

**Community
Health Profile
for Mohave County,
Arizona
2013**



Acknowledgements

“The most powerful factors in the world are clear ideas in the minds of energetic people of good will.”

—J. Arthur Thompson

This *Community Health Profile for Mohave County, Arizona* is the result of the insights and input from hundreds of people representing a broad spectrum of community interests in Mohave County. Many thanks to representatives of the following organizations who serve on the Mohave County Community Health Coalition or who otherwise contributed to this report:

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AZ State Office of Rural Health
Boys & Girls Club of the Colorado River
Bullhead City Chamber Commerce
Bullhead City Dental
Bullhead City Elementary School Dist.
Bullhead City Fire Dept.
Bullhead City Parks & Rec.
Bullhead City Police Dept.
Bullhead City Senior Programs
Bullhead City Transit
Bullhead Health Club
Bullhead Regional Economic Development Authority
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City of Kingman
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Desert Palms Medical Assoc.
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Havasu Transit
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Kingman City Council
Kingman Fire Department
Kingman Police Department
Kingman Regional Medical Center
Kingman Unified School District #20
KJFF Radio
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Lake Havasu School District
Lake Havasu City Chamber of Commerce
Legacy Foundation
Maddog Fitness
MAPPED
Meadview Chamber of Commerce
Meals on Wheels
Mohave County Department of Public Health

Mohave County Tobacco Use & Chronic Disease Prevention Program
Mohave County Board of Supervisors
Mohave Accelerated School
Mohave Community College
Mohave County Community Development
Mohave County Community Services
Mohave County Senior Programs
Mohave County Sheriff's Office
Mohave County-Children's Action Team
Mohave Daily News
Mohave Mental Health Clinic, Inc
Mohave State Bank
Mohave Substance Abuse Treatment & Education Partnership (MSTEPP)
Nautical Inn/London Bridge Resort
North Country Healthcare
Northern Arizona Univ.
Office Express
Our Town Magazine
River Medical
Riverside Resorts
Sam's Club
Shugrues
Southwest Behavioral Health
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Today's News Herald
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Additionally, special thanks to the Mohave County residents who took the time to participate in our key informant interviews, stakeholder and healthcare provider questionnaires, and in the Mohave County Community Health Survey. The energy, dedication, and cooperation of the hundreds involved in this effort are powerful factors for improving health and quality of life issues in Mohave County.

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Introduction

This *Community Health Profile* documents the findings of a formal community health assessment performed in Mohave County, Arizona. In general, it details health and wellness statistics and community needs for health services in Mohave County communities.

With the ultimate goal to improve health and quality of life in Mohave County, the community health assessment was initiated in the fall of 2011 by a countywide coalition of community stakeholders under the collaborative leadership of the Mohave County Department of Public Health and Kingman Regional Medical Center. It involved a wide-ranging effort to gather facts and statistics regarding health and quality of life in Mohave County, including obtaining insights and perspectives from county residents.

The health assessment was a first in our area— never before has there been a comprehensive study of community health done with community member input at a local level. Our objective was to provide a realistic picture of the health needs and issues unique to our population, geography, and economy to be utilized for local planning and for creating policies and programs that address true health concerns within our county.

The community health assessment is the first part of a two-pronged approach for improving health and quality of life in Mohave County. With the publication of this *Community Health Profile*, the community coalition will use the data and information herein to identify and address priority health issues, which will be documented in a second report called a *Community Health Improvement Plan* (CHIP). The CHIP will include strategies and measures for acting on selected community health issues.

The Mohave County Health Improvement Initiative will be an ongoing process, which will involve performing a community health assessment and developing a community health improvement plan every three years.

Purpose

The purpose of this *Community Health Profile* is to provide a factual basis for informing community decision-making regarding health and quality of life issues in Mohave County. It is one part of an overall initiative to identify, prioritize, and address health needs to ultimately improve health and quality of life in Mohave County.

This effort was first prompted by separate agency requirements (described below) for the Mohave County Department of Public Health (MCDPH) and for Kingman Regional Medical Center (KRMHC). Therefore, this report also serves to document both entities' compliance to their respective requirements.

County health department accreditation

Currently, county health departments throughout Arizona are seeking accreditation through the Public Health Accreditation Board. As part of the accreditation process, MCDPH is required to conduct a community health assessment and develop a community health improvement plan for Mohave County.

The Public Health accreditation process also requires the health department to identify opportunities for improving quality and performance based on the findings of the CHA/CHIP. Specifically, the accreditation process provides a means for the health department to improve management, develop leadership, and improve relationships with the community. The process challenges the health department to reflect on their current business practices and services they offer to the public and to determine how best to improve and stimulate quality performance. It also promotes greater accountability and transparency in serving the county's citizens.

Non-profit hospital compliance with the Patient Protection and Affordable Care Act

Non-profit hospitals throughout the United States are required to perform a community health assessment in compliance with the Patient Protection and Affordable Care Act (KRM is the only non-profit hospital in Mohave County).

IRC Section 501(r) (a byproduct of the *Affordable Care Act*) requires health care organizations to assess the health needs of their communities and adopt implementation strategies to address identified needs. Per IRC Section 501(r), KRM must do the following to comply with federal tax-exemption requirements:

- Conduct a community health assessment every three years

- Adopt an implementation strategy to meet the community health needs identified through the assessment

- Report how it is addressing the needs identified in the community health assessment and a description of needs not being addressed, with justification as to why such needs are not being addressed

Since both MCDPH and KRM are required to assess health in the community, the two entities used the opportunity to form a large coalition of community representatives from throughout the county to do a wider ranging assessment— with the mutual goal of ultimately improving health and quality of life in Mohave County. To that end, this document will serve as the basis for prioritizing community health needs and in planning to meet those needs with the support of many organizations and public service agencies throughout Mohave County.

Organization Descriptions

The Mohave County Department of Public Health (MCDPH) and Kingman Regional Medical Center (KRM) are co-leading the ongoing community health assessment and health improvement planning process for Mohave County. Both entities share project management responsibilities and costs. Additionally, there were many community organizations and outside agencies who contributed to the effort. The primary organizations involved in the effort are listed below.

Mohave County Department of Public Health

With the mission of creating a safe and healthy environment for Mohave County citizens, the Mohave County Department of Public Health (MCDPH) serves the county's population of over 200,000 throughout a 13,470-square-mile area. The department employs over 100 public health professionals in six divisions including Administration, Bioterrorism Defense and Emergency Response, Public Health Nursing, Environmental Health, Senior Programs, and Nutrition & Health Promotion.

A five member Board of Supervisors has authority over the Mohave County Department of Public Health, while a local eleven member Board of Health functions in an advisory and educational capacity. The Department serves the public in a variety of public health services including senior programs in Kingman, Lake Havasu City, Bullhead City and Colorado City.

Kingman Regional Medical Center

Kingman Regional Medical Center (KRM) is a 235-bed acute care hospital located in Kingman, Arizona. With the mission of serving the community with commitment and compassion, KRM is the only nonprofit medical center in Mohave County. It was established in 1982 by a voter referendum to move the hospital from under county control to local community control. The referendum created *Hospital District Number One of Mohave County*, which is governed by a five-member District Board. The hospital district encompasses all of Mohave County with the exception of the "strip" area north of the Grand Canyon and the areas within the school district boundaries of Bullhead City and Lake Havasu City, AZ.

In 1983, Hospital District Number One of Mohave County leased the hospital and equipment to *Kingman Hospital Incorporated (KHI)* — a local non-profit organization created exclusively to oversee hospital operations. The 11-member KHI Board of Directors is comprised of local citizens who serve five-year terms. Under the direction of the community board, KRM has grown to become the largest medical center in northwest Arizona. With over 1,600 employees, 275 volunteers, and 190 physicians/allied health professionals— KRM is capable of providing highly technical and specialized healthcare services not normally available in similar-size communities.

Mohave County Community Health Coalition

In an effort to coordinate with other community agencies to execute the community health assessment, MCDPH and KRMHC formed the Mohave County Community Health Coalition, which includes over 100 community stakeholders representing community interests throughout Mohave County (organizations with representatives on the coalition are listed in *Appendix A*).

The role of each coalition member is to contribute insights and input on community health from their unique perspective as related to their role in the community. Coalition members also serve on various task forces and committees to help identify and evaluate the health needs of the community, prioritize those needs, and develop strategies for addressing those needs.

Arizona Center for Rural Health, University of Arizona

Experts from the Arizona Center for Rural Health facilitated our community coalition meetings and provided guidance and technical assistance throughout the community health assessment process. With the mission to promote the health of rural and medically underserved individuals, families, and communities through service, education, and research; the center provides flexible and innovative resources to respond to the needs of rural constituents. The center is located within the University of Arizona Mel and Enid Zuckerman College of Public Health. In addition to education and research, the Mel Enid Zuckerman College of Public Health places a strong focus on community outreach, practice, and service.

BKD, LLP

KRMHC and MCDPH engaged BKD, LLP to conduct the formal community health assessment. BKD, LLP has proven experience in working with community coalitions in the community health assessment and improvement process. It is one of the largest CPA and advisory firms in the United States, with approximately 2,000 partners and employees in 30 offices. BKD serves more than 900 hospitals and health care systems across the country.

Community Health Assessment Method and Process

The method and process used in conducting a community health assessment in Mohave County was influenced by:

National Association of City and County Health Officials (NACCHO) guidelines for conducting a community health assessment and developing a community health improvement plan

Methodologies suggested by the Arizona Center for Rural Health, University of Arizona

Public Health Accreditation Board guidelines and requirements for county health department accreditation

U.S. Internal Revenue Service (IRS) guidelines and requirements for tax-exempt health care organization compliance with IRC Section 501(r)

The Mohave County Community Health Improvement Initiative began in September, 2011 with a community coalition meeting held in Kingman, AZ. The meeting involved over 50 individuals representing city and county government, Indian tribes, healthcare, education, law enforcement, public services, business, charities, and faith-based services in the Kingman area. The purpose of the meeting was to introduce community stakeholders to the community health improvement process and to obtain buy-in and commitments for assisting with the effort.

The first order of business at this meeting was to define “community,” in terms of the geographic area to be included in a community health assessment. Based on KRM’s and MCDPH’s service areas and on feedback at the meeting, the decision was made to include all of Mohave County in the assessment. As a result, similar meetings with community stakeholders were later held in Lake Havasu City and Bullhead City.

As an outcome of our initial community coalition meetings, we formed four task forces involving key representatives of our local communities:

Data and Information Task Force to compile data pertaining to health in Mohave County (demographic information, disease statistics, etc.)

Survey Task Force to develop and administer a survey to obtain input and perspectives from county residents on health and quality of life in their community

Public Relations Task Force to inform the public and community organizations of the initiative

Community Resource Task Force to identify community resources that support health and quality of life in Mohave County

Community members on the above task forces worked throughout 2012 on their respective aspects of the community health assessment process. In September, 2012, stakeholders from all Mohave County communities convened to review project status and offer further input on the process.

The specific steps in the Mohave County community health assessment were:

1. Collected and analyzed a large range of data related to health and quality of life within Mohave County communities, which includes demographic and socioeconomic characteristics and health statistics utilizing various sources (see references in Appendix F). Information on the leading causes of death and morbidity was analyzed

in conjunction with health outcomes and factors reported for the community by CountyHealthrankings.org (see page 41)

2. Prepared an inventory of health care facilities and resources in Mohave County (see page 24)
3. Conducted in-depth interviews with 26 individuals (key informants) representing: *a)* broad interests of the community, *b)* populations of need, and *c)* persons with specialized knowledge in public health (see page 61)
4. Prepared and distributed a *Community Stakeholder Questionnaire* to community representatives, who attended the county-wide stakeholder meeting in September, 2012. The questionnaire was completed by 46 community stakeholders (see page 66)
5. Obtained input from primary care providers and mental health professionals on the leading health issues they are seeing in the community (see page 68)
6. Developed and conducted a public survey to obtain input and perspectives from Mohave County residents regarding health, quality of life, and needs for health-related services in their respective communities. The survey period started December 1, 2012 and ended on January 31, 2013. The survey was widely publicized throughout Mohave County. An electronic version was available on both MCDPH's and KRMHC's websites. Hardcopy surveys were available at all public libraries within the county. The survey was completed by 1,756 county residents (see page 70)
7. Compiled all results and findings of the above steps, which are described in this Community Health Profile for Mohave County

Mohave County Demographic Socioeconomic, & Environmental Characteristics

Defined Community

In performing a community health assessment, *community* is defined by a chosen geographic area. Based on feedback from the Mohave County Community Health Coalition and on Mohave County Department of Public Health's and Kingman Regional Medical Center's service areas, it was decided to include the entire geographic area within the boundaries of Mohave County in the assessment.

Mohave County is located in the northwest corner of Arizona. In terms of land area, it is the fifth largest county in the United States, covering 13,470 square miles (8,620,800 acres). It shares borders with three states— California, Nevada and Utah. The Grand Canyon and Colorado River cross Mohave County from east to west, dividing it into two geographic regions— the Arizona Strip in the north and the Mojave Desert in the south. The Colorado River bends south at Hoover Dam and forms Mohave County's western border with Nevada and California.

Approximately 69% of the land (6 million acres) in Mohave County is federally owned, mostly controlled by the U.S. Bureau of Land Management. Other federal lands within the county boundaries include part of Grand Canyon National Park, the Grand Canyon-Parashant National Monument, Pipe Spring National Monument, Bill Williams National Wildlife Refuge, Havasu National Wildlife Refuge, Lake Mead National Recreation Area, and Kaibab National Forest.

Other land ownership in Mohave County includes: state– 6.9%, county– .1%; and tribal– 7% (Hualapai, Kaibab-Paiute, and Fort Mohave Indian Reservations). Only 17% of the land (about 15,000 acres) in Mohave County is under private ownership.

The city of Kingman (pop. 28,279) is the county seat of Mohave County. There are three other incorporated cities in Mohave County: Lake Havasu City (pop. 52,935), Bullhead City (pop. 39,842), and Colorado City (pop. 6,085). Unincorporated communities in Mohave County include: Beaver Dam, Chloride, Dolan Springs, Fort Mohave, Golden Shores, Golden Valley, Grasshopper Junction, Hackberry, Littlefield, Meadview, Mohave Valley, Oatman, Peach Springs, Shipley, Temple Bar, Topock, Truxton, Valentine, White Hills, Wikieup, Willow Beach, and Yucca.

The following sections describe the demographic, socioeconomic, environmental

characteristics of Mohave County. Demographic characteristics include measures of total population as well as percent of total population by age group, gender, race and ethnicity. Socioeconomic characteristics include measures that have been shown to affect health status, such as income, education, and employment, and the proportion of the population represented by various levels of these variables.

Zip code groupings

In order to identify geographic areas within Mohave County for the community health assessment, some communities close to an incorporated city were grouped with that city. Farther outlying communities were grouped together. These zip code groupings are used in many of the tables contained throughout this report.

Figure 1: Zip Code Groupings for Mohave County Health Assessment

Kingman	86401	Kingman
Kingman	86409	
Golden Valley	86413	
Bullhead City	86442	Bullhead City
Bullhead City	86429	
Fort Mohave	86426	
Topock	86436	
Mohave Valley	86440	
Lake Havasu City	86403	Lake Havasu City
Lake Havasu City	86404	
Lake Havasu City	86406	
Dolan Springs	86441	Outlying Communities
Meadview	86444	
Willow Beach	86445	
Wikieup	85360	
Hackberry	86411	
Peach Springs	86434	
Colorado City	86021	
Littlefield	86432	

Mohave County Population

As of the 2010 census, the total population of Mohave County is estimated at 204,862, with a population density of 14.96 people per square mile. Approximately 75% of the population lives in incorporated towns/cities, with 25% in unincorporated areas. The largest cities are: Lake Havasu City (pop. 52,935), Bullhead City (pop. 39,842) and Kingman (pop. 28,279).

Figure 2: Mohave County Total Population & Population Density

Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Mohave County, Arizona	204,862	13,470.08	14.96
Arizona	6,246,816	113,594.10	54.99
United States	303,965,271	3,531,905.50	86.06

Data Source: [U.S. Census Bureau, 2010 American Community Survey](#).

Population growth from 2000 to 2010

This indicator reports the difference in population counts from the 2000 census population estimate to the 2010 census population estimate. This is relevant because a positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Figure 3: Mohave County Population Growth from 2000 to 2010

Report Area	Total Population, 2010 Census	Total Population, 2000 Census	Percent Change from 2000-2010 Census
Mohave County	204,862	155,032	24.33%
Arizona	6,392,017	5,130,632	24.59%
United States	308,745,538	281,421,906	9.71%

Data Sources: [U.S. Census Bureau, 2000 American Community Survey](#) and [U.S. Census Bureau, 2010 American Community Survey](#)

Median age of Mohave County's population

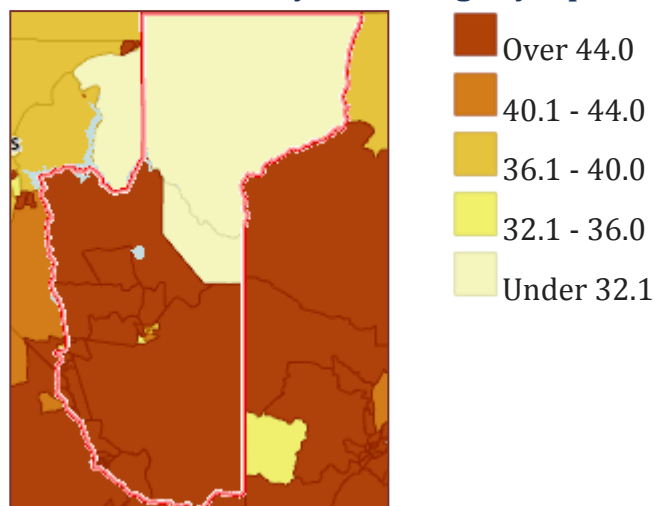
Mohave County's population includes a significant number of older adults. As indicated in the following figure, the median age in Mohave County is 46.30, which is notably high in comparison to state and national population statistics. The median age is the age at the midpoint of the population. Half of the population is older than the median age and half of the population is younger. The median age is often used to describe the "age" of a population. This is relevant because the age of a population indicates the potential for age-specific health conditions and need for related services.

Figure 4: Mohave County Median Age Comparison

Report Area	Median Age
Mohave County, Arizona	46.30
Arizona	35.50
United States	36.90

Data Source: [U.S. Census Bureau, 2010 American Community Survey](#)

Figure 5: Mohave County Median Age by Zip Code Tract



Data Source: [U.S. Census Bureau, 2010 American Community Survey](#)

Mohave County population by gender

Mohave County's population includes a slightly higher number of males than females. State and national statistics show the opposite, with a slightly higher number of females than males. This is relevant because the gender composition of a community can indicate relative needs for gender-specific health services.

Figure 6: Mohave County Population by Gender

Report Area	Male	Female	% Male	% Female
Mohave County, AZ	99,877	99,300	50.14%	49.86%
Arizona	3,108,234	3,138,582	49.76%	50.24%
United States	149,398,720	154,566,544	49.15%	50.85%

Data Source: [U.S. Census Bureau, 2010 American Community Survey](#)

Projected population growth in Mohave County by age and gender

Mohave County's overall population is projected to increase slightly by 4% over the next five years. The projected population increase for all of Arizona is 3% and for the United States is 4%. Note that the age category that utilizes healthcare services the most, 65 years and over, is projected to increase by more than 14 %. This increase will have a dramatic impact on both the amount and type of healthcare services required by the community.

Figure 7: Mohave County Projected Population Growth by Age & Gender

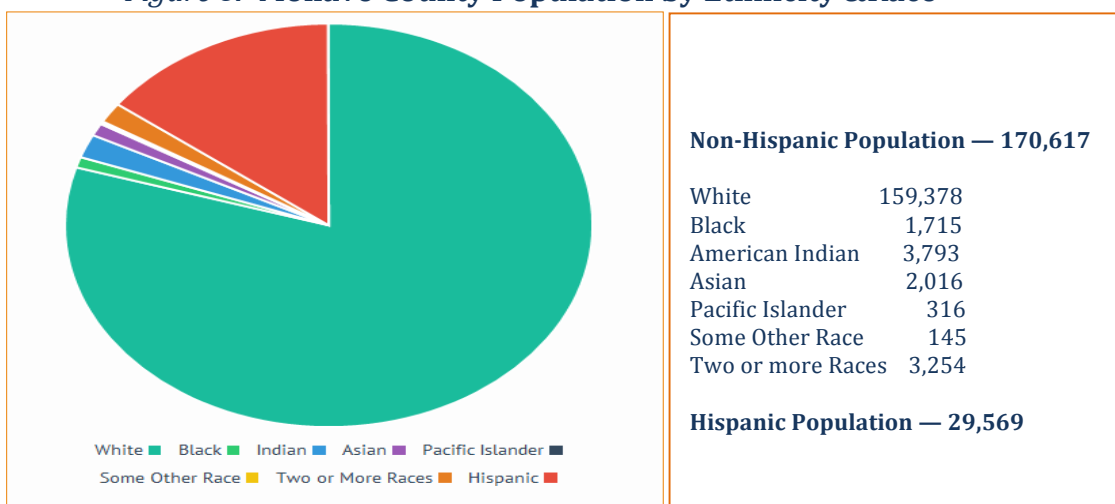
Zip Code Grouping*	Under 15 years	15-44 years	45-64 years	65 years and over	Total	Male	Female
Percent Difference							
Kingman	5.2%	4.3%	-6.3%	13.5%	3.3%	3.2%	3.5%
Bullhead	6.1%	5.1%	-6.8%	15.4%	4.3%	4.1%	4.6%
Lake Havasu City	4.1%	4.1%	-6.8%	13.0%	3.4%	3.4%	3.5%
Outlying Communities	9.5%	15.0%	-0.8%	17.5%	10.4%	10.0%	10.8%
Mohave County	5.9%	5.5%	-6.2%	14.2%	4.3%	4.1%	4.5%
AZ 2013 Estimated (1,000s)	851	1,746	1,163	600	4,360	2,140	2,219
AZ 2018 Projected (1,000s)	876	1,724	1,181	695	4,476	2,199	2,277
PERCENT DIFFERENCE	2.9%	-1.3%	1.5%	15.8%	2.7%	2.8%	2.6%
U.S. 2013 Estimated (1,000s)	62,661	125,854	80,789	41,347	310,651	153,278	157,373
U.S. 2018 Projected (1,000s)	65,357	125,839	83,934	47,902	323,032	159,466	163,566
PERCENT DIFFERENCE	4.3%	0.0%	3.9%	15.9%	4.0%	4.0%	3.9%

Data Source: [The Nielson Company](#)

* Zip code groupings include the Mohave County communities listed in Figure 1 (page 8)

Mohave County population by ethnicity and race

The U.S. Census Bureau uses a social definition of ethnicity and race rather than a biologic, anthropologic, or genetic definition. Census categories for race include: white; black or African American; American Indian, Alaska Native, Asian, Native Hawaiian or other Pacific Islander; two or more races; or some other race. A person's origin (or what used to be called *ethnicity*) is either Hispanic or non-Hispanic. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

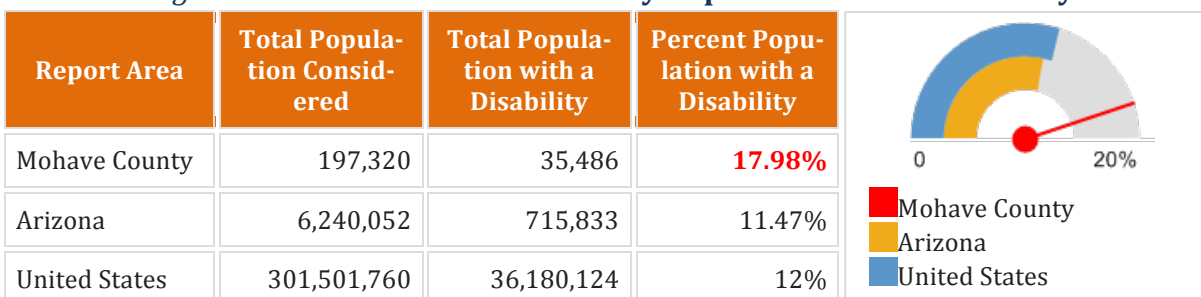
Figure 8: Mohave County Population by Ethnicity & Race


Data Source: [U.S. Census Bureau, 2010 American Community Survey](#)

Mohave County disabled population

This indicator reports the percentage of the total civilian non-institutionalized population with a disability, which is defined as a health condition lasting three months or longer that limits normal daily activities (self care, work, school, etc.). This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Figure 9: Percent of Mohave County Population with a Disability



Data Source: [U.S. Census Bureau, 2008-2010 American Community Survey 3-Year Estimates](#)

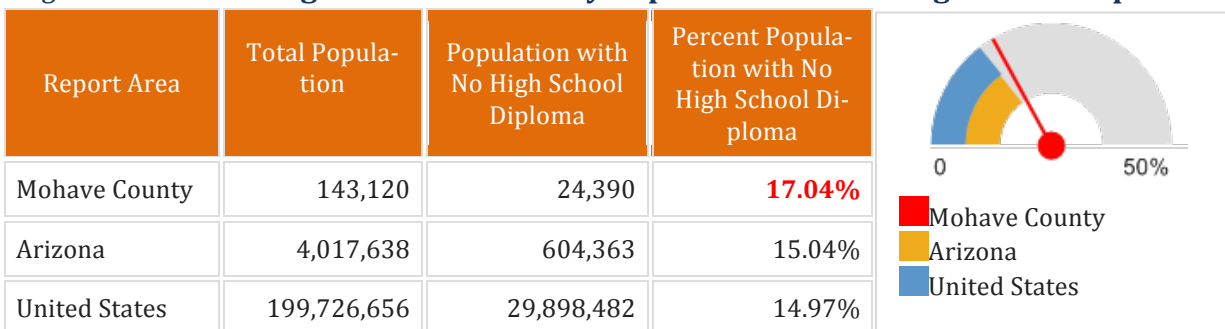
Mohave County Educational Statistics

Education is a marker for an array of opportunities and resources that can lead people to better or worse health. For example, limited education can lead to limited job options, lower incomes, and greater work-related stress, which can limit a family's chances to live in a healthy home and neighborhood and increasing their exposure to harmful conditions and further emotional stresses that can lead to illness. In contrast, a good education can lay the foundation for a healthy life. Better educated people are more likely to have jobs that provide health insurance coverage, to be more knowledgeable about their health, and to have more time to attend to their health. Therefore, education statistics are included in this report as important indicator of community health in Mohave County.

Population with no high school diploma

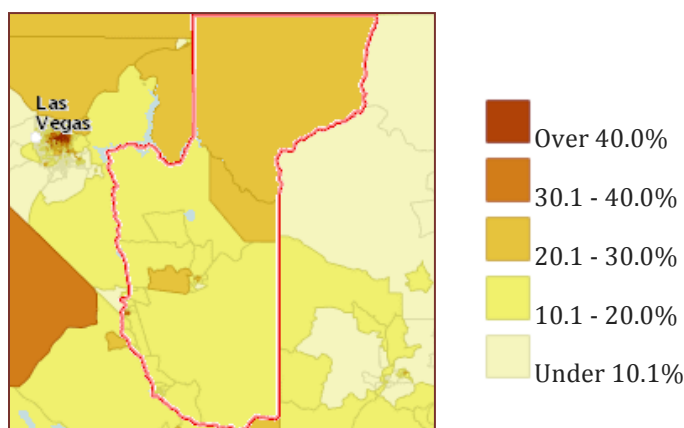
The following figure shows the percentage of Mohave County's population aged 25 and older without a high school diploma (or equivalency). This indicator is relevant because low levels of education are often linked to poverty and poor health.

Figure 10: Percentage of Mohave County Population with No High School Diploma



Data Source: [U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates](#).

Figure 11:
Percent of Mohave County Population with No HS Diploma by Zip Code Tract



Data Source: [U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates](#)

Mohave County high school graduation rate

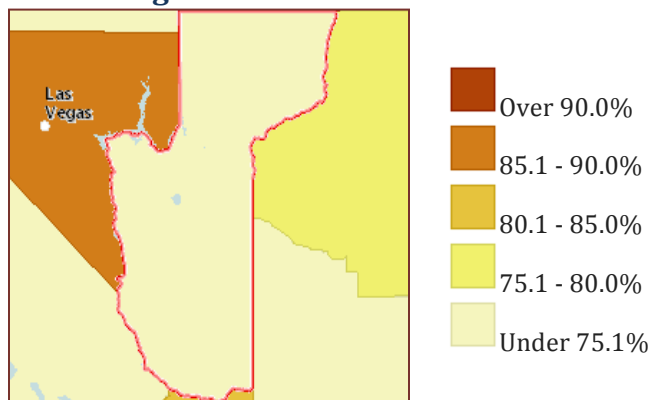
The following figure shows the percentage of students in Mohave County who receive their high school diploma within four years of starting high school.

Figure 12: Mohave County On-Time High School Graduation Rate

Report Area	Average Freshman Enrollment	Diplomas Issued	On-Time Graduation Rate
Mohave County	2,143	1,485	69.30
Arizona	85,984	62,374	72.50
United States	4,024,345	3,039,015	75.50

Data Source: [The University of Wisconsin, Population Health Institute, County Health Rankings, 2012](#) and the [U.S. Department of Education, National Center for Education Statistics \(NCES\), Common Core of Data, Public School Universe Survey Data, 2005-06, 2006-07 and 2007-08](#)

Figure 13: Average Freshman Graduate Rate in Mohave County, AZ



Data Source: [The University of Wisconsin, Population Health Institute, County Health Rankings, 2012](#) and the [U.S. Department of Education, National Center for Education Statistics \(NCES\), Common Core of Data, Public School Universe Survey Data, 2005-06, 2006-07 and 2007-08](#).

Educational attainment

Higher levels of education generally lead to higher wages, less unemployment and job stability, which have a direct influence on community health. The following figure shows that the number of people with a college degree in Mohave County is more than two times lower than the Arizona average.

Figure 14: Mohave County Educational Attainment

State/ County	
<u>Completing High School</u>	
Mohave County	83.9%
Arizona	85.2%
United States	85.4%
<u>Bachelor's Degree or More</u>	
Mohave County	12.2%
Arizona	26.4%
United States	28.2%

Data Source: [U.S. Census Bureau, Quickfacts](#)

Mohave County Economic Indicators

Economic and social insecurity are often associated with poor health. Poverty and unemployment affect access to care and a community's ability to engage in healthy behaviors. Therefore, adequate economic resources provide a foundation for a healthy community.

Estimated family income and wealth in Mohave County

The following table presents the average and median income for households in Mohave County communities. Average income and median income are both projected to decrease by approximately 8% to 14% between 2013 and 2018.

Figure 15: Estimated and Projected Average Household Income in Mohave County

Zip Code Grouping*	Estimated 2013		Projected 2018		Percent Difference	
	Avg. Household Income	Median Household Income	Avg. Household Income	Median Household Income	Avg. Household Income	Median Household Income
Kingman	\$ 41,071	\$ 31,898	\$ 37,365	\$ 28,448	-9.0%	-10.8%
Bullhead City	\$ 42,973	\$ 33,384	\$ 39,038	\$ 29,890	-9.2%	-10.5%
Lake Havasu City	\$ 45,736	\$ 34,519	\$ 41,269	\$ 30,682	-9.8%	-11.1%
Outlying Communities	\$ 43,607	\$ 28,504	\$ 39,166	\$ 25,481	-10.2%	-10.6%
Arizona	\$ 59,657	\$ 44,169	\$ 56,835	\$ 41,516	-4.7%	-6.0%
United States	\$ 69,637	\$ 49,297	\$ 71,917	\$ 49,815	3.3%	1.1%

Data Source: *The Nielson Company*

* Zip code groupings include the Mohave County communities listed in Figure 1 (page 8)

Employment by major industry

The exhibit below summarizes employment by major industry for Mohave County. The majority of jobs are in service-producing industries.

Figure 16: Employment by Industry in Mohave County

Major Industries	Mohave County	%	US %
Goods-producing	5,557	12.3%	14.7%
Natural Resources and Mining	663	15%	14%
Construction	2,144	4.8%	4.3%
Manufacturing	2,751	6.1%	9.0%
Service-producing	31,323	69.6%	68.4%
Trade, Transportation, and Utilities	10,036	22.3%	19.1%
Information	831	18%	2.1%
Financial Activities	1,674	3.7%	5.8%
Professional and Business Services	3,455	7.7%	13.1%
Education and Health Services	8,029	17.8%	14.6%
Leisure and Hospitality	5,817	12.9%	10.2%
Other Services	1,481	3.3%	3.4%
Federal Government	654	15%	2.3%
State Government	466	10%	3.6%
Local Government	6,996	15.5%	11.0%
Total Employment	44,997	100.0%	100.0%

Data Source: *The Nielson Company*

Leading employers in Mohave County

Major employers in Mohave County with more than 50 full-time employees include the following:

Figure 17: Leading Employers in Mohave County

Top Employers	Industry Classification	Mohave County Full-Time Employees
Kingman Regional Medical Center	Hospital	1,420
Wal-Mart	Retail	1,227
County of Mohave	County Services	1,078
Freeport-McMoran Mine	Copper Ore Mining	805
Havasu Regional Medical Center	Hospital	650
City of Lake Havasu City	City Services	615
Western AZ Regional Medical Center	Hospital	740
MTC-Arizona State Prison	Min. Security Prison	464
Sterilite Corporation	Household Plastics	425
City of Kingman	City Services	385
Sam's Club	Retail	356
American Wookmark Corp	Cabinets	335
Mohave Community College	College	268
City of Bullhead City	City Services	328
Mineral Park Mine	Molybdenum/Copper	313
London Bridge Resort	Hotel/Resort	210
Shugrues	Restaurant/Bar	200
River Medical	Paramedics	150
Home Depot	Home Improvement	342
Kmart	Retail	125
Nautical Beachfront Resort	Hotel	125
Laron Engineering	Machine shop	112
JC Penny	Retail	110
Smiths	Grocery Store	109
New West Dental Ceramics	Dental Implants	100
Lowe's	Home Improvement	196
Chemical Lime Company	Lime Mining	93
Central Trucking, Inc.	Motor Freight	90
IWX Motor Freight	Motor Freight	89
McKee Foods	Snack Foods	85
A&A Electronics & Assembly	Electronics	84
Allied West Services	Waste Management	81
Tru-Serv	True Value Distribution	75
Cascades Tissue Group Arizona	Paper Products	73
News West Publishing	Publishing	70
Food City	Grocery Store	70
Bradley Ford Lincoln Mercury	Auto Sales	57
Campbell Redi-Mix	Concrete	55
Praxair, Inc.	Industrial Gases	55

Data Source: [Mohave County Economic Development](#)

Unemployment in Mohave County

When workers are unemployed, they, their families, and the community lose. Workers and their families lose wages and employer-provided health insurance. In addition, the purchasing power of these workers is lost, which can lead to unemployment for yet other workers in the community. The following unemployment rates are estimates of the percent of the labor force that is unemployed based on the number of people filing claims for unemployment insurance benefits under state or federal programs. Therefore, the unemployment rate does not count people who are still jobless when their benefits run out or those who are not eligible, delay, or never apply for benefits. So, the unemployment rate is not a complete indicator on the number of unemployed in our community.

Figure 18: Unemployment Rate in Mohave County 2008-2012

Report Area	2008	2009	2010	2011	2012
Mohave County	8.9	11.1	11.4	11.3	9.7
Arizona	7.4	11.4	12.0	11.0	9.6
United States	5.9	9.9	10.5	9.5	7.9

Data Source: [Bureau of Labor Statistics, U.S. Department of Labor](#)

Population below 200% of federal poverty level

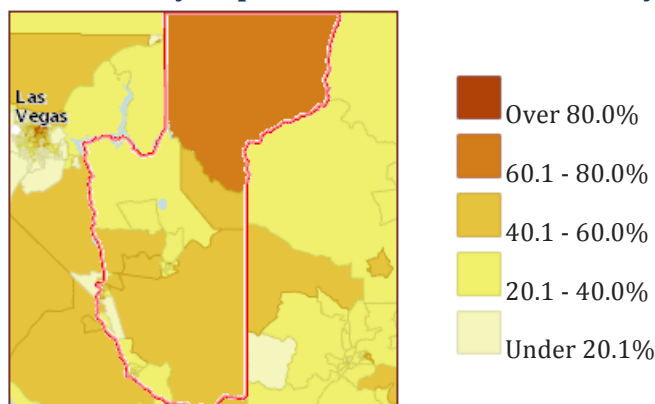
This indicator reports the percentage of the population in Mohave County whose household income is under 200% of the federal poverty level (FPL). This indicator is relevant because poverty creates barriers to accessing health services, healthy food, and other necessities that contribute to a healthy lifestyle.

