# Community Health Needs Assessment
# June 2023

**Dignity Health®**
Yavapai Regional Medical Center

**Dignity Health.**
Yavapai Regional Medical Center

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## Executive Summary

CHNA Purpose Statement

The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs of the community served by Dignity Health Yavapai Regional Medical Center. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

CommonSpirit Health Commitment and Mission Statement

The hospital's dedication to engaging with the community, assessing priority needs, and helping to address them with community health program activities is in keeping with its mission. As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

CHNA Collaborators

The Medical Center engaged FORVIS to conduct this community health needs assessment. FORVIS, formerly BKD, is a top ten international professional services firm. FORVIS serves more than 1,000 hospitals and health care systems across the nation.

Community Definition

Dignity Health YRMC's service area comprises 5,500 square miles in western Yavapai County. The largest population areas are Prescott, Prescott Valley, Chino Valley, and Dewey-Humboldt. Yavapai County covers a vast area of 8,125 square miles and according to the county's website, is larger than Connecticut, Delaware, Rhode Island and New Jersey. Because of long distances and mountain ranges separating communities, transportation continues to be a significant challenge for some residents.

The Medical Center's service area demographics include a predominant retirement community. Nearly one-third (31%) of the county's population is composed of people over the age of 65. The surrounding areas also include many retirees, but with a greater mix of younger families. The most common occupations are low-paying service and support jobs such as food, retail, and tourism. This often translates into challenges for professionals to find good paying jobs in their choice of careers. The local service-based economy also means there is a predominance of minimum wage earners in non-benefited work which contributes to an underserved population due to financial limitations.

**Assessment Process and Methods**

The CHNA process involved:

- An evaluation of the Implementation Strategy for the needs assessment completed in 2019.

- Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, and health care resources.

- Interviews with key informants who represent a) broad interests of the community, b) population of need, or c) persons with specialized knowledge in public health.

The hospital did not receive written comments on its most recently conducted CHNA report or Implementation Strategy, both of which have been posted on the hospital's website.

This document is a summary of all the available evidence collected during the community health needs assessment conducted in fiscal year 2023. It will serve as a compliance document as well as a resource until the next assessment cycle. Both the process and document serve as prioritizing the community's health needs and will aid in planning to meet those needs.

**Process and Criteria to Identify and Prioritize Significant Health Needs**

For the health needs prioritization process, the Medical Center engaged a leadership team to review the most significant health needs. The criteria included a review of the prior CHNA, the current focus on the Medical Center, established relationships with community partners to address, organizational capacity and existing infrastructure to address health needs.

**Report Adoption and Availability**

This CHNA report was adopted by the Dignity Health Yavapai Regional Medical Center community board on June 26, 2023. The report is widely available to the public on the Medical Center's web site (www.yrmc.org), and a paper copy is available for inspection upon request at their office at 7700 Florentine Rd, Prescott Valley, AZ 86314. Written comments on this report can be submitted to the Medical Center's office.

**Summary of Patients in Yavapai County**

The CHNA will utilize data and input from the county to analyze the health needs of the community. Data for the zip codes within Yavapai County will be assessed as well.

During FY2022, the Medical Center reported a total of 86,962 (Acute/Hospital only) unique patients. Of those patients, 93.87% resided within Yavapai County zip codes. The table below represents the zip codes with total county population and percent of patients.

| Acute/Hospital Patients in Yavapai County Zip Codes | | | | | | |
|---|---|---|---|---|---|---|
| Zip Code | Total County Patients | Percent of County Total | | Zip Code | Total County Patients | Percent of County Total |
| 86314 | 18,882 | 23.13 | | 86320 | 404 | 0.49 |
| 86301 | 13,061 | 15.99 | | 86302 | 389 | 0.47 |
| 86305 | 10,058 | 12.32 | | 86322 | 389 | 0.47 |
| 86323 | 9028 | 11.05 | | 86338 | 226 | 0.27 |
| 86303 | 8503 | 10.41 | | 86337 | 186 | 0.22 |
| 86327 | 5925 | 7.25 | | 85362 | 126 | 0.15 |
| 86315 | 5403 | 6.61 | | 86324 | 117 | 0.14 |
| 86333 | 2538 | 3.10 | | 86335 | 110 | 0.13 |
| 86334 | 2276 | 2.78 | | 86325 | 90 | 0.11 |
| 86312 | 714 | 0.87 | | 85332 | 77 | 0.09 |
| 86332 | 689 | 0.84 | | 86351 | 60 | 0.07 |
| 86329 | 637 | 0.78 | | 86336 | 55 | 0.06 |
| 86321 | 515 | 0.63 | | 85324 | 53 | 0.06 |
| 86326 | 411 | 0.50 | | | | |

*Source: Dignity Health Yavapai Regional Medical Center FY2022*

The following map geographically illustrates Dignity Healthy Yavapai Regional Medical Center's community shaded by the number of FY2022 Acute/Hospital patients.
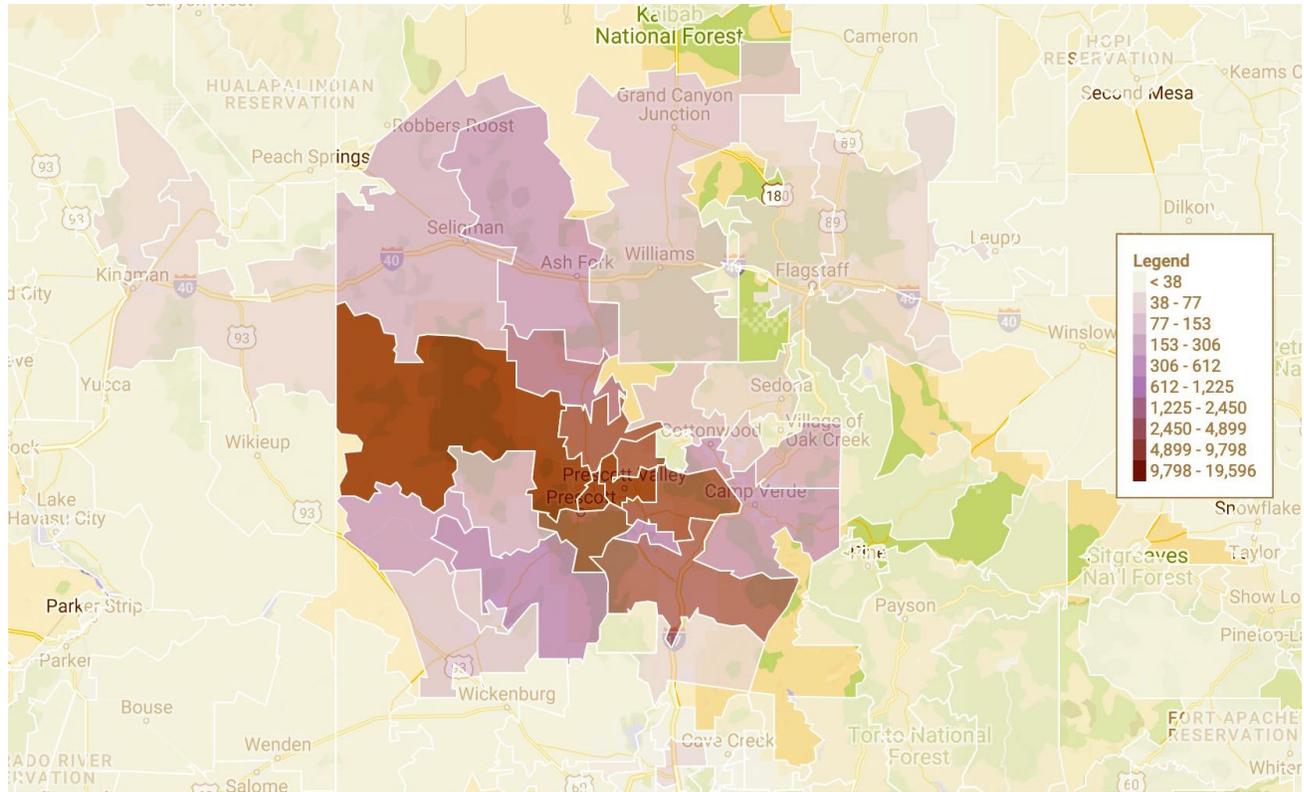


*Source: Dignity Health Yavapai Regional Medical Center*

The table below lists all zip codes within the community definition (P.O. boxes not included).

| | | | | |
|---|---|---|---|---|
| 85320 | 86302 | 86321 | 86330 | 86338 |
| 85324 | 86303 | 86322 | 86331 | 86340 |
| 85332 | 86305 | 86323 | 86332 | 86341 |
| 85342 | 86312 | 86324 | 86333 | 86342 |
| 85362 | 86313 | 86325 | 86334 | 86343 |
| 85390 | 86314 | 86326 | 86335 | 86351 |
| 85544 | 86315 | 86327 | 86336 | 86434 |
| 86301 | 86320 | 86329 | 86337 | |

*Source: https://www.unitedstateszipcodes.org/*

**Summary of 2023 Needs Assessment Findings**

The following health needs were identified based on the information gathered and analyzed through the community health needs assessment conducted by Dignity Healthy Yavapai Regional Medical Center. These needs have been prioritized based on information gathered through the community health needs assessment.

**Significant Identified Health Needs**

- Shortage of Primary Care Physicians
- Lack of Mental Health Providers/Resources
- High Cost of Health Care
- Lack of Health Knowledge/Education
- Poverty/Inadequate Financial Resources
- Poor Health Behaviors/Lifestyle
- Substance Abuse

These identified community health needs are discussed in greater detail later in this report.

## Community Served by the Medical Center

Dignity Health YRMC has two medical centers in Yavapai County.  As a regional medical center facility, the Medical Center serves residents in and around Yavapai County.

### *Defined Community*

A community is defined as the geographic area from which a significant number of the patients utilizing the Medical Center services reside.  While the CHNA considers other types of health care providers, the Medical Center is the single largest provider of acute care services.  For this reason, the utilization of services provides the clearest definition of the community.

Based on the patient origin of acute care inpatient discharges, management has identified Yavapai County as the defined CHNA community. The CHNA will utilize data and input from this county, as well as the top five cities within Yavapai County, to analyze health needs for the community.



*2016 The Daily Courier/Matt Hinshaw*

**Community Details**

*Identification and Description of Geographical Community*

The geographic area of the defined community, based on the identified zip codes, includes Yavapai County.  The following image geographically illustrates the Medical Center's community. As shown on the following map, Dignity Healthy YRMC hospital facilities are centrally located in Yavapai County. Dignity Healthy YRMC-East is represented with a maroon target symbol and Dignity Healthy YRMC - West is represented with a red target symbol.

The map below displays the Medical Center's geographic relationship to the community, as well as significant road and highways.
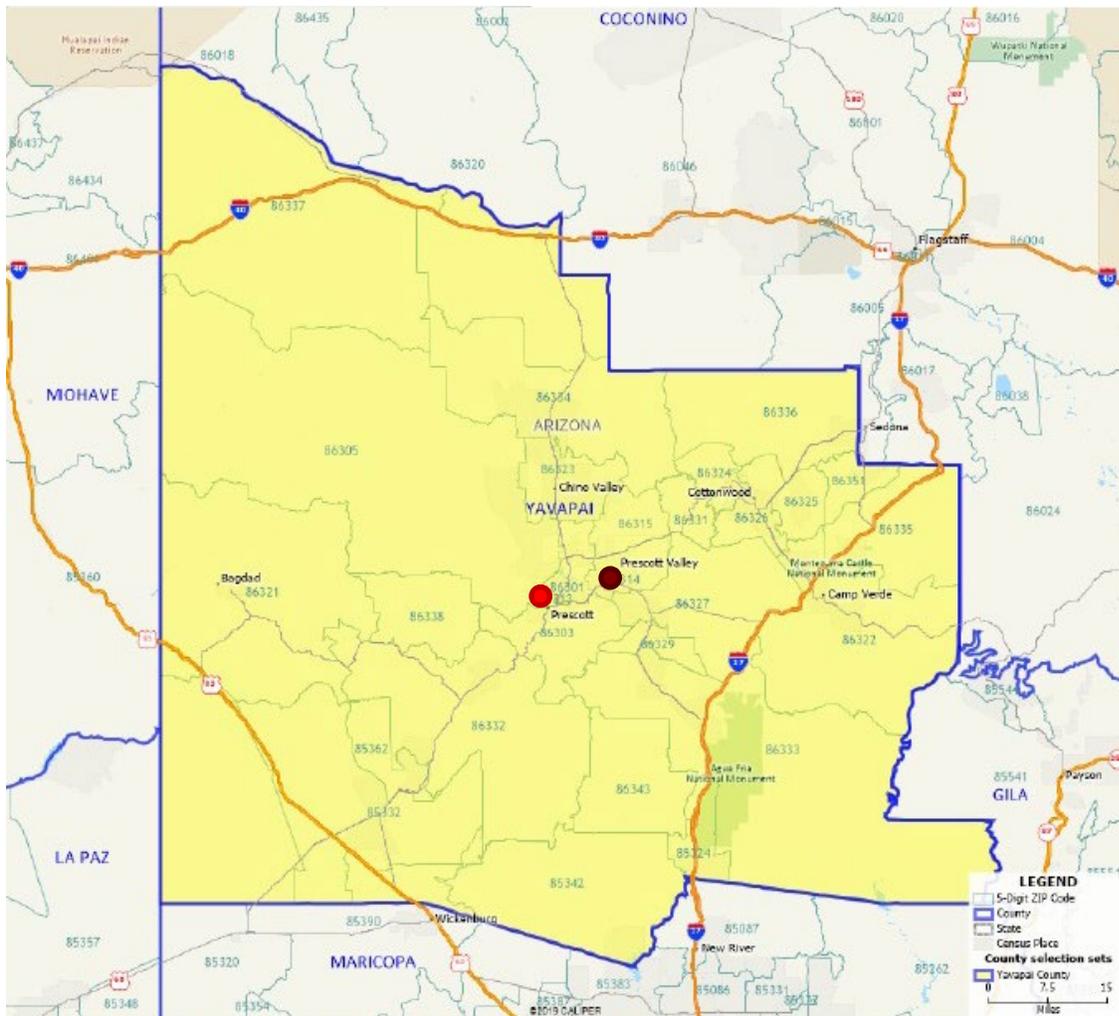


