2019 Community Health Needs Assessment Report

Yuma County, Arizona

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Introduction

Professional Research Consultants, Inc.

Project Overview

Project Goals

This Community Health Needs Assessment, similar to studies conducted in 1997 and 1999, is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Yuma County, Arizona. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors that historically have had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of Yuma Regional Medical Center by PRC, Inc. PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey.

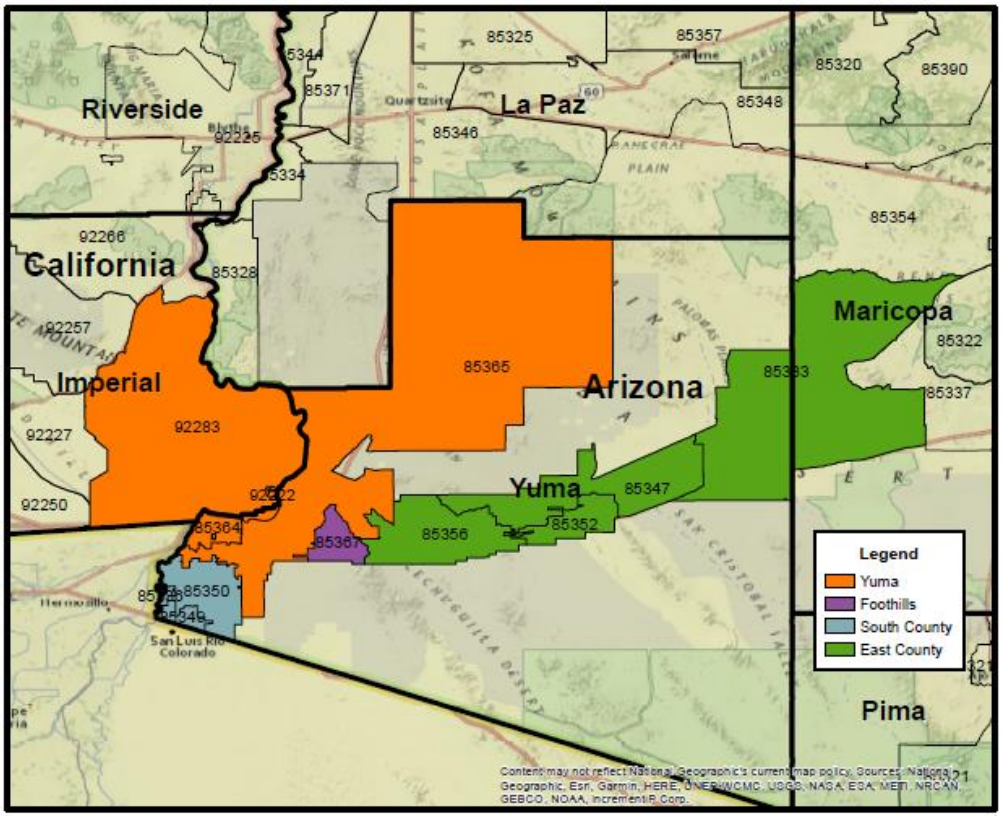
PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Yuma Regional Medical Center and PRC and shares many questions with the previous surveys used in the region, allowing for data trending.

Community Defined for This Assessment

The study area for the survey effort is defined as each of the residential ZIP Codes comprising Yuma County, including 85333, 85336, 85347, 85349, 85350, 85352, 85356, 85364, 85365, 85366, 85367, 85369, 92222, and 92283. For the purposes of reporting, this area is broken into 4 subareas (Yuma, Foothills, South County, and East County). This community definition, determined based on the ZIP Codes of residence of recent patients of Yuma Regional Medical Center, is illustrated in the following map.

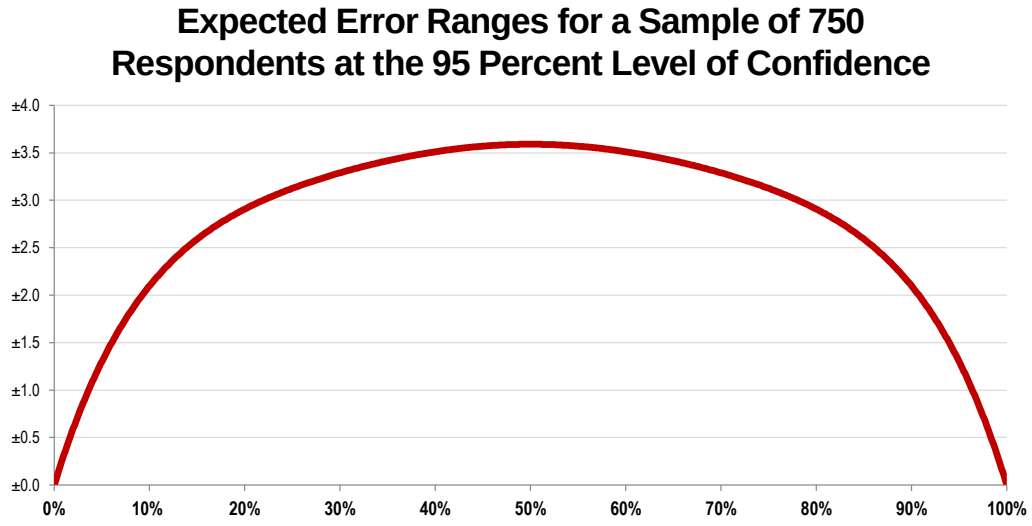


Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency, and random-selection capabilities.

The sample design used for this effort consisted of a stratified random sample of 750 individuals age 18 and older in Yuma County, including 450 in Yuma, 100 in Foothills, 150 in South County, and 50 in East County. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Yuma County as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 750 respondents is ±3.6% at the 95 percent confidence level.



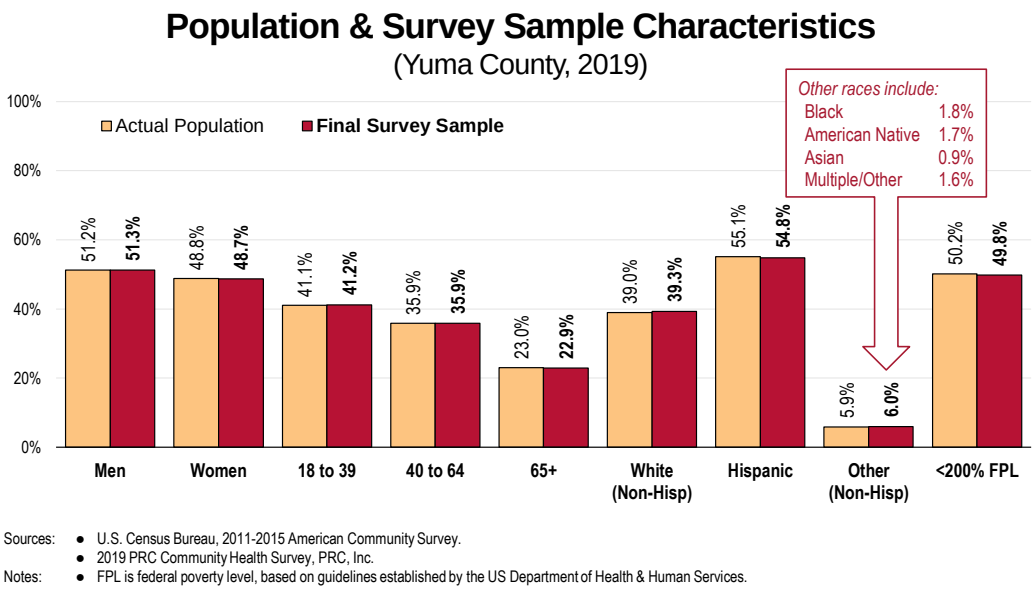
Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples:
- If 10% of the sample of 800 respondents answered a certain question with a "yes," it can be asserted that between 7.9% and 12.1% (10% ± 2.1%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 46.4% and 53.6% (50% ± 3.6%) of the total population would respond "yes" if asked this question.

Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely sex, age, race, ethnicity, and poverty status), and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual’s responses is maintained, one respondent’s responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of Yuma County sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child’s healthcare needs, and these children are not represented demographically in this chart.]



Sources:
- U.S. Census Bureau, 2011-2015 American Community Survey.
- 2019 PRC Community Health Survey, PRC, Inc.

Notes:
- FPL is federal poverty level, based on guidelines established by the US Department of Health & Human Services.

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household *(e.g., the 2019 guidelines place the poverty threshold for a family of four at $25,750 annual household income or lower)*. In sample segmentation: "**low income**" refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; "**mid/high income**" refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by Yuma Regional Medical Center; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 44 community stakeholders took part in the Online Key Informant Survey, as outlined in the following chart.

Online Key Informant Survey Participation	
Key Informant Type	**Number Participating**
Physicians	1
Public Health Representatives	1
Other Health Providers	11
Social Services Providers	4
Other Community Leaders	27

Final participation included representatives of the organizations outlined below.

- Achieve Human Services
- Adult Probation
- Caring Touch Home Care
- Easterseals Blake Foundation
- Greater Yuma Economic Development Corporation (EDC)
- Mohawk Valley School District
- Southwest Technical Education District of Yuma
- Sunset Community Health Center
- UA Yuma (University of Arizona)
- United States Government
- Wellton Police Department
- Yuma County Administration
- Yuma County Arizona Government
- Yuma County Jail District
- Yuma County Public Health Services District
- Yuma Elementary School District
- Yuma Regional Medical Center
- Yuma Rehabilitation Hospital

Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations.

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants' opinions and perceptions of the health needs of the residents in the area. Thus, these findings are not necessarily based on fact.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for Yuma County were obtained from the following sources (specific citations are included in graphs throughout this report):

- Center for Applied Research and Engagement Systems (CARES) Engagement Network, University of Missouri Extension
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Note that secondary data reflect county-level data.

Benchmark Data

Trending

Similar surveys were administered in Yuma County in 1997 and 1999 by PRC on behalf of Yuma Regional Medical Center. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

Arizona Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data represent the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data* published online by the Centers for Disease Control and Prevention. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2017 PRC National Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across communities and sectors.
- Empower individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People strives to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, State, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For the purpose of this report, “significance” of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community’s health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

Public Comment

Yuma Regional Medical Center made its prior Community Health Needs Assessment (CHNA) report publicly available through its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, Yuma Regional Medical Center had not received any written comments. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. Yuma Regional Medical Center will continue to use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.

IRS Form 990, Schedule H Compliance

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Schedule H (Form 990), the following table cross-references related sections.

IRS Form 990, Schedule H (2018)	See Report Page
Part V Section B Line 3a *A definition of the community served by the hospital facility*	8
Part V Section B Line 3b *Demographics of the community*	41
Part V Section B Line 3c *Existing health care facilities and resources within the community that are available to respond to the health needs of the community*	216
Part V Section B Line 3d *How data was obtained*	8
Part V Section B Line 3e *The significant health needs of the community*	17
Part V Section B Line 3f *Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups*	Addressed Throughout
Part V Section B Line 3g *The process for identifying and prioritizing community health needs and services to meet the community health needs*	18
Part V Section B Line 3h *The process for consulting with persons representing the community's interests*	11
Part V Section B Line 3i *The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)*	220

Summary of Findings

Significant Health Needs of the Community

The following "Areas of Opportunity" represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process.

Areas of Opportunity Identified Through This Assessment	

Access to Healthcare Services	• Barriers to Access
	  ○ Inconvenient Office Hours
	  ○ Appointment Availability
	• Primary Care Physician Ratio
	• Emergency Room Utilization.

Cancer	• Leading Cause of Death • Cancer (Non-Skin) Prevalence
Diabetes	• Diabetes Deaths • Diabetes Prevalence • *Key Informants: Diabetes ranked as a top concern.*
Heart Disease & Stroke	• Leading Cause of Death • Heart Disease Prevalence • Stroke Prevalence • High Blood Pressure Prevalence • High Blood Cholesterol Prevalence • Overall Cardiovascular Risk
Infant Health & Family Planning	• Teen Births
Injury & Violence	• Unintentional Injury Deaths • Domestic Violence Experience
Kidney Disease	• Kidney Disease Prevalence
Mental Health	• "Fair/Poor" Mental Health • Symptoms of Chronic Depression • Suicide Deaths • Mental Health Provider Ratio • *Key Informants: Mental health ranked as a top concern.*

-continued on next page-

Areas of Opportunity (continued)	
Nutrition, Physical Activity & Weight	• Fruit/Vegetable Consumption • Food Insecurity • Overweight & Obesity [Adults] • Access to Recreation/Fitness Facilities • *Key Informants: Nutrition, physical activity, and weight ranked as a top concern.*
Oral Health	• Dental Insurance Coverage • Regular Dental Care [Adults]
Potentially Disabling Conditions	• Activity Limitations • Osteoporosis Prevalence [Age 50+] • Sciatica/Chronic Back Pain Prevalence • Multiple Chronic Conditions • Alzheimer's Disease Deaths • Caregiving • *Key Informants: Dementias/Alzheimer's disease ranked as a top concern.*
Respiratory Diseases	• Chronic Obstructive Pulmonary Disease (COPD) Prevalence
Substance Abuse	• Cirrhosis/Liver Disease Deaths • Unintentional Drug-Related Deaths • *Key Informants: Substance abuse ranked as a top concern.*

Community Feedback on Prioritization of Health Needs

On September 26, 2019, Yuma Regional Medical Center convened 70 community stakeholders (representing a cross-section of community-based agencies and organizations) and internal team members to evaluate, discuss, and prioritize health issues for community, based on findings of this Community Health Needs Assessment (CHNA). Professional Research Consultants, Inc. (PRC) began the meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above). Following the data review, PRC answered any questions. Finally, participants were provided an overview of the prioritization exercise that followed.

In order to assign priority to the identified health needs (i.e., Areas of Opportunity), a wireless audience response system was used in which each participant was able to register his/her ratings using a small remote keypad. The participants were asked to evaluate each health issue along two criteria:

- **Scope & Severity** — The first rating was to gauge the magnitude of the problem in consideration of the following:
    - How many people are affected?
    - How does the local community data compare to state or national levels, or Healthy People 2020 targets?
    - To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?

Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).

- **Ability to Impact** — A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue, given available resources, competencies, spheres of influence, etc. Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).

Individuals' ratings for each criteria were averaged for each tested health issue, and then these composite criteria scores were averaged to produce an overall score. This process yielded the following prioritized list of community health needs:

1. **Mental Health**
2. **Access to Healthcare Services**
3. **Diabetes**
4. **Substance Abuse**
5. **Heart Disease & Stroke**
6. **Nutrition, Physical Activity & Weight**
7. **Cancer**
8. **Infant Health**
9. **Respiratory Diseases**
10. **Kidney Disease**
11. **Potentially Disabling Conditions**
12. **Oral Health**
13. **Injury & Violence**

Hospital Implementation Strategy

Yuma Regional Medical Center will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital's action plan to guide community health improvement efforts in the coming years.

Note: An evaluation of the hospital's past activities to address the needs identified in prior CHNAs can be found as an appendix to this report.

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in Yuma County, including comparisons among the individual communities, as well as trend data. These data are grouped by health topic.

Reading the Summary Tables

TREND SUMMARY
(Current vs. Baseline Data)

Survey Data Indicators: Trends for survey-derived indicators represent significant changes since the year the indicator was first included. Note that survey data reflect the ZIP Code-defined Yuma County.

Other (Secondary) Data Indicators: Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade).

Note that secondary data reflect county-level data.

In the following tables, Yuma County results are shown in the larger, blue column. *Tip: Indicator labels beginning with a "%" symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.*

The green columns [to the left of Yuma County column] provide comparisons among the 4 communities, identifying differences for each as "better than" (), "worse than" (), or "similar to" () the combined opposing areas.

The columns to the right of Yuma County column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2020 objectives. Again, symbols indicate whether Yuma County compares favorably (), unfavorably (), or comparably () to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Social Determinants	Disparity Among Subareas				Yuma County	Yuma County vs. Benchmarks			TREND
	Yuma	Foothills	South County	East County		vs. AZ	vs. US	vs. HP2020	
Linguistically Isolated Population (Percent)					11.1	4.1	4.4		
Population in Poverty (Percent)					19.7	17.0	14.6		
Children in Poverty (Percent)					28.2	24.0	20.3		
No High School Diploma (Age 25+, Percent)					28.4	13.5	12.7		
Unemployment Rate (Age 16+, Percent)					17.0	4.9	4.4		
% Worry/Stress Over Rent/Mortgage in Past Year	31.9	24.5	40.0	30.1	32.9		30.8		
% Low Health Literacy	21.9	23.2	19.0	36.9	21.9		23.3		
% Have Enough Savings to Fully Cover Emergency Expense	70.9	84.7	64.3	81.0	71.3				
% Experienced Unhealthy Housing Conditions in Past Year	10.5	5.6	9.4	5.7	9.5				
% Lived with a Friend or Relative Due to Housing Emergency/Past 2 Yrs	9.9	7.5	8.7	11.4	9.4				

Social Determinants (continued)	Disparity Among Subareas				Yuma County	Yuma County vs. Benchmarks			
	Yuma	Foothills	South County	East County		vs. AZ	vs. US	vs. HP2020	TREND
% Homeless At Some Point in Past Two Years	1.4	0.7	2.4	0.0	1.5				
% Do Not Drive/Own a Vehicle	13.5	11.6	10.5	3.6	12.2				
% Cannot Rely on Public Transportation for Needs	48.0	63.1	28.0	68.9	45.6				

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Overall Health	Disparity Among Subareas				Yuma County	Yuma County vs. Benchmarks			
	Yuma	Foothills	South County	East County		vs. AZ	vs. US	vs. HP2020	TREND
% "Fair/Poor" Overall Health	22.2	25.8	24.6	42.0	23.9	19.2	18.1		19.7

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Access to Health Services	Disparity Among Subareas				Yuma County	Yuma County vs. Benchmarks			
	Yuma	Foothills	South County	East County		vs. AZ	vs. US	vs. HP2020	TREND
% [Age 18-64] Lack Health Insurance	12.1	5.8	19.3		13.5	15.8	13.7	0.0	23.1
% Difficulty Accessing Healthcare in Past Year (Composite)	49.2	48.1	42.9	38.5	47.2		43.2		
% Difficulty Finding Physician in Past Year	16.4	19.4	13.8	14.7	16.1		13.4		
% Difficulty Getting Appointment in Past Year	23.3	29.8	15.0	18.2	21.9		17.5		13.3
% Cost Prevented Physician Visit in Past Year	14.4	5.8	20.2	8.2	14.5		15.4		12.2
% Transportation Hindered Dr Visit in Past Year	9.6	4.5	7.2	12.1	8.5		8.3		7.5
% Inconvenient Hrs Prevented Dr Visit in Past Year	17.9	4.3	19.9	6.8	16.3		12.5		
% Language/Culture Prevented Care in Past Year	1.4	2.3	4.8	2.8	2.3		1.2		
% Cost Prevented Getting Prescription in Past Year	16.1	13.2	13.5	9.6	14.9		14.9		
% Skipped Prescription Doses to Save Costs	13.7	9.4	13.0	11.1	12.9		15.3		
% Difficulty Getting Child's Healthcare in Past Year					6.2		5.6		

Access to Health Services (continued)	Disparity Among Subareas				Yuma County	Yuma County vs. Benchmarks			TREND
	Yuma	Foothills	South County	East County		vs. AZ	vs. US	vs. HP2020	
Primary Care Doctors per 100,000					41.3	73.7	87.8		
% Have a Specific Source of Ongoing Care	78.8	70.7	68.9	68.8	75.1		74.1	95.0	
% Have Had Routine Checkup in Past Year	73.7	81.2	69.4	74.1	73.6	67.3	68.3		70.3
% Child Has Had Checkup in Past Year					90.1		87.1		90.0
% Went to Mexico for Medical Care in Past Year	13.1	10.8	34.0	10.2	17.7				
% [Parents] Feel Need to Leave Area for Children's Health Services					23.5				
% Two or More ER Visits in Past Year	15.4	16.7	14.8	10.4	15.2		9.3		
% Rate Local Healthcare "Fair/Poor"	18.0	17.0	21.6	14.4	18.7		16.2		

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Cancer	Disparity Among Subareas: Yuma	Foothills	South County	East County	Yuma County	Yuma County vs. Benchmarks: vs. AZ	vs. US	vs. HP2020	TREND
Cancer (Age-Adjusted Death Rate)					111.5	138.0	155.6	161.4	134.5
Lung Cancer (Age-Adjusted Death Rate)					28.2	31.8	38.5	45.5	
Prostate Cancer (Age-Adjusted Death Rate)					13.2	17.3	18.9	21.8	
Female Breast Cancer (Age-Adjusted Death Rate)					12.9	18.7	20.1	20.7	
Colorectal Cancer (Age-Adjusted Death Rate)					10.3	12.7	13.9	14.5	
Female Breast Cancer Incidence Rate					94.2	112.9	124.7		
Prostate Cancer Incidence Rate					64.1	78.6	109.0		
Lung Cancer Incidence Rate					47.7	49.3	60.2		
Colorectal Cancer Incidence Rate					30.6	33.6	39.2		
% Cancer (Other Than Skin)	9.4	11.4	8.9	15.6	9.7	7.1	7.1		4.6
% Skin Cancer	5.5	14.7	2.0	29.6	6.7	8.0	8.5		5.7

Cancer (continued)	Disparity Among Subareas				Yuma County	Yuma County vs. Benchmarks			TREND
	Yuma	Foothills	South County	East County		vs. AZ	vs. US	vs. HP2020	
% [Women 50-74] Mammogram in Past 2 Years					79.7	76.2	77.0	81.1	
% [Women 21-65] Pap Smear in Past 3 Years					72.4	79.8	73.5	93.0	
% [Age 50-75] Colorectal Cancer Screening	77.4	80.9	73.0		76.6	63.8	76.4	70.5	
	Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.					better	similar	worse	

Diabetes	Disparity Among Subareas				Yuma County	Yuma County vs. Benchmarks			TREND
	Yuma	Foothills	South County	East County		vs. AZ	vs. US	vs. HP2020	
Diabetes (Age-Adjusted Death Rate)					30.4	24.3	21.3	20.5	23.0
% Diabetes/High Blood Sugar	18.4	15.7	16.4	26.8	17.9	10.4	13.3		11.4
% Borderline/Pre-Diabetes	10.5	7.4	9.8	9.9	9.9	1.3	9.5		
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	57.2	53.2	54.4		55.9		50.0		
	Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.					better	similar	worse	

Heart Disease & Stroke	Disparity Among Subareas				Yuma County	Yuma County vs. Benchmarks			TREND
	Yuma	Foothills	South County	East County		vs. AZ	vs. US	vs. HP2020	
Diseases of the Heart (Age-Adjusted Death Rate)					116.4	139.9	166.3	156.9	132.2
Stroke (Age-Adjusted Death Rate)					32.3	30.4	37.5	34.8	30.6
% Heart Disease (Heart Attack, Angina, Coronary Disease)	10.6	20.5	7.8	17.5	11.4		8.0		
% Stroke	5.4	8.5	4.8	6.2	5.7	2.8	4.7		2.5
% Blood Pressure Checked in Past 2 Years	95.9	99.1	95.7	98.9	96.3		90.4	92.6	94.1
% Told Have High Blood Pressure (Ever)	42.9	58.6	32.0	55.1	42.6	30.7	37.0	26.9	27.8
% [HBP] Taking Action to Control High Blood Pressure					93.3		93.8		75.9
% Cholesterol Checked in Past 5 Years	92.6	97.7	95.3	90.0	93.7	85.2	85.1	82.1	81.7
% Told Have High Cholesterol (Ever)	32.4	41.3	30.4	34.3	33.0		36.2	13.5	21.7

Heart Disease & Stroke (continued)	Disparity Among Subareas				Yuma County	Yuma County vs. Benchmarks			
	Yuma	Foothills	South County	East County		vs. AZ	vs. US	vs. HP2020	TREND
% [HBC] Taking Action to Control High Blood Cholesterol					90.8		87.3		72.0
% 1+ Cardiovascular Risk Factor	90.6	93.5	88.7	80.7	90.1		87.2		80.6

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Infant Health & Family Planning	Disparity Among Subareas				Yuma County	Yuma County vs. Benchmarks			
	Yuma	Foothills	South County	East County		vs. AZ	vs. US	vs. HP2020	TREND
No Prenatal Care in First Trimester (Percent)					38.0	26.6		22.1	
Low Birthweight Births (Percent)					6.2	7.3	8.2	7.8	6.2
Infant Death Rate					5.2	5.4	5.8	6.0	7.4
Births to Adolescents Age 15 to 19 (Rate per 1,000)					8.0	6.5	5.4		15.9

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Injury & Violence	Disparity Among Subareas: Yuma	Foothills	South County	East County	Yuma County	Yuma County vs. Benchmarks: vs. AZ	vs. US	vs. HP2020	TREND
Unintentional Injury (Age-Adjusted Death Rate)					43.1	53.2	46.7	36.4	36.6
Motor Vehicle Crashes (Age-Adjusted Death Rate)					10.8	13.2	11.4	12.4	
[65+] Falls (Age-Adjusted Death Rate)					48.5	87.9	62.1	47.0	
% [Age 45+] Fell in the Past Year	35.8	31.1	43.0	35.5	36.1		31.6		
Firearm-Related Deaths (Age-Adjusted Death Rate)					9.5	14.9	11.6	9.3	
Homicide (Age-Adjusted Death Rate)					3.3	6.1	6.0	5.5	
Violent Crime Rate					376.0	407.6	379.7		
% Victim of Violent Crime in Past 5 Years	3.4	0.0	2.1	4.7	2.7		3.7		2.6
% Victim of Domestic Violence (Ever)	16.7	8.1	6.4	18.0	13.2		14.2		3.8
% Perceive Neighborhood as "Slightly/Not At All Safe"	15.3	3.9	12.5	6.5	13.0		15.6		