Figure 19: Mohave County Population Below 200% FPL

Report Area	Total Population (For Whom Poverty Status is Determined)	Population with In- come Below 200% FPL	Percent Population with Income Below 200% FPL
Mohave County	195,218	77,636	39.77%
Arizona	6,110,304	2,137,786	34.99%
United States	296,141,152	94,693,416	31.98%

Data Source: [U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates](#).

Figure 20: Mohave County Population Below 200% FPL by Zip Code Tract



Data Source: [U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates](#).

Mohave County Poverty Rate (< 100% FPL)

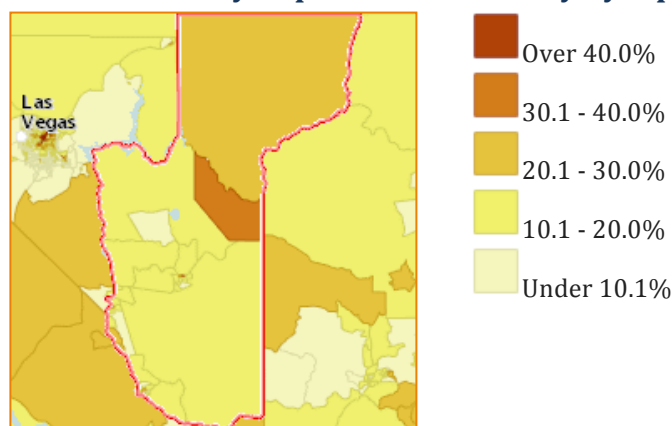
Poverty is considered a *key driver* of health status. This indicator reports the percentage of the population living below 100% of the Federal Poverty Level (FPL).

Figure 21: Mohave County Population in Poverty

Report Area	Total Population in Poverty	Percent Population in Poverty
Mohave County, Arizona	31,502	16.14%
Arizona	933,113	15.27%
United States	40,917,512	13.82%

Data Source: [U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates](#).

Figure 22: Mohave County Population in Poverty by Zip Code Tract

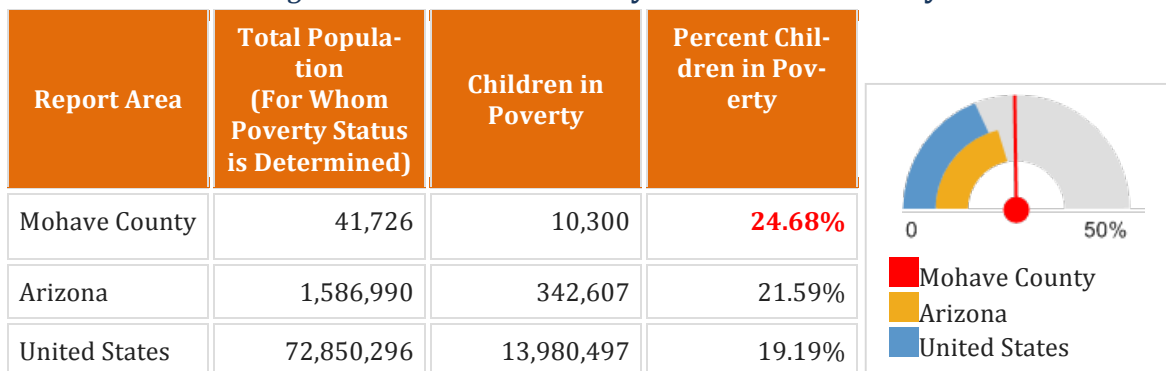


Data Source: [U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates](#).

Children in poverty

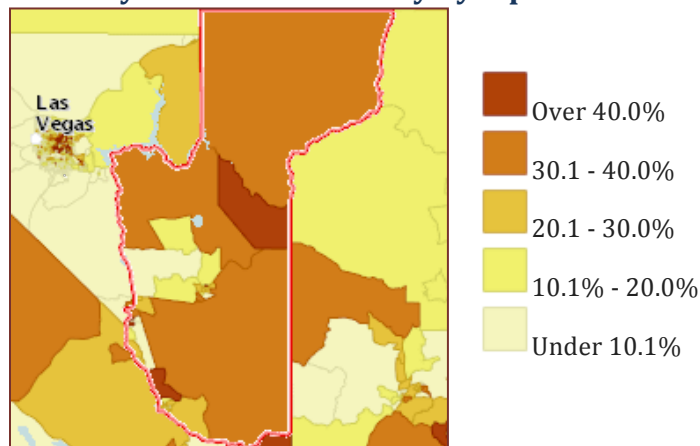
This indicator reports the percentage of children aged 0-17 living in households under 100% of the Federal Poverty Level (FPL).

Figure 23: Mohave County Children in Poverty



Data Source: [U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates.](#)

Figure 24: Mohave County Children in Poverty by Zip Code Tract

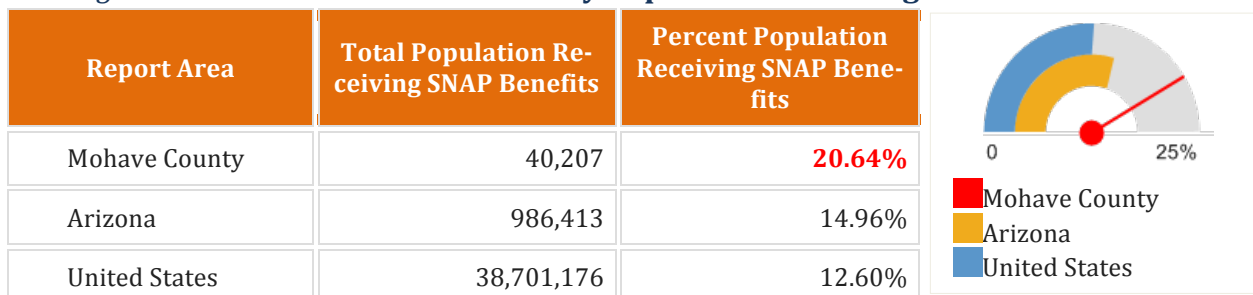


Data Source: [U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates.](#)

Supplemental Nutrition Assistance Program (SNAP) recipients

This indicator reports the average percentage of Mohave County's population receiving Supplemental Nutrition Assistance Program (SNAP) benefits, otherwise known as food stamps. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Figure 25: Percent of Mohave County Population Receiving SNAP Benefits

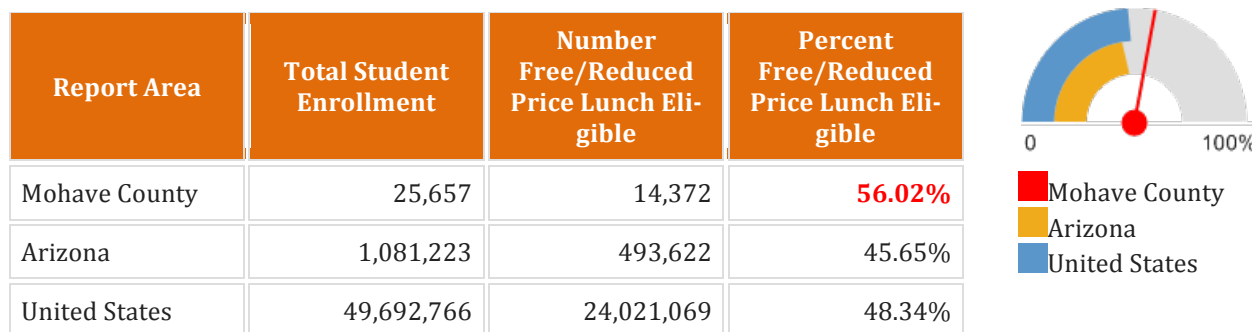


Data Source: [U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates](#).

Free and reduced-price school lunch eligibility

This indicator reports the percentage of public school students eligible for free or reduced price lunches. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Figure 26: Percent of Mohave County Children Eligible for Free/Reduced-Price Lunch



Data Source: [U.S. Department of Education, National Center for Education Statistics \(NCES\), Common Core of Data, Public School Universe File, 2010-2011](#).

Population receiving state Medicaid (AHCCCS)

This indicator from the U.S. Census Bureau reports the percentage of the population enrolled in state Medicaid (called the Arizona Health Cost Containment System or AHCCCS) as of the last census in 2010. The data below does not reflect Arizona's cuts in state Medicaid in 2011. With this action, 150,000 Arizonans subsequently lost their healthcare coverage, with another 80,000 estimated to lose coverage by early 2014. With those cuts, the actual number of people in Mohave County enrolled in AHCCCS is likely much lower.

Figure 27: Mohave County Population Enrolled in AHCCCS (2010)

Report Area	Population (for whom Insurance Status is Determined)	Population Receiving Medicaid	Percent Population Re- ceiving Medicaid
Mohave County	199,985	47,615	24.13%
Arizona	6,240,052	1,180,572	18.92%
United States	301,501,760	48,541,096	16.10%

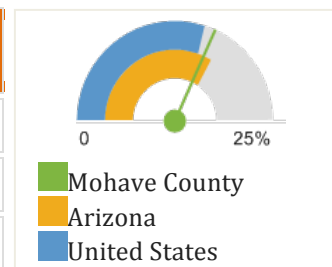
Data Source: [U.S. Census Bureau, 2008-2010 American Community Survey 3-Year Estimates.](#)

Uninsured population

The lack of health insurance is considered a *key driver* of health status. This indicator from the U.S. Census Bureau shows the percentage of the total civilian non-institutionalized population in Mohave County without health insurance coverage as of the last census in 2010. Therefore, this data does not reflect Arizona's cuts in state Medicaid in 2011 (described above). With those cuts, the actual number of people in Mohave County without health insurance is likely much higher.

Figure 28: Mohave County Population without Health Insurance (2010)

Report Area	Number Un- insured	Percent Uninsured
Mohave County	31,287	15.86%
Arizona	1,055,772	16.92%
United States	45,368,296	15.05%



Data Source: [U.S. Census Bureau, 2008-2010 American Community Survey 3-Year Estimates.](#)

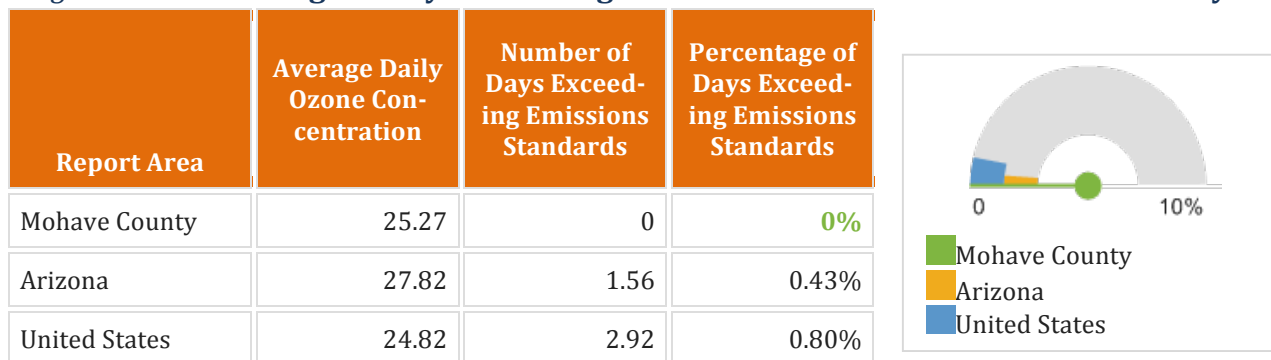
Mohave County Physical Environment

The physical environment directly impacts health and quality of life. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health.

Air quality (Ozone)

This indicator reports the percentage of days per year with Ozone (O₃) levels above the National Ambient Air Quality Standard of 75 parts per billion (ppb). Figures are calculated using data collected by monitoring stations and modeled to include census tracts where no monitoring stations exist. This indicator is relevant because poor air quality contributes to respiratory issues and overall poor health.

Figure 29: Percentage of Days Exceeding O3 Emission Standards in Mohave County



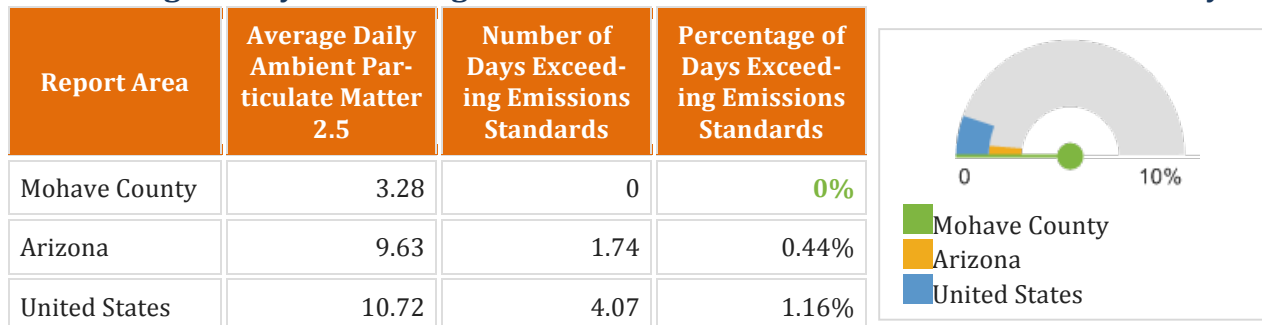
Data Source: [Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network, 2008](#)

Air quality (particulate matter)

This indicator reports the percentage of days with particulate matter 2.5 levels above the National Ambient Air Quality Standard (35 micrograms per cubic meter) per year, calculated using data collected by monitoring stations and modeled to include counties where no monitoring stations occur. This indicator is relevant because poor air quality contributes to respiratory issues and overall poor health.

Figure 30:

Percentage of Days Exceeding Air Particulate Matter Standards in Mohave County



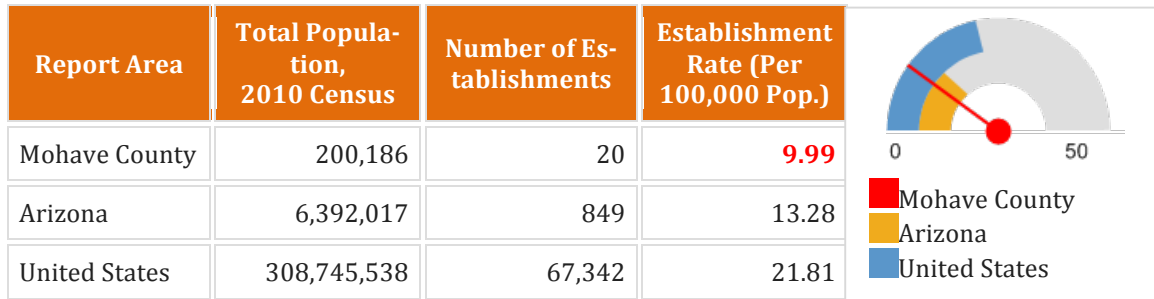
Data Source: [Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network, 2008](#)

Grocery store access

This indicator reports the number of grocery stores in Mohave County per 100,000 people. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores are excluded. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Figure 31:

Grocery Store Establishments in Mohave County (per 100,000 pop.)

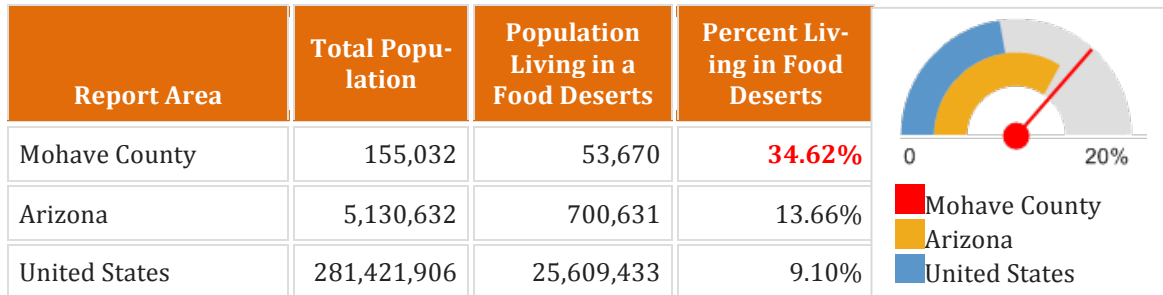


Data Source: [U.S. Census Bureau, County Business Patterns, 2010](#)

Population living in food deserts

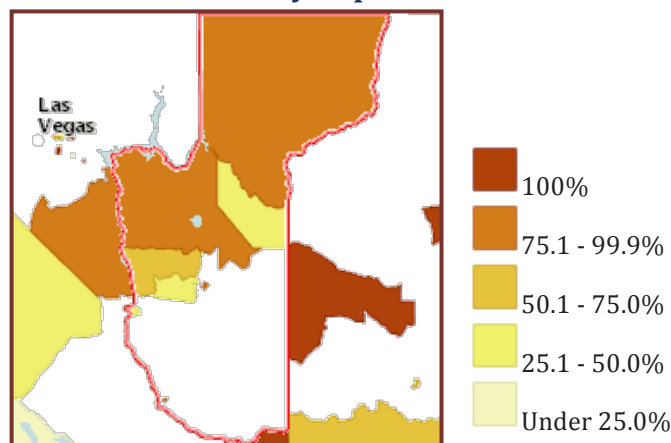
This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract where a substantial number of residents have limited access to a supermarket or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

Figure 32: Percent of Mohave County Population Living in a Food Desert



Data Source: [U.S. Department of Agriculture, Food Desert Locator, 2009](#)

Figure 33: Percent of Mohave County Population in Food Deserts by Zip Code Tract



Data Source: [U.S. Department of Agriculture, Food Desert Locator, 2009](#)

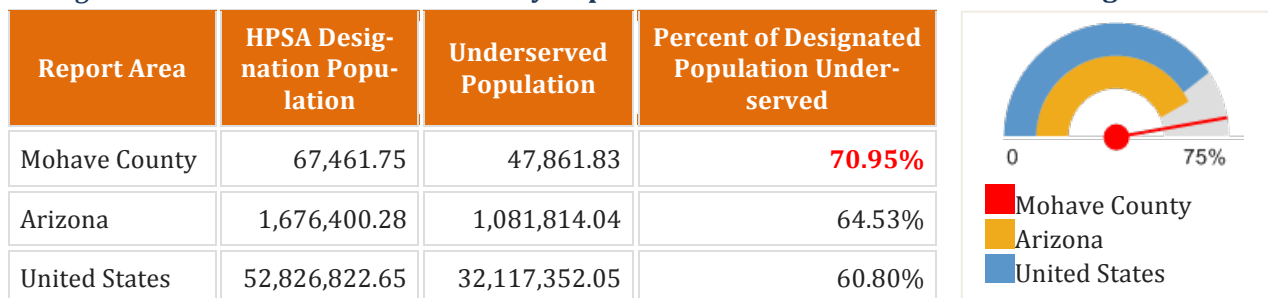
Health Resources in Mohave County

The availability of health resources is a critical component to the health of a community's residents and a measure of the reliability of the area's health care delivery system. An adequate number of health care facilities and health care providers are vital for sustaining a community's health status. Fewer health care facilities and health care providers can impact the timely delivery of services. A limited supply of health resources, especially providers, results in the limited capacity of the health care delivery system to absorb charity and indigent care as there are fewer providers upon which to distribute the burden of indigent care. This section addresses the availability and accessibility of health care resources to the residents of Mohave County, Arizona.

Health Professional Shortage Area

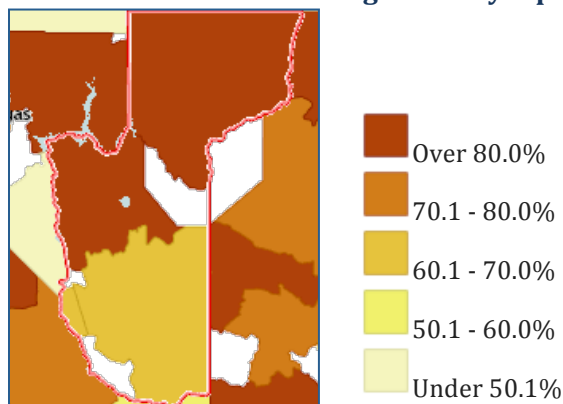
A majority of Mohave County's population lives in a geographic area designated by the federal government as a "Health Professional Shortage Area" (HPSA). An HPSA is defined as having a shortage of primary medical care, dental, and mental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Figure 34: Percent of Mohave County Population in Health Professional Shortage Area



Data Source: [U.S. Health Resources and Services Administration, Health Professional Shortage Area File, 2012](#)

Figure 35: Mohave County Health Professional Shortage Area by Zip Code Tract



Data Source: [U.S. Health Resources and Services Administration, Health Professional Shortage Area File, 2012](#)

Acute Care Hospitals

There are four acute care hospitals serving the residents of Mohave County. An acute care hospital is where people can be treated for a brief, but severe episode of illness; or after an accident or other trauma; or during recovery from surgery. Acute care is given by medical doctors and other specialized healthcare personnel using sophisticated medical equipment and materials. Acute care may also involve intensive or emergency care. This pattern of care is often necessary for only a short time, unlike chronic care. However, most acute care hospitals also provide a host of other medical services for people with chronic health conditions. For example: surgical services, cancer care, physical therapy and rehabilitation, etc.

Havasu Regional Medical Center

Havasu Regional Medical Center (HRMC) is a 181-bed acute care facility located in Lake Havasu, Arizona. It provides 24-hour emergency service with full-time emergency physicians on duty. It is a state-certified *Level IV Trauma Center*. The facility offers a full complement of community hospital and regional referral services in most major medical disciplines. More than 100 physicians/allied health professionals comprise the medical staff and represent a broad cross section of specialty areas.

Kingman Regional Medical Center

Kingman Regional Medical Center (KRM) is a non-profit 235-bed acute care hospital located in Kingman, Arizona. With over 190 physicians/allied health professionals, KRM provides a full range of health and wellness services, including advanced medical programs in cardiology, cancer, rehabilitation, wound care, home health, and hospice care. KRM is a member of the Mayo Clinic Care Network and also serves as a teaching hospital, offering physician residency training in family practice and emergency medicine in affiliation with Midwestern University. KRM's emergency department is a state-certified *Cardiac Arrest Center* and *Level IV Trauma Center*.

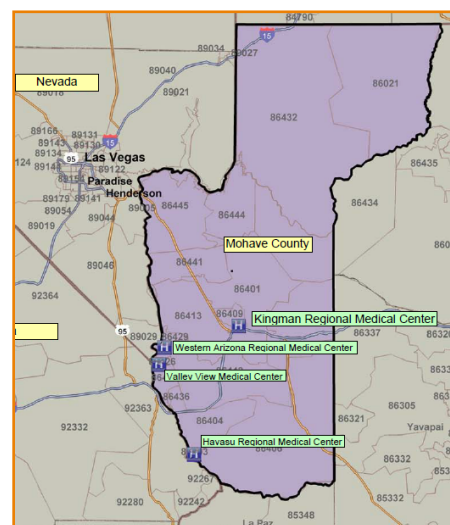
Valley View Medical Center

Valley View Medical Center (VVMC) is a 90-bed acute care facility located in Fort Mohave, Arizona. It provides 24-hour emergency service with full-time emergency physicians on duty. It offers a full complement of community and regional referral services in all of the major medical disciplines with a medical staff that represents a broad cross section of specialty areas.

Western Arizona Regional Medical Center

Western Arizona Regional Medical Center (WARMC) is a 139-bed acute care facility located in Bullhead City, Arizona. WARMC services include an intensive care unit; inpatient and

Figure 36: Location of Mohave County's acute care hospitals



outpatient care; diagnostic imaging; and emergency, medical and surgical care. It also offers services through a freestanding surgery center and wound care clinic. More than 110 physicians/allied health professionals comprise the medical staff and represent a broad cross section of specialty areas.

Figure 37: Summary of Mohave County Acute Care Hospitals

		Bed Size	Annual Discharges	Annual Patient Revenue (000's)
Havasu Regional Medical Center	101 Civic Center Lane, Lake Havasu City, AZ 86403	181	5,925	\$ 442,262
Kingman Regional Medical Center	3269 Stockton Hill Road, Kingman, AZ 86409	235	9,114	\$ 783,537
Valley View Medical Center	5330 South Highway 95, Fort Mohave, AZ 86426	66	3,396	\$ 245,731
Western AZ Regional Medical Center	2735 Silver Creek Road, Bullhead City, AZ 86442	139	6,309	\$ 643,620

Data Source: Costreportdata.com, [American Hospital Directory](http://AmericanHospitalDirectory.com)

* Information based on latest available Medicare cost report

Primary Care Services

Primary care providers include doctors, nurse practitioners, and physician assistants in the following disciplines:

Family Medicine

Practitioners of family medicine provide continuing and comprehensive health care for male and female patients of all ages, from newborns to the elderly.

Geriatrics

Geriatrics is the branch of medicine that focuses on health care of the elderly. It aims to promote health and to prevent and treat diseases and disabilities in older adults.

Internal Medicine

Internists are experts in the general care of adults. They provide routine health maintenance and preventive care as well as diagnosis and treatment of many medical problems that affect adults.

Pediatrics

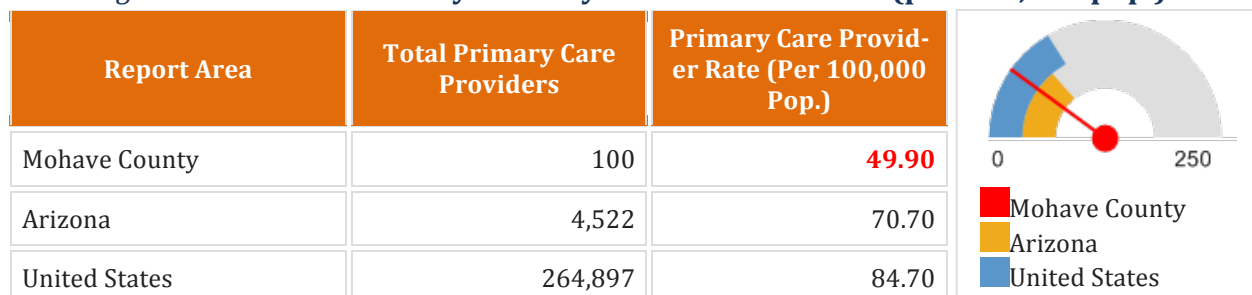
Pediatricians are concerned with the physical, emotional, and social health of children from birth to young adulthood. Care encompasses a broad spectrum of health services ranging from preventive healthcare to the diagnosis and treatment of acute and chronic diseases that occur in children.

In most cases, a primary care provider should be the first point of contact for a person's healthcare. These professionals can diagnose and treat many medical conditions and coordinate healthcare as needed among other medical specialists. Also importantly, a primary care provider is the professional to help maintain good health. They provide such preventive care as annual checkups, screenings, routine tests, and immunizations. Rates of morbidity, mortality, and emergency hospitalizations can be reduced if community residents are able to access primary medical services.

Access to Primary Care

The following figure shows the number of primary care physicians in Mohave County per 100,000 people. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Figure 38: Mohave County Primary Care Provider Rate (per 100,000 pop.)

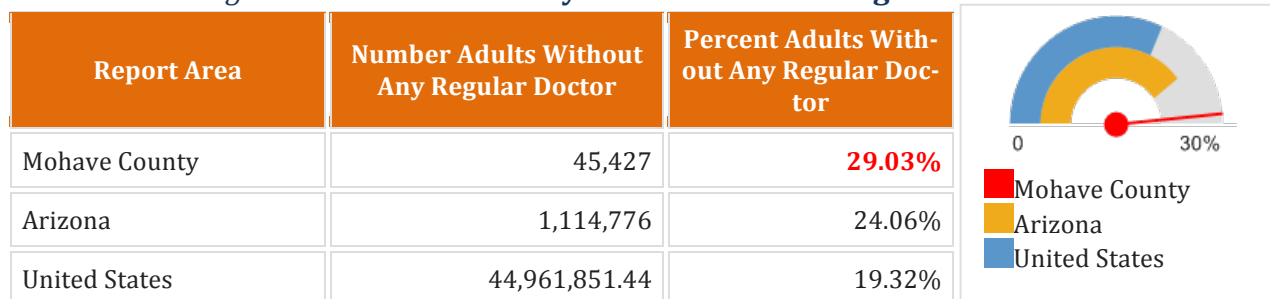


Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010](#).

Lack of a Consistent Source of Primary Care

The following figure shows the percentage of adults in Mohave County aged 18 and older who self-report that they do not have at least one person who they think of as their personal doctor or health care provider. This indicator is relevant because access to regular primary care is important to preventing major health issues and emergency department visits.

Figure 39: Mohave County Adults without a Regular Doctor

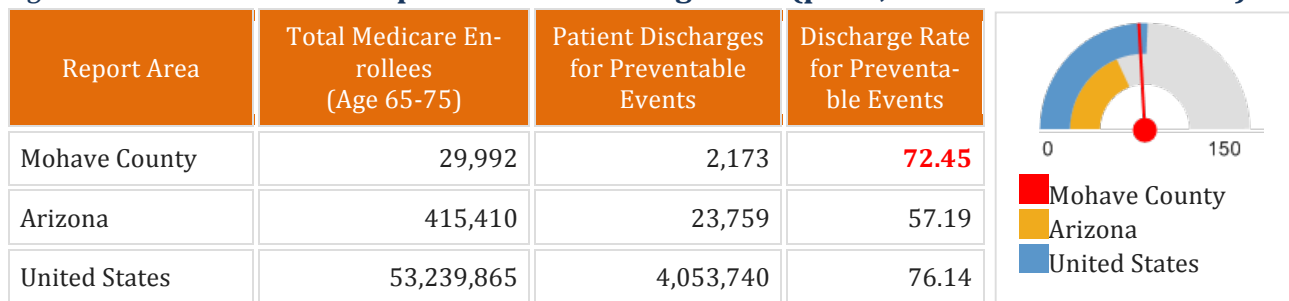


Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010](#)

Preventable Hospital Events

The following figure shows the discharge rate (per 1,000 Medicare enrollees) for preventable conditions (pneumonia, dehydration, asthma, diabetes) where hospitalization could have been avoided if primary care resources were available and accessed by those patients.

Figure 40: Preventable Hospital Event Discharge Rate (per 1,000 Medicare Enrollees)



Data Source: [Dartmouth Atlas of Healthcare, Selected Measures of Primary Care Access and Quality, 2003-2007](#)

Federally Qualified Health Centers

Federally Qualified Health Centers (FQHCs) are community assets that provide health care to vulnerable populations. They receive extra funding from the federal government to provide low-cost preventive and primary care services in areas designated as medically underserved.

Federally qualified health centers play a crucial role during tough economic times, providing affordable health services for millions of uninsured and newly jobless Americans. FQHC's save money every time an uninsured patient opts for an exam and treatment at the first sign of a health issue instead of waiting until a costly Emergency Room visit is the only option. Health centers also save money for Americans looking for work whose families could otherwise face poor health without care, or piles of medical debt.

There are four federally qualified health centers providing medical services in Mohave County. However there are no FQHC's in Mohave County who provide dental or mental health services.

Figure 41: Federally Qualified Health Centers in Mohave County

Report Area	Number of Federally Qualified Health Centers
Mohave County, Arizona	4
Arizona	90
United States	5,459

Data Source: [U.S. Health Resources and Services Administration, Centers for Medicare & Medicaid Services, Provider of Service File, 2011](#)

North Country Healthcare

North Country Healthcare is a private, not for profit, corporation providing high quality, cost-effective and comprehensive primary and preventive care. North Country operates three federally qualified health centers in Mohave County:

North Country Healthcare Kingman Clinic

 1510 Stockton Hill Rd
 Kingman, AZ 86401

North Country Healthcare Bullhead City Clinic

 2585 S Miracle Mile, Suite 116
 Bullhead City, AZ 86442

North Country Healthcare Lake Havasu City Clinic

 2090 N Smoketree Ave
 Lake Havasu City, AZ 86403

Canyonlands Healthcare – Beaver Dam

Located in Littlefield, Arizona, Canyonlands Healthcare is a federally qualified health center providing cost-effective and comprehensive primary and preventive care services to people living in the Colorado Strip area in north Mohave County.

Dental Health Services

There are an estimated 150 independent-practice dentists in Mohave County cities (the exact number of dentists in outlying Mohave County communities is unavailable at this time).

Figure 42: Dental Providers in Mohave County Cities

<u>Provider Type</u>	<u>Bullhead City</u>	<u>Kingman</u>	<u>Lake Havasu, City</u>
Dentists	42	45	47

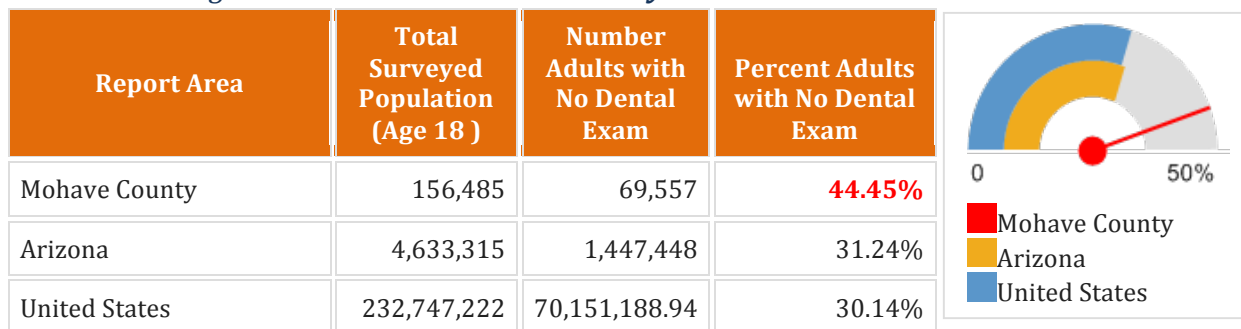
Data Source: [Mohave County Department of Public Health](#)

Although Mohave County has a somewhat adequate number of dental providers for the population, access is limited for many Mohave County adults who do not have dental insurance, including many on Medicare or AHCCCS (AHCCCS does not cover dental for anyone over 21). The majority of dentists in Mohave County limit their practice to insured or self-pay patients. There are no dental providers who offer low-cost or sliding-fee services to low-income patients, such as through a Federally Qualified Health Center (FQHC) dental provider.

Dental care utilization (adult)

The lack of access to dental care in Mohave County is evident in the percentage of adults aged 18 and older who self-report that they have not visited a dentist, dental hygienist, or dental clinic within the past year. This indicator is relevant because engaging in preventive behaviors decreases the likelihood of developing future health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, or social barriers preventing utilization of services.

Figure 43: Percent Mohave County Adults with No Dental Exam

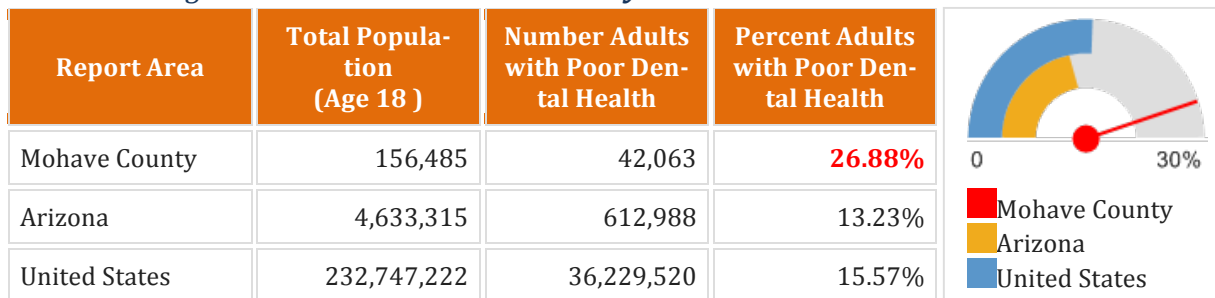


Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010.](#)

Dental health status in Mohave County

Low utilization of dental care in Mohave County is also evident in the percentage of adults age 18 and older who self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection. This indicator is relevant because it indicates lack of access to dental care and/or social barriers to utilization of dental services.

Figure 44: Percent Mohave County Adults with Poor Dental Health



Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010](#)

Mental Health and Substance Abuse Treatment Services

Mental health is critical to effectively raising children, learning, working, and being productive contributing citizens. Mental health providers provide care to help people overcome mental trauma, depression, anxiety, mood disorders, addictive behaviors, and other mental health conditions. Mohave County has a minimal number of providers to serve the mental health needs of our community.

Figure 45: Mental Health Providers in Mohave County

Provider Type	Bullhead City	Kingman	Lake Havasu City	Outlying Communities
Psychiatrists (Adult)	2	4	3	1
Psychiatrists (Children)	0	0	0	0
Other mental health professionals (psychologists, counselors, etc.)	6	11	7	*7
Inpatient mental health/detox beds	0	14	0	0
Outpatient mental health/substance abuse clinic	5	3	2	*3
Inpatient substance abuse treatment center	0	0	0	0

Data Source: [Substance Abuse and Mental Health Services Administration](#)

* Indicates tribal mental health resources

Mohave Mental Health

Mohave Mental Health Clinic, Inc. (MMHC) is a private, not-for-profit corporation to seek, promote, assist and contribute to the improved mental health of the individuals, families, and communities in Mohave County. It provides a mix of mental health and substance abuse services for people with co-occurring mental and substance abuse disorders. It accepts self payment, Medicaid, Medicare, and private health insurance. Additionally, MMHC provides free or low-cost mental health/substance abuse services to uninsured individuals eligible for Title XIX/XXI coverage. Mohave Mental Health is under subcontract with Northern Arizona Regional Behavioral Health Authority (NARBHA) and Arizona Division of Health Services (ADHS) and funded by AHCCCS (Arizona Health Care Cost Containment System).

