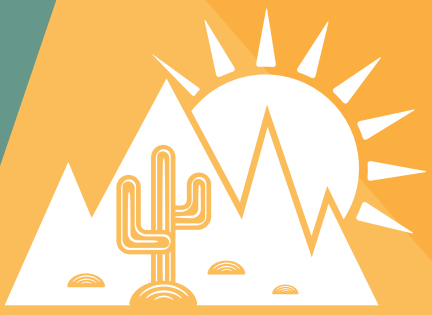
GILA COUNTY AND CVRMC SERVICE REGION COMMUNITY HEALTH NEEDS ASSESSMENT

Gila County Health and Emergency Managementand Cobre Valley Regional Medical Center



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Health & Emergency Management
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COBRE VALLEY
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2015

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ACKNOWLEDGEMENTS

The Gila County Division of Health and Emergency Management (GCDHEM) and Cobre Valley Regional Medical Center (CVRMC) would like to thank the Steering Committee, Residents, and Community Organizations who helped to guide and support the assessment process. With special thanks for the leadership support from Michael O'Driscoll, GCDHEM Director, and Neal Jensen, CVRMC Chief Executive Officer (CEO), as well as the Steering Committee consisting of:

- Paula Horn, GCDHEM
- Celena Cates, GCDHEM
- Bethany Cheney, GCDHEM
- Evelyn Vargas, CVRMC

GCDHEM and CVRMC would also like to thank the Gila County Public Libraries and CVRMC clinics for sharing their facilities to conduct community engagement sessions.

The 2015 Gila County Community Health Assessment was prepared and authored by Pinnacle Prevention.

INTRODUCTION

The Community Health Assessment (CHA), also known as the Community Health Needs Assessment (CHNA), describes the health of residents across Gila County and the CVRMC service region. In alignment with the Arizona Department of Health Services (ADHS) State Health Assessment (SHA), the CHA is an analysis of both quantitative and qualitative data in an effort to determine the public health status of the county. The CHA is used to plan and prioritize the use of resources for public health programs and services.

Understanding Public Health

Public health refers to all organized measures (whether public or private) to prevent disease, promote health, and prolong life among the population as a whole. Public health activities aim to provide conditions in which people can be healthy and focus on entire populations, not on individual patients or diseases[1]. The Centers for Disease Control and Prevention (CDC) defines public health systems as "all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction." This recognizes that there are many different agencies and organizations that contribute to the health and well-being of the community. The public health system includes[2]:

- Public health agencies at state and local levels
- Healthcare providers
- Public safety agencies
- Human service and charity organizations
- Education and youth development organizations
- Recreation and arts-related organizations
- Economic and philanthropic organizations
- Environmental agencies and organizations

The heart of public health activities includes 10 essential public health services that all communities should undertake to support community health. These activities include:

[1] World Health Organization. (WHO). http://www.who.int/en/.
[2] Centers for Disease Control and Prevention. (CDC). www.cdc.gov.

1. Monitoring health status to identify and solve community health problems.
2. Diagnosing and investigating health problems and health hazards in the community.
3. Informing, educating, and empowering people about health issues.
4. Mobilizing community partnerships and action to identify and solve health problems.
5. Developing policies and plans that support individual and community health efforts.
6. Enforcing laws and regulations that protect health and ensure safety.
7. Linking people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assuring competent public and personal health care workforce.
9. Evaluating effectiveness, accessibility, and quality of personal and population-based health services.
10. Researching for new insights and innovative solutions to health problems.

Figure 1. The 10 Essential Public Health Services

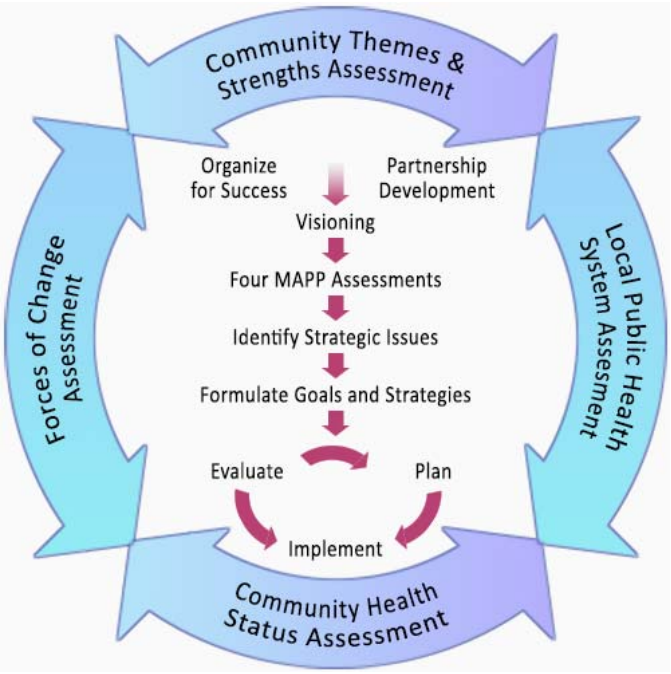
No single agency or organization can make measurable improvements in public health alone; therefore, to achieve a greater impact in improving the health of residents GCDHEM collaborated with CVRMC to strengthen their collective impact with shared resources and

expertise to complete the 2015 CHA. This collaborative effort provides shared ownership for improving community health. To identify those health outcomes with the greatest potential for improvement, the CHA collaboration explored the county's population demographics and social and economic realities while capturing community and partner input. The end result is a comprehensive summary of leading health issues affecting Arizonans across Gila County and the CVRMC service region.

Methodology

The GCDHEM and CVRMC used the Mobilizing for Action through Planning and Partnerships (MAPP) methodology to conduct the 2015 CHA.

Figure 2. Mobilizing for Action through Planning and Partnerships Framework



MAPP emphasizes a community-driven approach and builds on previous experiences and lessons learned from the 2012 GCDHEM CHA and the 2012 CVRMC CHNA. To ensure a comprehensive approach, the 2015 CHA relies on the collection and analysis of secondary, quantitative, morbidity, and mortality data from thirty-six priority health indicators, in alignment with the CDC Community Health Status Indicators (CHSI), as well as primary, qualitative data collected from community stakeholders, key informants, and community

members at large through 637 surveys and community engagement through six focus groups and fourteen key informant interviews. Where available, health status indicators are compared with other peer counties across the U.S. based on the following variables: population size, population growth, population density, population mobility, percent children, elderly and foreign born, gender ratios, percent high school graduates, single parent households, median home values, housing stress, percent owner-occupied housing units, median household income, receipt of government income, household income, overall poverty, elderly poverty, and unemployment. While this CHA illustrates disease rates and individual health behaviors, the selected measures provide a broader analysis of factors that affect people's health. This includes capturing environmental conditions that contribute to health, such as access to healthy foods. The CHA highlights disparities related to health status and community conditions through a data-driven analysis. The criteria used to select priority indicators were based on the following:

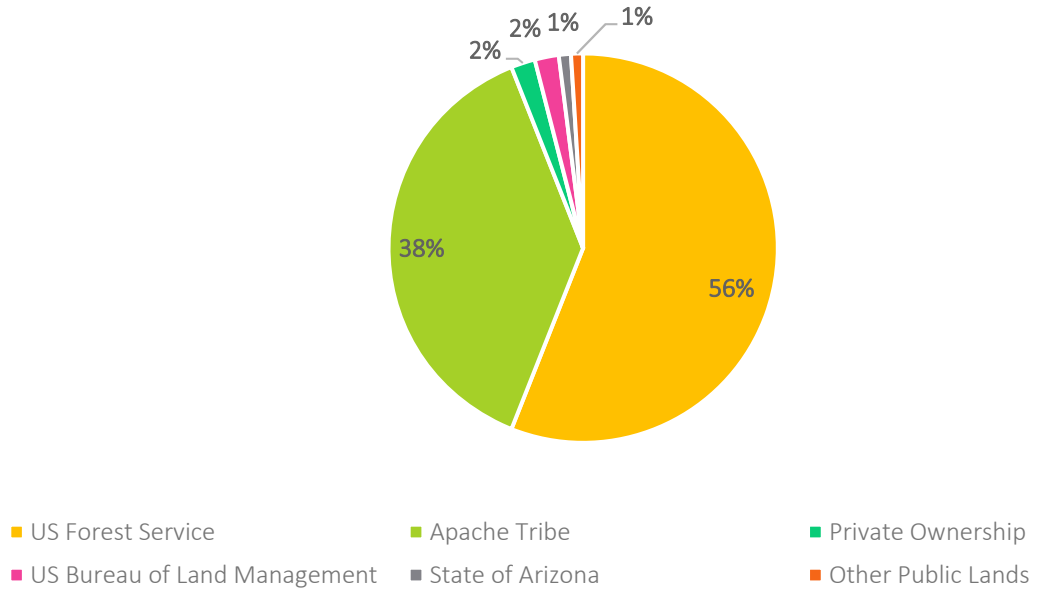
- Is the indicator easily understood by both professionals and public residents?
- Is the data readily accessible and publishable?
- Is the data available at the county level and consistently available throughout the entire county?
- Is the data source for the indicator recent, preferably within the last three years?
- Does the indicator mix include the physical and social environment?

Strategies to address the identified health needs and improve the health of the community will be described in a separate document, the Community Health Improvement Plan (CHIP), which is a five-year strategic plan for improving the health of Gila County and the CVRMC service region communities. This document will be developed in conjunction with community partners and will continue to follow the MAPP process. Both the CHA and CHIP are required for the GCDHEM's accreditation by the Public Health Accreditation Board (PHAB), which oversees a voluntary accreditation process for local public health departments across the nation.

ABOUT THE GILA COUNTY AND THE COBRE VALLEY REGIONAL MEDICAL CENTER SERVICE REGION

Gila County is home to 53,144 Arizonans (less than 1% of the total state population) and boasts a strong sense of community. The county is the eleventh most populous in Arizona, and it was formed in 1881 from parts of Maricopa and Pinal counties, later adding the northern portion from Yavapai County. Gila County is located on the northeastern edge of the Sonoran Desert, reaching across 4,757 square miles of the central and eastern portions of the state of Arizona and through the Tonto National Forest. Both desert terrain and mountain ranges spread across the county with elevations ranging from 2,000 to 7,000 feet above sea level. The majority of the land in Gila County is owned by the U.S. Forest Service, followed by the Apache Tribe.

Figure. 3 Gila County Land Ownership



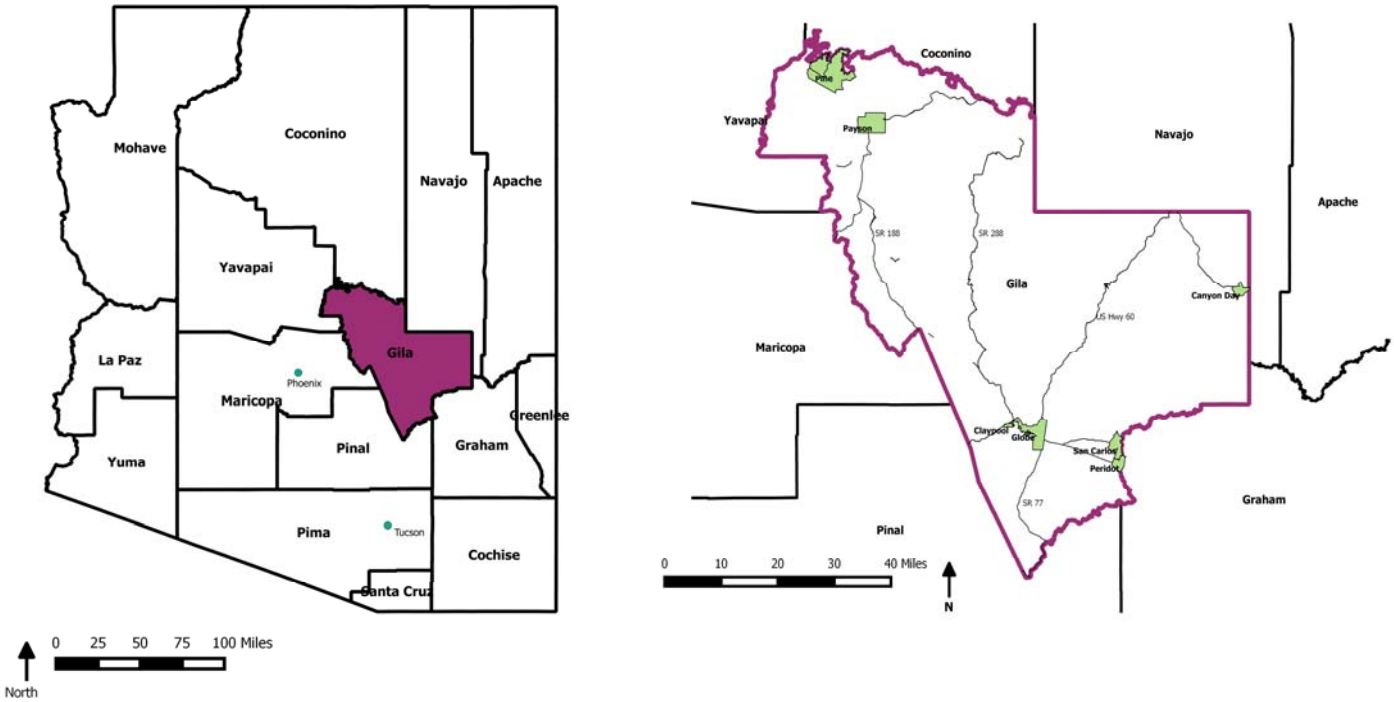
The county is predominantly rural and includes the cities and towns of Globe, Hayden, Miami, Payson, Star Valley, and Winkleman as well as the unincorporated communities of Canyon Day, Central Heights-Midland City, Gisela, Peridot, Strawberry, Tonto Basin, and Young. Additionally, the Tonto Apache Indian Reservation, as well as a portion of the San Carlos Apache and the White Mountain Apache Indian Reservations, are located in Gila County.[3] The San Carlos

[3] Gila County Government Services. http://www.gilacountyaz.gov/index.php

Apache Indian Reservation has one of the largest American Indian populations in the U.S. living below the federal poverty level, with a median annual household income of approximately $13,000.[4] About 60% of the San Carlos Apache residents live below the poverty level, and one-fourth of the active labor force is unemployed. The population of the San Carlos Apache Indian Reservation is just over 10,000 individuals.

The CVRMC operates a full-service, twenty-five-bed critical-access hospital with thirty-two active physicians and physician assistants within the region and numerous visiting specialists. The CVRMC also operates medical clinics in Kearny, Superior, and Young. The region served by the CVRMC includes a 65-mile radius and the towns and cities of Globe, Miami, Claypool, San Carlos, Superior, Kearny, Hayden, Winkleman, Tonto Basin, Roosevelt, and Young.[5]

Figure 4. Gila County, Arizona



[4] United States Census Bureau. The American Indian and Alaskan Native Population Census Brief. 2013 American Community Survey. www.census.gov
[5] Cobre Valley Regional Medical Center. http://www.cvrmc.org/

The majority of Gila County residents reside in the communities of Payson, Globe, Miami, and San Carlos. Approximately 20.4% of the population are children and youths under the age of eighteen. Gila County continues to experience growth among the elderly and aging population, with 26.6% of the population consisting of adults sixty-five years of age and older (10% greater than the state average for older adults). With respect to ethnicity, 63.2% of the population is white, 18.8% is Hispanic or Latino, 16.5% is American Indian (one of the highest in the state and the nation), and less than 2% is Asian, Black, or some other ethnicity. With respect to gender, the population includes 50.4% females and 49.6% males. Gila County is a federally designated medically underserved area (MUA), with four census tracts within the rural county identified as health professional shortage areas (HPSAs). The incidence of chronic disease and demand for long-term care are expected to increase over the next decade, considering population projections.