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better | similar | worse

Kidney Disease	Disparity Among Subareas: Yuma	Foothills	South County	East County	Yuma County	Yuma County vs. Benchmarks: vs. AZ	vs. US	vs. HP2020	TREND
Kidney Disease (Age-Adjusted Death Rate)					7.1	5.8	13.2		14.7
% Kidney Disease	6.4	7.7	3.9	23.2	6.5	4.1	3.8		3.3

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Mental Health	Disparity Among Subareas: Yuma	Foothills	South County	East County	Yuma County	Yuma County vs. Benchmarks: vs. AZ	vs. US	vs. HP2020	TREND
% "Fair/Poor" Mental Health	18.5	9.8	16.0	22.3	17.0		13.0		
% Diagnosed Depression	23.5	15.1	15.0	34.8	20.9	18.8	21.6		
% Symptoms of Chronic Depression (2+ Years)	36.9	21.2	36.8	46.8	35.4		31.4		24.9
% Typical Day Is "Extremely/Very" Stressful	11.9	9.3	6.3	9.5	10.1		13.4		
% “Seldom/Never” Get The Social and Emotional Support Needed	15.7	21.7	19.2	14.5	17.2				
Suicide (Age-Adjusted Death Rate)					13.4	18.0	13.6	10.2	10.2

Mental Health (continued)	Disparity Among Subareas				Yuma County	Yuma County vs. Benchmarks			
	Yuma	Foothills	South County	East County		vs. AZ	vs. US	vs. HP2020	TREND
Mental Health Providers per 100,000					54.0	126.5	202.8		
% Taking Rx/Receiving Mental Health Trtmt	14.3	17.1	12.8	21.9	14.6		13.9		
% Have Ever Sought Help for Mental Health	30.0	23.7	23.3	34.3	27.8		30.8		10.8
% [Those With Diagnosed Depression] Seeking Help					87.7		87.1		
% Unable to Get Mental Health Svcs in Past Yr	8.4	3.3	4.8	0.0	6.6		6.8		
	Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.					better	similar	worse	

Nutrition, Physical Activity & Weight	Disparity Among Subareas				Yuma County	Yuma County vs. Benchmarks			
	Yuma	Foothills	South County	East County		vs. AZ	vs. US	vs. HP2020	TREND
% Food Insecure	32.9	16.7	45.8	10.4	33.2		27.9		
% 5+ Servings of Fruits/Vegetables per Day	27.0	28.7	30.0	22.9	27.8		33.5		
% "Very/Somewhat" Difficult to Buy Fresh Produce	16.6	9.0	21.8	15.3	16.9		22.1		

Nutrition, Physical Activity & Weight (continued)	Disparity Among Subareas				Yuma County	Yuma County vs. Benchmarks			
	Yuma	Foothills	South County	East County		vs. AZ	vs. US	vs. HP2020	TREND
Population With Low Food Access (Percent)					23.2	26.2	22.4		
% No Leisure-Time Physical Activity	25.7	33.3	30.1	22.6	27.6	25.1	26.2	32.6	29.8
% Meeting Physical Activity Guidelines	23.2	16.5	14.7	25.2	20.5	22.1	22.8	20.1	
Recreation/Fitness Facilities per 100,000					6.1	9.0	11.0		
% Healthy Weight (BMI 18.5-24.9)	19.1	2.8	17.1	34.6	19.6	32.9	30.3	33.9	
% Overweight (BMI 25+)	80.2	76.1	81.8	65.4	79.5	64.8	67.8		52.8
% [Overweights] Trying to Lose Weight	57.7	61.6	54.6		58.0		61.3		
% Obese (BMI 30+)	42.2	37.5	51.7	45.4	43.8	29.5	32.8	30.5	19.2
% Medical Advice on Weight in Past Year	28.6	19.0	34.1	32.2	28.9		24.2		
% [Overweights] Counseled About Weight in Past Year	34.5	22.0	38.8		34.5		29.0		
% Children [Age 5-17] Healthy Weight					56.7		58.4		

Nutrition, Physical Activity & Weight (continued)	Disparity Among Subareas				Yuma County	Yuma County vs. Benchmarks			
	Yuma	Foothills	South County	East County		vs. AZ	vs. US	vs. HP2020	TREND
% Children [Age 5-17] Overweight (85th Percentile)					33.8		33.0		
% Children [Age 5-17] Obese (95th Percentile)					18.6		20.4	14.5	
% Child [Age 2-17] Physically Active 1+ Hours per Day					48.2		50.5		

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Oral Health	Disparity Among Subareas				Yuma County	Yuma County vs. Benchmarks			
	Yuma	Foothills	South County	East County		vs. AZ	vs. US	vs. HP2020	TREND
% Have Dental Insurance	56.9	43.2	46.2	41.3	52.3		59.9		
% [Age 18+] Dental Visit in Past Year	51.2	46.7	51.5	52.7	50.7	61.3	59.7	49.0	47.0
% Child [Age 2-17] Dental Visit in Past Year					88.2		87.0	49.0	77.9

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Potentially Disabling Conditions	Disparity Among Subareas: Yuma	Foothills	South County	East County	Yuma County	Yuma County vs. Benchmarks: vs. AZ	vs. US	vs. HP2020	TREND
% Activity Limitations	29.4	34.8	20.4	25.0	27.8	20.6	25.0		21.6
% [50+] Arthritis/Rheumatism	45.4	41.8	28.8		42.7		38.3		55.8
% [50+] Osteoporosis	13.4	23.3	7.3		14.8		9.4	5.3	
% Sciatica/Chronic Back Pain	28.1	37.6	19.5	44.3	27.8		22.9		20.7
% Eye Exam in Past 2 Years	52.1	60.3	57.6	58.2	54.6		55.3		
% 3+ Chronic Conditions	50.3	55.9	34.5	70.8	47.9		41.4		
Alzheimer's Disease (Age-Adjusted Death Rate)					19.3	35.6	30.2		7.2
% Caregiver to a Friend/Family Member	27.7	33.0	24.4	29.6	27.6		20.8		
	Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.					better	similar	worse	

Respiratory Diseases	Disparity Among Subareas: Yuma	Foothills	South County	East County	Yuma County	Yuma County vs. Benchmarks: vs. AZ	vs. US	vs. HP2020	TREND
CLRD (Age-Adjusted Death Rate)					32.9	43.3	41.0		47.3
Pneumonia/Influenza (Age-Adjusted Death Rate)					16.4	10.0	14.3		18.8
% [Adult] Currently Has Asthma	12.5	9.3	2.5	10.6	9.7	9.8	11.8		
% [Child 0-17] Currently Has Asthma					9.3		9.3		
% COPD (Lung Disease)	16.4	11.4	3.4	10.6	12.5	6.3	8.6		8.2
% [Age 65+] Flu Vaccine in Past Year					75.4	55.0	76.8	70.0	75.0
% [Age 65+] Pneumonia Vaccine Ever					78.8	75.4	82.7	90.0	
	Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.					better	similar	worse	

Sexual Health	Disparity Among Subareas: Yuma	Foothills	South County	East County	Yuma County	Yuma County vs. Benchmarks: vs. AZ	vs. US	vs. HP2020	TREND
Chlamydia Incidence Rate					529.2	511.5	497.3		
Gonorrhea Incidence Rate					118.0	151.3	145.8		
HIV Prevalence Rate					158.8	270.0	362.3		
	Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.					better	similar	worse	

Substance Abuse	Disparity Among Subareas: Yuma	Foothills	South County	East County	Yuma County	Yuma County vs. Benchmarks: vs. AZ	vs. US	vs. HP2020	TREND
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)					14.6	17.0	16.7	11.3	9.8
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)					13.8	14.7	10.8	8.2	10.9
% Current Drinker	50.4	56.8	41.0	39.9	48.6	52.2	55.0		51.5
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	17.4	16.9	13.2	1.0	15.8	15.2	20.0	24.4	21.1
% Excessive Drinker	20.1	20.0	15.1	9.8	18.6		22.5	25.4	

Substance Abuse (continued)	Disparity Among Subareas				Yuma County	Yuma County vs. Benchmarks			
	Yuma	Foothills	South County	East County		vs. AZ	vs. US	vs. HP2020	TREND
% Drinking & Driving in Past Month	0.9	1.3	2.9	0.0	1.4	2.5	5.2		2.1
% Illicit Drug Use in Past Month	1.4	1.4	1.0	1.6	1.3		2.5	7.1	
% Ever Sought Help for Alcohol or Drug Problem	5.5	5.6	1.0	4.2	4.4		3.4		
% Personally Impacted by Substance Abuse	43.3	39.4	30.4	45.1	39.8		37.3		
	Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.					better	similar	worse	

Tobacco Use	Disparity Among Subareas				Yuma County	Yuma County vs. Benchmarks			
	Yuma	Foothills	South County	East County		vs. AZ	vs. US	vs. HP2020	TREND
% Current Smoker	12.6	10.9	10.6	8.9	11.8	15.6	16.3	12.0	17.5
% Someone Smokes at Home	8.3	9.4	9.1	6.9	8.6		10.7		20.6
% [Nonsmokers] Someone Smokes in the Home	3.5	5.3	5.6	1.2	4.1		4.0		
% [Household With Children] Someone Smokes in the Home					5.2		7.2		18.9

Tobacco Use (continued)	Disparity Among Subareas				Yuma County	Yuma County vs. Benchmarks			TREND
	Yuma	Foothills	South County	East County		vs. AZ	vs. US	vs. HP2020	
% [Smokers] Have Quit Smoking 1+ Days in Past Year					52.2		34.7	80.0	54.3
% [Smokers] Received Advice to Quit Smoking					62.5		58.0		
% Currently Use Vaping Products	4.6	0.9	4.9	10.2	4.4	5.3	3.8		

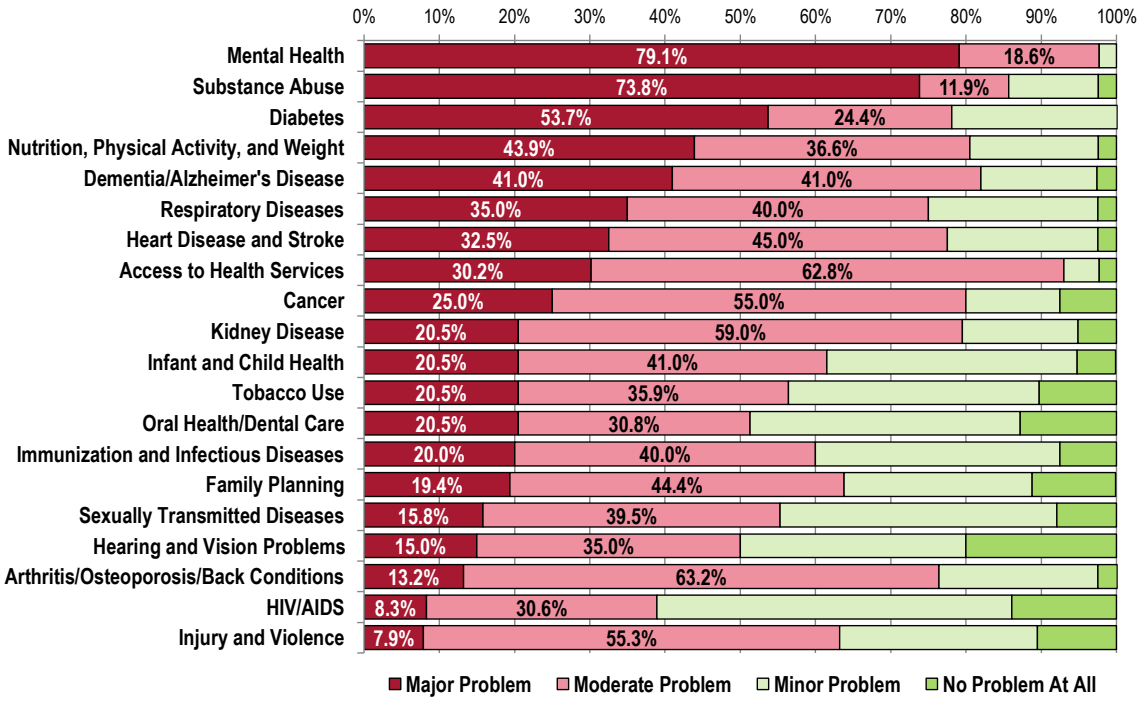
Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better | similar | worse

Summary of Key Informant Perceptions

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 20 health issues is a problem in their own community, using a scale of "major problem," "moderate problem," "minor problem," or "no problem at all." The following chart summarizes their responses; these findings also are outlined throughout this report, along with the qualitative input describing reasons for their concerns. (Note that these ratings alone do not establish priorities for this assessment; rather, they are one of several data inputs considered for the prioritization process described earlier.)

Key Informants: Relative Position of Health Topics as Problems in the Community



Community Description

Population Characteristics

Total Population

Yuma County, the focus of this Community Health Needs Assessment, encompasses 5,514.03 square miles and houses a total population of 204,281 residents, according to latest census estimates.

Total Population
(Estimated Population, 2013-2017)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Yuma County	204,281	5,514.03	37.05
AZ	6,809,946	113,590.75	59.95
United States	321,004,407	3,532,315.66	90.88

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved July 2019 from CARES Engagement Network at https://engagementnetwork.org.

Population Change 2000-2010

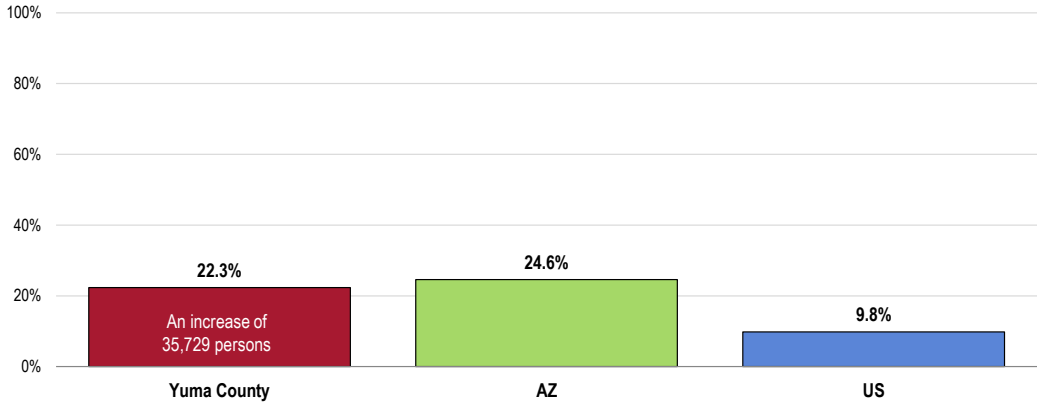
A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Between the 2000 and 2010 US Censuses, the population of Yuma County increased by 35,729 persons, or 22.3%.

- **BENCHMARK**: Notably above the change found nationally.

Change in Total Population

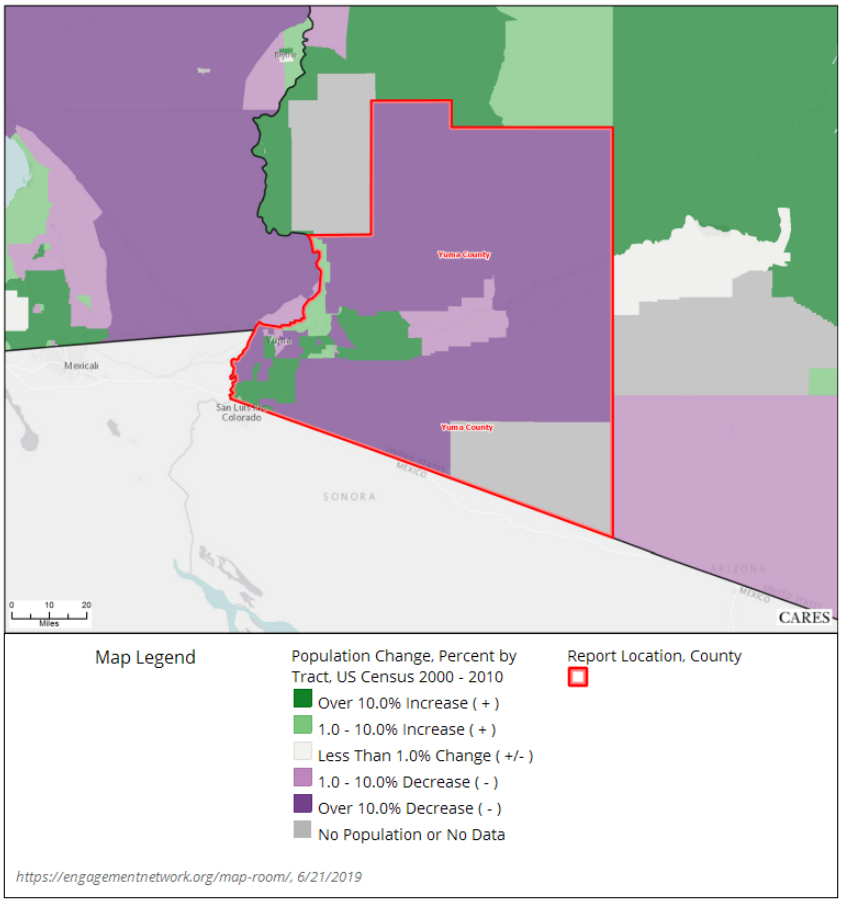
(Percentage Change Between 2000 and 2010)



Sources:
- US Census Bureau Decennial Census (2000-2010).
- Retrieved July 2019 from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

This map shows the areas of greatest increase or decrease in population between 2000 and 2010.



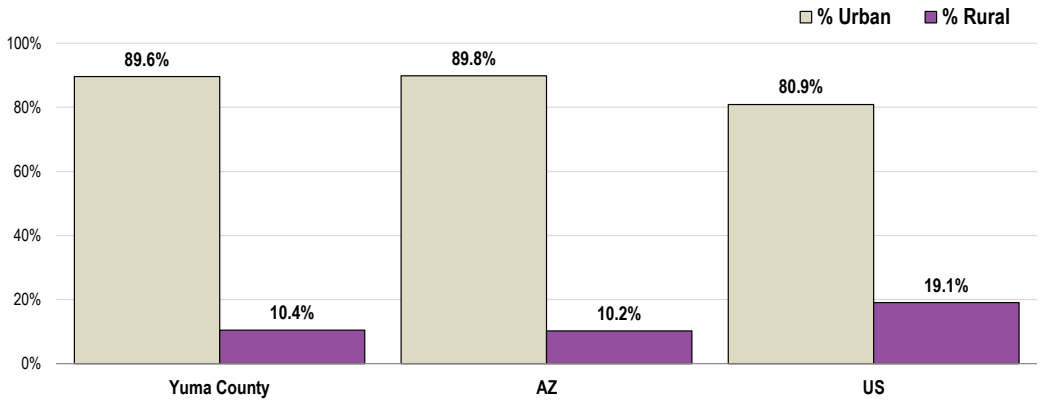
Urban/Rural Population

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.

Yuma County is predominantly urban, with 89.6% of the population living in areas designated as urban.

- **BENCHMARK**: No statistically significant differences when compared against the urban proportion found statewide and nationally.

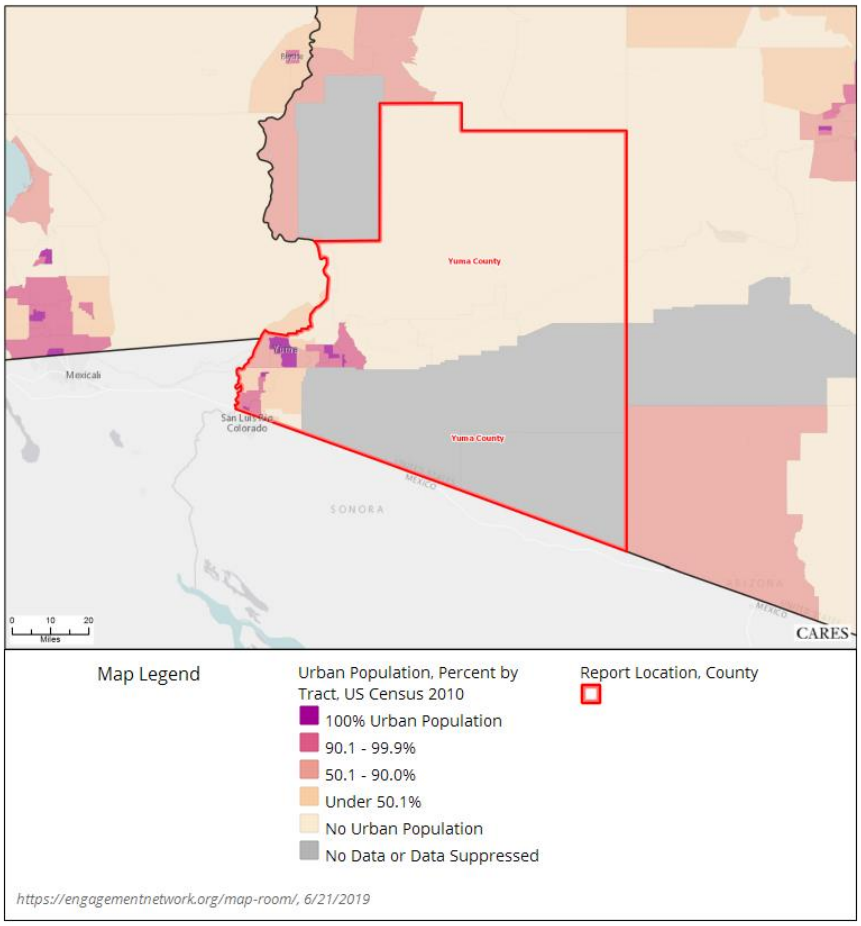
Urban and Rural Population
(2010)



Sources:
- US Census Bureau Decennial Census.
- Retrieved July 2019 from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- This indicator 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.

Note the following map, outlining the urban population in Yuma County census tracts as of 2010.

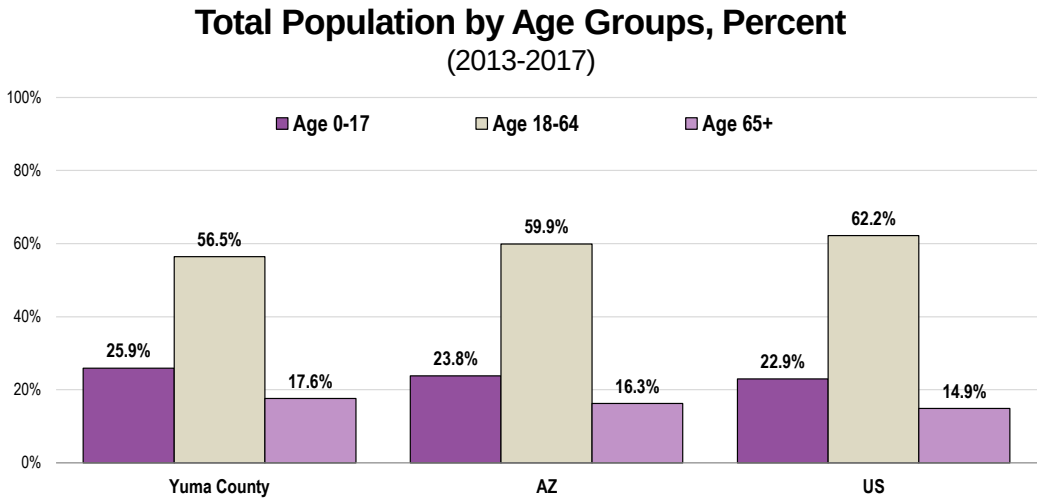


Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

In Yuma County, one-quarter (25.9%) of the population is children age 0-17; another 56.5% are age 18 to 64, while 17.6% are age 65 and older.

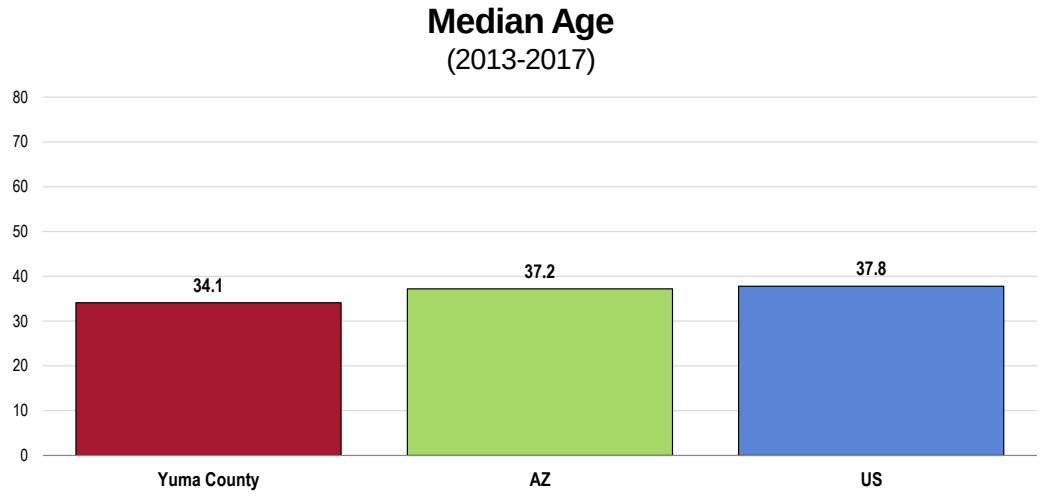
- **BENCHMARK**: Similar to the statewide and national distributions.



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved July 2019 from CARES Engagement Network at https://engagementnetwork.org.

Median Age

Yuma County is "younger" than the state and the nation in that the median age is lower.



