



Navajo County Community Health Assessment Focus Group Report April 2018

Introduction

In January 2018, a group of public health and healthcare agencies joined together to conduct community health planning for Navajo County. The agencies include the following:

- ChangePoint Integrated Health
- Navajo County Public Health Services District
- North Country Healthcare
- Northeastern Arizona Innovative Workforce Solutions
- Northland Pioneer College
- Summit Healthcare

The first part of the community health planning process is to conduct a community health assessment. The assessment will examine health and healthcare, including residents' and leaders' views of the current state of health in the community (January to July 2018). The second part of the process will be to create a community health improvement plan to guide public health and healthcare activities for the next decade (August to December 2018).

The first part of the community health planning process, the community health assessment, consists of three separate research projects:

1. A large scale (quantitative) survey of Navajo County residents (fielded in April 2018) which will show which public health issues are most important to residents and how they see the status of health and healthcare in the community.
2. A summary of epidemiological data such as leading causes of death, incidence of diabetes, and mental health statistics among county residents.

3. Two focus groups with resident and two meetings with elected officials (qualitative) to add context and explanation to the survey and epidemiological data.

This report provides the findings from the focus groups and meetings. It begins with an explanation of how the research was conducted (method), findings including quotes from group participants, and conclusions.

Method

Focus Groups Among Residents

The first discussion was held on March 27, 2018 at the Winslow Visitor Center (Chamber of Commerce) in Winslow, Arizona. Nine participants attended the discussion group. The second discussion was held on March 28, 2018 in Lakeside (near Show Low) at Solterra Senior Center. Ten participants attended the session in Lakeside. There was a professional facilitator and two NCPHSD staff serving as note-takers at each group. The discussion guide used by the facilitator can be found in Appendix A. Respondents were not given a monetary incentive but did receive a meal and a blood pressure monitor as a gift.

The participants represented a range of gender, age, race/ethnicity, marital status, parental status (those without children, parents of young children, parents of older children, grandparents), working status (retired, working full-time, working part-time) and geography (residents of White River Apache Reservation, Heber/Overgaard, Show Low, Winslow, Taylor, and Lakeside).

All participants signed consent forms agreeing to participate in the research voluntarily and to be audio taped. All text appearing in quotes in this report were taken verbatim from participants' comments.

Meetings With Supervisors

In March 2018, two separate meetings were held with two elected officials. The Navajo County Chief Health Officer, Jeff Lee, facilitated the one-on-one conversations. Each session followed the same format as the resident focus groups (Appendix A), including questions on the definition of a healthy community, the most important health problems/issues, and ideas on how to improve the health of the community. The officials were also asked to identify issues they wanted to learn more about and were given a short briefing on the health assessment process and the status of several health issues in the county.

Focus Groups Among Residents - Results

Definition of “Healthy Community”

When asked how they define or characterize a “healthy community,” participants mentioned a number of different themes. These themes were not limited to narrow definitions of “health” or “healthcare,” but rather, extended to community pride, parenthood, crime, and many other areas.

One theme that featured prominently was the importance of community support. Participants cited many examples of how a healthy community needs “people working together” and “respecting others.” You need to have “pride in your community” and do volunteer work to help others. (Many of the participants are currently volunteering with local organizations.) Two participants described it as follows:

“I watch a lot of English shows and I just love it when they go to a village and the people are always just, you know, talking about how wonderful their village is, how their parents lived there, how their grandparents lived there...They are very proud.”

“What makes a healthy community is various support groups so if you’re trying to do something – like lose weight – there are groups. You don’t have to do it on your own.”

Having a sound social and economic base also contributes to making a healthy community, according to the participants. One talked about the importance of education and the economy:

“A good healthy community needs a good school, good community college and a good economic development...To me, where we are at today is because we need more jobs for the people, I think, so they can work. And if you don’t do that, and if you got nothing...then you have lots of problems.”

Of course, the notion of “healthy” is also rooted in individual health behaviors. In a healthy community, children and adults alike would be eating nutritious food, exercising, and avoiding drugs and alcohol. As one participant put it:

“Eating good. Being active. Exercising. Have the education to know what to do to be healthy.”

Having resources for those who need it is important for creating a healthy community. Participants frequently mentioned the value of entities that can help residents with everything from losing weight to beating alcoholism to counseling on lactation. Ideally, there would be one phone number where residents could call and get directed to the resources they need. One respondent mentioned that this would be important for disabled, as well as abled, residents.

“Community, where you can find – like, if you need help, who do you call? Support groups and what not.”

“Family support outreach...For families being able to get help or reach out to other entities to get counseling or different areas of health, there are so many different areas...mentally, physically.”

“I think we need a disability commission up in Navajo County, like Los Angeles has, and just to kind of help for self-advocacy to what type of community should we do. I’d like to see that happen.”

A healthy community, said the participants, also includes many types of healthcare and the ability to get that healthcare. Participants mentioned that access to mental health, disease prevention, health promotion, and holistic care are all important. “Everyone is up-to-date on their vaccinations” in a healthy community, said one participant. Finally, there would be transportation to healthcare facilities and appointments. One liked the Canadian model of healthcare which she called “socialized medicine.” Typical comments included:

“Importance of accessibility to good health care, in particular mental health care is a big thing for a healthy community...Easy accessibility to excellent healthcare where their personal financial decisions won’t interfere with seeking care.”

“A holistic approach – not just going to the doctor when you need to but having services available for prevention. It would be wonderful if there were a clinic here that was open on a sliding scale.”