Source: Caliper's Maptitude 2019 and Health Dimensions Group analysis

## Community Population and Demographics

The U.S. Census Bureau has compiled population and demographic data based on the American Community Survey. The following tables and chart show the total population within the community, including a breakout between male and female population, age, race/ethnicity and Hispanic population.

| Demographic Characteristics | | | | |
|---|---|---|---|---|
| Total Population | | Population by Gender | | |
| Area | Population | Area | Male | Female |
| Yavapai County | 233,789 | Yavapai County | 49.1% | 50.8% |
| Arizona | 7,079,203 | Arizona | 49.9% | 50.0% |
| United States | 329,725,481 | United States | 49.5% | 50.5% |

*Source: US Census Bureau, American Community Survey. 2017-21.*

| Age Distribution | | | | | | |
|---|---|---|---|---|---|---|
| Age Group | Yavapai County | % of Total | Arizona | % of Total | United States | % of Total |
| **0 - 4** | 9,242 | 3.95% | 412,606 | 5.83% | 19,423,121 | 5.89% |
| **5 - 17** | 28,539 | 12.21% | 1,201,829 | 16.98% | 54,810,954 | 16.62% |
| **18 - 24** | 15,153 | 6.48% | 672,761 | 9.50% | 30,339,089 | 9.20% |
| **25 - 34** | 20,785 | 8.89% | 966,670 | 13.66% | 45,360,942 | 13.76% |
| **35 - 44** | 21,002 | 8.98% | 882,914 | 12.47% | 42,441,883 | 12.87% |
| **45 - 54** | 24,446 | 10.46% | 838,963 | 11.85% | 41,631,458 | 12.63% |
| **55 - 64** | 40,110 | 17.16% | 859,601 | 12.14% | 42,829,413 | 12.99% |
| **65+** | 74,512 | 31.87% | 1,243,859 | 17.57% | 52,888,621 | 16.04% |

*Source: US Census Bureau, American Community Survey. 2017-21.*

Yavapai County Age Distribution
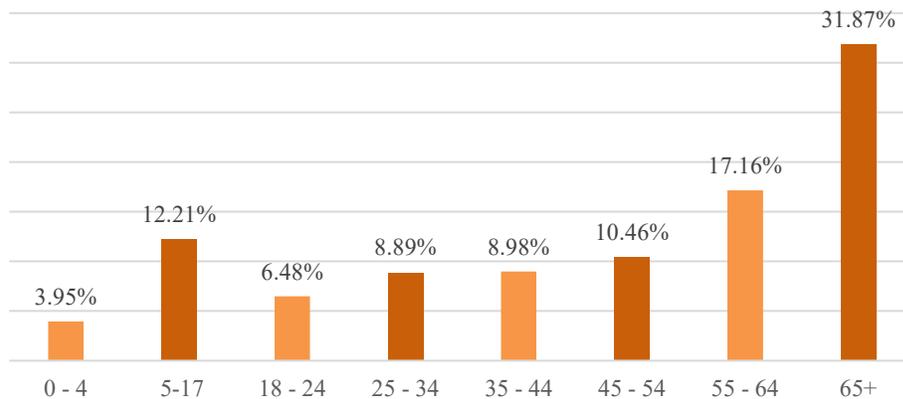


*Source: US Census Bureau, American Community Survey. 2017-21.*

| Population Age 65+ | | |
|---|---|---|
| Area | Population Age 65+ | Percent Age 65+ |
| Yavapai County | 74,512 | 31.87% |
| Arizona | 1,243,859 | 17.57% |
| United States | 52,888,621 | 16.04% |

*Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract*

The community comprises a much higher percentage of seniors compared to the state and national percentages. The percentage of persons 65 years of age and older in Yavapai County is nearly twice that of Arizona and the United States.

While the relative age of the community population can impact community health needs, so can the ethnicity and race of a population. The population of the community by race and ethnicity illustrates different categories of race such as: White, Black, Asian, other and multiple races. Whites (Non-Hispanic) make up 86.75% of the community. Another significant group within Yavapai County is the Native American population. There are three primary groups of the Yavapai Native American tribe, two of which are located within Yavapai County.

The table below provides details of Yavapai County's total population by race.

| Total Population by Race Alone | | | | | | | |
|---|---|---|---|---|---|---|---|
| Area | White | Black | Asian | Native American or Alaska Native | Native Hawaiian or Pacific Islander | Some Other Race | Multiple Races |
| Yavapai County | 86.75% | 0.65% | 1.12% | 1.26% | 0.08% | 4.10% | 6.04% |
| Arizona | 70.43% | 4.50% | 3.31% | 4.25% | 0.20% | 6.93% | 10.38% |
| United States | 68.17% | 12.55% | 5.70% | 0.83% | 0.19% | 5.58% | 6.99% |

*Source: US Census Bureau, American Community Survey. 2017-21.*

The following table shows the percentage of individuals that live in rural and urban areas. Urban is defined as densely developed territories that encompass residential, commercial, and other non-residential land uses. Rural areas are all areas that are not classified as urban. This information helps explain how access to care can sometimes be limited for those living in rural areas.

Yavapai County's percent of rural residents is much higher than state and national percentages. Rural residents often face transportation challenges which can influence access to care. They are also more susceptible to social isolation.

| Total Population by Urban and Rural | | | | |
|---|---|---|---|---|
| Area | Total Urban | Percent Urban | Total Rural | Percent Rural |
| Yavapai County | 140,976 | 66.80% | 70,057 | 33.20% |
| Arizona | 5,740,659 | 89.81% | 651,358 | 10.19% |
| United States | 252,746,527 | 80.89% | 59,724,800 | 19.11% |

*Source: US Census Bureau, American Community Survey. 2017-21.*

## SOCIOECONOMIC CHARACTERISTICS OF THE COMMUNITY

**Social Vulnerability Index**

The CDC has developed the Social Vulnerability Index (SVI). This helps public health officials identify and meet the needs of socially vulnerable populations.

| Overall Vulnerability | | |
|---|---|---|
| **Socioeconomic Status** | Below Poverty | |
| | Unemployed | |
| | Income | |
| | No High School Diploma | |
| **Household Composition & Disability** | Aged 65 or Older | |
| | Aged 17 or Younger | |
| | Older than Age 5 w/Disability | |
| | Single-Parent Households | |
| **Minority Status & Language** | Minority | |
| | Speak English "less than well" | |
| **Housing & Transportation** | Multi-Unit Structures | |
| | Mobile Homes | |
| | Crowding | |
| | No Vehicle | |

Possible SVI scores range from 0 (lowest vulnerability) to 1 (highest vulnerability). Yavapai County has a moderate to high level of vulnerability, lower than all other surrounding counties. The following table displays the SVI scores for Yavapai County and nearby counties.

| County | SVI Score | Level of Vulnerability |
|---|---|---|
| Coconino | 0.8132 | High level of vulnerability |
| Gila | 0.7629 | High level of vulnerability |
| Maricopa | 0.6534 | Moderate to high level of vulnerability |
| Mohave | 0.8071 | High level of vulnerability |
| La Paz | 0.9099 | High level of vulnerability |
| Yavapai | 0.6143 | Moderate to high level of vulnerability |

*Source: https://www.atsdr.cdc.gov/placeandhealth/svi/interactive_map.html*

**Income and Employment**

Median household income is defined as the income level earned by a household within a specific geographic area. It is the exact middle income earned, with half earning more and half earning less. This is considered an accurate measure for summarizing income of a region as compared to household income since it is not swayed by a small percentage of very high or very low outliers.

Average household income is defined as the total gross income before taxes, received within a 12-month period by all members of a household that are 15 years and older. It includes–but is not limited to–wage, salary, and self-employment earnings; Social Security, pension, and other retirement income; invest income; welfare payments; and income from other sources.

The table and graph below display the average and median household income for Yavapai County, the state of Arizona and the nation. The average family income in Yavapai County is $88,611, 13.9% below the average for the state of Arizona and 22.3% below the United States average.

| Household Income | | | |
|---|---|---|---|
| Area | Total Family Households | Average Family Income | Median Family Income |
| Yavapai County | 63,431 | $88,611 | $70,299 |
| Arizona | 1,747,769 | $103,006 | $78,845 |
| United States | 80,755,759 | $114,099 | $85,028 |

*Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract*
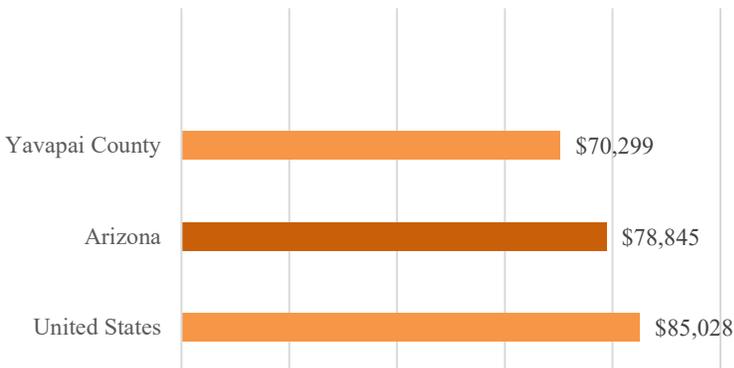


*Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract*

Yavapai County is supported by major industries including health care, retail trade and education. The table below reports labor data as of May 2022. From 2019 to 2020, employment in Yavapai County grew at a rate of 2.38%, expanding from 88,000 employees to 90,100 employees. The most common employment sectors for those living in Yavapai County are Healthcare & Social Assistance, Retail Trade, and Accommodation & Food Services.

| Employment by Industries | |
| --- | --- |
| Healthcare and Social Assistance | 14.5% |
| Retail Trade | 14.1% |
| Accommodation & Food Services | 9.08% |
| Construction | 9.04% |
| Educational Services | 8.91% |
| Other Services, not Public Administration | 6.70% |
| Manufacturing | 5.21% |
| Professional Administration | 5.16% |
| Waste Management Services & Support | 5.08% |
| Professional, Scientific, & Technical | 5.00% |
| Transportation & Warehousing | 3.01% |
| Finance & Insurance | 2.89% |

*Source: US Census Bureau, via https://datausa.io/profile/geo/yavapai-county-az#employment_by_industries*

### Employment - Unemployment Rate

The indicators below present the most recent unemployment rates and the 10-year average annual resident unemployment rate from 2011 to 2021 for Yavapai County (civilian non-institutionalized population age 16 and older). These are relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

| Employment - Unemployment Rate | | | | |
| --- | --- | --- | --- | --- |
| Area | Labor Force | Number Employed | Number Unemployed | Unemployment Rate |
| Yavapai County | 109,004 | 106,045 | 2,959 | 2.7% |
| Arizona | 3,642,051 | 3,524,959 | 117,092 | 3.2% |
| United States | 165,456,929 | 160,031,490 | 5,425,440 | 3.3% |

*Source: US Department of Labor, Bureau of Labor Statistics. 2022 - December. Source geography: County*

| Average Annual Unemployment Rate Percent | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Area | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
| Yavapai County | 9.8 | 8.6 | 7.8 | 6.4 | 5.6 | 5.0 | 4.6 | 4.4 | 4.6 | 7.3 | 4.1 |
| Arizona | 9.4 | 8.3 | 7.8 | 6.8 | 6.1 | 5.5 | 5.0 | 4.8 | 4.9 | 7.7 | 4.9 |
| United States | 9.0 | 8.1 | 7.4 | 6.2 | 5.3 | 4.9 | 4.4 | 3.9 | 3.7 | 8.1 | 5.4 |

*Source: US Department of Labor, Bureau of Labor Statistics. 2022 - December. Source geography: County*

**Poverty**

The following table and graph display the percentage of total population below 100 percent Federal Poverty Level (FPL) for Yavapai County, Arizona and the United States. The FPL is a measurement of the minimum amount of income that is needed for individuals and families to pay for essentials. The guidelines are used to establish eligibility for Medicaid and other federal programs.