Mohave Mental Health Clinic Kingman

3505 Western Ave
Kingman, AZ 86409

Offering outpatient mental health and substance abuse services and 14 inpatient mental health/detox beds

Mohave Mental Health Clinic Lake Havasu City

2187 Swanson Ave
Lake Havasu City, AZ 86403

Offering outpatient mental health and substance abuse services

Mohave Mental Health Clinic Bullhead City

1145 Marina Blvd
Bullhead City, AZ 86442

Offering outpatient mental health and substance abuse services

Southwest Behavioral Health Clinics

Headquartered in Phoenix, Southwest Behavioral Health has four outpatient clinics in Mohave County. Three of the clinics provide mental health services to assist families, children, adolescents, and adults in achieving optimal functioning in their personal lives and their community. Services include assistance with substance abuse, general mental health, family functioning, crisis, planning, and skill building. A fourth clinic in Bullhead City provides outpatient opiate treatment, which includes a combination of medication management (methadone and suboxone services) coupled with counseling and community support.

Southwest Behavioral Health Kingman

2215 Hualapai Mountain Rd., #H
Kingman, Arizona 86401

Southwest Behavioral Health Lake Havasu City

1845 McCulloch Boulevard, #B-1
Lake Havasu City, Arizona 86403

Southwest Behavioral Health Bullhead City

2580 Highway 95, #119
Bullhead City, Arizona 86442

Southwest Behavioral Health Bullhead City (Opiate Treatment Program)

809 Hancock Road, #1
Bullhead City, Arizona 86442

Other mental health/substance abuse treatment organizations in Mohave County

The following organizations offer a mix of outpatient mental health and substance abuse treatment services to persons with co-occurring mental and substance abuse disorders, DUI/DWI offenders, and criminal justice clients.

ABC Therapy Inc.

1748 Highway 95, Suite 14
Bullhead City, AZ 86442

Treatment Assessment Screening Center, Inc. (TASC)

2364 Kingman Ave.
Kingman, AZ 86401

Westcare Arizona

821 Hancock Road, Suite 2
Bullhead City, AZ 864442

In addition to the above providers, the Hualapai Tribal Nation, Fort Mohave Tribal Nation, and Kaibab-Paiute Tribal Nation provide mental health and substance abuse treatment programs for tribal members.

Behavioral Risk Factors

This section of the Mohave County Community Health Profile includes data and statistics on behaviors and risk factors that are believed to cause, or to be contributing factors to injuries, disease, and death in Mohave County.

Healthy people are among a community's most essential resources. Good health can be defined as a state of physical, mental, and social well-being, rather than the absence of disease or infirmity. According to *Healthy People 2020*, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work, and play, is profoundly affected by the collective behaviors, attitudes, and beliefs of everyone who lives in the community.

Numerous factors have a significant impact on an individual's health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate health care and medical services. Studies by the American Society of Internal Medicine conclude that up to 70 percent of an individual's health status is directly attributable to personal lifestyle decisions and attitudes. Persons who do not smoke, who drink in moderation (if at all), use automobile seat belts (car seats for infants and small children), maintain a nutritious low-fat, high-fiber diet, reduce excess stress in daily living, and exercise regularly have a significantly greater potential of avoiding debilitating diseases, infirmities, and premature death.

The interrelationship among lifestyle/behavior, personal health attitude, and poor health status is gaining recognition and acceptance by both the general public and health care providers. Some examples of lifestyle/behavior and related health care problems are included in the following table.

Figure 46: Behaviors that Contribute to Accidents, Chronic Disease, and Death

Lifestyle/Behavior	Primary Disease Factor
Smoking	Lung Cancer, Cardiovascular Disease, Emphysema Chronic Bronchitis
Alcohol/ Drug Abuse	Cirrhosis of Liver, Motor Vehicle Crashes, Unintentional Injuries, Malnutrition, Suicide Homicide, Mental Illness
Poor Nutrition	Obesity, Digestive Disease, Diabetes
Driving at Excessive Speeds	Trauma, Motor Vehicle Crashes
Lack of Exercise	Cardiovascular Disease, Depression
Uncontrolled Stress	Mental Illness, Alcohol/ Drug Abuse, Cardiovascular Disease

Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2003-2009](#)

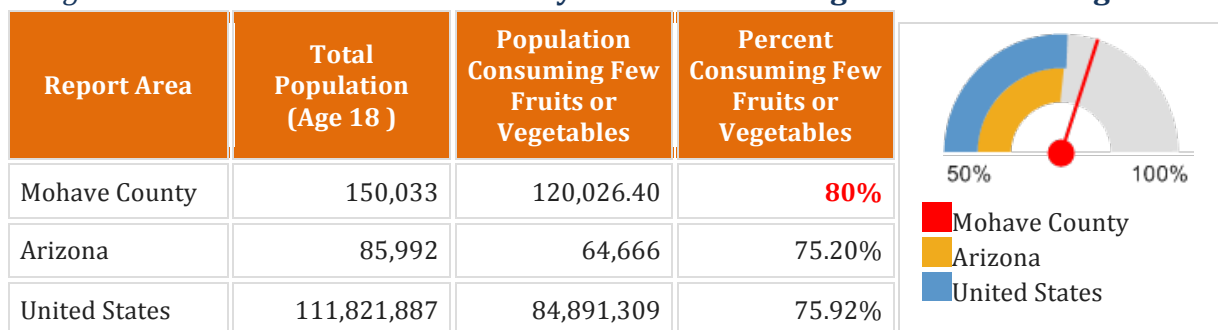
Indicators of Unhealthy Behaviors among Mohave County Adults

The following statistics cover adult lifestyle choices that directly affect community health. High rates of smoking, alcohol use, and obesity are certain to lead to debilitating diseases, infirmities, and premature death in Mohave County.

Fruit/vegetable consumption

This indicator reports the percentage of Mohave County adults aged 18 and older who self-report consuming less than 5 servings of fruits and vegetables each day. This indicator is relevant because unhealthy eating habits may cause significant health issues, such as obesity and diabetes.

Figure 47: Percent of Mohave County Adults Consuming Few Fruits or Vegetables

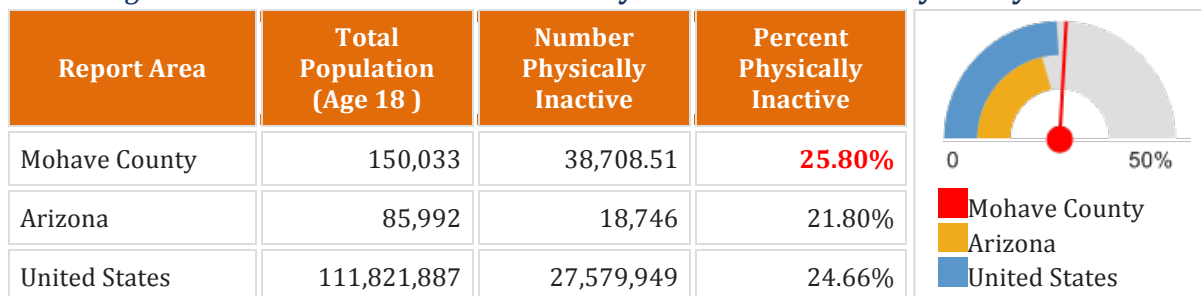


Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2003-2009](#)

Physical activity

This indicator reports the percentage of adults aged 18 and older who self-report minimum physical activity, based on the question: "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?" This indicator is relevant because limited physical activity can cause significant health issues, such as obesity and poor cardiovascular health.

Figure 48: Percent of Mohave County Adults Who Are Physically Inactive



Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2003-2009](#)

Obesity

This indicator reports the percentage of adults aged 18 and older who self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese). This indicator is relevant because excess weight is a prevalent problem in the U.S.; it indicates an unhealthy lifestyle and puts individuals at risk for serious health issues, such as diabetes and cardiovascular disease.

Figure 49: Percent of Mohave County Adults Who Are Obese



Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2009](#)

Alcohol consumption

This indicator reports the percentage of adults aged 18 and older in Mohave County who self-report heavy alcohol consumption (defined as more than two drinks per day for men and one drink per day for women). This is relevant because heavy alcohol consumption is a cause of significant health issues, such as cirrhosis of the liver, cancers, and untreated mental and behavioral health needs.

Figure 50: Percent of Mohave County Adults Who Are Heavy Drinkers

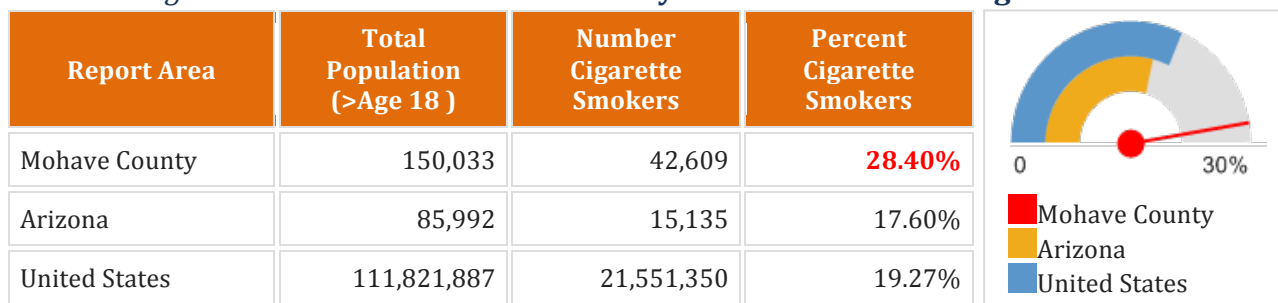


Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2004-2010](#)

Tobacco use

This indicator reports the percentage of adults aged 18 and older who self-report currently smoking cigarettes some days or every day. This indicator is relevant because tobacco use is linked to leading causes of death in Mohave County which are cancer, lower respiratory disease (COPD), and cardiovascular disease.

Figure 51: Percent of Mohave County Adults Who Smoke Cigarettes



Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2004-2010](#)

Indicators of Unhealthy Behaviors among Mohave County Youth

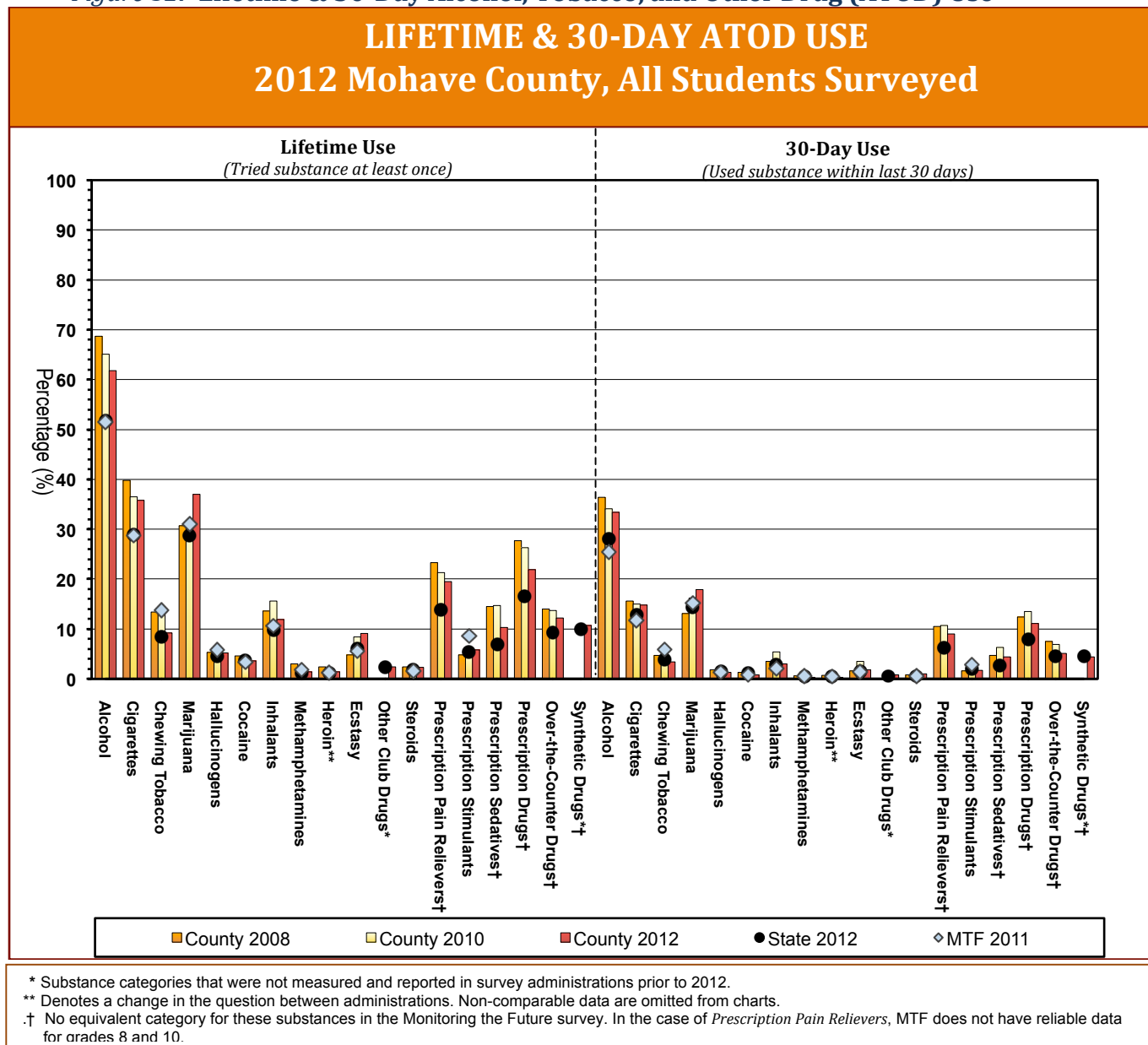
The following charts are included in this *Community Health Profile for Mohave County* as indicators of the health and well-being of county youth and of the overall social and mental health of our community as a whole. They are excerpted from the [2012 Arizona Youth Survey, Mohave County Summary Report](#), which describes substance use, antisocial behavior, delinquency, and the level of risk and protective factors of 8th, 10th, and 12th grade students who participated in a survey administered by the Arizona Criminal Justice Commission. The entire report, which includes further data (e.g., where youth are obtaining drugs/alcohol, school safety, bullying, etc.) and detailed explanations and analyses can be accessed online at the link above.

The youth survey is done bi-annually in schools throughout Arizona. The latest was distributed in the spring of 2012, with 62,817 students throughout the state participating. Of that, 2,485 students in Mohave County took part in the survey. For the purpose of identifying trends, results from the past three Mohave County surveys are presented along with comparisons to state-wide results (indicated with dots) and to national data (indicated with diamonds). The national data is from either the Monitoring the Future Survey (MTF) or Bach Harrison Norm (BH Norm) national measures (see full report at [2012 Arizona Youth Survey, Mohave County Summary Report](#) for more information).

Substance abuse among Mohave County youth

The following chart indicates alcohol, tobacco and other drug (ATOD) use among all 8th, 10th, and 12th grade students surveyed in Mohave County (a breakdown by grade is available in the full summary report at the link above). *Lifetime use* is a measure of the percentage of students who tried the particular substance at least once in their lifetime and is used to show the percentage of students who have had experience with a particular substance. *30-day use* is a measure of the percentage of students who used the substance at least once in the 30 days prior to taking the survey and is a more sensitive indicator of the level of current use of the substance.

Figure 52: Lifetime & 30-Day Alcohol, Tobacco, and Other Drug (ATOD) Use

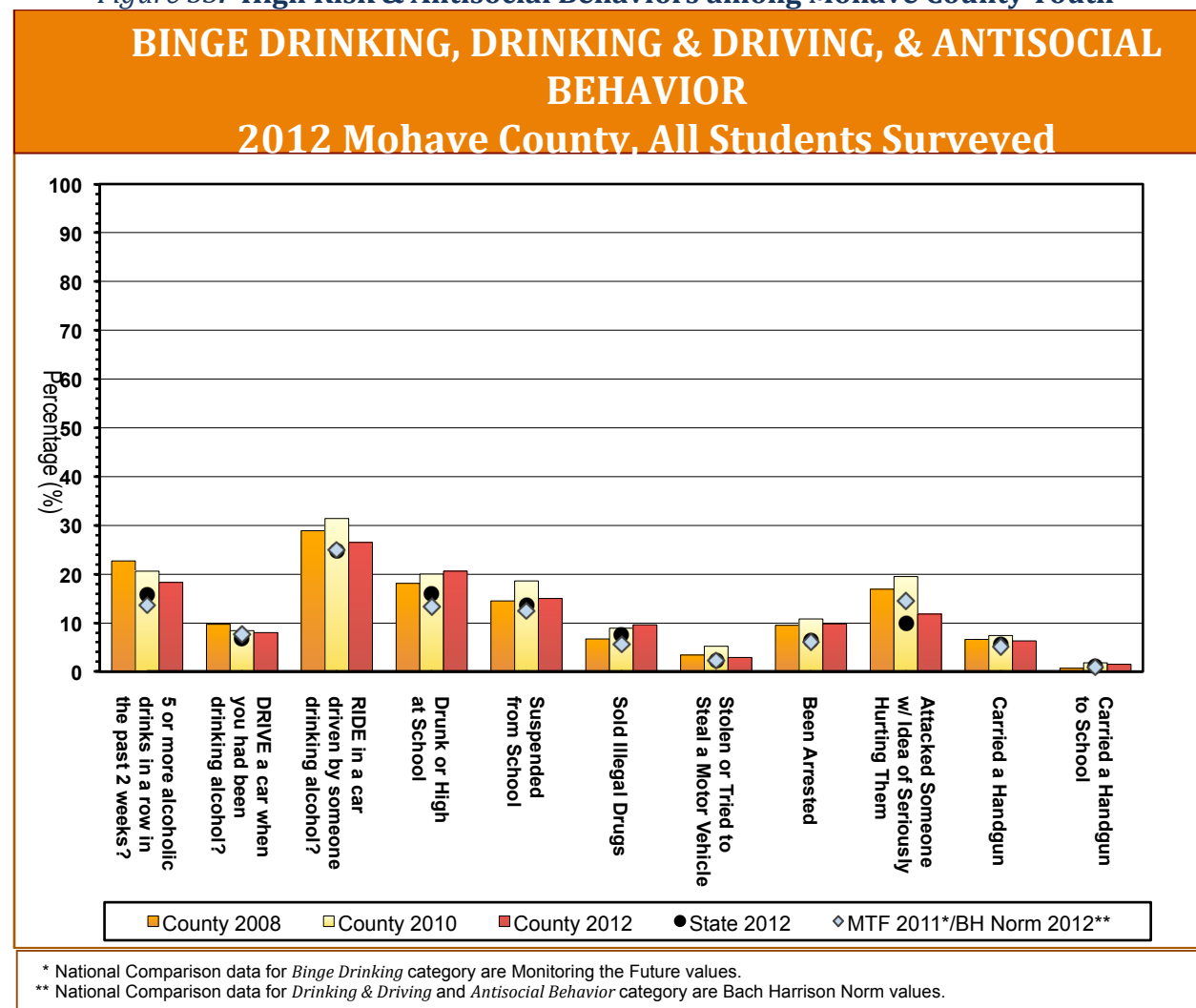


Data Source: [2012 Arizona Youth Survey, Mohave County Summary Report](#)
 Used with permission, Arizona Criminal Justice Commission

High-risk and antisocial behaviors among Mohave County youth

The following chart indicates behaviors among surveyed youth that can put themselves or others at risk of life-threatening consequences. *Binge Drinking* is measured as having five or more drinks in a row during the two weeks prior to the survey. *Drinking and driving* is measured by youth drinking alcohol and driving, or riding with a driver who had been drinking alcohol in the past 30 days. *Antisocial behavior* is a measure of the percentage of students who report any involvement during the past year with the eight antisocial behaviors listed in the chart.

Figure 53: High Risk & Antisocial Behaviors among Mohave County Youth

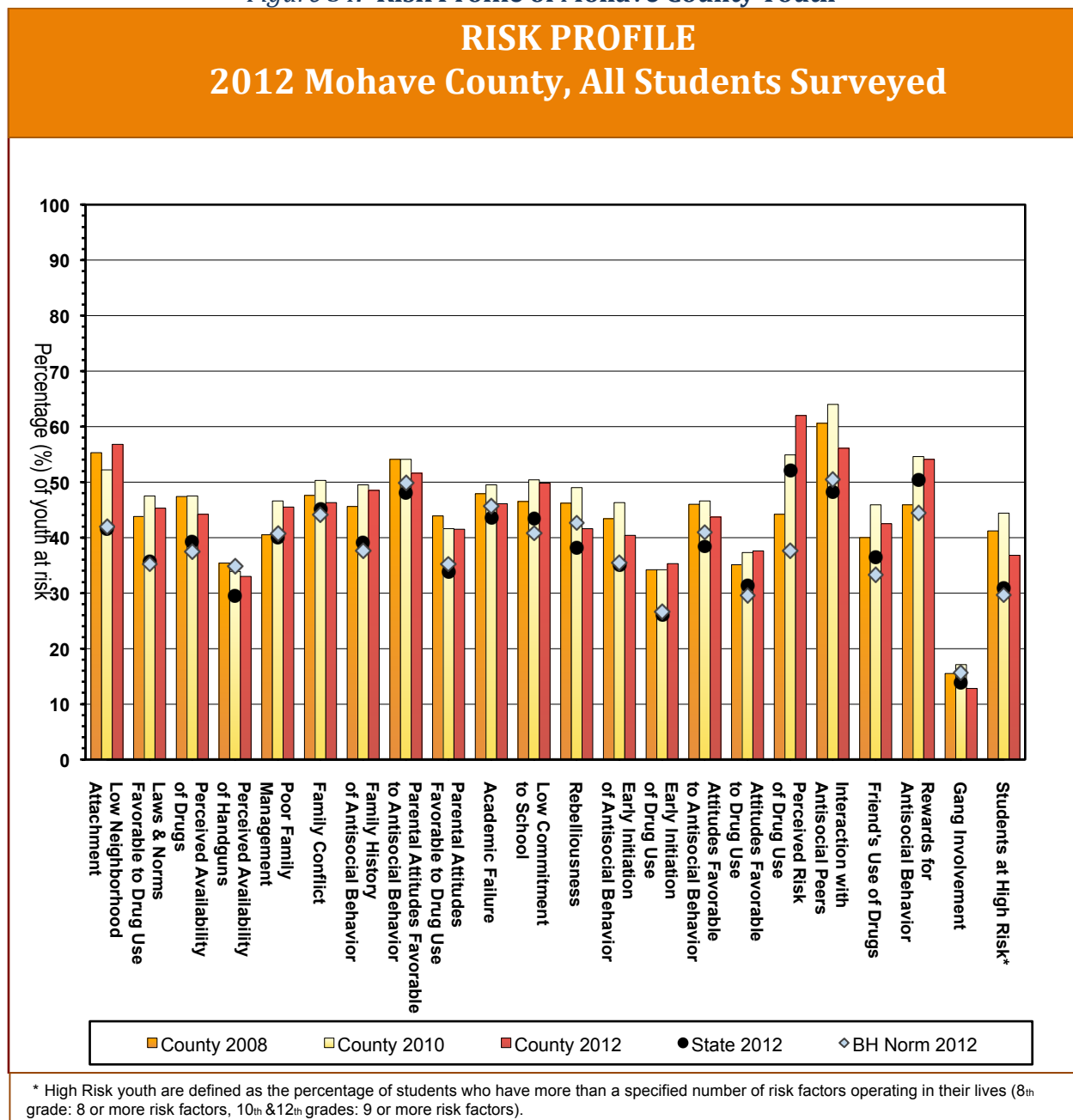


Data Source: [2012 Arizona Youth Survey, Mohave County Summary Report](#),
Used with permission, Arizona Criminal Justice Commission

Youth risk profile

The following risk profile shows aspects of surveyed youths' life experiences that can encourage problem behaviors. *Risk factors* are characteristics of school, community, family, and peer environments known to predict increased likelihood of drug use, delinquency, school dropout, and violent behaviors among youth.

Figure 54: Risk Profile of Mohave County Youth

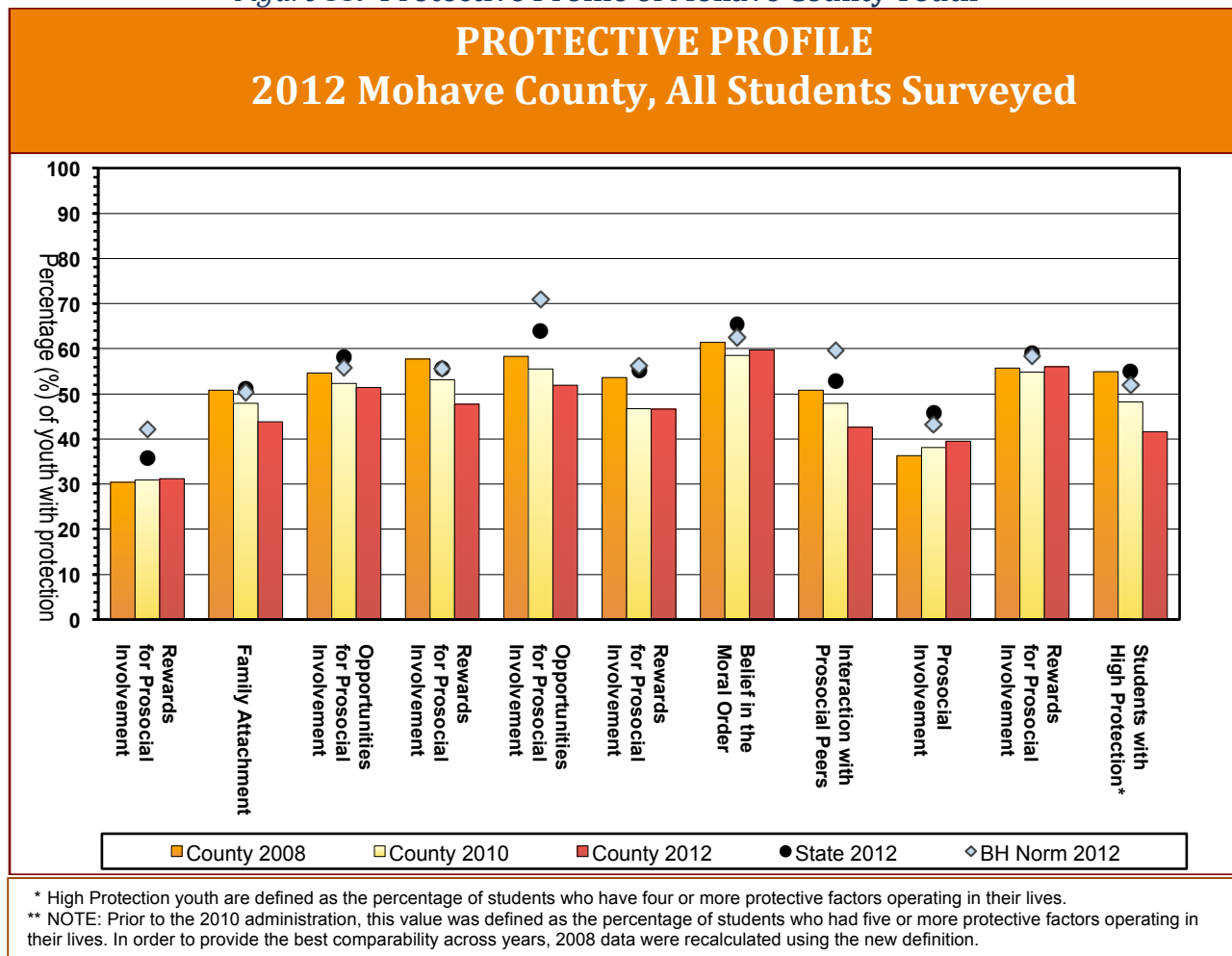


Data Source: [2012 Arizona Youth Survey, Mohave County Summary Report](#)
Used with permission, Arizona Criminal Justice Commission

Youth protective profile

The following protective profile shows aspects of surveyed youths' life experiences that can prevent problem behaviors. *Protective factors* exert a positive influence and reduce the likelihood that adolescents will engage in problem behaviors. Protective factors identified through research include strong bonding to family, school, community, and peers in addition to healthy beliefs and clear standards for behavior.

Figure 55: Protective Profile of Mohave County Youth



Data Source: [2012 Arizona Youth Survey, Mohave County Summary Report](#)
 Used with permission, Arizona Criminal Justice Commission

Mohave County Community Health Status

This section of the *Mohave County Community Health Profile* covers data and statistics that indicate the health status of Mohave County's population. Health status in a community is measured in terms of mortality data (rates of death within a population) and morbidity data (rates of the incidence and prevalence of disease). Morbidity may be represented by age-adjusted incidence of cancer and chronic disease. Mortality may be represented by crude rates or age-adjusted rates; by degree of premature death (Years of Productive Life Lost or YPLL); and by cause (disease - cancer and non-cancer or injury - intentional, unintentional).

Due to limited morbidity data, this health status report relies heavily on death and death rate statistics for leading causes of death in Mohave County and the state of Arizona. Such information provides useful indicators of health status trends, which permits an assessment of the impact of changes in health services during an established period of time. Community attention and health care resources may then be directed to those areas of greatest impact and concern.

Mohave County Health Rankings

This section includes information from *County Health Rankings*, a key component of the Mobilizing Action Toward Community Health (MATCH) project; a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The County Health Rankings model is grounded in the belief that programs and policies implemented at the local, state, and federal levels have an impact on a variety of factors that, in turn, determine the health outcomes for communities across the nation. The model provides a ranking method that ranks all 50 states and the counties within each state, based on the measurement of two types of health outcomes for each county. (A more detailed discussion about the ranking system, data sources and measures, data quality and calculating scores and ranks can be found at the County Health Rankings website at www.countyhealthrankings.org).

The following tables, from County Health Rankings, summarize the 2012 rankings for Mohave County. All counties in Arizona were ranked according to the exact same health indicators. The number in the last column indicates Mohave County's ranking in comparison with the other 14 counties in Arizona (1 to 15)— the lower the number (1 or 2) the healthier the community in comparison with the other counties. Each measure includes a confidence interval or error margin. If a measure is above the state average and the state average is beyond the error margin for the county, then further investigation is recommended.

Health outcome rankings

A number of different health factors shape a community's health outcomes. The following table includes rankings based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures. While most of Mohave County health outcomes were comparable to the state of Arizona (ranking out of 15 counties), each measure was significantly below national benchmarks with opportunities for improvement.

Figure 56: Mohave County Health Outcome Rankings (2012)

	Mohave County	Error Margin	National Benchmark	AZ	Rank (of 15)
Mortality					
Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted)	10,374	9,860-10,887	5,466	7,213	11
Morbidity					
Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted)	20%	18-23%	10%	15%	12
Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.2	3.8-4.7	2.6	3.4	
Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	4.3	3.8-4.8	2.3	3.3	
Low birth weight - Percent of live births with low birth weight (<2500 grams)	7.0%	6.6-7.4%	6%	7.0%	

Data Source: www.countyhealthrankings.org

Health factor rankings

The County Health Rankings model includes four types of health factors: health behaviors, clinical care, social and economic, and the physical environment. The following table summarizes the health factors for Mohave County and shows that Mohave County has significant room for improvement in the following areas:

- Adult smoking
- Excessive drinking
- Sexually transmitted diseases (STD's)
- Teen birth rate
- Access to primary care
- Children in poverty
- Inadequate social support
- Violent crime rate

Figure 57: Mohave County Health Outcome Rankings (2012)

	Mohave County	Error Margin	National Benchmark	AZ	Rank (of 15)
<i>Health Behaviors</i>					11
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	28.0%	26-31%	14%	18.0%	
Adult obesity - Percent of adults that report a BMI ≥ 30	27.0%	24-30%	25%	25.0%	
Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity	30.0%	28-33%	21%	20.0%	
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	19.0%	16-21%	8%	17.0%	
Motor vehicle crash death rate - Motor vehicle deaths per 100K population	28.0	26-31	12	19.0	
Sexually transmitted infections - Chlamydia rate per 100K population	157.0		84	400.0	
Teen birth rate - Per 1,000 female population, ages 15-19	66.0	63-69	22	60.0	
<i>Clinical Care</i>					9
Uninsured adults - Percent of population under age 65 without health insurance	20.0%	18-22%	11%	20.0%	
Primary care physicians - Ratio of population to primary care physicians	2,274:1		631:1	1,427:1	
Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	67.0	64-70	49	52.0	
Diabetic screening - Percent of diabetic Medicare enrollees that receive HbA1c screening	81.0%	78-84%	89%	76.0%	
Mammography screening - Percent of female Medicare enrollees that receive mammography screening	64.0%	61-67%	74%	68.0%	
<i>Social & Economic Factors</i>					9
High school graduation - Percent of ninth grade cohort that graduates in 4 years	69.0%			76.0%	
Some college - Percent of adults aged 25-44 years with some post-secondary education	47.0%	44-50%	68%	60.0%	
Unemployment - Percent of population age 16+ unemployed but seeking work	11.2%		5.4%	10.0%	
Children in poverty - Percent of children under age 18 in poverty	34.0%	27-41%	13.0%	25.0%	
Inadequate social support - Percent of adults without social/emotional support	25.0%	22-27%	14.0%	20.0%	
Children in single-parent households - Percent of children that live in household headed by single parent	36.0%	32-40%	20.0%	33.0%	
Violent crime rate - Violent crime rate per 100,000 population	246.0		73.0	466.0	
<i>Physical Environment</i>					4
Air pollution-particulate matter days - Annual number of unhealthy air quality days due to fine particulate matter	-		-	1	
Air pollution-ozone days - Annual number of unhealthy air quality days due to ozone	-		-	29	
Access to recreational facilities - Rate of recreational facilities per 100,000 population	7		16	7	
Limited access to healthy foods - Percent of population who are low-income and do not live close to a grocery store	6.0%		0%	9.0%	
Fast Food Restaurants - Percent of all restaurants that are fast-food establishments	47.0%		25.0%	52.0%	

 Data Source: www.countyhealthrankings.org

Leading Causes of Death in Mohave County

The following table lists the leading causes of death for Mohave County residents and compares the rates to the state of Arizona rates per 100,000 people. Although, the leading causes of death in Mohave County are the same as the leading causes in Arizona, the rates of death due to most causes are much higher in Mohave County.

Figure 58: Leading Causes of Death in Mohave County (rate per 100,000 pop.)

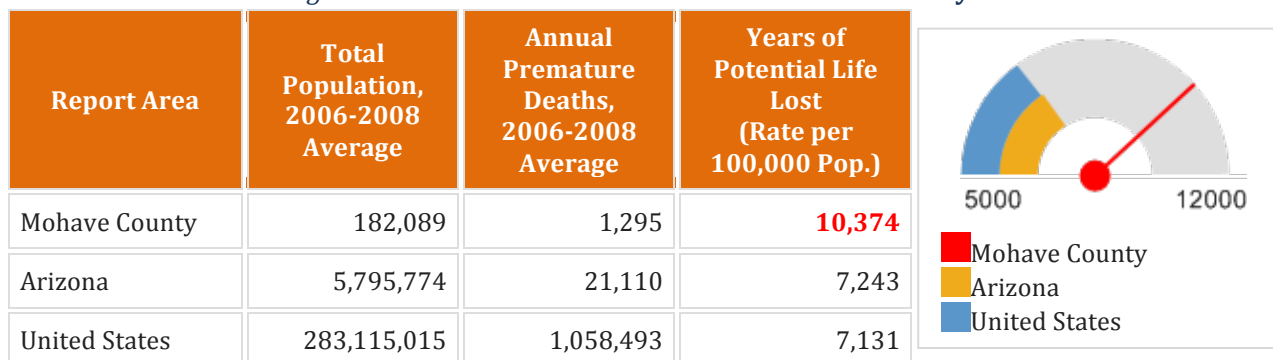
	Arizona	Mohave County
Total, All Causes	738.5	1209.5
Cardiovascular disease	212.6	401.7
Diseases of the heart	161.9	350.8
Coronary heart disease	127.9	282.9
Cerebrovascular disease (stroke)	32.1	31.4
Malignant neoplasms (Cancer)	163.8	305.4
Lung cancer	41.2	96.8
Colorectal cancer	14.4	25.9
Malignant melanoma of skin	2.9	5.0
Chronic lower respiratory diseases	48.8	100.3
Accident (unintentional injury)	46.0	51.4
Accidental poisoning	13.7	17.5
Motor vehicle accident	12.2	14.0
Falls	12.1	8.5
Accidental drowning	1.3	19.3
Alzheimer's disease	36.3	27.9
Diabetes	26.7	29.9
Intentional self-harm (suicide)	17.3	31.9
Chronic liver disease and cirrhosis	14.5	19.0
Primary hypertension (high blood pressure)	11.3	9.0
Influenza and pneumonia	10.1	18.0
Parkinson's disease	8.5	10.5
Nephritis (kidney disease)	6.4	15.0
Assault (homicide)	6.0	3.5
Septicemia (blood infection)	5.0	10.5
HIV disease	1.5	2.0
Injury by firearms	14.8	18.0
Drug-induced deaths	16.5	26.9
Alcohol-induced deaths	15.1	15.0

Data Source: [Arizona Department of Health Services](#), [Mohave County Department of Health](#), 2011

NOTE: Rates in red are substantially higher than the Arizona rate for cause of death.