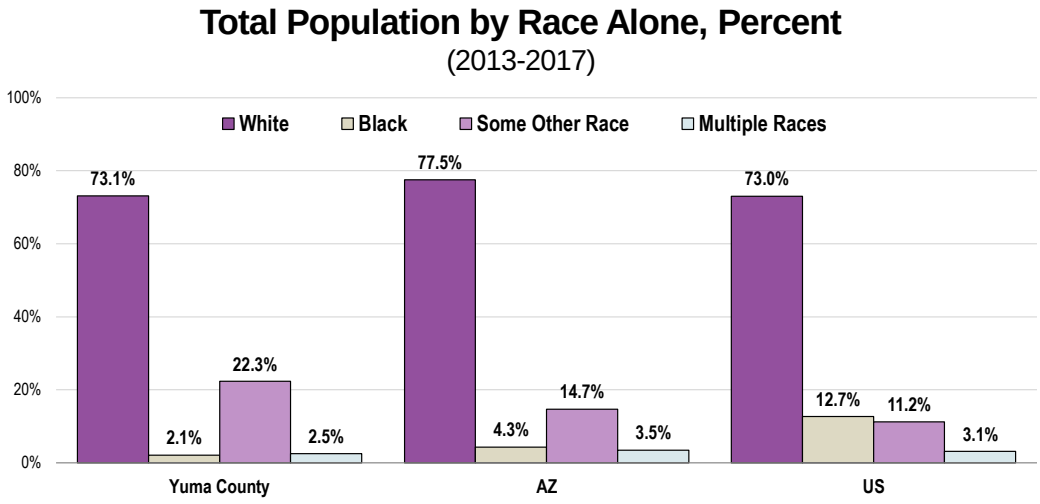
Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved July 2019 from CARES Engagement Network at https://engagementnetwork.org.

Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 73.1% of residents of Yuma County are White, 2.1% are Black, and 22.3% are some other race.

- **BENCHMARK**: Less Black and more "other" race than the state or nation.

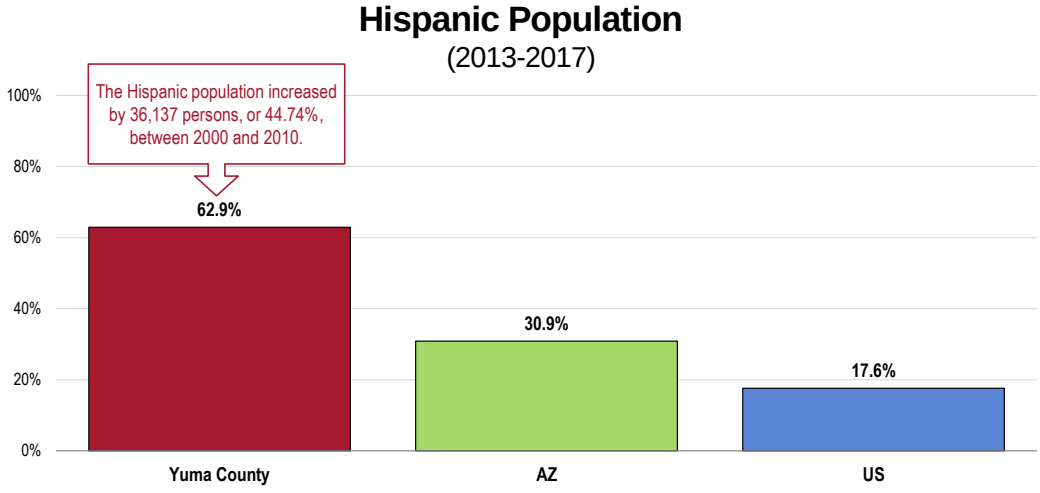


Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved July 2019 from CARES Engagement Network at https://engagementnetwork.org.

Ethnicity

A total of 62.9% of Yuma County residents are Hispanic or Latino.

- **BENCHMARK**: Proportionally more Hispanic than the state and (especially) the nation.



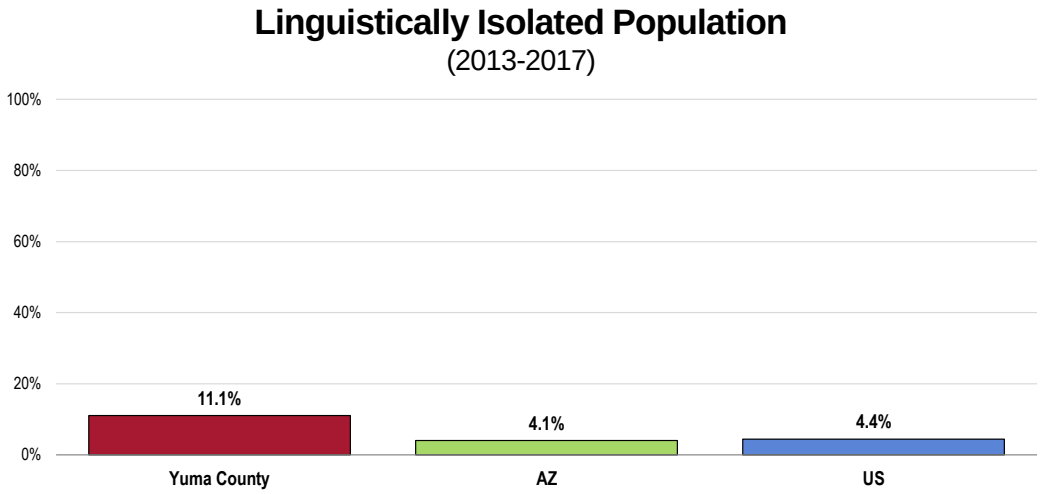
Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved July 2019 from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Linguistic Isolation

A total of 11.1% of Yuma County population age 5 and older live in a home in which no person age 14 or older is proficient in English (speaking only English, or speaking English "very well").

- **BENCHMARK**: Far higher than the prevalence reported statewide and nationally.



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved July 2019 from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English "very well."

Social Determinants of Health

About Social Determinants

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

— Healthy People 2020 (www.healthypeople.gov)

Poverty

The latest census estimate shows 19.7% of Yuma County total population living below the federal poverty level.

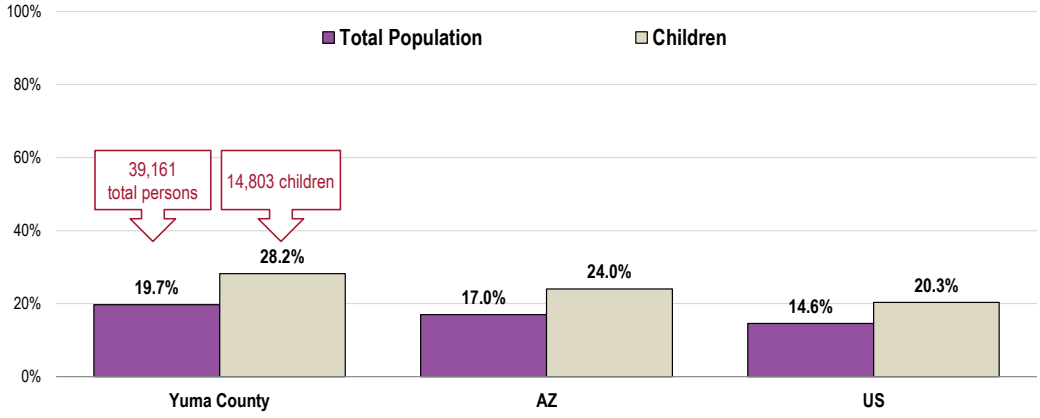
- **BENCHMARK**: Above the proportion found nationally.

Among just children (ages 0 to 17), this percentage in Yuma County is 28.2% (representing almost 15,000 children).

- **BENCHMARK**: Above the proportion found nationally.

Population in Poverty

(Populations Living Below the Poverty Level; 2013-2017)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved July 2019 from CARES Engagement Network at https://engagementnetwork.org.

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

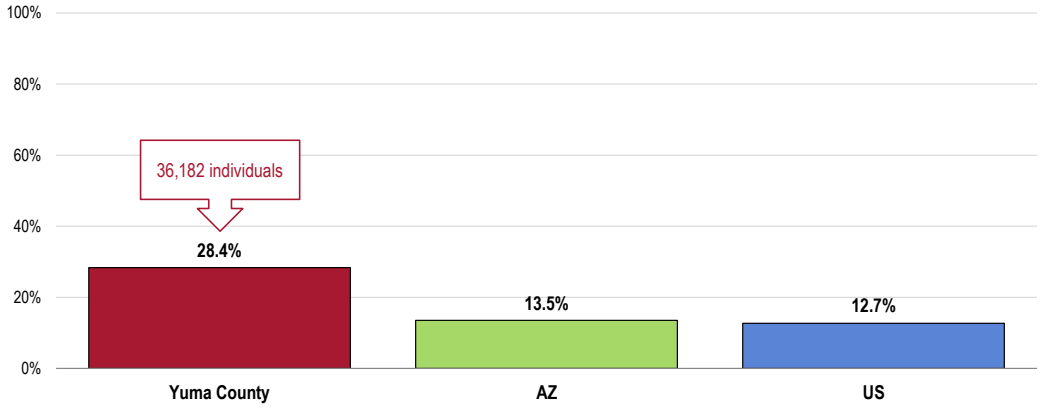
Education

Among Yuma County population age 25 and older, an estimated 28.4% (over 36,000 people) do not have a high school education.

- **BENCHMARK**: Notably higher than the Arizona and US percentages.

Population With No High School Diploma

(Population Age 25+ Without a High School Diploma or Equivalent, 2013-2017)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved July 2019 from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.

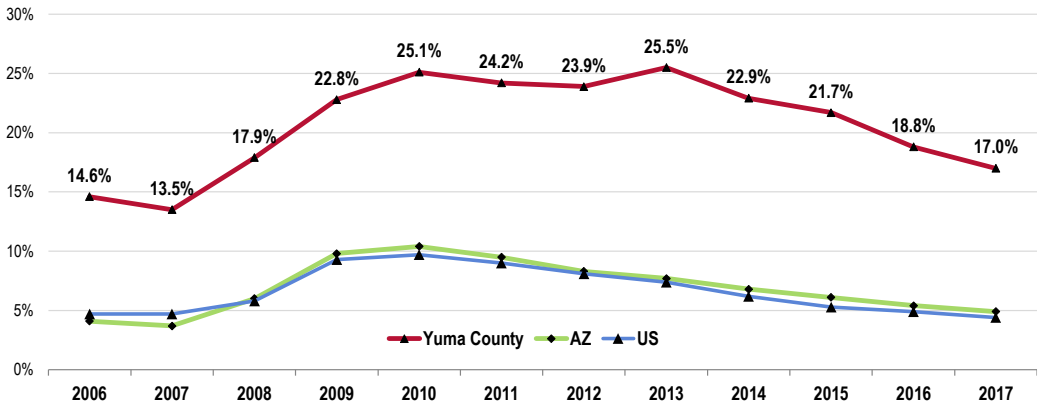
Employment

According to data derived from the US Department of Labor, the unemployment rate in Yuma County as of 2017 was 17.0%.

- **TREND**: Following a period of increase, the local unemployment rate has decreased significantly since 2013.
- **BENCHMARK**: Far higher than state and national rates.

Unemployment Rate

(Percent of Non-Institutionalized Population Age 16+ Unemployed, Not Seasonally-Adjusted)



Sources:
- US Department of Labor, Bureau of Labor Statistics.
- Retrieved July 2019 from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

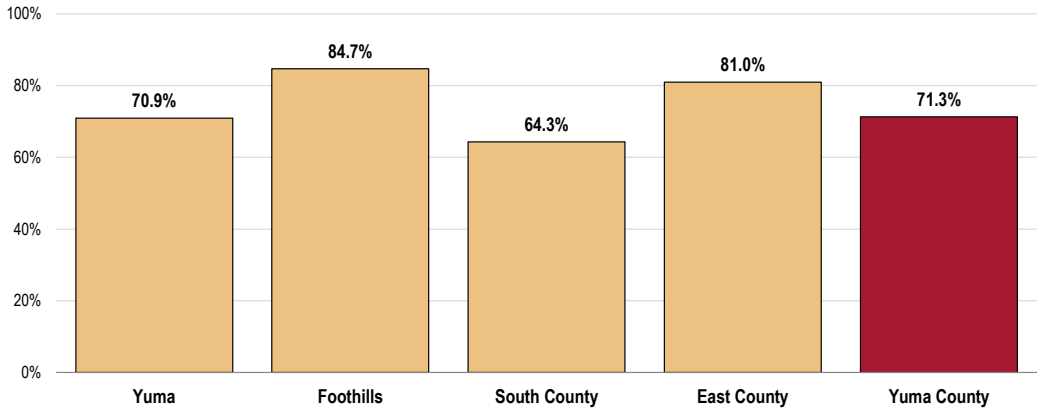
Financial Resilience

"Suppose that you have an emergency expense that costs $400. Based on your current financial situation, would you be able to pay for this expense either with cash, by taking money from your checking or savings account, or by putting it on a credit card that you could pay in full at the next statement?"

More than seven in 10 Yuma County respondents (71.3%) report having enough savings to cover an emergency expense.

- **DISPARITY**: South County residents are least likely to have this resilience when compared to the other three communities. County-wide, adults under age 65 and (especially) low-income residents also report a lower prevalence.

Have the Financial Resilience to Cover a $400 Emergency Expense



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 308]

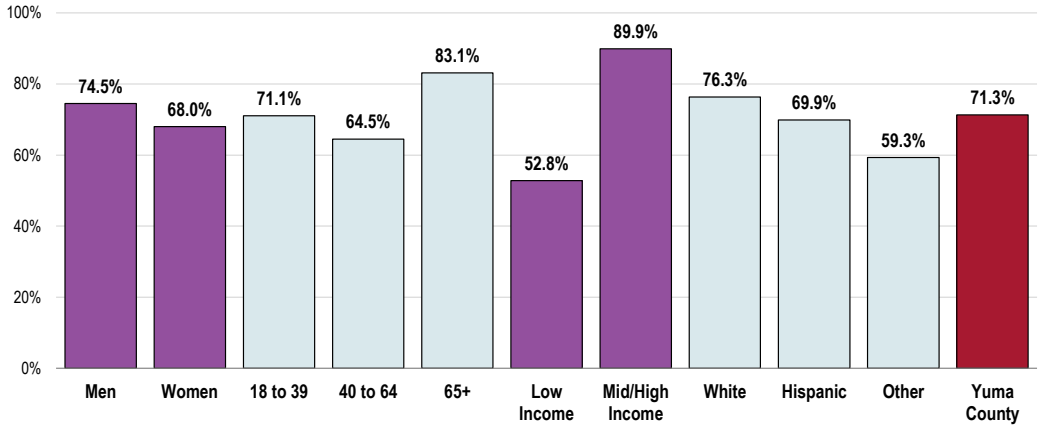
Notes:
- Asked of all respondents.

NOTE:

For indicators derived from the population-based survey administered as part of this project, text describes significant differences determined through statistical testing. The reader can assume that differences (against or among local findings) that are not mentioned are ones that are not statistically significant.

Have the Financial Resilience to Cover a $400 Emergency Expense

(Yuma County, 2019)



Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 308]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Housing

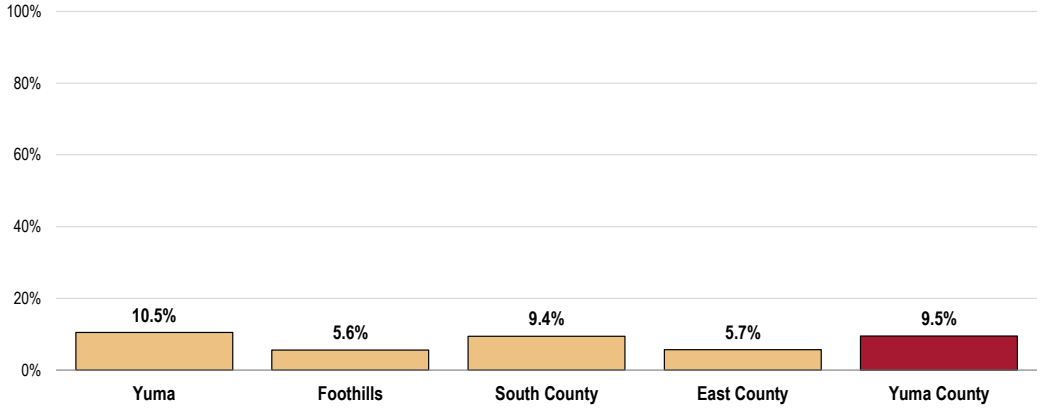
Quality of Housing

A total of 9.5% of respondents report unsafe or unhealthy living conditions in their current home, such as ongoing problems with water leaks, rodents, insects, or mold in the past year.

- **DISPARITY**: Significantly more common among low-income adults and Hispanic residents.

Charts throughout this report (such as that here) detail survey findings among key demographic groups – namely by sex, age groupings, income (based on poverty status), and race/ethnicity.

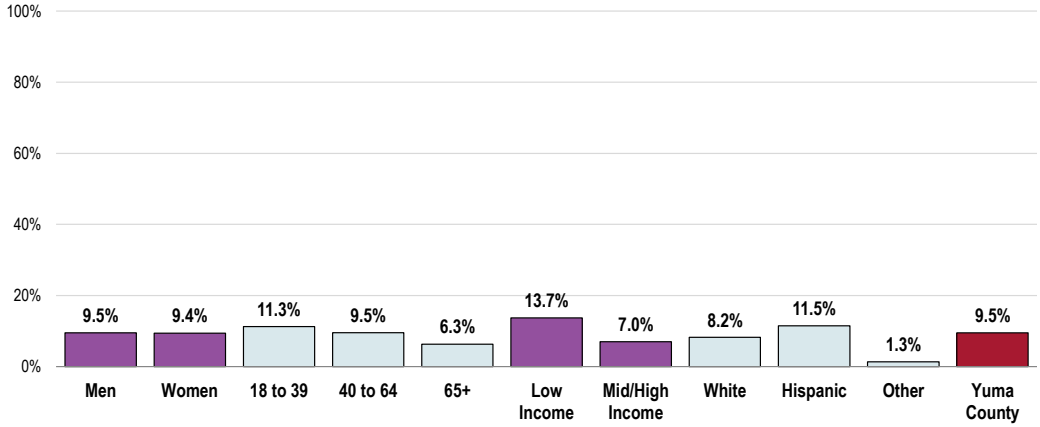
Ongoing Problems With Water Leaks, Rodents, Insects, Mold, or Other Unhealthy Housing Conditions in the Past Year



Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 305]
Notes: ● Asked of all respondents.

Ongoing Problems With Water Leaks, Rodents, Insects, Mold, or Other Unhealthy Housing Conditions in the Past Year

(Yuma County, 2019)



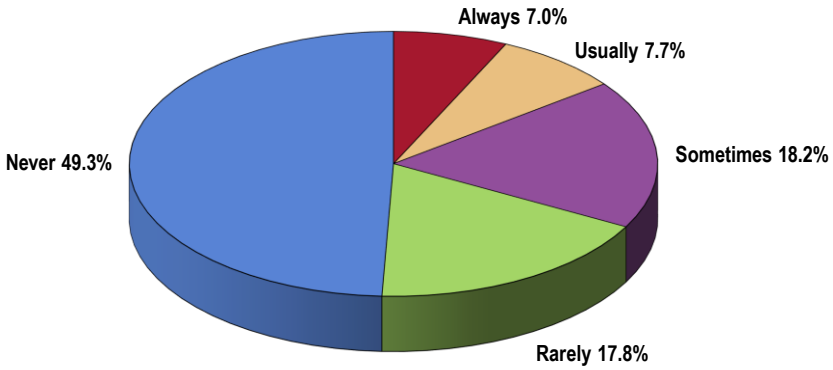
Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 305]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Housing Insecurity

Most surveyed adults rarely, if ever, worry about the cost of housing.

Frequency of Worry or Stress Over Paying Rent/Mortgage in the Past Year

(Yuma County, 2019)

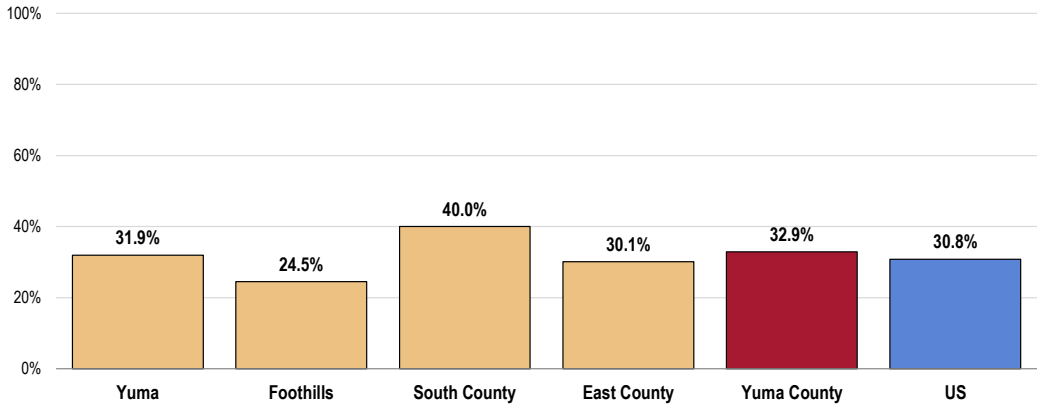


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 71]
Notes: • Asked of all respondents.

However, a considerable share (32.9%) report that they were "sometimes," "usually," or "always" worried or stressed about having enough money to pay their rent or mortgage in the past year.

- **DISPARITY**: Housing insecurity is highest in South County, as well as among young adults, low-income residents (especially), and Hispanic adults.

"Always/Usually/Sometimes" Worried About Paying Rent/Mortgage in the Past Year

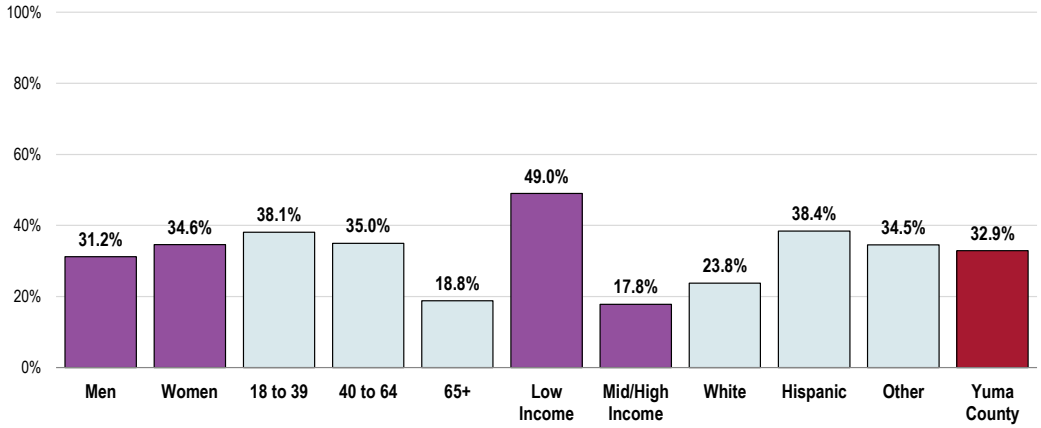


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 196]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

"Always/Usually/Sometimes" Worried About Paying Rent/Mortgage in the Past Year

(Yuma County, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 196]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

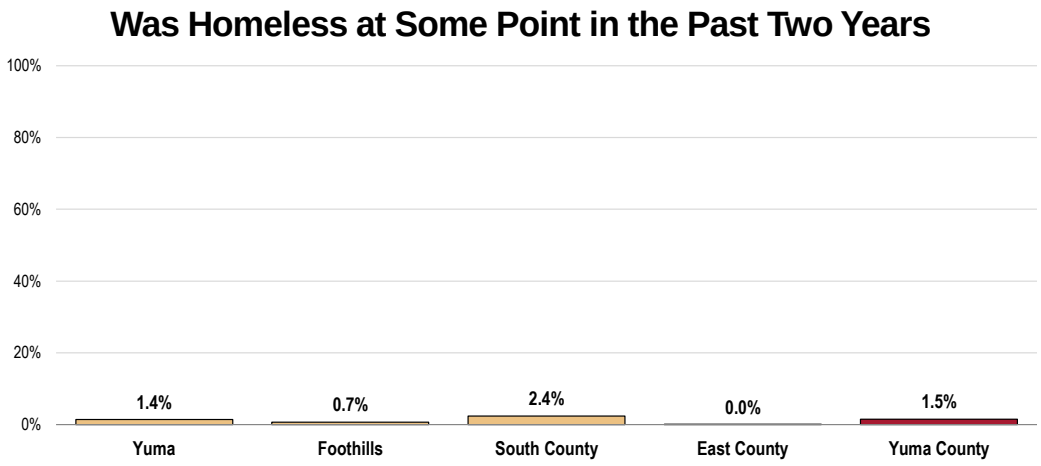
Housing Instability

Homelessness

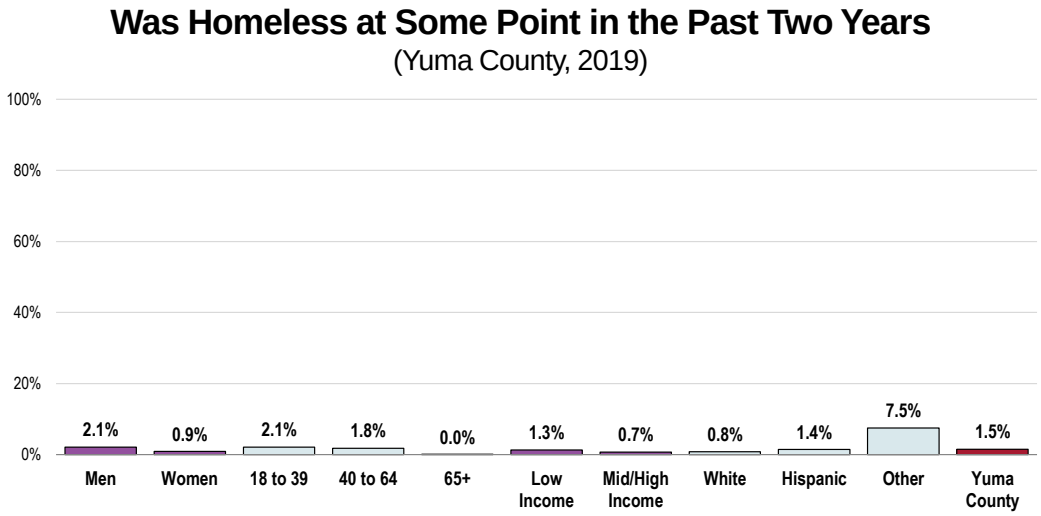
"Has there been any time in the past two years when you were living on the street, in a car, or in a temporary shelter?"