Research shows that economic conditions have a significant impact on population health. There is strong evidence that poverty in childhood has long-lasting effects and limits life expectancy, even if social conditions subsequently improve. In addition, the percentage of the population below the federal poverty level, the percentage of the population with no high school diploma, and the percentage of the population with no health insurance are key drivers that predict poor health outcomes. Only 16.1% of the individuals in Gila County have a bachelor's degree or higher (10% less than the state average). The median annual household income is $39, 954 (lower than the state average by approximately $10,000 per year), and 21.6% of the Gila County population lives below the federal poverty level (4% higher than the average for the state of Arizona).[6] The major industries in Gila County include services, construction, wholesale trade, and mining. The best-paying industries are mining, trade, transportation and utilities,

[6] United States Census Bureau. Gila County, AZ. 2014. http://www.countysupervisors.org/uploads/Gila%20County.pdf

agriculture, and construction.[7] There are several small businesses throughout the county, yet in 2015 the unemployment rate averaged 7.3%.[8]

Table 1. Gila County Demographics

Gila County Demographics		
	Arizona	**Gila County**
Population	*6,731,484*	**53,119**
% Under 18 Years of Age	*24.4*	**20.4**
% 65 Years of Age or Older	*15.4*	**26.6**
% White Alone (Not Hispanic or Latino)	*56.2*	**63.2**
% Black	*4.7*	**0.9**
% American Indian	*5.3*	**16.5**
% Asian	*3.3*	**0.8**
% Native Hawaiian or Other Pacific Islander	*0.3*	**0.1**
% Hispanic or Latino	*30.5*	**18.8**
% Less than High School Degree	*14.56*	**15.4**
% Bachelor's Degree or Higher	*26.9*	**16.1**
% Below Federal Poverty Level (FPL)	*17.9*	**21.6**
% Unemployed	*6.3*	**8.0**

The participants in the 2015 Gila County CHA overwhelmingly recognized a strong sense of community as one of the county's most notable strengths. Residents describe their communities as close-knit and demonstrate a willingness to help neighbors in need. Participants were aware of how the above demographic factors influence the health of Gila County residents but also demonstrated an eagerness to improve the health and well-being of their communities. There are distinct differences among the population within the county, most

[7] Arizona Commerce. Gila County. http://www.countysupervisors.org/uploads/Gila%20County.pdf
[8] United States Department of Labor. Bureau of Labor Statistics. Local Area Unemployment. March 2015. http://data.bls.gov/map/MapToolServlet?state=04&datatype=unemployment&year=2015&period=M03&survey=la&map=county&seasonal=u

notably between Payson and Globe/Miami area. Those living in the Globe/Miami area are seven times more likely to be Hispanic than those who live in Payson, and Payson residents are almost twice as likely to be over 65 years of age in comparison to Globe/Miami and are more likely to have a high school diploma.

HEALTH INDICATORS

The following health indicators are used to identify the impact of health concerns in Gila County. Each indicator is presented with a brief description and the reason for its inclusion. Comparisons are provided to give each indicator further context and to highlight differences. Peer communities have been identified by the CDC and include those that are similar to Gila County in various characteristics, including population size, population growth, poverty, and unemployment. For the full list of characteristics used in this methodology, please visit the CDC's CHSI website: http://wwwn.cdc.gov/CommunityHealth/home. When peer county information was not available, comparisons were made with the entire state of Arizona or other counties in Arizona. If none of these comparisons were available, a comparison to all other states is used. This comparison methodology is consistent with the CDC's CHSI and Arizona Health Matters. The following definitions are provided:

- **Incidence** is a measure of disease that allows public health authorities to determine a person's probability of being diagnosed with the disease during a given period of time. Therefore, incidence is the number of newly diagnosed cases of a disease.
- **Prevalence** is a measure of disease that allows public health authorities to determine a person's likelihood of having a disease. Therefore, the number of prevalent cases is the total number of cases of the disease that exist in a population.
- **Morbidity** is another term for illness. A person can have several co-morbidities simultaneously. Therefore, morbidities can include Alzheimer's disease, cancer, and traumatic brain injury. Morbidities are NOT deaths. Prevalence is a measure often used to determine the level of morbidity in a population.
- **Mortality** is another term for death. A mortality rate is the number of deaths due to a disease divided by the total population.

Key:

Indicators are highlighted as **green for better**, **orange for moderate**, and **red for worse** for comparison purposes with peer counties.

MORTALITY

CANCER DEATHS

Cancer Deaths

The age-adjusted death rate due to cancer in Gila County is **172.7 per 100,000** (moderate when compared to peer counties). This indicator represents overall deaths due to cancer in the years 2005–2011. Cancer is the second-leading cause of death in the U.S., and both incidence and mortality of cancer are decreasing. The **U.S. median is 185.0 per 100,000,** and the **Healthy People 2020 goal is 161.4 per 100,000**. Source: CDC's CHSI.

CHRONIC DISEASE DEATHS

Chronic Kidney Disease Deaths

The age-adjusted death rate due to chronic kidney disease in Gila County is **13.9 per 100,000** (moderate when compared to peer counties). This indicator represents overall deaths due to chronic kidney disease in the years 2005–2011. Chronic kidney disease was the eighth-leading cause of death in the U.S. in 2010. Almost one-quarter of the U.S. Medicare budget is used to treat chronic kidney disease and end-stage renal disease. The **U.S. median is 17.5 per 100,000**. Source: CDC's CHSI

Coronary Heart Disease Deaths

The age-adjusted death rate due to coronary heart disease in Gila County is **118.7 per 100,000** (moderate when compared to peer counties). This indicator represents overall deaths due to coronary heart disease in the years 2005–2011. In 2010, heart disease and stroke cost the U.S. health care system $500 billion. The **U.S. median is 126.7 per 100,000,** and the **Healthy People 2020 goal is 103.4 per 100,000**. Source: CDC's CHSI

Stroke Deaths

The age-adjusted death rate due to stroke in Gila County is **44.1 per 100,000** (moderate when compared to peer counties). This indicator represents overall deaths due to stroke in the years 2005–2011. In 2010, heart disease and stroke cost the U.S. health care system $500 billion. The **U.S. median is 46.0 per 100,000,** and the **Healthy People 2020 goal is 34.8 per 100,000**. Source: CDC's CHSI

Alzheimer's Deaths

The age-adjusted death rate due to Alzheimer's in Gila County is **41.3 per 100,000** (worse when compared to peer counties). This indicator represents overall deaths due to Alzheimer's disease in the years 2005–2011. Alzheimer's disease is the sixth-leading cause of death in the U.S. for adults over 18. The **U.S. median is 27.3 per 100,000**. Source: CDC's CHSI

Chronic Lower Respiratory Disease Deaths

The age-adjusted death rate due to chronic lower respiratory disease in Gila County is **65.5 per 100,000** (worse when compared to peer counties). This indicator represents overall deaths due to chronic lower respiratory disease in the years 2005–2011. Chronic lower respiratory disease was the third-leading cause of death in the U.S. in 2010. The **U.S. median is 49.6 per 100,000**. Source: CDC's CHSI

Diabetes Deaths

The age-adjusted death rate due to diabetes in Gila County is **29.8 per 100,000** (worse when compared to peer counties). This indicator represents overall deaths due to diabetes in the years 2005–2011. Diabetes is the seventh-leading cause of death in the U.S. and is estimated to lower life expectancy by up to fifteen years. Diabetes increases a person's risk of heart disease by two to four times and is the leading cause of adult-onset blindness, chronic kidney disease, and lower limb amputation. The **U.S. median is 24.7 per 100,000**. Source: CDC's CHSI

INFLUENZA AND PNEUMONIA DEATHS

Influenza and Pneumonia Deaths

The age-adjusted death rate due to influenza and pneumonia in Gila County is **18.3 per 100,000** (worse when compared to the state of Arizona). This indicator represents overall deaths due to influenza and pneumonia in 2013. The **Arizona state rate is 10.0 per 100,000**. Source: Arizona Health Matters

MENTAL HEALTH

Suicide Deaths

The age-adjusted death rate due to suicide in Gila County is **33.7 per 100,000** (worse when compared to the state of Arizona). This indicator represents the age-adjusted death rate due to suicide in 2013. Suicide is a leading cause of death in the U.S., and it is estimated that approximately twenty-five suicide attempts occur for every suicide death. The **Arizona state rate is 17.0 per 100,000** and the **Healthy People 2020 goal is 10.2 per 100,000**. Source: Arizona Health Matters

INFANT MORTALITY

Infant Mortality

The infant mortality rate in Gila County is **11.3 per 1,000** (worse when compared to the state of Arizona). This indicator represents the number of infant deaths occurring for every 1,000 live births in 2011. Infant mortality is one of the most widely used indicators of the overall health of a community. The **Arizona state rate is 5.3** and the **Healthy People 2020 goal is 6.0 per 1,000** live births. Source: Arizona Health Matters

PREVENTION AND SAFETY

Unintentional Injury Deaths

The age-adjusted death rate due to unintentional injury in Gila County is **80.8 per 100,000** (worse when compared to peer counties). This indicator represents overall

deaths due to unintentional injuries, including motor vehicle collisions, in the years 2005–2011. Unintentional injuries were the fifth-leading cause of death in the U.S. in 2010. The **U.S. median is 50.8 per 100,000,** and the **Healthy People 2020 goal is 36.0 per 100,000**. Source: CDC's CHSI

Firearms Deaths

The age-adjusted death rate due to firearms in Gila County is **20.9 per 100,000** (worse when compared to the state of Arizona). This indicator represents the age-adjusted death rate due to firearms in 2013. Deaths due to firearms includes suicide, intentional use, and unintentional discharge. The **Arizona state rate is 14.1** and the **Healthy People 2020 goal is 9.3 per 100,000**. Source: Arizona Health Matters

Motor Vehicle Collision Deaths

The age-adjusted death rate due to motor vehicle collisions in Gila County is **30.6 per 100,000** (worse when compared to peer counties). This indicator represents overall deaths due to motor vehicle collisions in the years 2005–2011. Motor vehicle collisions are the leading cause of death in people aged five to thirty-four years. The **U.S. median is 19.2 per 100,000,** and the **Healthy People 2020 goal is 12.4 per 100,000**. Source: CDC's CHSI

Bicyclist Deaths

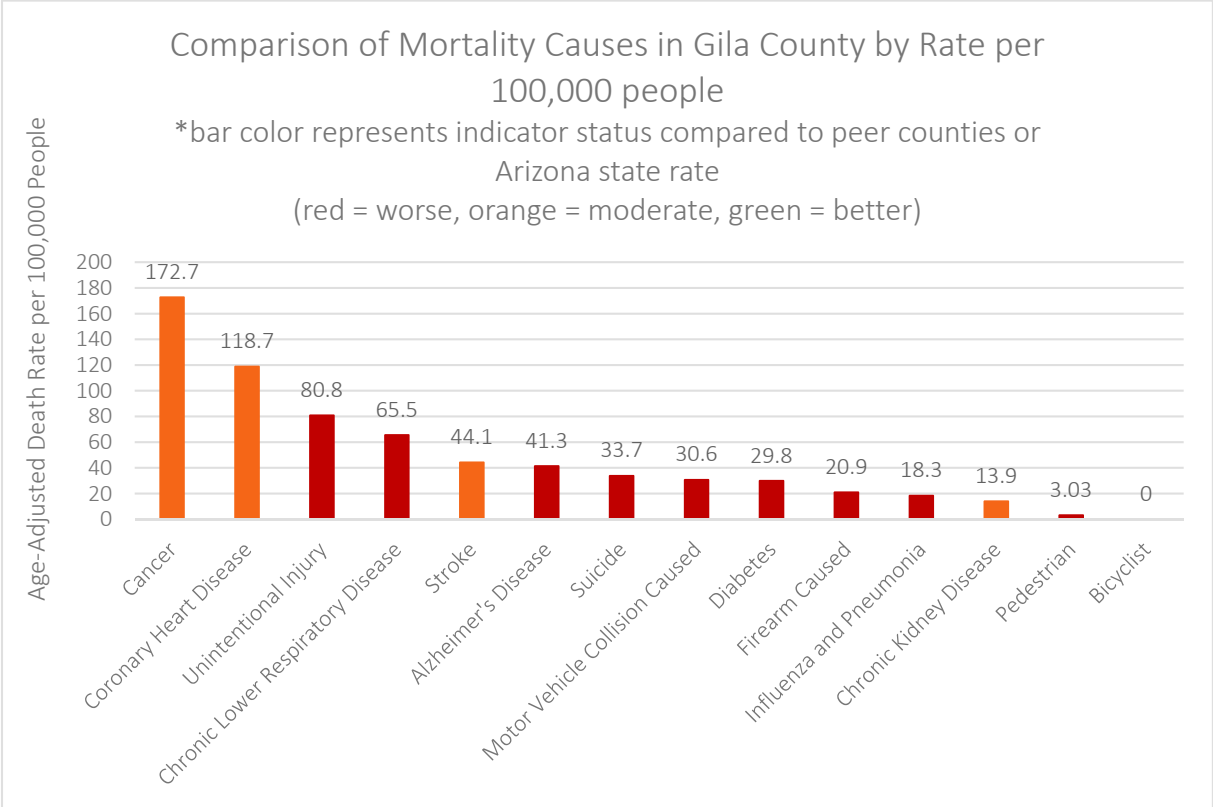
There were **0** bicyclist deaths in Gila County (better when compared to the State of Arizona). This indicator represents overall deaths of bicyclists in 2013. Source: Arizona Health Matters

Pedestrian Deaths

The annual pedestrian death rate in Gila County is **3.03 per 100,000** (worse when compared to the state of Arizona). This indicator represents overall pedestrian deaths in the years 2008–2012. Pedestrian safety is important because walk-friendly

neighborhoods promote physical activity. The **Arizona state rate is 2.34 per 100,000**, and the **U.S. rate is 1.56 per 100,000**. Source: Smart Growth America—Dangerous by Design

MORTALITY INDICATOR COMPARISON



LIFE EXPECTANCY

Female Life Expectancy

Female life expectancy in Gila County is **79.7 years** (worse when compared to peer counties). This indicator represents the life expectancy of females in 2010. Among peer counties, the female life expectancy ranged from 78.5 years and 83.3 years. The **U.S. median is 79.8 years.** Source: CDC's CHSI

Male Life Expectancy

Male life expectancy in Gila County is **72.2 years** (worse when compared to peer counties). This indicator represents the life expectancy of males in 2010. Among peer counties, the male life expectancy ranged from 72.2 years and 80.4 years. The **U.S. median is 75.0 years.** Source: CDC's CHSI

MORBIDITY

ALZHEIMER'S DISEASE/DEMENTIA

Alzheimer's Disease or Dementia

Of the older adults in Gila County, **6.6%** are living with Alzheimer's disease (better when compared to peer counties). This indicator represents the prevalence of Alzheimer's disease and dementia among Medicare fee-for-service beneficiaries in 2012. Dementia and Alzheimer's disease are typically diseases of older adults, and the risk of developing Alzheimer's doubles every five years after the age of sixty-five. The **U.S. median is 10.3%.** Source: CDC's CHSI

