

2012 Community Health Assessment: A **Healthy LA PAZ** Project



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HEALTH DEPARTMENT
(ARIZONA)

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Leadership for a **Healthy LA PAZ**

Inspiring healthy choices

by nurturing community involvement

and striving towards a better health system

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ACKNOWLEDGEMENTS

The La Paz County Health Department (LPCHD), in conjunction with Leadership for a HEALTHY LA PAZ (the project Steering Committee), took on the task of assessing the county's health strengths and weaknesses as a first step in formulating citizen-driven solutions and improvements to population health. This **2012 Community Health Assessment** provides a public record of the findings and serves as the basis for a county-wide health improvement process and plan. Many community members, agencies, and organizations provided input vital to this report. Their time, expertise, and care on behalf of the people of this county are deeply appreciated.

LEADERSHIP FOR A Healthy LA PAZ (FOUNDING STEERING COMMITTEE)

Special thanks to all of the following founding steering committee members for their dedication to the Healthy LA PAZ project and to the shared vision of vibrant community health:

Lee Ann Anderson, LPCHD Public Health Education and Prevention Division, Program Manager

Starr BearCat, Proud Neighbors of Quartzsite, Founder

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Robin Cooper, LPCHD Public Health Education and Prevention Division, Prevention Coordinator

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VOICES OF THE COMMUNITY – PHOTO PROJECT

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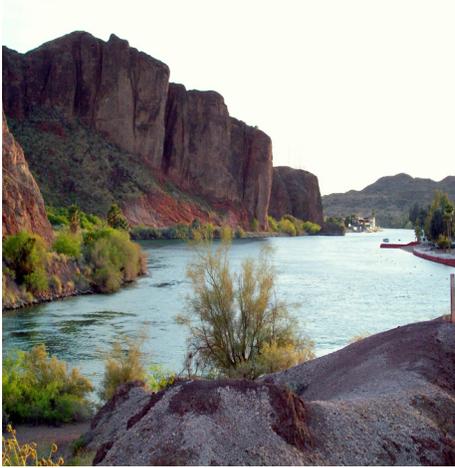
COMMUNITY PARTICIPANTS **

** Special thanks to the 246 anonymous community members who voiced their views and concerns on a county-wide quality of life survey. In addition, the following community members contributed time, expertise and input to the analyses in this Community Health Assessment:

Janine Acton, Western Arizona Council of Governments (WACOG) Case Manager
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Darla Tilly, Parker Community/Senior Center, Executive Director
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D.L. Wilson, La Paz County Supervisor (District 1), President/CEO of LPC Economic Development Corporation

EXECUTIVE SUMMARY – PROJECT OVERVIEW

Introduction and Background



The La Paz County Health Department (LPCHD) is situated in the county seat of Parker, AZ (population 3,073). In the summer of 2012, LPCHD and a citizen steering committee engaged in a 10-month process to assess the health of

the county and to create a community-driven, county-wide health improvement plan. This process was made possible by funding from the Arizona Department of Health Services through the Public Health Block Grant and the National Network of Public Health Institutes (NNPHI).

LPCHD selected the “gold-standard” model for community health assessment and health improvement planning: MAPP (Mobilizing for Action through Planning and Partnerships). Our MAPP project is called [Healthy LA PAZ](#) and is explained in more detail in this report.

Overall, the [Healthy LA PAZ](#) project’s main objectives are as follows:

- ✓ Define a shared vision and common values for the health and well-being of La Paz County
- ✓ Complete four comprehensive assessments to accurately measure and describe the county’s health status
- ✓ Define key strategic issues, goals and strategies for improving the county’s health
- ✓ Take action!!!

La Paz County – Description

La Paz is Arizona’s “youngest” county, founded in 1983 from the splitting of Yuma County to the south. With 20, 419 residents spread over nearly 4,500 square miles, La Paz represents a true “frontier” county – it has a population density of only 4.6 persons per square mile.

Visitors here see vast swaths of flat desert ranges punctuated by sharp mountains and Saguaro cacti, all under an immense, clear blue sky. They also see small Western towns and communities dotting the dusty landscape and the mighty Colorado River snaking its way through the desert. Near that waterway, they might visit the Colorado River Indian Tribes reservation, belonging to Mohave, Chemehuevi, Navajo and Hopi people.

Tourism and agriculture serve as the county’s economic powerhouses. With its natural beauty, La Paz County attracts many tourists each year, including weekend warriors out for fishing, boating or waterskiing on the river, or riding their ATV’s in the desert. Annual gem and mineral shows also bring longer-term campers, who often stay for weeks to months during the winter.

La Paz is also an agricultural county, where farmers grow alfalfa for hay, cotton, wheat, vegetables, and cantaloupes. Top livestock include horses and ponies, cattle and calves, hogs and pigs, chickens, and goats. Tended fields stretch out for miles in populated areas of the county.

EXECUTIVE SUMMARY – HEALTHY LA PAZ 2012 CHA MAJOR FINDINGS

- VISIONING: The vision statement is:
 - **Healthy LA PAZ: Inspiring healthy choices by nurturing community involvement and striving towards a better health system**
- VOICES OF THE COMMUNITY “QUALITY OF LIFE SURVEY” – THE COMMUNITY THEMES AND STRENGTHS ASSESSMENT
 - “Quality of Life” survey participation was widespread, with fully 1.1% of La Paz County’s total resident population responding online (246 total respondents)
 - La Paz County residents who took the “Quality of Life” survey consider the top three most important factors for a healthy community to be the following: 1) low crime and safe neighborhoods; 2) good jobs and a healthy economy; and 3) good schools.
 - La Paz County residents who took the “Quality of Life” survey consider the top three most important health problems in the community to be the following: 1) diabetes; 2) domestic violence; and 3) child abuse and neglect.
 - La Paz County residents who took the “Quality of Life” survey consider the top three most important risky behaviors in the community to be the following: 1) alcohol abuse; 2) drug abuse; and 3) being overweight.
 - The majority of “Quality of Life” survey respondents felt neutral about many measures of community life, including the following indicators: satisfaction with quality of life, satisfaction with health care system, good place to raise children, good place to grow old, community safety, opportunity to contribute to/participate in quality of life, perception that people can make the community a better place to live, mutual levels of trust and respect within the community, and a sense of civic responsibility.
 - The majority of “Quality of Life” survey respondents felt fairly negative about the availability of economic opportunity within the county.
 - The majority of “Quality of Life” survey respondents felt fairly positive about the availability of support networks within the county.
- FORCES OF CHANGE ASSESSMENT
 - La Paz County leadership identified the following forces of change within the county: health care, the Patient Protection and Affordable Care Act (PPACA), workforce issues,

economic development, infrastructure, housing, health demographics, community spirit, and drug abuse.

- La Paz County leadership identified strengths, weaknesses, opportunities, and threats for each of these identified forces of change.
- **LA PAZ DX - THE LOCAL PUBLIC HEALTH SYSTEMS ASSESSMENT**
 - La Paz DX focused on an analysis of the provision of the **10 Essential Public Health Services** within our local public health system.
 - These 10 services are:
 1. Monitor health status to identify community health problems.
 2. Diagnose and investigate health problems and health hazards in the community.
 3. Inform, educate, and empower people about health issues.
 4. Mobilize community partnerships to identify and solve health problems.
 5. Develop policies and plans that support individual and community health efforts.
 6. Enforce laws and regulations that protect health and ensure safety.⁸
 7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
 8. Assure a competent public health and personal health care workforce.
 9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
 10. Research for new insights and innovative solutions to health problems.
 - Provision of the **10 Essential Public Health Services** within La Paz County was assessed on the following ratings, from least optimal to optimal performance: no activity, minimal activity, moderate activity, significant activity, optimal activity.
 - With an overall performance score of 53, La Paz County's public health system received an overall assessment of "Significant Activity or Performance". Four of La Paz's Essential Public Health Services received moderate performance ratings (EPHS #1, 3, 8 and 10) and six received significant performance ratings (EPHS #2, 4, 5, 6, 7 and 9).
- **NUMBER CRUNCERS – THE COMMUNITY HEALTH STATUS ASSESSMENT**
 - La Paz County as a whole experienced a population growth rate of 0.37% annually from 2000-2010. All of the county's growth during that time period was fueled by population

growth in the Quartzsite/Salome CHAA; the Parker CHAA and CRIT Reservation CHAA experienced a net decrease in population over the course of that decade.

- La Paz is technically a frontier county, with a very low population density of 4.6 persons per square mile.
- In 2009-2011, 18 percent of all people in La Paz County were in poverty.* Twenty-nine percent of related children under 18 years of age were below the poverty level, compared with 6 percent of people 65 years old and over. Thirteen percent of all families and 37 percent of families with a female householder and no husband present had incomes below the poverty level.

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THE Healthy LA PAZ PROJECT – AN OVERVIEW

The Healthy LA PAZ project follows a community-wide strategic planning model called **Mobilizing for Action through Planning and Partnerships**, or MAPP. Many local public health departments throughout the United States have implemented MAPP in order to help their communities prioritize public health issues and identify resources for addressing them. Facilitated by public health leaders, the MAPP model provides communities with a strategic planning framework to deal with pressing community health challenges and problems. The MAPP model was developed through collaboration between NACCHO (the National Association of County and City Health Officials) and the CDC (the Center for Disease Control and Prevention).

The MAPP model (and hence, the Healthy LA PAZ project) follows the following six key phases:

1. Organizing for success and developing partnerships
2. Visioning
3. Conducting the four MAPP assessments
4. Identifying strategic issues
5. Formulating goals and strategies
6. Taking action (planning, implementation, evaluation)

This report, the **2012 Community Health Assessment**, covers the results of the first three MAPP phases listed above, as well as laying the groundwork for the fourth phase.

Importantly, the Healthy LA PAZ project represents a paradigm shift in public health planning: from operational to strategic planning, from a focus on standalone-agencies to a focus on the entire local public health system, and from an “agency knows all” perspective to a citizen-driven process that welcomes input from all community members and upholds citizen leadership. As such, Healthy LA PAZ is a new way of doing business – the business of protecting and promoting the county’s health.

ORGANIZING FOR SUCCESS

At the beginning of the [Healthy LA PAZ](#) project, La Paz County Health Department staff formed a “Core Support Group” – a group of public health professionals who would provide logistical and technical support to citizen leadership. The Core Support Group’s first task was to engage in the starting phase of the MAPP process: Organizing for Success.

This first phase entailed the following steps:

- ✓ Gaining a clear overview of the entire MAPP process and its logistical requirements: facilitators, budget, and project timeline
- ✓ Recruiting community leaders from a broad base of community sectors to serve as the project’s Steering Committee, [Leadership for a Healthy LA PAZ](#)
 - The LPCHD Core Support Group identified leaders that meet the following criteria (based on many years of working with or interacting with them in a professional capacity):
 - *They have a great heart for the community*
 - *They are excellent “movers and shakers”*
 - *They can provide crucial leadership to improve the health of La Paz County residents*
 - *They represent many key sectors of society and of the local public health system (LPHS) and bring diverse skills and ideas to the table*
 - The LPCHD Core Support Group invited these identified leaders to a Kickoff Meeting for the [Healthy LA PAZ](#) project in July, 2012. At that Kickoff Meeting, attendees received an informational overview of the [Healthy LA PAZ](#) project and a description of the role and responsibilities of Steering Committee members. They were then asked to fill out “Interest Forms” to describe what level of project participation, if any, they would volunteer for.

This first phase, Organizing for Success, yielded a Steering Committee of 15 individuals who will lead the county-wide health improvement strategic planning process in 2013 with the support of the LPCHD Core Support Group, using the data and analyses reported here in this **2012 Community Health Assessment**.

VISIONING

The second phase of the MAPP process involved “Visioning” – setting a direction for the entire project. **Leadership for a Healthy LA PAZ** (the MAPP Steering Committee) participated in a Visioning meeting in August, 2012 at which they formulated the vision and values statements listed below. The Steering Committee formally adopted these vision and values statements, which will guide the county-wide Community Health Improvement Planning (CHIP) process, set to take place in 2013.

VISION STATEMENT

Healthy LA PAZ: Inspiring healthy choices by nurturing community involvement and striving towards a better health system

VALUES STATEMENTS

We value...

A Strong, Involved Community:

- Where people take responsibility for themselves and the neighborhoods they live in
- Where citizens are proud, well-informed and educated and families are strong
- Where positive, competent and intelligent leaders serve others and not themselves
- Where people uphold respect, freedom of speech, and tolerance of differences
- Where emotionally-invested parents and caring mentors prioritize and foster children’s education and development through diverse learning opportunities
- Where people proactively seek to work together and maintain a sense of hope and community across all jurisdictions

A Clean, Beautiful Environment:

- With pristine drinking water, air, river and smoke-free public areas
- With good sanitation systems and animal/rodent/insect control
- With “downtown” areas made attractive through beautification projects

A Society That Promotes Health, Well-being and Strong Social Networks:

- Through an improved public transportation system
- Through better communications systems and internet infrastructure
- Through safe neighborhoods and workplaces
- Through available housing
- Through economic development and jobs
- Through services for children and youth such as day care and after-school activities
- Through prevention of drug and alcohol abuse

A Quality Health Care System with Access for All:

- With integrated care and information-sharing among medical and mental health care providers
- With assisted living and skilled nursing facilities
- With nearby medical facilities, community health and mental health clinics, and pharmaceutical services
- With qualified health care providers
- With health and nutrition education, chronic disease education and chronic disease support services
- With services to combat drug and alcohol addiction
- With affordable preventative care including immunizations and health screenings
- With alternative medicine coverage

An Availability of Healthy Food and Lifestyle Choices:

- Through accessible local produce
- Through healthy food options in stores and restaurants
- Through food banks providing healthy food for those in need
- Through safe walking/jogging trails and bike paths
- Through more indoor recreational facilities
- Through increased diversity in exercise classes

THE FOUR MAPP ASSESSMENTS

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Overview of the Four MAPP Assessments

After conducting the first two phases of the [Healthy LA PAZ](#) project, (Organizing for Success and Visioning), the LPCHD Core Support Group and [Leadership for a Healthy LA PAZ](#) turned to the project’s next phase: data gathering and analysis through four formal assessments following the MAPP model, as described in the table below. (** Note: The LPCHD Core Support Group decided to rename the assessments for our [Healthy LA PAZ](#) project, for ease of communication and understanding – the Core Support Group felt that our new “monikers” better described the actual intent of each assessment.)

| MAPP ASSESSMENT | Healthy LA PAZ “MONIKER” | ANSWERS THE QUESTIONS: |
|--|---|--|
| The Community Themes and Strengths Assessment (CTSA) | <i>“Voices of the Community”</i> | <ul style="list-style-type: none"> • What matters to people in our communities, and what factors do they think will most help us to realize the vision of a Healthy LA PAZ? • How do community members perceive their quality of life and environment (in the county as a whole and in our incorporated towns and Census-Designated Places)? |
| The Forces of Change Assessment (FOCA) | <i>“Forces of Change”</i> | <ul style="list-style-type: none"> • What forces affect or may affect the health of La Paz County citizens and/or our local public health system (LPHS)? • What specific threats or opportunities are generated by these forces? |
| The Local Public Health Systems Assessment (LPHSA) | <i>“La Paz Dx”</i> | <ul style="list-style-type: none"> • What are the components, activities, competencies, and capacities of La Paz County’s local public health system? • How are the 10 Essential Public Health Services being provided to La Paz County residents? |
| The Community Health Status Assessment (CHSA) | <i>“Number Crunchers”</i> | <ul style="list-style-type: none"> • Who are we? (La Paz County population demographics) • What is our health status in La Paz County? • What risk and protective factors affect our health? |

VOICES OF THE COMMUNITY: THE COMMUNITY THEMES AND STRENGTHS ASSESSMENT

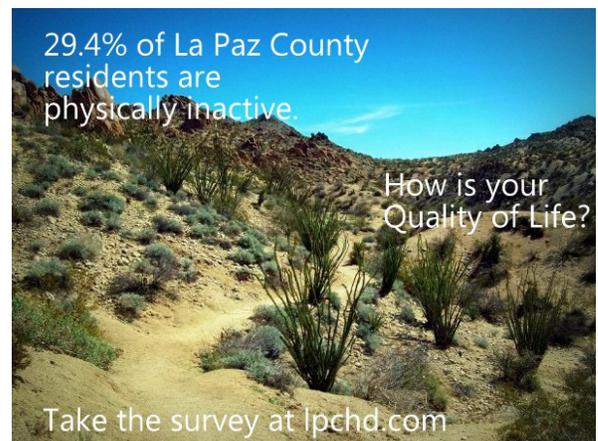
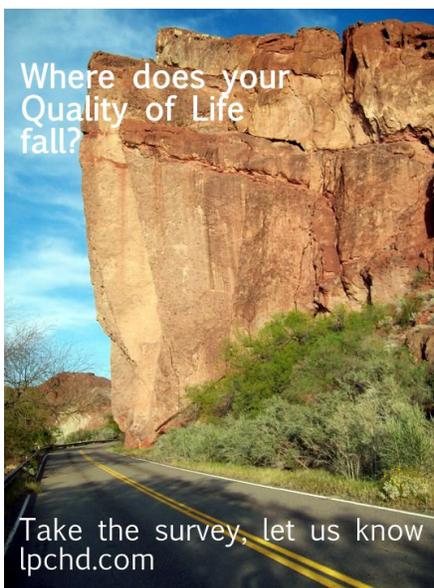
The [Healthy LA PAZ](#) project's Community Themes and Strengths Assessment (CTSA) is named "Voices of the Community" because, in large part, this assessment asks the people in our communities to tell their stories in words, in data and in pictures. "Voices of the Community" concerns itself with the following questions:

- *What matters to people in our communities, and what factors do they think will most help us to realize the vision of a [Healthy LA PAZ](#)?*
- *How do community members perceive their quality of life and their environment (in the county as a whole and in our incorporated towns and Census-Designated Places)?*

To answer these questions, the LPCHD Core Support Group created an online Quality of Life Survey in September, 2012 and promoted it widely throughout the county in the following ways:

- Sent out a press release to all media within La Paz
- Promoted the survey on social media
- Promoted the survey on the LPCHD website
- Partnered with community groups to promote the survey
 - For instance, Bluewater Resort Cinemas (CRIT Theater) entered people who took our survey into a raffle to win a Giveaway prize
- Sent out a direct link to the survey to all county employees and to various county coalitions
- Promoted the survey by word of mouth
- Handed out paper copies of the survey to community groups and entered the data into the online survey
- Distributed postcards with evocative photos to teachers and staff at public schools, to the Parker public library and to LPCHD clients during clinics

(SOME EXAMPLES OF THESE PROMOTIONAL POSTCARDS FOLLOW...)



Quality of Life Survey Results**

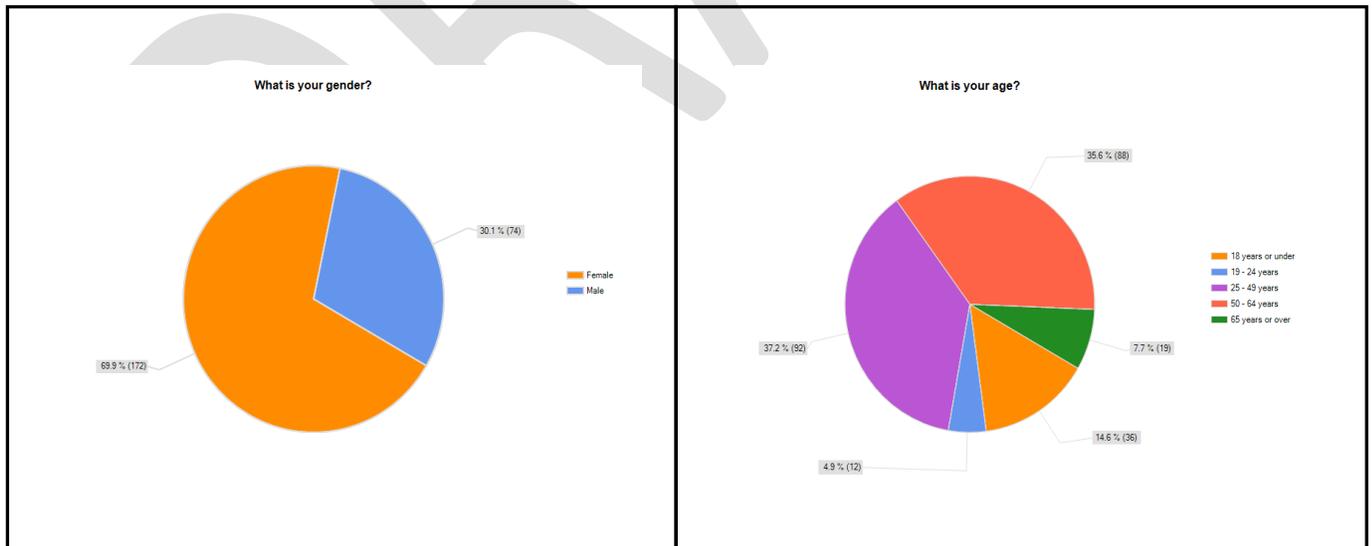
Who Took the Survey?

Survey participation was widespread, with fully 1.1% of La Paz County's total resident population responding online. Two hundred forty-six (246) persons answered the survey, of which only 18 self-reported as out-of-county residents, mostly from counties adjacent to La Paz in Arizona or just across the Colorado River in California, including:

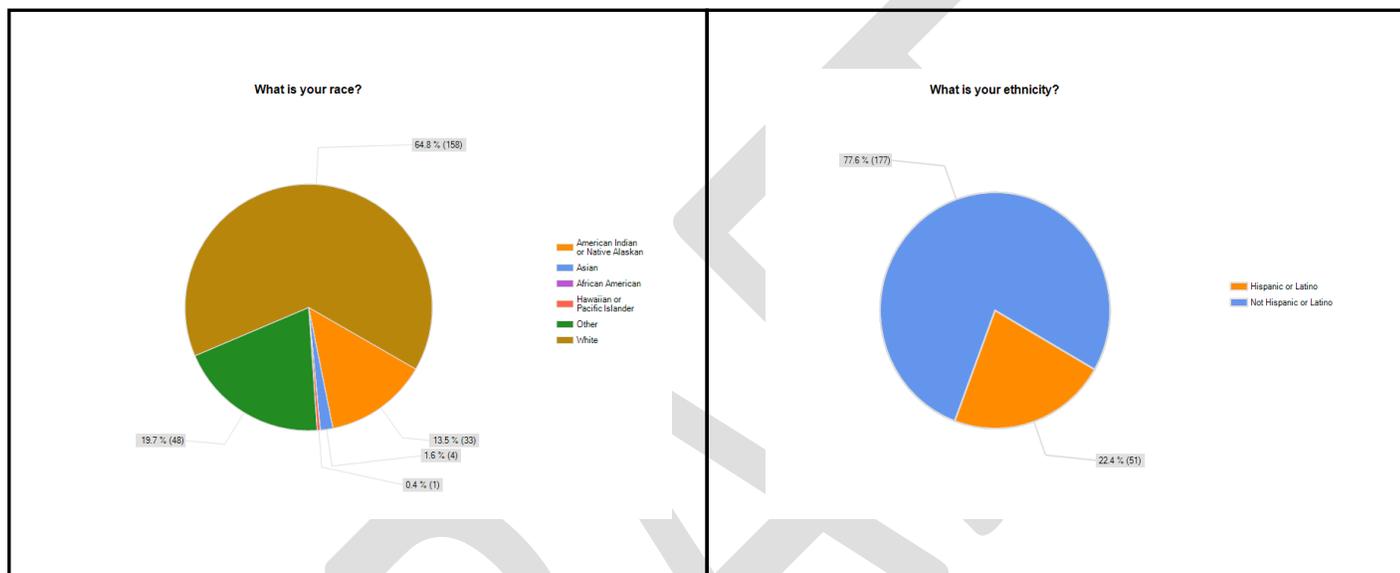
- 7 respondents from Mohave County, AZ including Lake Havasu City
- 4 respondents from San Bernardino County, CA
- 2 respondents each from Maricopa County, AZ and Riverside County, CA
- 1 respondent each from Imperial County (Palo Verde), CA, Santa Clara County, CA, and Susquehanna County, PA

*(** It is important to note that the survey respondents did not represent a statistically-representative sample of the general population of La Paz County, since the LPCHD Core Support Group found respondents via an aggressive convenience sampling campaign. Also note that some survey respondents did not answer all the questions. **)*

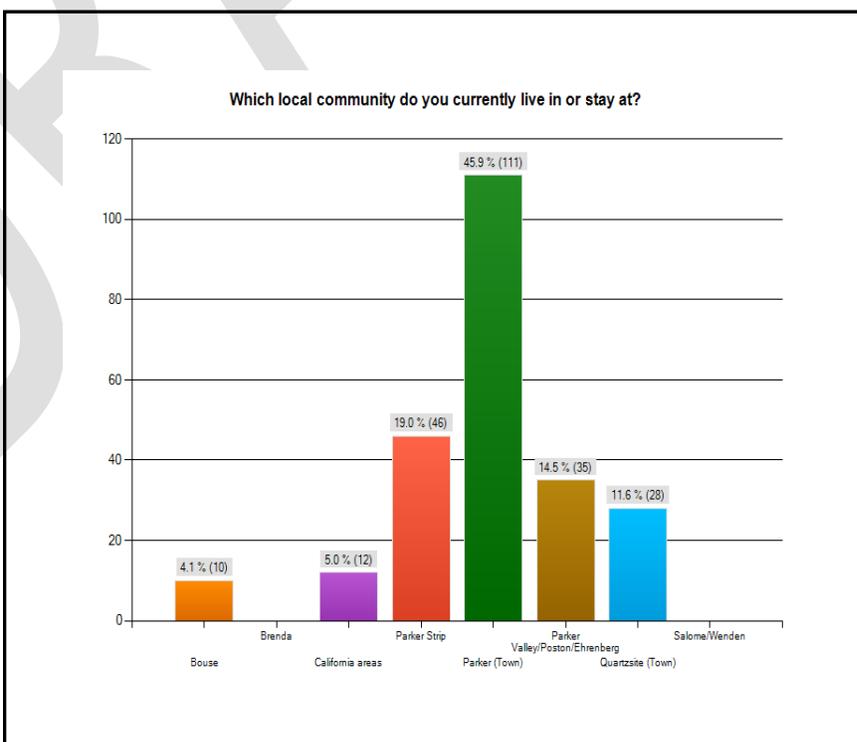
A majority of survey respondents were female (69.9%) and between the ages of 25 and 49 years (37.2%), although a large group of respondents were between the ages of 50-64 years (35.6%).



In regards to race, the majority were White (64.8%), while 19.7% reported “Other” as race, and 13.5% of respondents were American Indian or Native Alaskan. Asians and Hawaiian/Pacific Islanders responded in smaller numbers, at 1.6% and 0.4% of respondents, respectively. No African-Americans responded to the survey. Additionally, the majority of respondents (77.6%) were not Hispanic or Latino.



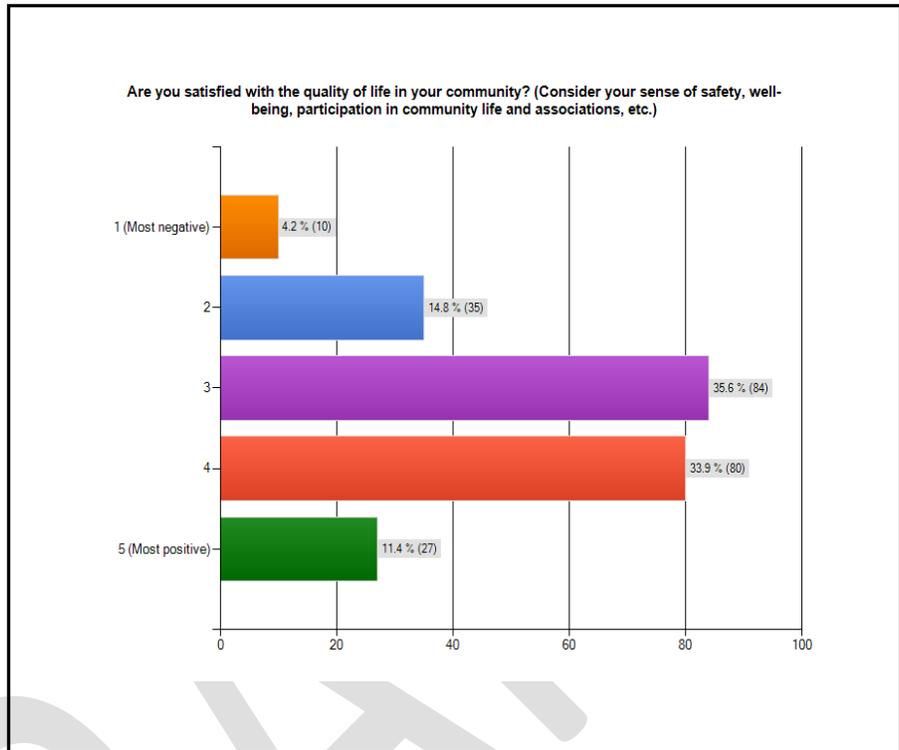
The majority of survey respondents came from the Town of Parker, but people from other areas of the county also participated (Bouse, California areas, Parker Strip, Parker Valley/Poston/Ehrenberg, and Quartzsite). No residents from Salome/Wenden or Brenda participated in the survey, despite LPCHD’s promotional campaigns.



SURVEY RESULTS: COUNTY-WIDE

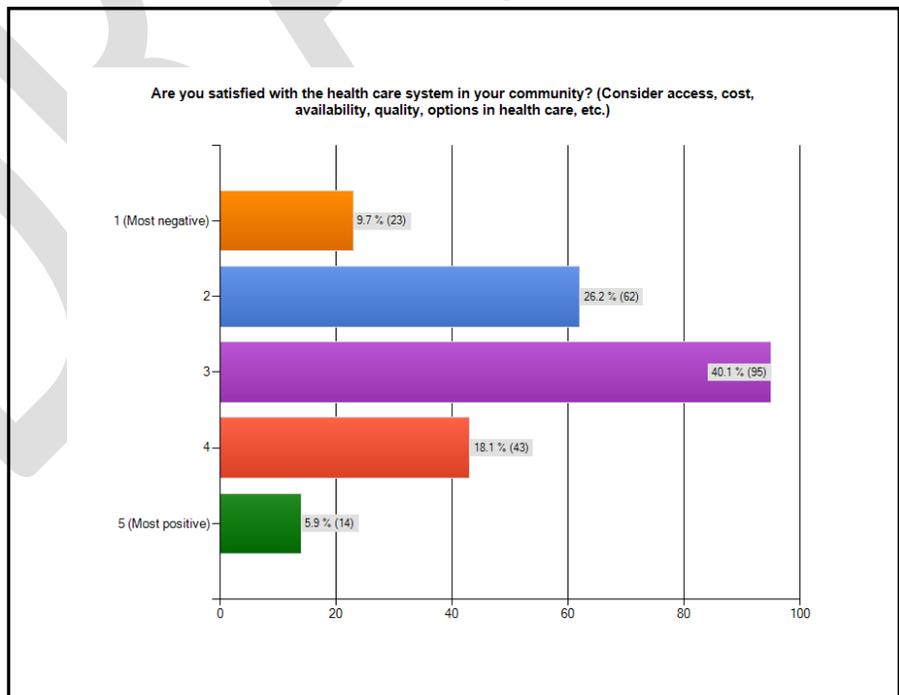
Satisfaction with Quality of Life

The majority of respondents throughout La Paz County felt neutral (35.6%) or moderately positive (33.9%) about the quality of life in their community. Ten respondents (4.2%) felt least satisfied about quality of life, while 27 respondents (11.4%) felt most satisfied.



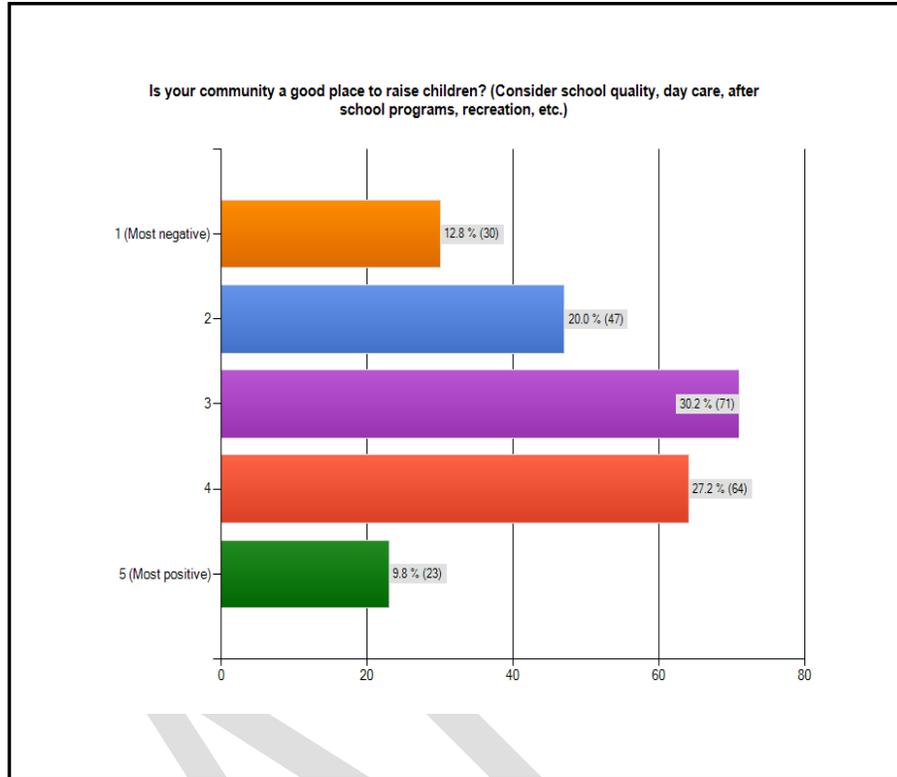
Satisfaction with Health Care System

County-wide, the majority (40.1%) of respondents felt neutral about the quality of the community's health care system. Just under one in ten respondents (9.7%) felt most negative about La Paz's health care system, while 5.9% felt most positive.



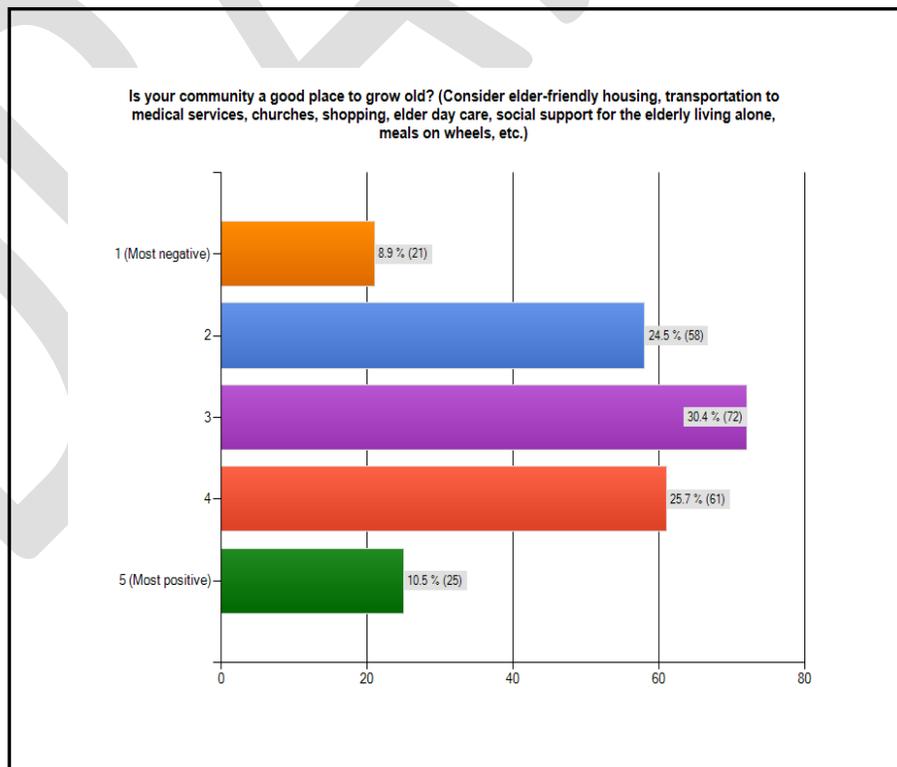
Good Place for Children

County-wide, the majority of respondents felt neutral (29.9%) or moderately positive (27.4%) about the community as a good place to raise children. Approximately one in eight respondents (12.8%) felt most negative, while one in ten (9.8%) felt most positive about children's access to quality schools, day care, after school programs, and recreation.



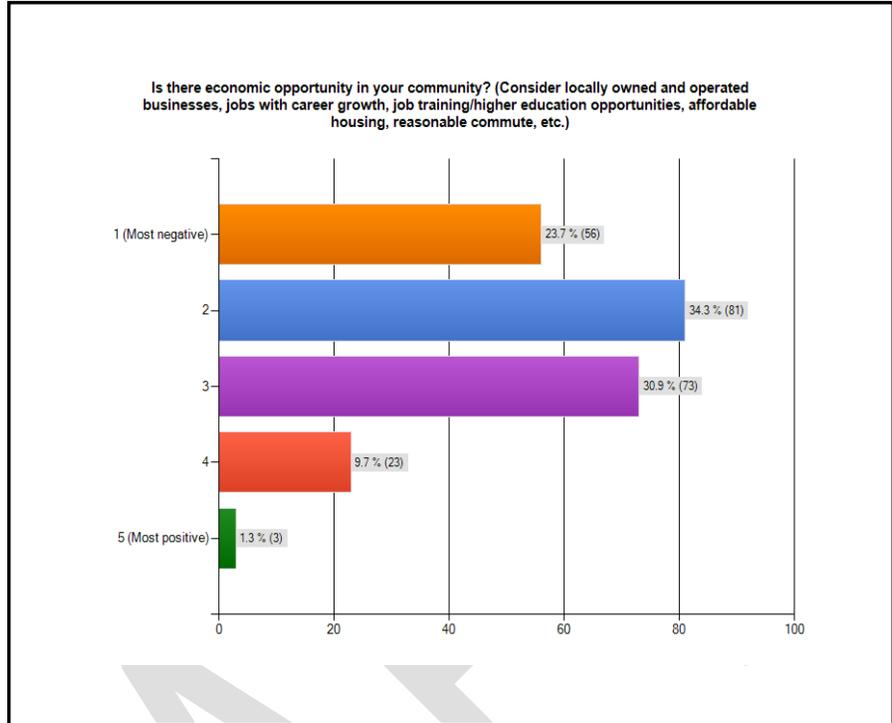
Good Place to Grow Old

County-wide, responses to this question clustered around the center, with most people feeling neutral (30.4%) about their community as a good place to grow old. Approximately one in four respondents, however, were moderately negative (24.5%) or moderately positive (25.7%) about quality of life an aging population.



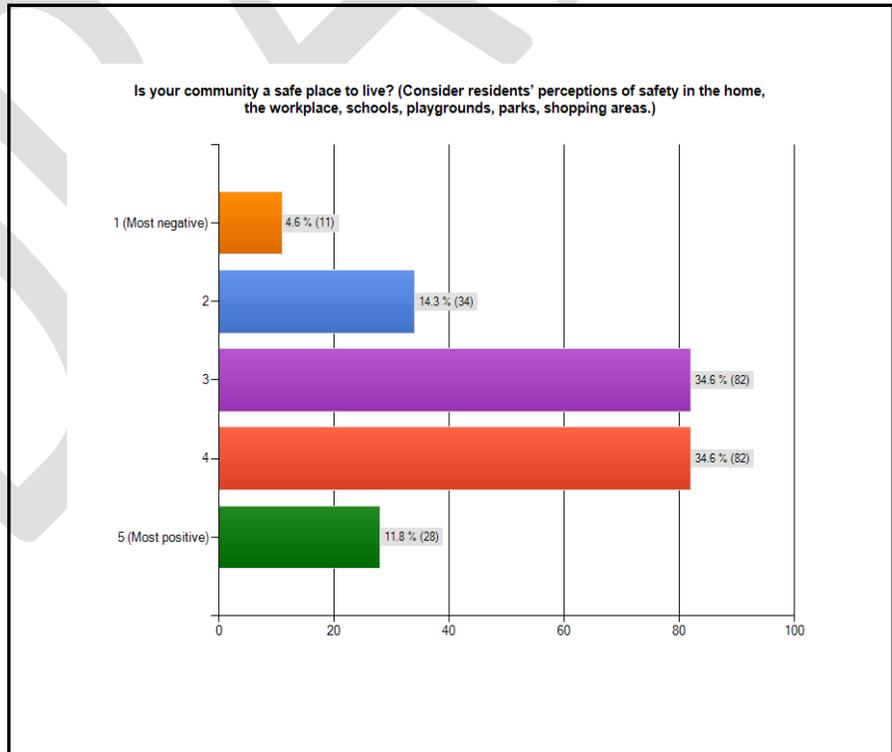
Economic Opportunities

Significantly, the majority of survey respondents (34.3%) felt fairly negative about the availability of economic opportunity in the county. Additionally, when factoring in the most negative respondents, well over half of all survey participants reported a lack of opportunities, while 30.9% of people felt neutral. Only 3 respondents felt very positive about economic opportunity.



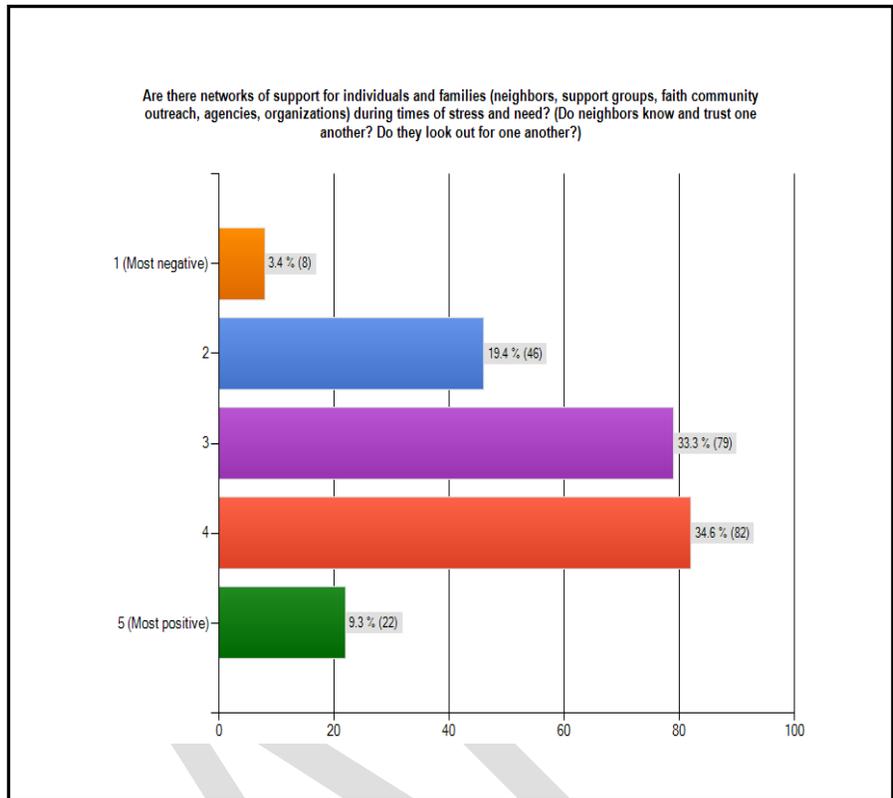
Community Safety

County-wide, most survey respondents felt neutral about their community's safety (34.6%) or regarded their community as a fairly safe place to live (34.6%). Only 4.6%, or 11 respondents, strongly felt that their community was unsafe.



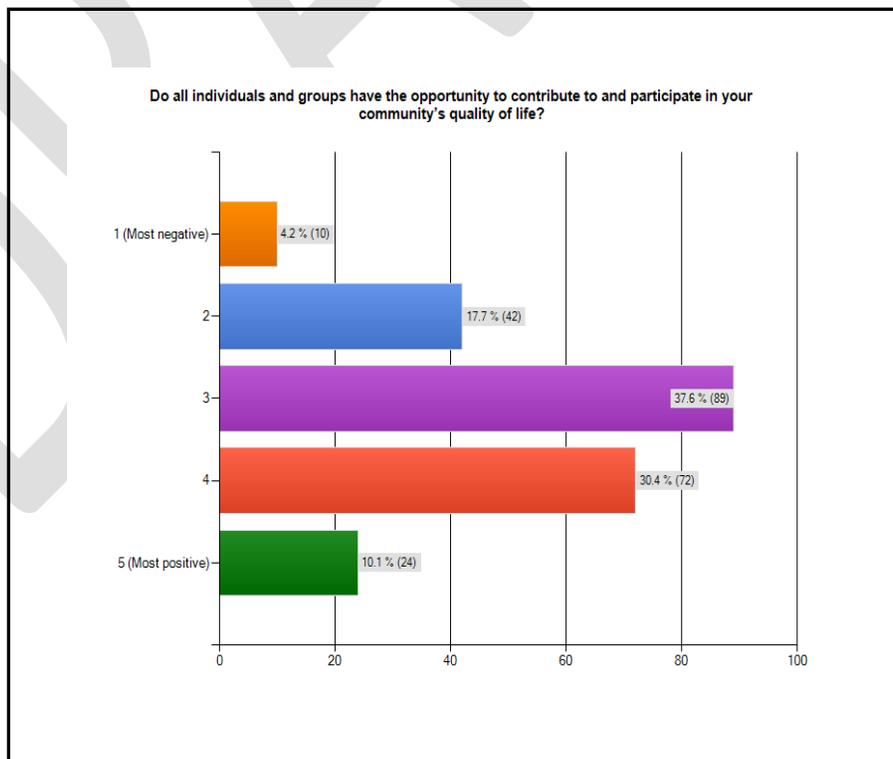
Community Networks of Support

County-wide, the majority of respondents felt fairly positive (34.6%) about the availability of support networks within the community, but almost as many respondents (33.3%) felt neutral about this. Only 8 respondents strongly sensed a lack of support networks for individuals or families in need. Almost one in ten respondents (9.3%) felt very positive that support was available when needed.



Opportunity to Contribute to/ Participate in Quality of Life

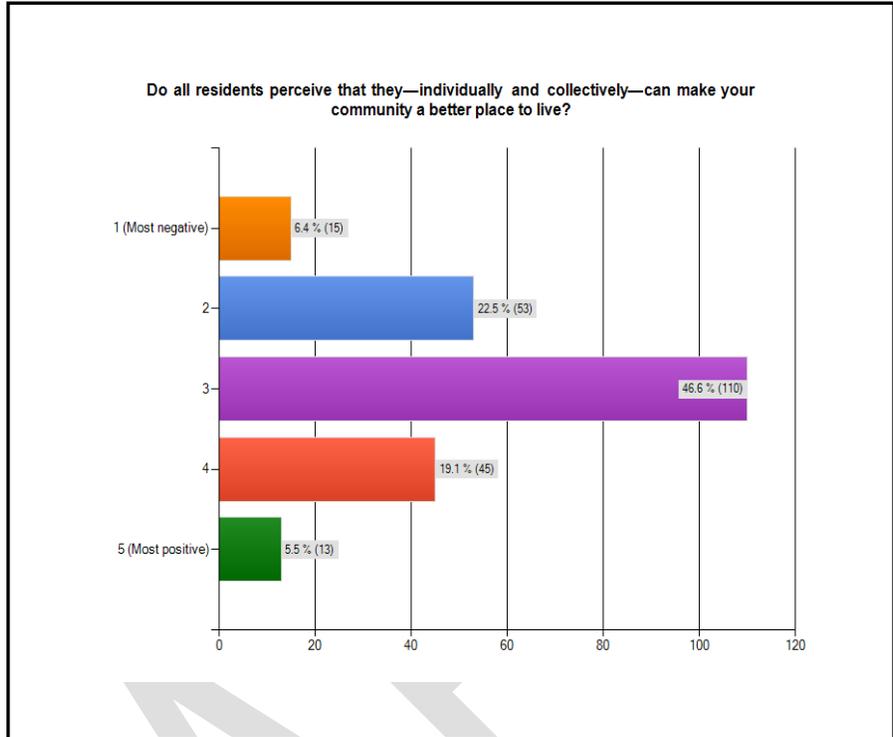
County-wide, the majority of respondents felt neutral (37.6%) about having the opportunity to contribute to and participate in the community’s quality of life. Almost one in three (30.4%) felt fairly positive about this. Only 10 respondents saw little opportunity to contribute to or enjoy quality of life



in their community.

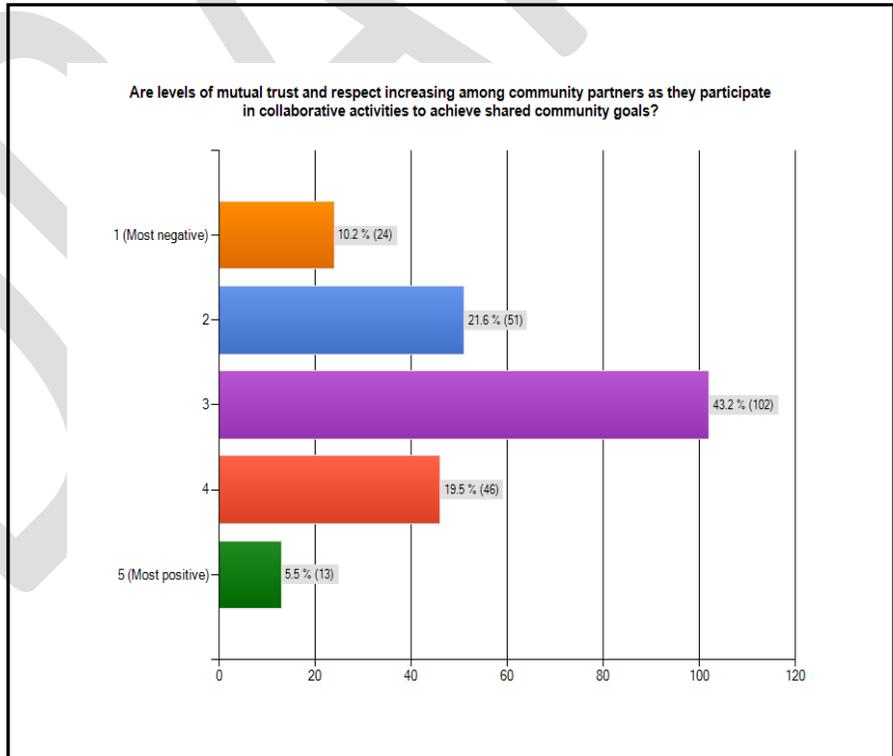
Making the Community a Better Place to Live

County-wide, this question had a clear majority: 46.6% of respondents felt neutral about people perceiving they can make the community a better place to live. Only 6.4% of those surveyed felt most negatively about this, while by contrast, 5.5% felt most positively that people perceive the can make a difference.