Premature death

This indicator reports Years of Potential Life Lost (YPLL) before age 75 per 100,000 people in Mohave County for all causes of death. YPLL is calculated by subtracting the age of death from the 75 year benchmark. This indicator is relevant because a measure of premature death can provide a unique and comprehensive look at overall health status.

Figure 59: Premature Death Rate in Mohave County


Data Source: [Centers for Disease Control and Prevention, National Vital Statistics System, 2008-2010 \(As Reported in the 2012 County Health Rankings\)](#).

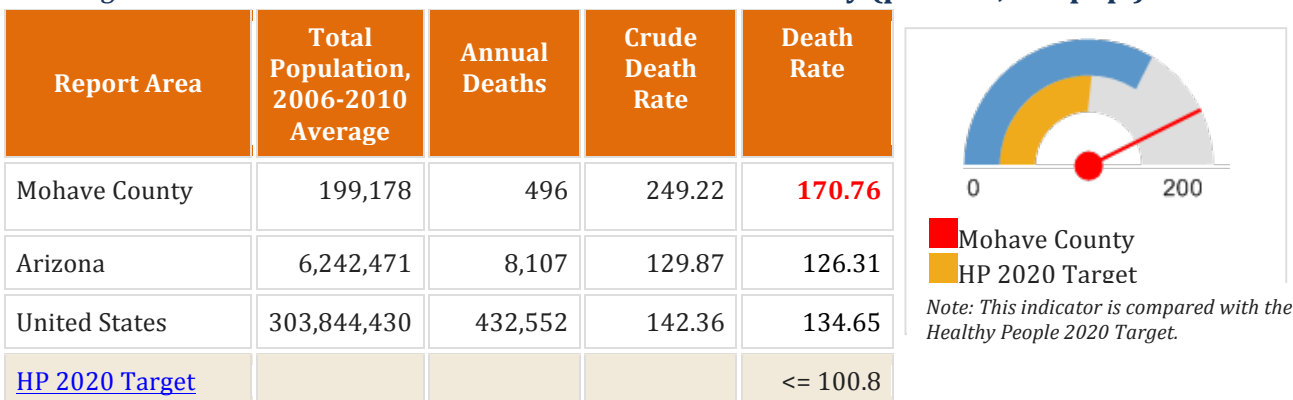
Cardiovascular disease

Cardiovascular disease is the leading cause of death worldwide. It involves diseases that affect the cardiovascular system, which includes the heart, veins and arteries.

Cardiovascular disease is usually related to a process called *atherosclerosis*, which is when a substance called *plaque* builds up in the walls of the arteries over time. The buildup narrows the arteries, making it harder for blood to flow. If a blood clot forms, it can stop blood flow to the heart (heart attack) or to the brain (stroke), which kills or disables millions of people every day. Although cardiovascular disease usually affects older adults, the causes of cardiovascular disease (notably atherosclerosis), begin in early life.

Therefore, there is increased emphasis on preventing atherosclerosis through healthy eating, exercise, and not smoking.

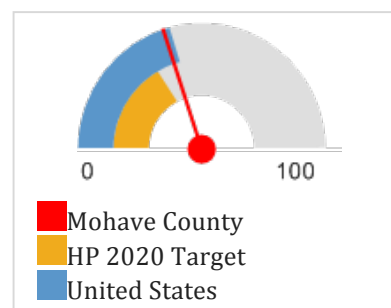
The following indicators show rates of death due to heart disease and stroke in Mohave County from the most recent statistics from the U.S. Centers for Disease Control (CDC). Note that the latest statistics (2011) from the Arizona Department of Health Services (see page 44) show a significantly higher death rate from heart disease in Mohave County. In contrast, the state statistics show a slight decrease in the rate of death from stroke.

Figure 60: Heart Disease Death Rate in Mohave County (per 100,000 pop.)


Data Source: [Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010](#). Accessed through [CDC WONDER](#).

Figure 61: Stroke Death Rate in Mohave County (per 100,000 pop.)

Report Area	Total Population, 2006-2010 Average	Annual Deaths	Crude Death Rate	Age-Adjusted Death Rate
Mohave County	199,178	112	56.33	39.96
Arizona	6,242,471	2,158	34.57	34.08
United States	303,844,430	133,107	43.81	41.78
HP 2020 Target				<= 33.8



Note: This indicator is compared with the Healthy People 2020 Target.

Data Source: [Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010.](#)

Accessed through [CDC WONDER](#)

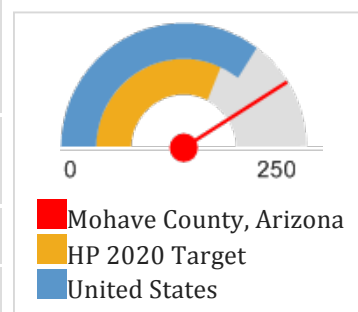
Cancer

After cardiovascular disease, malignant neoplasm (cancer) is the second leading cause of death in Mohave County. Cancer is the uncontrolled growth of abnormal cells in the body (called *malignant* cells). Normal cells multiply when the body needs them, and die when the body doesn't need them. Cancer appears to occur when the growth of cells in the body is out of control and cells divide too quickly. It can also occur when cells forget how to die. Cancer can develop in almost any organ or tissue, such as the lung, colon, breast, skin, bones, or nerve tissue. Although the cause of many cancers remains unknown, there are certain substances and environmental hazards that are known to cause certain cancers. For example, smoking leads to lung cancer, drinking excess alcohol can lead to liver or pancreatic cancer, and excessive sunlight exposure can lead to skin cancer (melanoma).

The following indicators show rates of death due to all cancers in Mohave County from the most recent statistics from the U.S. Centers for Disease Control (CDC). Note that the latest statistics (2011) from the Arizona Department of Health Services (see page 44) show a significantly higher death rate from cancer in Mohave County.

Figure 62: Cancer Death Rate in Mohave County (per 100,000 pop.)

Report Area	Total Population, 2006-2010 Average	Annual Deaths	Crude Death Rate	Age-Adjusted Death Rate
Mohave County	199,178	637	319.92	205.39
Arizona	6,242,471	10,217	163.66	155.58
United States	303,844,430	566,121	186.32	176.66
HP 2020 Target				<= 160.6



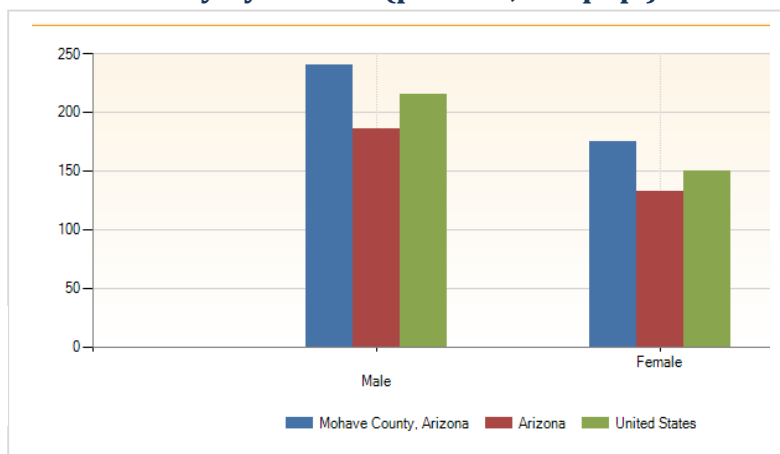
Note: This indicator is compared with the Healthy People 2020 Target.

Data Source: [Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010.](#)

Figure 63: Cancer Mortality in Mohave County by Gender (per 100,000 pop.)

Report Area	Male	Female
Mohave County	240.49	174.97
Arizona	186.16	132.07
United States	215.04	150.05

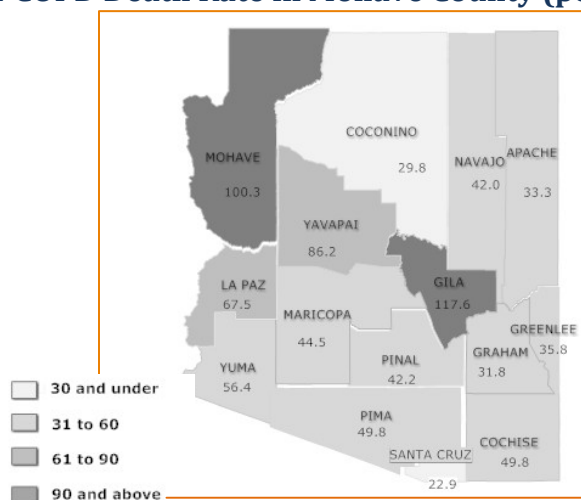
Data Source: [Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010](#). Accessed through [CDC WONDER](#)



Chronic lower respiratory diseases

Chronic lower respiratory diseases (CLRD) are the fourth leading cause of death in the United States, but the third leading cause of death in Mohave County. CLRD comprises three major diseases: chronic bronchitis, emphysema, and asthma. These diseases present as shortness of breath caused by airway obstruction. Although this category includes asthma, the most deadly lower respiratory disease is chronic obstructive pulmonary disease (COPD). Most people with COPD have a combination of both chronic bronchitis and emphysema. COPD is almost always caused by smoking. Over time, breathing tobacco smoke irritates the airways and destroys the stretchy fibers in the lungs. The more a person smokes, the more likely they will develop COPD. The death rate from COPD in Mohave County is alarmingly high and most certainly attributed to the large number of smokers in the community (see page 35). The death rate from COPD is likely much higher because COPD is often cited as a contributory, not underlying, cause of death on death certificates.

Figure 64: COPD Death Rate in Mohave County (per 100,000 pop.)



Report Area	Death Rate
Mohave County	100.3
Arizona	48.8

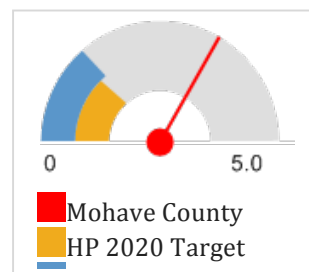
Data Source: [Mohave County Department of Public Health](#)

Pedestrian motor vehicle death

This indicator reports the rate of pedestrians killed in Mohave County by motor vehicles per 100,000 population. This indicator is relevant because pedestrian-motor vehicle crash deaths are preventable and a cause of premature death.

Figure 65: Pedestrian Death in Mohave County (per 100,000 pop.)

Report Area	Total Deaths, 2008-2010	Average Annual Deaths	Average Annual Death Rate
Mohave County	20	6	3.33
Arizona	385	128	2
United States	12,750	4,250	1.38
HP 2020 Target			<= 1.3



Note: This indicator is compared with the Healthy People 2020 Target.

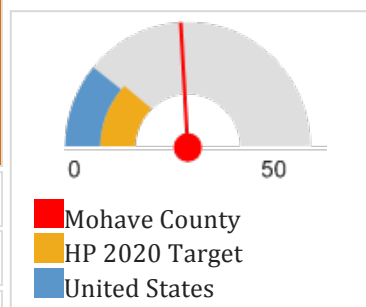
Data Source: [National Highway Traffic Safety Administration, Fatality Analysis Reporting System, 2008-2010.](#)

Motor vehicle crash death

This indicator reports the rate of death due to motor vehicle crashes per 100,000 population, which include collisions with another motor vehicle, a non-motorist, a fixed object, and a non-fixed object, an overturn, and any other non-collision. This indicator is relevant because motor vehicle crash deaths are preventable and a leading cause of premature death. The following indicator shows rates of death due to motor vehicle accidents in Mohave County from the most recent statistics from the National Highway Safety Administration. Note that the latest statistics (2011) from the Arizona Department of Health Services (see page 44) show a significantly lower death rate from motor vehicle accidents in Mohave County.

Figure 66: Motor Vehicle Crash Death in Mohave County (per 100,000 pop.)

Report Area	Total Deaths, 2008-2010	Average Annual Deaths	Average Annual Death Rate
Mohave County	144	48	23.98
Arizona	2,471	823	12.80
United States	103,048	34,349	11.13
HP 2020 Target			<= 12.4



Note: This indicator is compared with the Healthy People 2020 Target.

Data Source: [National Highway Traffic Safety Administration, Fatality Analysis Reporting System, 2008-2010.](#)

The following table indicates specific information related to motor vehicle deaths in Mohave County. The data is relevant for assessing causes and formulating public policies and controls to help prevent motor vehicle accidents and related deaths.

Figure 67: Motor Vehicle Crash Deaths in Mohave County by Crash Type

Fatality Type	Fatalities					Fatalities Per 100,000 Population				
	2007	2008	2009	2010	2011	2007	2008	2009	2010	2011
Total Fatalities (All Crashes)*	52	57	42	48	39	26.03	28.49	21.03	23.81	19.27
(1) Alcohol-Impaired (BAC=.08+) Driving Fatalities	17	18	8	11	6	8.51	9.00	4.01	5.46	2.97
(2) Single Vehicle Crash Fatalities	35	34	22	35	23	17.52	16.99	11.02	17.36	11.37
(3) Large Truck Involved Crash Fatalities	4	9	5	3	4	2.00	4.50	2.50	1.49	1.98
(4) Speeding Involved Crash Fatalities	21	31	10	26	18	10.51	15.49	5.01	12.90	8.90
(5) Rollover Involved Crash Fatalities	25	24	25	24	14	12.52	12.00	12.52	11.91	6.92
(6) Roadway Departure Involved Crash Fatalities	36	40	25	28	20	18.02	19.99	12.52	13.89	9.88
(7) Intersection (or Intersection Related) Crash Fatalities	5	3	6	3	7	2.50	1.50	3.00	1.49	3.46
Passenger Car Occupant Fatalities	16	13	4	4	13	8.01	6.50	2.00	1.98	6.42
Light Truck Occupant Fatalities	21	21	14	26	13	10.51	10.50	7.01	12.90	6.42
Motorcyclist Fatalities	4	12	6	8	8	2.00	6.00	3.00	3.97	3.95
Pedestrian Fatalities	4	7	5	8	2	2.00	3.50	2.50	3.97	0.99
Bicyclist (or Other Cyclist) Fatalities	2	0	2	0	0	1.00	0.00	1.00	0.00	0.00

Data Source: [National Highway Traffic Safety Administration, Fatality Analysis Reporting System, 2008-2010](#)

Notes:* A fatality can be in more than one category. Therefore, the sum of individual cells will not equal the total (1) Crash involved at least one driver or motorcycle rider with blood alcohol level of .08 or above (2) Crash involved only one vehicle in transport (3) Crash involved at least one large truck (4) Crash involved at least one vehicle speeding (5) Crash involved at least one vehicle that rolled over (6) Crash involved at least one vehicle that departed the roadway (FHWA definition) (7) Crash occurred within an intersection or within approach to an intersection.

Chronic Disease in Mohave County

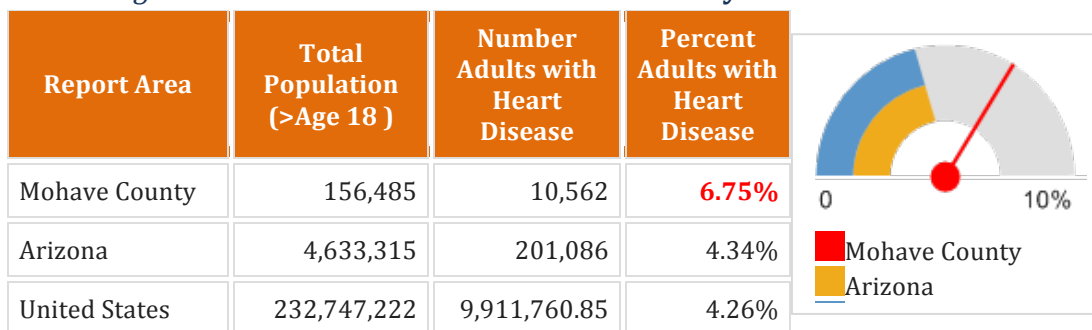
Chronic disease refers to long-term life-threatening health conditions that require medical intervention and management. Chronic illness affects the population worldwide. Chronic disease is the leading cause of death and disability in the United States. It accounts for 70% of all deaths in the U.S or 1.7 million people each year. Although chronic diseases are among the most common and costly health problems, they are often among the most preventable. Most can be effectively controlled, especially if the disease is diagnosed in early stages and the patient receives proper medical care and strictly follows their doctor's instructions.

The following indicators show the prevalence or incidence of specific chronic diseases in Mohave County. Also included (where data is available and applicable) are local statistics regarding early screening for and management of certain chronic diseases.

Heart disease prevalence

This indicator reports the percentage of adults aged 18 and older in Mohave County who have ever been told by a doctor that they have heart disease. This indicator is relevant because heart disease is the leading cause of death in Mohave County and throughout the U.S. (see page 35).

Figure 68: Percent Adults in Mohave County with Heart Disease

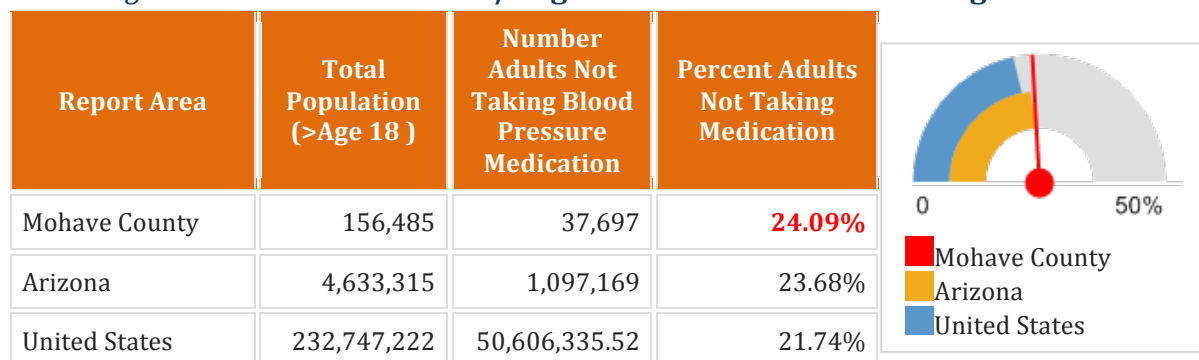


Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010.](#)

High blood pressure (hypertension)

High blood pressure (or *hypertension*) is a chronic medical condition in which the blood pressure in the arteries is elevated. This requires the heart to work harder than normal to circulate blood through the blood vessels. Hypertension is a major risk factor for stroke, heart attack, heart failure, aneurysms of the arteries (aortic aneurysm), peripheral arterial disease and chronic kidney disease. Even moderately high blood pressure is associated with a shortened life expectancy. Dietary and lifestyle changes can improve blood pressure and decrease the risk of associated health complications. However, drug treatment is often necessary in people for whom lifestyle changes prove ineffective or insufficient. The following figure shows the percentage of adults aged 18 and older in Mohave County who self-report that they have been diagnosed with high blood pressure but are not taking medication as prescribed by their doctor for managing the condition.

Figure 69: Percent Adults w/ High Blood Pressure Not Taking Medication

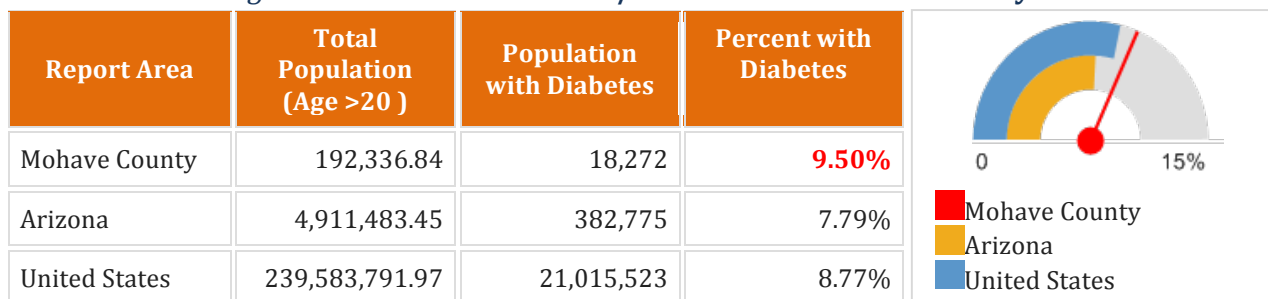


Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010.](#)

Diabetes prevalence

This indicator shows the percentage of adults aged 20 and older in Mohave County who have been diagnosed with diabetes. Diabetes is a condition in which the body does not properly process food for energy. According to the American Diabetes Association, 8.7% of Americans have diabetes. Of those, it is estimated that 7 million people are unaware they have the disease. Diabetes is a leading cause of blindness, kidney failure, amputations, heart failure, and stroke. Many forms of diabetes exist, the most common are: 1) *Type 1*, which results when the body loses its ability to produce insulin (a hormone that delivers glucose, or sugar, to the body's cells to use for energy), 2) *Type 2* diabetes, which results from a combination of resistance to insulin and insufficient insulin production, and 3) *gestational diabetes*, a common complication of pregnancy. Over 90% of all cases of diabetes are Type 2, which is the most preventable. Being overweight, physically inactive and eating the wrong foods greatly contribute to the risk of developing Type 2 diabetes.

Figure 70: Percent Adults w/Diabetes in Mohave County

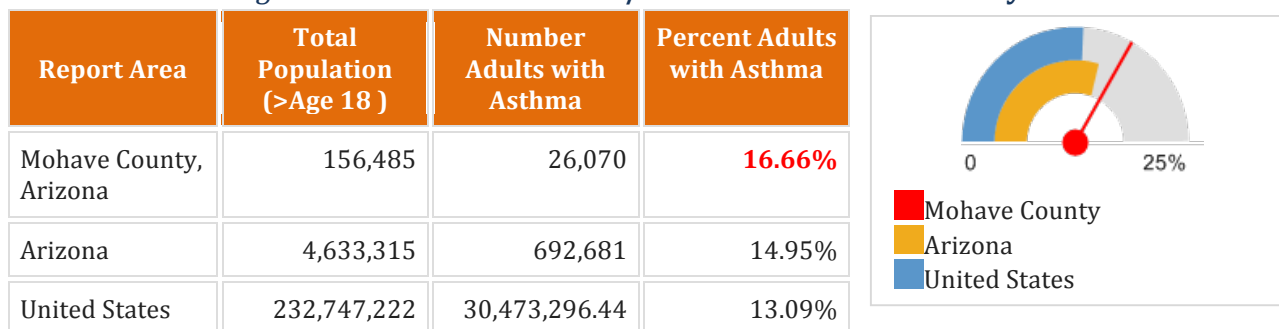


Data Source: [Centers for Disease Control and Prevention, National Diabetes Surveillance System, 2009](#)

Asthma prevalence

This indicator reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse, or other health professional that they had asthma. Asthma is a chronic lung disease that inflames and narrows the airways. In the United States, more than 25 million people are known to have asthma, of these, about 7 million are children. Asthma is often exacerbated by poor environmental conditions, including second-hand smoke. The high percentage in Mohave County may also be a reflection of the number of people with respiratory conditions who relocate to the southwest United States.

Figure 71: Percent Adults w/Asthma in Mohave County



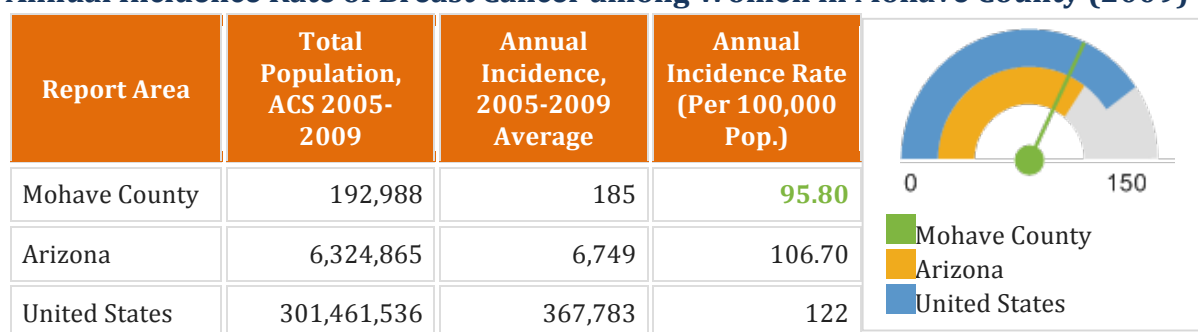
Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010](#)

Breast cancer incidence

Breast cancer is a leading cause of death among women in the United States, with one in eight women contracting the disease. Breast cancer begins when cells located in the breast start to grow out of control. In time, these cancer cells can invade other tissues in the body, something that normal cells cannot do. If not detected and treated in time, breast cancer kills. In the United States, one woman dies of breast cancer every 13 minutes. This indicator reports the incidence rate (number of cases per 100,000 women, per year) with breast cancer in Mohave County.

Figure 72:

Annual Incidence Rate of Breast Cancer among Women in Mohave County (2009)



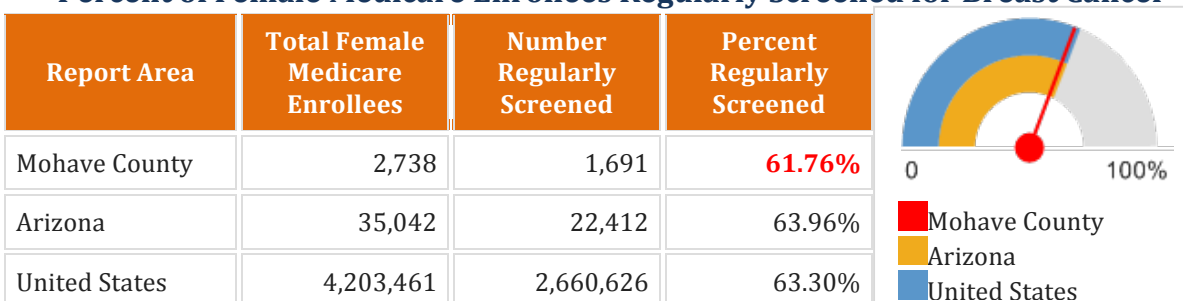
Data Source: [The Centers for Disease Control and Prevention, and the National Cancer Institute: State Cancer Profiles, 2005-2009.](#)

Breast cancer screening (mammogram) among Medicare enrollees

The following figure shows the percentage of female Medicare enrollees (age 55 or older) in Mohave County who have received one or more mammograms in the past two years (this data does not include uninsured women or others with AHCCCS or private insurance). A mammogram is a low-dose X-ray of the breast. It can show an extremely small tumor before a woman or her doctor can feel it in a breast exam. Early detection with mammograms saves many thousands of lives each year.

Figure 73:

Percent of Female Medicare Enrollees Regularly Screened for Breast Cancer



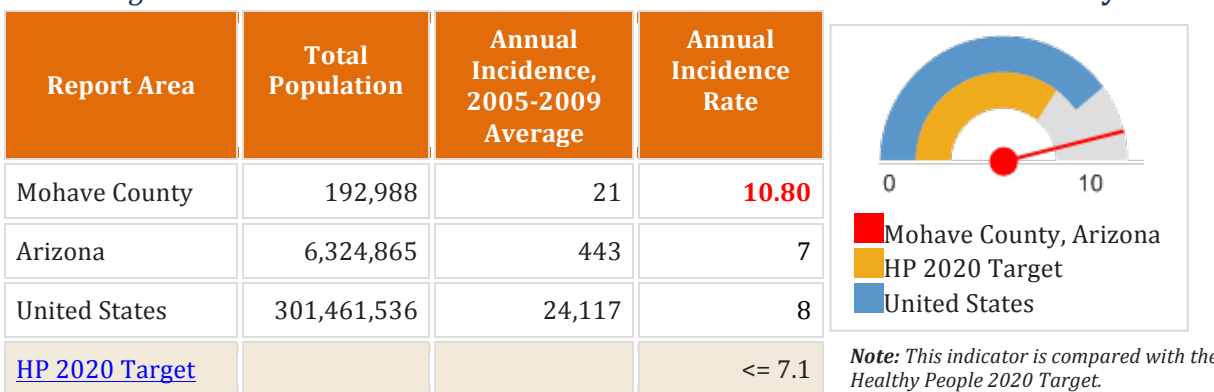
Data Source: [Dartmouth Atlas of Healthcare, Selected Measures of Primary Care Access and Quality, 2003-2007](#)

Cervical cancer incidence

Cervical cancer is a type of cancer that occurs in the cells of the cervix — the lower part of the uterus that connects to the vagina. Various strains of a sexually transmitted infection

called human papillomavirus (HPV) cause most cases of cervical cancer. Cervical cancer used to be the leading cause of cancer death for women in the United States. However, in the past 40 years, the number of cases of cervical cancer and the number of deaths from cervical cancer have decreased significantly. This decline is largely due to the result of women getting regular Pap tests, which can find pre-cancer cells before they turn into cancer. This indicator reports the incidence rate (cases per 100,000 women per year) of females in Mohave County with cervical cancer.

Figure 74: Annual Incidence Rate of Cervical Cancer in Mohave County

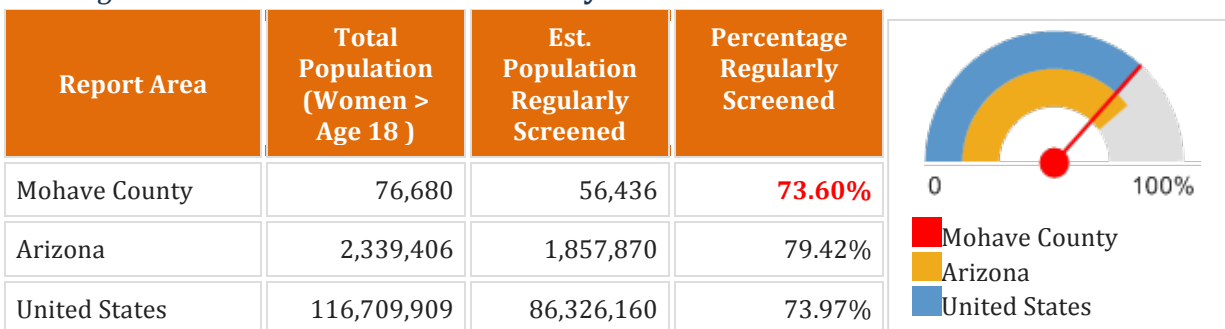


Data Source: [The Centers for Disease Control and Prevention, and the National Cancer Institute: State Cancer Profiles, 2005-2009](#)

Cervical Cancer Screening (Pap test)

This indicator reports the percentage of women in Mohave County aged 18 and older who self-report that they have had a Pap test to screen for cervical cancer in the past three years. A Pap test can identify potentially precancerous changes in cervical cells and tissue. Once detected, treatment can prevent the development of cancer. In the United States, the widespread use of cervical screening programs has dramatically reduced the incidence of invasive cervical cancer.

Figure 75: Percent of Mohave County Women Screened for Cervical Cancer



Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2004-2010](#)

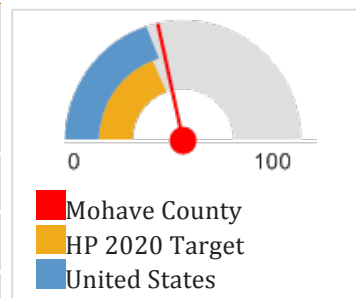
Colon and rectal cancer incidence

This indicator reports the age adjusted incidence rate (cases per 100,000 people, per year) of colon and rectal cancer in Mohave County. Colon cancer is cancer of the large intestine

(colon). Rectal cancer is cancer in the last 6 inches of the colon. Together, these are often referred to as *colorectal* cancers. After lung cancer, colorectal cancers are the second leading cause of cancer death in the United States. According to the American Cancer Society, about 153,000 people are diagnosed with colorectal cancer each year and over 50,000 people die of the disease each year. Many of these deaths could be prevented with proper screening and detection.

Figure 76: Annual Incidence Rate of Colorectal Cancer in Mohave County

Report Area	Total Population,	Annual Incidence, 2005-2009 Average	Annual Incidence Rate
Mohave County	192,988	83	43
Arizona	6,324,865	2,309	36.50
United States	301,461,536	121,188	40.20
HP 2020 Target			<= 38.6



Note: This indicator is compared with the Healthy People 2020 Target.

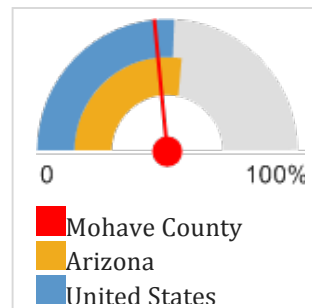
Data Source: [The Centers for Disease Control and Prevention, and the National Cancer Institute: State Cancer Profiles, 2005-2009.](#)

Colon cancer screening (sigmoid & colonoscopy)

Colorectal cancer almost always begins as small, non-cancerous clumps of cells called *polyps*, which can be detected through screening tests. At this stage, people usually have no symptoms. Screening tests (sigmoidoscopy or colonoscopy) can detect polyps, which can be removed before they become cancerous. The American Cancer Society recommends that adult men and women start getting tested for the disease at age 50. The following figure shows the percentage of adult men aged 50 and older who self-report that they have ever had a sigmoidoscopy or colonoscopy (data on colorectal cancer screening among women in Mohave County is unavailable at this time).

Figure 77: Percent of Mohave County Men >50 Ever Screened for Colon Cancer

Report Area	Total Population (Men Aged >50)	Number Ever Screened	Percent Ever Screened
Mohave County	39,929	18,647	46.70%
Arizona	4,549,661	2,522,653	55.45%
United States	119,567,203	61,919,221	51.79%

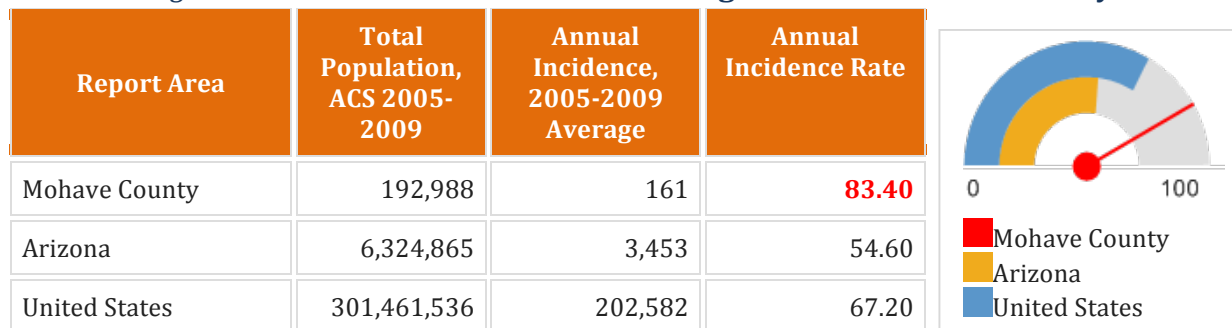


Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2004-2010](#)

Lung cancer incidence

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of lung cancer in Mohave County. Lung cancer arises when a series of mutations in normal lung cells cause them to become abnormal and grow out of control. These changes can take place anywhere from the windpipe down to the small air sacs in the lungs where oxygen exchange takes place. Over 85% of lung cancers are caused by smoking. Once uncommon, the surge in smoking of the 20th century has contributed to a tremendous rise in the incidence of lung cancer. Lung cancer is the leading cause of cancer death in men and the second leading cause of cancer death in women in Mohave County. The incidence rate of lung cancer in our region is alarmingly high and most certainly attributed to the large number of smokers in the community (see page 35).

