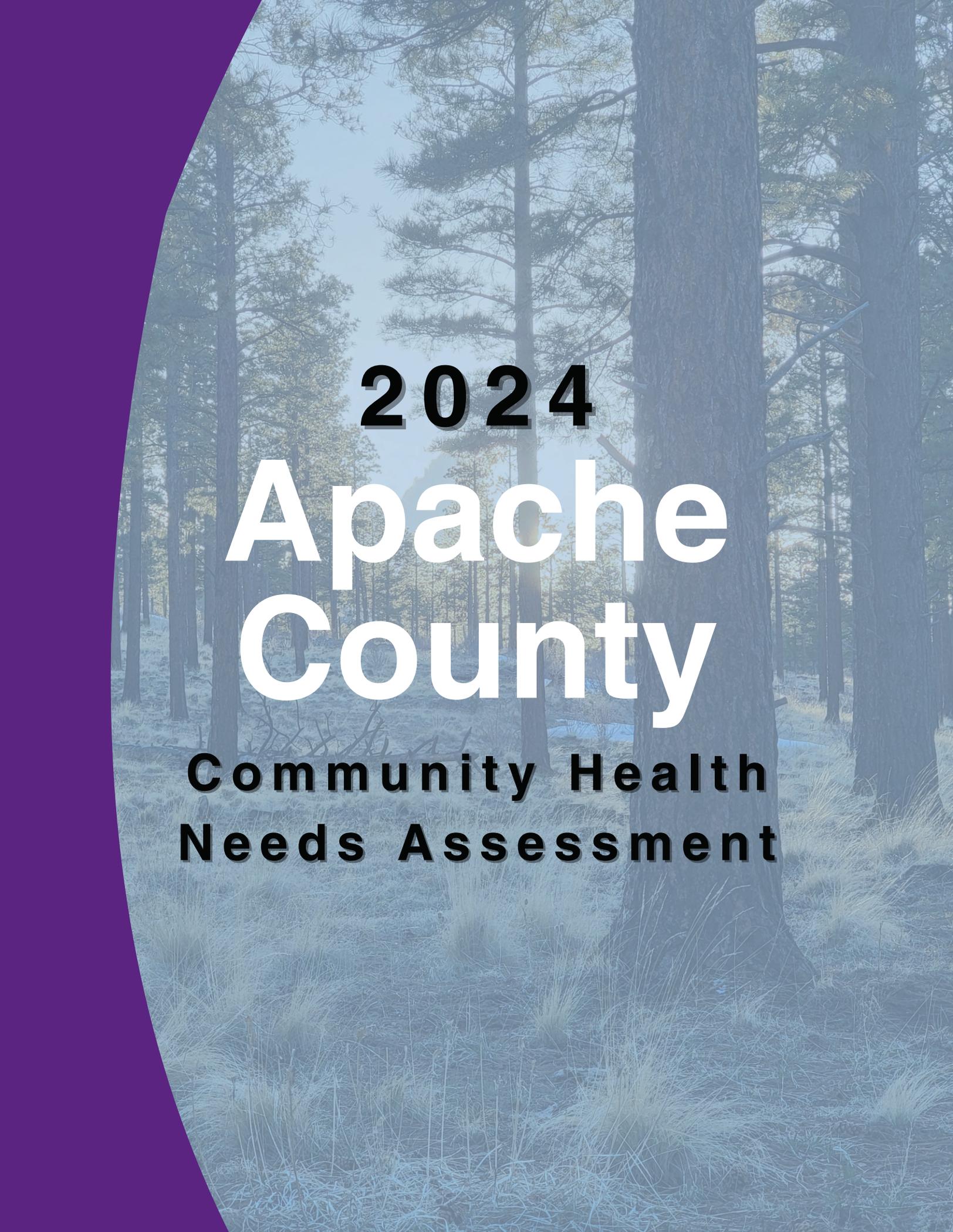White Mountain
Regional Medical Center

2024 Community Health Needs Assessment

White Mountain Regional Medical Center

2024

Apache County

Community Health Needs Assessment

For access to more resources and educational material

Visit

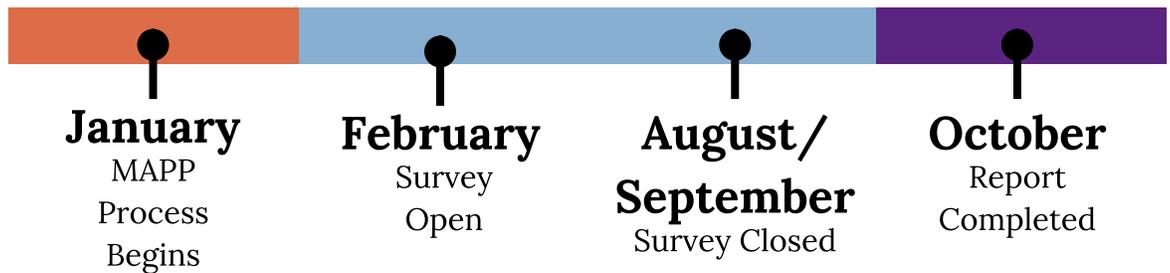**www.wmrmc.com/healtheducation**

EXECUTIVE SUMMARY

This Community Health Needs Assessment (CHNA) was conducted in collaboration with the Apache County Public Health Services District, North Country Healthcare, Round Valley School District, and White Mountain Regional Medical Center. The CHNA was conducted to identify the health needs, challenges, opportunities unique to our community, to provide useful information to healthcare providers, collaborative groups, community groups and organizations, and consumers interested in improving healthcare, and health education in our communities. The results of the CHNA will enable us to strategically establish priorities, develop interventions, and commit resources to improve the healthcare needs of Apache County. The results of the CHNA will also allow our communities to apply for the necessary grants and funding needed to improve and implement services for our community members. As part of the process for evaluating the community's needs, a Steering Committee was formed, represented by the organizations mentioned above. Additionally, other community organizations and individuals provided valuable support in publicizing the survey, distributing materials, and offering insights to enrich the CHNA process. These contributors are recognized on page 6. The Steering Committee provided guidance in all aspects of the CHNA process, including the development of the process, prioritization of the significant health needs identified, and development of the implementation strategies.

Assessment Process

The research and data analysis of the 2024 Community Health Needs Assessment began early in February 2024. The primary service area was defined as Southern Apache County as well as a portion of Catron County, New Mexico. The Steering Committee reviewed the 2021 CHNA, the community health initiatives, and progress improvement. The Steering Committee then developed the community survey to obtain direct input regarding the health needs of residents living within the primary service area. The community survey consisted of fifteen (15) questions related to health, social determinants of health, and behaviors. The majority of the questions were multi-point scale matrix table questions which provided a deeper understanding of grouped categories. The community survey was publicized and distributed throughout the primary service area. The CHNA survey was available to the community in paper form, electronically on White Mountain Regional Medical Center's website, www.wmrmc.com, and White Mountain Regional Medical Center's Facebook Page.

Assessment Process Cont.

https://www.facebook.com/WMRMCSpringerville; and online via Survey Monkey at www.surveymonkey.com. Six hundred eighty-five (685) participants provided feedback via the survey between February 2024 and August 15th, 2024.

January
MAPP
Process
Begins

February
Survey
Open

August/ September
Survey Closed

October
Report
Completed

Acknowledgements

Project Leadership and Coordination

Donald Pearce, Marketing and Public Relations Manager - White Mountain Regional Medical Center

Key Contributors

Wes Babers, Chief Executive Officer - White Mountain Regional Medical Center

Michelle Madrid, Chief Nursing Officer - White Mountain Regional Medical Center

Ashley Jaramillo, Chief Financial Officer - White Mountain Regional Medical Center

Travis Trickey, Compliance and Privacy Officer - White Mountain Regional Medical Center

Andra Choate, Clinical Operations Assistant - White Mountain Regional Medical Center

Josh Burton, Director of Pharmacy - White Mountain Regional Medical Center

Charlotte Hill, Human Resources - White Mountain Regional Medical Center

Slade Morgan, Superintendent - Round Valley Unified School District

Alicia Chavez, Care Manager - North Country HealthCare

Destiny Jensen, Division Manager of Clinical Services - Apache County Public Health Services District

Kimberly Cole, Public Health Director - Apache County Public Health Services District

Saint Johns High School

Shannon Latham, - Apache County Youth Council

Abebra Peiper, President - Saint Johns Community Builders

The assessment team extends its gratitude to the community members who contributed by participating in surveys and sharing their perspectives. Thank you to everyone who promoted, distributed, and collected surveys, as well as those who helped facilitate discussions throughout the process. Your efforts have been invaluable in guiding this project and moving WMRMC closer to its goal of empowering a healthier community.

CONTENTS

About White Mountain Regional Medical Center

White Mountain Regional Medical Center (WMRMC) is a not-for-profit, 21 bed Critical Access Hospital located in Apache County, Arizona. The first hospital, White Mountain Communities Hospital, was a 15 bed medical center built on land donated by the Town of Springerville. Between 1959 and 1965, the citizens of Southern Apache County organized efforts to raise funds for the construction of the current facility, which was completed in 1965.

In 1971, the Board of Directors entered into a contractual agreement with Good Samaritan Hospital (later known as Samaritan Health System). In 1982, a $1.5 million expansion of the medical center was completed, significantly enhancing the hospital's capacity to serve the local community. In 1987, Good Samaritan opened a long-term care facility adjoining the hospital.

In early 1995, Good Samaritan elected to end its relationship with WMRMC, which created a crisis that could have left the community without vital medical services. The citizens in the service area responded by launching a "Save Our Services" campaign. Telethons, raffles, and other fundraising events were held to provide funds to keep the hospital open. Contributions were also made by Apache County, the towns of Eagar and Springerville, and local businesses.

In July 1995, voters within the proposed tax district boundaries approved the creation of the White Mountain Communities Special Healthcare District, providing funding for Emergency Medical Services through a small secondary property tax.

In August 1997, the Board of Directors voted to change the hospital's name to White Mountain Regional Medical Center. In August 2000, the long-term care facility was closed.

Today, White Mountain Regional Medical Center continues to provide vital medical services to Southern Apache County, Arizona, and a portion of Catron County, New Mexico. WMRMC is committed to offering a wide range of services to the community, including:
- Twenty-four (24) hour Emergency Services: Designated as a Level IV Trauma Center and certified as a Pediatric Prepared Emergency Care Department
- Inpatient and Outpatient Surgical Services
- Clinical Laboratory and Blood Bank Services
- Radiology Services: Including MRI, CT, Ultrasound, Nuclear Medicine Echocardiography, and X-ray

- Cardiopulmonary Services: Offering a Sleep Diagnostic Center, EKG, Pulmonary Function Testing, and Stress Testing
- Swing Bed Rehabilitation: Supporting patients transitioning from acute care to home
- Outpatient IV Therapy
- Rehabilitation Services: Including Physical and Occupational Therapy
- Jean V. Hall Wellness Center: Promoting community health and wellness
- Specialty and Family Care Clinic: Providing specialized care and family medicine services

Service Area Definition

The service area was defined by considering the geographic location and population served by the Apache Country Public Health Services District, North Country Healthcare, and White Mountain Regional Medical Center. The service area includes Southern Apache County and a portion of Catron County, New Mexico. The service area is comprised of twelve (12) Zip Codes. The estimated population of the defined service area is twelve thousand, three hundred and forty (12,340).

Zipcode	City/State	Population Estimates
85920	Alpine, AZ	555
85924	Concho, Az	1699
85925	Eagar, AZ	4382
85927	Greer, AZ	167
85930	McNary, AZ	1360
85932	Nutrioso, AZ	722
85936	St. Johns, AZ	4162
85938	Springerville, AZ	2187
85940	Vernon, AZ	1548
87824	Luna, NM	219
87827	Quemado, NM	354
87830	Reserve, NM	854

Apache and Catron County Geography, Demographics, and Health Ranking

On February 24, 1879, the Tenth Territorial Legislature established Apache County, originally encompassing what is now present-day Navajo and Apache Counties, along with parts of Graham and Greenlee Counties. Over time, the county was divided to form parts of other counties, with further territory adjustments in 1895 leading to the formation of Navajo County. Today, Apache County remains the longest county in the United States, spanning 11,195 square miles. It is located in the northeastern corner of Arizona and is the third-largest county in the state. Apache County includes the largest land designated as a Native American reservation of any county in the United States.

Catron County, located directly east of Apache County across the New Mexico border, is the largest county in New Mexico, covering an area of 6,928 square miles. It is predominantly rural, with a small population density, and is known for its vast landscapes, mountains, and forests. Similar to Apache County, Catron County faces unique healthcare challenges due to its rural and remote nature. Both counties are characterized by a dispersed population, which presents specific needs in terms of healthcare access, transportation, and community resources.
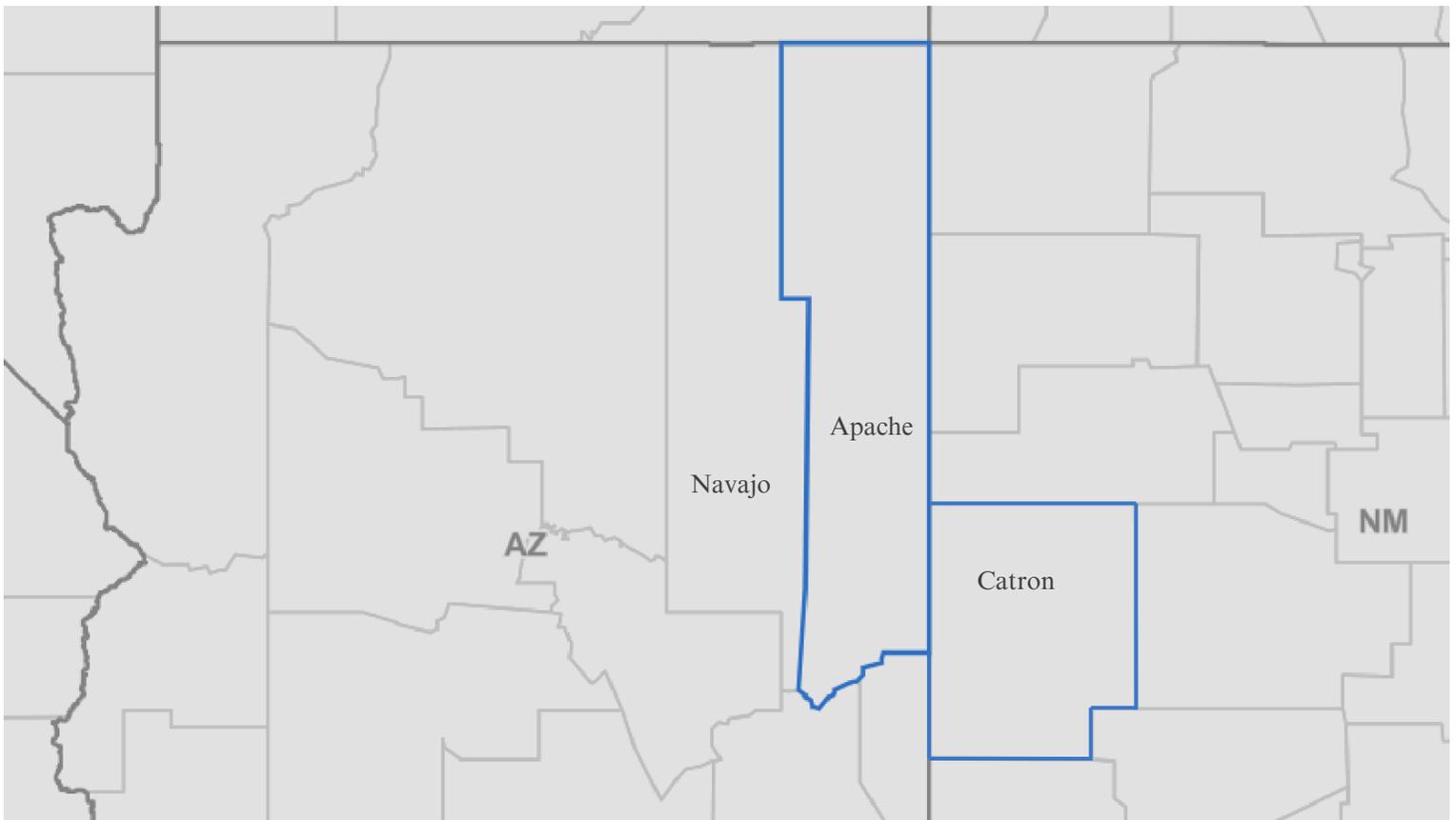
County

Apache County, Arizona

Apache County, Arizona has 11,198.3 square miles of land area and is the 3rd largest county in Arizona by total area. Apache County, Arizona is bordered by San Juan County, Utah, Catron County, New Mexico, San Juan County, New Mexico, Greenlee County, Arizona, McKinley County, New Mexico, Graham County, Arizona, Montezuma County, Colorado, Cibola County, New Mexico, and Navajo County, Arizona.

Display Sources

Populations and People
Total Population
66,021
P1 | *2020 Decennial Census*

Education
Bachelor's Degree or Higher
16.7%
S1501 | *2023 American Community Survey 1-Year Estimates*

Housing
Total Housing Units
28,723
H1 | *2020 Decennial Census*

Business and Economy
Total Employer Establishments
445
CB2100CBP | *2021 Economic Surveys Business Patterns*

Income and Poverty
Median Household Income
$40,539
S1901 | *2023 American Community Survey 1-Year Estimates*

Employment
Employment Rate
37.8%
DP03 | *2023 American Community Survey 1-Year Estimates*
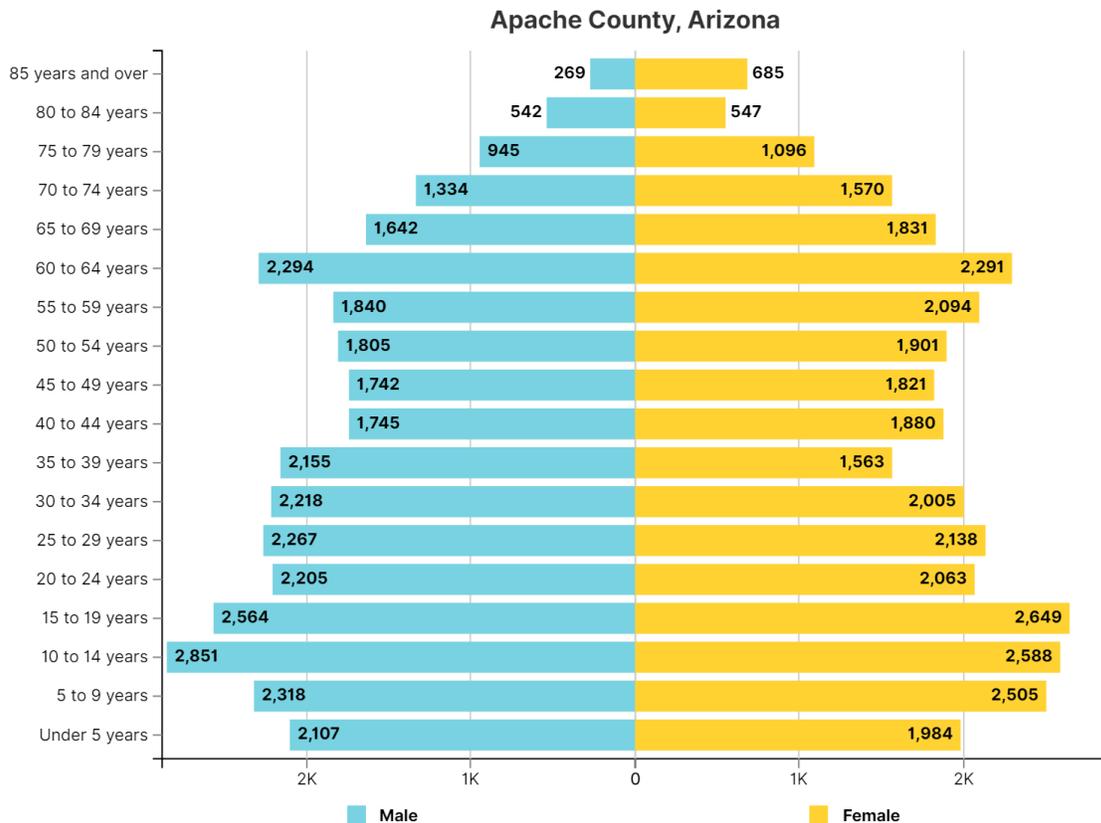
Health
Without Health Care Coverage
14.0%
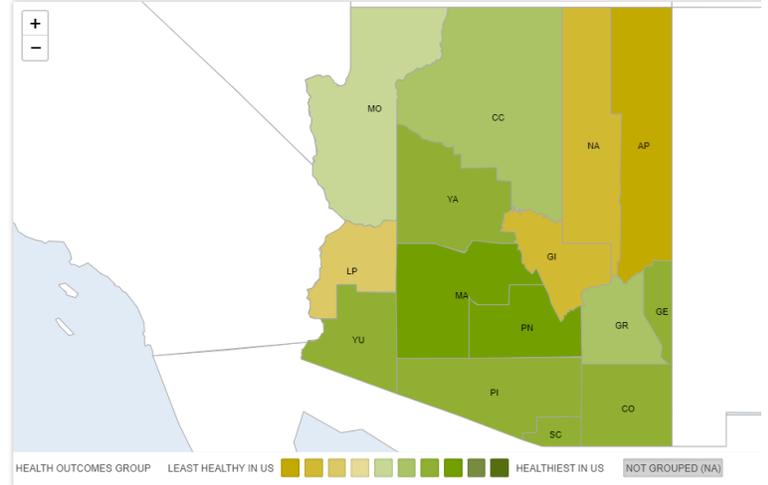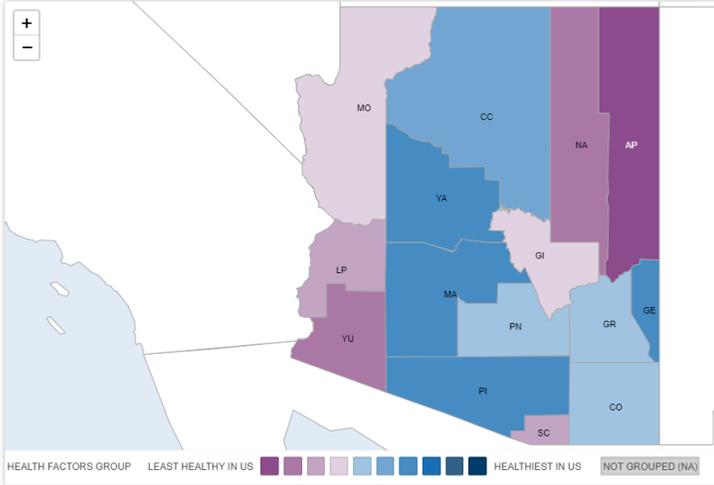*S2701* | *2023 American Community Survey 1-Year Estimates*

Families and Living Arrangements
Total Households
24,010
DP02 | *2023 American Community Survey 1-Year Estimates*

Population Pyramid: Population by Age and Sex
in Apache County, Arizona

Apache County, Arizona

Age	Male	Female
85 years and over	269	685
80 to 84 years	542	547
75 to 79 years	945	1,096
70 to 74 years	1,334	1,570
65 to 69 years	1,642	1,831
60 to 64 years	2,294	2,291
55 to 59 years	1,840	2,094
50 to 54 years	1,805	1,901
45 to 49 years	1,742	1,821
40 to 44 years	1,745	1,880
35 to 39 years	2,155	1,563
30 to 34 years	2,218	2,005
25 to 29 years	2,267	2,138
20 to 24 years	2,205	2,063
15 to 19 years	2,564	2,649
10 to 14 years	2,851	2,588
5 to 9 years	2,318	2,505
Under 5 years	2,107	1,984

■ Male   ■ Female

⊕ Display Margin of Error
S0101 | *2022 ACS 5-Year Estimates Subject Tables*

HEALTH FACTORS GROUP — LEAST HEALTHY IN US — HEALTHIEST IN US — NOT GROUPED (NA)

HEALTH OUTCOMES GROUP — LEAST HEALTHY IN US — HEALTHIEST IN US — NOT GROUPED (NA)

Sexually Transmitted Infections in Apache County, AZ
County, state and national trends