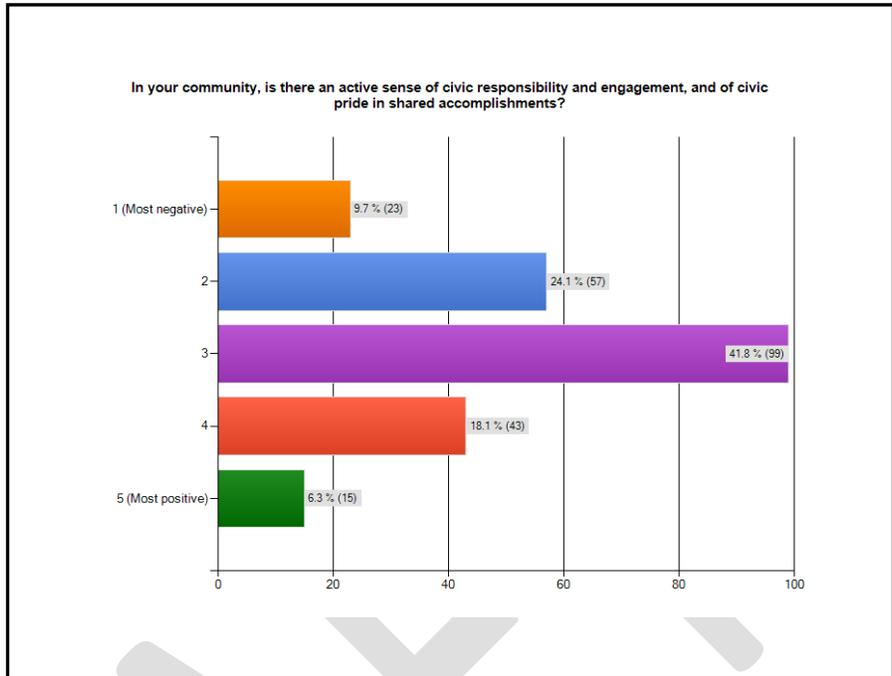
Mutual Levels of Trust and Respect within Community

The clear majority of survey respondents (43.2%) felt neutral about levels of mutual trust and respect increasing in their communities as people try to achieve community goals. One in ten people (10.2%) felt most negative about this, while 5.5% of those surveyed were most positive.



Sense of Civic Responsibility

A clear majority (41.8%) of survey respondents, felt neutral about their community's sense of civic responsibility, engagement, and civic pride. One in ten persons (9.7%) felt strongly that their community lacked civic sense, while by contrast 6.3% of respondents felt most positive about this.



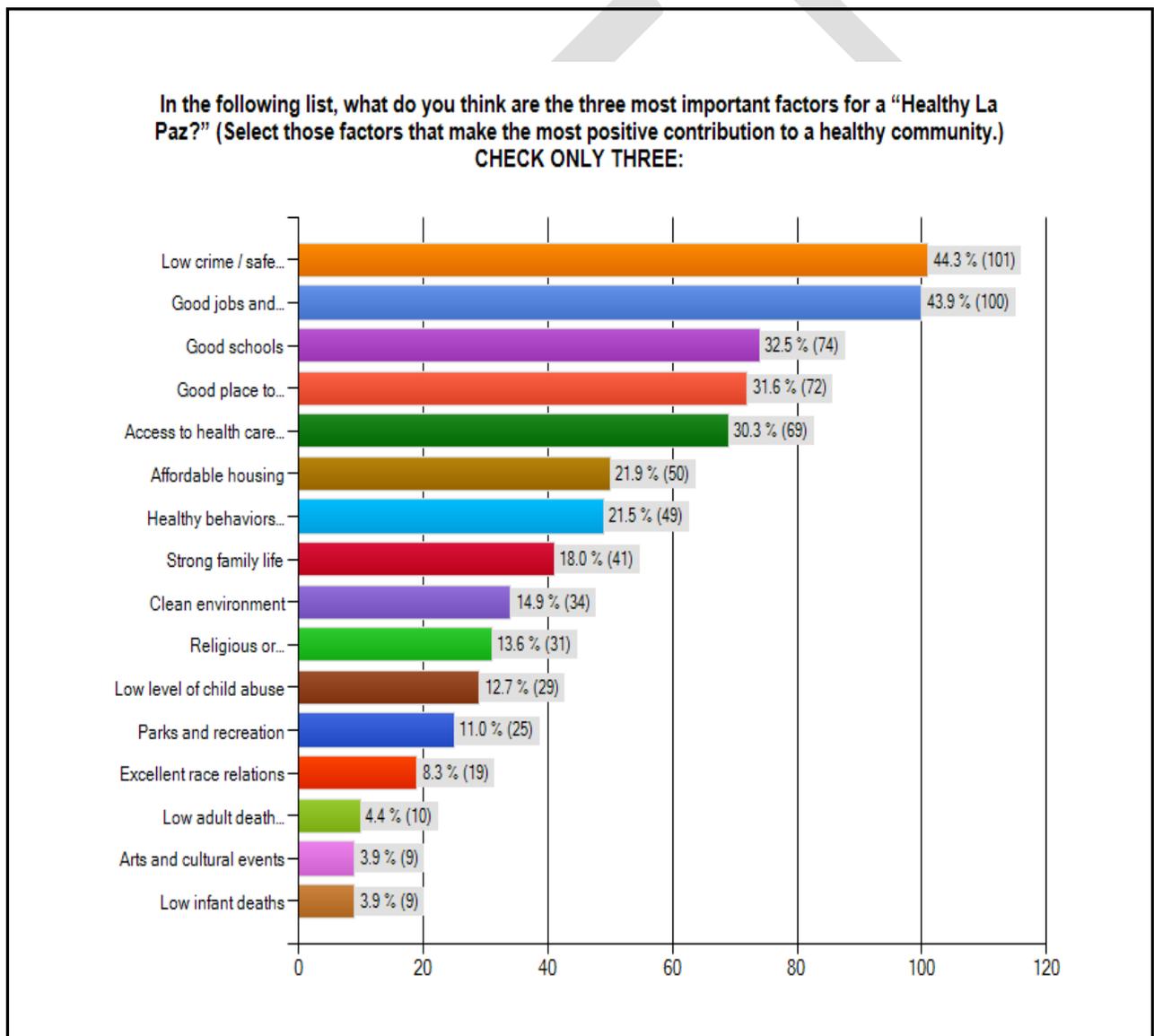
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The Three Most Important Factors for a “Healthy LA PAZ”

County-wide, survey respondents ranked the three most important factors for a healthy community as follows (in descending order starting with the top-ranked factor):

1. **Low crime/safe neighborhoods (44.3%)**
2. **Good jobs and healthy economy (43.9%)**
3. **Good schools (32.5%)**

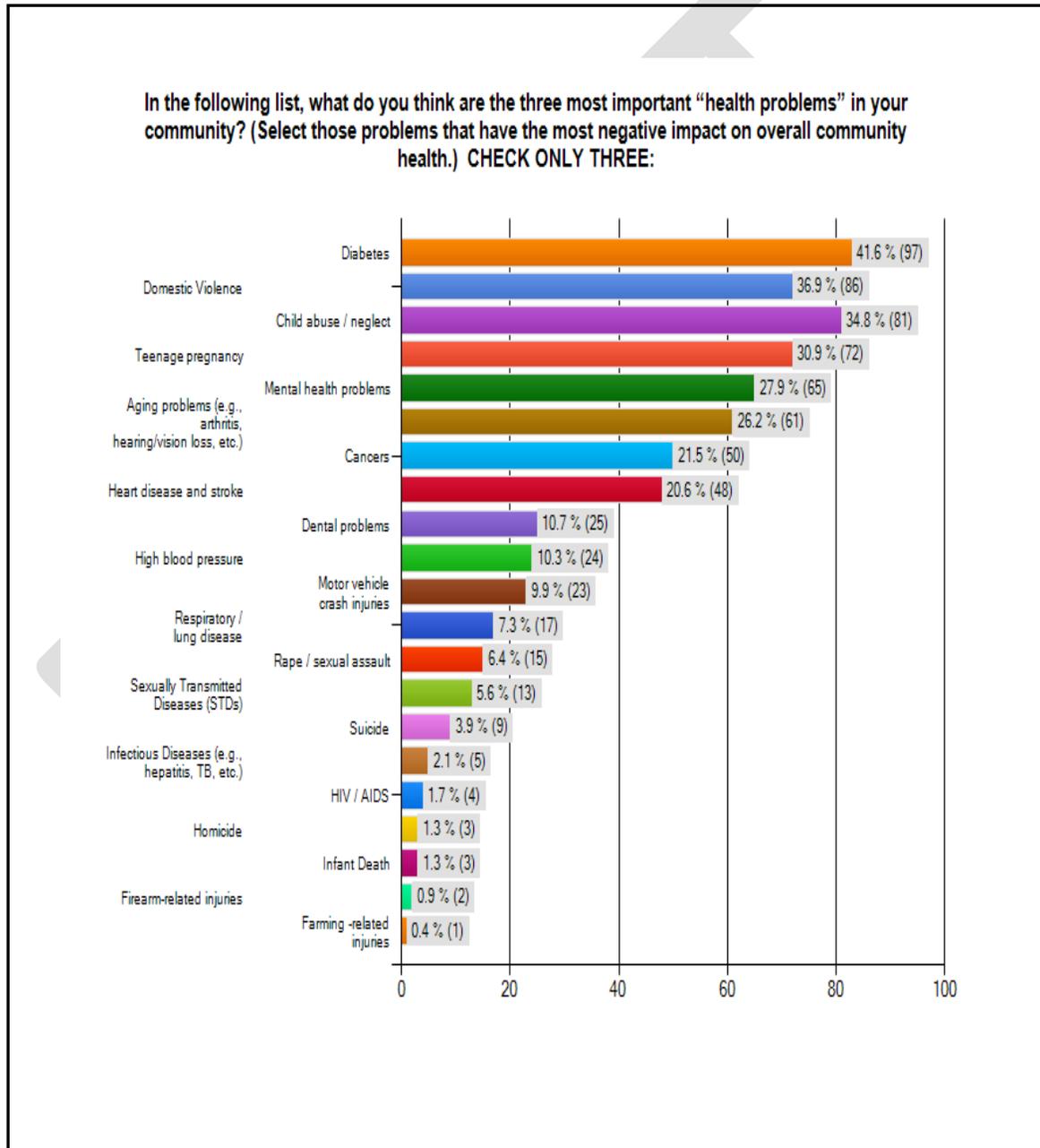
Note: “Good place to raise children” and “Access to health care (family doctor)” rated as the 4th and 5th most important factors for a healthy community, according to the county-wide survey.



The Three Most Important Health Problems

Survey respondents consider the following to be the top three health problems in the community:

1. **Diabetes (41.6%)**
2. **Domestic violence (36.9%)**
3. **Child abuse/neglect (34.8%)**



The Three Most Important Risky Behaviors

According to people surveyed, the three most important risky behaviors in the community are as follows, in descending order:

1. **Alcohol abuse (76.5%)**
2. **Drug abuse (68.4%)**
3. **Being overweight (41.9%)**

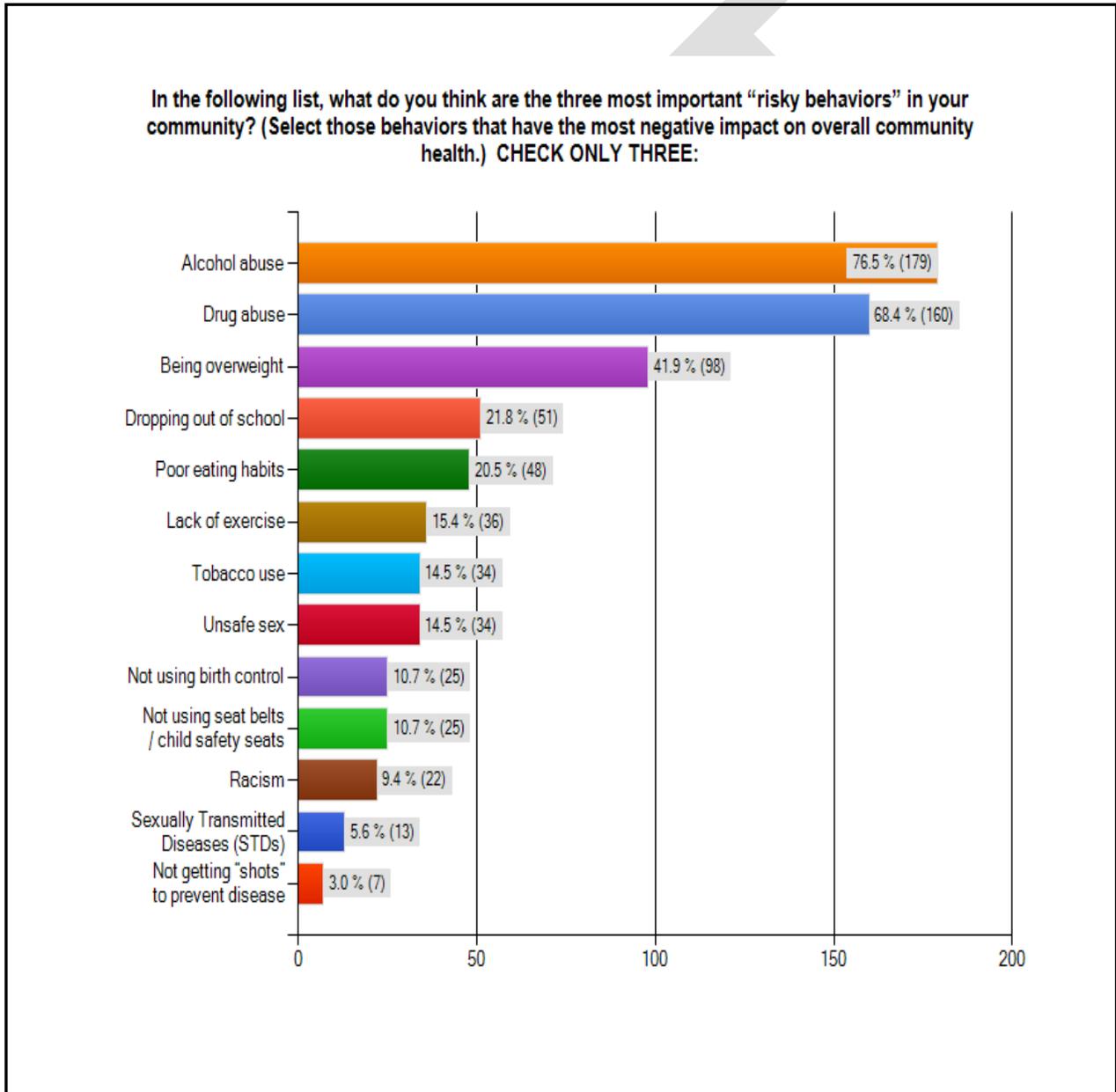


Photo Project

In order to supplement “Quality of Life” data from the online survey, two members of LPCHD’s Core Support Group decided to take photographs throughout La Paz County to portray local scenes of life. They visually documented various county settings over several months during the autumn of 2012. Their photographs appear on this and on following pages, and serve as a testament to both the natural beauty of this place and to human marks on that beauty.





















THE FORCES OF CHANGE ASSESSMENT

The [Healthy LA PAZ](#) Steering Committee, the LPCHD Core Support Group, and additional leadership from key community sectors attended a “Forces of Change” brainstorming meeting in September, 2012. The goal of the meeting was to identify forces – such as trends, factors or events – that influence or may, in the future, influence La Paz County’s local public health system or residents’ health. Participants received a list of types or categories of forces to consider, including social, economic, political, technological, environmental, scientific, legal and ethical. They then conducted a modified “SWOT” analysis (SWOT = Strengths, Weaknesses, Opportunities and Threats) in order to answer the following questions:

- *What forces affect or may affect the health of La Paz County citizens and/or our local public health system (LPHS)?*
- *What specific threats or opportunities are generated by these forces?*

After the meeting, the LPCHD Core Support Group also solicited additional input from other county leaders in the local public health system via email. A summary of all participants’ contributions follows below.

| FORCES OF CHANGE IN LA PAZ COUNTY | | |
|--|---|---|
| FORCE | Strength/Opportunity | Weakness/Threat |
| HEALTH CARE | <ul style="list-style-type: none"> • La Paz Regional Hospital (LPRH) opened an urgent care clinic to help meet the area’s need for non-emergency care. As of December 1st, 2012, LPRH’s urgent care clinic will accept Blue Cross Blue Shield coverage. • LPRH has several clinics that serve the health care needs of outlying areas of the county. | <ul style="list-style-type: none"> • La Paz is a medically-underserved frontier county. Our ratio of patients to physicians is high compared to that of other geographical areas in Arizona and in the United States. This means there are not enough physicians to go around in our county. Outlying areas do not have 24-hour access to care or emergency care. • La Paz Regional Hospital needs stable revenue and |

FORCES OF CHANGE IN LA PAZ COUNTY

| FORCE | Strength/Opportunity | Weakness/Threat |
|-------|--|---|
| | <ul style="list-style-type: none"> LPRH is exploring the conversion of some of those outlying clinics (the Quartzsite and Salome clinics, and possibly a Parker clinic) into a Federally Qualified Health Care Center (FQHC) to further increase the population’s access to care. The Parker area now has a physician who is board-certified in Pediatrics as well as Internal Medicine. | <p>reimbursements. It would greatly benefit from receiving federal designation as a “Critical Access Hospital” (CAH), but for years has had challenges in gaining that designation.</p> <ul style="list-style-type: none"> A high percentage of La Paz County’s population is over the age of 55. We lack needed services for this target age group; for instance, La Paz County has no nursing homes. La Paz County lacks needed health services for children throughout the county. There are no pediatricians in the outlying areas of the county, such as Quartzsite, Salome and Wenden, Bouse and Ehrenberg. New federal policy changes require that parents with immunization coverage under their health insurance go to private health care providers for their children’s vaccinations. Since many families in La Paz County usually get their vaccinations at the public health department, this may cause |

| FORCES OF CHANGE IN LA PAZ COUNTY | | |
|---|---|---|
| FORCE | Strength/Opportunity | Weakness/Threat |
| | | <p>confusion for parents and a decrease in immunized children. Furthermore, health care providers may choose to stop offering vaccinations at their clinics because of these burdensome new regulations.</p> |
| <p>PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA OR "OBAMACARE")</p> | <ul style="list-style-type: none"> • Many people will receive good preventative care. PPACA mandates that all new insurance plans offer certain immunizations, vaccinations, and prevention screenings such as mammograms and colonoscopies, without cost-sharing (i.e., without charging a deductible, co-pay, or coinsurance). • Women will receive additional preventative health services without cost-sharing. Such services include: well-woman visits, gestational diabetes screening, HPV testing for women age 30+ years, STD counseling, HIV screening and counseling, certain contraceptive methods and contraceptive counseling, breastfeeding support, and domestic violence screening and counseling. (This is also | <ul style="list-style-type: none"> • The PPACA may negatively impact hospital budgets by making it harder for hospitals to receive vital reimbursements and revenues. • Health care providers may opt out of programs like immunizations and other prevention activities due to reimbursement issues and new regulations. Even though PPACA mandates that insurance plans cover certain preventative services, health care providers may still decide not to offer those services. In rural areas like La Paz County, this will greatly decrease access to preventative care. • The PPACA may decrease health care providers' incomes by changing health insurance |

FORCES OF CHANGE IN LA PAZ COUNTY

| FORCE | Strength/Opportunity | Weakness/Threat |
|--------------|--|--|
| | <p>called the “contraceptive mandate.”)</p> <ul style="list-style-type: none"> • People with pre-existing conditions will receive coverage. • The PPACA increases the number of people who have access to insurance, and thereby increases access to care. | <p>reimbursement rates for Medicare/Medicaid patients. The PPACA may drive some health care providers to retire or change to other occupations.</p> <ul style="list-style-type: none"> • Many business owners in La Paz County may not be able to afford health insurance for their employees and might therefore opt to pay federal fines as the “lesser of two evils.” (NOTE: Employers with less than 50 employees are exempt.) • Religious organizations must uphold the “contraceptive mandate” regardless of their ethical or religious objections. • People who are not covered by an acceptable health insurance policy will have to pay annual penalties for each year of inadequate or no coverage. • PPACA costs may further weaken the nation’s economy or bankrupt the federal government as other mandatory expenditures (Social |

| FORCES OF CHANGE IN LA PAZ COUNTY | | |
|-----------------------------------|---|--|
| FORCE | Strength/Opportunity | Weakness/Threat |
| | | Security, Medicare/Medicaid) continue to rise for the aging population. |
| WORKFORCE | <ul style="list-style-type: none"> Some young people in the county are ambitious. If given a chance and good training, they would work hard to better themselves and their families. | <ul style="list-style-type: none"> La Paz County does not have a large workforce compared with neighboring counties. Many workers commute from Lake Havasu City (Mohave County) to work in Parker. La Paz County lacks skilled workers and workers with college degrees or higher. Work ethic may be lacking among some residents in the county. La Paz County needs vocational training programs. |
| ECONOMIC DEVELOPMENT | <ul style="list-style-type: none"> La Paz County is beautiful and can attract visitors. The river and desert are strengths for tourism (sports and recreation) and events-planning (concerts, festivals, | <ul style="list-style-type: none"> The Yakima case was a major economic setback for the county. La Paz County lacks middle class |

| FORCES OF CHANGE IN LA PAZ COUNTY | | |
|-----------------------------------|--|---|
| FORCE | Strength/Opportunity | Weakness/Threat |
| | <p>ances).</p> <ul style="list-style-type: none"> • The I-10 corridor provides opportunities for economic development. The county is currently exploring projects involving the landfill that might generate revenue and jobs. • Solar energy projects may provide revenue and jobs for the region, as well. | <p>jobs.</p> <ul style="list-style-type: none"> • La Paz County has difficulty in attracting businesses (technical, skilled vocational or professional). • Much of the county land is state land. |
| INFRASTRUCTURE | <ul style="list-style-type: none"> • When a storm knocks down old wooden power poles, APS replaces them with stable metal ones. APS has also almost completed a very large project, replacing miles of old wooden poles with large new metal ones within the county. This major infrastructure upgrade will result in a more stable power supply (less days of power-outages) for La Paz residents and long-term visitors. • Improvement: County residents can access local news 24/7 via online | <ul style="list-style-type: none"> • Most of the county resources are located in the county seat at Parker. • Infrastructure assets and services like the internet are concentrated in Parker. Rural areas still do not have access to broadband internet. • Within La Paz, cellphone coverage is good for Verizon but spotty for other companies (ATT, Sprint, T-mobile). |

| FORCES OF CHANGE IN LA PAZ COUNTY | | |
|-----------------------------------|--|---|
| FORCE | Strength/Opportunity | Weakness/Threat |
| | <p>newspapers and publications (Parker Pioneer, Parker Live Online, Desert Messenger, Ribbitt News).</p> | |
| HOUSING | <ul style="list-style-type: none"> The housing crash of 2009 did not impact La Paz County as drastically as neighboring counties. Although home values in La Paz did decrease, they did not drop as steeply as home values in neighboring counties. | <ul style="list-style-type: none"> There are limited opportunities for renters in La Paz. Quality rentals are highly-priced. Affordable rentals are usually older trailers or mobile homes. There is little room for growth in La Paz. Only 5.3% of county land is privately-owned or owned by corporations; the rest of county lands are government-owned or belong to the Colorado River Indian Tribes reservation). Parts of La Paz County may not have an adequate drinking water supply or infrastructure. People have to install wells. This is a deterrent to growth. |
| HEALTH DEMOGRAPHICS | | <ul style="list-style-type: none"> La Paz County's obesity and alcohol rates are among the highest in Arizona. The county's |

FORCES OF CHANGE IN LA PAZ COUNTY

| FORCE | Strength/Opportunity | Weakness/Threat |
|-------------------------|--|--|
| | | <p>residents exercise the least in the state.</p> <ul style="list-style-type: none"> • While La Paz’s environment provides many opportunities for outdoor activities, during the summer months, the extreme heat acts as a deterrent for many people. • The county and its towns lack activities and infrastructure to promote health and wellness. The county and its incorporated towns should support activities and infrastructure such as walking paths and increasing access to healthy foods (community gardens, locally-grown food sold in local restaurants). Parker also needs to reopen the community pool. |
| COMMUNITY SPIRIT | <ul style="list-style-type: none"> • Small town spirit still exists within La Paz County. People are usually glad to help, volunteer and be of service to one another. There is social connectivity – people know one another in their communities. | <ul style="list-style-type: none"> • There is still a disconnect between jurisdictions – county, incorporated towns, and tribes. • Small-town America is changing – some say dying or stagnating, while others say surviving as long as the community is stable. La Paz County needs to see growth and development but keep that small-town feel and personality – be better, but be |

| FORCES OF CHANGE IN LA PAZ COUNTY | | |
|-----------------------------------|----------------------|---|
| FORCE | Strength/Opportunity | Weakness/Threat |
| | | itself. |
| DRUG ABUSE | | Drug abuse causes: <ul style="list-style-type: none"> • Crime • Adverse health effects • An increased risk for violence <ul style="list-style-type: none"> ○ on both an individual and a mass scale, and ○ both to self (user/dealer) and to others |

DRAFT

LA PAZ DX: THE LOCAL PUBLIC HEALTH SYSTEMS ASSESSMENT

In December, 2012, the LPCHD Core Support Group along with [Healthy LA PAZ](#) Steering Committee members held the third of the 4 MAPP Assessments – “La Paz DX.” The assessment received this moniker because it is technically a “diagnosis” of issues in the local public health system (LPHS). Leadership from organizations across the LPHS attended this meeting and provided input critical to analyzing the system’s functionality.

La Paz DX focused on an analysis of the provision of the **10 Essential Public Health Services** within our local public health system. These 10 services are:

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

Specifically, La Paz DX aimed to gather information that would answer the two questions below:

- *What are the components, activities, competencies, and capacities of La Paz County’s local public health system (LPHS)?*
- *How are the 10 Essential Public Health Services being provided to La Paz County residents?*

The LPCHD Core Support Group received technical guidance from the CDC’s National Public Health Performance Standards Program (NPHPSP) in order to implement a modified methodology for La Paz DX that would still yield valid results. Under this CDC-approved modified methodology, LPCHD staff organized meeting logistics as follows:

- ❖ The room was divided into 5 tables, each of which would answer the survey questions relevant to two essential services.
 - TABLE 1: Essential Services 1 & 2
 - TABLE 2: Essential Services 7 & 9
 - TABLE 3: Essential Services 4 & 5

- TABLE 4: Essential Services 3 & 6
- TABLE 5: Essential Services 8 & 10

- ❖ Each table had a pair of LPCHD staff, one of whom served as Facilitator, and the other who served as Recorder. The Facilitator/Recorder pair was chosen because of professional and technical experience with the two assigned Essential Services for the table.

- ❖ Table participants were carefully chosen among colleagues within the local public health system. The thirty-one La Paz DX participants were largely decision-makers within the LPHS for their tables' assigned Essential Services, or they were [Healthy LA PAZ](#) Steering Committee members who were gaining needed understanding of LPHS functionality in order to lead the county in the upcoming Community Health Improvement Planning process in 2013.

- ❖ The meeting agenda followed this order:
 - Introduction to and Overview of the 10 Essential Public Health Services (PowerPoint presentation)
 - Table Breakout Sessions (Voting and Discussing the Assigned Essential Services)
 - Report-back Period (where each table reported participants' findings to the larger group).

This meeting order occurred because one of the aims of La Paz DX is to encourage participants to see themselves as part of the local public health system (i.e., public health is NOT just the local health department) and to educate LPHS partners on the various functions of the system that different individuals and agencies perform.

- ❖ Table breakout sessions consisted of taking preliminary and final votes on “Stem” questions (those starting with 3 digits) while simply recording discussion notes for the sub-questions (those starting with 4 digits).
 - Data input into the CDC’s online database entailed entering the final vote for each “Stem” question, then repeating that vote for each sub-question.

The methodology described above yielded the La Paz DX assessment results reported here.

La Paz DX - Score Calculation:

La Paz Dx measured the strengths and weaknesses of the local public health system using the 10 Essential Public Health Services (EPHS) as a framework. La Paz DX further sub-divided each of the 10 EPHS into 2-4 model standards (or, “gold standards” for local public health system performance). Each model standard has questions that score the local public health system’s performance compared to the optimum, or gold standard.

La Paz DX participants scored system functions using the following scale:

| | |
|-------------------------------------|---|
| NO ACTIVITY OR PERFORMANCE | 0% or absolutely no activity. |
| MINIMAL ACTIVITY OR PERFORMANCE | Greater than zero, but no more than 25% of the activity described within the question is met. |
| MODERATE ACTIVITY OR PERFORMANCE | Greater than 25%, but no more than 50% of the activity described within the question is met. |
| SIGNIFICANT ACTIVITY OR PERFORMANCE | Greater than 50%, but no more than 75% of the activity described within the question is met. |
| OPTIMAL ACTIVITY OR PERFORMANCE | Greater than 75% of the activity described within the question is met. |

Using the responses to all of the assessment questions, a scoring process generates scores for each first-tier question, model standard, Essential Service, and one overall score. (More detailed information on the scoring methodology is available from CDC or can be accessed online at <http://www.cdc.gov/nphsp/conducting.html>.)

NOTE: La Paz DX data and results should not be interpreted to reflect the capacity or performance of any single agency or organization, but rather of the county’s public health system as a whole, with its many component agencies and sectors.

La Paz DX - Results:

| Table 1: Summary of La Paz County performance scores by Essential Public Health Service (EPHS) <i>How well does La Paz County's public health system perform the ten Essential Public Health Services?</i> | | |
|--|---|-------------|
| EPHS | | Score * (%) |
| 1 | Monitor Health Status To Identify Community Health Problems | 46 |
| 2 | Diagnose And Investigate Health Problems and Health Hazards | 65 |
| 3 | Inform, Educate, And Empower People about Health Issues | 50 |
| 4 | Mobilize Community Partnerships to Identify and Solve Health Problems | 51 |
| 5 | Develop Policies and Plans that Support Individual and Community Health Efforts | 56 |
| 6 | Enforce Laws and Regulations that Protect Health and Ensure Safety | 64 |
| 7 | Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable | 52 |
| 8 | Assure a Competent Public and Personal Health Care Workforce | 47 |
| 9 | Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services | 58 |
| 10 | Research for New Insights and Innovative Solutions to Health Problems | 42 |
| Overall Performance Score | | 53 |
| <p><i>* Scoring scale - No Performance: 0%, Minimal Performance: > 0% - 25% , Moderate Performance: > 25% - 50% , Significant Performance: > 50% - 75%, Optimal Performance: > 75%</i></p> | | |
| <p>Table 1 (above) provides a quick overview of the La Paz County public health system's performance in each of the 10 Essential Public Health Services (EPHS). Each EPHS score is a composite value determined by the scores given to those activities</p> | | |

Table 1: Summary of La Paz County performance scores by Essential Public Health Service (EPHS)

How well does La Paz County's public health system perform the ten Essential Public Health Services?

| EPHS | Score * (%) |
|---|-------------|
| <p>that contribute to each Essential Service. With an overall performance score of 53, La Paz County's public health system received an overall assessment of "Significant Activity or Performance". Four of La Paz's Essential Public Health Services received moderate performance ratings (EPHS #1, 3, 8 and 10) and six received significant performance ratings (EPHS #2, 4, 5, 6, 7 and 9).</p> | |

Figure 1: Summary of EPHS performance scores and overall score (with range)

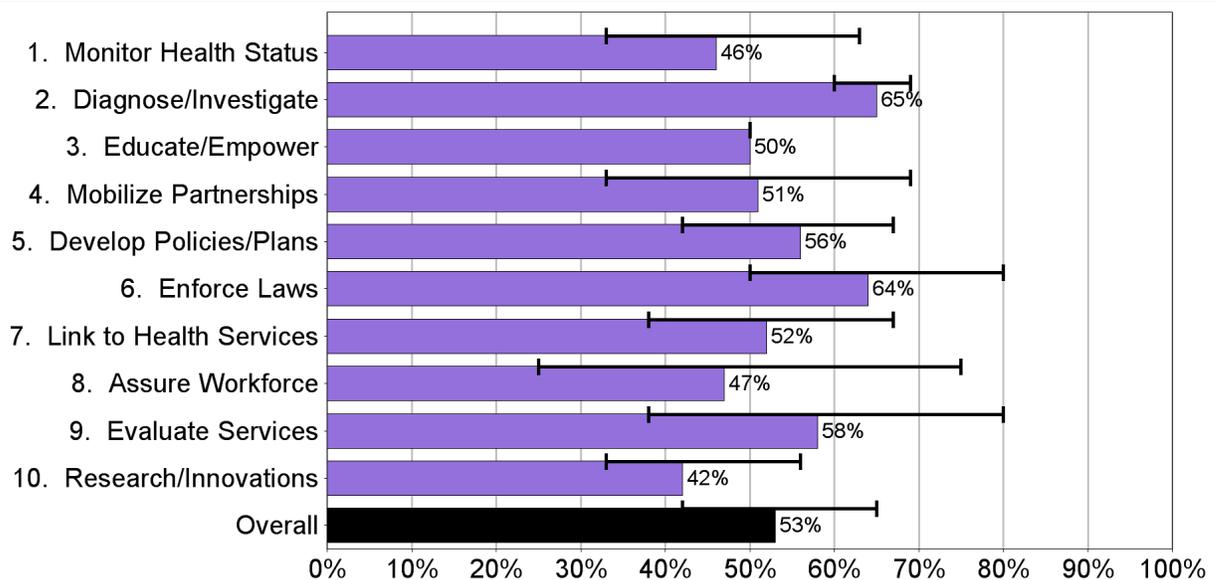


Figure 1 (above) displays performance scores for each Essential Service along with an overall score that indicates the average performance level across all 10 Essential Services. The range bars show the minimum and maximum values of responses within the Essential Service and an overall score. Areas of wide range may warrant a closer look in Figure 4 or the raw data.

Figure 2: Rank ordered performance scores for each Essential Service

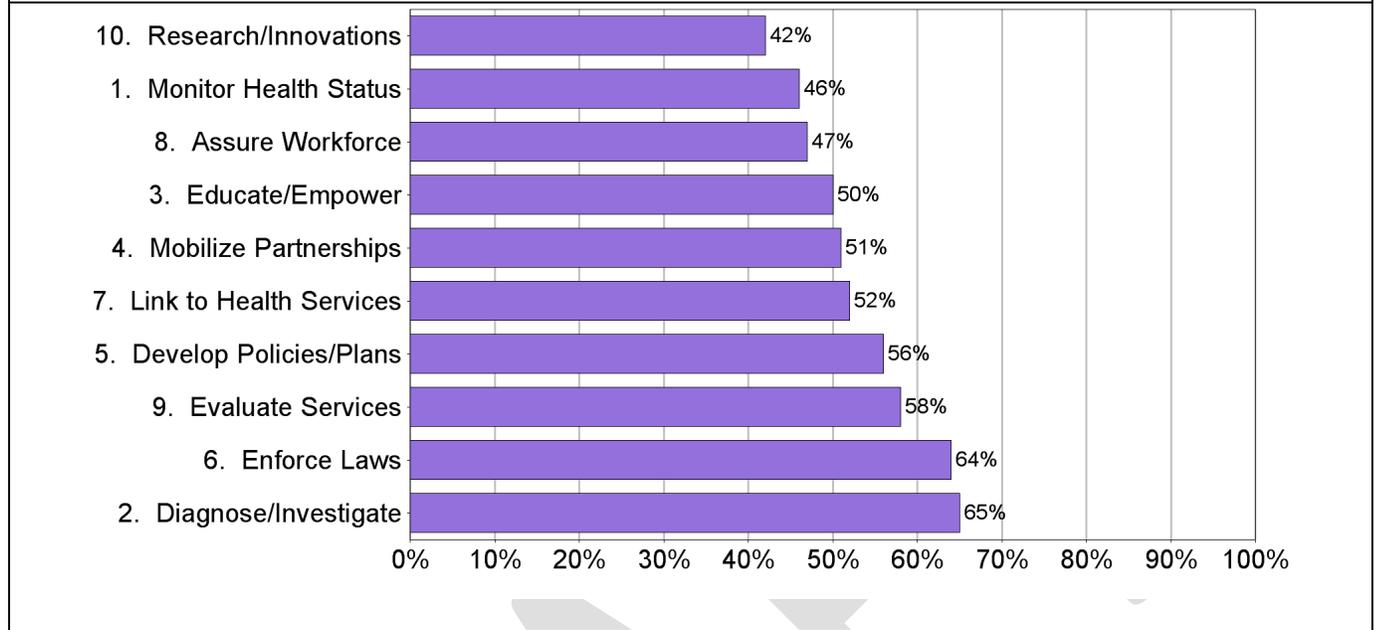


Figure 2 (above) displays each composite score from low to high, allowing easy identification of service domains where performance is relatively strong or weak. La Paz County’s public health system showed the weakest performance in EPHS #10 (Research/Innovations) and EPHS #2 (Monitor Health Status) and the strongest performance in EPHS #2 (Diagnose/Investigate) and EPHS #6 (Enforce Laws).

Figure 3: Rank ordered performance scores for each Essential Service, by level of activity

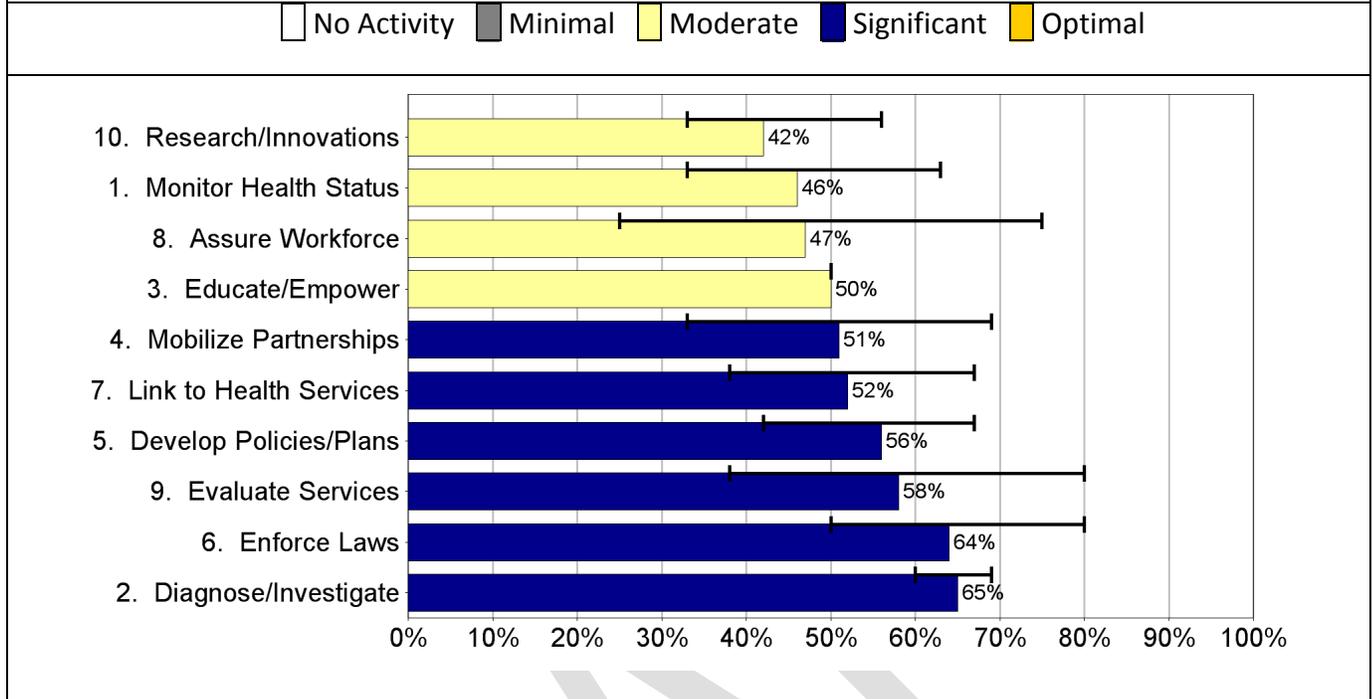
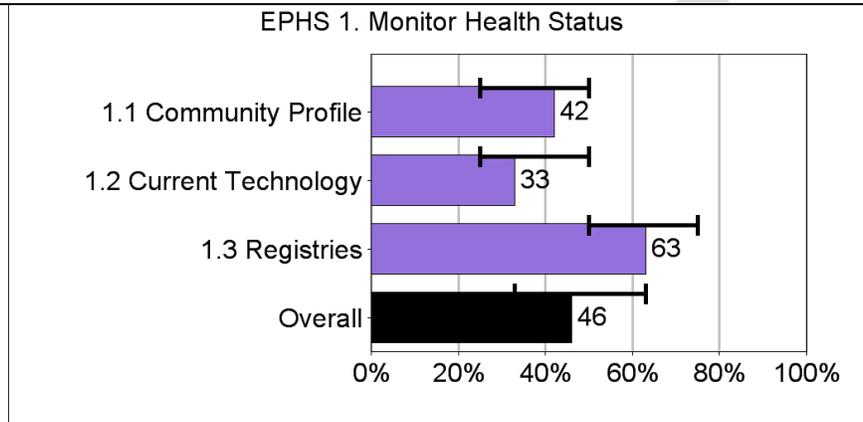


Figure 3 (above) provides a composite picture of the previous two graphs. The range lines show the range of responses within an Essential Service. The color coded bars make it easier to identify which of the Essential Services fall in the five categories of performance activity (moderate performance/activity = yellow bars; significant performance/activity = dark blue bars).

Figure 4 (below) shows scores for each model standard. Sites can use these graphs to pinpoint specific activities within the Essential Service that may need a closer look. Note these scores also have range bars, showing sub-areas that comprise the model standard.

How well did La Paz County's local public health system perform on specific model standards?

Figure 4: Performance scores for each model standard, by Essential Service



1.1 Community Profile

La Paz DX participant comments for Model Standard 1.1: In La Paz County, many agencies are doing multiple assessments, but not sharing or publicizing data, with the end result that partner agencies do not know that assessments/data exist. For instance, LPCHD does Maternal Child Health Reports and CASA (immunization) reports, but external partners and the public do not necessarily know about the data. LPCHD and LPRH created a 2011 Community Health Needs Assessment that many partners and county residents do not seem to be aware of, although it has been posted on the Internet. IHS does multiple assessments locally, regionally through the area office in Phoenix, and nationally, but the data are not necessarily shared. Everyone is collecting data for different reasons, everyone has a bit of the overall puzzle, but the real need is to put the puzzle pieces - the big picture - together and share data so that everyone can access it. One suggestion was to publicly post all county assessments and related data/statistics on a county website.

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1.2 Current Technology

La Paz DX participant comments for Model Standard 1.2: Even if the La Paz County public health

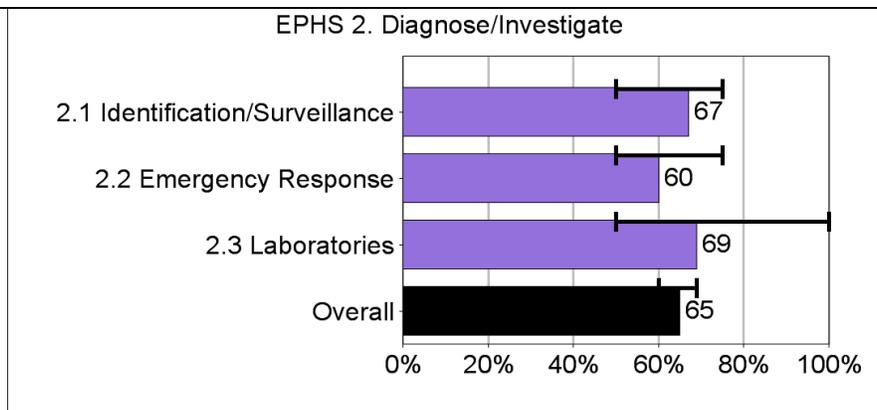
system does have state-of-the-art technology, people lack widespread access or training in such technology. For instance, the La Paz County Community Development office has GIS technology, but does not geo-code health data with La Paz County Health Department to create spatial statistics for health conditions. Furthermore, different agencies are at different levels of attainment of technological infrastructure. La Paz Regional Hospital has an electronic health records (EHR) database. By contrast, neither CRIT DHS nor La Paz County Health Department have EHR systems (although LPCHD does have MEDSIS for communicable disease surveillance, investigation and case management). La Paz Regional Hospital's EHR system may not be interoperable with that of Parker Indian Health Services. (Additional note on GIS - La Paz County Community Development receives geographic data, but people don't know where to access it and Community Development does not generate local level analyses.) There are challenges with geographic data in a small county - mapping data in small communities where everyone knows each other might violate confidentiality, and small changes in case numbers may produce large changes in rates because small populations mean small denominators when calculating rates (as number of cases per 100,000 for instance).

The conversation also turned to jurisdictional difficulties in sharing data, over and above the technological challenges. There is almost no communication or collaboration related to data-sharing among CRIT DHS, LPCHD, and county hospitals. CRIT does not release data in order to protect cultural sensitivity in various circumstances, and will not release data to outside agencies without a data sharing agreement. The suggestion was made to hold a summit to determine data-sharing agreements among local public health system partner agencies.

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1.3 Registries

La Paz DX participant comments for Model Standard 1.3: La Paz's local public health system has many population-health registries. We use ASIIS for immunizations, MEDSIS for communicable disease case reporting, and CRIT/IHS has its own registries, including cancer, diabetes and heart disease registries. CRIT can also request that a registry be created immediately. CRIT has made policy decisions regarding diabetes programs, cancer grants, and staffing based on data mining of population health registries. LPCHD has changed HPV vaccination protocols based upon registry data. However, the use of population health registries for informing policy decisions, designing or implementing programs, and conducting population research varies greatly among the different local health system agencies.



2.1 Identification/Surveillance

La Paz DX participant comments for Model Standard 2.1: In La Paz County, the LPHS has optimal surveillance systems for infectious diseases (MEDSIS, ILI surveillance, access to PulseNet through ADHS), but less than optimal surveillance for other health problems, conditions and threats. Per chronic diseases, regular surveillance occurs at the state level at ADHS, and the LPCHD Public Health Education & Prevention Division receives periodic chronic disease surveillance reports from the state. Per bioterrorism or emerging infectious disease threats, La Paz currently (as of 2012) does not participate in an automated syndromic surveillance system, but has just received a grant through ADHS to support La Paz Regional Hospital in joining BioSense and to introduce Parker IHS to BioSense. Per intentional and unintentional injury, IHS currently conducts that surveillance, but the data are not distributed locally and the Parker IHS participant did not know if injury data analysis takes place at the area office (regional) or national level. IHS likewise conducts surveillance for environmental hazards (CRIT and LPCHD do not) but again, it was unknown at what level analysis occurs, nor to whom the data are distributed. The discussion on surveillance for social and mental health, along with maternal and child health, yielded interesting questions. LPCHD participants noted that ADHS conducts newborn screening for metabolic diseases and other disorders, and that data are available on the ADHS website. Likewise, ADHS gathers statewide substance abuse data and publishes statistics on its website. The CRIT and Parker IHS participants wondered if state-level epidemiologists track Native American newborn babies born with metabolic diseases and disorders, or who were exposed in utero to methamphetamines, alcohol (fetal alcohol syndrome), or illicit drugs?

Lastly, table participants gave two comments about what would make county surveillance better: (1) It would be nice if we could monitor the hidden threat of nutritional deficiencies in children's homes - many children in La Paz may not be eating nutritious food at home; and (2) we need to involve schools more in surveillance for children's health issues and in health

education for children and parents.

Per 2.1.3, table participants rated this function "moderate" because neither CRIT nor the Parker-area Indian Health Services facility have a Masters or Doctoral level epidemiologist or statistician to assess, investigate and analyze public health threats and health hazards. IHS also does not have access to epidemiologists through their area office in Phoenix. CRIT should technically have access to epidemiological support/data analysis through the Intertribal Council of Arizona (ITCA), but have not received any epidemiological reports or data from that agency.

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2.2 Emergency Response

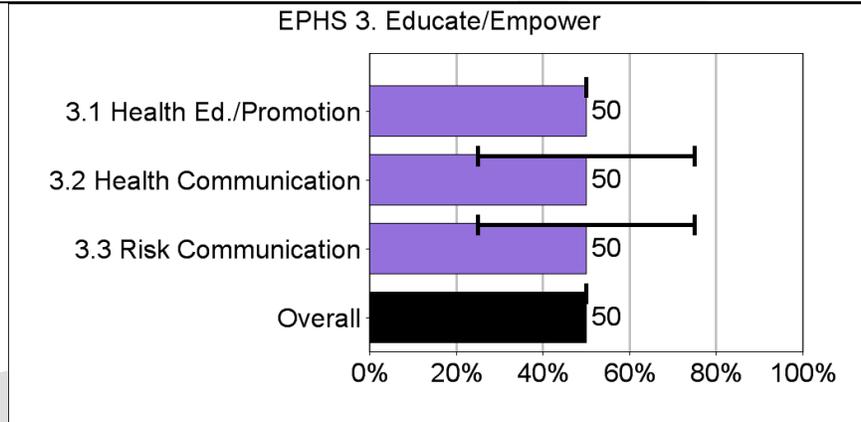
La Paz DX participant comments for Model Standard 2.2: - Per animal control: unknown, but state and local agencies (State Veterinarian, ADHS, AZ Game and Fish, LPCHD, and county Animal Control) have protocols for dealing with rabid animals and human exposure assessment. Per vector control: LPCHD has protocols for dealing with vector-borne diseases and partners with ADHS on these issues. We did not have CRIT EPO or Parker IHS Environmental Health Officers at the table so we were unsure about their vector control protocols. LPCHD also does have protocols for the following health challenges: exposure to food-borne illness, exposure to water-borne illness, communicable diseases, drinking water safety and supply, sanitation, mass care and evaluation of shelter facilities, wastewater, solid waste management, hazardous waste management, air quality and PPE, radiation exposure response [in progress], chemical or toxic release control and clean up, disaster behavioral health, isolation and quarantine, mass vaccination/mass prophylaxis, emergency risk communication, mass fatality response support, pandemic flu, and vulnerable populations. The biggest problem, according to table participants, is that we have no county-wide coordination of all the agencies' response protocols. Different agencies take the lead in different types of events, and for different functions. For instance, even though LPCHD does have protocols for chemical or toxic releases, LPCHD is a secondary support agency for whatever agency has primary responsibility for controlling the substance and shutting down contamination or exposure to humans. LPCHD Environmental Health professionals are not Hazmat-trained and acute response to shutting down the exposure is not their job. We need agencies to interface in La Paz and hash out who the lead and support agencies are for different types of emergency events, and then communicate and coordinate agency SOP's. Participants' suggestions: call meetings for coordination or set up a private password-protected forum for coalitions/response agencies to see county agency SOP's.

