

# *Community Health Needs Assessment 2016*



## YAVAPAI REGIONAL MEDICAL CENTER

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*Proudly Caring for Western Yavapai County*

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## Introduction

Internal Revenue Code (IRC) Section 501(r) requires health care organizations to assess the health needs of their communities and adopt implementation strategies to address identified needs. Per IRC Section 501(r), a byproduct of the *Affordable Care Act*, to comply with federal tax-exemption requirements, a tax-exempt hospital facility must:

- ✓ Conduct a community health needs assessment (CHNA) every three years.
- ✓ Adopt an implementation strategy to meet the community health needs identified through the assessment.
- ✓ Report how it is addressing the needs identified in the CHNA and provide a description of needs that are not being addressed with the reasons why such needs are not being addressed.

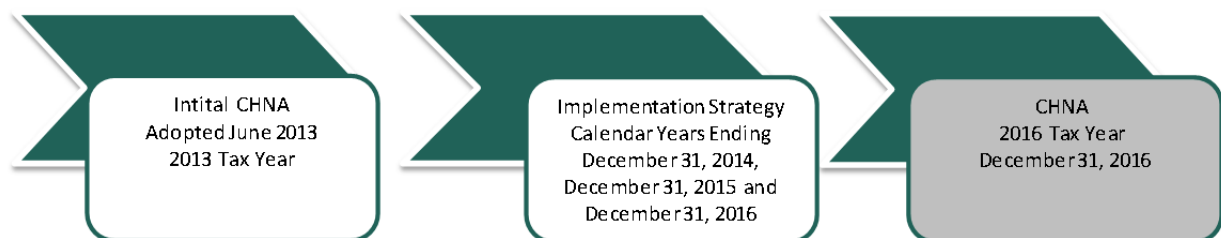
The CHNA must take into account input from persons including those with special knowledge of or expertise in public health, those who serve or interact with vulnerable populations and those who represent the broad interest of the community served by the hospital facility. The hospital facility must make the CHNA widely available to the public.

This CHNA, which describes both a process and a document, is intended to document Yavapai Regional Medical Center's (Medical Center or YRMC) compliance with IRC Section 501(r)(3). Health needs of the community have been identified and prioritized so that the Medical Center may adopt an implementation strategy to address specific needs of the community.

The *process* involved:

- ✓ An evaluation of the implementation strategy for fiscal years ending December 31, 2014 through December 31, 2016, which was adopted by the Medical Center board of directors in 2013.
- ✓ Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, health care resources and hospital data.
- ✓ Obtaining community input through interviews and surveys of key stakeholders who represent a) persons with specialized knowledge in public health, b) populations of need or c) broad interests of the community.

This *document* is a summary of all the available evidence collected during the CHNA conducted in tax year 2016. It will serve as a compliance document, as well as a resource, until the next assessment cycle. Both the *process* and *document* serve as the basis for prioritizing the community's health needs and will aid in planning to meet those needs.



## Summary of Community Health Needs Assessment

The purpose of the CHNA is to understand the unique health needs of the community served by the Medical Center and to document compliance with new federal laws outlined above.

The Medical Center engaged **BKD, LLP** to conduct a formal CHNA. **BKD, LLP** is one of the largest CPA and advisory firms in the United States, with approximately 2,000 partners and employees in 34 offices. BKD serves more than 900 hospitals and health care systems across the country. The CHNA was conducted from January 2016 to August 2016.

Based on current literature and other guidance from the treasury and the IRS, the following steps were conducted as part of the Medical Center's CHNA:

- An evaluation of the impact of actions taken to address the significant health needs identified in the tax year 2013 CHNA was completed to understand the effectiveness of the Medical Center's current strategies and programs. The evaluation can be found in *Appendix E*.
- The "community" served by the Medical Center was defined by utilizing inpatient data regarding patient origin. This process is further described in *Community Served by the Medical Center*.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties (see references in *Appendices*). The health status of the community was then reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by the Center for Disease Control and Prevention (Community Health Status Indicators) as well as countyhealthrankings.org. Health factors with significant opportunity for improvement were noted.
- Community input was provided through key stakeholder interviews and surveys of 36 stakeholders. Results and findings are described in the *Community Input* section of this report.
- Information gathered in the above steps was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and minority groups and the community as a whole. Health needs were ranked utilizing a weighting method that weighs 1) the size of the problem, 2) the seriousness of the problem, 3) the impact of the issues on vulnerable populations, 4) the prevalence of common themes and 5) how important the issue is to the community.
- An inventory of health care facilities and other community resources potentially available to address the significant health needs identified through the CHNA was prepared and collaborative efforts were identified.

Health needs were then prioritized taking into account the perceived degree of influence the Medical Center has to impact the need and the health needs impact on overall health for the community. Information gaps identified during the prioritization process have been reported.

## **General Description of the Medical Center**

Yavapai Regional Medical Center is a locally owned and operated, not-for-profit healthcare provider located in Yavapai County, Arizona. YRMC has two main campuses, YRMC West (located in Prescott, Arizona) and YRMC East (located in Prescott Valley, Arizona). YRMC West, the original campus, has 134 inpatient beds, and YRMC East, which opened on May 15, 2006, has 72 inpatient beds. These two campuses house the James Family Heart Center, The Breast Care Center, and the Family Birthing Center. Additionally, YRMC has outpatient clinics, wellness centers and physician clinics located throughout Yavapai County.



This CHNA is prepared from an integrated health care system perspective and the two licensed hospital facilities described above are collaborating on this CHNA to identify community needs and allocate resources most effectively.

### ***Mission***

To provide comprehensive, high-quality healthcare consistent with the communities' needs.

### ***Vision***

**Creating a Total Healing Environment**—an environment in which the people of YRMC work in partnership with patients and their families to provide peace of mind and peace of heart, as well as physical cure and comfort, because we understand the indivisible relationship that exists between body, mind, and the human spirit.

### ***Values***

**RESPECT** – behaving in a way that honors self and others

**INTEGRITY** – being consistent in word and deed

**QUALITY** – providing service excellence in meeting others' expectations

**COMMITMENT** – demonstrating dedication to one's work, personal development, the organization, and our Mission and Vision

**ACCOUNTABILITY** – following through and taking personal responsibility for results

### **Summary of Findings – 2015 Tax Year CHNA**

Health needs were identified based on information gathered and analyzed through the 2016 CHNA conducted by the Medical Center. These identified community health needs are discussed in greater detail later in this report and the prioritized listing is available at *Exhibit 26*.

Based on the prioritization process, the following significant needs were identified:

- Lack of Primary Care Physicians
- Healthy Behaviors/Lifestyle Changes
- Lack of Health Knowledge
- Physical Inactivity
- Lack of Mental Health Providers
- High Cost of Health Care
- Poverty/Children in Poverty/Lack of Financial Resources
- Transportation, especially in Rural Areas
- Uninsured
- Aging Population
- Limited Access to Healthy Foods
- Adult Obesity

These needs have been prioritized based on information gathered through the CHNA and the prioritization process is discussed in greater detail later in this report.

## Community Served by the Medical Center

YRMC's two hospitals are located in Yavapai County. As a regional hospital 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 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 Medical Center services provides the clearest definition of the community.

Based on the patient origin of acute care inpatient discharges from January 1, 2015, through December 31, 2015 management has identified Yavapai County as the defined CHNA community. Yavapai County represents approximately 96% of the inpatient discharges as reflected in *Exhibit 1* below. 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.

**Exhibit 1**  
**Summary of Inpatient Discharges by Zip Code**  
**1/1/15 - 12/31/15**

City	Discharges	Percent Discharges
<b>Yavapai County</b>		
Prescott	4,245	37.6%
Prescott Valley	3,313	29.3%
Chino Valley	1,273	11.3%
Dewey	799	7.1%
Mayer	402	3.6%
	10,032	88.8%
Other Yavapai County	812	7.2%
<b>Total Yavapai</b>	<b>10,844</b>	<b>96.0%</b>
Total Other Discharges	456	4.0%
Total	11,300	100.0%

Source: Yavapai Regional Medical Center



## Community Population and Demographics

The U.S. Bureau of Census has compiled population and demographic data. *Exhibit 2* below shows the total population of the CHNA community. It also provides the breakout of the CHNA community between the male and female population, age distribution, race/ethnicity and the Hispanic population.

Exhibit 2  
Demographic Snapshot

DEMOGRAPHIC CHARACTERISTICS						
	<b>Total Population</b>				<b>Yavapai County</b>	
Yavapai County	213,689					
Arizona	6,561,516				<b>Total Male Population</b>	104,595
United States	314,107,083				<b>Total Female Population</b>	109,094
POPULATION DISTRIBUTION						
Age Group	Yavapai County	Age Distribution			United States	Percent of Total US
		Percent of Total	Arizona	Percent Arizona		
0 - 4	9,726	4.55%	440,616	6.72%	19,973,712	6.36%
5 - 17	29,113	13.62%	1,179,876	17.98%	53,803,944	17.13%
18 - 24	14,743	6.90%	656,248	10.00%	31,273,296	9.96%
25 - 34	19,006	8.89%	874,746	13.33%	42,310,184	13.47%
35 - 44	19,714	9.23%	829,680	12.64%	40,723,040	12.96%
45 - 54	27,781	13.00%	840,781	12.81%	44,248,184	14.09%
55 - 64	37,497	17.55%	765,082	11.66%	38,596,760	12.29%
65+	56,109	26.26%	974,487	14.85%	43,177,963	13.75%
<b>Total</b>	<b>213,689</b>	<b>100.00%</b>	<b>6,561,516</b>	<b>100%</b>	<b>314,107,083</b>	<b>100%</b>
RACE/ETHNICITY						
Race/Ethnicity	Yavapai County	Race/Ethnicity Distribution			United States	Percent of Total US
		Percent of Total	Arizona	Percent Arizona		
White Non-Hispanic	173,956	81.41%	3,734,853	56.92%	197,159,492	62.77%
Hispanic	29,702	13.90%	1,977,026	30.13%	53,070,096	16.90%
Black Non-Hispanic	1,142	0.53%	257,620	3.93%	38,460,597	12.24%
Asian & Pacific Island Non-Hispanic	1,732	0.81%	198,171	3.02%	16,029,364	5.10%
Native American/Alaska Native	3,563	1.67%	262,626	4.00%	2,082,768	0.66%
All Others	3,594	1.68%	131,220	2.00%	7,304,766	2.33%
<b>Total</b>	<b>213,689</b>	<b>100.00%</b>	<b>6,561,516</b>	<b>100.00%</b>	<b>314,107,083</b>	<b>100.00%</b>

Source: Community Commons (ACS 2010-2014 data sets)

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 CHNA community by race and illustrates different categories of race such as, white, black, Asian, other and multiple races. White non-Hispanics make up almost 82% of the community while Hispanics make up approximately 14% of the CHNA community.

Another significant population 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 community is also comprised of a 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. The percentage of persons aged 55-64 is significantly higher than state and national percentages as well.

*Exhibit 3* reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban. This table could help to understand why transportation may or may not be considered a need within the community, especially within the rural and outlying populations.

Exhibit 3	Percent Urban	Percent Rural
<b>Yavapai County, AZ</b>	<b>66.80%</b>	<b>33.20%</b>
Prescott	86.72%	13.28%
Prescott Valley	92.11%	7.89%
Chino Valley	57.97%	42.03%
Dewey	1.04%	98.96%
Mayer	0.00%	100.00%
<b>ARIZONA</b>	<b>89.81%</b>	<b>10.19%</b>
<b>UNITED STATES</b>	<b>80.89%</b>	<b>19.11%</b>

Source: Community Commons (2010)

## Socioeconomic Characteristics of the Community

The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. The economic status of an area may be assessed by examining multiple variables within the CHNA community. The following exhibits are a compilation of data that includes household per capita income, unemployment rates, poverty, uninsured population and educational attainment for the CHNA community. These standard measures will be used to compare the socioeconomic status of the community to the state of Arizona and the United States.

### *Income and Employment*

*Exhibit 4* presents the per capita income for the CHNA community. This includes all reported income from wages and salaries, as well as income from self-employment, interest or dividends, public assistance, retirement and other sources. The per capita income in this exhibit is the average (mean) income computed for every man, woman and child in the specified area. Yavapai County's per capita income is below the state of Arizona and the United States. There is a large disparity between Prescott and the other cities within the CHNA community; with Prescott having a per capita income above Arizona and the United States.

Exhibit 4	Total Population	Total Income (\$)	Per Capita Income (\$)
<b>Yavapai County, AZ</b>	<b>213,689</b>	<b>\$5,356,676,608</b>	<b>\$25,067</b>
Prescott	40,130	\$1,168,567,552	<b>\$29,119</b>
Prescott Valley	39,575	\$853,217,408	<b>\$21,559</b>
Chino Valley	10,879	\$234,316,704	<b>\$21,538</b>
Dewey	3,913	\$88,754,096	<b>\$22,681</b>
Mayer	911	\$19,763,300	<b>\$21,694</b>
Other Yavapai County Cities	136,281	2,992,057,548	<b>\$21,955</b>
<b>ARIZONA</b>	<b>6,561,516</b>	<b>\$167,560,380,416</b>	<b>\$25,536</b>
<b>UNITED STATES</b>	<b>314,107,072</b>	<b>\$ 8,969,237,037,056</b>	<b>\$ 28,554</b>

Source: Community Commons (2010 – 2014)

**Unemployment Rate**

Exhibit 5 presents the average annual unemployment rate from 2005 through 2014 for the community defined as the community, as well as the trend for Arizona and the United States. From 2008 through 2013, the unemployment rates for the community were greater than both the United States and the state of Arizona. A decrease in the unemployment rate has been the trend since hitting a high of 10.7 in 2010.