“Most kids have a disability disease and more kids have health issues. Sometimes they cannot find a good community to live. I’ve seen children have PDD [pervasive developmental disorder], oxygen, so we have to think about what a good community is.”

Environmental factors were also a part of a healthy community. The community should be clean with no trash or dog waste and free of smoke. One participant contrasted this to Laughlin, Nevada where she experienced both cigarette and marijuana smoke that left her with sinus difficulties. The recent addition of community gardens (in both Winslow and Show Low) are the types of activities that makes a community healthy, as are playgrounds. In addition, both gardens and playgrounds contribute to the social fabric of the community.

“What would make it good is a lot of playgrounds in each community. When we’ve researched this - that the playgrounds where children can play, they feel safe. If we don’t have a healthy place for them to be, then it’s hard.”

Issues and Problems

“A lot of our issues...are from being in a rural, small area. And that’s something that – if you don’t live in Phoenix or you know, even Flagstaff --...too bad for you.”

-- Focus Group Participant

Participants in the focus groups had an extensive list of issues and problems that they feel exist in the community. As indicated by the quote above, the participants realize that many of their concerns are not unique to their community but are still relevant to them. Each of the following sections summarizes a prominent theme that was mentioned by the participants.

Unhealthy Children

A common and clearly pressing concern for many participants is the health and well-being of children. Many participants stated that children in the community are “out of control,” “want things their way,” and have “anger issues.” One compared today’s teens with the characters in the 1960s movie *To Sir with Love*. In the film, a new teacher encounters students so unruly that he has to teach them basic life skills and respect rather than school subjects. Another participant said:

“We live by a school...the kids being raised nowadays are so disrespectful...This new generation is very disrespectful, very disrespectful. People don’t know how to raise kids.”

Children, they said, are given no guidelines by which to live. Parents aren’t raising their kids to clean up after themselves, there is not enough parental control, and parents often turn a blind eye to problems. What’s missing, said one, is “strong family values.”

Other participants said that the problem is not just about discipline, but parents are also not providing encouragement so that children can build self-esteem.

“[There is a] lack of consistent support; encouragement, and discipline. Setting guidelines. Just – just *encouraging* our kids that they can be anything they want to be. But they just don’t have that consistent base of people doing that for them.”

Participants unanimously agreed that technology such as video games and handheld devices will cause today’s children to be less healthy than their parents. Children are driven to school instead of walking, one participant pointed out, unlike their grandparents who “walked to school in blizzards.” Another said that he observed kids playing games and they “get winded – *early*.” One mother talked about how her kids love to play outside, but even she conceded that her eldest child was starting to turn to technology:

“My kids love to be outside. Well, my [eldest child] six-year-old now’s starting to do the tablet thing, but...they want to dig in the dirt.”

“I’ve noticed that kids don’t *want* to go outside to play. It’s not the parents, it’s the kids. And the parents allow them to be inside and there’s so much easy access to

technology inside...I think it's a real deterrent to playing outside. Too much availability to technology."

One contributing factor is that there are no or few free activities for kids. Swimming lessons, Little League and other group activities are costly. Said one participant, "Only people with money can do these things." One participant described it this way:

"For me, as a parent, we try to put my kids in *everything*, you know, I have three kids that are in the Little League that play baseball and softball. My daughter did soccer and my other one did tumbling. And we try and do everything...But not all parents can do that."

"In Show Low, I never see kids go outside and play that much. I think their parents don't...have time to play."

Another problem is keeping children away from unhealthy foods. One mother says she tries to keep healthy food at home, but candy and other "junk food" is available to her children in other places. She said that her children's school serves mostly healthy food in the cafeteria but there is unhealthy snack food for sale every day in the school.

"I am amazed at the amount of sugar in this town! Everything is throwing candy at kids..."

"My kids, they do like fruits and vegetables and things like that. But when they get money or their friends get money, the first thing they do is go to Circle K and buy the chips and, you know, [candy bars]. And it drives me crazy because I don't let them have that stuff in my house -- but I can't be with them 24/7."

"In White River [Indian Community], where we work, there are four-year-olds and I would say 50% of them are already overweight or obese...A lot of them eat a lot of the fast foods -- and it's not just their weight -- it's dental that goes with their diet."

Ironically, the plethora of unhealthy foods can translate into hunger. One participant described the problem as follows:

"If you've never had a hungry child in your classrooms or anything, they can't concentrate...Because parents are gone, there's no controls and they...eat potato chips all day and processed, like, cupcakes and stuff like that -- they're hungry but they're putting on weight because they're not moving or anything."

The situation was not all negative, however, as some participants pointed out locations where children can get healthy food. "One good thing about Head Start," said one, "is there is no candy and they have a very good diet and nutrition." Head Start has moved away from parties focused on food. Instead, the children get stickers, bubbles, and other toys for birthdays and

other celebrations. Of course, healthy foods are available at home, so foods brought from home are the best. One mother said her high schooler avoids cafeteria food entirely, opting to take snacks such as tangerines, pretzels, and water with her instead.

One participant said that the sedentary and easy lifestyle experienced by children today might later be mitigated by advancements in medical technology. However, they also pointed out that the cost of healthcare is high, and going higher, which might prohibit the less fortunate from taking advantage of any medical advances.

Alcohol and Drugs

Focus group participants agreed that residents can get access to illegal drugs easily in the community, including, and especially, in prison. Among the available drugs are methamphetamines, heroin, and other opioids. They also acknowledged the abuse of prescription opioids and other drugs which can be obtained from pain doctors. The Indian Health Service (IHS) now has a database of patients that is used by all IHS facilities, said one participant. This discourages the practice of moving from doctor to doctor to obtain more pain medications and may decrease the practice somewhat.