Poverty is a key driver of health status and is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

People living in chronic poverty have elevated health risks that can lead to unsafe conditions and diseases. Conditions might include drinking contaminated water or living in unsanitary housing with poor ventilation.

Low-income residents may delay or avoid pursuing medical attention until issues reach a critical stage, creating a greater demand on the community's medical resources. This may include dependence on emergency rooms for what should be routine primary care. In addition, uninsured or low-income individuals' inability to pay for services places a strain on the community's medical system.

These individuals tend to have limited transportation options and lack the ability to travel outside their local community for medical services.

The table below shows the total and percent of individuals living below 100% of the Federal Poverty Level.

| Population Below 100% FPL | | | |
|---|---|---|---|
| | Total Population | Population in Poverty | Population in Poverty Percent |
| Yavapai County | 229,192 | 28,563 | 12.46 |
| Arizona | 6,926,281 | 934,911 | 13.50 |
| United States | 321,897,703 | 40,661,636 | 12.63 |

*Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract*

Total Population FPL Rates
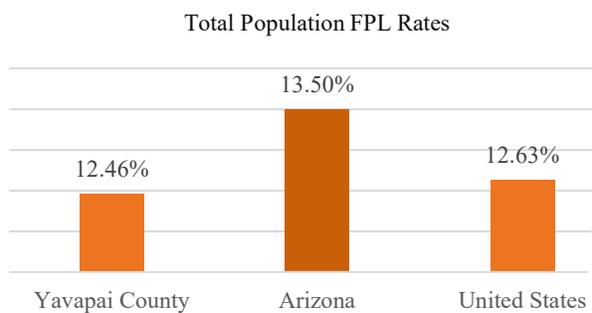
**Insurance**

The following table reports the percentage of the total civilian non-institutionalized population without health insurance coverage for Yavapai County, Arizona, and the United States.  This indicator is relevant because lack of insurance is a primary barrier to health care access including regular primary care, specialty care and other health services that contributes to poor health status.  The lack of health insurance is considered a key driver of health status. Uninsured adults have limited access to preventive services and specialty care, and often experience worse health outcomes than those with insurance.

In Yavapai County, 10.62% of the total civilian non-institutionalized population is without health insurance coverage. The rate of uninsured persons in the report area is close to the state average of 10.65%, but higher than the national average of 8.77%

| Uninsured Total Population | | | |
|---|---|---|---|
| | Population for whom Insurance Status is Determined | Uninsured Population Total | Uninsured Population Percent |
| Yavapai County | 233,530 | 24,696 | 10.62 |
| Arizona | 6,976,512 | 743,344 | 10.65 |
| United States | 324,818,565 | 28,489,142 | 8.77 |

*Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract*

The image below shows the percentage of population under age 65 without health insurance from 2016 to 2021.
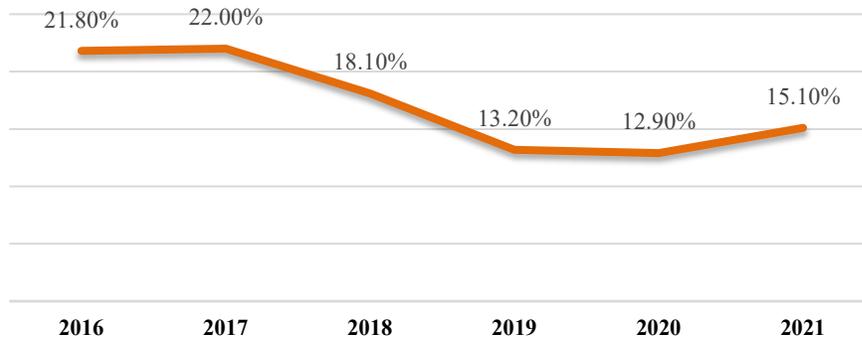


*Source: Datausa.io/profile/geo/yavapai-county.az*

**Education**

The following data shows the estimated educational attainment with a High School diploma or higher. This is relevant because educational attainment has been linked to positive health outcomes. Attainment shows the distribution of the highest level of education achieved and helps schools and businesses to understand the needs of adults, whether it be workforce training or the ability to develop science, technology, engineering, and mathematics opportunities. Education levels obtained by community residents may impact the local economy. Higher levels of education, including associate's degrees and higher, generally lead to higher wages, less unemployment and improved job stability. These factors may indirectly influence community health. Information for the table below is calculated for persons age 25 years and over, and is an estimated average from the period 2017-2021.

As the table and graph below show, in Yavapai County 16.1% have at least a college bachelor's degree, while 25.2% stopped their formal educational attainment after high school.

| Educational Attainment – Population Age 25 and Older | | | | | |
|---|---|---|---|---|---|
| | Percent with High School Diploma | Percent with Some College | Percent with Associate's Degree | Percent with Bachelor's Degree | Percent with Graduate or Professional Degree |
| Yavapai County | 25.2 | 29.3 | 9.4 | 16.1 | 11.7 |
| Arizona | 23.5 | 24.6 | 9.0 | 19.3 | 11.9 |
| United States | 26.5 | 20.0 | 8.7 | 20.6 | 13.1 |

*Source: US Census Bureau, American Community Survey. 2017-21. Source geography: County*



Yavapai County Educational Attainment
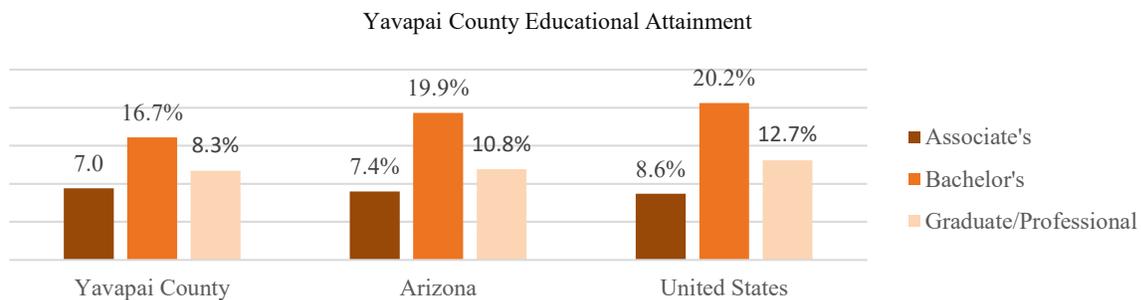
*Source: US Census Bureau, American Community Survey. 2017-21. Source geography: County*

**PHYSICAL ENVIRONMENT OF THE COMMUNITY**

A community's health is affected greatly by its physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health. This section will examine some of the elements that relate to various needs mentioned throughout the report.

**Grocery Store Access**

Healthy dietary behaviors are supported by access to healthy foods, and grocery stores are a major provider of these foods. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Delicatessen-type establishments are also included. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded.

| Grocery Store Access | | |
|---|---|---|
| | Number of Establishments | Establishments Rate per 100,000 |
| Yavapai County | 27 | 11.43 |
| Arizona | 770 | 10.77 |
| United States | 62,268 | 18.79 |

*Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2020. Source geography: County*



**Food Access/Food Deserts and SNAP**

The table on the following page displays the number of neighborhoods in the report area that are within food deserts. The USDA Food Access Research Atlas defines a food desert as any neighborhood that lacks healthy food sources due to income level, distance to supermarkets, or vehicle access. This is relevant because it highlights populations and geographies facing food insecurity.

| Population with Low Food Access | | |
|---|---|---|
| | Population with Low Food Access | Food Desert Census Tracts |
| Yavapai County | 51,492 | 11 |
| Arizona | 1,049,466 | 257 |
| United States | 39,074,974 | 63,238 |

*Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2019.*

Certain food stores including grocery stores as well as supercenters, specialty food stores, and convenience stores are authorized to accept Supplemental Nutrition Assistance Program (SNAP) benefits. As the table below reveals, Yavapai County has 6.58% retailers per 100,000 population, which is slightly higher than the state rate and slightly lower than the national rate.

| SNAP Authorized Food Stores | | |
|---|---|---|
| | Total SNAP-Authorized Retailers | SNAP-Authorized Retailers Rate per 100,000 population |
| Yavapai County | 158 | 6.58 |
| Arizona | 3,852 | 5.21 |
| United States | 248,526 | 7.47 |

*Source: US Department of Agriculture, Food and Nutrition Service, USDA - SNAP Retailer Locator.*
*Additional data analysis by CARES. 2021. Source geography: Tract*

**Recreation and Fitness Access**

Access to recreation and fitness facilities encourages physical activity and other healthy behaviors. Yavapai County includes 20 establishments primarily engaged in operating fitness and recreational sports facilities featuring exercise and other active physical fitness conditioning or recreational sports activities, such as swimming, skating, or racquet sports. This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

The data below report the number per 100,000-population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940.

| Recreation and Fitness Facility Access | | |
|---|---|---|
| | Number of Establishments | Establishments per 100,000 population |
| Yavapai County | 20 | 8.47 |
| Arizona | 755 | 10.56 |
| United States | 39,562 | 11.94 |

*Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2019. Source geography: County*

The table below shows the percent of adults 20 and older who self-report no active leisure time, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?"
This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

| Physical Inactivity | | | |
|---|---|---|---|
| | Population Age 20+ | Adults Age 20+ with No Leisure Time Physical Activity, Total | Adults Age 20+ with No Leisure Time Physical Activity, Percent |
| Yavapai County | 192,559 | 44,096 | 20.6% |
| Arizona | 5,442,674 | 1,155,051 | 20.5% |
| United States | 239,878,217 | 54,200,862 | 22.0% |

*Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2019. Source geography: County*

## CLINICAL CARE OF THE COMMUNITY

A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsured, financial hardship, transportation barriers, cultural competency and coverage limitations affect access.

Rates of morbidity, mortality and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests, and vaccinations.  Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.

### Access to Primary Care

The table on the following page shows the number of primary care physicians per 100,000-population. Doctors classified as "primary care physicians" by the AMA include General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians 75 years and older and physicians practicing subspecialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Yavapai County has one primary care physician for every 1,730 patients. This is higher than state and national ratios. According to the CDC, an adequate supply of physicians helps ensure access to health care. A high ratio (also referred to as a physician shortage) can result in reduced access to care, increasing wait times, and higher medical costs for patients. *https://www.cdc.gov/nchs/hus/topics/physicians.htm*

| Access to Primary Care | | |
|---|---|---|
| | Total Population | Primary Care Physicians Ratio |
| Yavapai County | 229,192 | 1,730 to 1 |
| Arizona | 6,926,281 | 1,500 to 1 |
| United States | 321,897,703 | 1,310 to 1 |

*Source: https://www.countyhealthrankings.org/explore-health-rankings/arizona/yavapai?year=2022*



*Source: https://www.countyhealthrankings.org/explore-health-rankings/arizona/yavapai?year=2022*
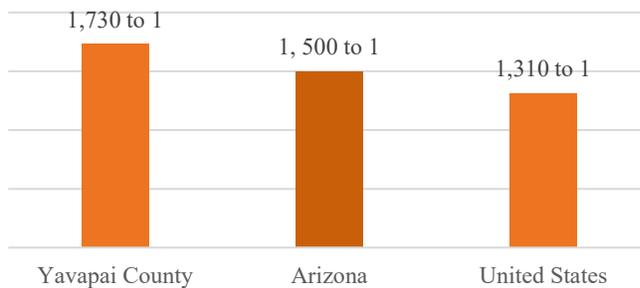
**Preventable Medicare Hospitalizations**

The following data reports the preventable hospital rate of Medicare beneficiaries. Preventable hospital stays include admission for these conditions: diabetes with short-term and long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, or urinary tract infection. These represent conditions where hospitalization could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of preventable discharges demonstrates a possible "return on investment" from interventions that reduce admissions (for example, uninsured or Medicaid patients) through better access to primary care resources.

