

Pinal County Community Health Assessment 2012



P I N A L ♦ C O U N T Y

Wide open opportunity

Table of Contents

INTRODUCTION	3
PINAL COUNTY	5
History and Geography	5
Climate	5
Community Snapshot and Healthy People 2020.....	6
Sociodemographic Information.....	11
Table 1.1: Pinal County Demographics	
Figure 1.1: Pinal County Population Growth, 2000-2010	
Figure 1.2: Pinal County 2010 Population Map	
Table 1.2: Pinal County Population and Poverty by Place, 2010	
Mortality.....	14
Table 2.1: Leading causes of death in Pinal County and Arizona, 2010	
Chronic Disease Morbidity.....	15
Table 3.1: Leading causes of hospitalization based on inpatient discharges in Pinal County and Arizona, 2009	
Table 3.2: Leading causes of emergency room visits in Pinal County and Arizona, 2009	
Table 3.2: Chronic diseases and disabilities in Pinal County and Arizona, 2009	
Figure 3.1: New cases of cancer in Arizona by sex and county, 2008	
Figure 3.1: Obesity among adults in Arizona by county, 2008	
Figure 3.2: Diabetes among adults in Arizona by county, 2008	
Communicable Disease Morbidity.....	19
Table 4.1: New cases of vaccine preventable diseases in Pinal County and Arizona, 2010	
Table 4.2: New cases of enteric diseases (food and waterborne illnesses) in Pinal County and Arizona, 2010	
Table 4.3: New cases of iNvasive disease in Pinal County and Arizona, 2010	
Table 4.4: New cases of vector-borne diseases in Pinal County and Arizona, 2010	
Figure 4.1: Map of new cases of west nile virus in humans in Arizona, 2010	
Table 4.5: New cases of tuberculosis in Pinal County and Arizona, 2010	
Table 4.6: New cases of sexually transmitted diseases in Pinal County and Arizona, 2010	
Table 4.7: New cases of other reportable diseases in Pinal County and Arizona, 2010	

Maternal and Child Health.....	24
Table 5.1: Pregnancy outcomes by age group in Pinal County and Arizona, 2010	
Table 5.2: Low-birth weight and Infant Mortality in Pinal County and Arizona, 2010	
Figure 5.1: Childhood immunization coverage rates for the 4:3:1:3:3:1 series by two years old in Arizona by County, 2010	
Table 5.3: Additional characteristics of newborns and women giving birth by age group in Pinal County, 2010	
Behavioral Health.....	26
Table 6.1: Tobacco and alcohol use among adults in Pinal County and Arizona, 2009	
Table 6.2: Alcohol, tobacco and substance abuse among teens in Pinal County and Arizona, 2010	
Figure 6.1: Current smoking trends in Arizona, 2002-2009	
Table 6.3: Obesity, diet and exercise in Pinal County and Arizona, 2009	
Figure 6.2: Obesity trends in Arizona, 2002-2009	
Figure 6.3: Physical inactivity among adults in Arizona by county, 2008	
Table 6.4: Physical inactivity among teens in Arizona, 2009	
Table 6.5: Access to health care in Pinal County and Arizona, 2009	
Table 6.6: Oral health and screening behaviors in Arizona, 2009	
PINAL COUNTY COMMUNITY HEALTH ASSESSMENT.....	30
Process.....	30
Methodology	31
Findings.....	35
Summary of Results	51
NEXT STEPS: COMMUNITY HEALTH IMPROVEMENT PLAN.....	52
ACKNOWLEDGEMENTS.....	55

Introduction

A Community Health Assessment (CHA) provides the foundation for improving and promoting the health of the community. A CHA identifies and describes factors that affect the health of a population, and factors that determine the availability of resources within the community to adequately address health concerns. Through the assessment process, a CHA identifies and describes the health status of the community; factors in the community that contribute to health challenges; and existing community assets and resources that can be mobilized to improve the health status of the community. The CHA, therefore, assures that local resources are directed toward activities and interventions that address critical and timely public health needs.

"A systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation."

-Public Health Accreditation Board

This report contains secondary data from the U.S. Census Bureau data, as well as statistics taken from reports compiled by the Centers for Disease Control and Prevention (CDC), Arizona Department of Health Services (ADHS), and Pinal County Public Health Services District. Whenever possible, comparisons are made using State of Arizona and U.S. data, which provide a snapshot in time about the health of Pinal County. Pinal County makes every effort to ensure that the information represented herein is accurate and current. Where external data sources are used, they are assumed to be correct. Pinal County does not guarantee, implied or otherwise, that the validity or accuracy of any data it is not the sole proprietor of. Furthermore, though health data is a powerful tool for assessing the health of communities, it can be difficult to pinpoint exact causes responsible for health problems in a population; caution must be exercised when drawing conclusions and making comparisons to other counties or states.

This report is a summary of the methodology, findings, and results of the Pinal County CHA conducted in 2012. The Pinal County CHA process was modeled after the Public Health Accreditation Board (PHAB) Standards and Mobilizing for Action through Planning and Partnership (MAPP) process developed by the National Association of County and City

Health Officials (NACCHO). This CHA was a comprehensive and collaborative process conducted by Pinal County Public Health Services District (PCPHSD) in partnership with Arizona Department of Health Services and health care providers throughout Pinal County (PHAB Domain 1: Standard 1.1). Pinal County residents, community leaders, and stakeholders were surveyed on the health status and public health issues facing the Pinal County population; both survey and secondary health data were collected and analyzed to identify trends in health problems, environmental public health hazards, and social and economic factors that affect the public's health (PHAB Domain 1: Standards 1.2-1.3). The results of the CHA will be used to develop recommendations regarding public health policy, processes, programs and interventions. (PHAB Domain 1: Standard 1.4).

Pinal County

History and Geography

Pinal County was formed on February 1, 1875 from parts of Maricopa and Pima Counties. The name may have been derived from that of the Pinal Apaches or possibly from the pine groves in the lofty mountains. Pinal County underwent slight modifications in 1877 to correct a boundary error, and it also lost the Globe District of southern Gila in 1881. Its present area is 3,441,920 acres. Included in it are the Gila River (forming part of its boundary) and part of the San Carlos Indian Reservation. Pinal County varies in its characteristics from the agricultural land around its county seat at Florence to the mountains where many rich mining discoveries have been made (Barnes, 1960, p. 288)

Climate

Pinal County, AZ, gets 12 inches of rain per year. The US average is 37. Snowfall is 1 inches. The average US city gets 25 inches of snow per year. The number of days with any measurable precipitation is 39. On average, there are 292 sunny days per year in Pinal County, AZ. The July high is around 104 degrees. The January low is 37. Our comfort index, which is based on humidity during the hot months, is a 43 out of 100, where higher is more comfortable. The US average on the comfort index is 44.

Community Snapshot and Healthy People 2020



Healthy People provides a framework for prevention for communities in the U.S. Healthy People 2020 is a comprehensive set of key disease prevention and health promotion objectives. The health objectives and targets allow communities to assess their health status and build an agenda for community health improvement. Pinal County is interested in tracking its health progress using these key health indicators.

The indicators presented below show how Pinal County is measuring up to the Healthy People 2020 national health targets.

Indicator	Current and Target	Data	Since Prior Period	Status
Access to Health Services				
Adults with Health Insurance	Current: 81.0 percent Target: 100 percent	81.0 100 Current Target		
Children with Health Insurance	Current: 88.9 percent Target: 100 percent	88.9 100 Current Target		
Cancer				
Colorectal Cancer Incidence Rate	Current: 36.7 cases/100,000 population Target: 38.6 cases/100,000 population	36.7 38.6 Current Target		
Food Safety				
E. coli Incidence Rate	Current: 0.6 cases/100,000 population Target: 0.6 cases/100,000 population	0.6 0.6 Current Target		
Salmonella Incidence Rate	Current: 19.5 cases/100,000 population Target: 11.4 cases/100,000 population	19.5 11.4 Current Target		
Heart Disease and Stroke				
Age-Adjusted Death Rate due to Coronary Heart Disease	Current: 88.4 deaths/100,000 population Target: 100.8 deaths/100,000 population	88.4 100.8 Current Target		

Source: Arizona Health Matters: Healthy People 2020 Tracker. Data derived from U.S. Census Bureau, Arizona Cancer Registry, ADHS Vital Statistics, Arizona Criminal Justice Commission Arizona Youth Survey. Available online at: <http://www.arizonahealthmatters.org/>

Community Snapshot and Healthy People 2020

Indicator	Current and Target	Data	Since Prior Period	Status
Immunization and Infectious Diseases				
Tuberculosis Incidence Rate	Current: 7.9 case/100,000 population Target: 1.0 case/100,000 population	<p>7.9 1.0 Current Target</p>		
Injury and Violence Prevention				
Age-Adjusted Death Rate due to Firearms	Current: 16.5 deaths/100,000 population Target: 9.2 deaths/100,000 population	<p>16.5 9.2 Current Target</p>		
Age-Adjusted Death Rate due to Motor Vehicle Collisions	Current: 13.5 deaths/100,000 population Target: 12.4 deaths/100,000 population	<p>13.5 12.4 Current Target</p>		
Pedestrian Death Rate	Current: 2.1 deaths/100,000 population Target: 1.3 deaths/100,000 population	<p>2.1 1.3 Current Target</p>		
Maternal, Infant and Child Health				
Babies with Low Birth Weight	Current: 6.6 percent Target: 7.8 percent	<p>6.6 7.8 Current Target</p>		
Infant Mortality Rate	Current: 7.3 deaths/1,000 live births Target: 6 deaths/1,000 live births	<p>7.3 6 Current Target</p>		
Mothers who Received Early Prenatal Care	Current: 85.6 percent Target: 77.9 percent	<p>85.6 77.9 Current Target</p>		
Preterm Births	Current: 9.6 percent Target: 11.4 percent	<p>9.6 11.4 Current Target</p>		

Source: Arizona Health Matters: Healthy People 2020 Tracker. Data derived from U.S. Census Bureau, Arizona Cancer Registry, ADHS Vital Statistics, Arizona Criminal Justice Commission Arizona Youth Survey. Available online at: <http://www.arizonahealthmatters.org/>

Community Snapshot and Healthy People 2020

Indicator	Current and Target	Data	Since Prior Period	Status
Mental Health and Mental Disorders				
Age-Adjusted Death Rate due to Suicide	Current: 20.3 deaths/100,000 population Target: 10.2 deaths/100,000 population	 20.3 10.2 Current Target		
Substance Abuse				
Teens who Use Marijuana	Current: 15.1 percent Target: 6.0 percent	 15.1 6.0 Current Target		
Tobacco Use				
Teens who Smoke	Current: 17.0 percent Target: 16 percent	 17.0 16 Current Target		

Source: Arizona Health Matters: Healthy People 2020 Tracker. Data derived from U.S. Census Bureau, Arizona Cancer Registry, ADHS Vital Statistics, Arizona Criminal Justice Commission Arizona Youth Survey. Available online at: <http://www.arizonahealthmatters.org/>

Community Snapshot and Healthy People 2020

Pinal County Public Health Services District (PCPHSD) currently operates eleven clinics in several communities, including Apache Junction, Casa Grande, Coolidge, Eloy, Kearny, Mammoth, Maricopa, Oracle, San Manuel, San Tan Valley, and Superior. The addition of two new clinics in Maricopa and San Tan Valley, the most populated areas of Pinal County, is projected to nearly double the number of clients served each year in the future.

PCPHSD serves over 100,000 clients each year, and provides the following services to the community:

- immunizations
- family planning
- STD screening and treatment
- breast and cervical cancer screening
- WIC program
- diabetes prevention and nutrition education classes
- breastfeeding peer counseling
- CSFP food boxes
- school health liaison program
- birth and death certificates



A community member participating in a local farmers' market. WIC provides eligible clients with farmers' market vouchers, and PCPHSD staff assist with organizing local farmers and community member volunteers.



WIC nutritionists and breast feeding peer counselors staffing an information booth at a diabetes community health fair.



The Maricopa Clinic under construction, which opened in February 2013.

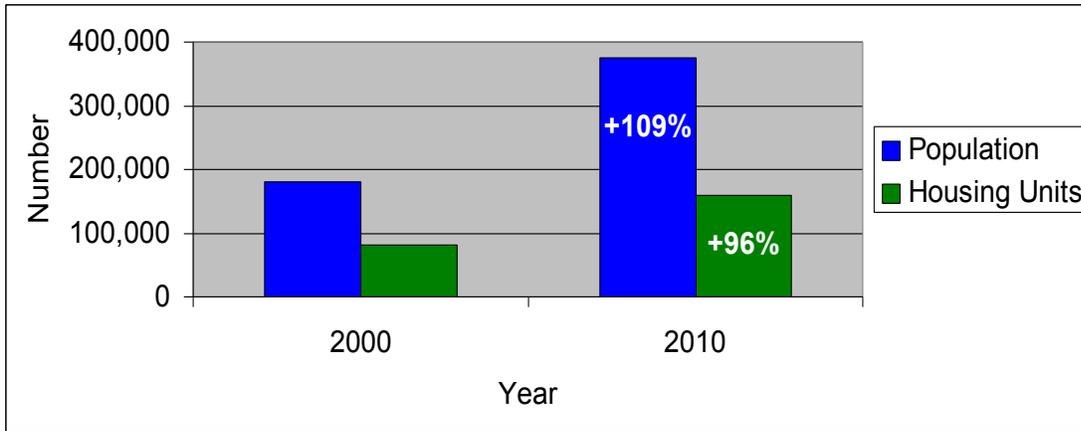
Sociodemographic Information

TABLE 1.1: PINAL COUNTY DEMOGRAPHIC PROFILE

People QuickFacts	Pinal County	Arizona	U.S.
Population, 2010	375,770	6,392,017	308,745,538
Population, percent change, 2000 to 2010	109.0%	24.60%	9.70%
Population, 2000	179,720	5,130,607	281,424,602
Persons under 5 years old, percent, 2009	8.00%	7.90%	6.90%
Persons under 18 years old, percent, 2009	26.50%	26.30%	24.30%
Persons 65 years old and over, percent, 2009	13.80%	13.10%	12.90%
Female persons, percent, 2009	47.80%	49.90%	50.70%
White persons, percent, 2010 (a)	72.40%	73.00%	72.40%
Black persons, percent, 2010 (a)	4.60%	4.10%	12.60%
American Indian and Alaska Native persons, percent, 2010 (a)	5.60%	4.60%	0.90%
Asian persons, percent, 2010 (a)	1.70%	2.80%	4.80%
Native Hawaiian and Other Pacific Islander, percent, 2010 (a)	0.40%	0.20%	0.20%
Persons reporting two or more races, percent, 2010	3.80%	3.40%	2.90%
Persons of Hispanic or Latino origin, percent, 2010 (b)	28.50%	29.60%	16.30%
White persons not Hispanic, persons, 2010	58.70%	57.80%	63.70%
Living in same house 1 year ago, pct 1 yr old & over, 2005-2009	75.50%	79.40%	83.80%
Foreign born persons, percent, 2005-2009	10.90%	14.70%	12.40%
Language other than English spoken at home, pct age 5+, 2005-2009	23.80%	27.90%	19.60%
High school graduates, percent of persons age 25+, 2005-2009	83.30%	83.90%	84.60%
Bachelor's degree or higher, pct of persons age 25+, 2005-2009	18.00%	25.70%	27.50%
Veterans, 2005-2009	28,921	550,681	22,894,578
Mean travel time to work (minutes), workers age 16+, 2005-2009	31.7	24.9	25.2
Housing units, 2009	148,032	2,752,991	129,969,653
Homeownership rate, 2005-2009	77.40%	68.30%	66.90%
Housing units in multi-unit structures, percent, 2005-2009	6.70%	20.70%	25.90%
Median value of owner-occupied housing units, 2005-2009	\$169,700	\$218,400	\$185,400
Households, 2005-2009	108,345	2,248,170	112,611,029
Persons per household, 2005-2009	2.54	2.76	2.60
Per capita money income in past 12 months (2009 dollars) 2005-2009	\$21,526	\$25,203	\$27,041
Median household income, 2009	\$49,088	\$48,711	\$50,221
Persons below poverty level, percent, 2009	13.70%	16.50%	14.30%