CANCER

Cancer

The age-adjusted cancer incidence rate in Gila County is **346.1 per 100,000** (better when compared to peer counties). This indicator represents the age-adjusted cancer incidence rate in the years 2006–2010. There has been a decline in the incidence of cancer and cancer-related death in recent years due to developments in research, detection, and treatment. However, cancer is still the second-leading cause of death in the U.S. The **U.S. median is 457.6 per 100,000.** Source: CDC's CHSI

Cancer in the Medicare Population

The incidence of cancer in the Medicare population of Gila County is **6.5%** (better when compared to other counties in Arizona). This indicator represents the percentage of Medicare recipients who were treated for cancer in 2012. There has been a decline in

the incidence of cancer-related death in recent years due to developments in research, detection, and treatment. However, cancer is still the second-leading cause of death in the U.S. The **Arizona state rate is 8.1%.** Source: Arizona Health Matters

Bladder Cancer

The incidence of bladder cancer in Gila County is **17.5 per 100,000** (better when compared to other U.S. counties). This indicator represents the age-adjusted incidence of bladder cancer in the years 2008–2012. Most types of bladder cancer are three to four times more prevalent in men than in women. The **Arizona state rate is 18.9 per 100,000.** Source: Arizona Health Matters

Breast Cancer

The incidence of breast cancer in Gila County is **88.3 per 100,000** (better when compared to other U.S. counties). This indicator represents the age-adjusted incidence of breast cancer in the years 2008–2012. According to the American Cancer Society, one in eight women will develop breast cancer and one in thirty-six will die from the disease. The **Arizona state rate is 111.0 per 100,000.** Source: Arizona Health Matters

Colorectal Cancer

The incidence of colorectal cancer in Gila County is **31.7 per 100,000** (better when compared to other U.S. counties). This indicator represents the age-adjusted incidence of colorectal cancer in the years 2008–2012. The CDC estimates that if all adults over the age of fifty had regular screenings, as much as 60% of deaths due to colorectal cancer could be prevented. The **Arizona state rate is 35.4 per 100,000** and the **Healthy People 2020 goal is 38.6 per 100,000**. Source: Arizona Health Matters

Liver and Bile Duct Cancer

The incidence of liver and bile duct cancer in Gila County is **6.9 per 100,000** (moderate when compared to other U.S. counties). This indicator represents the age-adjusted

incidence of liver and bile duct cancer in the years 2008–2012. Liver and bile duct cancer is the sixth-leading cause of cancer-related death in men and the tenth-leading cause of cancer-related death in women. The **Arizona state rate is 7.1 per 100,000.** Source: Arizona Health Matters

Lung and Bronchus Cancer

The incidence of lung and bronchus cancer in Gila County is **53.5 per 100,000** (better when compared to other U.S. counties). This indicator represents the age-adjusted incidence of lung and bronchus cancer in the years 2008–2012. According to the American Lung Association, more people die from lung cancer every year than any other type of cancer. The **Arizona state rate is 52.4 per 100,000.** Source: Arizona Health Matters

Melanoma

The incidence of melanoma in Gila County is **12.5 per 100,000** (better when compared to other U.S. counties). This indicator represents the age-adjusted incidence of melanoma in the years 2008–2012. The percentage of people diagnosed with melanoma has more than doubled in the U.S. over the last thirty years. The **Arizona state rate is 16.5 per 100,000.** Source: Arizona Health Matters

Non-Hodgkin's Lymphoma

The incidence of non-Hodgkin's lymphoma in Gila County is **10.6 per 100,000** (better when compared to other U.S. counties). This indicator represents the age-adjusted incidence of non-Hodgkin's lymphoma in the years 2008–2012. Non-Hodgkin's lymphoma is a group of cancers of the lymphocytes and can occur at any age. The **Arizona state rate is 15.6 per 100,000.** Source: Arizona Health Matters

Oral Cavity and Pharynx Cancer

The incidence of oral cavity and pharynx cancer in Gila County is **7.0 per 100,000** (better when compared to other U.S. counties). This indicator represents the age-adjusted incidence of oral cavity and pharynx cancer in the years 2008–2012. The known causes of oral cavity and pharynx cancer include smoking and heavy alcohol consumption. The **Arizona state rate is 8.7 per 100,000.** Source: Arizona Health Matters

Ovarian Cancer

The incidence of ovarian cancer in Gila County is **11.7 per 100,000** (better when compared to other U.S. counties). This indicator represents the age-adjusted incidence of ovarian cancer in the years 2008–2012. Approximately 90% of women diagnosed with ovarian cancer are over the age of forty. The **Arizona state rate is 11.6 per 100,000.** Source: Arizona Health Matters

Prostate Cancer

The incidence of prostate cancer in Gila County is **58.9 per 100,000** (better when compared to other U.S. counties). This indicator represents the age-adjusted incidence of prostate cancer in the years 2008–2012. According to the American Cancer Society, one in seven men will be diagnosed with prostate cancer and one in thirty-six will die from the disease. The **Arizona state rate is 89.8 per 100,000.** Source: Arizona Health Matters

INFECTIOUS DISEASES

HIV

The incidence of persons living with diagnosed HIV in Gila County is **67.4 per 100,000** (moderate when compared to peer counties). This indicator represents the incidence of people living with diagnosed HIV per 100,000 in 2011. There are about 56,000 new cases of HIV in the U.S. every year. The **U.S. median is 105.5 per 100,000.** Source: CDC's CHSI

Syphilis

The incidence of syphilis in Gila County is **0.0 per 100,000** (better when compared to peer counties). This indicator represents the incidence of primary and secondary syphilis in the year 2012. The CDC estimates that about 24,000 women per year may be left infertile due to untreated sexually transmitted diseases such as syphilis. The **U.S. median is 0.0 per 100,000.** Source: CDC's CHSI

Gonorrhea

The incidence of gonorrhea in Gila County is **35.8 per 100,000** (worse when compared to peer counties). This indicator represents the incidence of gonorrhea in the year 2012. The CDC estimates that about 24,000 women per year may be left infertile due to untreated sexually transmitted diseases such as gonorrhea. The **U.S. median is 30.5 per 100,000.** Source: CDC's CHSI

Chlamydia

The incidence of chlamydia in Gila County is **493.8 per 100,000** (worse when compared to the state of Arizona). This indicator represents the incidence of chlamydia in 2013. Chlamydia is the most frequently reported sexually transmitted disease in the U.S. The CDC estimates that about 24,000 women per year may be left infertile due to untreated sexually transmitted diseases such as chlamydia. The **Arizona state rate is 466.6 per 100,000.** Source: Arizona Health Matters

Tuberculosis

The incidence of tuberculosis (TB) in Gila County is **0 per 100,000** (better when compared with the state of Arizona). This indicator represents the incidence of TB in 2013. TB usually affects the lungs, although it can affect other parts of the body and is caused by a bacterial infection. TB is contagious until the infected person has completed appropriate treatment, which can last for weeks. The **Arizona state rate is 2.8 per 100,000.** Source: Arizona Health Matters

HEART DISEASE AND STROKE

Atrial Fibrillation in the Medicare Population

Treatment for atrial fibrillation was sought by **6.6%** of the Medicare population in Gila County (better when compared to other U.S. counties). This indicator represents the percentage of Medicare recipients who were treated for atrial fibrillation in 2012. Atrial fibrillation is an irregular heartbeat that can cause more serious problems such as blood clots, stroke, or heart failure. The **Arizona state rate is 7.5%.** Source: Arizona Health Matters

Heart Failure in the Medicare Population

Treatment for heart failure was sought by **16.1%** of the Medicare population in Gila County (moderate when compared to other U.S. counties). This indicator represents the percentage of Medicare recipients who were treated for heart failure in 2012. Heart failure is when the heart cannot pump enough blood throughout the body, which leads to high blood pressure and fluid retention. According to the CDC, 5.7 million Americans have heart failure. The **Arizona state rate is 10.5%.** Source: Arizona Health Matters

Hyperlipidemia in the Medicare Population

Treatment for hyperlipidemia was sought by **39.4%** of the Medicare population in Gila County (better when compared to other U.S. counties). This indicator represents the percentage of Medicare recipients who were treated for hyperlipidemia in 2012. Hyperlipidemia can lead to atherosclerosis (hardening of the arteries), heart disease, and acute pancreatitis. A healthy diet and regular physical activity can reverse hyperlipidemia. The **Arizona state rate is 43.5%.** Source: Arizona Health Matters

Hypertension in the Medicare Population

Treatment for hypertension was sought by **50.3%** of the Medicare population in Gila County (better when compared to other U.S. counties). This indicator represents the percentage of Medicare recipients who were treated for hypertension in 2012.

Hypertension is the leading cause of stroke and a major cause of heart attacks. According to the Agency for Healthcare Research and Quality, nearly $43 billion was spent in 2010 on the treatment of hypertension. The **Arizona state rate is 50.0%.** Source: Arizona Health Matters

Stroke in the Medicare Population

Treatment for stroke was sought by **3.4%** of the Medicare population in Gila County (moderate when compared to other U.S. counties). This indicator represents the percentage of Medicare recipients who were treated for stroke in 2012. Strokes are the fourth-leading cause of death in the U.S. and cost an estimated $38.6 billion. The **Arizona state rate is 3.4%.** Source: Arizona Health Matters

Ischemic Heart Disease in the Medicare Population

Treatment for ischemic heart disease was sought by **28.0%** of the Medicare population in Gila County (better when compared to other U.S. counties). This indicator represents the percentage of Medicare recipients who were treated for ischemic heart disease in 2012. Ischemic heart disease is due to narrowed arteries, leading to decreased blood flow and an increase in the risk of a heart attack. The **Arizona state rate is 25.0%.** Source: Arizona Health Matters

FOOD SAFETY

E. coli Infection

The incidence of *E. coli* infection in Gila County is **0.0 per 100,000** (better when compared to the state of Arizona). This indicator represents the incidence of *E. coli* infection per 100,000 people in 2013. *E. coli* infections are commonly transmitted through consumption of contaminated food and water, or contact with cattle or the feces of infected people. Symptoms are sometimes mild, but it can lead to kidney failure and death. The **Arizona state rate is 3.7 per 100,000.** Source: Arizona Health Matters

Salmonella Infection

The incidence of *Salmonella* infection in Gila County is **11.2 per 100,000** (better when compared to the state of Arizona). This indicator represents the incidence of *Salmonella* infection per 100,000 people in 2013. *Salmonella* infections are commonly transmitted through consumption of contaminated foods, and symptoms include diarrhea, fever, and abdominal cramps. Most infected people recover without treatment. The **Arizona state rate is 15.3 per 100,000** and the **Healthy People 2020 goal is 11.4 per 100,000**. Source: Arizona Health Matters

DIABETES

Adult Diabetes

Diagnosed diabetes affects **9.3%** of adults in Gila County (worse when compared to peer counties). This indicator represents the percentage of adults who report being diagnosed with diabetes in the years 2005–2011. Diabetes is the seventh-leading cause of death in the U.S. and is estimated to lower life expectancy by up to fifteen years. Diabetes increases a person's risk of heart disease by two to four times and is the leading cause of adult-onset blindness, chronic kidney disease, and lower limb amputations. The **U.S. median is 8.1%.** Source: CDC's CHSI

Diabetes in the Medicare Population

Diagnosed diabetes affects **23.7%** of the Medicare population in Gila County (better when compared to other U.S. counties). This indicator represents the percentage of Medicare recipients who were treated for diabetes in 2012. Diabetes is the seventh-leading cause of death in the U.S. and is estimated to lower life expectancy by up to fifteen years. Diabetes increases a person's risk of heart disease by two to four times and is the leading cause of adult-onset blindness, chronic kidney disease, and lower limb amputations. The **Arizona state rate is 22.1%.** Source: Arizona Health Matters

OBESITY

Adult Obesity

Obesity affects **32.5%** of adults in Gila County (worse when compared to peer counties). This indicator represents the percentage of adults who report being obese (BMI >= 30) in the years 2006–2012. In 2008, it was estimated that the annual medical cost of obesity was $146 billion. The **U.S. median is 30.4%.** Source: CDC's CHSI

Overweight in Low-Income Children Aged Two to Five Participating in Women, Infants, and Children (WIC)

The percentage of overweight low-income children aged two to five participating in WIC in Gila County is **12.6%** (better when compared to the state of Arizona). This indicator represents the percentage of low-income children aged two to five years old participating in WIC who were overweight in 2013 (between the eighty-fifth and ninety-fifth percentile of the gender-specific BMI for age growth chart). Children who are overweight over the age of two have a higher risk of obesity and overweight in adulthood as well as high blood pressure, high cholesterol, and glucose intolerance. This can also indicate an excess calorie intake through food and insufficient physical activity. The **Arizona state rate is 13.3%**. Source: Arizona Department of Health Services

Obesity in Low-Income Children Aged Two to Five Participating in WIC

The percentage of obese low-income children aged two to five participating in WIC in Gila County is **14.6%** (worse when compared to the state of Arizona). This indicator represents the percentage of low-income children aged two to five participating in WIC who were overweight in 2013 (at the ninety-fifth percentile or higher of the gender-specific BMI for age growth chart). Obesity in children over age two is associated with obesity and overweight in adulthood as well as high blood pressure, high cholesterol, and glucose intolerance. This can also indicate an excess calorie intake through food and insufficient physical activity. The **Arizona state rate is 13.3%**. Source: Arizona Department of Health Services

OVERALL HEALTH STATUS

Adult Overall Health Status

Fair or poor health was reported by **21.4%** of adults in Gila County (worse when compared to peer counties). This indicator represents the percentage of adults who reported fair or poor health in the years 2006–2012. Self-assessed health status is a good predictor of morbidity and mortality. The **U.S. median is 16.5%.** Source: CDC's CHSI

Anemia in Low-Income Children Aged Six Months to Five Years Participating in WIC

The percentage of anemia in children aged six months to five years participating in WIC in Gila County is **3.0%** (better when compared to the state of Arizona). This indicator represents the percentage of low-income children aged six months to five years participating in WIC who had anemia in 2013 (hemoglobin measurement is at or below the fifth percentile for age and gender). Anemia is an indicator of iron deficiency, which is a risk factor for developmental delays and behavioral problems in children. The **Arizona state rate is 12.8%**. Source: Arizona Department of Health Services

MATERNAL FETAL AND INFANT HEALTH

Preterm Births

The percentage of preterm births in Gila County is **15.0%** (worse when compared to peer counties). This indicator represents the percentage of births that were preterm in the years 2006–2012. Preterm births are those births that occur before thirty-seven weeks of gestation. This increases the risk of infant death as well as long-term neurological disabilities. The **U.S. median is 12.1%,** and the **Healthy People 2020 goal is 11.4%.** Source: CDC's CHSI

Babies with Low Birth Weight

The percentage of babies born with low birth weight in Gila County is **8.3%** (worse when compared to the state of Arizona). This indicator represents the percentage of babies whose birth weight was less than or equal to 5 pounds 8 ounces (≤ 2,500 grams) in 2013. Babies born with low birth weight are more likely to need specialized medical care in the neonatal intensive care unit. The **Arizona state rate is 6.9%** and the **Healthy People 2020 goal is 7.8%**. Source: Arizona Health Matters

Low-Income Babies with High Birth Weight (or Large for Gestational Age)