Per 2.2.2, the La Paz County Health Department does have current epidemiological case

investigation protocols to guide immediate investigations of public health emergencies to include: infectious disease outbreaks (optimal), biological agent threats (optimal), intentional biological incidents (optimal), radiological events (moderate), environmental health hazards (moderate - need to be updated), and chemical threats and incidents (moderate - need to be updated).

2.3 Laboratories

La Paz DX participant comments for Model Standard 2.3: Note on 2.3.1 - the majority vote was "Moderate", but there was 1 dissenting vote of "Minimal." The dissenting participant feels that testing on water, air and soil in the county is minimal and slow.



3.1 Health Education/Promotion

La Paz DX participant comments for Model Standard 3.1: The school district is in continuous communication with La Paz County Health Department (LPCHD) regarding immunizations and prevention education. This model standard was rated as “Moderate” because there could be more communication with the public. The general public may be unaware of community health information, programs, and education.

For 3.1.1 - There were questions about whether local media were putting out more health information to the public than health agencies and whether target populations were getting needed health information, for instance, diabetes education to Native Americans, or pertinent health information to Hispanics.

For 3.1.2 - This Model Standard was rated as "Moderate". Table participants did not see as many local departments promoting their programs as community organizations did. The Crisis Shelter and PAACE have become more prominent in the schools. The Colorado River Indian Tribes are putting out information about their programs, but they are promoting their programs to their constituency. Organizations promote their programs, but only to their own specific target groups. Agencies in the La Paz LPHS do consider best practices when planning for campaigns and learn from what has happened in previous years.

For 3.1.2.5 - Some departments are evaluated through surveys. Table participants noted that, "There is room for improvement to spend more time for improvement."

For 3.1.3 - Participants rated this as "Moderate". (1) La Paz LPHS organizations do work together on large programs, but not on small projects. (2) There is a community coalition spearheaded by PACCE that is open to everyone including police organizations, radio, CRIT Theaters, crisis shelter, libraries, CRIT, the Career Center, La Paz County public schools, and mental health organizations. We could use this to bring more grants to the county. (3) La Paz County Health Department needs to look into coalitions outside of its own agency.

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3.2 Health Communication

La Paz DX participant comments for Model Standard 3.2: For 3.2.1 – Participants rated this as "Moderate". (1) LPCHD a 150 page communications plan for BIO that covers all noted areas – regular and emergency response. (2) Parker Unified School District has emergency response protocols and plans for how to talk with parents.

For 3.2.2 - The table rated this as "Significant". (1) The La Paz LPHS utilizes the media and social media and knows its media contacts. (2) Parker Live and the Theater have been the very best ways to get information out.(3) The schools are another great way to get information out; however, often parents may not see information that is sent out. (4) Social Media offers immediate information and the La Paz LPHS could collaborate to improve the use of this technology. Rumors can be addressed quickly and public information can often be clarified using these communication techniques.

For 3.2.3 - Table participants rated this as "Minimal". Many La Paz LPHS agencies do not have designated PIO's.

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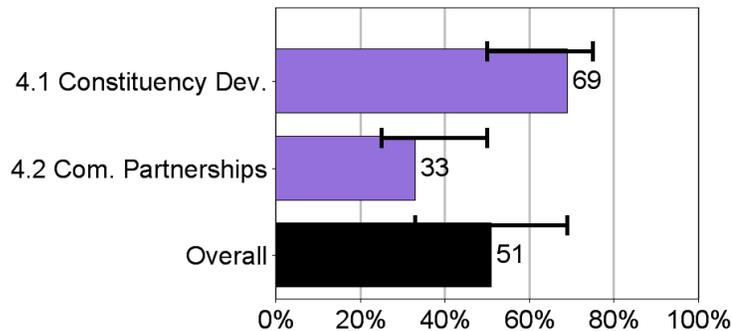
3.3 Risk Communication

La Paz DX participant comments for Model Standard 3.3: For 3.3.1 – Table participants rated this as “Moderate”. La Paz County a very extensive plan (living document) following NIMS; however, emergency response services do not have programs and plans in place. If the plans are in place they are not made public. The schools have plans in place that are ever changing to meet the needs of the community.

For 3.3.2 - Table participants rated this as “Significant”. Various county agencies do have very extensive contact information to disseminate alerts to public service agencies. We do not have reverse 911 or broadcast fax. We do have a Health Alert Network. LPCHD has group emails for public health partner groups and media.

For 3.3.3 – Table participants rated this as “Minimal”. Different agencies have in-house trainings for crisis and emergency communications. LPCHD does have a Crisis and Emergency Risk Communications Plan.

EPHS 4. Mobilize Partnerships



4.1 Constituency Development

La Paz DX participant comments for Model Standard 4.1: For 4.1.1 - One participant stated that neither the county nor the Town of Quartzsite communicates unless there is a crisis; the town fire department and police force communicate well, but school communications could be improved. This participant also feels that schools have two huge, unaddressed issues: mental

health and drugs. This participant additionally believes that in general, parental involvement with their children is lacking. Law enforcement participants (2) feel that notification protocols are established, but may not be used in an emergency situation as much as needed. The IHS member concurs, but feels that stakeholders are identified and notified.

Much discussion took place regarding the never-ending changing of personnel in Quartzsite, which contributes to the perception that only key stakeholders are informed and not community members. The Quartzsite participant feels that Quartzsite is in a vacuum and that no consolidated coordination of information is available to provide information to the community members.

For 4.1.2 – One table member voted “NO”, four members voted “Significant.” The participant who voted “No” states that no notice of public meetings is provided to the community and the citizens are suffering due to the lack of communication.

One member noted that the Tobacco Cessation services provided by the HD are very visual and conducting outreach in communities and school. This same education unit of the HD is conducting outreach with support group programs throughout the county.

One member noted that meetings like La Paz DX should have stronger participation by community members, but involvement and response by citizens in LPC is low at best.

Another member noted that low participation is directly related to the lack of staff available and that people wear multiple hats. If a person is assigned a job and the job description includes some of the subject to be discussed at the meeting or training every effort to attend should be made or at the least send another agency representative.

For 4.1.3 – Table members felt that this information was contained in the emergency operating plans, as well as other units in the health department. The one “Minimum” voter stated that this information is not available in Quartzsite.

For 4.1.4 - The majority of table members felt that most clinics (health, flu, rabies, etc.) were advertised very well. However, one voter noted that most organizations only advertised in the Parker Pioneer and little advertising was conducted in Quartzsite.

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4.2 Community Partnerships

La Paz DX participant comments for Model Standard 4.2: For 4.2.1 – The dissenting voter stated that though Quartzsite had a Health Coalition it wasn’t well attended, nor did it have any power

or authority and it was therefore fading.

One table member again stated that the lack of community/agency/organization participation was a huge issue. And though meetings and trainings have had dates and times changed again and again participation was still very low. Another member noted that because we're a very small population we have some organizations with overlapping partnerships and it can seem redundant.

One member noted a recent occurrence where the local high school was put in lock down, but the appropriate tier office wasn't notified by law enforcement. Other members noted that protocols are in place for notification, but weren't implemented. (Nixel Notification Tree). Table members all noted that the lack of appropriate communications is a concern with all partnerships.

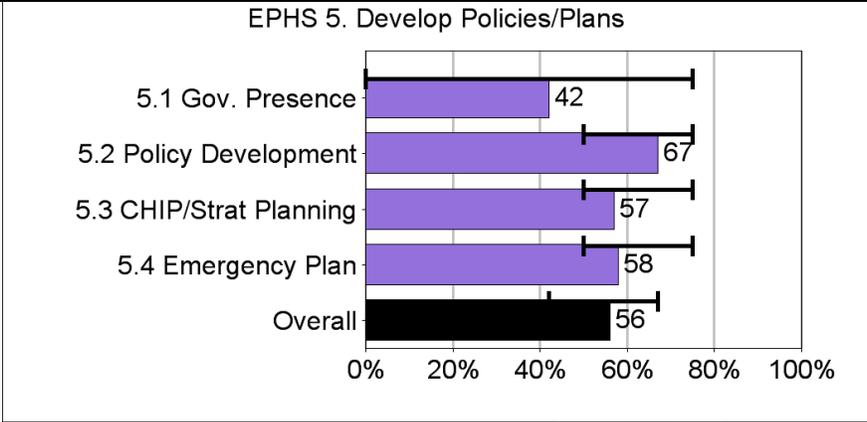
One member noted that the identified "kids at risk" in school should have better mental health assessments in Quartzsite.

For 4.2.2 - Even after table discussion, no members were aware of a community health improvement committee. Members noted that each agency/organization took it upon itself to identify a "community hub" location to provide services information.

For 4.2.3 – The total group felt that an additional answer of "Don't Know" should be available. The majority of members felt that La Paz County Health Department and La Paz Regional Hospital conducted some sort of reviews, but don't communicate results to stakeholders or community.

One member had concern for EMT's who may be responding to an emergency where they may be in danger due to a health issue of the patient, which was reported to LPCHD as infectious, but not shared with First Responders.

Another member shared that poor communications between organizations/agencies continues.



5.1 Government Presence

La Paz DX participant comments for Model Standard 5.1: For 5.1.1 - The dissenting voter feels that Quartzsite is completely left out of any health presence.

For 5.1.4 – There was an open table discussion regarding better working relationships between La Paz County Health Department and other response agencies due to additional grant funding close to a decade ago. Group agreed that funding “helps you do what you need to do”! One voter stated that La Paz County Health Department needed to work much closer with the Town of Quartzsite and to discuss future partnerships.

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5.2 Policy Development

La Paz DX participant comments for Model Standard 5.2: For 5.2 1 - Table members stated that “just being invited to the table” is important.

For 5.2.2 - All table members felt that changes or policies needed to be better advertised to communities who might experience a potential impact from those changes or policies.

For 5.2.3 - The group discussion consisted of “mandated requirements” for many provided services, which is an ongoing review. At each new statute change, review is conducted to ensure change is incorporated in appropriate local policy.

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5.3 Community Health Improvement Plan (CHIP)/Strategic Planning

La Paz DX participant comments for Model Standard 5.3: For 5.3.1 - Table participants were educated about the process such as the meeting they were attending today and hopefully in

the future more working groups will be established to continue the communication lines.

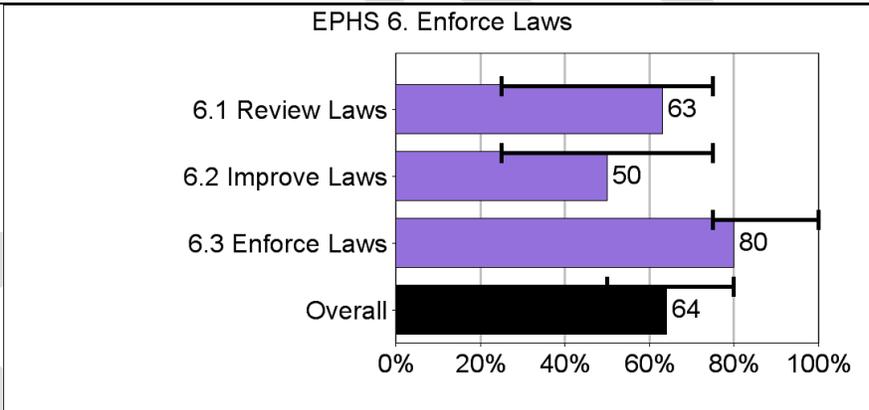
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5.4 Emergency Plans

La Paz DX participant comments for Model Standard 5.4: For 5.4.1 - Open table discussion about IHS emergency plans and status and fact that LPC plans need to be updated.

For 5.4.2 - No discussion except one member who feels that “snowbirds” are not addressed as a potential health issue to the citizens of Quartzsite. This member feels there is a need to monitor the type of illnesses brought into the area by winter visitors and the potential hazards created by these illnesses.

For 5.4.3 - IHS conducts annual review of plans; Bio every three years or if change required; Schools only have occasional fire drills and evacuation training. This area may require more attention to the national hazard concerns in America.



6.2 Improve Laws

Significant – All groups within the La Paz LPHS are very active in providing information to groups doing advocacy work or legislative work. (Examples: changing local ordinances, giving input on state propositions or changes to Arizona Administrative Code, environmental regulations etc.)

La Paz DX participant comments for Model Standard 6.2: For 6.2.1 – Table participants rated this as “Minimal” because the LPHS has not taken the time to identify/review such public health

issues and the LPHS lacks ready access to legal counsel.

For 6.2.2 – Table participants rated this as “Moderate”. (Examples: social hosting (a PAACE coalition initiative/successful ordinance brought before the Parker Town Council to forbid patrons from drinking alcohol at town parks), smoke-free parks...)

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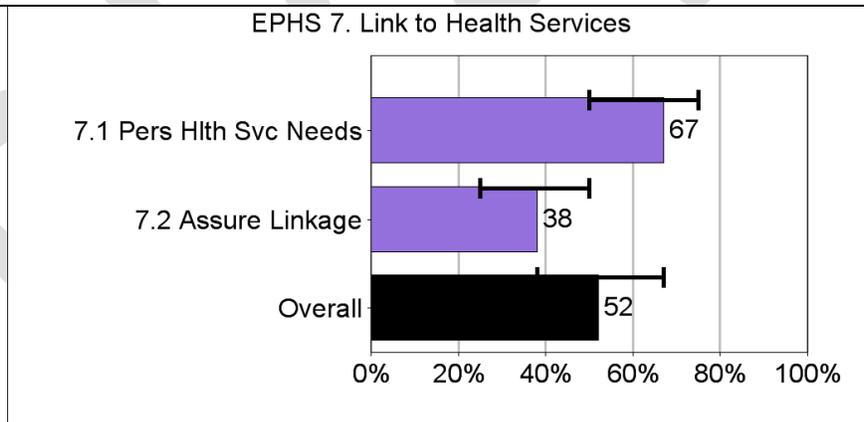
6.3 Enforce Laws

La Paz DX participant comments for Model Standard 6.3: For 6.3.1 – Table participants rated this as “Significant”. The authority and laws are passed down by the state.

For 6.3.2 - Table Participants rated this as “Optimal”. The local health department does have the authority to implement necessary community interventions in the event of a public health emergency.

For 6.3.3.3 - Compliance Education is always offered first.

For 6.3.5 - Table participants rated this as “Significant”. CRIT assess compliance of community institutions and businesses through IHS and EPA.



7.1 Personal Health Service Needs

La Paz DX participant comments for Model Standard 7.1: For 7.1.1 – The biggest barrier is health insurance. Affordability of health care is of real concern, but no one is prevented from receiving care – hospitals are required to see everyone. Follow up is a problem. There is no language or religious barrier to care. Transportation is also a problem. Identification of undocumented aliens can be an issue. Some people are afraid because they may lack legal

documentation. They may not be able to identify services they need because they are afraid.

For 7.1.2 – Generally, hospitals offer services for their patients only, the health department offers smokers services, then there are counseling services thru employer services, the hospital offers community assessments. No discussion of mental health service needs.

For 7.1.3 – The LPHS recognizes financial barriers, distance barriers (Salome people who may need services in Parker, race/cultural barriers (some members of the Hispanic population may not want to come to Parker for services), changes in AHCCSS policies (i.e., the “childless adult” change).

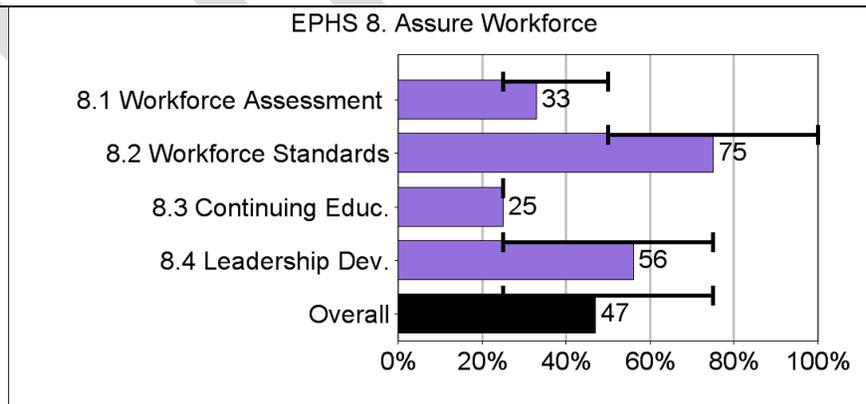
7.2 Assure Linkages

La Paz DX participant comments for Model Standard 7.2: For 7.2.1 - There is a difference between linking people to services and being able to provide and assure services. La Paz County does well with what services it has, and there are linkages, but we could use more services.

For 7.2.2 - Everything across the board is bilingual; things can be done to improve the county transit system.

For 7.2.3 – La Paz County needs more mental health services and more social services. There are services available to help link people to what care is out here but we are limited as to what we have.

For 7.2.4 - Once a week, people can sign up for Medicare or Medicaid.



8.1 Workforce Assessment

La Paz DX participant comments for Model Standard 8.1: - Regarding training and education - either the organization can't afford training or the individual can't afford training. It is imperative that organizations get training on technology. If an organization changes, or an organization is affiliated with higher organizations, then staff need to get training. Training empowers individual growth.

For 8.1.1 – One table member says groups and individuals are trying to focus on assessments. Another table participant wishes there was a way to foster assessments. In general, table members didn't know if other entities have done assessments.

For 8.1.2 – Table members said they know where shortfalls are like nursing.

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8.2 Workforce Standards

La Paz DX participant comments for Model Standard 8.2: For 8.2.1 – Table participants questioned if people that have held the same jobs/positions for many years are up to date with current licensure/certification requirements?

For 8.2.3 - Some organizations do not do performance evaluations but do evaluations related to licensure. Professional performance with the college is contractual and they need to re-contract.

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8.3 Continuing Education

La Paz DX participant comments for Model Standard 8.3: For 8.3.1 – Staff do not always have opportunities available to them for training. Barriers to training include money and scheduling – if training takes place during work hours, staff may not be able to attend.

For 8.3.2 – Many agencies' staff are too busy to go to training or have no money to go. Another problem is no cross collaboration within our own agencies - no branching out from your own job duties. If you do get training and do not use it you lose it.

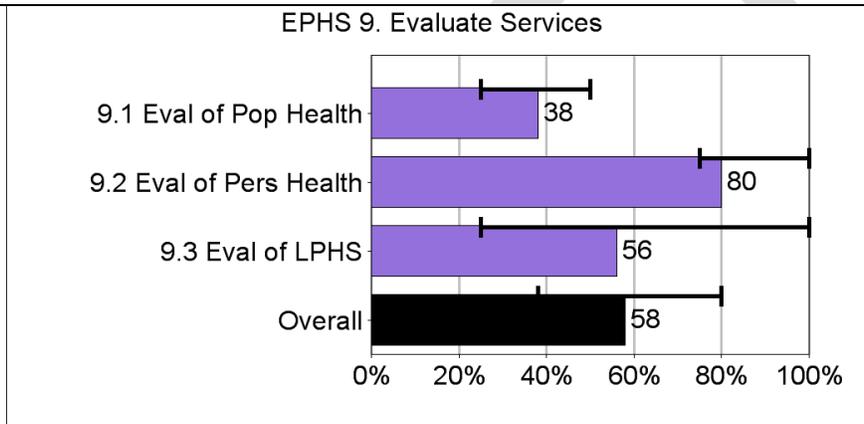
For 8.3.3 - Arizona Western College Staff do get incentives - extra money for credits. If an AWC Associate Faculty Member advances his or her degree, he or she will get extra money per credit

for classes taught. Another participant said that staff may get comp time in exchange for attending trainings.

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8.4 Leadership Development

La Paz DX participant comments for Model Standard 8.4: For 8.4.3 – LPCHD has loaned out employees such as PIO and nurses who go to schools.

For 8.4.4 – Some table participants felt that new leaders do represent population diversity, while others felt that some representation of other ethnic groups was needed.



9.2 Evaluation of Personal Health Services

La Paz DX participant comments for Model Standard 9.2: For 9.2.1 - Organizations and laws have to be followed. Medicare and Medicaid have laws that must be followed.

For 9.2.3 - We are required by federal law to send out surveys to patients.

For 9.2.4 - Electronic records used

For 9.2.5 – The LPHS has done a major evaluation by LPCHD Epidemiologist that can be used for strategic and operational plans.

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9.3 Evaluation of Local Public Health System

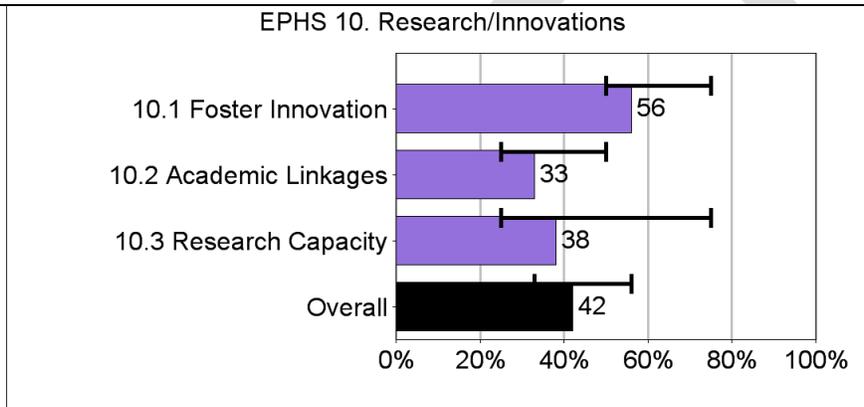
La Paz DX participant comments for Model Standard 9.3: For 9.3.1 - There isn't enough information out there to use. Agencies may not know what information is available to or where to find it, and programs change so often. Essential services information needs to be available to

find in one place.

For 9.3.2 - The problem is sometimes the service is available and not attended, and not everyone is aware of what everyone else does.

For 9.3.3 – La Paz LPHS agencies could do a better job of communicating what is out there as far as services. Coordination of services is a big gap.

For 9.3.4 - The needs assessment results drive what is done for the hospital and the health department themselves but as far as other agencies, table participants didn't know.



10.1 Foster Innovation

La Paz DX participant comments for Model Standard 10.1: For 10.1.1 – Vaccinations change so we have to adapt on how to do vaccinations.

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10.2 Academic Linkages

La Paz DX participant comments for Model Standard 10.2: 10.2.2 – University of Arizona and LPCHD might do some collaborative work if asked. Research seems to be in-house.

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| EPHS 1. Monitor Health Status To Identify Community Health Problems | 46 |
| <i>1.1 Population-Based Community Health Profile (CHP)</i> | 42 |
| 1.1.1 Community health assessment | 50 |
| 1.1.2 Community health profile (CHP) | 25 |
| 1.1.3 Community-wide use of community health assessment or CHP data | 50 |
| <i>1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data</i> | 33 |
| 1.2.1 State-of-the-art technology to support health profile databases | 50 |
| 1.2.2 Access to geocoded health data | 25 |
| 1.2.3 Use of computer-generated graphics | 25 |
| <i>1.3 Maintenance of Population Health Registries</i> | 63 |
| 1.3.1 Maintenance of and/or contribution to population health registries | 75 |
| 1.3.2 Use of information from population health registries | 50 |
| EPHS 2. Diagnose And Investigate Health Problems and Health Hazards | 65 |
| <i>2.1 Identification and Surveillance of Health Threats</i> | 67 |
| 2.1.1 Surveillance system(s) to monitor health problems and identify | 75 |

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| health threats | |
| 2.1.2 Submission of reportable disease information in a timely manner | 75 |
| 2.1.3 Resources to support surveillance and investigation activities | 50 |
| 2.2 Investigation and Response to Public Health Threats and Emergencies | 60 |
| 2.2.1 Written protocols for case finding, contact tracing, source identification, and containment | 50 |
| 2.2.2 Current epidemiological case investigation protocols | 75 |
| 2.2.3 Designated Emergency Response Coordinator | 75 |
| 2.2.4 Rapid response of personnel in emergency / disasters | 50 |
| 2.2.5 Evaluation of public health emergency response | 50 |
| 2.3 Laboratory Support for Investigation of Health Threats | 69 |
| 2.3.1 Ready access to laboratories for routine diagnostic and surveillance needs | 50 |
| 2.3.2 Ready access to laboratories for public health threats, hazards, and emergencies | 50 |
| 2.3.3 Licenses and/or credentialed laboratories | 100 |
| 2.3.4 Maintenance of guidelines or protocols for handling laboratory samples | 75 |
| EPHS 3. Inform, Educate, And Empower People about Health Issues | 50 |

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| 3.1 Health Education and Promotion | 50 |
| 3.1.1 Provision of community health information | 50 |
| 3.1.2 Health education and/or health promotion campaigns | 50 |
| 3.1.3 Collaboration on health communication plans | 50 |
| 3.2 Health Communication | 50 |
| 3.2.1 Development of health communication plans | 50 |
| 3.2.2 Relationships with media | 75 |
| 3.2.3 Designation of public information officers | 25 |
| 3.3 Risk Communication | 50 |
| 3.3.1 Emergency communications plan(s) | 50 |
| 3.3.2 Resources for rapid communications response | 75 |
| 3.3.3 Crisis and emergency communications training | 25 |
| 3.3.4 Policies and procedures for public information officer response | 50 |
| EPHS 4. Mobilize Community Partnerships to Identify and Solve Health Problems | 51 |
| 4.1 Constituency Development | 69 |
| 4.1.1 Identification of key constituents or stakeholders | 75 |

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| 4.1.2 Participation of constituents in improving community health | 75 |
| 4.1.3 Directory of organizations that comprise the LPHS | 50 |
| 4.1.4 Communications strategies to build awareness of public health | 75 |
| 4.2 Community Partnerships | 33 |
| 4.2.1 Partnerships for public health improvement activities | 50 |
| 4.2.2 Community health improvement committee | 25 |
| 4.2.3 Review of community partnerships and strategic alliances | 25 |
| EPHS 5. Develop Policies and Plans that Support Individual and Community Health Efforts | 56 |
| 5.1 Government Presence at the Local Level | 42 |
| 5.1.1 Governmental local public health presence | 75 |
| 5.1.2 Resources for the local health department | 50 |
| 5.1.3 Local board of health or other governing entity (not scored) | 0 |
| 5.1.4 LHD work with the state public health agency and other state partners | 0 |
| 5.2 Public Health Policy Development | 67 |
| 5.2.1 Contribution to development of public health policies | 75 |

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| 5.2.2 Alert policymakers/public of public health impacts from policies | 50 |
| 5.2.3 Review of public health policies | 75 |
| 5.3 Community Health Improvement Process | 57 |
| 5.3.1 Community health improvement process | 47 |
| 5.3.2 Strategies to address community health objectives | 50 |
| 5.3.3 Local health department (LHD) strategic planning process | 75 |
| 5.4 Plan for Public Health Emergencies | 58 |
| 5.4.1 Community task force or coalition for emergency preparedness and response plans | 50 |
| 5.4.2 All-hazards emergency preparedness and response plan | 75 |
| 5.4.3 Review and revision of the all-hazards plan | 50 |
| EPHS 6. Enforce Laws and Regulations that Protect Health and Ensure Safety | 64 |
| 6.1 Review and Evaluate Laws, Regulations, and Ordinances | 63 |
| 6.1.1 Identification of public health issues to be addressed through laws, regulations, and ordinances | 75 |
| 6.1.2 Knowledge of laws, regulations, and ordinances | 75 |
| 6.1.3 Review of laws, regulations, and ordinances | 75 |

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| 6.1.4 Access to legal counsel | 25 |
| 6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances | 50 |
| 6.2.1 Identification of public health issues not addressed through existing laws | 25 |
| 6.2.2 Development or modification of laws for public health issues | 50 |
| 6.2.3 Technical assistance for drafting proposed legislation, regulations, or ordinances | 75 |
| 6.3 Enforce Laws, Regulations and Ordinances | 80 |
| 6.3.1 Authority to enforce laws, regulation, ordinances | 75 |
| 6.3.2 Public health emergency powers | 100 |
| 6.3.3 Enforcement in accordance with applicable laws, regulations, and ordinances | 75 |
| 6.3.4 Provision of information about compliance | 75 |
| 6.3.5 Assessment of compliance | 75 |
| EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable | 52 |
| 7.1 Identification of Populations with Barriers to Personal Health Services | 67 |
| 7.1.1 Identification of populations who experience barriers to care | 50 |

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| 7.1.2 Identification of personal health service needs of populations | 75 |
| 7.1.3 Assessment of personal health services available to populations who experience barriers to care | 75 |
| 7.2 Assuring the Linkage of People to Personal Health Services | 38 |
| 7.2.1 Link populations to needed personal health services | 50 |
| 7.2.2 Assistance to vulnerable populations in accessing needed health services | 50 |
| 7.2.3 Initiatives for enrolling eligible individuals in public benefit programs | 25 |
| 7.2.4 Coordination of personal health and social services | 25 |
| EPHS 8. Assure a Competent Public and Personal Health Care Workforce | 47 |
| 8.1 Workforce Assessment Planning, and Development | 33 |
| 8.1.1 Assessment of the LPHS workforce | 25 |
| 8.1.2 Identification of shortfalls and/or gaps within the LPHS workforce | 50 |
| 8.1.3 Dissemination of results of the workforce assessment / gap analysis | 25 |
| 8.2 Public Health Workforce Standards | 75 |
| 8.2.1 Awareness of guidelines and/or licensure/certification requirements | 75 |
| 8.2.2 Written job standards and/or position descriptions | 75 |

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| 8.2.3 Annual performance evaluations | 50 |
| 8.2.4 LHD written job standards and/or position descriptions | 100 |
| 8.2.5 LHD performance evaluations | 75 |
| <i>8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring</i> | 25 |
| 8.3.1 Identification of education and training needs for workforce development | 25 |
| 8.3.2 Opportunities for developing core public health competencies | 25 |
| 8.3.3 Educational and training incentives | 25 |
| 8.3.4 Interaction between personnel from LPHS and academic organizations | 25 |
| <i>8.4 Public Health Leadership Development</i> | 56 |
| 8.4.1 Development of leadership skills | 25 |
| 8.4.2 Collaborative leadership | 50 |
| 8.4.3 Leadership opportunities for individuals and/or organizations | 75 |
| 8.4.4 Recruitment and retention of new and diverse leaders | 75 |
| EPHS 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services | 58 |

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| 9.1 Evaluation of Population-based Health Services | 38 |
| 9.1.1 Evaluation of population-based health services | 50 |
| 9.1.2 Assessment of community satisfaction with population-based health services | 50 |
| 9.1.3 Identification of gaps in the provision of population-based health services | 25 |
| 9.1.4 Use of population-based health services evaluation | 25 |
| 9.2 Evaluation of Personal Health Care Services | 80 |
| 9.2.1. In Personal health services evaluation | 75 |
| 9.2.2 Evaluation of personal health services against established standards | 75 |
| 9.2.3 Assessment of client satisfaction with personal health services | 100 |
| 9.2.4 Information technology to assure quality of personal health services | 75 |
| 9.2.5 Use of personal health services evaluation | 75 |
| 9.3 Evaluation of the Local Public Health System | 56 |
| 9.3.1 Identification of community organizations or entities that contribute to the EPHS | 50 |
| 9.3.2 Periodic evaluation of LPHS | 100 |
| 9.3.3 Evaluation of partnership within the LPHS | 25 |

Table 2: Summary of La Paz County Performance Scores by Essential Public Health Service (EPHS) and Model Standard

| ESSENTIAL PUBLIC HEALTH SERVICE | SCORE (%) |
|---|------------------|
| <p><i>*Scoring scale - No Performance: 0%, Minimal Performance: > 0% - 25% , Moderate Performance: > 25% - 50% , Significant Performance: > 50% - 75%, Optimal Performance: > 75%</i></p> | |
| 9.3.4 Use of LPHS evaluation to guide community health improvements | 50 |
| EPHS 10. Research for New Insights and Innovative Solutions to Health Problems | 42 |
| 10.1 Fostering Innovation | 56 |
| 10.1.1 Encouragement of new solutions to health problems | 50 |
| 10.1.2 Proposal of public health issues for inclusion in research agenda | 50 |
| 10.1.3 Identification and monitoring of best practices | 75 |
| 10.1.4 Encouragement of community participation in research | 50 |
| 10.2 Linkage with Institutions of Higher Learning and/or Research | 33 |
| 10.2.1 Relationships with institutions of higher learning and/or research organizations | 50 |
| 10.2.2 Partnerships to conduct research | 25 |
| 10.2.3 Collaboration between the academic and practice communities | 25 |
| 10.3 Capacity to Initiate or Participate in Research | 38 |
| 10.3.1 Access to researchers | 75 |
| 10.3.2 Access to resources to facilitate research | 25 |
| 10.3.3 Dissemination of research findings | 25 |
| 10.3.4 Evaluation of research activities | 25 |

III. Overall, how well is the system achieving optimal activity levels?

Figure 5: Percentage of Essential Services scored in each level of activity

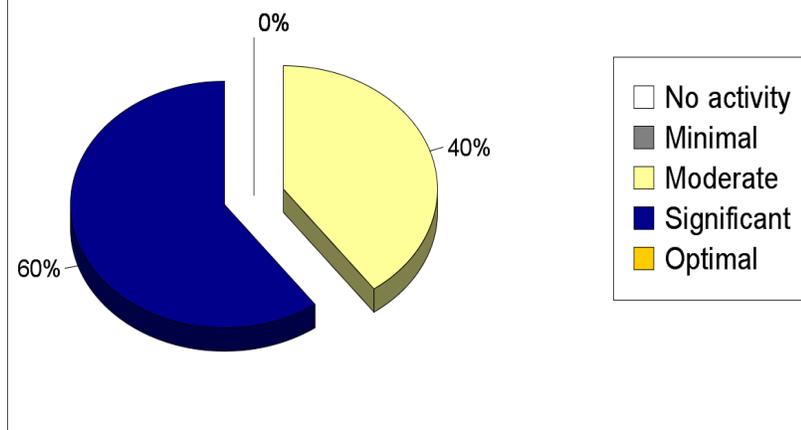


Figure 5 displays the percentage of the system’s Essential Services scores that fall within the five activity categories. This chart provides the site with a high level snapshot of the information found in **Figure 3**.

Figure 6: Percentage of model standards scored in each level of activity

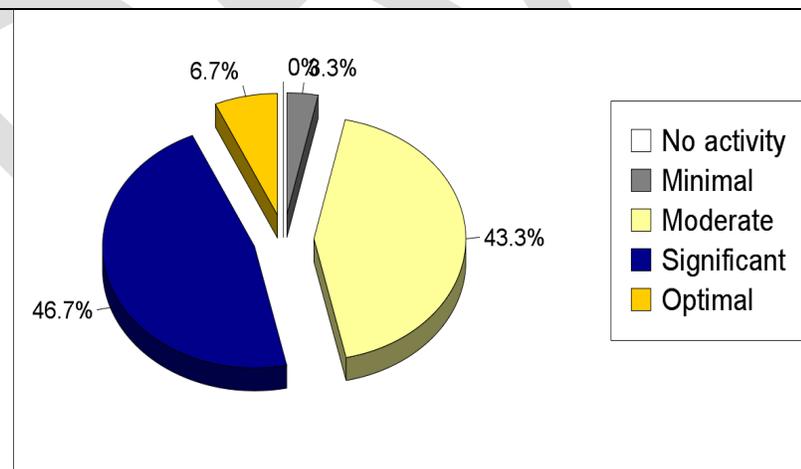


Figure 6 displays the percentage of the system’s model standard scores that fall within the five activity categories.

Figure 7: Percentage of all questions scored in each level of activity

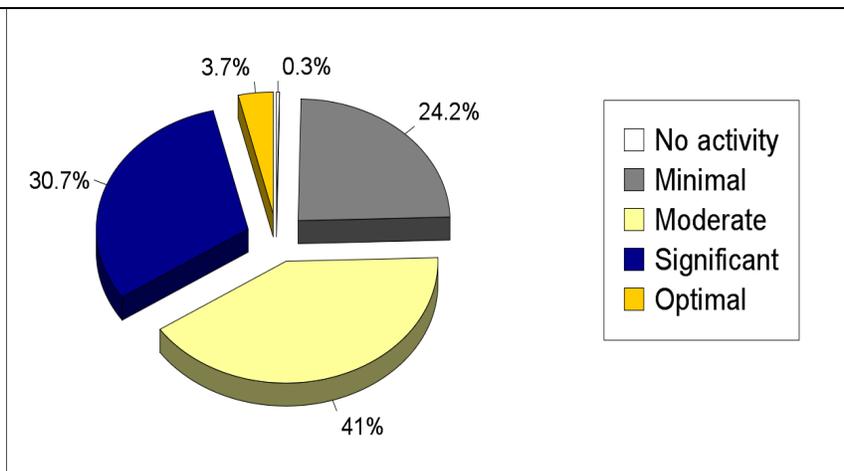


Figure 7 displays the percentage of all scored questions that fall within the five activity categories. This breakdown provides a closer snapshot of the system’s performance, showing variation that may be masked by the scores in **Figures 5 and 6**.

NUMBER CRUNCHERS: THE COMMUNITY HEALTH STATUS ASSESSMENT

In 2012, Arizona Department of Health Services (ADHS) developed state-wide public health indicators for use in county-level community health analyses. These indicators cover the following general data categories: demographics, access to/availability of health care, chronic conditions and morbidities, environmental health, health behaviors, infectious and sexually transmitted diseases, injury, maternal and child health, mental health, mortality, nutrition and food security, overall health status, quality of care, violence, and economic factors. The state-wide indicators appear here in the Community Health Status Assessment, re-named “Number Crunchers” by the Healthy LA PAZ Core Support Group in order to more readily convey that this assessment, unlike the other 3 MAPP assessments, deals primarily with quantitative statistical health data.

NOTE ON COMMUNITY HEALTH ANALYSIS AREA (CHAA) DESIGNATIONS: All of La Paz County is encompassed within three Community Health Analysis Areas (CHAAs): the Parker CHAA, the Quartzsite/Salome CHAA, and the Colorado River Indian Tribes CHAA. The Parker CHAA includes the Town of Parker and the Parker Strip, while the CRIT CHAA covers tribal reservation lands on the Arizona side of the Colorado River, and the Quartzsite/Salome CHAA covers everything else in La Paz County. Please refer to the map below for clarification.

Community Health Analysis Areas



DEMOGRAPHICS

- Population Size**

La Paz County as a whole experienced a population growth rate of 0.37% annually from 2000-2010. All of the county's growth during that time period was fueled by population growth in the Quartzsite/Salome CHAA; the Parker CHAA and CRIT Reservation CHAA experienced a net decrease in population over the course of that decade.

| Population* | Parker CHAA | Quartzsite/Salome CHAA | CRIT Reservation CHAA | La Paz County | Arizona |
|------------------------------|-------------|------------------------|-----------------------|---------------|-----------|
| Year 2000 | 6,453 | 8,966 | 4,329 | 19,748 | 5,130,632 |
| Year 2010 | 5,564 | 10,928 | 3,997 | 20,489 | 6,392,015 |
| 2000-2010 Annual Rate | -1.47% | 2.04% | -0.80% | 0.37% | 2.22% |

- Data source for CHAAs and La Paz County: ADHS ESRI 2010 CHAA Profiles (compiled from U.S. Census Bureau, Census 2010 Summary File 1)
 - Data source for Arizona: Year 2000 data – U.S. Census Bureau, <https://www.census.gov/census2000/states/az.html>; Year 2010 data – Arizona QuickFacts, U.S. Census Bureau, <http://quickfacts.census.gov/qfd/states/04000.html>

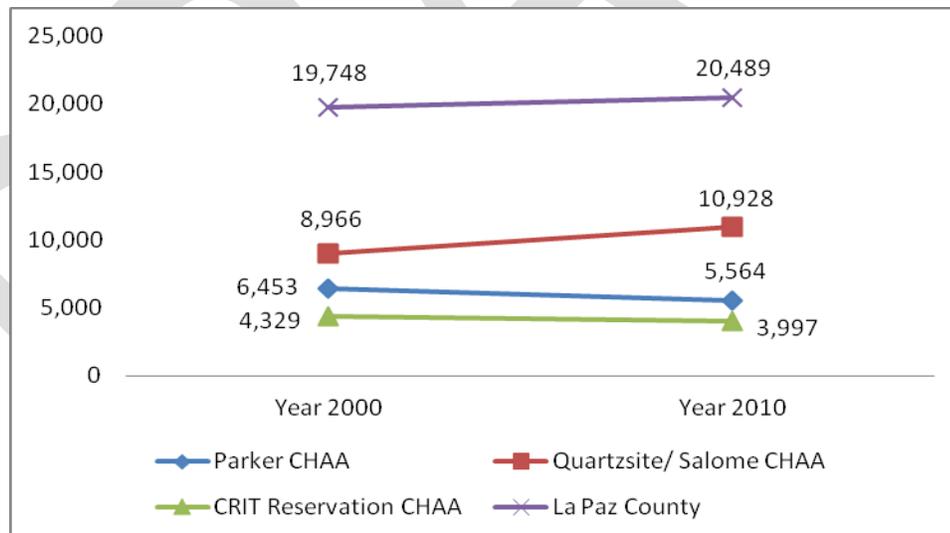


Figure 1: La Paz County & CHAAs - Population Changes, 2000-2010

- Population Density**

La Paz is technically a frontier county, with a very low population density of 4.6 persons per square mile.

| Persons per square mile, 2010 | La Paz County | Arizona |
|-------------------------------|---------------|---------|
| Year 2010 | 4.6 | 56.3 |

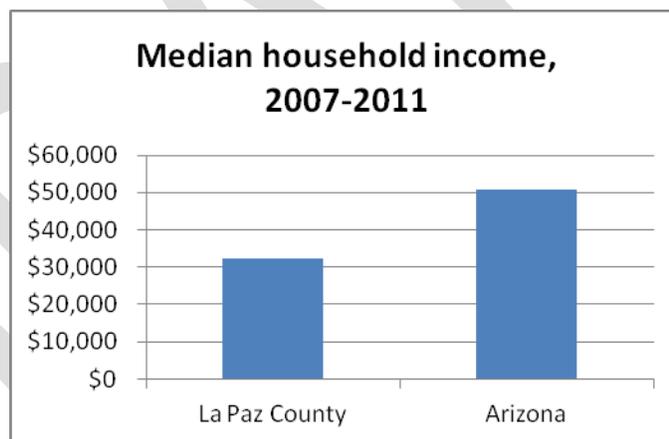
Data source: La Paz County QuickFacts, US Census Bureau, <http://quickfacts.census.gov/qfd/states/04/04012.html>

- **Median Household Income**

La Paz County residents have a significantly lower median household income than that of Arizona as a whole.

| Median Household Income | La Paz County | Arizona |
|------------------------------------|---------------|----------|
| Median household income, 2007-2011 | \$32,220 | \$50,752 |

Data source: La Paz County QuickFacts, US Census Bureau, <http://quickfacts.census.gov/qfd/states/04/04012.html>



- **Income: % of children in poverty and other poverty indicators**

In 2009-2011, 18 percent of all people in La Paz County were in poverty.* Twenty-nine percent of related children under 18 years of age were below the poverty level, compared with 6 percent of people 65 years old and over. Thirteen percent of all families and 37 percent of families with a female householder and no husband present had incomes below the poverty level. (*For more information on how the U.S. Census Bureau defines “poverty,” please refer to [2010 Subject Definitions](http://www.census.gov/acs/www/data_documentation/documentation_main/#doc2010) for the **American Community Survey** at http://www.census.gov/acs/www/data_documentation/documentation_main/#doc2010.)

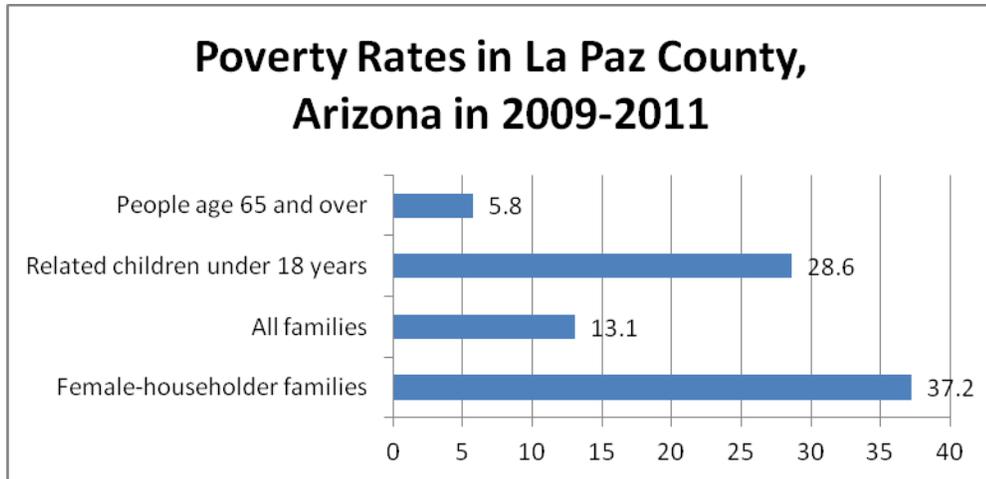


Figure 2: Poverty Rates (Percentage) in La Paz County by Select Demographic Groups, 2009-2011

Data source: American FactFinder, Population and Housing Narrative Profile, 2009-2011 American Community Survey 3-Year Estimates, U.S. Census Bureau -

http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_11_3YR_NPO1&prodType=narrative_profile

- **Race/Ethnicity**

- **Gender**

Gender distribution within La Paz County and its CHAAs is split almost evenly between males and females.

| 2010 Population by Gender* | Parker CHAA | Quartzsite/Salome CHAA | CRIT Reservation CHAA | La Paz County |
|----------------------------|------------------|------------------------|-----------------------|-------------------|
| Male | 2,883 (51.8%) | 5,667 (51.9%) | 2,000 (50.0%) | 10,550 (51.5%) |
| Female | 2,681 (48.2%) | 5,261 (48.1%) | 1,997 (50.0%) | 9,939 (48.5%) |

• Data source for CHAAs and La Paz County: [ADHS ESRI 2010 CHAA Profiles](#) (compiled from U.S. Census Bureau, Census 2010 Summary File 1)

- **Educational Attainment**

Educational attainment in La Paz County remains low when compared to Arizona as a whole.

| Educational Attainment | La Paz County | Arizona |
|------------------------|---------------|---------|
|------------------------|---------------|---------|

| Educational Attainment | La Paz County | Arizona |
|--|---------------|---------|
| <i>High school graduate or higher, percent of persons age 25+, 2007-2011</i> | 75.4% | 85.2% |
| <i>Bachelor's degree or higher, percent of persons age 25+, 2007-2011</i> | 9.3% | 26.4% |
| Data source: La Paz County QuickFacts, US Census Bureau, http://quickfacts.census.gov/qfd/states/04/04012.html | | |

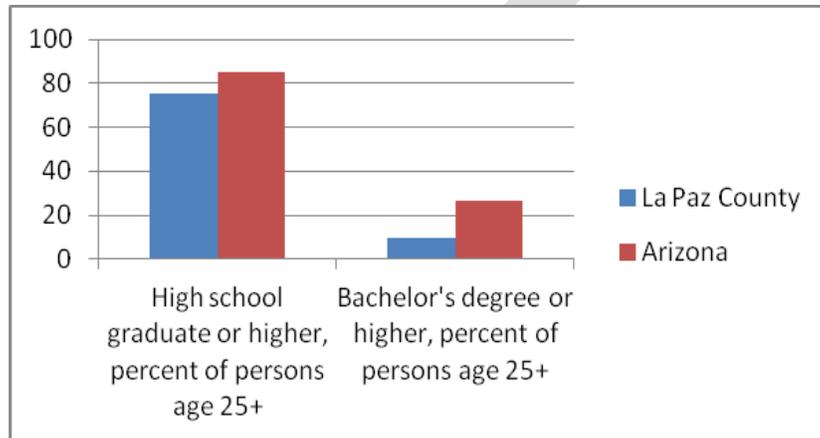


Figure 3: Educational Attainment in La Paz County, 2007-2011

- **Home Ownership vs. Rental**

- **Disabilities**

The U.S. Census Bureau has not yet released the most up-to-date statistics on disabilities in La Paz County. (SELECTED SOCIAL CHARACTERISTICS IN THE UNITED STATES, 2007-2011 American Community Survey 5-Year Estimates, U.S. Census Bureau, http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_11_5YR_DP02)

- **Mobility (travel time to work)**

La Paz County residents spend less time in transit to work than do other Arizonans, on average.

| Mobility | La Paz County | Arizona |
|---|---------------|---------|
| Mean travel time to work (minutes), workers age | 14.7 | 24.7 |

| Mobility | La Paz County | Arizona |
|---|---------------|---------|
| 16+, 2007-2011 | | |
| Data source: La Paz County QuickFacts, US Census Bureau, http://quickfacts.census.gov/qfd/states/04/04012.html | | |

- **Employment Status**

As of December 2012, La Paz County had an unemployment rate of 9.2%. This was the 7th highest unemployment rate in the state during that month (comparing county unemployment rates).