A total of 1.5% of respondents report having been homeless at some point in the past two years.

- **DISPARITY**: Reported by none of the respondents in East County, as well as none of the older adults (age 65+) county-wide. Other differences by area or by demographic characteristics are not statistically significant.



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 307]
Notes: • Asked of all respondents.



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 307]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

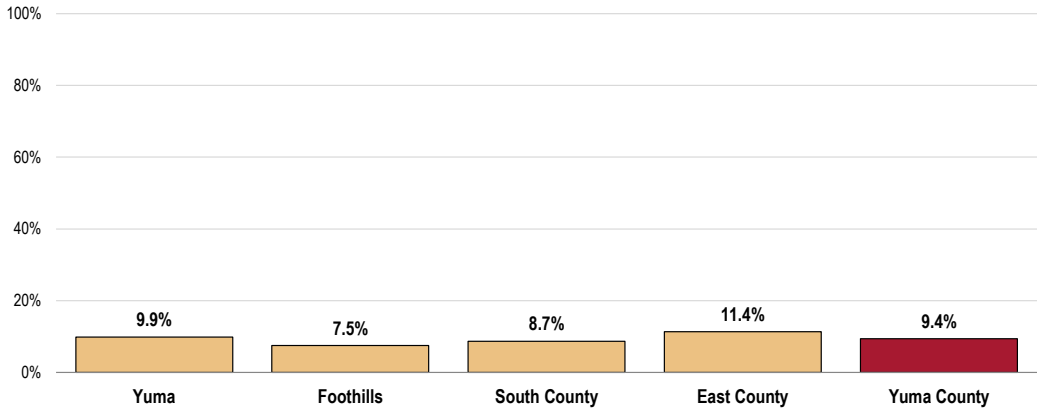
"Because of an emergency, have you had to live with a friend or relative in the past two years, even if this was only temporary?"

Displacement

A total of 9.4% of survey respondents lived with a friend or relative in the past year due to some type of housing emergency.

- **DISPARITY**: Significantly high among young adults and Hispanic residents.

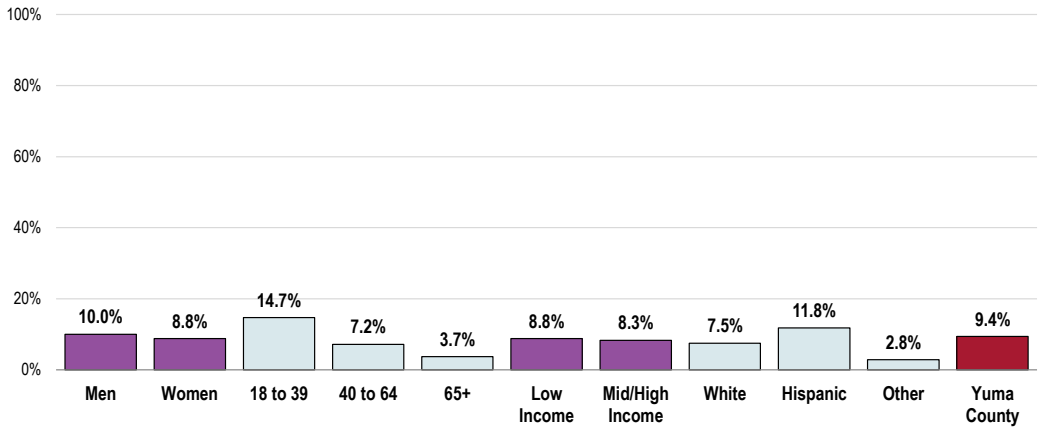
Lived With a Friend or Relative in the Past Two Years Due to a Housing Emergency



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 306]
Notes: • Asked of all respondents.

Lived With a Friend or Relative in the Past Two Years Due to a Housing Emergency

(Yuma County, 2019)



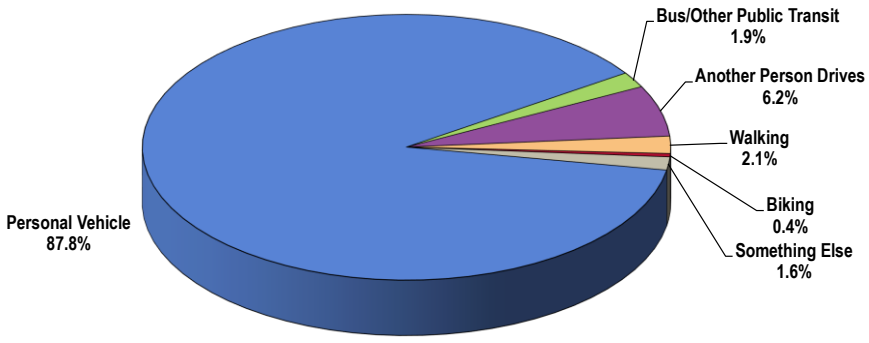
Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 306]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Transportation

Primary Means of Transportation

In Yuma County, 87.8% of residents use their personal vehicle as their primary means of transportation.

Primary Means of Transportation
(Yuma County, 2019)

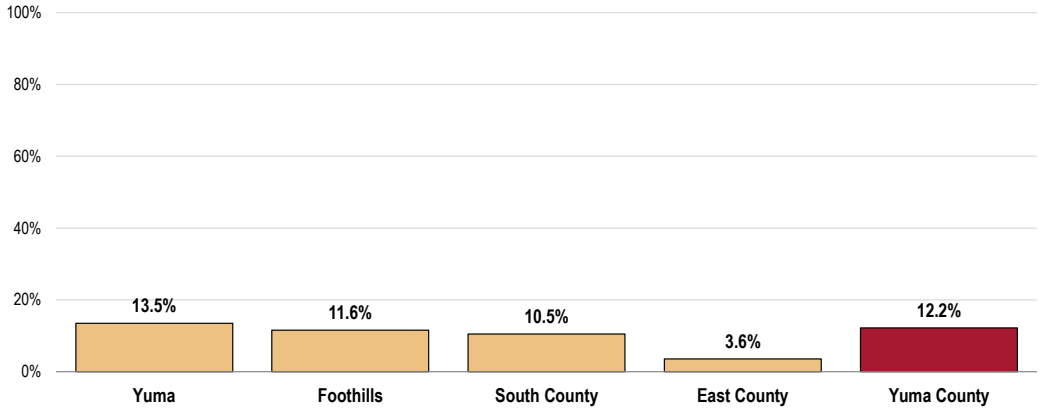


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 309]
Notes: • Asked of all respondents.

However, 12.2% of residents do <u>not</u> drive their own vehicle as a primary means of transportation.

- **DISPARITY**: East County residents are most likely to drive their own vehicle. County-wide, low-income residents or adults of Other race/ethnicity are significantly more likely to primarily use some other means of transportation (keep in mind that the sample of Other communities of color is much smaller than the other demographic breakouts and carries a larger error rate).

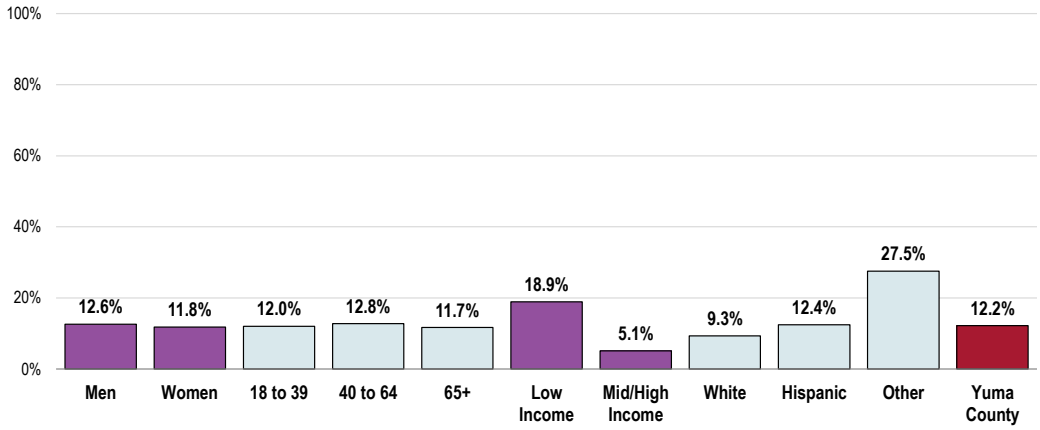
Do Not Drive Own Vehicle as Primary Means of Transportation



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 309]
Notes: • Asked of all respondents.

Do Not Drive Own Vehicle as Primary Means of Transportation

(Yuma County, 2019)



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 309]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

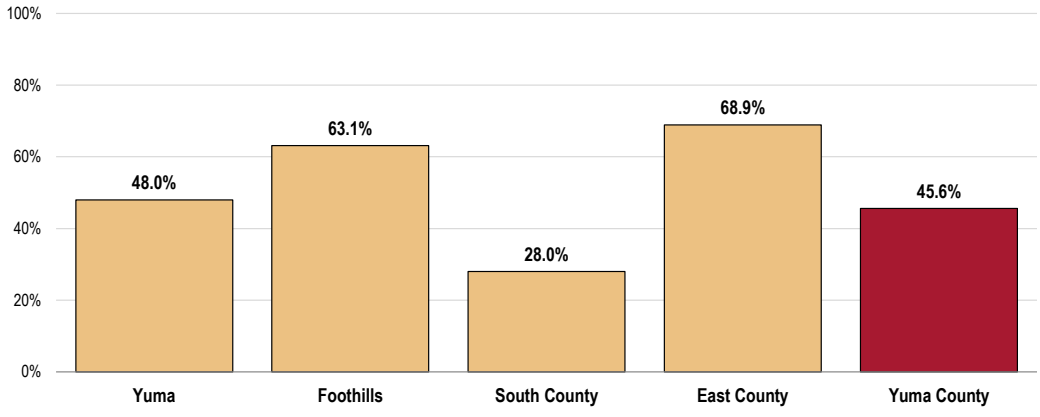
Perceived Reliability of Public Transportation

"If you needed to, do you think you could rely on public transportation to get you to work, appointments, and shopping?"

A total of 45.6% of respondents report that they cannot rely on local public transportation to get them where they need to go.

- **DISPARITY**: Most common in the Foothills and East County areas. County-wide, higher among men, older adults (strong correlation with age), White adults, and residents of Other race/ethnicity.

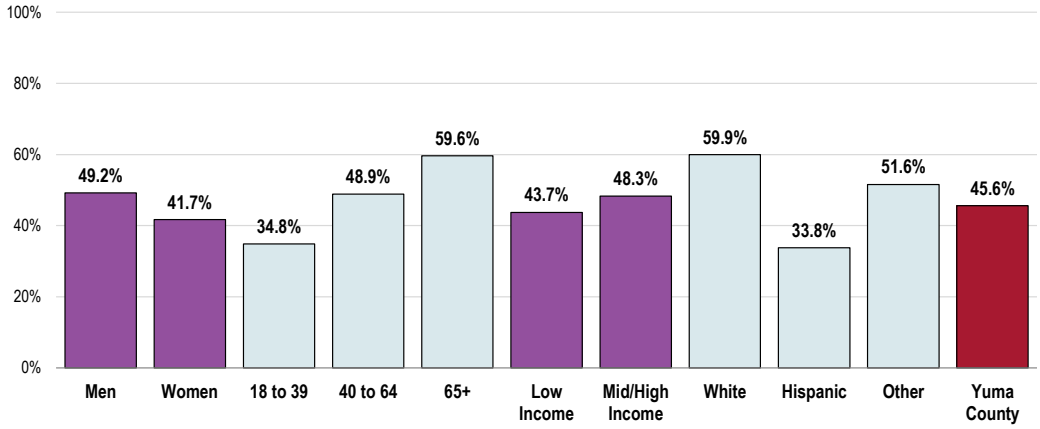
Cannot Rely on Local Public Transportation When Needed



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 310]
Notes: • Asked of all respondents.

Cannot Rely on Local Public Transportation When Needed

(Yuma County, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 310]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Food Access

Low Food Access

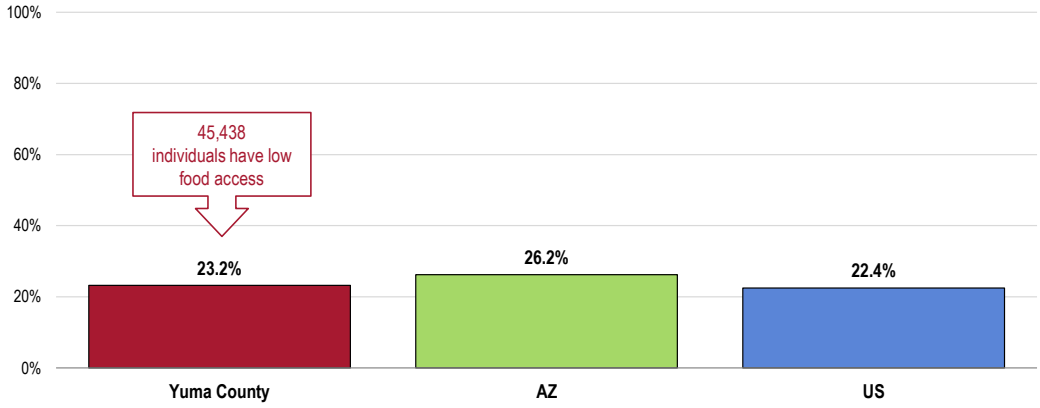
Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store.

US Department of Agriculture data show that 23.2% of Yuma County population (representing over 45,000 residents) have low food access, meaning that they do not live near a supermarket or large grocery store.

- **BENCHMARK**: No significant differences to report.

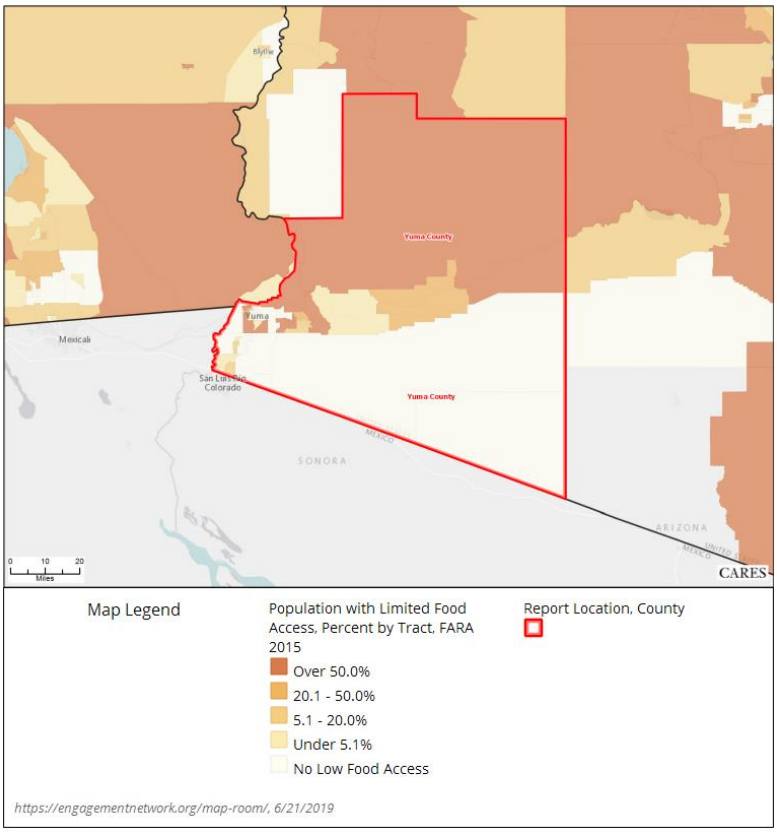
Population With Low Food Access

(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2015)



Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
- Retrieved July 2019 from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.



Difficulty Accessing Fresh Produce

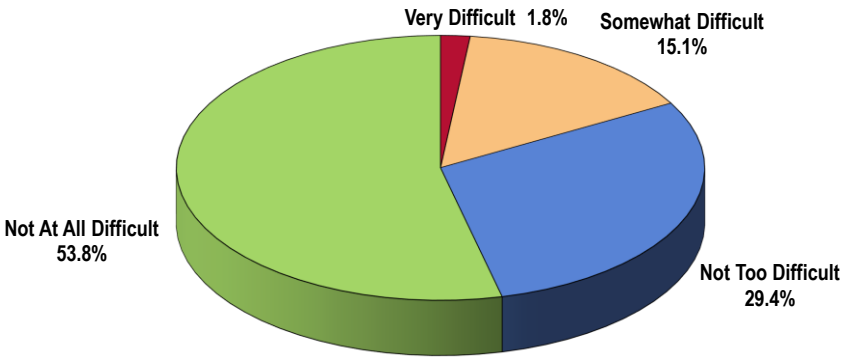
Most Yuma County adults report little or no difficulty buying fresh produce at a price they can afford.

Respondents were asked:

"How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say: Very Difficult, Somewhat Difficult, Not Too Difficult, or Not At All Difficult?"

Level of Difficulty Finding Fresh Produce at an Affordable Price

(Yuma County, 2019)

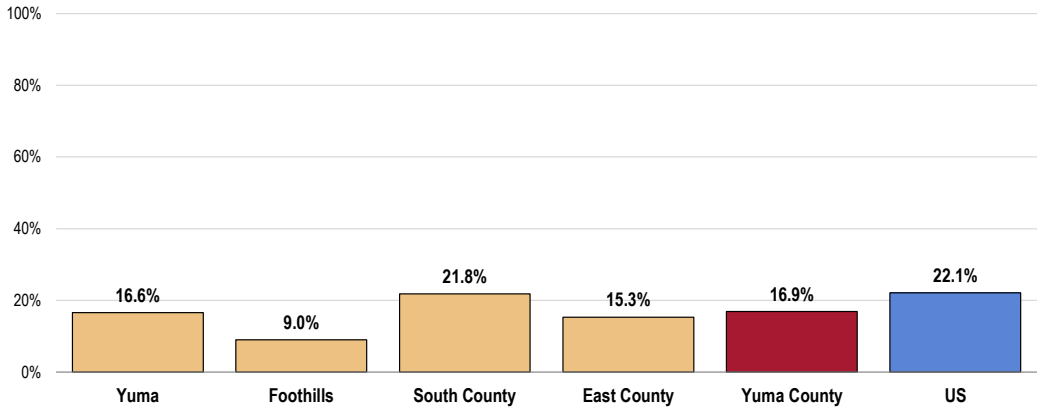


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 86]
Notes: • Asked of all respondents.

However, 16.9% of Yuma County adults find it "very" or "somewhat" difficult to access affordable fresh fruits and vegetables.

- **BENCHMARK**: More favorable than found nationally.
- **DISPARITY**: By area, most favorable in the Foothills. By demographics, least favorable among women, adults age 40-64, and low-income residents.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce

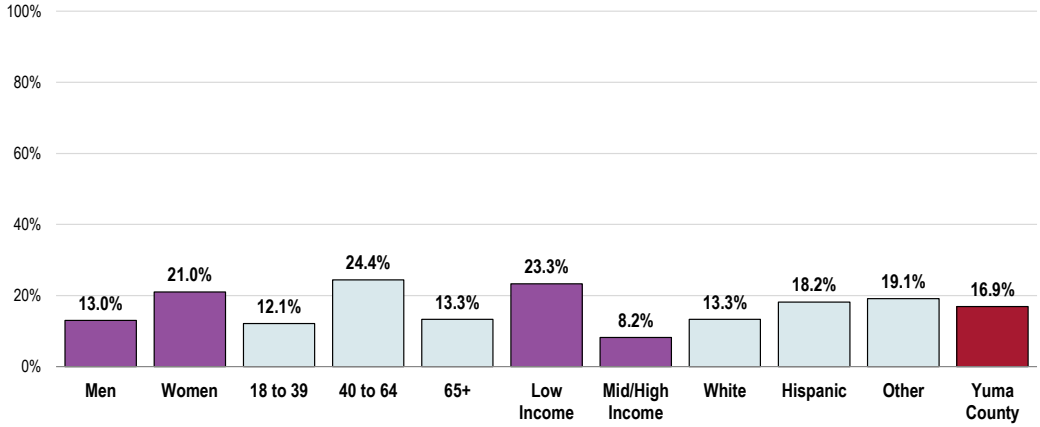


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 189]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce

(Yuma County, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 189]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Food Insecurity

Overall, just under one-third (33.2%) of community residents are determined to be "food insecure," having run out of food in the past year and/or been worried about running out of food.

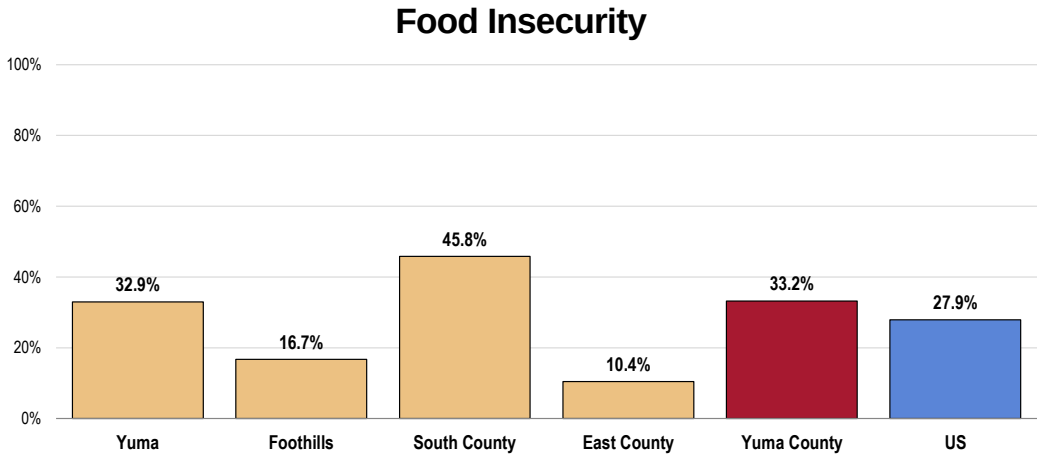
- **BENCHMARK**: Higher than the US prevalence.
- **DISPARITY**: Highest in the South County area. By demographics, note that over half of low-income residents report food insecurity, which is also significantly high among adults under age 65, and among Hispanic residents and Other communities of color.

Surveyed adults were asked:

"Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was "Often True," "Sometimes True," or "Never True" for you in the past 12 months:

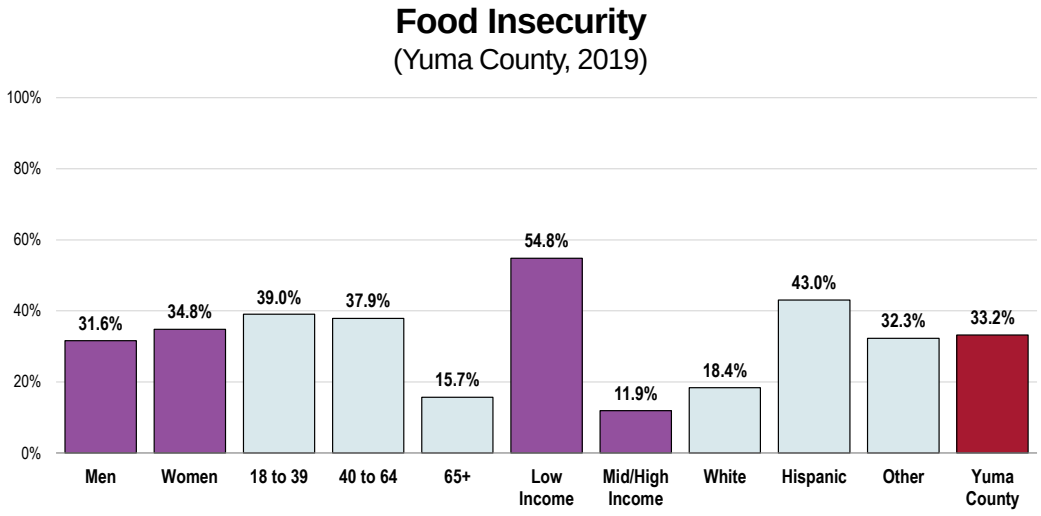
- *I worried about whether our food would run out before we got money to buy more.*
- *The food that we bought just did not last, and we did not have money to get more."*

Those answering "Often" or "Sometimes True" for either statement are considered to be food insecure.



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 149]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 149]

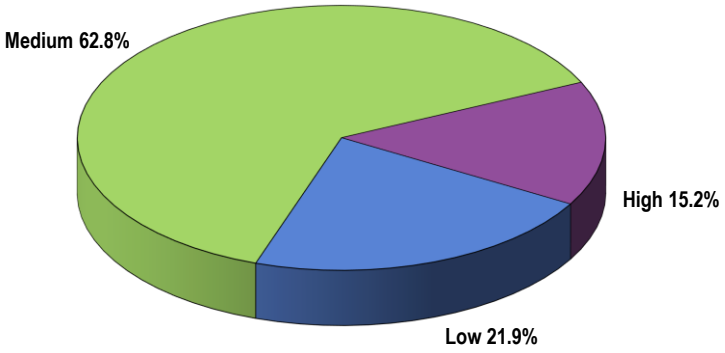
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Health Literacy

Most surveyed adults in Yuma County are found to have a moderate level of health literacy.

Low health literacy is defined as those respondents who "Seldom/Never" find written or spoken health information easy to understand, and/or who "Always/Nearly Always" need help reading health information, and/or who are "Not At All Confident" in filling out health forms.