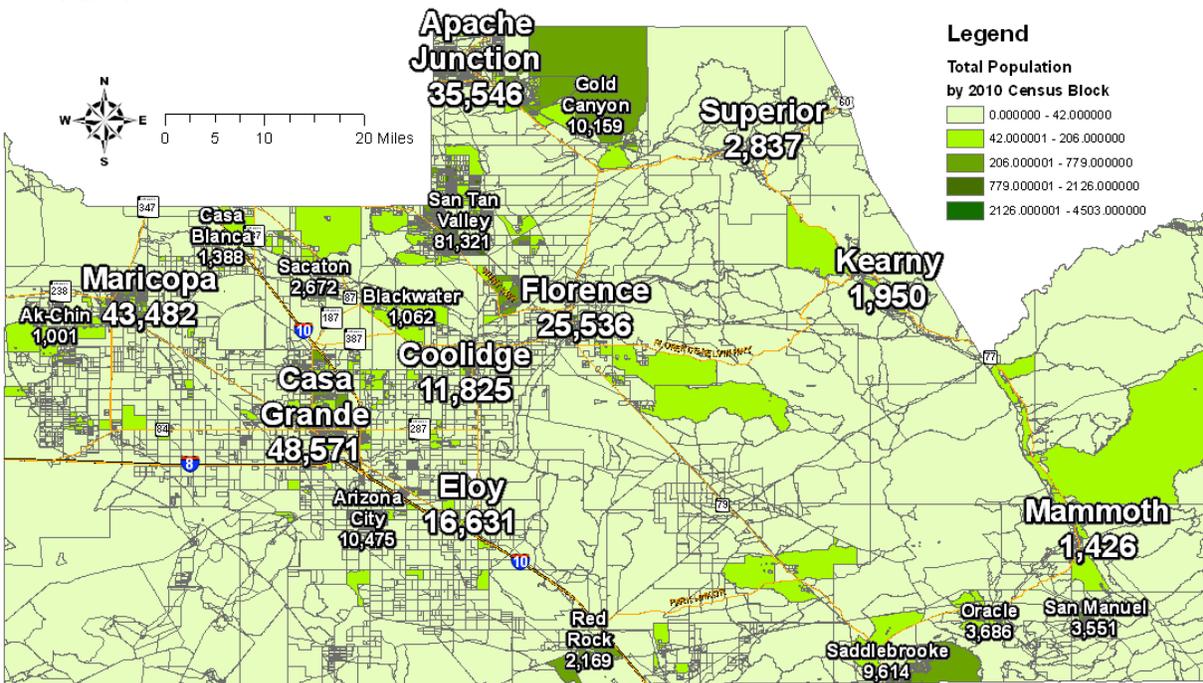
Source: U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, Census of Population and Housing, Small Area Income and Poverty Estimates, State and County Housing Unit Estimates, National Vital Statistics System. Available online at: <http://quickfacts.census.gov/>

FIGURE 1.1: PINAL COUNTY POPULATION GROWTH, 2000-2010



Pinal County is the second fastest growing metro-central county in the U.S., behind Kendall County in Illinois. Pinal County’s population grew by 109% from 179,720 in 2000 to 375,770 in 2010, with a concurrent 96% increase in housing units. The rest of Pinal County’s demographic profile remains similar to Arizona and the U.S.

FIGURE 1.2: PINAL COUNTY 2010 POPULATION MAP



Source: U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, Census of Population and Housing, Small Area Income and Poverty Estimates, State and County Housing Unit Estimates, National Vital Statistics System. Available online at: <http://quickfacts.census.gov/>

TABLE 1.2: PINAL COUNTY POPULATION AND POVERTY BY PLACE, 2010

Place	Total Population	Total Housing Units	Vacancy Rate	Individuals below poverty level (ACS 2005-09)
Pinal County	375,770	191,920	23.10%	13.90%
Ak-Chin Indian Community	1,001	299	5.90%	53.20%
Apache Junction	35,464	22,271	31.00%	14.00%
Arizona City CDP	10,475	5,046	21.60%	14.10%
Cactus Forest CDP	594	287	14.60%	N/A
Campo Bonito CDP	74	48	22.90%	N/A
Casa Grande	48,571	22,400	21.20%	17.20%
Coolidge	11,825	4,796	17.70%	21.20%
Dudleyville CDP	959	423	16.30%	49.00%
Eloy	16,631	3,691	19.20%	27.20%
Florence	25,536	5,224	36.30%	8.80%
Gila River Indian Community	8,718	2,403	7.00%	N/A
Gold Canyon CDP	10,159	6,874	28.90%	N/A
Kearny	1,950	878	13.90%	8.10%
Mammoth	1,426	635	23.30%	27.90%
Marana	0	0	0.00%	5.90%
Maricopa	43,482	17,240	16.70%	5.20%
Oracle CDP	3,686	1,772	14.50%	17.80%
Picacho CDP	471	185	9.70%	N/A
Queen Creek	449	163	7.40%	5.20%
Queen Valley CDP	788	621	35.90%	9.60%
Red Rock CDP	2,169	786	10.30%	N/A
Saddlebrooke CDP	9,614	5,671	13.50%	N/A
San Carlos Indian Community	0	1	100.00%	52.90%
San Manuel CDP	3,551	1,541	13.80%	24.30%
San Tan Valley CDP	81,321	29,417	15.90%	N/A
Stanfield CDP	740	222	11.70%	10.10%
Superior	2,837	1,465	24.70%	27.50%
Tohono-Oodham Indian Community	603	206	23.80%	N/A
Top-of-the World CDP	231	173	30.60%	0.00%
Winkelman	0	0	0.00%	17.60%
County Remainder (<i>Unincorporated</i>)	52,363	24,466	21.50%	N/A

Source: U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, Census of Population and Housing, Small Area Income and Poverty Estimates, State and County Housing Unit Estimates, National Vital Statistics System. Available online at: <http://quickfacts.census.gov/>

Mortality

In 2010, the leading causes of death in Pinal County are cancer and heart disease, followed by lung disease, drug or alcohol-induced death, and accidents. The mortality rate per 100,000 for all deaths in Pinal County is lower than Arizona. Although cancer, drug and alcohol-induced death and accidents rank higher in Pinal County compared to the leading causes of death in Arizona, the mortality rates for these causes of death are lower compared to Arizona.

TABLE 2.1: LEADING CAUSES OF DEATH IN PINAL COUNTY AND ARIZONA, 2010

Cause of death	Pinal County deaths	Mortality rate per 100,000	Arizona (State) deaths	Mortality rate per 100,000
Total deaths, all causes	2,258	600.9	45,871	717.6
Cancer	605	161.0	10,866	170.0
Heart disease	601	159.9	12,847	201.0
Lung disease	200	53.2	3,675	57.5
Drug or alcohol-induced death	114	30.3	2,058	32.2
Total accidents, not including motor vehicle accidents	93	24.7	2,123	33.2
Alzheimer's disease	77	20.5	2,314	36.2
Diabetes	77	20.5	1,372	21.5
Intentional self-harm or suicide	71	18.9	1,070	16.7
Assault, homicide or injury by a fire arm	66	17.6	1,311	20.5
Motor vehicle accidents	57	15.2	711	11.1
Chronic liver disease and cirrhosis, not including viral hepatitis	53	14.1	843	13.2
Symptoms, signs or abnormal findings	47	12.5	1,137	17.8
Kidney disease	31	8.2	525	8.2
Influenza and pneumonia	27	7.2	729	11.4
Septicemia	27	7.2	425	6.6

Source: Arizona Department of Health Services Vital Statistics. Data derived from ADHS 2010 Reports and U.S. Census Bureau 2010 Population Estimates. Available online at: <http://www.azdhs.gov/plan>

Chronic Disease Morbidity

TABLE 3.1: LEADING CAUSES OF HOSPITALIZATION BASED ON INPATIENT DISCHARGES IN PINAL COUNTY AND ARIZONA, 2009

Category of first-listed diagnosis	Pinal County	Rate per 10,000	Arizona (State)	Rate per 10,000
Total	39,599	1208.4	672,807	1020.1
Diseases of the heart and circulatory system	6,281	191.7	100,622	152.6
Diseases of the digestive system, including appendicitis, enteritis, colitis, diverticula of intestine, and cholelithiasis	4,385	133.8	72,452	109.8
Injury and poisoning	3,785	115.5	64,560	97.9
Diseases of the respiratory system, including pneumonia, bronchitis, and asthma	3,764	114.9	62,407	94.6
Diseases of the musculoskeletal system, including osteoarthritis and other disorders	2,439	74.4	40,736	61.8
Diseases of the genitourinary system, including kidney disease, etc.	2,538	77.4	38,302	58.1
Symptoms signs and ill-defined conditions	1,839	56.1	33,394	50.6
Endocrine nutritional metabolic and immunity diseases, including diabetes and morbid obesity	1,720	52.5	25,718	39.0
Cancer, including malignant and benign neoplasms	1,505	45.9	28,258	42.8
Infectious and parasitic diseases, including enterocolitis and septicemia	1,433	43.7	25,214	38.2
Diseases of the skin and subcutaneous tissue, including cellulitis and abscess	1,079	32.9	15,745	23.9
Diseases of the nervous system	817	24.9	14,631	22.2
Mental disorders, including alcohol and drug abuse, psychoses, anxiety, depression, and drug dependence**	550	16.8	17,969	27.2
Diseases of the blood and blood forming organs	380	11.6	6,554	9.9
Conditions originating in perinatal period	198	6.0	3,752	5.7
Congenital anomalies	159	4.9	2,960	4.5

Source: Arizona Department of Health Services Vital Statistics. Data derived from ADHS 2010 Reports and U.S. Census Bureau 2010 Population Estimates. Available online at: <http://www.azdhs.gov/plan>

TABLE 3.2: LEADING CAUSES OF EMERGENCY ROOM VISITS IN PINAL COUNTY AND ARIZONA, 2009

Leading diagnosis	Pinal County	Arizona (State)
Total, all visits	89,602	1,825,488
Abdominal pain	5,309	99,953
Acute upper respiratory infection, excluding pharyngitis	5,229	96,061
Contusion with intact skin surface	3,657	65,645
Chest pain	3,279	62,613
Mental disorders	2,876	58,400
Spinal disorders	2,814	54,223
Open wound, excluding head	2,157	48,493
Cellulitis and abscess	2,052	40,554
Open wound of head	1,848	38,823
Otitis media and eustachian tube disorders	1,298	37,019
Sprains and strains of neck and back	2,009	37,017
Headache	1,556	36,819
Urinary tract infection, site not specified	2,055	36,760
Sprains and strains, excluding ankle and back	1,905	34,851
Nausea, vomiting	1,601	33,950
Rheumatism, excluding back	1,684	31,815
Fever	1,650	31,274
Asthma	1,154	25,893
Acute pharyngitis	862	23,484
Pneumonia	1,089	22,335
Gastroenteritis and colitis	632	20,970
Chronic and unspecified bronchitis	602	20,721
Superficial injuries	916	19,311
Migraine	960	18,821
Unspecified viral and chlamydial infection	830	15,823
Heart disease, excluding ischemic	715	11,481

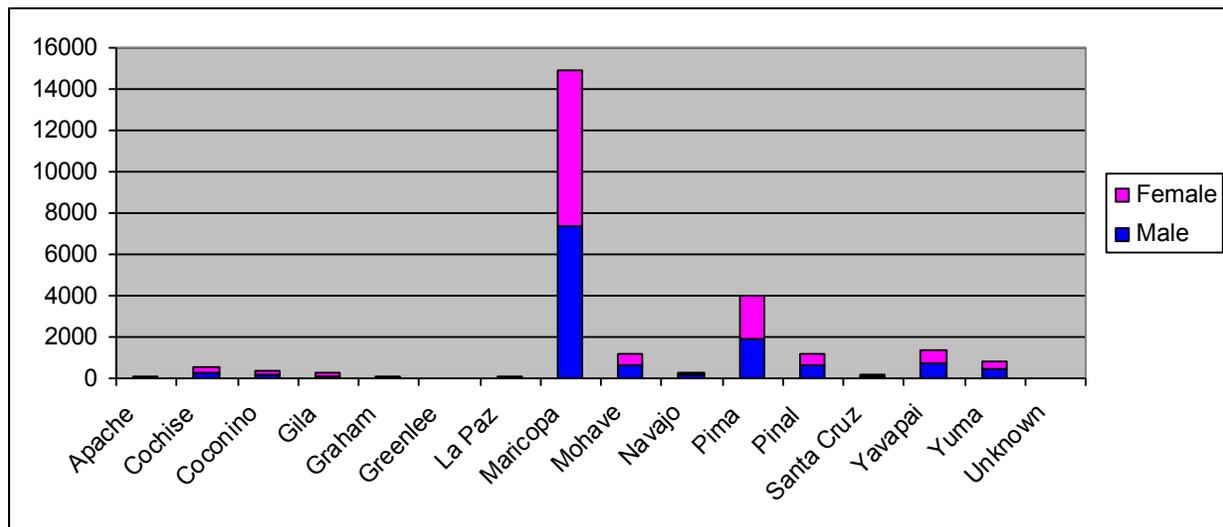
Source: Arizona Department of Health Services Vital Statistics. Data derived from ADHS 2009 Reports. Available online at: <http://www.azdhs.gov/pla>

TABLE 3.3: CHRONIC DISEASES AND DISABILITIES IN PINAL COUNTY AND ARIZONA, 2009

Survey Response	Pinal	Arizona	U.S.
Good or better health status, 2009	82.70%	85.50%	85.80%
Satisfied or very satisfied with life, 2009	94.70%	94.30%	N/A
Limitations of activities, 2009	23.10%	18.60%	N/A
Require special equipment for health reasons, 2009	7.40%	6.30%	N/A
Had a heart attack, 2009	5%	4.40%	3.90%
Diagnosed with angina or coronary heart disease, 2009	5.10%	3.40%	3.80%
High blood pressure	32.60%	26.60%	28.60%
High cholesterol	37.30%	40.90%	N/A
Population with asthma, 2009	16.10%	15.50%	13.40%
Cancer, 2009	11.60%	11.10%	N/A
Had a stroke	6.00%	2.60%	2.40%
Obesity	25.90%	35.60%	27.10%
Had diabetes not pregnancy related	10%	8.60%	8.40%

Source: Behavioral Risk Factor Surveillance Survey. Data derived from BRFSS 2009 Reports. Pinal County data is based on n=377 respondents. Available online at: <http://www.cdc.gov/BRFSS/>

FIGURE 3.1: NEW CASES OF CANCER IN ARIZONA BY SEX AND COUNTY, 2008



In 2004-2008, there were 370.7 cases per 100,000 population in Pinal County, compared with 398.3 cases per 100,000 in Arizona.