The data on the following table reports the preventable hospital rate of Medicare beneficiaries.
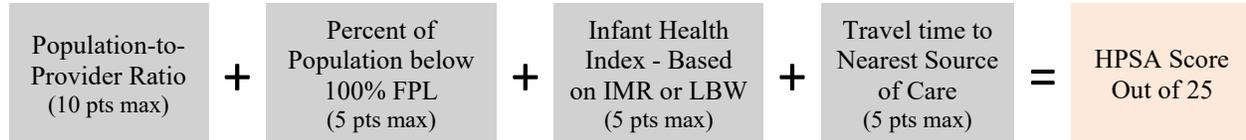
| Preventable Medicare Hospitalizations | | |
|---|---|---|
| | Total Medicare Beneficiaries | Preventable Hospitalizations, per 100,000 |
| Yavapai County | 77,946 | 1,506 |
| Arizona | 1,247,585 | 2,032 |
| United States | 57,235,207 | 2,865 |

*Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2020. Source geography: County*

### *Population Living in a Health Professional Shortage Area*

Health Professional Shortage Area (HPSA) designations are assigned by the federal government to prioritize the distribution of resources to meet health care needs and can be used by health care facilities to establish a need for additional health care professionals.

The Health Professional Shortage Area (HPSA) Score was developed by the National Health Service Corps (NHSC) in determining priorities for assignment of clinicians. The scores range from 0 to 25. The higher the score, the greater the priority. The graphic below demonstrates the scoring process.

| Population-to-Provider Ratio (10 pts max) | + | Percent of Population below 100% FPL (5 pts max) | + | Infant Health Index - Based on IMR or LBW (5 pts max) | + | Travel time to Nearest Source of Care (5 pts max) | = | HPSA Score Out of 25 |
|---|---|---|---|---|---|---|---|---|

*Source: HRSA Health Workforce, https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation/scoring*

Health Professional Shortage Area (HPSA) is also measured by the number of full-time equivalent (FTE) practitioners needed in an area so that it will achieve the population to practitioner ratio. The target ratio is determined by the type (discipline) of the HPSA.

Yavapai County has five HPSA areas within the Medical Center's community. Black Canyon City has the highest HPSA score, Prescott Valley has the biggest HPSA FTE shortage.

The table below lists HPSA scores for the five areas.

| HPSA Scores | | | |
|---|---|---|---|
| County | HPSA Name | HPSA Score | Primary Care HPSA FTE short |
| Yavapai County | Williamson | 14 | 1.47 |
| Yavapai County | Chino Valley | 16 | 2.23 |
| Yavapai County | Black Canyon City | 17 | 1.79 |
| Coconino County/ Yavapai County | Cottonwood/Sedona | 15 | 4.60 |
| Yavapai County | Prescott Valley | 16 | 5.20 |

*Source: US Dept of Health and Human Services 2021, https://data.hrsa.gov/tools/shortage-area/hpsa-find*

*Preventable Medical Events*

Ambulatory care sensitive (ACS) conditions include pneumonia, dehydration, asthma, diabetes and other conditions, which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS information demonstrates a possible "return on investment" from interventions that reduce hospital admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources.

The table below displays the number of residents per 1,000 that experienced a preventable medical event.

| Preventable Medical Events | |
| --- | --- |
| | ACS per 1,000 Residents under 65 Years |
| Yavapai County | 38.6 |
| Prescott Valley | 45.5 |
| Arizona | 34.5 |

*Source: Prescott Valley Primary Care Area 2021 Statistical Profile, http://www.azdhs.gov/documents/prevention/health-systems-development/data-reports-maps/reports/datadocu.pdf*

**Health Status of the Community**

This section of the assessment reviews the health status of the Community with comparisons to the State of Arizona. This assessment of the mortality and morbidity data, health outcomes, health factors and mental health indicators of Yavapai County residents will enable The Medical Center to identify priority health issues related to the health status of its residents.

Good health can be defined as a state of physical, mental, and social well-being, rather than the absence of disease or infirmity. According to *Healthy People 2020*, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health.

Community health includes both the physical and social environment in which individuals live, work and play. Community health is profoundly affected by the collective behaviors, attitudes, and beliefs of everyone who lives in the community. Healthy people are among a community's most essential resources.

Numerous factors have a significant impact on an individual's health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate health care and medical services. The interrelationship among lifestyle/behavior, personal health attitude and poor health status is gaining recognition and acceptance by both the general public and health care providers.

Some examples of lifestyle/behavior and related health care problems include the following:

| Lifestyle | | Primary Disease Factors |
|---|---|---|
| **Smoking** | → | Lung cancer<br>Cardiovascular disease<br>Emphysema<br>Chronic bronchitis |
| **Alcohol/drug abuse** | → | Cirrhosis of liver<br>Motor vehicle crashes<br>Unintentional injuries<br>Malnutrition<br>Suicide<br>Homicide<br>Mental illness |
| **Poor Nutrition** | → | Obesity<br>Digestive disease<br>Depression |
| **Driving at excessive speeds** | → | Trauma<br>Motor vehicle crashes |
| **Lack of exercise** | → | Cardiovascular disease<br>Depression |
| **Overstressed** | → | Mental illness<br>Alcohol/drug abuse<br>Cardiovascular disease |

Studies by the American Society of Internal Medicine conclude that up to 70 percent of an individual's health status is directly attributable to personal lifestyle decisions and attitudes. Persons who do not smoke, who drink in moderation (if at all), use automobile seat belts (car seats for infants and small children), maintain a nutritious low-fat, high-fiber diet, reduce excess stress in daily living and exercise regularly have a significantly greater potential of avoiding debilitating diseases, infirmities, and premature death.

Health problems should be examined in terms of morbidity as well as mortality. Morbidity is defined as the incidence of illness or injury and mortality is defined as the incidence of death. Such information provides useful indicators of health status trends and permits an assessment of the impact of changes in health services on a resident population during an established period of time. Community attention and health care resources may then be directed to those areas of greatest impact and concern.

Due to limited morbidity data, this health status report relies heavily on death and death rate statistics for leading causes in death in the community, along with the state of Arizona. Such information provides useful indicators of health status trends and permits an assessment of the impact of changes in health services on a resident population during an established period of time. Community attention and health care resources may then be directed to those areas of greatest impact and concern.

**Leading Causes of Death**

The following table reflects the leading causes of death for Yavapai County as compared to the rates of Arizona and the United States, per hundred thousand. Figures represent a 2016-2020 five-year average. Figures are reported as rates age-adjusted to year 2000 standard. Data was last updated in 2020.

Among the eight causes listed below, Yavapai County death rates are considerably higher in four areas: Lung Disease (32% higher than state and national averages); Poisoning (32% higher than state average, 57% higher than national average); Suicide (68% higher than state average, 123% higher than national average); and Unintentional Injury (11% higher than state average, 29% higher than national average).

| Selected Causes of Resident Deaths: Number and Crude Rate | | | | | | |
|---|---|---|---|---|---|---|
| | Yavapai County | | Arizona | | United States | |
| | 5-Year Total Deaths | Adjusted Rate | 5-Year Total Deaths | Adjusted Rate | 5-Year Total Deaths | Adjusted Rate |
| Cancer | 3,614 | 150.6 | 61,176 | 132.5 | 2,998,371 | 149.4 |
| Coronary Heart Disease | 2,063 | 86.0 | 39,484 | 85.7 | 1,838,830 | 91.5 |
| Lung Disease | 1,325 | 53.3 | 18,815 | 40.2 | 783,919 | 39.1 |
| Motor Vehicle Crash | 177 | 14.1 | 4,872 | 13.2 | 193,691 | 11.5 |
| Poisoning | 390 | 37.7 | 9,924 | 28.4 | 389,651 | 24.0 |
| Stroke | 772 | 31.8 | 14,151 | 30.9 | 746,604 | 37.6 |
| Suicide | 421 | 30.8 | 6,818 | 18.3 | 233,972 | 13.8 |
| Unintentional Injury | 936 | 65.3 | 22,401 | 58.8 | 872,432 | 50.4 |

*Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-20.*
*Source geography: County*

**Health Outcomes and Factors**

An analysis of various health outcomes and factors for a particular community can, if improved, help make that community a healthier place to live, learn, work and play.  A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture, and environment.  This portion of the community health needs assessment utilizes information from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

The County Health Rankings model is grounded in the belief that programs and policies implemented at the local, state, and federal levels have an impact on the variety of factors that, in turn, determine the health outcomes for communities across the nation.  The model provides a ranking method that ranks all 50 states and the counties within each state, based on the measurement of two types of health outcomes for each county:  how long people live (mortality) and how healthy people feel (morbidity).

These outcomes are the result of a collection of health factors and are influenced by programs and policies at the local, state, and federal levels.

Healthcare was overwhelmingly impacted by COVID. Hospitals on the front line of caring for patients were strained as they swiftly responded to infection rates.  Canceled and delayed routine procedures created substantial financial loss for many hospitals and providers.

Hospitals are seeing more high acuity, inpatient cases, requiring longer lengths of stay than prior to the pandemic. Doctors, nurses, and other providers have experienced intense pressure. Detrimental effects include high rates of infection, anxiety, and depression.

Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, *e.g.*, 1 or 2, are considered to be the "healthiest."

Counties are ranked relative to the health of other counties in the same state on the following summary measures:

- Health Outcomes - rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.

- Health Factors - rankings are based on weighted scores of four types of factors:
    - Health behaviors (six measures)
    - Clinical care (five measures)
    - Social and economic (seven measures)
    - Physical environment (four measures)

A more detailed discussion about the ranking system, data sources and measures, data quality and calculating scores and ranks can be found at the website for County Health Rankings (www.countyhealthrankings.org).

As part of the analysis of the needs assessment for the community, data from Yavapai County will be used to compare the relative health status of the county to the state of Arizona.

The current year information is compared to the health outcomes reported on the prior community health needs assessment and the change in measures is indicated.

A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture, and environment.

The tables below show how changes in the county included in the community's health outcomes have increased, decreased, or stayed the same from the prior community health needs assessment. Data is based on calendar years 2018-2022.

**County Health Rankings - Health Outcomes**

| *Mortality* | Yavapai County 2018 | Yavapai County 2022 | County Increase/ Decrease | Arizona 2022 | Top US Performers 2022 |
|---|---|---|---|---|---|
| **Premature death** - Years of potential life lost before age 75 per 100,000 population (age-adjusted) | 8,500 | 8,600 | ⬆ | 7,700 | 7,300 |
| **Poor or fair health** - Percent of adults reporting fair or poor health (age-adjusted) | 14% | 18% | ⬆ | 18% | 17% |
| **Poor physical health days** - Average number of physically unhealthy days reported in past 30 days (age-adjusted) | 3.7 | 4.0 | ⬆ | 4.0 | 3.9 |
| **Poor mental health days** - Average number of mentally unhealthy days reported in past 30 days (Age Adjusted) | 3.8 | 4.6 | ⬆ | 4.7 | 4.5 |
| **Low birth weight** - Percent of live births with low birth weight (<2500 grams) | 7.0% | 7.0% | —— | 7.0% | 8.0% |

*Data should not be compared with prior years. Source: Countyhealthrankings.org*

| *Health Behaviors* | Yavapai County 2018 | Yavapai County 2022 | County Increase/ Decrease | Arizona 2022 | Top US Performers 2022 |
|---|---|---|---|---|---|
| **Adult smoking** – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke | 15% | 17% | ⬆ | 16% | 16% |
| **Adult obesity** – Percent of adults that report a BMI >= 30 | 23% | 28% | ⬆ | 32% | 32% |
| **Food environment index^** – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best) | 6.6 | 6.9 | ⬆ | 6.5 | 7.8 |
| **Physical inactivity** – Percent of adults aged 20 and over reporting no leisure time physical activity | 22% | 24% | ⬆ | 24% | 26% |
| **Access to exercise opportunities^** – Percentage of population with adequate access to locations for physical activity | 88% | 84% | ⬇ | 82% | 80% |
| **Excessive drinking** – Percent of adults that report excessive drinking in the past 30 days | 16% | 18% | ⬆ | 17% | 20% |

| *Health Behaviors* | Yavapai County 2018 | Yavapai County 2022 | County Increase/ Decrease | Arizona 2022 | Top US Performers 2022 |
|---|---|---|---|---|---|
| **Alcohol-impaired driving deaths** – Percent of motor vehicle crash deaths with alcohol involvement | 21% | 15% | ⬇ | 22% | 27% |
| **Sexually transmitted infections** – Chlamydia rate per 100K Population | 200.1 | 238.6 | ⬆ | 591.6 | 551.0 |
| **Teen births** – Female population, ages 15-19 | 31 | 24 | ⬇ | 22 | 19 |