Level of Health Literacy
(Yuma County, 2019)



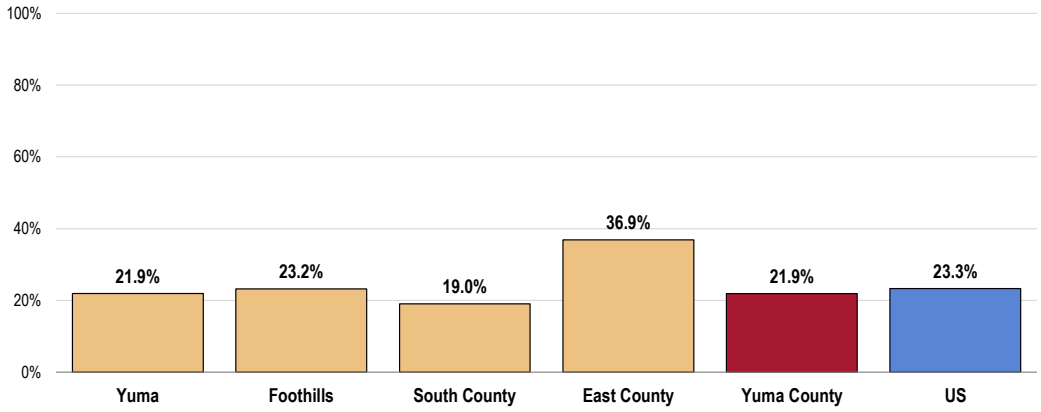
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 172]

Notes:
- Asked of all respondents.
- Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

More than one in five adults (21.9%) are determined to have low health literacy.

- **DISPARITY**: Low health literacy is most prevalent in the East County area. County-wide, men and Hispanic residents report significantly low health literacy.

Low Health Literacy

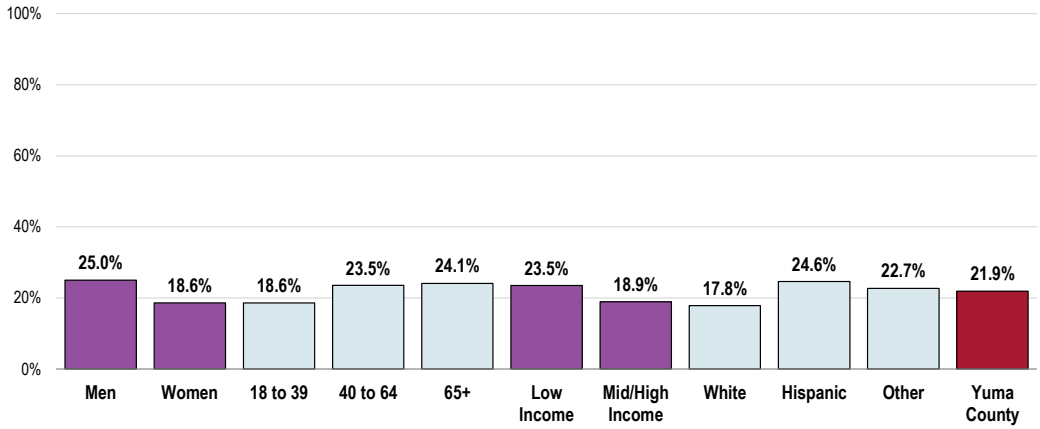


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 172]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

Low Health Literacy

(Yuma County, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 172]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

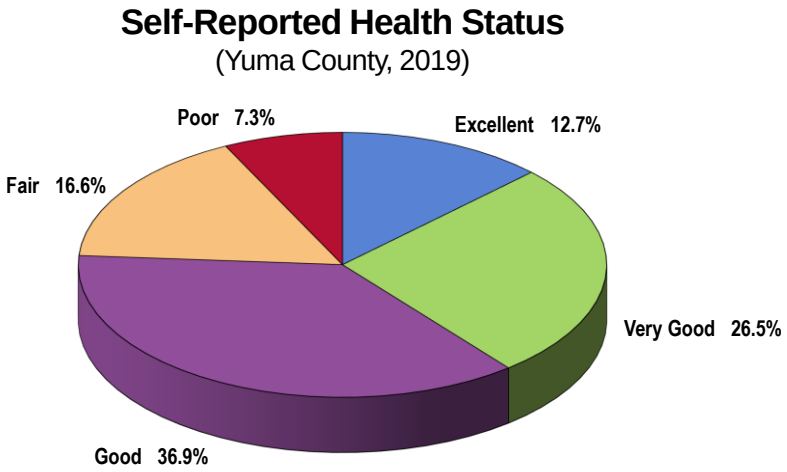
General Health Status

Overall Health Status

The initial inquiry of the PRC Community Health Survey asked respondents the following:

"Would you say that in general your health is: Excellent, Very Good, Good, Fair, or Poor?"

Most Yuma County residents rate their overall health favorably (responding "excellent," "very good," or "good").

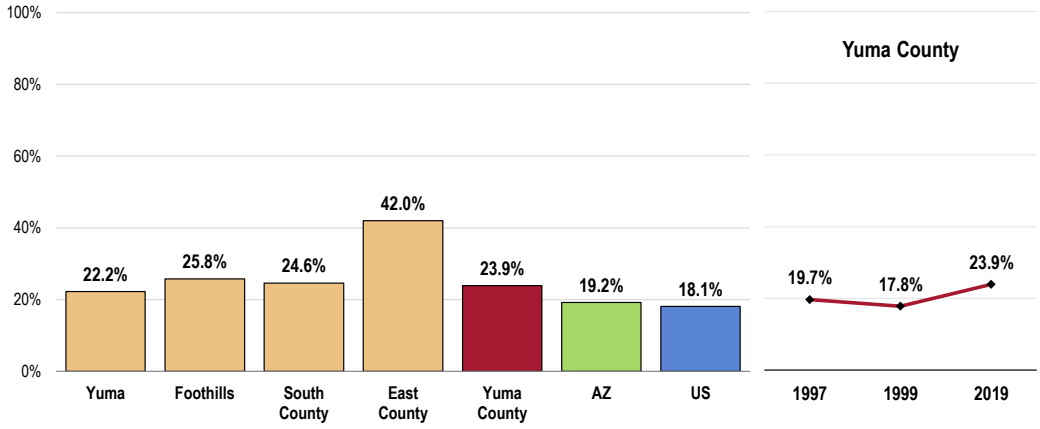


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 23.9% of Yuma County adults believe that their overall health is "fair" or "poor."

- **TREND**: A significant increase from 1999 findings (statistically similar to 1997).
- **BENCHMARK**: Above state and national findings.
- **DISPARITY**: Remarkably high in the East County area. By demographics, significantly high among adults age 40+, low-income adults, and residents of Other race/ethnicity. Keep in mind that the relatively small sample sizes of East County and Other race/ethnicity lead to larger error rates than their geographic or demographic counterparts.

Experience "Fair" or "Poor" Overall Health

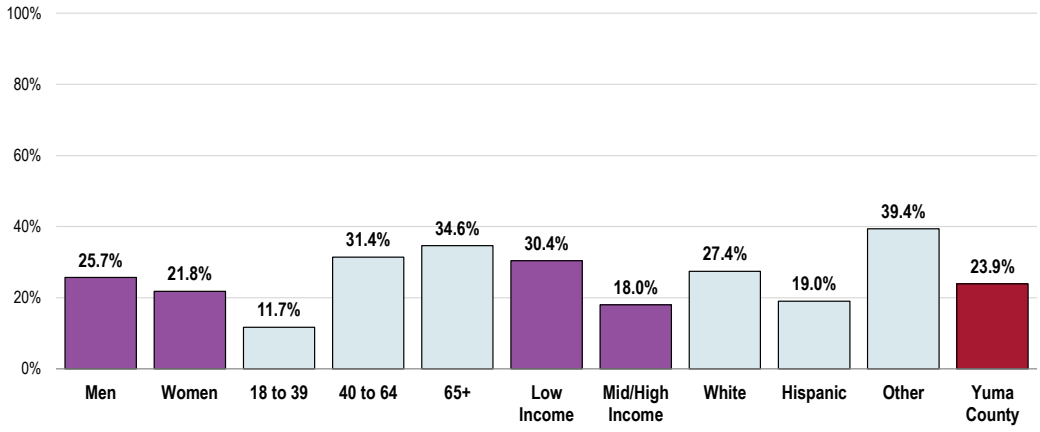


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 5]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Arizona data.
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Experience "Fair" or "Poor" Overall Health

(Yuma County, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 5]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Mental Health

About Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression in children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, and it is important that interventions be relevant to the target audiences.
- In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

— Healthy People 2020 (www.healthypeople.gov)

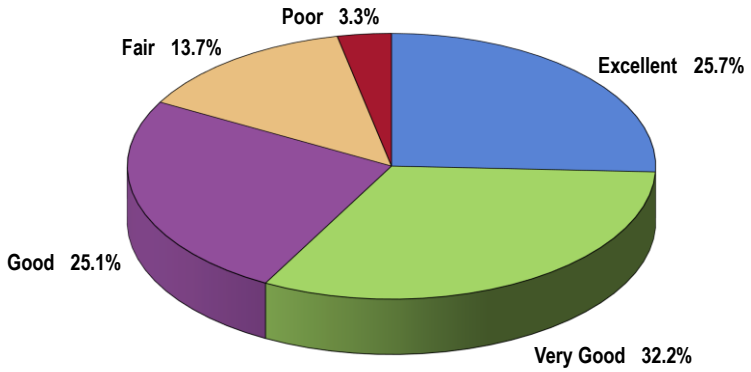
Mental Health Status

"Now thinking about your mental health, which includes stress, depression, and problems with emotions, would you say that, in general, your mental health is: Excellent, Very Good, Good, Fair, or Poor?"

Most Yuma County adults rate their overall mental health favorably ("excellent," "very good," or "good").

Self-Reported Mental Health Status

(Yuma County, 2019)

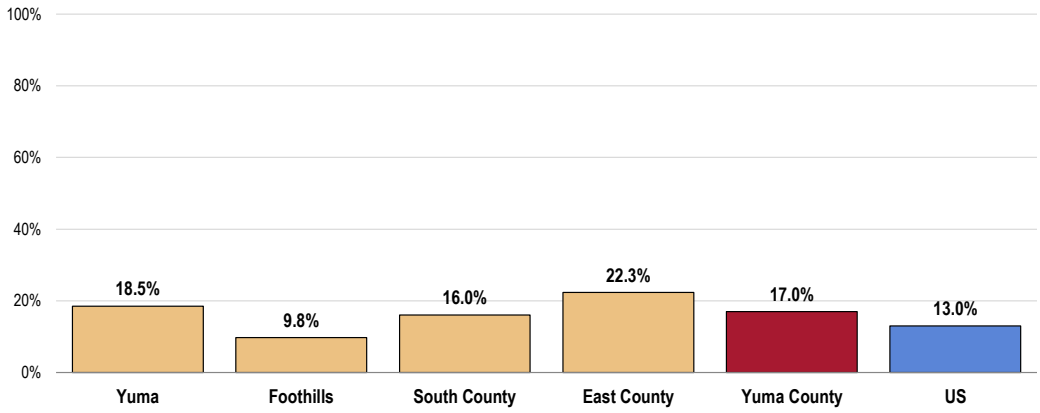


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 99]
Notes: • Asked of all respondents.

However, 17.0% believe that their overall mental health is "fair" or "poor."

- **BENCHMARK**: Above the national finding.
- **DISPARITY**: Ratings are most positive in the Foothills area.

Experience "Fair" or "Poor" Mental Health



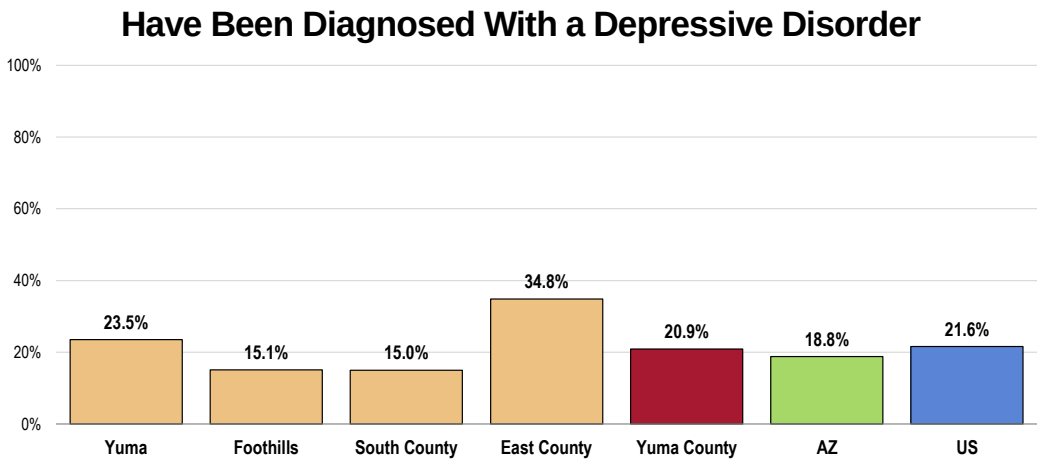
Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 99]
• 2017 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Depression

Diagnosed Depression

A total of 20.9% of Yuma County adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- **DISPARITY**: The prevalence is significantly high in the Yuma and East County areas.



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 102]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Arizona data.
- 2017 PRC National Health Survey, PRC, Inc.

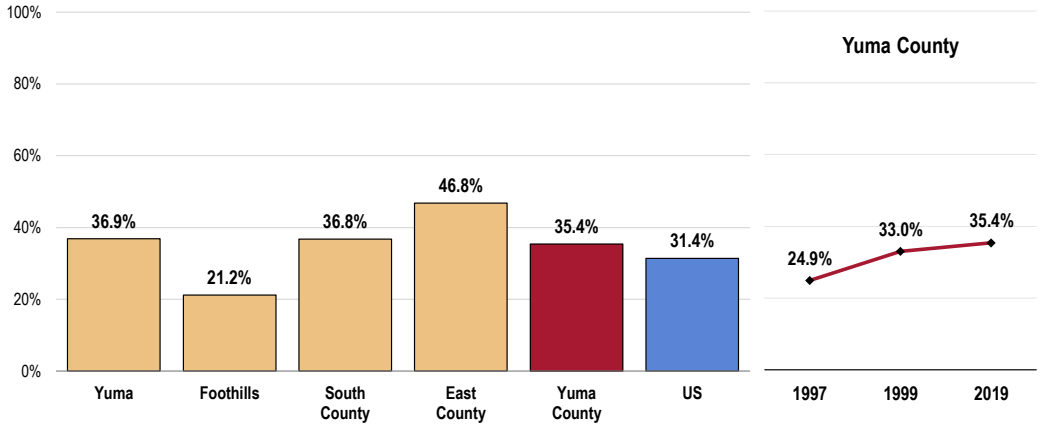
Notes:
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.

Symptoms of Chronic Depression

A total of 35.4% of Yuma County adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

- **TREND**: Marks a significant increase in prevalence over time.
- **DISPARITY**: Favorably low in the Foothills area. By demographics, significantly high among adults age 40-64 and low-income residents.

Have Experienced Symptoms of Chronic Depression

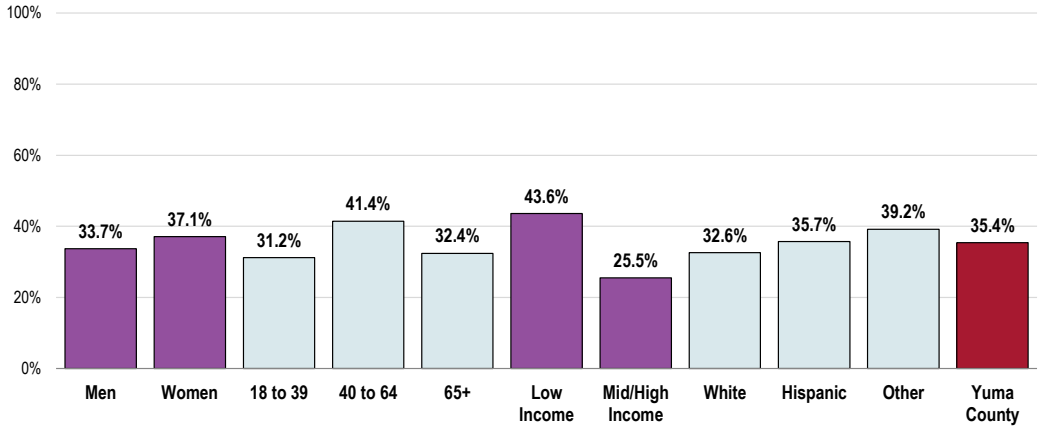


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 100]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Have Experienced Symptoms of Chronic Depression

(Yuma County, 2019)

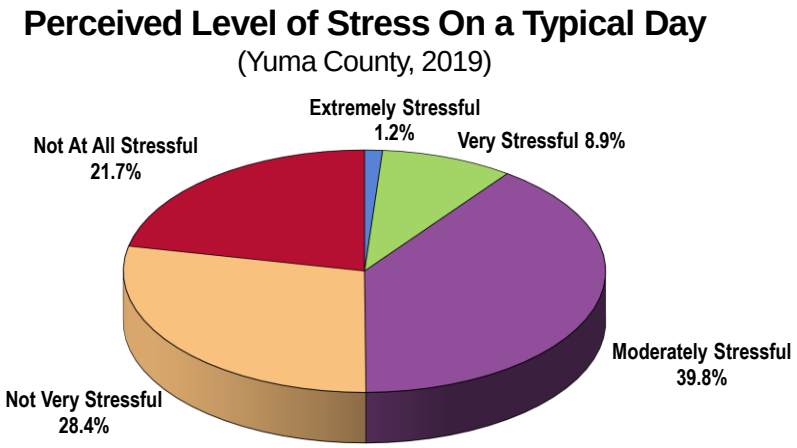


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 100]

Notes:
- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Stress

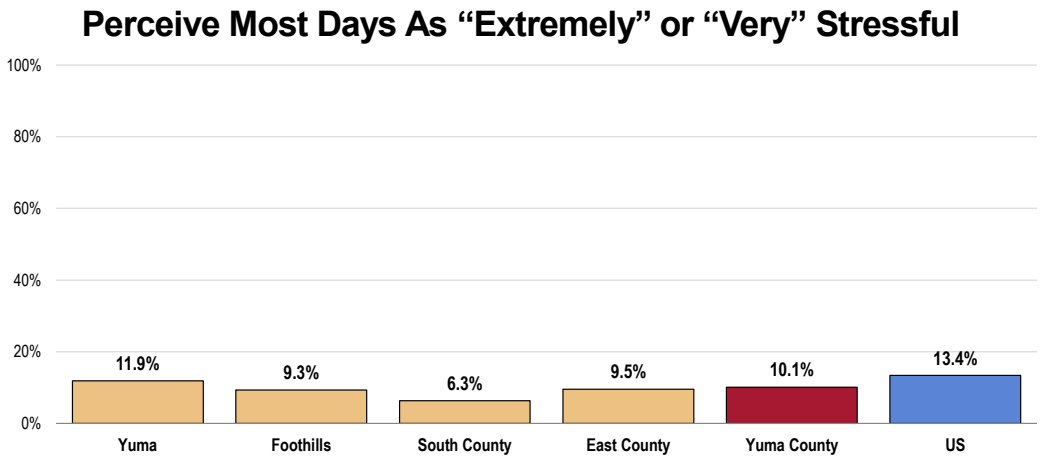
A majority of surveyed adults characterize most days as no more than "moderately" stressful.



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 101]
Notes: • Asked of all respondents.

In contrast, 10.1% of Yuma County adults feel that most days for them are "very" or "extremely" stressful.

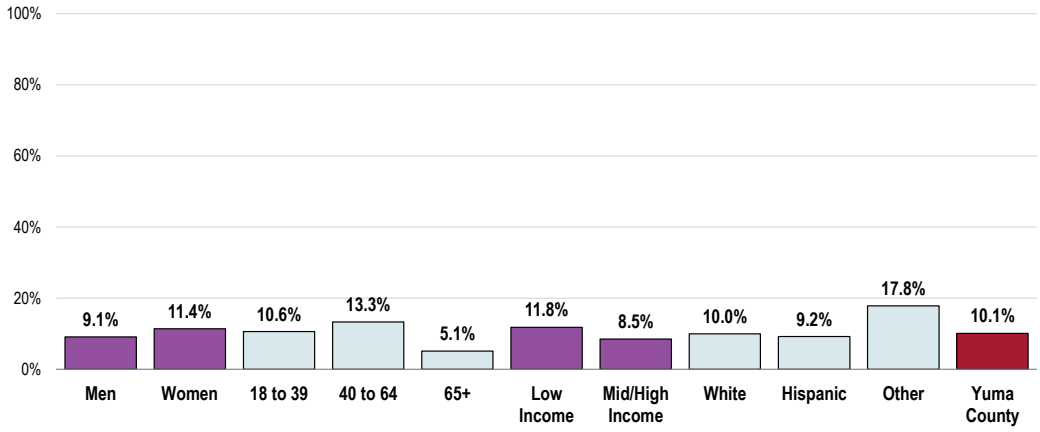
- **BENCHMARK**: Below the prevalence found nationally.
- **DISPARITY**: Statistically high in Yuma, as well as among county adults under age 65. Other differences by demographics are not statistically significant.



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 101]
• 2017 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Perceive Most Days as "Extremely" or "Very" Stressful

(Yuma County, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 101]

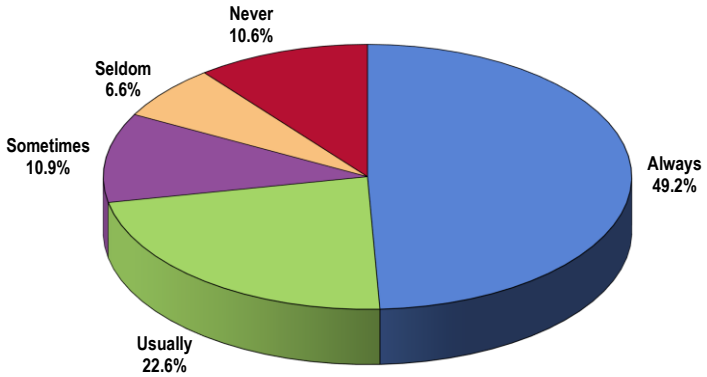
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Social and Emotional Support

Most respondents report "always," "usually," or "sometimes" receiving the social and emotional support that they need.

Likelihood of Getting Needed Social and Emotional Support

(Yuma County, 2019)



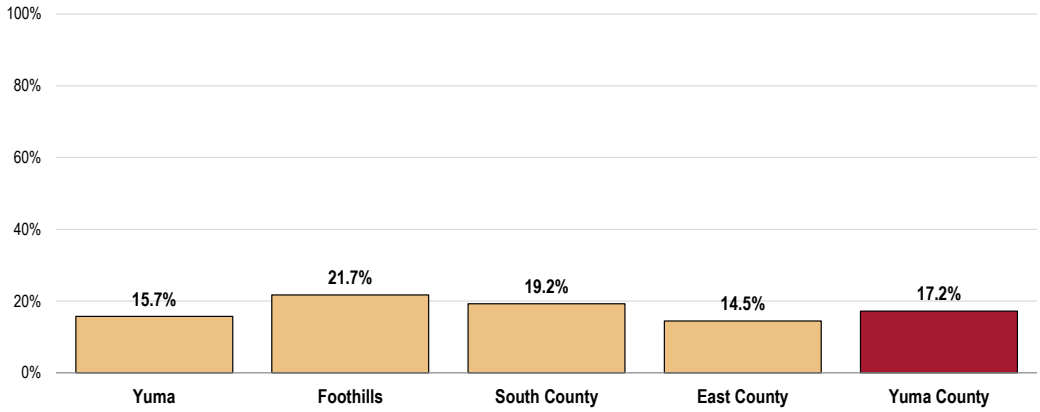
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 311]

Notes:
- Asked of all respondents.

However, 17.2% "seldom" or "never" get this needed social and emotional support.

- **DISPARITY**: Men, low-income residents, and Hispanic adults more often lack this type of support.

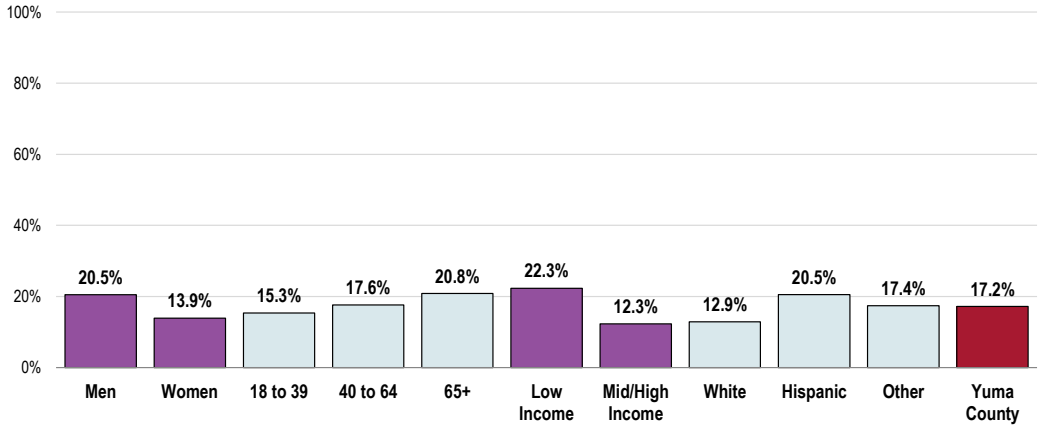
"Seldom/Never" Get the Social and Emotional Support Needed



Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 311]
Notes: ● Asked of all respondents.

