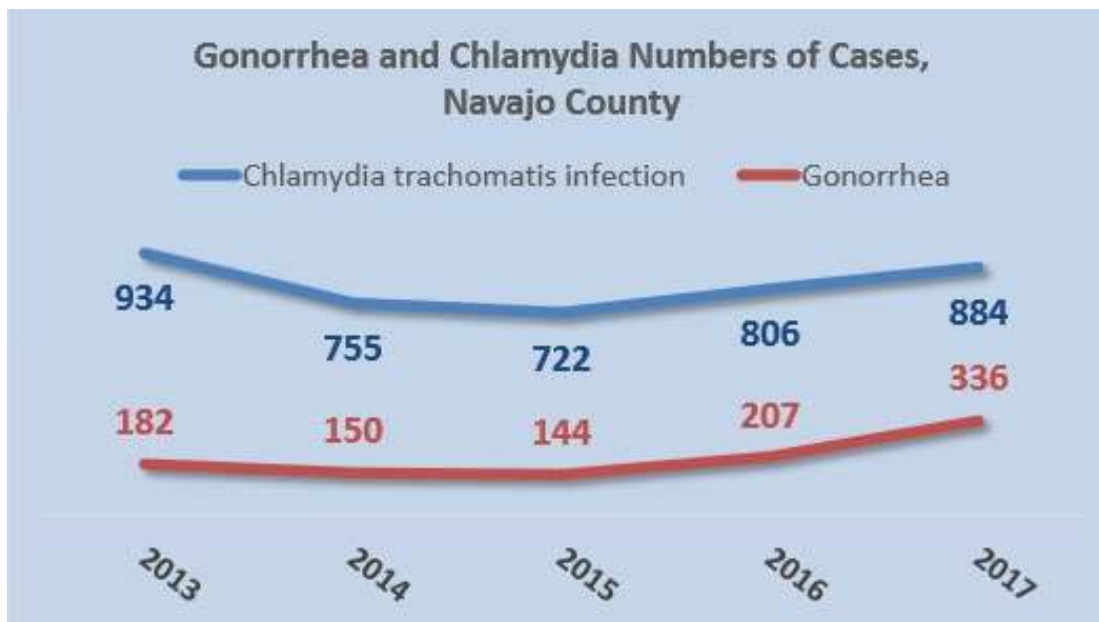
GOAL: Lower the rates of chlamydia, gonorrhea and syphilis

Perhaps the most important communicable disease issue in Navajo County is the rise in sexually transmitted diseases. The numbers of gonorrhea and chlamydia cases have been rising steadily after a low in 2014. Both the absolute numbers and the rate of these diseases is quite high. At 191 cases of gonorrhea per 100,000 residents in 2016, the rate of gonorrhea was 25% higher

than Arizona’s rate (151) and the highest of all Arizona counties.¹⁴⁹ The chlamydia rate was even higher at 744 cases per 100,000 residents in 2016. This was the third highest county rate in Arizona.¹⁵⁰ In 2016 and 2017, the number of chlamydia cases jumped from 806 to 884.¹⁵¹ Assuming each infection represents one person during the year, that is almost 1% of the entire population of Navajo County that contracted the disease in 2017.

The rate of

GONORRHEA
 is 25% higher than
 The rate for Arizona



Committee Members

Name	Organization
Janelle Linn (Chair)	NCPHSD
Edwin Rodriguez	NCPHSD
Eli Bierman	CDC-NCPHSD
Cathy Solomon	NCPHSD
Amy Stradling	NCPHSD
Nate Lemmon	Whiteriver IHS
Lillian Kavishe	Whiteriver IHS
Lance Gillespie	Community Member
Kelly Joe	Little Colorado Medical Center
Diana Anderson	Summit Healthcare
Zena Smith	Navajo County Social Hygiene
Jose Burgos	Hopi IHS
Jessie McGinnis	Summit Healthcare
Matthew Waite, DO	Summit Healthcare Family Medicine
Andrew Jones, MD	Summit Healthcare Pediatrics
Ellen Huff, NP	Snowflake Medical Center

1st Quarter 2019 Update

- Develop social media outreach campaign to improve awareness among high risk groups.
- Youth Adult Partnership (YAP) – bringing together students and other groups to advocate for comprehensive sex ed in schools & STD resources in the community.
- Testing services by bringing together resources and off-reservation testing services to community events and into schools.
- Contact NPC nursing to train nurses for nursing education.
- Teaching parents and providers how to talk to kids about sex.