The percentage of low-income babies born with high birth weight (or considered large for gestational age) participating in WIC in Gila County is **4.5%** (better when compared to the state of Arizona). This indicator represents the percentage of low-income babies participating in WIC whose birth weight was greater than 9 pounds (≥ 4,000 grams) in 2013. A high birth weight increases the risk of birth injury, such as shoulder dystocia. The **Arizona state rate is 6.9%**. Source: Arizona Department of Health Services

Mothers Who Received Early Prenatal Care

The percentage of births to mothers who began prenatal care in their first trimester of pregnancy in Gila County is **68.3%** (worse when compared to the state of Arizona). This indicator represents the percentage of births to mothers who began their prenatal care in their first trimester in 2013. Early prenatal care helps prevent low birth weight and infant mortality. It also helps improve birth outcomes and decrease health-care costs. The **Arizona state rate is 81.3%** and the **Healthy People 2020 goal is 77.9%**. Source: Arizona Health Matters

Low-Income Mothers Whose Pre-Pregnancy BMI Was Underweight

The percentage of low-income women participating in WIC whose BMI was underweight prior to pregnancy in Gila County is **5.6%** (worse when compared to the state of Arizona). This indicator represents the percentage of women participating in WIC whose

self-reported pre-pregnancy weight indicated a BMI less than 18.5 (underweight) in 2013. Low pre-pregnancy weight may indicate malnourishment of the mother and is a risk factor for pregnancy complications, fetal growth restrictions, and having an underweight infant. The **Arizona state rate is 4.3%**. Source: Arizona Department of Health Services

Low-Income Mothers Whose Pre-Pregnancy BMI Was Overweight

The percentage of low-income women participating in WIC whose BMI was overweight prior to pregnancy in Gila County is **22.9%** (better when compared to the state of Arizona). This indicator represents the percentage of women participating in WIC whose self-reported pre-pregnancy weight indicated a BMI between 25 and 29.9 (overweight) in 2013. High pre-pregnancy weight is a risk factor for excess prenatal weight gain and postpartum weight retention. The **Arizona state rate is 27.0%**. Source: Arizona Department of Health Services

Low-Income Mothers Whose Pre-Pregnancy BMI Was Obese

The percentage of low-income women participating in WIC whose BMI was obese prior to pregnancy in Gila County is **27.5%** (better when compared to the state of Arizona). This indicator represents the percentage of women participating in WIC whose self-reported pre-pregnancy weight indicated a BMI of 30 or greater (obese) in 2013. Obesity prior to pregnancy is a risk factor for gestational diabetes and complications in delivery. The **Arizona state rate is 28.6%**. Source: Arizona Department of Health Services

Low-Income Mothers Whose Weight Gain in Pregnancy Was Less Than Ideal

The percentage of low-income women participating in WIC who gained less than the recommended amount of weight during pregnancy in Gila County is **20.3%** (better when compared to the state of Arizona). This indicator represents the percentage of women participating in WIC who gained less than the recommended amount of weight during pregnancy in 2013. The recommended amount of weight gain for a pregnant woman

whose pre-pregnancy BMI is in the normal range is twenty-five to thirty-five pounds total. Weight gain lower than the recommended amount is a risk factor for a low birth weight and baby and fetal growth restrictions. The **Arizona state rate is 25.1%**. Source: Arizona Department of Health Services

Low-Income Mothers Whose Weight Gain in Pregnancy Was Greater Than Ideal

The percentage of low-income women participating in WIC who gained more than the recommended amount of weight during pregnancy in Gila County is **53.2%** (worse when compared to the state of Arizona). This indicator represents the percentage of women participating in WIC who gained more than the recommended amount of weight during pregnancy in 2013. The recommended amount of weight gain for a pregnant woman whose pre-pregnancy BMI is in the normal range is twenty-five to thirty-five pounds total. Weight gain greater than the recommended amount is a risk factor for a cesarean delivery and neonatal complications. The **Arizona state rate is 50.1%**. Source: Arizona Department of Health Services

Breastfeeding Initiation Among Low-Income Infants Participating in WIC

The incidence of low-income infants participating in WIC who were breastfed at least once after birth in Gila County is **62.2%** (worse when compared to the state of Arizona). This indicator represents the percentage of infants participating in WIC who were breastfed at least once, whether or not they were breastfed in 2013. Breast milk is the ideal nutrition for infants, as it provides immune support against viral and bacterial infections and reduces the risk of respiratory diseases. The World Health Organization (WHO) recommends babies be exclusively breastfed until the age of six months and then continue breastfeeding for at least one to two years until both the mother and child are ready to stop. The **Arizona state rate is 63.7%**. Source: Arizona Department of Health Services

Low-Income Breastfed at Least Six Months Among Low-Income Infants Participating in WIC

The percentage of low-income infants participating in WIC who were breastfed for at least six months after birth in Gila County is **33.7%** (better when compared to the state of Arizona). This indicator represents the percentage of infants participating in WIC who were breastfed for at least six months, whether or not they were breastfed in 2013. Breast milk is the ideal nutrition for infants, as it provides immune support against viral and bacterial infections and reduces the risk of respiratory diseases. The WHO recommends babies be exclusively breastfed until the age of six months and then continue breastfeeding for at least one to two years until both the mother and child are ready to stop. The **Arizona state rate is 27.1%**. Source: Arizona Department of Health Services

Low-Income Breastfed at Least Twelve Months Among Low-Income Infants Participating in WIC

The percentage of low-income infants participating in WIC that were breastfed for at least twelve months after birth in Gila County is **14.2%** (worse when compared to the state of Arizona). This indicator represents the percentage of infants participating in WIC who were breastfed for at least twelve months, whether or not they were breastfed in 2013. Breast milk is the ideal nutrition for infants, as it provides immune support against viral and bacterial infections and reduces the risk of respiratory diseases. The WHO recommends babies be exclusively breastfed until the age of six months and then continue breastfeeding for at least one to two years until both the mother and child are ready to stop. The **Arizona state rate is 16.4%**. Source: Arizona Department of Health Services

Low-Income Exclusively Breastfed at Least Three Months Among Low-Income Infants Participating in WIC

The percentage of low-income infants participating in WIC that were exclusively breastfed for at least three months after birth in Gila County is **19.3%** (better when

compared to the state of Arizona). This indicator represents the percentage of infants participating in WIC who were exclusively breastfed (consumed **only** breast milk) for at least three months, whether or not they were breastfed in 2013. Breast milk is the ideal nutrition for infants, as it provides immune support against viral and bacterial infections and reduces the risk of respiratory diseases. The WHO recommends babies be exclusively breastfed until the age of six months and then continue breastfeeding for at least one to two years until both the mother and child are ready to stop. The **Arizona state rate is 13.1%**. Source: Arizona Department of Health Services

Low-Income Exclusively Breastfed at Least Six Months Among Low-Income Infants Participating in WIC

The percentage of low-income infants participating in WIC that were breastfed exclusively for at least six months after birth in Gila County is **10.3%** (better when compared to the state of Arizona). This indicator represents the percentage of infants participating in WIC who were exclusively breastfed (consumed **only** breast milk) for at least six months, whether or not they were breastfed in 2013. Breast milk is the ideal nutrition for infants, as it provides immune support against viral and bacterial infections and reduces the risk of respiratory diseases. The WHO recommends babies be exclusively breastfed until the age of six months and then continue breastfeeding for at least one to two years until both the mother and child are ready to stop. The **Arizona state rate is 7.2%**. Source: Arizona Department of Health Services

MENTAL HEALTH

Depression in the Medicare Population

The percentage of depression in adults in Gila County is **8.3%** (better when compared to peer counties). This indicator represents the percentage of those with depression among Medicare fee-for-service beneficiaries in 2012. Depression is considered part of the spectrum of affective disorders and can include symptoms such as a sad mood, lack of interest, weight loss or weight gain, fatigue, difficulty concentrating, recurrent

thoughts of death, psychomotor affects, and inappropriate guilt. The **U.S. median is 12.4%.** Source: CDC's CHSI

RESPIRATORY DISEASE

Older Adult Asthma

The percentage of asthma in older adults in Gila County is **5.4%** (worse when compared to peer counties). This indicator represents the percentage of older adults living with asthma among the Medicare fee-for-service beneficiaries in 2012. It is estimated that asthma costs $20.7 billion in health-care expenditures annually. The **U.S. median is 3.6%.** Source: CDC's CHSI

Hospitalization Rate Due to Asthma

The age-adjusted hospitalization rate due to asthma in Gila County is **48.6 per 10,000** (better when compared to the state of Arizona). This indicator represents the average annual age-adjusted hospitalization rate due to asthma per 10,000 population in 2013. Symptoms of asthma—including coughing, wheezing, and tightness in the chest—can usually be managed with long-acting and short-acting medications. Sometimes symptoms become severe enough that they lead to hospitalization and can even be fatal. The **Arizona state rate is 48.8%.** Source: Arizona Health Matters

COPD in the Medicare Population

The percentage of chronic obstructive pulmonary disease (COPD) in the Medicare population of Gila County is **12.0%** (moderate when compared to other U.S. counties). This indicator represents the percentage of Medicare recipients who were treated for COPD in 2012. COPD restricts airflow into the lungs, restricting breathing, and it does not have a cure. Symptoms can be lessened by medications, surgery, and therapy as well as smoking cessation. The **Arizona state rate is 9.5%.** Source: Arizona Health Matters

OTHER CHRONIC DISEASES

Chronic Kidney Disease in the Medicare Population

The percentage of chronic kidney disease in the Medicare population of Gila County is **16.3%** (worse when compared to other U.S. counties). This indicator represents the percentage of Medicare recipients who were treated for chronic kidney disease in 2012. Chronic kidney disease eventually leads to kidney failure, which results in the body being unable to remove wastes and excess water. Kidney failure requires dialysis or a kidney transplant. The **Arizona state rate is 15.7%.** Source: Arizona Health Matters

Osteoporosis in the Medicare Population

The percentage of osteoporosis treatment in the Medicare population of Gila County is **5.0%** (better when compared to other U.S. counties). This indicator represents the percentage of Medicare recipients who were treated for osteoporosis in 2012. Osteoporosis causes bones to become extremely fragile and break easily. It is estimated that osteoporosis leads to 2 million broken bones per year. The **Arizona state rate is 6.5%.** Source: Arizona Health Matters

Rheumatoid Arthritis or Osteoarthritis in the Medicare Population

The percentage of rheumatoid arthritis or osteoarthritis treatment in the Medicare population of Gila County is **29.7%** (moderate when compared to other U.S. counties). This indicator represents the percentage of Medicare recipients who were treated for rheumatoid arthritis or osteoarthritis in 2012. Rheumatoid arthritis is an autoimmune disease that causes systemic inflammatory. The Arthritis Foundation estimates that 1.3 million people in the U.S. have rheumatoid arthritis and 27 million people have osteoarthritis. The **Arizona state rate is 27.7%.** Source: Arizona Health Matters

Table 2: Morbidity Indicator Summary

Indicator color represents indicator status compared to peer counties, Arizona state rate or all U.S. counties (red = worse, orange = moderate, green = better)

Morbidity Indicator	Rate
Gonorrhea incidence	35.8 per 100,000
Chlamydia incidence	493.8 per 100,000
Adult diabetes	9.3%
Adult obesity	32.5%
Obesity in low-income children participating in WIC ages 2-5 years	14.6%
Adult overall poor health status	21.4%
Preterm births	15.0%
Babies with low birth weight	8.3%
Mothers who received early prenatal care	68.3%
Low-income mothers participating in WIC whose pre-pregnancy BMI was underweight	5.6%
Low-income mothers participating in WIC whose weight gain in pregnancy was greater than ideal	53.2%
Breastfeeding initiation among low-income infants participating in WIC	62.2%
Low-income infants participating in WIC breastfed at least 12 months	14.2%
Older adult asthma	5.4%
Chronic kidney disease in the Medicare population	16.3%
Liver and bile duct cancer	6.9 per 100,000
HIV incidence	67.4 per 100,000
Heart failure in the Medicare population	16.1%
Stroke in the Medicare population	3.4%
COPD in the Medicare population	12.0%
Rheumatoid arthritis or osteoarthritis in the Medicare population	29.7%
Alzheimer's disease or dementia	6.6%
All Cancers	346.1 per 100,000
Cancer in the Medicare population	6.5%
Bladder cancer	17.5 per 100,000
Breast cancer	88.3 per 100,000
Colorectal cancer	31.7 per 100,000
Lung and bronchus cancer	53.5 per 100,000
Melanoma	12.5 per 100,000
Non-Hodgkin's lymphoma	10.6 per 100,000
Oral cavity and pharynx cancer	7.0 per 100,000

Morbidity Indicator	Rate
Ovarian cancer	11.7 per 100,000
Prostate cancer	58.9 per 100,000
Syphilis incidence	0 per 100,000
Tuberculosis incidence	0 per 100,000
Atrial fibrillation in the Medicare population	6.6%
Hyperlipidemia in the Medicare population	39.4%
Hypertension in the Medicare population	50.3%
Ischemic heart disease in the Medicare population	28.0%
E. coli infection incidence	0 per 100,000
Salmonella infection incidence	11.2 per 100,000
Diabetes in the Medicare population	23.7%
Overweight in low-income children participating in WIC ages 2-5 years	12.6%
Anemia in low-income children participating in WIC ages 6 months to 5 years	3.0%
Low-income babies participating in WIC with high birth weight	4.5%
Low-income mothers participating in WIC whose pre-pregnancy BMI was overweight	22.9%
Low-income mothers participating in WIC whose pre-pregnancy BMI was obese	27.5%
Low-income mothers participating in WIC whose weight gain in pregnancy was less than ideal	20.3%
Low-income infants participating in WIC breastfed at least 6 months	33.7%
Low-income infants participating in WIC exclusively breastfed at least 3 months	19.3%
Low-income infants participating in WIC exclusively breastfed at least 6 months	10.3%
Depression in the Medicare population	8.3%
Hospitalization rate due to asthma	48.6 per 10,000
Osteoporosis in the Medicare population	5.0%

HEALTH-CARE ACCESS AND QUALITY

HOSPITALIZATIONS

Older Adult Preventable Hospitalizations

The incidence of preventable hospitalizations in older adults of Gila County is **64.9 per 1,000** (moderate when compared to peer counties). This indicator represents the proportion of preventable hospitalizations of older adult Medicare enrollees in the year 2011. Preventable hospitalizations are an indication that adequate outpatient care was not provided. The **U.S. median is 71.3 per 1,000.** Source: CDC's CHSI

PRIMARY CARE

Cost Barrier to Care

The percentage of adults in Gila County who do not see a doctor due to cost is **19.0%** (moderate when compared to peer counties). This indicator represents the percentage of adults over eighteen who needed to see a doctor but did not due to the cost in the years 2006–2012. Access to quality health care is key to achieving health equity and increasing the health of the community. The **U.S. median is 15.6%** and the **Healthy People 2020 goal is 9.0%.** Source: CDC's CHSI

Primary Care Provider Access

The rate of access to primary care providers in Gila County is **67.7 per 100,000** (moderate when compared to peer counties). This indicator represents the number of primary care providers per 100,000 county residents in the year 2011. Having a primary care provider increases the likelihood that a patient will receive appropriate care and will have greater trust in and communication with their health-care provider. The **U.S. median is 48.0 per 100,000.** Source: CDC's CHSI

INSURANCE

Uninsured

The percentage of those in Gila County who do not have health insurance is **19.6%** (moderate when compared to peer counties). This indicator represents the estimated percentage of people under age sixty-five who did not have health insurance coverage in 2011. A lack of health insurance coverage increases the risk that a person may not visit a doctor when needed due to the cost. The **U.S. median is 17.7%.** Source: CDC's CHSI