**Exhibit 5**



Data Source: US Department of Labor, Bureau of Labor Statistics. 2015 - May. Source geography: County

## Poverty

Exhibit 6 presents the percentage of total population below 100% Federal Poverty Level (FPL). Poverty is a key driver of health status and is relevant because poverty creates barriers to access, including health services, healthy food choices and other factors that contribute to poor health. Yavapai County's poverty rate is less than the state poverty rate and the national rate. Mayer has the highest poverty rate of 19.87% when compared to Arizona and the United States.

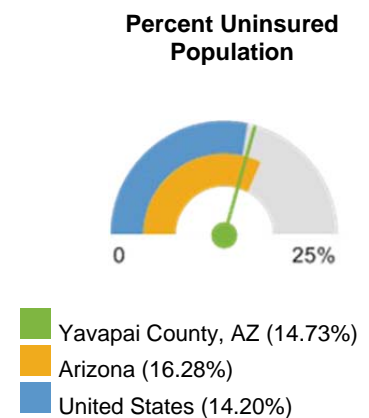
Exhibit 6	Total Population	Population in Poverty	Percent Population in Poverty
<b>Yavapai County, AZ</b>	<b>210,479</b>	<b>33,813</b>	<b>16.06%</b>
Prescott	38,573	5,913	15.33%
Prescott Valley	39,137	6,049	15.46%
Chino Valley	10,831	1,890	17.45%
Dewey	3,894	494	12.69%
Mayer	911	181	19.87%
Other Yavapai County Cities	117,133	19,286	16.47%
<b>ARIZONA</b>	<b>6,411,354</b>	<b>1,169,309</b>	<b>18.24%</b>
<b>UNITED STATES</b>	<b>306,226,400</b>	<b>47,755,608</b>	<b>15.59%</b>

Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract  
Note: Total population for poverty status was determined at the household level.

**Uninsured**

Exhibit 7 reports the percentage of the total civilian non-institutionalized population without health insurance coverage. 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 contribute to poor health status. Exhibit 7 shows almost 212,000 persons are uninsured in the CHNA community based on 5-year estimates produced by the U.S. Census Bureau, 2010-2014 American Community Survey. However, the 2015 uninsured rate is estimated to be 15% for Yavapai County, per [www.enrollamerica.org](http://www.enrollamerica.org), which indicates the uninsured population has stayed about the same since 2014 in the CHNA Community. The table below shows Prescott Valley has the highest percentage of uninsured and is the only zip code higher than Arizona and the United States rate.

Exhibit 7	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
<b>Yavapai County, AZ</b>	<b>212,026</b>	<b>31,238</b>	<b>14.73%</b>
Prescott	39,410	4,330	10.99%
Prescott Valley	39,407	6,488	16.46%
Chino Valley	10,865	1,593	14.66%
Dewey	3,905	490	12.55%
Mayer	911	15	1.65%
Other Yavapai County Cities	117,528	18,322	15.59%
<b>ARIZONA</b>	<b>6,453,706</b>	<b>1,050,638</b>	<b>16.28%</b>
<b>UNITED STATES</b>	<b>309,082,272</b>	<b>43,878,140</b>	<b>14.20%</b>



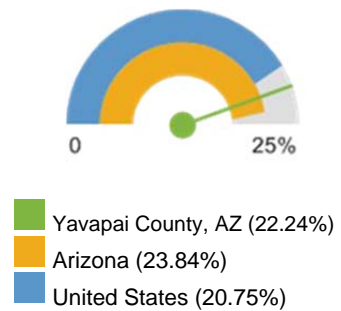
Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

**Medicaid**

The Medicaid indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This is relevant because it assesses vulnerable populations, which are more likely to have multiple health access, health status and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment. *Exhibit 8* shows Yavapai County ranks favorably compared to the state of Arizona while Prescott Valley and Mayer rank unfavorably to both the state of Arizona and the United States.

Exhibit 8	Total Population (For Whom Insurance Status is Determined)	Population with Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
<b>Yavapai County, AZ</b>	<b>212,026</b>	<b>180,788</b>	<b>40,204</b>	<b>22.24%</b>
Prescott	39,410	35,080	5,081	14.48%
Prescott Valley	39,407	32,919	8,595	26.11%
Chino Valley	10,865	9,272	2,021	21.80%
Dewey	3,905	3,415	726	21.26%
Mayer	911	896	466	52.01%
Other Yavapai County Cities	117,528	99,206	23,315	23.50%
<b>ARIZONA</b>	<b>6,453,706</b>	<b>5,403,068</b>	<b>1,287,980</b>	<b>23.84%</b>
<b>UNITED STATES</b>	<b>309,082,272</b>	<b>265,204,128</b>	<b>55,035,660</b>	<b>20.75%</b>

**Percent of Insured Population Receiving Medicaid**



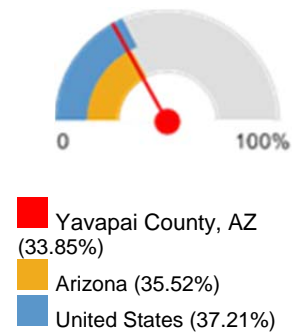
*Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract*

**Education**

*Exhibit 9* presents the population with an Associate’s level degree or higher in Yavapai County versus Arizona and the United States.

Exhibit 9	Total Population Age 25	Population Age 25 with Associate’s Degree or Higher	Percent Population Age 25 with Associate’s Degree or Higher
Yavapai County, AZ	160,107	54,201	<b>33.85%</b>
Prescott	31,337	14,862	<b>47.43%</b>
Prescott Valley	26,934	7,467	<b>27.72%</b>
Chino Valley	8,249	2,244	<b>27.20%</b>
Dewey	3,039	793	<b>26.09%</b>
Mayer	594	152	<b>25.59%</b>
Other Yavapai County Cities	89,954	28,683	<b>31.89%</b>
<b>ARIZONA</b>	4,284,776	1,521,819	35.52%
<b>UNITED STATES</b>	209,056,128	77,786,232	37.21%

**Percent Population Age 25 With Associate’s Degree or Higher**



*Data Source: US Census Bureau, American Community Survey, 2010-14. Source geography: Tract*

Education levels obtained by community residents may impact the local economy. Higher levels of education generally lead to higher wages, less unemployment and job stability. These factors may indirectly influence community health. As noted in *Exhibit 9*, the percent of residents within the CHNA community of Yavapai County obtaining an associate’s degree or higher is below the state and national percentages. Only Prescott has a greater percentage of the population with an associate’s degree or higher.



## Physical Environment of the Community

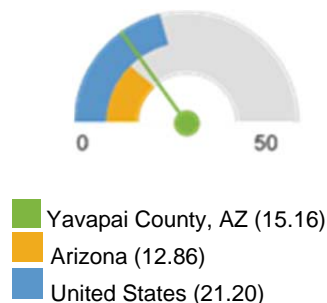
A community’s health is also affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health. This section will touch on a few of the elements that relate to some needs mentioned throughout the report.

### Grocery Store Access

*Exhibit 10* reports the number of grocery stores per 100,000-population. 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. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Exhibit 10	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Yavapai County, AZ	211,033	32	15.16
Prescott	39,843	6	15.06
Prescott Valley	38,743	5	12.91
Chino Valley	10,817	1	9.24
Dewey	3,894	0	0.00
Mayer	1,497	0	0.00
Other Yavapai County Cities	136,239	20	14.68
<b>ARIZONA</b>	6,392,017	822	12.86
<b>UNITED STATES</b>	312,732,537	66,286	21.20

**Grocery Stores, Rate (Per 100,000 Population)**



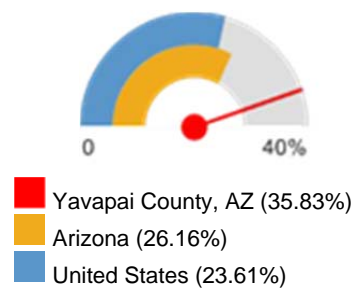
*Data Source: U.S. Census Bureau, County Business Patterns. Additional data analysis by CARES. 2013. Source geography: County*

**Food Access/Food Deserts**

This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery stores. The information in *Exhibit 11* below is relevant because it highlights populations and geographies facing food insecurity. Yavapai County as a whole along with Prescott, Prescott Valley, and Mayer, has a population with low food access when compared to Arizona and the United States. Zip codes shaded dark orange on the following map indicate areas where the population with low food access exceeds 50%.

Exhibit 11	Total Population	Population With Low Food Access	Percent Population With Low Food Access
Yavapai County, AZ	211,033	75,617	<b>35.83%</b>
Prescott	79,685	24,938	<b>31.30%</b>
Prescott Valley	77,644	33,152	<b>42.70%</b>
Chino Valley	21,634	5,366	<b>24.80%</b>
Dewey	7,788	1,835	<b>23.56%</b>
Mayer	2,994	2,088	<b>69.74%</b>
Other Yavapai County Cities	21,288	8,238	<b>38.70%</b>
<b>ARIZONA</b>	6,392,017	1,672,300	26.16%
<b>UNITED STATES</b>	308,745,538	72,905,540	23.61%

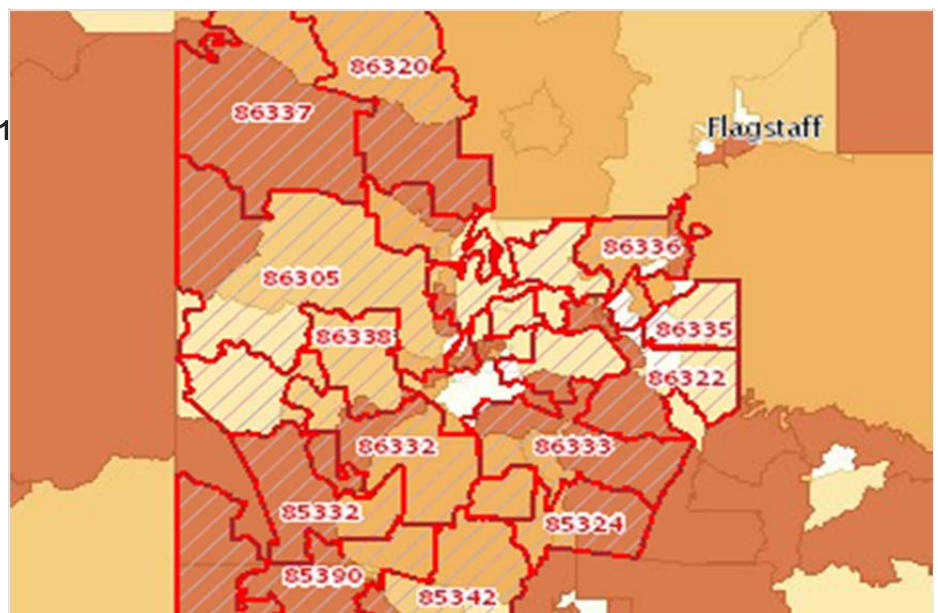
**Percent Population With Low Food Access**



Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2010. Source geography: Tract

**Population with Limited Food Access, Percent by Tract, FARA 201**

- Over 50.0%
- 20.1 - 50.0%
- 5.1 - 20.0%
- Under 5.1%
- No Low Food Access
- Report Area

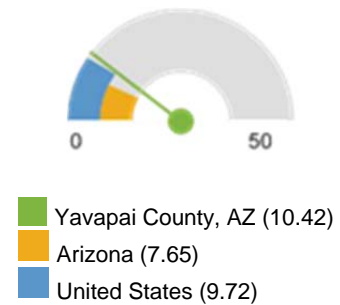


**Recreation and Fitness Facility Access**

This indicator reports the number per 100,000-population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. It is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors. *Exhibit 12* shows that Yavapai County has more fitness establishments available to the residents of the community than Arizona and the United States as a whole.