Unemployment rates by county, not seasonally adjusted, Arizona December 2012

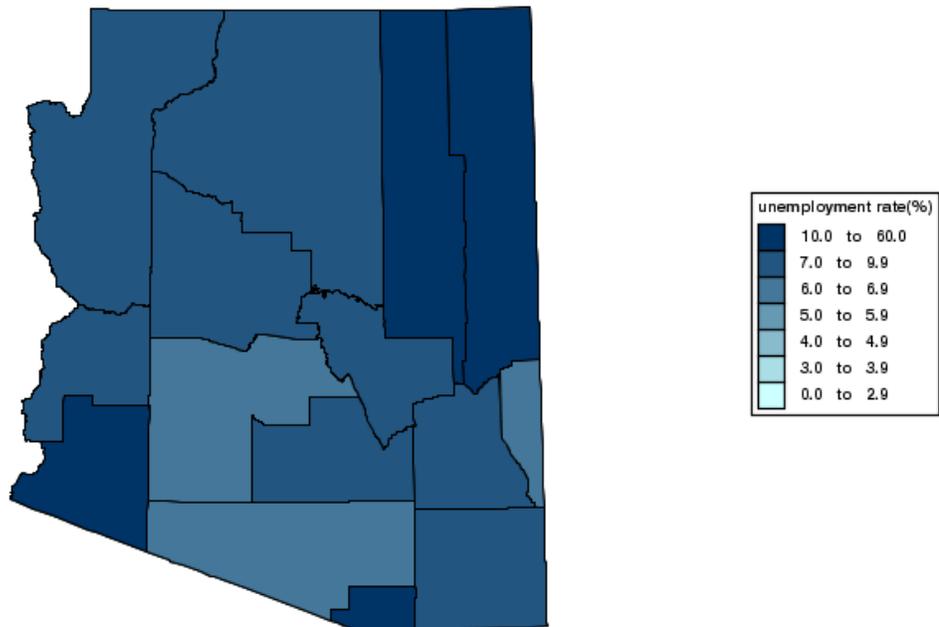


Figure 4: Unemployment rates in Arizona counties, December 2012 (U.S. Department of Labor, Bureau of Labor Statistics <http://data.bls.gov/map/MapToolServlet?state=04&datatype=unemployment&year=2012&period=M12&survey=la&map=county&seasonal=u>)

Map Title: Unemployment rates by county, not seasonally adjusted
Map Type: Arizona County Map
Month/Year: December/2012
Data Source: U.S. Department of Labor, Bureau of Labor Statistics
<http://data.bls.gov/map/MapToolServlet?state=04&datatype=unemployment&year=2012&period=M12&survey=la&map=county&seasonal=u>

| County | December 2012 |
|----------------------|---------------|
| Apache County | 18.7 |
| Cochise County | 7.8 |
| Coconino County | 8.4 |
| Gila County | 9.3 |
| Graham County | 8.6 |
| Greenlee County | 6.3 |
| La Paz County | 9.2 |
| Maricopa County | 6.6 |
| Mohave County | 9.5 |
| Navajo County | 14.8 |
| Pima County | 6.9 |
| Pinal County | 8.3 |
| Santa Cruz County | 16.5 |
| Yavapai County | 8.6 |
| Yuma County | 27.3 |

- **Health Facilities**

State-wide counts of facility types (by county) appear in the tables below.

| COUNTY | FACILITY TYPE | | | | |
|---------------|----------------------------|-----------------------|---------------------------------|--|------------------------------------|
| | AMBULATORY SURGICAL CENTER | AZ MEDICAL FACILITIES | COMMUNITY MENTAL HEALTH CENTERS | COMPREHENSIVE OUTPATIENT REHABILITATION FACILITIES | END STAGE RENAL DISEASE FACILITIES |
| APACHE | 0 | 5 | 0 | 0 | 1 |
| COCHISE | 2 | 30 | 0 | 0 | 2 |
| COCONINO | 8 | 17 | 0 | 0 | 3 |
| GILA | 0 | 19 | 0 | 0 | 3 |
| GRAHAM | 2 | 3 | 0 | 0 | 1 |
| GREENLEE | 0 | 3 | 0 | 0 | 0 |
| LA PAZ | 0 | 2 | 0 | 0 | 1 |
| MARICOPA | 93 | 592 | 2 | 3 | 63 |
| MOHAVE | 7 | 21 | 0 | 1 | 4 |
| NAVAJO | 4 | 11 | 0 | 0 | 5 |
| PIMA | 22 | 110 | 1 | 0 | 16 |

| COUNTY | FACILITY TYPE | | | | |
|--|----------------------------|-----------------------|---------------------------------|--|------------------------------------|
| | AMBULATORY SURGICAL CENTER | AZ MEDICAL FACILITIES | COMMUNITY MENTAL HEALTH CENTERS | COMPREHENSIVE OUTPATIENT REHABILITATION FACILITIES | END STAGE RENAL DISEASE FACILITIES |
| PINAL | 2 | 42 | 0 | 1 | 7 |
| SANTA CRUZ | 1 | 4 | 0 | 0 | 1 |
| YAVAPAI | 13 | 29 | 0 | 0 | 3 |
| YUMA | 4 | 26 | 0 | 0 | 2 |
| Arizona | 158 | 914 | 3 | 5 | 112 |
| Data Source: ADHS, The Division of Licensing Services Office of Medical Facilities Licensing, http://www.azdhs.gov/als/medical/index.htm | | | | | |

| COUNTY | FACILITY TYPE | | | | |
|--|-----------------------------------|--------------------------|------------|------------|----------|
| | FEDERALLY QUALIFIED HEALTH CENTER | HOME HEALTH AGENCY (HHA) | HOSPICE | HOSPITAL | MED-ABC |
| APACHE | 2 | 0 | 0 | 4 | 0 |
| COCHISE | 0 | 4 | 3 | 6 | 0 |
| COCONINO | 9 | 5 | 3 | 4 | 0 |
| GILA | 0 | 1 | 2 | 3 | 0 |
| GRAHAM | 1 | 1 | 1 | 1 | 0 |
| GREENLEE | 1 | 0 | 0 | 0 | 0 |
| LA PAZ | 0 | 1 | 0 | 2 | 0 |
| MARICOPA | 19 | 119 | 77 | 68 | 1 |
| MOHAVE | 4 | 7 | 9 | 5 | 0 |
| NAVAJO | 4 | 1 | 1 | 7 | 0 |
| PIMA | 36 | 38 | 17 | 18 | 0 |
| PINAL | 7 | 5 | 4 | 6 | 0 |
| SANTA CRUZ | 6 | 1 | 1 | 1 | 0 |
| YAVAPAI | 5 | 9 | 8 | 7 | 0 |
| YUMA | 5 | 5 | 2 | 3 | 0 |
| Arizona | 99 | 197 | 128 | 135 | 1 |
| Data Source: ADHS, The Division of Licensing Services Office of Medical Facilities Licensing, http://www.azdhs.gov/als/medical/index.htm | | | | | |

| COUNTY | FACILITY TYPE | | | | |
|----------------|---------------|-------------------------------|--------------------------|--------------------------------|------------------|
| | MED-HOSPITAL | MED-OUTPATIENT SURGERY CENTER | MED-RECOVERY CARE CENTER | MED-SINGLE GROUP LICENSURE/OTC | MED-UNCLASSIFIED |
| APACHE | 0 | 0 | 0 | 0 | 0 |
| COCHISE | 0 | 0 | 0 | 5 | 0 |
| COCONINO | 0 | 0 | 1 | 9 | 0 |
| GILA | 0 | 0 | 0 | 4 | 0 |
| GRAHAM | 0 | 0 | 0 | 7 | 0 |
| GREENLEE | 0 | 0 | 0 | 0 | 0 |
| LA PAZ | 0 | 0 | 0 | 3 | 0 |
| MARICOPA | 1 | 13 | 2 | 102 | 1 |
| MOHAVE | 0 | 0 | 0 | 16 | 0 |
| NAVAJO | 0 | 0 | 0 | 0 | 0 |
| PIMA | 1 | 4 | 0 | 52 | 1 |
| PINAL | 0 | 0 | 0 | 1 | 0 |
| SANTA CRUZ | 0 | 0 | 0 | 1 | 0 |
| YAVAPAI | 0 | 0 | 0 | 10 | 0 |
| YUMA | 0 | 0 | 0 | 4 | 0 |
| Arizona | 2 | 17 | 3 | 214 | 2 |

Data Source: ADHS, The Division of Licensing Services Office of Medical Facilities Licensing, <http://www.azdhs.gov/als/medical/index.htm>

| COUNTY | FACILITY TYPE | | | | TOTAL HEALTH FACILITIES |
|----------|---------------------------------|---|--------------------------|----------------------|-------------------------|
| | ORGAN PROCUREMENT ORGANIZATIONS | OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY SERVICES | PORTABLE X-RAY SUPPLIERS | RURAL HEALTH CLINICS | |
| APACHE | 0 | 0 | 0 | 3 | 15 |
| COCHISE | 0 | 1 | 0 | 5 | 58 |
| COCONINO | 0 | 0 | 0 | 0 | 59 |

| COUNTY | FACILITY TYPE | | | | TOTAL HEALTH FACILITIES |
|----------------|---------------------------------|---|--------------------------|----------------------|-------------------------|
| | ORGAN PROCUREMENT ORGANIZATIONS | OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY SERVICES | PORTABLE X-RAY SUPPLIERS | RURAL HEALTH CLINICS | |
| GILA | 0 | 0 | 0 | 1 | 33 |
| GRAHAM | 0 | 0 | 0 | 1 | 18 |
| GREENLEE | 0 | 0 | 0 | 0 | 4 |
| LA PAZ | 0 | 0 | 0 | 3 | 12 |
| MARICOPA | 1 | 41 | 10 | 1 | 1209 |
| MOHAVE | 0 | 2 | 0 | 0 | 76 |
| NAVAJO | 0 | 0 | 0 | 1 | 34 |
| PIMA | 0 | 4 | 4 | 0 | 324 |
| PINAL | 0 | 2 | 0 | 3 | 80 |
| SANTA CRUZ | 0 | 0 | 0 | 0 | 16 |
| YAVAPAI | 0 | 1 | 1 | 1 | 87 |
| YUMA | 0 | 0 | 1 | 1 | 53 |
| Arizona | 1 | 51 | 16 | 20 | 2078 |

Data Source: ADHS, The Division of Licensing Services Office of Medical Facilities Licensing, <http://www.azdhs.gov/als/medical/index.htm>

ACCESS TO/AVAILABILITY OF HEALTH CARE

Background Note on BRFSS

- *% Uninsured*

| COUNTY | Adults <65 No Health Insurance Coverage 2008-2010 | | |
|----------|--|--------------|--------------|
| | Percent | Lower 95% CI | Upper 95% CI |
| Apache | 31.7535 | 25.8774 | 37.6295 |
| Cochise | 17.2067 | 12.7272 | 21.6861 |
| Coconino | 22.989 | 18.7512 | 27.2268 |
| Gila | 20.0293 | 14.2186 | 25.84 |
| Graham | 15.9038 | 10.7555 | 21.052 |

| COUNTY | Adults <65 No Health Insurance Coverage 2008-2010 | | |
|--|--|----------------|----------------|
| | Percent | Lower 95% CI | Upper 95% CI |
| Greenlee | 14.6353 | 10.3348 | 18.9359 |
| La Paz | 25.4059 | 18.482 | 32.3299 |
| Maricopa | 17.5184 | 15.1999 | 19.8368 |
| Mohave | 25.2736 | 20.4148 | 30.1325 |
| Navajo | 25.8688 | 19.2548 | 32.4827 |
| Pima | 16.3341 | 13.3645 | 19.3037 |
| Pinal | 16.0591 | 11.8681 | 20.2501 |
| Santa Cruz | 34.2867 | 28.3588 | 40.2146 |
| Yavapai | 23.8464 | 18.2377 | 29.4551 |
| Yuma | 29.6675 | 24.95 | 34.3851 |
| Arizona | 18.5713 | 17.0246 | 20.1179 |
| **Small sample for several county estimates - use with caution Data Source - Behavioral Risk Factor Surveillance System (BRFSS) | | | |

- *Delayed Care Due to Cost*

| COUNTY | Could Not See Doctor Because of Cost 2008-2010 | | |
|----------------|---|----------------|----------------|
| | Percent | Lower 95% CI | Upper 95% CI |
| Apache | 20.4116 | 16.1653 | 24.6579 |
| Cochise | 10.715 | 7.8619 | 13.5682 |
| Coconino | 14.4371 | 11.5029 | 17.3713 |
| Gila | 13.8775 | 9.8605 | 17.8946 |
| Graham | 8.9759 | 5.946 | 12.0058 |
| Greenlee | 9.8854 | 6.9509 | 12.8199 |
| La Paz | 14.7612 | 10.9996 | 18.5227 |
| Maricopa | 13.0606 | 11.3732 | 14.7481 |
| Mohave | 19.5871 | 16.1913 | 22.9829 |
| Navajo | 14.7054 | 10.1635 | 19.2474 |
| Pima | 11.8316 | 9.8963 | 13.7669 |
| Pinal | 12.0125 | 9.2203 | 14.8047 |
| Santa Cruz | 16.3266 | 12.8636 | 19.7897 |
| Yavapai | 14.817 | 11.0051 | 18.6289 |
| Yuma | 17.4747 | 14.6606 | 20.2887 |
| Arizona | 13.3468 | 12.256 | 14.4377 |

| COUNTY | Could Not See Doctor Because of Cost 2008-2010 | | |
|--|---|--------------|--------------|
| | Percent | Lower 95% CI | Upper 95% CI |
| **Small sample for several county estimates - use with caution Data Source - Behavioral Risk Factor Surveillance System (BRFSS) | | | |

- *No Personal Doctor or Health Care Provider*

| COUNTY | No Personal Doctor or Health Care Provider 2008-2010 | | |
|--|---|----------------|----------------|
| | Percent | Lower 95% CI | Upper 95% CI |
| Apache | 43.1339 | 37.5758 | 48.692 |
| Cochise | 22.076 | 17.8291 | 26.3229 |
| Coconino | 30.4839 | 26.461 | 34.5067 |
| Gila | 15.1304 | 11.1992 | 19.0617 |
| Graham | 22.2929 | 16.4095 | 28.1763 |
| Greenlee | 25.8625 | 20.9859 | 30.7391 |
| La Paz | 27.0389 | 21.857 | 32.2208 |
| Maricopa | 21.3379 | 19.236 | 23.4398 |
| Mohave | 30.2161 | 26.1417 | 34.2905 |
| Navajo | 26.1936 | 20.6486 | 31.7386 |
| Pima | 19.406 | 16.7071 | 22.1048 |
| Pinal | 22.7679 | 18.4905 | 27.0452 |
| Santa Cruz | 32.0927 | 27.128 | 37.0575 |
| Yavapai | 22.3504 | 18.2386 | 26.4623 |
| Yuma | 32.2112 | 28.6888 | 35.7336 |
| Arizona | 18.5713 | 17.0246 | 20.1179 |
| **Small sample for several county estimates - use with caution Data Source - Behavioral Risk Factor Surveillance System (BRFSS) | | | |

- *No Prenatal Care*

- *Per Capita Health Care Facilities*

- ***Title V Block Grant Medically Underserved Areas***

All of La Paz County has received designation as a Medically Underserved Area (MUA) under state and federal standards.

CHRONIC CONDITIONS/MORBIDITIES

ENVIRONMENTAL HEALTH

- ***Food-borne Outbreaks***
- ***PM 10 Air Quality (dependent upon monitors)***
- ***World Health Organization Quality of Life Index***
- ***Volunteer Service***
- ***Restaurant Inspections: % Critical Violations***
- ***Fluoridation***

HEALTH BEHAVIORS

- ***Tobacco Use***

| | La Paz County | Error Margin | National Benchmark* | Arizona |
|--------------------------|---------------|--------------|---------------------|---------|
| Adult smoking prevalence | 16% | 11-23% | 15% | 18% |

*90th percentile, i.e., only 10% of counties are better

(From "2011 La Paz County, AZ", *County Health Rankings* - <http://www.countyhealthrankings.org/arizona/la-paz>)

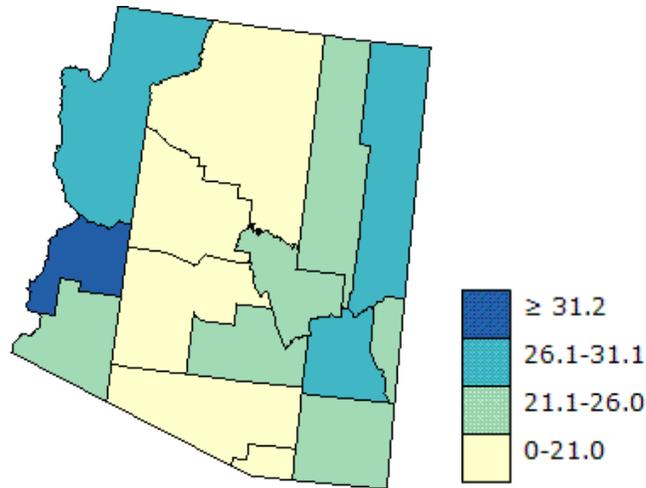
DEFINITIONS:

- Adult smoking prevalence is the estimated percent of the adult population that currently smokes every day or "most days" and has smoked at least 100 cigarettes in their lifetime. This indicator was calculated using seven years' worth of data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS), a random-digit dial survey. BRFSS data are externally valid for non-institutionalized U.S. residents over the age of 18 years, living in a household with a landline.

Cigarette smoking is associated with multiple diseases including various cancers, cardiovascular disease, respiratory conditions, cerebrovascular disease, low birth weight, and other adverse health outcomes. Specifically, it is a risk factor for three of the top ten causes of death in La Paz County – cardiovascular disease (cause of death #1), malignant neoplasms or cancer (cause of death #2), and chronic lower respiratory diseases (cause of death #7).

Measuring the prevalence of tobacco use in La Paz County can alert stakeholders to potentially worsening community health outcomes and can be valuable for assessing the effectiveness of existing tobacco cessation and prevention programs. In La Paz, adult smoking prevalence is under the state average, and only one percent away from the national benchmark

- ***Physical Inactivity***



| County | Lower 95% Percentage Confidence Limit | Upper 95% Confidence Limit | Standard Deviation | |
|----------------------|--|----------------------------------|-----------------------|------------|
| Apache County | 27.5 | 24.5 | 30.7 | 1.6 |
| Cochise County | 22.3 | 19.7 | 25.1 | 1.4 |
| Coconino County | 17.0 | 15.0 | 19.2 | 1.1 |
| Gila County | 23.1 | 20.1 | 26.5 | 1.7 |
| Graham County | 27.3 | 24.0 | 31.2 | 1.8 |
| Greenlee County | 25.0 | 21.5 | 28.8 | 1.9 |
| La Paz County | 31.2 | 27.3 | 35.1 | 2.0 |
| Maricopa County | 19.3 | 17.8 | 20.8 | 0.8 |
| Mohave County | 28.0 | 25.3 | 30.9 | 1.4 |
| Navajo County | 24.9 | 21.9 | 28.1 | 1.6 |
| Pima County | 19.3 | 17.5 | 21.2 | 1.0 |

| | | | | | |
|-------------------|--|------|------|------|-----|
| Pinal County | | 23.6 | 21.1 | 26.2 | 1.3 |
| Santa Cruz County | | 16.7 | 13.5 | 20.1 | 1.7 |
| Yavapai County | | 19.1 | 16.6 | 21.9 | 1.3 |
| Yuma County | | 23.2 | 20.4 | 26.2 | 1.5 |

http://apps.nccd.cdc.gov/DDT_STRS2/CountyPrevalenceData.aspx?StateId=4&mode=PHY

- Obesity**

| COUNTY | Obese | | |
|---|----------------|----------------|---------------|
| | Percent | Lower 95% CI | Upper 95% CI |
| Apache | 30.2653 | 25.1117 | 35.4189 |
| Cochise | 24.2316 | 19.9521 | 28.5111 |
| Coconino | 23.5563 | 20.1906 | 26.9221 |
| Gila | 27.2423 | 22.3407 | 32.1438 |
| Graham | 32.4487 | 26.6228 | 38.2745 |
| Greenlee | 39.4465 | 33.7841 | 45.1088 |
| La Paz | 35.5462 | 30.4465 | 40.646 |
| Maricopa | 23.9991 | 21.8875 | 26.1107 |
| Mohave | 30.5223 | 26.6368 | 34.4078 |
| Navajo | 29.0374 | 23.8291 | 34.2457 |
| Pima | 26.45 | 23.7475 | 29.1526 |
| Pinal | 32.1478 | 27.4249 | 36.8707 |
| Santa Cruz | 26.1893 | 21.1 | 31.2787 |
| Yavapai | 20.6178 | 17.0348 | 24.2008 |
| Yuma | 31.2943 | 28.0003 | 34.5882 |
| Arizona | 25.4763 | 24.0955 | 26.857 |
| **Small sample for several county estimates - use with caution | | | |
| Data Source - Behavioral Risk Factor Surveillance System (BRFSS) – 2008-2010 | | | |

| COUNTY | <i>Overweight and Obese</i> | | |
|---|-----------------------------|---------------------|---------------------|
| | <i>Percent</i> | <i>Lower 95% CI</i> | <i>Upper 95% CI</i> |
| <i>Apache</i> | 71.1374 | 66.1641 | 76.1108 |
| <i>Cochise</i> | 63.6622 | 58.5657 | 68.7588 |
| <i>Coconino</i> | 58.889 | 54.8105 | 62.9675 |
| <i>Gila</i> | 65.9418 | 60.8798 | 71.0037 |
| <i>Graham</i> | 68.0824 | 62.1572 | 74.0075 |
| <i>Greenlee</i> | 76.1023 | 70.8242 | 81.3803 |
| <i>La Paz</i> | 70.4427 | 65.8257 | 75.0596 |
| <i>Maricopa</i> | 63.0384 | 60.6249 | 65.4518 |
| <i>Mohave</i> | 66.6192 | 62.8222 | 70.4161 |
| <i>Navajo</i> | 67.7185 | 61.9997 | 73.4374 |
| <i>Pima</i> | 60.3202 | 57.3453 | 63.2951 |
| <i>Pinal</i> | 69.4112 | 64.8769 | 73.9456 |
| <i>Santa Cruz</i> | 66.9671 | 62.0002 | 71.934 |
| <i>Yavapai</i> | 59.9994 | 55.4881 | 64.5108 |
| <i>Yuma</i> | 71.4277 | 68.2712 | 74.5842 |
| <i>Arizona</i> | 63.4549 | 61.8922 | 65.0175 |
| **Small sample for several county estimates - use with caution | | | |
| Data Source - Behavioral Risk Factor Surveillance System (BRFSS) – 2008-2010 | | | |

- **Binge Drinking & Substance Abuse**

| COUNTY | Youth Binge Drinking Past 2 Wks (%) AZ Youth Survey | | Youth Marijuana Use Past 30 Days (%) AZ Youth Survey | |
|---------------|--|-------------|---|-------------|
| | 2008 | 2010 | 2008 | 2010 |
| Apache | 12.7 | 18.9 | 22 | 20.8 |
| Cochise | 19.7 | 21 | 11.3 | 12.8 |
| Coconino | 19.2 | 17.4 | 16.1 | 16.7 |
| Gila | 24.7 | 27.7 | 14.3 | 22.2 |
| Graham | 18.5 | 20.4 | 10.5 | 14 |
| Greenlee | 24.5 | 20.6 | 13.4 | 14.9 |
| La Paz | 20.2 | 20.8 | 14.4 | 10.6 |
| Maricopa | 19 | 18.5 | 11.9 | 14.3 |
| Mohave | 22.7 | 20.6 | 13.1 | 16.2 |
| Navajo | 21.7 | 16.8 | 19.3 | 14 |

| COUNTY | Youth Binge Drinking Past 2 Wks (%) AZ Youth Survey | | Youth Marijuana Use Past 30 Days (%) AZ Youth Survey | |
|--|--|-------------|---|-------------|
| | 2008 | 2010 | 2008 | 2010 |
| Pima | 21.1 | 26.1 | 13.8 | 18.8 |
| Pinal | 21.8 | 21.2 | 13.9 | 15.1 |
| Santa Cruz | 30.6 | 30.1 | 10.3 | 12.6 |
| Yavapai | 20.9 | 18.6 | 12 | 14.3 |
| Yuma | 17.5 | 19.7 | 7 | 10.8 |
| Arizona | | 19.5 | | 14.8 |
| **Small sample for several county estimates - use with caution Data Source - Behavioral Risk Factor Surveillance System (BRFSS) | | | | |

| COUNTY | Youth Hallucinogen Use Past 30 Days (%) AZ Youth Survey | | Youth Cocaine Use Past 30 Days (%) AZ Youth Survey | |
|--|---|------------|---|------------|
| | 2008 | 2010 | 2008 | 2010 |
| Apache | 0.4 | 1 | 1.9 | 1.2 |
| Cochise | 1.9 | 1.5 | 2.9 | 2.1 |
| Coconino | 2.2 | 1.3 | 2.5 | 1.5 |
| Gila | 0.7 | 0.9 | 2.4 | 1.5 |
| Graham | 0.9 | 1.3 | 2 | 0.9 |
| Greenlee | 1.3 | 0.4 | 1.9 | 2.8 |
| La Paz | 1.2 | 1.1 | 1.5 | 0.3 |
| Maricopa | 1.5 | 1.7 | 1.8 | 1.3 |
| Mohave | 1.8 | 2.3 | 1.3 | 1 |
| Navajo | 1.4 | 0.8 | 2.6 | 1.7 |
| Pima | 2 | 2.4 | 2.5 | 2.7 |
| Pinal | 1.6 | 1.2 | 2.3 | 2.1 |
| Santa Cruz | 1.3 | 1.3 | 2.6 | 2.8 |
| Yavapai | 1.2 | 1.7 | 1.2 | 0.6 |
| Yuma | 1.1 | 1 | 1.2 | 1.2 |
| Arizona | | 1.6 | | 1.4 |
| **Small sample for several county estimates - use with caution Data Source - Behavioral Risk Factor Surveillance System (BRFSS) | | | | |

| COUNTY | Youth Methamphetamine Use Past 30 Days (%) AZ Youth Survey | | Youth Heroin/Opiate Use Past 30 Days (%) AZ Youth Survey | |
|--------|--|------|--|------|
| | 2008 | 2010 | 2008 | 2010 |
| Apache | 1.1 | 0.9 | 0 | 0.8 |

| COUNTY | Youth Methamphetamine Use Past 30 Days (%) AZ Youth Survey | | Youth Heroin/Opiate Use Past 30 Days (%) AZ Youth Survey | |
|--|--|------------|--|------------|
| | 2008 | 2010 | 2008 | 2010 |
| Cochise | 0.3 | 0.2 | 0.7 | 0.5 |
| Coconino | 0.4 | 0.7 | 0.3 | 0.4 |
| Gila | 0.9 | 0.6 | 0.5 | 0.5 |
| Graham | 0.8 | 0.6 | 0.7 | 1.9 |
| Greenlee | 0 | 0.8 | 0 | 0 |
| La Paz | 1.8 | 0 | 0 | 0 |
| Maricopa | 0.5 | 0.4 | 0.6 | 0.8 |
| Mohave | 0.6 | 0.4 | 0.7 | 0.9 |
| Navajo | 0.8 | 0.5 | 0.5 | 0.9 |
| Pima | 0.4 | 0.4 | 0.8 | 1.2 |
| Pinal | 0.6 | 0.5 | 0.9 | 0.5 |
| Santa Cruz | 0.4 | 0.3 | 0.3 | 0.4 |
| Yavapai | 0.5 | 0.3 | 0.7 | 0.9 |
| Yuma | 0.9 | 0.8 | 0.4 | 0.4 |
| Arizona | | 0.4 | | 0.8 |
| <p>**Small sample for several county estimates - use with caution Data Source - Behavioral Risk Factor Surveillance System (BRFSS)</p> | | | | |

| COUNTY | Youth Ecstasy Use Past 30 Days (%) AZ Youth Survey | | Youth Prescription Drug Abuse Past 30 Days (%) AZ Youth Survey | |
|---------------|---|------------|--|-----------|
| | 2008 | 2010 | 2008 | 2010 |
| Apache | 0 | 0.8 | 14 | 9.9 |
| Cochise | 1.9 | 2.4 | 11.9 | 8.9 |
| Coconino | 1.1 | 1.7 | 10.4 | 9.2 |
| Gila | 0.4 | 1.7 | 11.8 | 10.8 |
| Graham | 0.9 | 1.3 | 11.2 | 11.4 |
| Greenlee | 0 | 0 | 15.4 | 12.9 |
| La Paz | 0 | 1.4 | 14.3 | 10 |
| Maricopa | 1.3 | 2.6 | 10.4 | 10.1 |
| Mohave | 1.6 | 3.5 | 12.4 | 13.5 |
| Navajo | 1 | 1 | 12.8 | 9.2 |
| Pima | 1.9 | 3.2 | 10.3 | 12 |
| Pinal | 1.5 | 2.2 | 12.3 | 10.8 |
| Santa Cruz | 1.3 | 2 | 8.2 | 8.7 |
| Yavapai | 0.8 | 2.1 | 12.1 | 11.5 |

| COUNTY | Youth Ecstasy Use Past 30 Days (%) AZ Youth Survey | | Youth Prescription Drug Abuse Past 30 Days (%) AZ Youth Survey | |
|--|---|------------|--|-------------|
| | 2008 | 2010 | 2008 | 2010 |
| Yuma | 0.9 | 1.7 | 8.7 | 11 |
| Arizona | | 2.5 | | 10.4 |
| <p>**Small sample for several county estimates - use with caution Data Source - Behavioral Risk Factor Surveillance System (BRFSS)</p> | | | | |

| COUNTY | Youth Over-the-Counter Drug Abuse Past 30 Days (%) AZ Youth Survey | |
|--|--|------------|
| | 2008 | 2010 |
| Apache | 11 | 7.1 |
| Cochise | 6.8 | 5.5 |
| Coconino | 5.4 | 5.5 |
| Gila | 9.4 | 6.4 |
| Graham | 7 | 6.7 |
| Greenlee | 10.3 | 9.3 |
| La Paz | 8 | 7.2 |
| Maricopa | 5.5 | 5.7 |
| Mohave | 7.5 | 6.9 |
| Navajo | 5.6 | 4.4 |
| Pima | 6.2 | 6.3 |
| Pinal | 7.8 | 7.2 |
| Santa Cruz | 5.6 | 4.9 |
| Yavapai | 6 | 6 |
| Yuma | 4.7 | 5.8 |
| Arizona | | 5.9 |
| <p>**Small sample for several county estimates - use with caution Data Source - Behavioral Risk Factor Surveillance System BRFSS 2008 - 2010</p> | | |

INFECTIOUS AND SEXUALLY TRANSMITTED DISEASES

- **Foodborne Illnesses (salmonellosis, shigellosis, typhoid fever, Listeriosis, cryptosporidiosis, E. coli [STEC])**

- **HIV/AIDS**
- **STDs (chlamydia, gonorrhea, syphilis)**
- **TB**
- **Vaccine Preventable Diseases (mumps, diphtheria, tetanus, rubella, crs, pertussis, polio, Haemophilus influenzae type b, varicella, measles, hepatitis A, hepatitis B)**

INJURY

- **Unintentional Fall Rate per 100,000 in people 65+ years of age**
- **Motor Vehicle Crash Incidence, Prevalence, and Mortality (and Emergency Department Admits)**
- **Child Fatality**
- **Poisoning Rate per 100,000**
- **Drowning (in lakes, non-pool) (Death Certificate Data)**
- **Helmet Use per 1,000 for < 19 Yrs**
- **Seatbelt Use per 1,000 for <19 Yrs**

- *Pool Safety*

MATERNAL AND CHILD HEALTH

- *Infant Mortality per 1,000 Births*
- *Low Birth Weight Rates per 100 Live Births*
- *Preterm Birth Rate per 100 Live Births*
- *Teen Pregnancy Birth Rate*
- *Gestational Diabetes Rate*
- *% of Infants who Began Breastfeeding*
- *Smoked During Pregnancy*
- *Oral Health*

| COUNTY | Dental Visit in Past Year | | | Any Permanent Teeth Extracted | | |
|----------|---------------------------|------------------------|------------------------|-------------------------------|------------------------|------------------------|
| | Percent | Lower Confidence Limit | Upper Confidence Limit | Percent | Lower Confidence Limit | Upper Confidence Limit |
| Apache | | | | | | |
| Cochise | | | | | | |
| Coconino | | | | | | |

| COUNTY | Dental Visit in Past Year | | | Any Permanent Teeth Extracted | | |
|--|---------------------------|------------------------|------------------------|-------------------------------|------------------------|------------------------|
| | Percent | Lower Confidence Limit | Upper Confidence Limit | Percent | Lower Confidence Limit | Upper Confidence Limit |
| Gila | | | | | | |
| Graham | | | | | | |
| Greenlee | | | | | | |
| La Paz | | | | | | |
| Maricopa | | | | | | |
| Mohave | | | | | | |
| Navajo | | | | | | |
| Pima | | | | | | |
| Pinal | | | | | | |
| Santa Cruz | | | | | | |
| Yavapai | | | | | | |
| Yuma | | | | | | |
| Arizona | | | | | | |
| **Small sample for several county estimates - use with caution Data Source - Behavioral Risk Factor Surveillance System (BRFSS) 2008 & 2010 | | | | | | |

- *Lead Poisoned Children*

MENTAL HEALTH

- *Suicide (Attempted)*
- *Suicide Rates per 1,000 in Adults*
- *Suicide Rates per 1,000 in Children*

- *Access to Care*
- *Coordination of Physician and Behavioral Health Services*

MORTALITY

- *Cancer*
- *Disease of Heart*
- *Stroke*
- *Diabetes*
- *Alzheimer's Disease*
- *Occupational Deaths*
- *Heat Mortality*
- *Total Mortality from All Causes*

- *Suicide Death Rates*

NUTRITION AND FOOD SECURITY

- *WIC Penetration: % of WIC-eligible Population that are Served by WIC*
- *% of Adults in AZ who Report Eating Recommended Amounts of Fruits and Vegetables*
- *% of People on SNAP*
- *% of Eligible who are on SNAP*
- *% of Children 2-5 Years Old Enrolled in WIC that are Overweight or Obese*
- *% of Infants Enrolled in WIC that are Exclusively Breastfed for at Least 3 Months*
- *% of Households Reporting Food Hardship (Not Having Money to Buy Food Needed in Last 12 Months)*

OVERALL HEALTH STATUS

- *Self-Reported Poor Physical Health (BRFSS)*
- *Self-Reported Poor Mental Health (BRFSS)*

- *Obesity (BRFSS)*

QUALITY OF CARE

- *Annual Well-Women’s Check*
- *Annual Well-Men’s Check*
- *Well Child Visit*
- *Immunization – Adult*
- *Immunization – Child*

VIOLENCE

- *Domestic Violence*

| COUNTY | Sexual Violence | | |
|---------------|-----------------|---------------|---------------|
| | Percent | Lower 95% CI | Upper 95% CI |
| Apache | 6.8118 | 1.3599 | 12.2637 |
| Cochise | 9.8923 | 3.7803 | 16.0042 |
| Coconino | 9.404 | 6.0089 | 12.7991 |
| Gila | 7.8177 | 3.6844 | 11.951 |
| Graham | 4.6158 | 0.9184 | 8.3133 |
| Greenlee | 5.2303 | 1.5661 | 8.8946 |
| La Paz | 5.2744 | 2.5022 | 8.0467 |
| Maricopa | 6.725 | 4.9324 | 8.5176 |
| Mohave | 8.4296 | 4.4814 | 12.3778 |

| COUNTY | Sexual Violence | | |
|---|-----------------|---------------|---------------|
| | Percent | Lower 95% CI | Upper 95% CI |
| Navajo | 7.6337 | 3.2469 | 12.0205 |
| Pima | 8.4833 | 5.4796 | 11.487 |
| Pinal | 4.4488 | 2.0489 | 6.8487 |
| Santa Cruz | 3.9804 | 1.3497 | 6.6112 |
| Yavapai | 9.141 | 4.9635 | 13.3184 |
| Yuma | 4.8382 | 2.3618 | 7.3145 |
| Arizona | 7.0791 | 5.8639 | 8.2942 |
| **Small sample for several county estimates - use with caution Data Source - Behavioral Risk Factor Surveillance System (BRFSS) 2010 | | | |

| COUNTY | Domestic Violence | | |
|---|-------------------|----------------|----------------|
| | Percent | Lower 95% CI | Upper 95% CI |
| Apache | 12.3231 | 5.8449 | 18.8014 |
| Cochise | 18.0155 | 10.8378 | 25.1933 |
| Coconino | 12.8126 | 8.7729 | 16.8522 |
| Gila | 14.5252 | 8.6241 | 20.4262 |
| Graham | 13.3457 | 6.6018 | 20.0895 |
| Greenlee | 13.4945 | 5.0097 | 21.9792 |
| La Paz | 8.7298 | 5.0463 | 12.4134 |
| Maricopa | 11.1098 | 8.7298 | 13.4897 |
| Mohave | 14.8691 | 10.227 | 19.5111 |
| Navajo | 13.5547 | 6.7781 | 20.3313 |
| Pima | 12.3149 | 9.0652 | 15.5645 |
| Pinal | 11.7957 | 5.9948 | 17.5966 |
| Santa Cruz | 9.9847 | 4.7015 | 15.2679 |
| Yavapai | 12.5074 | 7.9824 | 17.0325 |
| Yuma | 8.5843 | 5.4374 | 11.7312 |
| Arizona | 11.7223 | 10.1398 | 13.3049 |
| **Small sample for several county estimates - use with caution Data Source - Behavioral Risk Factor Surveillance System (BRFSS) 2010 | | | |

- *Homicide*

- *Child Fatality*

- *Crime Rate*

ECONOMIC FACTORS

- *Foreclosure Rate*
- *Homelessness Rate*
- *Bankruptcy Rate*

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PRIORITIZATIONS

In December, 2012, the LPCHD Core Support Group met to develop a preliminary list of prioritized issues that were identified as cross-cutting among the four MAPP assessments. To do this, the Core Support Group reviewed assessment findings, and then held a guided discussion using the ORID method, with the LPCHD Public Information Officer serving as Facilitator.

ORID stands for “Objective, Reflective, Interpretive, and Decisional” and involves holding a facilitated, structured group conversation with strategic questioning that leads to decisions.

Under the ORID method:

- ❖ Step One entails asking group participants **objective questions**.
 - (The LPCHD PIO asked the Core Support Group, “What jumped out at you or struck you in regards to the results?”)
- ❖ Step Two is to ask **reflective questions**.
 - (The LPCHD PIO asked, “Which results are consistent with your expectations and experiences?” and “What really surprised you?”).
- ❖ Step Three under ORID involves **interpretive questions**.
 - (The LPCHD PIO asked the group, “Which issues are already being addressed by the community?”, “Which issue could have the most profound impact if addressed?”, and “What cuts across a lot of different areas?”).
- ❖ Step Four, the last step of ORID, entails **decisional questions**.
 - (The LPCHD PIO asked the Core Support Group, “What are the top issues or problems that the community needs to address now?”).

By following ORID, the LPCHD Core Support Group identified the following top issues or problems based on data from the MAPP assessments:

- **Internal and external communication and coordination challenges with partners within La Paz County’s local public health system**
 - Lack of agency spokespeople or points of contact for information
 - Stakeholders and partners need further education about what public health does – services offered and jurisdictional responsibilities. The La Paz LPHS needs improvement in linking people to public health services and other healthcare services
 - The agencies within the La Paz LPHS are not fully cognizant of each others’ roles and services or the difference between the local health department and other health care agencies.
 - Agencies within the La Paz LPHS have not cross-trained their own staff to understand their own agencies’ different Divisions or Programs.

- All information about La Paz LPHS services and data are scattered and the county lacks a centralized location(even online) to warehouse this information
- NOTE: LPCHD SERVES AS THE LEAD AGENCY WITHIN COUNTY JURISDICTION FOR PUBLIC HEALTH CRISIS/ EMERGENCY RISK COMMUNICATION AND FOR GENERAL PUBLIC HEALTH INFORMATION DISSEMINATION.
- **Low access to care for county residents**
 - Lack of insurance or under-insurance
 - Lack of services – transportation, healthcare, birthing, chronic disease management services
 - NOTE: LPCHD PROVIDES COUNTY ELDER SERVICES TRANSPORTATION, WHICH IS NOT A PUBLIC TRANSIT SYSTEM.
 - Linkages to services could be improved
 - Distances – No 24 hour medical care exists in outlying areas of the county. People have to drive into Parker or have an ambulance pick them up if they should need medical services after-hours; this means they will not receive immediate medical attention. Residents in the Salome/Wenden area have, at a minimum, an hour drive to Parker for medical services.
 - Lack of health care providers
- **Lack of infrastructure**
 - Poor internet, poor cellular service, no T-1 lines in rural areas, no general public transportation systems
- **Lack of economic development and jobs**
 - The Focused Futures coalition backs up this finding, which impacts all aspects of the community’s health.

NEXT STEPS:

The LPCHD Core Support Group will present these identified top issues to the [Healthy LA PAZ](#) Steering Committee in 2013 and will repeat the ORID process with the Steering Committee in order to identify any additional top issues. During the upcoming 2013 Community Health Improvement Planning Process, the Steering Committee will select three to five prioritized issues for strategic planning and inclusion in the county-wide Health Improvement Plan.

APPENDICES

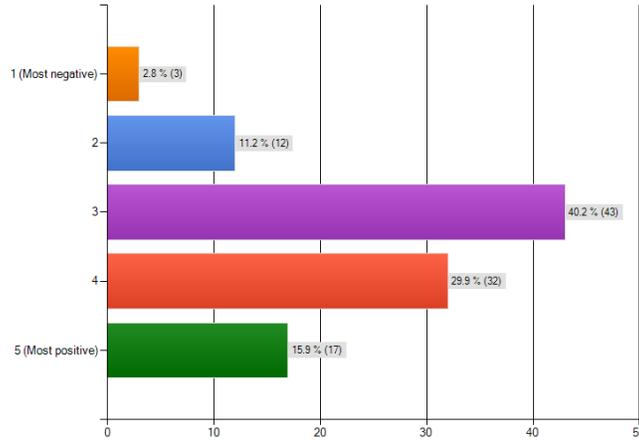
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Appendix 1: Town of Parker – Quality of Life Survey Data

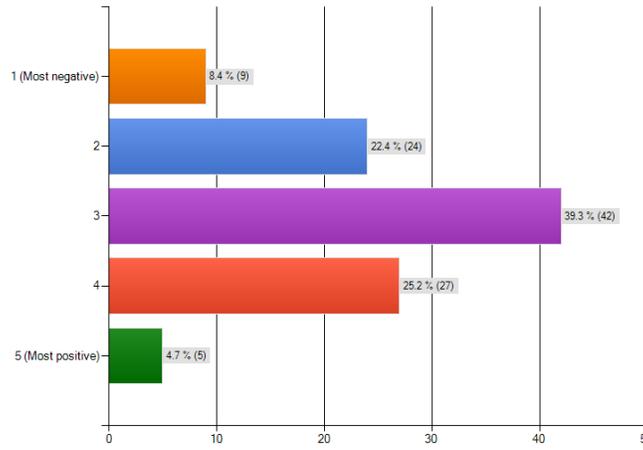
*** SAMPLE SIZE = 111 RESPONDENTS ***



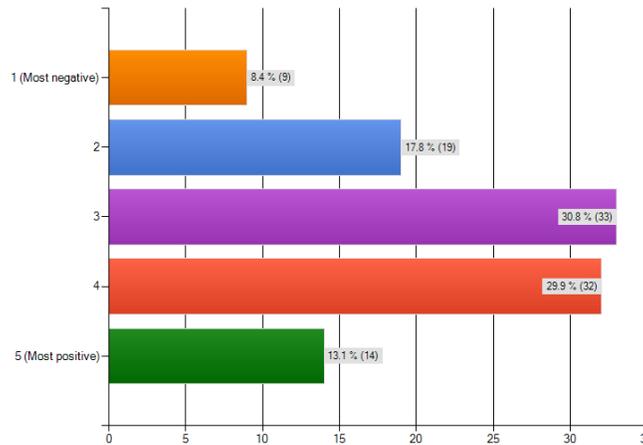
Are you satisfied with the quality of life in your community? (Consider your sense of safety, well-being, participation in community life and associations, etc.)



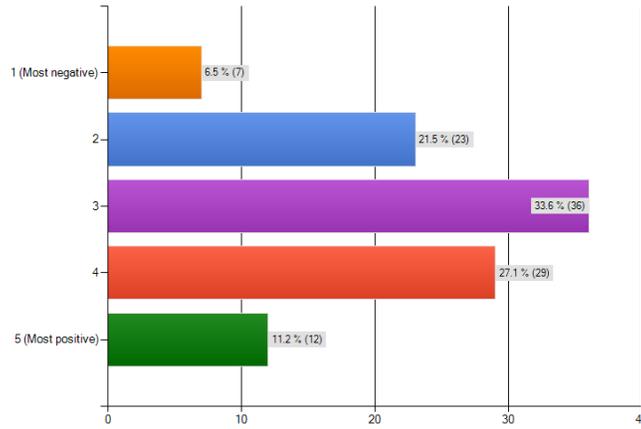
Are you satisfied with the health care system in your community? (Consider access, cost, availability, quality, options in health care, etc.)



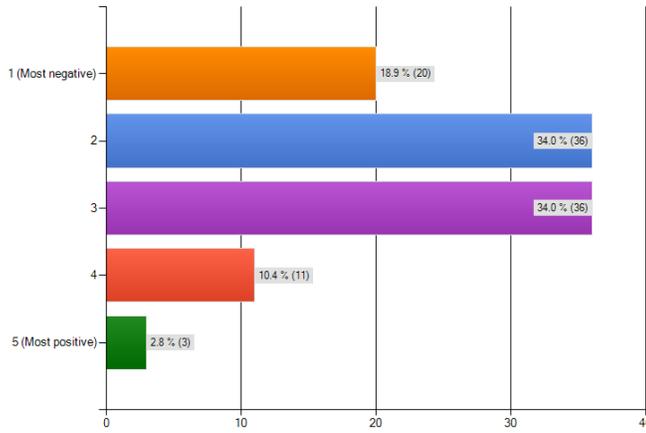
Is your community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)



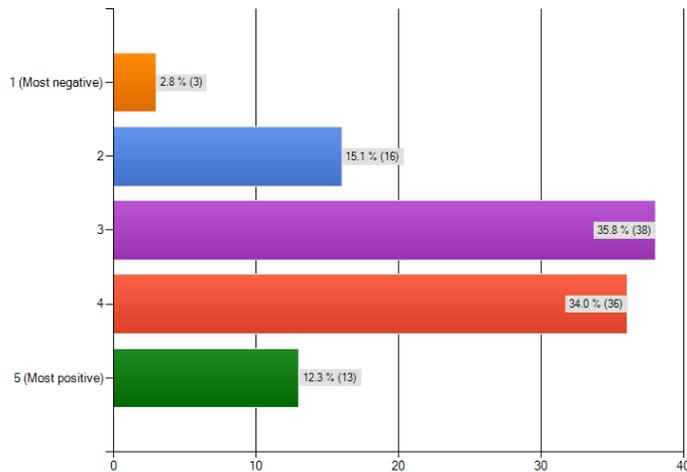
Is your community a good place to grow old? (Consider elder-friendly housing, transportation to medical services, churches, shopping, elder day care, social support for the elderly living alone, meals on wheels, etc.)



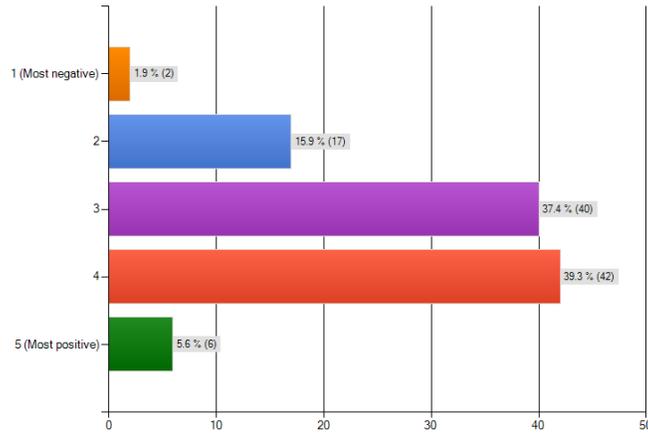
Is there economic opportunity in your community? (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)



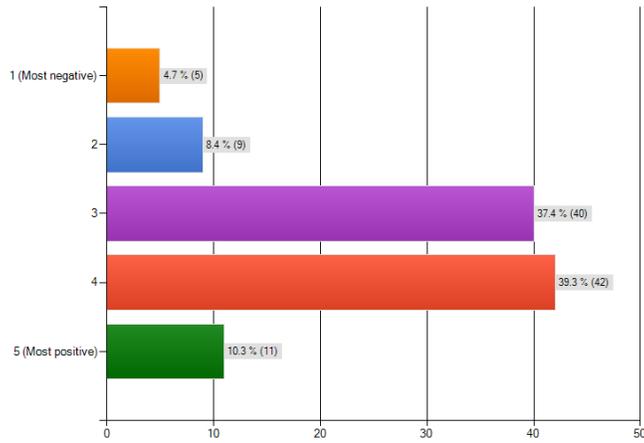
Is your community a safe place to live? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, shopping areas.)



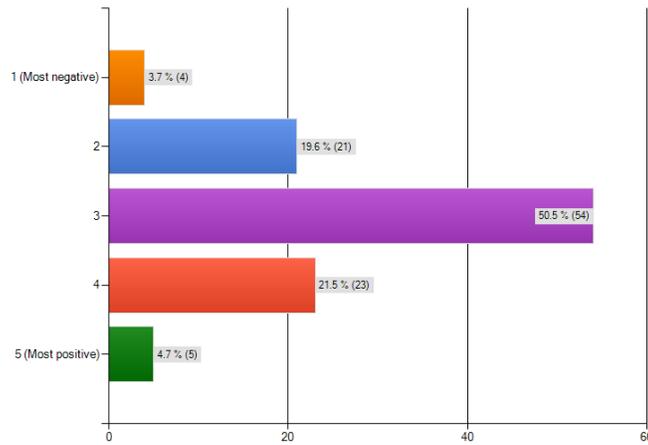
Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, organizations) during times of stress and need? (Do neighbors know and trust one another? Do they look out for one another?)