Apache County is getting worse for this measure.
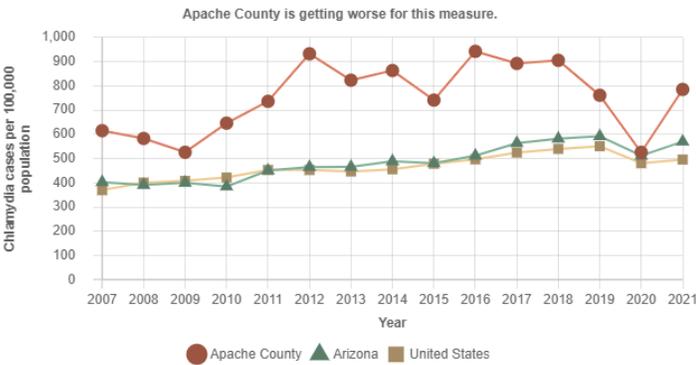
Uninsured in Apache County, AZ
County, state and national trends

Apache County is getting better for this measure.
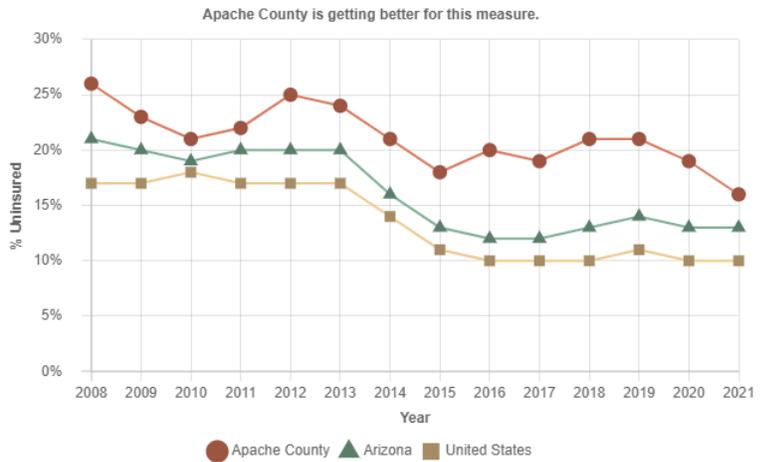
Health Behaviors		Apache County	Arizona	United States
Adult Smoking		27%	14%	15%
Adult Obesity		38%	32%	34%
Food Environment Index		3.0	6.9	7.7
Physical Inactivity		27%	22%	23%
Access to Exercise Opportunities		18%	85%	84%
Excessive Drinking		14%	19%	18%
Alcohol-Impaired Driving Deaths	～	24%	21%	26%
Sexually Transmitted Infections	～	784.8	570.3	495.5
Teen Births		26	19	17

APACHE COUNTY SOCIAL VULNERABILITY INDEX

The CDC has developed the Social Vulnerability Index which it maintains at a county level. AZDHS has partnered with the CDC and maintains Social Vulnerability Index data at the census tract level. This helps public health officials identify and meet the needs of socially vulnerable populations. This resource can be reached by going to:

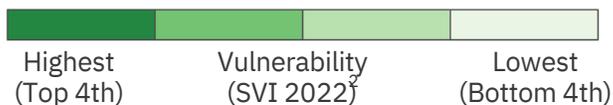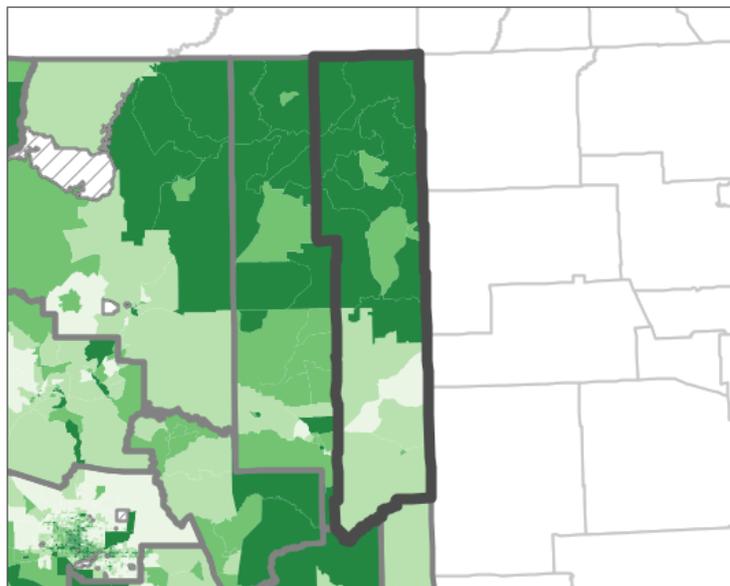ADHS Socal Determinants of Health on any suitable web browser.

Overall Vulnerability

Socioeconomic Status
- Below 150% Poverty
- Unemployed
- Housing Cost Burden
- No High School Diploma
- No Health Insurance

Household Characteristics
- Aged 65 and Older
- Aged 17 and Younger
- Civilian with a Disability
- Single-Parent Households
- English Language Proficiency

Racial & Ethnic Minority Status
Hispanic or Latino (of any race)
Black or African American, not Hispanic or Latino
Asian, not Hispanic or Latino
American Indian or Alaska Native, not Hispanic or Latino
Native Hawaiian or Pacific Islander, not Hispanic or Latino
Two or More Races, not Hispanic or Latino
Other Races, not Hispanic or Latino

Housing Type &Transportation
- Multi-Unit Structures
- Mobile Homes
- Crowding
- No Vehicle
- Group Quarters

Arizona
- Rent Burden
- Food Insecurity
- Population Density
- Air Quality
- No Tree Cover
- Heat Vulnerability
- Healthcare Access
- Water Cost
- No Smartphone

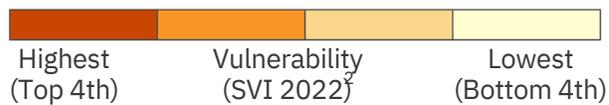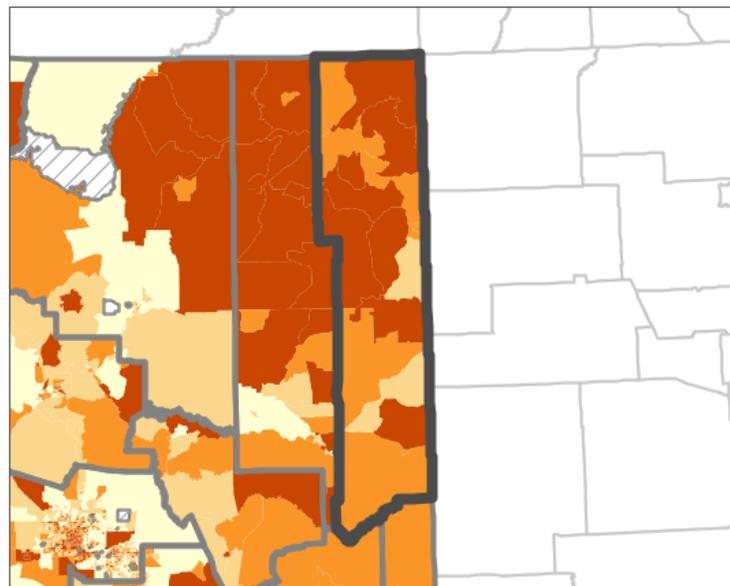# APACHE COUNTY SOCIAL VULNERABILITY INDEX

CDC/ATSDR SVI 2022 – APACHE COUNTY, ARIZONA

CDC/ATSDR SVI Themes

Socioeconomic Status5

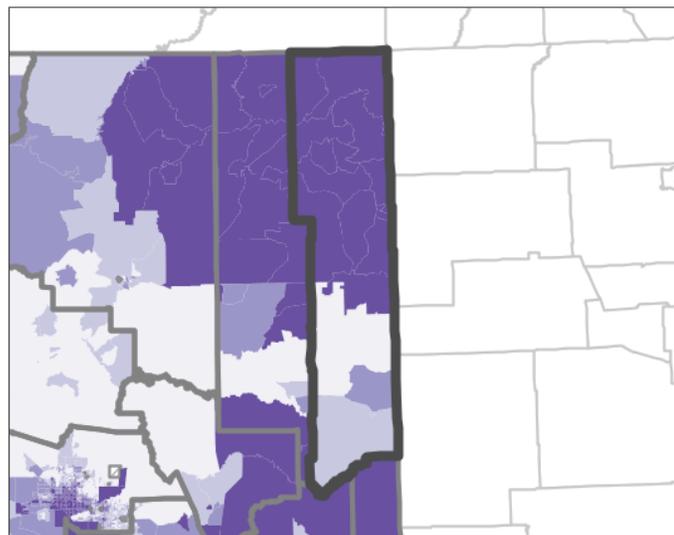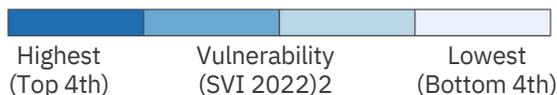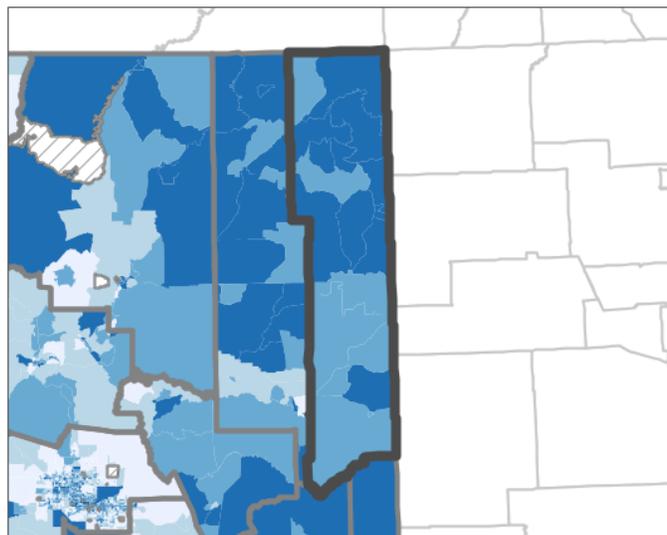Highest (Top 4th) — Vulnerability (SVI 2022)² — Lowest (Bottom 4th)

Household Characteristics6

Highest (Top 4th) — Vulnerability (SVI 2022)² — Lowest (Bottom 4th)

Racial and Ethnic Minority Status7

Highest (Top 4th) — Vulnerability (SVI 2022)2 — Lowest (Bottom 4th)

Housing Type/Transportation8

Highest (Top 4th) — Vulnerability (SVI 2022)2 — Lowest (Bottom 4th)
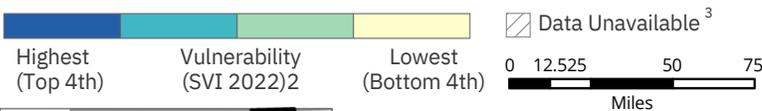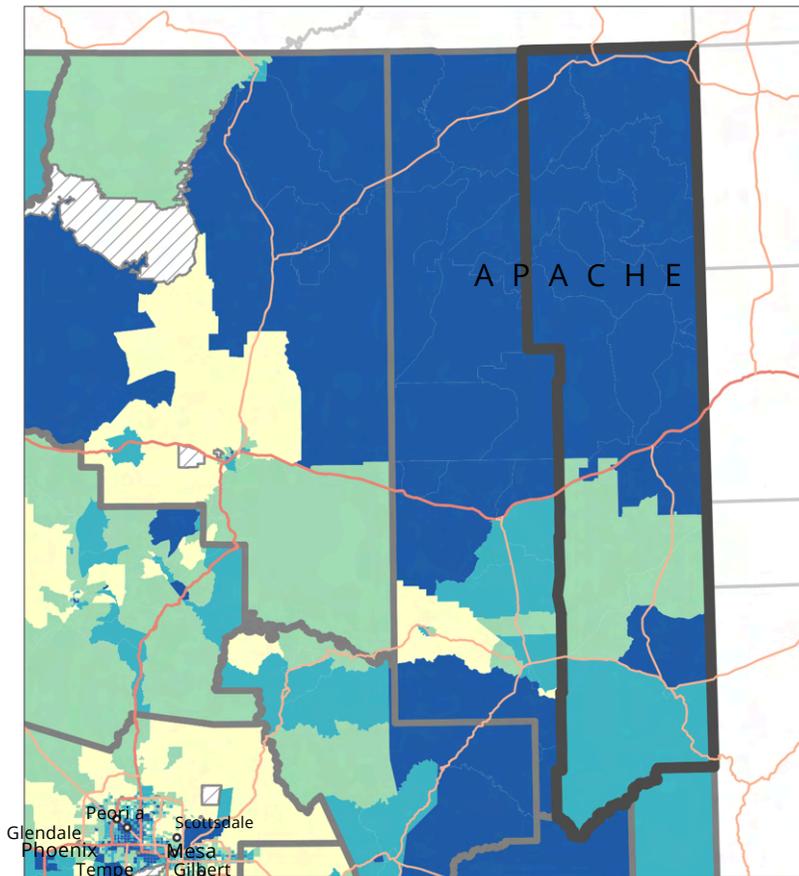
Data Sources: 2CDC/ATSDR/GRASP, U.S. Census Bureau, ArcGIS StreetMap Premium. **Notes:** 1Overall Social Vulnerability: All 16 variables. 3One or more variables unavailable at census tract level. 4The CDC/ATSDR SVI combines percentile rankings of U.S. Census American Community Survey (ACS) 2018-2022 variables, for the state, at the census tract level. 5Socioeconomic Status: Below 150% Poverty, Unemployed, Housing Costs Burden, No High School Diploma, No Health Insurance. 6Household Characteristics: Aged 65 and Older, Aged 17 and Younger, Civilian with a Disability, Single-Parent Household, English Language Proficiency. 7Race/Ethnicity: Hispanic or Latino (of any race); Black and African American, Not Hispanic or Latino; American Indian and Alaska Native, Not Hispanic or Latino; Asian, Not Hispanic or Latino; Native Hawaiian and Other Pacific Islander, Not Hispanic or Latino; Two or More Races, Not Hispanic or Latino; Other Races, Not Hispanic or Latino. 8Housing Type/Transportation: Multi-Unit Structures, Mobile Homes, Crowding, No Vehicle, Group Quarters. **Projection:** NAD 1983 StatePlane Arizona Central FIPS 0202. **References:** Flanagan, B.E., et al., A Social Vulnerability Index for Disaster Management. *Journal of Homeland Security and Emergency Management*, 2011. 8(1). CDC/ATSDR SVI web page: https://www.atsdr.cdc.gov/placeandhealth/svi/index.html.

CDC/ATSDR Social Vulnerability Index 2022
APACHE COUNTY, ARIZONA

Overall Social Vulnerability1

Highest (Top 4th) — Vulnerability (SVI 2022)2 — Lowest (Bottom 4th)

Data Unavailable [3]

0 12.5 25 50 75
Miles

Social vulnerability refers to a community's capacity to prepare for and respond to the stress of hazardous events ranging from natural disasters, such as tornadoes or disease outbreaks, to humancaused threats, such as toxic chemical spills. The CDC/ATSDR Social Vulnerability Index (CDC/ATSDR SVI 2022)4 County Map depicts the social vulnerability of communities, at census tract level, within a specified county. CDC/ATSDR SVI 2022 groups sixteen census-derived factors into four themes that summarize the extent to which the area is socially vulnerable to disaster. The factors include economic data as well as data regarding education, family characteristics, housing, language ability, ethnicity, and vehicle access. Overall Social Vulnerability combines all the variables to provide a comprehensive assessment.

ATSDR — Agency for Toxic Substances and Disease Registry

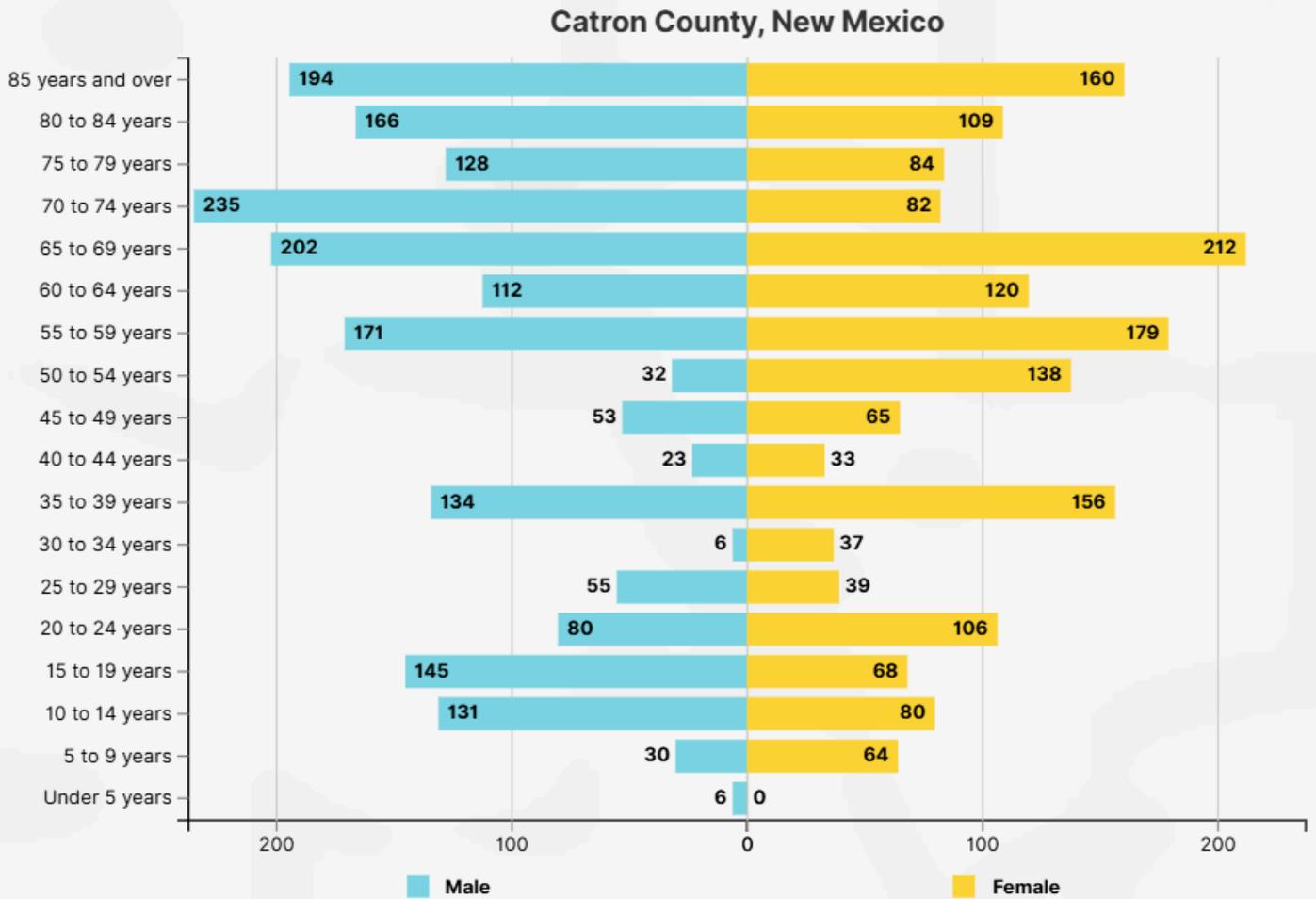GRASP — Geospatial Research, Analysis, and Services Program

Catron County,
New Mexico

Catron County, New Mexico has 6,924.2 square miles of land area and is the 1st largest county in New Mexico by total area. Catron County, New Mexico is bordered by Grant County, New Mexico, Sierra County, New Mexico, Socorro County, New Mexico, Apache County, Arizona, Greenlee County, Arizo...
Read More

// United States / New Mexico / Catron County, New Mexico

Populations and People
Total Population
3,579
P1 2020 Decennial Census

Income and Poverty
Median Household Income
$44,777
S1901 2022 American Community Survey 5-Year Estimates

Education
Bachelor's Degree or Higher
14.9%
S1501 | 2022 American Community Survey 5-Year Estimates

Employment
Employment Rate
28.9%
DP03 | 2022 American Community Survey 5-Year Estimates

Housing
Total Housing Units
3,231
H1 | 2020 Decennial Census

Health
Without Health Care Coverage
9.0%
S2701 | 2022 American Community Survey 5-Year Estimates

Business and Economy
Total Employer Establishments
66
CB2100CBP | 2021 Economic Surveys Business Patterns

Families and Living Arrangements
Total Households
1,609
DP02 | 2022 American Community Survey 5-Year Estimates

Population Pyramid: Population by Age and Sex
in Catron County, New Mexico

Catron County, New Mexico

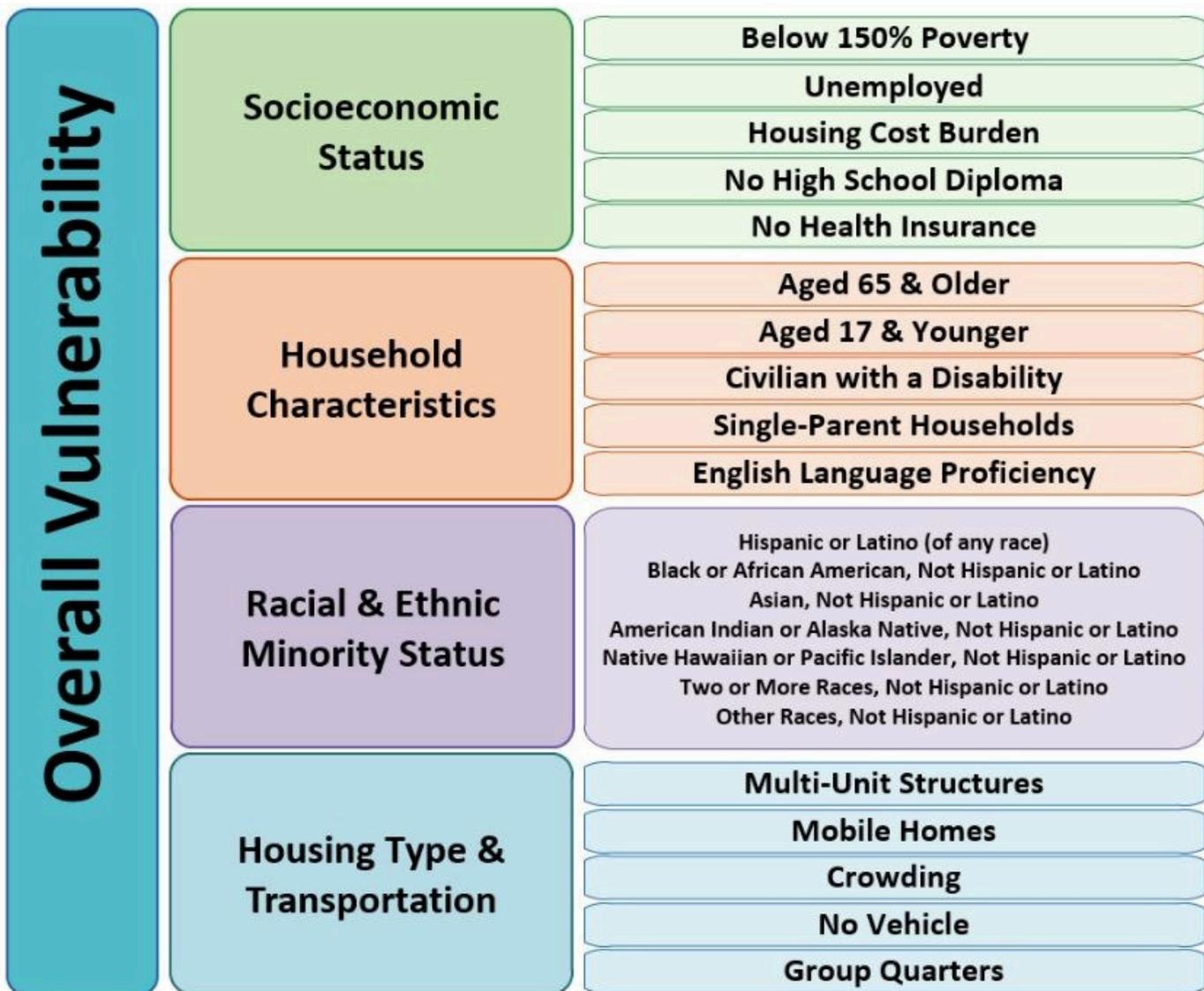| Age group	Male	Female
85 years and over	194	160
80 to 84 years	166	109
75 to 79 years	128	84
70 to 74 years	235	82
65 to 69 years	202	212
60 to 64 years	112	120
55 to 59 years	171	179
50 to 54 years	32	138
45 to 49 years	53	65
40 to 44 years	23	33
35 to 39 years	134	156
30 to 34 years	6	37
25 to 29 years	55	39
20 to 24 years	80	106
15 to 19 years	145	68
10 to 14 years	131	80
5 to 9 years	30	64
Under 5 years	6	0