Exhibit 12	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Yavapai County, AZ	211,033	22	10.42
Prescott	39,843	4	10.04
Prescott Valley	38,743	4	10.32
Chino Valley	10,817	1	9.24
Dewey	3,894	0	0.00
Mayer	1,497	0	0.00
Other Yavapai County Cities	116,239	9	7.74
<b>ARIZONA</b>	6,392,017	489	7.65
<b>UNITED STATES</b>	312,732,537	30,393	9.72

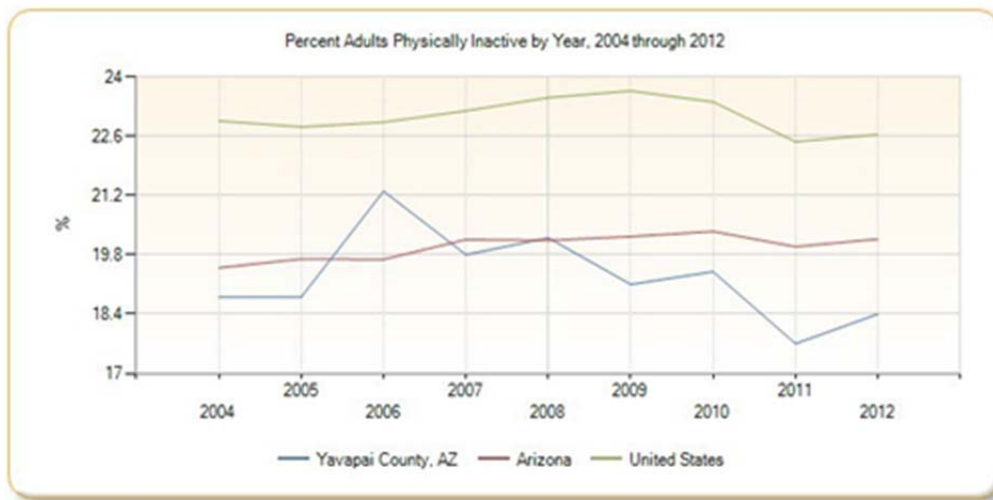
**Recreation and Fitness Facilities, Rate (Per 100,000 Population)**



*Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2013. Source geography: County*

The trend graph below (*Exhibit 13*) shows the percentage of adults who are physically inactive by year for the community and compared to Arizona and the United States. From 2008 through 2012, the CHNA community percentage of adults who are physically inactive was lower than both the state of Arizona and the United States. The trend has been decreasing since 2006, when the community hit a peak of 21.3%. The latest data (2012) shows that the community now has a lower percentage of physically inactive adults than the state of Arizona.

**Exhibit 13**



Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. 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

Exhibit 14 shows the number of primary care physicians per 100,000-population. Doctors classified as “primary care physicians” by the American Medical Association include general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs and general pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Exhibit 14	Total Population, 2012	Primary Care Physicians, 2012	Primary Care Physicians, Rate per 100,000 Pop.
Yavapai County, AZ	212,637	135	63.49
Prescott	40,145	25	62.27
Prescott Valley	39,037	24	61.48
Chino Valley	10,899	6	55.05
Dewey	3,923	2	50.98
Mayer	1,508	0	0.00
Other Yavapai County Cities	117,125	78	66.60
<b>ARIZONA</b>	6,553,255	4,276	65.25
<b>UNITED STATES</b>	313,914,040	233,862	74.50

Data Source: US Department of Health Human Services, Health Resources and Services Administration, Area Health Resource File. 2012. Source geography: County

### Lack of a Consistent Source of Primary Care

Exhibit 15 reports the percentage of adults aged 18 and older who self-report that they do not have at least one person who they think of as their personal doctor or health care provider. This indicator is relevant because access to regular primary care is important to preventing major health issues and emergency department visits.

Exhibit 15	Survey Population (Adults Age 18 )	Total Adults Without Any Regular Doctor	Percent Adults Without Any Regular Doctor
Yavapai County, AZ	144,483	35,689	24.70%
Arizona	4,772,064	1,222,072	25.61%
United States	236,884,668	52,290,932	22.07%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.  
Source geography: County.  
Note: Information reported above is unavailable at the zip code level.

### Population Living in a Health Professional Shortage Area

This indicator reports the percentage of the population that is living in a geographic area designated as a Health Professional Shortage Area (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. As Exhibit 16 below shows, Yavapai County has a greater percentage of residents living in a HPSA than both the state of Arizona and the United States.

Exhibit 16	Total Area Population	Population Living in a HPSA	Percentage of Population Living in a HPSA
Yavapai County, AZ	211,033	156,842	74.32%
Arizona	6,392,017	3,360,627	52.58%
United States	308,745,538	105,203,742	34.07%

Data Source: U.S. Department of Health Human Services, Health Resources and Services Administration, Health Professional Shortage Areas. March 2015. Source geography: HPSA  
Note: Information reported above is unavailable at the zip code level.

### Preventable Hospital Events

Exhibit 17 reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). 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 discharges allows demonstrating a possible “return on investment” from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources.

Exhibit 17	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Medical Center Discharges	Ambulatory Care Sensitive Condition Discharge Rate
Yavapai County, AZ	40,443	1,135	28.10
Arizona	525,974	23,765	45.20
United States	58,209,898	3,448,111	59.20

Data Source: Dartmouth College Institute for Health Policy Clinical Practice, Dartmouth Atlas of Health Care. 2012. Source geography: County  
Note: Information reported above is unavailable at the zip code level.

## Health Status of the Community

This section of the assessment reviews the health status of the CHNA community and its residents. As in the previous section, comparisons are provided with the state of Arizona and the United States. This in-depth assessment of the mortality and morbidity data, health outcomes, health factors and mental health indicators of the county residents that make up the CHNA community 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, which includes both the physical and social environment in which individuals live, work and play, 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.

Studies by the American Society of Internal Medicine conclude that up to 70% of an individual's health status is directly attributable to personal lifestyle decisions and attitudes. Persons who do not smoke, 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.

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/ Behavior	Primary Disease Factor
Smoking	Lung cancer Cardiovascular disease Emphysema Chronic bronchitis
Alcohol/drug abuse	Cirrhosis of liver Motor vehicle crashes Unintentional injuries Malnutrition Suicide Homicide Mental illness
Poor nutrition	Obesity Digestive disease Depression
Driving at excessive speeds	Trauma Motor vehicle crashes
Lack of exercise	Cardiovascular disease Depression
Overstressed	Mental illness Alcohol/drug abuse Cardiovascular disease

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.

### Leading Causes of Death

*Exhibit 18* reflects the leading causes of death for the community and compares the age-adjusted rates to the state of Arizona and the United States.

**Exhibit 18**

Selected Causes of Resident Deaths	Age-Adjusted Death Rate per 100,000 Population		
	Yavapai County	Arizona	United States
Cancer	157.5	149.9	168.9
Heart Disease	146.1	147.7	175.0
Lung Disease	48.8	43.5	42.2
Stroke	32.2	30.5	37.9
Unintentional Injury	59.2	46.6	38.6

Source: Community Commons 2009-2013

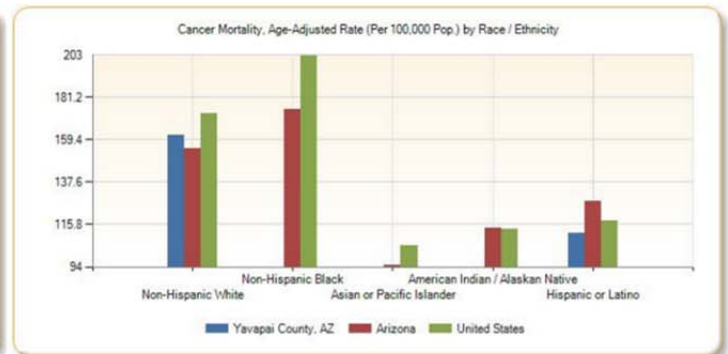
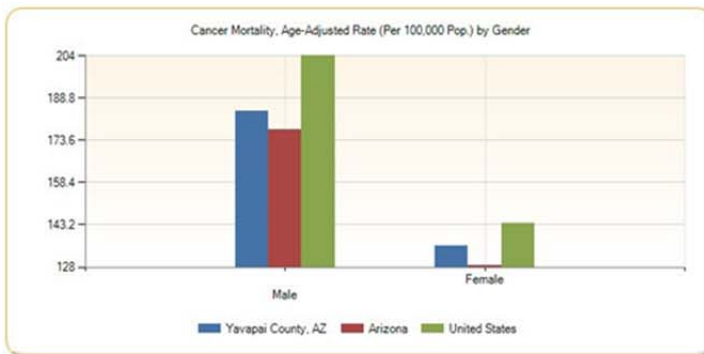
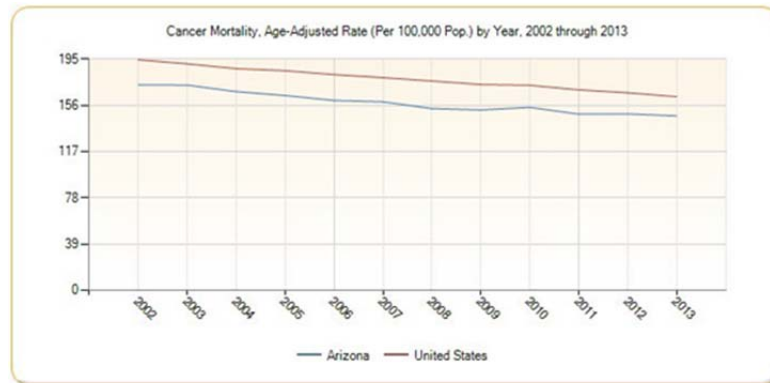
The table above shows leading causes of death within Yavapai County as compared to the state of Arizona and also to the United States. The age-adjusted rate is shown per 100,000 residents. The rates in red represent Yavapai County and corresponding leading causes of death that are greater than the state rates. As the table indicates, all of the leading causes of death above, except heart disease, are greater than the Arizona and national rates.

The leading cause of death for Yavapai County is cancer and the previous CHNA conducted in 2013 identified breast cancer deaths as being an outlier, in that breast cancer deaths have been historically higher in Yavapai County compared to rates for Arizona and the United States. The previous 3-year trend reported for 2006-2008 reported the breast cancer mortality rate to be 24.5 per 100,000 population for Yavapai County compared to 20.8 per 100,000 population for Arizona. *Exhibit 18.1*, on the following page, reports the rates per 100,000 population for five types of cancer for Yavapai County, Arizona and the United States. The current rate for breast cancer mortality is 21.0 per 100,000 population which is a significant improvement from the prior period. The death rate trend for breast cancer (females), colon and rectum cancer (males) and prostate cancer (males) is falling according the [statecancerprofiles.cancer.gov](http://statecancerprofiles.cancer.gov) for death years through 2013 and the overall cancer death rate is declining as well.

**Exhibit 18.1**  
**Yavapai Regional Medical Center**  
**Cancer Incidence and Mortality Rates**

	Yavapai County	Arizona	United States
<b>Cancer Incidence (per 100,000 population)</b>			
Breast	118.7	111.0	123.0
Cervical	8.6	6.8	7.7
Colon and Rectum	36.0	35.4	41.9
Lung	52.6	52.4	63.7
Prostate	93.7	89.8	131.7
<b>Cancer Mortality (Per 100,000 Population)</b>			
Breast	21.0	19.6	21.5
Cervical	2.4	2.1	2.3
Colon and Rectum	14.2	13.2	15.1
Lung	38.1	37.5	46.0
Prostate	21.0	18.7	20.7

*Data Source for Incidence Rate: National Institutes of Health, National Cancer Institute, [Surveillance, Epidemiology, and End Results Program](#) . [State Cancer Profiles](#) . 2008-12. Source geography: County*  
*Data Source for Mortality: <https://statecancerprofiles.cancer.gov/cgi-bin/deathrates>*



*Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#). 2009-13. Source geography: County*

## **Health Outcomes and Factors**

An analysis of various health outcomes and factors for a particular community can, if improved, help make the 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.

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 based on health outcomes and factors, clinical care, economic status and the physical environment.

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 *Exhibits 19.1* and *19.2* include the 2012 and 2015 indicators reported by County Health Rankings for Yavapai County. The health indicators that are unfavorable when compared to the Arizona rates are shaded in gray.