^ Opposite Indicator signifying that an increase is a positive outcome and a decrease is a negative one.
Note: N/A indicates unreliable or missing data. *Source: Countyhealthrankings.org 2022*

| *Clinical Care* | Yavapai County 2018 | Yavapai County 2022 | County Increase/ Decrease | Arizona 2022 | Top US Performers 2022 |
|---|---|---|---|---|---|
| **Uninsured adults** – Percent of population under age 65 without health Insurance | 13% | 15% | ⬆ | 14% | 11% |
| **Primary care physicians** – Number of population for every one primary care physician | 1680 | 1730 | ⬆ | 1500 | 1310 |
| **Dentists –** Number of population for every one dentist | 1600 | 1490 | ⬇ | 1590 | 1400 |
| **Mental health providers** – Number of population for every one mental health provider | 600 | 490 | ⬇ | 660 | 350 |
| **Mammography screening^** – Percent of female Medicare enrollees that receive mammography screening | 66% | 43% | ⬇ | 41% | 43% |

| *Social and Economic Factors* | Yavapai County 2018 | Yavapai County 2022 | County Increase/ Decrease | Arizona 2022 | Top US Performers 2022 |
|---|---|---|---|---|---|
| **High school graduation^** – Percent of ninth grade cohort that graduates in 4 years | 79% | 92% | ⬆ | 88% | 89% |
| **Some college^** – Percent of adults aged 25-44 years with some postsecondary education | 60% | 61% | ⬆ | 65% | 67% |
| **Unemployment –** Percent of population age 16+ unemployed but seeking work | 4.9% | 7.5% | ⬆ | 7.9% | 8.1% |
| **Children in poverty** – Percent of children under age 18 in poverty | 20% | 15% | ⬇ | 18% | 16% |
| **Income inequality** – Ratio of household income at the 80th percentile to income at the 20th percentile | 4.1 | 4.3 | ⬆ | 4.5 | 4.9 |
| **Children in single-parent households** – Percent of children that live in household headed by single parent | 31% | 22% | ⬇ | 26% | 25% |
| **Social associations^** – Number of membership associations per 10,000 population | 9.1 | 8.0 | ⬇ | 5.6 | 9.2 |
| **Violent Crime Rate** – Violent crime rate per 100,000 population (age adjusted) | 289 | 300 | ⬆ | 435 | 386 |
| **Injury deaths** – Number of deaths due to injury per 100,000 population | 122 | 126 | ⬆ | 90 | 76 |

| *Physical Environment* | Yavapai County 2018 | Yavapai County 2022 | County Increase/ Decrease | Arizona 2022 | Top US Performers 2022 |
|---|---|---|---|---|---|
| **Air pollution-particulate matter days** – Average daily measure of fine particulate matter in micrograms per cubic meter | 5.9 | 6.3 | ⬆ | 5.8 | 7.5 |
| **Severe housing problems** – Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities | N/A | 17% | —— | 18% | 17% |
| **Driving alone** – Percentage of workforce that drives alone to work | 74% | 76% | ⬆ | 75% | 75% |
| **Long commute** – Among workers who commute in their car alone, the percentage that commute more than 30 minutes | 26% | 28% | ⬆ | 37% | 37% |

^ Opposite Indicator signifying that an increase is a positive outcome and a decrease is a negative one. Note: N/A indicates unreliable or missing data. *Source: Countyhealthrankings.org 2022*

A number of different health factors shape a community's health outcomes. The County Health Rankings model includes four types of health factors: health behaviors, clinical care, social and economic and the physical environment. The following summary shows some of the major improvements from the prior Community Health Needs Assessment to current year and challenges faced by Yavapai County. The improvements/challenges shown below were determined using a process of comparing the rankings of Yavapai County's health outcomes in the current year to the rankings in the prior CHNA. If the current year rankings showed a significant improvement or decline, they were included in the charts below.

| Yavapai County Improvements and Challenges | |
|---|---|
| **Improvements** | **Challenges** |
| **Alcohol-impaired driving deaths** declined by 6%, from 21% down to 15% | **Mammogram screenings** among female Medicare enrollees declined, from 64% to 43% |
| **Teen births** decreased from 31 to 24 | **Adult obesity** increased 5%, from 23% to 28% |
| **Food environment** index slightly increased from 6.6 to 6.9 | **Unemployment** rate increase by 2.6%, from 4.9% to 7.5% |
| **Ratio of dentists** per person decreased from 1,600:1 to 1,490:1 | **Violent Crime** rate rose from 289 to 300 (per 100,00 population) |
| **Ratio of mental health providers** per person decreased from 600:1 to 490:1 | **Sexually transmitted infections** rose from 200.1 to 238.6 (per 100,00 population) |

The following exhibits show a more detailed view of certain health outcomes and factors for Yavapai County, the state of Arizona and the United States.

## Diabetes

The following table displays the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This is relevant because diabetes is a significant health issue in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

| Population with Diagnosed Diabetes | | | |
|---|---|---|---|
| | Population Age 20 and older | Population with Diagnosed Diabetes | Percent with Diagnosed Diabetes |
| Yavapai County | 192,980 | 19.105 | 6.7 |
| Arizona | 5,446,755 | 520,446 | 8.4 |
| United States | 239,919,249 | 24,189,620 | 9.0 |

*Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2019. Source geography: County*

## High Blood Pressure (Adult)

This indicator reports the number and percentage of the Medicare Fee-for-Service population with hypertension (high blood pressure). Data are based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the Fee-for-Service program. Yavapai County has a percentage lower than both the state of Arizona and the United States.

| Population with High Blood Pressure (Medicare) | | |
|---|---|---|
| | Beneficiaries with High Blood Pressure | Beneficiaries with High Blood Pressure Percent |
| Yavapai County | 24,900 | 48.5 |
| Arizona | 354,272 | 52.5 |
| United States | 19,162,770 | 57.2 |

*Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018. Source geography: County*

## Heart Disease (Adult)

The following table has data on Medicare beneficiaries with ischemic heart disease based on administrative claims. This is relevant because heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol, and heart attacks. Within Yavapai County, nearly one-fourth of beneficiaries had heart disease. This is slightly below than the state and national percent.

| Population with Heart Disease (Medicare) | | |
|---|---|---|
| | Beneficiaries with Heart Disease Total | Beneficiaries with Heart Disease Percent |
| Yavapai County | 12,109 | 23.6 |
| Arizona | 164,243 | 24.3 |
| United States | 8,979,902 | 26.8 |

*Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018. Source geography: County*

## Poor General Health

The following data report the percentage of adults aged 18 and older self-report having poor or fair health in response to the question "Would you say that in general your health is excellent, very good, good, fair or poor?" This indicator is relevant because it is a measure of general poor health status.

| Poor General Health | | |
|---|---|---|
| | Adults 18+ with Poor or Fair General Health (crude) | Adults 18+ with Poor or Fair General Health (age-adjusted) |
| Yavapai County | 16.30% | 13.30% |
| Arizona | 15.59% | 14.73% |
| United States | 14.50% | 13.70% |

*Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2020. Source geography: Tract*

The table on the following page reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

These data are reported for a 7-year aggregated time period. Data were from the National Center for Health Statistics -Natality Files (2014-2020) and are used for the 2022 County Health Rankings. Within the report area, there were 889 infants born with low birth weight. This represents 7.0% of the total live births. *Note: Data are suppressed for counties with fewer than 10 low birthweight births in the reporting period.*

| Low Birthweight Births | | | |
|---|---|---|---|
| | Total Live Births | Low Birthweight Births Total | Low Birthweight Births Percent |
| Yavapai County | 12,734 | 889 | 7.0 |
| Arizona | 575,249 | 42,127 | 7.3 |
| United States | 26,896,859 | 2,203,029 | 8.2 |

*Source: University of Wisconsin Population Health Institute, County Health Rankings. 2014-2020. Source geography: County*

## Obesity

The following table displays the percentage of adults aged 20 and older self-reporting having a Body Mass Index (BMI) greater than 30.0 (obese).  Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Within Yavapai County, there are a total of 48,824 adults aged 20 and older who self-reported having a BMI greater than 30.0. This represents 25.4% of the survey population, below state and national percentages.

| Adults 20 and older with Obesity | | | |
|---|---|---|---|
| | Survey Population Age 20 and older | Adults with BMI> 30.0 (Obese) | Percent with BMI> 30.0 (Obese) |
| Yavapai County | 192,980 | 48,824 | 25.4 |
| Arizona | 5,446,755 | 1,574,263 | 29.0 |
| United States | 239,919,249 | 69,961,348 | 29.0 |

*Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2019.*

Obesity - High BMI
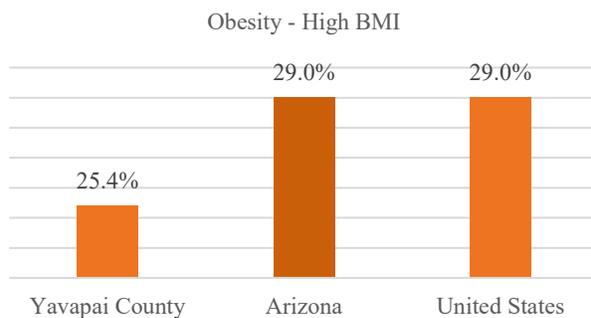
**Area Deprivation Index**

The Area Deprivation Index (ADI) is based on a measure created by the Health Resources & Services Administration (HRSA) over three decades ago, and has since been refined, adapted, and validated to the Census Block Group neighborhood level by a research team at the University of Wisconsin-Madison. It allows for rankings of neighborhoods by socioeconomic disadvantage in a region of interest (e.g. at the state or national level). It includes factors for the theoretical domains of income, education, employment, and housing quality. It can be used to inform health delivery and policy, especially for the most disadvantaged neighborhood groups.
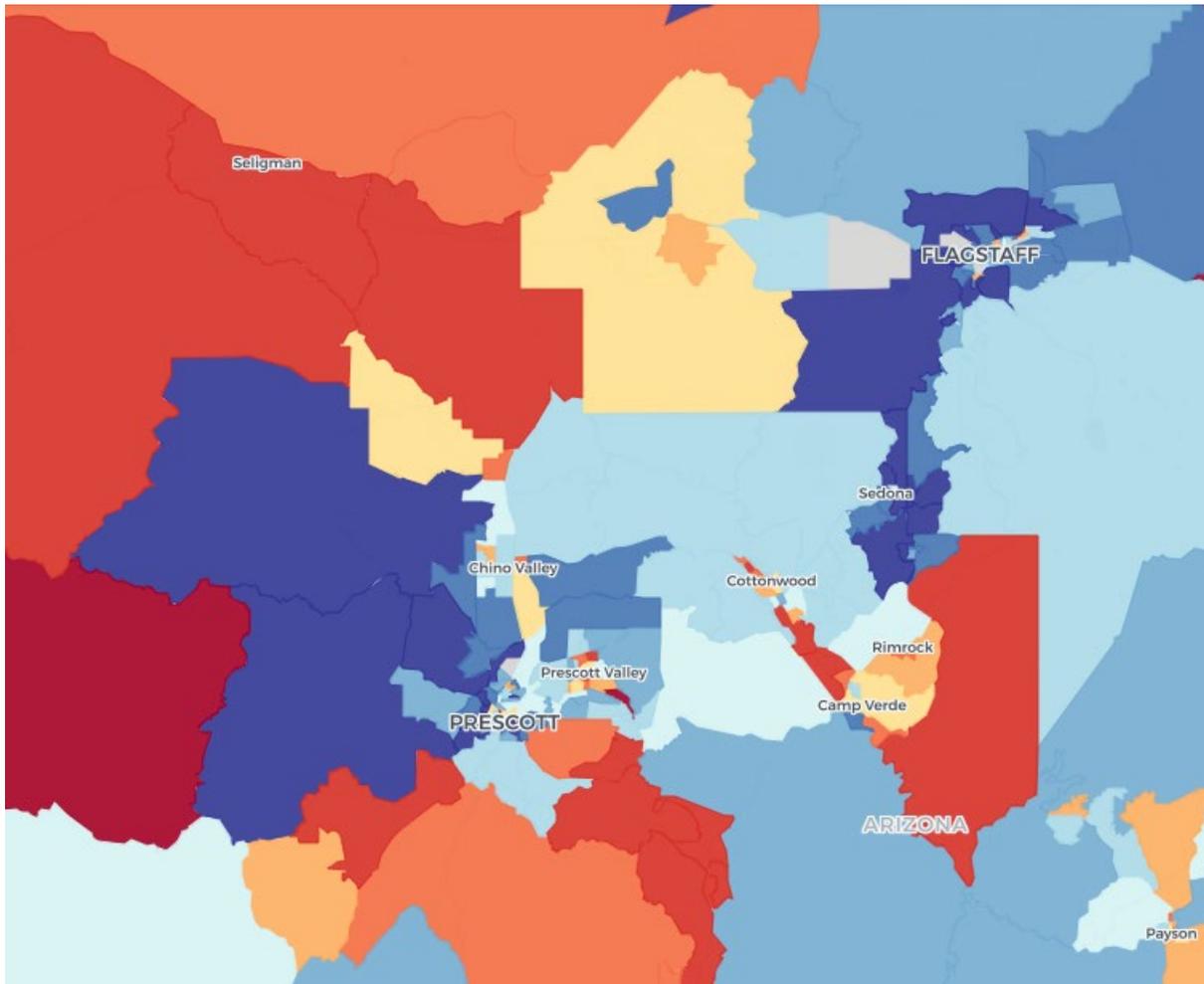