"Seldom/Never" Get the Social and Emotional Support Needed

(Yuma County, 2019)



Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 311]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Suicide

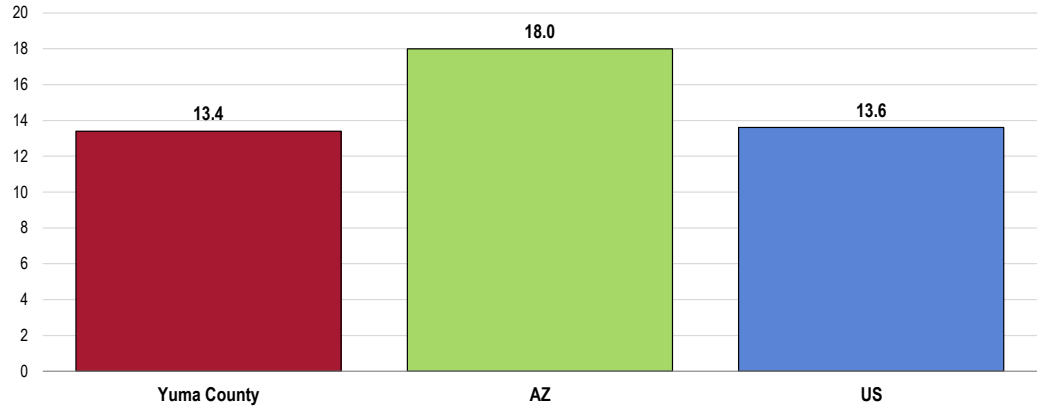
Between 2015 and 2017, there was an annual average age-adjusted suicide rate of 13.4 deaths per 100,000 population in Yuma County.

- **TREND**: Despite a recent decrease, the suicide rate has overall increased over the past decade.
- **BENCHMARK**: Lower than the Arizona rate, though fails to satisfy the related Healthy People 2020 objective.

Suicide: Age-Adjusted Mortality

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 10.2 or Lower



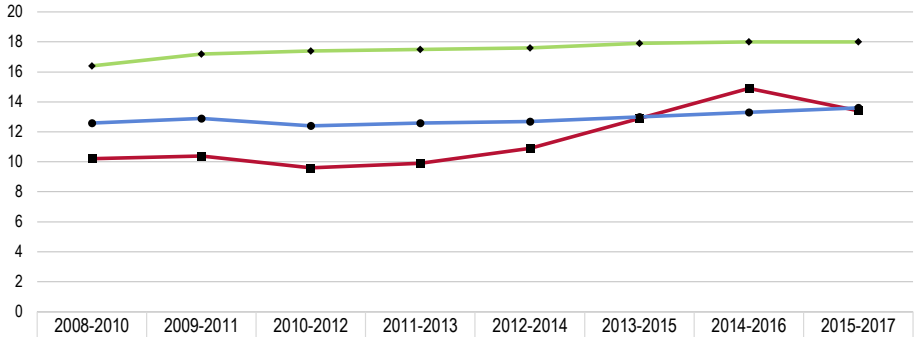
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Suicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 10.2 or Lower



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Yuma County	10.2	10.4	9.6	9.9	10.9	12.9	14.9	13.4
AZ	16.4	17.2	17.4	17.5	17.6	17.9	18.0	18.0
US	12.6	12.9	12.4	12.6	12.7	13.0	13.3	13.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

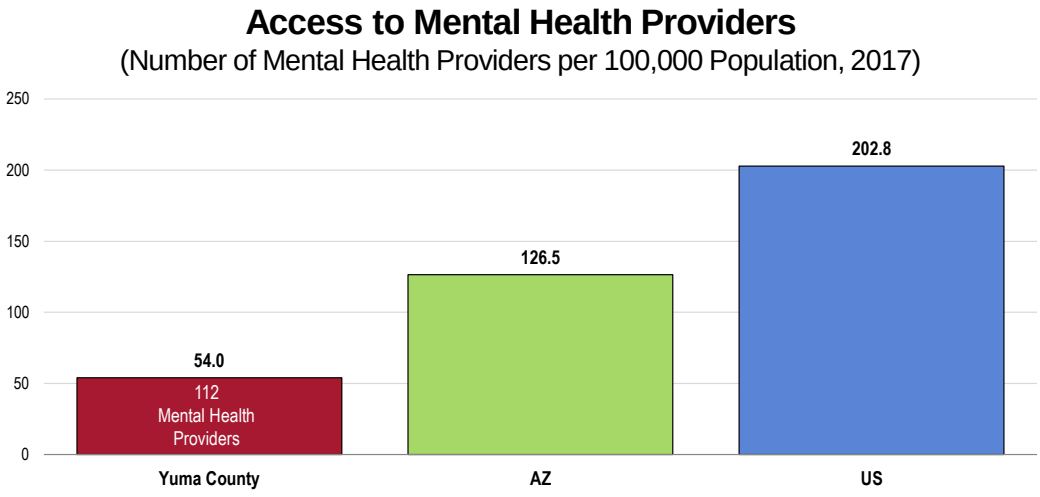
Mental Health Treatment

Mental Health Providers

In Yuma County in 2017, there were 54.0 mental health providers for every 100,000 population.

Here, "mental health providers" includes psychiatrists, psychologists, clinical social workers, and counsellors who specialize in mental health care.

- **BENCHMARK**: Notably lower than state and (especially) national rates.



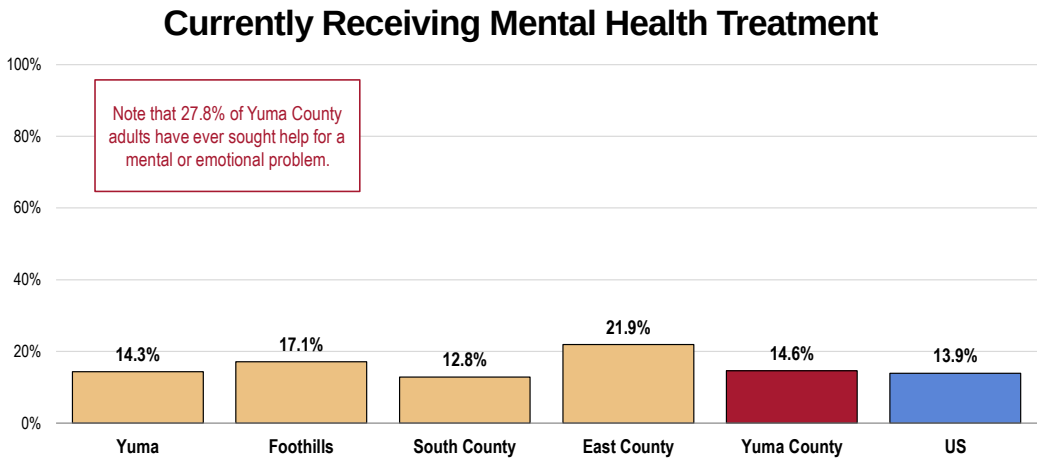
Sources:
- University of Wisconsin Population Health Institute, County Health Rankings.
- Retrieved July 2019 from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

Currently Receiving Treatment

A total of 14.6% are currently taking medication or otherwise receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

- **DISPARITY**: No statistically significant differences by area.



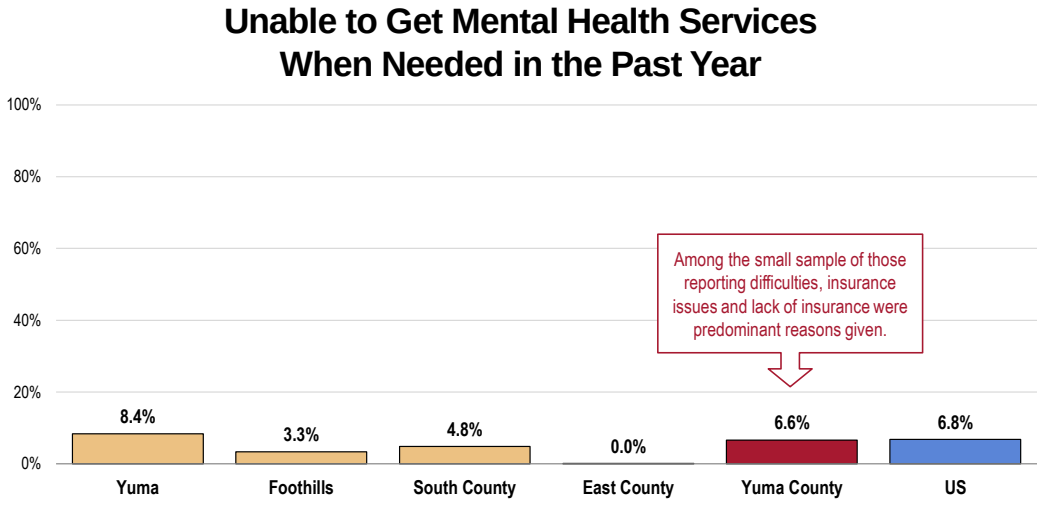
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 103-104]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- "Treatment" can include taking medications for mental health.

Difficulty Accessing Mental Health Services

A total of 6.6% of Yuma County adults report a time in the past year when they needed mental health services but were not able to get them.

- **DISPARITY**: Significantly high in the Yuma area (note that none of the East County respondents reported difficulties). Also high among young adults, those with lower incomes, and residents of Other race/ethnicity. Again, keep in mind that the sample of residents of Other race/ethnicity is relatively small and carries a larger error rate.

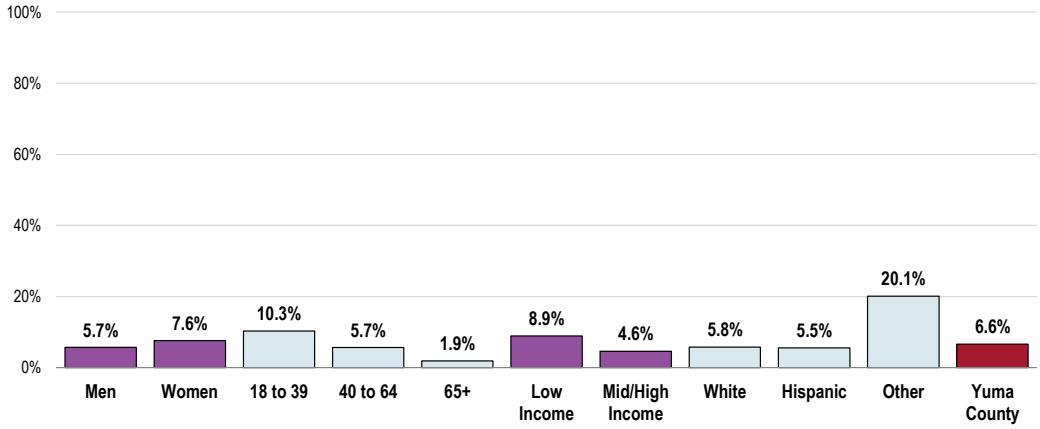


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 105, 106]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Unable to Get Mental Health Services When Needed in the Past Year

(Yuma County, 2019)



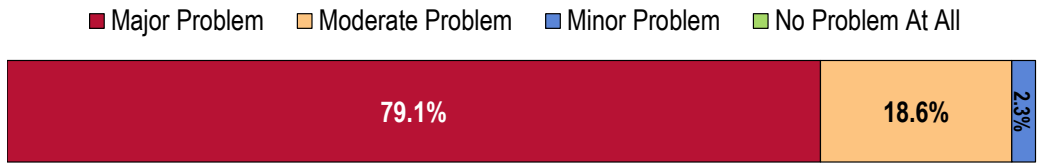
Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 105]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Mental Health

Almost eight in 10 key informants taking part in an online survey characterized *Mental Health* as a "major problem" in the community.

Perceptions of Mental Health as a Problem in the Community

(Key Informants, 2019)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Providers

Not enough psychiatrists or licensed counselors in Yuma. Community mental health agencies try to help, but most of their staff are not trained to help patients who need help with their mental health. Community Mental Health will refer to a peer support, which is helpful, but the patient needs much more. Peer support needs to be an augmentation to treatment, not the driver of treatment. Community Mental Health relies too much on peer support and not on a licensed provider who has the mental health training. - Other Healthcare Provider

There is a lack of licensed clinical providers, particularly for children and young adults. We don't have a child psychiatrist or a licensed Medicare facility. The need continues to grow and with it the disparity in access to care. - Public Health Representative

Access to psychiatric diagnosis and treatment centers. Law enforcement, lack of training to get them to care versus arresting for a crime. Lack of psychiatrists. Mental Health Court sees them only after incarceration. - Community Leader

Across Arizona, there is a lack of mental health professionals to adequately serve our state. In Yuma County, specifically, we have a lack of available services or availability from those currently in the community. - Other Healthcare Provider

Getting a provider in the community. We have one psychiatrist in Yuma County. Limited amount of mental health nurse practitioners available. - Community Leader

Getting access to mental health doctors. No psychiatrists or limited psychological services in private sector. Suicide prevention, PTSD, and mental health are all difficult to address. - Community Leader

Availability of providers. Telehealth providers do not give adequate and quality care to this population who has historically been noncompliant with medications and treatment. Limited funding for mental health in Yuma County. - Other Healthcare Provider

The specialists who can better treat this condition are not located in Yuma, as well as the facilities to treat long-term. - Community Leader

Mental health providers are far and few in between. - Community Leader

Access to psychiatrists and available inpatient beds. - Other Healthcare Provider

Lack of mental health care providers. - Community Leader

Access to Care/Services

People must travel to Phoenix or San Diego for quality care, such as therapy or for a psychiatrist. In Yuma, mostly all mental health providers provide therapy via Telemed. This is only a band-aid on the issue. This service adds more frustration to the patient and there is no room to establish a relationship with the patients. The agencies that do have in person care are overwhelmed. There is only 1 agency providing beds for patients that need intensive care. - Social Services Provider

Lack of services in the community forces many to bypass seeking help for mental health conditions. This leads to other social community issues and compounds other problems in our community. - Community Leader

There are many organizations and systems in place in Yuma County. I think the rural areas of the county are considerably more challenged in receiving services. - Community Leader

Lack of treatment facilities. The facilities we do have are full, so it takes time to get into programs. Lack of education regarding how to diagnose and what to do once diagnosed. - Community Leader

There is no permanent group home for severely mentally ill persons. Such a home would provide shelter, meals and medication supervision for the severely mentally ill. - Community Leader

Very limited resources and crisis coverage. - Community Leader

No facility, no center for people to be admitted. - Community Leader

Accessing care and affording care. - Other Healthcare Provider

Limit facilities available in our community. - Community Leader

Access to long-term care facilities, bed space, time in bed, space for medication stability. - Social Services Provider

Access to care. Large caseloads of providers. Lack of professional staff. - Community Leader

Prevalence/Incidence

The title mental health encompasses a great number of conditions. Conditions caused as the result of abuse are most complex and hardest to overcome for some. Diagnosis is minimal as the stigma of being known is prevalent. School systems are hurt by behavior problems many of which are attributed to abuse or neglect. These children become adults without tools to deal with their illness as the study of ACEs demonstrates. It is a relevant issue to be dealt with serious effort and patient resolve. Our communities suffer lost productivity, substance abuse and other social consequences due to children and adult sufferers of mental health needing help with their condition. - Community Leader

The number of children in schools with significant behavioral and mental health concerns due to adverse or traumatic experiences. - Community Leader

We have a hall dedicated to residents who suffer from mental health issues/diseases. - Community Leader

Disease Management

Failure to comply. Not compliant with prescription or outpatient services. Mental health disorders escalate, and then the individuals end up in the emergency rooms for hours and sometimes days at a time while awaiting placement. Improved outpatient follow-up may be helpful however, many of the mental health clients in the Yuma community are homeless and often not able to contact them or follow-up. Also, many of the mental health clients have drug addictions. This creates a double problem. Lack of inpatient behavioral health at YRMC means everyone has to be transferred out. The local mental health facility does not take anyone with medical issues, only mental health. Need a local facility connected with medical to avoid the high costs of transferring everyone out. - Other Healthcare Provider

Lack of community case worker follow-up. Patients need to give back to community to have a sense of self-worth. Even menial job. Patient need to be randomly drug tested. Drug detox programs are very limited with poor outcomes. - Other Healthcare Provider

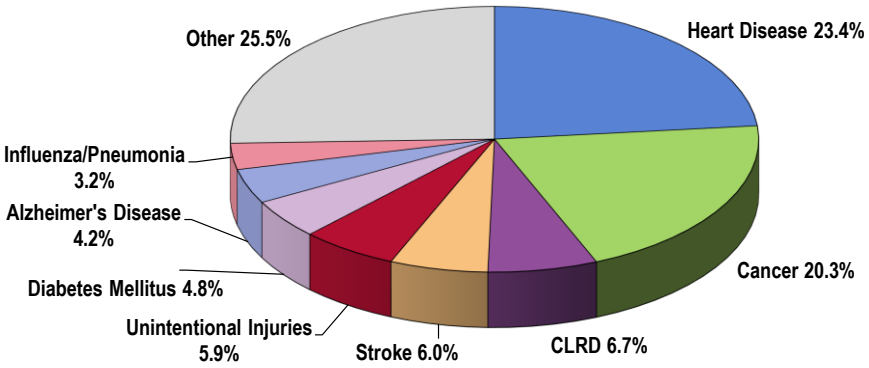
Death, Disease & Chronic Conditions

Leading Causes of Death

Distribution of Deaths by Cause

Together, heart disease and cancers accounted for nearly one-half of all deaths in Yuma County in 2017.

Leading Causes of Death
(Yuma County, 2017)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Lung disease is CLRD, or chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

About Age-Adjusted Death Rates

In order to compare mortality in the region with other localities (in this case, Arizona and the United States), it is necessary to look at rates of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these "age-adjusted" rates provides the most valuable means of gauging mortality against benchmark data, as well as Healthy People 2020 objectives.

For infant mortality data, see *Birth Outcomes & Risks* in the **Births** section of this report.

The following chart outlines 2015-2017 annual average age-adjusted death rates per 100,000 population for selected causes of death in Yuma County.

Each of these is discussed in greater detail in subsequent sections of this report.

Age-Adjusted Death Rates for Selected Causes

(2015-2017 Deaths per 100,000 Population)

	Yuma County	AZ	US	HP2020
Diseases of the Heart	116.4	139.9	166.3	156.9*
Malignant Neoplasms (Cancers)	111.5	138.0	155.6	161.4
Unintentional Injuries	43.1	53.2	46.7	36.4
Chronic Lower Respiratory Disease (CLRD)	32.9	43.3	41.0	n/a
Cerebrovascular Disease (Stroke)	32.3	30.4	37.5	34.8
Diabetes	30.4	24.3	21.3	20.5*
Alzheimer's Disease	19.3	35.6	30.2	n/a
Pneumonia/Influenza	16.4	10.0	14.3	n/a
Unintentional Drug-Related Deaths	14.6	17.0	16.7	11.3
Cirrhosis/Liver Disease	13.8	14.7	10.8	8.2
Intentional Self-Harm (Suicide)	13.4	18.0	13.6	10.2
Motor Vehicle Deaths	10.8	13.2	11.4	12.4
Firearm-Related	9.5	14.9	11.6	9.3
Kidney Disease	7.1	5.8	13.2	n/a
Homicide/Legal Intervention	3.3	6.1	6.0	5.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov.

Note:
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.
- *The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.

Cardiovascular Disease

About Heart Disease & Stroke

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than $500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease Deaths

The greatest share of cardiovascular deaths is attributed to heart disease.

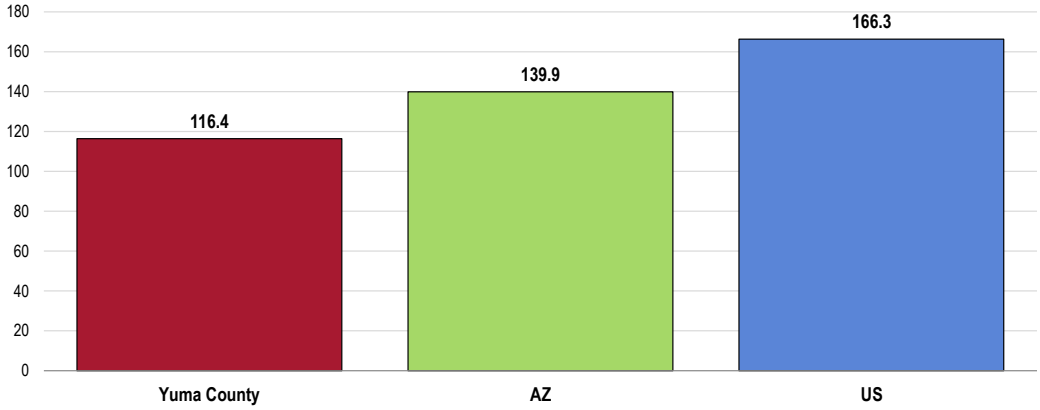
Between 2015 and 2017, there was an annual average age-adjusted heart disease mortality rate of 116.4 deaths per 100,000 population in Yuma County.

- **TREND**: Following a period of slight increase over the beginning of the past decade, the rate has decreased in recent years.
- **BENCHMARK**: Favorably below state and national rates. Satisfies the related Healthy People 2020 objective.
- **DISPARITY**: Rates appear higher among non-Hispanic White residents.

Heart Disease: Age-Adjusted Mortality

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 156.9 or Lower (Adjusted)



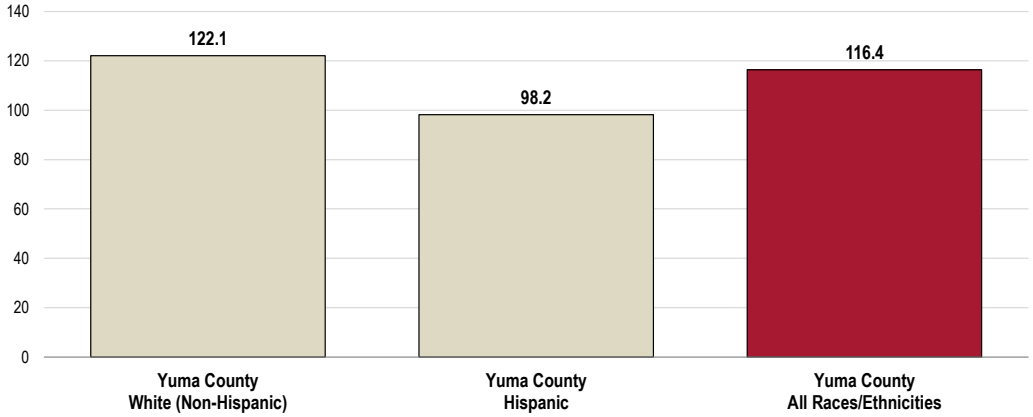
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Heart Disease: Age-Adjusted Mortality by Race

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 156.9 or Lower (Adjusted)



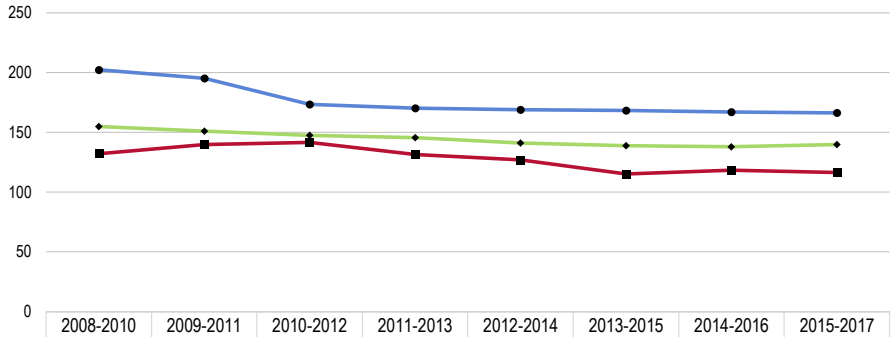
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Heart Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 156.9 or Lower (Adjusted)



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Yuma County	132.2	139.9	141.6	131.6	127.0	115.2	118.5	116.4
AZ	154.9	150.9	147.5	145.6	141.0	138.8	138.0	139.9
US	202.4	195.2	173.4	170.3	169.1	168.4	167.0	166.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Stroke Deaths

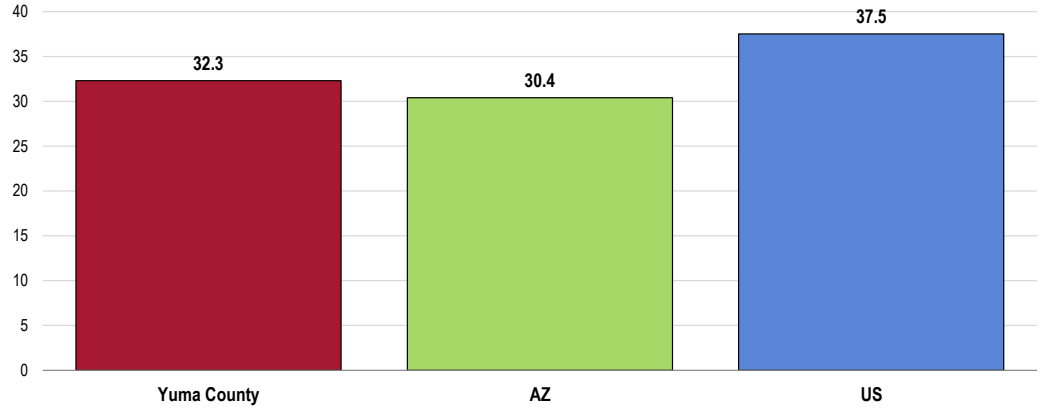
Between 2015 and 2017, there was an annual average age-adjusted stroke mortality rate of 32.3 deaths per 100,000 population in Yuma County.

- **TREND**: Following a period of decline, the mortality rate has increased since the 2011-2013 reporting period.
- **BENCHMARK**: Below the US rate.
- **DISPARITY**: Appears higher among Hispanic residents.