Table 3: Health-Care Access and Quality Indicator Summary
Indicator color represents indicator status compared to peer counties, Arizona state rate or all U.S. counties (red = worse, orange = moderate, green = better)

Health-Care Access and Quality Indicator	Rate
Older adult preventable hospitalizations	64.9 per 1,000
Cost barrier to care	19.0%
Primary care provider access	67.7 per 100,000
Uninsured	19.6%

HEALTH BEHAVIORS

SUBSTANCE ABUSE

Adult Binge Drinking

The percentage of binge drinking in adults of Gila County is **15.7%** (moderate when compared to peer counties). This indicator represents the percentage of adults over eighteen who reported binge drinking in the years 2006–2012. Excessive drinking, including binge drinking, is the third-leading lifestyle-related cause of death in the U.S. The **U.S. median is 16.3%.** Source: CDC's CHSI

Cigarette Smoking by Adults

The percentage of adult tobacco smokers in Gila County is **25.6%** (moderate when compared to peer counties). This indicator represents the percentage of adults over eighteen who reported smoking cigarettes in the years 2006–2012. Smoking cigarettes and other tobacco use is the most preventable cause of death and disease in the U.S. The **U.S. median is 21.7%,** and the **Healthy People 2020 goal is 12.0%.** Source: CDC's CHSI

Teens Who Have Ever Smoked Tobacco Cigarettes

The percentage of teens who have smoked tobacco cigarettes in Gila County is **39.8%** (worse when compared to the state of Arizona). This indicator represents the percentage of teens enrolled in public school in the eighth, tenth, or twelfth grades who have smoked tobacco cigarettes one or more times in their lives in 2014. Smoking cigarettes and other tobacco use is the most preventable cause of death and disease in the U.S. The **Arizona state rate is 23.4%.** Source: Arizona Health Matters

Teens Who Currently Smoke Tobacco Cigarettes

The percentage of teens who report smoking tobacco cigarettes at least once in the previous thirty days in Gila County is **18.2%** (worse when compared to the state of Arizona). This indicator represents the percentage of teens enrolled in public school in

the eighth, tenth, or twelfth grades who reported smoking tobacco cigarettes at least once in the previous thirty days in 2014. Smoking cigarettes and other tobacco use is the most preventable cause of death and disease in the U.S. The **Arizona state rate is 9.4%.** Source: Arizona Health Matters

Teens Who Have Used Methamphetamines

The percentage of teens who report having ever used methamphetamines in Gila County is **1.7%** (worse when compared to the state of Arizona). This indicator represents the percentage of teens enrolled in public school in the eighth, tenth, or twelfth grades who have used methamphetamines one or more times in their life in 2014. Methamphetamine use and addiction has broad and serious health and social consequences including violent behavior, anxiety, confusion, extreme weight loss, confusion, serious dental problems, psychotic behaviors, homelessness, unemployment, and increased crime. The **Arizona state rate is 0.9%.** Source: Arizona Health Matters

Teens Who Use Alcohol

The percentage of teens who report using alcohol at least once in the previous thirty days in Gila County is **30.8%** (worse when compared to the state of Arizona). This indicator represents the percentage of teens enrolled in public school in the eighth, tenth, or twelfth grades who reported using alcohol at least once in the previous thirty days in 2014. Young people who begin using alcohol at a young age are at an increased risk of developing alcohol dependence by the age of twenty-one. Alcohol use can impair judgement and lead to an increase in risky behaviors. The **Arizona state rate is 24.1%.** Source: Arizona Health Matters

Teens Who Use Marijuana

The percentage of teens who report using marijuana at least once in the previous thirty days in Gila County is **19.3%** (worse when compared to the state of Arizona). This indicator represents the percentage of teens enrolled in public school in the eighth,

tenth, or twelfth grades who reported using marijuana at least once in the previous thirty days in 2014. Marijuana is the most commonly used illegal drug in the U.S. and has been shown to have negative effects on learning and memory for days and weeks after the initial acute effects of the drug have worn off. The **Arizona state rate is 13.6%.** Source: Arizona Health Matters

NUTRITION

Adult Fruit and Vegetable Consumption

The percentage of adults in Gila County who report consuming five or more fruits and vegetables each day is **13.9%** (worse when compared to peer counties). This indicator represents the percentage of adults who reported consuming five or more fruits and vegetables each day. Consuming five or more fruits and vegetables per day lowers the risk of developing chronic diseases and assists in weight management. The **statewide average** of adults **in Arizona** consuming five or more fruits and vegetables per day **is 18.1%.** Source: 2012 Arizona Behavioral Risk Factor Surveillance System Survey (BRFSS)

WOMEN'S HEALTH

Adult Female Routine Pap Tests

The percentage of women in Gila County who report having routine pap tests is **68.8%** (worse when compared to peer counties). This indicator represents the percentage of women over eighteen who reported having a pap test in the previous three years between 2006–2012. Pap tests are an important screening tool for cervical cancer. The **U.S. median is 77.3%,** and the **Healthy People 2020 goal is 93.0%.** Source: CDC's CHSI

PHYSICAL ACTIVITY

Adult Physical Inactivity

The percentage of adults in Gila County report partaking in no leisure-time physical activity is **24.9%** (worse when compared to peer counties). This indicator represents the percentage of adults over eighteen who reported having no leisure-time physical activity

in the years 2006–2012. Regular physical activity can improve the health and quality of Americans. The **U.S. median is 25.9%,** and the **Healthy People 2020 goal is 32.6%.** Source: CDC's CHSI

TEEN BIRTHS

Teen Births

The teen birth rate in Gila County is **78.8 per 1,000** (worse when compared to peer counties). This indicator represents the rate of female teens between the ages of fifteen and nineteen who gave birth per 1,000 female teens between the ages of fifteen and nineteen in the years 2005–2011. Teen pregnancy and child bearing can have serious social and economic costs for teens and their families. The **U.S. median is 42.1 per 1,000,** and the **Healthy People 2020 goal is 36.2 per 1,000.** Source: CDC's CHSI

Table 4: Health Behaviors Indicator Summary

Indicator color represents indicator status compared to peer counties, Arizona state rate or all U.S. counties (red = worse, orange = moderate, green = better)

Health Behaviors Indicator	Rate
Teens who have smoked tobacco	39.8%
Teens who currently smoke tobacco	18.2%
Teens who have used methamphetamines	1.7%
Teens who use alcohol	30.8%
Teens who use marijuana	19.3%
Adults who eat 5 or more fruits and vegetables per day	13.9%
Adult women who receive routine Pap Tests	68.8%
Adult physical inactivity	24.9%
Teen birth rate	78.8 per 1,000
Adult binge drinking	15.7%
Cigarette smoking by adults	25.6%

SOCIAL FACTOR INDICATORS

POPULATION

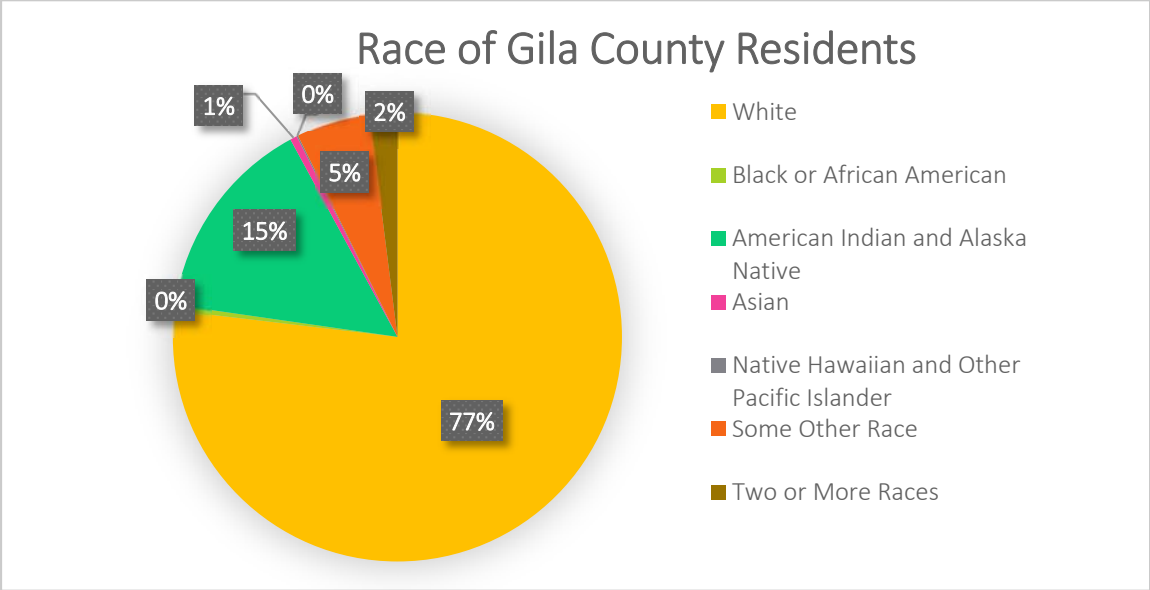
Gender

In terms of gender, **50.3%** of the population in Gila County is female and **49.7%** is male.

Source: American Fact Finder

Race and Ethnicity

In terms of race and ethnicity, **17.9%** of the population in Gila County is Hispanic and **82.1%** is not Hispanic.



Source: American Fact Finder

Population Over Sixty-Five

The percentage of the population of Gila County that is over sixty-five years old is **25.8%** (greater than the U.S. value). This indicator represents the percentage of the population that was over the age of sixty-five in 2013. An older population may have more health-care needs. The **percentage of the population in all of Arizona** that is over sixty-five years old is **15.9%.** Source: Arizona Health Matters

Population Under Eighteen

The percentage of the population of Gila County that is under eighteen years old is **20.4%** (less than the U.S. value). This indicator represents the percentage of the population that was under the age of eighteen years in 2013. A younger population may have more education and childcare needs. The **percentage of the population in all of Arizona** that is under eighteen years old is **24.1%.** Source: Arizona Health Matters

POVERTY

Poverty

The percentage of Gila County individuals who live in poverty is **21.3%** (worse when compared to peer counties). This indicator represents the percentage of individuals who lived below the federal poverty level in 2012. In 2012, the federal poverty level was an income of $11,170 for a single-person household or an income of $23,050 for a household of four people. People living in low-income neighborhoods are less likely to have access to healthy foods and appropriate space for physical activity. Young people who grow up in neighborhoods with high poverty rates are more likely to be a victim of violence, use tobacco, alcohol, and other substances, become obese, and participate in risky sexual behaviors. The **U.S. median is 16.3%.** Source: CDC's CHSI

High Housing Costs

The percentage of individuals in Gila County who face high housing costs is **31.6%** (moderate when compared to peer counties). This indicator represents the percentage of people who lived in housing where 30% or more of the household income went toward housing costs. Access to affordable housing has a positive impact on the health and well-being of populations. The **U.S. median is 27.3%.** Source: CDC's CHSI

Income Inequality

The Gini index of income inequality in Gila County is **0.427** (better when compared to other U.S. counties). This indicator represents the coefficient of income inequality

where zero is complete income equality (i.e., everyone has the same income) and one is complete inequality (i.e., one person has all the income and all others have no income) for the years 2010–2014. The level of income inequality is a strong predictor of a population's health. The **Arizona state rate is 0.461.** Source: Arizona Health Matters

Median Household Income

The median household income in Gila County is **$40,042** (moderate when compared to other U.S. counties). This indicator represents the median household income based on all income earned by household members fifteen years and older in a calendar year for the years 2010–2014. Median income reflects the affluence of a community. The **Arizona state median income is $49,928.** Source: Arizona Health Matters

Children Living Below the Poverty Level

The percentage of children in Gila County living below the poverty level is **37.0%** (worse when compared to other U.S. counties). This indicator represents the percentage of children (under the age of eighteen) who lived below the poverty level in 2010–2014. Family income is important for a child's health—children who live in poverty are at higher risk of low birth weight, lead poisoning, and behavioral and emotional problems. The **Arizona state rate is 25.9%.** Source: Arizona Health Matters

Families Living Below the Poverty Level

The percentage of families in Gila County living below the poverty level is **14.9%** (moderate when compared to other U.S. counties). This indicator represents the percentage of families who lived below the poverty level in 2010–2014. A high poverty rate is a sign that there are insufficient job and economic opportunities in the area and can result in lower-quality schools due to a smaller tax base. The **Arizona state rate is 13.3%.** Source: Arizona Health Matters

People Sixty-Five Years and Older Living Below the Poverty Level

The percentage of people sixty-five years and older in Gila County who live below the poverty level is **7.9%** (better when compared to other U.S. counties). This indicator represents the percentage of people sixty-five years and older who live below the poverty level in 2010–2014. People over sixty-five years old who live in poverty are especially vulnerable due to possible social isolation, medical problems such as frailty, and other physical limitations. The **Arizona state rate is 8.6%.** Source: Arizona Health Matters

Home Ownership

The percentage of houses in Gila County occupied by homeowners is **45.8%** (worse when compared to other U.S. counties). This indicator represents the percentage of houses occupied by homeowners in 2010–2014. Homeowners are more likely to be involved in civic matters and improve their homes. The **Arizona state rate is 52.6%.** Source: Arizona Health Matters

Households with Cash Public Income Assistance

The percentage of households in Gila County that receive cash public income assistance is **2.2%** (moderate when compared to other U.S. counties). This indicator represents the percentage of households that received cash public income assistance (general assistance of TANF—Temporary Assistance to Needy Families—but not non-cash benefits like SNAP—Supplemental Nutrition Assistance Program—or WIC) in 2010–2014. Communities that have more cash public income assistance are areas of higher poverty. The **Arizona state rate is 2.5%.** Source: Arizona Health Matters

EDUCATION AND EMPLOYMENT

On-time High School Graduation

The on-time high school graduation rate in Gila County is **72.6%** (moderate when compared to peer counties). This indicator represents the percentage of a ninth-grade

cohort who goes on to graduate in four years based on data from the years 2010–2011. Education and employment have an important impact on health. The **U.S. median is 83.3%.** Source: CDC's CHSI

People Twenty-Five Years and Older with a Bachelor's Degree or Higher

The percentage of people aged twenty-five years and older in Gila County who have a bachelor's degree or higher is **17.1%** (moderate when compared to other U.S. counties). This indicator represents the percentage of the population 25 years and older who have earned a bachelor's degree or a higher educational attainment from the years 2010–2011. Having a bachelor's degree opens up job opportunities and can have a positive impact on health and well-being. The **Arizona state rate is 27.1%.** Source: Arizona Health Matters

School Dropouts

The percentage of students in grades seven to twelve in Gila County who have dropped out of school during the academic year is **5.1%** (worse when compared to the state of Arizona). This indicator represents the percentage of seventh to twelfth-grade students who dropped out of school during the academic year 2014–2015. Education can have an important impact on health and decrease the risk of a person being unemployed, on government assistance, or involved in crime. The **Arizona state rate is 3.5%.** Source: Arizona Health Matters

Unemployment

The unemployment rate in Gila County is **8.0%** (moderate when compared to peer counties). This indicator represents the percentage of the population who were over sixteen and not currently employed but seeking work in 2015. People who are unemployed have higher illness rates, an increased risk of death, and lower access to health insurance and health care. The **U.S. median is 6.1%.** Source: Bureau of Labor Statistics