*Source: Neighborhood Atlas, University of Wisconsin Madison - https://www.neighborhoodatlas.medicine.wisc.edu/mapping*

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|----|

ADI scores from within the state alone are ranked from lowest to highest, then divided into deciles (1–10). Lower numbers (blue) are the least disadvantaged block groups. Higher numbers are the most disadvantaged block groups.

**Evaluation of Prior Implementation Strategy**

The Dignity Health YRMC 2019 Community Health Needs Assessment was conducted during 2019 with the assistance of BKD, LLP (now FORVIS). Multiple sources were explored to gain the best possible knowledge of the health needs of the Medical Center's service area.

The 2019 CHNA identified twelve significant health needs in the community. Those needs are listed below.
- Healthy Behaviors/Lifestyle Changes
- Lack of Primary Care Physicians
- Transportation, Especially in Rural Areas
- Aging Population
- Lack of Health Knowledge
- Physical Inactivity
- High Cost of Health Care
- Lack of Mental Health Providers
- Poverty/Children in Poverty/Lack of Financial Resources
- Uninsured
- Limited Access to Healthy Foods
- Adult Obesity

The CHNA identified the top twelve needs in the region and Dignity Health YRMC selected the top five of those needs to address in the next three years. Some of the health needs that were identified were outside the realm of Dignity Health YRMC's expertise and resources. For example, transportation is regularly a prominent theme in community needs. However, Dignity Health YRMC is best suited to focus on direct health needs such as addressing the need for primary care physicians and helping people choose healthy behaviors and positive lifestyle changes. We do, however, seek collaborative opportunities with local transportation organizations such as People Who Care and Yavapai Regional Transit, as well as local physicians and healthcare providers to address challenging needs.

Dignity Health YRMC has a critical role in providing healthcare services for its community and seeks to utilize best practices and solutions identified by other comparable rural community health systems. The work outlined in the Implementation Plan was focused on the health needs identified in the CHNA. However, there are numerous other essential health programs provided by Dignity Health YRMC that will continue for the underserved outside the purview of this Implementation Plan.

*Source: visitarizona.com/places/cities/prescott-valley/*

**Significant Health Needs Dignity Health YRMC Addressed:**

The 2019-2022 Implementation Strategy outlined the top community health needs described in the CHNA that Dignity Health YRMC addressed in whole or in part in fulfillment of its mission. Dignity Health YRMC selected the top five priorities of the twelve health needs that were identified in the CHNA. The selection was based on priority ranking as well as resource availability and appropriateness to Dignity Health YRMC's areas of expertise. This implementation strategy was modified when needed as conditions changed and was appropriate over the course of the three years.

1. Healthy Behaviors/Lifestyle Changes
   - Dignity Health YRMC has successfully provided wellness and health promotion programs for decades. These popular programs will provide the foundation for community outreach in the area of healthy behaviors and lifestyles. We anticipate an increase in the number of community members who actively make healthier choices.

**Accomplishments:**

- Social media continued to expand to help meet information needs surrounding good health choices. Tracking reports were run monthly to gauge traffic to various social media pages
- Educational resources for healthy living choices (e.g. exercise programs, nutritious recipes, mental health self-care)
- Access to latest health information (e.g. surgery preparation, COVID-19 resources, breast health) resulted in higher positive health outcomes
- Library of searchable health information archived to increase and enable health literacy skills
- Continued Pendleton Centers' programs on the West Campus and the East Campus that adapted exercise suitable for the age and physical condition of individual participants, e.g., chair exercises for those with limited physical capacity. Throughout 2020 the COVID-19 pandemic greatly reduced participation for all in-person programs, but these programs still exist depending on covid and Dignity-CommonSpirit guidelines.
- Physical exercise programs tailored to specific patient health needs

- Customization of techniques and accommodations for patients with limited mobility to facilitate greater compliance and proficiency in physical exercise
- Explored collaboration with Yavapai County Community Health Services and local schools for in-school programs to promote healthy behaviors and educate children on the importance of maintaining their health. In-school programs have been limited due to COVID restrictions, but we continued to provide partners for healthy students' free primary healthcare for underserved children.
- Health education tools for teachers and students to build healthy habits and cultivate supportive peer and teacher/student relationships (e.g., go noodle web-based exercise program that increases physical activity and teaches relaxation/stress management techniques and skills, smoking prevention, other fitness resources)
- In collaboration with subject matter experts (SME), continued the utilization of the widely popular YRMC Speakers Bureau to include the topic of healthy behaviors. Due to COVID restrictions these were only offered via web portals.
- Sought out connections with local chambers, PEO groups, civic groups, etc., for opportunities to present health information in their newsletters or connect them to web-based resources.
- Explored collaboration with local retirement centers and assisted living facilities to provide health information and social media contact.
- COVID-19 pandemic raised significant challenges for such facilities to enable contact among residents, inhibiting the social connection that is especially important during challenging times to minimize isolation, maintain health and cultivate well-being of residents.
- Worked with local facilities to provide education on alternative forms of contact through technology (e.g. web-based meetings, cell phone video chat sessions, online forums) to share information about beneficial foods, exercise and other healthy habits. This education enhances residents' proficiency in health behaviors.

2. Lack of Primary Care Physicians
   - The 2013 and 2016 CHNA plans identified a need for specialists as well as primary care. Since that time, extraordinary efforts have been successful in recruiting physicians and now we have filled many specialties for our community. We still see a need for primary care and plan to address this need accordingly. It is anticipated that more primary care providers will be available for our community.

**Accomplishments:**

- YRMC used advanced practice providers (nurse practitioners and physician assistants) to augment the need for primary care.
- Needs for suitable office space to accommodate additional physicians were met based primarily on Dignity Health's master facilities plan for our community and taking advantage of space in our communities that may become available.
- Explored feasibility of options such as walk-in clinics, satellite offices, and extended hours for YRMC clinics, etc.

- COVID-19 dramatically increased use of telemedicine options, resulting in greater familiarity and ease of use among providers. These techniques will be used to expand access to patients with mobility issues or limited availability.
- In collaboration with local schools, YRMC continued to provide free primary care to uninsured and underinsured school children and their younger siblings through the Partners for Healthy Students program, staffed by Nurse Practitioners and led by a Medical Director.
- The economic impact of COVID-19 was particularly devastating due to temporary layoffs resulting in more children without insurance coverage and in need of care. As of May 2020, an estimated 17% (one in six) working adults were receiving unemployment benefits. To address this issue, YRMC approved the extension of PHS services beyond the traditional school year and through the summer of 2020.
- YRMC continued to collaborate with the Arizona Sonshine organization that provides free healthcare in our region for several days annually to help meet the needs of the underserved.
- Due to the COVID-19 pandemic, the Arizona Sonshine 2020 event was canceled. The Arizona Sonshine organization is currently investigating the feasibility of setting up mobile medical units in select areas if the crisis continues long-term, to be staffed by volunteers.

3. Lack of Health Knowledge
   - Health literacy is defined as a person's ability to read, understand, evaluate and act upon health information. Low health literacy is linked to poorer health status and more emergency room visits and hospitalizations. An estimated 75 million English-speaking adults in the United States have limited health literacy, making it difficult for them to understand and use basic health information. (Source: Agency for Healthcare Research and Quality). YRMC's efforts are expected to improve health literacy in our community.

**Accomplishments:**

- YRMC continued to use social media and other electronic methods of reaching out to the community and educating people about health and healthcare.
- YRMC Healthconnect library of searchable health information archived to increase and enable health literacy skills.
- Informative articles on Healthconnect to educate readers on various body mechanisms, procedures, and medical developments.
- Explored utilizing the YRMC Speakers Bureau for providing health information for the community.
- Participants attended virtual sessions and reviewed resource materials at their own pace.
- Explored other health literacy programs available within the Dignity-Commonspirit System and, when feasible, adapted one or more of these programs to the YRMC market. These programs helped increase understanding and compliance with health advice and recommendations.

4. Physical Inactivity
   - Cardiovascular disease is the leading cause of death in the U.S. (Source: American Family Physician, 2016). Thirty-five percent of cardiovascular disease is due to physical inactivity. Approximately 60% of Americans 18 years and older report physical inactivity.

The American Heart Association recommends 30-60 minutes of aerobic exercise three to four times a week.

- As mentioned in the introductory portion of this implementation plan and strategy, our local demographics and economic realities pose some interesting challenges in helping our community recognize the issue and, most importantly, make efforts to improve their activity levels. However, we anticipate an improvement in levels of physical activity as a result of this Implementation Plan.

**Accomplishments:**

- Collaborated with Yavapai County Community Health Services and YRMC's own employee health program, when appropriate, to create more education about the importance of physical activity.
- Collaborated with local schools (many of whom no longer offer free physical education classes or sports opportunities) to include program ideas for brief physical activity within the classroom throughout the day as breaks for children.
- Explored YRMC sponsored hikes/walks for the community and promote them accordingly.
- Promoted through YRMC Health Connect program the many opportunities to engage in local hiking programs (e.g. highlands center for natural history, Prescott hiking club).
- Educated the community about the health benefits of domestic activities such as gardening, etc.
- Promoted through YRMC Health Connect program the many low-cost opportunities to engage in home-based physical activity (Yavapai College master gardening program, Prescott community gardens) to enable more people to engage in physical activity in new and creative ways not previously considered.
- Explored further collaboration with groups such as silver sneakers for the Pendleton Centers for Health and Wellness and promoted such programs and their benefits.
- Explored the value of participants from the Pendleton programs to provide testimonials on social media and other outlets regarding how staying physically active has improved their lives.

5. Lack of Mental Health Providers
   - YRMC worked closely with local mental health providers. Several local mental health providers regularly come to assess patients in YRMC's Emergency Departments to determine mental health status. Because of the proliferation of mental health and substance abuse problems in our community, YRMC also collaborated closely with local law enforcement agencies. Many patients are brought into the Emergency Departments by law enforcement, especially those exhibiting combative, violent behavior and/or those who are homeless or otherwise without family support.

**Accomplishments:**

- Continued collaborating with local behavioral health providers in community presentations to help educate the public about mental health and the fact that it does not deserve to be stigmatized.
- COVID-19 has dramatically increased the use of telemedicine options, resulting in greater familiarity and ease of use among providers. These techniques can be used to expand access to patients with anxiety issues or limited availability due to family demands.