Stroke: Age-Adjusted Mortality

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 34.8 or Lower



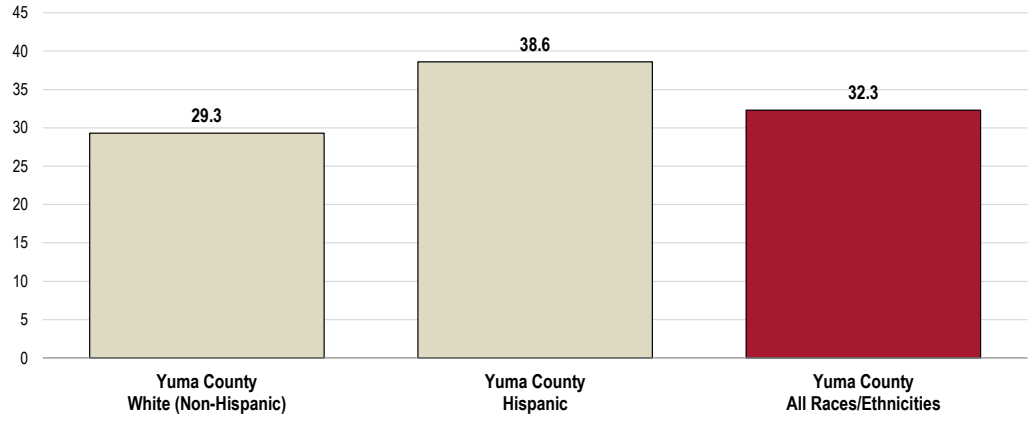
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Stroke: Age-Adjusted Mortality by Race

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 34.8 or Lower



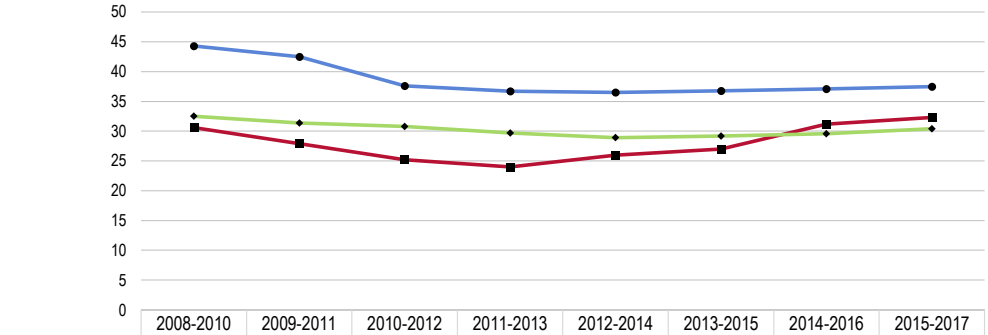
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Stroke: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 34.8 or Lower



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Yuma County	30.6	27.9	25.2	24.0	26.0	27.0	31.2	32.3
AZ	32.5	31.4	30.8	29.7	28.9	29.2	29.6	30.4
US	44.3	42.5	37.6	36.7	36.5	36.8	37.1	37.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

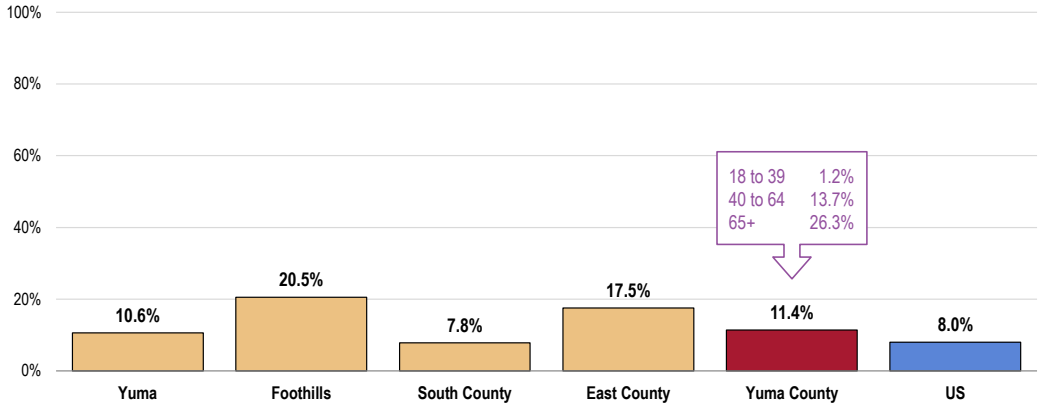
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 11.4% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

- **BENCHMARK**: Higher than the national rate.
- **DISPARITY**: Highest in the Foothills area. Note the strong correlation with age.

Prevalence of Heart Disease



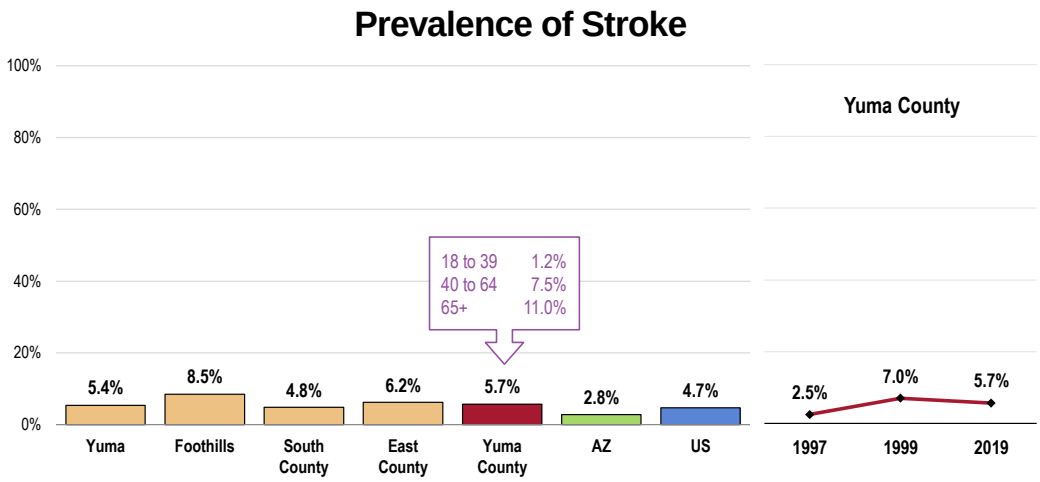
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 128]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina, or coronary heart disease.

Prevalence of Stroke

A total of 5.7% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- **TREND**: Marks a significant increase since the 1997 finding (statistically similar to 1999).
- **BENCHMARK**: Higher than the Arizona percentage.
- **DISPARITY**: Prevalence is higher among adults age 40+ (especially those age 65+).



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 33]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Arizona data.
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Cardiovascular Risk Factors

About Cardiovascular Risk

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

— Healthy People 2020 (www.healthypeople.gov)

Blood Pressure & Cholesterol

A total of 42.6% of Yuma County adults have been told at some point that their blood pressure was high.

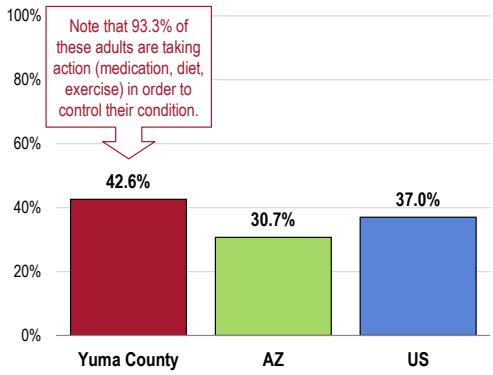
- **TREND**: Represents a notable increase over time.
- **BENCHMARK**: Significantly above Arizona and US proportions. Fails to satisfy the related Healthy People 2020 objective.
- **DISPARITY**: Highest in the Foothills area (not shown).

A total of 33.0% of adults have been told by a health professional that their cholesterol level was high.

- **TREND**: Represents a significant increase over time.
- **BENCHMARK**: Far from satisfying the related Healthy People 2020 objective.

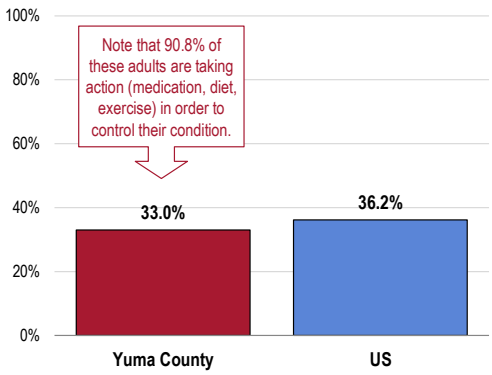
Prevalence of High Blood Pressure

Healthy People 2020 = 26.9% or Lower



Prevalence of High Blood Cholesterol

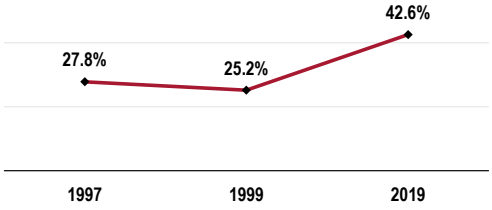
Healthy People 2020 = 13.5% or Lower



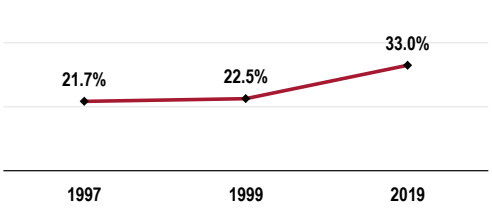
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 41, 44, 129, 130]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Arizona data.
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives HDS-5.1, HDS-7]

Notes:
- Asked of all respondents.

Prevalence of High Blood Pressure
(Yuma County)
Healthy People 2020 = 26.9% or Lower



Prevalence of High Blood Cholesterol
(Yuma County)
Healthy People 2020 = 13.5% or Lower



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 129, 130]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives HDS-5.1, HDS-7]

Notes:
- Asked of all respondents.

Total Cardiovascular Risk

About Cardiovascular Risk

Individual level risk factors which put people at increased risk for cardiovascular diseases include:

- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

— National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Three health-related behaviors contribute markedly to cardiovascular disease:

Poor nutrition. People who are overweight have a higher risk for cardiovascular disease. Almost 60% of adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

Lack of physical activity. People who are not physically active have twice the risk for heart disease of those who are active. More than half of adults do not achieve recommended levels of physical activity.

Tobacco use. Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the US.

Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

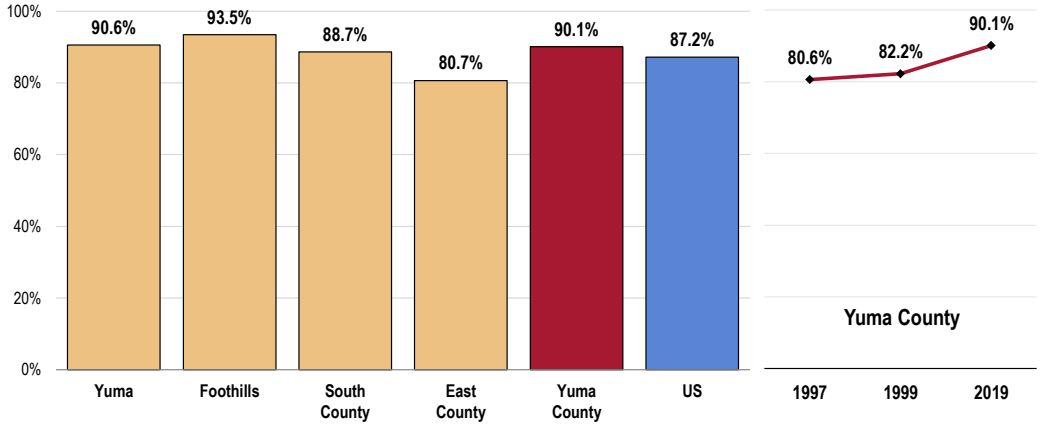
— National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

RELATED ISSUE:
See also *Nutrition*, *Physical Activity*, *Weight Status,* and *Tobacco Use* in the **Modifiable Health Risks** section of this report.

Nine in 10 Yuma County adults (90.1%) report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- **TREND**: A significant increase over time.
- **DISPARITY**: Differences by area are not statistically significant. By demographics, prevalence is significantly high among men and adults age 40+.

Present One or More Cardiovascular Risks or Behaviors

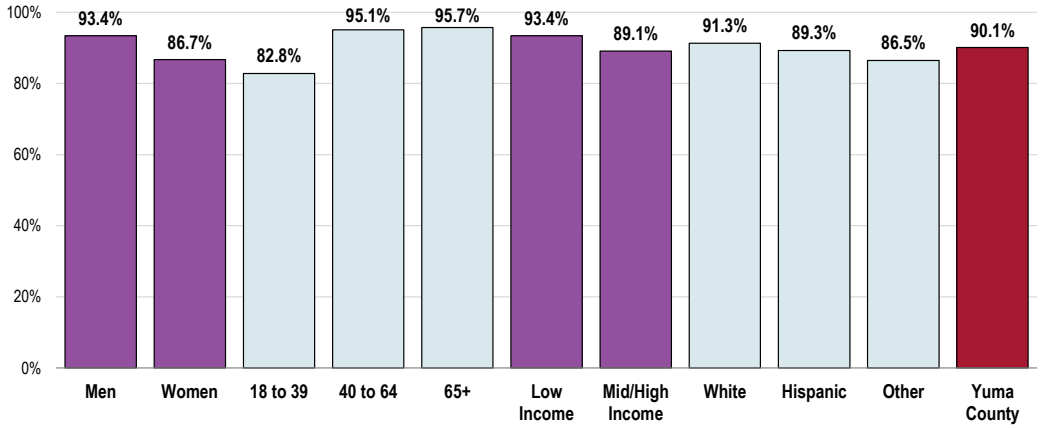


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 131]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Reflects all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Present One or More Cardiovascular Risks or Behaviors

(Yuma County, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 131]

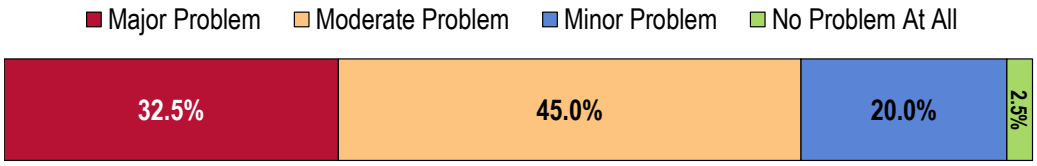
Notes:
- Reflects all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Heart Disease & Stroke

The greatest share of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a "moderate problem" in the community.

Perceptions of Heart Disease and Stroke as a Problem in the Community

(Key Informants, 2019)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Aging Population

Aging population in Yuma and cultural issues, Hispanic and Native American. - Community Leader

Given the older ages of our winter residents. - Community Leader

Contributing Factors

Levels of stress in this community mainly due to financial hardship are the main cause of stroke and heart disease. Also, the area's climate, excessive heat, does not help. - Community Leader

Poor nutrition management. - Community Leader

Lack of Specialty Care

The specialists who can better treat this condition are not located in Yuma. Not to mention the facilities are aging and the group responsible for the care are subpar. - Community Leader

Neurosurgery. Bleeding, strokes, brain and spinal cord traumas are flown to Phoenix. - Community Leader

Comorbidities

It's often accompanied by other comorbidities such as diabetes, obesity and hypertension. Waiting time to schedule appointment is also a problem. - Public Health Representative

Diagnosis/Treatment

Preventive care is almost unheard of in Yuma. Primary Care Providers (PCPs) are so busy, it's hard for them to get to know their patients. Community members may be experiencing early onset symptoms of heart disease, but PCP appointments are so far out- and when we have an appointment, we have to wait for hours, even though we have an appointment. It's difficult for working individuals to get to an appointment, because they are waiting for so long. I have known people to take PTO just for one appointment. - Other Healthcare Provider

Disease Management

These conditions occur due to lack of patient compliance, obesity, or difficulty accessing affordable primary care. - Other Healthcare Provider

Lifestyle

> *The choices made during one's life determine much of the prevalence of heart disease. The aging population is more likely to be suffering from increasing probability of stroke and heart disease. Education and knowledge delivered to the young with the emphasis on healthy eating and activity will do much to promote healthy outcomes. - Community Leader*

Prevalence/Incidence

> *A lot of the residents that we accept are victims of a stroke. - Community Leader*

Cancer

About Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cancer Deaths

All Cancer Deaths

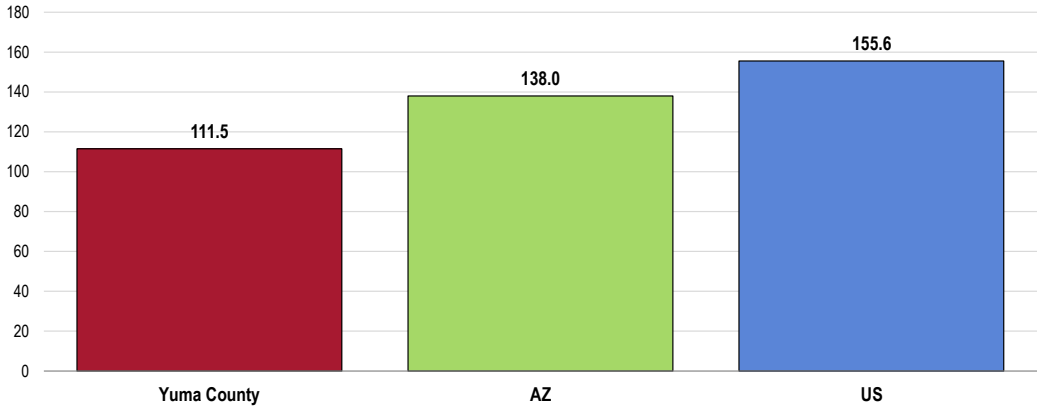
Between 2015 and 2017, there was an annual average age-adjusted cancer mortality rate of 111.5 deaths per 100,000 population in Yuma County.

- **TREND**: The rate has steadily decreased over the past decade, echoing state and national trends.
- **BENCHMARK**: Favorably below state and national rates; satisfies the related Healthy People 2020 objective.
- **DISPARITY**: Appears to be higher among White residents.

Cancer: Age-Adjusted Mortality

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 161.4 or Lower



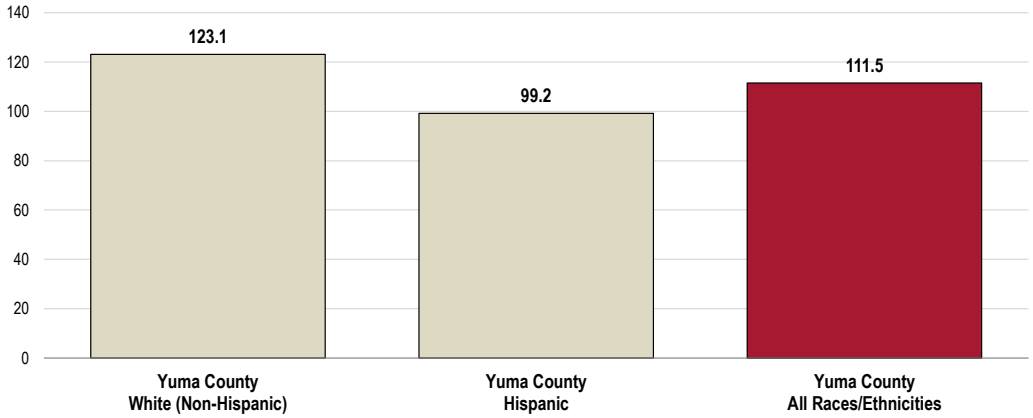
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Cancer: Age-Adjusted Mortality by Race

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 161.4 or Lower



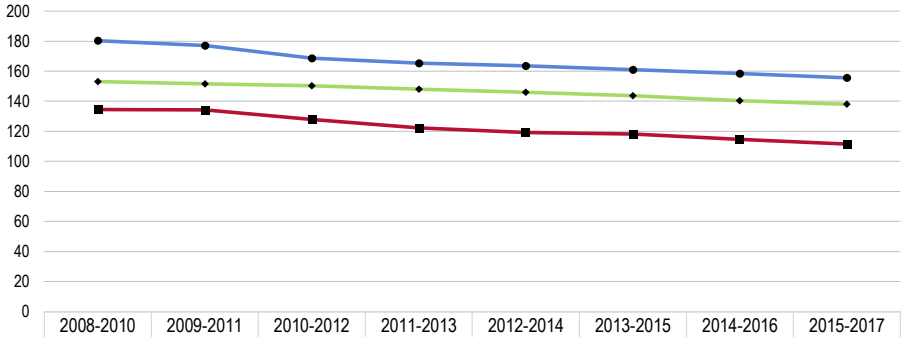
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Cancer: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 161.4 or Lower



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Yuma County	134.5	134.3	127.9	122.2	119.3	118.3	114.7	111.5
AZ	153.1	151.6	150.4	148.0	146.1	143.7	140.3	138.0
US	180.3	177.0	168.6	165.4	163.6	161.0	158.5	155.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Cancer Deaths by Site

Lung cancer is by far the leading cause of cancer deaths in Yuma County.

Other leading sites include prostate cancer among men, breast cancer among women, and colorectal cancer (both sexes).

- **BENCHMARK**: Based on 2015-2017 annual average age-adjusted cancer death rates by site, note that each is similar or more favorable than the related statewide and US rate. Each site-specific rate also satisfies the related Healthy People 2020 objective.

Age-Adjusted Cancer Death Rates by Site

(2015-2017 Annual Average Deaths per 100,000 Population)

	Yuma County	AZ	US	HP2020
ALL CANCERS	**111.5**	**138.0**	**155.6**	**161.4**
Lung Cancer	**28.2**	**31.8**	**38.5**	**45.5**
Prostate Cancer	**13.2**	**17.3**	**18.9**	**21.8**
Female Breast Cancer	**12.9**	**18.7**	**20.1**	**20.7**
Colorectal Cancer	**10.3**	**12.7**	**13.9**	**14.5**

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov

Cancer Incidence

Incidence rates reflect the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted.

"Incidence rate" or "case rate" is the number of new cases of a disease occurring during a given period of time.

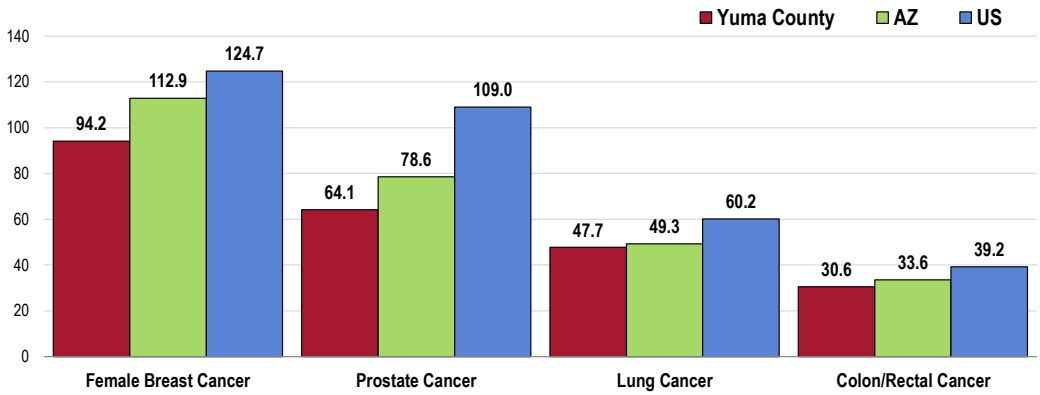
It is usually expressed as cases per 100,000 population per year.

The highest cancer incidence rates are for breast cancer in women and prostate cancer in men.

- **BENCHMARK**: Based on 2011-2015 annual average incidence rates by site, note that each rate is either similar to more favorable than the respective state or national rates.

Cancer Incidence Rates by Site

(Annual Average Age-Adjusted Incidence per 100,000 Population, 2011-2015)



Sources:
- State Cancer Profiles.
- Retrieved July 2019 from CARES Engagement Network at https://engagementnetwork.org.

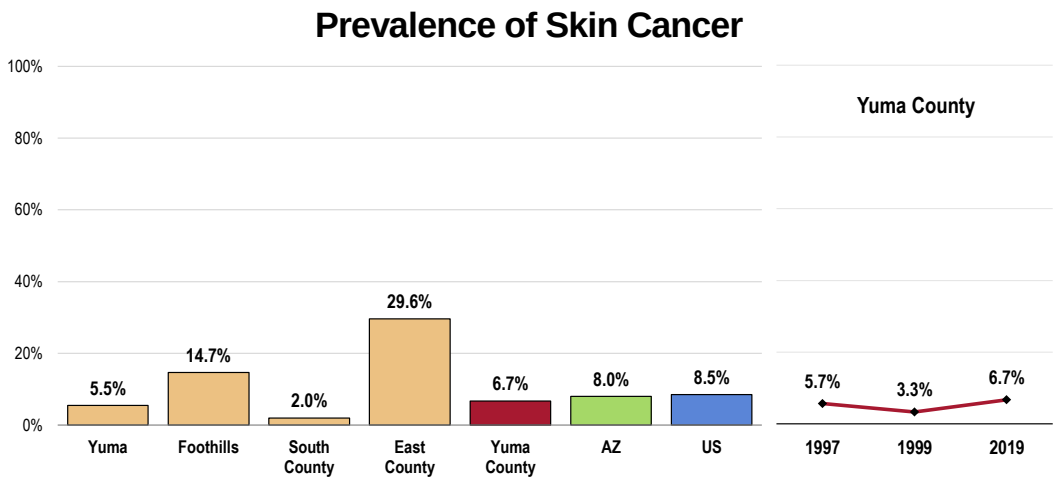
Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Prevalence of Cancer

Skin Cancer

A total of 6.7% of surveyed Yuma County adults report having been diagnosed with skin cancer.

- **TREND**: Represents a significant increase over 1999 findings (similar to 1997).
- **DISPARITY**: There is wide disparity of reported skin cancer by area, with East County residents reporting the highest prevalence and South County residents reporting the lowest; the Foothills area is also significantly high.



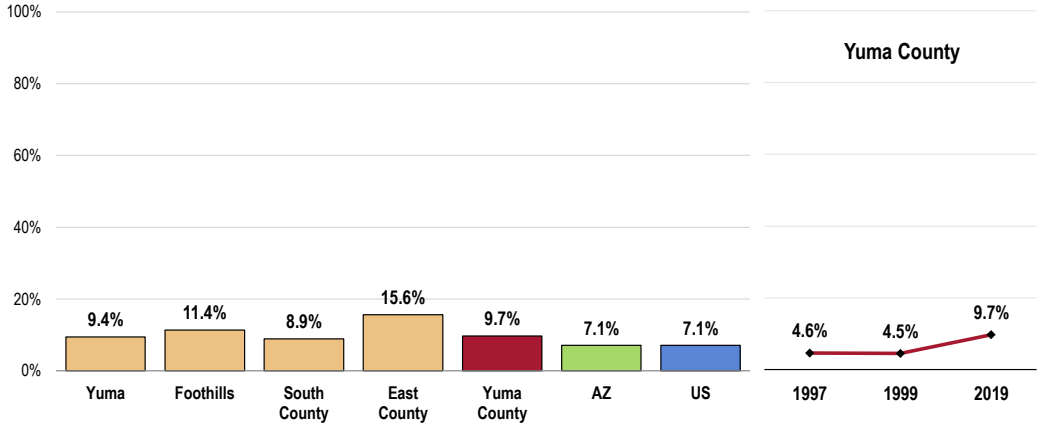
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 28]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Arizona data.
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Other Cancers

A total of 9.7% of survey respondents have been diagnosed with some type of (non-skin) cancer.