Male   Female

⊕ Display Margin of Error

S0101 | *2022 ACS 5-Year Estimates Subject Tables*

CATRON COUNTY SOCIAL VULNERABILITY INDEX

The CDC has developed the Social Vulnerability Index which it maintains at a county level. This helps public health officials identify and meet the needs of socially vulnerable populations. This resource can be reached by going to:

CDC/ATSDR Social Vulnerability Index (SVI)

Overall Social Vulnerability

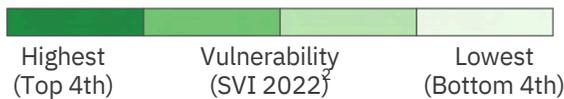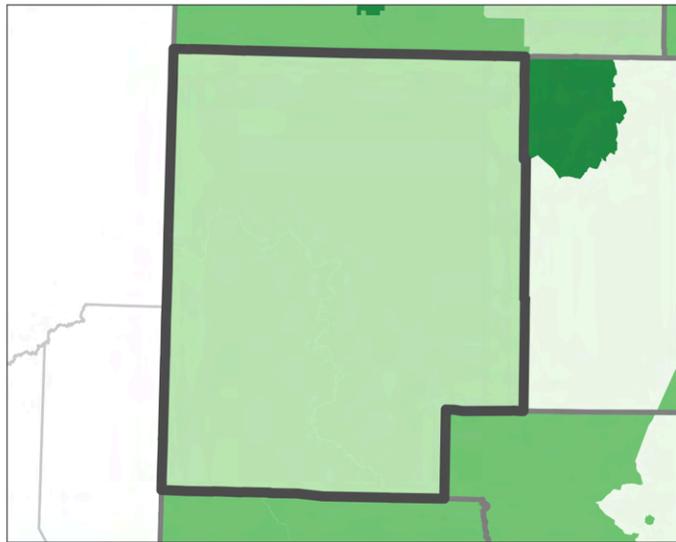| Overall Vulnerability		
	Socioeconomic Status	Below 150% Poverty
		Unemployed
		Housing Cost Burden
		No High School Diploma
		No Health Insurance
	Household Characteristics	Aged 65 & Older
		Aged 17 & Younger
		Civilian with a Disability
		Single-Parent Households
		English Language Proficiency
	Racial & Ethnic Minority Status	Hispanic or Latino (of any race)
		Black or African American, Not Hispanic or Latino
		Asian, Not Hispanic or Latino
		American Indian or Alaska Native, Not Hispanic or Latino
		Native Hawaiian or Pacific Islander, Not Hispanic or Latino
		Two or More Races, Not Hispanic or Latino
		Other Races, Not Hispanic or Latino
	Housing Type & Transportation	Multi-Unit Structures
		Mobile Homes
		Crowding
		No Vehicle
		Group Quarters

CATRON COUNTY SOCIAL VULNERABILITY INDEX
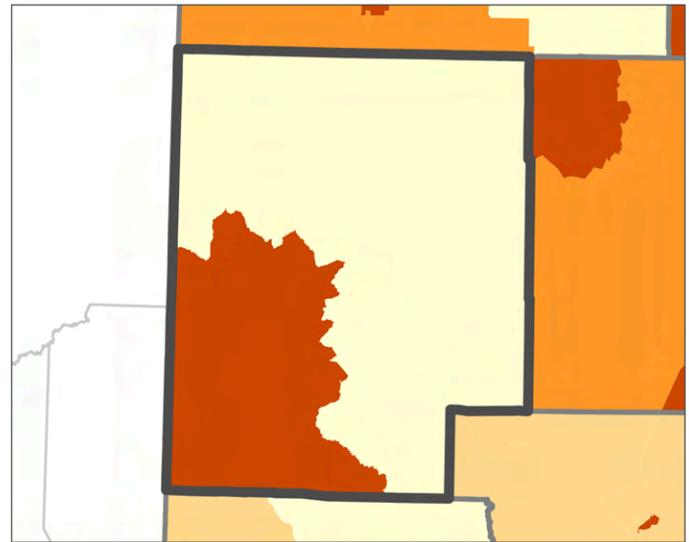
CDC/ATSDR SVI 2022 – CATRON COUNTY, NEW MEXICO
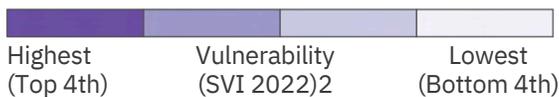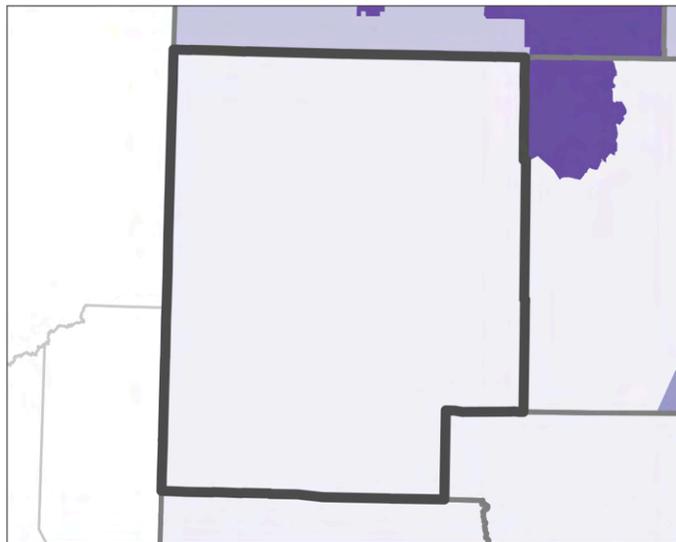
CDC/ATSDR SVI Themes
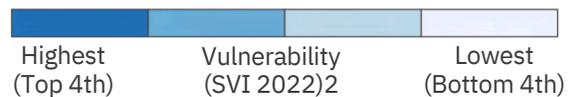
Socioeconomic Status5

Highest (Top 4th)   Vulnerability (SVI 2022)2   Lowest (Bottom 4th)

Household Characteristics6

Highest (Top 4th)   Vulnerability (SVI 2022)2   Lowest (Bottom 4th)

Racial and Ethnic Minority Status7

Highest (Top 4th)   Vulnerability (SVI 2022)2   Lowest (Bottom 4th)

Housing Type/Transportation8

Highest (Top 4th)   Vulnerability (SVI 2022)2   Lowest (Bottom 4th)
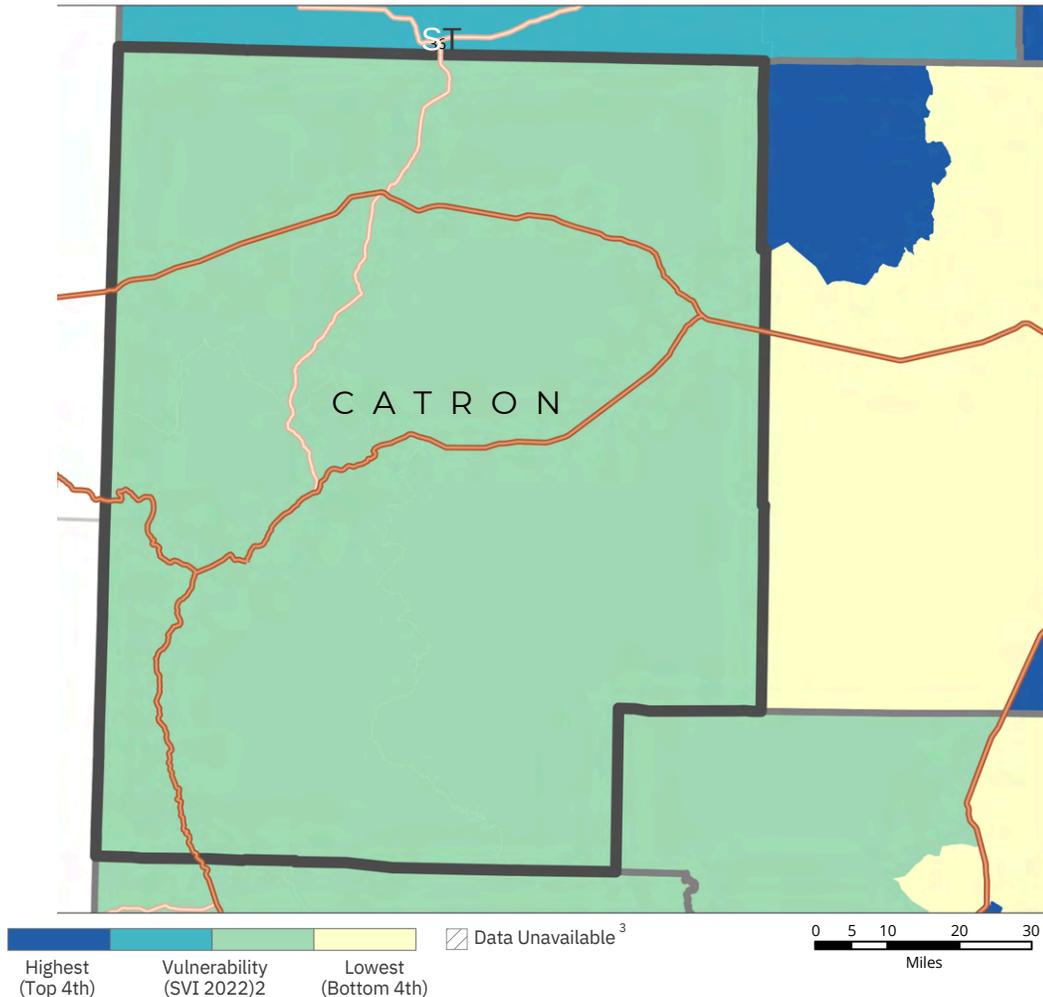
Data Sources: 2CDC/ATSDR/GRASP, U.S. Census Bureau, ArcGIS StreetMap Premium. **Notes:** 1Overall Social Vulnerability: All 16 variables. 3One or more variables unavailable at census tract level. 4The CDC/ATSDR SVI combines percentile rankings of U.S. Census American Community Survey (ACS) 2018-2022 variables, for the state, at the census tract level. 5Socioeconomic Status: Below 150% Poverty, Unemployed, Housing Costs Burden, No High School Diploma, No Health Insurance. 6Household Characteristics: Aged 65 and Older, Aged 17 and Younger, Civilian with a Disability, Single-Parent Household, English Language Proficiency. 7Race/Ethnicity: Hispanic or Latino (of any race); Black and African American, Not Hispanic or Latino; American Indian and Alaska Native, Not Hispanic or Latino; Asian, Not Hispanic or Latino; Native Hawaiian and Other Pacific Islander, Not Hispanic or Latino; Two or More Races, Not Hispanic or Latino; Other Races, Not Hispanic or Latino. 8Housing Type/Transportation: Multi-Unit Structures, Mobile Homes, Crowding, No Vehicle, Group Quarters. **Projection:** NAD 1983 StatePlane New Mexico Central FIPS 3002. **References:** Flanagan, B.E., et al., A Social Vulnerability Index for Disaster Management. *Journal of Homeland Security and Emergency Management*, 2011. 8(1). CDC/ATSDR SVI web page: https://www.atsdr.cdc.gov/placeandhealth/svi/index.html.

CDC/ATSDR Social Vulnerability Index 2022

CATRON COUNTY, NEW MEXICO

Overall Social Vulnerability[1]

Data Unavailable [3]

Highest (Top 4th)		Vulnerability (SVI 2022)[2]		Lowest (Bottom 4th)

0   5   10   20   30
Miles

Social vulnerability refers to a county. CDC/ATSDR SVI 2022 groups community's capacity to prepare for **sixteen census-derived factors** into and respond to the stress of **four themes** that summarize the hazardous events ranging from extent to which the area is socially natural disasters, such as tornadoes vulnerable to disaster. The factors or disease outbreaks, to human-include economic data as well as data caused threats, such as toxic chemical regarding education, family spills. The **CDC/ATSDR Social** characteristics, housing, language **Vulnerability Index (CDC/ATSDR** ability, ethnicity, and vehicle access. **SVI 2022)**[4] **County Map** depicts the Overall Social Vulnerability combines social vulnerability of communities, a tall the variables to provide a census tract level, within a specified comprehensive assessment.

ATSDR Agency for Toxic Substances and Disease Registry

GRASP

Geospatial Research, Analysis, and Services Program

Overview

This Community Health Needs Assessment reflects the collaborative efforts of organizations in Apache County and surrounding areas. By working together with public health departments, nonprofit hospitals, and various other organizations, it reduces duplication of efforts, streamlines the assessment process, and avoids overwhelming the community with multiple surveys and meetings. This joint approach helps the team build a unified understanding of the health needs in our region and allows organizations to more effectively address those needs through shared strategies and resources.

The various organizations that collaborated in this effort were:

- White Mountain Regional Medical Center
- Round Valley Unified School District
- North Country HealthCare
- Apache County Public Health Services District
- Saint Johns High School
- Apache County Youth Council

Numerous other businesses and organizations housed signs, flyers, and QR codes to support the cause that this survey represented. The assessment team is grateful to these many businesses that supported the efforts to reach as many community members as possible to better understand the needs of our community.

The purpose of this Community Health Needs Assessment (CHNA) was to actively engage the public in identifying the health needs and priorities of Apache County and surrounding areas. By seeking input directly from community members, the aim is to better understand their needs, rather than making assumptions. This approach ensures that the projects and strategies selected are grounded in real community insights, helping the assessment team more effectively improve health outcomes for all residents.

The results of the CHNA will serve as a foundation for addressing both the overall health of the community and the specific needs of vulnerable populations. By using the data collected through this process, it is possible to identify and address health disparities and inequities, ensuring that local efforts are aligned with the actual needs of the community.

White Mountain Regional Medical Center and its partners utilized an adapted version of the Mobilizing for Action through Planning and Partnerships (MAPP) model. While the MAPP model typically involves four detailed assessments, the assessment team tailored the process to meet the specific needs of the community and the intent of the survey, opting instead to use a comprehensive survey to gather key insights. This approach met the unique demands of the CHNA while still aligning with the core principles of the MAPP model.

The MAPP model has 6 steps:

1. Organizing for Success and Partnership Development: The assessment team began by engaging a diverse group of stakeholders, including healthcare providers, public health departments, schools, and local organizations. These partnerships ensured a wide range of perspectives and strengthened the scope of the assessment.

2. Visioning: During this phase, the assessment team collaborated with stakeholders to develop a shared vision for the future health of Apache County. This vision provided a clear direction for the assessment and the resulting strategies to improve community health.

3. Data Collection through a Canned Survey: Instead of conducting the traditional four assessments of the MAPP model, The assessment team implemented a comprehensive survey that contained factors of each of the 4 assessments. This survey was designed to address the specific reporting requirements and needs of its community, focusing on key health issues, social determinants of health, and areas of concern highlighted by community members.

4. Identifying Strategic Issues: The results of the survey provided a clear picture of the community's health needs. Based on this data, the assessment team identified the most pressing health priorities for Apache County.

5. Formulating Goals and Strategies: White Mountain Regional Medical Center is using the data collected to develop its own set of goals and strategies aimed at addressing the health priorities identified in the assessment. While other organizations involved in the CHNA process will also build their goals based on the same data set, each group may focus on different areas of need, reflecting their unique missions and capacities. Although no formal agreements have been made, this collaborative approach ensures that each organization is working toward improving community health based on a shared understanding of the challenges the community faces.

6. Action Cycle: the assessment team is now in the process of implementing these strategies and monitoring their impact. As with the traditional MAPP model, this phase is iterative, with ongoing evaluation and adjustments to ensure the effectiveness of our interventions.

By adapting the MAPP model to fit specific needs, and because the assessment used is a blend of the 4 assessments, the assessment team was able to gather essential data and insights from the community in a way that retained a tried method while still gathering info on the most pressing health concerns. This process has laid a strong foundation for improving health outcomes across Apache County. For reference, the original MAPP Model including the original 4 assessments is included in the figure on the right.

The 2024 Apache County Community Health Needs Assessment (CHNA) utilized several methods to collect both qualitative and quantitative data throughout the assessment process. The primary strategy

MAPP model
source: Community Tool Box

involved distributing a comprehensive Community Health Survey, which included both types of questions to capture a broad range of insights from residents. Additionally, secondary health data from local, state, and national sources was compiled to offer a comparative perspective on health trends and disparities as well as information from the 2021 CHNA.

Once the primary data collection began, the assessment team directed community members to respond directly through the survey, ensuring that all feedback was systematically recorded. This approach allowed the assessment team to gather actionable data that directly influenced the strategic plan.

Community Health Needs Assessment TimeLine

January 2024	**Organized the team and began planning the CHNA process**
February 2024	**Recruited community partners and prepared the health survey for distribution**
February 15, 2024	**Health survey was launched and opened to the public**
March - April 2024	**Distributed communication materials and promoted the health survey through local advocates and organizations**
May - June 2024	**Continued survey promotion and encouraged community participation to keep up the momentum**
July 2024	**Further promoted the health survey and gathered feedback from participants on promotional efforts for future use**
August 15, 2024	**Closed the health survey for responses**
September 2024	**Reviewed survey responses and began initial data analysis**
October 2024	**Final report prepared**

The survey responses, combined with the secondary data and previous Community Health Needs Assessments, offer a well-rounded view of the health needs and priorities within Apache County and will guide future efforts to improve health outcomes in the region.

The survey did not include questions about demographic information such as race, income, or education. This decision was made because, in this region, such questions tend to reduce participation rates. To ensure the survey collected a larger, more representative data set and gained a clearer understanding of the health issues affecting the community, the planning committee chose to omit these questions. This approach also reflected feedback from previous Community Health Needs Assessments, where many respondents expressed discomfort with answering demographic questions. This sentiment is widely shared throughout the county and surrounding areas.

However, the survey did collect information on respondents' zip code of residence, whether they were a guardian, parent, or caregiver, and their age. The effect of this was that the 2024 survey was able to gather the largest set of survey participants in the history of WMRMC Community Health Needs Assessment efforts with a total of 685 participants.

Research for the 2024 Community Health Needs Assessment (CHNA) began in January 2024 and primary data collection commenced in February 2024. After reviewing the 2021 CHNA, community health initiatives, and progress made, the decision was made to adopt a new community survey aimed at directly capturing the health needs and concerns of residents within the primary service area. This was done in an attempt to streamline the survey and make it more user-friendly while also making it more actionable.

The survey included fifteen (15) questions covering key topics such as health conditions, social determinants of health, and health-related behaviors. Most of the questions were presented in a multi-point scale format, allowing for a deeper understanding of various grouped health categories. The survey was made available to residents in both paper and electronic formats, distributed through White Mountain Regional Medical Center's website and social media platforms, and at various businesses that were willing to retain a sign inviting community members to fill out the survey, ensuring broad reach and accessibility.

Now, with the survey completed, the results provide a valuable snapshot of the community's current health status. The following section delves into the statistical findings from the 2024 CHNA survey, revealing the key health issues, trends, and priorities identified by the community.

PRIORITIES

Those health areas identified most frequently as a "major" concern by survey takers included Mental/Behavioral Health, Alcohol/Drugs, Women's Health, Smoking/Tobacco/Vaping, and Heart Disease.
 As shown in the figure below, these issues topped the list of health areas most in need of improvement.
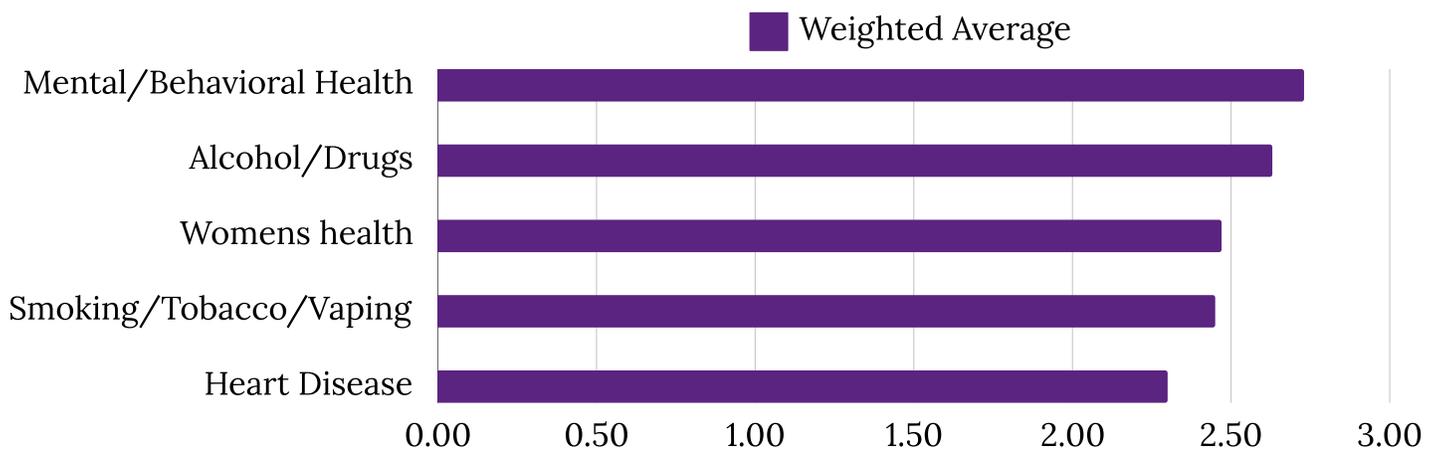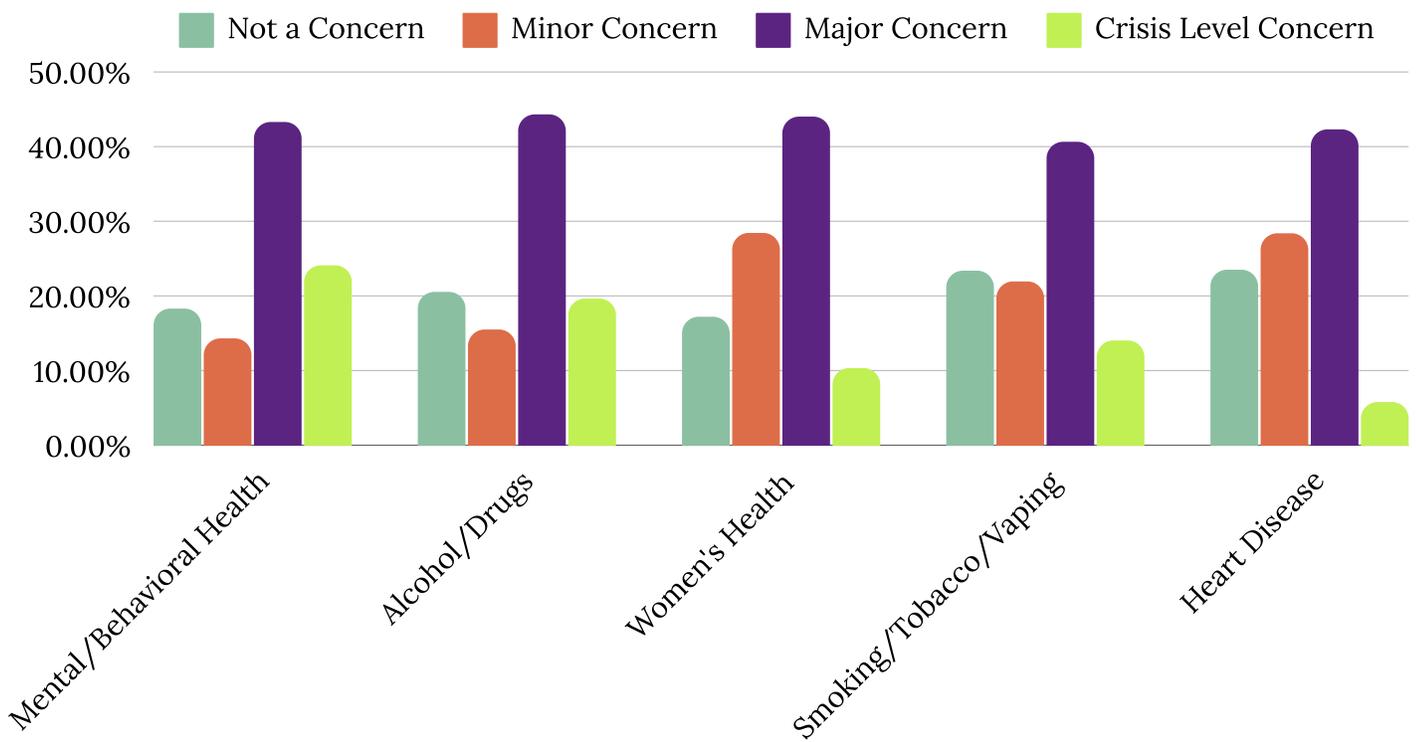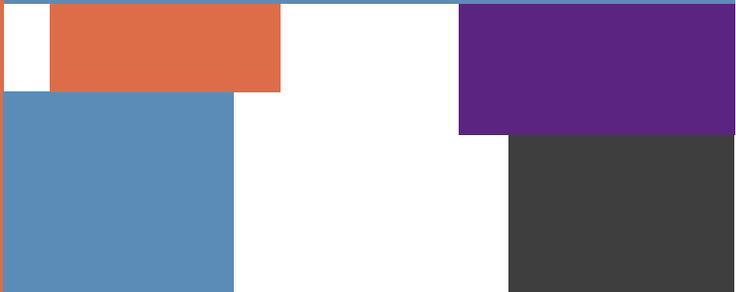
Priorities

2021 Health Priorities

- Access to Specialty Services in our Service Area
- Access to Mental Health Services: Depression, Anxiety and Substance Abuse
- Chronic Disease Management

2024 Health Priorities

- Mental/Behavioral Health
- Alcohol/Drugs
- Women's Health
- Smoking/Tobacco/Vaping
- Heart Disease

THE BIG 5

As part of the 2024 Community Health Needs Assessment (CHNA), a systematic approach was taken to identify and prioritize the top health concerns in our service area. This process was guided by survey results, local and national health data, and insights gathered from community outreach efforts.