- Tracking was conducted periodically to gauge usage and topics in highest demand.
- Continued the collaboration with Polara Health (formerly known as West Yavapai Guidance Clinic) and other mental health providers in creation of new programs for mental health topics. Increased support provided for the Polara Health Crisis Stabilization Unit (CSU). However, COVID caused a closure of the CSU for the time being.
- Evaluated additional partnership opportunities with mental health providers as they become available.
- A local group of psychologists offered free mental health services for YRMC staff to assist with issues resulting from the COVID-19 and economic crises.
- Explored with local law enforcement and mental health providers possible alternatives to YRMC's EDs as a "holding" resource when no medical need is apparent. Such alternatives support law enforcement's efforts for behavioral health housing within detention centers in the community.
- Further promoted philanthropically supported programs to enhance behavioral health services. for example, YRMC's Partners for Healthy Students (PHS) program launched adolescent behavioral health services in 2019 made possible by community support and generosity. PHS collaborates with Southwest Behavioral Health, Spectrum Health, Polara Health and other providers.
- Explored opportunities to collaborate with YRMC's palliative medicine department and memory care services in the area, especially given our community need for such care and information about these services.
- Explored a healthy aging service line with a geriatric assessment clinic for our local community in collaboration with YRMC palliative medicine program to increase availability of mental health services for the senior population in Western Yavapai County. More than one-third of the population of YRMC's service area is over the age of 65.

**Prioritization of Identified Health Needs**

Priority setting is a required step in the community benefit planning process.  The IRS regulations indicate that the Community Health Needs Assessment must provide a prioritized description of the community health needs identified through the CHNA, and include a description of the process and criteria used in prioritizing the health needs.

Using findings obtained through the collection of primary and secondary data, Dignity Health YRMC completed an analysis of these to identify community health needs. The following data was analyzed to identify health needs for the community:

**Leading Causes of Death**

Leading causes of death and death rates for the community were compared to U.S. adjusted death rates. Causes of death in which the county rate compared unfavorably to the U.S. adjusted death rate resulted in a health need for DHYRMC.

**Health Outcomes and Factors**

An analysis of the County Health Rankings health outcomes and factors data was prepared for the DHYRMC community.  County rates and measurements for health behaviors, clinical care, social and economic factors, and the physical environment were compared to state benchmarks.  County rankings in which the county rate compared unfavorably (by greater than 30 percent of the national benchmark) resulted in an identified health need.

**Primary Data**

Health needs identified through key informant interviews were included as health needs.  Needs for vulnerable populations were separately reported on the analysis in order to facilitate the prioritization process.

**Health Needs of Vulnerable Populations**

Health needs of vulnerable populations were included for ranking purposes.
To facilitate prioritization of identified health needs, a ranking process was used.  Health needs were ranked based on the following four factors.  Each factor received a score between 0 and 5, with a total maximum score of 20 (indicating the greatest health need).

1) **How many people are affected by the issue or size of the issue?**  For this factor, ratings were based on the percentage of the community who are impacted by the identified need.  The following scale was utilized.

      i.   &gt;25% of the community = 5

     ii.   &gt;15% and <25% = 4

    iii.   &gt;10% and <15% = 3

    iv.   &gt;5% and <10% = 2

     v.   &lt;5% = 1

2) **What are the consequences of not addressing this problem?**  Identified health needs, which have a high death rate or have a high impact on chronic diseases, received a higher rating.

3) **What is the impact on vulnerable populations?** The rating for this factor used information obtained from key stakeholder interviews to identify vulnerable populations and determine the impact of the health need on these populations.

4) **Prevalence of common themes.**  The rating for this factor was determined by how many sources of data (Leading Causes of Death, Primary Causes for Inpatient Hospitalization, Health Outcomes and Factors, Primary Data, Interviews) identified the need.

**Each need was ranked based on these four prioritization metrics.** As a result, the following summary of needs is identified in the table on the following page.

| Health Problem or Issue | How many people are affected by the issue? | What are the consequences of not addressing this problem? | What is the impact on vulnerable populations? | Alignment with DHYRMC Resources | Total Score |
|---|---|---|---|---|---|
| Shortage of Primary Care Physicians | 5 | 4 | 5 | 4 | 18 |
| Lack of Mental Health Providers/Resources | 5 | 3 | 5 | 4 | 17 |
| High Cost of Health Care | 4 | 5 | 4 | 4 | 17 |
| Lack of Health Knowledge/Education | 4 | 3 | 5 | 4 | 16 |
| Poverty/Inadequate Financial Resources | 4 | 3 | 5 | 4 | 16 |
| Poor Health Behaviors/Lifestyle | 4 | 3 | 4 | 4 | 15 |
| Substance Abuse | 3 | 3 | 5 | 4 | 15 |
| Transportation, especially in Rural Areas | 3 | 4 | 3 | 2 | 13 |
| Lack of Affordable Housing | 4 | 4 | 4 | 1 | 13 |
| Cancer | 3 | 4 | 3 | 3 | 13 |
| Aging Population | 3 | 4 | 3 | 3 | 13 |
| Heart Health | 3 | 3 | 3 | 4 | 13 |
| Physical Inactivity | 3 | 3 | 3 | 3 | 12 |
| Shortage of Dentists | 3 | 3 | 3 | 3 | 12 |
| Adult Obesity | 4 | 3 | 3 | 1 | 11 |
| Lung Disease | 4 | 2 | 1 | 4 | 11 |
| Children in Single-Parent Households | 3 | 3 | 2 | 2 | 10 |
| Excessive Drinking/Alcohol-Impaired Driving Deaths | 3 | 3 | 2 | 1 | 9 |
| Sexually Transmitted Infections | 1 | 2 | 1 | 2 | 6 |
| Violent Crime Rate | 1 | 2 | 1 | 1 | 5 |

**Management's Prioritization Process**

For the health needs prioritization process, DHYRMC engaged the leadership team to review the most significant health needs reported on the prior CHNA as well as information using the following criteria:

- Current area of the Medical Center focus.

- Established relationships with community partners to address the health need.

- Organizational capacity and existing infrastructure to address the health need.

Based on the criteria outlined above, any health need that scored a 15 or more (out of a possible 20) was identified as a priority area that will be addressed through Yavapai County Medical Center's strategy for fiscal year 2023-2025.  Those priority areas included:

- How many people are affected by the issue or the size of the issue?
- What are the consequences of not addressing this problem?
- Prevalence of common themes.
- Organizational capacity and existing infrastructure to address the health need.

Based on the criteria outlined above, the data was reviewed to identify health issues of vulnerable populations and the community as a whole. DHYRMC determined any need in the priority grid that received a score of 15 or higher would be considered a priority area that will be addressed through Yavapai County Medical Center's Implementation Strategy for fiscal year 2023 through 2025.

**Significant Identified Health Needs**

1. Shortage of Primary Care Physicians
2. Lack of Mental Health Providers/Resources
3. High Cost of Health Care
4. Lack of Health Knowledge/Education
5. Poverty/Inadequate Financial Resources
6. Poor Health Behaviors/Lifestyle
7. Substance Abuse

**Resources Potentially Available to Address Needs**

The availability of health resources is a critical component to the health of a community's residents and a measure of the soundness of the area's health care delivery system.  An adequate number of health care facilities and health care providers is vital for sustaining a community's health status.  Fewer health care facilities and health care providers can impact the timely delivery of services.

A limited supply of health resources, especially providers, results in the limited capacity of the health care delivery system to absorb charity and indigent care as there are fewer providers upon which to distribute the burden of indigent care.  This section addresses the availability of health care resources to the residents in the community.

**Hospitals and Health Centers**

Short-term acute care hospital services are not the only health services available to members of a community. The Yavapai Regional Medical Center has 218 beds.  Residents of the community also take advantage of services provided by hospitals in neighboring counties, as well as services offered by other facilities and providers.

The following table summarizes acute care hospital services available:

| Summary of Acute Care Hospitals | | | | | |
|---|---|---|---|---|---|
| Facility | Address | Miles from Prescott, AZ | County | # Beds | Facility Type |
| Yavapai Regional Medical Center | 1003 Willow Creek Rd Prescott, AZ 86305 | 1.6 | Yavapai | 146 | Short Term Acute Care |
| Yavapai Regional Medical Center East | 7700 E. Florentine Rd Prescott Valley, AZ 86314 | 8.5 | Yavapai | 72 | Short Term Acute Care |
| Northern Arizona VA Health Care | 500 Highway 89 North Prescott, AZ 86313 | 0.11 | Yavapai | 151 | Government |
| Verde Valley Medical Center | 269 S. Candy Lane Cottonwood, AZ 86326 | 28.3 | Yavapai | 93 | Short Term Acute Care |

*Source: http://www.ushospitalfinder.com/hospitals/search?search_query=Prescott%2C+AZ&lng=-112.4685025&lat=34.5400242&cgeo=*

The table below provides a listing of community health centers and health clinics within DHYRMC's community.

| Summary of Other Health Care Facilities | | | |
|---|---|---|---|
| Facility | Address | County | Facility Type |
| Prescott | 1090 Commerce Drive Prescott, AZ 86305-3700 | Yavapai | Community Health Center |
| Prescott Valley | 3212 N. Windsong Drive Prescott Valley, AZ 86314-2255 | Yavapai | Community Health Center |
| Cottonwood | 51 S. Brian Mickelsen Pkwy Cottonwood, AZ 86326-3610 | Yavapai | Community Health Center |

*Source: Find a Health Center - https://www.findahealthcenter.hrsa.gov/*


**Health Department**

Yavapai County Community Health Services offers a variety of amenities to the residents of Yavapai County and has three locations – Prescott, Prescott Valley and Cottonwood.

The Health Services Department offers numerous public health services including the following: vital records, preparedness and response, environmental health, nutrition services, immunizations, health education, disease prevention and primary care.

Yavapai County Community Health Services offers free one-on-one enrollment assistance meetings to anyone living in Yavapai County that doesn't currently have insurance is not happy with the health insurance coverage. More information can be found at https://yavapaiaz.gov/chs

**Nonprofit Organizations**

The table below lists various nonprofit organizations that provide programs and services that are a community benefit.

| Nonprofit Organizations | | | |
|---|---|---|---|
| Organization | Address | Website and Phone | Program Focus |
| Camp Soaring Eagle | 595 N Aspaas Rd Cornville, AZ | campsoaringeagle.org 928-284-9393 | Camping and programs to chronically ill children |
| Camp Verde Adult Reading Program | 1500 E. Cherry St. Cottonwood, AZ | cvarp.org 928-649-9070 | Adult reading program |
| CASA - Central AZ Seniors Association | | casapv.net 928-772-3337 | Daily meals, mental & physical health services, social activities |
| Coalition for Compassion and Justice | 531 Madison Ave. Prescott, AZ | yavapaiccj.org 928-445-8382 | Home repair, emergency shelter, housing, advocacy |
| ECO Learning Center | 3360 E. Hwy 89A Cottonwood, AZ | earthcitizen.org 928-641-6817 | Tools and resources for eco-friendly lifestyles |
| Family Involvement Center | 8766 AZ-69 suite g Prescott Valley, AZ | Familyinvolvmentcenter.org 928-379-5077 | Support, resources and education for parents & caregivers of children with emotional, physical and behavioral needs |
| Goodwill Industries | 1100 S. SR 260 Cottonwood, AZ | 928-634-6297 | Employment training |
| Habitat for Humanity | 1230 Willow Creek Rd. Prescott, AZ | Prescotthabitat.org 928-649-6788 | Affordable housing |
| NAZCARE | 597 White Spar Rd. Prescott, AZ | nazcare.org 928-443-8379 | Mental and substance abuse services |
| Neighbor to Neighbor | 8501 Yavapai Rd. Prescott Valley, AZ | 928-458-7427 | Transportation, handyman work, caregiver relief |
| St Vincent De Paul Society | 700 N Bill Gray Rd Cottonwood, AZ | 928-634-9625 | Programs and services to those in need. |
| The Launch Pad | 424 St. St. Prescott, AZ | 928-227-0758 | Youth and teen programs and empowerment |
| Verde Valley Humane Society | 1520 W. Mingus Ave. Cottonwood, AZ | vvhs.net 928-634-7387 | Animal rescue/shelter |
| Yavapai Big Brothers Big Sisters | 3208 Lakeside Village Dr. Prescott, AZ | azbigs.org 928-778-5135 | Youth mentoring |
| Y.E.S. The ARC | 427 Willard St. Cottonwood, AZ | yesthearc.org | Training and services for developmentally disabled |

## Key Stakeholder Interviews

In the Patient Protection and Affordable Care Act (PPACA) passed in March 2010, nonprofit hospitals were mandated to conduct a community-based needs assessment every three years. As a part of the process, each hospital is required to solicit input from those who represent the broad interests of the community served by DHYRMC as well as those who have special knowledge or expertise around public health and underserved populations.

Interviews were held with various professionals representing a cross-section of industries and organizations within the community's population. Certain key stakeholders were selected due to their position working with low-income and uninsured populations. Some were selected due to their work with minority populations.