Source: Arizona Department of Health Services Arizona Cancer Registry. Data derived from ADHS 2004-2008 Reports. Available online at: <http://www.azdhs.gov/phs/phstats/acr/index.htm>

FIGURE 3.2: OBESITY AMONG ADULTS IN ARIZONA BY COUNTY, 2008

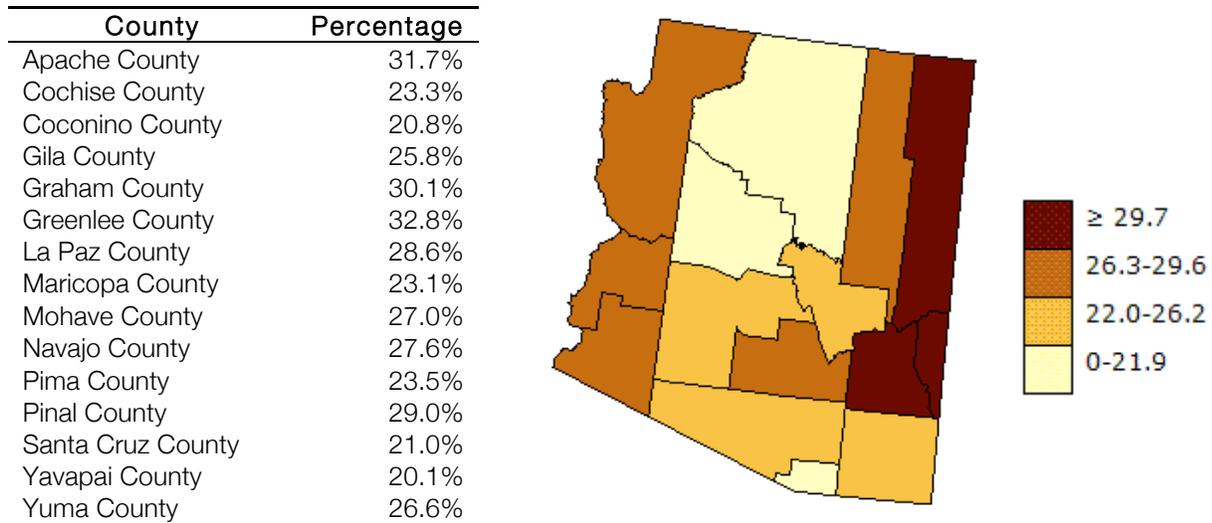
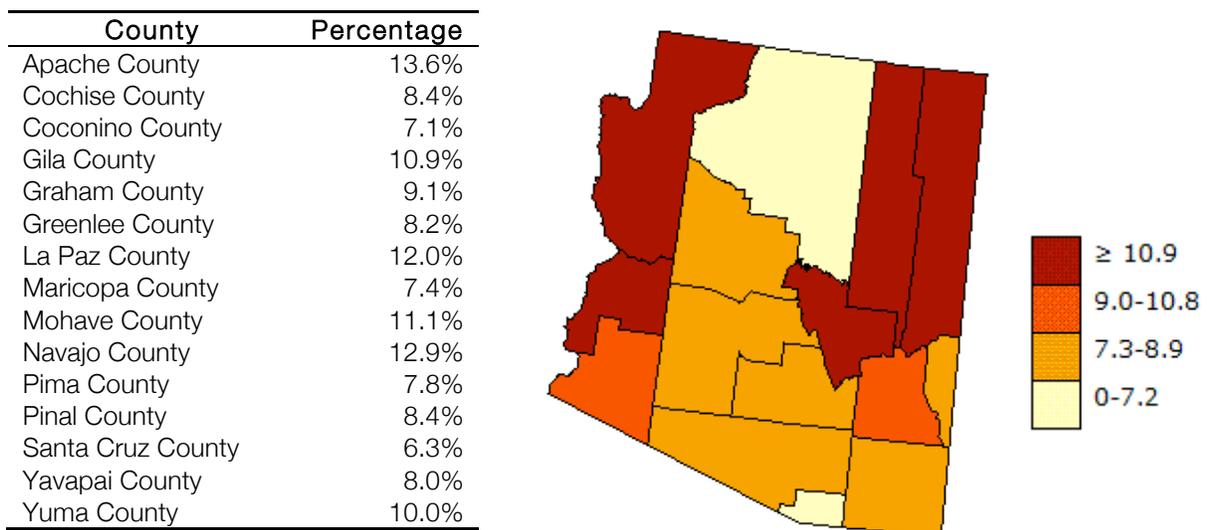


FIGURE 3.3: DIABETES AMONG ADULTS IN ARIZONA BY COUNTY, 2008



In the U.S. an estimated 8.3% (25.8 million) of the population have diabetes. Compared to non-Hispanic white adults, the risk of diagnosed diabetes is higher among American Indian, Hispanics, and non-Hispanic blacks. Among adults with diagnosed diabetes in the U.S., 12% take insulin only, 14% take both insulin and oral medication, 58% take oral medication only, and 16% do not take medication. In 2007, the estimated cost of diabetes in the U.S. was \$174 billion in indirect and direct medical costs.

Source: Centers for Disease Control and Prevention: National Diabetes Surveillance System. Data derived from CDC 2008 Reports. Available online at: <http://www.cdc.gov/diabetes/statistics/index.htm>

Communicable Disease Morbidity

In 2009, 171 communicable disease outbreaks were reported and investigated from ten county health departments in Arizona; Pinal County reported 2 outbreaks (1.17%). The most frequently reported type of outbreak in Arizona was gastrointestinal (GI) illness representing 46% of the reports. Other frequently reported outbreaks include respiratory illness (37%) and vaccine-preventable diseases (8%). The top five reported suspect infectious agents causing outbreaks in Arizona for 2009 were influenza (32%), norovirus (19%), varicella (8%), *Shigella* spp. (8%) and *Streptococcus* Group A (5%). Other infectious agents represented 13% of the total outbreak reports and in 15% of the outbreaks an agent could not be determined.

GI illness outbreaks were most frequently reported in a restaurant and hospital or assisted living facility with 29 (37%) and 24 (31%) reported outbreaks, respectively. GI illness outbreaks were usually medium in size with five to 50 people per outbreak report. For respiratory outbreaks, 57 (89%) were located at a school or childcare facility, and three (5%) located in a prison or jail, and most involved over 100 people. For vaccine preventable diseases, 13 (93%) of the outbreaks were reported from a school or childcare facility; outbreaks were usually small with <5 people per outbreak. For lice and mites, 5 (71%) were located in a hospital or assisted living facility and one outbreak was reported from a school or child care facility, most frequently reported in 5 to 10 people. West Nile Virus (WNV) human cases and positive mosquito pools were prevalent in the East Valley of Metro Phoenix in Maricopa and Pinal Counties.

The 2009 Arizona rate was 3.5 tuberculosis (TB) cases per 100,000 in population, which was less than the U.S. rate of 3.8 TB cases per 100,000. There were 232 reported cases of TB in Arizona in 2009, a 2% increase from 2008. Maricopa, Pima, Pinal, and Yuma counties accounted for 91% (210/232) of the cases. Arizona ranks 13th among all states for TB morbidity; Arizona has observed an increasing proportion of cases among foreign-born individuals. In 2009, 66% (154/232) of Arizona cases were born outside the U.S. and its territories. TB cases diagnosed in correctional facilities accounted for 17% (37/216) of the reported cases.

Although chlamydia case rates seem to have leveled off over the last four years and gonorrhea has declined significantly, a closer examination shows rates among young people ages 15-24 reveals a much higher burden of disease. African Americans and American Indians have disproportionately higher rates of chlamydia and gonorrhea compared to other groups. An analysis of the annual case rate trends of early syphilis by race and ethnicity shows a decrease in the annual case rate among African Americans and American Indians in Arizona recently. The total number of congenital syphilis cases has decreased from the two previous years; this decrease mirrors the decrease seen statewide in both P&S and early syphilis and may reflect increased local and statewide awareness and prevention activities related to congenital syphilis. The total number of prevalent HIV/AIDS cases has increased slightly each year; in 2009, the number of AIDS prevalent cases surpassed the number of HIV cases recorded in Arizona for the first time. African American men and women appear to be disproportionately impacted by the HIV/AIDS epidemic in Arizona; White and Hispanic men as well as Native American women also have noteworthy prevalence rates of HIV/AIDS.

TABLE 4.1: NEW CASES OF VACCINE PREVENTABLE DISEASES IN PINAL COUNTY AND ARIZONA, 2010

Reported Diseases	Pinal County Cases	Rate per 100,000	Arizona (State) Cases	Rate per 100,000
Haemophilus Influenzae (non-b and type b)	4	1.1	115	1.8
Influenza*	34	9.0	1,156	18.1
Measles	0	0.0	1	0.0
Mumps	0	0.0	5	0.1
Pertussis	18	4.8	546	8.5
Rubella	0	0.0	1	0.0
Tetanus	0	0.0	2	0.0
Varicella	66	17.6	N/A	N/A

Source: Pinal County Infectious Disease and Epidemiology Section, ADHS Bureau of Epidemiology and Disease Control. Data derived from 2010 Reports.

TABLE 4.2: NEW CASES OF ENTERIC DISEASES (FOOD AND WATER-BORNE ILLNESSES) IN PINAL COUNTY AND ARIZONA, 2010

Reported Diseases	Pinal County Cases	Rate per 100,000	Arizona (State) Cases	Rate per 100,000
Amebiasis	1	0.3	13	0.2
Campylobacteriosis	32	8.5	956	15.0
Cryptosporidiosis	2	0.5	40	0.6
Enterohemorrhagic Escherichia Coli	11	2.9	100	1.6
Giardiasis	6	1.6	167	2.6
Listeriosis	0	0.0	10	0.2
Salmonellosis	66	17.6	993	15.5
Shigellosis	16	4.3	457	7.1
Typhoid Fever	0	0.0	6	0.1
Vibrio	0	0.0	18	0.3
Yersiniosis	0	0.0	3	0.0

TABLE 4.3: NEW CASES OF INVASIVE DISEASES IN PINAL COUNTY AND ARIZONA, 2010

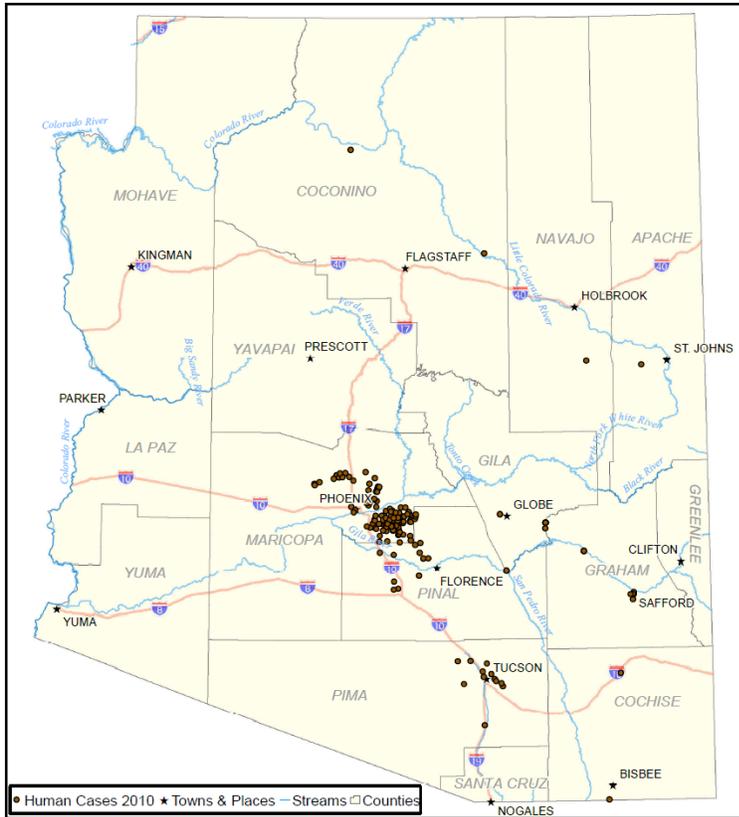
Reported Diseases	Pinal County Cases	Rate per 100,000	Arizona (State) Cases	Rate per 100,000
Aseptic Meningitis	25	6.7	733	11.5
Group A Streptococcus	6	1.6	190	3.0
Group B Streptococcus, infant <90 days	0	0.0	45	0.7
Legionellosis	2	0.5	65	1.0
Meningococcal Invasive Disease	0	0.0	14	0.2
Methicillin-resistant Staphylococcus Aureus	47	12.5	1,164	18.2
Streptococcus pneumoniae	42	11.2	823	12.9

TABLE 4.4: NEW CASES OF VECTOR-BORNE DISEASES IN PINAL COUNTY AND ARIZONA, 2010

Reported Diseases	Pinal County Cases	Rate per 100,000	Arizona (State) Cases	Rate per 100,000
Colorado Tick Fever	0	0.0	1	0.0
Dengue	1	0.3	10	0.2
Hantavirus	0	0.0	0	0.0
Lyme Disease	0	0.0	2	0.0
Malaria	1	0.3	28	0.4
Rabies-Animals tested positive	8	2.1	103	1.6
Rocky Mountain Spotted Fever	1	0.3	17	0.3
Scabies	6	1.6	N/A	N/A
West Nile Virus	15	4.0	164	2.6

Source: Pinal County Infectious Disease and Epidemiology Section, ADHS Bureau of Epidemiology and Disease Control. Data derived from 2010 Reports.

FIGURE 4.1: MAP OF NEW CASES OF WEST NILE VIRUS IN HUMANS IN ARIZONA, 2010



Source: Pinal County Infectious Disease and Epidemiology Section, ADHS Bureau of Epidemiology and Disease Control. Data derived from 2010 Reports. Available online at: www.azdhs.gov/phs/oids/westnile

TABLE 4.5: NEW CASES OF TUBERCULOSIS IN PINAL COUNTY AND ARIZONA, 2010

Reported Diseases	Pinal County Cases	Rate per 100,000	Arizona (State) Cases	Rate per 100,000
Newly diagnosed active cases	49	13.0	283	4.4
Newly diagnosed LTBI cases	40	10.6	N/A	N/A

Source: Pinal County Infectious Disease and Epidemiology Section, ADHS Bureau of Epidemiology and Disease Control. Data derived from 2010 Reports.

TABLE 4.6: NEW CASES OF SEXUALLY TRANSMITTED DISEASES IN PINAL COUNTY AND ARIZONA, 2010

Reported Diseases	Pinal County Cases	Rate per 100,000	Arizona (State) Cases	Rate per 100,000
Chlamydia	944	251.2	26,935	421.4
Gonorrhea	55	14.6	3,255	50.9
Syphilis (P,S,EL)	11	2.9	396	6.2
Congenital syphilis	0	0.0	16	0.3
HIV/AIDS*	25	6.7	659*	0.0

*Arizona (State) estimate of new HIV cases is based on 2009 reports; all other cases are from 2010 reports.