A weighted matrix was used to rank the identified health issues, incorporating community feedback alongside comparative data. Community input from the survey was prioritized to ensure that the voices of residents were reflected, while national data helped provide context and comparisons to broader health trends.

The following five areas emerged as the most pressing health concerns for the community:

Mental/Behavioral Health

Alcohol/Drugs

Women's Health

Smoking/Tobacco/Vaping

Heart Disease

These five priorities are deeply interconnected, with mental and behavioral health concerns influencing many of the other areas. Addressing these issues will require a coordinated, community-wide effort, with input and action from various organizations to ensure the health needs of Apache County residents are met.

Health Education

The mission of White Mountain Regional Medical Center is "Empowering a Healthier Community." In alignment with this mission, and with the validation of these health priorities, WMRMC is committed to providing Health Education and empowerment to support the community in overcoming these challenges.

These priorities broadly fall into two categories:
- Interpersonal: Health concerns influenced by interactions between individuals. (Person to Person)
- Intrapersonal: Health concerns that involve personal behaviors and internal decisions. (Person to Themselves)

To ensure that WMRMC offers the most effective support to the community and that other organizations feel able to join the cause, White Mountain Regional Medical Center will utilize two popular public health theories that are well-suited to these categories:

For health priorities that are more intrapersonal in nature (Person to themselves), WMRMC will use the **Theory of Reasoned Action/Planned Behavior**. This model has been proven effective in empowering individuals to make healthier choices and to understand the connection between their actions and health outcomes.

For health priorities that are more interpersonal (Person to Person), WMRMC will use the **Social Cognitive Theory**. This model is effective in guiding community members toward healthier behaviors through the understanding of social influences and personal attitudes.

By using these popular models, White Mountain Regional Medical Center aims to empower individuals, families, and the broader community to take action for better health outcomes, building a stronger, healthier community together. WMRMC invites all willing organizations to join WMRMC in this cause.

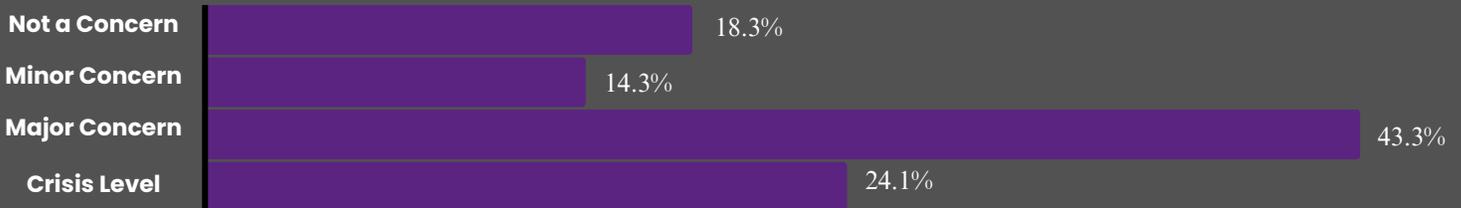**The plan for Health Education will be included after each Health Priority page.**

Visit
wmrmc.com/healtheducation
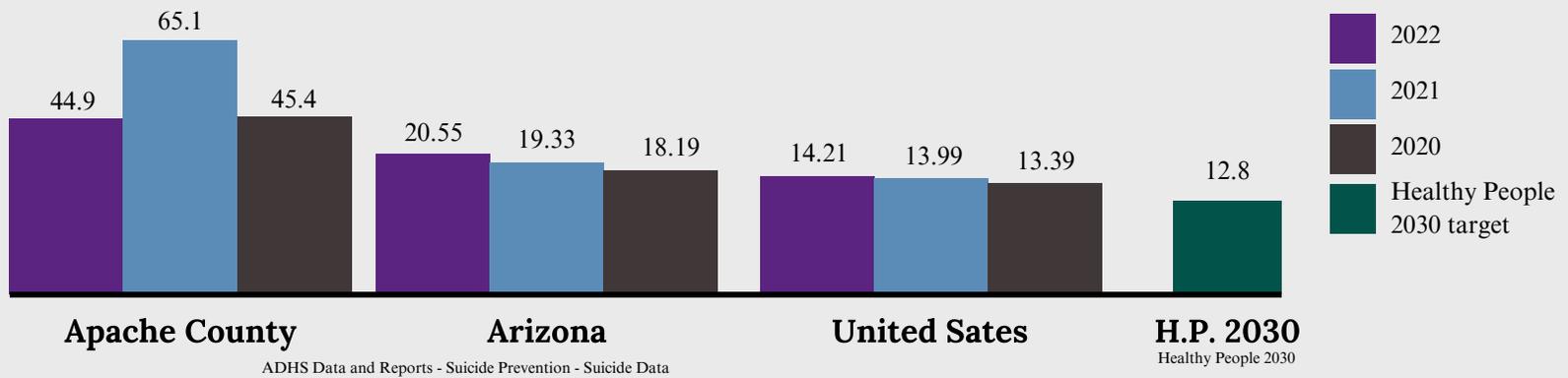For access to more resources and educational material
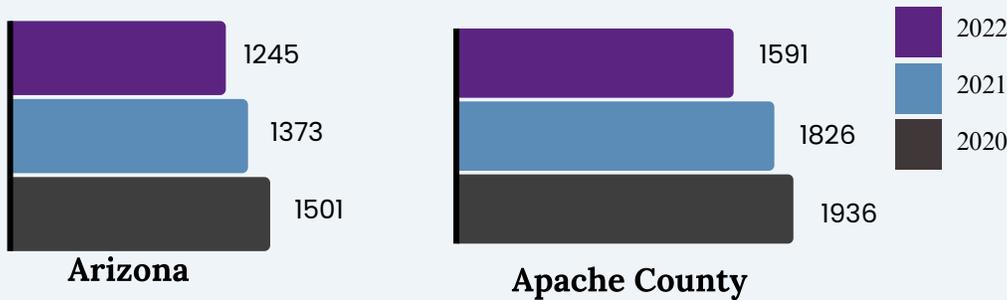
Mental/Behavioral Health

Health Priority

Survey Response

Not a Concern	18.3%
Minor Concern	14.3%
Major Concern	43.3%
Crisis Level	24.1%

Suicide rate per 100,00 people (Age Adjusted)

Legend:
- 2022
- 2021
- 2020
- Healthy People 2030 target

Apache County: 44.9 (2022), 65.1 (2021), 45.4 (2020)
Arizona: 20.55 (2022), 19.33 (2021), 18.19 (2020)
United Sates: 14.21 (2022), 13.99 (2021), 13.39 (2020)
H.P. 2030: 12.8

ADHS Data and Reports - Suicide Prevention - Suicide Data

Healthy People 2030

All suicide encounters per 100,000 people

Legend:
- 2022
- 2021
- 2020

Arizona: 1245 (2022), 1373 (2021), 1501 (2020)
Apache County: 1591 (2022), 1826 (2021), 1936 (2020)

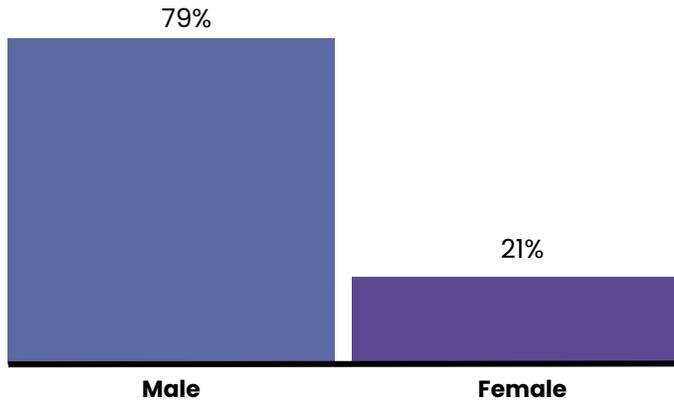ADHS Data and Reports - Suicide Prevention - Suicide Data

In 2022, there were an estimated **1.6M** *suicide attempts in the U.S.*

Suicide and Self-Inflicted Injury in Arizona, 2011-2021. Phoenix, AZ: Arizona Department of Health Services; 2023.

Mental/Behavioral Health

Suicide by Gender 2017–2023

ADHS Data and Reports - Suicide Prevention - Suicide Data

Did you know

An analysis of healthcare costs associated with self-inflicted injuries in 2021 reveals the significant economic impact these hospitalizations have on Arizona's healthcare system. In 2021, the estimated hospital discharge costs related to self-inflicted injuries reached $298 million, nearly doubling from $162 million in 2011.

Suicide and Self-Inflicted Injury in Arizona, 2011-2021. Phoenix, AZ: Arizona Department of Health Services; 2023.
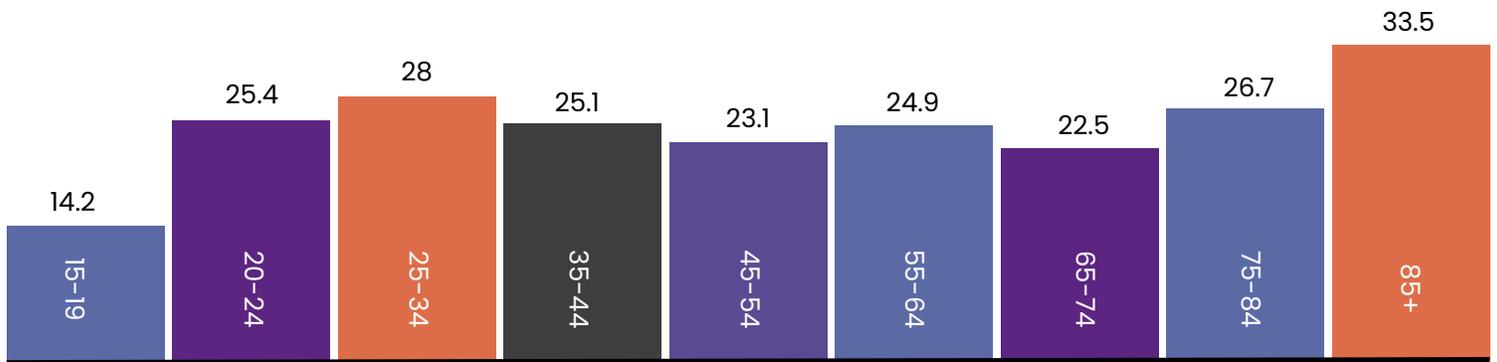
2021 Arizona Suicide rate by age group (per 100,000 people)

Suicide and Self-Inflicted Injury in Arizona, 2011-2021. Phoenix, AZ: Arizona Department of Health Services; 2023.

ADHS Suicide Prevention Action Plan 2024–2026

The ADHS Action Plan includes five major strategies and assumes it cannot accomplish all of these alone. ADHS assumes it will require many stakeholders across multiple systems and every region to accomplish its plan:

1. Data Collection and Dissemination
2. Support to Crisis Systems
3. Occupation-Specific Prevention
4. Disproportionately Affected Population Support
5. Relationship Building

Arizona Suicide Prevention Action Plan 2024-2026

Health Education

Mental/Behavioral Health

Intrapersonal – Theory of Reasoned Action/Planned Behavior

- Pre-evaluation Phase:
  - Gather insights into community attitudes and beliefs about mental health through surveys or discussions to understand perceptions and common behavioral patterns.

- Attitude Toward Behavior:
  - Focus on shifting attitudes by promoting positive messaging around mental healthcare, highlighting benefits like improved well-being, and using real-life success stories.
  - Address negative stigmas with community-wide educational efforts that promote understanding and acceptance of mental healthcare.

- Subjective Norms:
  - Engage respected community figures or local influencers to promote mental healthcare as a normal and valuable practice.
  - Foster a supportive environment by encouraging open discussions and peer-led group sessions where individuals feel comfortable sharing experiences and supporting one another.

- Perceived Behavioral Control:
  - Provide simple, accessible information to help individuals navigate mental health resources (e.g., how to find local therapists, hotlines, or community services).
  - Create opportunities for individuals to develop coping strategies and stress-management skills through workshops or online resources when feasible.

- Intention and Behavior:
  - Encourage community members to set personal goals related to their mental health, such as participating in a support group or adopting new self-care practices.
  - Promote gradual, achievable actions that individuals can take to prioritize their mental well-being, whether it's seeking professional help or practicing mindfulness at home.

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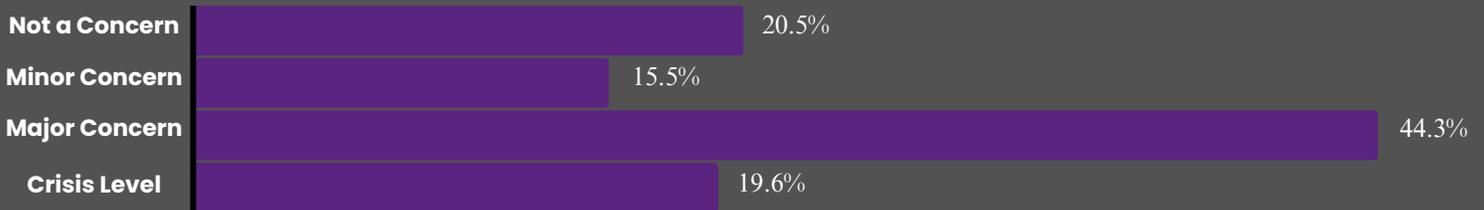For access to more resources and educational material**
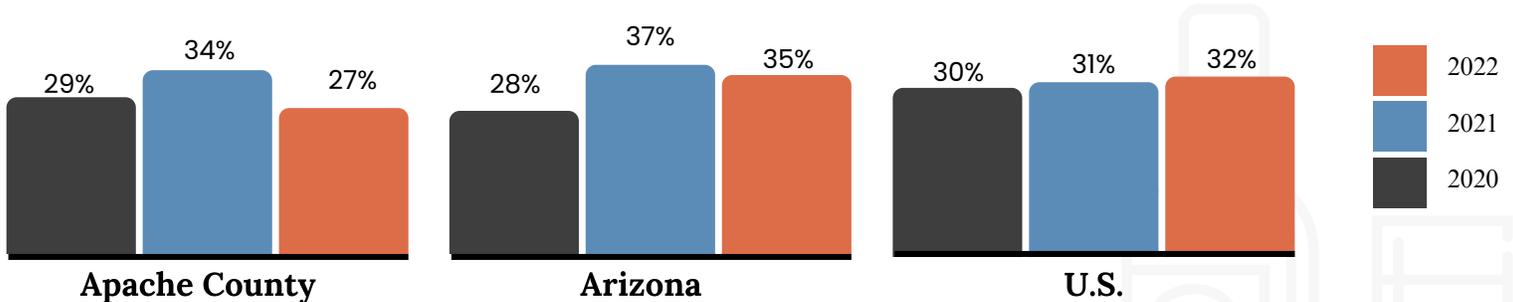
Alcohol/Drugs

#2
Health Priority

Alcohol misuse is when using alcohol can cause problems. It can affect the community and cause:

- Domestic violence
- Injuries and death
- Car Crashes
- Addiction and Dependence

Survey Response

Not a Concern	20.5%
Minor Concern	15.5%
Major Concern	44.3%
Crisis Level	19.6%

Percent of Motor Vehicle Deaths Involving Alcohol

Apache County: 29% (2020), 34% (2021), 27% (2022)
Arizona: 28% (2020), 37% (2021), 35% (2022)
U.S.: 30% (2020), 31% (2021), 32% (2022)

Legend: 2022, 2021, 2020

NHTSA Traffic Safety Facts (TSF) Annual Report Tables

Emergency & Inpatient Visits for Suspected Drug Overdoses (per 100,000)

Apache County
- 2022: 715.5
- 2021: 983.8
- 2020: 1177.9

ADHS opioid dashboard
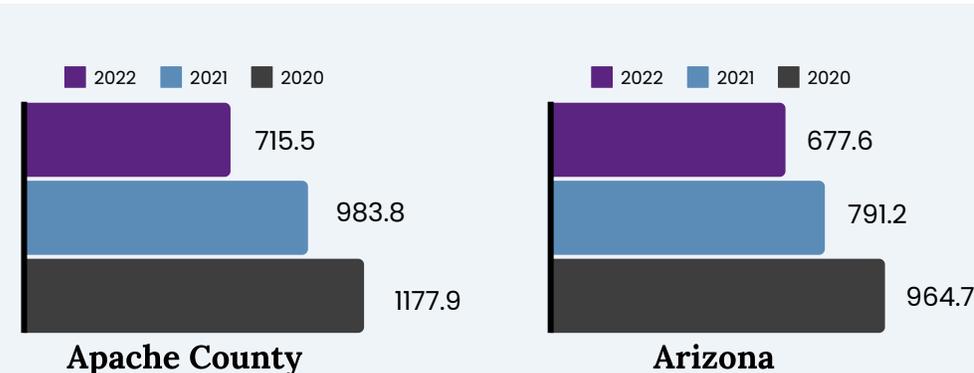
Arizona
- 2022: 677.6
- 2021: 791.2
- 2020: 964.7

ADHS opioid dashboard

Did you know

1. Alcohol abuse, alcoholism, and alcohol use disorder (AUD) kill over 3 million people each year, accounting for up to 6% of global deaths.
2. Opioids are a factor in 66.2% of all Arizona overdose deaths.

National Center for Drug Abuse Statistics

Alcohol and Drugs

Interpersonal – Social Cognitive Theory (SCT)

Pre-evaluation Phase:
- Collect insights into community attitudes toward substance use through surveys or focus groups.
- Identify common challenges and behavioral patterns, as well as existing knowledge gaps related to substance use and recovery.
- Use this information to shape messaging and interventions to the community's needs.

Reciprocal Determinism
- Encourage partnerships to promote substance-free activities and healthy choices.
- Use public spaces and events to reinforce positive behaviors.

Behavioral Capability
- Provide workshops and resources on coping strategies and stress management.
- Offer peer-led initiatives where participants can practice healthy behaviors.

Observational Learning
- Highlight recovery stories from local role models through media campaigns.
- Promote mentorship programs to support individuals seeking sobriety.

Reinforcements
- Recognize progress with community events and small incentives.
- Establish ongoing support systems for continued encouragement.

Expectations
- Promote the long-term benefits of sobriety and healthy living.
- Use success stories to inspire optimism about change.

Self-Efficacy
- Encourage small, achievable goals for individuals on their recovery journey.
- Provide tools to track progress and celebrate milestones.

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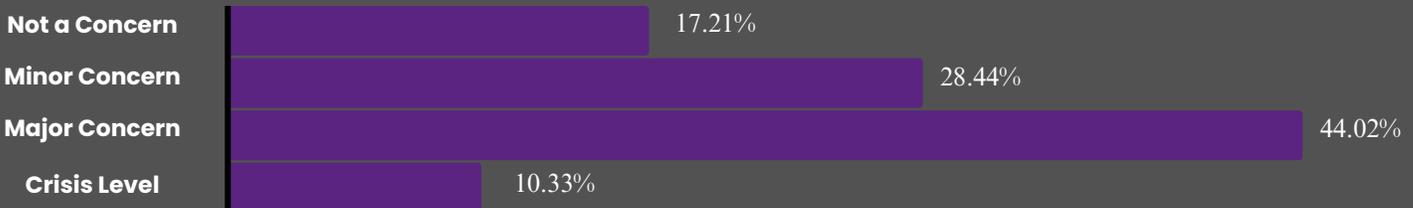**For access to more resources and educational material**
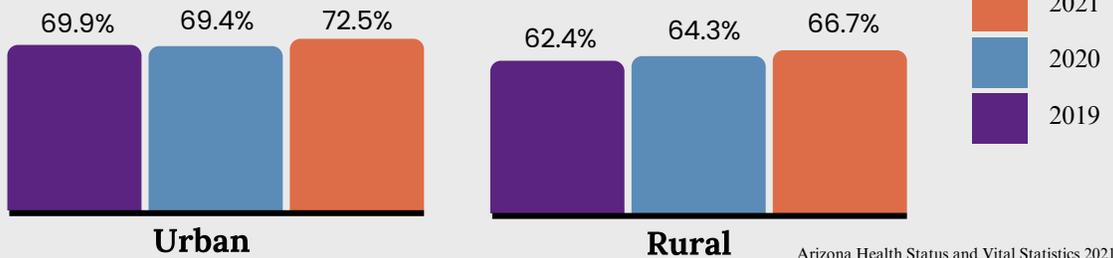
Women's Health

What is Women's health?

Women's health encompasses a broad range of physical, mental, and social well-being specific to women at various stages of life. This includes areas like reproductive health, pregnancy, menopause, and conditions such as breast and cervical cancer. It also involves addressing common health issues that may present differently in women than men such as heart disease, mental health, and osteoporosis.

The focus on women's health is about ensuring access to the right care, education, and resources that address these unique aspects.

Survey Response

Not a Concern	17.21%
Minor Concern	28.44%
Major Concern	44.02%
Crisis Level	10.33%

Arizona Live Births Where Prenatal Care Begins in the First Trimester

Urban: 69.9% 69.4% 72.5%

Rural: 62.4% 64.3% 66.7%

- 2021
- 2020
- 2019

Arizona Health Status and Vital Statistics 2021

Cancer is the second leading cause of death in Women Behind Heart Disease
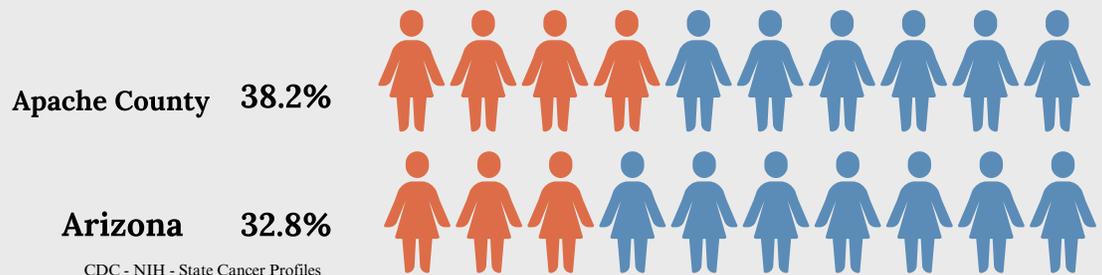
Healthy People 2030

Did you know

11% 11.0 percent of females aged 12 to 49 years had iron deficiency in 2015-16

66% Only 66% of women 18 and older have had a Pap test in the last 3 years.

Healthy People 2030

Have not had a Mammogram in Past 2 Years, Female 40+

Apache County **38.2%**

Arizona **32.8%**

CDC - NIH - State Cancer Profiles

Health Education

Women's Health

Intrapersonal –Theory of Reasoned Action/Planned Behavior (TRA/TPB)

Pre-evaluation Phase:
- Gather Insights: Conduct surveys or discussions to identify women's perceptions of the available health services and understand barriers such as convenience, awareness, or misconceptions.

Attitude Toward Behavior:
- Promote Benefits: Focus on the benefits of engaging with local women's health services, such as early detection, prenatal care, preventive care and preconception care.
- Correct Misconceptions: Address any negative beliefs or myths about local services with factual information, highlighting successful case studies or testimonials.