In Winslow, participants said that the proximity to tribal communities adds to the complexity of alcohol abuse in the community. At times, residents of the tribal nations will come to Winslow to purchase and drink alcohol as alcohol is not sold on tribal land. Sometimes, an individual will buy large quantities of alcohol, presumably to take back to the tribal community. Participants said that because transportation is provided from tribal communities to alcohol addiction meetings in Winslow (such as Alcoholics Anonymous), some participants attend the meeting as a way to reach Winslow, where they can buy more alcohol.

“They do have these taxis. And they bring the people in to town from the reservation and they’ll go to, like, go to the [alcohol addiction] meeting because they have to get the form signed. Then they will go to Walmart or Safeway and get their booze and go back to the reservation.”

“Out on the reservation...Where there’s two or three of the same family living there – there’s two or three houses – and everybody’s drinking. And so you’ve got one person who’s trying to stop, but they’re living in that – living in that environment.”

Alcoholism is not exclusive to residents of tribal communities. Participants said that alcoholism is a concern for many other residents, as well. One even said she wished her community was “a dry city.” Participants don’t blame the problem on drinking establishments. There is only one bar in Winslow, they said, but most people purchase alcohol at a convenience store and consume it outside or at home.

For some residents, alcohol and drug problems are long-lasting, even multi-generational. One participant said she knows people with whom she “partied” as a teen who are in their thirties or thirties and are still living with their parents and are still “strung out.” Another said:

“Drug abuse is a generational thing here. A lot of the parents that are trying to, um, to parent, well these people are strung out on meth and marijuana and prescription. And then the grandparents are, like, alcoholics in some cases.”

Eating Right and Other Healthy Habits

Encouraging children to eat healthy foods is always a struggle, as mentioned earlier, but these struggles extend to the participants themselves and other adults in the household. Practicing healthy behaviors is important to many residents, although they admit that it can be challenging. Participants are aware that certain foods and exercise are healthy, and many talk about trying to buy and serve healthy foods and limit unhealthy ones for their families.

While many try -- or actually do -- to eat healthy foods, they are not immune to the appeal of unhealthy foods. One participant said he eats organic vegetables but “I drink pop every morning.” One participant said that her husband usually eats healthy foods, even taking healthy foods with him to work for lunch. She described him taking out some cherry tomatoes at work, and his colleagues saying, “What is that?” She also described her husband’s tendency to succumb when there are tempting foods at hand:

“When I go shopping I don’t really get, like, chips because – or cookies – because my husband he has no control...Instead of getting two [cookies]...like with the kids [I say] ‘You get two.’ And here he comes with seven. And that’s not right! And that’s why I don’t buy that...”

One participant said she has changed what she eats from her childhood diet. She now makes fry bread only twice per year and doesn’t make tortillas at all, because they both of these foods require “too much work” and are “too fatty.” Another considers herself lucky because she grew up in a healthy environment:

“My mom was just very ingenious. She had a huge garden, she had honeybees. We raised rabbits. And so I think I was very blessed to grow up with that. You know, that’s what I knew.”

Participants reported that community garden members enjoyed various vegetables since the garden started, particularly at harvest times. In some cases, however, new garden members did not even recognize some of the vegetables being produced and had to be educated about how to use and cook them.

“People who get vegetables and commodities and different things – they don’t know how to prepare them...They don’t know how to do it because people are so used to

throwing a TV dinner in or bringing home something - you know - from a deli or restaurant and eating it. They don't know how to go back to the basics."

Unfortunately, community gardens can produce a limited amount of food, so they can only serve a small proportion of the community.

A goal for many is to buy plenty of fruits and vegetables, preferably organic, to have on hand. Yet, organic foods, which they see as healthier, are more costly. An interchange between two participants was the following:

"Participant #1: "One *huge* problem is foods that are good for you cost more than foods that are bad for you."

"Participant #2: "Yeah - organic foods, like, if you buy them at the store, are expensive."

"R1: "Fresh vegetables cost more so those kinds of things if you are on a budget... I have this much money to spend, I got to feed this many people -- so you got to figure that out."

Participants were clear, however that eating these healthy offerings takes more time and money. "Foods that are good for you cost more than foods that are bad for you," said one. "It takes time to prepare healthy foods," said another. "I'm too lazy to cook," said another, who says he gets most meals from restaurants.

There was another factor discouraging some participants or members of their families from eating healthy food – it doesn't taste good. In one participant's former high school cafeteria, the only things he liked were the pizza and hot dogs. The only healthy food he found tolerable was a yogurt parfait that was introduced during his high school tenure. Others talked about the lack of seasoning or salt in school foods, which they admitted makes them less appealing to children (or anyone else). One person who had worked at a school said, "Their pasta is *gross* – it's still fresh in my brain!"

As for exercise and activity, residents are struggling to get or stay on track. "I exercise regularly," said one participant and others talked about being active. One participant got a treadmill and "swore on New Year's Day" that he would use it regularly. Two days later, he reported, he stopped using the machine. A participant summed up the human relationship with healthy behaviors, saying, "People may know. They may have the knowledge. But putting it into action is a completely different scenario." This participant said it helps to have support and coaching to meet health goals.