TABLE 4.7: NEW CASES OF OTHER REPORTABLE DISEASES IN PINAL COUNTY AND ARIZONA, 2010

Reported Diseases	Pinal County Cases	Rate per 100,000	Arizona (State) Cases	Rate per 100,000
Basidiobolomycosis	1	0.3	1	0.0
Brucellosis	0	0.0	9	0.1
Coccidioidomycosis (Valley fever)	559	148.8	11,888	186.0
Creutzfeldt-Jakob	0	0.0	8	0.1
Cysticercosis	0	0.0	1	0.0
Encephalitis, parasitic	0	0.0	3	0.0
Encephalitis, viral	0	0.0	6	0.1
Flu-associated pediatric death	0	0.0	1	0.0
Hansen's disease	0	0.0	1	0.0
Hemolytic uremic syndrome	0	0.0	2	0.0
Hepatitis A	5	1.3	61	1.0
Hepatitis B (perinatal)	44	11.7	1,112	17.4
Hepatitis C	104	27.7	N/A	N/A
Hepatitis D	0	0.0	1	0.0
Hepatitis E	0	0.0	N/A	N/A
Kawasaki syndrome	2	0.5	22	0.3
Melioidosis or glanders	0	0.0	1	0.0
Q fever	0	0.0	6	0.1
RSV (lab reportable only)	306	81.4	N/A	N/A
Taeniasis	0	0.0	1	0.0
Toxic Shock Syndrome	0	0.0	3	0.0
Tularemia	0	0.0	1	0.0
Unexplained death with fever	8	2.1	N/A	N/A
Vaccinia-related event	0	0.0	1	0.0
VISA	0	0.0	3	0.0

Source: Pinal County Infectious Disease and Epidemiology Section, ADHS Bureau of Epidemiology and Disease Control, Office of Infectious Disease Services and Sexually Transmitted Disease Program. Data derived from Annual Report 2009 and Annual Report 2010.

Maternal and Child Health

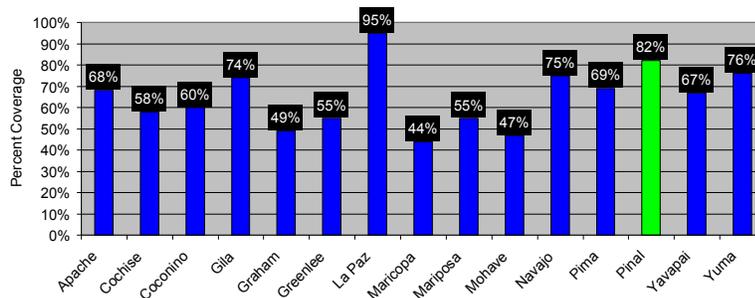
TABLE 5.1: PREGNANCIES OUTCOMES BY AGE GROUP IN PINAL COUNTY AND ARIZONA, 2010

Geographic Area	Outcome	Total	Rate per 1,000 pregnancies	Mother's age group						
				<17	18-19	20-24	25-29	30-34	35-39	40+
Pinal	Total pregnancies	5,231	---	172	368	1,308	1,672	1,124	480	107
	Births	4,990	953.9	162	349	1,252	1,609	1,078	444	96
	Abortions	217	41.5	9	19	52	57	41	31	8
	Fetal deaths	24	4.6	1	0	4	6	5	5	3
Arizona	Total pregnancies	98,555	---	3,525	7,467	25,980	27,632	21,068	10,234	2,493
	Births	87,053	883.3	3,027	6,401	22,216	24,900	19,299	9,115	2,095
	Abortions	11,059	112.2	479	1,033	3,660	2,618	1,695	1,044	374
	Fetal deaths	443	4.5	19	33	104	114	74	75	24

TABLE 5.2: LOW-BIRTHWEIGHT AND INFANT MORTALITY IN PINAL COUNTY AND ARIZONA, 2010

Geographic Area	Low-birthweight births	Low-birthweight births per 100 births	Infant deaths	Infant mortality rate per 1,000 live births
Pinal County	330	6.6	20	4.0
Arizona	6,155	7.1	519	6.0
USA	N/A	N/A	24,500	6.1

FIGURE 5.1: CHILDHOOD IMMUNIZATION COVERAGE RATES FOR THE 4:3:1:3:3:1 SERIES BY TWO YEARS OLD IN ARIZONA BY COUNTY, 2010



Source: National Center for Health Statistics: Data derived from provisional monthly 2010 reports. Available online at: <http://www.cdc.gov/nchs>. ADHS Vital Statistics: Data derived from 2010 reports. Available online at: <http://www.azdhs.gov/plan>.

TABLE 5.3: ADDITIONAL CHARACTERISTICS OF NEWBORNS AND WOMEN GIVING BIRTH IN PINAL COUNTY, 2010

		Total	Mother's age group								
			<15	15-17	18-19	20-24	25-29	30-34	35-39	40-44	45+
Total births in Pinal County		4,990	6	156	349	1,252	1,609	1,078	444	95	1
Payee for births	AHCCCS	2,321	4	124	299	770	607	353	133	30	1
	IHS	68	0	6	4	29	16	8	4	1	0
	Private insurance	2,441	2	21	38	411	943	674	293	59	0
	Self	130	0	2	8	35	31	38	11	5	0
	Unknown	30	0	3	0	7	12	5	3	0	0
Marital status	Married	2,923	0	9	40	534	1,100	804	362	73	1
	Unmarried	2,026	6	147	309	710	491	266	78	19	0
	Other*	41	0	0	0	8	18	8	4	3	0
Prenatal care	No care	80	0	6	10	20	17	13	9	5	0
	1st trimester	4,317	2	115	265	1,046	1,438	963	407	80	1
	2nd trimester	497	4	32	67	150	125	87	23	9	0
	3rd trimester	95	0	3	7	36	28	15	5	1	0
	Unknown	1	0	0	0	0	1	0	0	0	0
Prenatal visits	No visits	80	0	6	10	20	17	13	9	5	0
	1-4 visits	114	1	4	15	42	28	20	3	1	0
	5-8 visits	520	3	29	56	138	149	106	32	7	0
	9-12 visits	3,007	2	94	221	792	961	624	259	53	1
	13+ visits	1,268	0	23	47	260	453	315	141	29	0
	Unknown	1	0	0	0	0	1	0	0	0	0
Weight at birth	<2,500 grams	330	1	13	29	76	99	68	38	6	0
	2,500+ grams	4,659	5	143	320	1,176	1,510	1,010	405	89	1
	Unknown	1	0	0	0	0	0	0	1	0	0

Source: National Center for Health Statistics: Data derived from provisional monthly 2010 reports. Available online at: <http://www.cdc.gov/nchs>. ADHS Vital Statistics: Data derived from 2010 reports. Available online at: <http://www.azdhs.gov/plan>.

Behavioral Health

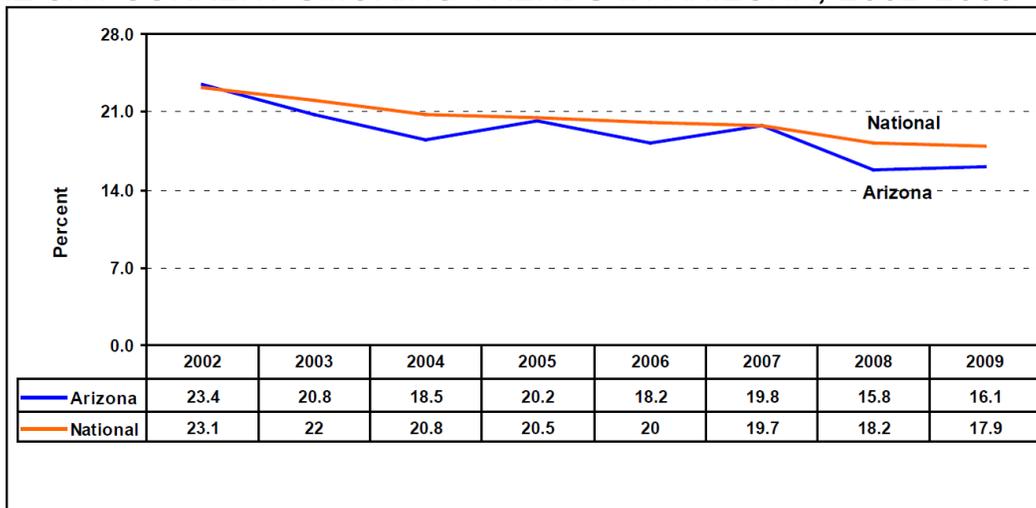
TABLE 6.1: TOBACCO AND ALCOHOL USE AMONG ADULTS IN PINAL COUNTY AND ARIZONA, 2009

Survey Response	Pinal County	Arizona	U.S.
Binge drinking among adults, reported as ≥ 5 drinks on 1 occasion	17.80%	14.90%	15.50%
Heavy drinking among adults, reported as ≥ 2 drinks/day	7.10%	6%	5.10%
Current smokers, reporting smoking ≥ 100 cigarettes in lifetime	21.90%	16.10%	17.90%

TABLE 6.2: ALCOHOL, TOBACCO AND SUBSTANCE ABUSE AMONG TEENS IN PINAL COUNTY AND ARIZONA, 2010

Survey Response	Pinal County	Arizona
Teens who have smoked	41.0%	34.0%
Teens who smoke	17.0%	14.7%
Tees who use alcohol	34.4%	31.9%
Teens who use marijuana	15.1%	14.8%
Teens who have used methamphetamines	2.3%	1.5%

FIGURE 6.1: CURRENT SMOKING TRENDS IN ARIZONA, 2002-2009

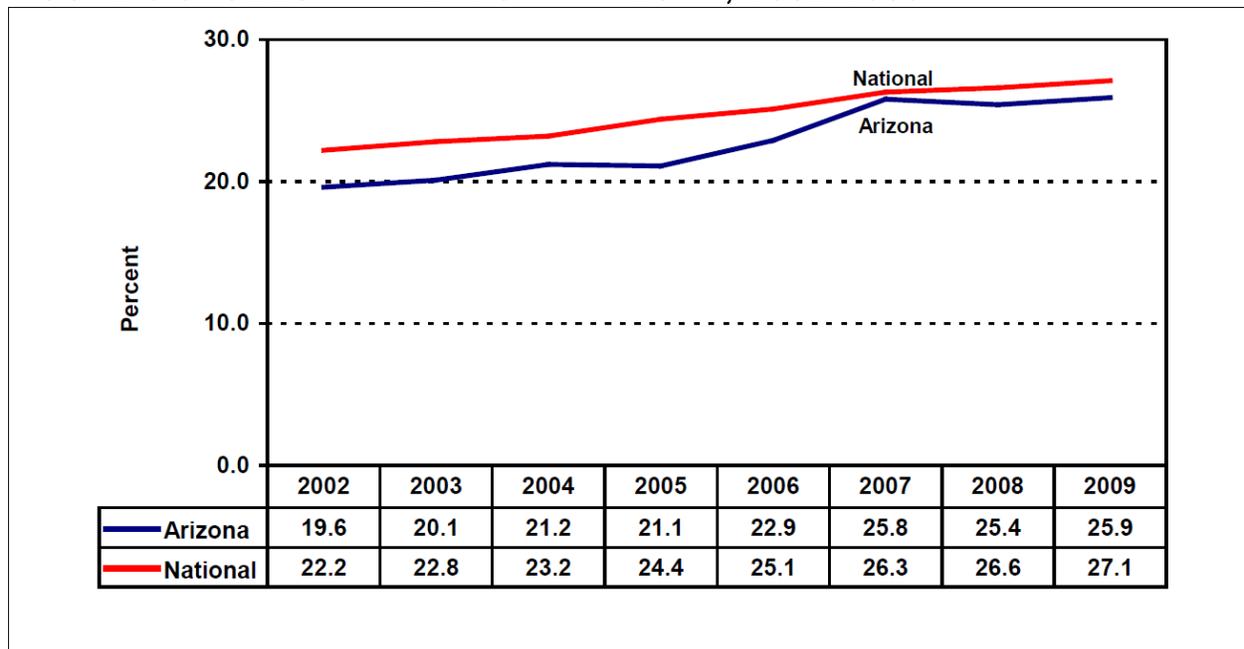


Source: Behavioral Risk Factor Surveillance System: Data derived from 2007-2010 surveys. Available online at: <http://www.cdc.gov/BRFSS/>. Youth Risk Behavior Surveillance System: Data derived from 2010 surveys. Available online at: <http://apps.nccd.cdc.gov/youthonline/>. Arizona Youth Survey: Data derived from 2010 survey. Available online at:

TABLE 6.3: OBESITY, DIET AND EXERCISE IN PINAL COUNTY AND ARIZONA, 2009

Survey Response	Pinal County	Arizona	U.S.
Adults who reported being obese (BMI \geq 30)	25.90%	35.60%	27.10%
Adults who reported consuming \geq 5 fruits and vegetables daily	24.10%	20.40%	23.40%
Adults who reported meeting recommended physical activity	50.50%	51.70%	---

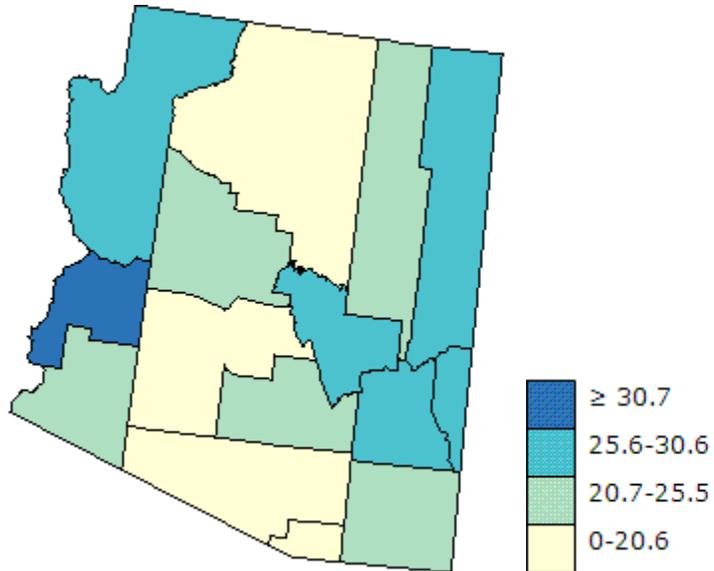
FIGURE 6.3: OBESITY TRENDS IN ARIZONA, 2002-2009



Source: Behavioral Risk Factor Surveillance System: Data derived from 2007-2010 surveys. Available online at: <http://www.cdc.gov/BRFSS/>.

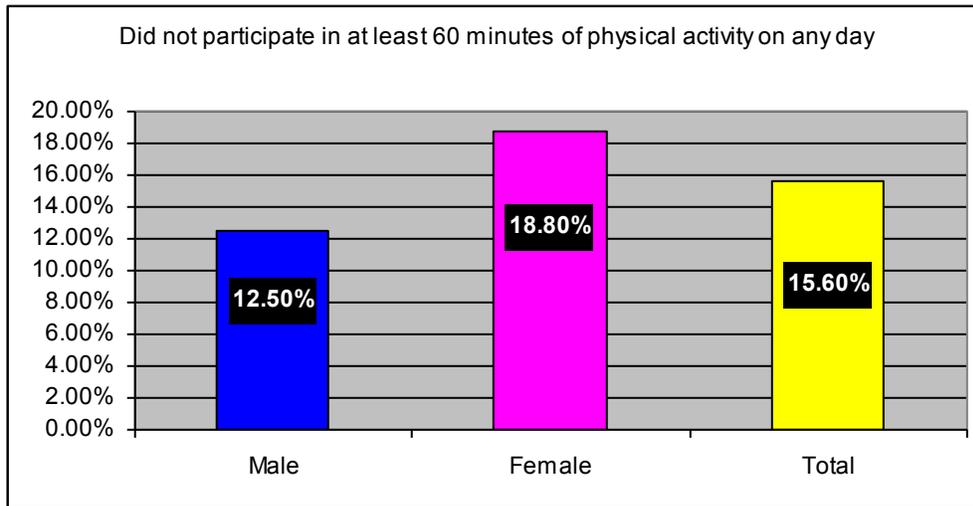
FIGURE 6.4: PHYSICAL INACTIVITY AMONG ADULTS IN ARIZONA BY COUNTY, 2008

County	Percentage
Apache County	29.2%
Cochise County	24.6%
Coconino County	16.8%
Gila County	26.2%
Graham County	27.0%
Greenlee County	27.7%
La Paz County	32.6%
Maricopa County	19.0%
Mohave County	28.5%
Navajo County	24.2%
Pima County	20.2%
Pinal County	23.9%
Santa Cruz County	17.5%
Yavapai County	21.5%
Yuma County	24.0%



Source: Centers for Disease Control and Prevention: National Diabetes Surveillance System. Available online at: <http://www.cdc.gov/diabetes/statistics/index.htm>.