Subjective Norms:
- Partner with trusted community figures to advocate for the importance of accessing women's health services.
- Create Peer Support: Facilitate opportunities for women to discuss and share their experiences with healthcare services, creating a supportive environment where engagement with health services becomes a norm.

Perceived Behavioral Control:
- Simplify Access: Provide clear, step-by-step guides on accessing services such as those for prenatal and preconception care. Provide info on how to book appointments, and understand insurance coverage. Make resources like transportation assistance or child care services known to reduce perceived barriers to care.
- Empower Decision-making: Offer women tools (e.g., online resources, pamphlets, workshops) that help them feel in control of their health decisions, reinforcing the ease of accessing care.

Intention and Behavior:
- Encourage Engagement: Motivate women to take immediate, manageable steps toward engaging with healthcare, such as scheduling an initial consultation or attending a health education event.
- Build Momentum: Use follow-up reminders and community-wide events to keep the focus on maintaining regular health check-ups and participating in preventive care programs. Highlight small wins.
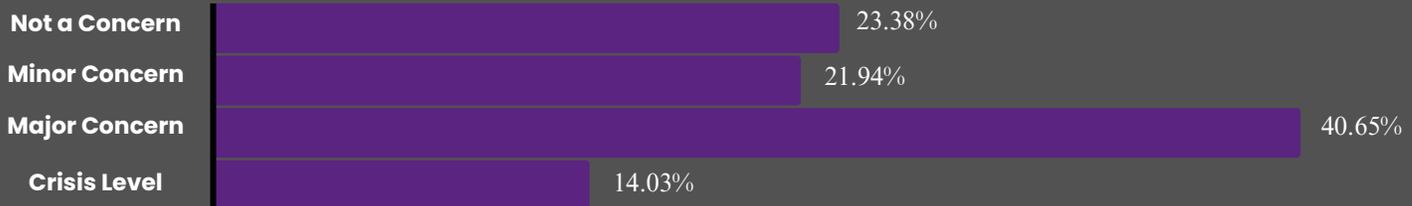
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Smoking/Tobacco/Vaping

#4 Health Priority

Survey Response

Not a Concern	23.38%
Minor Concern	21.94%
Major Concern	40.65%
Crisis Level	14.03%

Secondhand smoke Contributes to

- **40,000** non-smoking adult deaths
- **400** infant deaths

CDC Cigarette smoking Smoking and Tobacco use

Did you know

- In 2023, 10.0% of middle and high school students reported using tobacco products.
- E-cigarette use among high school students decreased from 14.1% in 2022 to 10.0% in 2023.
- E-cigarettes remained the most commonly used tobacco product among youth.

National Youth Tobacco Survey, 2023

Percent of Adults Who Smoke

	2020	2021	2022
Apache County	22%	25%	24%
Arizona	16%	14%	16%
U.S.	17%	17%	16%
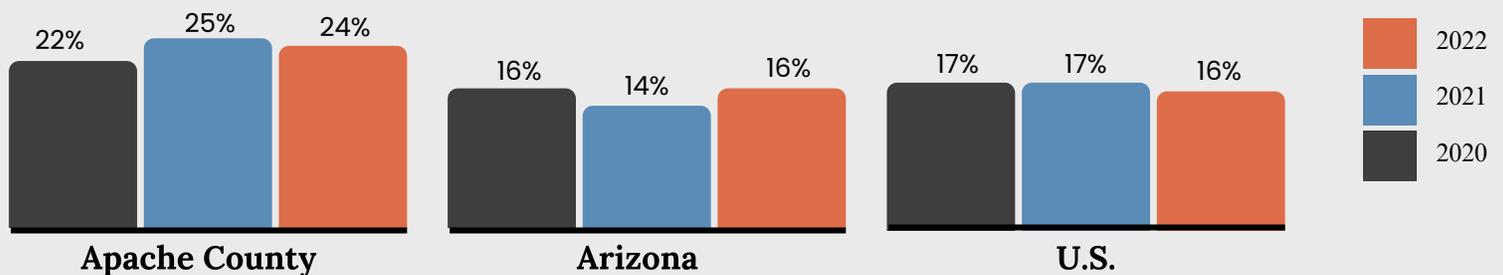
County Health Ranking

Diseases Caused By Smoking

- Cancer
- Heart disease and stroke
- Lung diseases such as chronic obstructive pulmonary disease (COPD)
- Type 2 Diabetes
- Harmful reproductive health effects
- Other diseases, including certain eye diseases and problems of the immune system, including rheumatoid arthritis.

CDC Cigarette smoking Smoking and Tobacco Use

Health Education

Smoking/Tobacco/Vaping
Intrapersonal –Theory of Reasoned Action/Planned Behavior

Pre-evaluation Phase:
- Gather insights into community attitudes, beliefs, and social norms surrounding smoking, tobacco, and vaping. Conduct surveys or discussions to understand what motivates the behavior and the community's perception of quitting.

Attitude Toward Behavior:
- Focus on shifting attitudes by promoting positive messaging around quitting smoking or vaping. Emphasize the health, financial, and social benefits of living a smoke-free life.
- Address common misconceptions about smoking or vaping, and highlight the risks through evidence-based information shared via community events or social media campaigns.

Subjective Norms:
- Engage respected community figures, such as local leaders or teachers, to advocate for a smoke-free lifestyle as a new social norm.
- Foster supportive environments in schools, workplaces, and public spaces by encouraging peer support for those attempting to quit. Normalize conversations about quitting through peer-led groups or public forums.

Perceived Behavioral Control:
- Provide easy-to-understand resources to help individuals access quit-smoking tools and services, such as quitlines, support groups, and nicotine replacement therapies.
- Encourage confidence in quitting by offering step-by-step guides and access to professionals who can help individuals build a quit plan and manage cravings.

Intention and Behavior:
- Encourage community members to set specific, achievable goals, such as reducing daily cigarette or vape use with the intention to quit completely.
- Promote gradual, manageable actions, like setting a quit date or joining a support group, and emphasize the importance of seeking social support during the quitting process.
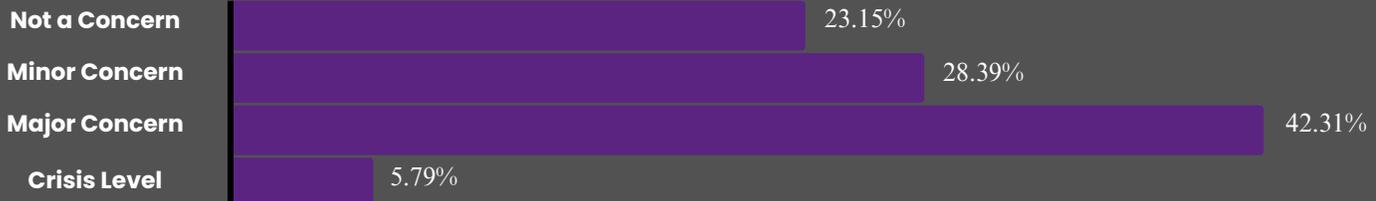
Visit
wmrmc.com/healtheducation
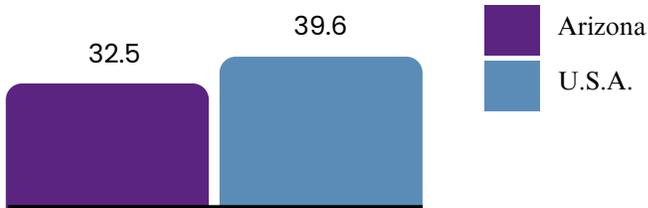**For access to more resources and educational material**

Heart Disease

 # 5

Health Priority

Survey Response

Not a Concern	23.15%
Minor Concern	28.39%
Major Concern	42.31%
Crisis Level	5.79%

Heart Disease Hospitalization Rate per 1,000 Medicare Beneficiaries

32.5 (Arizona)
39.6 (U.S.A.)

- Arizona
- U.S.A.

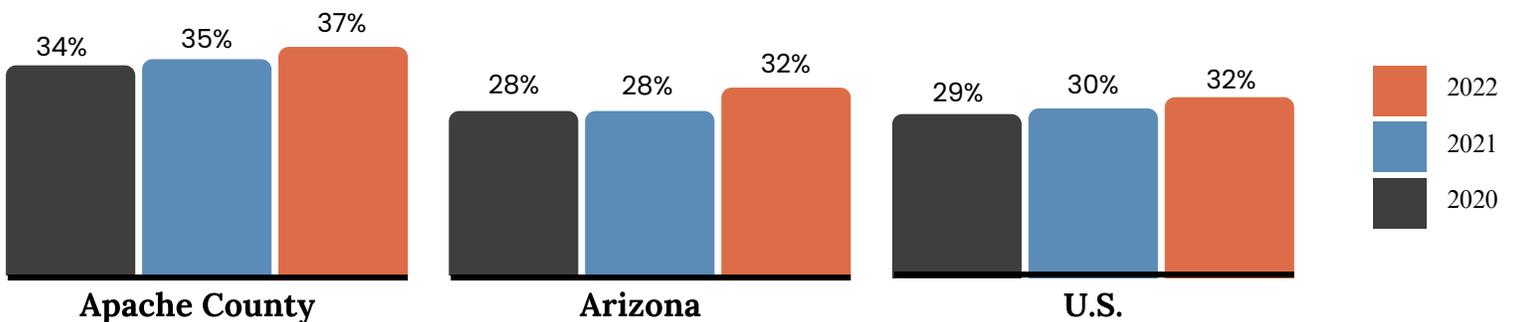Interactive Atlas of Heart Disease and Stroke 2019-2021

Did You know

Metabolic syndrome is a cluster of five conditions that increase the risk of heart disease as well as diabetes, and stroke. It's diagnosed when a person has at least three of the following risk factors:

- High blood sugar
- Low HDL ("good") cholesterol
- High triglycerides
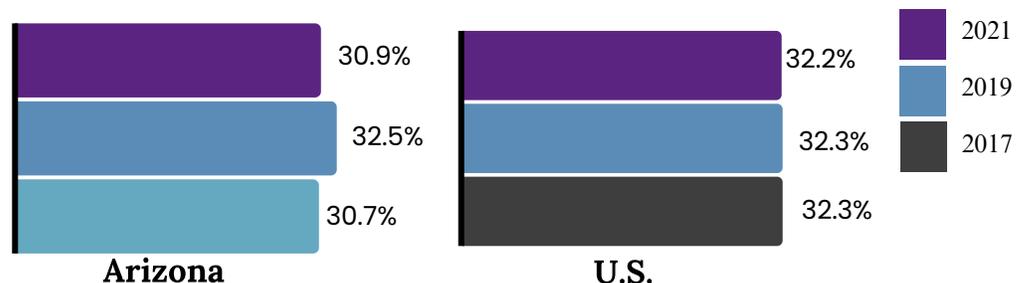- Large waist circumference
- High blood pressure

American Heart Association

Rates of Adult Obesity

Apache County
- 34%
- 35%
- 37%

Arizona
- 28%
- 28%
- 32%

U.S.
- 29%
- 30%
- 32%

- 2022
- 2021
- 2020

Interactive Atlas of Heart Disease and Stroke 2019-2021

Adults with High Blood Pressure (hypertension)

Arizona
- 30.9% (2021)
- 32.5% (2019)
- 30.7% (2017)

U.S.
- 32.2% (2021)
- 32.3% (2019)
- 32.3% (2017)

- 2021
- 2019
- 2017

Center For the Future of Arizona - hypertension

Health Education

Heart Disease

Interpersonal –Social Cognitive Theory (SCT)

Pre-evaluation Phase:
- Gather data on community knowledge, attitudes, and behaviors related to heart health.
- Identify barriers individuals face in managing heart disease, such as access to nutrition or exercise resources.

Reciprocal Determinism
- Collaborate with local gyms, grocery stores, and wellness programs.
- Leverage community events to encourage participation in heart health activities.

Behavioral Capability
- Offer workshops on healthy eating, exercise routines, and heart disease management.
- Provide resources that help individuals build skills for heart-healthy cooking and physical activity.

Observational Learning
- Share the successes of community members who have improved their heart health.
- Use videos, social media, and in-person events to showcase role models practicing heart-healthy behaviors.

Reinforcements
- Celebrate milestones, such as participation in fitness programs or weight management, through community recognition.
- Provide small incentives, like discounts or public acknowledgments, for sustained healthy habits.

Expectations
- Promote realistic, long-term benefits of lifestyle changes, such as reduced heart disease risk and improved quality of life.
- Use testimonials to demonstrate the value of heart-healthy living.

Self-Efficacy
- Encourage individuals to set small, manageable goals.
- Offer tools, like apps or journals, to track progress and celebrate successes along the way.

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SOCIAL DETERMINANTS OF HEALTH

WMRMC also included in this survey several Social Determinants Of Health (SDOH) questions which are discussed in a later section. The data collected from the 2024 CHNA allows WMRMC to prioritize these efforts and resources and will help to inform other organizations' efforts as well. Respondents were asked "In your opinion, which factors that affect one's health are unaddressed or inadequately addressed in our community? Check all that apply." The results are listed in the figure below.

White Mountain Regional Medical Center would like to highlight the importance of addressing social determinants of health (SDOH) in healthcare and the efforts WMRMC is willing to take to ensure these health disparities are addressed. WMRMC hopes that this will lead to better patient outcomes, improve patient health and wellness, and reduce the identified health disparities over time.

"Research studies have consistently shown that social determinants of health (SDOH) account for a significant portion, between 30% to 55%, of health outcomes. Recognizing the profound impact of SDOH on patients' physical and mental health, hospitals, health plans, and federal and state programs are now acknowledging the importance of capturing SDOH data to provide care to patients."

Centers for Medicare and Medicaid Services (CMS) have recognized the significance of addressing SDOH. CMS aims to support community-driven initiatives, such as providing better access to transportation, housing, and healthy food options.
White Mountain Regional Medical Center will screen for five specific SDOH domains for admitted inpatients who are 18 years and older:

- Food Insecurity
- Interpersonal Safety
- Housing Insecurity
- Transportation Insecurity
- Utilities Difficulties
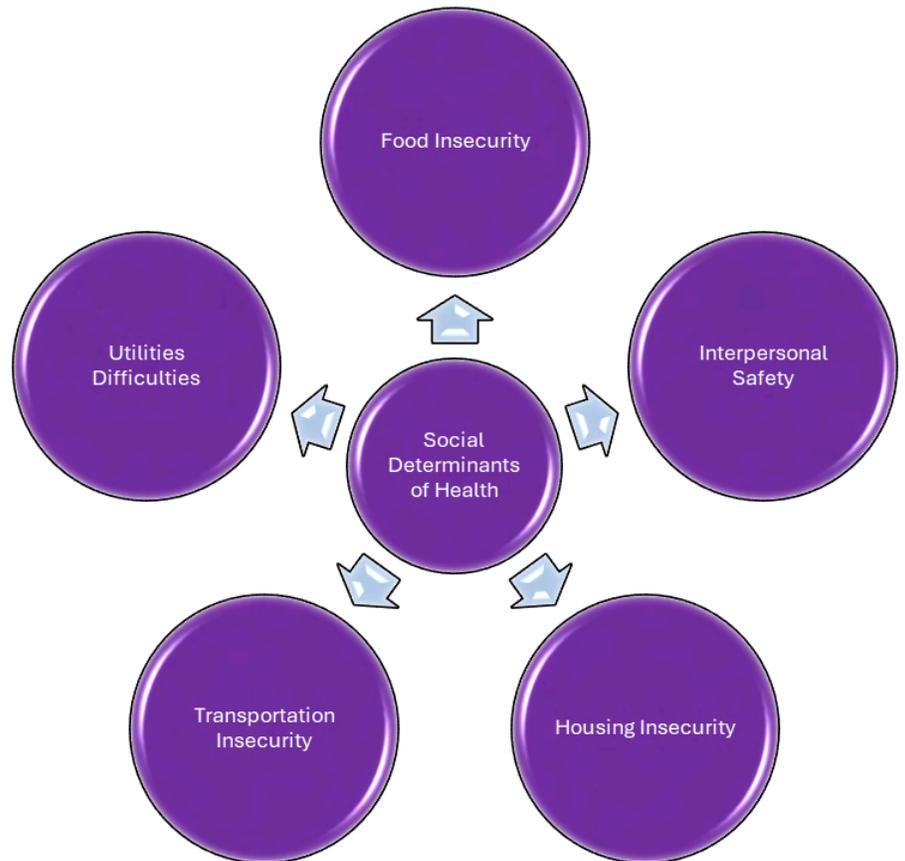
The following pages are included as a resource guide for those experiencing any of the 5 SDOHs listed previously. Each page will include a brief description of the SDOH's effect on the community and any resources that are available in this area or to this area.

Big 5 SDOH

Food Insecurity

Interpersonal Safety

Housing Insecurity

Transportation Insecurity

Utilities Difficulties

Food Insecurity

Food insecurity poses a significant challenge to the health and well-being of many residents in the community. Limited access to affordable and nutritious food increases the risk of chronic illnesses, hinders child development, and impacts mental well-being. When individuals and families struggle to meet their basic food needs, it can lead to long-term health disparities, further straining community health systems. Understanding and addressing food insecurity is critical to promoting overall health and reducing preventable diseases. Efforts focused on increasing food access and awareness of healthy dietary choices can play a key role in improving both individual and community health outcomes.

Resources

Round Valley Community Services Senior Center
356 S. Papago St.
Springerville, AZ 85938
928-333-2516

St Johns, Concho Senior Citizen Assn.
395 S. 1st West St.
St Johns, AZ 85936
928-337-2144
Food Boxes Thursday after the 3rd Tuesday of the month

New Covenant Church
820 W. Cleveland St
St Johns, AZ 85936
928-245-3410
1st and 3rd Tuesdays 4 PM-5:30 PM

Food Bank Concho
35432 AZ-180A, Concho, AZ 85924
928-337-5047
1st & 3rd Wednesdays of the month
2nd Wednesday Senior Day

Food Pantry Vernon
Vernon Public Library
10 ACR 3140
Vernon, AZ 85940
928-892-2173
2nd Tuesday of the month (unless it is a holiday)

Town of Springerville, AZ
https://www.springervilleaz.gov/communityservices

The Emergency Food Assistance Program (TEFAP) -
https://des.az.gov/emergency-food
Arizona Commodity Senior Food Program (CSFP) -
https://des.az.gov/senior-food-program

Round Valley Cares Inc.
Food Bank
109b North C Street
Springerville, AZ 85938
928-551-2507
https://sites.vivery.org/round-valley-cares-inc/springerville-az/6529#googtrans(en|en)

Interpersonal Safety

Interpersonal safety is a crucial factor that significantly impacts the overall health and well-being of individuals within a community. Issues such as domestic violence, abuse, and neglect can create environments of chronic stress and trauma, which can lead to both immediate and long-term health consequences. These include increased risk of mental health disorders, substance abuse, chronic diseases, and even preventable injuries. When individuals do not feel safe in their own homes or communities, their ability to thrive, maintain healthy relationships, and engage with available health services is severely compromised.

Resources

Assault Services Knowledge- ASK AZ
https://www.assaultservicesknowledge.org/az/get-help-in-northern-az/apache-county

New Hope Ranch
877-974-4673

White Mountain S.A.F.E House
Crisis Line
928-367-6017
Toll Free Crisis Line
800-224-1315
P.O. Box 1890 Pinetop, AZ 85935
www.wmsafehouse.org

National Human Trafficking Hotline
Support for individuals who are victims of human trafficking.
1-888-373-7888

RV Police Department can assist with resources for 1 night of hotel accommodations, fuel, and a safe space for domestic violence victims. Call dispatch at 928-337-4321 and select option 6 to be connected with an RV Police Officer.

Domestic Violence Advocacy Program
St. Johns, AZ Serving Apache County, AZ
928-337-3705

Northern Arizona Care and Services After Assault (NACASA)
24-Hour Crisis Line 928-527-1900
24-Hour Crisis Line 877-634-2723
2920 N. 4th St Flagstaff, AZ 86004
Email
jrunge@northcountryhealthcare.org

Childhelp National Child Abuse Hotline
Services:
24/7 support for victims of child abuse, and professionals seeking guidance.
1-800-422-4453

Love Is Respect
Help for young people experiencing dating abuse or unhealthy relationships.
Text, Call, or Chat Options: Text "LOVEIS" to 22522 or call 1-866-331-9474.
https://www.loveisrespect.org/

Housing Insecurity

Housing insecurity is a critical issue that has far-reaching effects on the overall health and well-being of individuals and families. When people lack stable, safe, and affordable housing, they face significant barriers to accessing healthcare, maintaining employment, and fostering a sense of stability. Housing insecurity can range from homelessness to precarious living situations where individuals may face eviction or live in substandard conditions. The stress and instability caused by insecure housing directly contribute to mental and physical health challenges, such as chronic illnesses, stress-related conditions, and an increased risk of injury.
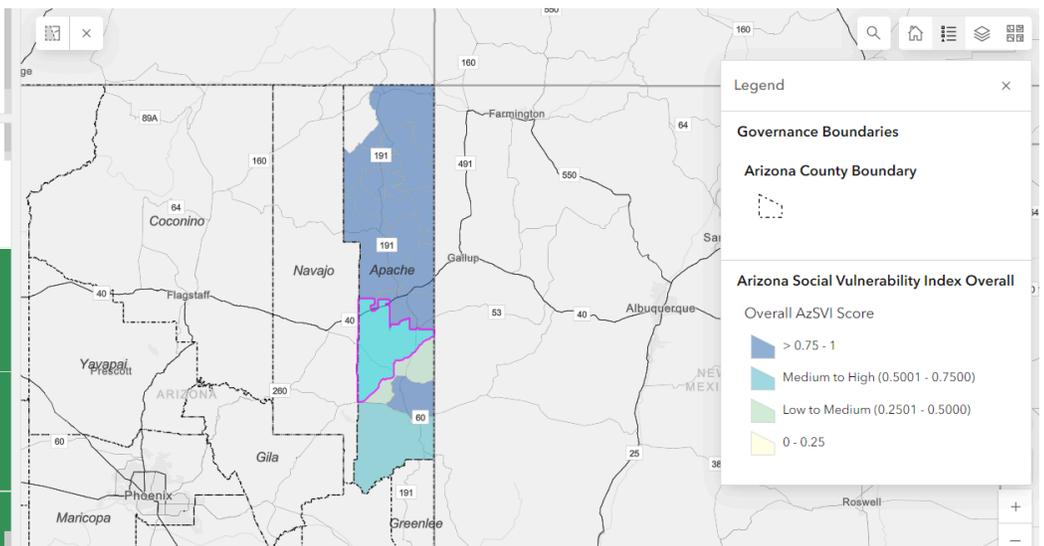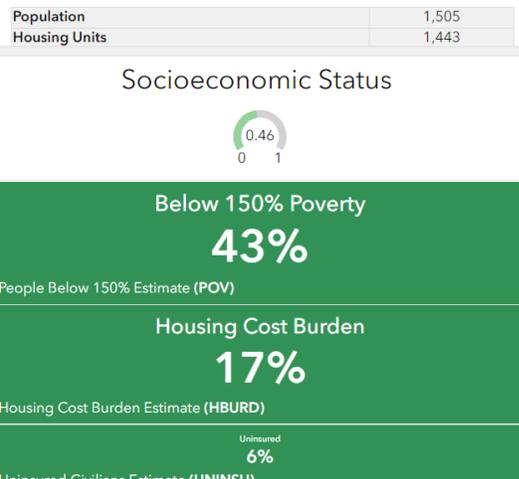
Resources

Winslow Housing Authority
Services Apache County
928-289-4617

St. Vincent DePaul
928-333-4879

RV Police Department can assist with resources for 1 night of hotel accommodations, fuel, and a safe space for domestic violence victims. Call dispatch at 928-337-4321 and select option 6 to be connected with a RV Police Officer.