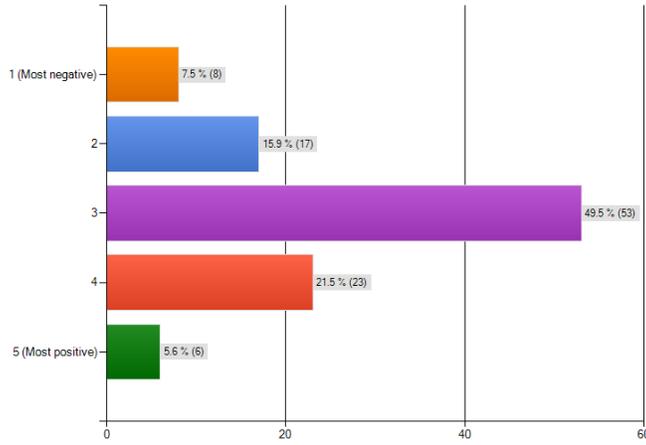
Do all individuals and groups have the opportunity to contribute to and participate in your community's quality of life?



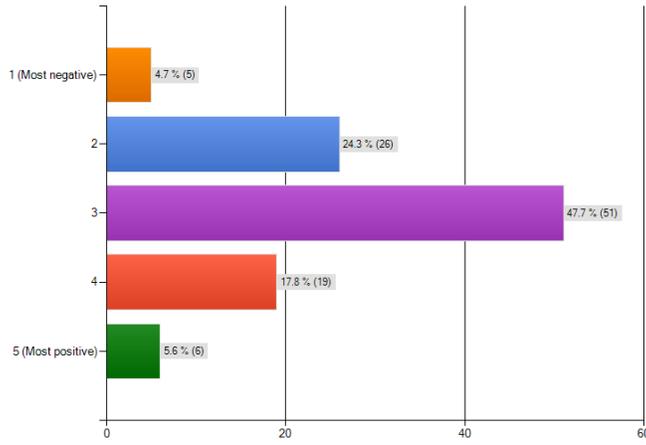
Do all residents perceive that they—individually and collectively—can make your community a better place to live?



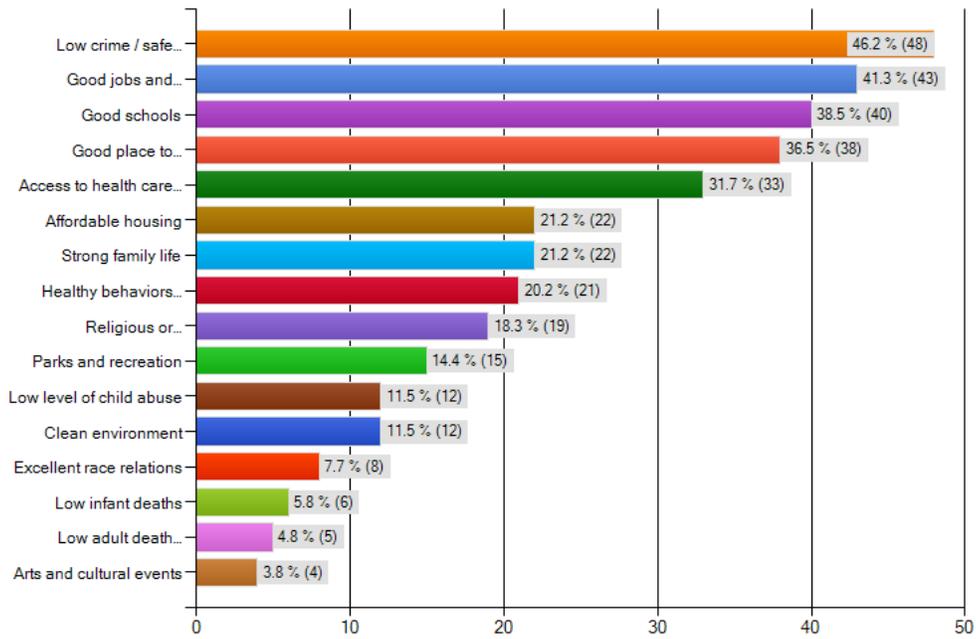
Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?



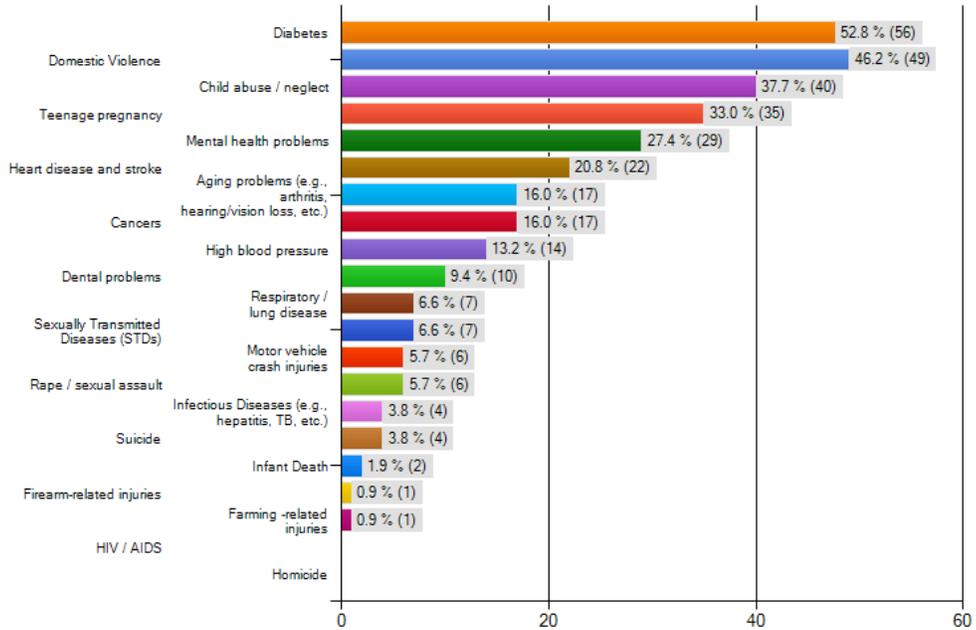
In your community, is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments?



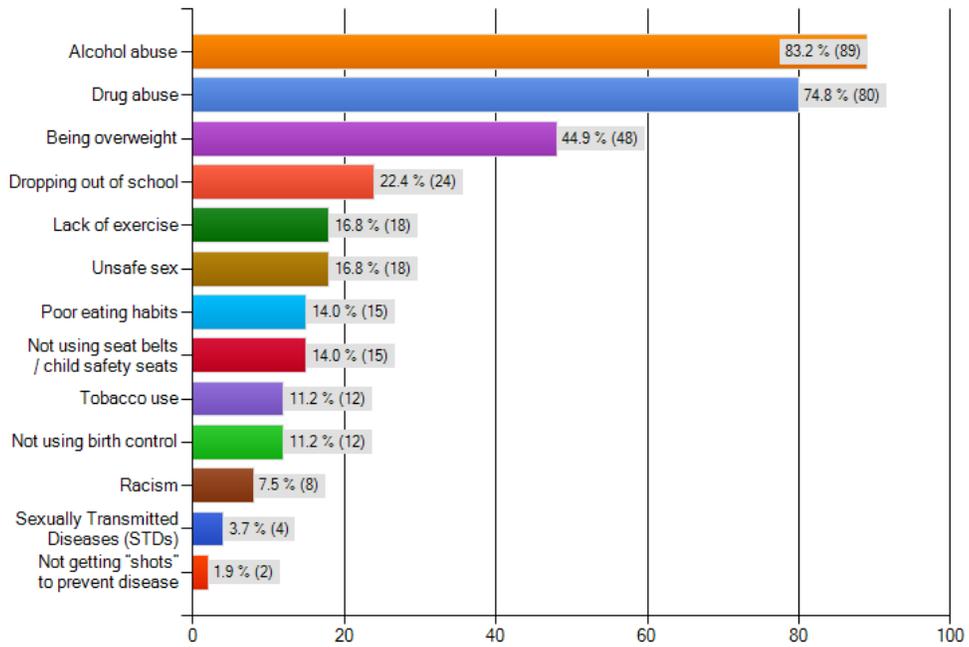
In the following list, what do you think are the three most important factors for a “Healthy La Paz?” (Select those factors that make the most positive contribution to a healthy community.) CHECK ONLY THREE:



In the following list, what do you think are the three most important “health problems” in your community? (Select those problems that have the most negative impact on overall community health.) CHECK ONLY THREE:



In the following list, what do you think are the three most important “risky behaviors” in your community? (Select those behaviors that have the most negative impact on overall community health.) CHECK ONLY THREE:

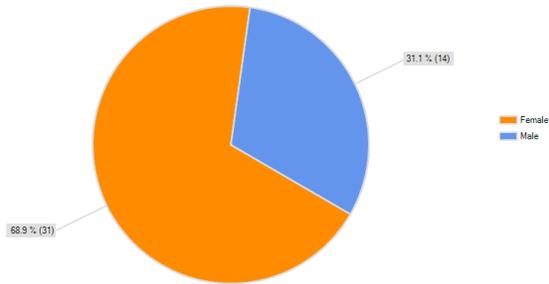


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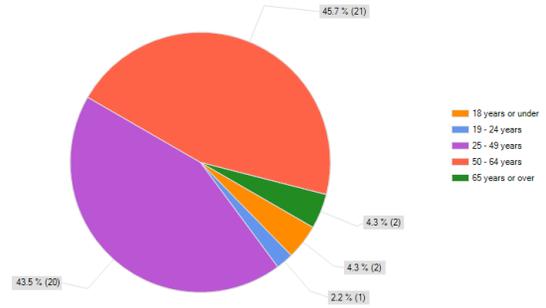
Appendix 2: Parker Strip – Quality of Life Survey Data

*** SAMPLE SIZE = 46 RESPONDENTS ***

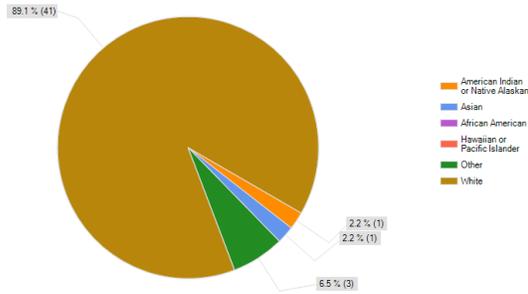
What is your gender?



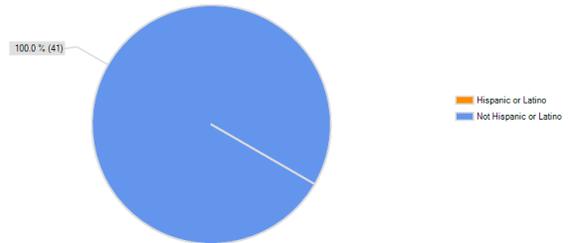
What is your age?



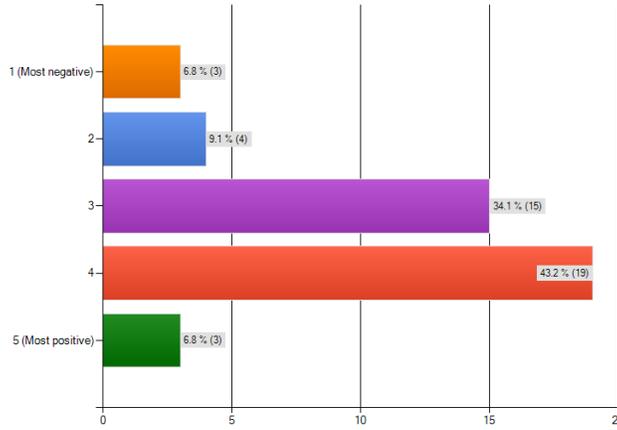
What is your race?



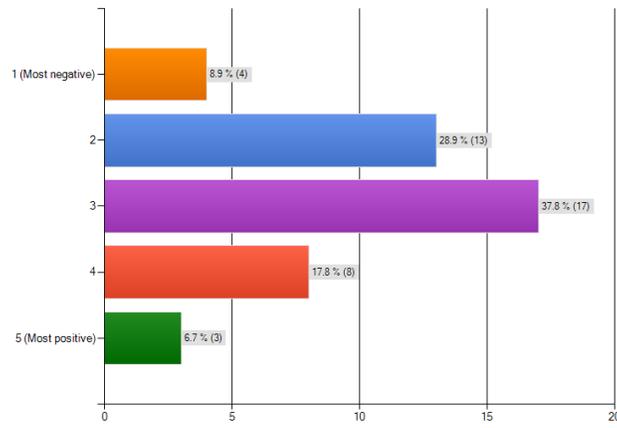
What is your ethnicity?



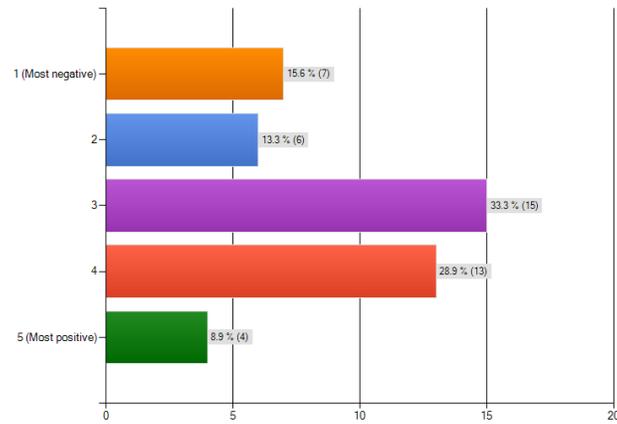
Are you satisfied with the quality of life in your community? (Consider your sense of safety, well-being, participation in community life and associations, etc.)



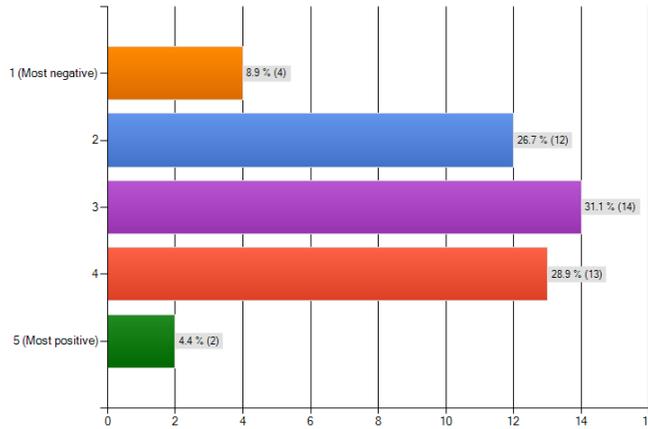
Are you satisfied with the health care system in your community? (Consider access, cost, availability, quality, options in health care, etc.)



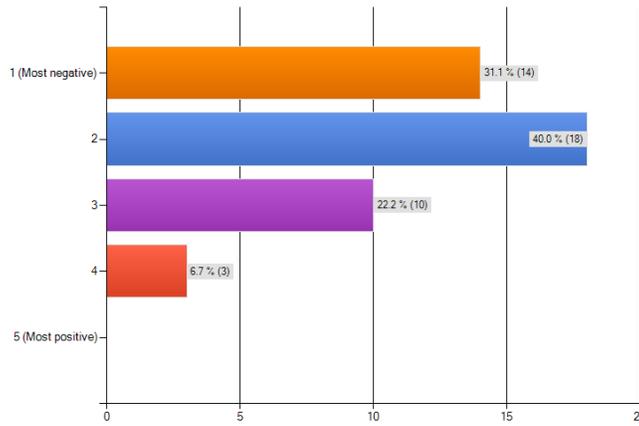
Is your community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)



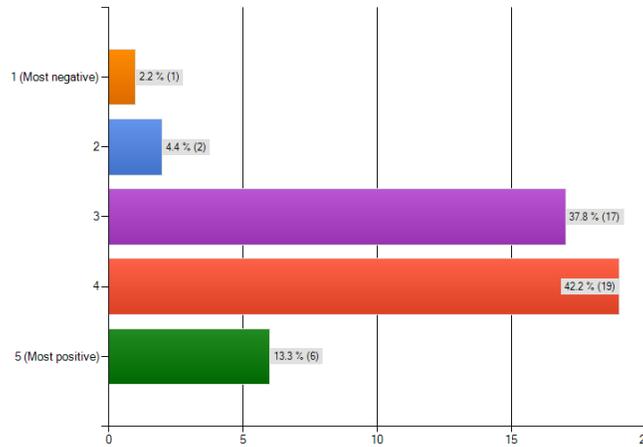
Is your community a good place to grow old? (Consider elder-friendly housing, transportation to medical services, churches, shopping, elder day care, social support for the elderly living alone, meals on wheels, etc.)



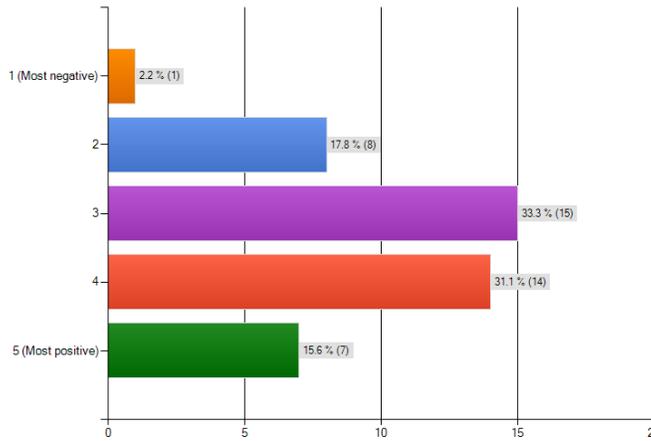
Is there economic opportunity in your community? (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)



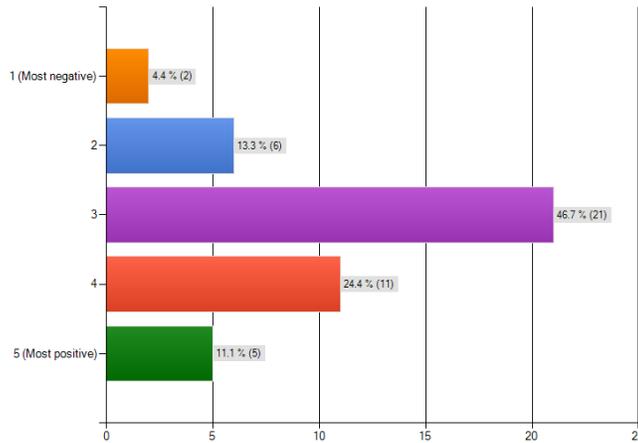
Is your community a safe place to live? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, shopping areas.)



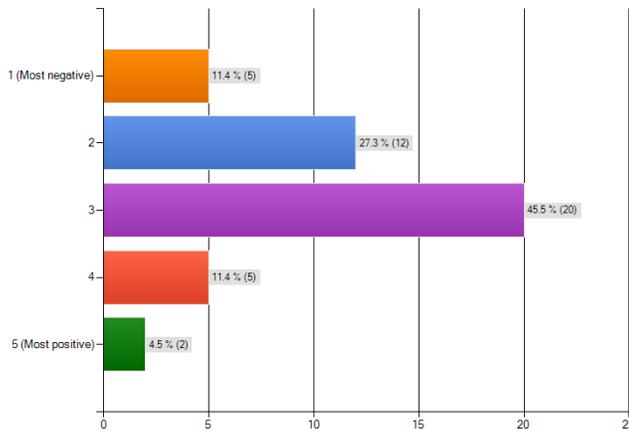
Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, organizations) during times of stress and need? (Do neighbors know and trust one another? Do they look out for one another?)



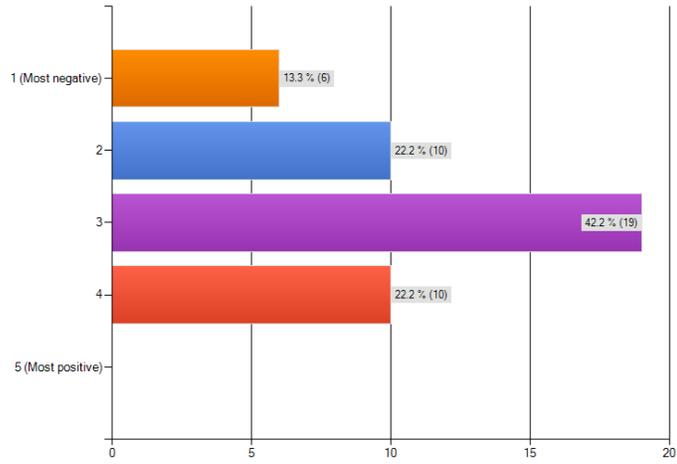
Do all individuals and groups have the opportunity to contribute to and participate in your community's quality of life?



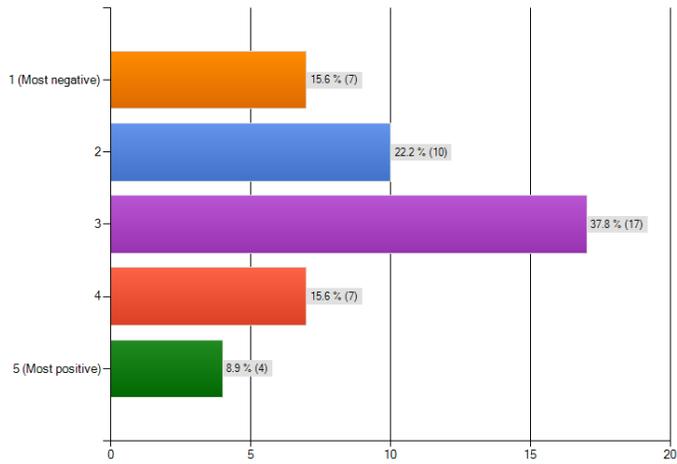
Do all residents perceive that they—individually and collectively—can make your community a better place to live?



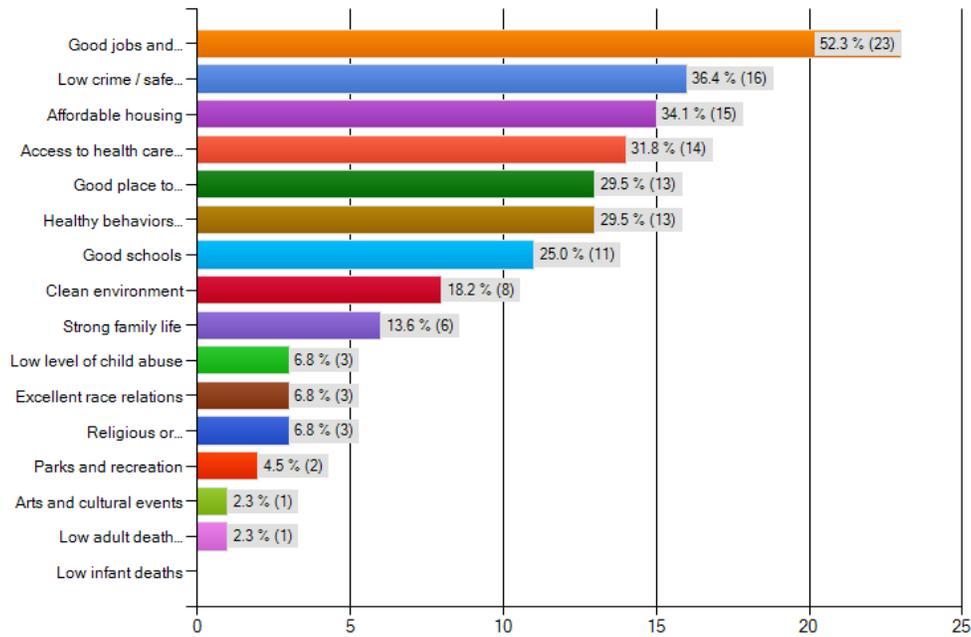
Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?



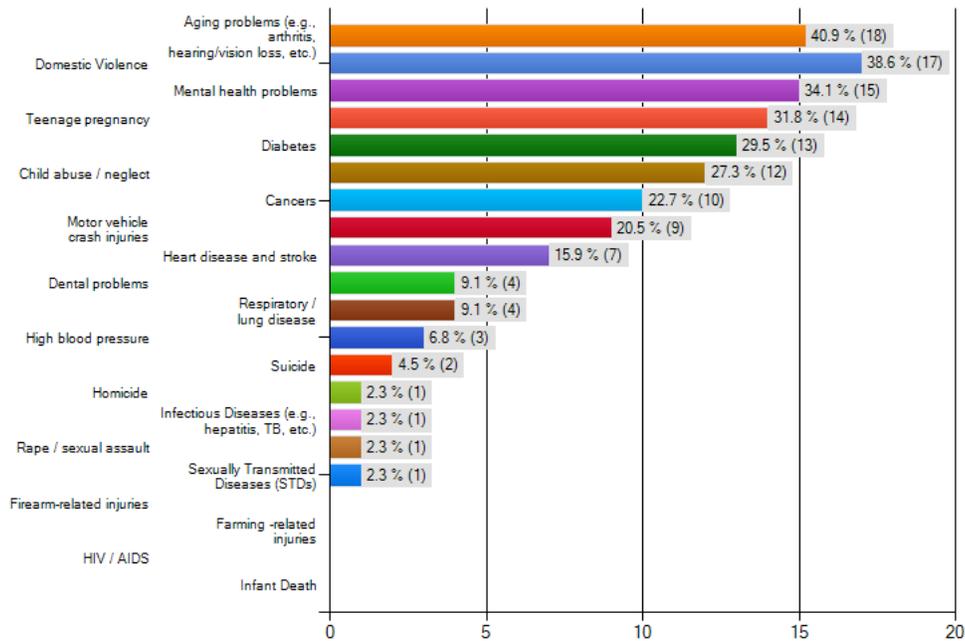
In your community, is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments?



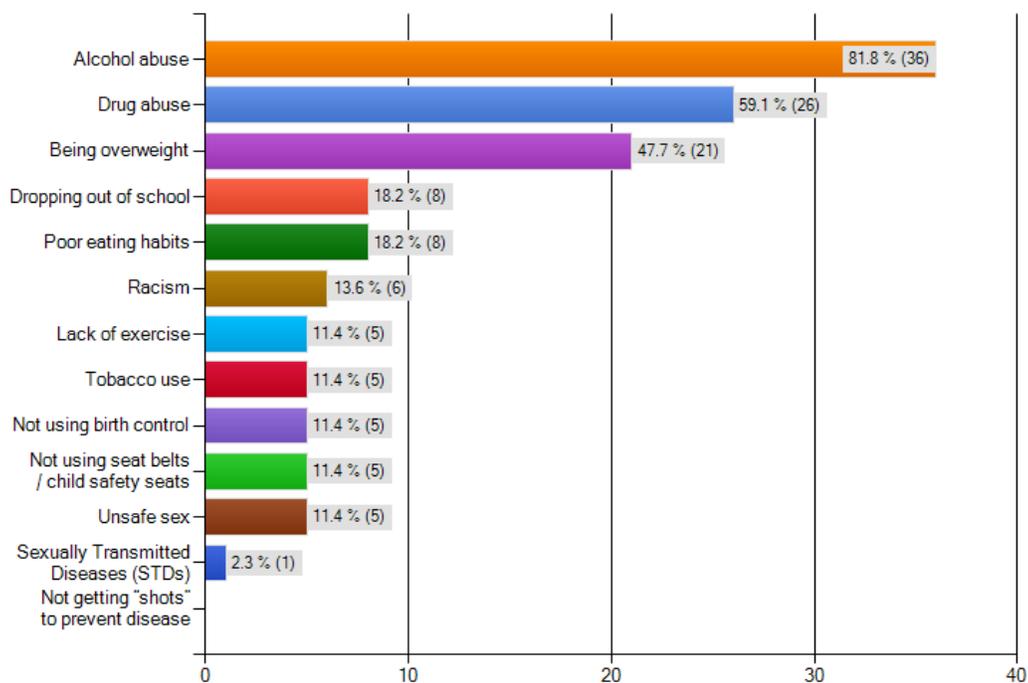
In the following list, what do you think are the three most important factors for a “Healthy La Paz?” (Select those factors that make the most positive contribution to a healthy community.) CHECK ONLY THREE:



In the following list, what do you think are the three most important “health problems” in your community? (Select those problems that have the most negative impact on overall community health.) CHECK ONLY THREE:



In the following list, what do you think are the three most important “risky behaviors” in your community? (Select those behaviors that have the most negative impact on overall community health.) CHECK ONLY THREE:



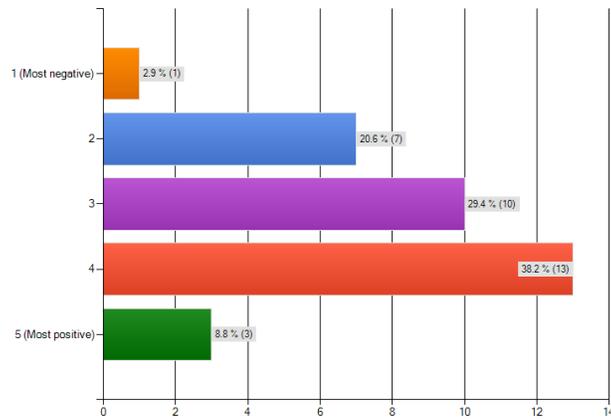
DRY

Appendix 3: Parker Valley/Poston/Ehrenberg – Quality of Life Survey Data

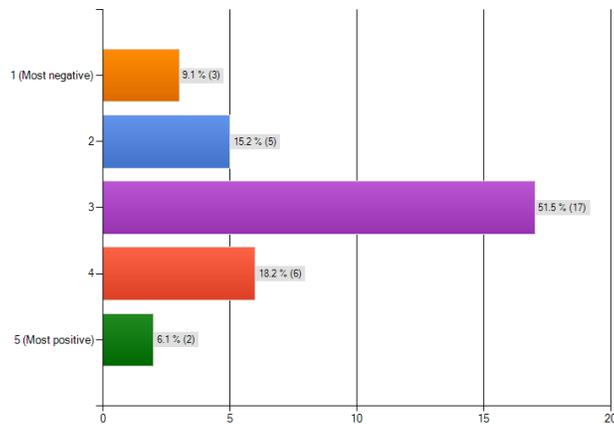
*** SAMPLE SIZE = 35 RESPONDENTS ***



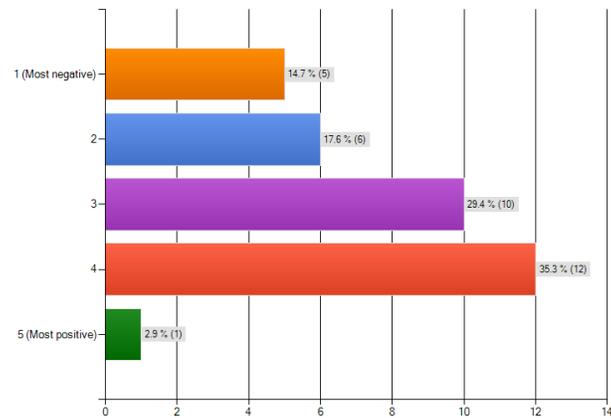
Are you satisfied with the quality of life in your community? (Consider your sense of safety, well-being, participation in community life and associations, etc.)



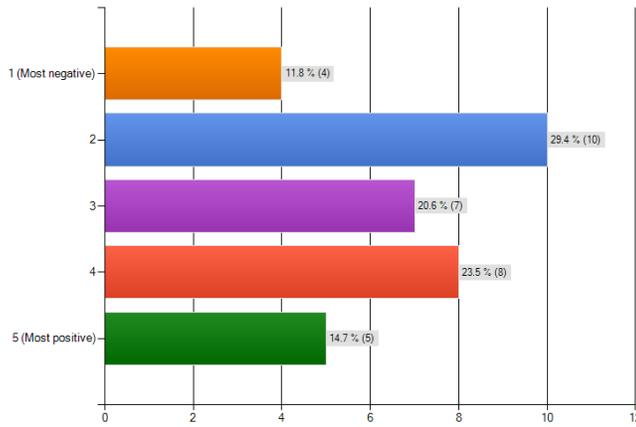
Are you satisfied with the health care system in your community? (Consider access, cost, availability, quality, options in health care, etc.)



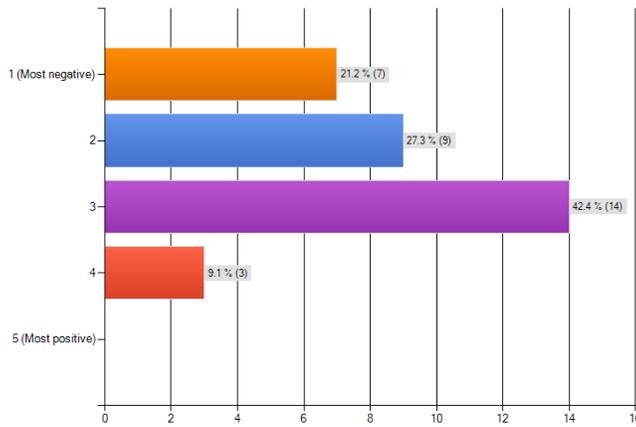
Is your community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)



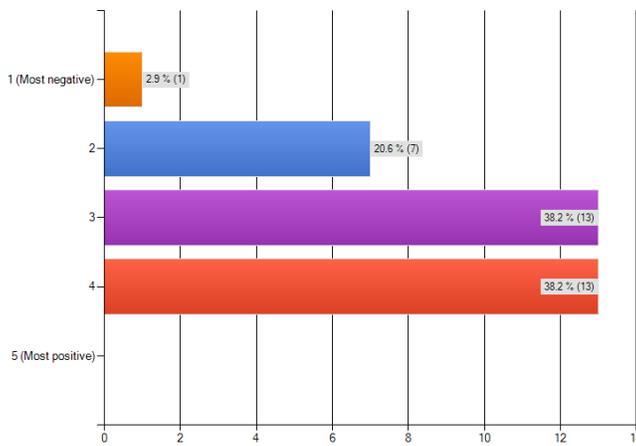
Is your community a good place to grow old? (Consider elder-friendly housing, transportation to medical services, churches, shopping, elder day care, social support for the elderly living alone, meals on wheels, etc.)



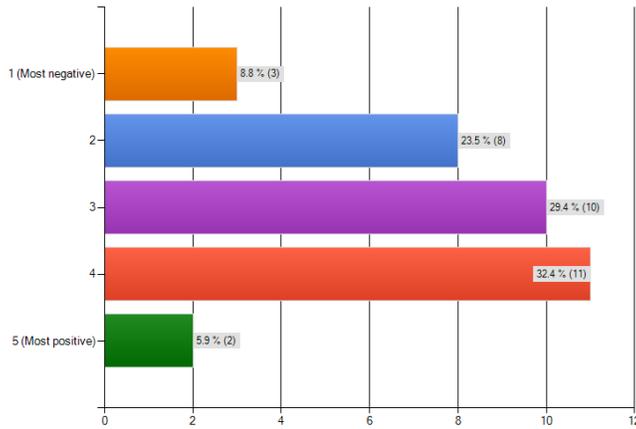
Is there economic opportunity in your community? (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)



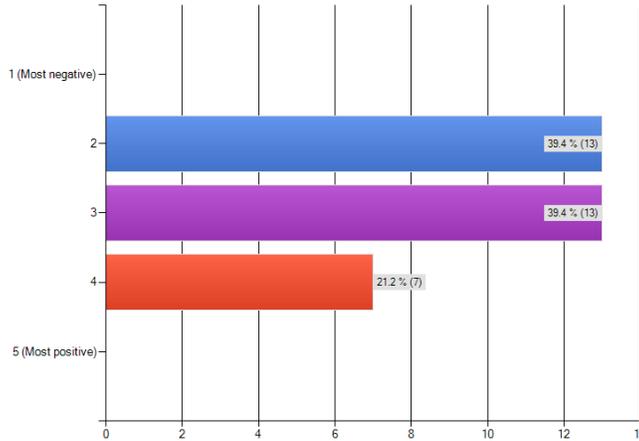
Is your community a safe place to live? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, shopping areas.)



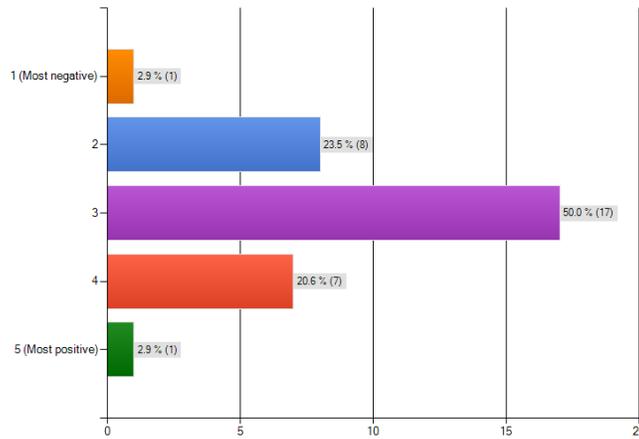
Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, organizations) during times of stress and need? (Do neighbors know and trust one another? Do they look out for one another?)



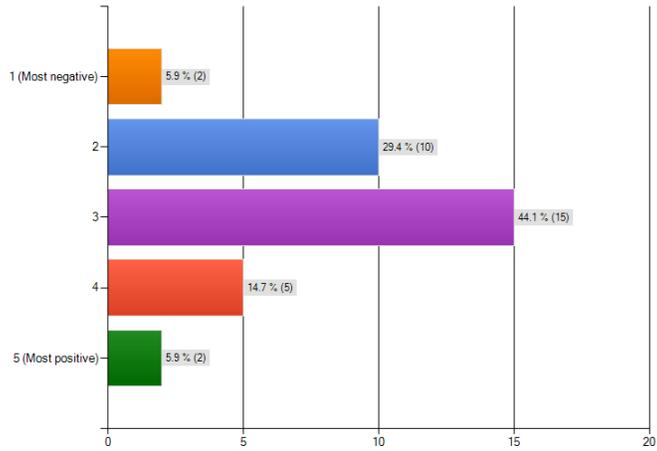
Do all individuals and groups have the opportunity to contribute to and participate in your community's quality of life?



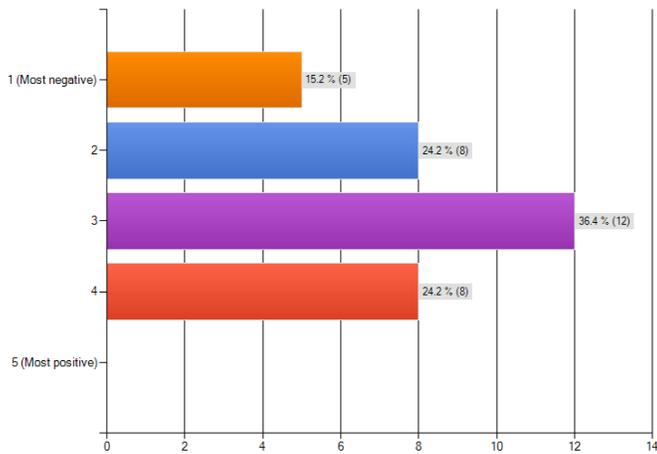
Do all residents perceive that they—individually and collectively—can make your community a better place to live?



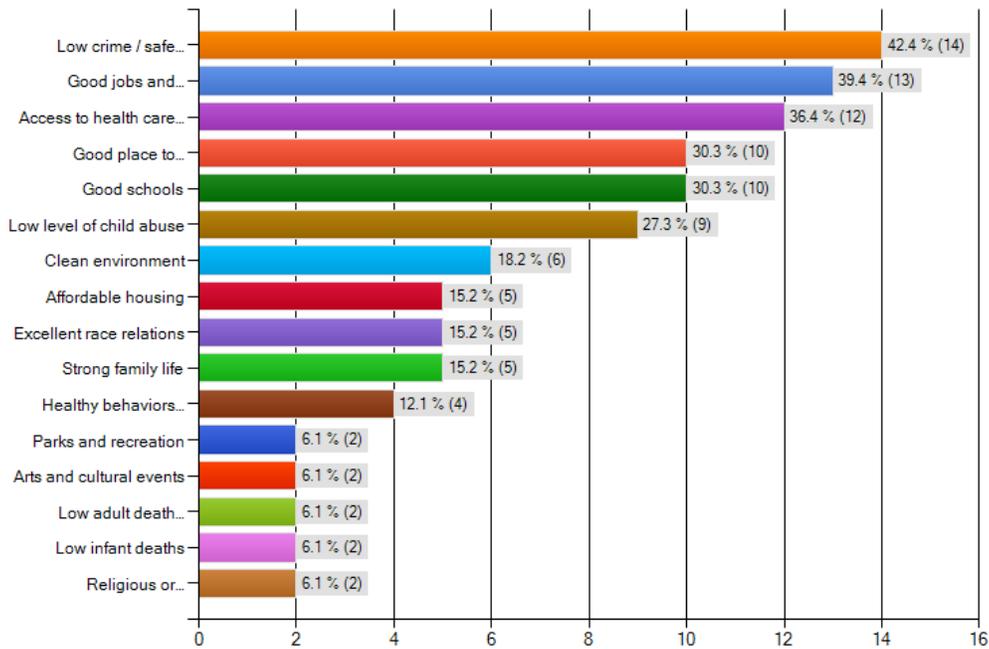
Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?



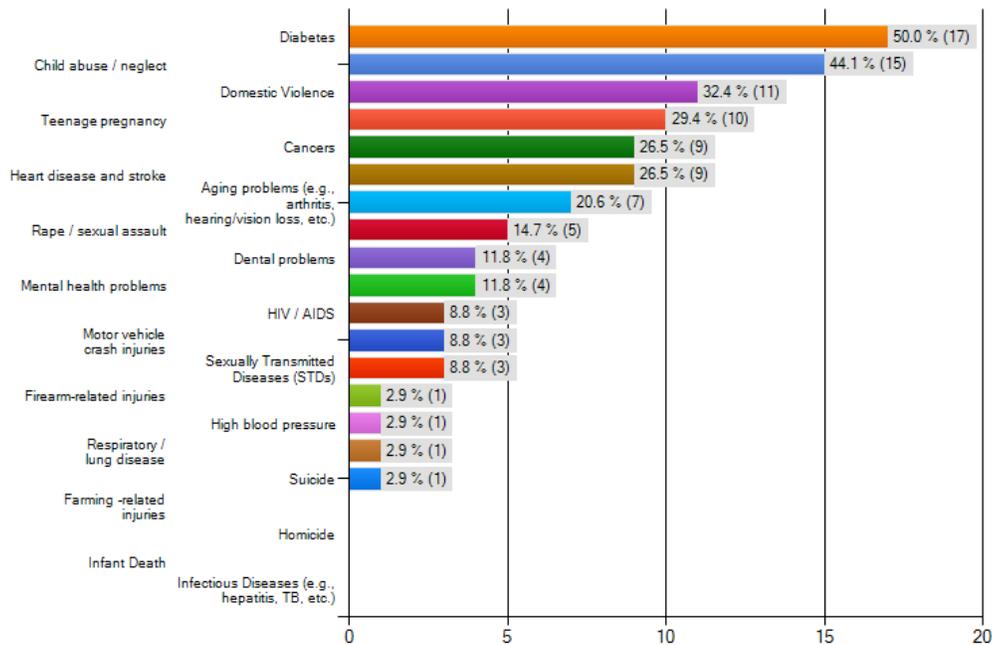
In your community, is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments?



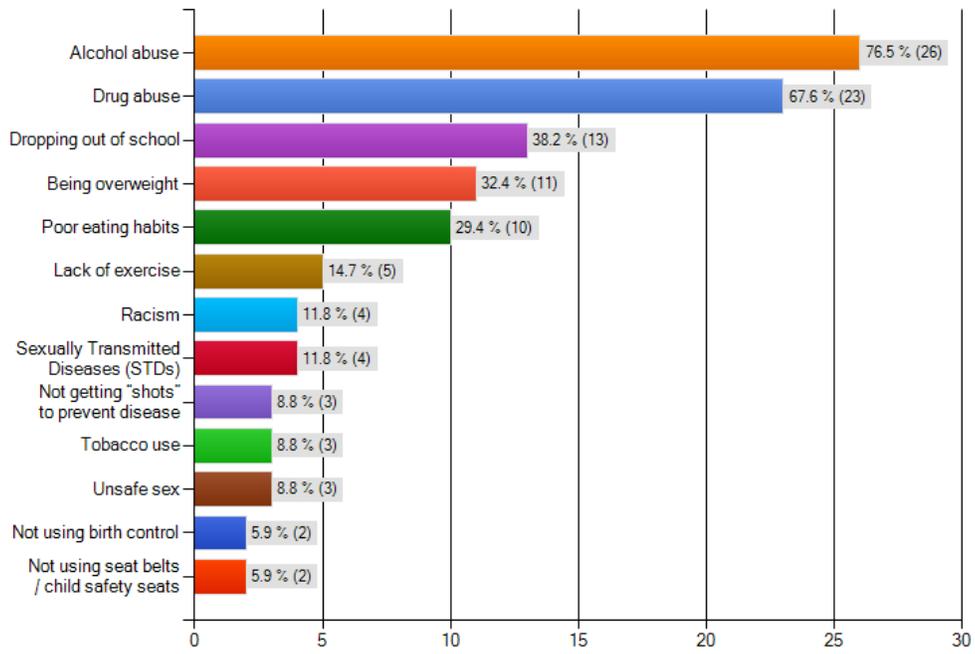
In the following list, what do you think are the three most important factors for a “Healthy La Paz?” (Select those factors that make the most positive contribution to a healthy community.)
CHECK ONLY THREE:



In the following list, what do you think are the three most important “health problems” in your community? (Select those problems that have the most negative impact on overall community health.) CHECK ONLY THREE:



In the following list, what do you think are the three most important “risky behaviors” in your community? (Select those behaviors that have the most negative impact on overall community health.) CHECK ONLY THREE:

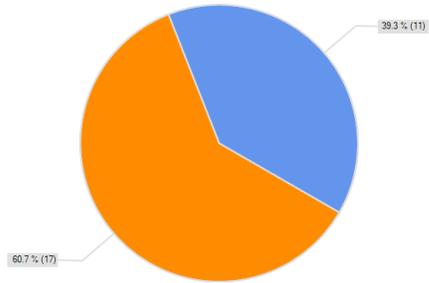


DRAFT

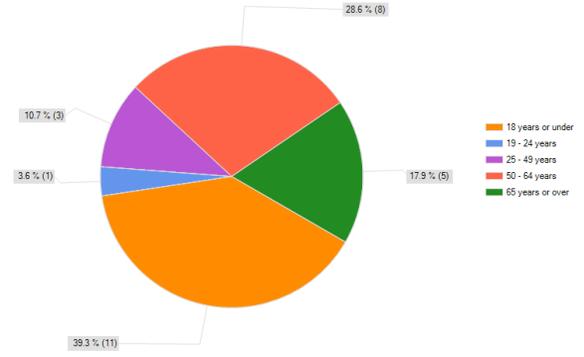
Appendix 4: Town of Quartzsite – Quality of Life Survey Data

*** SAMPLE SIZE = 28 RESPONDENTS ***

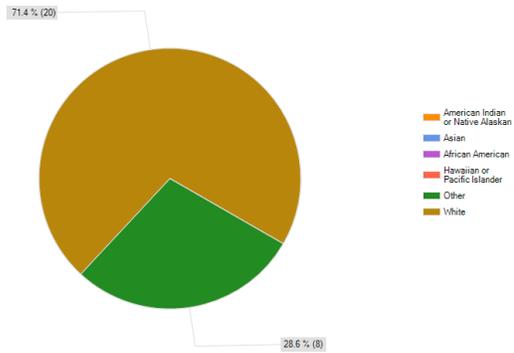
What is your gender?



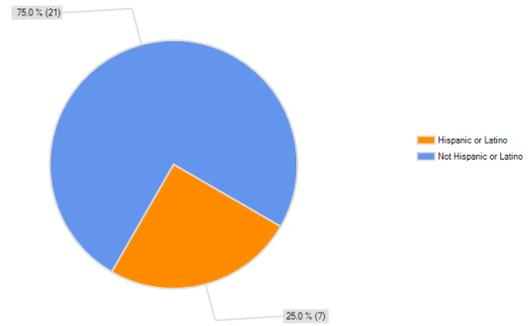
What is your age?



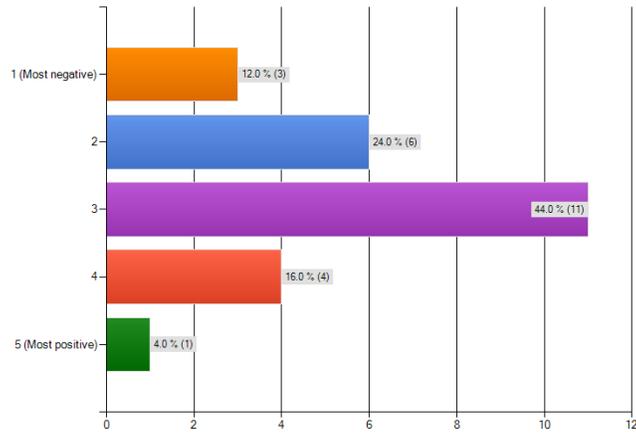
What is your race?



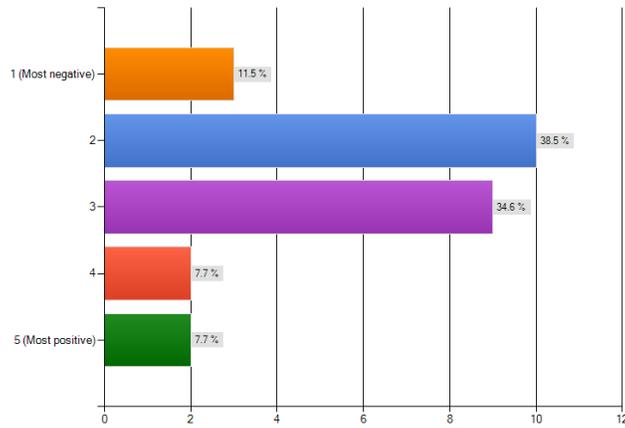
What is your ethnicity?