**Exhibit 19.1**  
**Yavapai Regional Medical Center**  
**County Health Rankings – Health Outcomes**

	Yavapai County 2012***	Yavapai County 2015***	Arizona 2015	Top U.S. Performers 2015
<b>Mortality</b>	*	5	8	
<b>Premature death</b> – Years of potential life lost before age 75 per 100,000 population (age-	7,703	7,737	6,714	5,200
<b>Morbidity</b>	*	9	9	
<b>Poor or fair health</b> – Percent of adults reporting fair or poor health (age-adjusted)	17%	18%	16%	10%
<b>Poor physical health days</b> – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	3.9	4.2	3.5	2.5
<b>Poor mental health days</b> – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	4.1	4.1	3.4	2.3
<b>Low birth weight</b> – Percent of live births with low birth weight (<2500 grams)	7.2%	7.3%	7.1%	5.9%

\* Rank out of 15 Arizona counties

\*\* 90th percentile, i.e., only 10% are better

\*\*\* Data for 2012 and 2015 was pulled in 2013 and 2016, respectively

Note: N/A indicates unreliable or missing data

^ Data should not be compared between years due to changes in definition and/or methods

Source: [Countyhealthrankings.org](http://Countyhealthrankings.org)

**Exhibit 19.2**  
**Yavapai Regional Medical Center**  
**County Health Rankings – Health Factors**

	Yavapai County 2012***	Yavapai County 2015***	Arizona 2015	Top Performers 2015**
<b>Health Behaviors</b>	*	2		
<b>Adult smoking</b> – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	20.0%	19.0%	17.0%	14.0%
<b>Adult obesity</b> – Percent of adults that report a BMI >= 30	22.0%	26.0%	24.0%	25.0%
<b>Food environment index</b> – Index of factors that contribute to a healthy food environment, 0 (worst) to 10	N/A	6.3	6.9	8.4
<b>Physical inactivity</b> – Percent of adults age 20 and over reporting no leisure time physical activity	21.0%	20.0%	20.0%	20.0%
<b>Access to exercise opportunities</b> – Percentage of population with adequate access to locations for physical	N/A	90.0%	86.0%	92.0%
<b>Excessive drinking</b> – Percent of adults that report excessive drinking in the past 30 days	15.0%	14.0%	16.0%	10.0%
<b>Alcohol-impaired driving deaths</b> – Percentage of driving deaths with alcohol involvement	N/A	23.0%	27.0%	14.0%
<b>Sexually transmitted infections</b> – Chlamydia rate per 100K population	157.0	178.0	465.0	138.0
<b>Teen birth rate</b> – Per 1,000 female population, ages 15-19	52.0	46.0	49.0	20.0
<b>Clinical Care</b>	*	2		
<b>Uninsured adults</b> – Percent of population under age 65 without health insurance	20.0%	22.0%	20.0%	11%
<b>Primary care physicians</b> – Ratio of population to primary care physicians	1,628:1	1,575:1	1,533:1	1,045:1
<b>Dentists</b> – Ratio of population to dentists	N/A	1,655:1	1,745:1	1,377:1
<b>Mental health providers</b> – Ratio of population to mental health providers	N/A	624:1	839:1	386:1
<b>Preventable hospital stays</b> – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	36.0	28.0	45.0	41.0
<b>Diabetic screening</b> – Percent of diabetic Medicare enrollees that receive HbA1c screening	80.0%	81.0%	79.0%	90.0%
<b>Mammography screening</b> – Percent of female Medicare enrollees that receive mammography screening	70.1%	68.2%	64.0%	70.7%

Exhibit 19.2 (cont.)  
Yavapai Regional Medical Center  
County Health Rankings – Health Factors

	Yavapai County 2012***	Yavapai County 2015***	Arizona 2015	Top Performers 2015**
<b>Social and Economic Factors</b>	*	7		2
<b>High school graduation</b> – Percent of ninth grade cohort that graduates in 4 years	73.0%	78.0%	77.0%	93%
<b>Some college</b> – Percent of adults aged 25-44 years with some post-secondary education	57.4%	61.0%	62.1%	71.0%
<b>Unemployment</b> – Percent of population age 16+ unemployed but seeking work	10.5%	8.0%	8.0%	4.0%
<b>Children in poverty</b> – Percent of children under age 18 in poverty	28.0%	24.0%	27.0%	13.0%
<b>Income inequality</b> – Ratio of household income at the 80th percentile to income at the 20th percentile	N/A	4.1	4.6	3.7
<b>Children in single-parent households</b> – Percent of children that live in household headed by single parent	33.0%	32.0%	36.0%	20.0%
<b>Social associations</b> – Number of membership associations per 10,000 population	N/A	9.5	5.7	22.0
<b>Violent crime rate</b> – Violent crime rate per 100,000 population (age-adjusted)	347.0	332.0	416.0	59.0
<b>Injury deaths</b> – Number of deaths due to injury per 100,000 population	N/A	104.0	73.0	50.0
<b>Physical Environment</b>	*	3		10
<b>Air pollution-particulate matter days</b> – Average daily measure of fine particulate matter in micrograms per cubic	0.0	10.7	10.1	9.5
<b>Severe housing problems</b> – Percentage of household with at least one of four housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	N/A	20.0%	20.0%	9.0%
<b>Driving alone to work</b> – Percentage of the workforce that drives alone to work	N/A	74.0%	76.0%	71.0%
<b>Long commute, driving alone</b> – Among workers who commute in their car alone, the percentage that commute	N/A	27.0%	35.0%	15.0%

\* Rank out of 15 Arizona counties

\*\* 90th percentile, i.e., only 10% are better

\*\*\* Data for 2012 and 2015 was pulled in 2013 and 2016, respectively

Note: N/A indicates unreliable or missing data

^ Data should not be compared between years due to changes in definition and/or methods

Source: Countyhealthrankings.org

**Community Health Status Indicators**

The Community Health Status Indicators (CHSI) Project of the U.S. Department of Health and Human Services compares many health status and access indicators to both the median rates in the United States and to rates in “peer counties” across the United States. Counties are considered “peers” if they share common characteristics such as population size, poverty rate, average age, and population density.

Yavapai County has multiple designated “peer” counties throughout the US, including Coconino County, Arizona, Washington County, Utah, Santa Fe County, New Mexico and Mesa County, Colorado. *Exhibit 20* provides a summary comparison of how Yavapai County compares with peer counties on the full set of primary indicators. Peer county values for each indicator were ranked and then divided into quartiles.

**Exhibit 20  
 Yavapai County, Arizona**

	<b>Most Favorable Quartile</b>	<b>Middle Two Quartiles</b>	<b>Least Favorable Quartile</b>
<b>Mortality</b>	<ul style="list-style-type: none"> <li>• Cancer Deaths</li> <li>• Diabetes deaths</li> </ul>	<ul style="list-style-type: none"> <li>• Alzheimer's disease deaths</li> <li>• Chronic kidney disease deaths</li> <li>• Chronic lower respiratory disease (CLDR) deaths</li> <li>• Coronary heart disease</li> <li>• Female life expectancy</li> <li>• Male life expectancy</li> <li>• Stroke Deaths</li> </ul>	<ul style="list-style-type: none"> <li>• Motor vehicle deaths</li> <li>• Unintentional injury (including motor vehicle)</li> </ul>
<b>Morbidity</b>	<ul style="list-style-type: none"> <li>• Alzheimer's disease/dementia</li> <li>• Cancer</li> <li>• Older adult depression</li> <li>• Syphilis</li> </ul>	<ul style="list-style-type: none"> <li>• Adult Diabetes</li> <li>• Adult Obesity</li> <li>• Gonorrhea</li> <li>• HIV</li> </ul>	<ul style="list-style-type: none"> <li>• Adult overall health status</li> <li>• Older adult asthma</li> <li>• Preterm births</li> </ul>
<b>Health Care Access and Quality</b>	<ul style="list-style-type: none"> <li>• Older adult preventable hospitalization</li> </ul>	<ul style="list-style-type: none"> <li>• Uninsured</li> </ul>	<ul style="list-style-type: none"> <li>• Cost barrier to care</li> <li>• Primary Care Provider Access</li> </ul>
<b>Health Behaviors</b>		<ul style="list-style-type: none"> <li>• Adult binge drinking</li> <li>• Adult female routine pap tests</li> <li>• Adult physical inactivity</li> </ul>	<ul style="list-style-type: none"> <li>• Adult smoking</li> <li>• Teen births</li> </ul>
<b>Social Factors</b>		<ul style="list-style-type: none"> <li>• Children in single-parent households</li> <li>• High Housing Costs</li> <li>• Inadequate social support</li> <li>• On time high school graduation</li> <li>• Poverty</li> <li>• Unemployment</li> <li>• Violent Crime</li> </ul>	
<b>Physical Environment</b>	<ul style="list-style-type: none"> <li>• Annual average PM2.5 concentration</li> <li>• Living near highways</li> </ul>	<ul style="list-style-type: none"> <li>• Access to parks</li> <li>• Housing stress</li> </ul>	<ul style="list-style-type: none"> <li>• Limited access to healthy food</li> </ul>

Source: Community Health Status Indicators (2015)

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

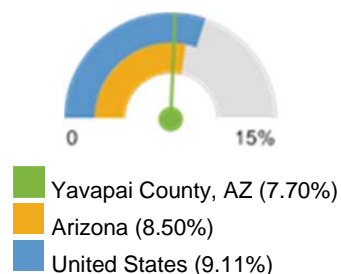
**Diabetes (Adult)**

*Exhibit 21* reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Exhibit 21	Total Population Age 20	Population With Diagnosed Diabetes	Population With Diagnosed Diabetes, Crude Rate	Population With Diagnosed Diabetes, Age-Adjusted Rate
Yavapai County, AZ	169,404	17,618	10.40	<b>7.70%</b>
Arizona	4,755,216	435,593	9.16	8.50%
United States	234,058,710	23,059,940	9.85	9.11%

*Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County*  
*Note: Information reported above is unavailable at the zip code level.*

**Percent Adults With Diagnosed Diabetes (Age-Adjusted)**



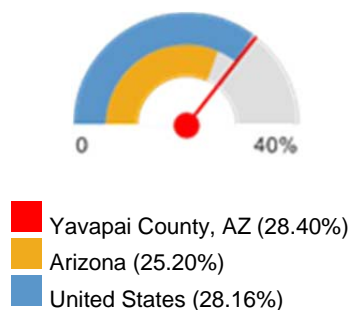
**High Blood Pressure (Adult)**

Per *Exhibit 22* below, 170,035 or 28.4% of adults aged 18 and older have ever been told by a doctor that they have high blood pressure or hypertension. The community percentage of high blood pressure among adults is greater than the percentage of Arizona and the United States.

Exhibit 22	Total Population (Age 18 )	Total Adults With High Blood Pressure	Percent Adults With High Blood Pressure
Yavapai County, AZ	170,035	48,290	<b>28.40%</b>
Arizona	4,714,129	1,187,961	25.20%
United States	232,556,016	65,476,522	28.16%

*Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-12. Source geography: County*  
*Note: Information reported above is unavailable at the zip code level.*

**Percent Adults With High Blood Pressure**





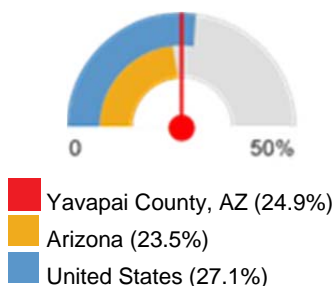
## Obesity

Of adults aged 20 and older, 24.9% self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in the Community per *Exhibit 23*. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. The CHNA community has a BMI percentage slightly higher than the state rate.

Exhibit 23	Total Population Age 20	Adults With BMI > 30.0 (Obese)	Percent Adults With BMI > 30.0 (Obese)
Yavapai County, AZ	169,486	41,863	<b>24.90%</b>
Arizona	4,756,032	1,118,247	23.50%
United States	231,417,834	63,336,403	27.10%

*Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion 2012. Source geography: County*  
*Note: Information reported above is unavailable at the zip code level.*

**Percent Adults With BMI > 30.0 (Obese)**



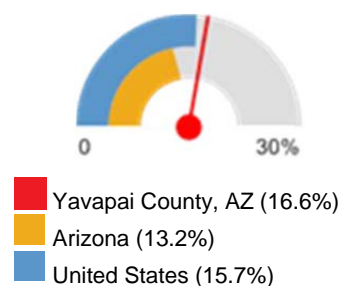
## Poor Dental Health

This indicator is relevant because it indicates lack of access to dental care and/or social barriers to utilization of dental services. *Exhibit 24* shows the total CHNA Community has a larger percentage of adults with poor dental health than that of Arizona and the United States.

Exhibit 24	Total Population (Age 18 )	Total Adults With Poor Dental Health	Percent Adults With Poor Dental Health
Yavapai County, AZ	168,095	27,828	<b>16.60%</b>
Arizona	4,714,129	623,759	13.20%
United States	235,375,690	36,842,620	15.70%

*Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES 2006-10. Source geography: County*  
*Note: Information reported above is unavailable at the zip code level.*

**Percent Adults With Poor Dental Health**

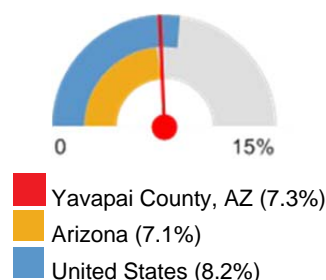


### Low Birth Weight

Exhibit 25 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.

Exhibit 25	Total Live Births	Low Weight Births (Under 2500g)	Low Weight Births, Percent of Total
Yavapai County, AZ	15,078	1,101	<b>7.30%</b>
Arizona	678,482	48,172	<b>7.10%</b>
United States	29,300,495	2,402,641	<b>8.20%</b>
<a href="#">HP 2020 Target</a>			<b>&lt;= 7.80%</b>

**Percent Low Birth Weight Births**



Data Source: U.S. Department of Health Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER 2006-12.  
 Source geography: County  
 Note: Information reported above is unavailable at the zip code level.

### Senior Health

Exhibit 26 reports various health indicators for the Medicare population, or residents in the community 65 years of age or older. As Exhibit 26 illustrates, the percentages for Yavapai County are favorable to state and national rates. However, the large Medicare population that resides in Yavapai County, results in a high number of persons with medical conditions that require treatment and regular health management.

**Exhibit 26**  
**Yavapai Regional Medical Center**  
**Health Indicators for Medicare Population**

	Total Medicare Beneficiaries	Beneficiaries with:							
		Diabetes		Heart Disease		High Blood Pressure		Depression	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
Yavapai County, AZ	42,134	7,785	<b>18.48%</b>	10,724	<b>24.38%</b>	20,312	<b>48.21%</b>	4,697	<b>11.10%</b>
Arizona	574,895	127,262	22.14%	143,924	25.03%	287,498	50.01%	65,986	11.50%
United States	34,126,305	9,224,278	27.03%	9,744,058	28.55%	18,936,118	55.49%	5,271,176	15.40%

Note: This indicator is compared with the state average.  
 Data Source: Centers for Medicare and Medicaid Services, 2012. Source geography: County

## **Community Input**

### **Key Stakeholder Surveys and Interviews**

Obtaining input from key stakeholders (persons with knowledge of or expertise in public health, community members who represent the broad interest of the community or persons representing vulnerable populations) is a technique employed to assess public perceptions of the county's health status and unmet needs. This input is 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.