Figure 78: Annual Incidence Rate of Lung Cancer in Mohave County

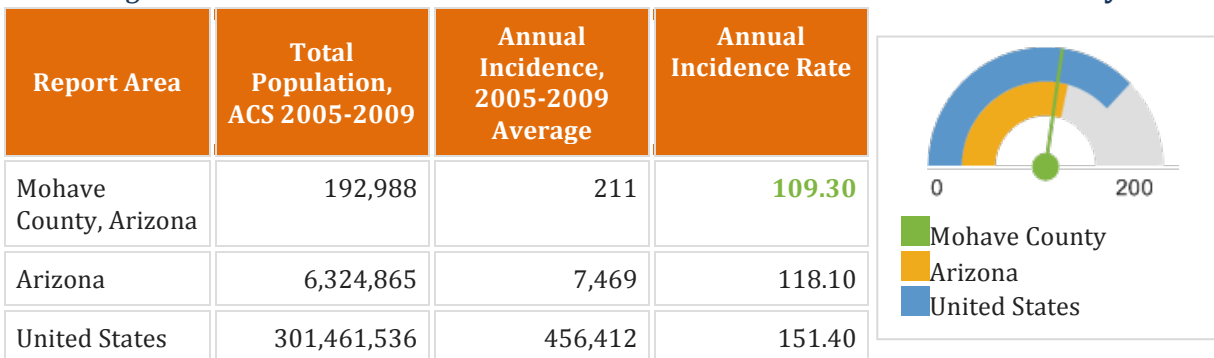


Data Source: [The Centers for Disease Control and Prevention, and the National Cancer Institute: State Cancer Profiles, 2005-2009](#)

Prostate cancer incidence

This indicator reports the incidence rate (cases per 100,000 population, per year) of males in Mohave County with prostate cancer. Prostate cancer only occurs in men and forms in tissues of the prostate (a gland in the male reproductive system). Cancer screening tests, prostate-specific antigen (PSA) test and digital rectal exam, can help identify prostate cancer early on, when treatment is most effective.

Figure 79: Annual Incidence Rate of Prostate Cancer in Mohave County



Data Source: [The Centers for Disease Control and Prevention, and the National Cancer Institute: State Cancer Profiles, 2005-2009](#)

Communicable Diseases in Mohave County

Measures within this category include diseases that are contagious or *infectious*. That is, they are usually transmitted through person-to-person contact or by shared use of contaminated instruments/materials. Many of these diseases can be prevented through vaccination or through the use of protective measures, such as condoms for the prevention of sexually-transmitted diseases.

The following table lists all common communicable diseases in the United States and lists the number of cases diagnosed in Mohave County during 2012, along with the five-year case averages in Mohave County for each disease listed. Counts reflect cases confirmed in Mohave County residents based on data reported to the Mohave County Department of Public Health or through the Medical Electronic Disease Surveillance Intelligence System (MEDSIS) at the Arizona Department of Health Resources.

Figure 80: Cases of Infectious Disease in Mohave County (2012)

DIAGNOSIS	Case Count 2012	5-yr Average
Aseptic meningitis (viral brain inflammation)	5	11
Campylobacteriosis (bacterial infection- often foodborne)	10	8
Chlamydia infection (sexually transmitted virus)	316	271
Coccidioidomycosis (Valley Fever)	124	103
Enterohemorrhagic (<i>E. coli</i>)	0	1
Giardia (intestinal infection caused by waterborne parasite)	2	5
Gonorrhea (sexually transmitted virus)	27	13
Haemophilus influenza (bacterial influenza)	6	5
Hepatitis A (viral liver infection from fecal matter)	3	2
Hepatitis B (viral liver infection from infectious body fluids)	14	12
Hepatitis C (viral liver infection from blood to blood contact)	112	84
Herpes (sexually transmitted virus)	28	36
Influenza (viral flu)	274	216
Legionnaires' disease (lung inflammation from inhaled bacteria)	0	0
Lyme disease (bacterial infection transmitted by ticks)	0	0
Meningococcal invasive disease (bacterial brain inflammation)	0	0
MRSA (antibiotic-resistant bacterial infection)	37	46
Pertussis (whooping cough)**	66	14
Respiratory syncytial virus or RSV (viral respiratory infection)	39	55
Salmonella (bacterial infection- often food borne)	18	15
Shigellosis (also known as dysentery from food borne bacteria)	0	2
Streptococcal (Strep) Group A (invasive bacterial infection)	3	5
Streptococcal (Strep) Group B (in infants < 90 days)	4	1
Streptococcus (Strep) pneumoniae (invasive bacterial lung infection)	33	35
Syphilis (sexually transmitted virus)	3	5
Tuberculosis, active disease (airborne bacterial infection)	1	3
Vibrio infection (bacterial infection from seafood or seawater)	1	0
West Nile virus (mosquito-borne virus)	0	0

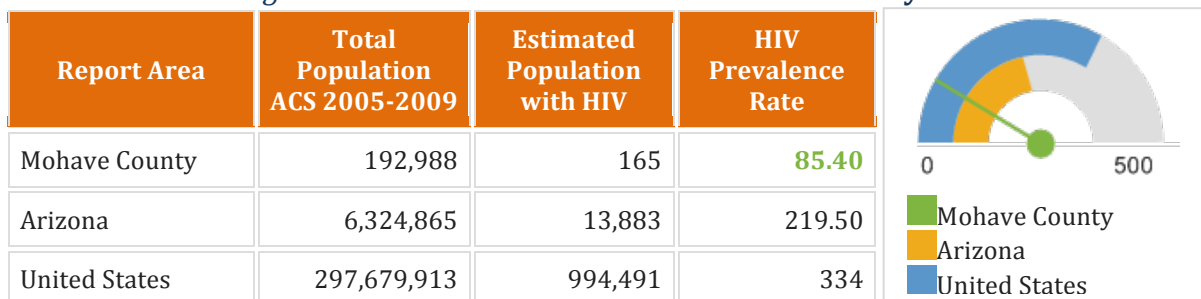
Data Source: [Mohave County Department of Public Health](#)

** 2012 represents an outbreak year for pertussis in Mohave County; the 4 year average for pertussis (excluding 2012) is one case per year.

HIV prevalence

This indicator reports prevalence rate of human immunodeficiency virus (HIV) per 100,000 people in Mohave County. This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

Figure 81: Prevalence of HIV in Mohave County



Data Source: [Centers for Disease Control and Prevention and the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2008](#)

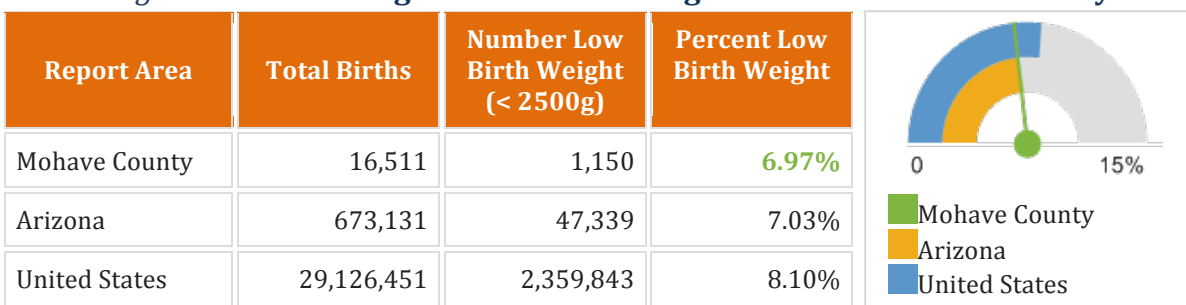
Maternal & Child Health

One of the most significant indicators for monitoring community health is the health of the community's most vulnerable population: infants and children. This category focuses on birth data and outcomes as well as mortality data for infants. Additionally, the number of births to teen mothers is a critical indicator of increased risk for both mother and child.

Low birth-weight infants

This indicator reports the percentage of total births that were low birth weight (under 2500g or 5 lbs., 8 oz.). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities pertaining to access to prenatal care and maternal and child health.

Figure 82: Percentage of Low Birth-Weight Infants in Mohave County

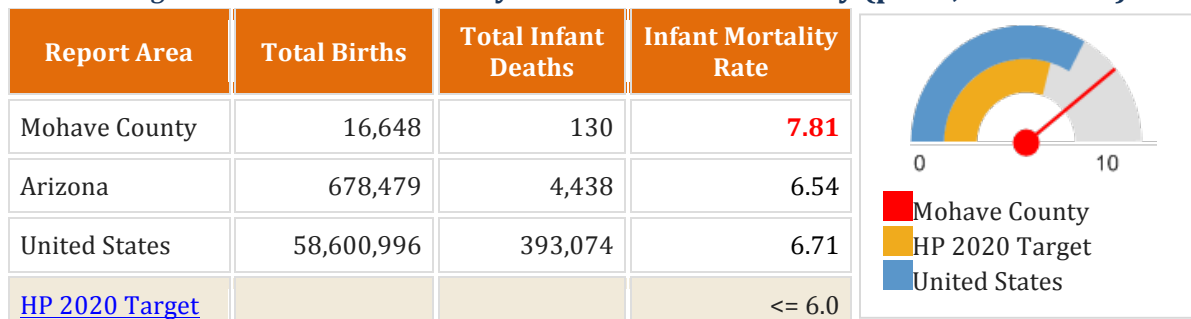


Data Source: [Centers for Disease Control and Prevention, National Vital Statistics Systems, 2003-2009](#)

Infant mortality

This indicator reports the rate of deaths to infants less than one year of age per 1,000 births in Mohave County. This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to prenatal care and maternal and child health.

Figure 83: Infant Mortality Rate in Mohave County (per 1,000 Births)



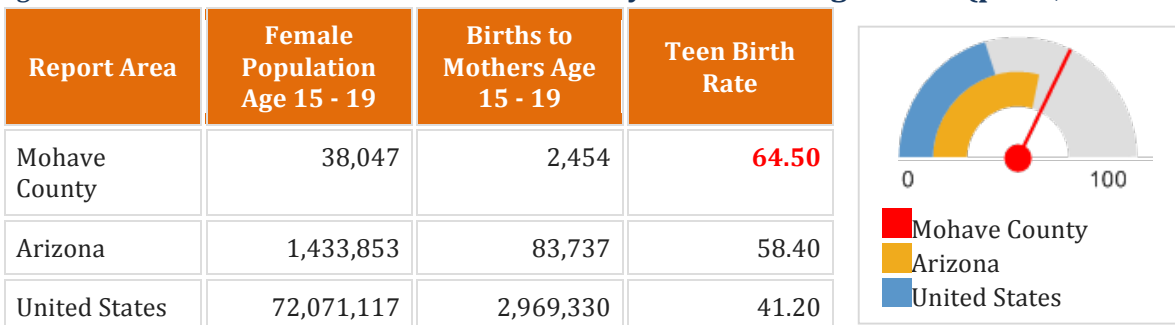
Data Source: [Centers for Disease Control and Prevention, National Vital Statistics System, 2003-2009](#)

Note: This indicator is compared with the Healthy People 2020 Target.

Teen birthrate

This indicator reports the rate of total births to teenage women in Mohave County per 1,000 females, age 15 - 19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Figure 84: Teen Birth Rate in Mohave County to Women Age 15-19 (per 1,000 Births)



Data Source: [Centers for Disease Control and Prevention, National Vital Statistics Systems, 2003-2009](#). Accessed through the [Health Indicators Warehouse](#)

Social & Mental Health

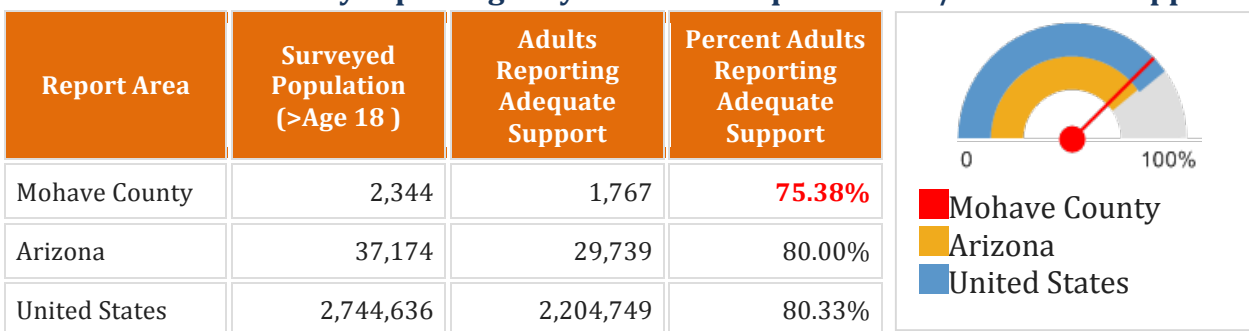
This category represents social and mental factors and conditions which directly or indirectly influence overall health status and individual and community quality of life. Mental health conditions and overall psychological well-being and safety may be influenced by substance abuse and violence within the home and within the community.

Adequate social or emotional support

This indicator reports the percentage of adults in Mohave County aged 18 and older who self-report receiving sufficient social and emotional support all or most of the time. This indicator is relevant because social and emotional support is critical for navigating the challenges of daily life as well as for good mental health. Social and emotional support is also linked to educational achievement and economic stability.

Figure 85:

Adults in Mohave County reporting they Receive Adequate Social/Emotional Support

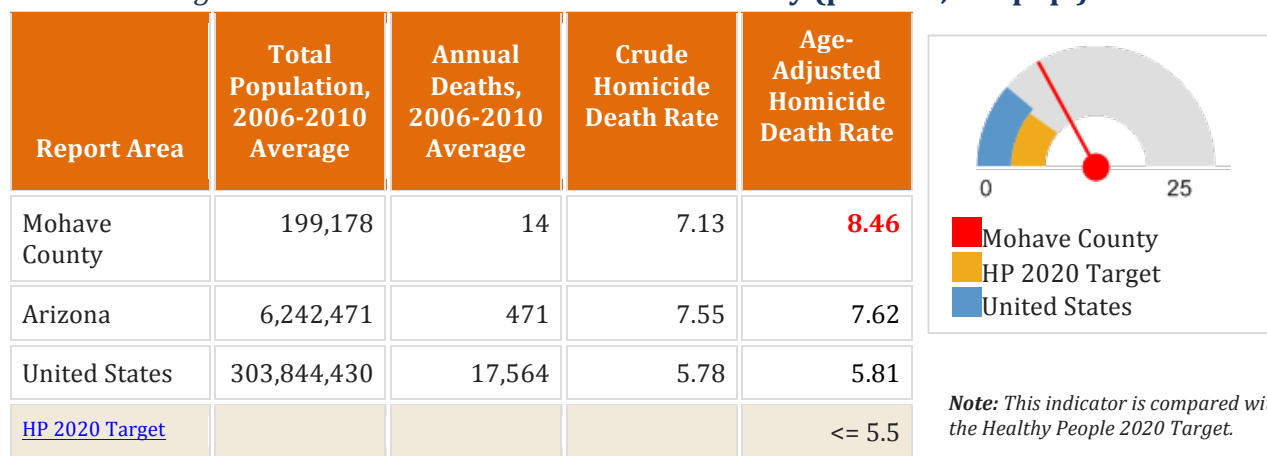


Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010](#)

Homicide rate in Mohave County

This indicator reports the rate of death due to assault (homicide) per 100,000 people. This indicator is relevant because the homicide rate is a measure of social and mental health and a leading cause of premature death. The following indicator shows the rate of death due to homicide in Mohave County from the most recent statistics from the U.S. Centers for Disease Control (CDC). Note that the latest statistics (2011) from the Arizona Department of Health Services (see page 44) show a lower death rate from homicide in Mohave County.

Figure 86: Homicide Rate in Mohave County (per 100,000 pop.)



Note: This indicator is compared with the Healthy People 2020 Target.

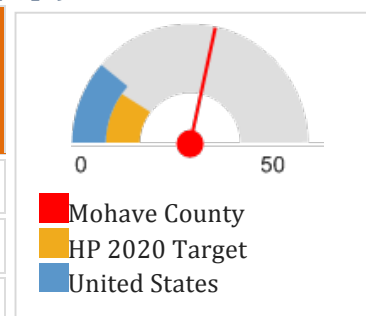
Data Source: [Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010.](#)

Suicide rate in Mohave County

This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 people. This indicator is relevant because suicide is an indicator of poor mental health. It is estimated that as much of 90% percent of all suicide cases meet criteria for a psychiatric disorder; particularly major depression, substance abuse, personality disorders, and schizophrenia. The following indicator shows the rate of death due to suicide in Mohave County from the most recent statistics from the U.S. Centers for Disease Control (CDC). Note that the latest statistics (2011) from the Arizona Department of Health Services (see page 44) show a significantly higher death rate from suicide in Mohave County.

Figure 87: Suicide Rate in Mohave County (per 100,000 pop.)

Report Area	Total Population, 2006-2010 Average	Annual Suicides, 2006-2010 Average	Crude Suicide Rate	Age-Adjusted Suicide Rate
Mohave County	199,178	60	30.12	28.37
Arizona	2,871,545	419	14.58	14.59
United States	303,844,430	35,841	11.80	11.57
HP 2020 Target				<= 10.2



Note: This indicator is compared with the Healthy People 2020 Target.

Data Source: [Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010.](#)

Community Input on Health Needs in Mohave County

Key Informant Observations

As part of the community health assessment process, members of the Mohave County Community Health Coalition conducted interviews with individuals (key informants) who represent: *a)* broad interests of the community, *b)* populations of need, and *c)* persons with specialized knowledge in public health. The purpose of the interviews was to ascertain opinions among individuals likely to be knowledgeable about health concerns in the community. This section includes a summary of those opinions.

Methodology

Interviews with 26 key informants were conducted in the fall of 2012. These individuals represented the following community sectors:

- Social Service Agencies
- Local School System and Community College
- Local City and County Government
- Public Health Agencies
- Industry
- Faith Community
- Medical Providers

All interviews were conducted using a standard questionnaire (see Appendix B). The key informants provided comments on the following issues:

- Health and quality of life for residents of the community
- Barriers to improving health and quality of life for residents in the community
- Opinions regarding the important health issues that affect Mohave County residents and the types of services that are important for addressing these issues
- Delineation of the most important healthcare issues or services discussed and actions necessary for addressing those issues.

Interview data was initially recorded in narrative form in Microsoft Word. Themes in the data were identified and representative quotes have been drawn from the data to illustrate the themes. Interviewees were assured that personal identifiers such as name or organizational affiliations would not be connected in any way to the information presented in this report. Therefore, quotes included in the report may have been altered slightly to preserve confidentiality.

This technique does not provide a quantitative analysis of the leaders' opinions, but reveals

some of the factors affecting the views and sentiments about overall health and quality of life within Mohave County.

Interview questions

The interview questions for each key informant were identical. The questions on the interview instrument are grouped into four major categories for discussion:

1. General opinions regarding Health and Quality of Life in the Community
2. Underserved Populations and Communities of Need
3. Barriers
4. Most important health and quality of life issues

A summary of the leaders' responses by each of these categories follows. Paraphrased quotes are included to reflect some commonly held opinions and direct quotes are employed to emphasize strong feelings associated with the statements. This section of the report summarizes what the key informants said without assessing the credibility of their comments.

General opinions regarding health and quality of life in the community

The key informants were asked to rate the health and quality of life in their respective community. They were also asked to provide their opinion whether the health and quality of life had improved, declined, or stayed the same over the past few years. Lastly, key informants were asked to provide support for their answers.

Interviewees were mixed on responses on whether the health and quality of life had improved, declined or stayed the same over the past few years. 38% felt there has been a decline, 38% felt things have stayed the same and 24% felt that there has been an improvement. While the key informants were split, there was a general agreement on the impact the economy has played in the health of the community. Interviewees continually noted that the health needs of those in a lower socioeconomic level were the most cause for concern.

Many key informants mentioned the need to provide additional options for free and reduced cost clinics. There was a general sense that lower income individuals did not have access to preventative care necessary to lead healthy lives. The lack of reduced cost dental services in the community was also a concern that was raised numerous times. The indication was that poor dental care leads to other physical conditions as well as an overall lower sense of self-worth.

"People can't afford food, homes and healthcare. They choose food and shelter first."

"Lack of competition for physical and mental health providers."

"Lots of good energy in the community. Improvements are being made."

Underserved populations and communities of need

Key informants were asked to provide their opinions regarding specific populations or groups of people whose health or quality of life may not be as good as others. We also asked the key informants to provide their opinions as to why they thought these populations were underserved or in need. We asked each key informant to consider the specific populations they serve or those with which they usually work.

Respondents felt that quality-of-life and health are greatly impacted by socioeconomic status. Children being raised in households with fewer financial resources were considered in need due to lack of access to services, both medical and dental. Additionally, healthy nutrition for children in these households was limited due to the cost of fruits and vegetables. Persons who live in rural areas were also reported in this category. Transportation was felt to be a major barrier for persons living in rural areas with few financial resources.

The uninsured/underinsured are considered to have issues accessing care. Respondents repeatedly noted additional needs for resources in this area. 69% of those interviewed indicated that there are not enough low cost providers available in the area. Respondents continually noted that emergency rooms are being used as primary care providers by many. 27% of those interviewed also brought up dental care as a major issue for those with fewer resources. Indications were made of very limited availability of dental resources for lower income individuals.

Many key informants recognized that the mentally ill experience significant health issues and have a lower quality of life compared to the rest of the community. An overwhelming sentiment existed among the key informants that the community did not have enough mental health providers, that the amount of time to get into see mental health providers was too long, and that the community lacked sufficient inpatient and outpatient mental health services. 35% of interviewees felt that additional behavioral health and drug detoxification facilities were needed in the community.

Barriers

The key informants were asked what barriers or problems keep community residents from obtaining necessary health services in their community. Responses from key informants include lack of education and communication, lack of low cost providers, lack of behavioral health facilities, lack of transportation, and general decline in economic conditions.

Lack of education and communication surrounding health issues and the availability of health resources is seen as a primary barrier to health services. Respondents indicated that children through adults do not receive the education they need on how to lead healthy lifestyles. Interviewees indicated that the lack of low cost primary care providers continually leads individuals to receive no care until they end up in the emergency room.

Individuals noted that there is an alcohol and drug abuse issue within the community. 39%

of those interviewed indicated that alcohol and drugs are a problem. Many felt that the lack of behavioral health facilities in the community contributed to individuals self-medicating through the abuse of alcohol and drugs.

As previously noted, people's attitudes and culture, surrounding health and lifestyle choices, are seen as a barrier. Bad habits are passed down from generation to generation and there are not enough resources to bring about a change.

*"Money is being spent on disaster preparedness, but
where is the money for preventable disease?"*

*Social Services Agency representative indicated frequent calls of
"I don't know how to be a parent."*

"Health care resources are doing damage control."

"It's a combination of lack of education and just not caring."

"Quality of social opportunities limits the ability to recruit and retain [healthcare] providers."

Most important health and quality of life issues

Key informants were asked to provide their opinion as to the most critical health and quality of life issues facing the county. The issues identified most frequently were: 1) lack of low-cost dental and health providers; 2) lack of education; and 3) poor nutritional habits.

"It's more economical to buy fast food and snacks than fruits and vegetables."

"Need farmer's markets and other resources for healthy foods."

"Taco Bell and pizza for school lunches"

"Difficult to change habits and mindsets unless you can get to them while they are young"

"Some families can't afford to pay \$10 for health physical so they can play sports."

Key Findings

A summary of themes and key findings provided by the key informants follows:

Information and education on health issues is a problem. There is a significant need to inform, educate, and counsel specific categories of the community.

There is a need for additional low cost or free primary care providers in the community.

The ability to recruit and retain providers in the community is a barrier to improving the quality of health in the community.

There is a lack of access for mental health services and facilities, particularly inpatient services and drug detoxification services.

Drug and alcohol abuse are seen as a health and quality of life issue.

Transportation may be an issue for elderly, single-family households and people living in rural unincorporated areas.

There is a severe lack of affordable dental providers in the county.

People's attitudes and choices lead to poor health. Many residents are apathetic regarding wellness and health.

Community Stakeholder Observations

A questionnaire was distributed to individuals serving on the Mohave County Community Health Coalition, who represent broad interests of the community. The questionnaire was intended to supplement the key informant interviews discussed above. Forty-four stakeholder questionnaires were completed and returned. A copy of the stakeholder questionnaire is included in Appendix C.

Assessment of the general health of the community

Community Stakeholders were asked to rate the general health of the community. The following results were noted:

0% - Very Healthy
9.09% - Healthy
43.19% - Somewhat Healthy
45.45% - Unhealthy
2.27% - Very Unhealthy

"I don't think most people understand how much their daily choices impact their overall health."

"Lots of disparity in this area – sub-communities of people who are health conscious. As a whole, communities don't seem healthy."

"Depends on their economic condition!"

Factors for a "healthy community"

Stakeholders were asked to mark the three most important factors for a "Healthy Community." The following responses were noted the most often by respondents:

18.12% - Good jobs and healthy economy
16.78% - Access for quality healthcare services
15.44% - Healthy behaviors and lifestyles
9.04% - Access to healthy foods (e.g., fresh fruits and vegetables)
8.05% - Recreational and physical activity opportunities (parks, gyms, etc.)
7.38% - Adequate health insurance

"Organic foods available on a limited and costly basis. Way too much fast food. Why does Kingman need 3 McDonalds? People go to ER because they can't get in with primary care providers in a timely way."

"Though the basis for a quality community includes healthcare, strong economy, and good schools; the other factors listed are also necessary."

"Economic growth is the #1 way to get people out of poverty. We have a large Medicare and Medicaid population."

Most important health problems in the community

Community Stakeholders were asked to mark the three most important "health problems"

in the community. The following responses were noted the most often by respondents:

- 20.14% - Drug addiction**
- 14.39% - Aging problems (e.g., arthritis, osteoporosis, etc.)**
- 13.67% - Mental health problems**
- 11.51% - Heart disease and stroke**
- 6.47% - Diabetes**
- 5.76% - Alcoholism**

"Motivating behaviors that influence controllable risk factors would result in better quality and length of life."

High-risk health behaviors

Community Stakeholders were asked to mark the three most important "risky behaviors" in the community. The following responses were noted the most often by respondents:

- 22.22% - Drug abuse**
- 17.04% - Being overweight**
- 15.56% - Alcohol abuse**
- 11.11% - Not seeking preventive care**
- 9.63% - Tobacco use**
- 8.15% - Poor eating habits**

"This was a hard choice because all apply. Lack of exercise in schools has inflated the Generation X leap into a sedentary lifestyle thus decreasing overall health."

"All are risky, some just more than others."

Barriers to healthcare access

Community Stakeholders were asked to mark the three most important barriers to accessing healthcare in the community. The following responses were noted the most often by respondents:

- 26.12% - Economic conditions (unemployment, poverty, etc.)**
- 16.42% - Lack of health insurance**
- 11.94% - Lack of affordable healthcare services**
- 11.94% - Low health literacy/education**
- 8.21% - Dysfunctional home life**
- 5.22% - Lack of transportation to healthcare services**

"Many people are w/out income. We have North Country Healthcare but could use another provider."

"Lack of health insurance is a huge driver, especially since the population as a whole is unfamiliar with the concept of a community health center."

"Doctors keep leaving community. No rheumatologist, no diabetes specialists, no residential treatment, no integrated health care."

Primary Care and Mental Health Provider Observations

A questionnaire was distributed to a number of primary care and mental health providers in the community. The intent of the questionnaire was to obtain input from professionals who deal directly with health issues in the community on a daily basis. The questionnaire was intended to supplement the key informant interviews. Eighteen questionnaires were completed and returned. A copy of the questionnaire is included in the Appendix D.

Figure 89-a: Primary Care & Mental Health Provider Responses (part 1)

Medical Specialty	What is the #1 health problem in Mohave County?	What are the most common health problems you see?
Pediatric M.D.	Methamphetamine addiction	Acute upper respiratory infections, behavioral problems
Family Practice D.O.	Obesity	Obesity, diabetes, smoking, illicit drug abuse, mental health
Family Practice D.O.	Obesity	Hypertension, diabetes 2, COPD, tobacco and drug abuse
Family Nurse Practitioner	Problems associated with drug abuse	Diabetes, hypertension, wounds, drug abuse associated issues
Family Nurse Practitioner	COPD	Diabetes, hypertension, COPD
Family Nurse Practitioner	Obesity	Diabetes, coronary artery disease, hypertension, depression, chronic pain
Family Practice D.O.	Lack of medical/dental care, obesity/diabetes, lack of availability to get medications, alcoholism	Diabetes, dental cavities, COPD, congestive heart failure, psyche conditions, alcoholism
Family Nurse Practitioner	Cancer	Diabetes, COPD, cancer, hypertension, obesity
Adult Med. Nurse Practitioner	Community Health- No plan	Hypertension, diabetes, hyperlipidemia, obesity, COPD, kidney disease
Family Practice M.D.	Patients without medical insurance	Diabetes, hypertension, obesity, COPD, coronary artery disease, non-alcoholic fatty liver disease
Family Practice M.D.	Obesity, uncontrolled diabetes-2, street drugs- meth, heroin, psyche problems	Diabetes 2, hypertension, COPD, psyche problems- lack of providers
Family Practice M.D.	Ignorance, lack of attention to personal health	Obesity, diabetes, COPD, hypertension
Family Practice D.O.	Obesity	Hypertension, anxiety, pain
Psychologist	Obesity	Obesity causing diabetes, raised lipids, hypertension, chronic pain
Psychiatric Spec. Nurse Practitioner	Number of homeless people with no benefits	Chronic pain, drug abuse
Psychiatric/Mental Health Nurse Practitioner	Inappropriate use of drugs	Diabetes, hypertension, pain
Psychologist	Chronic pain, dependency to prescribed meds	Depression, anxiety, substance abuse problems
Psychologist	Not enough physicians in some areas	Mood disorders and substance abuse

Figure 89-b: Primary Care & Mental Health Provider Responses (part 2)

Medical Specialty	What chronic diseases do you feel are a concern in our area?	What communicable diseases do you feel are a concern in our area?	What health behaviors do you feel are a concern in our area?
Pediatric M.D.	Mental health problems- no child psychiatrists	MRSA	Distrust of medical community; parents against vaccinations
Family Practice D.O.	Mental health, obesity, illicit drug usage, alcoholism		Teaching people to take care of themselves in general
Family Practice D.O.	COPD, diabetes, tobacco abuse, obesity, alcohol abuse	Hepatitis C, STD's- esp.: Herpes 2	IV drug use, risky sexual behaviors
Family Nurse Practitioner	Diabetes, hypertension, COPD	STD's	Non-compliance to treatment or medication; drug abuse
Family Nurse Practitioner	COPD, diabetes	Human papillomavirus (HPV), Chlamydia, drug use, abuse of prescription pain meds	Smoking, teen pregnancy
Family Nurse Practitioner	Drug use/abuse of prescription meds	STD's- human papillomavirus (HPV), Herpes, MRSA	Addictive/depression/bipolar- no good resources
Family Practice D.O.	Obesity, diabetes, heart disease, access to mammograms	STD's/ Hepatitis B & C	STD's, little prevention practiced, young first time pregnancies, untreated Hepatitis C, psyche help is inadequate
Family Nurse Practitioner	Diabetes, COPD	MRSA, Hepatitis C	Smoking, substance abuse
Adult Med. Nurse Practitioner	Diabetes, obesity	Hepatitis C, MRSA	Pain management, prescription drug abuse, tobacco/alcohol abuse
Family Practice M.D.	COPD, diabetes, hypertension, congestive heart failure	STD's	Non-comprehensive education about the disease
Family Practice M.D.	Diabetes, obesity, hypertension, COPD	STD's, Hepatitis	All of the above
Family Practice M.D.	COPD, diabetes	Viral & respiratory disease spread, sick people staying at work or school because of punitive threats by employment	Poor compliance secondary to cost of health care
Family Practice D.O.	Diabetes 2, chronic pain		
Psychologist	Obesity causing diabetes, raised lipids, hypertension, chronic pain	Hepatitis C	Poor eating habits, no exercise, minimal preventative care
Psychiatric Spec. Nurse Practitioner	Schizophrenia, bipolar disorder	Hepatitis C, MRSA	Smoking and drug abuse
Psychiatric/Mental Health Nurse Practitioner	Drug dependency, prescribed medication dependency, alcohol dependency	Hepatitis C, Tuberculosis	Overuse of the medical system
Psychologist	Obesity, diabetes, hypertension	Hepatitis	Substance abuse
Psychologist	Diabetes, schizophrenia	HIV, Hepatitis C	Chronic pain management

General Public Observations

To obtain input from the general public in Mohave County, a community survey was conducted by the Mohave County Community Health Coalition under the direct collaborative leadership of Kingman Regional Medical Center (KRMHC) and the Mohave County Department of Public Health (MCDPH). The survey was available to the public from December 3, 2012 through January 31, 2013.

The purpose of the survey was to obtain broad community input regarding health and quality of life issues in Mohave County. A web-based survey tool, Question Pro was utilized to conduct an electronic survey, which was available on both KRMHC's and MCDPH's websites. Paper surveys, which were identical to the electronic survey, were also distributed to populations who may not have access to the internet.

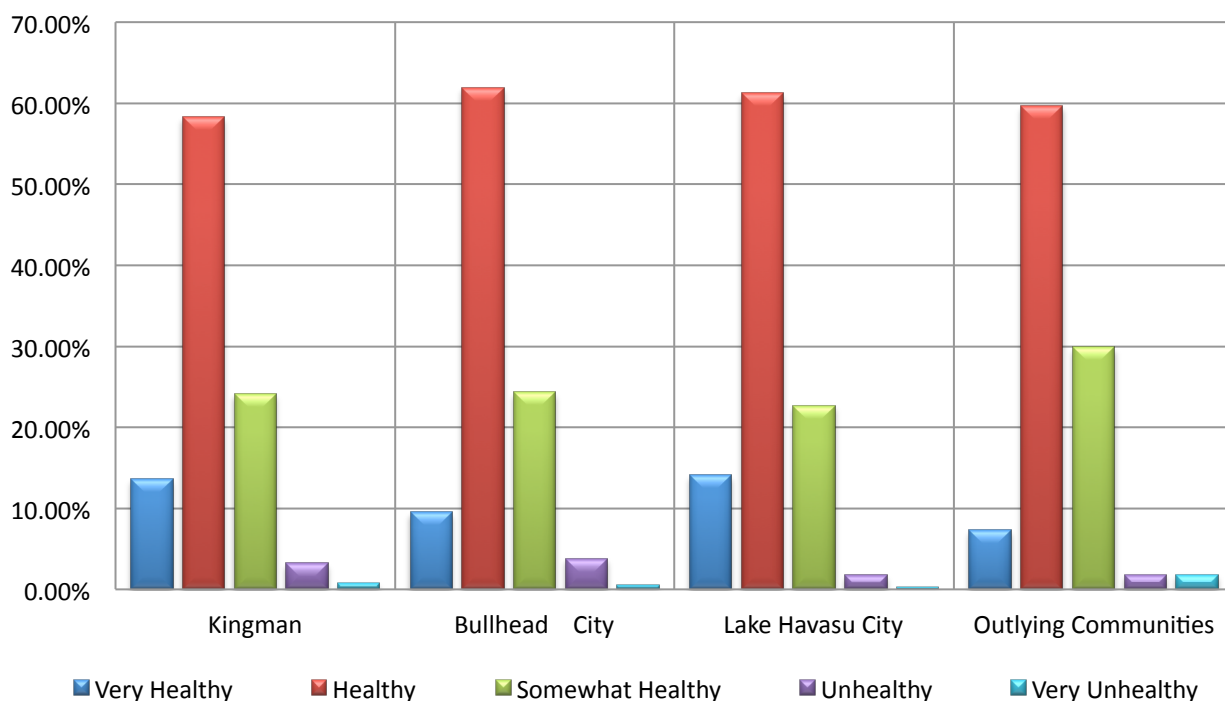
1,756 surveys were completed and returned and were comprised of 1,415 electronic surveys and 341 paper surveys. Socio-demographic characteristics such as age, education, income, and employment status were fairly comparable to the most recent census data. Over 73% of the survey respondents were female, which is more than the 50% of the population that is female in the community.

The survey instrument used is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions. The final survey instrument was developed by the Mohave County Community Health Coalition Survey Taskforce (see Appendix E for a copy of the survey instrument).

The actual survey was quite detailed in nature, including many specific questions regarding general health, satisfaction with specific and general providers, and demographic information. The figures on the following pages include a compilation of the survey results organized by survey question along with selected comments by survey respondents.

Figure 90: How would you rate your personal health?