Medical Care

Residents are aware of medical and behavioral health resources in the community. Many participants had used one or more of the services. Among the resources mentioned in the course of the group discussions were the following:

- Medical: Little Colorado Medical Center, Indian Health Service (IHS) facilities, Summit Healthcare, Payson Regional Hospital, Flagstaff Medical Center, STAT Urgent Care Medical Clinic, North Country HealthCare, Veteran's Administration, private practice offices, Healthy Steps (lactation and other services)
- Insurance: Medicare, Blue Cross/Blue Shield, AHCCCS
- Behavioral: Pineview Psychiatric Hospital, Guidance Center, ChangePoint, Winslow Guidance Associates (WGA)
- Behavioral health support: Alcoholics Anonymous, Pregnancy Center, Alice's Place, Family Advocacy Center (for children with traumatic experiences)

In both areas of the county, the participants lamented about the shortage of healthcare providers. Most had a regular doctor or other type of primary care provider, but in the past, they've lost their doctors to retirement, moving away, or even working in Flagstaff. "The wives don't like it here," said several participants explaining why it is difficult to recruit and keep qualified providers. The doctors who do stay have a heavy patient load and often end up not taking any new patients. One nurse practitioner now has a list of 1,000 patients, claimed one participant.

"Doctors are busy, really busy, so time goes by quick for them. But the wives do not like it up here. Which means if the doctor has a three-year contract, he isn't going to stay past three years, because his wife is so unhappy."

"A big problem with doctors here is they don't take new patients. Like, I see a doctor in Flagstaff because...no one [in Winslow] was taking new patients....[Doctor's name] wouldn't see me, even though I tried to argue that he was my mom's doctor and when she died, that left an opening...And he said 'No.'"

The same pattern is even more pronounced for medical specialists. There are few specialists and when one leaves, it can be months before they are replaced. Even physical therapy clinics can be unavailable. One participant said she scheduled her physical therapy several months in advance of her surgery so that when she needed the physical therapy for rehabilitation after surgery, there would be appointments available. For cancer therapy such as radiation, the wait can be months. The exception is the VA which will shuttle their qualified patients to Phoenix or Tucson for specialty care.

As a result of this shortage, and the cost of insurance, many use the hospital emergency department as a primary source of care. Several participants said they use the hospital – either because they don't have a regular provider, or they don't have insurance, or the hospital is the only facility available:

"My sister is 95 and her kids don't live here so, you know, I'm kind of the one who sees to her. And I have to take her to emergency quite a bit. She'll start feeling bad

on Tuesday, and then on Saturday will call me and say, you know, “Oh, I really feel bad now.’ So, we have, there’s no other place to go.”

Not surprisingly, seeking care at the hospital emergency room usually involves a long wait. In the case of the 95-year-old above, the wait is sometimes so long that she chooses to return home without care, according to her sister.

Alternately, some specifically choose to drive the distance to Flagstaff, Scottsdale or Phoenix for care as they prefer the options available there. The providers at the local facility in Navajo County “don’t have the best reputation,” said one participant who drives to Flagstaff for emergency or urgent care. One said, “I’d rather die on the way to Flagstaff than die here.” Another said that she gets any medical care, including urgent care, exclusively in Scottsdale at one of the hospitals there because she does not like the services that are offered locally. One participant stated that the local Indian Health Service facility would take urgent care patients even if they were not Native American/American Indian. Most of the focus group participants stated that they were unaware of this resource.

To get medical supplies in the community also presents a challenge. Getting specific supplies can require a trip outside the county, as explained here:

“If you come home from rehab and you had surgery on your arm and you need certain things, you have to go to Flagstaff...So if you needed an elevated toilet seat or you needed certain things that we need...when you go home...How do you get into the bathtub?”

Interestingly, at least one participant defined his health not by his current *natural* condition, but by how well modern medical care could make him. As shown in the description below, this participant has a variety of health issues, but because these issues are being moderated by medications and other medical means, he considers himself “healthy:”

“I get all of my stuff through the VA [Veterans Affairs] because I’m considered 100% disabled. OK. And physically as far as health...they’ve got me the hearing aids, the teeth. I had cataract surgery, everything...I have to take my insulin every night and I take pills in the morning...So my health has been really, really good. I thank the good lord for keeping me healthy.”

The topic of transportation to and from medical appointments arose during the conversations. For the most part, residents rely on personal transportation – either driving their own vehicles or getting rides from friends and family in their vehicles. There is also an inexpensive public bus system in the Show Low area, but participants said that it was slow and was limited in its range. One participant said that AHCCCS will cover transportation for those who are covered by this plan. One respondent informed the group that both disabled and abled residents can use the Americans with Disabilities Act (ADA) car service, which costs \$5-10. Very few of the participants were aware of this resource.

Cultural/Linguistic Issues

When asked about cultural and language issues in the community, participants said that Native Americans/American Indians had many resources at their disposal, particularly at the Indian Health Services facilities. “They have everything at IHS,” said one. This includes weight loss programs, exercise programs, and yoga classes. According to participants, IHS and other services are providing culturally appropriate support in many forms:

“My daughter works at Community Bridges, which is a sober recovery unit...They have a full-time – a medicine man – on staff and another, um, full-time guy that does cultural healing and sage something and prayer...I know they have created those positions to help with some of the cultural differences to help people in a way that would be more suited to their culture.”

“One of the things I really enjoyed about working at IHS, or with the Native population, is, um, some of them would come from the reservation, could not speak English, they *always* brought an interpreter. And you don’t see that with other cultures.”

It is important to note that while there were some American Indian participants in the focus groups, they may or may not have felt comfortable expressing criticisms or problems related to cultural issues in the focus group setting. A different approach would be needed to research this issue.