Bread of Life Mission
34-bed emergency shelter for men, women, and children.
885 Hermosa Drive
Holbrook, AZ – 86025
928-524-3874

Census Tract 9702.02; Apache County; Arizona

Population	1,505
Housing Units	1,443

Socioeconomic Status

0.46
0   1

Below 150% Poverty
43%
People Below 150% Estimate (POV)

Housing Cost Burden
17%
Housing Cost Burden Estimate (HBURD)

Uninsured
6%
Uninsured Civilians Estimate (UNINSU)

Legend

Governance Boundaries

Arizona County Boundary

Arizona Social Vulnerability Index Overall

Overall AzSVI Score

> 0.75 - 1
Medium to High (0.5001 - 0.7500)
Low to Medium (0.2501 - 0.5000)
0 - 0.25

Transportation Insecurity

Transportation resources in the community aim to ensure that individuals can access essential services despite transportation challenges. Timberline provides transportation services for medical appointments, errands, shopping, and senior center visits, with a suggested donation of $5 per round trip. Community Services offers transportation to the Show Low area for low-income residents on the 1st and 3rd Fridays of each month, with free bus passes available to qualifying individuals. White Mountain Regional Medical Center's Home Visit Program expands access to healthcare for those unable to travel due to transportation or technological barriers, ensuring that geographically isolated community members receive the care they need. According to data from the Arizona Social Vulnerability Index (AZSVI), 11% of households in an area just west and north of St. Johns in Apache County, do not have access to a vehicle, further highlighting the importance of these transportation resources. This area and those nearby also face a medium to high vulnerability score, reflecting significant challenges related to transportation and housing insecurity.

Resources

Timberline
928-367-6834

White Mountain Regional Medical Center
Home Visit Program
Primary care providers will come to qualifying individuals
928-333-7333

Community Services
1st and 3rd Friday of each month.
928-245-2528
Free transportation "bus passes" for qualifying individuals
928-333-5185, ext. 227

Utilities Difficulties
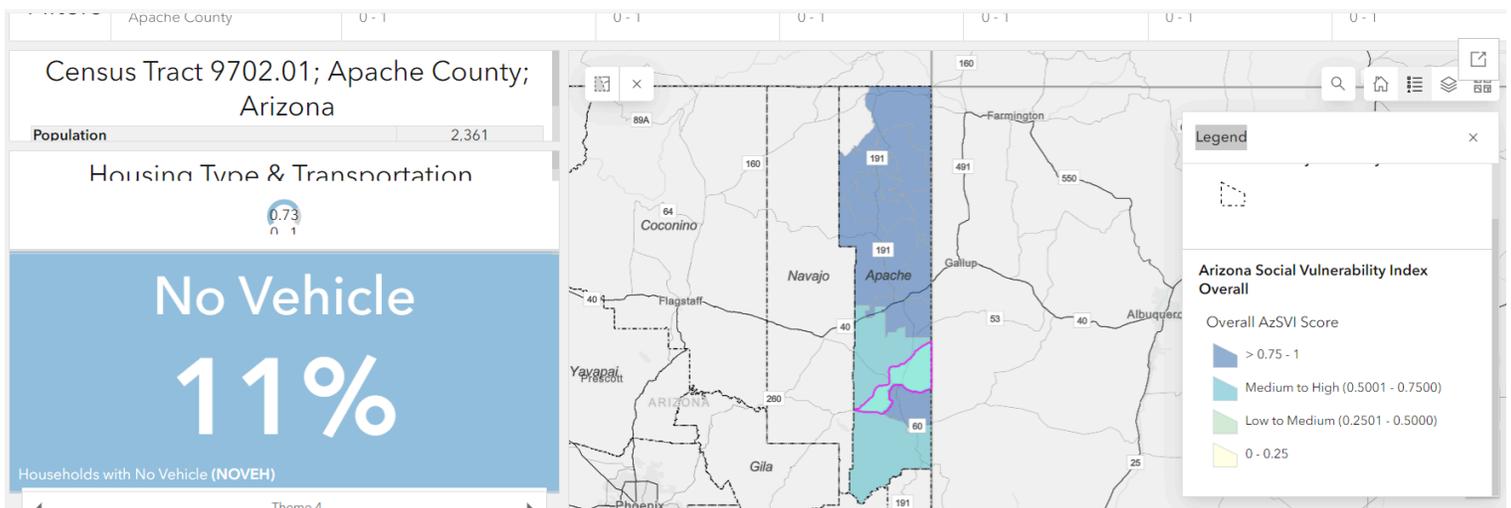
Utility resources in Apache County are essential to support residents facing economic challenges, particularly those reflected in data from the Arizona Social Vulnerability Index (AZSVI). Programs like the Low Income Home Energy Assistance Program (LIHEAP) provide financial aid to families struggling to pay for essential utilities such as electricity, heating, and water. This is especially critical in regions like that South of Eagar, where 34% of residents live below 150% of the poverty line, and 20% experience housing cost burdens. These vulnerabilities highlight the need for utility assistance programs to ensure that residents can maintain access to essential services, stabilize their living situations, and mitigate some of the broader impacts of poverty in the community. By supporting utility assistance programs, organizations can help reduce financial strain and promote long-term stability for vulnerable households.

Resources

Low Income Home Energy Assistance
Program (LIHEAP))
1-866-494-1981
https://des.az.gov/liheap

NACOG Utilities Assistance
928-333-2516
928 774-1895
https://s13.cap60.com/kioskv3/Home/SetDBName/capNacogAZ
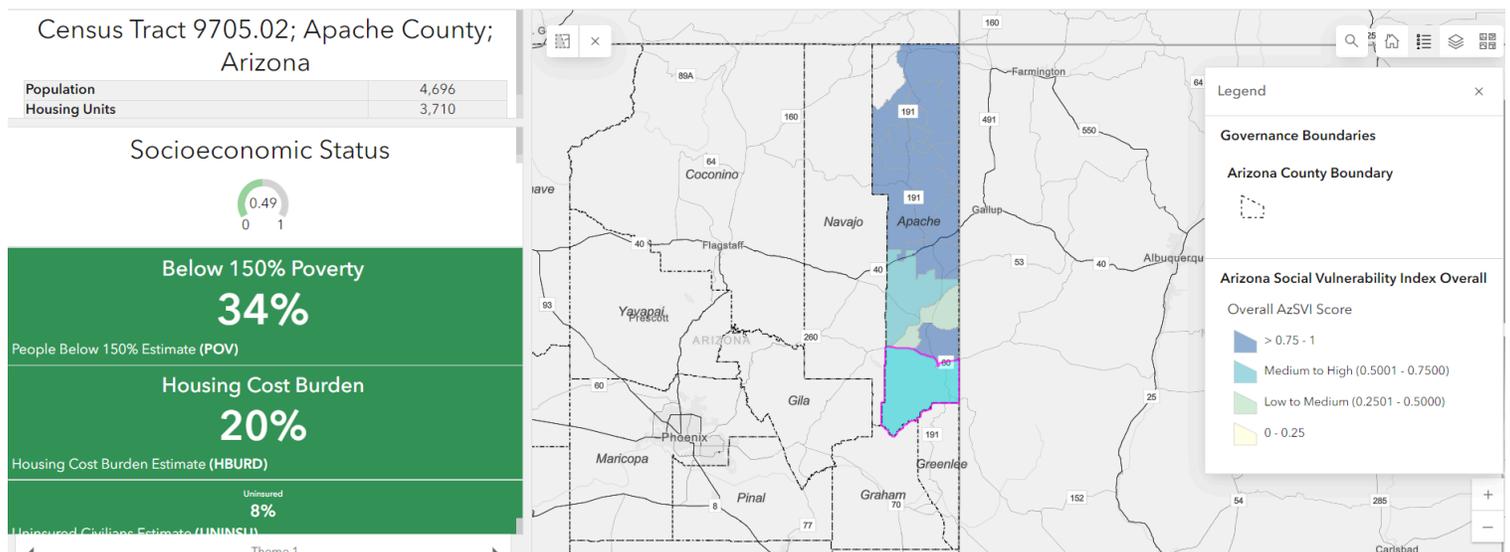
Survey Results

and Insights

Survey Results and Insights

#1 WHAT IS YOUR AGE?

The age distribution of respondents in the 2024 Community Health Needs Assessment (CHNA) offers valuable insight into which segments of the population are most engaged with local health concerns. A significant portion of respondents—nearly two-thirds—fell between the ages of 35 and 69, highlighting that middle-aged and older adults are the most engaged in discussing community health issues. This is particularly relevant because these age groups are often more affected by chronic health conditions, such as heart disease and diabetes, which were highlighted as top health priorities in the survey.

18-24yrs 30
25-34yrs 77
35-44yrs 146
45-58yrs 154
59-69yrs 150
70+yrs 114
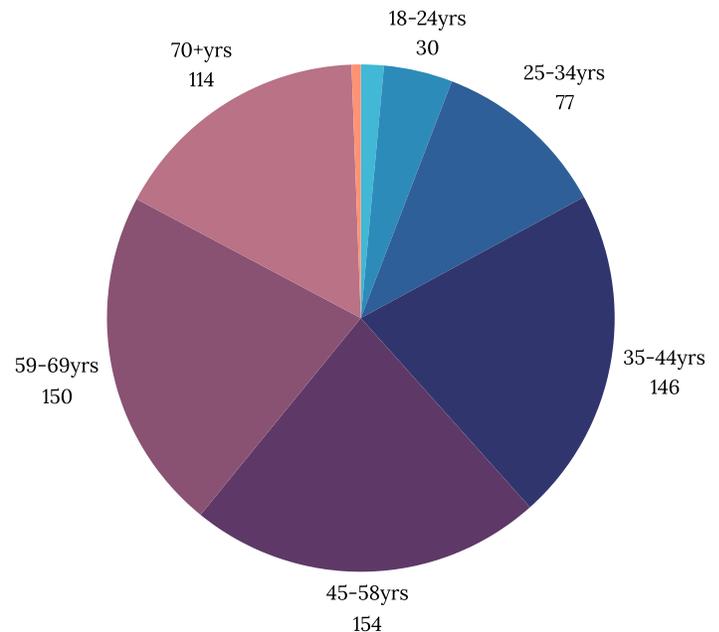
The relatively lower participation from younger adults (18-34) suggests that future community health outreach may need to focus more on engaging these younger age groups. Younger populations may face different health challenges, including mental health and substance use, which were also identified as key priorities in the survey. Increasing their engagement could provide a more balanced understanding of health issues that affect all demographics in the county.

Furthermore, the strong participation of older adults (those over 70) indicates that this demographic is highly invested in health-related discussions, likely due to the prevalence of age-related health concerns. This underscores the need for robust healthcare services tailored to the aging population, particularly in managing chronic diseases, access to specialty care, and mental health support.

Understanding the age demographics of the respondents helps inform the CHNA and local organizations by highlighting where outreach efforts may need to be focused and which age groups are already well-represented. This can guide more targeted interventions and resources, ensuring that health programs address the needs of both older and younger populations in Apache County.

#2 WHAT IS YOUR HOME ZIPCODE?

85936	86
85938	131
85925	307
87829	6
85901	26
85932	16
87830	3
85920	13
85924	14
85940	9
87824	4
87827	0
85927	13
Total	**633**

The home zip code question was a mandatory requirement for the online survey, and all paper surveys submitted also included an answer to this question. In total, 58 unique zip codes were entered in response to question #2. However, only 13 of these zip codes are located within the boundaries of WMRMC's service area. This discrepancy is likely explained by the nature of the service area, which encompasses regions that are popular for second homes and seasonal residences.

It is not uncommon for people who own second homes in these areas to spend a significant amount of time within the community, often enough to have a meaningful perspective on local health issues and services. Although these respondents may not be permanent residents, their regular presence and engagement with the community provides valuable insights into the healthcare needs and challenges faced by the area. For this reason, their responses were considered valid and were included in the overall analysis of the survey data.
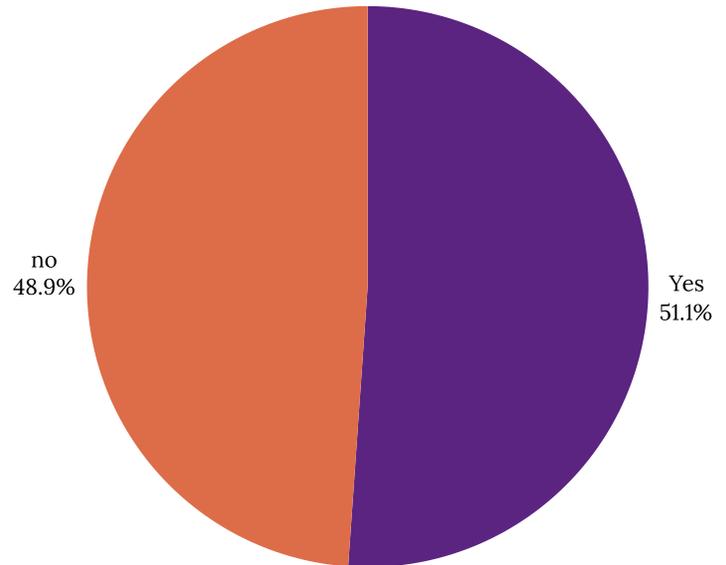
Guardianship and Caregiving Responsibilities: The 2024 CHNA survey revealed that 51.11% of respondents identified as a guardian, parent, or caregiver, showing a slight majority of individuals in the community are responsible for the care of others. In comparison, 48.89% of respondents indicated they do not have caregiving responsibilities. This data closely aligns with previous findings from the 2021 survey, which reported a nearly equal split between those with caregiving responsibilities and those without.
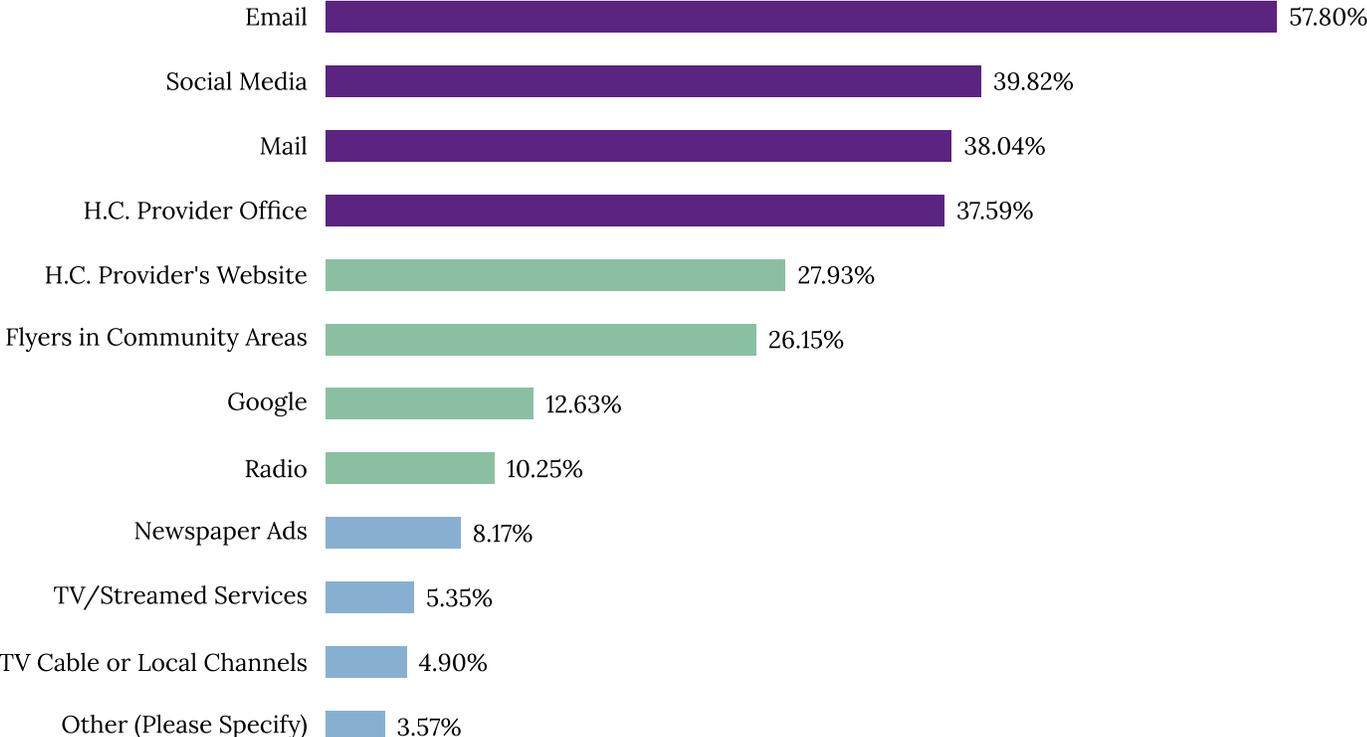
These results, combined with historical data from previous surveys, show a stable trend in the number of individuals with caregiving duties. The 2021 survey showed 50.28% of respondents had children living at home, compared to 49.72% who did not. The consistency of these findings underscores the ongoing importance of healthcare services that support not only individuals but also families and caregivers.

This high proportion of caregivers within the community highlights the need for robust support systems, including resources such as respite care, mental health services for caregivers, and healthcare services tailored to dependents (whether children, elderly, or those with chronic conditions). Understanding the caregiving landscape in Apache County will help inform future health initiatives and community services that prioritize both the well-being of caregivers and those they care for.

#3 Are you a guardian/parent/caregiver for another individual?

no
48.9%

Yes
51.1%

#4 HOW DO YOU PREFER TO RECEIVE INFORMATION ABOUT HEALTHCARE SERVICES? MARK ALL THAT APPLY.

Option	Percentage
Email	57.80%
Social Media	39.82%
Mail	38.04%
H.C. Provider Office	37.59%
H.C. Provider's Website	27.93%
Flyers in Community Areas	26.15%
Google	12.63%
Radio	10.25%
Newspaper Ads	8.17%
TV/Streamed Services	5.35%
TV Cable or Local Channels	4.90%
Other (Please Specify)	3.57%

Health education, health Promotion, and healthcare initiatives are only as effective as their ability to reach their intended audiences. This question serves as a guide for the promotion and adoption of all future healthcare initiatives.

Understanding how community members prefer to receive information about healthcare services is vital for ensuring effective communication and outreach. The 2024 CHNA survey results reveal that the most preferred method of communication is email, with 57.80% of respondents selecting this option. This highlights the importance of digital communication strategies, such as newsletters and direct emails, in reaching a broad audience.

Social media platforms such as Facebook, Instagram, Twitter, and YouTube were the second most popular option, with 39.82% of respondents indicating they prefer to receive healthcare information through these channels. This underscores the growing influence of social media in connecting with residents, particularly for sharing timely updates and engaging content.

Survey Results and Insights

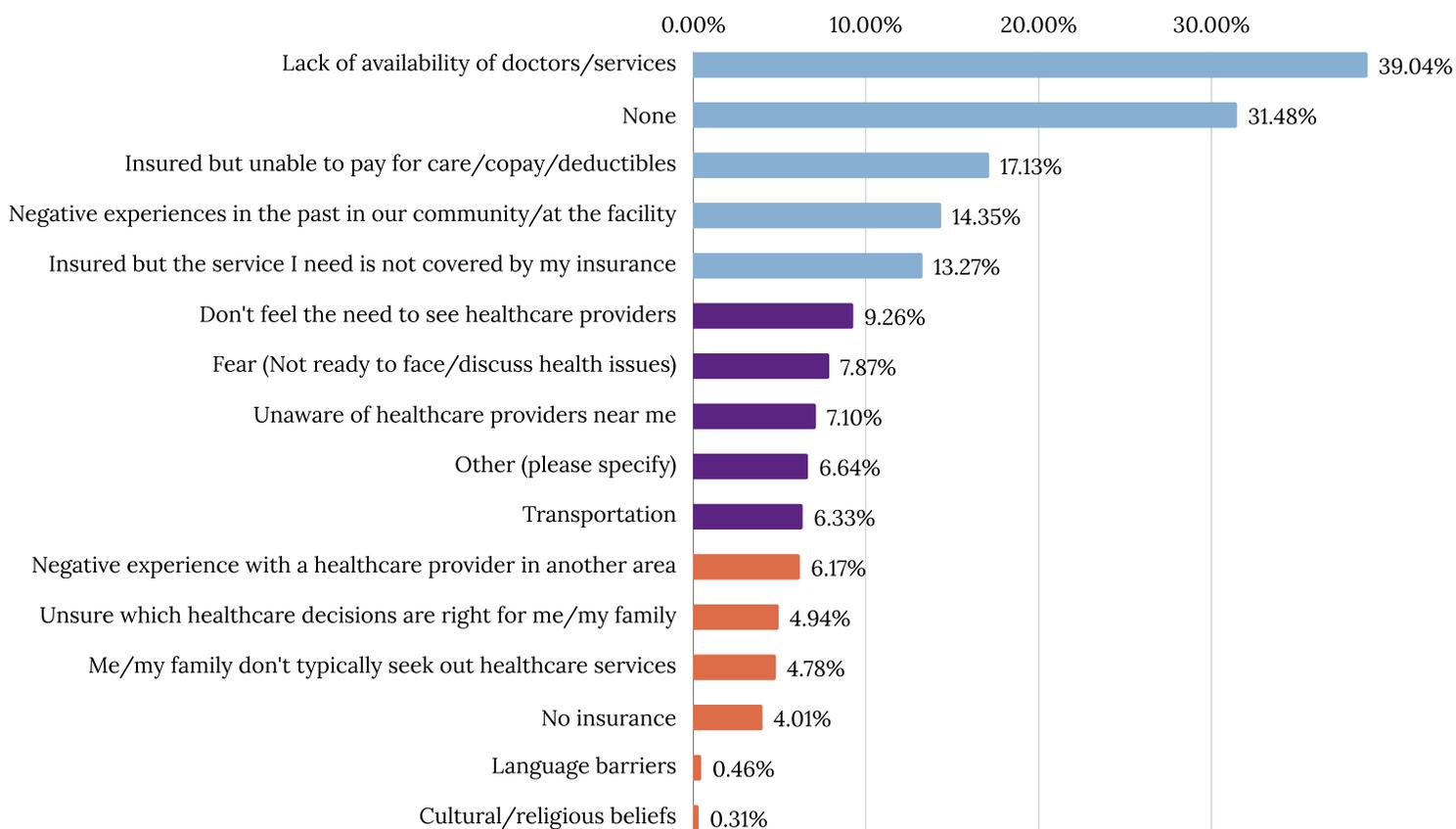Other notable communication preferences include:

- Mail (38.04%) and in-person communication at healthcare provider offices (37.59%) were also frequently selected, indicating that many residents still value more traditional forms of communication.
- Respondents chose healthcare provider websites 27.93% of the time, reflecting the importance of maintaining an updated, accessible website as a reliable resource for health-related information.
- Flyers in common community areas were preferred by 26.15% of respondents, reinforcing the value of local, and physical outreach methods.

Less frequently used methods of communication include Google (12.63%), radio (10.25%), and newspaper ads (8.17%), indicating that while these methods still hold value, they may be better suited to passive communications and are not as effective as digital and in-person strategies for active communication strategies.

This data provides a clear direction for healthcare organizations looking to improve communication with the community. A multifaceted approach that combines digital (email and social media), traditional (mail and in-office communication), and local outreach (flyers) is likely to be the most effective strategy for engaging with residents about Health Education/Promotion initiatives and healthcare opportunities.

#5 WHAT PREVENTS YOU, IF ANYTHING, FROM RECEIVING HEALTHCARE SERVICES? (CHECK ALL THAT APPLY).

Barrier	Percentage
Lack of availability of doctors/services	39.04%
None	31.48%
Insured but unable to pay for care/copay/deductibles	17.13%
Negative experiences in the past in our community/at the facility	14.35%
Insured but the service I need is not covered by my insurance	13.27%
Don't feel the need to see healthcare providers	9.26%
Fear (Not ready to face/discuss health issues)	7.87%
Unaware of healthcare providers near me	7.10%
Other (please specify)	6.64%
Transportation	6.33%
Negative experience with a healthcare provider in another area	6.17%
Unsure which healthcare decisions are right for me/my family	4.94%
Me/my family don't typically seek out healthcare services	4.78%
No insurance	4.01%
Language barriers	0.46%
Cultural/religious beliefs	0.31%

One of the key insights from the 2024 CHNA survey is identifying the barriers that prevent community members from receiving healthcare services. The survey revealed that the lack of availability of doctors/services is the most significant obstacle, with 39.04% of respondents selecting this option. This emphasizes the need for improved healthcare access and expanded services in the region, particularly in rural areas where healthcare options may be limited.

A notable portion of respondents (31.48%) reported that none of these factors prevent them from receiving healthcare, suggesting that, for a large part of the population, access to healthcare is not hindered by these common challenges.

However, for those experiencing barriers, the next most common issue was being insured but unable to pay for care, copays, or deductibles (17.13%). This highlights financial challenges as a significant obstacle, even for those with insurance. Similarly, 13.27% of respondents indicated that the services they needed were not covered by their insurance, further emphasizing financial and coverage-related difficulties.