Zip Code Grouping ⁺	Total Responses	Very Healthy	Healthy	Somewhat Unhealthy	Unhealthy	Very Unhealthy
Kingman	933	13.61%	58.31%	24.12%	3.22%	0.75%
Bullhead City	210	9.52%	61.90%	24.29%	3.81%	0.48%
Lake Havasu City	397	14.11%	61.21%	22.67%	1.76%	0.25%
Outlying Communities	57	7.27%	59.65%	29.82%	1.82%	1.82%
All Other *	159	11.40%	53.51%	30.70%	3.51%	0.88%
Total	1756	12.86%	59.15%	24.43%	2.92%	0.64%



Data Source: Mohave County Community Health Survey, 2013

* Zip code groupings include the Mohave County communities listed in Figure 1 (page 8)

* "All Other" includes surveys where a zip code was not indicated

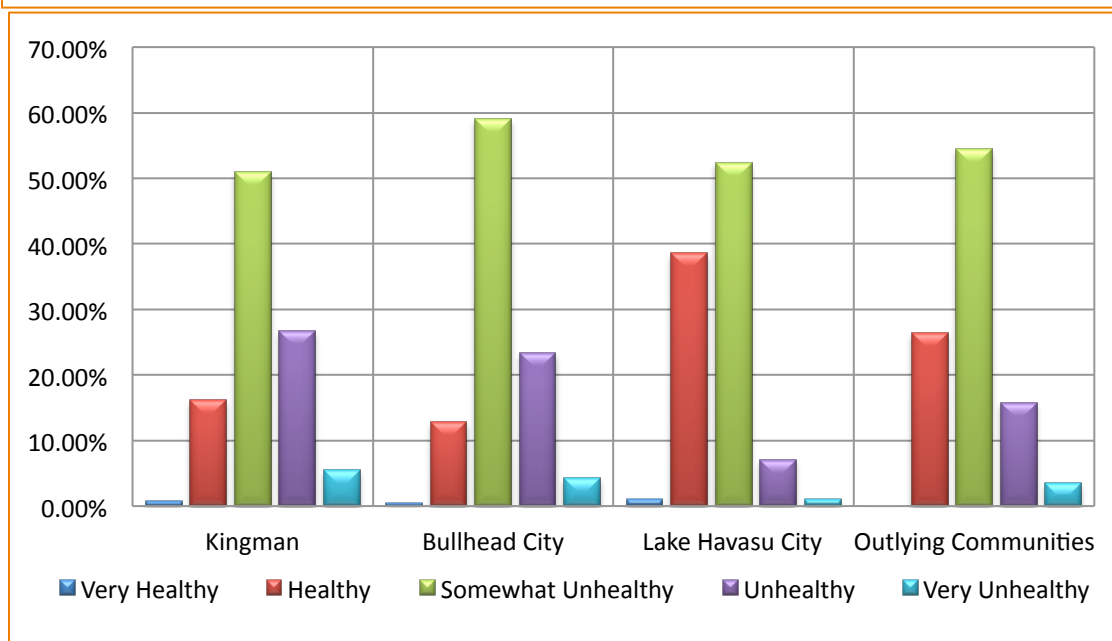
"As I am a healthy 85-yr-old woman, good health and active, I cannot speak for the majority of our population. This is a retirement/great-place-for-kids combination. Lots of problems with jobs, domestic abuse, alcohol/drug use. Not present in our household. It does trouble me though."

"As I get older I am finding that more parts of my body are getting arthritis. I cannot afford to go to five different doctors to take care of my shoulders, back, knees, hips and feet on top of controlling my diabetes and high blood pressure."

"When you are my age (55) and not well, you are forgotten about. Can't work, living on disability, yet can't get help from any state or federal programs to see a doctor that might be able to help me live a longer productive life. I have worked since I was 15 1/2 yrs old and, sad but true, unless you have kids under a certain age or are not born here, you can't get help when you need it. Just get papers to fill out and the run-around until you die...."

Figure 91: How would you rate the general health of your community?

Zip Code Grouping ⁺	Total Responses	Very Healthy	Healthy	Somewhat Unhealthy	Unhealthy	Very Unhealthy
Kingman	933	0.75%	16.18%	50.91%	26.69%	5.47%
Bullhead City	210	0.48%	12.86%	59.05%	23.33%	4.29%
Lake Havasu City	397	1.01%	38.54%	52.39%	7.05%	1.01%
Outlying Communities	57	0.00%	26.32%	54.39%	15.79%	3.51%
All Other *	159	1.69%	22.03%	53.39%	20.34%	2.54%
Total	1756	0.82%	21.69%	52.54%	20.93%	4.02%



Data Source: [Mohave County Community Health Survey, 2013](#)

* Zip code groupings include the Mohave County communities listed in Figure 1 (page 8)

* "All Other" includes surveys where a zip code was not indicated

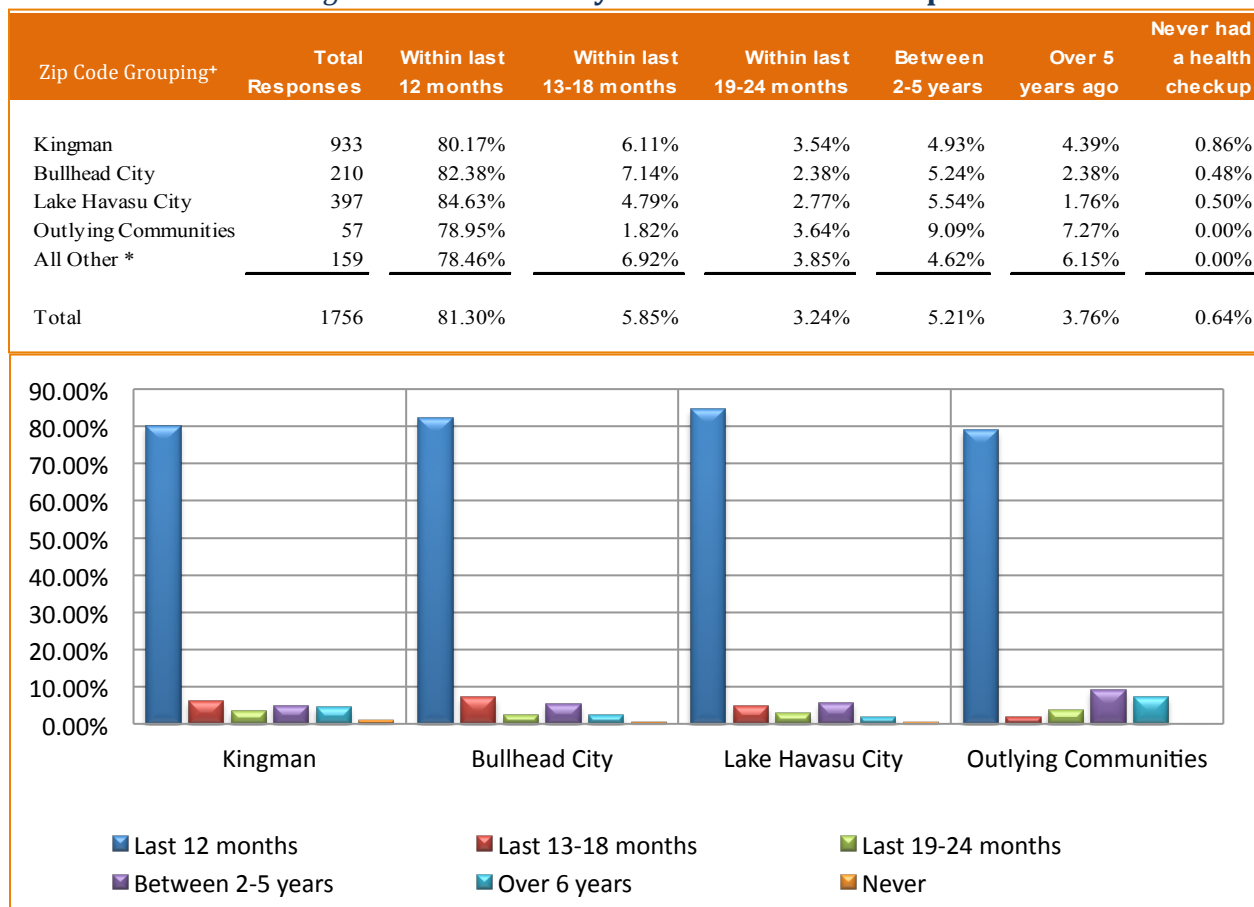
"I believe that our community needs to provide healthy choices to our youth and parents within our community. Healthy choices begin with parents teaching children how to be healthy. Our community needs to advocate and provide unlimited amount of outdoor activities. Let's get outside and move and abandon the convenience of fast food!"

"People in my community need exercise, dietary, and drug abuse help. There needs to be more things to do for free, because people in this city are very poor. It shouldn't cost thousands of dollars a year to go to the gym or learn how to eat better."

"Many people in the community have no real access to health care due to their economic circumstances. The cuts to state health programs have left many adults who are truly disabled and do not have dependent children in desperate need of medical care that they do not qualify for."

"Too many people on Medicaid and food stamps are not able to acquire the healthy diet they need, which just adds to the health problems in the area."

Figure 92: When was your last health checkup?



Data Source: [Mohave County Community Health Survey, 2013](#)

⁺ Zip code groupings include the Mohave County communities listed in Figure 1 (page 8)

* "All Other" includes surveys where a zip code was not indicated

"I go to the doctor only when absolutely needed, but I take my kids often for their checkups. My husband hasn't seen a doctor in many years due to no insurance and high costs."

"Primary healthcare professional refuses to treat Medicare patients anymore."

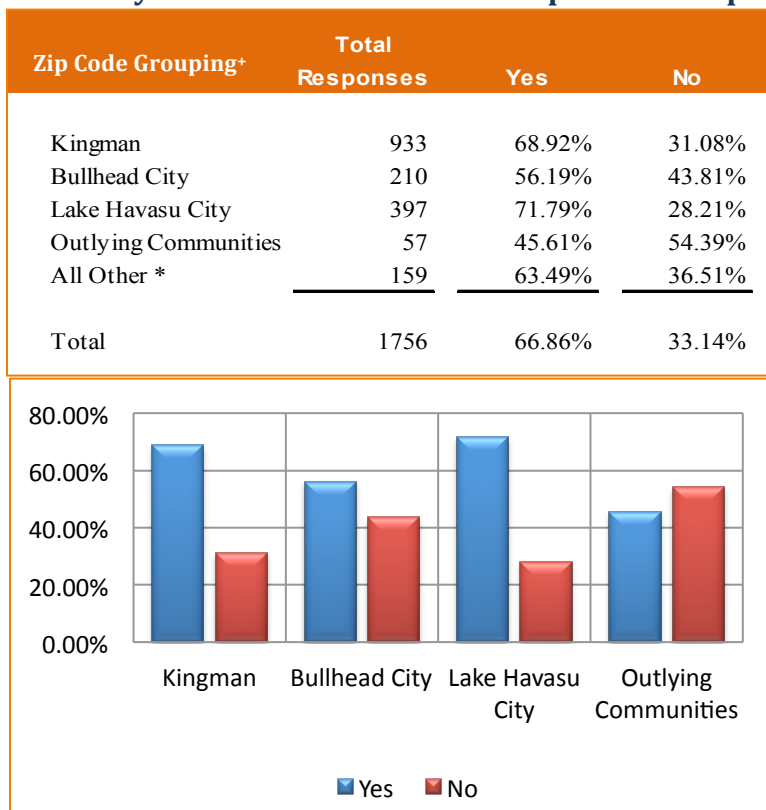
"For some reason, if you are sick, there is no place to go to but the emergency room at the hospital. You cannot get an appointment with a doctor that is not 8 to 10 days in the future."

"I do not go to the doctor because I cannot afford it and I'm 55yrs old. Wish I could afford health insurance— been having some concerns for my health."

"I have health insurance provided by my employer and am very healthy, but I find myself less and less likely to see the doctor and get labs, etc. because the cost is greatly increasing. My deductible and co-pay keep increasing. I know many people who do not seek care, unless emergent, because of these costs."

"With no insurance, I often have to go to the ER for treatment that I can't pay for."

Figure 93: Have you received a dental checkup within the past year?



Data Source: Mohave County Community Health Survey, 2013

⁺ Zip code groupings include the Mohave County communities listed in Figure 1 (page 8)

* "All Other" includes surveys where a zip code was not indicated

I see so many people with major dental problems missing teeth etc....low income people can't get any care. Dentists are so expensive. Even if you have dental insurance, it usually covers a small amount, like mine- \$1500.00 per year. When you make \$11.00 per hour, you don't have much left over to pay for the dental care you need. And they won't accept payments, and if you have poor credit, you are out of luck and toothless. But dental care is so important."

"I'd just like to see children be able to go to the dentist as much as they need to."

"Because we both work, pay taxes, but our children are grown; we have no access to even mildly affordable insurance. I have continuous infections in my mouth due to lack of dental care."

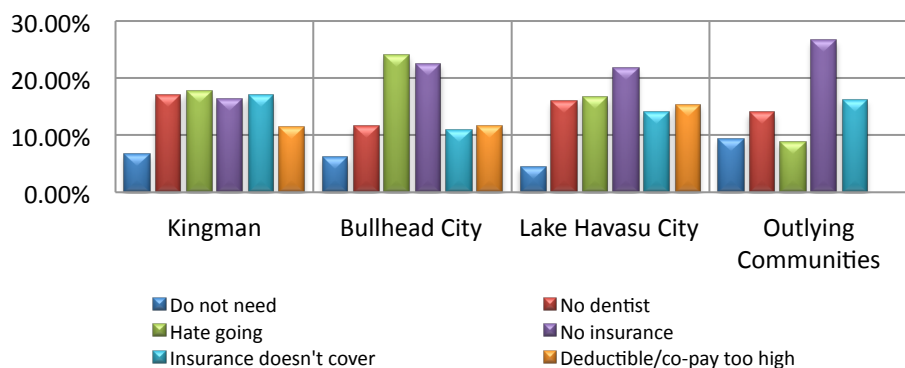
"We need low cost or sliding scale dental services. Dental costs in our community are outrageous. Poor dental health leads to medical problems and deterioration of health."

"I cannot afford my medical bills, so I let my teeth just get worse."

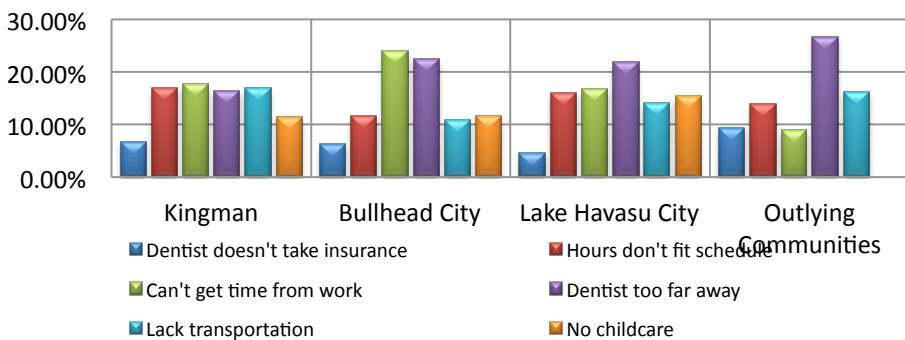
"I cannot afford the much needed dental work that I require to have healthy teeth. There is not enough coverage through my insurance."

Figure 94: If you haven't had dental checkup within the past year, why?

Zip Code Grouping+	Do not need dental checkups	Do not have a dentist	Put off or avoid seeking dental care because I hate going		My health insurance does not cover dental	My deductible or co-payment is too high
			No insurance			
Kingman	6.76%	17.02%	17.72%	16.32%	17.02%	11.42%
Bullhead City	6.20%	11.63%	24.03%	22.48%	10.85%	11.63%
Lake Havasu City	4.49%	16.03%	16.67%	21.79%	14.10%	15.38%
Outlying Communities	9.30%	13.95%	8.89%	26.67%	16.28%	0.00%
All Other *	10.39%	15.58%	7.79%	19.48%	16.88%	12.99%
Total	6.70%	15.67%	17.11%	19.14%	15.43%	11.72%



Zip Code Grouping+	Dentist will not take my insurance	Dentist's hours do not fit my schedule	Cannot get time off work	Dentist is too far away	Lack transportation to dentist	No childcare
Kingman	6.76%	17.02%	17.72%	16.32%	17.02%	11.42%
Bullhead City	6.20%	11.63%	24.03%	22.48%	10.85%	11.63%
Lake Havasu City	4.49%	16.03%	16.67%	21.79%	14.10%	15.38%
Outlying Communities	9.30%	13.95%	8.89%	26.67%	16.28%	0.00%
All Other *	10.39%	15.58%	7.79%	19.48%	16.88%	12.99%
Total	2.87%	4.55%	2.99%	1.91%	0.84%	1.08%

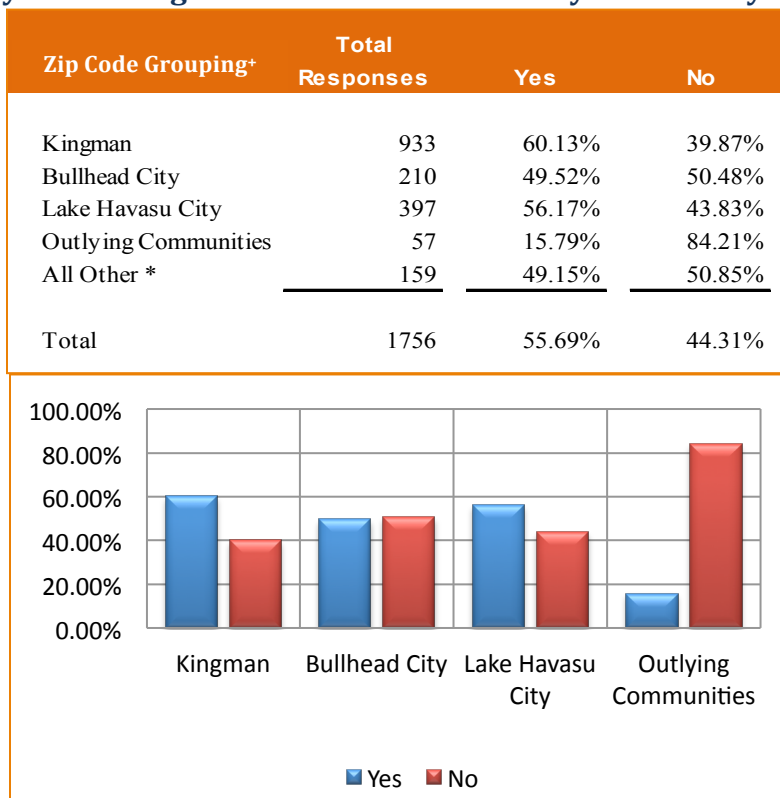


Data Source: Mohave County Community Health Survey, 2013

+ Zip code groupings include the Mohave County communities listed in Figure 1 (page 8)

* "All Other" includes surveys where a zip code was not indicated

Figure 98: Are you able to get the healthcare services you need in your community?



Data Source: Mohave County Community Health Survey, 2013

⁺ Zip code groupings include the Mohave County communities listed in Figure 1 (page 8)

* "All Other" includes surveys where a zip code was not indicated

"Help those of us that have needs now, before we get weaker and can't be helped. We need specialists, even if they come to town a few times a month, we need them here. Sick people can't travel to them."

"Can't afford co-pay for proper medicine, so I've used 'hand-me-downs' from other people that usually is not the dosage given by doctor."

"Our community has little to no healthcare local to residents with a high majority of elderly, unemployed, under-educated, uninsured, and non-mobile people. Most have to travel to Needles, Fort Mohave or Lake Havasu for medical attention."

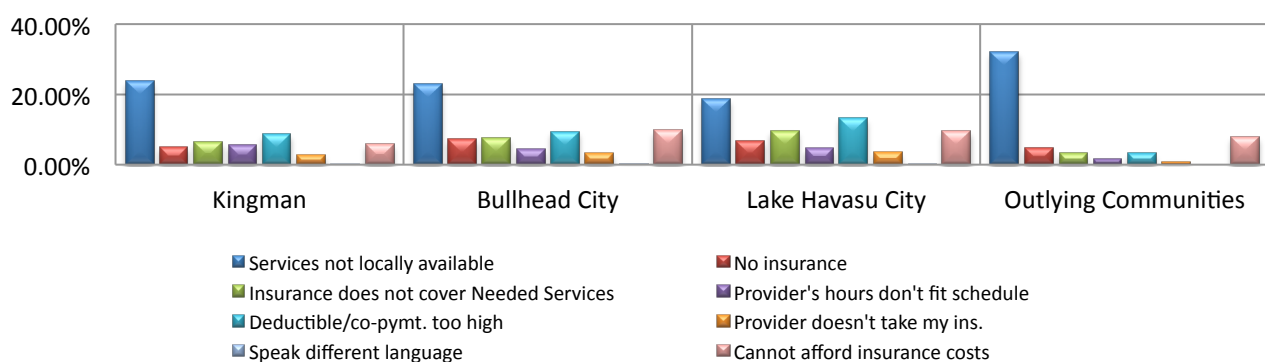
"By the fact that for any little thing, they tend to fly you to Las Vegas at a cost of \$28,000.00 to you...that says it all about the lack of specialists or trauma center in the tri-state area."

"We need better specialists in our area that our local doctors trust, so that we don't have to go out of town and can stay locally, instead of spending so much money on transportation, lodging, and food."

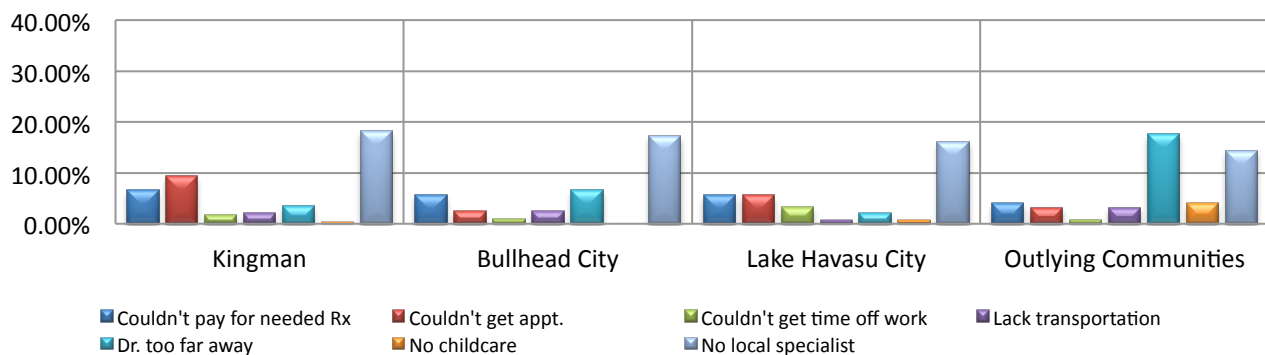
"There needs to be more availability of specialists in this area. As of right now, the only rheumatologist is in Bullhead City, which is inconvenient to those who live 20-30 minutes away. The specialists that are here in town are so booked out that it takes 2-6 months (depending on the specialty) to even get an appointment to see them."

Figure 99: If unable to get the healthcare services you need in your community, why?

Zip Code Grouping+	Needed services are not locally available	No insurance	My health insurance does not cover what I need	Healthcare provider's hours do not fit my schedule	My deductible or co-payment is too high	Local healthcare provider will not take my insurance	I speak a different language or am from a different culture	Too expensive cannot afford insurance premiums
Kingman	23.72%	4.92%	6.50%	5.61%	8.66%	2.76%	0.20%	5.81%
Bullhead City	22.88%	7.21%	7.52%	4.39%	9.40%	3.13%	0.31%	9.72%
Lake Havasu City	18.66%	6.72%	9.54%	4.56%	13.23%	3.47%	0.22%	9.54%
Outlying Communities	32.00%	4.80%	3.20%	1.60%	3.20%	0.80%	0.00%	8.00%
All Other *	25.38%	3.55%	8.63%	6.09%	10.66%	4.57%	0.00%	6.60%
Total	21.70%	5.18%	6.86%	4.69%	9.03%	2.83%	0.18%	6.95%



Zip Code Grouping+	pay for needed prescription medicine	Could not get an appointment	Could not get time off work	Lack of transportation	Doctor is too far away	No childcare	No specialist in my community
Kingman	6.50%	9.35%	1.77%	2.07%	3.54%	0.39%	18.21%
Bullhead City	5.64%	2.51%	0.94%	2.51%	6.58%	0.00%	17.24%
Lake Havasu City	5.64%	5.64%	3.25%	0.65%	2.17%	0.65%	16.05%
Outlying Communities	4.00%	3.20%	0.80%	3.20%	17.60%	4.00%	14.29%
All Other *	4.06%	6.60%	2.54%	2.54%	5.08%	1.52%	12.18%
Total	5.45%	6.47%	1.86%	1.82%	4.38%	0.66%	15.77%



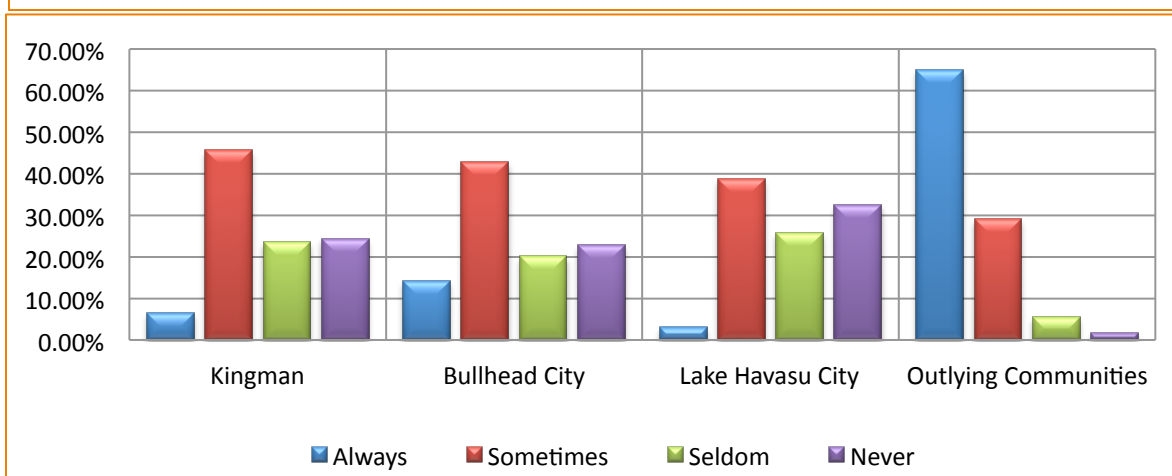
Data Source: Mohave County Community Health Survey, 2013

+ Zip code groupings include the Mohave County communities listed in Figure 1 (page 8)

* "All Other" includes surveys where a zip code was not indicated

Figure 100: Do you travel outside of your community for healthcare services?

Zip Code Grouping ⁺	Total Responses	Always	Sometimes	Seldom	Never
Kingman	933	6.54%	45.66%	23.47%	24.33%
Bullhead City	210	14.29%	42.86%	20.00%	22.86%
Lake Havasu City	397	3.02%	38.79%	25.69%	32.49%
Outlying Communities	57	64.91%	29.09%	5.45%	1.82%
All Other *	159	7.84%	52.94%	19.61%	19.61%
Total	1756	8.71%	43.56%	22.72%	25.01%



Data Source: Mohave County Community Health Survey, 2013

* Zip code groupings include the Mohave County communities listed in Figure 1 (page 8)

* "All Other" includes surveys where a zip code was not indicated

"Husband had to go to Flagstaff to see urologist, only one in town had a 3-month wait."

"Most health services are available in Kingman if one has transportation and the means to pay for them."

"We need an adequate mental health physician who also treats children. I have to take my challenged child out of state, which my insurance doesn't cover."

"We need more specialized doctors in this area so people do not need to be flown elsewhere at such exorbitant and excessive costs."

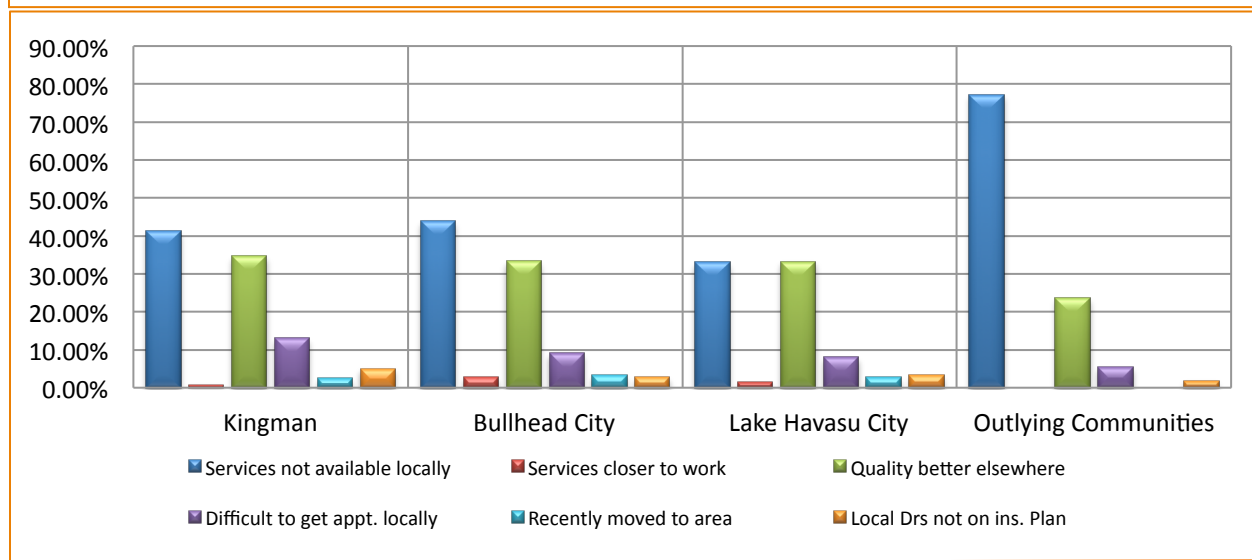
"Son premature- need specialists in Phoenix."

"Insurance dictates who, what, when and where....local providers need to work with ANY Insurance. Patients should not need to be hospitalized in another city solely because of who their employer chooses for an insurance company."

Figure 101:

If you travel outside of your community for healthcare, why? (Check all that apply)

Zip Code Grouping+	Not applicable, do not travel outside my community for healthcare	Services not available in my community	Services are closer to my place of work rather than my home	Quality of care is better elsewhere	Too difficult to get an appointment with a local provider	Recently moved to the area	Local doctors are not on my insurance plan
Kingman	10.08%	41.26%	0.86%	34.73%	13.08%	2.47%	5.04%
Bullhead City	10.00%	43.81%	2.86%	33.33%	9.05%	3.33%	2.86%
Lake Havasu City	11.34%	33.00%	1.51%	33.25%	8.06%	2.77%	3.27%
Outlying Communities	3.64%	77.19%	0.00%	23.64%	5.45%	0.00%	1.82%
All Other *	3.14%	39.62%	2.52%	28.30%	10.06%	1.26%	2.52%
Total	8.73%	37.36%	1.25%	30.51%	10.03%	2.25%	3.71%



Data Source: [Mohave County Community Health Survey, 2013](#)

* Zip code groupings include the Mohave County communities listed in Figure 1 (page 8)

* "All Other" includes surveys where a zip code was not indicated

"There are limited resources for developmental delay in toddlers, there are no clinics offering cognitive behavioral therapy or speech therapy for disabled children. There are no pediatric specialists, you have to transfer to the children's hospital in Phoenix, which puts many families in dire poverty and forces them to move in with friends or parents."

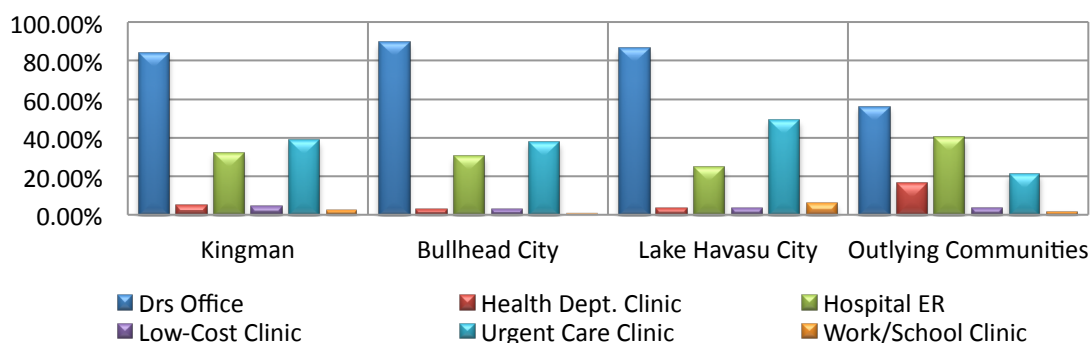
"I go to Las Vegas where more doctors are participating providers in my insurance."

"We are too isolated from most of what we need. We lack transportation to get back and forth to Kingman facilities or elsewhere. We need more healthcare people to be here several times a week—nurse practitioner, dentist, pharmacy, etc. To be young and drive, okay, but to be old and not able to drive, bad. Property is hard to sell at this time. Older people can't survive somewhere else, unless they sell what they have. So we all just hang on and pray for the best."

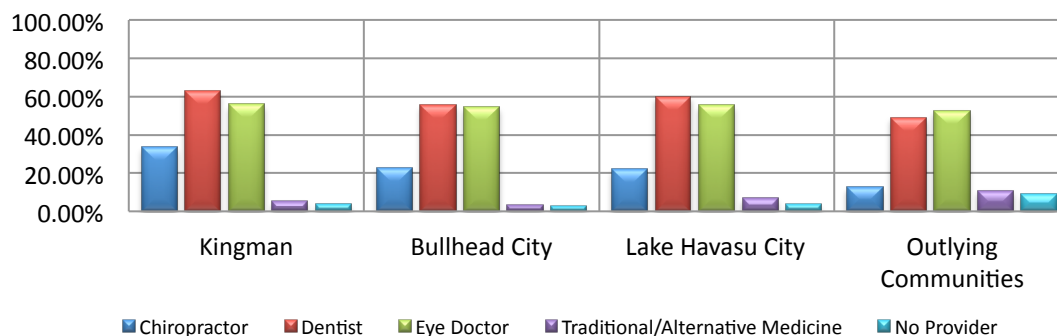
"Veteran's Affairs treatment requires travel to Prescott."

Figure 102: Where do you go for healthcare services? (Check all that apply)

Zip Code Grouping+	Physician's Office	Health Department Clinic	Hospital Emergency Room	Community Low-cost Clinic	Urgent Care Clinic	or Clinic at Work/School
Kingman	83.60%	4.82%	32.05%	4.18%	38.69%	2.14%
Bullhead City	89.52%	2.86%	30.48%	2.86%	37.62%	0.48%
Lake Havasu City	86.40%	3.53%	24.94%	3.53%	49.12%	6.05%
Outlying Communities	56.14%	16.36%	40.00%	3.64%	21.05%	1.75%
All Other *	64.15%	3.14%	20.75%	3.77%	29.56%	0.63%
Total	82.29%	4.50%	29.44%	3.82%	39.52%	2.68%



Zip Code Grouping+	Chiropractor	Dentist	Eye Doctor	Traditional Healer/Alternative Medicine Provider	Do Not Have Healthcare Provider(s)
Kingman	33.65%	62.92%	55.84%	5.14%	3.86%
Bullhead City	22.86%	55.71%	54.76%	3.33%	2.86%
Lake Havasu City	22.17%	59.95%	55.67%	6.80%	3.78%
Outlying Communities	12.73%	49.09%	52.73%	10.91%	9.09%
All Other *	16.35%	43.40%	45.28%	4.40%	3.77%
Total	27.51%	59.11%	54.56%	5.41%	3.87%

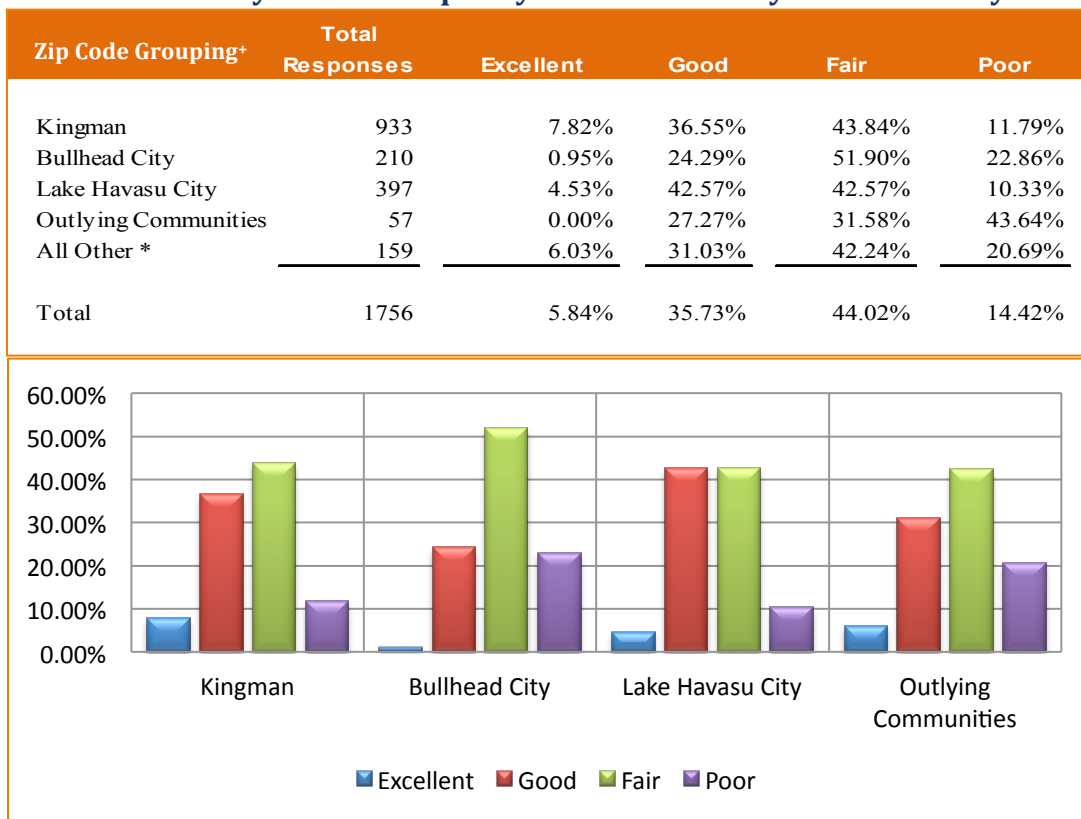


Data Source: *Mohave County Community Health Survey, 2013*

* Zip code groupings include the Mohave County communities listed in Figure 1 (page 8)

* "All Other" includes surveys where a zip code was not indicated

Figure 103: How would you rate the quality of healthcare in your community?