Insurance

Participants in the group had a range of experiences – both good and bad -- with health insurance. On the one hand, many enjoyed the benefits of insurance, such as AHCCCS, Kids Care, Medicare, Veterans Affairs (VA) and insurance offered through their work places. One respondent had reasonably priced insurance from her professional association that covered most if not all of her medical expenses. Those who had VA or insurance through the tribal community were pleased with the cost of premiums and the range of services covered.

On the other hand, some found that their insurance was too limited in the services it covers. For example, one respondent described her experience with a broken wrist. Even though she had health insurance, she could not get the recommended treatment:

“I broke my wrist and the doctor at North Country -- I didn’t have Medicare yet – sent me to Flagstaff to get MRI on it. So, I went there and they said, ‘That’ll be \$1,500 that you have to pay to get the MRI.’ So, I said, ‘Forget the MRI. Forget the \$10,000 surgery with the pin.’ And I just had them put a cast on it. But my doctor [in Winslow], he wasn’t happy about it but what was I gonna do?”

Another respondent, although positive about Medicare for the most part, pointed out that it doesn't cover eye or dental care. In addition, Medicare is hard to "figure out" and "there's no handbook to tell you" how it works. Similarly, those covered by IHS thought that there may be charges when a patient has to be flown out of the area for care.

For some, the solution to the high cost of medical care is to opt out of any health insurance at all for themselves or their families. One respondent said that as a self-employed person, she would have to pay \$1,500 per month to insure her family and she can't afford that. "I cannot afford to see a doctor. I will die before I end up going to a doctor," said one participant. Some figure that paying out-of-pocket for all necessary care is going to be cheaper than carrying insurance. The participants claimed that only those who work for the prison or the hospital or have insurance from somewhere they worked earlier in life, actually pay for insurance. One said that her family's income is too high to qualify for AHCCCS, but not high enough that she and her husband can afford to purchase insurance. Some feel they can avoid the doctor by using prevention methods, as this participant explained:

"We do more home remedies and just try to do good hygiene and vitamins and eat good and you know the best that we can without having to take medicine or go see a doctor."

Finally, participants pointed out that insurance does not cover preventive care. For example, while Medicare will cover medications for diabetes, it will not cover visits with a dietician, an intervention that might help to prevent diabetes. One participant put it this way:

"Just the cost of healthcare today -- and you know it's going to rise. How many people could actually afford good healthcare that even allows you to go do preventable health versus just going when you are absolutely sick? There's no resources for that."

Mental/Emotional Care

When asked about where residents can get help for emotional or mental issues, participants mentioned several resources. One mentioned seeing signs at WGA (Winslow Guidance Associates) that indicated they address alcohol addiction and domestic violence issues. Several brought up the inpatient mental facility in Lakeside called Pineview Psychiatric Hospital. Often, participants said, people will use the emergency department at one of the hospitals as an urgent care for emotional/mental health problems. If someone is suicidal or in crisis, you call 911, one said. One mentioned that tele-medicine practices may be used for counseling, although none of them had used that resource or knew where to get it.

Some participants were aware of court-ordered counseling to help resolve issues such as addiction. Counseling services have been organized around this practice and some agencies are taking advantage of it by setting up information at the courthouse, as described by this participant:

“A nudge from the judge...The judge says, ‘You gotta do this. You have to dut dut dut [get counseling].’ And [the counseling organization] have a desk outside the courtroom and as [the defendants] are going out, they’re going, ‘Need to sign up?’”

As was the case with medical care, however, there are too few behavioral health providers to meet the community’s need. It’s a problem here and across the whole country, said one. The experiences of these two participants demonstrates the problem:

“There’s a couple of counseling centers here, but, I tried to go once, and I made too much money. And I just threw a tantrum in the office! I really did, ‘cause I didn’t have enough money to go hire a counselor in Flagstaff and I thought, ‘Well I’ll just go here.’ But I couldn’t.”

“I tried to make an appointment too and there were several times they tried to reschedule me. And, you know, I’m like, hypothetically, what if I’m, I’m suicidal! You know -- hello?”

In the end, neither of these participants ended up getting any counseling due to the difficulties in trying to get an appointment. As was the case for medical care, residents can go to Flagstaff or elsewhere outside of the county, but one respondent said when she tried this she found that the Flagstaff provider was booked up for months.

Similar shortages exist for providers who work with children. For children who have experienced adverse childhood traumas, the Family Advocacy Center is available, although few knew about the center and its purpose prior to the group. The schools are apparently not a valuable resource for children who need counseling. According to one participant:

“[School counselors] were more financial advisors than health advisors -- like mental health. So, if you had -- like, if you were depressed or something -- it wasn’t really that wise to go to them because they were meant more like what to tell you to do in your future.”

Health Education/Knowledge

While the participants were aware of many healthy foods and healthy practices, they still identified a need (for themselves or others) to learn more about health or related issues. Among the educational topics they mentioned were:

“Every parent wants to do the best for their child. However, if they don’t have the tools...they don’t have that basic knowledge. They’re doing the best they can but it isn’t really what parenting is.”

“The education to know *what* to do to be healthy...Unfortunately you don’t come with a manual when you’re born. Wouldn’t that be nice?”

“You mentioned soups with vegetables and things in them are great, inexpensive way to feed a lot of people. But how many people know how to do that?...The educational piece is lacking – not only in this community but in a lot of communities.”

Second, the participants thought that they and other residents could benefit from a resource that could direct them to other resources. Some cities and towns, they said, have a “3-1-1” service that people can dial and get connected with the services they need. They described it as follows:

“If there was central number people could call and say, ‘These are my needs. Where can I go?’”

“We always had the *Reminder* and the *Scoop* and it came out and told everything this town had and did and what’s going on. And we lost that last year. And so, the high school has put together another paper. It’s called the *Town Crier*. I think that service helps.”