### **Methodology**

Electronic surveys were distributed to stakeholders representing Yavapai County. Stakeholders were determined based on a) their specialized knowledge or expertise in public health, b) their involvement with underserved and minority populations or c) their affiliation with local government, schools and industry. Additionally, face-to-face interviews were conducted with three key stakeholders.

A total of 35 stakeholders provided input on the following issues:

- ✓ Health and quality of life for residents of the primary community
- ✓ Underserved populations and communities of need
- ✓ Barriers to improving health and quality of life for residents of the community
- ✓ Opinions regarding the important health issues that affect community residents and the types of services that are important for addressing these issues

The survey consisted of a series of nine questions and the face-to-face interviews consisted of five questions. Please refer to *Appendix D* for a copy of the survey and interview instruments.

### **Key Stakeholder Profiles**

Key stakeholders who were asked to provide input (see *Appendix D* for a list of key stakeholders) worked for the following types of organizations and agencies:

- ✓ Yavapai Medical Center
- ✓ Social service agencies
- ✓ Local school systems and universities
- ✓ Other medical providers
- ✓ Local elected officials and governmental agencies
- ✓ Local businesses
- ✓ Public health agencies
- ✓ Yavapai Indian Tribe

## Key Stakeholder Survey Results

The questions on the survey were grouped into four major categories. A summary of the stakeholders' responses by each of the categories follows. Paraphrased quotes are included to reflect some commonly held opinions and direct quotes are employed to emphasize strong feelings associated with the statements. This section of the report summarizes what the key stakeholders said without assessing the credibility of their comments.

### 1. General opinions regarding health and quality of life in the community

The key stakeholders were asked to rate the health and quality of life in Yavapai County. They were also asked to provide their opinion on whether the health and quality of life had improved, declined or stayed the same over the past few years. Lastly, key stakeholders were asked to provide support for their answers.

Fifty-five percent (18 out of 33) rated the health and quality of life as "very good". Thirty-nine percent (13 out of 33) of the key stakeholders rated the health and quality of life in Yavapai County as "average".

When asked whether the health and quality of life had improved, declined or stayed the same, 63% of those that responded to this question felt the health and quality of life had improved over the last few years. Twenty-five percent expressed they thought the health and quality of life had stayed the same over the last three years and 12% responded the health and quality of life in the community had declined. When asked why they thought the health and quality of life had improved, key stakeholders noted improved hospital facilities and expanded services provided by YRMC were contributing to improved health. Stakeholders particularly noted the new birthing center and cardiac services. The addition of new medical providers, especially in Prescott was seen as positively impacting access to services. The increased health offerings and providers is allowing people to receive healthcare close to home.

Another positive factor noted, regarding the general increase in awareness and education, related to the importance of wellness that is occurring within the community.

*"The quality of health care has declined due to the lack of physician appointment availability."*

*"It seems like more people are being forced to move elsewhere for jobs which hurts morale all around."*

*"The addition of skilled & talented clinical physician personnel in recent over past few years has helped. Continued focus is needed in recruitment of strong talent."*

*"There have been improvements in the levels of healthcare offerings, including specialty care, to allow people to receive healthcare services close to home."*

*"We need more physicians and better health care contracts for providers of home health, skilled nursing, etc. Medicare Advantage clients have little to no choice in out of hospital care."*

### 2. Underserved populations and communities of need

Key stakeholders were asked to provide their opinions regarding specific populations or groups of people whose health or quality of life may not be as good as others. They were also asked to provide their opinions as to why they thought these populations were underserved or in need. Each key

stakeholder was asked to consider the specific populations they serve or those with which they usually work.

The majority of the key stakeholders identified persons living with low-incomes or in poverty, including homeless persons, as most likely to be underserved due to lack of access to services. Lack of financial resources prevents persons with low-income from seeking medical care and receiving the resources they need. It also leads to people being uninsured and underinsured. In addition many providers do not accept certain forms of insurance, including plans issued under the *Affordable Care Act* which limits access to primary care for persons living with low-income. As a result, people skip routine screenings that could identify problems early. Often, persons living with low-income also have less access to reliable transportation.

The elderly were also identified as a population that is faced with challenges accessing care due to limited transportation and fixed incomes. Elderly people isolate emotionally as their support systems move or die. Elderly living in outlying rural areas become even more isolated and may not address health needs due to isolation and barriers with getting to medical appointments.

Stakeholders also noted that persons living in rural areas have a difficult time accessing health services due to lack of medical providers as well as a general lack of available social services. There is also a lack of reliable transportation for the rural areas which also makes it more difficult for residents living in rural areas to access care.

Persons with mental health needs were another group identified as a population whose health needs are not being met in the community. Stakeholders expressed a lack of mental health providers resulting in long waits for appointments. Additionally, the stigma surrounding mental illness prevents people from getting help. The stigma also causes people to stop taking medicines for behavioral health conditions. Mental health patients are complicated to serve and often chronic health conditions accompany mental health issues. For these patients, there is a need for more coordinated care.

Key stakeholders were then asked to provide opinions regarding actions that should be taken to respond to the identified needs above. Many of the stakeholders suggested that free screenings should be continued and their availability and frequency could be publicized better. Some of the stakeholders felt communication regarding free screenings and low-cost services may need to be intentionally directed to the underserved populations who need these services most. Additionally, increased education regarding the need for preventive health is needed.

Stakeholders also noted the need for more services in communities where people live so persons with limited transportation can access basic healthcare. Additionally, mental health providers are needed throughout the county.

Stakeholders also recommended that efforts need to be made to address the issue of health plans choosing not to serve the county as well as providers not taking certain insurance which is limiting access. Persons who can afford plans under the *ACA* often can't find a provider who will take their insurance.

Lack of healthy food options and/or affordable nutrition were noted as issues which impact all groups above. Stakeholders noted there are food deserts throughout the county as well as the fact that persons living on low-incomes and fixed incomes often can't afford healthy food and often suffer from malnutrition. Stakeholders noted that by addressing unhealthy eating and lack of fresh food now will help to improve health outcomes in the future. Additionally, affordable and reliable public transportation is needed in the community.

*“Without health insurance, people skip routine screenings that could identify problems early.”*

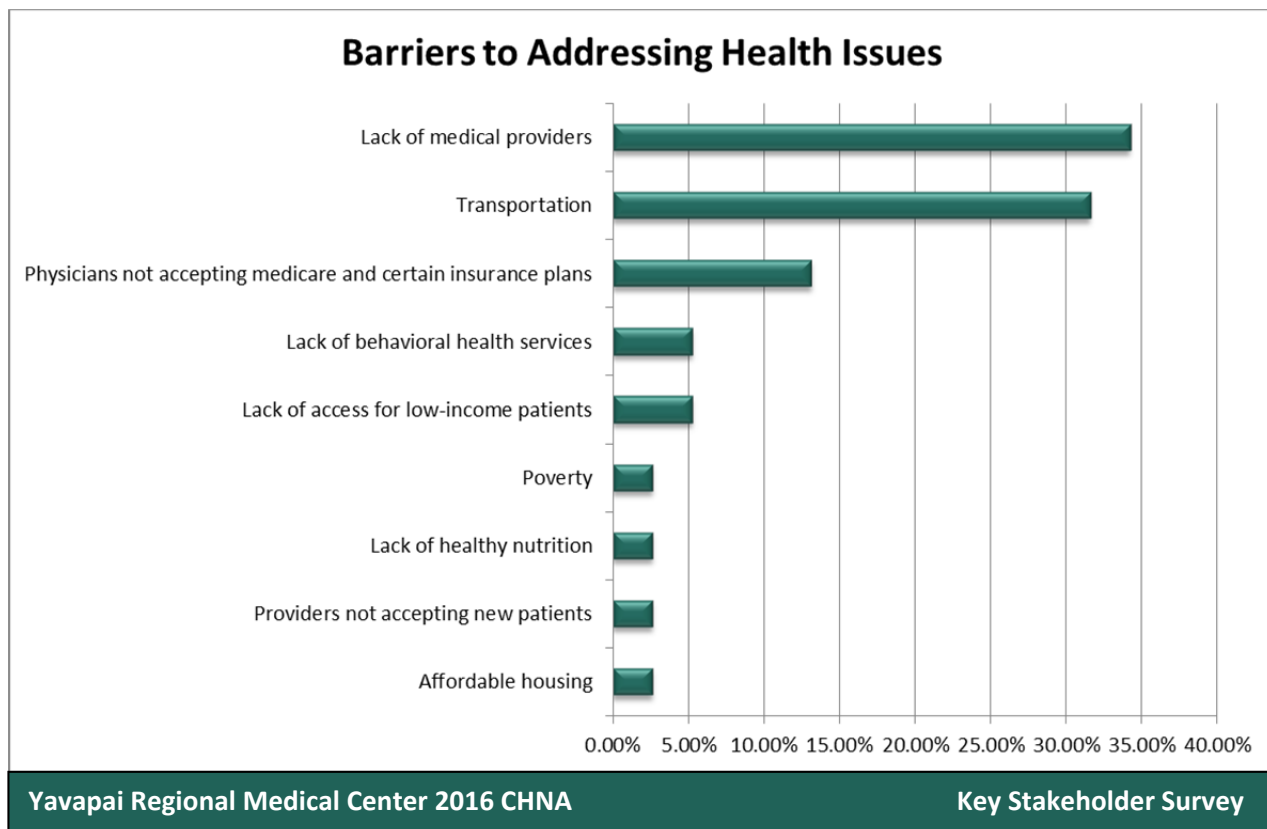
*“Yavapai County is a large and expansive county, so travel can be expensive and time consuming under the best of conditions.”*

*“Even people who can afford ACA plans, often can't find a provider who will take their insurance.”*

*“There are very few well-paying jobs with benefits in Yavapai County which contributes to poverty. Many of the poor don't suffer from hunger as much as they do from malnutrition due to food deserts and limited food choices.”*

### 3. Barriers

The survey included an assessment of community perceptions of major barriers to addressing health issues. The overwhelming majority of respondents strongly agreed or agreed that lack of medical providers (34%), transportation (32%) and physicians not accepting Medicare and certain insurance plans (13 %) are big barriers to health care. Other barriers include lack of behavioral health services and lack of services for low-income patients.

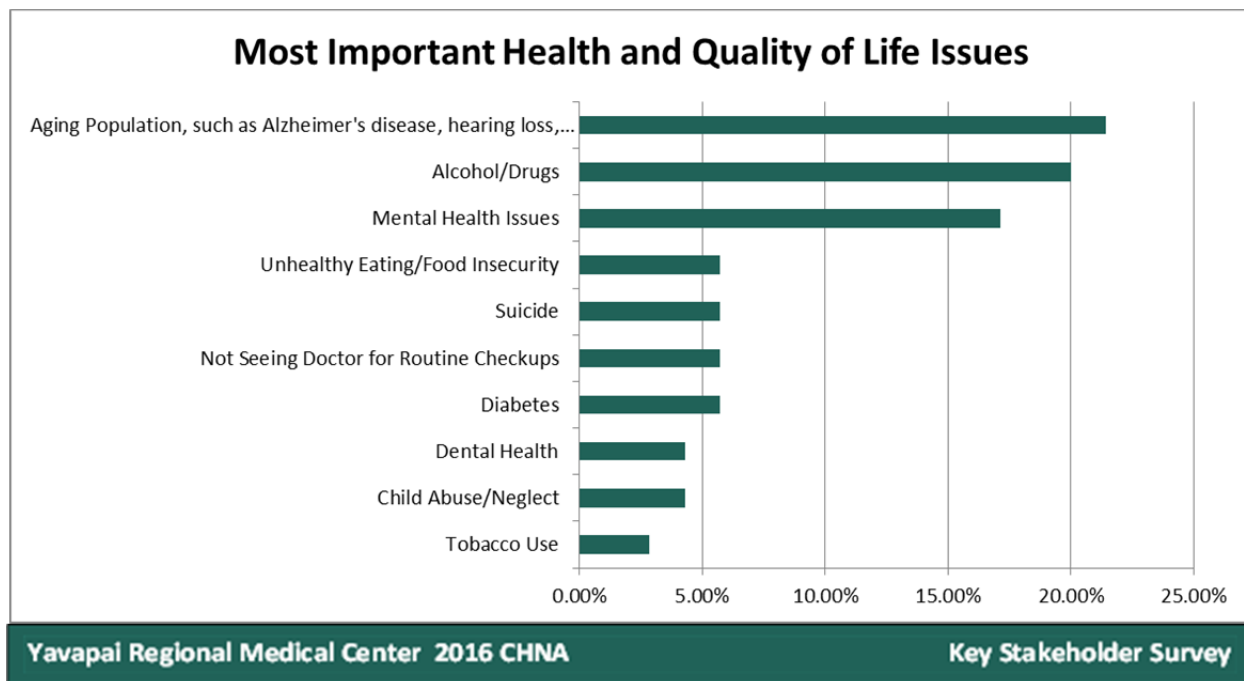


Key stakeholders identified the following as the main reasons why people are not able to access health services:

1. Inability to afford co-pays and/or deductibles
2. Transportation
3. Lack of health insurance
4. Physicians refusing to take insurance or Medicaid
5. Too long to wait for medical appointments

**4. Most important health and quality of life issues**

The survey solicited input from participants regarding health problems of the community. Aging population, alcohol/drugs, and mental health issues were identified as the biggest health and quality of life issues in the in the community.