Survey Results and Insights
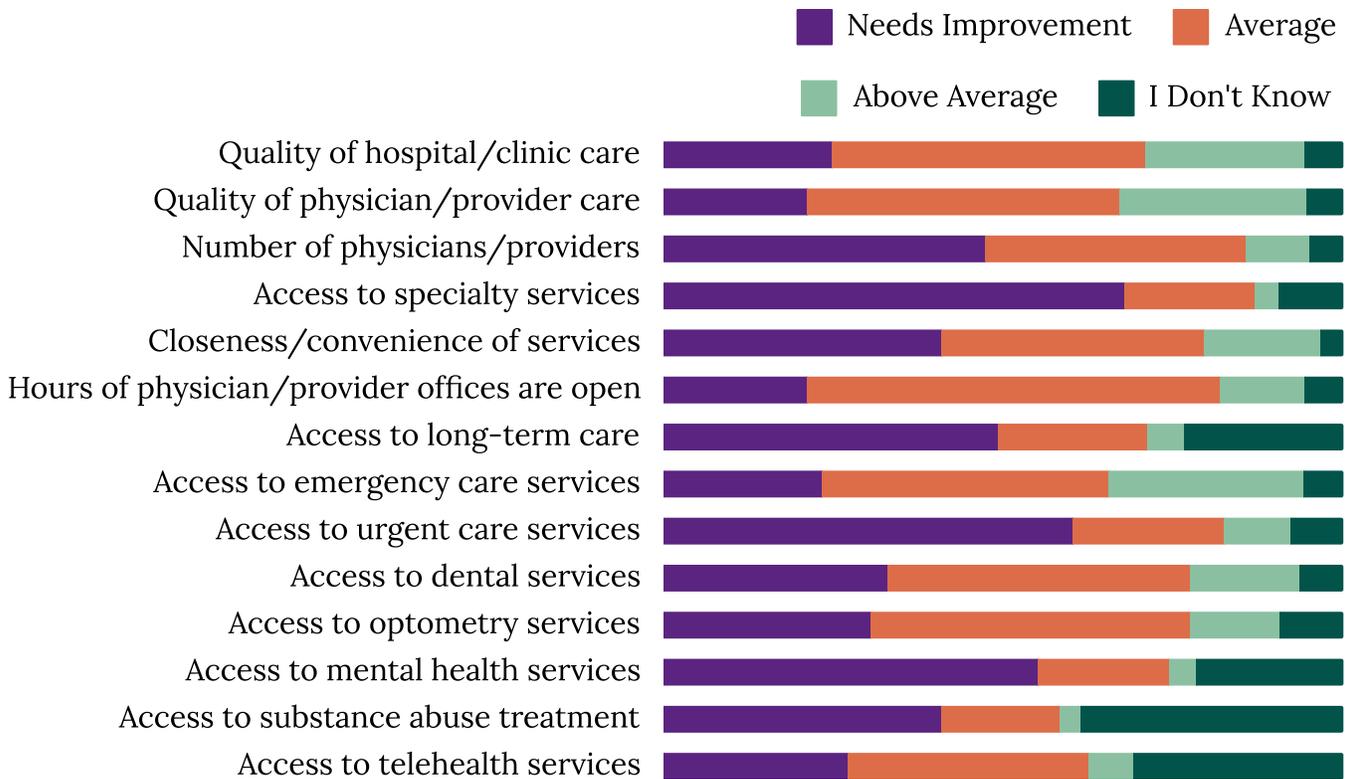
Additional challenges include:
- Negative experiences in the past at local healthcare facilities (14.35%) and fear of facing or discussing health issues (7.87%) both indicate that personal or emotional factors play a role in healthcare avoidance.
- Transportation issues (6.33%) and lack of awareness of healthcare providers nearby (7.10%) were also identified as barriers, particularly in more rural areas where access to transportation and awareness of available services may be limited.
- Uncertainty about healthcare decisions (4.94%) and cultural/religious beliefs (0.31%) were reported by a smaller percentage of respondents but are still relevant considerations for healthcare outreach and education efforts.

Interestingly, only 0.31% of respondents indicated that cultural or religious beliefs prevent them from accessing healthcare services. This small percentage suggests a largely unified stance within the community when it comes to seeking healthcare, indicating that cultural or religious factors are not a major barrier for most residents. This sense of unity could provide a strong foundation for future health education and outreach initiatives, allowing healthcare organizations to focus more on addressing logistical, financial, and service availability challenges.

These insights offer a clear understanding of the multifaceted challenges faced by Apache County residents in accessing healthcare. Addressing these barriers, particularly the availability of services and financial obstacles, will be crucial in improving healthcare access and outcomes in the community.

#6 WHAT PREVENTS YOU, IF ANYTHING, FROM RECEIVING HEALTHCARE SERVICES? (CHECK ALL THAT APPLY).

Legend: Needs Improvement · Average · Above Average · I Don't Know

- Quality of hospital/clinic care
- Quality of physician/provider care
- Number of physicians/providers
- Access to specialty services
- Closeness/convenience of services
- Hours of physician/provider offices are open
- Access to long-term care
- Access to emergency care services
- Access to urgent care services
- Access to dental services
- Access to optometry services
- Access to mental health services
- Access to substance abuse treatment
- Access to telehealth services

The 2024 CHNA survey asked residents to evaluate various aspects of healthcare in their community. The results show that while there are some areas where services are perceived positively, there are also significant gaps in key areas that need improvement.

The most critical area identified by respondents is access to specialty services, with 67.90% stating that this area needs improvement. This indicates a clear challenge in ensuring that specialized care is available and accessible within the community. Many residents may need to travel outside the area to receive such care, creating additional burdens.

Another area of concern is the number of Physicians/Providers, with 47.28% of respondents reporting that this needs improvement. This underscores the need to recruit and retain more healthcare providers in the region to meet growing demand and reduce wait times for care. Similarly, access to long-term care was highlighted as an issue, with 49.28% of respondents indicating that it requires improvement. As the population ages, this area will become even more crucial for providing adequate care to elderly residents.

Survey Results and Insights

On a more positive note, the quality of hospital/clinic care and physician/provider care is generally viewed favorably, with the majority of respondents rating them as either average or above average. 46.14% of respondents rated the quality of hospital care as average, while 45.97% gave the same rating to the quality of physician/provider care. This suggests that while access remains a concern, the quality of care itself is perceived more positively. Access to mental health services remains a significant issue, with 55.09% of respondents stating that it needs improvement. Mental health continues to be a priority for the community, as identified in previous assessments, and there is a clear need to expand access to mental health providers and services.

Additionally, access to urgent care services is another pressing concern, with 60.19% indicating it needs improvement. The community would benefit from an expansion of urgent care facilities and more readily available services during off-hours.

While telehealth services have gained importance in recent years, 27.17% of respondents reported that access to these services still needs improvement. However, 35.37% rated telehealth access as average, showing that this type of care is growing in availability but still has room for improvement in terms of accessibility and awareness.

This feedback from the community provides valuable insight into areas where healthcare organizations can focus their efforts. Addressing these gaps, particularly in specialty care, physician availability, and mental health services, will be critical for improving health outcomes and ensuring that residents have access to the services they need.

#7 "FOR ANY TOPIC (ABOVE) YOU THINK NEEDS IMPROVEMENT, PLEASE EXPLAIN IN A SENTENCE OR TWO."

As part of the effort to better understand the healthcare needs of the community, the assessment team analyzed the open-ended responses to Question 7 of the Community Health Needs Assessment. This question asked respondents to identify areas for improvement in local healthcare services. The following key themes emerged:

1. Specialty Care Access
One of the most prominent themes was the need for increased access to specialty care. Respondents frequently mentioned the difficulty of securing appointments with specialists, including neurologists, gastroenterologists, cardiologists, OB/GYNs, and endocrinologists. Many residents must travel long distances—sometimes to Phoenix or Show Low—for essential specialist care. Additionally, the need for more long-term care options for seniors was highlighted, underscoring a gap in services for vulnerable populations.

2. Urgent Care Services
Many community members voiced frustration over the lack of urgent care facilities. With no urgent care available, they are often forced to seek treatment in the emergency room for non-critical conditions. Respondents emphasized the importance of having a local urgent care center to reduce the strain on the emergency department and provide more convenient care options for minor health concerns.

3. Mental Health and Substance Abuse Services
Mental health services, particularly those addressing substance abuse and addiction, were cited as insufficient to meet the community's needs. Many respondents expressed concerns about the growing issue of substance abuse, especially among adolescents, and highlighted the limited availability of mental health professionals. There is a clear call for more comprehensive mental health support, including increased access to counseling and substance abuse treatment.

4. Affordability of Healthcare
Several respondents raised concerns about the cost of healthcare, particularly regarding specialty services, dental care, and mental health services. For many in the community, the high costs associated with healthcare act as a barrier to accessing needed care. There is a desire for more affordable healthcare options that ensure that financial barriers do not prevent people from receiving necessary treatments.

Survey Results and Insights

#7 "FOR ANY TOPIC (ABOVE) YOU THINK NEEDS IMPROVEMENT, PLEASE EXPLAIN IN A SENTENCE OR TWO."

5. Provider Retention and Quality of Care

The challenge of retaining qualified healthcare providers was another common theme. Respondents noted the frequent turnover of doctors and specialists, which has made it difficult for patients to establish long-term relationships with their providers. Additionally, there were concerns about the quality of care, particularly in emergency services and general healthcare management. Improvements in provider communication and response times for outpatient care were also suggested as ways to enhance overall healthcare delivery.

6. Healthcare Access and Infrastructure

Access to healthcare remains a significant issue for many residents, particularly those in rural areas. Respondents expressed frustration over the lack of transportation services and long travel distances to receive care. Many also suggested expanding telehealth services to increase access to healthcare, particularly for specialty consultations. Additionally, there were several mentions of the need for extended clinic hours to accommodate those who work full-time.
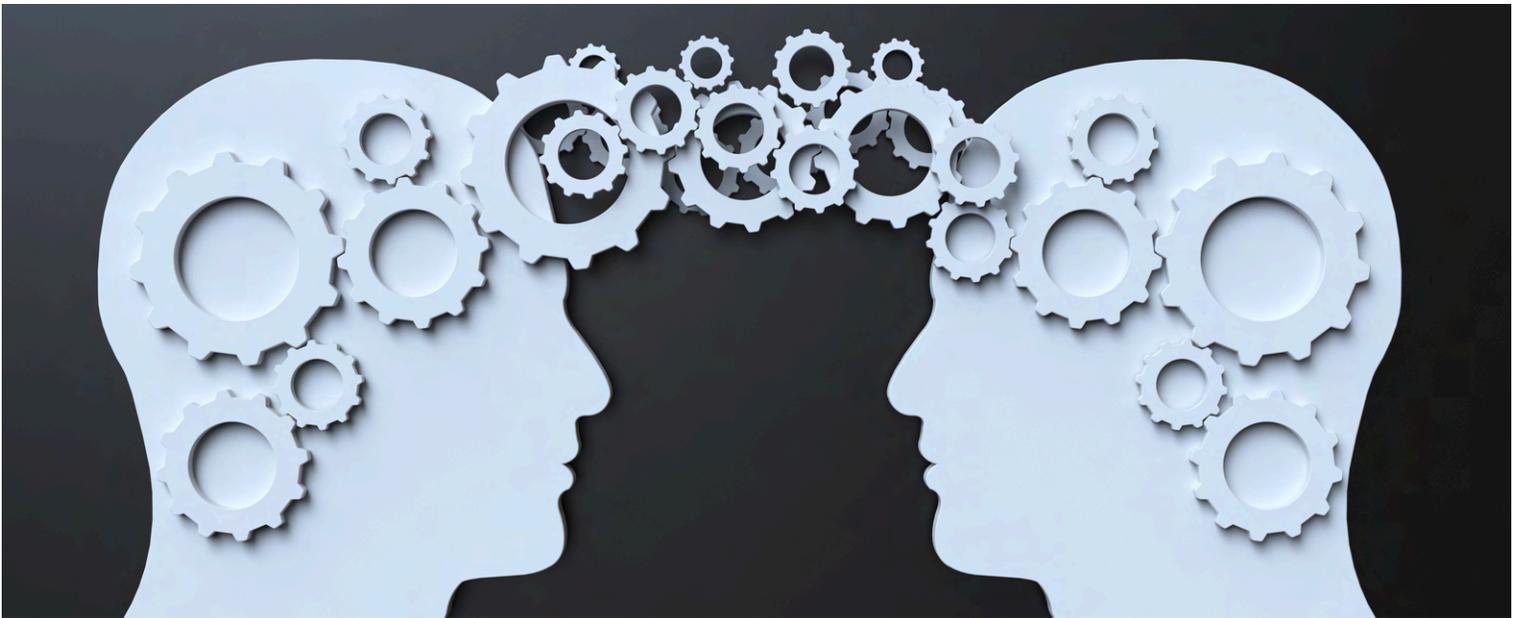
#8 WHICH OF THE FOLLOWING SERVICES, IF ANY, ARE YOU ACCESSING OUTSIDE OF APACHE COUNTY?
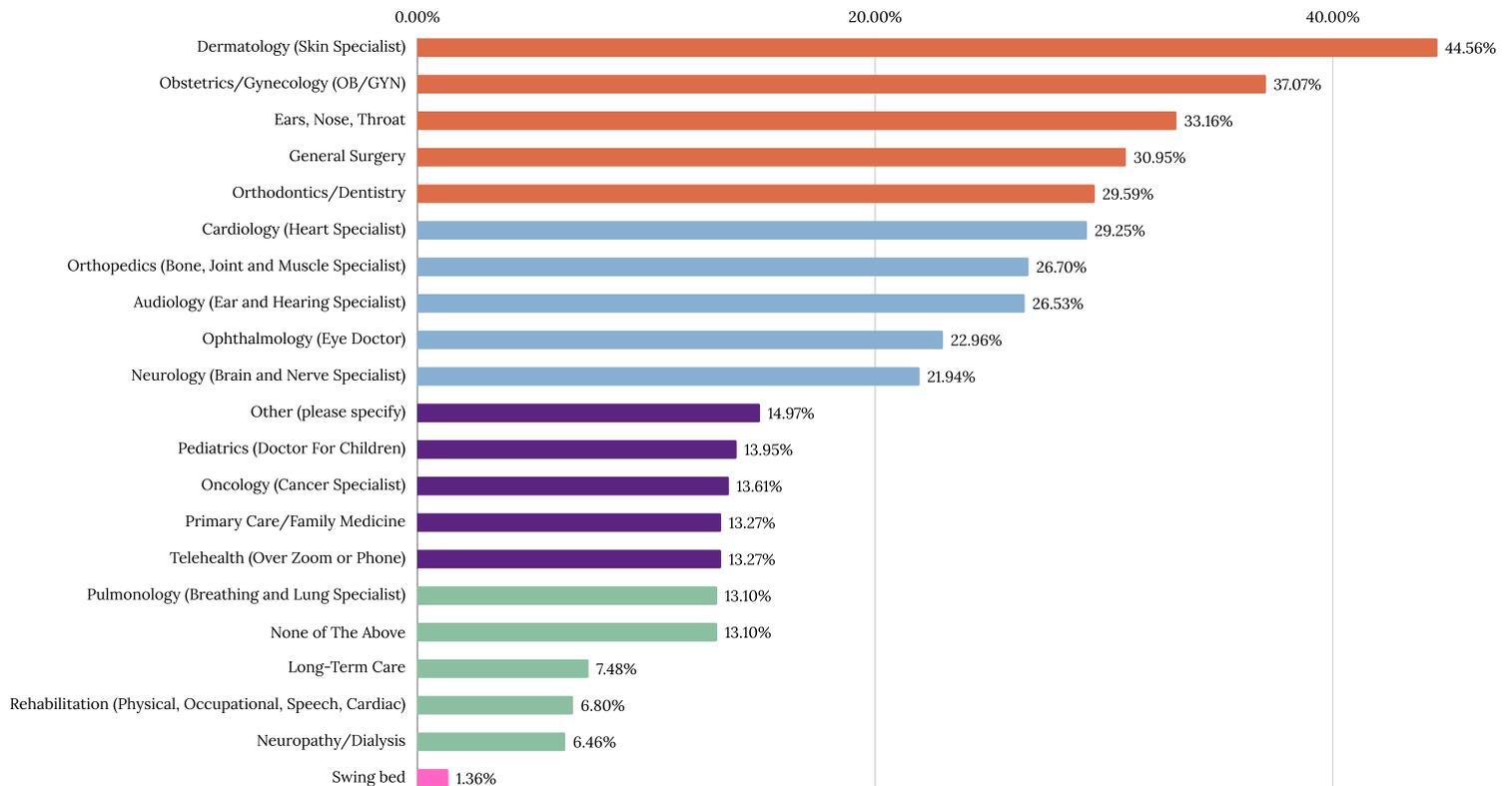
Following the identification of major areas of concern for the community, the survey also examined where residents sought specialty services. The data shows that a significant number of Apache County residents are leaving the county for care in specific medical fields.

The survey revealed that 44.56% of respondents seek dermatology services outside the county, making it the most commonly sought external service. Obstetrics/Gynecology (37.07%), Ears, Nose, and Throat (33.16%), and General Surgery (30.95%) also represented services that many respondents accessed out-of-county. This trend highlights gaps in specialty care availability within the county.

Other services being sought out-of-county include:
- Cardiology (29.25%) and Orthodontics/Dentistry (29.59%) are often accessed outside the area.
- Audiology, Ophthalmology, and Neurology services were sought outside of the county by 26.53%, 22.96%, and 21.94% of respondents respectively.
- Less than 15% of respondents sought care elsewhere for services such as Pediatrics, Primary Care, and Pulmonology, but these specialties still represent important areas for potential expansion.

Addressing these gaps could improve access to healthcare and overall community health outcomes.

#9 WHICH OF THE FOLLOWING SERVICES, IF ANY, ARE YOU ACCESSING OUTSIDE OF APACHE COUNTY?
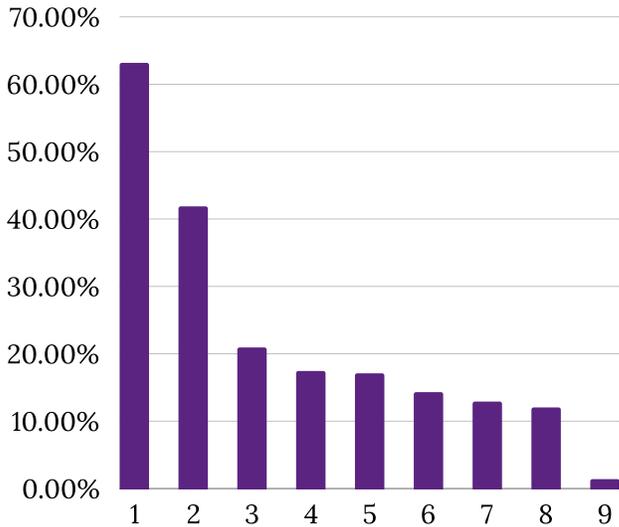
For Question 9, participants were asked to share why they access healthcare services outside of Apache County. The data highlights several barriers and reasons for seeking care elsewhere, with each of the 9 categories representing a different concern. Each is outlined below.

1. Availability of Services in This Area: This was the most cited reason, with 63.18% of respondents indicating that they travel outside the county because the services they need are not available locally.

2. The Type of Care I Need is Not Available: 41.88% of respondents specifically noted that the particular type of care they require is not available in Apache County, indicating gaps in specialized care.

3. Accessibility of Appointments/Scheduling: 20.94% of respondents shared that difficulty in scheduling or accessing appointments locally forces them to seek services elsewhere.

4. Dissatisfied With Services in This Area: 17.45% indicated dissatisfaction with the quality or delivery of local healthcare services, prompting them to go outside of Apache County for care.

5. Good Relationship and/or Satisfied with Providers Outside of This Community: 17.10% of respondents shared that they continue to seek care outside the county due to positive relationships or satisfaction with providers elsewhere.

6. Unsure if the Services are Offered in this Area: 14.31% noted uncertainty about whether the services they need are even available locally, suggesting a potential communication gap in informing the community about available healthcare options.

7. Can't Find a Healthcare Provider I Would Prefer to See: 12.91% of respondents mentioned that they cannot find a local healthcare provider that fits their preferences, so they look elsewhere for care.

## #9 WHICH OF THE FOLLOWING SERVICES, IF ANY, ARE YOU ACCESSING OUTSIDE OF APACHE COUNTY?

8. None: 12.04% of respondents indicated that none of the listed factors affect their healthcare choices.

9. I work in Another Location and Preferred to Receive Healthcare Services There: Only 40% of respondents stated that they access healthcare outside the county due to working in another location and preferring to seek services near their place of employment.

This data provides valuable insights into the challenges residents face in accessing healthcare services locally, with the availability of services standing out as the most significant barrier.

#10 WHAT CHANGES COULD ENCOURAGE YOU TO SEEK CARE IN APACHE COUNTY?
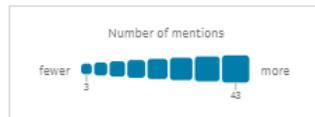
This question followed inquiries into which healthcare services respondents accessed outside the county and why they chose to seek care elsewhere. The purpose of Question 10 was to gather specific suggestions from the community on improving local healthcare access and quality.

Based on the 256 responses, several key themes emerged, which are highlighted below.

1. Availability of Specialists and Services
A significant portion of respondents expressed frustration with the lack of specialists and advanced healthcare services in Apache County. Commonly mentioned specialties include cardiology, endocrinology, dermatology, pediatrics, and mental health services. Many respondents noted that they currently have to travel outside the county to see specialists, which is often burdensome due to distance and time.

2. Timely Access to Care
Another prominent theme was the difficulty in accessing care in a timely manner. Respondents reported long waiting times to see primary care providers and specialists, with some mentioning that they have to wait several weeks or months for an appointment. This was a major barrier to receiving care locally, especially for those with urgent or ongoing health needs.

#11 WHAT CHANGES COULD ENCOURAGE YOU TO SEEK CARE IN APACHE COUNTY?

3. Retention of Healthcare Providers
Respondents frequently cited the high turnover of healthcare providers in Apache County. They expressed frustration that doctors and specialists often leave the area, leading to inconsistency in care. This lack of stability forces many residents to seek care outside the county, where they can build long-term relationships with providers.

4. Urgent Care and Emergency Services
The need for urgent care facilities was mentioned by many respondents who expressed that such services are either nonexistent or insufficient in Apache County. The absence of after-hours care and limited emergency room capabilities were particularly frustrating, leading many to travel out of the county for urgent medical needs.

**5. Insurance Coverage and Affordability**
Concerns about the cost of care and insurance coverage were also commonly mentioned. Respondents highlighted issues with finding providers who accept their insurance and the high out-of-pocket costs they often face when receiving care locally. Affordability was a key barrier to accessing healthcare within the county.

6. Local Infrastructure and Technological Advancements
Some respondents noted that improvements in healthcare infrastructure, such as better medical equipment and hospital facilities, would encourage them to seek care locally. There were also calls for the modernization of technology in local hospitals and clinics to ensure the provision of high-quality care.

By addressing these concerns, Apache County can make significant strides toward improving healthcare access and quality for its residents, reducing the need for them to seek care in neighboring areas.