Data Source: Mohave County Community Health Survey, 2013

⁺ Zip code groupings include the Mohave County communities listed in Figure 1 (page 8)

* "All Other" includes surveys where a zip code was not indicated

"I believe that the healthcare professionals in town, generally speaking, have too many patients to provide ongoing care. It's a one-shot deal when you go to the doctor; no appropriate follow-up or ongoing care. This leads to mistakes being made and major sicknesses being missed."

"In general, people with life-threatening illnesses can receive quality healthcare. For anyone who is not dying though, they are pretty much on their own in this town. Physicians are triple booked and don't have time for patient education."

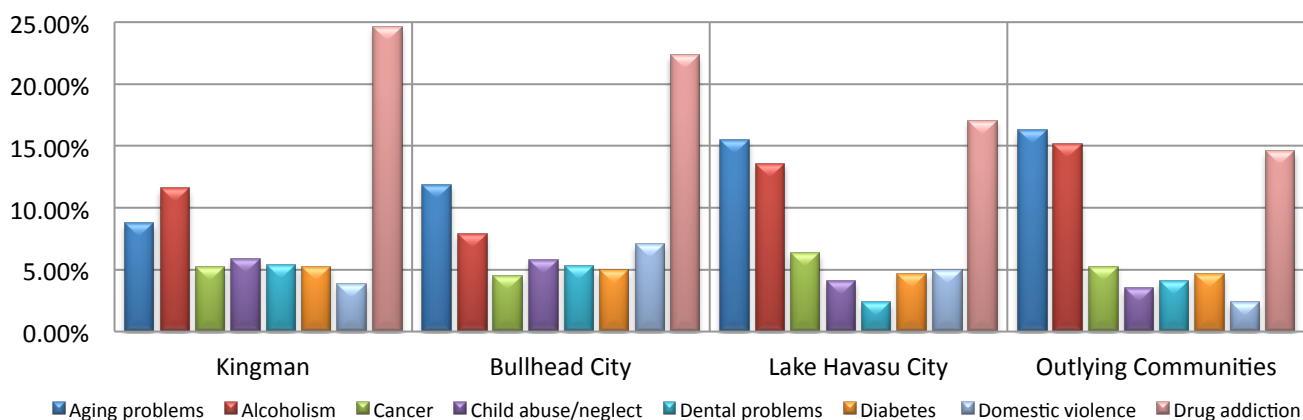
"There are too many needs for adequate health care in Mohave County. Unemployed people, low income people who were dropped from AHCCCS are now unable to afford or obtain adequate health care. This puts the community at risk of losing hospitals if the hospitals can't receive payment."

"We need more specialists and quality health care providers. We need more providers interested in prevention and not just treatment. I am looking to leave this area because of the lack of quality care."

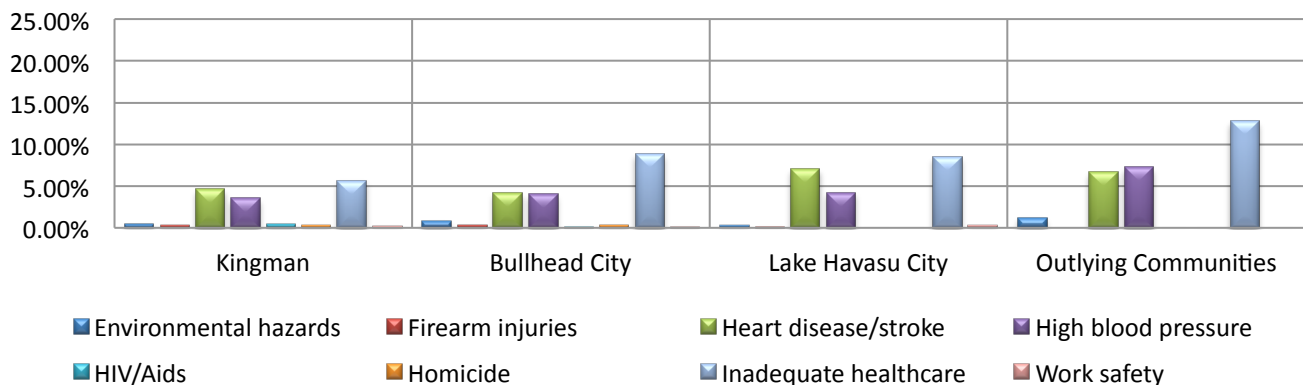
"I have no answers as to how to achieve the perfect community in regards to health or anything else for that matter. I just know there is definitely needed improvement and much room for improvement when it comes to healthcare."

Figure 104a: What are the most important health problems in your community?

Zip Code Grouping+	Aging Problems	Alcoholism	Cancer	Child Abuse/ Neglect	Dental Problems	Diabetes	Domestic Violence	Drug Addiction
Kingman	8.76%	11.53%	5.20%	5.89%	5.38%	5.27%	3.82%	24.62%
Bullhead City	11.88%	7.87%	4.49%	5.78%	5.30%	4.98%	7.06%	22.31%
Lake Havasu City	15.51%	13.58%	6.32%	4.05%	2.36%	4.64%	4.97%	17.03%
Outlying Communities	16.28%	15.12%	5.23%	3.49%	4.07%	4.65%	2.33%	14.53%
All Other *	12.87%	20.11%	4.02%	3.22%	3.49%	6.17%	3.75%	17.69%
Total	10.92%	11.93%	5.13%	5.01%	4.35%	4.98%	4.29%	21.06%



Zip Code Grouping+	Exposure to Environmental Hazards	Firearm Related Injuries	Heart Disease and Stroke	High Blood Pressure	HIV/AIDS	Homicide	Inadequate Health Services	Industrial Accidents/ Work Safety
Kingman	0.47%	0.29%	4.55%	3.49%	0.44%	0.29%	5.67%	0.22%
Bullhead City	0.80%	0.32%	4.17%	4.01%	0.16%	0.32%	8.83%	0.16%
Lake Havasu City	0.25%	0.17%	7.00%	4.22%	0.00%	0.00%	8.52%	0.25%
Outlying Communities	1.20%	0.00%	6.63%	7.23%	0.00%	0.00%	12.79%	0.00%
All Other *	1.34%	0.00%	5.90%	2.41%	0.00%	0.00%	7.51%	0.27%
Total	0.53%	0.23%	5.07%	3.65%	0.25%	0.19%	6.88%	0.21%



Data Source: [Mohave County Community Health Survey, 2013](#)

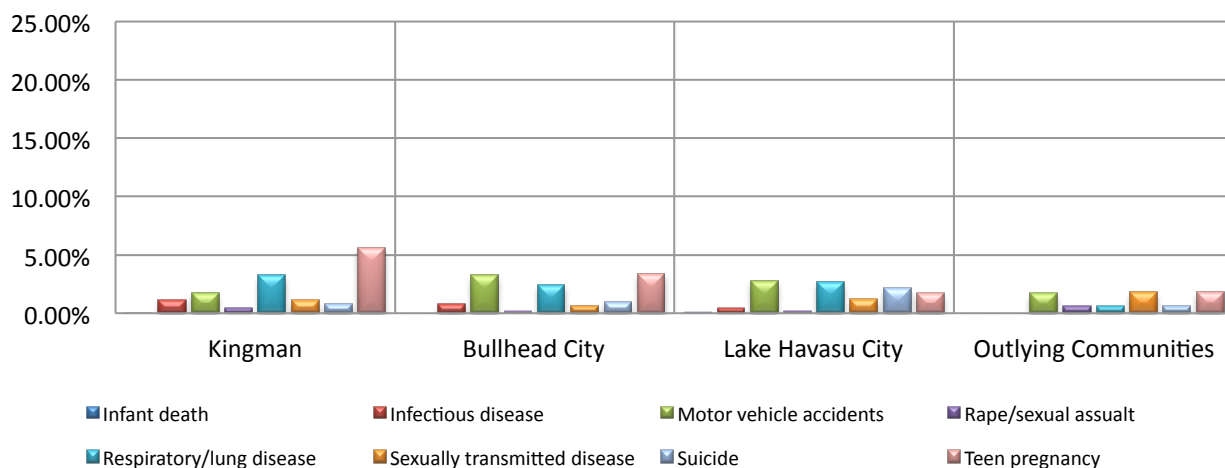
* Zip code groupings include the Mohave County communities listed in Figure 1 (page 8)

* "All Other" includes surveys where a zip code was not indicated

Figure 104b:

What are the most important health problems in your community? (Continued)

Zip Code Grouping+	Infant Death	Infectious Diseases	Motor Vehicle Crash Injuries	Rape/ Sexual Assault	Respiratory/ Lung Disease	Sexually Transmitted Diseases	Suicide	Teenage Pregnancy
Kingman	0.04%	1.16%	1.71%	0.44%	3.27%	1.09%	0.80%	5.60%
Bullhead City	0.00%	0.80%	3.21%	0.16%	2.41%	0.64%	0.96%	3.37%
Lake Havasu City	0.08%	0.42%	2.78%	0.17%	2.70%	1.18%	2.11%	1.69%
Outlying Communities	0.00%	0.00%	1.74%	0.60%	0.60%	1.81%	0.60%	1.81%
All Other *	0.00%	0.80%	2.14%	0.00%	3.49%	0.54%	1.61%	2.68%
Total	0.04%	0.85%	2.11%	0.30%	2.87%	1.01%	1.14%	3.95%

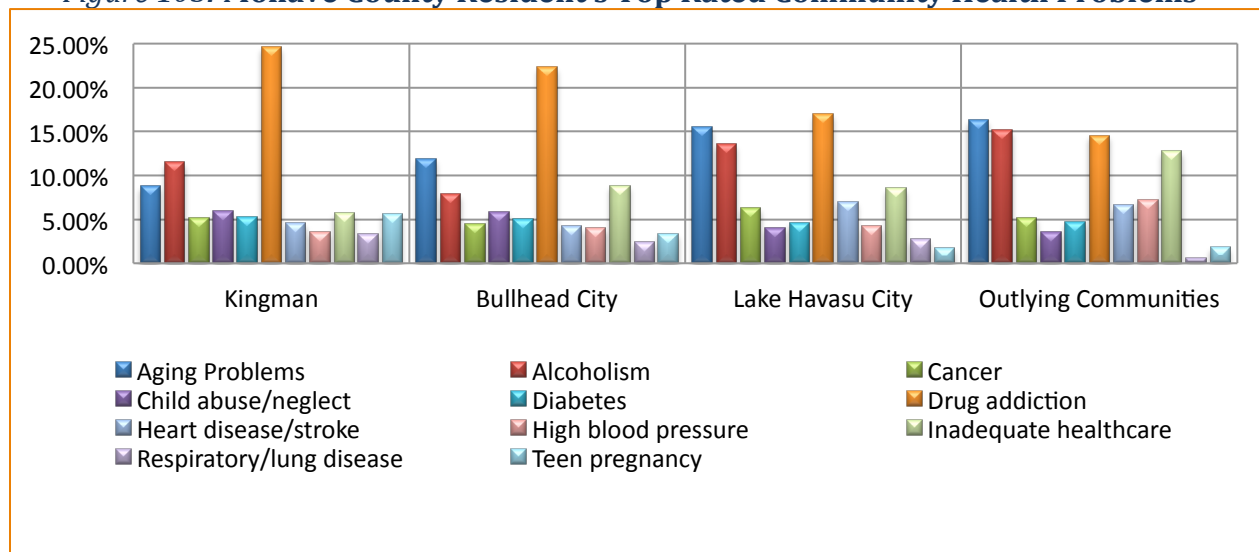


Data Source: Mohave County Community Health Survey, 2013

+ Zip code groupings include the Mohave County communities listed in Figure 1 (page 8)

* "All Other" includes surveys where a zip code was not indicated

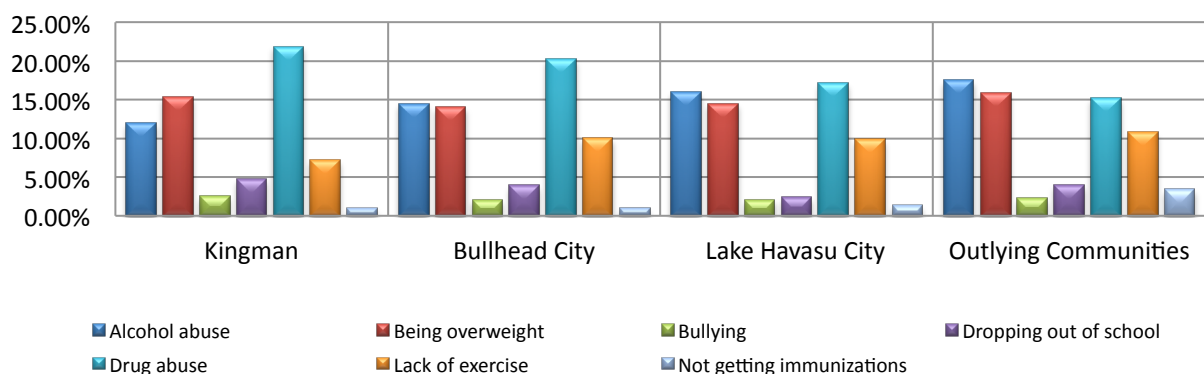
Figure 105: Mohave County Resident's Top Rated Community Health Problems



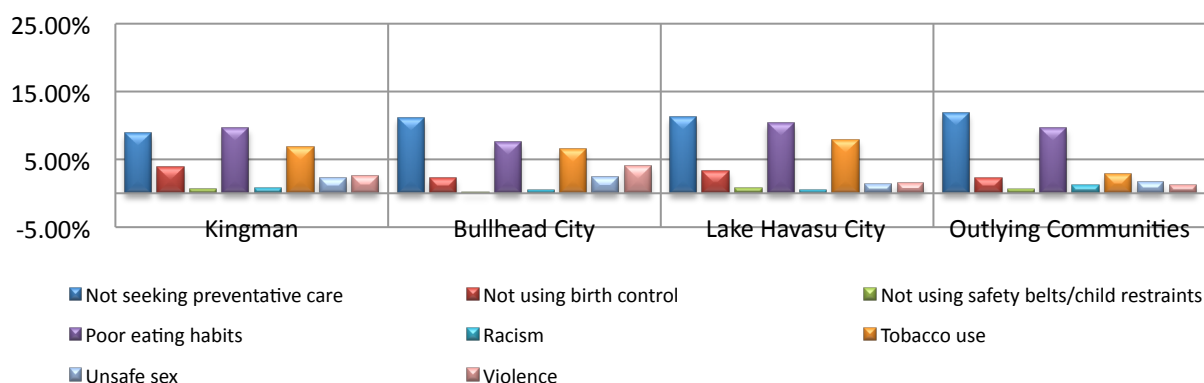
Data Source: Mohave County Community Health Survey, 2013

Figure 106: What behaviors are having the biggest impact on community health?

Zip Code Grouping+	Alcohol Abuse	Being Overweight	Bullying	Dropping Out Of School	Drug Abuse	Lack of Exercise	Not Getting Shots/ Immunizations
Kingman	11.94%	15.34%	2.57%	4.76%	21.88%	7.22%	1.00%
Bullhead City	14.48%	14.03%	2.09%	3.88%	20.30%	10.00%	1.04%
Lake Havasu City	15.99%	14.49%	2.08%	2.41%	17.15%	9.83%	1.33%
Outlying Communities	17.51%	15.82%	2.26%	3.95%	15.25%	10.73%	3.39%
All Other *	16.27%	13.02%	1.18%	3.85%	23.37%	6.21%	1.48%
Total	13.48%	14.62%	2.26%	3.96%	20.16%	8.12%	1.18%



Zip Code Grouping+	Not Seeking Preventative Medical or Dental Care	Not Using Birth Control	Not Using Seat Belts/ Child Safety Seats	Poor Eating Habits	Racism	Tobacco Use	Unsafe Sex	Violence
Kingman	8.90%	3.86%	0.64%	9.55%	0.75%	6.72%	2.25%	2.61%
Bullhead City	11.04%	2.24%	0.15%	7.46%	0.45%	6.42%	2.39%	4.03%
Lake Havasu City	11.16%	3.25%	0.75%	10.32%	0.50%	7.91%	1.33%	1.50%
Outlying Communities	11.86%	2.26%	0.56%	9.60%	1.13%	2.82%	1.69%	1.13%
All Other *	11.54%	2.07%	0.30%	11.83%	0.30%	5.92%	0.89%	1.78%
Total	9.83%	3.29%	0.57%	9.47%	0.63%	6.67%	1.92%	2.40%

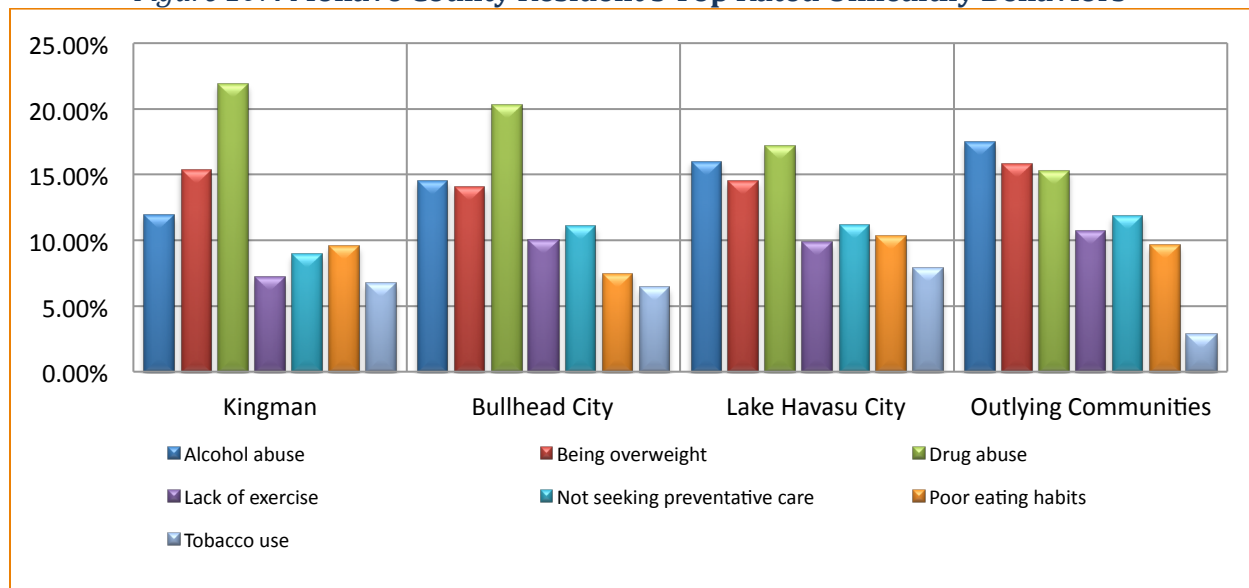


Data Source: Mohave County Community Health Survey, 2013

* Zip code groupings include the Mohave County communities listed in Figure 1 (page 8)

* "All Other" includes surveys where a zip code was not indicated

Figure 107: Mohave County Resident's Top Rated Unhealthy Behaviors



Data Source: Mohave County Community Health Survey, 2013

"I worry about children not getting proper care, good nutrition, regular exercise, etc. Also, there are way too many fat people here. The obesity problem needs to be addressed."

"People in my community need exercise, dietary, and drug abuse help. There needs to be more things to do for free, because people in this city are very poor. It shouldn't cost thousands of dollars a year to go to the gym or learn how to eat better."

"Suicide, drug/alcohol addiction, and domestic violence should be a HUGE concern for this county. Without basic needs of safety and sanity being met, the needs such as proper diet, getting to the dentist, etc. are impossible to address."

"Very unhealthy area to live in. Everyone smokes."

"We really need to focus on the drug problem and the birth control problem. So many children are born into drug infested homes and they deserve so much more."

"I have never seen such rampant smoking and other uses of tobacco as I have in Mohave County. Likewise, I have seen a proportionate number of people with COPD, cancer, and other lung diseases that are related to smoking."

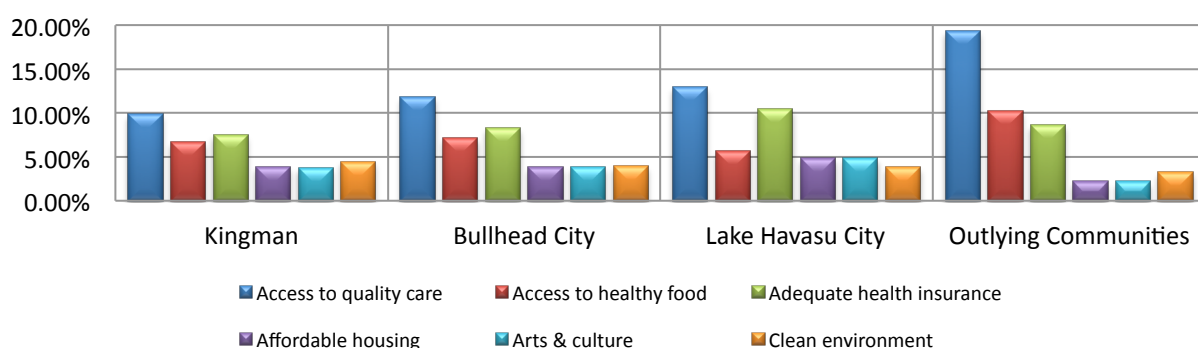
"People don't eat right or exercise. Perhaps this is related to a lack of education about the importance of these things."

"The lack of education in the area is responsible for a lot of the health problems. For instance, too many people don't believe in flu shots, no matter how bad the flu season is, and right now it's bad. The lack of an informed population adds greatly to the poor health status of the area."

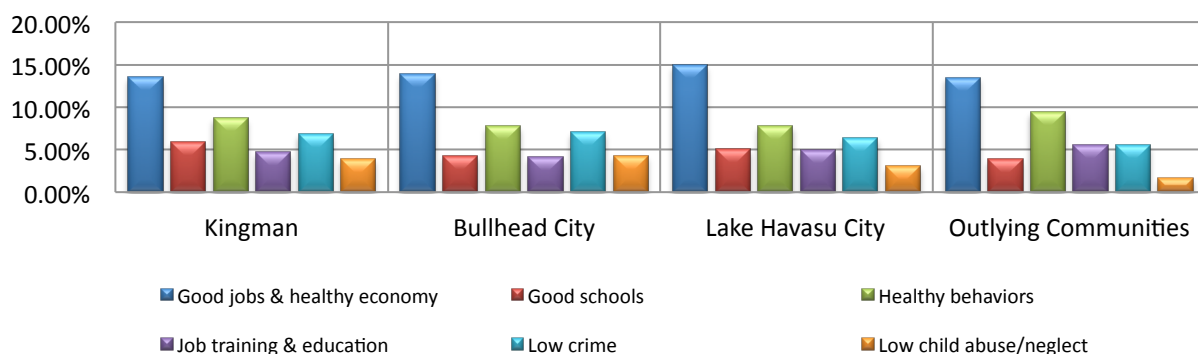
Figure 108a:

What would most improve health and quality-of-life in your community?

Zip Code Grouping+	Access to quality healthcare services	Access to healthy foods	Adequate health insurance	Affordable housing	Arts and cultural events	Clean Environment	Good jobs and healthy economy
Kingman	9.83%	6.68%	7.45%	3.89%	3.74%	4.46%	13.57%
Bullhead City	11.81%	7.18%	8.22%	3.82%	3.36%	3.94%	13.89%
Lake Havasu City	12.96%	5.70%	10.42%	4.79%	3.03%	3.80%	15.00%
Outlying Communities	19.35%	10.22%	8.60%	2.15%	2.15%	3.23%	350.00%
All Other *	14.40%	6.81%	9.42%	5.76%	1.31%	3.14%	13.35%
Total	11.19%	6.53%	8.25%	4.08%	3.27%	4.05%	13.64%



Zip Code Grouping+	Good schools	Healthy behaviors and lifestyles	Job training & higher education	Low crime/safe neighborhoods	Low level of child abuse/neglect	Low adult death and disease rates	Low infant deaths
Kingman	5.91%	8.76%	4.66%	6.80%	3.95%	1.37%	1.10%
Bullhead City	4.28%	7.75%	4.17%	7.06%	4.28%	2.31%	1.27%
Lake Havasu City	5.07%	7.75%	5.00%	6.34%	3.10%	1.06%	1.06%
Outlying Communities	3.89%	9.44%	5.56%	5.56%	1.67%	2.78%	1.11%
All Other *	6.28%	9.95%	4.45%	4.71%	2.09%	0.79%	0.52%
Total	5.36%	8.33%	4.60%	6.45%	3.56%	1.41%	1.06%



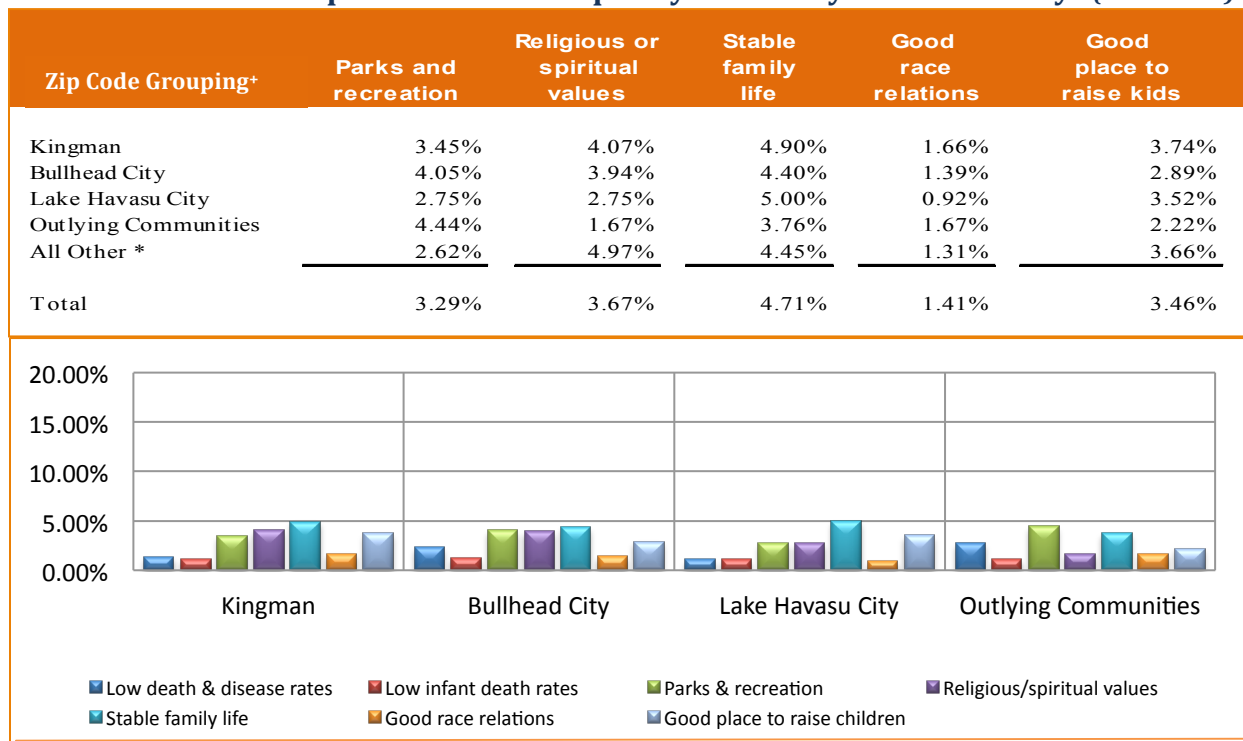
Data Source: Mohave County Community Health Survey, 2013

* Zip code groupings include the Mohave County communities listed in Figure 1 (page 8)

* "All Other" includes surveys where a zip code was not indicated

Figure 108b:

What would most improve health and quality-of-life in your community? (Continued)



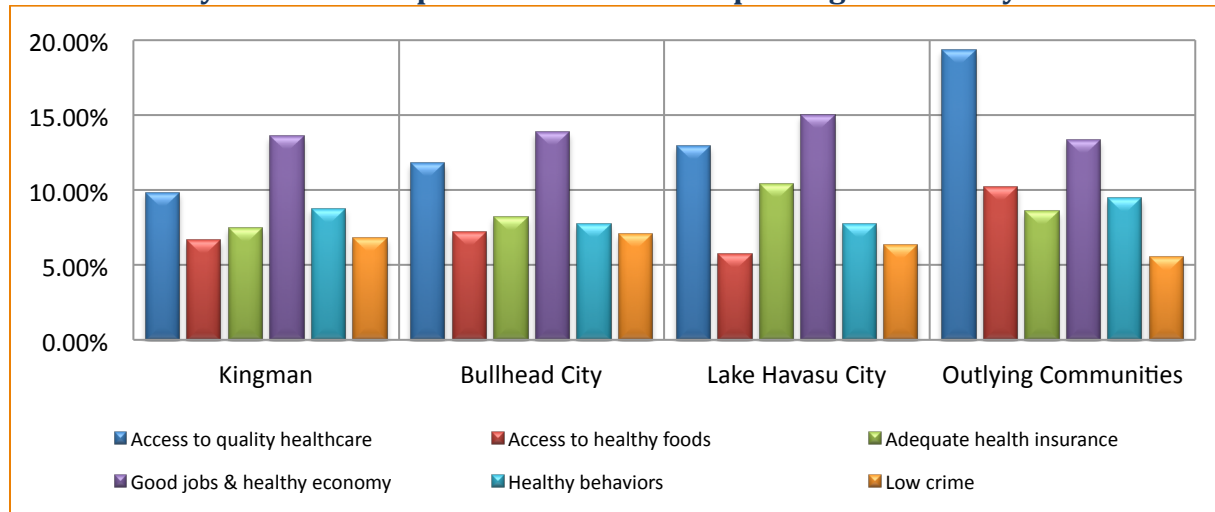
Data Source: Mohave County Community Health Survey, 2013

⁺ Zip code groupings include the Mohave County communities listed in Figure 1 (page 8)

* "All Other" includes surveys where a zip code was not indicated

Figure 109:

Mohave County Resident's Top Rated Factors for Improving Community Health



Data Source: Mohave County Community Health Survey, 2013

"Our community fails to provide an overall healthy environment for the residents and almost promotes unhealthy practices. We have no healthy restaurants to choose from, no bike lanes to ride in, etc. The city is dirty and littered, giving the appearance that we just don't care about our wellness and our community as a whole."

—

"Not enough physical activity available in the area. Need a place to walk in winter in the dark —there are no street lights, which restrict the ability to exercise before or after work."

—

"I wish there was more for us young athletic people to do. Like an aquatic center, rock wall, something like that."

—

"Please, please, please help our community to offer healthy nutritious food in our schools. We also need a place in town where hungry children can go to get a nutritious meal, there is no place where our underfed or starving children can find a warm healthy meal and learn about how to keep their bodies healthy through nutritious food and exercise. Please help us make the children in our community to become healthier."

—

"The public needs to know of the available services that are free to the general public so that they can take advantage of them"

—

"Currently, I believe there is a need for the state to include pre-existing conditions for single citizens. In our community, there are many who are being laid-off due to companies closing, leaving them without insurance and on unemployment. Under current state qualifications, single adults do not qualify for state Medicaid."

—

"Affordable housing would make it easier to afford healthcare."

—

"We need more activities for children and young adults, possibly a family fun center."

—

"Quality of life may be enhanced by the addition of a weekly community farmer's market offering fruits and vegetables and public cooling centers in July, August, and September."

—

"Mohave County is in dire need of a rehab facility for drug and alcohol abuse, more drug awareness."

—

"I believe more needs to be done in regards to mental health. It is not easy to have someone who needs to be evaluated actually checked out by a certified specialist. Very frustrating and it puts the community as a whole at risk."

Figure 110a:

Do you or does anyone in your household have a health condition lasting 3 months or longer that restricts or limits necessary daily activities?

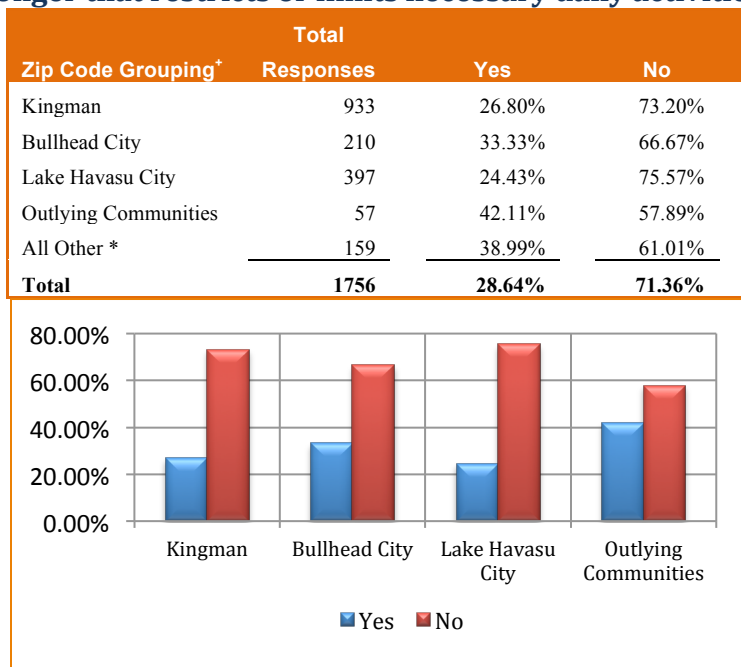


Figure 110b: If yes, check all that apply.

Zip Code Grouping*	Total Responses	Severe hearing loss or deafness	Severe vision loss or blindness	Immobility in or loss of one or more limbs	Other condition that restricts mobility	Condition that affects cognitive ability
Kingman	294	7.82%	2.38%	9.52%	63.27%	17.01%
Bullhead City	77	11.69%	1.30%	9.09%	63.64%	14.29%
Lake Havasu City	113	11.50%	3.54%	7.08%	59.29%	18.58%
Outlying Communities	29	20.69%	6.90%	10.34%	51.72%	10.34%
All Other*	50	12.00%	6.00%	4.00%	66.00%	12.00%
Total	563	10.12%	3.02%	8.53%	62.17%	16.16%

Data Source: [Mohave County Community Health Survey, 2013](#)

* Zip code groupings include the Mohave County communities listed in Figure 1 (page 8)

* "All Other" includes surveys where a zip code was not indicated

Note: Figure 110b represents responses from 28.64% of survey respondents who indicated they have a disability (defined as a health condition lasting three months or longer that restricts or limits necessary daily activities).

Figure 110b: If yes, check all that apply.