TABLE 6.5: PHYSICAL INACTIVITY AMONG TEENS IN ARIZONA, 2009



Source: Youth Risk Behavior Surveillance System: Data derived from 2010 surveys. Available online at: <http://apps.nccd.cdc.gov/youthonline/>. Arizona Youth Survey: Data derived from 2010 survey. Available online at: <http://www.azcjc.gov/>.

TABLE 6.5: ACCESS TO HEALTH CARE IN PINAL COUNTY AND ARIZONA, 2009

Survey Response	Pinal County	Arizona	U.S.
Could not afford needed healthcare	10.90%	14.10%	N/A
Had a checkup in last year	69.90%	65.90%	N/A
Uninsured	12.80%	15.00%	14.60%
Had a personal doctor or health care provider	81.10%	79.40%	N/A

TABLE 6.6: ORAL HEALTH AND SCREENING BEHAVIORS IN ARIZONA, 2009

Survey Response	Arizona
Mammograms within 2 years, age 40+	75.60%
Pap test in past 3 years	79.30%
Colorectal cancer screening, age 50+	66.80%
PSA test in past 2 years, 40+	60.10%
Adults age 65+ with all natural teeth extracted	13.40%
Adults with any permanent teeth extracted	51.30%
Dental visit within past year	70.10%

Source: Behavioral Risk Factor Surveillance System: Data derived from 2007-2010 surveys. Available online at: <http://www.cdc.gov/BRFSS/>.

Pinal County Community Health Assessment

Process

Pinal County Public Health Services District (PCPHSD) modeled its CHA after the MAPP process developed by NACCHO. MAPP is a community-driven strategic planning process for improving community health that is generally facilitated by public health leaders. This framework is designed to help communities collect local health data and information, apply strategic thinking to prioritize local public health issues, and identify resources to address these priorities.

The MAPP framework involves six steps: organizing, visioning, assessments, strategic issues, goals/strategies, and action cycle. MAPP as an interactive, community-based process can improve the efficiency, effectiveness, and ultimately the performance of local public health systems.

Using MAPP as a guide, PCPHSD implemented the CHA following these steps:

1. Convened a team of PCPHSD staff, known as the Steering Committee, to develop and plan the CHA, and met with the local hospital and community health center who were conducting similar CHA processes;
2. Collected and analyzed health data about the community that included secondary data, community member and stakeholder surveys, and facilitated group discussions with community health leaders and stakeholders;
3. Identified and convened a group of community leaders and stakeholders, including the Pinal County Public Health Advisory Board, Casa Grande Regional Medical Center (CGRMC), Sun Life Family Health Center (SLFHC), and other local organizations, coalitions, and community leaders;
4. Shared and reviewed findings from collected community health data with the Pinal County Public Health Advisory Board and other community leaders and stakeholders, including focus groups conducted throughout Pinal County;
5. Worked with community leaders and stakeholders to identify community health priorities; and
6. Developed potential actions to address the highest health priorities.

Methodology

Community Health Survey.

The PCPHSD Community Health Survey was disseminated both electronically using SurveyMonkey, an online survey software and questionnaire tool, as well as in paper format in English and Spanish. The online survey link was advertised via a countywide press release to various media outlets, including several local newspapers, various websites, and an email broadcast to all Pinal County employees. A link to the online survey was available on the Pinal County website, including the Pinal County Library District homepage, as well as partner agencies' websites including Casa Grande Regional Medical Center, Sun Life Family Health Center, and other sites. Computer kiosks with the online survey were setup in public health clinics, and additional paper surveys were made available to public health clients upon request. Flyers with the link to the online survey were also distributed via Pinal County facilities and partners, health fairs, community member and stakeholder meetings, and email blasts to community partner agencies.

A total of 662 Community Health Surveys were completed by Pinal County residents who reported a zip code inside Pinal County between October 12, 2012-December 24, 2012. Surveys were available in English (n=657) and Spanish (n=4) versions, both online and in paper format. The total number of surveys completed by Pinal County residents excludes 41 surveys that were either incomplete or completed by participants who reported a zip code outside of Pinal County, and an additional 18 surveys that were received after the survey close date. Survey data were analyzed using SurveyMonkey Analyze Results option and STATA/SE 10.0.

All surveys were completed anonymously, however participants were asked to report zip code information to assess whether or not the survey sample was inclusive of all areas of Pinal County. A summary table of survey participants by city/town and zip codes is provided below, which demonstrates that the sample size was representative of all Pinal County zip codes.

Table A: Community Health Survey Participation by City/Town and Zip Code

City/Town (<i>Zip Code</i>)	No. of Participants
Apache Junction/Gold Canyon (85117, 85118, 85119, 85120)	33
Arizona City (85123)	29
Casa Grande (85122, 85130, 85193, 85194)	187
Catalina/Saddlebrooke (85739)	30
Coolidge (85128)	43
Eloy/Toltec (85131)	10
Florence/Valley Farms (85132, 85191)	111
Kearny (85137)	3
Mammoth/Oracle/San Manuel (85618, 85623, 85631)	27
Maricopa (85138, 85139)	62
Queen Creek/San Tan Valley (85140, 85142, 85143)	122
Stanfield (85172)	2
Superior (85173)	3
TOTAL	662

The following survey questions were asked of all Community Health Survey participants in English or Spanish:

1. What is your zip code?
2. Do you have a Primary Care Physician?
3. Do you use Pinal County Community Health services?
4. How far do you travel for Primary Care?
5. In your opinion, what are the TWO most important FACTORS needed to have a healthy community?
6. In your opinion, what are the TWO health BEHAVIORS that have the greatest impact on the health of Pinal County residents?
7. In your opinion, what are the TWO main REASONS that keep people in your community from seeking medical attention?
8. In your opinion, what are the TWO greatest THREATS to the health of Pinal County residents?
9. In your opinion, what are the TWO most important health SERVICES that impact the health of Pinal County residents?
10. In your opinion, which TWO accident prevention MEASURES are most important?
11. The overall health of Pinal County residents is good.
12. Your health is generally good.
13. Pinal County is a safe place to live.
14. There are adequate health services in Pinal County.
15. Pinal County is a good place to raise children.
16. Pinal County is a good place to grow old.
17. You are satisfied with the quality of life in Pinal County.

Focus Groups

Community partner SLFHC coordinated and facilitated community member focus group discussions throughout Pinal County in 2012. Focus groups were conducted in 9 locations, including Apache Junction, Casa Grande, Coolidge, Eloy, Florence, Kearny, Maricopa, San Manuel, and Superior, with a total of 65 participants who identified as members of the respective communities. A summary table of focus group participants by city/town provided below.

Table B: Focus Group Participation by City/Town

City/Town	No. of Participants
Apache Junction	5
Casa Grande	6
Coolidge	6
Eloy	9
Florence	8
Kearny	7
Maricopa	6
San Manuel	9
Superior	9
TOTAL	65

The following focus group questions were asked of all participants by a facilitator and all sessions were recorded in their entirety:

I. WARM-UP QUESTIONS

1. How many of you rate your general health?
2. Do you think you have healthy eating habits? Why or why not?
3. Do you have one specific place where you receive all or most of your medical care?
 - a. If YES, do you receive your medical care a private practice, Community Health Center, or other facility?

II. MAIN QUESTIONS FOR IN-DEPTH DISCUSSIONS

1. What is your vision for a healthy community?
2. Who is responsible for your health?
3. Where do you get information about health resources available in your community?
4. What concerns you most about health care in Pinal County/your community?
5. What can Sun Life and other health care providers do to improve health and quality of life in the community?
6. What additional health care services would you like in the area?

III. TARGETED QUESTIONS RELATED TO HEALTH CARE ACCESS AND UTILIZATION

1. What kinds of things prevent you from accessing health care in the County?
2. Which town/city do you go to for most of your family's routine health care needs?
3. Why do you or someone in your household use a medical provider for health care needs outside of Pinal County?
4. Do you think there are enough primary care doctors practicing in your community?
5. Are *you* covered by health insurance or any type of health benefit program?
6. Have you or someone in your household delayed health care due to lack of money and/or insurance?
7. Do you have children under the age of three living or staying in your home? If yes, did all children under the age five living or staying in your home, receive all vaccines?
8. How often do you use the emergency room for minor medical problems?

9. If you or someone in your family gave birth in the past 12 months, did you deliver at a hospital in Pinal County? If yes, at what hospital did you deliver? What are your reasons for delivering your child outside of Pinal County?
10. How long has it been since you last visited a dentist or dental clinic for any reason?
11. How many of you have a park, playground, or open space within walking distance of your home?

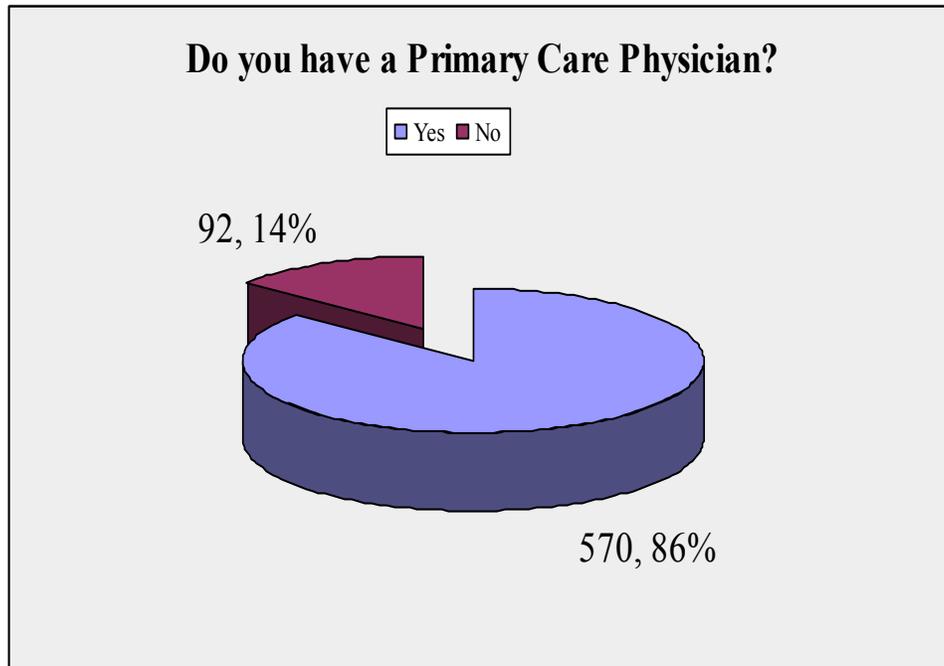
IV. ADDITIONAL/CLOSING COMMENTS

Joint Priority Setting Meeting

On October 25, 2012 community partners SLFHC and CGRMC, with support from PCPHSD, convened a group of community health leaders to review the preliminary results of the community health surveys and focus groups, and discuss health priorities and action items to address Pinal County's highest health needs. Results from the Joint Priority Setting Meeting are included in the summary of results section of this report, and will serve as a basis for developing a Pinal County Community Health Improvement Plan. A total of 43 community health leaders and stakeholders from 25 organizations throughout Pinal County listed below participated in the Joint Priority Setting Meeting:

- Adelante Juntos Coalition
- Against Abuse, Inc.
- Arizona Regional Medical Center
- Bridgeway Health Solutions
- Cancer Treatment Services Arizona
- Casa Grande Alliance
- Casa Grande Chamber of Commerce Board
- Casa Grande Fire Department
- Casa Grande Regional Medical Center
- Cenpatico
- Central Arizona College
- City of Casa Grande
- City of Casa Grande Parks and Recreation
- City of Coolidge
- Coolidge Youth Coalition, Inc.
- Pinal County Supervisor
- Empowerment Systems – Greater Valley Health Education Center
- Pediatric Free Clinic
- PGGCS
- Pinal County Public Health Services District
- SCUVHS Superintendent
- Strategy Connections
- Sun Life Family Health Center
- United Way of Pinal County
- Whole Health Alliance

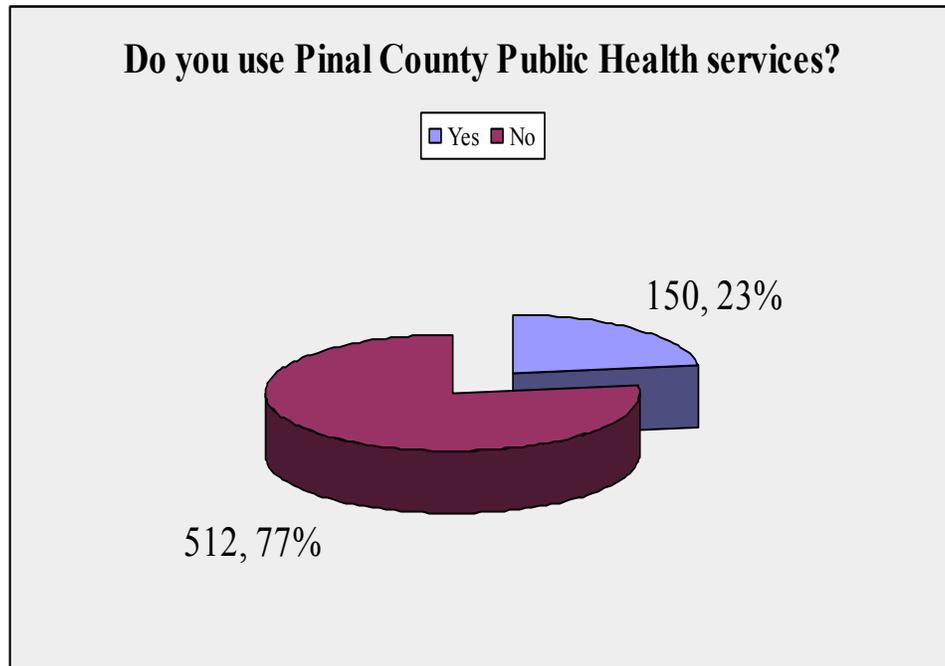
Findings



Do you have a Primary Care Physician?		
Answer Options	Response Percent	Response Count
Yes	86.1%	570
No	13.9%	92
<i>answered question</i>		662

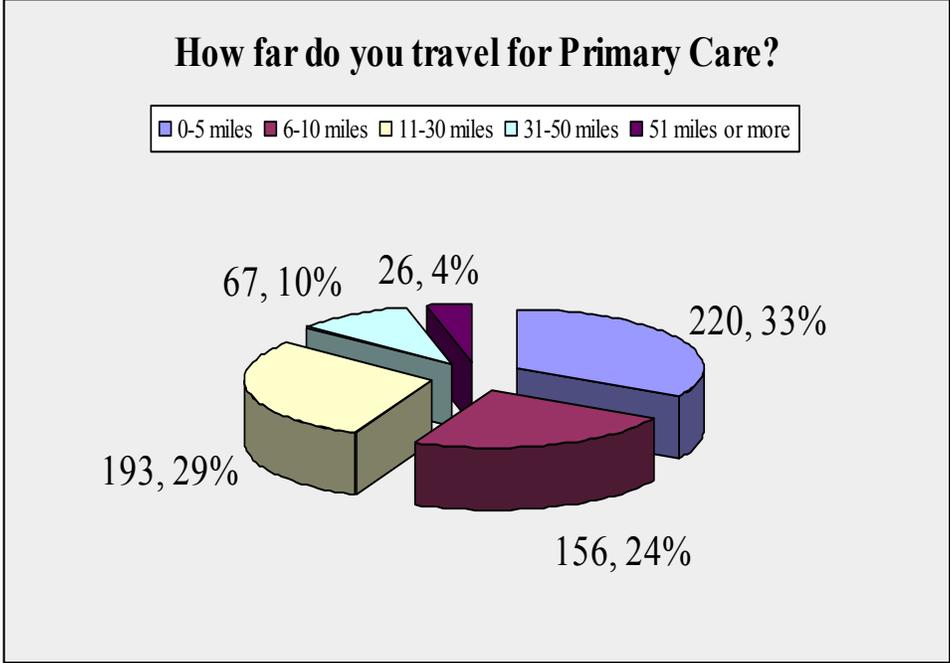
The majority of the survey participants indicated that they had a Primary Care Physician (PCP) (86%), compared to 14% who reported not having a PCP. This result is consistent with reports of health care insurance coverage data on Pinal County residents, which report that 75% of adults and 90% of children have health care insurance. People without health insurance are more likely to be able to afford medical treatment and prescription medications, and are less likely to access routine and preventative care and more likely to develop more advanced conditions that are more costly to treat.