SOCIAL SUPPORT

Single-parent Households

The percentage of children in Gila County who live in single-parent households is **39.0%** (worse when compared to peer counties). This indicator represents the percentage of children in all family households who lived in a household with a single parent (male or female head of the household) in the years 2008–2012. Children who live in households with two married adults (biological or adoptive parents of all children in the household) are generally healthier and have greater access to health care. The **U.S. median is 30.8%.** Source: CDC's CHSI

Linguistic Isolation

The percentage of households in Gila County that are in linguistic isolation is **2.1%** (worse when compared to other U.S. counties). This indicator represents the percentage of households where every member aged fourteen or older had some difficulty speaking English in the years 2010–2014. People living in linguistically isolated households may have difficulty accessing the community services they need, including transportation, medical, social, and educational services. The **Arizona state rate is 4.8%.** Source: Arizona Health Matters

Inadequate Social Support

The percentage of adults in Gila County who report inadequate social support is **24.0%** (worse when compared to peer counties). This indicator represents the percentage of adults who were over eighteen and who reported not having enough social-emotional support in the years 2006–2012. Social isolation has a negative impact on overall health and well-being. The **U.S. median is 19.6%.** Source: CDC's CHSI

VIOLENT CRIME

Violent Crime

The violent crime rate in Gila County is **338.9 per 100,000** (worse when compared to peer counties). This indicator represents the rate of violent crime—including homicide, rape, robbery, and aggravated assault—in the years 2010–2012. Witnessing or being the victim of a violent crime has lifelong consequences on health and well-being. The **U.S. median is 199.2 per 100,000.** Source: CDC's CHSI

Table 5: Social Factors Indicator Summary

Indicator color represents indicator status compared to peer counties, Arizona state rate or all U.S. counties (red = worse, orange = moderate, green = better)

Social Factors Indicator	Rate
Gender: female	50.3%
Gender: male	49.7%
Population over 65 years old	25.8%
Population under 18 years old	20.4%
People living in poverty	21.3%
Children living in poverty	37.0%
Homeownership	45.8%
School dropouts	5.1%
Single-parent households	39.0%
Linguistic isolation	2.1%
Inadequate social support	24.0%
Violent crime	338.9 per 100,000
People facing high housing costs	31.6%
Median household income	$40,042
Families living in poverty	14.9%
Households with cash public assistance	2.2%
On-time high school graduation	72.6%
People 25 years and older with a bachelor's degree or higher	17.1%
Unemployment	8.0%
Income inequality index	0.427
People 65 years and older living in poverty	7.9%

PHYSICAL ENVIRONMENT

FOOD INSECURITY AND FOOD ACCESS

Child Food Insecurity

The percentage of children in Gila County who are food insecure is **32.1%** (worse when compared to other U.S. counties). This indicator represents the percentage of children under eighteen living in households that experienced food insecurity at some point during 2013. Food insecurity is defined as limited or uncertain availability of nutritionally adequate foods. The **Arizona state rate is 28.0%.** Source: Arizona Health Matters

Food Insecurity

The percentage of the total population in Gila County who are food insecure is **18.4%** (worse when compared to other U.S. counties). This indicator represents the percentage of the population who experienced food insecurity at some point during 2013. Food insecurity is defined as limited or uncertain availability of nutritionally adequate foods. The **Arizona state rate is 17.5%.** Source: Arizona Health Matters

Limited Access to Healthy Foods

The percentage of individuals in Gila County who are low-income and do not live close to a grocery store as defined by the North American Industry Classification System (NAICS) is **11.6%** (worse when compared to peer counties). This indicator represents the percentage of the population who were low-income and who did not live close to a grocery store in 2010. In rural areas, this means living more than ten miles from a grocery store, and in urban areas, this means living more than one mile from a grocery store. Access to healthy foods is important for overall health and well-being. The **U.S. median is 6.2%.** Source: CDC's CHSI

Children with Low Access to a Grocery Store

The percentage of children in Gila County who do not live close to a grocery store is **5.0%** (moderate when compared to other U.S. counties). This indicator represents the

percentage of children who did not live close to a grocery store in 2010. In rural areas, this means living more than ten miles from a grocery store, and in urban areas, this means living more than one mile from a grocery store. Access to healthy foods is important for overall health and well-being. Source: Arizona Health Matters

Households with No Car and Low Access to a Grocery Store

The percentage of households in Gila County who do not have a car and do not live close to a grocery store is **3.5%** (moderate when compared to other U.S. counties). This indicator represents the percentage of households who did not have a car and who did not live close to a grocery store in 2010. In rural areas, this means living more than ten miles from a grocery store, and in urban areas, this means living more than one mile from a grocery store. Access to healthy foods is important for overall health and well-being. Source: Arizona Health Matters

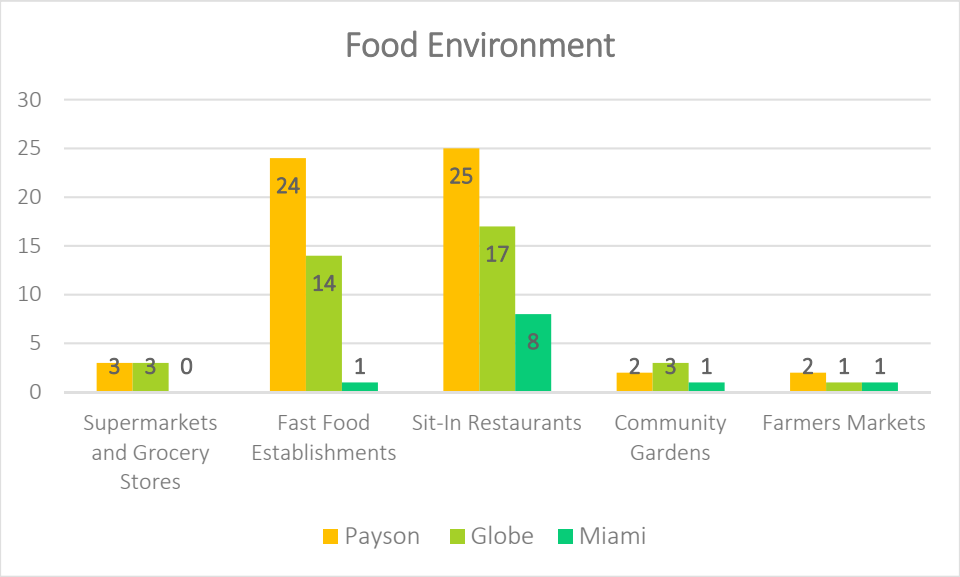
People Sixty-Five and Older with Low Access to a Grocery Store

The percentage of individuals over the age of sixty-five in Gila County who do not live close to a grocery store is **5.7%** (worse when compared to other U.S. counties). This indicator represents the percentage of the population who were over 65 years old and who did not live close to a grocery store in 2010. In rural areas, this means living more than ten miles from a grocery store, and in urban areas, this means living more than one mile from a grocery store. Access to healthy foods is important for overall health and well-being. Source: Arizona Health Matters

Food Environment

The number of supermarkets and grocery stores is defined by North American Industry Classification System (NAICS) code 445110 and includes establishments generally known as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods, fresh fruits and vegetables, fresh and prepared meats, fish, and poultry. Included in this industry are delicatessen-type

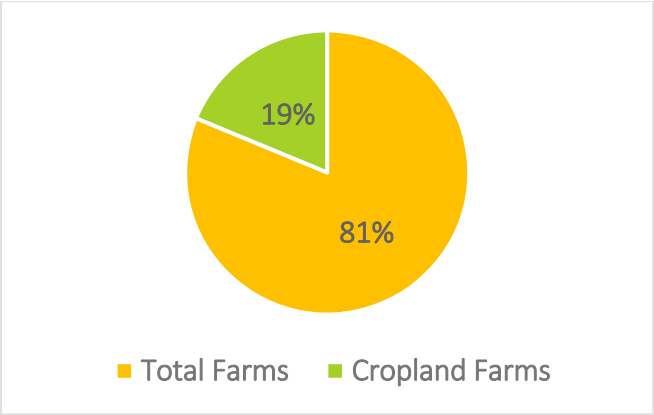
establishments primarily engaged in retailing a general line of food. Convenience stores, with or without gasoline sales, are excluded. Large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded.



Source: Primary Data Collection Consistent with NAICS Definitions

Farming Land

There are **195 farms** across **1,189,016 acres** in Gila County. A total of **81%** of the farms in Gila County are dedicated to raising livestock, and **19%** consist of harvested cropland; top crop items include grass silage, corn for silage, barley for grain, apples, and pecans. Gila County ranks fourth in the state for apple crop acreage. The average age of principal farm operators in Gila County is **61.6 years of age**.



Source: USDA 2012 Census of Agriculture, Gila County, Arizona

BUILT ENVIRONMENT

Access to Parks

The percentage of the population in Gila County who live within half a mile of a park is **3.0%** (worse when compared to peer counties). This indicator represents the percentage of the population who lived within half a mile of a park in 2010. Safe and accessible parks can increase physical activity levels. The **U.S. median is 14.0%.** Source: CDC's CHSI

Liquor Store Density

The liquor store density in Gila County is **5.7 per 100,000** (better when compared to other U.S. counties as it is better to have a lower density). This indicator represents the number of liquor stores per 100,000 population in 2013. A high density of liquor stores is associated with higher rates of violence. The **Arizona state rate is 3.0 per 100,000.** Source: Arizona Health Matters

HOUSING

Housing Stress

The percentage of housing in Gila County defined as stressed is **35.1%** (worse when compared to peer counties). This indicator represents the percentage of housing that met at least one definition of stressed housing in the years 2007–2011:

1. Housing unit lacks complete plumbing.
2. Housing unit lacks complete kitchen.
3. Household is overcrowded.
4. Household is cost burdened.

Quality housing that is not stressed is associated with improved health and well-being. The **U.S. median 28.1%.** Source: CDC's CHSI

Living Near Highways

The percentage of the population in Gila County that live near a highway is **2.3%** (moderate when compared to peer counties). This indicator represents the percentage

of the population who lived within 492 feet (.09 miles) of a highway in 2010. Traffic-related air pollutants are in higher concentrations near busy roads such as highways, and evidence has shown a link between traffic-related air pollutants and the exacerbation of asthma. The **U.S. median is 1.5%.** Source: CDC's CHSI

AIR QUALITY AND TOXINS

Annual Ozone Air Quality

The annual ozone air quality grade in Gila County is **5** (worse when compared to other U.S. counties). This indicator represents a grade given to each county based on the number of high ozone days in 2013. **A grade of A = 1 and a grade of F = 5**. Ozone is a primary component of smog and is harmful to breathe. Source: Arizona Health Matters

Annual Particle Pollution (PM2.5 Concentration)

The annual average concentration of PM2.5 in Gila County is **8.0 $\mu g/m^3$** (moderate when compared to peer counties). This indicator represents annual average PM2.5 concentrations in 2008. Poor air quality has been linked to premature death, cancer, and damage to the respiratory and cardiovascular systems. The **U.S. median is 10.7$\mu g/m^3$.** Source: CDC's CHSI

Recognized Carcinogens Released into Air

The amount of recognized carcinogens released into the air in Gila County is **20,910 pounds** (less in comparison to previous years' values). This indicator represents the amount of known carcinogens released into the air in pounds in 2014. These included compounds with strong evidence of causing cancer. This is not a measure of the degree to which people were exposed to these compounds, only how much was released into the air. The **Arizona state amount released is 282,885 pounds.** Source: Arizona Health Matters

Persistent, Bioaccumulative, and Toxic Chemicals (PBTs) Released

The amount of PBTs released in Gila County is **3,787,204 pounds** (less in comparison to previous years' values). This indicator represents the amount of PBTs released in pounds in 2014. These are compounds that cause harmful effects to people and the environment. The **Arizona state amount released is 15,877,733 pounds.** Source: Arizona Health Matters

Table 6: Physical Environment Indicator Summary
Indicator color represents indicator status compared to peer counties, Arizona state rate or all U.S. counties (red = worse, orange = moderate, green = better)

Physical Environment Indicator	Rate
Child food insecurity	32.1%
Food insecurity	18.4%
Limited access to healthy foods	11.6%
People 65 years and older with low access to a grocery store	5.7%
People who live within half a mile of a park	3.0%
People living in stressed housing	35.1%
Annual ozone air quality grade	5 (F)
Children with low access to a grocery store	5.0%
Households with no car and low access to a grocery store	3.5%
People living near highways	2.3%
Annual particle pollution (PM2.5)	8.0 µg/m3
Liquor store density	5.7 per 100,000
Recognized carcinogens released into air	20,910 pounds
Persistent, bioaccumulative and toxic chemicals released	3,787,204 pounds

STAKEHOLDER INPUT

The Gila County CHNA steering committee employed a multi-method approach for gathering input from a range of residents and stakeholders.

COMMUNITY SURVEY

The Gila County/CVRMC Community Health Survey was an electronic survey developed by the CHA planning team to learn more about the health and quality of life from the perspective of Gila County residents. A total of **637** residents completed the survey, and the survey respondent demographics are summarized in Table 7.

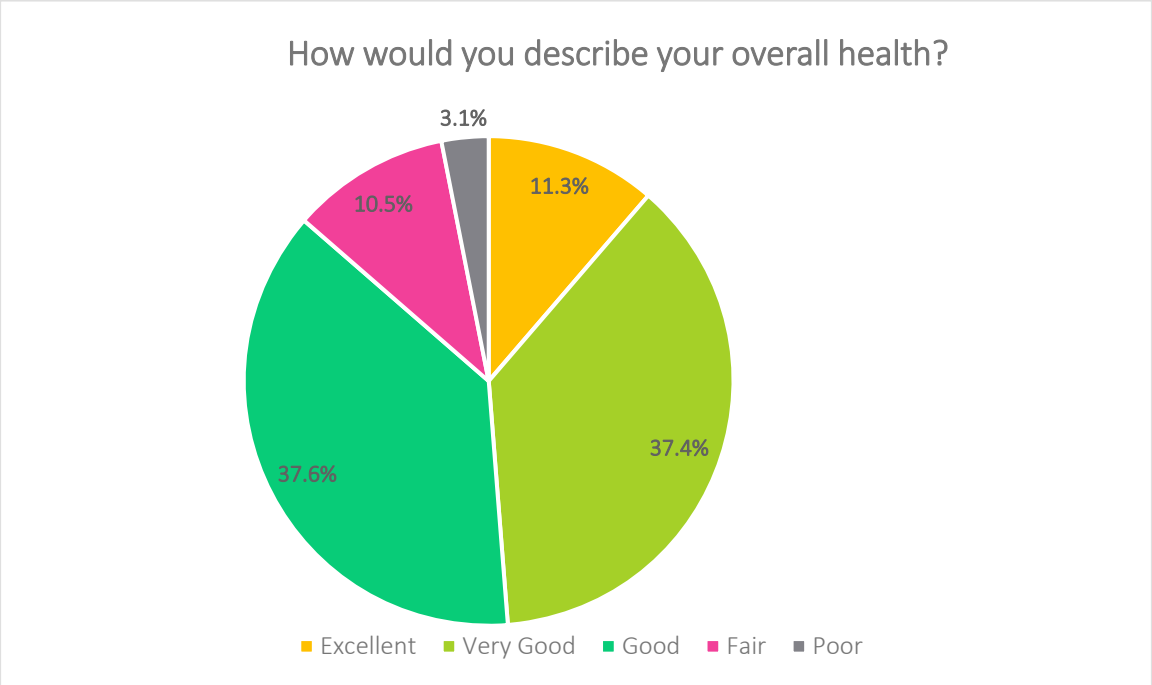
Table 7. Survey Respondent Demographics

Variable	Percent
Gender	
• Male	27.2
• Female	72.8
Age	
• < 17	0.3
• 18–24	2.9
• 25–34	12.6
• 35–44	13.7
• 45–54	17.8
• 55–64	29.4
• 65–74	18.4
• 75 or older	4.9
Town of Residence	
• Payson	25.0
• Globe	36.3
• Miami	6.3
• Hayden/Winkelman	0.5
• Claypool	2.9
• Star Valley	1.1
• San Carlos	0.7
• Roosevelt	2.4