Other Issues

Several other issues were touched upon briefly in the course of the discussions. Those relevant to the report are the following:

- Infectious diseases were not mentioned frequently, but one participant expressed concern that respiratory syncytial virus (RSV), a disease that can be dangerous to infants, was prevalent in the county.
- Another participant talked about a key maternal and child health issue – lactation. She said that too few babies are breastfed and explained the benefits of breastfeeding and its impact on health.
- Finding good and reliable help for care of the elderly was a concern for one participant, who talked about the inconsistent care his mother was receiving.
- One participant emphasized the need for good dental care and eye care. Dental care is so important to overall health that it should not be overlooked. She said she sees people squinting all of the time because they can’t afford new glasses.
- Teaching young children about guns was mentioned as a way to avoid gun accidents.

The Interaction of Issues

The issues presented in this report are grouped by topic area. It is important to point out that participants also mentioned the interconnectedness of various issues. For example, one participant said that poverty was the most pressing problem in the community because poverty

means a parent can't find a quality job and therefore, may be working multiple jobs, can't buy healthy (i.e., expensive) foods, and/or can't afford a car. Another pointed out that alcoholism and drugs can contribute to poor parenting as well as crime, such as domestic violence. "If you read the police records, like everything in there is alcohol-related..." said one participant. Another recognized the interplay of different issues even within one individual. She said, "You can't just say 'Eat healthy' and not understand the whole person. They may not have the means or they may not know what 'Eat healthy' means."

Near the end of each discussion, participants were asked to write down their top two or three health concerns. The facilitator read the list of possible concerns from Question 4 in the discussion guide as a prompt. In Appendix B are all of the participants' lists.

Conclusions

Participants in these focus groups shared many ideas about community health status and needs in the community. For each key finding shown below, there is a list of possible strategies to address the issue, all of which were directly or indirectly suggested by the participants themselves. These strategies are initial ideas and could be deleted, shaped, or expanded as the community health planning proceeds.

- Finding: A healthy community is a strong community where members support each other and offer help to those who need it; where people can easily get physical and mental/emotional healthcare; and the environment is clean and pleasant.
 - Possible strategies: Capitalize on the elements currently existing in the community. Examine the missing elements.
- Finding: There is clearly a concern for the health and welfare of children in the community. Of particular note are the following:
 - Children are not being disciplined or supported and as a result are not respectful of others.
 - A reliance on technology (tablets, phones) is causing children to avoid activity and outdoor recreation.
 - Many children are hungry, obese, or both due to overexposure to "junk food."
 - Possible strategies: Parenting classes; more availability of healthy and tasty food in schools; less availability of unhealthy foods; drug and alcohol rehabilitation for parents and other caregivers; free or low cost recreational activities for kids, e.g., make bicycles available to children and teach them how to repair.

- Finding: Drugs and alcohol are ubiquitous and are associated with addiction, crime, etc. Some families or groups are so entrenched in addiction that it is multi-generational and pervasive. Addiction to prescription drugs is also emerging.
 - Possible strategies: Drug and alcohol addiction programs; methods for reducing prescription drug abuse (e.g., program IHS is using).

- Finding: Residents are knowledgeable of, and committed to, exercising and eating healthy foods. Efforts such as the community gardens contribute to success, while the temptations of easily accessible and inexpensive snack foods sometimes win out.
 - Possible strategies: Expansion of community gardens; education on how to stick to nutrition and exercise programs; education on how to cook healthy foods; better foods in school cafeterias; health coaches or support groups.

- Finding: Medical providers and particularly specialty medical providers (oncologists, pulmonologists, etc.) are in short supply and turnover is high. Some residents are using the hospital emergency department as a primary care provider.
 - Possible strategies: Recruit more providers; explore barriers to recruiting providers; tele-medicine and other part-time provider possibilities; affordable health insurance.

- Finding: There are limited transportation options to get to medical care.
 - Possible strategies: More public transportation; transportation vouchers; publicizing existing transportation methods.

- Finding: Indian Health Service and some other facilities have culturally appropriate services for Native Americans/American Indians.
 - Possible strategies: Continue or expand culturally appropriate practices such as traditional healers and language availability; interview residents about cultural needs.

- Finding: The cost of insurance is prohibiting some residents from getting any insurance. A serious illness or trauma (such as cancer or a motor vehicle accident) could bankrupt a family and serious illnesses may be ignored until critical.
 - Possible strategies: Affordable insurance; eligibility for AHCCCS; examining and promoting wellness/disease prevention strategies.

- Finding: There are very few disease prevention/health promotion resources.

- Possible strategies: Classes – online or in-person; health coaching; nutrition consulting; recipes for healthy foods; lactation specialists to help new mothers.
- Finding: There is a shortage of behavioral health providers. This is especially a concern for suicidal individuals, those in crisis, or those who need court-ordered counseling.
 - Possible strategies: Counselors at schools who can offer emotional counseling; suicide prevention; promote Childhood Advocacy Center and other available resources; recruit more behavioral health providers; examine barriers to recruiting more behavioral health providers.
- Finding: There is a need for one phone number or other resource for finding services.
 - Possible strategies: 3-1-1 phone number that can refer people to services; directory of services.

Meetings with Elected Officials - Results

The following summarizes one-on-one sessions held with Navajo County leadership. See the Introduction and Method sections for more details.

Respondents were very interested in health in the community and appreciated the work that the Navajo County Public Health Services District (NCPHSD) and their partners are putting into the assessment. They are very excited about having a multi-organizational assessment that can be used in a coordinated effort to address the issues in our community. While each has a different orientation toward addressing community problems, both are committed to reviewing the results to see how they can be applied.

