

Mt. Graham Regional Medical Center 2025 Community Health Needs Assessment Community Survey

Thank you for taking the time to share your input on community health needs. Your submissions are confidential. Only our consultants (Eide Bailly LLP) see individual responses and then share summarized information with us.

The survey will take approximately $8\mbox{-}12$ minutes to complete.

Your input is specifically for Graham and Greenlee Counties and will be used as part of a community needs assessment, ensuring that our community's health services align with the real needs of its residents. Feedback from diverse groups is important. Please share this survey with others.

Thank you for being an active participant in creating a healthier future for us all!

1. What is your home zip code?
2. IM/hat is your ago?
2. What is your age?
25 or under
<u>26 - 39</u>
40 - 54
55 - 64
65 or over
3. Are you a guardian, parent, or caretaker for another individual?
Yes
○ No

Primary C	are provider
Mail	
Email	
	e provider's website
Newspape	r ads
Google	
Social Med	dia (Facebook, Instagram, Twitter, YouTube, TikTok, Snapchat)
Radio	
TV cable o	r local channels
TV/interne	t streamed services
Flyers in c	ommon community areas
Other (ple	ase specify)

	I don't know	Not a Concern at all	Minor Concern	Crisis Level of Concern
Income/job opportunities			\circ	\circ
Poverty/unemployment		\bigcirc		
Children in poverty				
Homelessness/housing instability				
Violent crime				
Domestic violence/abuse				
Pollution/water quality				
Smoking/tobacco/vaping				
Obesity/lack of physical activity/lack of access to exercise opportunities	\circ	\circ		\circ
Access to nutritious food			\bigcirc	\bigcirc
Alcohol use				
Drug use				
Teen births				
Uninsured/underinsured				
Availability of preventive care/health education/health literacy		0	0	\circ
Healthcare workforce shortage				\bigcirc
Lack of specialty care				
Diabetes				
Chronic disease				
Women's health		\bigcirc		
Care/programs for older adults				
Mental/behavioral health				
Bullying				
ther (please specify)				

Associated and the services are services and the services and the services are services are services and the services are services are services and the services are services and the services are services are services are se		Needs Improvement	Average	Above Average	I don't know
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chysicians/provider offices are open Closeness/convenience of services Access to specialty or	Number of physicians/providers	\bigcirc			
Access to long term Care Access to emergency Care services Access to urgent care Services Access to dental Services Access to optometry Services Access to mental health services Access to substance abuse treatment Access to telehealth Services	Hours the physicians/provider offices are open	\bigcirc		\bigcirc	\bigcirc
Access to urgent care services Access to dental services Access to optometry services Access to mental health services Access to substance abuse treatment Access to telehealth services		\bigcirc		\bigcirc	
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Access to substance abuse treatment Access to telehealth services		\bigcirc		\bigcirc	
Access to telehealth services		\bigcirc	\bigcirc	\bigcirc	
services		\bigcirc		\bigcirc	
. For any topic (above) you think <i>needs improvement</i> , please explain in a sentence or tw		\bigcirc	\bigcirc	\bigcirc	\bigcirc
	For any topic (abo	ve) you think <i>needs</i> i	improvement, ţ	please explain in a se	entence or two.

8. In your opinion, what <i>social determinants of health</i> are unaddressed or inadequately addressed in our community? (Check all that apply.)
Safe housing & neighborhoods
Transportation
Racism and/or discrimination
Education
Job & income opportunities
Food insecurity
Physical activity opportunities
Polluted air and water
Language and literacy skills
Other (please specify)
9. What prevents you, if anything, from receiving healthcare services? (check all that apply). If nothing is preventing you from receiving healthcare services, please leave blank.
I'm not sure what care my family or I need.
My family or I usually don't go to the doctor.
Language barriers
I don't know where to go for care.
I don't understand why I should see a doctor.
I'm afraid to deal with a health issue.
It's hard to get an appointment or find a doctor.
I've had a bad experience with care in my community.
I've had a bad experience with care elsewhere.
I don't have health insurance.
I have insurance, but can't afford the costs (copays/deductibles, etc.).
I have insurance, but it doesn't cover what I need.
I have trouble getting there (no ride, too far, or not convenient).
I can't find providers who understand or reflect my background.
My cultural or religious beliefs
Other (please specify)



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10. Have you traveled to access healthcare services outside Graham or Greenlee counties in the past 12 months?
○ Yes
○ No
11. Has a family member traveled to access healthcare services outside of Graham or Greenlee counties in the past 12 months?
○ Yes
○ No
12. If offered, would you prefer to access healthcare services in Graham or Greenlee counties?
○ Yes
○ No
13. If offered, do you think your family members would prefer to access healthcare services locally in Graham or Greenlee counties?
○ Yes
○ No

	of the following services, if any, are you accessing outside of Mt. Graham Regional enter? (check all that apply).
Laborat	tory
Cancer	Center
Disabilit	ity
Endocri	inology Telehealth
Nephrol	ology
Oncolog	gy
Pediatri	ic Cardiology
Urology	y .
Prosthe	etics & Orthotics
TMC OF	В
Imaging	g
OBGYN	ī.
Orthope	edics
Family I	Medicine
Immuni	izations
Intensiv	ve Care Unit
Gastro I	Intestinal
Materni	ity
Emerge	ency Room
Surgery	₹
Rehabili	litation
Spine an	nd Pain
Pulmona	ary Function Testing
Sleep C	Center
Other (please	specify)

Availability of services in this area Dissatisfied with services are offered in this area Unsure if the services are offered in this area The type of care I need is not available Can't find a healthcare provider I would prefer to see I work in another location and prefer to receive healthcare services there Good relationship and/or satisfied with provider(s) outside of this community	1 IV anabin	ty of appointments/scheduling
Dissatisfied with services in this area Unsure if the services are offered in this area The type of care I need is not available Can't find a healthcare provider I would prefer to see I work in another location and prefer to receive healthcare services there		
Unsure if the services are offered in this area The type of care I need is not available Can't find a healthcare provider I would prefer to see I work in another location and prefer to receive healthcare services there		
The type of care I need is not available Can't find a healthcare provider I would prefer to see I work in another location and prefer to receive healthcare services there		
Can't find a healthcare provider I would prefer to see I work in another location and prefer to receive healthcare services there		
I work in another location and prefer to receive healthcare services there		
	Good Tela	monship and/or satisfied with provider(s) outside of this community



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16. What additional healthcare services would you like to see in our community? Please limit your response to a few sentences.
17. What additional recommendations for addressing community health needs do you have for Mt. Graham Regional Medical Center, if any? Please limit your response to a few sentences.