*“Behavioral health needs to be identified as a community wide issue and the community needs to be educated about mental illness and what the needs are.”*

*“Our population is largely 65 or older. This creates a need for healthcare services, transportation, and other aging issues.”*

Additional survey results:

- When asked what needs to be done to address the critical issues, participants indicated the following:
  - Utilization of tele-health for providing mental health services
  - More availability of healthy food and education on healthy living
  - Physician-led forums leading to health education

- More networking between agencies to respond to health needs such as collaborating with Yavapai Food Council on food insecurity.
  - Increase access by adding recruiting and retaining primary care physicians.
  - Access to mental health services needs to be addressed by the community as a whole.
  - Provide increased education on health issues through partnerships with other organizations serving the community.
  - Increase geriatric services.
- When asked to provide input regarding what the hospital should focus on over the next 3-5 years, participants provided the following input:
- Access to mental health services including more mental health providers.
  - Recruitment and retention of primary care physicians and specialists to the community.
  - Increased community education and outreach; particularly out in the community.
  - Coordination of care and navigation of health system through increased social workers at the Hospital.

### **Key Stakeholder Survey Results**

Interviews were performed with three community leaders representing Yavapai County Community Health Services, Yavapai Indian Tribe and the West Yavapai Guidance Clinic.

To ensure consistency in the topics covered a semi-structured interview guide was used. All interviews were conducted by YRMC personnel. Feedback was gathered on pressing health care concerns and access challenges. Insights on provider engagement and approaches to improve our community's health were also solicited. Frequency and intensity of discussions on a specific topic were key indicators used for extracting main themes. The following needs and input were identified and described by the community leaders. The descriptions below are based on qualitative statements provided by key leaders.

➤ **Health and Quality of Life**

- Quality of life for residents of Yavapai County has improved over the past few years.
- There are increased employment opportunities for residents and the financial well-being of the county has improved over the past several years.
- Recreational resource development (parks, trails, etc.) are providing more access to healthy activities. Many of the resources are free.
- Affordable housing is a critical quality of life issue for Yavapai County.
- The aging of the population will continue to create challenges for WYGC.



➤ **Access**

- Access to healthcare services has improved since the last CHNA due to more health services being offered in the community as well as funding being restored at the state level.
- Access to affordable health insurance is a challenge for residents of the community. Access to ACA affiliated health coverage continues to be an issue for local residents. Plans continue to withdraw from the ACA and there are high deductibles associated with the care.
- Access to dental care is limited.
- Public transportation continues to be a challenge for the area. There aren't enough pick-up points and residents in the more rural areas don't have any options.
- Access to primary care providers is limited and there are long wait times for appointments.

➤ **Critical Health and Quality of Life Issues**

- Access to healthy foods continues to be a problem at both the demographic and geographic levels.
- Increased community education is needed on topics such as balanced nutrition, mental health, diabetes and other health-related topics.
- There is a shortage of available long-term care facilities.
- Access to mental health care continues to be a challenge. Suicide rates are still high in Yavapai County. There is a lack of available psych beds in the community.
- Recruitment and retention of health care providers for the community is challenging.
- Early childhood development and access to affordable daycare is an issue.

## Health Issues of Vulnerable Populations

According to Dignity Health's Community Need Index (see Appendices), the Medical Center's community has a moderate level of need. The CNI score is an average of five different barrier scores that measure socioeconomic indicators of each community (income, cultural, education, insurance and housing). The median CNI score for Yavapai County is 3.2. The zip codes with the highest CNI scores within the community are: 86320 (Ash Fork), 86322 (Camp Verde), 86314 (Prescott Valley) and 86334 (Paulden).

Certain key stakeholders were selected due to their positions working with low-income and uninsured populations. Several key stakeholders were selected due to their work with minority populations. Based on information obtained through key stakeholder interviews and the community health survey, the following populations are considered to be vulnerable or underserved in the community and the identified needs are listed:

- Uninsured/Working Poor Population/Homeless
  - ✓ Access to primary care physicians
  - ✓ Lack of financial resources
  - ✓ Transportation
  - ✓ Preventative Care
  
- Person with Mental Health Needs
  - Lack of mental health providers
  - Stigma surrounding mental health
  
- Poor Elderly
  - ✓ Lack of financial resources/fixed income
  - ✓ Transportation
  - ✓ Isolation

## Information Gaps

This assessment was designed to provide a comprehensive and broad picture of the health in the overall community served by the Medical Center; however, there may be a number of medical conditions that are not specifically addressed in this report due to various factors, including but not limited to, publically available information or limited community input.

In addition, certain population groups might not be identifiable or might not be represented in numbers sufficient for independent analysis. Examples include homeless, institutionalized persons, undocumented residents and members of certain ethnic groups who do not speak English or Spanish. Efforts were made to obtain input from these specific populations through key stakeholder interviews.

## **Prioritization of Identified Health Needs**

Priority setting is a required step in the community benefit planning process. The IRS regulations indicate that the CHNA 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, the Medical Center completed an analysis of these inputs (see *Appendices*) 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 for the community and the death rates for the leading causes of death for each county within the Medical Center's CHNA 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 the Medical Center CHNA community.

### ***Health Outcomes and Factors***

An analysis of the County Health Rankings health outcomes and factors data was prepared for Yavapai County within the CHNA 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% of the national benchmark) resulted in an identified health need.

The indicators falling within the least favorable quartile from the Community Health Status Indicators (CHSI) 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 five factors. Each factor received a score between 0 and 5.

- 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: >25% of the community= 5; >15% and <25%=4; >10% and <15%=3; >5% and <10%=2 and <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) **The impact of the problem on vulnerable populations.** Needs identified which pertained to vulnerable populations were rated for this factor.
- 4) **How important the problem is to the community.** Needs identified through community interviews and/or focus groups were rated for this factor.
- 5) **Prevalence of common themes.** The rating for this factor was determined by how many sources of data (leading causes of death, health outcomes and factors and primary data) identified the need.

Each need was ranked based on the five prioritization metrics. As a result, the following summary list of needs was identified:

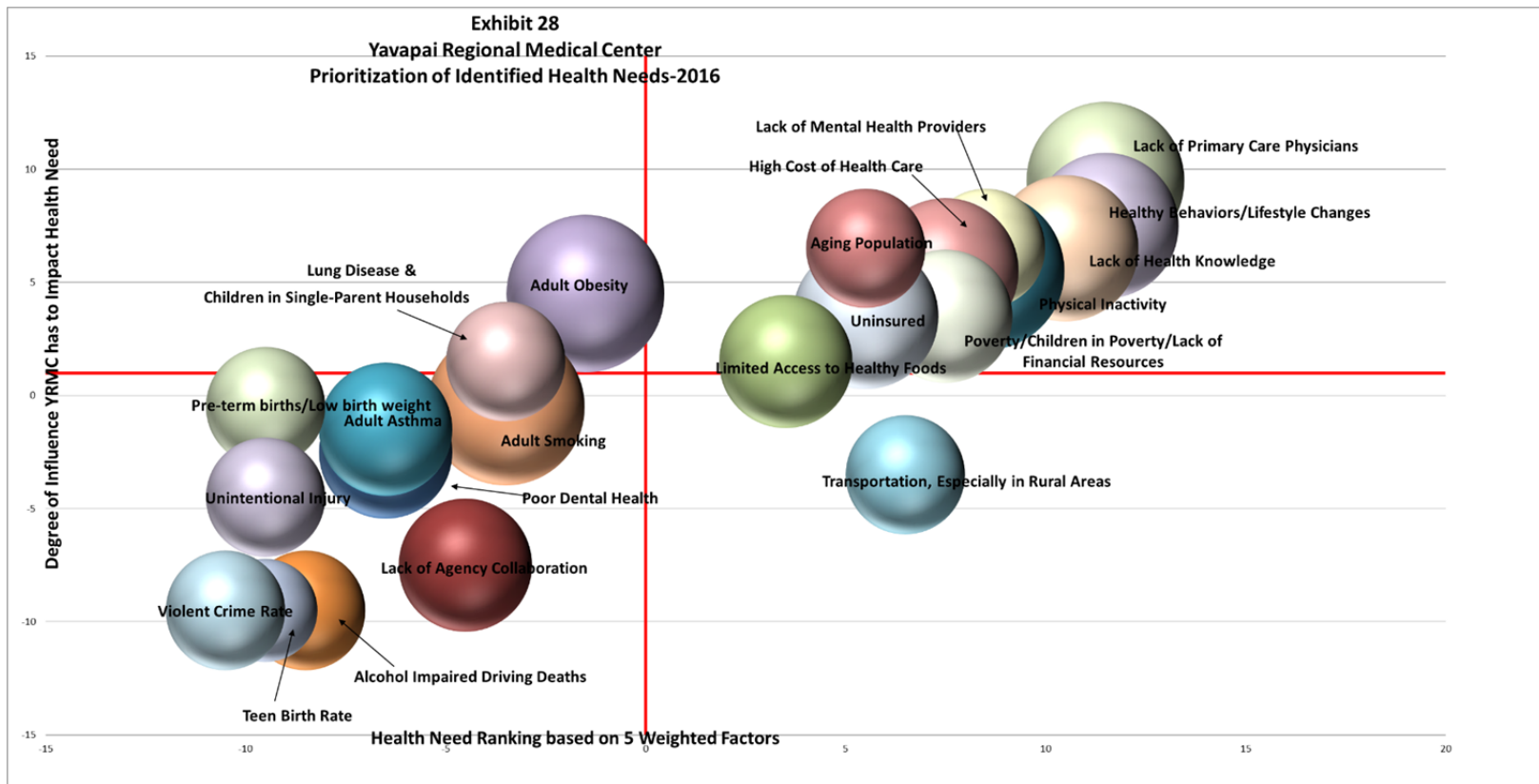


Exhibit 27  
Prioritization of Health Needs

	How Many People Are Affected by the Issue?	What Are the Consequences of Not Addressing This Problem?	What is the Impact on Vulnerable Populations?	How Important is it to the Community?	How Many Sources Identified the Need?	Total Score *
Lack of Primary Care Physicians	4	5	5	5	3	22
Healthy Behaviors/Lifestyle Changes	5	4	5	5	3	22
Lack of Health Knowledge	5	4	5	4	3	21
Physical Inactivity	4	5	3	4	3	19
Lack of Mental Health Providers	3	3	5	5	3	19
High Cost of Health Care	4	4	4	4	2	18
Poverty/Children in Poverty/Lack of Financial Resources	4	4	3	5	2	18
Transportation, Especially in Rural Areas	2	3	5	5	3	18
Uninsured	3	4	3	5	2	17
Aging Population	3	2	5	5	2	17
Limited Access to Healthy Foods	3	3	3	4	3	16
Adult Obesity	3	4	2	1	1	11
Children in Single-Parent Households	3	2	1	2	1	9
Adult Smoking	2	4	1	1	1	9
Lung Disease	2	4	1	1	1	9
Lack of Agency Collaboration	2	2	2	1	1	8
Poor Dental Health	2	2	0	2	2	8
Adult Asthma	2	3	1	1	1	8
Alcohol Impaired Driving Deaths	1	2	1	1	1	6
Teen Birth Rate	1	2	0	0	2	5
Pre-term births/Low birth weight	1	2	0	0	2	5
Unintentional Injury	1	2	0	0	2	5
Violent Crime Rate	1	2	0	0	1	4

\*Highest potential score = 25

Health needs were then charted on the graph below taking into account their ranking on factors 1 through 5 (perceived importance of the need) for the horizontal axis and their ranking regarding 1) alignment with the Hospital’s strategic plans, 2) existing hospital programs that respond to the identified need; and 3) the potential opportunities to collaborate with other organizations at local/state level including available grant funding as the vertical axis. Each need was also assigned a rating between 1 and 14 regarding the health needs’ impact on overall health. Those health needs receiving the highest rating are represented by the largest spheres.



### **Management's Prioritization Process**

For the health needs prioritization process, the Medical Center engaged a leadership team to review the most significant health needs reported the prior CHNA, as well as in *Exhibits 27 and 28*, using the following criteria:

- ✓ Current area of Medical Center focus
- ✓ Established relationships with community partners to address the health need
- ✓ Organizational capacity and existing infrastructure to address the health need

This data was reviewed to identify health issues of uninsured persons, low-income persons and minority groups, and the community as a whole. As a result of the analysis described above, the following health needs were identified as the most significant health needs for the community:

- Lack of Primary Care Physicians
- Healthy Behaviors/Lifestyle Changes
- Lack of Health Knowledge
- Physical Inactivity
- Lack of Mental Health Providers
- High Cost of Health Care
- Poverty/Children in Poverty/Lack of Financial Resources
- Transportation, especially in Rural Areas
- Uninsured
- Aging Population
- Limited Access to Healthy Foods
- Adult Obesity

The Medical Center's next steps include developing an implementation strategy to address these priority areas.