Both were very interested in the survey results and other data and want to be included more with the NCPHSD moving forward. Both offered to help with the assessment and said they would be willing to help, for example, distributing the survey to the public.

The following summarizes their answers to the discussion questions.

1. On a scale of 1 to 10, how do you rate the quality of life in Navajo County?

One of the respondents rated the quality of life as eight out of ten and the other respondent selected five.

- The positives associated with the quality of life are natural beauty, diversity, community pride, caring, and people choosing to live here.
- Some aspects that make the quality of life less appealing are limited education opportunities, isolation, social economical divides, and access to care. The respondents also mentioned that communities within the county can be “in silos” or disconnected from each other.

2. In your opinion, what are the public health issues/concerns/problems in Navajo County?

Respondents mentioned two broad areas as concerns:

- First, there are not enough resources for behavior health, drug abuse, education, support, and treatment services.
- Second, there is a lack of awareness and a lack of education about public health problems. There is a sense among the public that the problems are “not in *my* community,” even when they may actually be there.

3. How would you rank Navajo County for overall public health in Arizona?

One respondent ranked Navajo County as #10 and the other ranked it at #11.

4. What would help improve the health of Navajo County?

Respondents suggested three ways to improve the health of Navajo County:

- Additional behavioral health treatment options
- Public awareness and education on priority health issues
- Address the most important/highest priority health issues

5. What are two of your identified public health issues, you wish the public had a better understanding of?

Respondents gave the following suggestions:

- A better understanding of what NCPHSD does
- More education options on controversial topics
- Promote what is good, not just the bad (problems)
- More public education on public health issues

6. What would you like to see as priorities for the Navajo County Public Health Services District?

Both respondents deferred to results of the assessment and will support the Chief Health Officer and the other public health professionals in the direction they feel will effect positive change in our communities.

7. What types of strategies/campaigns would you like to see from the Navajo County Public Health Services District to address these priorities?

Both agreed that this is difficult to say because not one strategy or campaign is going to work across the county. It might look different for different communities, sometimes with the same goal in mind.

Once we have the health assessment completed and it has identified the true needs of the communities both are in support of meeting again to brainstorm ideas on possible goals and strategies. They understand that some conversations about public health issues may be uncomfortable for members of the public as it may involve controversial risk behaviors, such a drug abuse, sexual behavior, etc. However, both are willing to support these conversations as well as all of the NCPHSD efforts and offered to help.

8. Are there any particular data sources you want included in the assessment?

Neither of the respondents provided a specific data source they wanted included in the assessment. Both are aware that a wide range of sources will be used.

9. What have you learned today?

Both respondents said they knew there was a sexually-transmitted disease (STD) issue in the community, but neither had seen the actual numbers prior to the meeting.

10. Would you change your initial ranking of quality of life in Navajo County? If so why?

Neither would change their rating, but they acknowledged that there are tough challenges, and are look forward to moving forward as a team.

Appendix A: Facilitator's Discussion Guide

What is the purpose of this group?

- I'm working with a group of organizations to make a community health assessment
 - Summit Healthcare,
 - Navajo County Public Health Services District,
 - ChangePoint Integrated Health,
 - Northland Pioneer College,
 - Northeastern Arizona Innovative Workforce Solution, and
 - North Country Health Care.
- Health needs and concerns of people in Navajo County,
- Our goal is to improve health and asking people directly what they think and have experienced
- We will use your ideas to help make a plan for health improvement for the county - available online after December 2018.

Facilitator's Introduction

- Thank you!
- I'm facilitator hired by partners to facilitate discussion
- Staff and roles – facilitator, recorder, etc.
- Expected length of time - 2 hours
- Voluntary participation
- Session will be audio-taped, your name NEVER used, will be destroyed when report done.
- Issues of confidentiality and protection of information – what's said in focus group stays in focus group, only anonymous quotes
- We do ask that we all keep each other's identities, participation and remarks private. We hope you'll feel free to speak openly and honestly.
- Ground Rules
 1. Please turn off cell phones
 2. Input from everyone – all perspective valuable
 3. Please avoid side conversations or talk while someone else is – we all want to hear!
 4. We don't need to call on you, just informal
 5. Ask if don't understand a question
 6. I may ask specifically for your opinion or have to change topics – doesn't mean I don't want to hear from you.
- Any questions before we start?

DISCUSSION TOPICS

Ice-breaker/ Introductions

- Talk to person next to you and share...
 - His/her name
 - Family and community connections
 - His/her/your team's definition of "healthy community"
1. One of the things we are wondering is about your quality of life – in other words, how healthy you FEEL from day to day. In general, how would you rate your health? (if need be, use 0-10 scale, 10 being you feel great every single day, 0 being you feel unhealthy every single day)
 - a. Do you feel like you are affected more by physical or mental health problems?
 - b. Has how healthy you feel changed over the course of your life?
 - c. How important is it to you to feel healthy?
 - d. What are the impacts of not feeling healthy on your family? Community?

 2. Do you feel your children are likely to be more healthy than you, less healthy than you, or the same? Why?

 3. Sometimes the neighborhood / area people live in can help them to be healthy or prevent them from being healthy.
 - a. What are the things around where you live that help you to be healthy?
 - b. What are the things around where you live that make it harder to be healthy?
 - c. PROMPTS:
 - Access to healthy foods
 - Access to places for physical activity
 - Cultural/language issues
 - Safety
 - Access to doctor's office, types of doctors, insurance, etc.
 - Exposure to alcohol/tobacco/vaping/drugs
 - Housing

 4. What are health problems or concerns in your community? See what comes up. Tell me more about what that is and how it's a problem, why is it important? how that affects you, your family, the community...