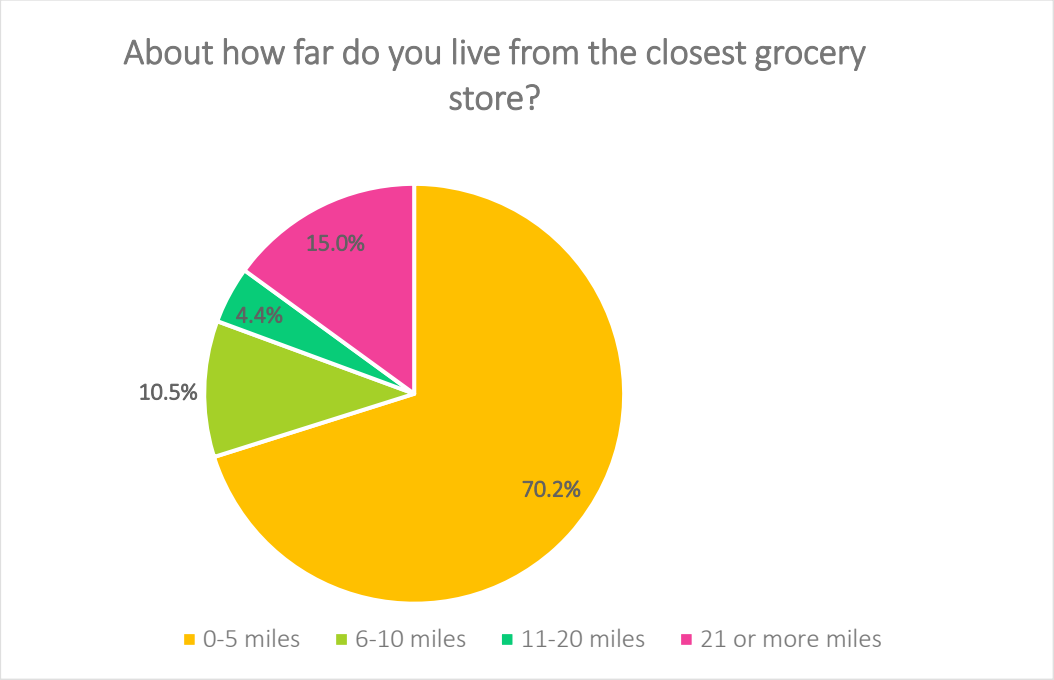
Variable	Percent
Race/Ethnicity	
• White	76.0
• Black/African American	0.3
• Asian/Pacific Islander	0.7
• Hispanic	15.8
• Multiple race/ethnicity	3.3
Education Ranking	
• Less than high school degree	3.3
• High school degree or equivalent	14.9
• Some college but no degree	37.1
• Associate degree	13.2
• Bachelor's degree	17.6
• Graduate degree	13.9
Town of Residence, Cont.	
• Tonto Basin	12.2
• Young	4.6
• Gisela	0.2
• Pine	2.0
• Strawberry	0.8
• Other	5.0

A summary of the survey findings are as follows:

- The majority of survey respondents describe their health as **good** or **very good.**

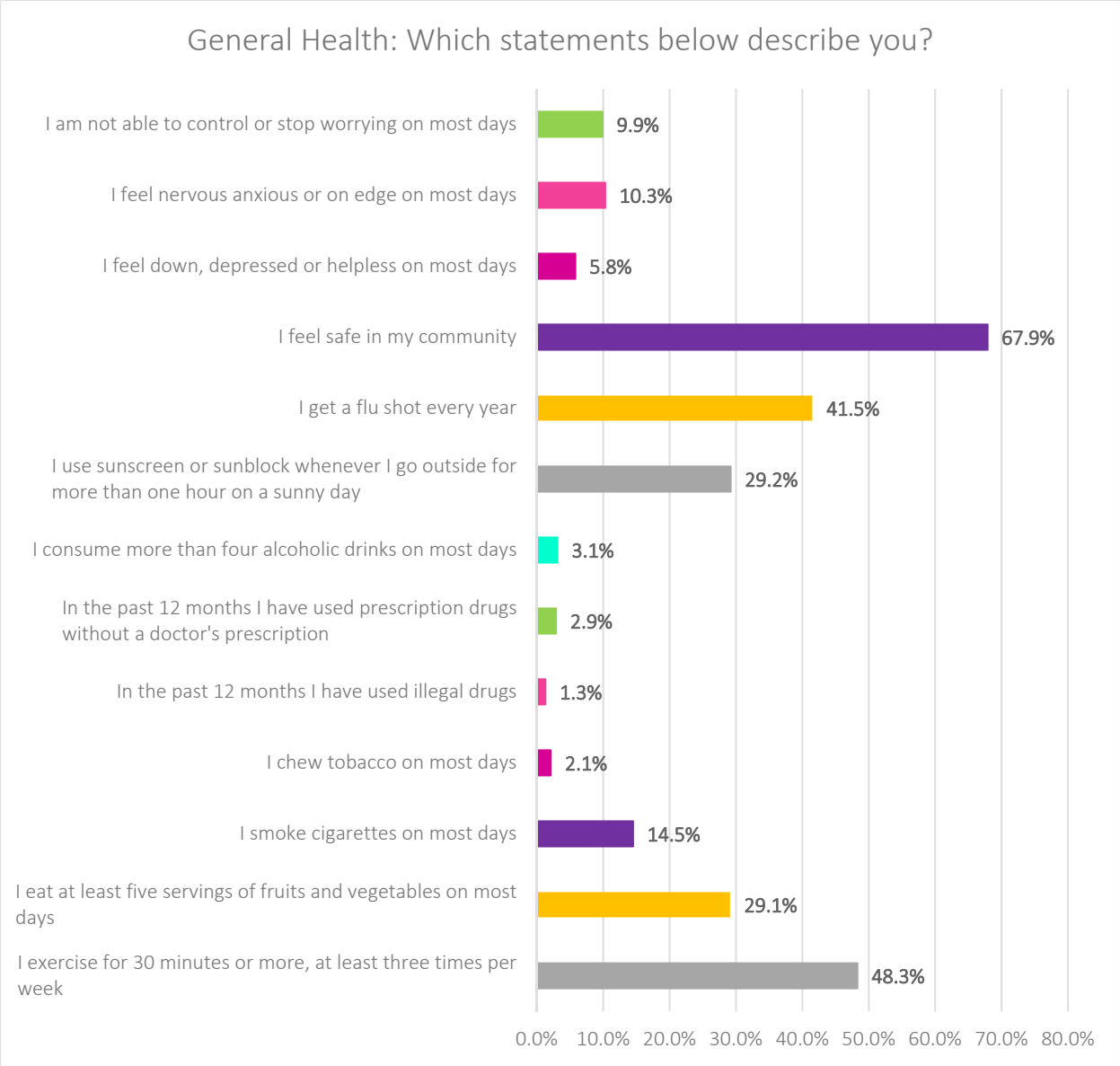


- **84%** of survey respondents are able to see a doctor when needed. Of the **16%** that are not able to see a doctor when needed, the top reason was due to a lack of available appointments, followed by an inability to afford the doctor's visit, followed by a lack of specialist availability in the community.
- **48%** of survey respondents reported exercising at least thirty minutes or more at least three times per week. The most common place for respondents to be physically active was outside, followed by their own home.
- **70%** of survey respondents reported living within five miles or fewer of a grocery store; **15%** live twenty-one miles or more from a grocery store, and **44%** of survey respondents felt there are not enough healthy food options available in their community with a lack of availability cited as the top reason.



- Survey respondents cited **overweight/obesity** as the top health challenge they face.
- Survey respondents believed the following to be the top three health issues for Gila County:
    1. **Drug addiction**
    2. **Overweight/obesity**
    3. **Diabetes**

The following chart lists the percent of respondents who indicated that each statement around general health describes them. Only two thirds (67.9%) of respondents feel safe in their community and less than one third report eating five or more fruits and vegetables each day (29.1%) or wearing sunscreen while outside on sunny days (29.1%). One in ten (10.3%) respondents note they feel anxious or on edge most days and one in ten (9.9%) note they are not able to control their worrying on most days.


General Health: Which statements below describe you?
I am not able to control or stop worrying on most days
9.9%
I feel nervous anxious or on edge on most days
10.3%
I feel down, depressed or helpless on most days
5.8%
I feel safe in my community
67.9%
I get a flu shot every year
41.5%
I use sunscreen or sunblock whenever I go outside for more than one hour on a sunny day
29.2%
I consume more than four alcoholic drinks on most days
3.1%
In the past 12 months I have used prescription drugs without a doctor's prescription
2.9%
In the past 12 months I have used illegal drugs
1.3%
I chew tobacco on most days
2.1%
I smoke cigarettes on most days
14.5%
I eat at least five servings of fruits and vegetables on most days
29.1%
I exercise for 30 minutes or more, at least three times per week
48.3%
0.0% 10.0% 20.0% 30.0% 40.0% 50.0% 60.0% 70.0% 80.0%

FOCUS GROUPS

In order to supplement the quantitative data presented in the CHA with qualitative data, the CHA steering committee solicited feedback from community members through seven focus group discussions from October 2015 to November 2015. The focus groups comprised six to ten community members per session, reaching a total sample size of forty-nine (N = 49). Two sessions were conducted in Payson at the Payson Public Library, two sessions were conducted in Globe at the Globe Public Library, one session was conducted in Kearny at the CVRMC clinic, one session was conducted in Superior at the CVRMC clinic, and a youth input discussion session was held in Payson at Payson City Hall. To protect the identities of focus group participants, the findings have been compiled and are reported collectively. Transcribed discussions from each focus group were analyzed through categorization analysis consistent with standard qualitative research protocols. Using this technique, categories within the text were then developed into major themes representative of the data. These themes were then linked with examples and quotes from the discussions. The following key themes emerged from the community focus group discussions:

- **Theme 1: Strengths and opportunities embedded in small, close-knit communities across Gila County and the CVRMC service region**

  "Small," "quiet," and "everyone knows each other" were three themes that emerged repeatedly in each focus group. Many participants identified a connection with family or neighbors in their community that enabled them to feel connected. In addition, Gila County has several attributes that participants considered healthy, including outdoor hiking, children's coordinated sports programs, and good doctors.

> "AS A SMALL TOWN THERE IS A REAL SENSE OF COMMUNITY WHEN YOU'RE IN NEED." —PAYSON FOCUS GROUP PARTICIPANT

- **Theme 2: Lack of coordinated recreational opportunities**

> "We need more community pools and bigger parks. That would make me want to go out and do healthy things." —Globe Focus Group Participant

The most evident theme related to poor health outcomes across the board was the need for increased recreational opportunities and options for all ages. Participants appreciated the increasing opportunities for children in the Globe and Payson communities, but they desired more opportunities for adults. Kearny and Superior participants cited a lack of recreational opportunities for all age groups and highlighted the stress related to social isolation and economic challenges of having to travel to another town to find recreational opportunities for children. Social connection and mental health benefits associated with recreational opportunities were repeatedly cited as important to focus group participants.

- **Theme 3: Need for improved access to specialty health-care services**

> "I have to travel to Mesa to see a specialist. I don't have the time or transportation to do this." —Kearny Focus Group Participant

Focus group participants repeatedly mentioned a strong connection with the health-care providers in their communities; however, they felt limited in their care due to a lack of specialty providers. Many focus group participants travel to Mesa for specialty services, a distance of sixty miles or more for many Gila County communities and those within the CVRMC service region. Participants requested urgent care and extended-hour pharmacy services to help meet their most immediate needs. Participants in all focus groups also identified a need for mental health support services. Many acknowledged that they were not familiar with the mental health options available in their community.

KEY INFORMANT INTERVIEWS

The assessment team conducted a wide range of key informant interviews (N = 14). The initial key informants were identified by the steering committee, and in-depth, semi-structured interviews were conducted via telephone and lasted approximately fifteen to thirty minutes. The health assessment team was specifically interested in learning the organizational perspectives from leaders in the community on the following key issues:

- How do health issues affect operations and service delivery in Gila County?
- What are the strengths and assets of communities in Gila County that contribute to improved health?
- What areas for improvement are needed to address community health needs within the next three to five years?

The organizations that participated in the key informant interviews are included in Table 8.

Table 8. Key Informant Participant by Organization

	Organization
1	City of Globe
2	Cobre Valley Regional Medical Center (CVRMC)
3	First Things First, Gila Regional Council
4	Freeport-McMoRan
5	Globe Active Adults
6	Heritage Healthcare
7	Horizon Human Services
8	Miami Senior Center
9	Miami Unified School District
10	Miami/Globe Head Start
11	Payson Unified School District
12	Resolution Copper
13	Southwest Behavioral Health Services
14	Tonto Apache Tribe

Consistent with the methodology of focus group analysis, information shared from key informant interviews was analyzed through categorization analysis. Categories within the text were developed into major themes, and the following key themes emerged from the key informant interviews:

- **Theme 1: Strong Sense of Community**

  Many participants acknowledged a strong social support system embedded in their small communities. The role of active councils and coalitions working in coordination and collaboration together was identified as a major asset that is improving health in the community. Some examples include First Things First, senior coalitions, interagency work groups, the Community Prevention Council, and active support by the faith-based community. Key informants had a well-rounded understanding of the many factors affecting the health of their communities, frequently mentioning the social, economic, and structural drivers that lead to poor health in Gila County. When poverty and lack of funding were frequently mentioned as challenges, the strong sense of community was repeatedly cited as a step toward addressing these complex challenges. Key informants identified Gila County residents as possessing caring and helpful relationships within their communities. While challenges abound, key informants were quick to identify and focus on strengths and assets.

- **Theme 2: Need for improved access to specialty health-care services with an emphasis on mental and behavioral health services**

  Consistent with focus group findings, a need for improved access to specialty health-care services was mentioned at each key informant interview. Difficulty recruiting high-quality providers was recognized as the key driver influencing access to specialty services across all Gila County communities and the CVRMC service region. Key informants also mentioned that financial support and economic opportunity are community factors that could positively improve provider retention. Mental health was identified as a key specialty need for prioritization, as anxiety and depression were

identified as stressors that significantly affect one's health. Key informants recognized poverty as a primary determinant of poor mental health outcomes. Stigma for individuals struggling with mental health issues was also mentioned as a barrier to overcome.

- **Theme 3: Need for improved access to substance abuse support services**
  While the prevalence of substance abuse in Gila County is consistent with peer communities and the state prevalence, many key informants believe the prevalence in Gila County to be associated with increased stress, lack of employment opportunities, and changing patterns of social norms. Youths and socially isolated elder adults were identified as vulnerable to substance abuse and dependency.

In summary, key informants envision a healthy Gila County as having the following attributes that encompass a variety of social and economic factors: access to multidisciplinary health-care services, access to healthy food and recreational opportunities, and established health prevention and promotion services that target children and youths. There are many collaborative opportunities in economic development and workforce development that may help attract and retain a skilled workforce that both lives and works in the county. To achieve their vision of a healthy Gila County, key informants understand their efforts must also encompass community revitalization.