The PCPHSD Community Health Survey did not ask whether or not a participant's PCP was located within Pinal County. However, when focus group participants were asked which town/city they went to for a majority of their family's routine health care needs, 80% of participants (52 total) cited a town/city near their residence within Pinal County. An additional 17 participants (26%) indicated that they sometimes or routinely commute to Maricopa County for their family's routine health care needs.



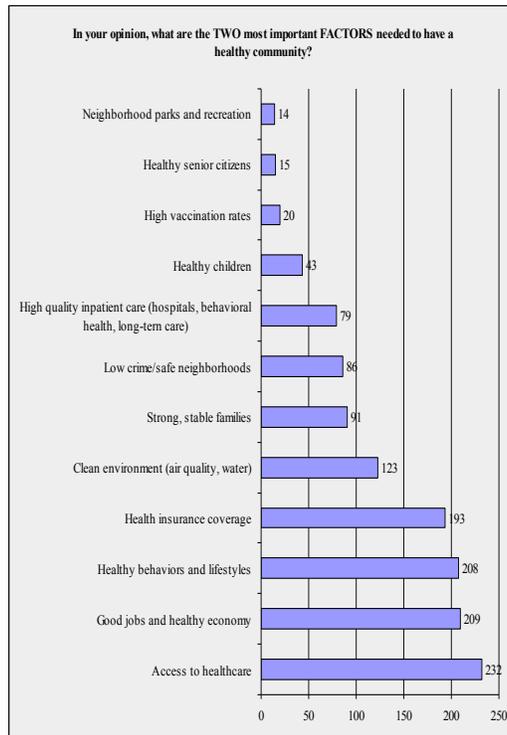
Do you use Pinal County Public Health services?				
Answer Options	Do you have a Primary Care Physician?		Response Percent	Response Count
	Yes	No		
Yes	116	34	22.7%	150
No	454	58	77.3%	512
Total				662

Most participants did not report using Pinal County Public Health services (77%), as only 150 participants (23%) reported use of PCPHSD services. Further analysis demonstrates that residents who reported not having a PCP were more likely to use PCPHSD services (37%) compared to participants who reported having a PCP (20%), although this difference cannot be considered significant due to small sample size ($p > 0.5$). However, it is important to note that a majority of the population who utilize PCPHSD Community Health Nursing services do not have or report insurance coverage. PCPHSD Community Health Nursing serves roughly 20,000 patients on average per year (~5% of the Pinal County total population), of whom nearly three-quarters are self-pay clients; this survey sample cannot be considered representative of the population that PCPHSD Community Health Nursing serves. Thus, it is likely that the population that utilizes PCPHSD services does not have a PCP or medical home, and is seeking care due to lack of health care insurance coverage or inability to pay for services elsewhere.



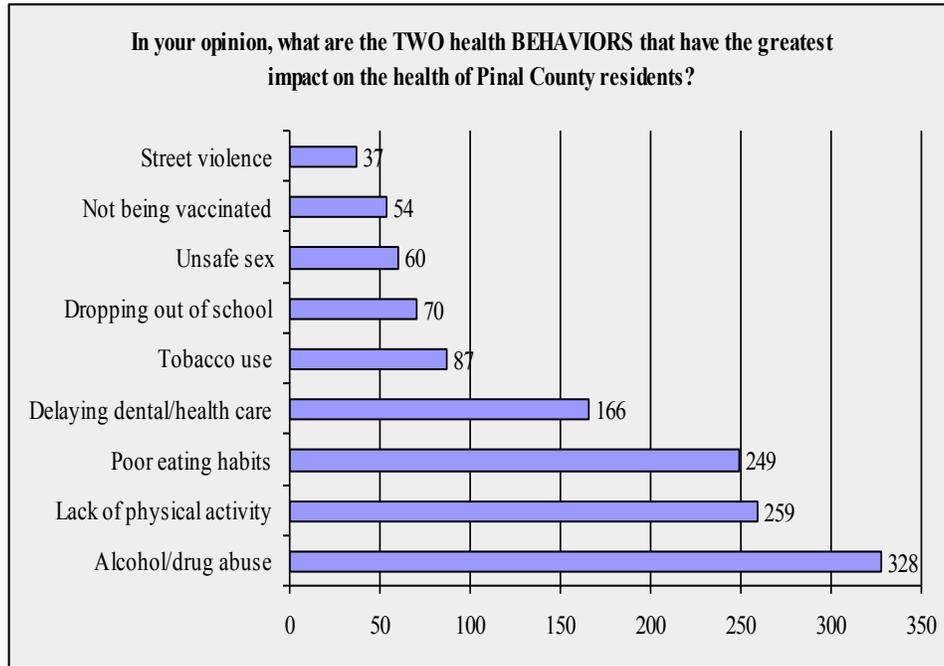
How far do you travel for Primary Care?		
Answer Options	Response Percent	Response Count
0-5 miles	33.2%	220
6-10 miles	23.6%	156
11-30 miles	29.2%	193
31-50 miles	10.1%	67
51 miles or more	3.9%	26
TOTAL		662

A majority of survey participants (57%) reported traveling 10 miles or less for Primary Care. An additional 29% reported traveling 11-30 miles for Primary Care, while 14% reported traveling 31 miles or more for Primary Care. A topic correlated with travel distance to primary care, referenced in both in surveys and focus group discussions, is the importance of public and/or private transportation for groups with health care needs that cannot be met within their community. Since several survey and focus group participants cited traveling outside of Pinal County for health care, the summary of results below expands on the topic of transportation as a potential health priority for Pinal County residents.



In your opinion, what are the TWO most important FACTORS needed to have a healthy community?		
Answer Options	Response Percent	Response Count
Access to healthcare	35.2%	232
Good jobs and healthy economy	31.7%	209
Healthy behaviors and lifestyles	31.6%	208
Health insurance coverage	29.3%	193
Clean environment (air quality, water)	18.7%	123
Strong, stable families	13.8%	91
Low crime/safe neighborhoods	13.1%	86
High quality inpatient care (hospitals, behavioral health, long-term care)	12.0%	79
Healthy children	6.5%	43
High vaccination rates	3.0%	20
Healthy senior citizens	2.3%	15
Neighborhood parks and recreation	2.1%	14
TOTAL	659	659

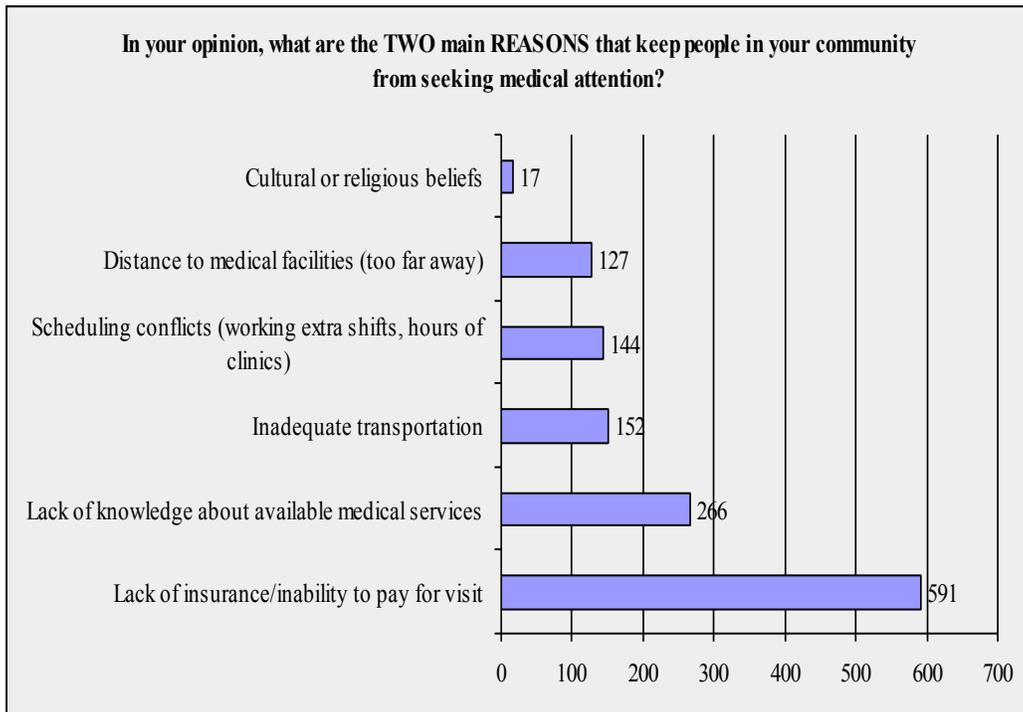
Access to health care (35%), good jobs and healthy economy (32%), healthy behaviors and lifestyles (32%), health insurance coverage (29%), and a clean environment (19%) were identified as the most important factors for a healthy community by survey participants. Focus groups expanded on the topics of access to health care and health insurance coverage with participants and is discussed in the summary of results section below



In your opinion, what are the TWO health BEHAVIORS that have the greatest impact on the health of Pinal County residents?

Answer Options	Response Percent	Response Count
Alcohol/drug abuse	49.9%	328
Lack of physical activity	39.4%	259
Poor eating habits	37.9%	249
Delaying dental/health care	25.3%	166
Tobacco use	13.2%	87
Dropping out of school	10.7%	70
Unsafe sex	9.1%	60
Not being vaccinated	8.2%	54
Street violence	5.6%	37
answered question		657

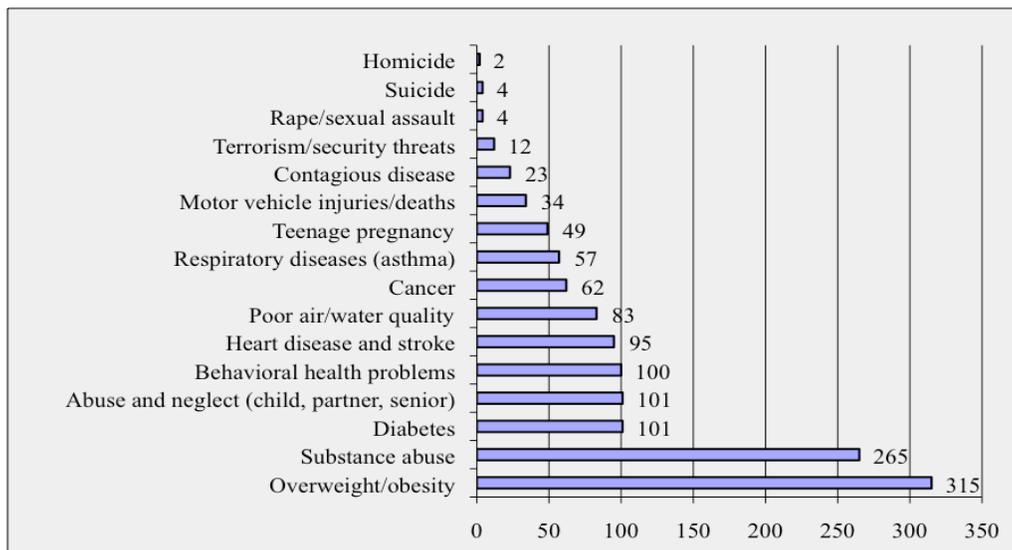
The health behaviors that were cited as having the greatest impact on the health of Pinal County were alcohol/drug abuse (50%), lack of physical activity (39%), poor eating habits (38%), and delaying dental/health care (25%).



In your opinion, what are the TWO main REASONS that keep people in your community from seeking medical attention?

Answer Options	Response Percent	Response Count
Lack of insurance/inability to pay for visit	90.0%	591
Lack of knowledge about available medical services	40.5%	266
Inadequate transportation	23.1%	152
Scheduling conflicts (working extra shifts, hours of clinics)	21.9%	144
Distance to medical facilities (too far away)	19.3%	127
Cultural or religious beliefs	2.6%	17
TOTAL		657

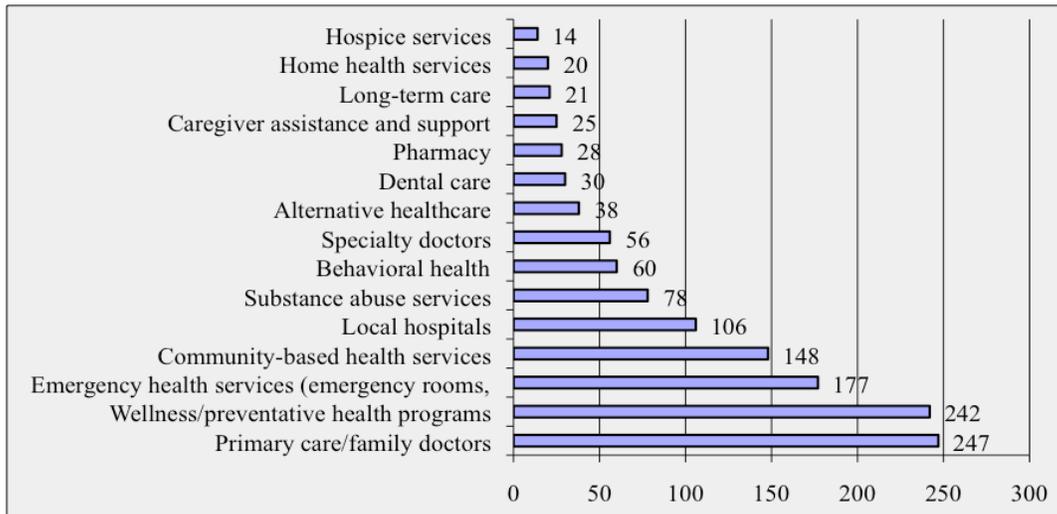
An overwhelming majority of participants (90%) agreed that lack of insurance/inability to pay for a visit was the main reason that people in the community do not seek medical attention. The second reason indicated for not seeking medical was lack of knowledge about available medical services (41%), followed by inadequate transportation (23%). Again, these topics were discussed in more detail among focus group participants throughout Pinal County.