## Resources Available to Address Significant Health Needs

### Health Care Resources

The availability of health care resources is a critical component to the health of a county’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 are 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.

### Hospitals

The Medical Center has 206 acute beds. Residents of the community can also take advantage of services provided by hospitals in neighboring counties, as well as services offered by other facilities and providers. *Exhibit 27* summarizes hospitals available to the residents of CHNA Community.

Exhibit 29	Address	County
Northern Arizona VA Health Care System	500 Highway 89 North, Prescott, AZ 86313	Yavapai
Verde Valley Medical Center	269 South Candy Lane, Cottonwood, AZ 86326	Yavapai
Windhaven Psychiatric Hospital	3347 North Windsong Drive, Prescott Valley, AZ 86314	Yavapai
Mountain Valley Regional Rehabilitation Hospital	3700 North Windsong Drive, Prescott Valley, AZ 86314	Yavapai

Source: US Hospital Finder



### **Other Health Care Facilities**

Short-term acute care Medical Center services are not the only health services available to members of the Medical Center’s community. *Exhibit 28* provides a listing of community health centers and rural health clinics in the Medical Center’s community.

Exhibit 30	Facility Type	Address	County
Community Hospital Clinic - Congress	Rural Health Clinic	26750 B South Santa Fe Road, Congress, AZ 85332	Yavapai
Prescott Valley	Federally Qualified Health Center	3212 N Windsong Drive, Prescott Valley, AZ 86314	Yavapai
Prescott	Federally Qualified Health Center	1090 Commerce Drive, Prescott, AZ 86305	Yavapai
North County - Seligman Site	Federally Qualified Health Center	22585 W Oak Street, Seligman, AZ 86337	Yavapai

*Source: CMS.gov, Health Resources & Services Administration (HRSA)*

### **Health Departments**

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: vital records, preparedness and response, environmental health, nutrition services, immunizations, health education, disease prevention and primary care.

Yavapai County Community Health Services is also offering 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 they have, or just wants to know more about how the new Healthcare Reform Act and the Affordable Care Act will affect them personally.

## **APPENDICES**

**APPENDIX A**  
**ANALYSIS OF DATA**

**Yavapai Regional Medical Center  
 Analysis of CHNA Data**

**Analysis of Health Status-Leading Causes of Death**

	(A)		(B)		
	U.S. Age- Adjusted Rate	10% of U.S. Age- Adjusted Rate	County Rate	County Rate Less U.S. Age- Adjusted Rate	If (B)>(A), then "Health Need"

**Yavapai County:**

Cancer	168.9	16.9	157.5	-11.4	
Heart Disease	175.0	17.5	146.1	-28.9	
Lung Disease	42.2	4.2	48.8	6.6	Health Need
Stroke	37.9	3.8	32.2	-5.7	
Unintentional Injury	38.6	3.9	59.2	20.6	Health Need

\*\*\*The age-adjusted rate is shown per 100,000 residents. Please refer to Exhibit 18 for more information.

**Analysis of Health Outcomes and Factors - County Health Rankings**

	(A)		(B)		
	National Benchmark	30% of National Benchmark	County Rate	County Rate Less National Benchmark	If (B)>(A), then "Health Need"

**Yavapai County, AZ:**

Adult Smoking	14.0%	4.2%	19.0%	5.0%	Health Need
Adult Obesity	25.0%	7.5%	26.0%	1.0%	
Food Environment Index	8.4	3	6.3	2	
Physical Inactivity	20.0%	6.0%	20.0%	0.0%	
Access to Exercise Opportunities	92.0%	27.6%	90.0%	2.0%	
Excessive Drinking	10.0%	3.0%	14.0%	-4.0%	
Alcohol-Impaired Driving Deaths	14.0%	4.2%	23.0%	9%	Health Need
Sexually Transmitted Infections	138	41	178	40	
Teen Birth Rate	20	6	46	26	Health Need
Uninsured	11.0%	3.3%	22.0%	11.0%	Health Need
Primary Care Physicians	1,045	314	1,575	530	Health Need
Dentists	1,377	413	1,655	278	
Mental Health Providers	386	116	624	238	Health Need
Preventable Hospital Stays	41	12	28	-13	
Diabetic Screen Rate	90.0%	27.0%	81.0%	9.0%	
Mammography Screening	70.7%	21.2%	68.2%	2.5%	
Violent Crime Rate	59	18	332	273	Health Need
Children in Poverty	13.0%	3.9%	24.0%	11.0%	Health Need
Children in Single-Parent Households	20.0%	6.0%	32.0%	12.0%	Health Need

\* From County Health Rankings

***Analysis of Health Outcomes and Factors - Community Health Status Indicators***

**Least Favorable**

- Motor Vehicle Deaths
- Unintentional Injury
- Adult overall health status
- Older adult asthma
- Preterm births
- Cost barrier to care
- Primary care provider access
- Adult smoking
- Teen births
- Limited access to healthy food

\* From Community Commons Data

***Analysis of Primary Data – Key Informant Input***

- Poverty
- Lack of Healthy Food Options
- Lack of Health Knowledge/Education
- Healthy Behaviors/Lifestyle Choices
- Lack of Mental Health Services
- Aging population
- Transportation
- Uninsured
- Lack of Providers
- Cost of Health Care
- Lack of collaboration between agencies

***Issues of Uninsured Persons, Low-Income Persons  
 and Minority/Vulnerable Populations***

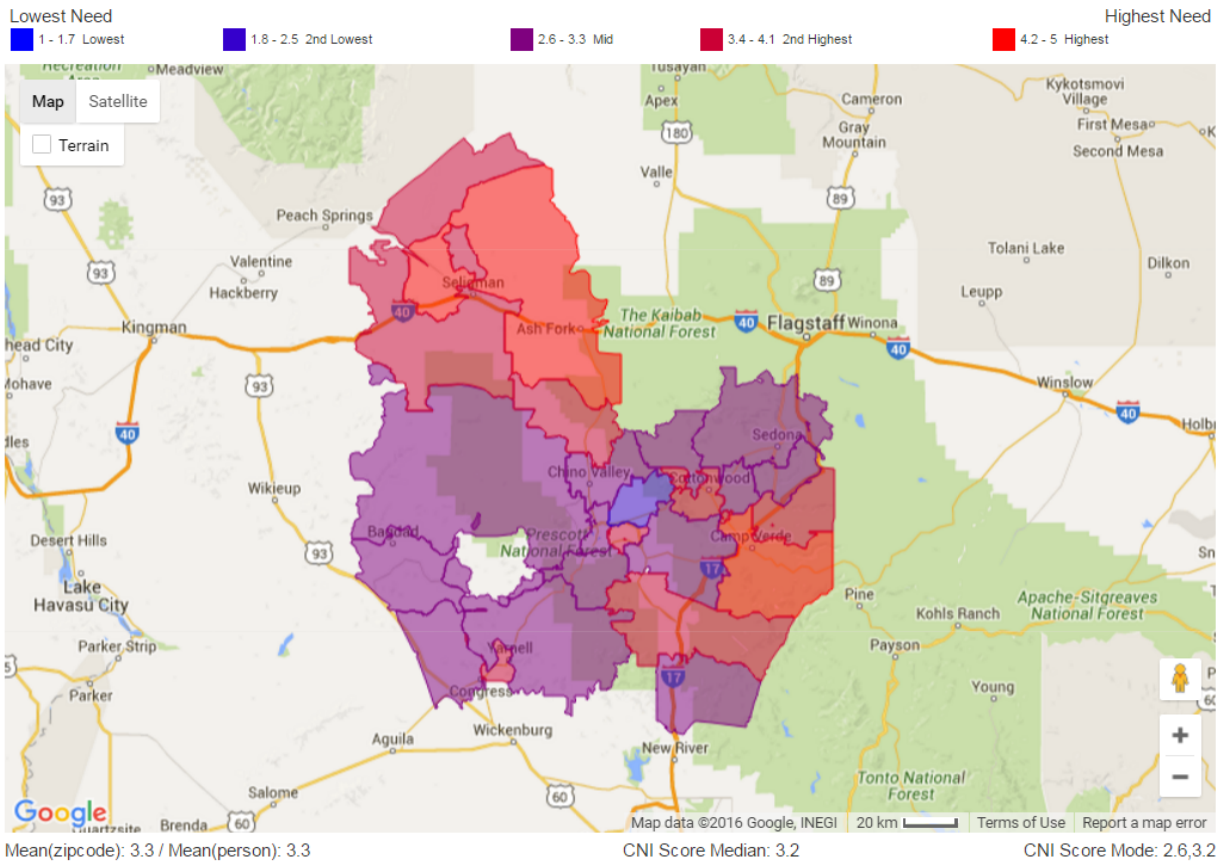
Population	Issues
<b>Uninsured/Working Poor Population</b>	<ul style="list-style-type: none"> <li>Access to primary care physicians</li> <li>Lack of financial resources</li> <li>Transportation</li> <li>Preventative Care</li> </ul>
<b>Persons with Mental Health Needs</b>	<ul style="list-style-type: none"> <li>Lack of mental health providers</li> <li>Stigma surrounding mental health</li> </ul>
<b>Poor Elderly</b>	<ul style="list-style-type: none"> <li>Lack of financial resources/fixed income</li> <li>Transportation</li> <li>Isolation</li> </ul>

**APPENDIX B**  
**SOURCES**

DATA TYPE	SOURCE	YEAR(S)
Discharges by Zip Code	Hospital	FY 2015
Population Estimates	Community Commons via American Community Survey <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2015
Demographics - Race/Ethnicity	Community Commons via American Community Survey <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2015
Demographics - Income	Community Commons via American Community Survey <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2010 - 2014
Unemployment	Community Commons via US Department of Labor <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2015
Poverty	Community Commons via US Census Bureau, Small Areas Estimates Branch <a href="http://www.census.gov">http://www.census.gov</a>	2010 - 2014
Uninsured Status	Community Commons via US Census Bureau, Small area Health Insurance Estimates <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2010 - 2014
Medicaid	Community Commons via American Community Survey <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2010 - 2014
Education	Community Commons via American Community Survey <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2010 - 2014
Physical Environment - Grocery Store Access	Community Commons via US Census Bureau, County Business Patterns <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2013
Physical Environment - Food Access/Food Deserts	Community Commons via US Department of Agriculture <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2010
Physical Environment - Recreation and Fitness Facilities	Community Commons via US Census Bureau, County Business Patterns <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2013
Physical Environment - Physically Inactive	Community Commons via US Centers for Disease Control and Prevention <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2012
Clinical Care - Access to Primary Care	Community Commons via US Department of Health & Human Services <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2012
Clinical Care - Lack of a Consistent Source of Primary Care	Community Commons via US Department of Health & Human Services <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2011 - 2012
Clinical Care - Population Living in a Health Professional Shortage Area	Community Commons via US Department of Health & Human Services <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2015
Clinical Care - Preventable Hospital Events	Community Commons via Dartmouth College Institute for Health Policy & Clinical Practice <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2012
Leading Causes of Death	Community Commons via CDC national Behavioral Risk Factor Surveillance System <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2009 - 2013
Health Outcomes and Factors	County Health Rankings <a href="http://www.countyhealthrankings.org/">http://www.countyhealthrankings.org/</a> Community Commons <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a> & Community Health Status Indicators <a href="http://wwwn.cdc.gov/communityhealth">http://wwwn.cdc.gov/communityhealth</a>	2015 & 2009-2013
Health Care Resources	Community Commons, CMS.gov, HRSA	

**APPENDIX C**  
**DIGNITY HEALTH COMMUNITY NEED INDEX**  
**(CNI) REPORT**





Zip Code	CNI Score	Population	City	County	State
85324	3	3119	Black Canyon City	Yavapai	Arizona
85332	2.8	2108	Congress	Yavapai	Arizona
85362	3.8	54	Yarnell	Yavapai	Arizona
86301	3.2	20705	Prescott	Yavapai	Arizona
86303	3	17075	Prescott	Yavapai	Arizona
86305	2.6	18973	Prescott	Yavapai	Arizona
86314	4	35165	Prescott Valley	Yavapai	Arizona
86315	2.4	8082	Prescott Valley	Yavapai	Arizona
86320	4.2	1020	Ash Fork	Yavapai	Arizona
86321	3	1906	Bagdad	Yavapai	Arizona
86322	4.2	11382	Camp Verde	Yavapai	Arizona
86323	2.6	17459	Chino Valley	Yavapai	Arizona
86324	3.2	5054	Clarkdale	Yavapai	Arizona
86325	2.6	5473	Cornville	Yavapai	Arizona
86326	3.8	22659	Cottonwood	Yavapai	Arizona
86327	3.2	10591	Dewey	Yavapai	Arizona
86331	3.4	578	Jerome	Yavapai	Arizona
86332	3.2	2834	Kirkland	Yavapai	Arizona
86333	3.6	6047	Mayer	Yavapai	Arizona
86334	4	5169	Paulden	Yavapai	Arizona
86335	3.4	5391	Rimrock	Yavapai	Arizona
86336	2.8	11321	Sedona	Yavapai	Arizona
86337	3.4	1377	Seligman	Yavapai	Arizona
86351	2.6	6601	Sedona	Yavapai	Arizona

**APPENDIX D**  
**KEY STAKEHOLDER SURVEY & INTERVIEW PROTOCOL**

## Key Stakeholder Interview Protocol

1. In your opinion, has health and quality of life in Yavapai County improved/declined/stayed the same over the past few years?
2. Why do you think it has improved/declined/stayed the same?
3. In your opinion, what are the most critical health and quality of life issues in Yavapai County?
4. 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 healthcare services?