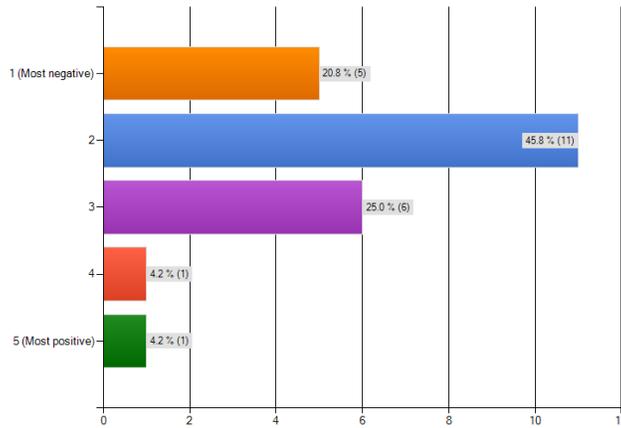
Are you satisfied with the quality of life in your community? (Consider your sense of safety, well-being, participation in community life and associations, etc.)



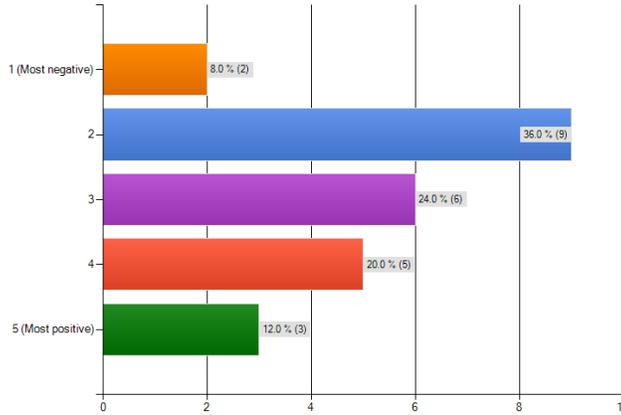
Are you satisfied with the health care system in your community? (Consider access, cost, availability, quality, options in health care, etc.)



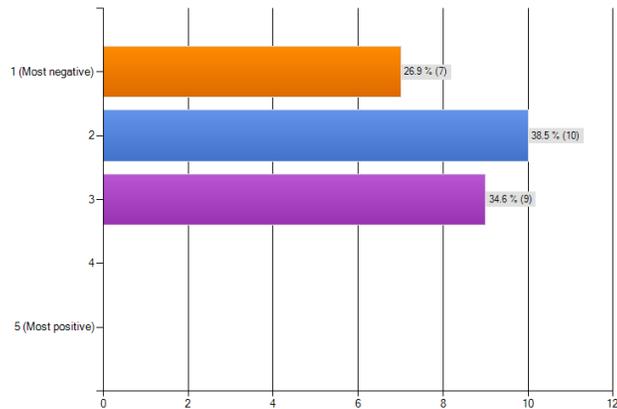
Is your community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)



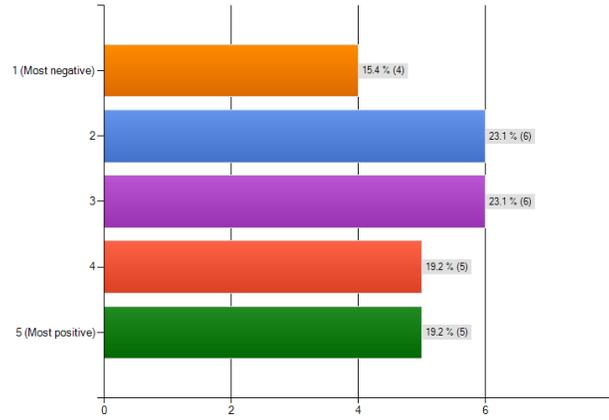
Is your community a good place to grow old? (Consider elder-friendly housing, transportation to medical services, churches, shopping, elder day care, social support for the elderly living alone, meals on wheels, etc.)



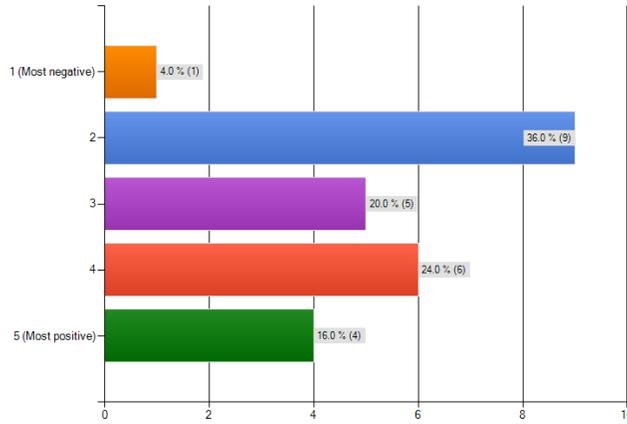
Is there economic opportunity in your community? (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)



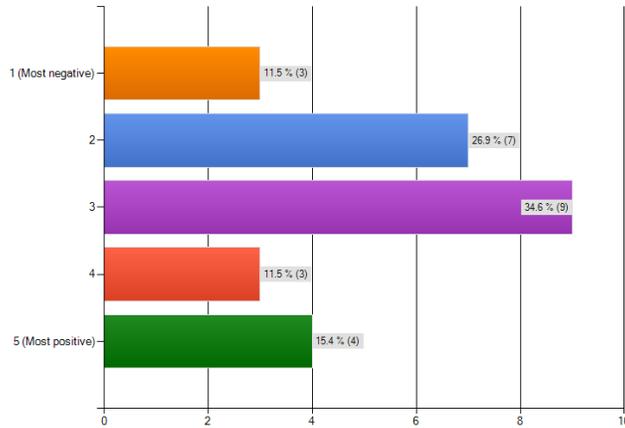
Is your community a safe place to live? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, shopping areas.)



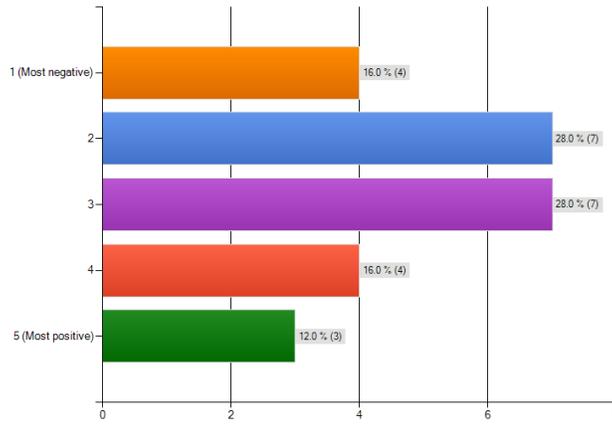
Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, organizations) during times of stress and need? (Do neighbors know and trust one another? Do they look out for one another?)



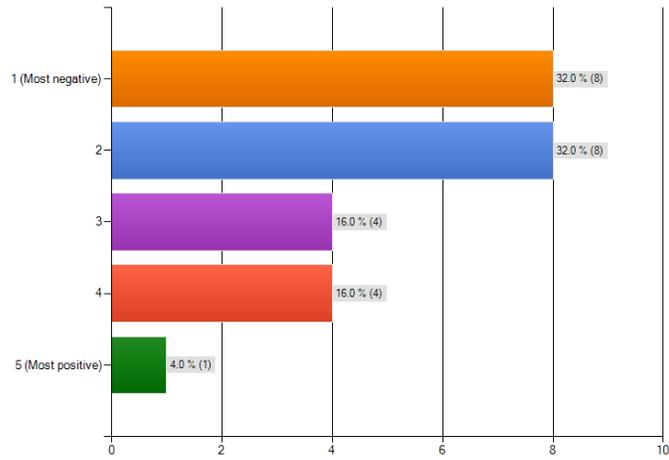
Do all individuals and groups have the opportunity to contribute to and participate in your community's quality of life?



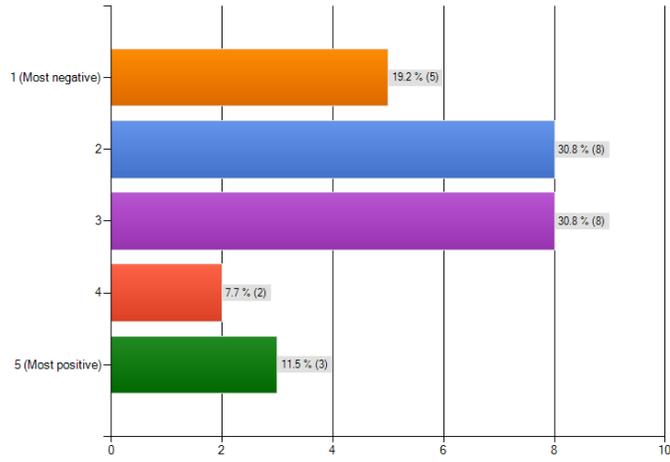
Do all residents perceive that they—individually and collectively—can make your community a better place to live?



Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?

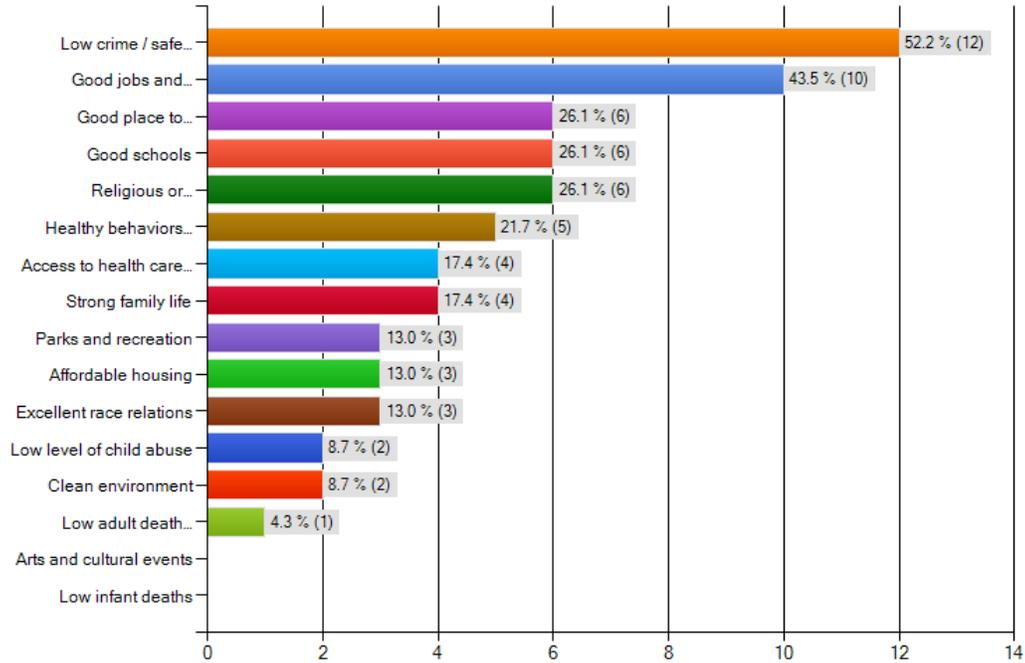


In your community, is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments?

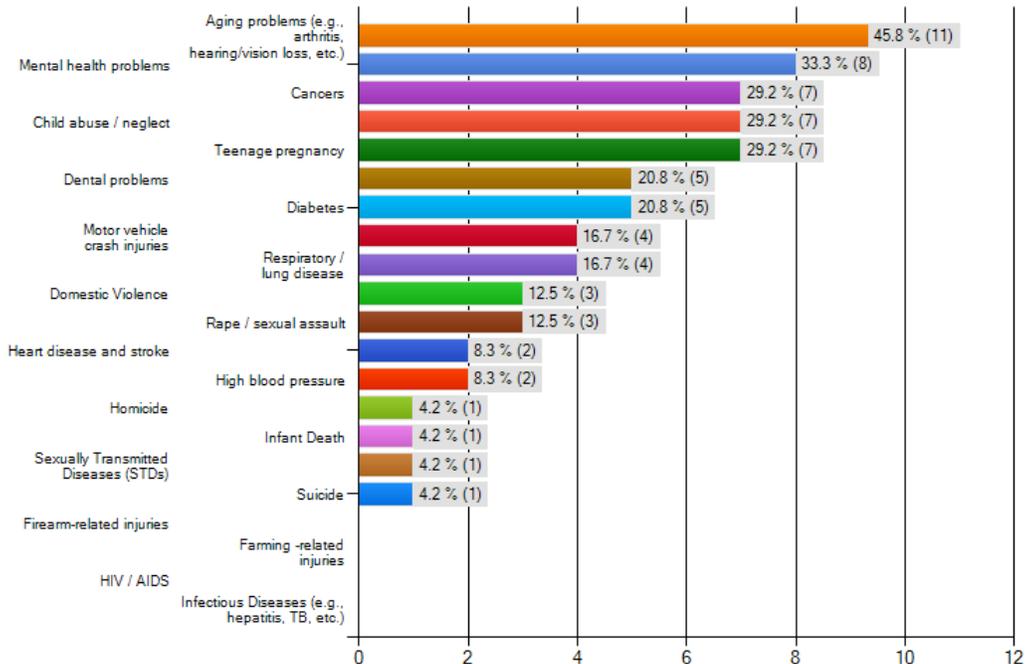


DRAFT

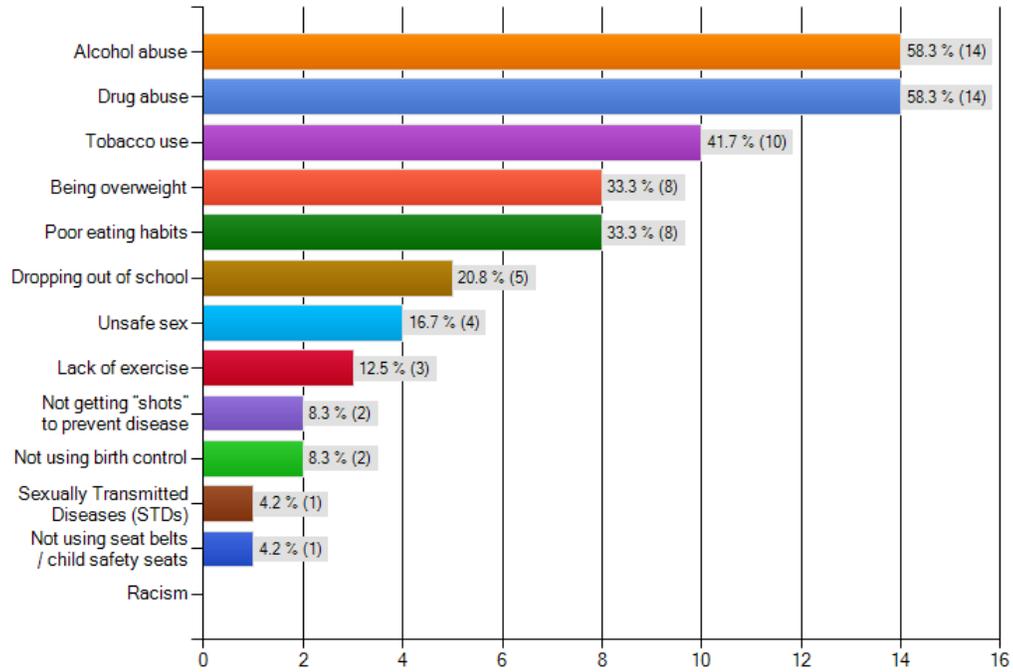
In the following list, what do you think are the three most important factors for a “Healthy La Paz?” (Select those factors that make the most positive contribution to a healthy community.) CHECK ONLY THREE:



In the following list, what do you think are the three most important “health problems” in your community? (Select those problems that have the most negative impact on overall community health.) CHECK ONLY THREE:



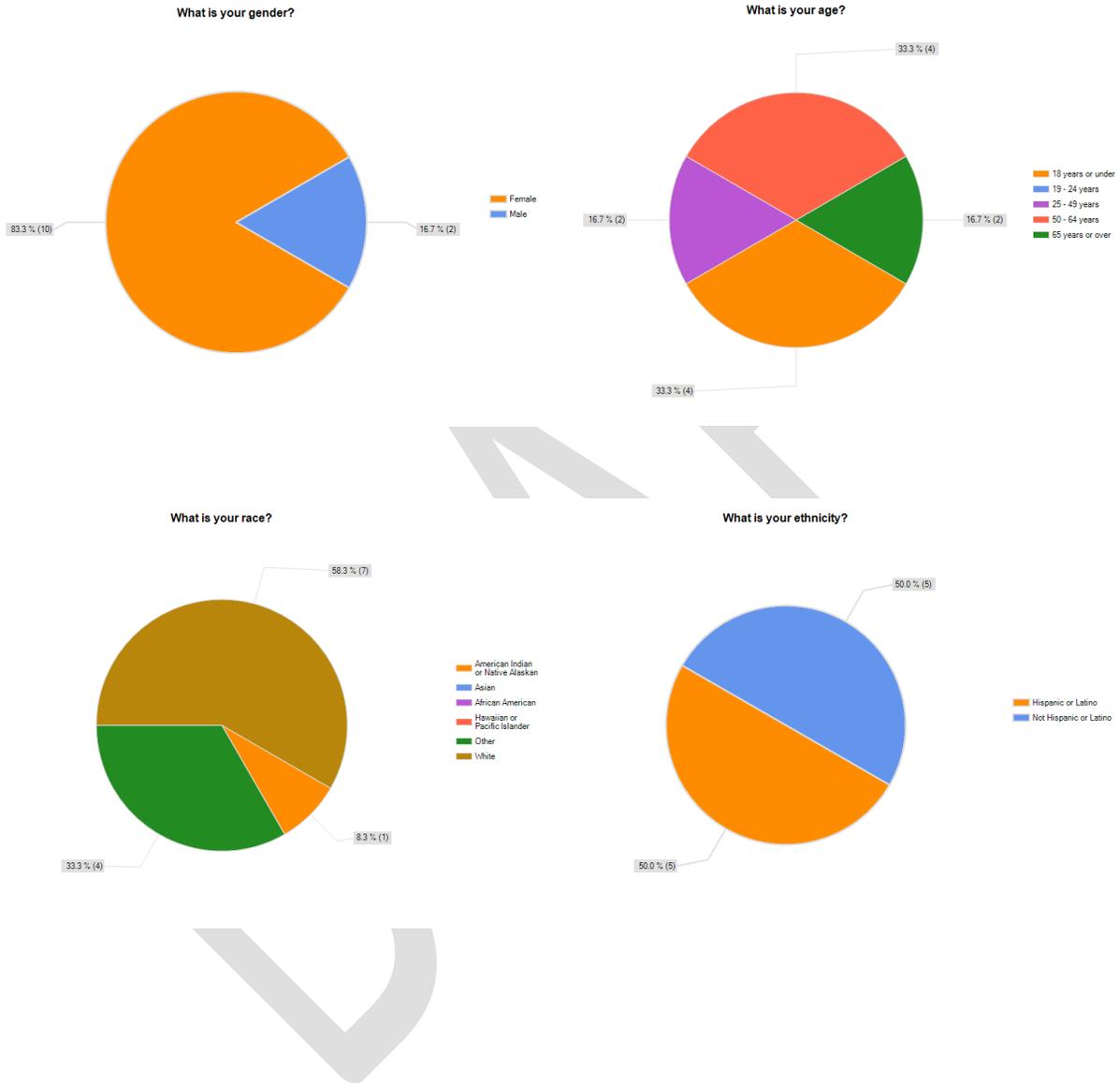
In the following list, what do you think are the three most important “risky behaviors” in your community? (Select those behaviors that have the most negative impact on overall community health.) CHECK ONLY THREE:



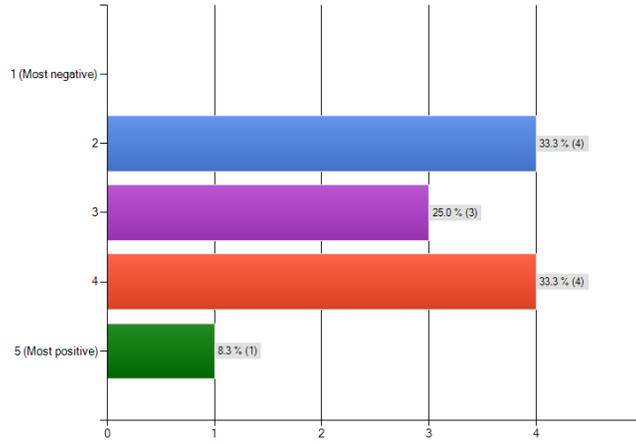
DRY

Appendix 5: California Areas – Quality of Life Survey Data

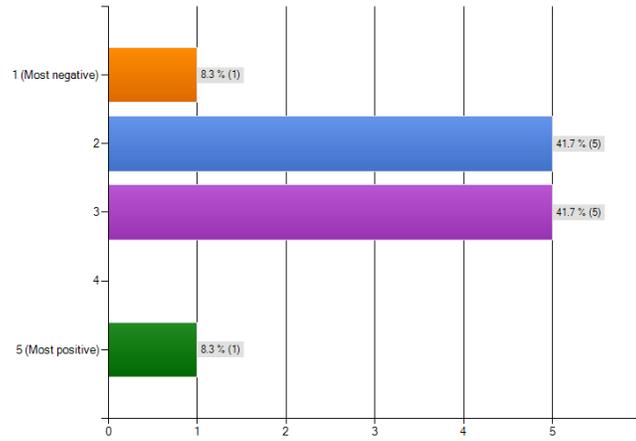
*** SAMPLE SIZE = 12 RESPONDENTS ***



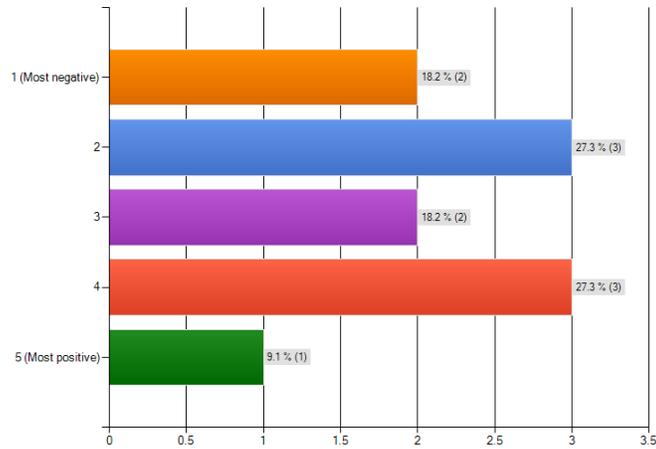
Are you satisfied with the quality of life in your community? (Consider your sense of safety, well-being, participation in community life and associations, etc.)



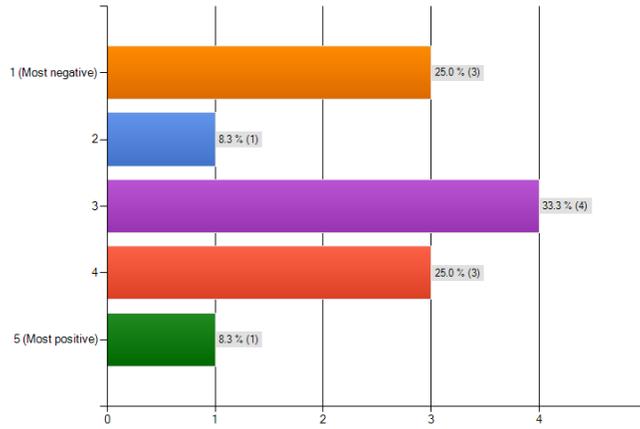
Are you satisfied with the health care system in your community? (Consider access, cost, availability, quality, options in health care, etc.)



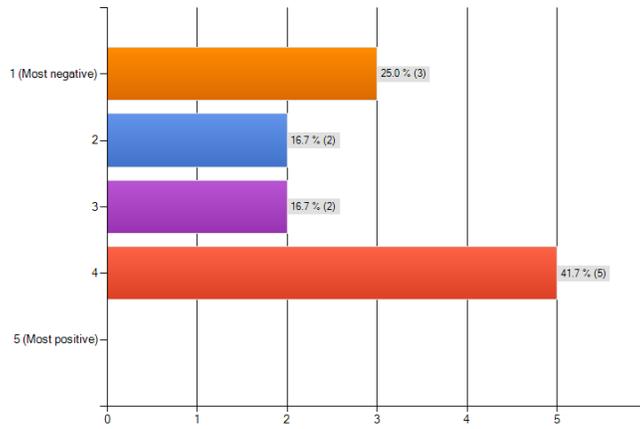
Is your community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)



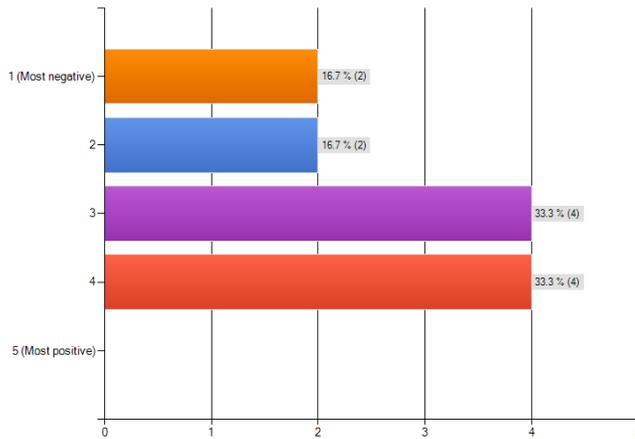
Is your community a good place to grow old? (Consider elder-friendly housing, transportation to medical services, churches, shopping, elder day care, social support for the elderly living alone, meals on wheels, etc.)



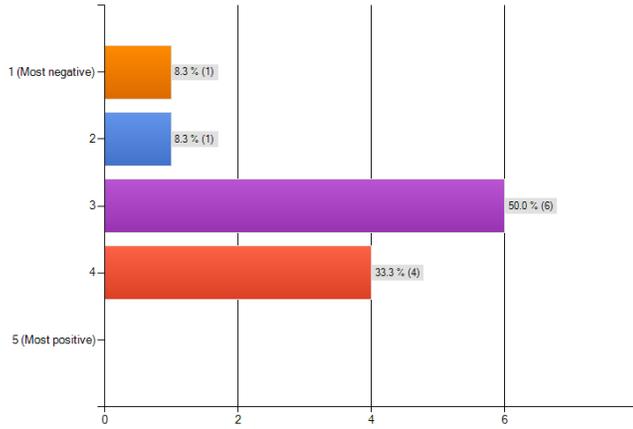
Is there economic opportunity in your community? (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)



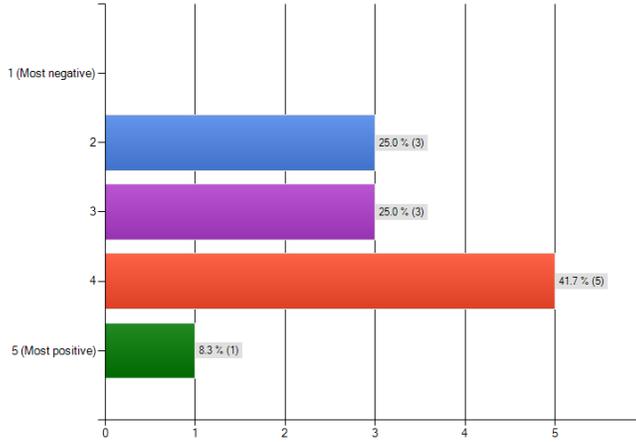
Is your community a safe place to live? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, shopping areas.)



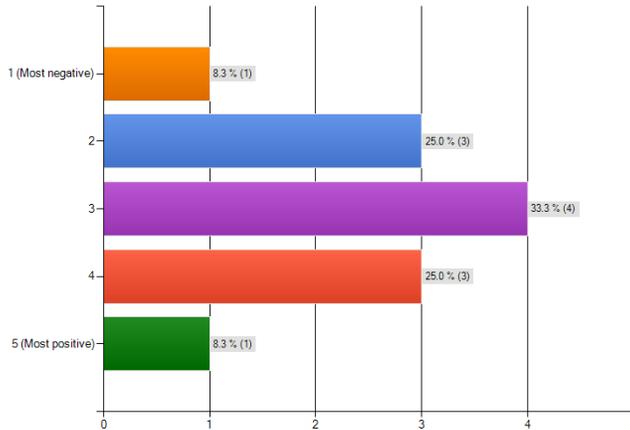
Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, organizations) during times of stress and need? (Do neighbors know and trust one another? Do they look out for one another?)



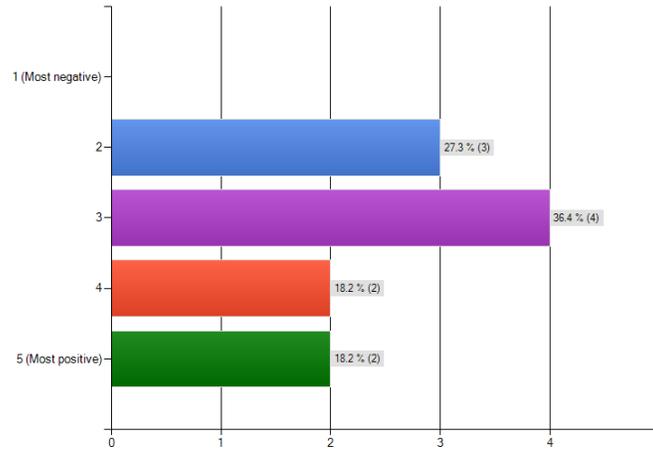
Do all individuals and groups have the opportunity to contribute to and participate in your community's quality of life?



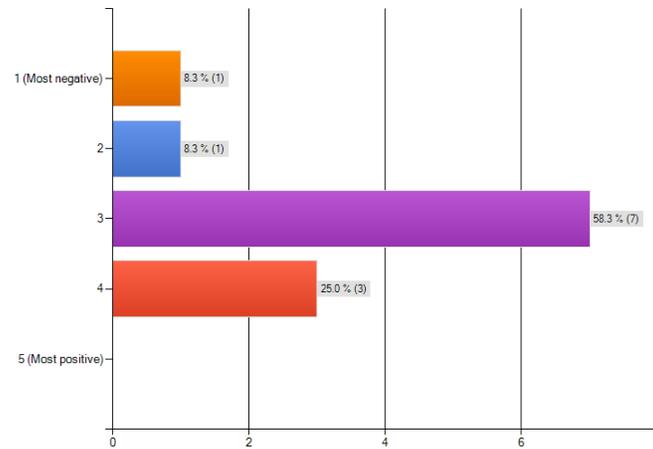
Do all residents perceive that they—individually and collectively—can make your community a better place to live?



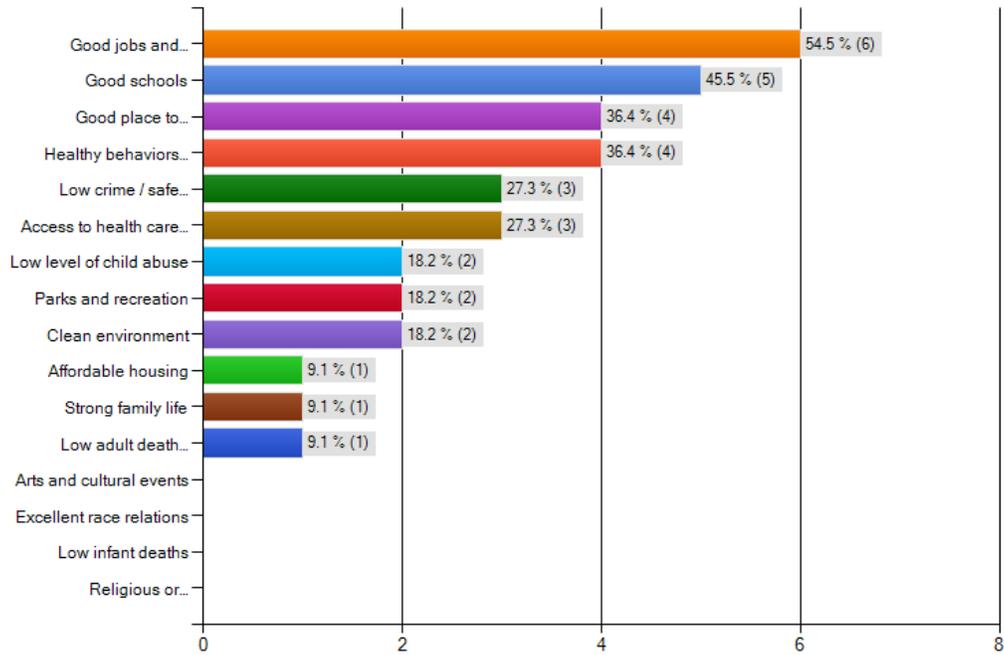
Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?



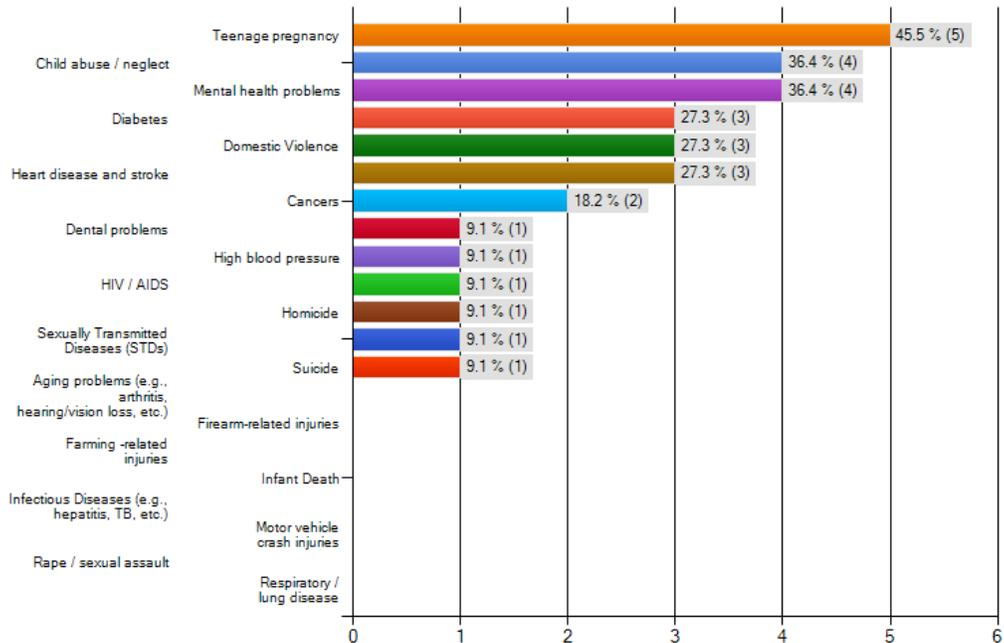
In your community, is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments?



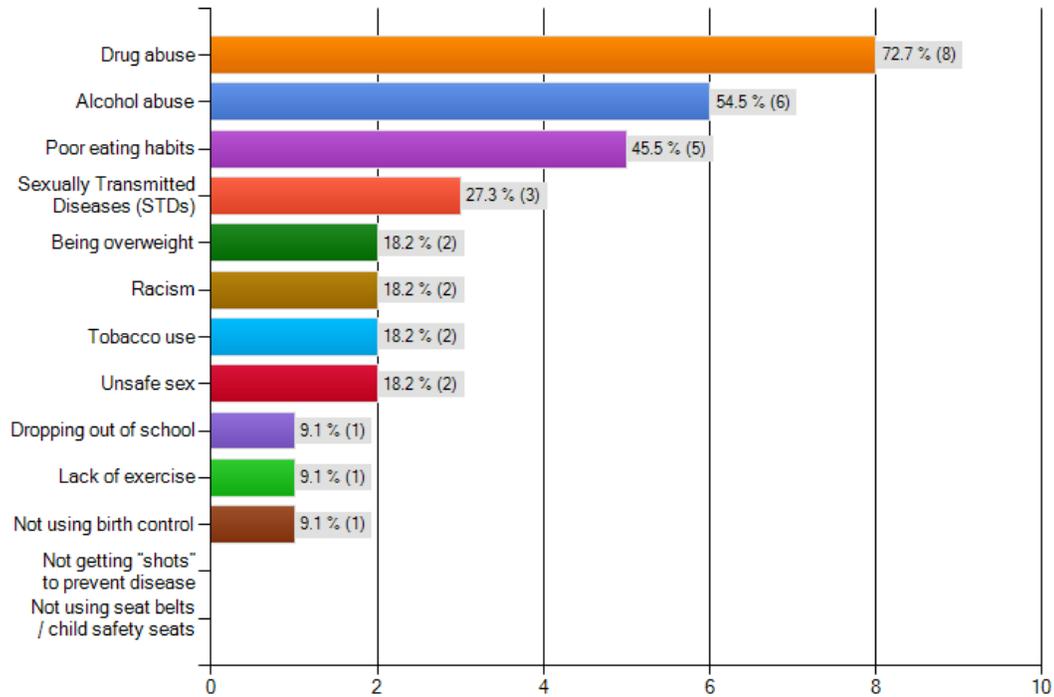
In the following list, what do you think are the three most important factors for a “Healthy La Paz?” (Select those factors that make the most positive contribution to a healthy community.) CHECK ONLY THREE:



In the following list, what do you think are the three most important “health problems” in your community? (Select those problems that have the most negative impact on overall community health.) CHECK ONLY THREE:



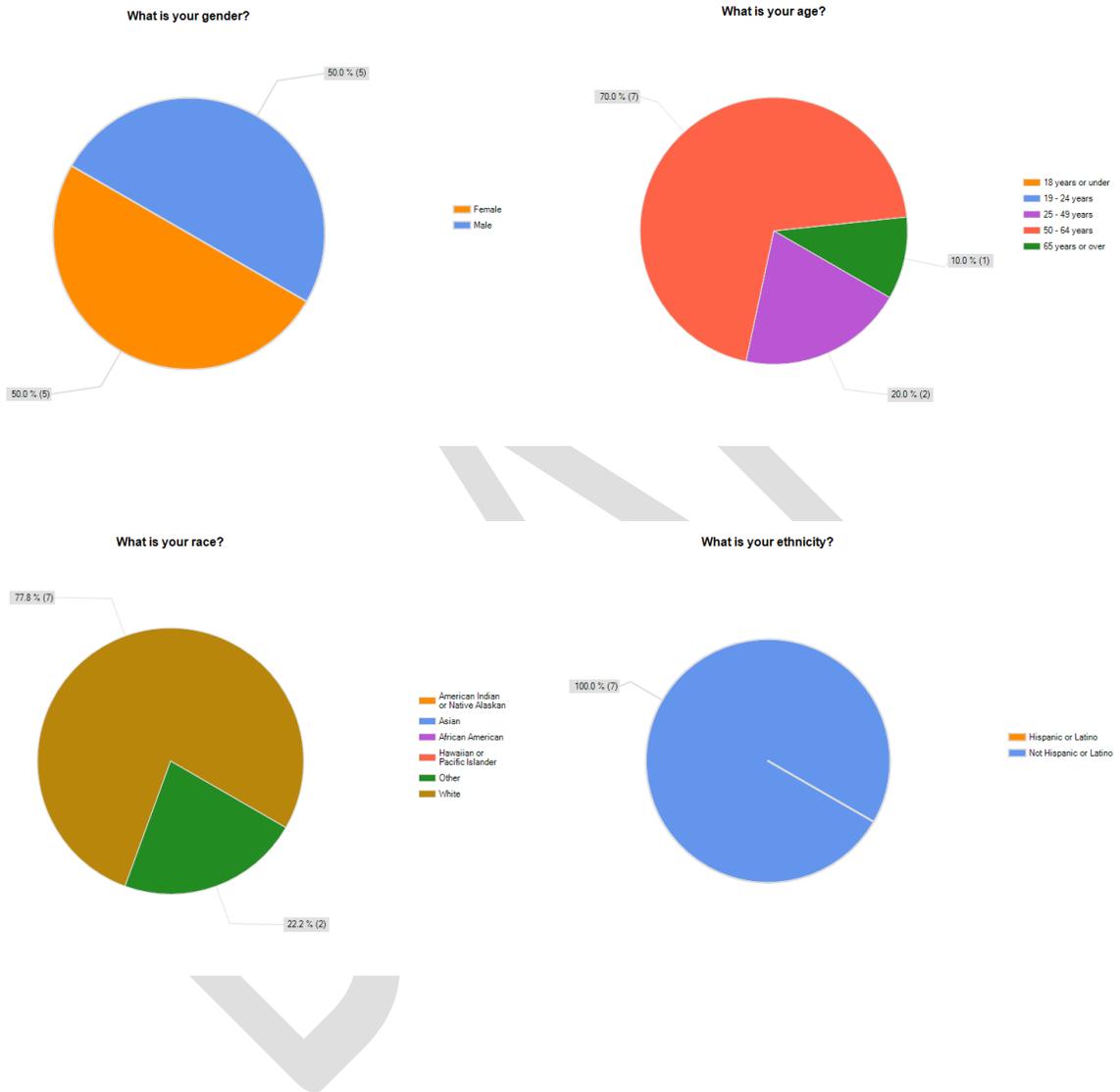
In the following list, what do you think are the three most important “risky behaviors” in your community? (Select those behaviors that have the most negative impact on overall community health.) CHECK ONLY THREE:



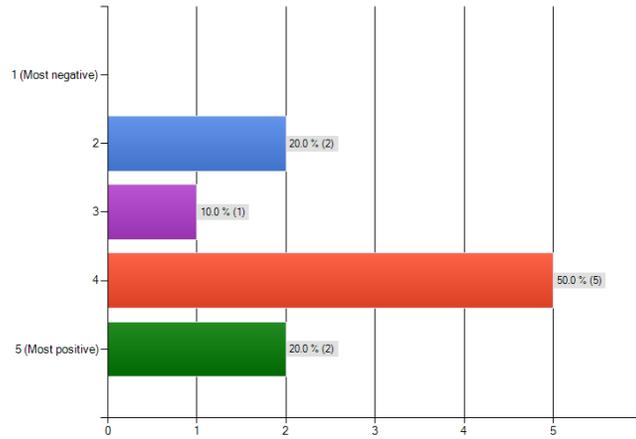
OK

Appendix 6: Bouse – Quality of Life Survey Data

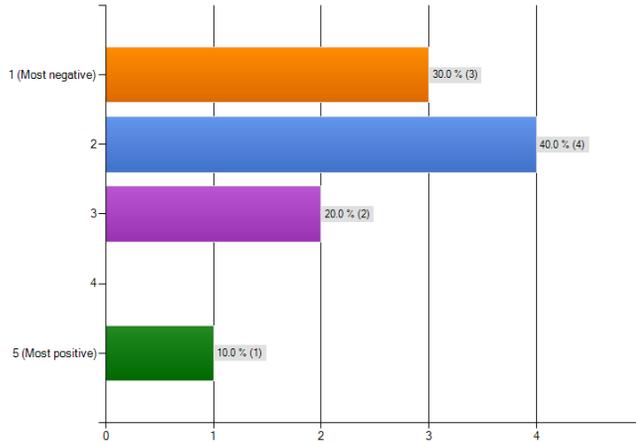
*** SAMPLE SIZE = 10 RESPONDENTS ***



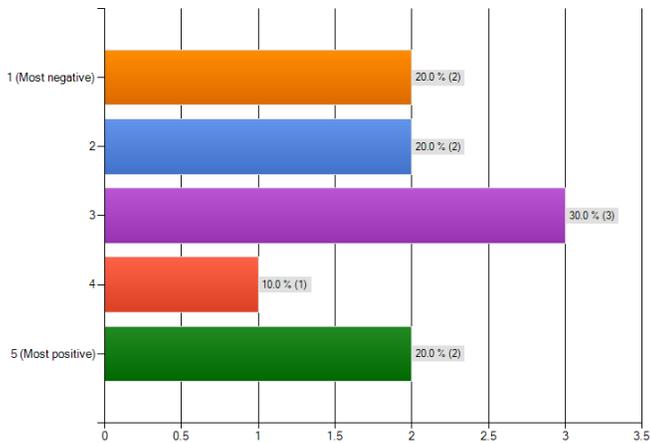
Are you satisfied with the quality of life in your community? (Consider your sense of safety, well-being, participation in community life and associations, etc.)



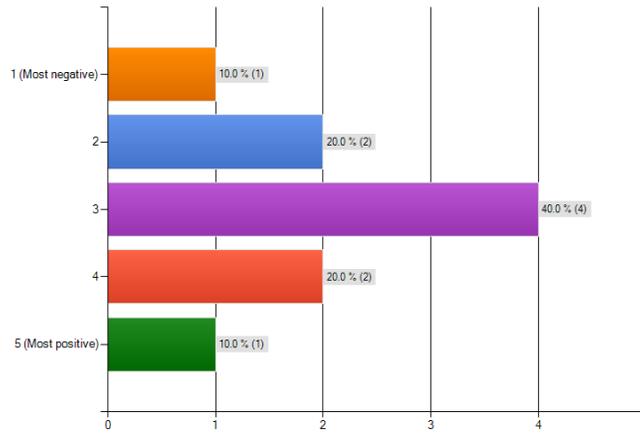
Are you satisfied with the health care system in your community? (Consider access, cost, availability, quality, options in health care, etc.)



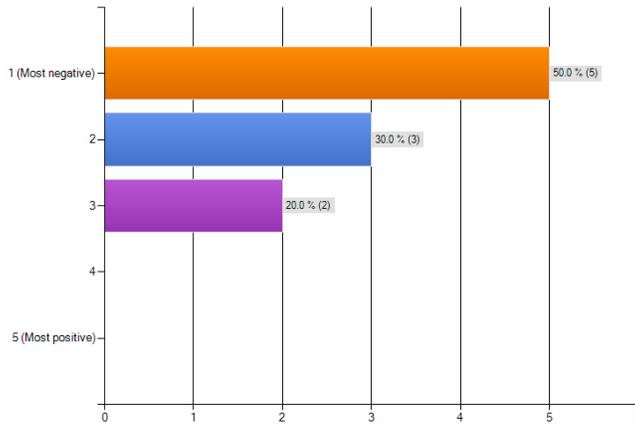
Is your community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)



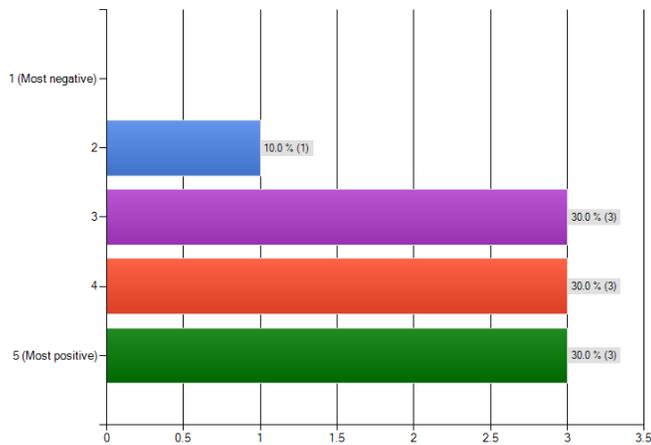
Is your community a good place to grow old? (Consider elder-friendly housing, transportation to medical services, churches, shopping, elder day care, social support for the elderly living alone, meals on wheels, etc.)



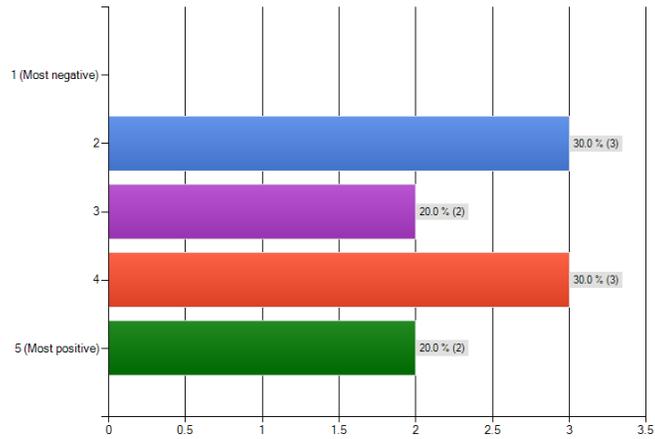
Is there economic opportunity in your community? (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)



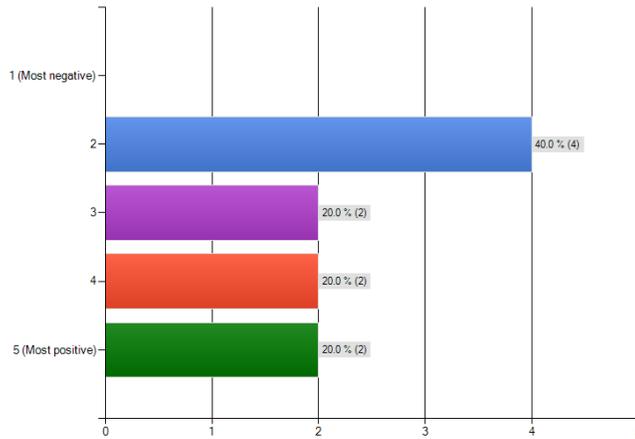
Is your community a safe place to live? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, shopping areas.)



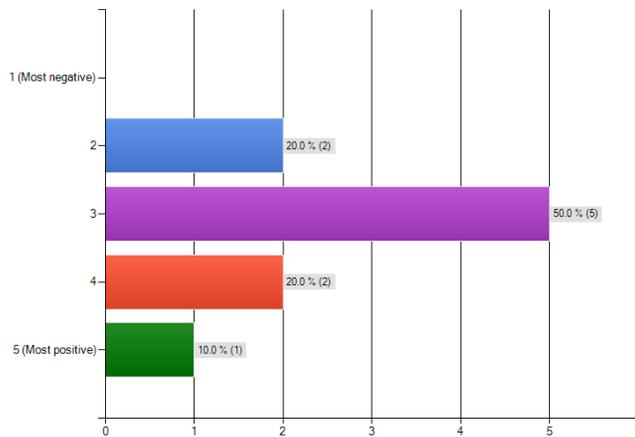
Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, organizations) during times of stress and need? (Do neighbors know and trust one another? Do they look out for one another?)