In your opinion, what are the TWO greatest THREATS to the health of Pinal County residents?

Answer Options	Response Percent	Response Count
Overweight/obesity	48.0%	315
Substance abuse	40.4%	265
Diabetes	15.4%	101
Abuse and neglect (child, partner, senior)	15.4%	101
Behavioral health problems	15.2%	100
Heart disease and stroke	14.5%	95
Poor air/water quality	12.7%	83
Cancer	9.5%	62
Respiratory diseases (asthma)	8.7%	57
Teenage pregnancy	7.5%	49
Motor vehicle injuries/deaths	5.2%	34
Contagious disease	3.5%	23
Terrorism/security threats	1.8%	12
Rape/sexual assault	0.6%	4
Suicide	0.6%	4
Homicide	0.3%	2
TOTAL		656

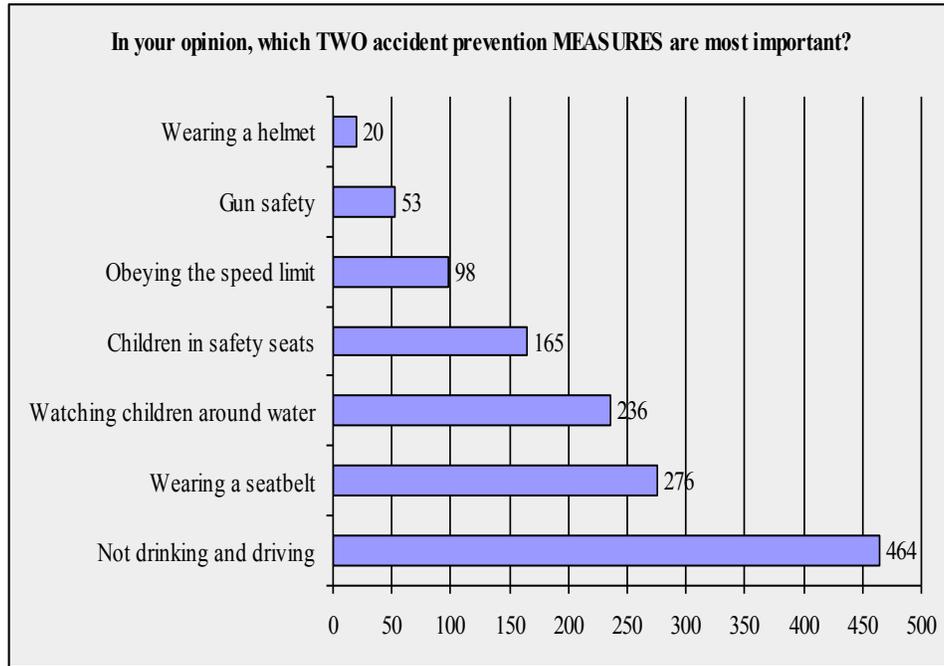
The greatest threats identified by survey participants were overweight/obesity (48%) and substance abuse (40%). These two threats were also identified as high health priorities during the Joint Priority Setting Meeting among community health leaders in attendance. It is noteworthy that abuse/neglect (15%) and mental/behavioral health (15%) were also ranked in the top 5 health threats. Although diseases, such as diabetes (15%), heart disease and stroke (15%), cancer (10%), and respiratory disease (9%) were not indicated as the top two priorities, they were also ranked in the top 10 threats to the health of Pinal County per survey participants.



In your opinion, what are the TWO most important health SERVICES that impact the health of Pinal County residents?

Answer Options	Response Percent	Response Count
Primary care/family doctors	38.2%	247
Wellness/preventative health programs	37.4%	242
Emergency health services (emergency rooms, urgent care, paramedics)	27.4%	177
Community-based health services	22.9%	148
Local hospitals	16.4%	106
Substance abuse services	12.1%	78
Behavioral health	9.3%	60
Specialty doctors	8.7%	56
Alternative healthcare	5.9%	38
Dental care	4.6%	30
Pharmacy	4.3%	28
Caregiver assistance and support	3.9%	25
Long-term care	3.2%	21
Home health services	3.1%	20
Hospice services	2.2%	14
TOTAL		647

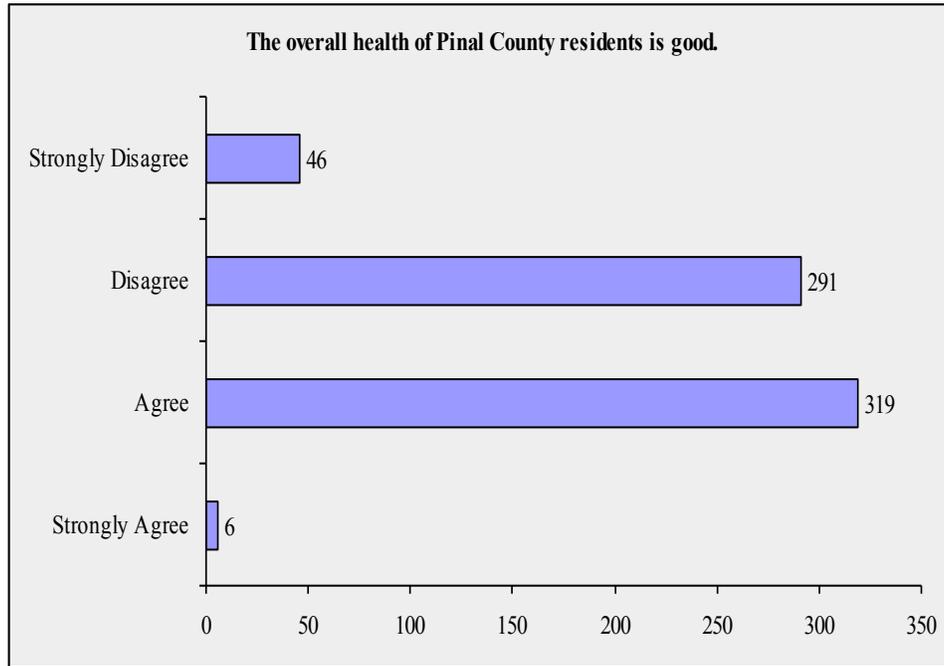
Survey participants ranked primary care/family doctors (38%) and wellness/preventative health programs (37%) as the two most important health services that impact the health of Pinal County. These top two services were followed by emergency health services (27%), community-based health services (23%), local hospitals (16%), substance abuse services (12%), behavioral health (9%), and specialty doctors (9%). Again, some of these topics were elaborated on during focus group discussions and are covered in the summary of results section below.



In your opinion, which TWO accident prevention MEASURES are most important?

Answer Options	Response Percent	Response Count
Not drinking and driving	70.4%	464
Wearing a seatbelt	41.9%	276
Watching children around water	35.8%	236
Children in safety seats	25.0%	165
Obeying the speed limit	14.9%	98
Gun safety	8.0%	53
Wearing a helmet	3.0%	20
	TOTAL	659

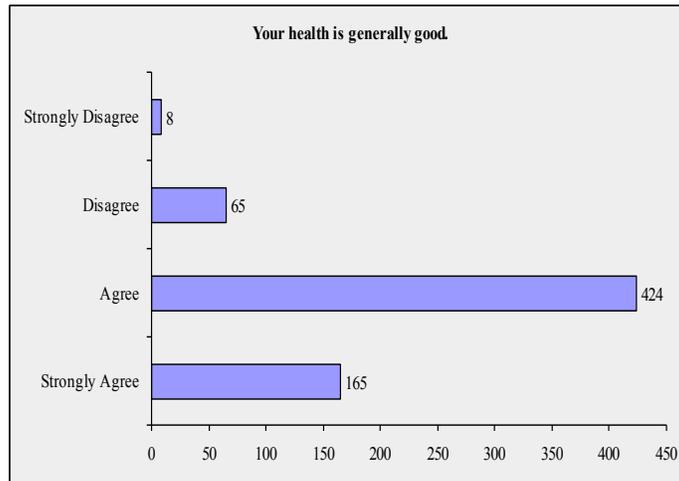
A majority of participants (70%) identified not drinking and driving as the top accident prevention measure, followed by wearing a seatbelt (42%), watching children around water (36%), and children in safety seats (25%).



The overall health of Pinal County residents is good.

Answer Options	Response Percent	Response Count
Strongly Agree	0.9%	6
Agree	48.2%	319
Disagree	44.0%	291
Strongly Disagree	6.9%	46
Other (please specify)		59
TOTAL		662

Survey respondents were divided on the status overall health of Pinal County residents, as 49% agreed or strongly agreed that the overall health was good and 51% disagreed or strongly disagreed.

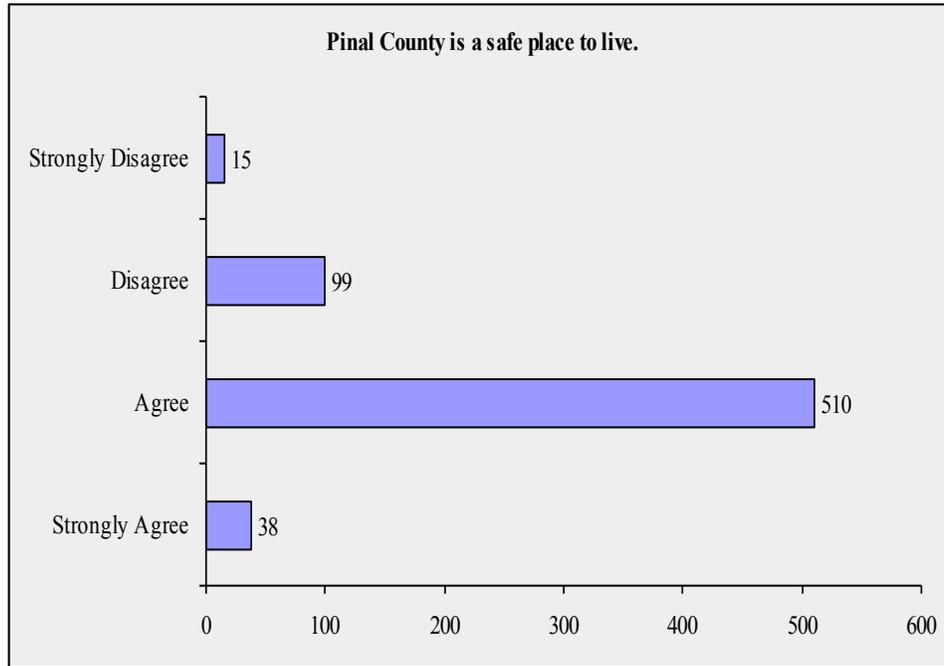


Your health is generally good.		
Answer Options	Response Percent	Response Count
Strongly Agree	24.9%	165
Agree	64.0%	424
Disagree	9.8%	65
Strongly Disagree	1.2%	8
Other (please specify)		29
TOTAL		662

A majority of participants (89%) agreed or strongly agreed that their health was generally good, as 11% disagreed or strongly disagreed.

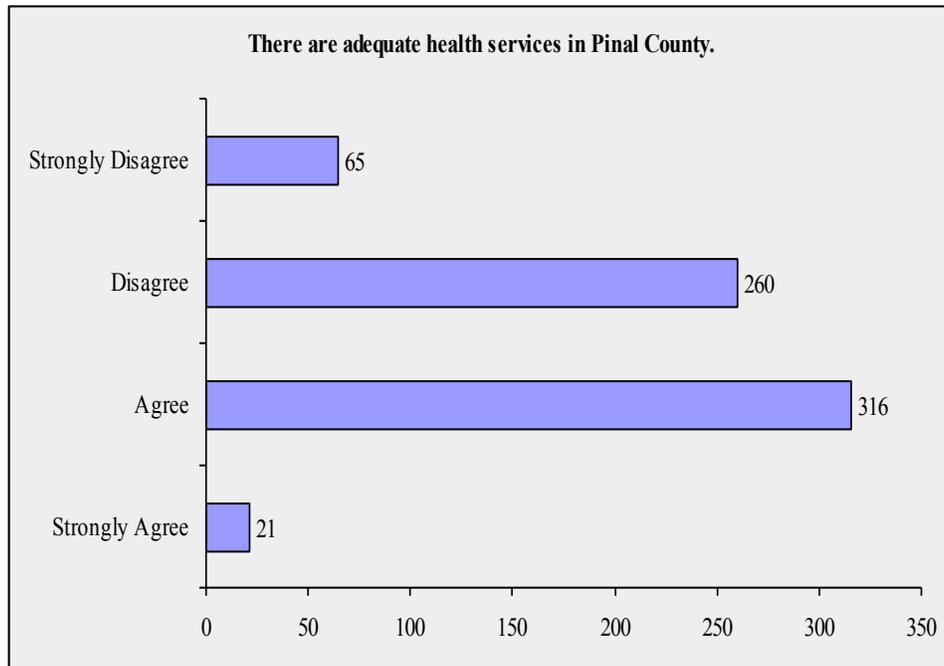
After stratifying responses by participants' reported health status into four groups (1-strongly agree, 2-agree, 3-disagree, 4-strongly disagree), it became clear that a participant's view of their own health influences their opinion on the health of their community. For example, respondents were slightly more likely to agree or strongly agree that the overall health of Pinal County is good if they agreed or strongly agreed that their health is generally good. Similarly, participants were more likely to disagree or strongly disagree that the overall health of Pinal County is good if they disagreed or strongly disagreed that their health is generally good. However, since some of the health status sub-groups included small sample sizes, some of these results cannot be considered significant.

Differences were noted for the following categories: for those who strongly agreed that their health was generally good, they were more likely to indicate "healthy behaviors and lifestyles" and "wellness/preventative health" as the top factor and health care service impacting health in Pinal County, respectively. Participants who responded as disagree or strongly disagree that their health was generally good were more likely to select "lack of physical activity" and "poor eating habits" as behaviors that impact health, and "emergency services" for the top health care service that impacts health in Pinal County. 73% of participants agreed or strongly agreed that they are satisfied with the quality of life in Pinal County. However, after stratifying by health status sub-group, participants who disagreed or strongly disagreed that their health was generally good were more likely to disagree or strongly disagree that their quality of life was good.



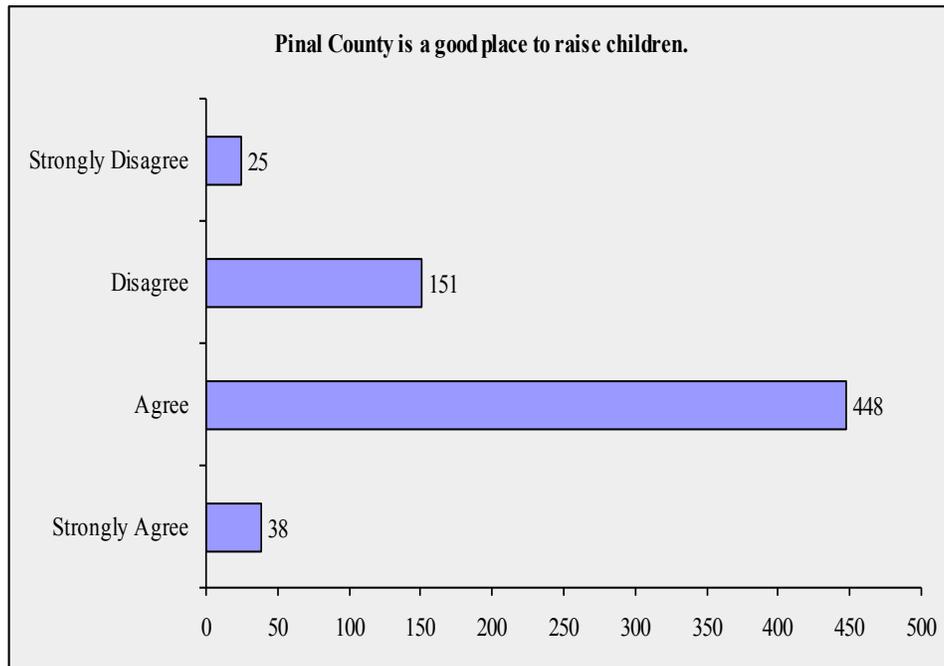
Pinal County is a safe place to live.		
Answer Options	Response Percent	Response Count
Strongly Agree	5.7%	38
Agree	77.0%	510
Disagree	15.0%	99
Strongly Disagree	2.3%	15
Other (please specify)		46
TOTAL		662

Analysis by participant health status sub-group showed that there were no significant differences observed for the majority of survey questions: Regardless of how participants reported their health status, all respondents agreed Pinal County was a good place to live (77%).