Interviewing key stakeholders is a technique employed to assess public perceptions of the county's health status and unmet needs.  These interviews are intended to ascertain opinions among individuals likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the community.

## Key Stakeholder Profiles

Individuals that participated represented the following organizations and agencies:

- Catholic Charities Community Services
- City of Chino Valley
- City of Prescott
- City of Prescott Valley
- James Family Prescott YMCA
- MATFORCE
- People Who Care Arizona
- Yavapai County Community Health Services
- DHYRMC Foundation
- Yavapai County Regional Medical Center

**Key Stakeholder Interview Results**

**Question 1. In general, how would you rate the health and quality of life in Yavapai County?**

On a scale of one to ten (with ten being the highest), the average response to the health of quality and life in Yavapai County was rated about 7. No respondent rated the average health of quality and life as 5 or lower.  Only 3 respondents rated the quality of life as an 8 or higher.

**Question 2. In your opinion has the health and quality of life in Yavapai County improved, declined, or stayed the same over the past few years?**

Most respondents believe the overall health and quality of life in Yavapai County has declined over the past few years. Less than 10% feel it has improved, while 18% believe it has remained the same.
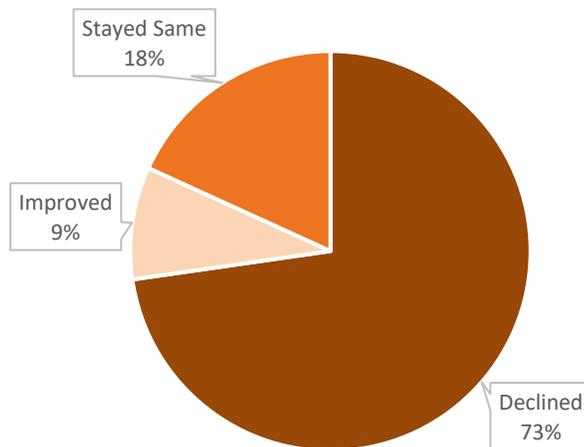


**3. Why do you think it (health and quality of life in Yavapai County) has improved/declined/stayed the same?**

COVID-19 and the pandemic were the top reasons provided for the decline in the overall health and quality of life in Yavapai County. Other common reasons provided include a lack of available health resources and an inability to afford health insurance.

> *"COVID, mental health, inflation, and anxiety are the main drivers of the decline."*

> *"We don't have enough access to mental health, and there are issues with doctors and clinics closing."*

> *"Our community is losing good doctors. Some are retiring early because they hate pressure from the system and living in this area has become too costly."*

*"We've had declining health performance and services in the past few years. There's a monopoly situation with providers and there seems to be no incentive to improve."*

*"People are delaying tests and check-ups."*

**4. What other factors have contributed to the health and quality of life?**
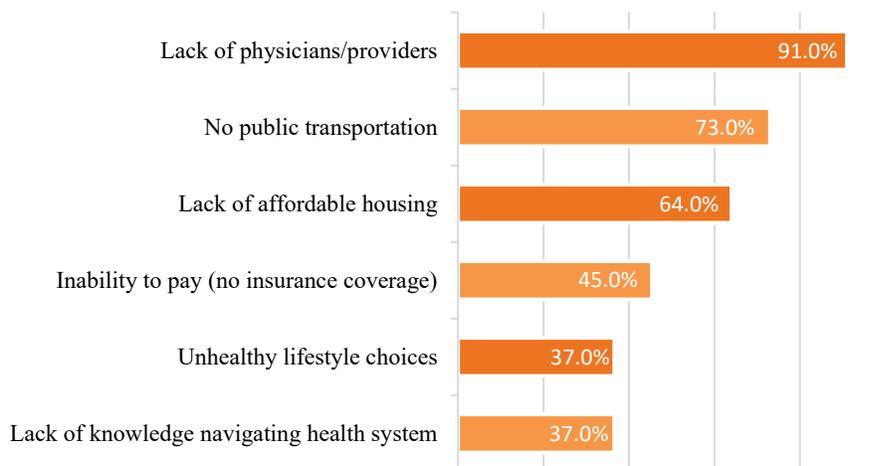
The county's abundance of outdoor recreation activities was cited as one of the biggest contributors to a high quality of life and health. Other top responses include great cultural arts and good access to fresh produce.

*"Many people choose to live here because of the weather; it's a desirable place to live and retire."*

*"We have many outdoor activities, hiking and water sports, local lakes, and hunting. It's a wonderful place to live."*

**5. What barriers, if any, exist to improving health and quality of life in Yavapai County?**

Key stakeholders believe the most common barriers to health and quality of life are a shortage of primary care physicians and providers, lack of public transportation, lack of affordable housing, and inability to afford insurance or pay premiums.

| Barrier | Percentage |
|---|---|
| Lack of physicians/providers | 91.0% |
| No public transportation | 73.0% |
| Lack of affordable housing | 64.0% |
| Inability to pay (no insurance coverage) | 45.0% |
| Unhealthy lifestyle choices | 37.0% |
| Lack of knowledge navigating health system | 37.0% |

*"The county is divided by a mountain with two sides; transportation is a major barrier for many."*

*"Those with low education don't how to advocate for their own health."*

*"People are delaying tests and checkups because they no longer have coverage."*

**6. In your opinion, what are the most critical health and quality of life issues in Yavapai County?**

There was a consensus that the drug epidemic with Fentanyl and other opioids was the most critical issue. Mental health, particularly loneliness and isolation among seniors and a high teen suicide rate, was a top concern as well. Other critical issues reflected responses provided to question five. A shortage of primary care physicians, lack of public transportation, and lack of affordable housing were listed as major issues affecting the health and quality of life within Yavapai County.

*"Many suffer from mental health issues, but people have to transfer to other areas to get help because there aren't enough resources here."*

*"Drugs like opioids are terrible, but the state is working on creating better laws. There's a big awareness campaign."*

*"Housing is no longer affordable for many lower and low-mid income brackets."*

*"Business are interested in this area but don't come due to very high health insurance rates."*

**7. What needs to be done to address these issues?**

Respondents offered various approaches to addressing community issues. Most agreed that a well-organized community effort was needed to tackle prominent concerns. Housing, transportation, and additional government funding were mentioned as top priorities.

*"Our community needs more apartments and affordable housing options."*

*"We need a public transportation system that runs between communities."*

*"We need better collaboration; organizations must work together."*

*"There is no Urgent Care clinic in Chino Valley – it is desperately needed."*

*"We need more government funding, especially for education and community improvements."*

*"Developers are building, but most housing is not affordable."*

*"Prescott has a real need for more caregivers."*

*"We need a single publication or resource that explains all the services."*

**8. Do you think access to Health Services has improved over the last 3 years?**

The majority (73%) of key stakeholders believe access to Health Services has not improved over the last three years. While some attributed the pandemic as the cause, others identified a loss of local medical staff as a key reason.
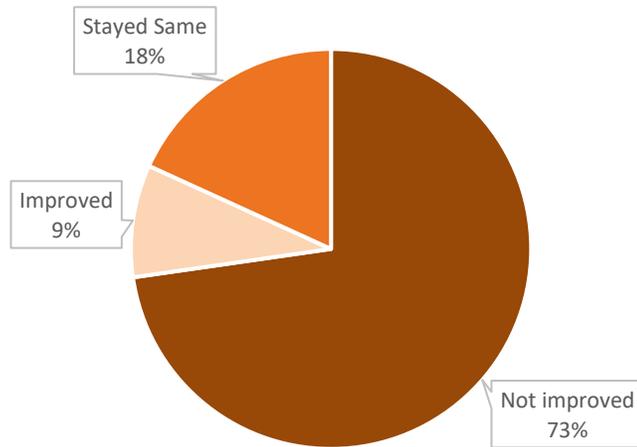


*"It improved because YRMC was more innovative getting specialists and programs so people don't have to travel to Phoenix."*

*"It has not improved because of Covid and an exodus of medical staff have hurt access to services."*

*"Too many retired physicians have not been replaced."*

**9. In your opinion, what is the reason why people are not able to access health services (medical, dental, mental health)? Please describe the challenges that keep individuals from seeking health care services.**

- Not enough providers
- Lack of transportation
- COVID-19
- Finances – no insurance or cannot afford co-pays and rates
- Don't understand how to navigate health system and resources
- Too long to wait for an appointment
- Inconvenient hours/locations
- Lack of specialists/specialty services

*"We have declined access; more people need services now and we have fewer specialists."*

*"During COVID, many visits went virtual. This hurt some who lack tech access/skills.'"*

*"The hospital cut the community's elder exercise program."*

*"We lost some doctors, a segment of population is still scared, some lost jobs and have no funding for care."*

*"Language is one barrier, especially in Prescott Valley and Chino Valley where there are more Latinos."*

## 10.  Please provide your thoughts on the accessibility of Mental Health services for residents of the community.

There were mixed responses regarding the accessibility of Mental Health services in the area. Some noted access has improved and multiple options are now available, yet others felt current services are inadequate and more providers are needed.

*"It has expanded, several facilities now have a mental health crisis team and have on-site crisis center."*

*"There is still a stigma barrier for older residents, but younger generations are more aware and open."*

*"Almost no resources at all. Those that exist are inundated, and people can't get an appointment."*

*"There is currently a crisis center and the Area on Aging provides services. But more providers and services are needed."*

## 11.  Please describe your familiarity and/or perceptions regarding educational programs provided by the Medical Center.

Most Key stakeholders had a high awareness of the Medical Center's educational programs. Some felt there had been a decline in these programs over the past few years.

*"They do a good job getting the word out on what they do. Their outreach is good and they partner with other organizations like nonprofits."*

*"They do sponsorships in the community and some of their leaders sit on local boards."*

*"They used to host health fairs, invite other organizations. Now you don't see them in public as much as before."*

*"I'm aware of the Pendleton Center and have heard of their dieticians and classes on Diabetes."*

*"They used to have a dynamic outreach program but lost key people recently."*

**12. Are there any specialists (physicians) which are needed in the community? If so, what specialties are needed?**

All respondents indicated a need for more specialists in the community. The specialty areas mentioned most were Urology and Neurology.

- Urologists
- Neurologists
- Orthopedics
- Cardiologists
- Endocrinologists
- Geriatrics
- Retinal/eyes
- OB-GYN
- Geriatrics
- Imaging

*"There is a lack of specialists – many have to drive to Phoenix."*

*"Can't have babies in Prescott – have to drive to Prescott Valley."*

**14. What groups of people in the community do you believe have the most serious unmet health care needs? Describe the causes.**

Low-income individuals and families were identified as the biggest group in the community with unmet health care needs. Other groups with serious unmet needs include those with language barriers, the elderly, people living in rural areas, and those who have a distrust of public services.
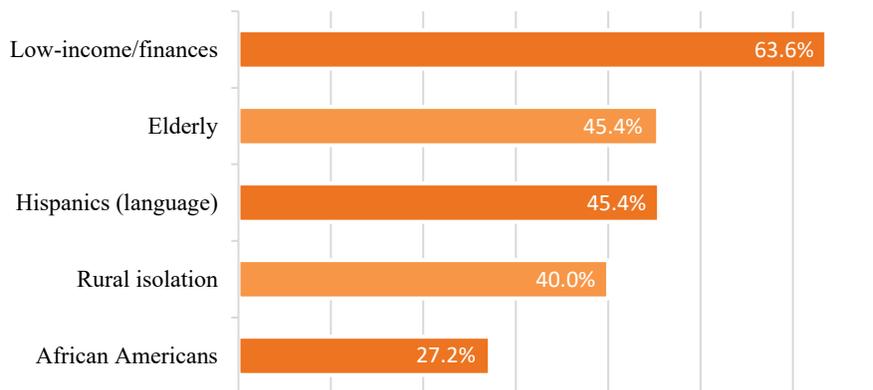
*"Children and young families, because the county caters to seniors since so many reside here."*

*"Many are financially struggling and some earners don't qualify for benefits."*

*"Some Native American populations have clinics in tribes, but those are limited. Some are wary of public services."*

*"There are certain groups here that have to deal with underlying prejudices, and that keeps them from getting adequate care."*

*"Seniors and non-English speakers often don't understand how to navigate the system."*

**15. What is the most important issue that the hospital should address in the next 3-5 years to help improve the health of the community?**

Respondents believe the most important issues that should be addressed are expanding the number of primary care physicians and lowering costs of patient services.

- Add more providers (improve/expand recruiting)
- Work on lowering costs of services
- Offer services to low-income
- Increase mental health services
- Partner with local organizations on education and preventive services

**16. Is there anything else you would like to add?**

(no comments provided)