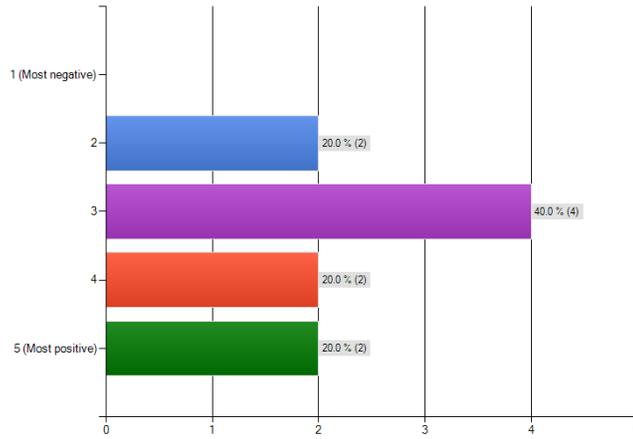
Do all individuals and groups have the opportunity to contribute to and participate in your community's quality of life?



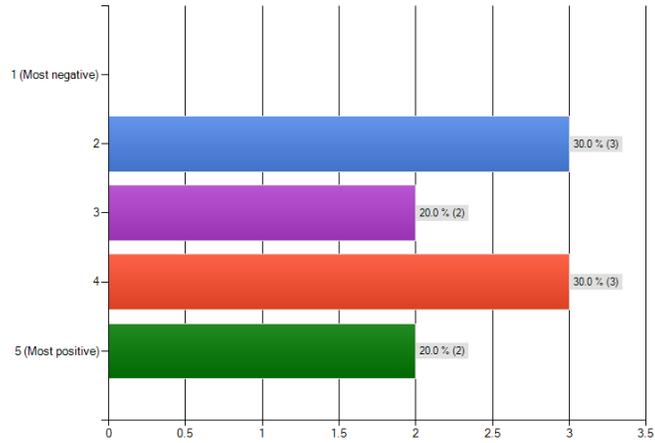
Do all residents perceive that they—individually and collectively—can make your community a better place to live?



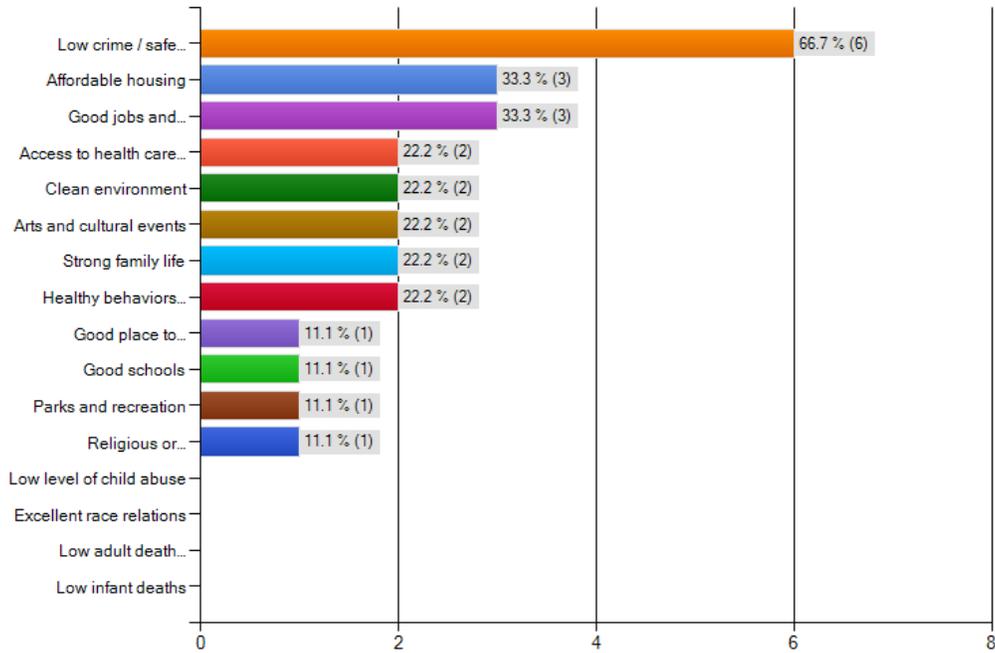
Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?



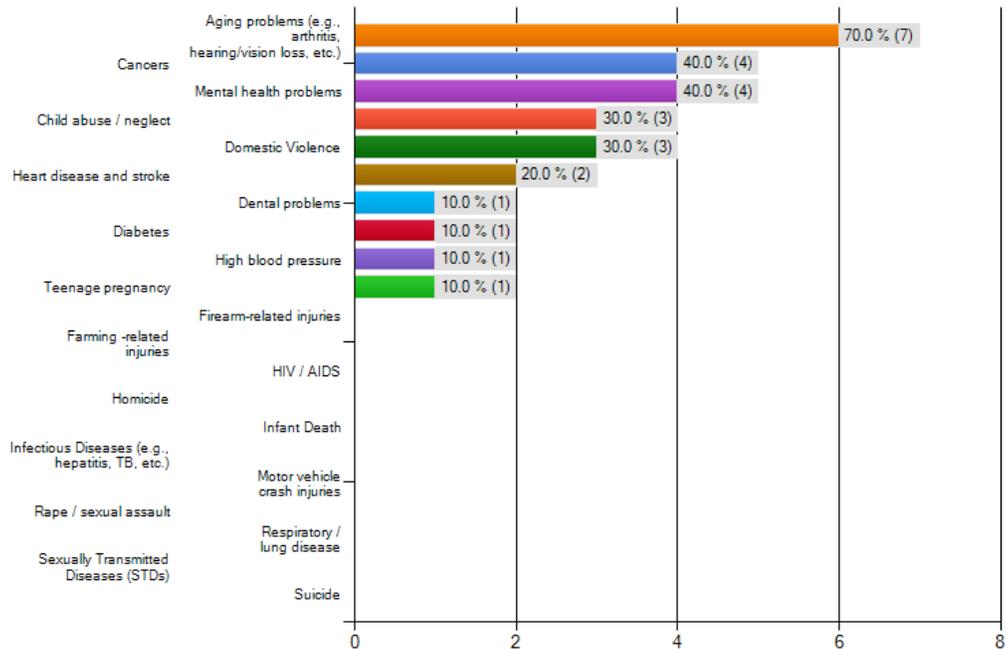
In your community, is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments?



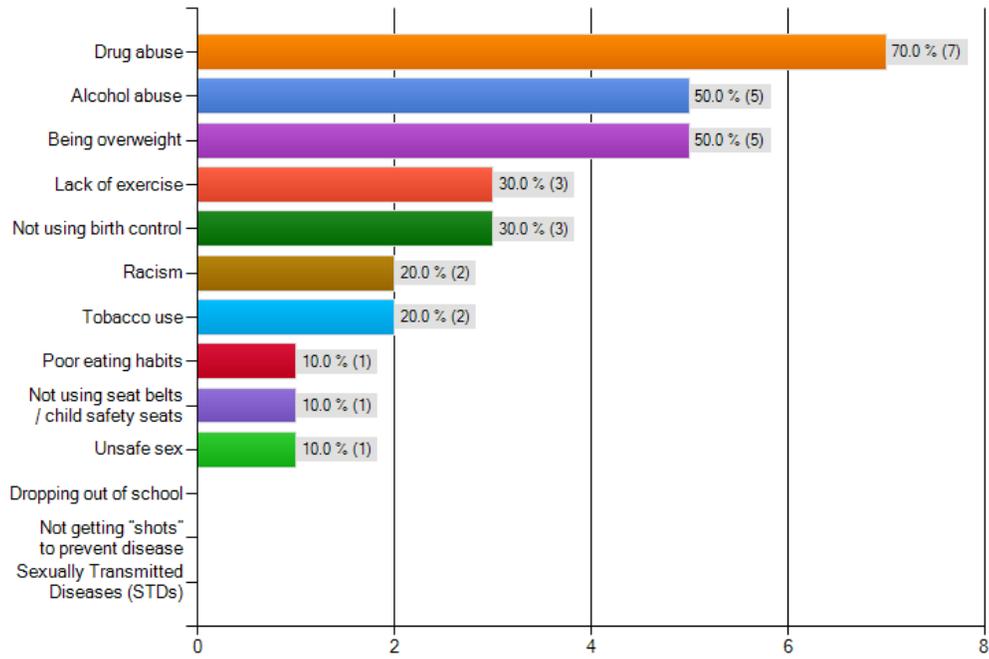
In the following list, what do you think are the three most important factors for a “Healthy La Paz?” (Select those factors that make the most positive contribution to a healthy community.)
CHECK ONLY THREE:



In the following list, what do you think are the three most important “health problems” in your community? (Select those problems that have the most negative impact on overall community health.) CHECK ONLY THREE:



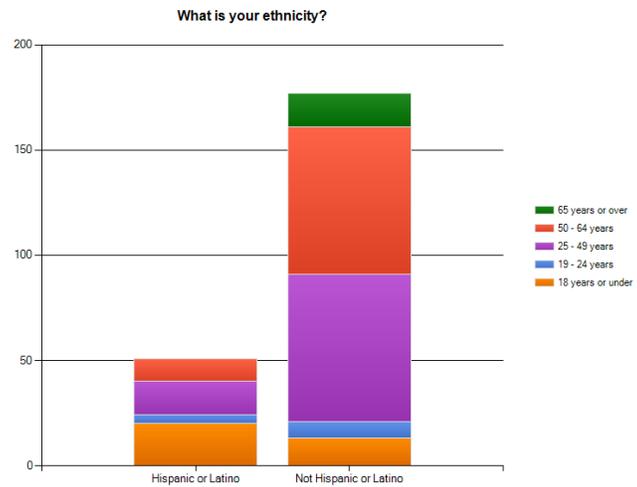
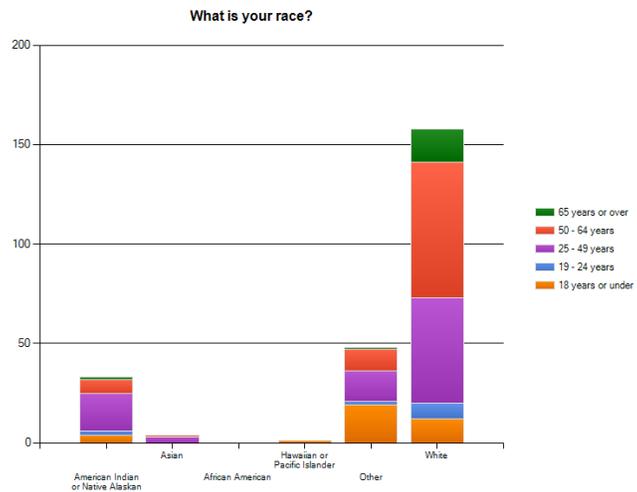
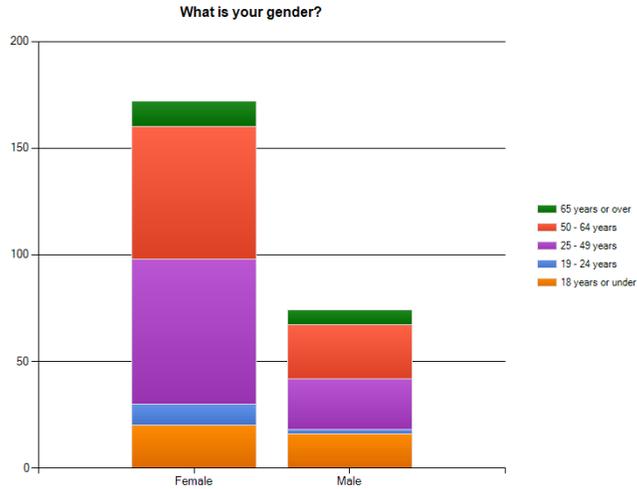
In the following list, what do you think are the three most important “risky behaviors” in your community? (Select those behaviors that have the most negative impact on overall community health.) CHECK ONLY THREE:



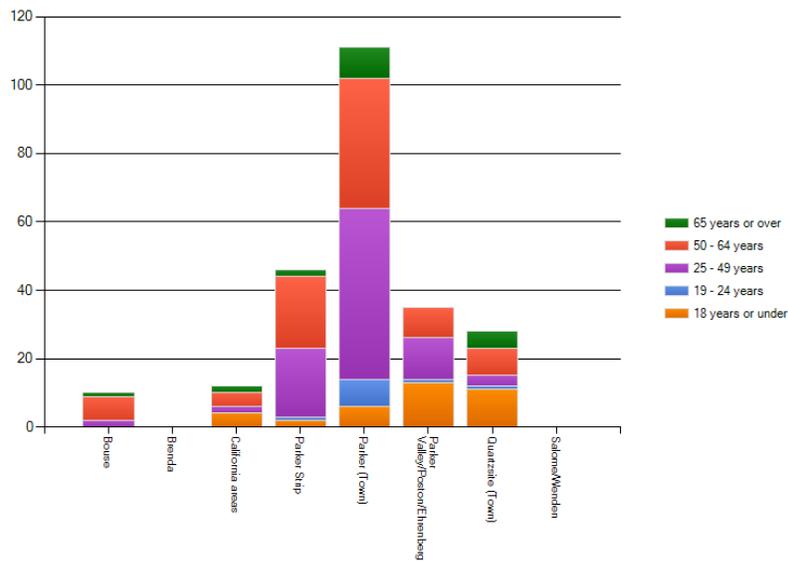
DRY

Appendix 7: Quality of Life Survey Data, Stratified by Age (County-wide)

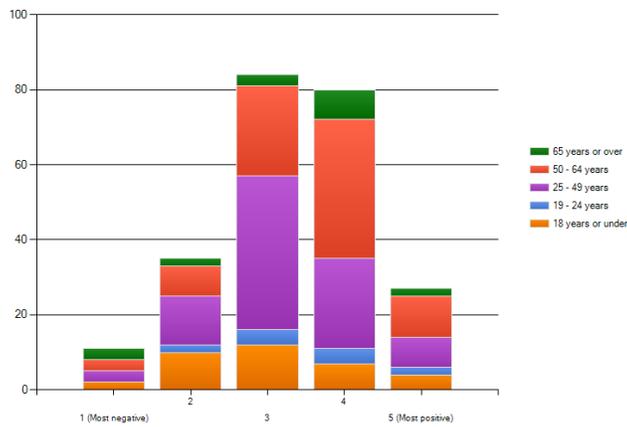
*** SAMPLE SIZE = 246 RESPONDENTS ***



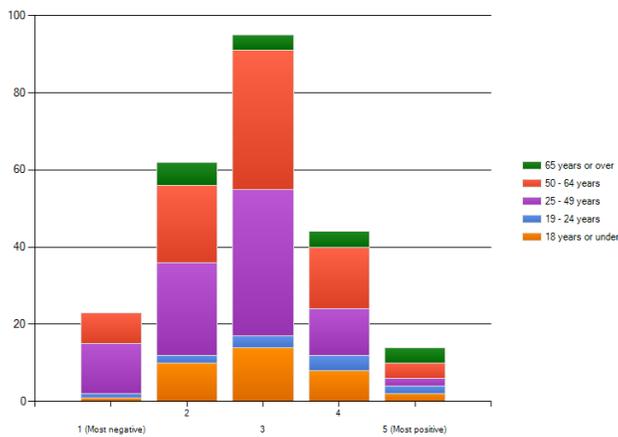
Which local community do you currently live in or stay at?



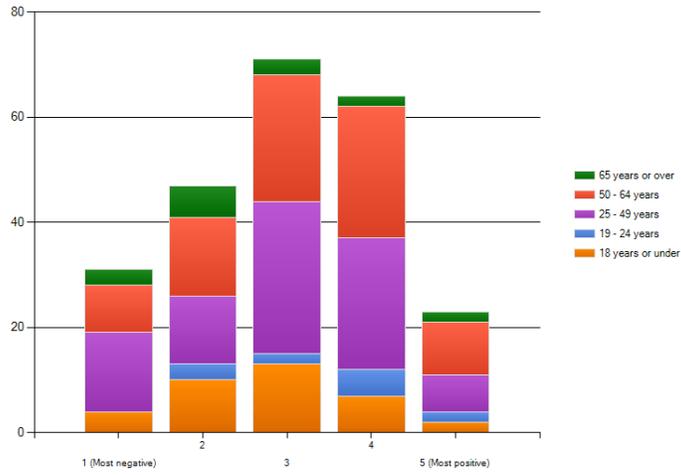
Are you satisfied with the quality of life in your community? (Consider your sense of safety, well-being, participation in community life and associations, etc.)



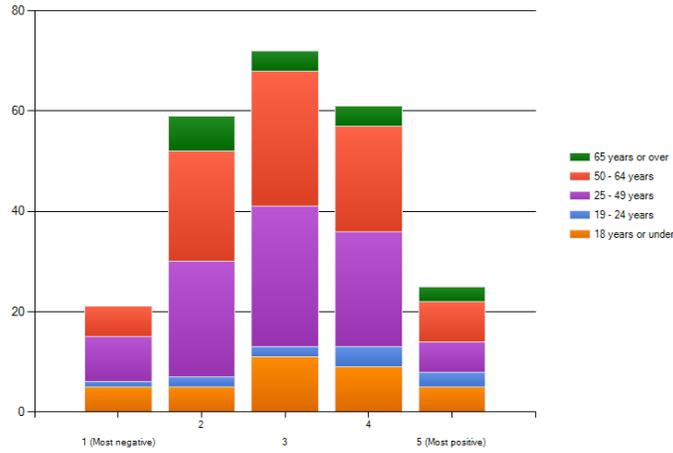
Are you satisfied with the health care system in your community? (Consider access, cost, availability, quality, options in health care, etc.)



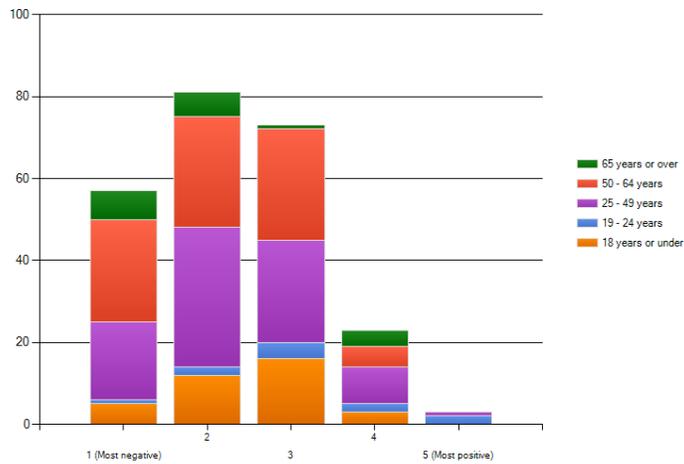
Is your community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)



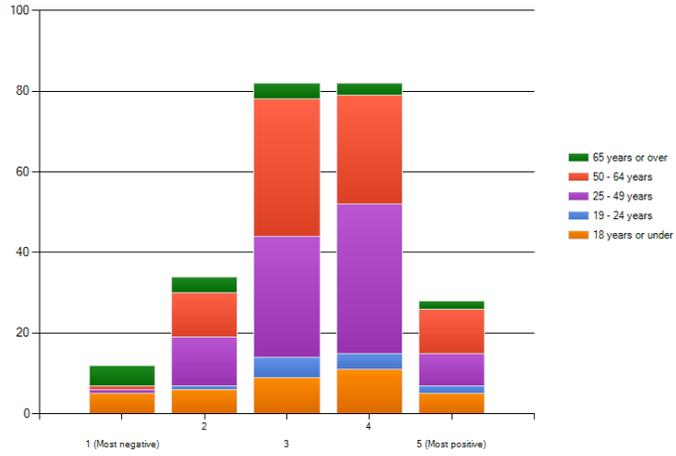
Is your community a good place to grow old? (Consider elder-friendly housing, transportation to medical services, churches, shopping, elder day care, social support for the elderly living alone, meals on wheels, etc.)



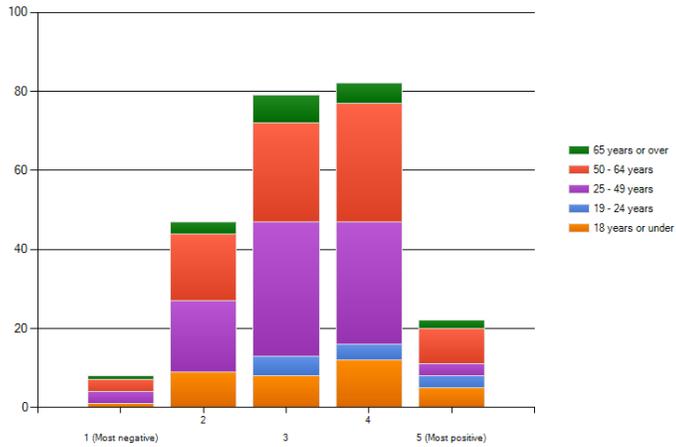
Is there economic opportunity in your community? (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)



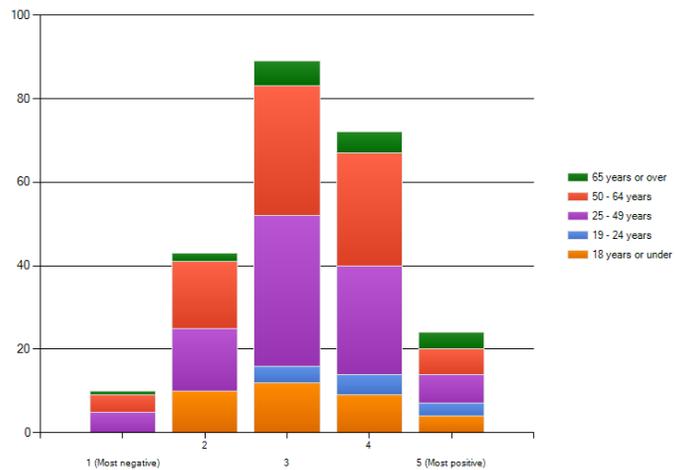
Is your community a safe place to live? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, shopping areas.)



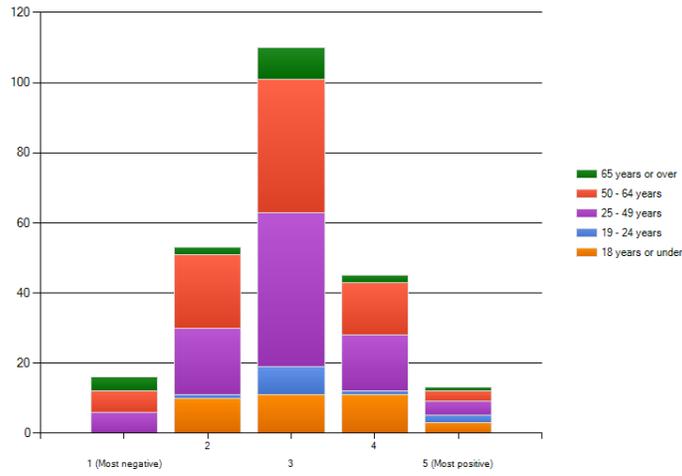
Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, organizations) during times of stress and need? (Do neighbors know and trust one another? Do they look out for one another?)



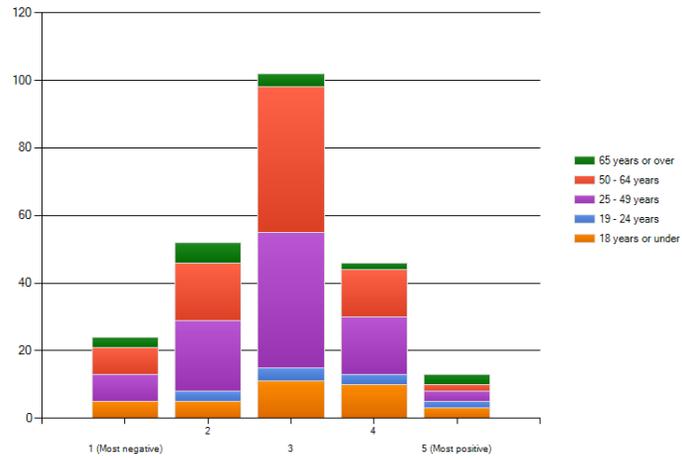
Do all individuals and groups have the opportunity to contribute to and participate in your community's quality of life?



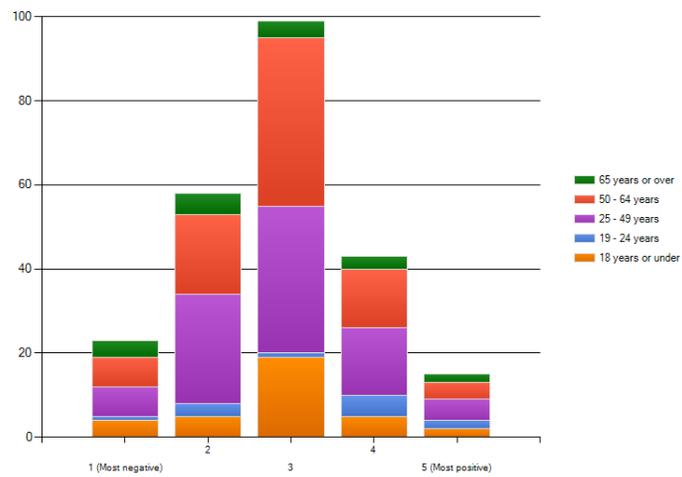
Do all residents perceive that they—individually and collectively—can make your community a better place to live?



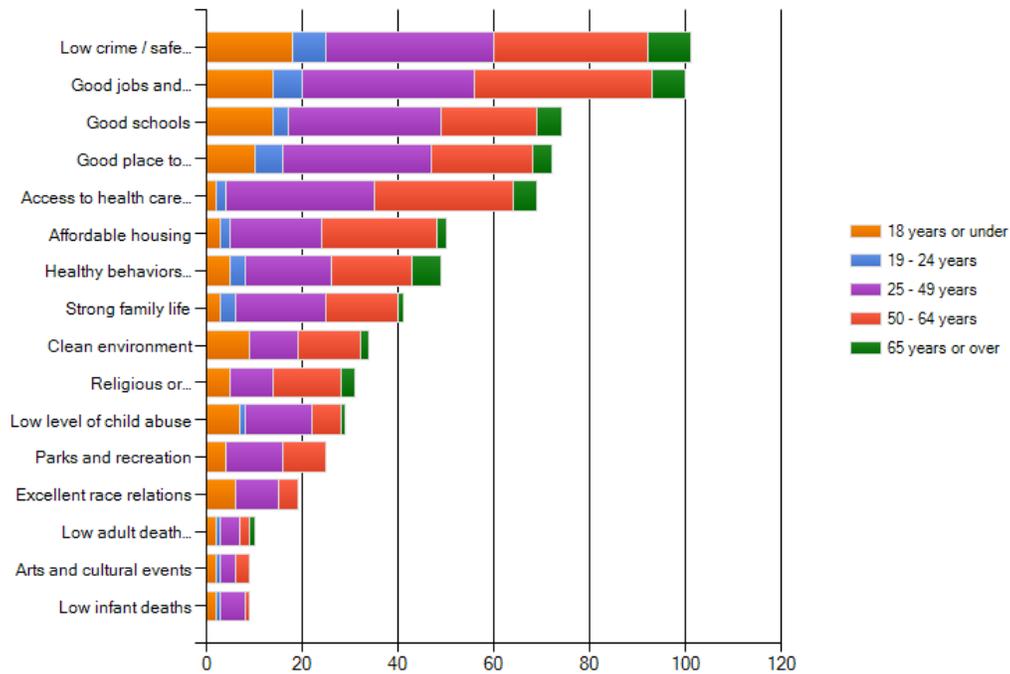
Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?



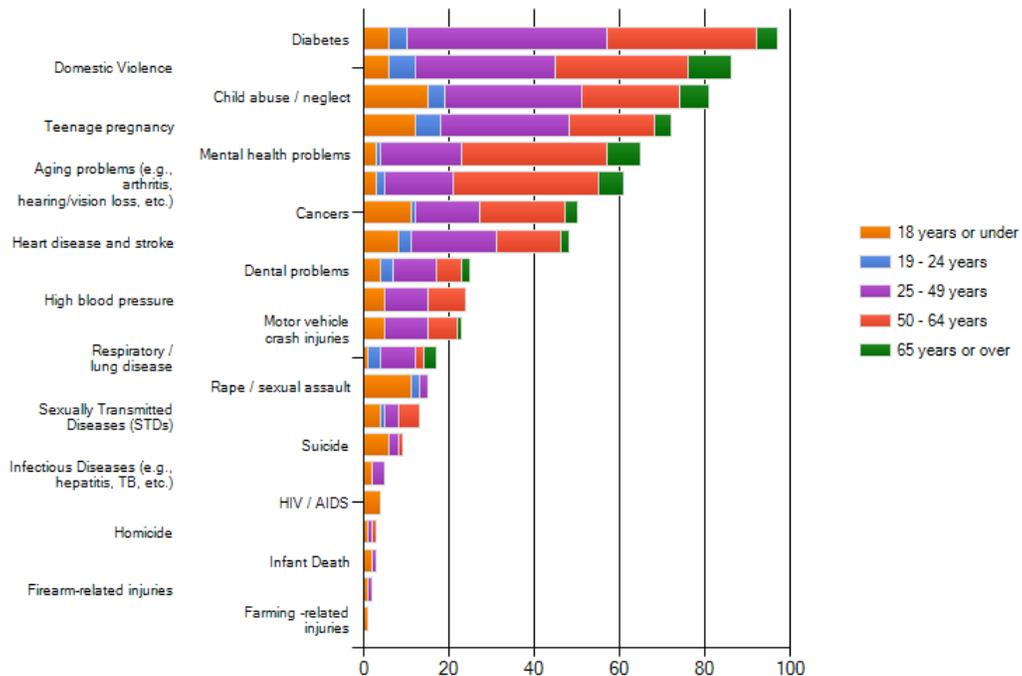
In your community, is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments?



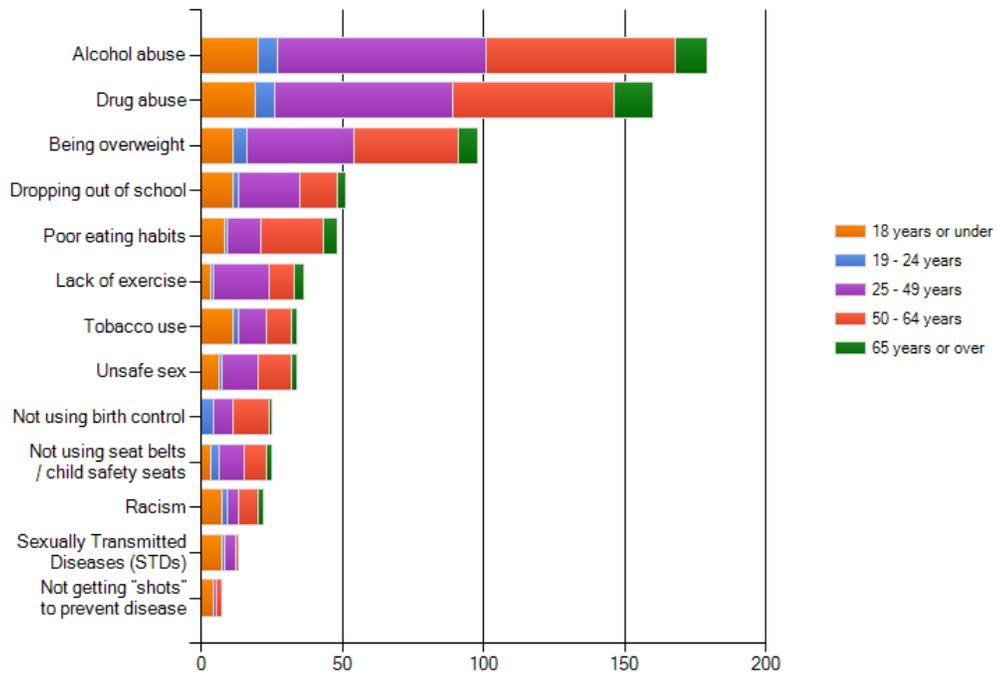
In the following list, what do you think are the three most important factors for a “Healthy La Paz?” (Select those factors that make the most positive contribution to a healthy community.) CHECK ONLY THREE:



In the following list, what do you think are the three most important “health problems” in your community? (Select those problems that have the most negative impact on overall community health.) CHECK ONLY THREE:



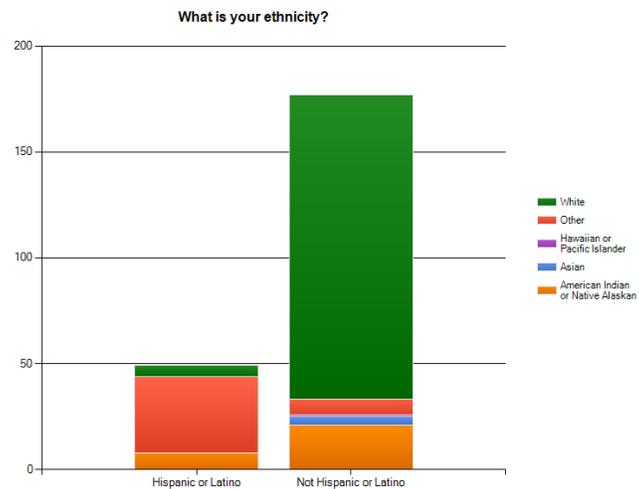
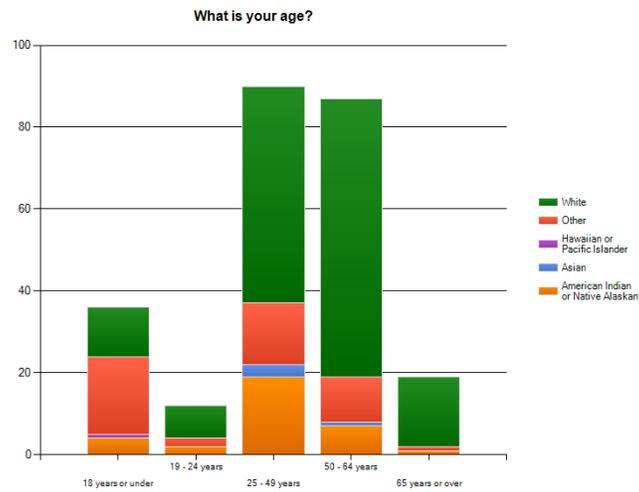
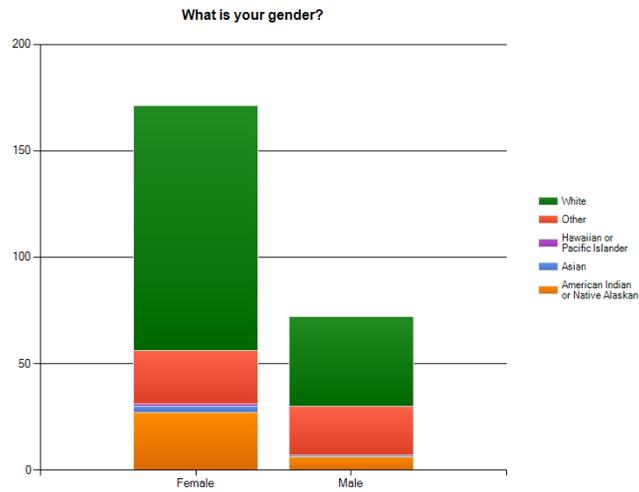
In the following list, what do you think are the three most important “risky behaviors” in your community? (Select those behaviors that have the most negative impact on overall community health.) CHECK ONLY THREE:



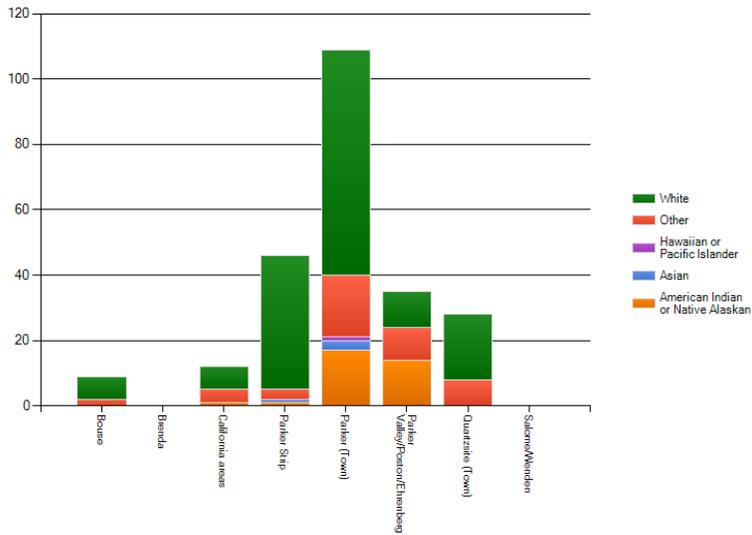
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Appendix 8: Quality of Life Survey Data, Stratified by Race (County-wide)

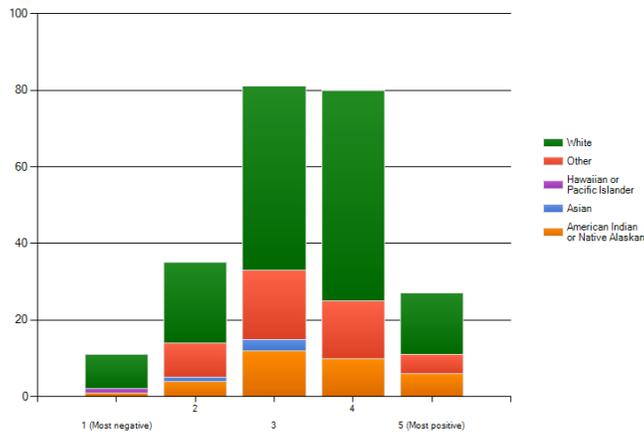
*** SAMPLE SIZE = 246 RESPONDENTS ***



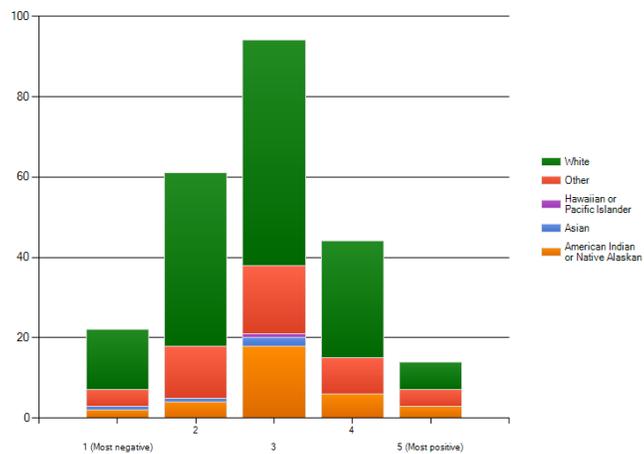
Which local community do you currently live in or stay at?



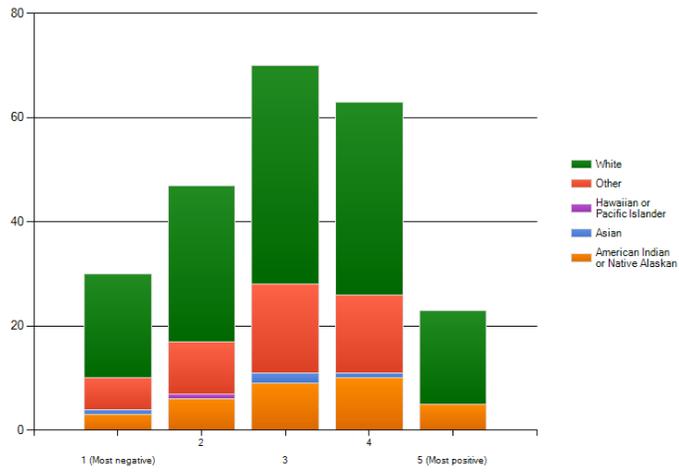
Are you satisfied with the quality of life in your community? (Consider your sense of safety, well-being, participation in community life and associations, etc.)



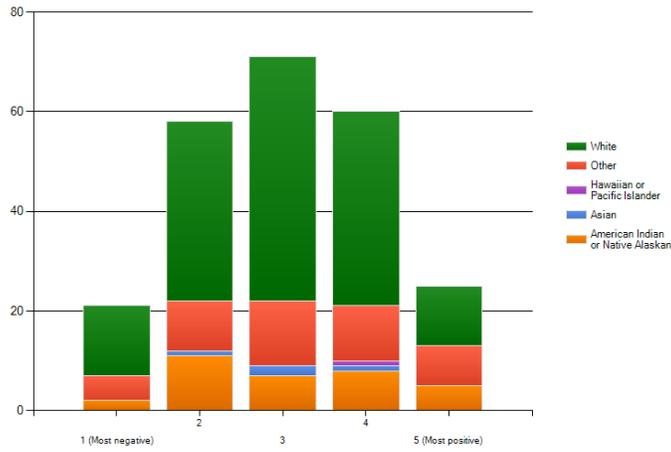
Are you satisfied with the health care system in your community? (Consider access, cost, availability, quality, options in health care, etc.)



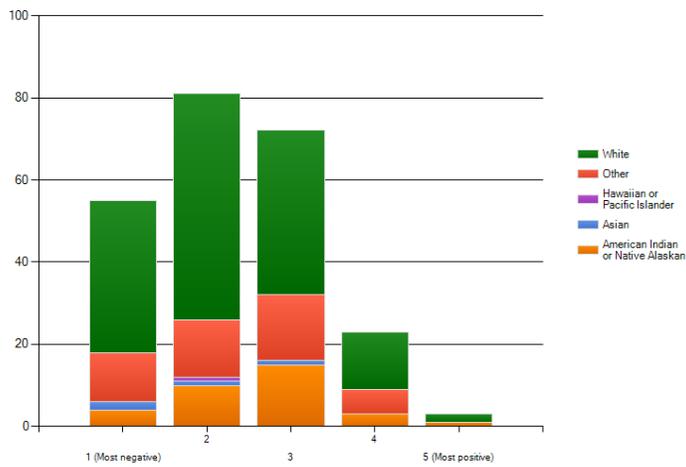
Is your community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)



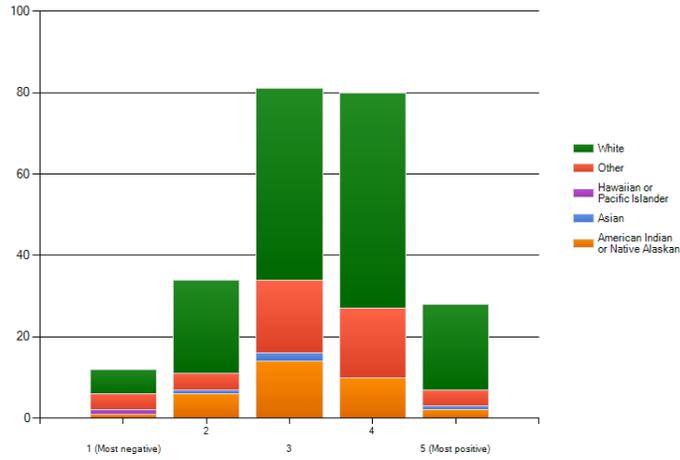
Is your community a good place to grow old? (Consider elder-friendly housing, transportation to medical services, churches, shopping, elder day care, social support for the elderly living alone, meals on wheels, etc.)



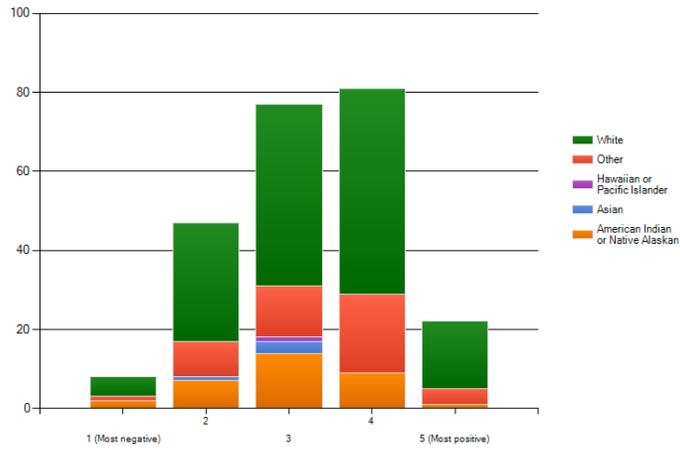
Is there economic opportunity in your community? (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)



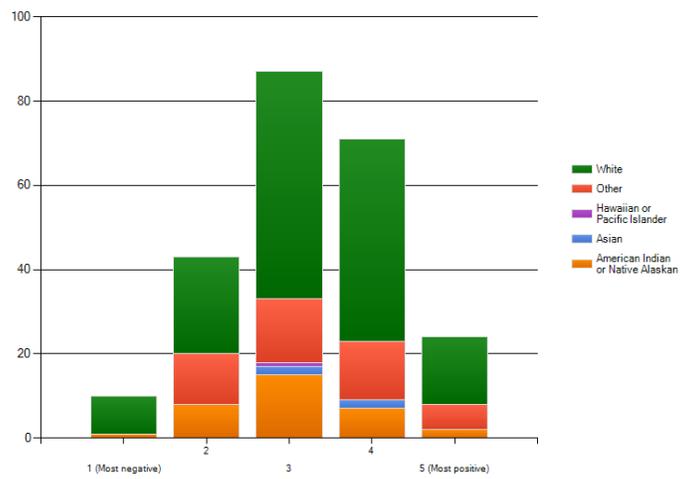
Is your community a safe place to live? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, shopping areas.)



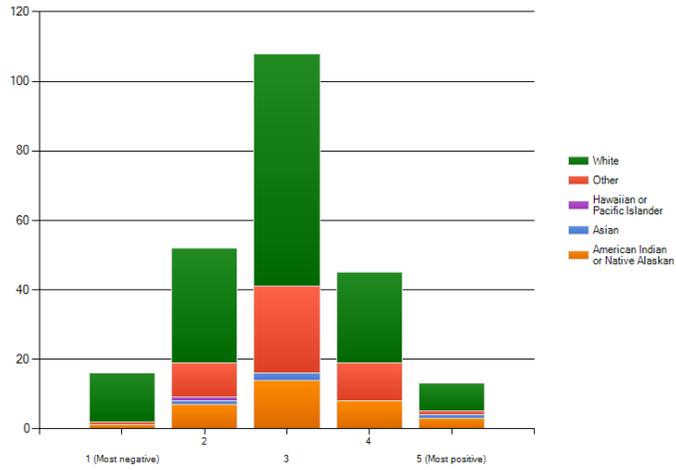
Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, organizations) during times of stress and need? (Do neighbors know and trust one another? Do they look out for one another?)



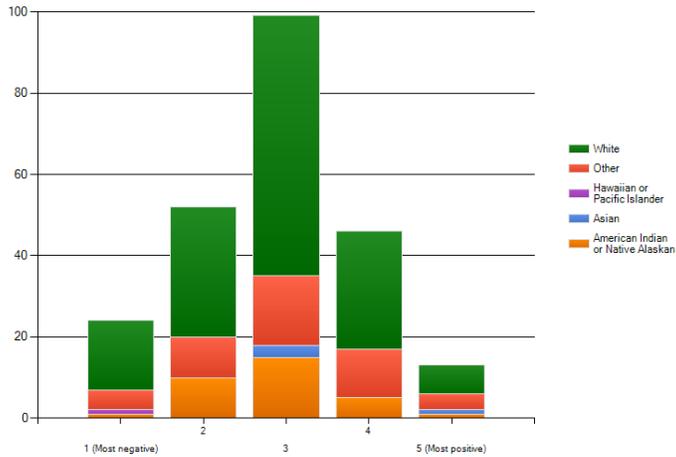
Do all individuals and groups have the opportunity to contribute to and participate in your community's quality of life?



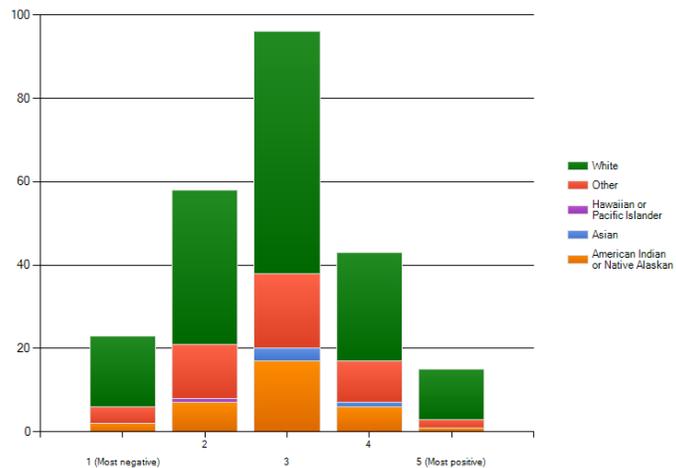
Do all residents perceive that they—individually and collectively—can make your community a better place to live?



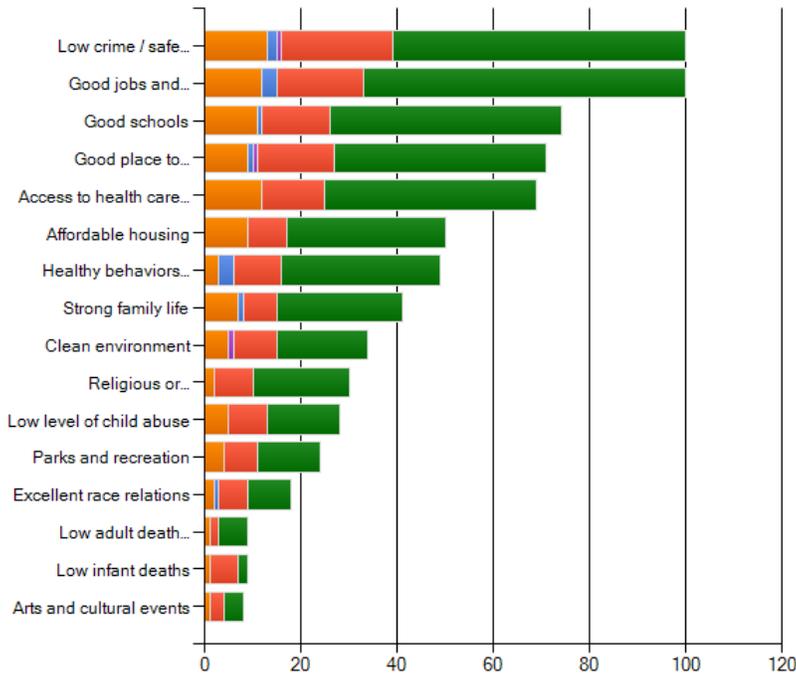
Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?