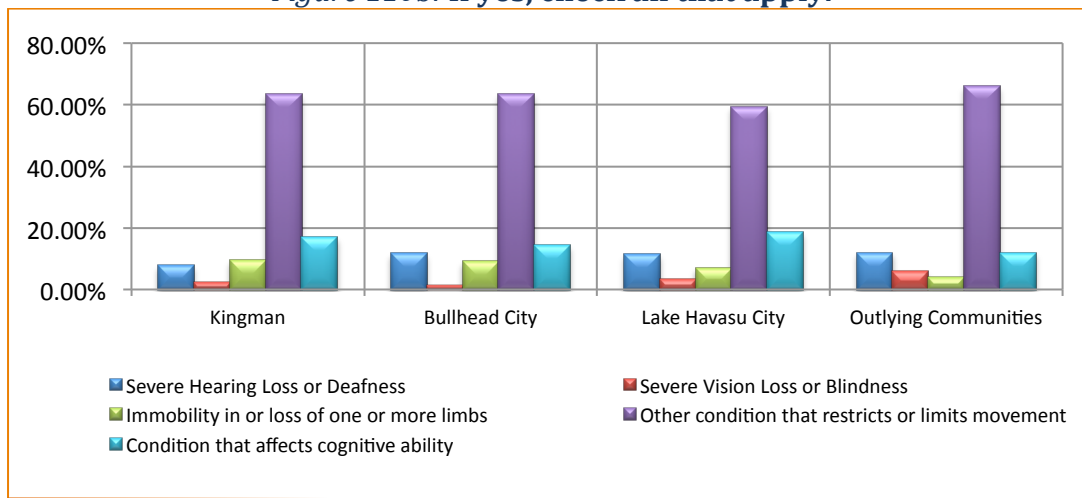
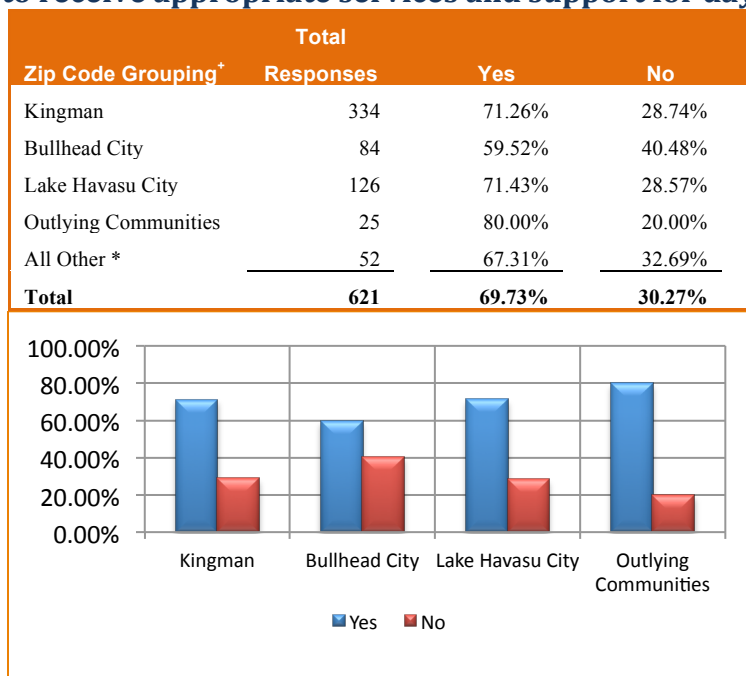


Figure 111:

Are you able to receive appropriate services and support for day to day living?



Data Source: Mohave County Community Health Survey, 2013

⁺ Zip code groupings include the Mohave County communities listed in Figure 1 (page 8)

* "All Other" includes surveys where a zip code was not indicated

Note: Figures 110b and 111 represent responses from 28.64% of survey respondents who indicated they have a disability (defined as a health condition lasting three months or longer that restricts or limits necessary daily activities).

Figure 112:

Are you able to acquire the appropriate assistive devices for day to day living?

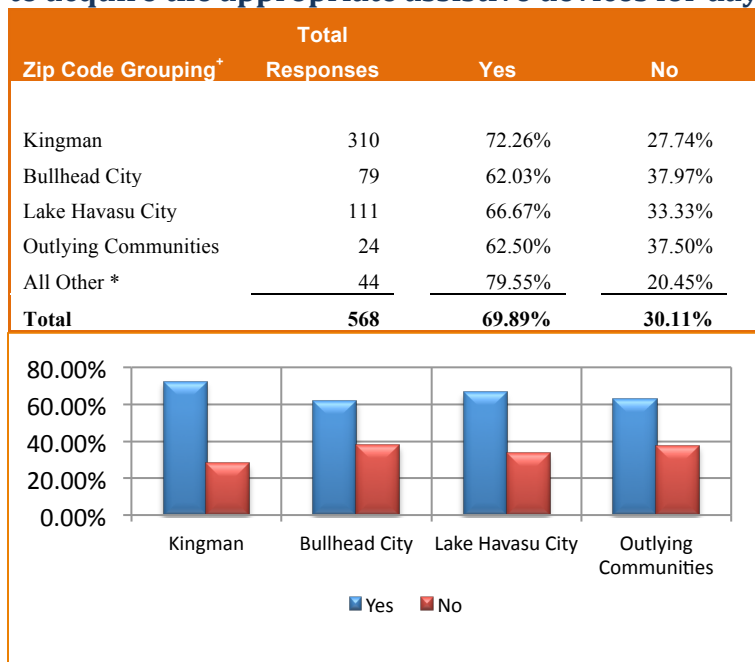
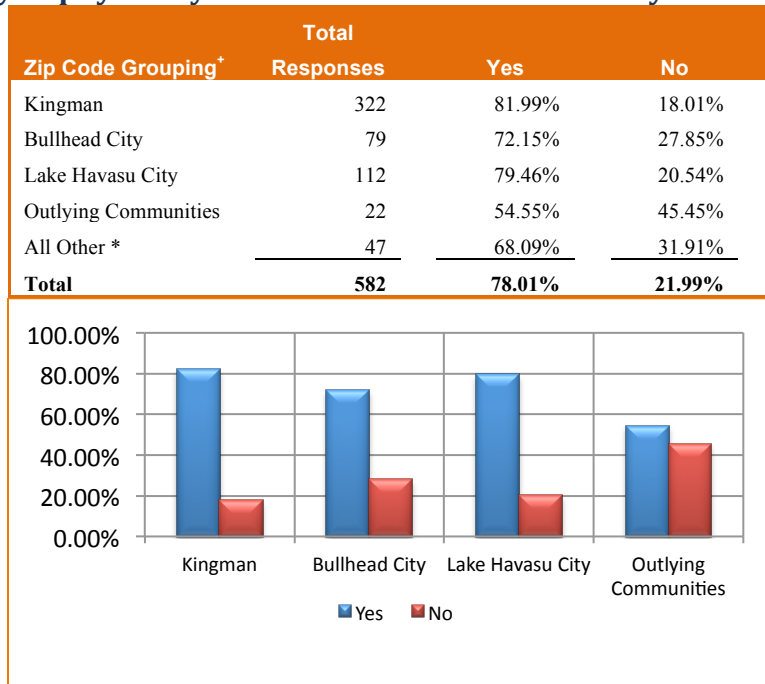


Figure 113: Can you physically access healthcare facilities in your community?



Data Source: [Mohave County Community Health Survey, 2013](#)

⁺ Zip code groupings include the Mohave County communities listed in Figure 1 (page 8)

* "All Other" includes surveys where a zip code was not indicated

Note: Figures 112 and 113 represent responses from 28.64% of survey respondents who indicated they have a disability (defined as a health condition lasting three months or longer that restricts or limits necessary daily activities).

Figure 114: Can you physically access public places and services in your community?

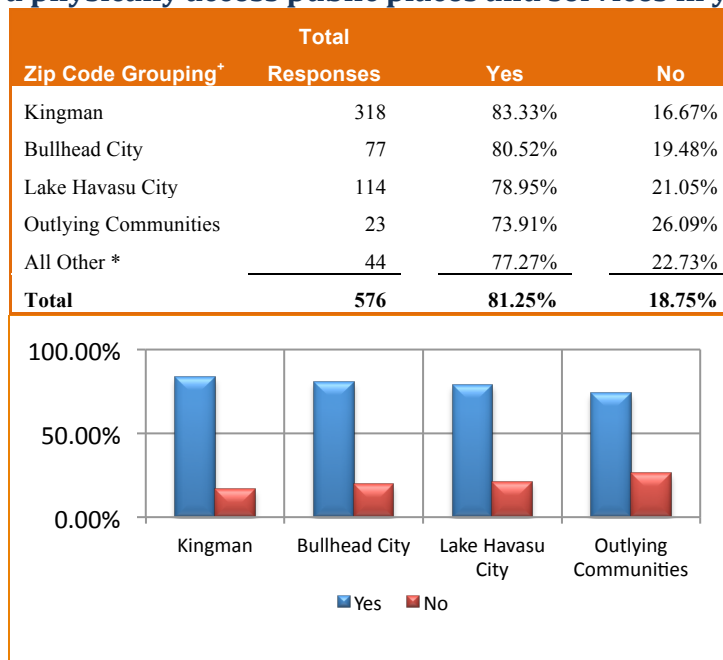
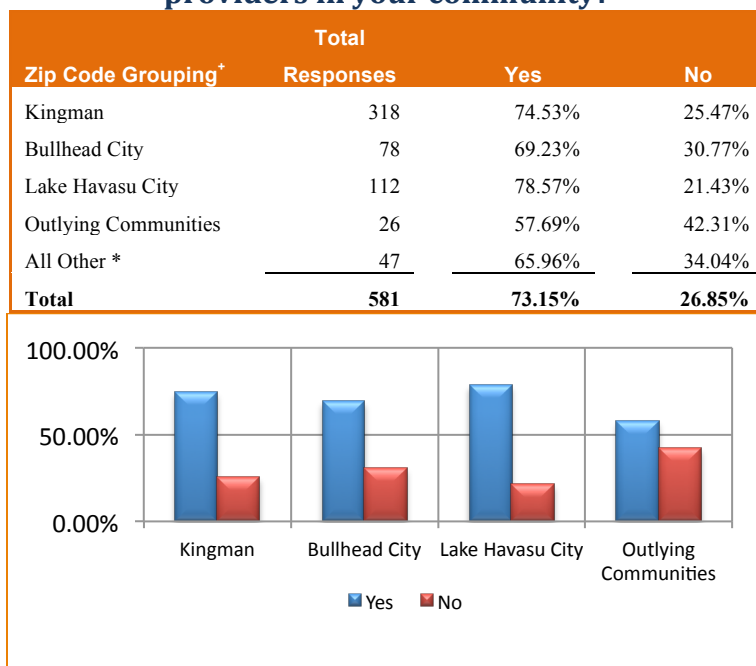


Figure 115:

Are you able to receive information and effectively communicate with service providers in your community?



Data Source: Mohave County Community Health Survey, 2013

⁺ Zip code groupings include the Mohave County communities listed in Figure 1 (page 8)

* "All Other" includes surveys where a zip code was not indicated

Note: Figures 114 and 115 represent responses from 28.64% of survey respondents who indicated they have a disability (defined as a health condition lasting three months or longer that restricts or limits necessary daily activities).

"Family member has M.S., have applied several times for disability for her and been denied. She can't afford her medication/treatment. AHCCCS only covers her kids. She uses the emergency room for herself."

—

"There are assistance devices that would greatly help my mom, but their costs exceed what I can afford to buy on the very low salaries offered here in Mohave County."

—

"My M.S. has caused severe neuropathy in legs and I have no financial support."

—

"Unable to afford hearing aids."

—

"Wife has cancer and heart disease. She can't get anywhere without someone taking her and caring for her. I can't do it all. Insurance won't pay for transportation or in-home care"

"Parking not conducive to access public events and if there are ramps, they are too steep. Stairs limit access."

—

"I feel that businesses, banks, and doctors do not listen to individuals nor take into account their mental deficits when working with the elderly. They do not check prescriptions and businesses/banks set up programs that are not reasonable for the elderly with dementia."

—

"Insurance doesn't cover assistive devices, so borrow from friends (miss the hospital's loan closet so much now that I need it). Not much support for my caregiver or mental counseling for me. Hoping that will change in 2013 by increasing my insurance premium by 300% over what I was paying last year"

—

"Mother can't see or hear. Only one eye doctor in town that can help and drops are too expensive, hearing aid too expensive."

—

"I'm deaf and sign language interpreters are not provided most of the time. An interpreter is almost never offered to me and even when I ask for one, I'm usually not provided with one."

—

"There are not enough handicapped available services for individuals who have mobility problems and not enough access to handicapped parking as well as wheelchairs/motorized carts in the community as a whole, especially businesses."

—

"I was in need of assistance for exterior hand rails on my property and the AZ council on Aging could not help me for months... I needed help immediately in order to get in/out of my house. There are no groups or organizations to take up the slack when federal/state/local grant funds dry up."

—

"We cannot afford daily care to assist at home. We do the best we can."

—

"There needs to be more help for seniors for free/low cost programs to have a contractor put up ramps or hand rails, etc."

Conclusions & Next Steps

Mohave County has a number of strengths that contribute to a healthy lifestyle—clean air and water, abundant outdoor recreational opportunities, and a host of community services dedicated to the health and wellbeing of our residents.

Importantly, our strongest asset is the community spirit of many Mohave County citizens. This was demonstrated throughout our health assessment process as hundreds of people, representing a broad spectrum of community interests, came together in a joint effort to make this assessment possible. It was also demonstrated in the passionate responses from residents participating in our key informant interviews and public health survey. In short, there are countless individuals and organizations with a deep commitment to our community who are willing to work toward improvement. Their energy, dedication, and cooperation are powerful factors in addressing health and quality of life issues in Mohave County.

Our combined effort is very much needed. This assessment finds that far too many of our residents suffer from poor physical or mental health. When compared to state and national statistics, Mohave County ranks poorly in most health indicators. While some of this can be attributed to a higher than average population of senior citizens (who naturally have more chronic health conditions), our community health assessment indicates other larger causes:

- 1. Poor economic conditions**

Economic insecurity is often associated with poor health. Mohave County's high rates of poverty, unemployment, and lack of educational achievement create barriers for accessing health services, healthy food, recreation, and other necessities that contribute to a healthy lifestyle.

- 2. Unhealthy behaviors and attitudes**

Our lifestyle decisions and attitudes directly affect our health. Mohave County's high rates of smoking, alcohol and substance abuse, lack of exercise, and obesity are certain to lead to debilitating diseases, infirmities, and premature death. Additionally, these behaviors and attitudes are passing to our children, as indicated in Mohave County's high rates of underage drinking and tobacco use, teen substance abuse, teen pregnancy, and youth antisocial behaviors.

- 3. Restricted access to primary care and preventative healthcare services**

Access to primary care and preventative health services is vital to maintaining good health. Due to a number of barriers, many Mohave County residents are unable or unwilling to obtain health screenings, routine tests, vaccinations, dental care, and other preventative healthcare services.

The lack of adequate preventative care is evident in our health rankings. For example:

- High hospitalization rates for preventable conditions
- High morbidity and mortality rates associated with certain diseases and conditions that could otherwise be prevented or managed through proper healthcare
- High rate of cancer death due to late diagnoses
- High rate of serious dental problems
- High rate of premature death

Based on community member feedback in key informant interviews and the community health survey, barriers to obtaining proper healthcare in Mohave County include:

- Financial hardship (interrelated with 1 above)
- Lack of health/dental insurance (interrelated with 1 above)
- Cultural norms and attitudes regarding health and healthcare (interrelated with 2 above)
- Lack of education and reliable information on health matters
- Insufficient number of primary care providers and physician specialists to serve our population
- Long wait times (sometime months) to see a primary care provider
- Limited number of low-cost/sliding-fee health providers in Mohave County
- No low-cost/sliding-fee dental providers in Mohave County
- Lack of services and accommodations for disabled and homebound persons
- Geographic isolation and lack of transportation

4. Restricted access to mental health and substance abuse services

Mental health is critical to effectively raising children, learning, working, and being productive contributing citizens. Mohave County residents face a number of barriers in obtaining proper care for stress, mental trauma, depression, anxiety, mood disorders, addictive behaviors, and other mental health conditions. In Mohave County, barriers to mental and emotional well-being include:

- Lack of education and reliable information regarding mental health
- Financial hardship (interrelated with 1 above)
- Cultural norms, behaviors, and attitudes (interrelated with 2 above)
- Poor parenting and dysfunctional family life (interrelated with 2 above)
- Poor physical health (interrelated with 3 above)
- A severe shortage of psychiatrists, psychologists, and other mental health professionals in Mohave County
- A very limited number of inpatient facilities for severe mental illness and drug/alcohol detoxification (only 14 beds for all of Mohave County)
- No inpatient facilities in Mohave County for drug/alcohol rehabilitation, which

severely limits effective family therapies and follow-up for those who go elsewhere for inpatient rehabilitation.

As a result of these and other barriers to mental health/substance abuse services, many residents with mental issues may self-medicate through the use of drugs and alcohol, which in-turn results in even higher rates of substance abuse and dependence. Sadly, Mohave County's extremely high suicide rate also indicates a critical need for more comprehensive mental health services in our community.

Next steps

Healthy people are among a community's most essential resources. Therefore, improving community health, improves quality of life for all of us. This is a daunting task. In all reality, there is only so much that can be done from a community standpoint because good health is a personal responsibility and a result of personal choices. However, as a community, we can work together to address certain barriers to good health that are under our control.

In the next phase of our health improvement initiative, our county-wide coalition will use the data and information in this report to identify and prioritize the health issues we are able to address. We will next develop a Community Health Improvement Plan (CHIP), which will include strategies and measures for how, as a community, we can act on those issues. This effort is especially important during tough economic times. With the many community organizations that have come together on this initiative, together we can more effectively leverage and direct limited resources on key community health issues.

Once developed, we will publish the CHIP and continue to gather public feedback and perspectives. In three years, we will conduct another community health assessment to measure our progress and to identify emerging health issues and other priorities. We plan to continue this process indefinitely— with the ultimate goal of improving health and quality of life in Mohave County.

APPENDICES

Appendix A

Mohave County Community Health Coalition Member Organizations

All Women's Medical Center
American Family Insurance
Anotucci's
Arizona Cooperative Extension
Arizona Youth Partnership
AZ Dept. of Economic Security
AZ Dept. of Fish & Game
AZ Dept. of Health Services
AZ State Office of Rural Health
Boys & Girls Club of the Colorado River
Bullhead City Chamber Commerce
Bullhead City Dental
Bullhead City Elementary School Dist.
Bullhead City Fire Dept.
Bullhead City Parks & Rec.
Bullhead City Police Dept.
Bullhead City Senior Programs
Bullhead City Transit
Bullhead Health Club
Bullhead Regional Economic Development Authority
Cameron Broadcasting
Chloride Chamber of Commerce
City of Bullhead
City of Kingman
City of Lake Havasu
Colorado River Pediatrics
Cornerstone Mission
Crossroads Family Dental
Dallman & Associates
Desert Oasis Medical Center
Desert Palms Medical Assoc.
Dolan Springs Chamber of Commerce
El Palacio
Farm Bureau Financial
First Things First
Fluesche Realty
Fort Mohave Tribal Nation
Havasu Community Health Foundation
Havasu for Youth
Havasu Regional Medical Center
Havasu Transit

Home Depot
Hospital District Number One of Mohave County
Hualapai Tribal Nation
Indian Health Services
Interagency of Lake Havasu
Kelley, Moss, & Williams
Kenneth Gregory Law Office
Kingman Academy of Learning
Kingman Daily Miner
Kingman Hospital Inc.
Kingman Area Chamber of Commerce
Kingman City Council
Kingman Fire Department
Kingman Police Department
Kingman Regional Medical Center
Kingman Unified School District #20
KJII Radio
KRM Foundation
Lake Havasu Parks & Rec.
Lake Havasu Ministries
Lake Havasu Police Dept.
Lake Havasu School District
Lake Havasu City Chamber of Commerce
Legacy Foundation
Maddog Fitness
MAPPED
Mohave County Department of Public Health
Mohave County Tobacco Use & Chronic Disease Prevention Program
Meadview Chamber of Commerce
Meals on Wheels
Mohave County Board of Supervisors
Mohave Accelerated School
Mohave Community College
Mohave County Community Development
Mohave County Community Services
Mohave County Senior Programs

Mohave County Sheriff's Office
Mohave County-Children's Action Team
Mohave Daily News
Mohave Mental Health Clinic, Inc
Mohave State Bank
Mohave Substance Abuse Treatment & Education Partnership (MSTEPP)
Nautical Inn/London Bridge Resort
North Country Healthcare
Northern Arizona Univ.
Office Express
Our Town Magazine
River Medical
Riverside Resorts
Sam's Club
Shugrues
Southwest Behavioral Health
Telesis Preparatory Academy
Today's News Herald
Univ. of Arizona
Univ. of Nevada Las Vegas
U.S. Bureau of Land Mgmt.
U.S. Bureau of Veteran Affairs
Valley View Medical Center
Western Arizona Council of Governments

Appendix B

Key Informant Interview Protocol

Introduction: Good morning/afternoon. My name is [interviewer's name]. Thank you for taking time out of your busy day to speak with me. I'll try to keep our time to approximately 30 minutes. The Mohave County Department of Public Health and Kingman Regional Medical Center is gathering local data as part of developing a plan to improve health and quality of life in Mohave County. Community input is essential to this process. A combination of surveys and key informant interviews are being used to engage community members. You have been selected for a key informant interview because of your knowledge, insight, and familiarity with the community. The themes that emerge from these interviews will be summarized and made available to the public; however, individual interviews will be kept strictly confidential.

To get us started, can you tell me briefly about the work that you and your organization do in the community? _____

Thank you. Next I'll be asking you a series of questions about health and quality of life in Mohave County. As you consider these questions, keep in mind the broad definition of health adopted by the World Health Organization: 'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity,' while sharing the local perspectives you have from your current position and from experiences in this community.

Questions:

1. In general, how would you rate health and quality of life in Mohave County?
2. In your opinion, has health and quality of life in Mohave County improved, stayed the same, or declined over the past few years?
3. (Based on answer from previous question), why do you think it has improved, declined, or stayed the same?
4. (Based on answer from question 2), what other factors are impacting health and quality of life?
5. Are there people or groups of people in Mohave County whose health or quality of life may not be as good as others?
 - a. Who are these persons or groups?
 - b. Why do you think their health/quality of life is not as good as others?
6. What barriers, if any, exist to improving health and quality of life in Mohave County?
7. In your opinion, what are the most critical health and quality of life issues in Mohave County?
8. What needs to be done to address these issues?
9. In your opinion, what else will improve health and quality of life in Mohave County?
10. Is there someone (who) you would recommend as a "key informant" for this assessment?

Close: Thanks so much for sharing your concerns and perspectives on these issues. The information you have provided will contribute to develop a better understanding about factors impacting health and quality of life in Mohave County. Before we conclude the interview,

Is there anything you would like to add?

As a reminder, summary results will be made available by the Kingman Regional Medical Center and Mohave County Department of Public Health and used to develop a community-wide health improvement plan.

Appendix C

Community Stakeholder Questionnaire

Name: _____ **Title:** _____

Organization: _____ **Phone :** _____

City: _____ **Zip Code:** _____

1. How would you rate the general health of your community?"

___ Very unhealthy ___ Unhealthy ___ Somewhat healthy ___ Healthy ___ Very healthy

If you would like to elaborate, please explain here (if you require more space, use back of page):

2. In the following list, what do you think are the three most important factors for a "Healthy Community?" (Those factors which most improve health and quality of life in a community) Check only three:

___ Access to quality healthcare services ___ Access to healthy foods (e.g., fresh fruits & vegetables) ___ Adequate health insurance ___ Affordable housing ___ Arts and cultural events ___ Clean environment ___ Good jobs and healthy economy ___ Good schools ___ Healthy behaviors and lifestyles ___ Job training & higher education	___ Low crime / safe neighborhoods ___ Low level of child abuse/neglect ___ Low death and disease rates among adults ___ Low infant deaths ___ Recreational and physical activity opportunities (parks, gyms, bike paths, etc.) ___ Religious/spiritual values ___ Strong family life ___ Other _____
---	---

You may explain your answers here (if you require more space, use back of page):

3. In the following list, what do you think are the three most important "health problems" in your community? (Those problems which have the greatest impact on overall community health.) Check only three:

___ Aging problems (e.g., arthritis, osteoporosis, etc.) ___ Alcoholism ___ Cancer ___ Child abuse / neglect ___ Dental problems ___ Diabetes ___ Domestic Violence ___ Drug Addiction	___ Exposure to environmental hazards ___ Heart disease and stroke ___ High blood pressure ___ IV / AIDS ___ Homicide ___ Industrial accidents ___ Infant Death ___ Infectious diseases (e.g., flu, hepatitis, whooping cough, etc.)	___ Mental health problems ___ Motor vehicle crash injuries ___ Rape / sexual assault ___ Respiratory / lung disease ___ Sexually Transmitted Diseases (STDs) ___ Suicide ___ Teen pregnancy ___ Other _____
--	--	--

You may explain your answers here (if you require more space, use back of page):

4. In the following list, what do you think are the three most important "risky behaviors" in your community? (Behaviors that have the greatest impact on overall community health.) Check only three:

___ Alcohol abuse ___ Being overweight ___ Criminal behavior ___ Dropping out of school ___ Drug abuse ___ Lack of exercise ___ Poor eating habits	___ Not seeking preventive care (immunizations, regular checkups, etc.) ___ Not using birth control ___ Not using seat belts / child safety seats ___ Tobacco use ___ Unsafe sex ___ Other _____
---	--

You may explain your answers here (if you require more space, use back of page):

5. In the following list, what do you think are the three most important barriers to accessing healthcare in your community? (Obstacles that prevent community members from receiving proper healthcare) Check only three

☐ Dysfunctional home life	☐ Lack of transportation to healthcare services
☐ Economic conditions (unemployment, poverty, etc.)	☐ Local culture (beliefs, values, & attitudes relating to healthcare)
☐ Geography (rural location)	☐ Low health literacy/education
☐ Inadequate healthcare facilities & services to meet public need	☐ Outdated medical technologies & facilities
☐ Insufficient public information/communications	☐ Public policy (federal, state, county, and/or city laws & regulations as related to healthcare)
☐ Lack of accommodations & accessibility for elderly/disabled persons	☐ Shortage of healthcare providers (e.g., nurses, primary care doctors, physician specialists, etc.)
☐ Lack of affordable healthcare services	☐ Other
☐ Lack of health insurance	

You may explain your answers here (if you require more space, use back of page):

6. Are you interested in participating in a more in-depth interview about health in our community (approximately 30 minutes)? ☐ Yes ☐ No

If yes, when is the best time to contact you? ☐ Morning ☐ Afternoon ☐ Evening

7. Are you interested in participating on our community survey committee? ☐ Yes ☐ No

**Thank you for your participation and involvement in the
Mohave County Health Improvement Initiative!**

Appendix D
Primary Care Provider Questionnaire

Name: _____

Specialty: _____ **Degree:** _____

1. What, in your opinion, is the #1 health problem in Mohave County?

2. What are the most common health problems you see in your practice?

3. What chronic diseases do you feel are a concern in our area?

4. What communicable diseases do you feel are a concern in our area?

5. What health behaviors do you feel are a concern in our area?

6. May we contact you for more in-depth information? [] No [] Yes Phone: _____

* A *community health assessment* (CHA) is a process that engages local community partners to systematically collect and analyze qualitative and quantitative health-related data from a variety of sources within our community. The findings of the CHA are presented in the form of a community health profile to inform community decision-making and for prioritizing and addressing local health problems.

Appendix E

Mohave County Community Health Survey

Your input is important! With this survey, we are seeking your opinions and perspectives regarding health, quality of life, and needs for health-related services in your community. There is nothing in this survey that asks for your personal identity. Your answers will be combined with others according to zip code to help us identify health needs and concerns in your community. The survey should take about 15-20 minutes to complete. Thank you in advance for your participation.

Please complete this survey only once.

1. **Zip code where you live:** _____

2. **How would you rate the general health of your community?**

☐ Very healthy ☐ Healthy ☐ Somewhat unhealthy ☐ Unhealthy ☐ Very unhealthy

3. **What factors would most improve health and quality of life in your community? (Please select only three)**

☐ Access to quality healthcare services ☐ Access to healthy foods (fresh fruit & vegetables) ☐ Adequate health insurance ☐ Affordable housing ☐ Arts and cultural events ☐ Clean environment ☐ Good jobs and healthy economy ☐ Good schools ☐ Good race relations ☐ Good place to raise kids	☐ Healthy behaviors and lifestyles ☐ Job training & higher education ☐ Low crime/safe neighborhoods ☐ Low level of child abuse/neglect ☐ Low adult death and disease rates ☐ Low infant deaths ☐ Parks and recreation ☐ Religious or spiritual values ☐ Stable family life ☐ Other _____
---	---

4. **What do you think are the three most important health problems in your community? (Please select only three)**

☐ Aging problems (e.g., arthritis, hearing/vision loss) ☐ Alcoholism ☐ Cancer ☐ Child abuse/neglect ☐ Dental problems ☐ Diabetes ☐ Domestic violence ☐ Drug addiction ☐ Exposure to environmental hazards ☐ Firearm-related injuries ☐ Heart disease and stroke ☐ High blood pressure ☐ HIV/AIDS	☐ Homicide ☐ Inadequate health services ☐ Industrial accidents/work safety ☐ Infant death ☐ Infectious diseases (e.g.: TB, hepatitis) ☐ Motor vehicle crash injuries ☐ Rape/sexual assault ☐ Respiratory/lung disease ☐ Sexually transmitted diseases ☐ Suicide ☐ Teenage pregnancy ☐ Other _____
---	--

5. **Which of the following behaviors are having the greatest impact on health in your community? (Please select only three)**

☐ Alcohol abuse ☐ Being overweight ☐ Bullying ☐ Dropping out of school ☐ Drug abuse ☐ Lack of exercise ☐ Not getting shots/immunizations ☐ Not seeking preventative medical or dental care	☐ Not using birth control ☐ Not using seat belts/child safety seats ☐ Poor eating habits ☐ Racism ☐ Tobacco use ☐ Unsafe sex ☐ Violence ☐ Other _____
---	--

6. How would you rate the quality of healthcare in your community?

☐ Excellent ☐ Good ☐ Fair ☐ Poor

7. Are you able to get the healthcare services you need in your community? ☐ Yes ☐ No

If no, why not? (Please check all that apply)

☐ Needed services are not locally available ☐ No insurance ☐ My health insurance does not cover what I need ☐ Healthcare provider's hours do not fit my schedule ☐ My deductible or co-payment is too high ☐ Local healthcare provider will not take my insurance ☐ I speak a different language or am from a different culture ☐ Too expensive/cannot afford insurance premiums	☐ Couldn't pay for needed prescription medicine ☐ Could not get an appointment ☐ Could not get time off from work ☐ Lack of transportation ☐ Doctor is too far away ☐ No childcare ☐ No specialist in my community ☐ Other _____
---	---

8. Where do you go for healthcare services? (Please check all that apply)

☐ Physician's office ☐ Health department clinic ☐ Hospital emergency room ☐ Community low-cost clinic ☐ Urgent care clinic ☐ Nurse or clinic at work/school	☐ Chiropractor ☐ Dentist ☐ Eye doctor ☐ Traditional healer/alternative medicine provider ☐ Do not have healthcare provider(s) ☐ Other _____
--	--

9. Do you travel outside your community for healthcare services?

☐ Always ☐ Sometimes ☐ Seldom ☐ Never

10. If you travel outside of your community for healthcare services, why? (Please check all that apply)

☐ Not applicable, do not travel outside my community for healthcare ☐ Services not available in my community ☐ Services are closer to my place of work rather than my home ☐ Quality of care is better elsewhere	☐ Too difficult to get an appointment with a local doctor/healthcare provider ☐ Local doctors are not on my insurance plan ☐ Recently moved to the area ☐ Other _____
---	--

11. In the following list, what do you think are the three most important barriers that prevent community members from receiving the healthcare they need? (Please select only three)

☐ Dysfunctional home life ☐ Economic conditions (unemployment, poverty, etc.) ☐ Geography (rural location) ☐ Inadequate healthcare facilities & services to meet public need ☐ Insufficient public information and communications about health matters ☐ Lack of accommodations & accessibility for elderly/disabled persons ☐ Lack of affordable healthcare services ☐ Lack of healthcare insurance	☐ Lack of transportation to healthcare services ☐ Local culture (beliefs, values, & attitudes) relating to health and healthcare ☐ Low health literacy/ education ☐ Outdated medical technologies & facilities ☐ Public policy (federal, state, county, and/or city laws & regulations related to health and healthcare) ☐ Shortage of healthcare providers (e.g., nurses, primary care doctors, physician specialists, ☐ Other _____
---	--

12. How would you rate your personal health?

☐ Very Healthy ☐ Healthy ☐ Somewhat Unhealthy ☐ Unhealthy ☐ Very Unhealthy

13. When was your last check-up with a doctor or other healthcare provider?

☐ Within last 12 months	☐ Between 2 - 5 years
☐ Within last 13 - 18 months	☐ Over 5 years ago
☐ Within last 19 - 24 months	☐ Never had a check-up

14. Have you received a dental checkup within the past year? ☐ Yes ☐ No

If no, why not? (Please check all that apply)

☐ Do not need dental checkups	☐ Dentist will not take my insurance
☐ Do not have a dentist	☐ Dentist's hours do not fit my schedule
☐ Put off or avoid seeking dental care because I hate going to the dentist	☐ Cannot get time off work
☐ No insurance	☐ Dentist is too far away
☐ My health insurance does not cover dental	☐ Lack transportation to dentist
☐ My deductible or co-payment is too high	☐ No childcare
	☐ Other: _____

15. Do you or does anyone in your household have a health condition lasting 3 months or longer that restricts or limits necessary daily activities (e.g., work, self-care, household chores, etc.)? ☐ Yes ☐ No

If yes, please check all that apply:

☐ Severe hearing loss or deafness	☐ Other condition that restricts or limits walking, reaching, lifting, or carrying
☐ Severe vision loss or blindness	☐ An emotional or mental condition that affects learning, remembering, or concentrating
☐ Immobility in or loss of one or more limbs (hands, feet, arms, or legs)	☐ Other: _____

16. If you or a member of your household has a disability as described above, are you (or they) able to: (Please check yes or no)

Yes No

- A. Receive the appropriate services and support needed for day-to-day living? ☐ Yes ☐ No
- B. Acquire the appropriate assistive devices (e.g., wheelchair, prosthetics, hearing aids, etc.) needed for daily functioning? ☐ Yes ☐ No
- C. Physically access healthcare facilities in your community? ☐ Yes ☐ No
- D. Physically access public places and services in your community? ☐ Yes ☐ No
- E. Receive information and effectively communicate with service providers in your community (e.g., healthcare providers, teachers, law enforcement, bank tellers, etc.)? ☐ Yes ☐ No

If you answered no to any of the above, please use this space to describe your circumstances: _____

17. Where do you get most of your health-related information? (Please check all that apply)

☐ Family/friends	☐ School
☐ Doctor/Nurse/Pharmacist	☐ Internet
☐ Newspaper/Magazine/Television/Radio	☐ Public library
☐ Health help line (telephone)	☐ Hospital
☐ Health department	☐ Other: _____
☐ Church	

18. Who is your most trusted source of health information? (Please check one)

☐ Church/faith ☐ Doctors ☐ Nurses ☐ Hospital ☐ Health department ☐ Family/friends	☐ Public library ☐ Employer ☐ Internet ☐ Yourself ☐ Other _____
--	--

19. How many hours per month do you volunteer in your community (e.g., schools, community organizations, churches, hospitals, etc.)?

- ☐ Less than 1 hour
 ☐ 1 – 5 hours
 ☐ 6 – 10 hours
 ☐ 11 or more hours
☐ Do not volunteer
☐ Other _____

20. Age: ☐ under 18 ☐ 18-25 ☐ 26-39 ☐ 40-54 ☐ 55-64 ☐ 65-74 ☐ 75 or over

21. Household income:

- ☐ Less than \$10,000 ☐ \$10,000 to \$19,999 ☐ \$20,000 to \$39,999 ☐ \$40,000 to \$59,999 ☐ \$60,000 to \$79,999
☐ \$70,000 to \$89,999 ☐ Over \$90,000

22. Sex: ☐ Male ☐ Female

23. Ethnic group you most identify with:

☐ African American/Black ☐ Asian/Pacific Islander ☐ Hispanic/Latino	☐ Native American ☐ White/Caucasian ☐ Other _____
--	--

24. Marital Status:

☐ Married ☐ Single	☐ Widow/Widower ☐ Divorced
---	---

25. Education:

☐ High school diploma ☐ GED ☐ No HS diploma or GED ☐ Some college	☐ Associates degree ☐ Bachelors' degree ☐ Graduate degree ☐ Other _____
--	--

26. What type of health insurance do you have? (Please check all that apply)

☐ None ☐ Individual plan (not provided by employer) ☐ Employer-provided plan ☐ Indian Health Services	☐ Medicaid (AHCCCS) ☐ Medicare ☐ Veterans Administration ☐ Other _____
--	---

27. Where did you get this survey?

☐ Church ☐ Community meeting ☐ Hospital ☐ Internet ☐ Library ☐ Mohave County facility	☐ Newspaper ☐ Personal contact ☐ School ☐ Workplace ☐ Other: _____
--	---

Please use the following space to add any additional comments regarding health, quality of life, and needs for health-related services in your community (use back of this page if necessary):

Thank you very much for your response!

This survey is part of a county-wide health assessment being conducted by the Mohave County Department of Public Health and Kingman Regional Medical Center in partnership with numerous other public and private organizations throughout Mohave County. The assessment will provide a realistic picture of the health needs and issues unique to our population, geography, and economy. In turn, this will allow for better planning and policies that address true health concerns and needs in Mohave County communities.

For more information, please visit the Mohave County website at www.mohavecounty.us or Kingman Regional Medical Center's website at www.azkrmc.com or contact:

Susan Williams, Mohave County Department of Public Health:

928-753-0794 ext. 4165

Teri Williams, Kingman Regional Medical Center:

928-681-5061

Appendix F

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