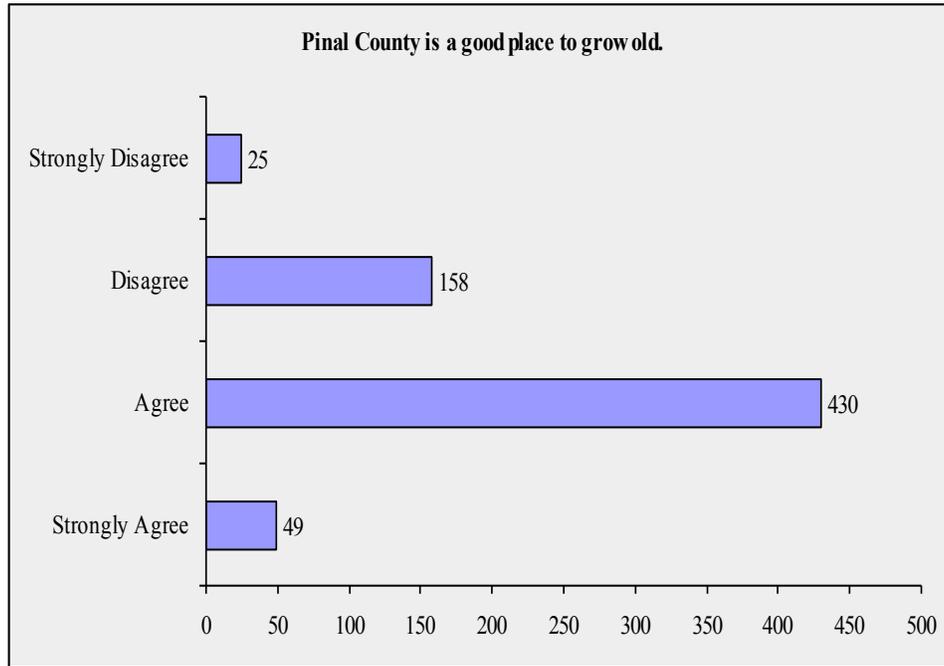
There are adequate health services in Pinal County.		
Answer Options	Response Percent	Response Count
Strongly Agree	3.2%	21
Agree	47.7%	316
Disagree	39.3%	260
Strongly Disagree	9.8%	65
Other (please specify)		85
TOTAL		662

Overall, 51% of participants agreed or strongly agreed that health services in Pinal County are adequate. Even after stratifying by health status sub-groups, there was no significant difference in responses on whether or not health services in Pinal County are adequate.



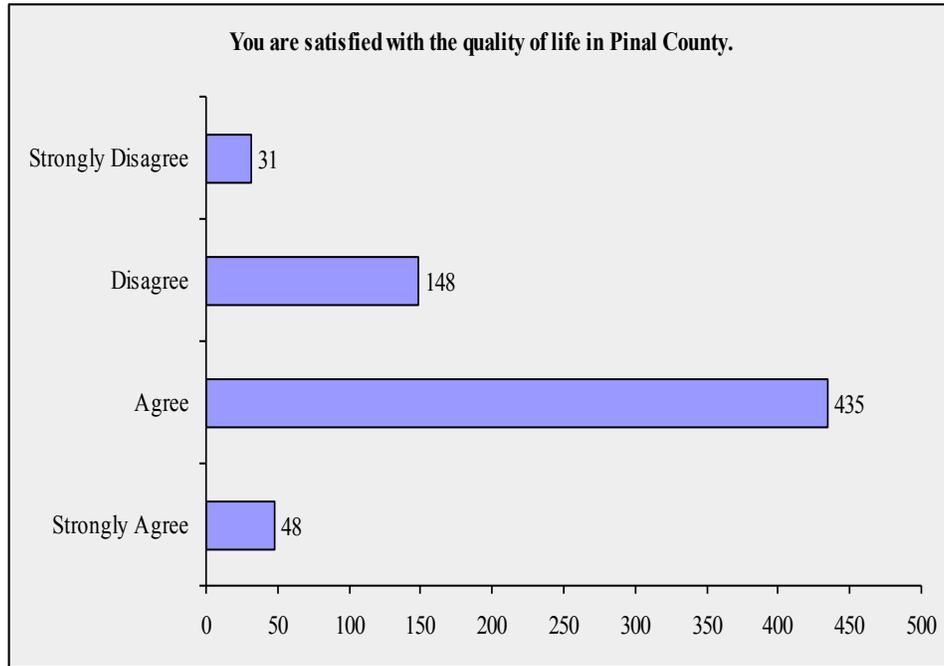
Pinal County is a good place to raise children.		
Answer Options	Response Percent	Response Count
Strongly Agree	5.7%	38
Agree	67.7%	448
Disagree	22.8%	151
Strongly Disagree	3.8%	25
Other (please specify)		57
TOTAL		662

73% agreed or strongly agreed that Pinal County is a good place to raise children and 72% agreed or strongly agreed that it is a good place to grow old; there were no significant differences observed after stratifying by health status sub-groups for these survey responses.



Pinal County is a good place to grow old.		
Answer Options	Response Percent	Response Count
Strongly Agree	7.4%	49
Agree	65.0%	430
Disagree	23.9%	158
Strongly Disagree	3.8%	25
Other (please specify)		55
TOTAL		662

73% agreed or strongly agreed that Pinal County is a good place to raise children and 72% agreed or strongly agreed that it is a good place to grow old; there were no significant differences observed after stratifying by health status sub-groups for these survey responses.



You are satisfied with the quality of life in Pinal County.

Answer Options	Response Percent	Response Count
Strongly Agree	7.3%	48
Agree	65.7%	435
Disagree	22.4%	148
Strongly Disagree	4.7%	31
Other (please specify)		63
TOTAL		662

73% of participants agreed or strongly agreed that they are satisfied with the quality of life in Pinal County. However it is noteworthy that after stratifying by health status sub-group, participants who disagreed or strongly disagreed that their health was generally good were more likely to disagree or strongly disagree that their quality of life was good.

Summary of Results

Overall, the Community Health Survey of Pinal County residents followed the trends demonstrated in secondary data. According to American Community Survey 2011 data, 75% of adults and 90% of children in Pinal County have health care insurance coverage. Behavioral Risk Factor Surveillance (BRFS) data also demonstrates that 81% of adults had a personal doctor or health care provider. This is consistent with the PCPHSD Community Health Survey data, which shows that 86% of participants have a PCP, suggesting that a majority of Pinal County residents have access to health care. Although the survey did not ask whether or not a participant's PCP was located within Pinal County, a majority of survey participants (57%) reported traveling 10 miles or less for Primary Care; an additional 29% reported traveling 11-30 miles for Primary Care, while 14% reported traveling 31 miles or more for Primary Care. 80% of focus group participants cited that they used a town/city near their residence within Pinal County for their family's routine health care needs. However, an additional 17 participants (26%) indicated that they sometimes or routinely commute to neighboring Counties outside of Pinal for their family's routine health care needs.

PCPHSD recognizes that Pinal County encompasses an expansive geographical area, which is roughly the size of the state of Connecticut. Pinal County health care providers are spread out, largely concentrated in more populated areas inside of Pinal County, as well as the sprawling metropolitan and suburban areas extending from neighboring Pima County and Maricopa County. It is important to note that most communities in Pinal County are designated as medically underserved by the federal government, which creates incentives for providers to practice in Pinal County. In 2012, there were 55 PCPs and 56 licensed outpatient facilities in Pinal County, including urgent care clinics, public health clinics, dialysis clinics, and many others. Over the last 4 years, Pinal County experienced a significant growth in the health care industry, with the addition of new hospitals and providers. The addition of these resources to our communities provides health care options to residents that previously did not exist, and increases the care residents receive in Pinal County.

Although PCPHSD has little influence over the total number of health care providers in Pinal County, in 2012 PCPHSD expanded their services to include two new Public Health Clinics in Maricopa and San Tan Valley. The addition of these two new Public Health Clinics, which provide access to gap services, including immunizations, reproductive health, infectious disease, and cancer screening services, as well as the WIC program and nutrition education, ensures that more than 70% of the Pinal County population has a Public Health Clinic within 10 miles of where they live.

A topic correlated with travel distance to health care, referenced in both in surveys and focus group discussions, is the importance of public and/or private transportation for groups with health care needs that cannot be met within their community. PCPHSD provides On the Go Express transportation program to residents in Eastern Pinal County. There are also several community resources available, such as Pinal Gila Council for Senior Citizens (PGCSC), which provide information on transportation including the Cotton Express and other means of transportation available to Pinal County residents at little or no cost.

Survey participants were divided on whether or not the overall health of Pinal County is good (49% agreed or disagreed) and there are adequate health services in Pinal County (51% agreed or strongly agreed). However, a majority of participants (89%) agreed or strongly agreed that their individual health was generally good. Stratifying survey responses by health status sub-groups demonstrated that a participant's individual health status influenced their opinion of the health of their community. For example, participants rated the health and quality of life of their community based on how they rated their own health. Differences were noted for the following categories: for those who strongly agreed that their

health was generally good, they were more likely to indicate “healthy behaviors and lifestyles” and “wellness/preventative health” as the top factor and health care service impacting health in Pinal County, respectively. Participants who disagreed or strongly disagreed that their health was generally good were more likely to select “lack of physical activity” and “poor eating habits” as behaviors that impact health, and “emergency services” for the top health care service that impacts health in Pinal County. 73% of participants agreed or strongly agreed that they are satisfied with the quality of life in Pinal County. However, after stratifying by health status sub-group, participants who disagreed or strongly disagreed that their health was generally good were more likely to disagree or strongly disagree that their quality of life was good. But overall, a majority of respondents agreed or strongly agreed that Pinal County was a good place to live (77%), a good place to raise children (73%), and a good place to grow old (72%); there were no significant differences observed after stratifying by health status sub-groups for these survey responses. Analysis by participant health status sub-groups showed that there were no significant differences observed for the rest of the survey questions.

Health priorities were identified using survey questions about the factors, behaviors, reasons for not seeking medical attention, threats, health care services, and accident prevention measures that impact the health of the community. Furthermore, the Joint Priority Setting Meeting among stakeholders and community leaders, focused on the top two health priorities that were discussed during focus groups throughout Pinal County: 1) obesity and 2) substance abuse. In the U.S. it is estimated that 27.1% of the population is obese, including 29% of the population in Pinal County. This is consistent with BRFSS data that suggests low vegetable consumption (24%) and only half (51%) of people meeting their recommended physical activity. Furthermore, in the U.S. an estimated 8.3% of the population have diabetes, including 8.4% in Pinal County. To put these numbers into perspective, that means ~109,000 residents are obese and ~31,500 residents have diabetes in Pinal County. BRFSS and AYS data suggest that heavy alcohol and tobacco use among 7-22% of the adult population, and 17-41% of teens; an additional 15% of teens identified using marijuana and 2% using methamphetamines.

Other health priority topics that were identified through surveys, focus group discussions, and the Joint Priority Setting Meeting, included increasing access to health care, including more specialty providers and transportation. However, although all these topics influence the health of Pinal County residents, community members and leaders agree that obesity and substance abuse are health issues in Pinal County that must be addressed. Below is a summary of the top health factors, behaviors, reasons for not seeking health care, health care services, and accident prevention measures identified by PCPHSD survey participants in Pinal County:

HEALTH FACTORS: Access to health care (35%), good jobs and healthy economy (32%), healthy behaviors and lifestyles (32%), health insurance coverage (29%), and a clean environment (19%) were identified as the most important factors for a healthy community by survey participants.

HEALTH BEHAVIORS: The health behaviors that were cited by survey participants as having the greatest impact on the health of Pinal County were alcohol/drug abuse (50%), lack of physical activity (39%), poor eating habits (38%), and delaying dental/health care (25%).

REASONS FOR NOT SEEKING MEDICAL ATTENTION: An overwhelming majority of participants (90%) agreed that lack of insurance/inability to pay for a visit was the main reason that people in the community do not seek medical attention. The second reason indicated for not seeking medical was lack of knowledge about available medical services (41%), followed by inadequate transportation (23%).

HEALTH THREATS: The greatest threats identified by survey participants were overweight/obesity (48%) and substance abuse (40%). It is noteworthy that abuse/neglect (15%) and mental/behavioral health (15%) were also ranked in the top 5 health threats; and although diseases, such as diabetes (15%), heart disease and stroke (15%), cancer (10%), and respiratory disease (9%) were not indicated as the top two priorities, they were also ranked in the top 10 threats to the health of Pinal County per survey participants.

HEALTH CARE SERVICES: Survey participants ranked primary care/family doctors (38%) and wellness/preventative health programs (37%) as the two most important health services that impact the health of Pinal County. These top two ranked services were followed by emergency health services (27%), community-based health services (23%), local hospitals (16%), substance abuse services (12%), behavioral health (9%), and specialty doctors (9%).

ACCIDENT PREVENTION MEASURES: A majority of participants (70%) identified not drinking and driving as the top accident prevention measure, followed by wearing a seatbelt (42%), watching children around water (36%), and children in safety seats (25%).

Topics not addressed directly in surveys or during focus groups included the economy (jobs), weather, and mental health services.

Next Steps: Community Health Improvement Plan 2013

After completing a CHA and establishing health priorities, the next step in the process is to develop a community health improvement plan (CHIP) for Pinal County. Based on the CHA findings, the CHIP Steering Committee will organize and communicate with community leaders (agencies, organizations, etc.), develop a system for sharing data/information among agencies, organizations, etc., and identify community resources and method for disseminating information to the public. The following framework, developed by the Steering Committee, will guide the CHIP process.

CHIP Framework

The CHIP will begin with educating the new Pinal County Board of Supervisors on the findings of the CHA. Next, the Steering Committee will identify resources for each health priority. Participants in the CHIP process will include members of the Steering Committee, Pinal County Public Health Advisory Board, and other community health leaders and members with an interest in any of the health priorities.

The Steering Committee will be responsible for the identification of measurable and feasible objectives and identifying resources to address each health priority's goals. Specifically, the CHIP team will address the following questions:

- Why is the health priority important?
- Who is the target population?
- What are feasible short-term and long-term health priority goals that can be measured? What are the process measures and outcome measures?
- Who are potential partners?
- What/who are the available resources to accomplish the health priority's goal?

Acknowledgements

Pinal County would like to thank Sun Life Family Health Center and Casa Grande Regional Medical Center for the outstanding service that they provide to the residents of Pinal County's communities, as well as sharing their CHA survey and focus group data and hosting the Joint Priority Setting Meeting.