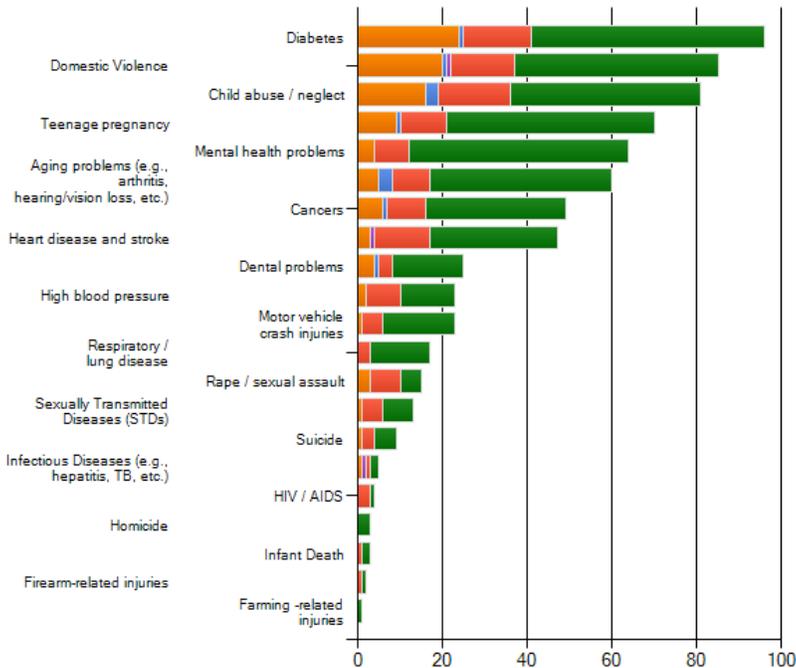
In your community, is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments?



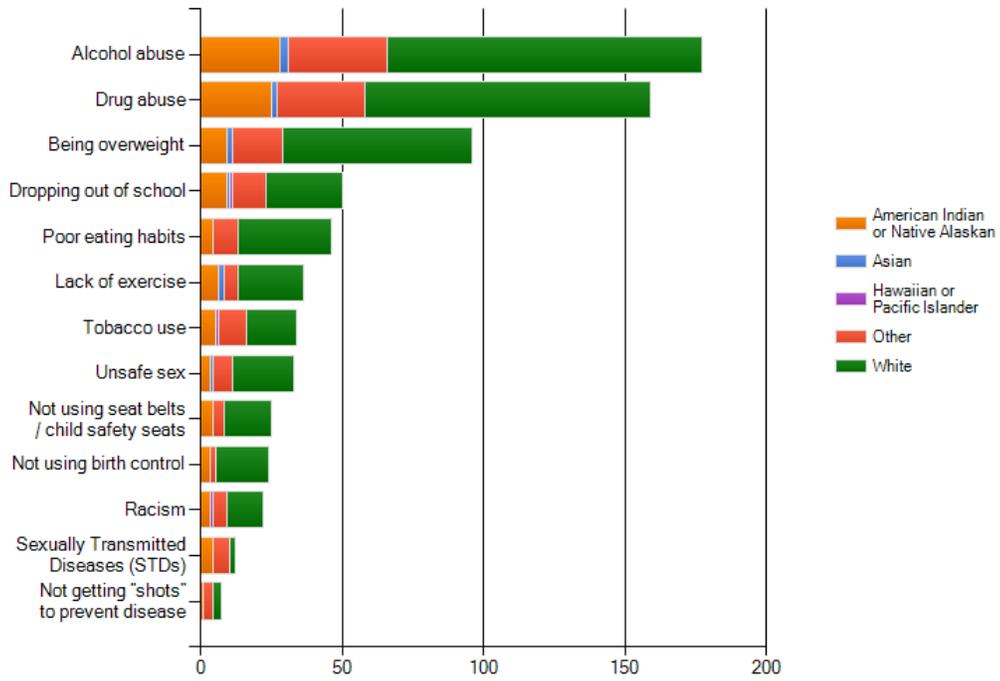
In the following list, what do you think are the three most important factors for a “Healthy La Paz?” (Select those factors that make the most positive contribution to a healthy community.) CHECK ONLY THREE:



In the following list, what do you think are the three most important “health problems” in your community? (Select those problems that have the most negative impact on overall community health.) CHECK ONLY THREE:



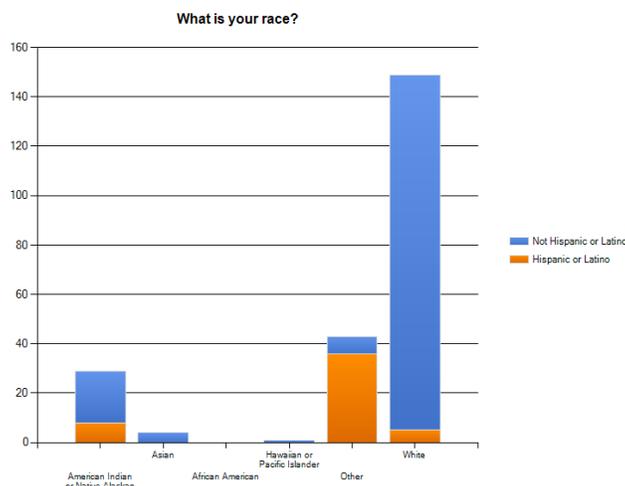
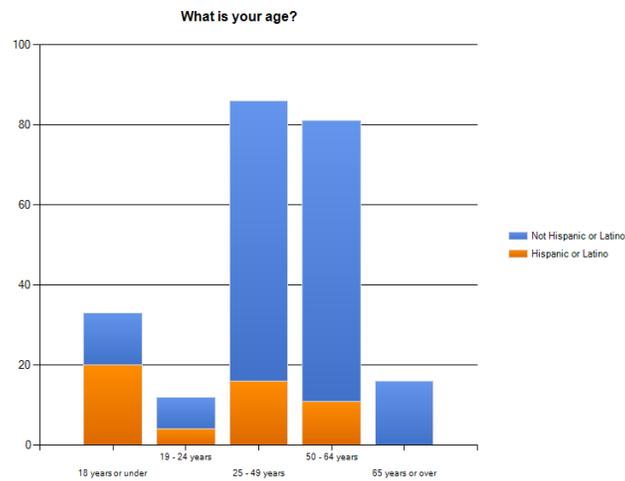
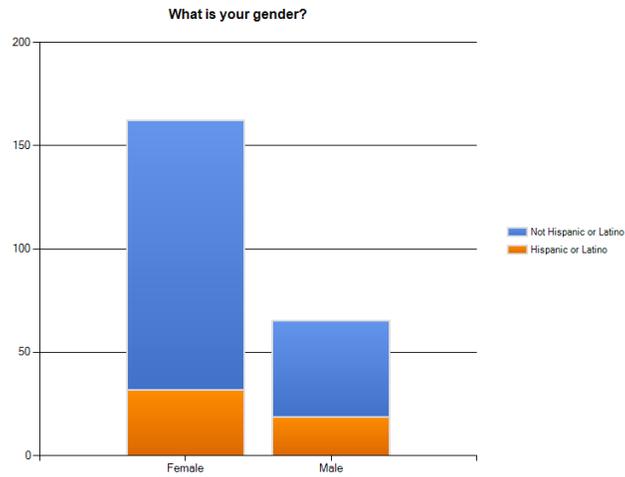
In the following list, what do you think are the three most important “risky behaviors” in your community? (Select those behaviors that have the most negative impact on overall community health.) CHECK ONLY THREE:



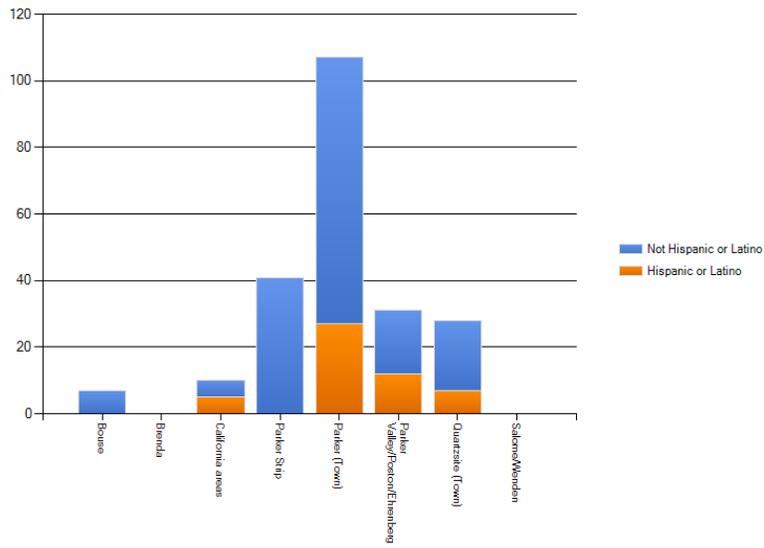
DRY

Appendix 9: Quality of Life Survey Data, Stratified by Ethnicity (County-wide)

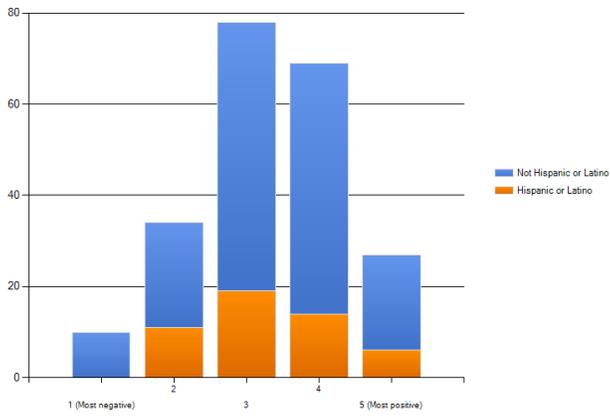
*** SAMPLE SIZE = 246 RESPONDENTS ***



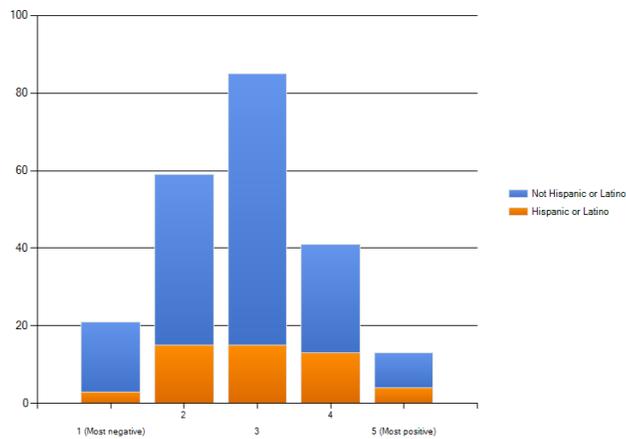
Which local community do you currently live in or stay at?



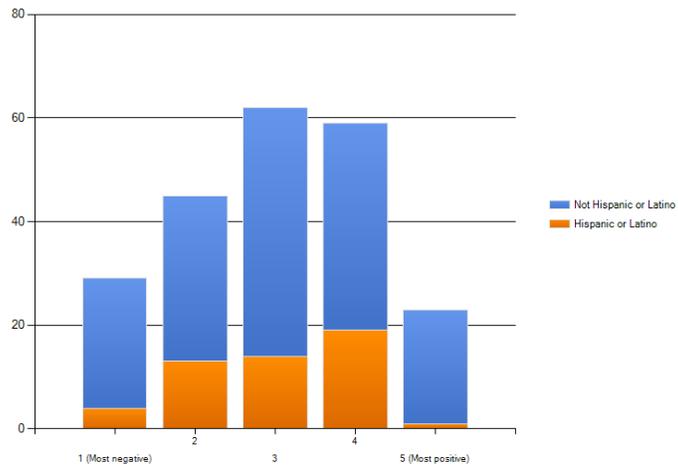
Are you satisfied with the quality of life in your community? (Consider your sense of safety, well-being, participation in community life and associations, etc.)



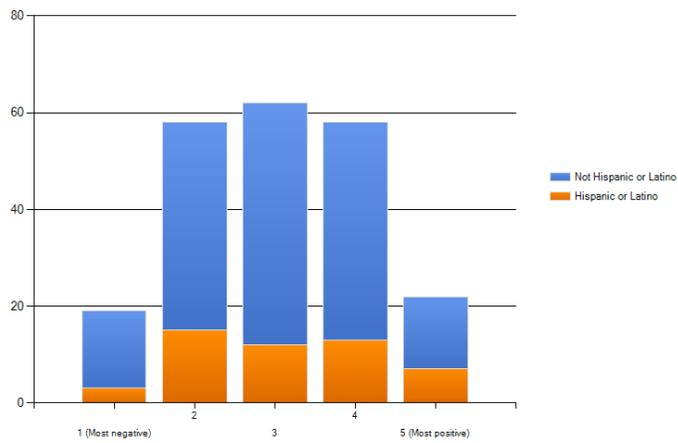
Are you satisfied with the health care system in your community? (Consider access, cost, availability, quality, options in health care, etc.)



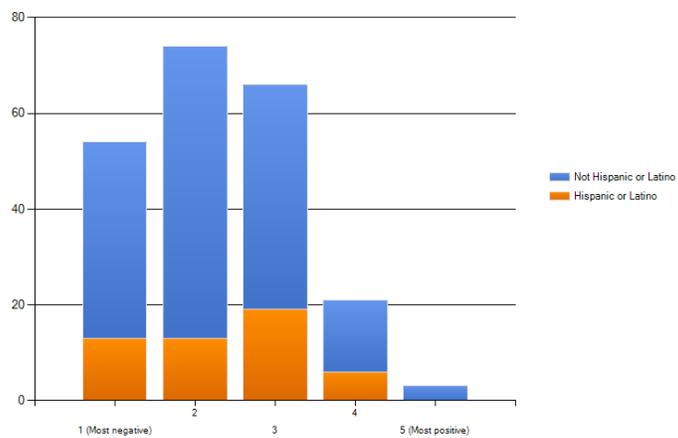
Is your community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)



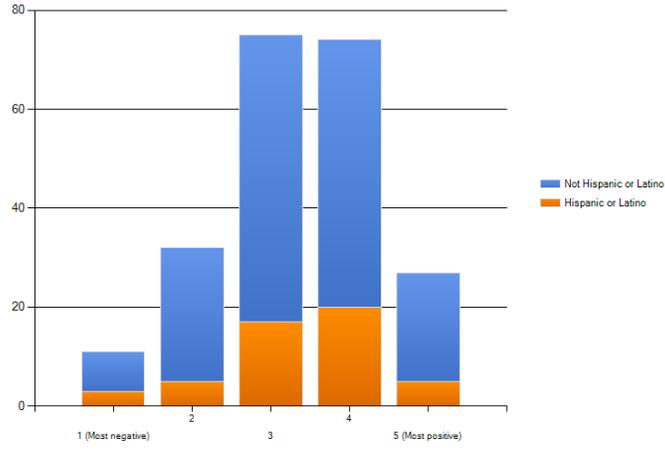
Is your community a good place to grow old? (Consider elder-friendly housing, transportation to medical services, churches, shopping, elder day care, social support for the elderly living alone, meals on wheels, etc.)



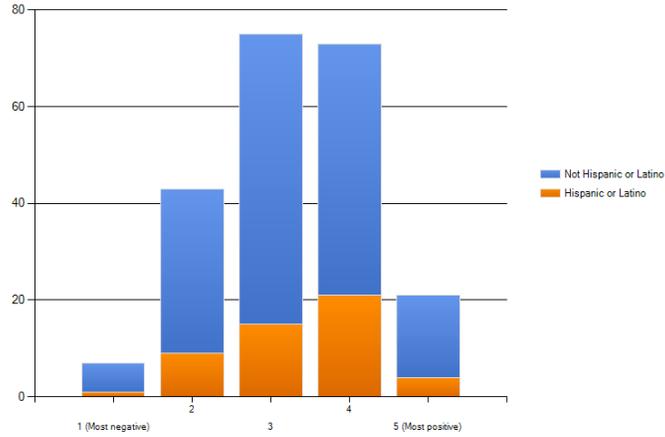
Is there economic opportunity in your community? (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)



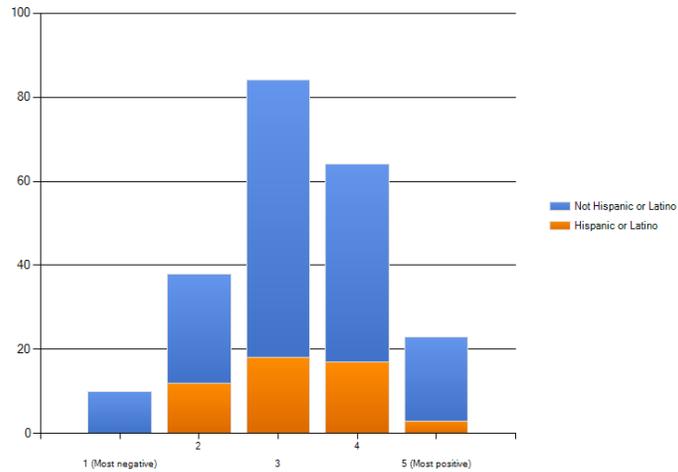
Is your community a safe place to live? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, shopping areas.)



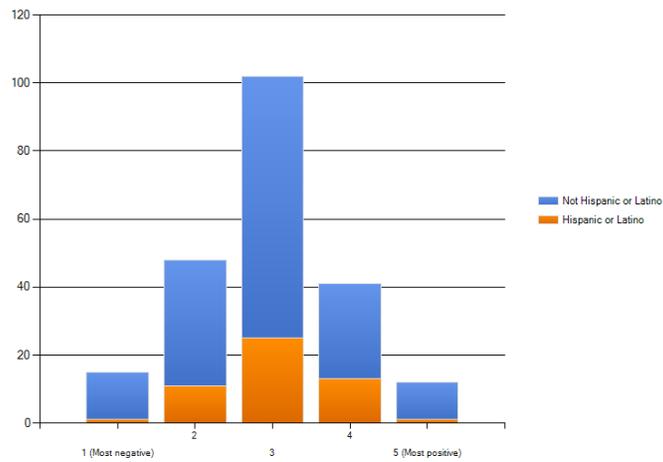
Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, organizations) during times of stress and need? (Do neighbors know and trust one another? Do they look out for one another?)



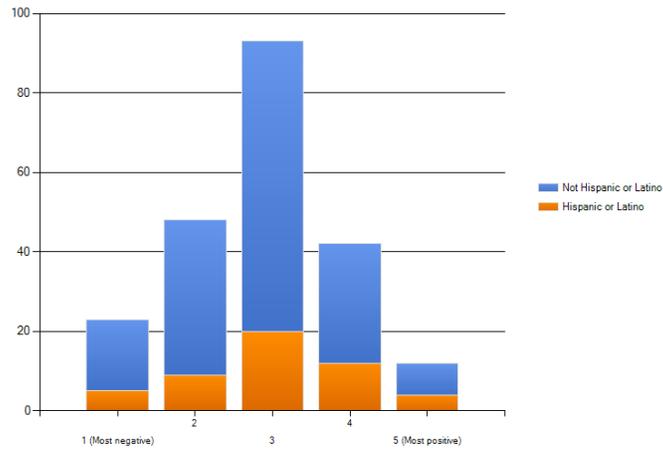
Do all individuals and groups have the opportunity to contribute to and participate in your community's quality of life?



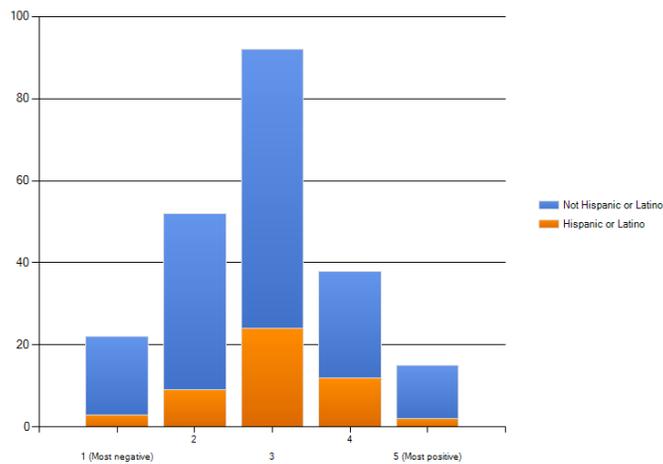
Do all residents perceive that they—individually and collectively—can make your community a better place to live?



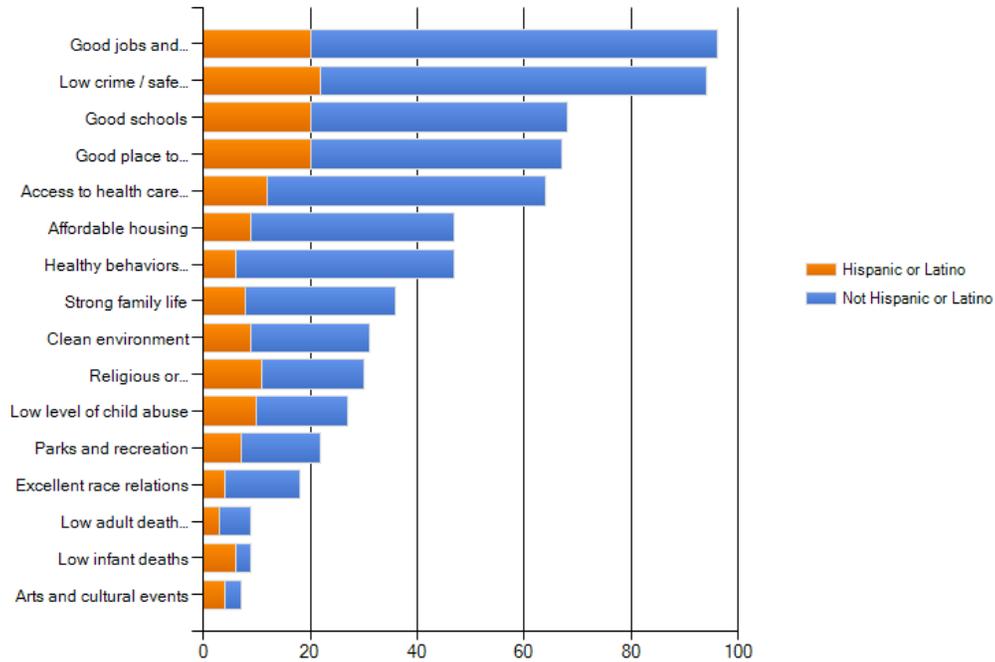
Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?



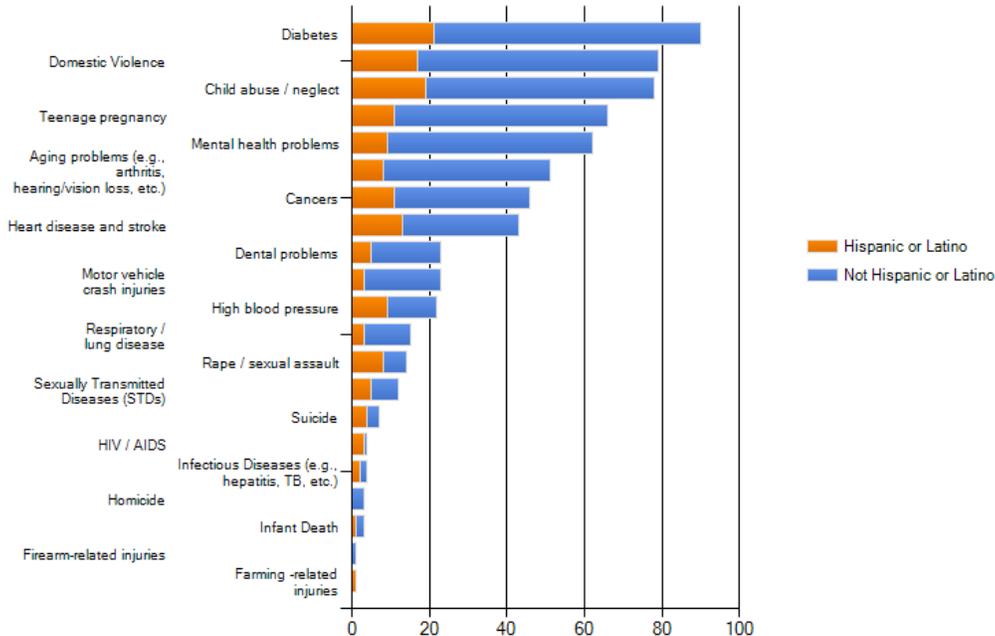
In your community, is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments?



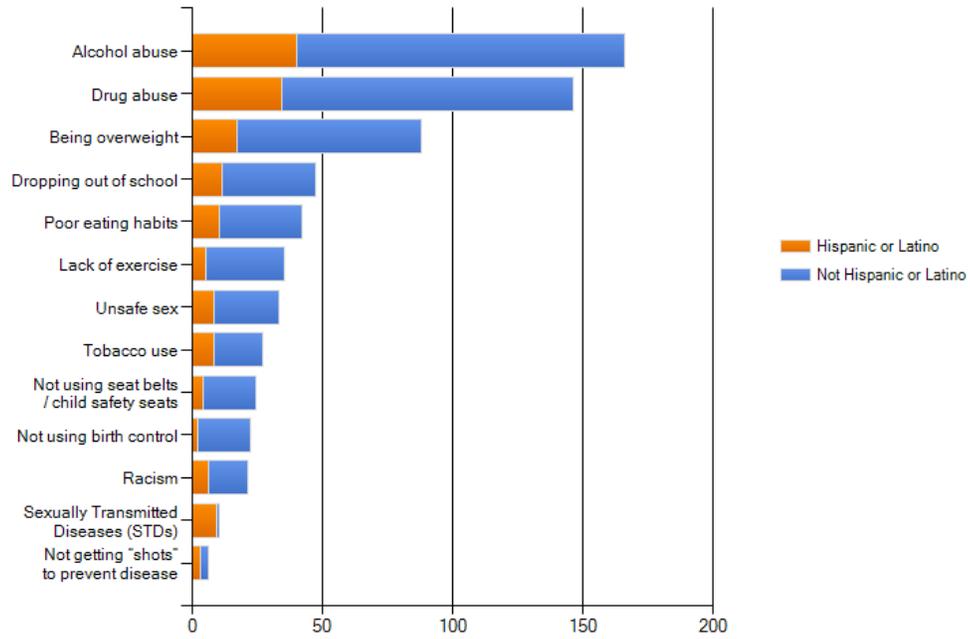
In the following list, what do you think are the three most important factors for a “Healthy La Paz?” (Select those factors that make the most positive contribution to a healthy community.) CHECK ONLY THREE:



In the following list, what do you think are the three most important “health problems” in your community? (Select those problems that have the most negative impact on overall community health.) CHECK ONLY THREE:



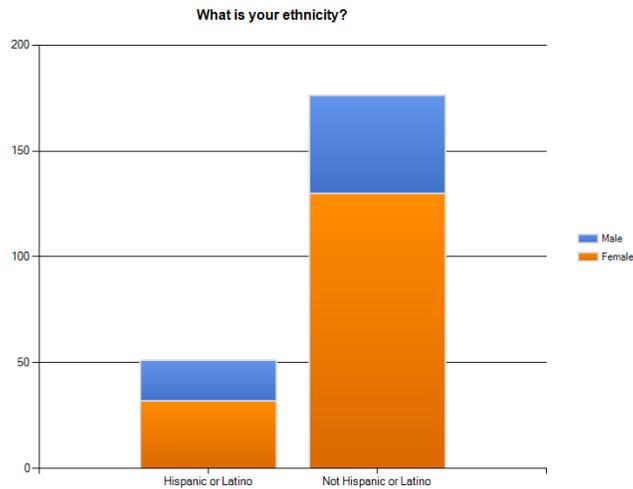
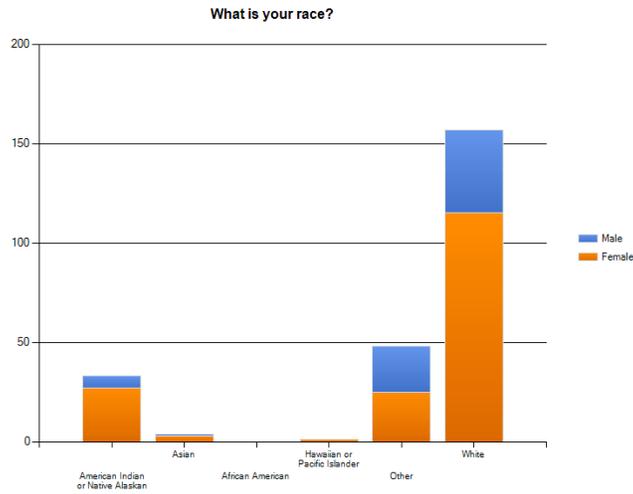
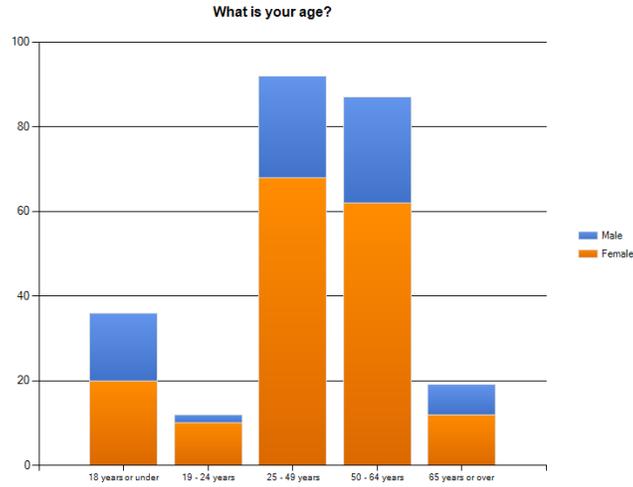
In the following list, what do you think are the three most important “risky behaviors” in your community? (Select those behaviors that have the most negative impact on overall community health.) CHECK ONLY THREE:



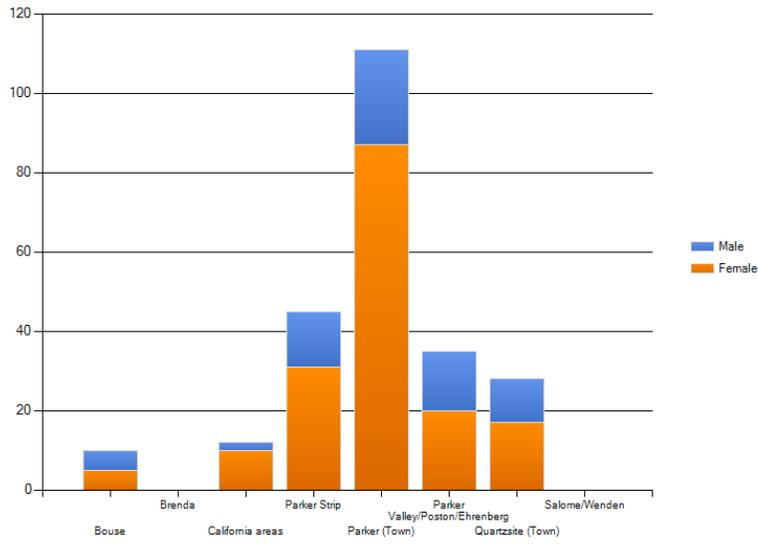
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Appendix 10: Quality of Life Survey Data, Stratified by Gender (County-wide)

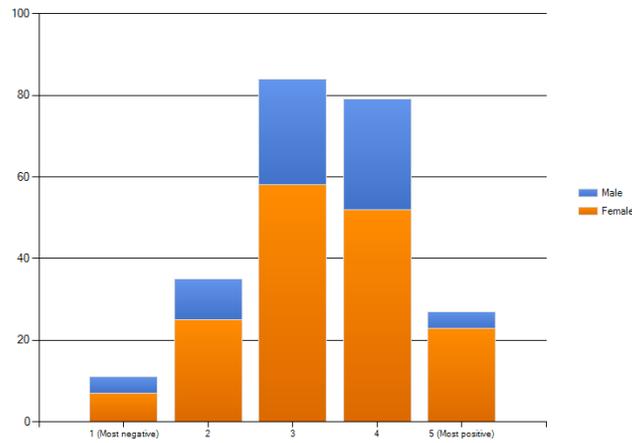
*** SAMPLE SIZE = 246 RESPONDENTS ***



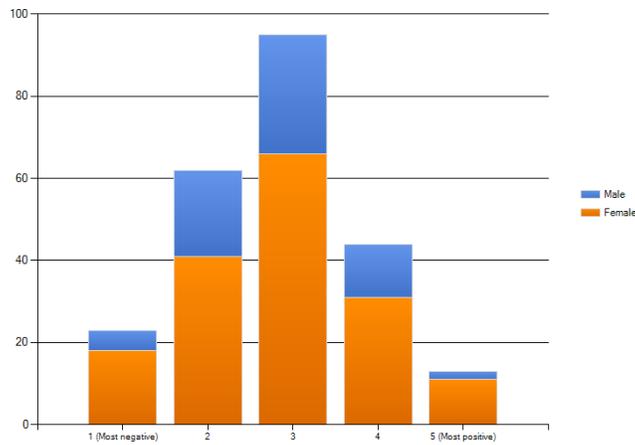
Which local community do you currently live in or stay at?



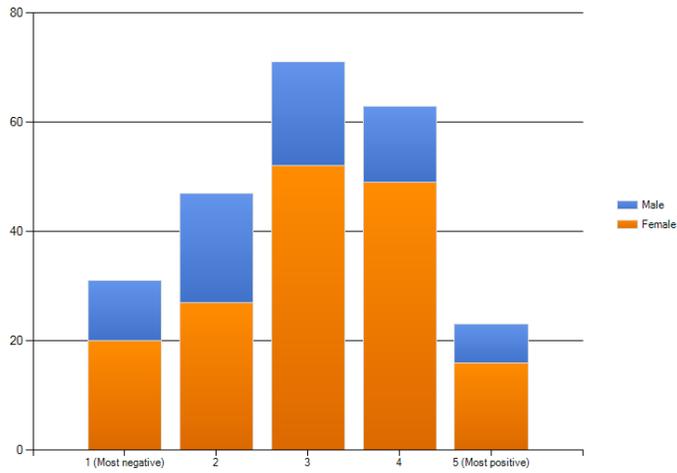
Are you satisfied with the quality of life in your community? (Consider your sense of safety, well-being, participation in community life and associations, etc.)



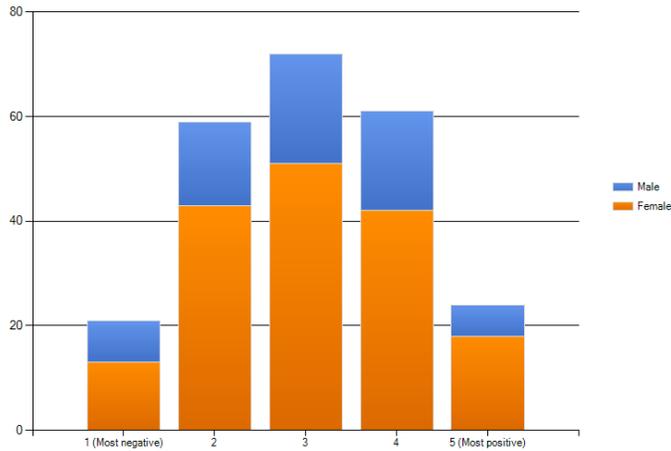
Are you satisfied with the health care system in your community? (Consider access, cost, availability, quality, options in health care, etc.)



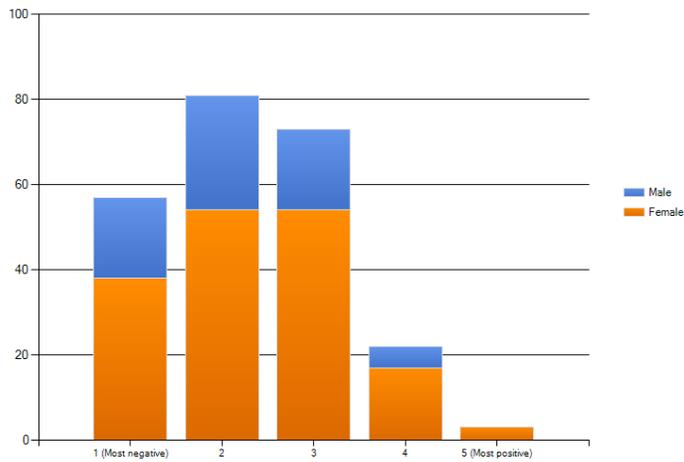
Is your community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)



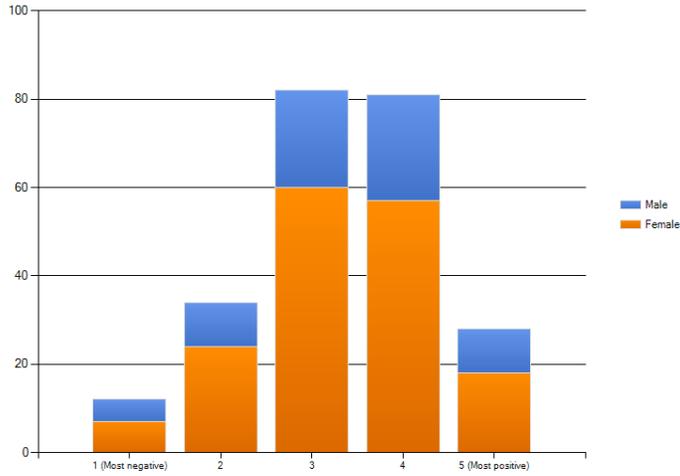
Is your community a good place to grow old? (Consider elder-friendly housing, transportation to medical services, churches, shopping, elder day care, social support for the elderly living alone, meals on wheels, etc.)



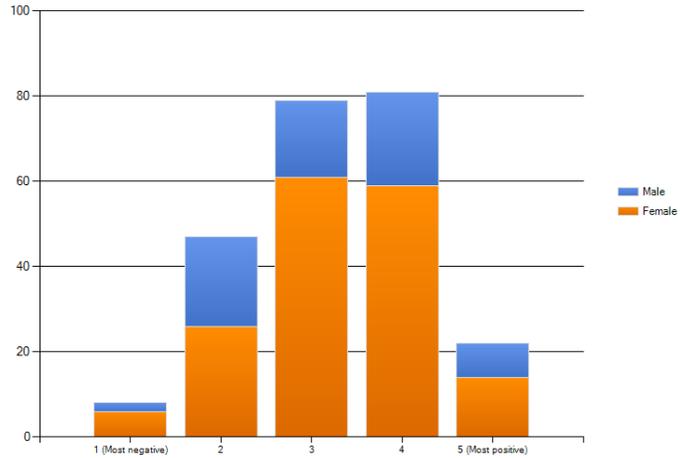
Is there economic opportunity in your community? (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)



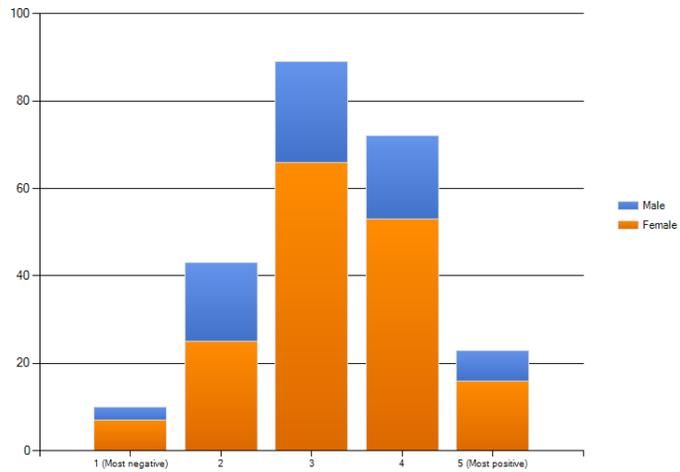
Is your community a safe place to live? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, shopping areas.)



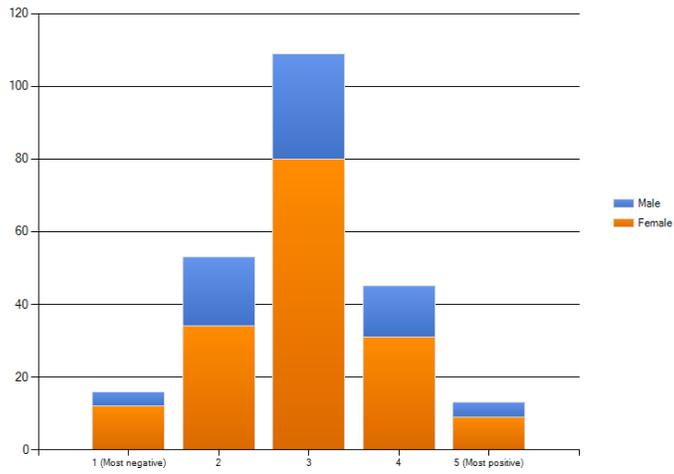
Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, organizations) during times of stress and need? (Do neighbors know and trust one another? Do they look out for one another?)



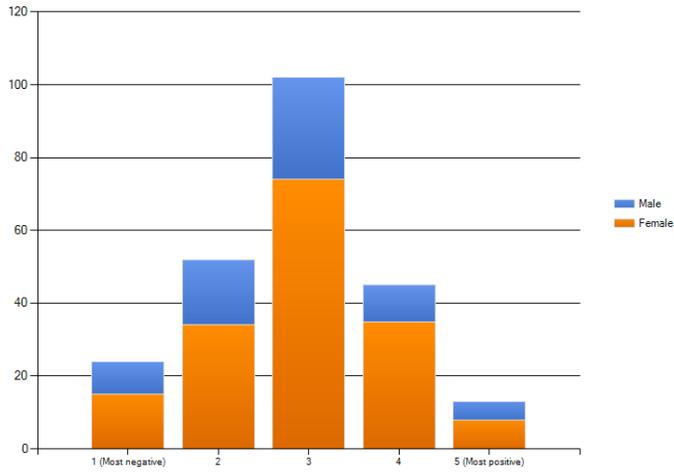
Do all individuals and groups have the opportunity to contribute to and participate in your community's quality of life?



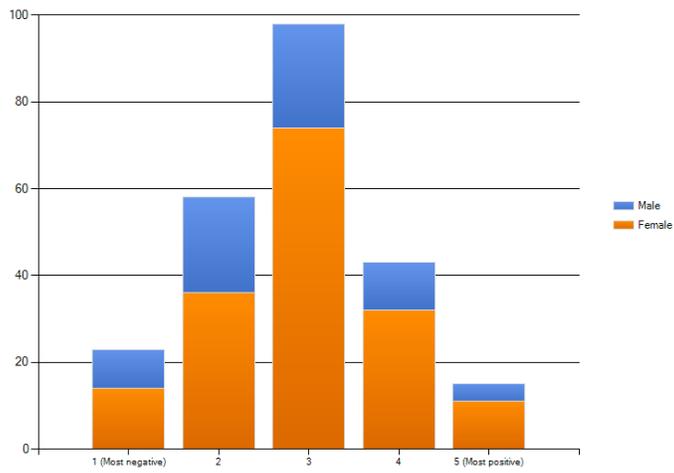
Do all residents perceive that they—individually and collectively—can make your community a better place to live?



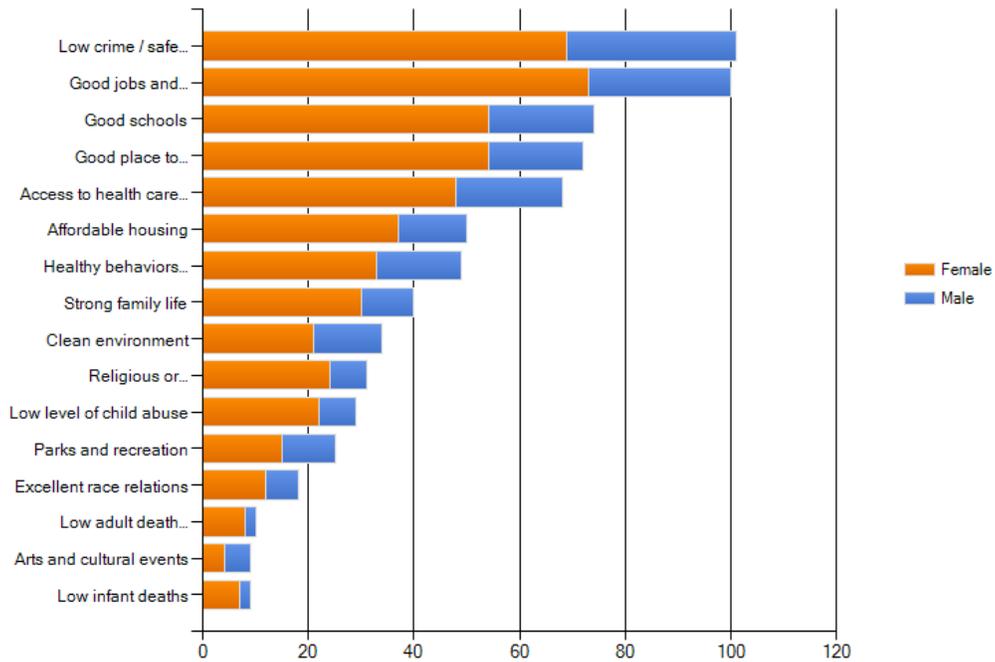
Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?



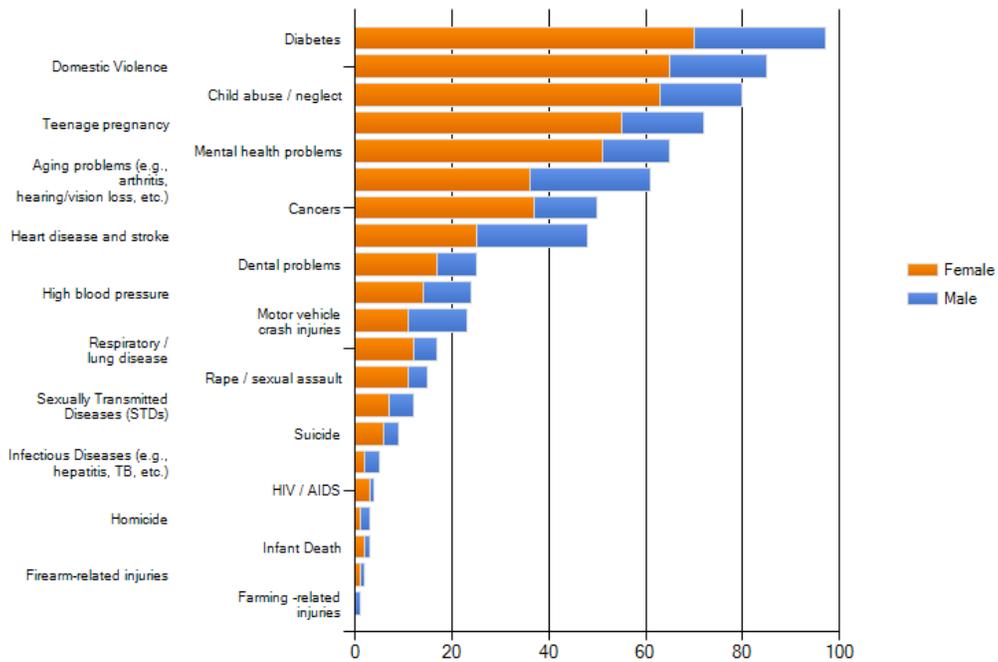
In your community, is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments?



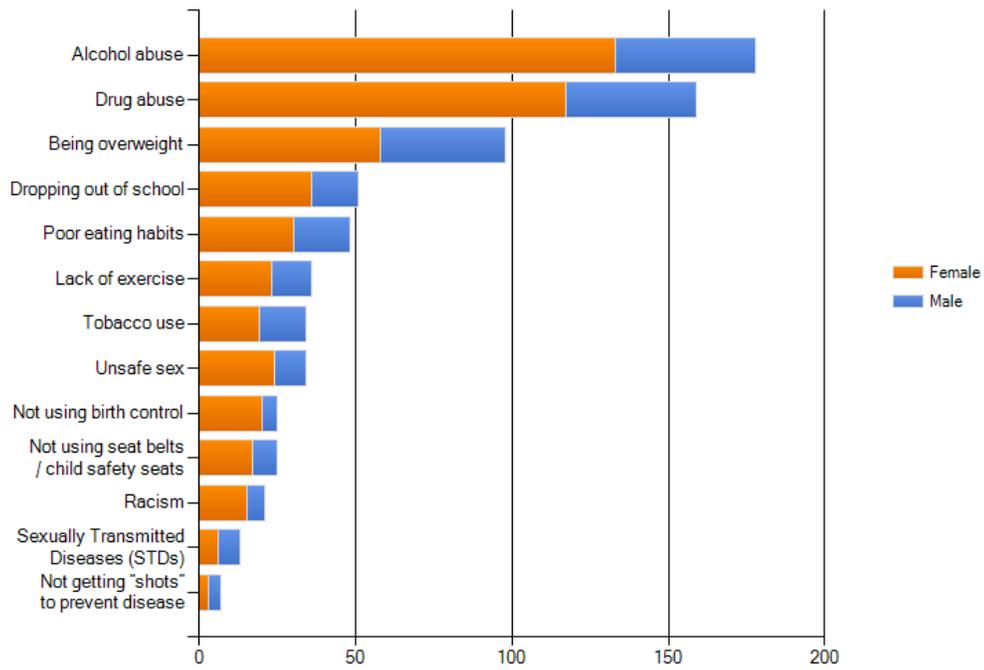
In the following list, what do you think are the three most important factors for a “Healthy La Paz?” (Select those factors that make the most positive contribution to a healthy community.) CHECK ONLY THREE:



In the following list, what do you think are the three most important “health problems” in your community? (Select those problems that have the most negative impact on overall community health.) CHECK ONLY THREE:



In the following list, what do you think are the three most important “risky behaviors” in your community? (Select those behaviors that have the most negative impact on overall community health.) CHECK ONLY THREE:



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