"IT'S HARD TO BE HEALTHY WHEN PEOPLE ARE LIVING IN POVERTY. HEALTH IS NOT THE NORM. I KNOW WE CAN BREAK THIS CYCLE. WE WILL GET THERE EVENTUALLY." —KEY INFORMANT

KEY FINDINGS AND CONCLUSIONS

The 2015 CHA for Gila County and the CVRMC service region set out to gain a more comprehensive picture of health issues facing Gila County residents and the CVRMC region. Through a systematic analysis of secondary data, primary quantitative and qualitative research through community engagement the following key findings were identified across all or most sources of data:

Strengths

- Small close-knit communities.
- Existing coalitions and councils actively working to address specific health needs.
- Access to national parks to enjoy outdoor recreation.
- Optimistic sense that health improvements can be achieved through collaborations.
- Lower incidences of many cancers and risk factors for heart disease and stroke.
- Improved air quality.

Alarming Health Trends

- Men and Women in Gila County die earlier in life than their counterparts residing in similar communities.
- Higher rates of mortality exist when compared to the state and peer counties such as those caused by unintentional injury including: motor vehicle collisions, chronic respiratory disease, Alzheimer's Disease, suicide, diabetes, firearms, influenza and pneumonia.
- Some of the leading causes of death include chronic diseases which have been shown to have the greatest financial impact due to high treatment costs and low worker productivity.
- Higher rates of disease risk factors exist including: obesity (especially among low income residents), low intake of fruits and vegetables, high rates of physical inactivity, as well as high rates of smoking and substance use among youth.

- Higher rates of sexually transmitted infections as compared to the state or peer counties.
- Poor maternal, fetal, and infant health indicators, especially among low income residents as reflected by higher rates of infant mortality, low birth weight, teen pregnancy, as well as higher rates of risk factors such as obesity and moderate breast feeding practices.

Existing Social Determinants of Poor Health

- Higher rates of individuals and children living below the federal poverty level.
- Higher rates of low quality housing with low rates of home ownership.
- Higher crime rates than peer counties.
- Higher high school dropout rates.
- A higher percentage of adults report inadequate social support.
- A higher percentage of residents have limited access to healthy foods and are food insecure.

Opportunities for Improvement as Identified by Community Input

- Access to specialty care services and providers.
- Access to mental health services.
- Access to healthy foods and community infrastructure improvements for improved social and recreational opportunities for all ages to address obesity concerns.
- Need for coordinated disease prevention efforts that focus on cancer, heart disease, diabetes, Alzheimer's, and substance abuse.

The CHA findings will be utilized to develop a five-year CHIP for Gila County and the CVRMC service region and provide solutions for improving these issues.

HEALTH STATUS OF GILA COUNTY

Gila County
Health & Emergency Management
Prevent. Promote. Protect.

"Our Mission is Your Health."
COBRE VALLEY
REGIONAL MEDICAL CENTER

2015 COMMUNITY HEALTH ASSESSMENT

ABOUT THE COMMUNITY

21% lives below the federal poverty level

26% of the population are older adults

16% have bachelor's degree or higher

GILA COUNTY STRENGTHS

- Close-knit communities
- Access to National Parks
- Lower health risk factors
- Improved air quality

LIFE EXPECTANCY

72yrs
Life expectancy for males

79yrs
Life expectancy for females

CONCERNING HEALTH TRENDS

32.5%
Adults in Gila County are obese.

4 of 5
Adults are NOT consuming the recommended servings of fruits and vegetables

Higher rates of mortality and chronic diseases

SOCIAL FACTORS IMPACTING HEALTH

1 of 4
Adults report receiving inadequate social support

Higher rates in poverty, crime and school dropouts

THE COMMUNITY WANTS

- Increased access to specialty health care services including mental health services
- Improved access to healthy foods
- Improved community infrastructure to increase social and recreational opportunities

To learn more visit: **www.gilacountyaz.gov** or **www.cvrmc.org**

APPENDICES

- Community Survey
- Focus Group Discussion Guide
- Key Informant Interview Guide
- Community Resources and Assets

Community Health Assessment Survey for Gila County Division of Health and Emergency Management and CVRMC

Introduction

The Gila County Division of Health and Emergency Management and Cobre Valley Regional Medical Center is conducting a survey to learn more about the health and quality of life in Gila County. The results of this survey will help health professionals address the county's major health and community issues. The survey is completely voluntary. The survey consists of a total of 16 questions and should take no longer than 10 minutes to complete. Your answers will be completely confidential. The information you give us will not be linked to you in any way. Thank you for participating in our survey. Your feedback is important.

General Health Questions

1. **How would you describe your overall health?**

   ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

2. **In general, are you able to visit a doctor when needed?**

   ☐ Yes ☐ No

3. **If No to Question 2 - Why are you unable to visit a doctor when needed? (Please chose all that apply)**

   ☐ No appointment available
   ☐ Cannot afford it
   ☐ No health insurance coverage
   ☐ Cannot take time off work
   ☐ No way to get to the doctor's office (no transportation)
   ☐ No specialist in my community for my health problem
   ☐ Other (please specify) _____ _____ _____

4. **Which statements below describe you? (choose all the apply)**

- ☐ I exercise for 30 minutes or more, at least three times per week
- ☐ I eat at least five servings of fruits and vegetables on most days
- ☐ I smoke cigarettes on most days
- ☐ I chew tobacco on most days
- ☐ In the past 12 months I have used illegal drugs
- ☐ In the past 12 months I have used prescription drugs without a doctor's prescription
- ☐ I consume more than four alcoholic drinks on most days
- ☐ I use sunscreen or sunblock whenever I go outside for more than one hour on a sunny day
- ☐ I get a flu shot every year
- ☐ I feel safe in my community
- ☐ I feel down, depressed or helpless on most days
- ☐ I feel nervous anxious or on edge on most days
- ☐ I am not able to control or stop worrying on most days
- ☐ None of the above apply to me

5. **Where do you participate in physical activity/exercise?**

- ☐ I do not participate in any physical activity
- ☐ Home
- ☐ Gym
- ☐ Outdoors
- ☐ School
- ☐ Community centers
- ☐ Parks/recreation areas
- ☐ Privately owned business
- ☐ Senior Center
- ☐ Other (please specify)

_____
_____
_____

6. **Where do you buy most of your food?**

- ☐ Grocery store
- ☐ Sit down restaurant
- ☐ Fast food restaurant
- ☐ Convenience store
- ☐ Farmer's Market or farm stand
- ☐ Other (please specify)

_____
_____
_____

7. **About how far do you live from the closest grocery store? (Safeway, Fry's, Basha's, etc.)**

- ☐ 0-5 miles
- ☐ 6-10 miles
- ☐ 11-20 miles
- ☐ 21 or more miles

8. **Do you feel there are enough healthy food options in your community?**

☐ Yes ☐ No ☐ I am unsure what healthy food options are

9. **If No to Question 8 - Why do you feel there are not enough healthy food options in your community?**

☐ Cost ☐ Availability ☐ Other (please specify)
☐ Distance ☐ Freshness of product _____
_____
_____

10. **Please select the one top health challenge YOU face:**

☐ Cancer
☐ Diabetes
☐ Overweight/Obesity
☐ Lung Disease
☐ High Blood Pressure
☐ Stroke
☐ Heart Disease
☐ Joint Pain
☐ Back Pain
☐ Asthma
☐ Mental Health
☐ Alcohol Overuse
☐ Drug Addiction
☐ Alzheimer's/Dementia
☐ I do not have any health challenges
☐ Other (please specify)
_____
_____
_____
_____

11. **What do you think are the top 3 health issues for Gila County?**

☐ Cancer
☐ Diabetes
☐ Overweight/Obesity
☐ Lung Disease
☐ High Blood Pressure
☐ Stroke
☐ Heart Disease
☐ Joint Pain
☐ Back Pain
☐ Asthma
☐ Mental Health
☐ Alcohol Overuse
☐ Drug Addiction
☐ Alzheimer's/Dementia

12. What is your gender?

- ☐ Female
- ☐ Male
- ☐ Transgender

13. What town or city do you live in?

- ☐ Payson
- ☐ Globe
- ☐ Miami
- ☐ Hayden/Winkelman
- ☐ Claypool
- ☐ Roosevelt
- ☐ Tonto Basin
- ☐ Young
- ☐ Star Valley
- ☐ San Carlos
- ☐ Gisela
- ☐ Pine
- ☐ Strawberry
- ☐ Other (please specify) _____

14. What is your age?

- ☐ 17 or younger
- ☐ 18 to 24
- ☐ 25 to 34
- ☐ 35 to 44
- ☐ 45 to 54
- ☐ 55 to 64
- ☐ 65 to 74
- ☐ 75 or older

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

- ☐ American Indian or Alaskan Native
- ☐ Asian/Pacific Islander
- ☐ Black or African American
- ☐ Hispanic
- ☐ White/Caucasian
- ☐ Other (please specify) _____

16. What is the highest level of school you have completed or the highest degree you have received?

- ☐ Less than high school degree
- ☐ High school degree or equivalent (e.g., GED)
- ☐ Some college but no degree
- ☐ Associate degree
- ☐ Bachelor degree
- ☐ Graduate degree

Thank you for taking the time to complete the community health survey.

FOCUS GROUP DISCUSSION GUIDE

Goals of the focus group:

- To determine perceptions of the health strengths and needs of Gila County and Cobre Valley Regional Medical Center service region.
- To explore how these issues can be addressed in the future.
- To identify the gaps, challenges, and opportunities for addressing community needs more effectively.

Background

Welcome! We are your facilitators today working on behalf of the Gila County Division of Health and Emergency Management and Cobre Valley Regional Medical Center. Thank you for taking the time to speak with us. We're going to be having a focus group discussion today. Has anyone here been part of a focus group before? You are here because we want to hear your opinions. There are no right or wrong answers during our discussion. We want to know your opinions, and those opinions might differ. This is fine. Please feel free to share your opinions, both positive and negative, and respect each other's comments.

In collaboration with community members and partners we are completing a community health assessment to gain a greater understanding of the health of area residents and how health needs are currently being addressed. As part of this process, we are having discussions like these around the county with community members, government officials, health care providers, and staff from a range of community organizations. We are interested in hearing people's feedback on the strengths and needs of the community and suggestions for the future that you feel will best support your health. As you can see, I have colleagues with me today who will be taking notes during our discussion. We are also audio-taping our discussion to make sure we accurately capture all of your important feedback. After all of the groups are done, we will be writing a summary report. In that report, we might provide some general information on what we discussed tonight, but we will not include any names or identifying information. Nothing you say here will be connected to your name. The community health assessment report will be shared and made available to the entire community from the Health Department's website so that you can see the final product and understand how we are taking action to support your needs. All final reports will be available in April of 2016.

Before we begin, please turn off your cell phones or at least put them on vibrate. If you need to go to the restroom during the discussion, please feel free to leave, but we'd appreciate it if you would go one at a time. Any questions before we begin our discussion?

Discussion

- If someone was thinking about moving into your community, what would you say are some of its biggest strengths or the most positive things about it?
  Probe:
  - What are some of the biggest problems or concerns in your community?

- What do you think are the most pressing health concerns in your community?
  Probe:
  - How have these health issues affected your community? In what way?

- What things in your community that make it easier for you to be healthy?
  Probe:
  - What makes it harder for you to be healthy?

- What do you think the community should do to address these health issues?

- I'd like you to think ahead about the future of your community. When you think about the community 3-5 years from now, what do you see as the priorities for a healthy community?
  Probe:
  - What would a healthy community feel like or look like to you?
  - What do you think needs to happen in the community to make this vision a reality?
  - Who do you think needs to be involved in these efforts?

- Please complete this sentence… "I could be healthier if…"

Thank you so much for your time. That's it for my questions. Is there anything else that you would like to share that you feel is important for us to know about your health needs that we didn't discuss today? Remember, the results from the feedback that you are sharing with us will be available in April 2016 through the Gila County Division of Health and Emergency Management.

KEY INFORMANT INTERVIEW GUIDE

Goals of the Key Informant Interview:

- To determine perceptions of the health strengths and needs from the community organization and leadership perspective.
- To explore how these issues can be addressed in the future.
- To identify the gaps, challenges, and opportunities for addressing community needs more effectively as an organization and through collaborations.

Questions

- Tell me about your organization or agency.
- What are some of the biggest challenges your organization faces in providing programs/services in the community?
- What challenges do you see that your employees and residents face day-to-day in your community?
- Recognizing that where we live, learn, work, and play affects health, what do you think are the most pressing health concerns that you see from an organizational perspective in the community? Why?
- How have these health issues affected how you operate in the community?
- Who do you consider to be the populations in the community most vulnerable or at risk for the pressing health conditions/issues you identified?
- From your perspective, what are the biggest strengths the community has to addressing health issues?
- From your perspective, what are the biggest challenges to addressing health issues across Gila County or the Cobre Valley Regional Medical Center service region?
- What programs, services, or policies are you aware of in the community that currently focus on these health issues?
- What health-related programs, services, or policies are currently not available that you think should be?
- I'd like you to think ahead about the future of your community. When you think about the community 3-5 years from now, what do you see as the priorities for a healthy community?
- What is your vision for the future related to people's health in the community?
- What do you think needs to happen in the community to make this vision a reality?
- Who do you think needs to be involved in these efforts?

LISTING OF COMMUNITY RESOURCES AND ASSETS

Gila County Division of Health and Emergency Management
Globe (928) 402 - 8811
Payson (928) 474 - 7180
Services:

- Immunizations
- Family Planning
- WIC
- STD/Pregnancy Testing
- TB Testing
- Health Prevention
- Emergency Management
- Public Health Emergency Preparedness
- Environment Health
- Vital Records

Cobre Valley Regional Medical Center
5880 S. Hospital Drive
Globe, AZ 85501
(928) 425 - 3261
Clinics:

- Superior Clinic (520) 689 - 2423
- Kearny Clinic (520) 363 - 5573
- Pleasant Valley Clinic (Young) (928) 462 - 3435

Cobre Valley Regional Medical Center – One Call
(928) 402 – 1111

One Call, a CVRMC service, helps to reduce the number of calls a customer needs to make in order to obtain information on health needs and/or social services within the community. The service is free and available during standard operating hours of 8:00 AM – 5:00 PM, Monday through Friday. Messages received outside of standard operating hours will receive follow up the following business day.

Banner Payson Medical Center
807 S. Ponderosa St.
Payson, AZ 85541
(928) 474 - 3222

Community Services
Globe (928) 402 - 8650
Payson (928) 474 - 7159
Services:

- CAP
- Employment Services
- Housing

Department of Economic Security
Globe (928) 425 - 3101
Payson (928) 474 - 4521
Services:

- AHCCCS
- SNAP
- TANF
- Daycare

Horizon Human Services
Globe (928) 402 - 0648
Payson (928) 474 - 4917
Services:

- Domestic Violence
- Substance Abuse Counseling

Southwest Behavioral and Health Services
Payson (928) 474 - 3303

Food & Nutrition Services
Globe Food Bank (928) 425 - 3639
St. Vincent de Paul (928) 474 - 9104

Higher Education
Gila Community College

- Gila Pueblo Campus (928) 425 - 8481
- Payson Campus (928) 468 - 8039
- San Carlos Campus (928) 475 - 5981