Lack of Health Insurance

Inability to afford co-pays and/or deductibles

Transportation

Physicians refuse to take insurance or Medicare/Medicaid

People don't know how to find a doctor

Fear

Too long to wait for an appointment

Inconvenient hours/locations

Other

5. Is there anything else you would like to add?

## Key Stakeholder Survey

Yavapai Regional Medical Center is gathering information as part of developing a plan to improve health and quality of life in the community it serves. Community input is essential to this process. This survey is being used to engage community members. You have been selected to complete the survey below because of your knowledge, insight, and familiarity with the community (including vulnerable populations) and the services provided by Yavapai Regional Medical Center. The survey consists of 9 questions. Some of the following survey questions are open-ended. In these instances, we are trying to gather your thoughts and opinions. There are no right or wrong answers. The themes that emerge from these questions will be summarized and made available to the public; however, your identity will be kept strictly confidential.

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

1. Very Good
2. Average
3. Below Average
4. Poor

In your opinion has the health and quality of life in Yavapai County improved, declined, or stayed the same over the past few years? Please provide what factors influence your answer and describe why you feel it has improved, declined or stayed the same.

What are the most significant barriers to addressing health issues in Yavapai County?

Are there populations of people in Yavapai County whose health or quality of life may not be as good as others? If yes, in your opinion, who are these persons or groups?

Please explain why the populations identified in the previous question have lower health and quality of life? Also, provide input as to what assistance is needed to assist these individuals.

In your opinion, what are the three most important health and quality of life issues in Yavapai County? Please mark three.

1. Aging Population, such as Alzheimer's disease, hearing loss, memory loss or arthritis
2. Alcohol/Drugs
3. Allergies
4. Cancers
5. Child Abuse/Neglect
6. Dental Health
7. Dropping Out of High School
8. Diabetes
9. Environmental Pollution
10. Heart Disease and Stroke
11. High Blood Pressure
12. Infant Mortality
13. Mental Health Issues
14. Not Seeing Doctor for Routine Checkups
15. Obesity
16. Physical Inactivity
17. Respiratory/Lung Disease
18. Sexually Transmitted Diseases
19. Suicide
20. Teenage Pregnancy
21. Tobacco Use
22. Unhealthy Eating/Food Insecurity
23. Other \_\_\_\_\_

What needs to be done to address the critical health and quality of life issues identified in the previous question?

In your opinion, what is the reason why people are not able to access health services (medical, dental, mental health)?

1. Lack of Health Insurance
2. Inability to afford co-pays and/or deductibles
3. Transportation
4. Physicians refuse to take insurance or Medicaid
5. People don't know how to find a doctor.
6. Fear
7. Too long to wait for an appointment
8. Inconvenient hours/locations
9. Other

What is the most important issue that Yavapai Regional Medical Center should address in the next 3-5 years to help improve the health of the community? Also, please describe what Yavapai Regional Medical Center can do to better serve the health and wellness needs of the community, including improving access to health services.

## **APPENDIX E**

### **EVALUATION OF PRIOR IMPLEMENTATION STRATEGY - 2014-2016**

**Access to Affordable Healthcare -**

1. YRMC will provide support for the Yavapai County Health Clinic (YCHC) in the following ways
  - a. Free lab and radiology services for patients which we continued to do for YCHC patients valued at \$50,000 per year
  - b. Lease on East Campus for the County Health Clinic – We continued our long-term, collaborative lease for space on our East Campus and it was created to be beneficial to YCHC
  - c. Explore other opportunities in the future for further collaboration
2. YRMC will help support the Prescott Health Clinic on Division Street
  - a. Provide financial support in 2016
  - b. Explore providing in-kind services, and Prescott Health Clinic patients are included in YRMC’s charity care policy and program
3. YRMC will provide an expanded Partners for Healthy Students Program with a grant-funded mobile clinic to provide services to outlying areas
  - a. Received grant funding for PHS Mobile Clinic and began the program with our custom-built mobile clinic in 2014
  - b. Provided additional clinics in outlying areas with the Mobile Clinic in areas as far as 40 miles from Prescott
  - c. Also received another grant to replace the aging van in 2016 used by Partners for Healthy Students which helps augment the Mobile Clinic and the in-school clinics with supplies and services
4. Increase awareness of YRMC’s charity care availability
  - a. YRMC Board of Trustees reviewed and updated the Charity Care policy on September 1, 2015
  - b. Communications and publicity were, and continue to be, provided via print media, electronic media, brochures, patient information packets, internet and social media
5. YRMC will inform more people about our Patient Assistance Program
  - a. Communications and publicity continue to be provided via print media, electronic media, brochures, patient information packets, internet and social media as well as individual communication for patients specific to their needs
6. Explore the feasibility of placing public health nurses in local libraries
  - a. Issue was explored with County Health and the local libraries; however, limited resources prevent this from occurring at this time.
7. Explore the expansion of YRMC’s charity care policies to YRMC PhysicianCare offices
  - a. Completed with the approval of the new Board policy and subsequent work with the YRMC PhysicianCare (employed) offices, including incorporating billing into a centralized service.

**Access to Mental Health Services -**

1. Provide support to West Yavapai Guidance Clinic (WYGC) for Suicide Prevention Education
  - a. Financial support was provided to WYGC for the Suicide Prevention education program
  - b. Publicity was provided to WYGC for this program via YRMC’s monthly Community Calendars that list community education opportunities, dates, times and how to register
2. Explore ways YRMC can support the WYGC’s Jump Start program for those who will benefit from short-term counseling during crisis situation

- a. Financial support was provided to WYGC to help the Jump Start program
3. Explore with WYGC feasibility of a Crisis Triage Center
  - a. Letter of support was provided for WYGC grant proposal efforts
  - b. The Triage Center is now becoming reality (under construction) and will involve collaboration with YRMC's ED team and WYGC
  - c. Potential assistance may be provided to WYGC via publicity and communications support as the Triage Center will be a tremendous benefit to the entire community
  - d. Additional financial assistance will also be provided to support this new facility and service

### **Access to Specialists -**

1. Continue pursuing recruitment of specialists through YRMC PhysicianCare and other practices
  - a. This initiative is one of our overall Strategic Planning tactics.
  - b. A physician recruiter is being sought.
  - c. In the meantime, work is underway with a professional search firm to identify good prospects for our medical staff membership and new physicians have been hired as a result of this effort.
2. Explore implementation of charity care policies into YRMC PhysicianCare specialists' offices
  - a. PhysicianCare billing has been integrated with YRMC's overall billing processes, and charity care is now being consistently applied to YRMC PhysicianCare office patients.

### **Increased Mental Health Needs for Seniors -**

1. Support the WYGC's Senior Peer Counseling program
  - a. Inform YRMC Volunteers about the program
    - i. YRMC Volunteers have been informed about this program and have been encouraged to participate.
  - b. Provide support for developing more materials/brochures about the program
    - i. Financial support was made available to WYGC to help further the Senior Peer Counseling program.
2. Explore the feasibility of working in collaboration with local fire departments to do regular "well checks" on people who are chronically ill, isolated and/or elderly
  - a. Although this was an excellent concept, our local community suffered a shocking loss of 19 HotShot firefighters 3 years ago and the local HotShot team was disbanded.
  - b. Funding for local fire services has become extremely challenging and efforts are underway to adequately fund their retirement/pension plan as they do not receive Social Security. Unfortunately, this has yet to be resolved and their retirement fund is severely underfunded.
  - c. We explored working with independent EMTs who wished to set up a program as a separate entity; however, no funding was available to make this program a possibility. It's encouraging that the interest exists in the community but, at this point, such programs are financially not feasible.
3. Explore the feasibility of collaboration with local organizations such as Meals on Wheels and People Who Care



- a. We work collaboratively with Meals on Wheels and provide information to our inpatients regarding the service so more people are aware of it.
- b. We also provided funds to help support Meals on Wheels.
- c. We provide funds to help support People Who Care, an organization with a cadre volunteers who transport people to medical appointments, grocery store, etc.

### **Health Promotion and Wellness -**

1. YRMC will expand upon current wellness and health education programming for the community
  - a. YRMC Speaker's Bureau provides approximately 200 presentations each year to the community
  - b. YRMC participates in a wide range of area wellness and resource fairs
2. Provide more opportunities for collaboration with other local non-profits in order to increase outreach and efficacy
  - a. West Yavapai Guidance Clinic – Mental Health Awareness Month activities
  - b. NACOG/Area Agency on Aging – Provide facilitators for our Matter of Balance classes. Provide support for “Fall” event and both programs are designed to help older community members be safer and prevent falling.
  - c. Yavapai County Community Health Services – YRMC provides books and facilitators for “Living with Chronic Conditions” workshops
  - d. “Spot – A Child’s Museum” – Building with Biology. This is a community –based event that promotes STEM standards for youth while also addressing the education of adults in the community
3. Provide support for efforts in post-discharge health education for inpatients and ED patients
  - a. Follow-up calls are made to discharged patients and they are asked what, if any, needs they may have to help them understand their condition and recovery
4. Explore the feasibility of expanding care management out into the community beyond the hospitals’ walls
  - a. Our Accountable Care Organization is gathering information and will be monitoring and helping support Medicare patients.
5. Increase the health programs for people with chronic conditions, e.g., arthritis, diabetes, heart disease, etc.
  - a. We provide Diabetes Self-Management classes
  - b. We provide Parkinson’s Exercise classes
  - c. YRMC’s Cardiac Rehab classes are very robust and have highly motivated participants
  - d. YRMC provides “Breathe Easier” classes for COPD patients and helps them learn how to maximize their health and self-care
6. Continue the YRMC Health Expo which is the largest health fair in the region, collaborating with other non-profit health organizations
  - a. The YRMC Health Expo has continued to grow and expand with the 2016 Expo attracting more than 90 different exhibitors from local non-profits and other valuable services/programs.
  - b. Community interest and attendance at the Expo also continues to grow. It’s held at the local indoor shopping mall and takes up the entire central area for maximum exposure for shoppers, mall-walkers and Expo attendees.

**Childhood Obesity (or Other Nutritional Issues) -**

1. Further expand utilization of YRMC's free HealthTeacher online health education curriculum that includes nutrition/healthy eating and the importance of exercise
  - a. YRMC continued with the HealthTeacher curriculum to support local educators with timely, up-to-the-minute information.
  - b. Go Noodle (part of HealthTeacher) is being utilized by many area schools to get students up and moving in the classroom setting. These short exercise breaks help students focus more clearly on their lessons after they've had a chance to move next to their desks with specially-designed programs.
2. Utilize the new Partners for Healthy Students mobile clinic for further nutritional evaluation and education
  - a. During wellness check-ups, if children are found to show risk factors, they are referred for lab tests which can detect vitamin deficiencies and diabetes. They, along with their parents, meet with a nutritionist or receive specialized educational information
3. Explore the feasibility of collaborating with the County Health Department for childhood nutrition improvement
  - a. YRMC participates in and collaborates with the Yavapai County Community Health Services organization in their committee for Yavapai Healthy Schools program

**Breast Cancer Screening and Prevention -**

1. Continue to increase volumes of cancer screenings to underserved populations through philanthropy and coordination of care
  - a. Numerous community-based third-party fundraising events have occurred, especially during October for Breast Cancer Awareness Month. Over several years these events, along with YRMC Foundation efforts, have generated a growing base of resources for those who are uninsured/underinsured and need screenings, diagnostics and treatment.
  - b. YRMC's collaboration with these community groups in terms of communications and publicity has helped increase community interest, participation and funding for breast care services for the underserved.
2. Greater Patient Navigator focus on support groups and community education
  - a. Our Patient Navigator developed support groups for those affected by breast cancer.
  - b. Our Patient Navigator is very active in community presentations at service and civic organizations, churches, professional groups and others. Her ability to tell compelling stories (no patient identity is revealed) is very moving and prompts strong word-of-mouth communication to others as well as interest in supporting the Community Breast Care Fund.
3. Coordinate with Well Woman Health Check program to increase referrals for free screenings and diagnostics to YRMC BreastCare Center
  - a. The BreastCare Center collaborates with the Well Woman Health Check program to provide services as needed.
4. Explore the screenings for targeted groups such as the Bagdad community, etc.
5. Increase awareness of the Breast Care Fund for those in need
  - a. Stories and articles about the Breast Care Fund have been featured in local print media, the hospital website, a community health newsletter, our Foundation newsletter to donors, flyers in strategic locations to reach the underserved, etc.