Prompts only if not mentioned:

 - a. Child abuse
 - b. Children with spec hc needs
 - c. Chronic diseases – diabetes, heart disease
 - d. Day care for elderly children, etc.
 - e. Dental/oral health
 - f. Healthcare – specialists, hard to get? Insurance or co-pays too expensive?
 - g. Infectious diseases
 - h. Mental/emotional health

- i. MV accidents
 - j. Racism
 - k. Obesity, lack of exercise
 - o What does the word obesity mean to you? Why would this be considered a problem in (county)?
 - o What is a healthy weight? Verbalize healthy criteria
 - l. Poverty, homeless
 - m. Prenatal care
 - n. STIs, teen pregnancy
 - o. Substance abuse – alcohol, legal or illegal drugs
 - o What do you know about alcohol use in (county)? What do you know about drug use in (county)? What do you read about it or hear about it? How do you know about it (dui accidents, etc.?)
 - o What is the threshold between responsible alcohol use into irresponsible use (of both alcohol and drugs)
 - o Is drug-use a problem?
 - o Legal vs. illegal – people just using too much prescription medications?
 - o Self-medication vs. drug abuse
 - o How easy is it to get illegal drugs in Navajo County? (emphasize again that answers are confidential)
 - p. Tobacco use
 - q. Transportation
 - r. Violent crime
5. What other health issues are important that we haven't discussed?
6. What resources (e.g., agencies, institutions, programs) do we have in the community that seem to be working to address these issues? In other words, what has worked for you, your family or someone you know?
- a. Did you get the help you need? Why or why not?
 - b. If you can't find services, where do you get help?
 - c. What are the consequences of not being able to get help?
- Hospitals or clinics?
 - Urgent Care, doc's offices, hospital
 - What do you think urgent care means? What are urgent care services to you?
 - What situations do you consider urgent? What do you do, where do you go in those situations (wait as long as I can, go to Charlottesville, go somewhere else, etc.)?
 - Are there any alternatives? If so what are they?
 - How useful and/or effective are these substitutes?
 - Mental Health?
 - What does mental health mean to you?
 - If you need help, do you know where to go?

7. One of the things that makes it hard for some people to be healthy is that they can't get medical care when they need it. Has there been a time when you needed medical care but didn't get it?
- Did having insurance, no insurance, Medicaid at the time make a difference?
 - Do you have a regular doctor now – the same person?
 - Are you able to get the preventive services that you need, like yearly physicals, well-child visits, etc?
- Barriers
 - How do most people get to their appointments?
 - Transportation
 - What transportation is available for those who do not have cars? Does it work well?
 - What other resources would you suggest that aren't currently available? In other words, what are some solutions to these problems?
 - Cost/Insurance
 - What trouble do you have with regards to cost?
 - Before we move to the next topic, are there other reasons we have not mentioned that may keep people from getting the health services they need?
8. What other resources or solutions would you suggest that aren't currently available? In other words, what are some solutions to these problems?
What changes do you think would help the community become healthier?
9. What information, data do you want us to look at for our report?
10. Is there anything further anyone would like to add about any of the issues we've already discussed, that you feel you've not had a chance to say?

Closing

- Thanks to all of you for participating!
- If there is something you forgot to tell me, I'll stay for a few minutes and you let me know.
- Confirm when and how participants will receive a summary of the focus group findings
- Does anyone need help getting to car or transportation?

Appendix B: Participants Notes on Biggest Health Issues

As a way to start discussion, the facilitator asked participants to write down what they thought were the biggest health issues or problems in the community. The issues were discussed as a group and the papers were collected at the end of the discussion. Each number below represents one participant's notes. Please note that a few participants did not hand in a written sheet.

Winslow

1. Health services (hospital), nutrition (junk food @ schools, events), obesity
2. Lack of services, lack of health education/information, poverty.
3. Mental health/addiction, domestic violence
4. Alcoholism, mental/emotional health
5. Overweight/diabetes, bad eating habits – kids having polar pop and chips – leads to obesity and diabetes
6. Lack of information about services, lack of \$ for care, lack of availability to healthcare specialists, lack of exercise, domestic violence highest in the country

Show Low

1. Substance abuse, lack of consistent support/encouragement/discipline
2. Too few babies are breastfed – community support, education, medical billing, Insurance is too expensive
3. Poverty, chronic health issues and cost of healthcare
4. Pain management, mental health, strong family values
5. Obesity, parents not involved, drug abuse – legal, generations involved, education follow through – in family setting unit, hunger
6. Child abuse, chronic disease → food, diet, exercise, hygiene, insurance, behavioral health → respect, discipline, transmitted diseases, substance abuse → mental, opioids, illegal drugs, poverty, parental control
7. Dental, nutrition dental, most parents what to do the best for their child – time (working), education, “CDV,” abuse elder child, access to medical care <DPHP> [sic] affordable, holistic prevention support, clinic – sliding scale
8. DM – RSV health issues, bullying – social issues – economic, stable home life, latch key.
9. Drugs, obesity, not enough parental control, grand/parents – become enablers – “friend instead of “parent,” children, call cops if they didn't like what I was doing, tough love, parents went to groups to ask for help, 80s, getting the info out – training
10. ADA coordinator health community, playground, gun [indecipherable], need child help, health center, community health part, child [indecipherable] need their county set the self-advocacy, [indecipherable]