#11 HOW DO YOU VIEW THE FOLLOWING HEALTHCARE TOPICS IN OUR COMMUNITY? 1 OF 2

Legend: Not a Concern, Minor Concern, Major Concern, Crisis Level of Concern
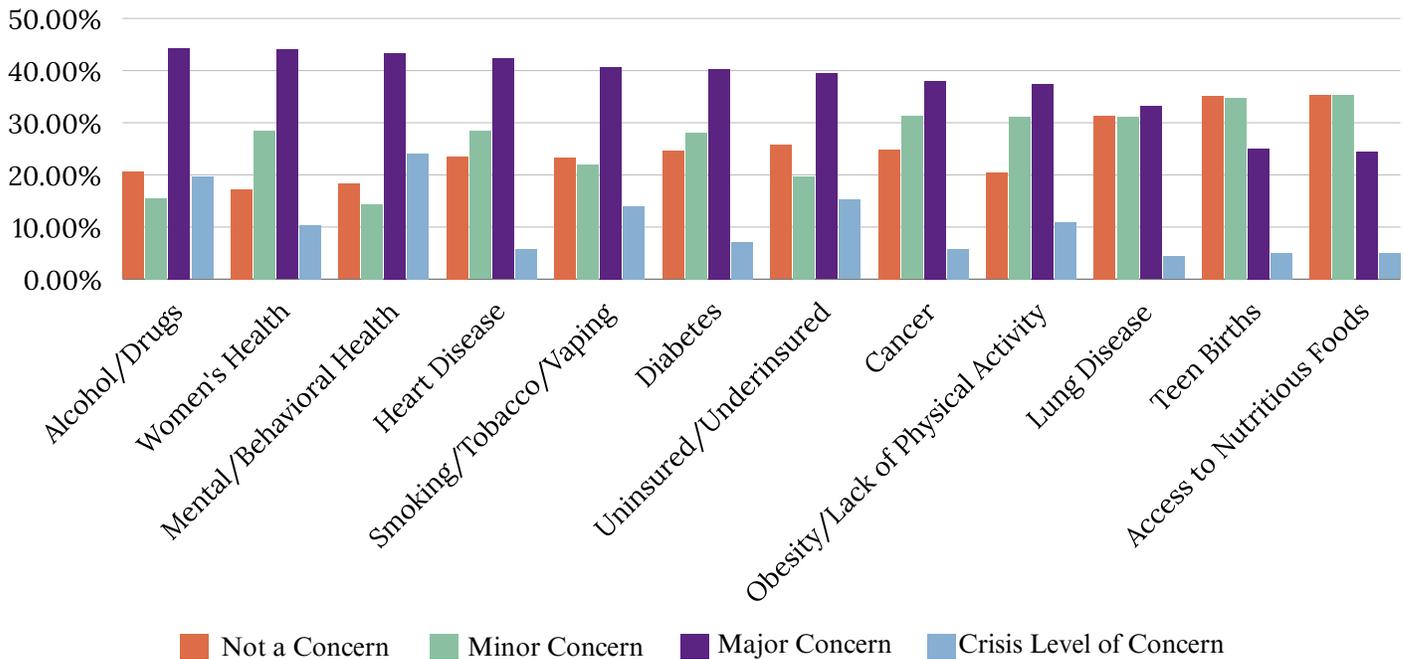
The data from this section of the survey highlights several key areas of concern for the health and wellness of Apache County. Issues like mental and behavioral health (43.30% Major Concern), alcohol and drug use (44.32% Major Concern), and Smoking/Tobacco/Vaping (40.65% Major Concern) emerge among the top priorities. Additionally, concerns such as diabetes, obesity, and women's health are consistently recognized as significant challenges within the community.

For those looking to engage with and support the community, this data offers a valuable entry point. Understanding the priority issues can help guide decisions on where resources, partnerships, and interventions could have the most significant impact. Programs aimed at improving mental health services, providing resources for substance abuse treatment, or increasing access to women's health programs could align with the community's most pressing needs.

#12 HOW DO YOU VIEW THE FOLLOWING HEALTHCARE TOPICS IN OUR COMMUNITY? 2 OF 2

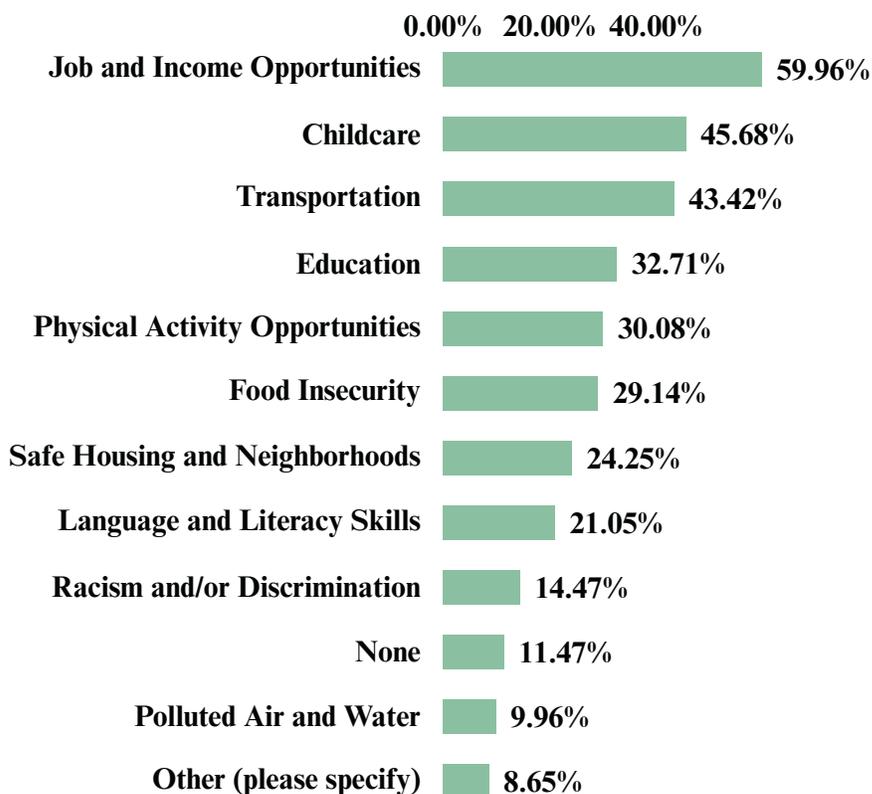Legend: Not a Concern | Minor Concern | Major Concern | Crisis Level of Concern
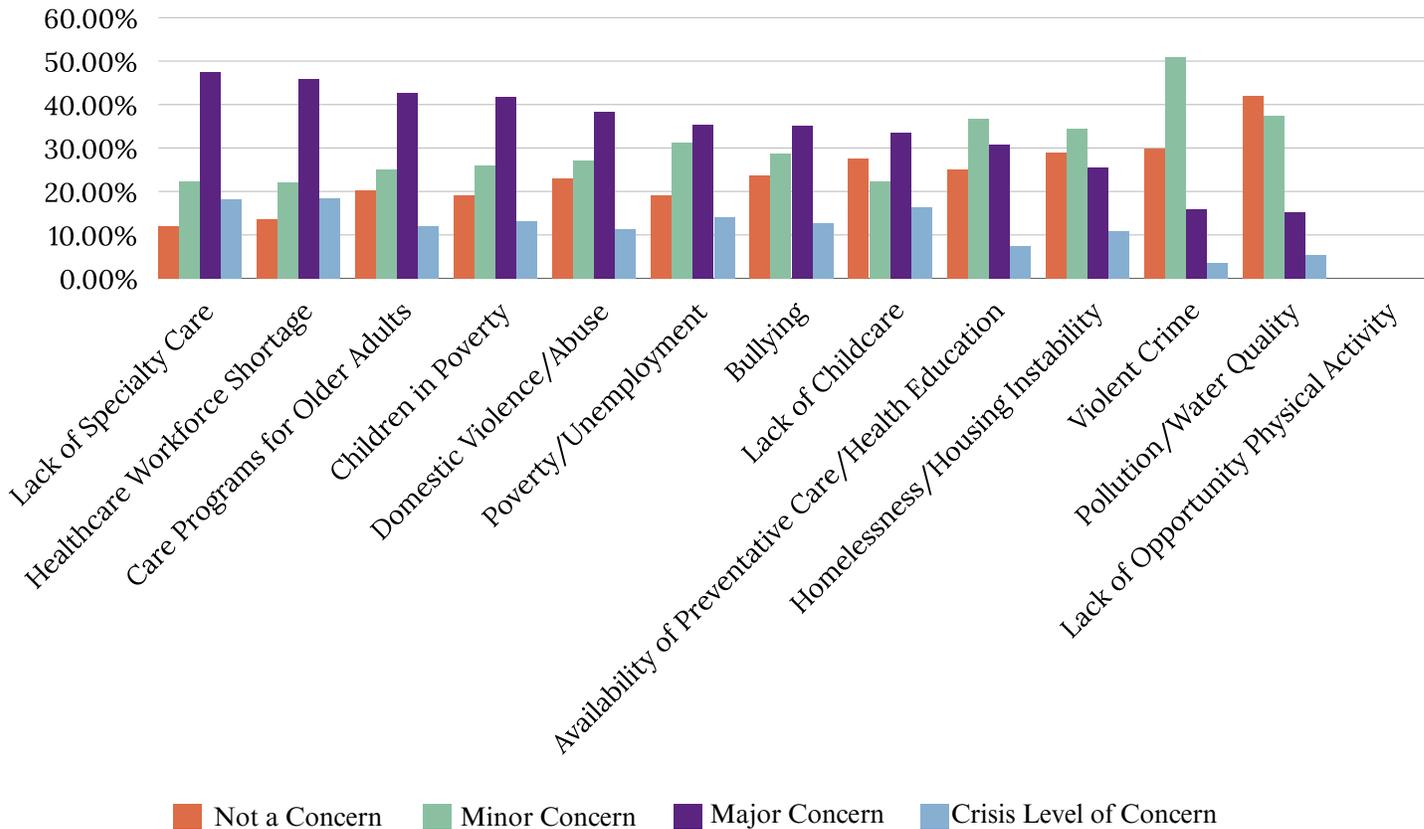
The data from the 559 respondents to this survey question identifies several social and structural challenges faced by the Apache County community. Issues such as healthcare workforce shortages (45.93% Major Concern), lack of specialty care (47.45% Major Concern), and care programs for older adults (42.65% Major Concern) emerged as critical areas of concern based on the survey.

Environmental issues seem to be less of a concern for Apache County. Those such as pollution and water quality (42.08% No Concern) and violent crime (29.76% No Concern) appear to be less pressing for respondents. Housing instability, however, is a moderate concern, with homelessness and housing insecurity (25.59% Major Concern) being noted as a significant issue.

These insights can inform future discussions and initiatives aimed at addressing the community's most pressing needs, particularly for those from outside the area who may want to collaborate on impactful programs that align with local priorities.

#13 IN YOUR OPINION, WHICH FACTORS THAT AFFECT ONE'S HEALTH ARE UNADDRESSED OR INADEQUATELY ADDRESSED IN OUR COMMUNITY? CHECK ALL THAT APPLY.

Factor	Percentage
Job and Income Opportunities	59.96%
Childcare	45.68%
Transportation	43.42%
Education	32.71%
Physical Activity Opportunities	30.08%
Food Insecurity	29.14%
Safe Housing and Neighborhoods	24.25%
Language and Literacy Skills	21.05%
Racism and/or Discrimination	14.47%
None	11.47%
Polluted Air and Water	9.96%
Other (please specify)	8.65%

The 532 responses to question 13 shed light on several key social determinants of health (SDOH) that respondents feel are either unaddressed or inadequately addressed in Apache County. The most prominent concern, as identified by 59.96% of respondents, is a lack of job and income opportunities. This is closely followed by issues related to childcare, which 45.68% of respondents indicated as a pressing need, and transportation insecurity, cited by 43.42%.

Other notable concerns include education, with 32.71% of respondents highlighting it as an area needing improvement, and physical activity opportunities, identified by 30.08% of respondents. Food insecurity was also a significant issue for 29.14% of those surveyed, underscoring challenges related to access to nutritious foods in the community. Additional concerns include the availability of safe housing and neighborhoods (24.25%), language and literacy skills (21.05%), and racism and/or discrimination (14.47%). Environmental factors like polluted air and water were of lesser concern, with only 9.96% of respondents identifying them as a priority issue. A small portion of respondents (11.47%) indicated that none of these factors were significant concerns, while 8.65% mentioned other issues not listed in the survey.

These findings offer a comprehensive overview of the community's perspective on the various SDOHs affecting health outcomes in Apache County and provide a clear indication of where the gaps in the system exist.

#14 "WHAT ADDITIONAL HEALTHCARE SERVICES WOULD YOU LIKE TO SEE IN OUR COMMUNITY? PLEASE LIMIT YOUR RESPONSE TO A FEW SENTENCES."

This question focused on what additional healthcare services respondents felt were necessary in this area. Several key themes emerged from the 251 responses that highlight the community's desire for expanded services, improvements in specific areas, and broader accessibility to healthcare.

1. Increased Access to Specialty Care
One of the most frequently mentioned needs was the desire for increased access to specialty care. Respondents noted the importance of having more pediatricians, OB-GYNs, gastroenterologists, hematologists, cardiologists, and orthopedic surgeons available locally. These specialists play a crucial role in comprehensive healthcare, and community members expressed a desire for more frequent access to these services. Improving availability in these areas can reduce the need for patients to travel long distances for care, leading to better health outcomes and more timely treatments.

#14 "WHAT ADDITIONAL HEALTHCARE SERVICES WOULD YOU LIKE TO SEE IN OUR COMMUNITY? PLEASE LIMIT YOUR RESPONSE TO A FEW SENTENCES."

2. Enhanced Urgent Care and Emergency Services
Respondents expressed a strong interest in having stand-alone urgent care centers that provide accessible, immediate care for non-emergency situations. Additionally, suggestions were made for improving the efficiency and response times within emergency services, which would help address the community's needs for quicker access to critical care.

3. Expansion of Mental Health Services
The community also emphasized the importance of expanding mental health services, particularly in relation to substance abuse and addiction care. Many respondents indicated that mental health remains an area where further investment and development are needed, both in terms of preventive care and ongoing treatment. By expanding access to mental health services, the hospital can continue to support the holistic well-being of its patients, ensuring that mental health is treated with the same level of importance as physical health.

4. Affordable Healthcare Options
Affordability was another concern raised by respondents, with many noting the importance of ensuring that healthcare remains accessible to all, regardless of financial status. The community expressed a strong desire for affordable healthcare options, which would alleviate some of the financial barriers that can prevent individuals from seeking necessary care. The hospital has an opportunity to explore ways to improve affordability through financial assistance programs, community outreach, and partnerships with local and regional health organizations.

5. Support for Vulnerable Populations
Several responses highlighted the need for services aimed at vulnerable groups, including caregivers for Dementia and Alzheimer's patients, children's services, adult care, and senior care. Respondents recognized the challenges faced by these populations and expressed a desire for more tailored services that meet the specific needs of these groups. Expanding programs that focus on vulnerable populations can enhance the hospital's ability to provide comprehensive, compassionate care for all members of the community.

Survey Results and Insights

#14 "WHAT ADDITIONAL HEALTHCARE SERVICES WOULD YOU LIKE TO SEE IN OUR COMMUNITY? PLEASE LIMIT YOUR RESPONSE TO A FEW SENTENCES."

6. General Healthcare Improvements

Finally, respondents expressed a desire for general improvements in healthcare quality, including more quality doctors, better access to radiology and advanced imaging, and improvements in transportation services.

#15 "WHAT ADDITIONAL RECOMMENDATIONS FOR ADDRESSING COMMUNITY HEALTH NEEDS DO YOU HAVE FOR APACHE COUNTY, IF ANY. PLEASE LIMIT YOUR RESPONSE TO A FEW SENTENCES."
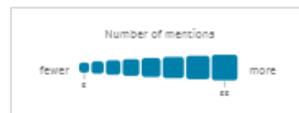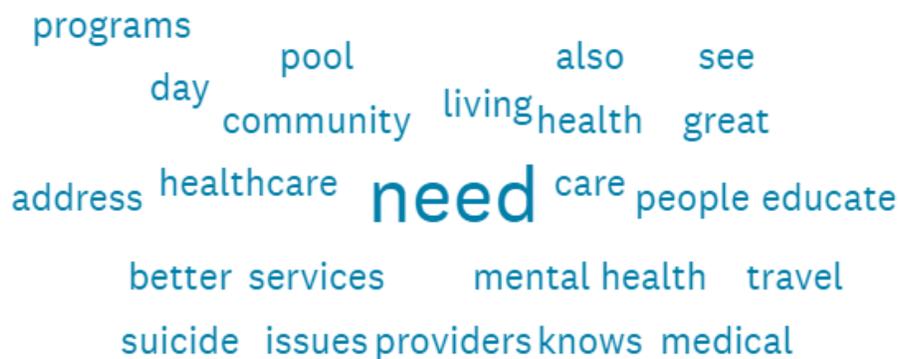
In the final question of the 2024 Community Health Needs Assessment (CHNA), respondents were asked to provide any additional recommendations for addressing community health needs in Apache County. This question allowed respondents to express additional feedback not covered in previous questions. Based on the analysis of the 118 responses, several key themes emerged, which are summarized below:

1. Mental Health Services
The most frequently mentioned recommendation was the need for improved mental health services in Apache County. This includes the need for more mental health professionals, better access to counseling, addiction services, and suicide prevention initiatives. Several respondents expressed concerns about the adequacy of the current mental health support system.

2. Access to Specialists and Medical Services
Many respondents emphasized the need for more specialized medical services in the county. Recommendations ranged from increasing the availability of specialists, such as Gynecologists and Endocrinologists, to adding facilities for dialysis, urgent care, and trauma services.

#15 "WHAT ADDITIONAL RECOMMENDATIONS FOR ADDRESSING COMMUNITY HEALTH NEEDS DO YOU HAVE FOR APACHE COUNTY, IF ANY. PLEASE LIMIT YOUR RESPONSE TO A FEW SENTENCES."

3. Health Education and Prevention Programs
Another prominent theme was the importance of health education and preventative programs. Respondents called for public health initiatives focused on nutrition, diabetes management, substance abuse prevention, and youth health education. Several recommended community outreach through health fairs and educational events.

4. Improvement in Healthcare Infrastructure and Workforce
Respondents highlighted the need for improvements in local healthcare infrastructure, including better facilities, increased and staffing. This includes suggestions to build or improve hospitals, ensure better access to pharmacies, and recruit experienced healthcare providers.

5. Affordable Care and Insurance Issues
A number of respondents brought up concerns about the cost of healthcare in Apache County. These concerns included the high cost of services for insured patients, lack of insurance options, and a lack of affordable healthcare for the middle class. The need for better insurance coverage and lower medical costs was also mentioned.

6. Programs for Seniors and Vulnerable Populations
Several respondents recommended services and programs specifically for seniors and other vulnerable populations. This includes suggestions for better senior living facilities, transportation for the elderly, and specialized care for those with chronic conditions.

These insights from the community provide actionable recommendations that can help shape future healthcare initiatives and policy decisions in Apache County, ensuring that the diverse needs of its residents are addressed comprehensively.

Community Health Needs Assesment Survey

2024 Community Health Needs Assessment

This completely confidential 15-question survey is your chance to help us obtain resources to better your healthcare needs. Let's make a difference together – your input will guide vital health initiatives in the Apache County (White Mountain Regional Medical Center) service area.
Complete this survey for a chance to win an Amazon gift card.

PAPER COPIES CAN BE RETURNED TO

Apache County Public Health

St. Johns Health Clinic
110 E. 1st Street S
St. Johns, AZ 85936
Monday–Thursday
6:30 a.m. to 5:30 p.m.
(928) 337-7977

North Country HealthCare

488 S Mountain Ave, Springerville, AZ 85938
Monday–Friday
7 a.m. to 6 p.m.
(928) 333-0127

White Mountain Regional Medical Center

118 S Mountain Ave, Springerville, AZ 85938
Monday–Friday
8 a.m. to 5 p.m.
(928) 333-7333

Or take it online at WWW.WMRMC.COM/CHNA

2024 Community Health Needs Assessment

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Complete this survey for a chance to win an Amazon gift card.

1. What is your age?

○ Under 18

○ 18-24

○ 25-34

○ 35-44

○ 45-58

○ 59-69

○ 70+

* 2. What is your home zip code?

[   ]

3. Are you a guardian/parent/caregiver for another individual?

○ Yes

○ No

4. How do you prefer to receive information about healthcare services? mark all that apply.

- [ ] Healthcare provider office
- [ ] Mail
- [ ] Email
- [ ] Healthcare Provider's Website
- [ ] Newspaper Ads
- [ ] Google
- [ ] Social Media (Facebook, Instagram, Twitter, Youtube)
- [ ] Radio
- [ ] TV Cable or local channels
- [ ] TV/ Internet streamed services
- [ ] Flyers in common community areas
- [ ] Other (please specify)

  [   ]

5. What prevents you, if anything, from receiving health care services? (Check all that apply).

☐ Cultural/religious beliefs

☐ Don't feel the need to see healthcare providers

☐ Fear (Not ready to face/discuss health issues)

☐ Insured but the service I need is not covered by my insurance

☐ Insured but unable to pay for care/copay/deductibles

☐ Lack of availability of doctors/services

☐ Language barriers

☐ Me/my family don't typically seek out healthcare services

☐ Negative experiences in the past in our community / at the facility

☐ Negative experience with a healthcare provider in another area

☐ No insurance

☐ Transportation (cost, lack of, not convenient or conducive to appointment availability, etc.)

☐ Unaware of healthcare providers near me

☐ Unsure which health care decisions are right for me/my family.

☐ None

☐ Other (please specify)

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[                                              ]
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6. How do you view the following healthcare topics in your community?

	needs improvement	Average	Above average	I don't know
Quality of hospital/clinic care	○	○	○	○
Quality of physician/provider care	○	○	○	○
Number of physicians/providers	○	○	○	○
Access to specialty services	○	○	○	○
Closeness/convenience of services	○	○	○	○
Hours of physician/provider offices are open	○	○	○	○
Access to long-term care	○	○	○	○
Access to emergency care services	○	○	○	○
Access to urgent Care services	○	○	○	○
Access to dental services	○	○	○	○
Access to optometry services	○	○	○	○
Access to mental health services	○	○	○	○
Access to substance abuse treatment	○	○	○	○
Access to telehealth services	○	○	○	○

7. For any topic (above) you think needs improvement, please explain in a sentence or two.

2024 Community Health Needs Assessment

8. Which of the following services, if any, are you accessing outside of Apache County?

☐ Audiology (ear and hearing Specialist)

☐ Cardiology (heart Specialist)

☐ Dermatology (skin Specialist)

☐ Ears, nose, throat

☐ General surgery

☐ Long-term care

☐ Neurology (brain and nerve Specialist)

☐ Neuropathy/ dialysis

☐ Obstetrics/Gynecology (OB/GYN)

☐ Oncology (cancer Specialist)

☐ Ophthalmology (Eye doctor)

☐ Orthodontics/Dentistry

☐ Orthopedics (bone, joint and muscle Specialist)

☐ Pediatrics (doctor for children)

☐ Primary care/family medicine

☐ Pulmonology (breathing and lung Specialist)

☐ Rehabilitation (physical, occupational, speech, cardiac)

☐ Swing bed

☐ Telehealth (over Zoom or phone)

☐ None of the above

☐ Other (please specify)

9. For any of the services selected above, please share why your accessing these services outside of Apache County. Check all that apply.

- [ ] Accessibility of appointments/scheduling

- [ ] Availability of services in this area

- [ ] Dissatisfied with services in this area

- [ ] Unsure if the services are offered in this area

- [ ] The type of care I need is not available

- [ ] Can't find a healthcare provider I would prefer to see

- [ ] I work in another location and preferred to receive health care services there

- [ ] Good relationship and/or satisfied with providers outside of this community

- [ ] None

10. What changes could encourage you to seek care in Apache County?

11. How do you view the following healthcare topics in our community?

	Not a concern / I don't know	Minor concern	Major concern	Crisis level of concern
Smoking/tobacco/ vaping	○	○	○	○
Obesity / lack of physical activity	○	○	○	○
Diabetes	○	○	○	○
Access to nutritious foods	○	○	○	○
Alcohol / drugs	○	○	○	○
Teen births	○	○	○	○
Uninsured/underinsured	○	○	○	○
Mental/behavioral health	○	○	○	○
women's health	○	○	○	○
Cancer	○	○	○	○
Heart disease	○	○	○	○
Lung disease	○	○	○	○

12. How do you view the following healthcare topics in our community?
2 of 2

	Not a concern / I don't know	Minor concern	Major concern	Crisis level of concern
Children in poverty	○	○	○	○
Poverty / unemployment	○	○	○	○
Violent crime	○	○	○	○
Pollution/water quality	○	○	○	○
Homelessness/housing instability	○	○	○	○
Domestic violence/abuse	○	○	○	○
Bullying	○	○	○	○
Care programs for older adults	○	○	○	○
Availability of preventative care/health education	○	○	○	○
Healthcare workforce shortage	○	○	○	○
Lack of specialty care	○	○	○	○
Lack of childcare	○	○	○	○

13. In your opinion, which factors that affect one's health are unaddressed or inadequately addressed in our community? Check all that apply.

- ☐ Safe housing and neighborhoods
- ☐ Transportation
- ☐ Racism and/or discrimination
- ☐ Education
- ☐ Job and income opportunities
- ☐ Food insecurity
- ☐ Physical activity opportunities
- ☐ Polluted air and water
- ☐ Language and literacy skills
- ☐ Childcare
- ☐ None
- ☐ Other (please specify)

14. What additional healthcare services would you like to see in our community? Please limit your response to a few sentences.

15. What additional recommendations for addressing community health needs do you have for Apache County, if any. Please limit your response to a few sentences.

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