2nd Quarter 2019 Update

- The STD workgroup has been formed and met twice this quarter, with another meeting scheduled in June
 - Developed a problem statement
 - Set goals for the year
 - Developed intervention strategies and an action plan for the year
- Sub-Committee off of STD workgroup being formed to address spike in congenital syphilis cases
- Youth Adult Partnership (YAP) has been formed
 - Currently recruiting for additional adolescent and young adult members
 - Social media campaigns (Facebook, Instagram & YouTube) developed

6. Access to Care

NEED: Access to primary care and specialty physicians for Navajo County residents I can be difficult

GOAL: Increase access to physician through recruitment and retention

The overall assessment of clinical resources is weak for most parts of Navajo County and the tribal areas that overlap the county. The Northern Arizona University Center for Health Equity Research examined several factors affecting health in Navajo County and other Northern Arizona counties and tribal nations. In their 2017 report entitled Advanced Wellbeing in Northern Arizona: A Regional Health Equity Assessment, they compared municipalities that are in or overlapping Navajo County to find that only Show Low and Hopi offer an adequate number of primary care providers per capita – 1 provider for every 227 residents – at least as compared to Arizona as a whole (1 provider for every 296 residents). Yet, both the Hopi and the White Mountain Apache Tribe are lacking any general hospitals, skilled nursing facilities, and have poor access to transportation, as shown below. The Snowflake/Heber area has somewhat better resources and transportation, but the ratio of providers to the population could be strengthened.

Providers Registered with the Arizona Medical Board for Towns in Navajo County			
	Medical Doctors	Physician Assistants	Total
Total - All Cities	97	25	122
Holbrook	1	1	2
Kayenta	1	0	1
Pine Top	1	1	2
Show Low	47	18	65
Snowflake	5	0	5
Whiteriver	16	1	17
Winslow	26	4	30

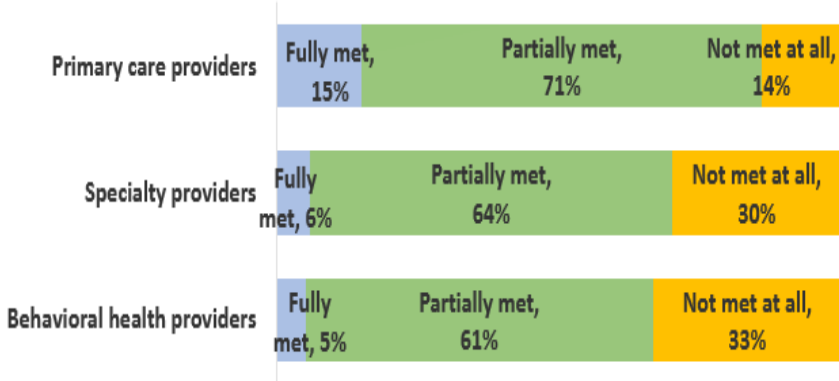
May not include all providers working at Indian Health Service Facilities, as they are not required to register with the Board.

Residents feel that the needs for different kinds of providers are, for the most part, not being met. As shown in the chart below, most respondents in the CHA survey (71%) said that the need for primary care providers is being partially met and 14% said it was not met at all. Only 15% of respondents thought that the need for primary care providers was fully met and this dropped to 6% and 5% for specialty and behavioral health providers. On the other end of the spectrum, 30% said that the need for specialty providers is not met at all and 33% said the need for behavioral health providers was not met at all.

1st Quarter Update

- Recruiting five (5) new primary care providers starting in the summer of 2019. This will open up access for patients to see their primary care provider.
- Recruited one (1) new urologist starting in August 2019.

CHA Survey: Need for Types of Providers



In addition, residents are not able to get care for certain conditions when they seek it. For example, 18% of the respondents said they sought care for pregnancy in the past year. Of the respondents who sought care, only 41% were able to get care. This is particularly troubling because prenatal care is associated with positive birth outcomes and thus, is very important for healthy infants.

Committee Members

Name	Organization
Angie Fabian	Summit Healthcare
Ken Allen	Summit Healthcare Medical Associates
Alan DeWitt, MD	Summit Healthcare
Lisa Echales	Summit Healthcare
Nate Updyke	ChangePoint
	North Country
Jeff Farkas	TimberMesa
	VA

Summary and Board Approval

Summit Healthcare Regional Medical Center continues to add value and improve community health needs throughout its programs on care for the communities we serve. Aligning the results from the community health needs assessment and prioritizing health concerns in the White Mountains, Summit Healthcare has identified key initiatives that work toward addressing these needs through this implementation plan. Summit Healthcare continues our efforts with community partners who are also involved with providing health care to the residents and visitors of the White Mountains.

Summit Healthcare's Governing Board has been informed of the Community Health Needs Assessment process and requirements. The Board fully understands its commitment to this mandate through the Patient Protection and Affordable Care Act, as a tax-exempt hospital, we must perform this assessment once every three years, as mentioned in opening paragraph.

Meetings with Supervisors

One meeting each with two elected officials were held in March 2018. The Navajo County Chief Health Officer, Jeff Lee, facilitated the one-on-one conversations. Each session started with the same questions that were asked in the resident focus groups, including questions on the definition of a healthy community, the most important health problems/issues, and ideas on how to improve the health of the community.

Community Presentations

Over 20 community presentation were provided throughout Navajo County between November 2018 and February 2019. These recipient organization include: The towns and cities of Show Low, Holbrook, Winslow, Heber Overgaard, Snowflake, Taylor and Pinetop-Lakeside; the chambers of the same city and towns; the following partners Navajo County, Summit Health Care, Northland Pioneer College, ChangePoint Integrated Health and North Country Health Care; the following community meetings included White Mountain Business Owners Roundtable, Family Resilience Meeting CASA, Community Network Team, NASSA Special Education, Children with Special Needs Coalition and the Women's Club.