- **TREND**: A significant increase over time.
- **BENCHMARK**: Statistically higher than the statewide prevalence (note that the difference from the US rate approaches significance).



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 27]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Arizona data.
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Cancer Risk

RELATED ISSUE:
See also *Nutrition*, *Physical Activity*, *Weight Status*, and *Tobacco Use* in the **Modifiable Health Risks** section of this report.

About Cancer Risk

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.

— National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the PRC Community Health Survey relative to three cancer sites: female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Female Breast Cancer

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women aged 50 to 74 years.

Cervical Cancer

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years.

Colorectal Cancer

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years.

— US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Among women age 50-74, 79.7% have had a mammogram within the past 2 years.

- **BENCHMARK**: No significant differences from state and national proportions.

Among Yuma County women age 21 to 65, 72.4% have had a Pap smear within the past 3 years.

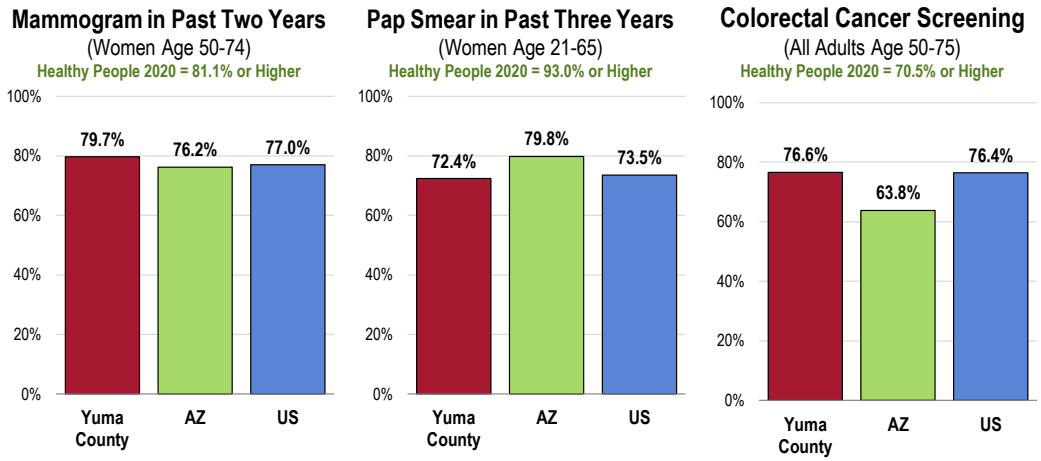
- **BENCHMARK**: Below the statewide prevalence and also fails to satisfy the related Healthy People 2020 objective.

"Appropriate colorectal cancer screening" includes a fecal occult blood test within the past year and/or a lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

Among all adults age 50-75, more than three-quarters (76.6%) have had appropriate colorectal cancer screening.

- **BENCHMARK**: Above the Arizona prevalence; satisfies the related Healthy People 2020 objective.

Cancer Screenings

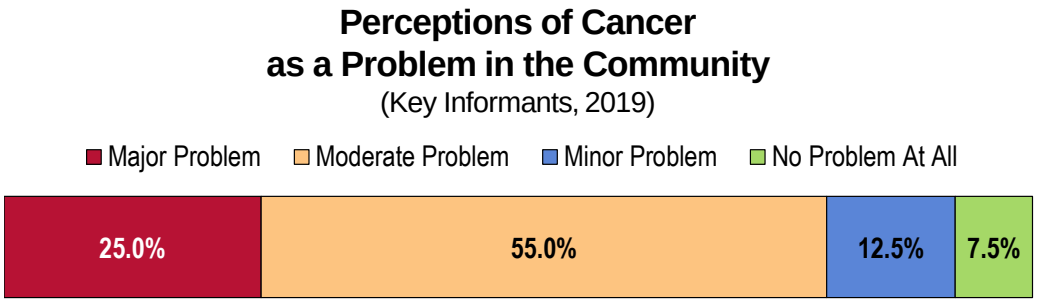


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 133, 134, 137]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Arizona data.
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives C-15, C-16, C-17]

Notes:
- Each indicator is shown among the gender and/or age group specified.

Key Informant Input: Cancer

More than half of key informants taking part in an online survey characterized *Cancer* as a "moderate problem" in the community.



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Prevalence/Incidence

Cancer is a disease that will hit a majority of populations in a lifetime. As of this note I have more than a dozen I have witnessed endure cancer battling treatments. Expensive and not truly saving their lives while still they succumb to the disease. It is continuing to be a disease to be dealt with in increasing numbers as a key demographic aging population increases in our community and in the nation. - Community Leader

There appears to be a greater increase in number of people with cancer and at an earlier age. Research in this area would be good to identify actual trends. Then potential environmental factors could be addressed. - Community Leader

There are many residents with cancer and very few local resources. Patients have to travel to Phoenix or San Diego for quality care. - Social Services Provider

Access to Care/Services

We have residents who are discharged back to the community who did not receive cancer treatment in our centers but do have needs. These people did not receive services within our centers due to access to funds. - Community Leader

Limited options for care, small amount of cancer providers for the size of population of Yuma County. - Other Healthcare Provider

Diagnosis/Treatment

With a patient population that typically does not present for wellness and preventive care, many times cancers are at end stages when detected. - Other Healthcare Provider

Environmental Contributors

In the Wellton Mohawk Valley, there seems to be a high concentration of various cancers. Not sure why. Possible chemicals from farms, dirt in the air, cattle company creating poor air quality, nearness to main power lines. - Community Leader

Respiratory Disease

About Asthma & COPD

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at $20.7 billion.

Asthma. The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Respiratory Disease Deaths

Chronic Lower Respiratory Disease Deaths (CLRD)

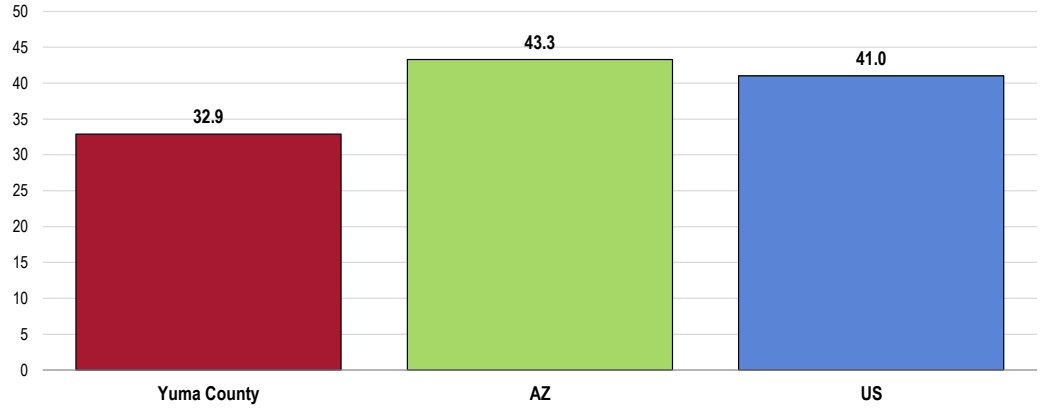
Note: Chronic lower respiratory disease (CLRD) includes lung diseases such as emphysema, chronic bronchitis, and asthma.

Between 2015 and 2017, there was an annual average age-adjusted CLRD mortality rate of 32.9 deaths per 100,000 population in Yuma County.

- **TREND**: A significant decrease over the past decade.
- **BENCHMARK**: More favorable than statewide and national rates.
- **DISPARITY**: Notably higher among White residents.

CLRD: Age-Adjusted Mortality

(2015-2017 Annual Average Deaths per 100,000 Population)

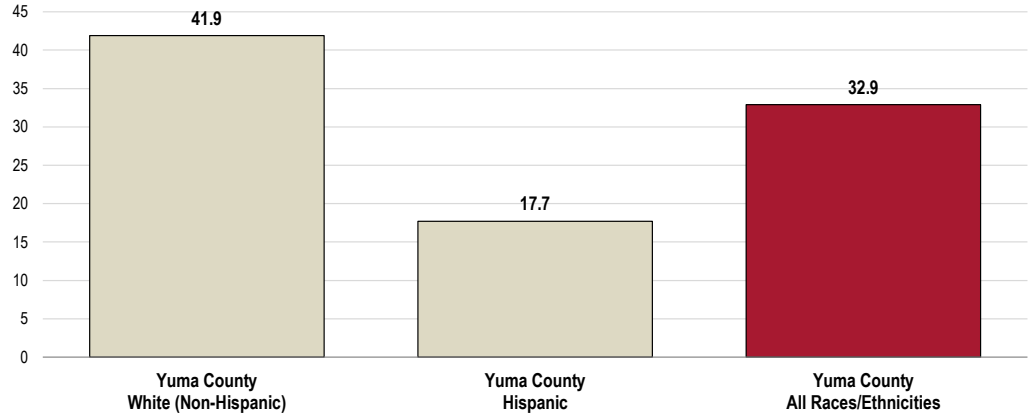


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- CLRD is chronic lower respiratory disease.

CLRD: Age-Adjusted Mortality by Race

(2015-2017 Annual Average Deaths per 100,000 Population)

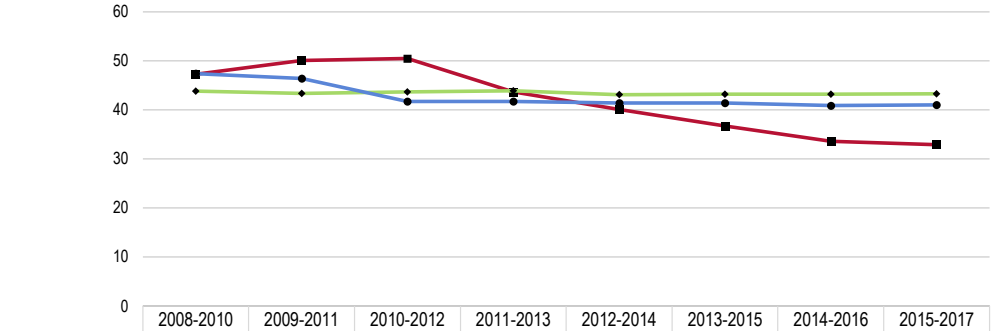


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and. Informatics. Data extracted July 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- CLRD is chronic lower respiratory disease.

CLRD: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Yuma County	47.3	50.1	50.5	43.7	40.1	36.7	33.6	32.9
AZ	43.8	43.4	43.7	43.9	43.1	43.2	43.2	43.3
US	47.4	46.4	41.7	41.7	41.4	41.4	40.9	41.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- CLRD is chronic lower respiratory disease.

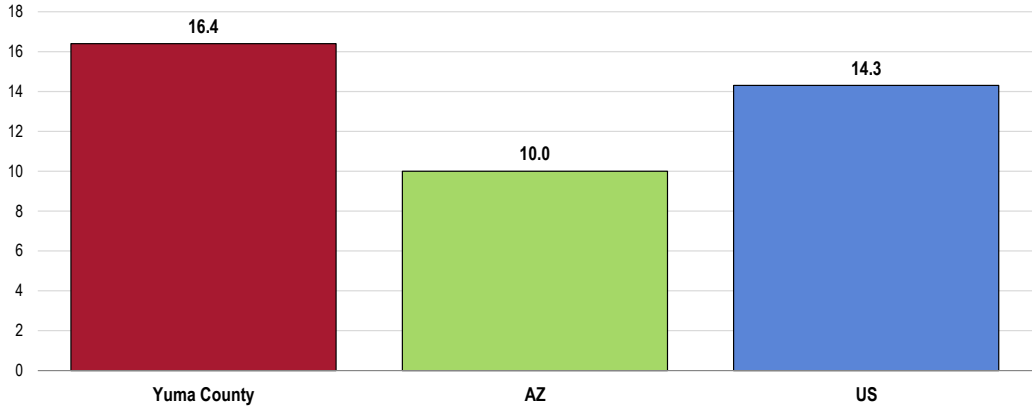
Pneumonia/Influenza Deaths

Between 2015 and 2017, Yuma County reported an annual average age-adjusted pneumonia influenza mortality rate of 16.4 deaths per 100,000 population.

- **TREND**: After a period of increase, the rate has decreased in recent years.
- **BENCHMARK**: Above the statewide rate.

Pneumonia/Influenza: Age-Adjusted Mortality

(2015-2017 Annual Average Deaths per 100,000 Population)

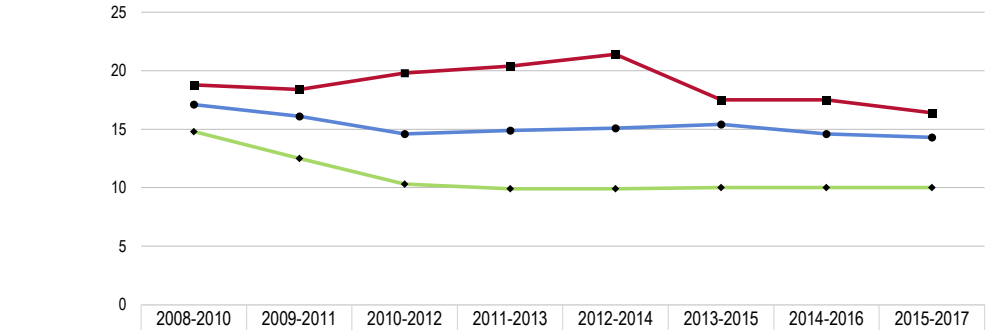


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Pneumonia/Influenza: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Yuma County	18.8	18.4	19.8	20.4	21.4	17.5	17.5	16.4
AZ	14.8	12.5	10.3	9.9	9.9	10.0	10.0	10.0
US	17.1	16.1	14.6	14.9	15.1	15.4	14.6	14.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

— Healthy People 2020 (www.healthypeople.gov)

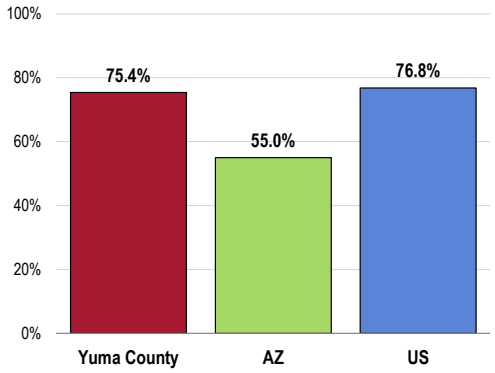
Among Yuma County adults age 65 and older, three-quarters (75.4%) received a flu vaccination within the past year.

- **BENCHMARK**: Notably more favorable than the Arizona proportion; satisfies the related Healthy People 2020 objective.

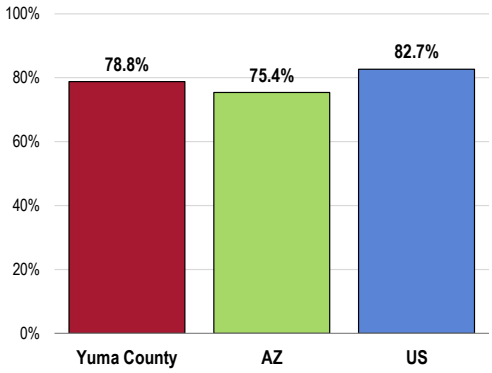
Among Yuma County adults age 65 and older, 78.8% have received a pneumonia vaccination at some point in their lives.

- **BENCHMARK**: Fails to satisfy the related Healthy People 2020 objective.

Older Adults:
Flu Vaccination in the Past Year
(Adults Age 65+)
Healthy People 2020 = 70.0% or Higher



Older Adults:
Ever Had a Pneumonia Vaccine
(Adults Age 65+)
Healthy People 2020 = 90.0% or Higher



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 144, 146]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Arizona data.
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-12.12]

Notes:
- Reflects respondents 65 and older.

Prevalence of Respiratory Disease

Asthma

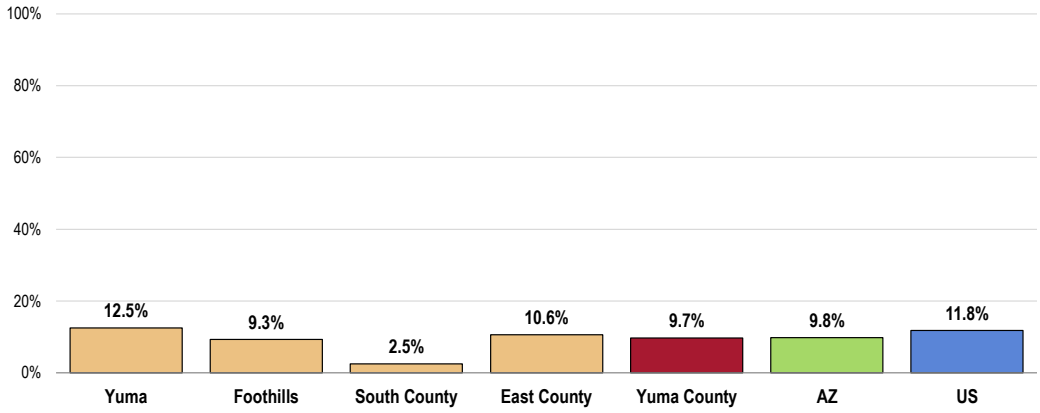
Adults

Survey respondents were asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.
.

A total of 9.7% of Yuma County adults currently suffer from asthma.

- **DISPARITY**: Most common in Yuma and far less common in South County. By demographics, most common among women and residents of Other race/ethnicity (recall the larger error rate with the sample of Other communities of color).

Prevalence of Asthma

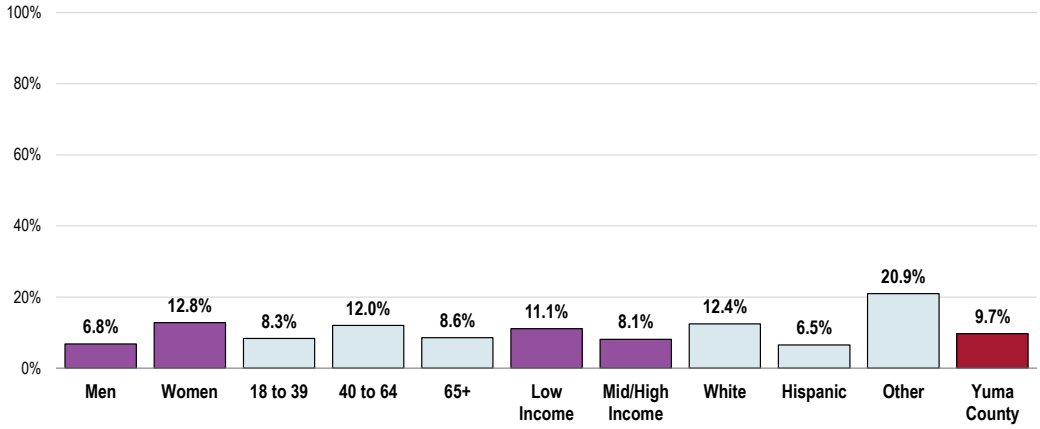


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 138]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Arizona data.
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.

Prevalence of Asthma

(Yuma County, 2019)



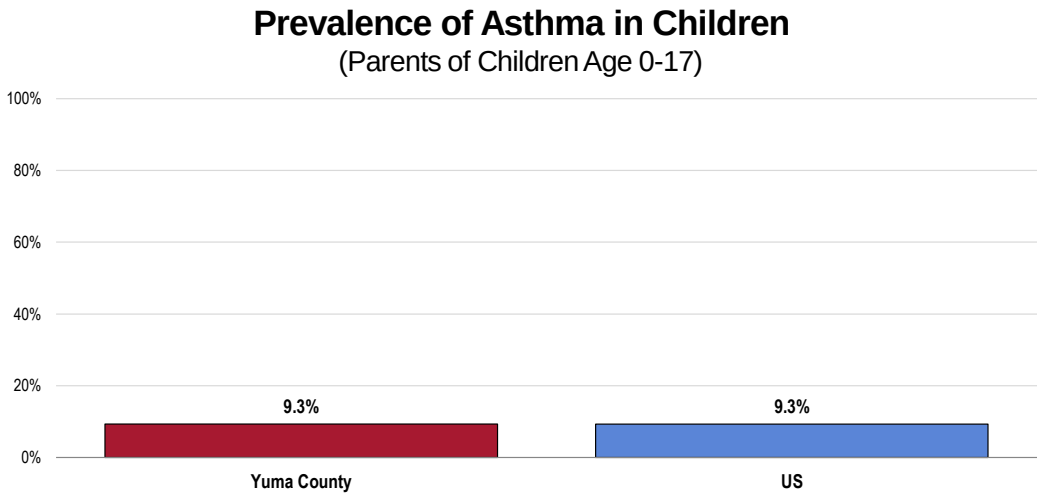
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 138]

Notes:
- Asked of all respondents.
- Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among Yuma County children under age 18, 9.3% currently have asthma.

- **BENCHMARK**: Matches the US prevalence.



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 139]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.
- Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.

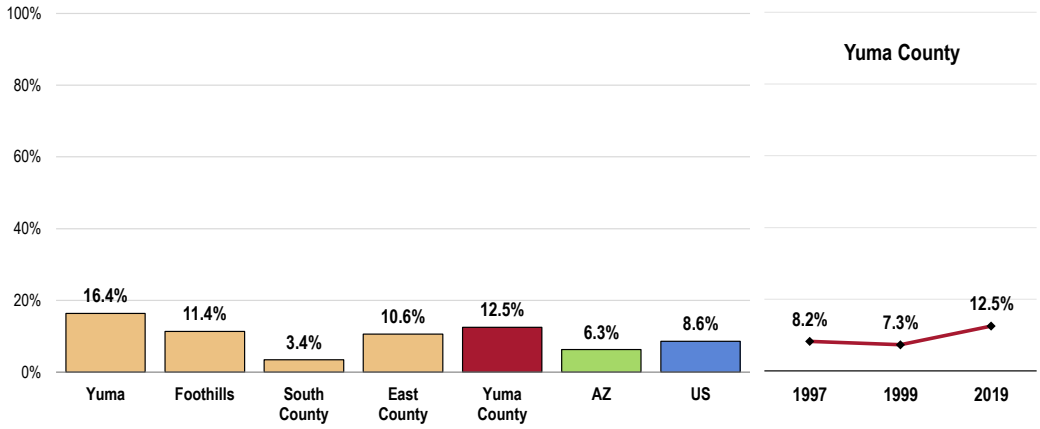
Chronic Obstructive Pulmonary Disease (COPD)

Note: COPD includes lung diseases such as emphysema and chronic bronchitis.

A total of 12.5% of Yuma County adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

- **TREND**: Represents a significant increase over time.
- **BENCHMARK**: Above state and national proportions.
- **DISPARITY**: Note the difference in prevalence between Yuma and South County residents.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 24]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Arizona data.
- 2017 PRC National Health Survey, PRC, Inc.

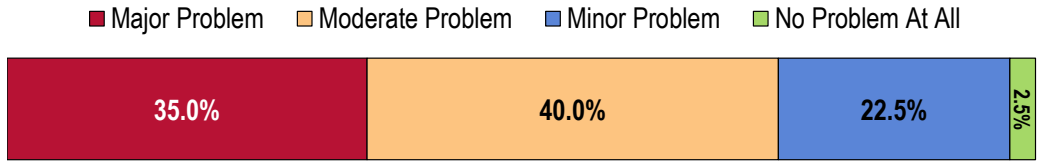
Notes:
- Asked of all respondents.
- Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.
- Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.
- In prior data, the term "chronic lung disease" was used, which also included bronchitis or emphysema.

Key Informant Input: Respiratory Disease

Four in 10 key informants taking part in an online survey characterized *Respiratory Disease* as a "moderate problem" in the community.

Perceptions of Respiratory Diseases as a Problem in the Community

(Key Informants, 2019)



Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Environmental Contributors

> *The desert region and environmental factors contribute greatly to allergies and breathing issues. Sleep disorders caused by breathing difficulty is becoming more prevalent. The aging population in our town is notable for having a greater chance of suffering. COPD and asthma are serious diseases for older adults. Some suffer due to conditions of prior jobs. Others develop allergies at older ages. My understanding is that most respiratory diseases, once diagnosed, cannot be cured and are managed to what is available. - Community Leader*

Yuma is an all year-round growing community. There is always something growing in the farming fields around us, therefore there is spraying happening all around us. Respiratory diseases are prevalent among the young and old. - Community Leader

The dust and other pollens in the air create a risk to respiratory illness and disease. Due to agriculture, the herbicide and pesticide usage, many residents are exposed to unhealthy toxins. - Other Healthcare Provider

We live in a rural area in which farmland is a major part of our economy and way of life. As a result, airborne pollution plays major part of our life. Many people will move to Yuma because, their PCP back home will tell them that the desert air is good for their COPD, asthma, etc. The problem is Yuma is worse for them. - Other Healthcare Provider

The Yuma community is in a dry, dusty area often causing allergy and respiratory problems. - Community Leader

Crop dusting, agricultural. - Community Leader

Air quality. - Community Leader

Access to Care/Services

Yuma County has a large population of respiratory patients with limited availability to respiratory specialist. - Other Healthcare Provider

There is only one provider that could see patients in the hospital and only one that sees patients' outpatient. - Other Healthcare Provider

Injury & Violence

About Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as "accidents," "acts of fate," or as "part of life." However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

— Healthy People 2020 (www.healthypeople.gov)

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

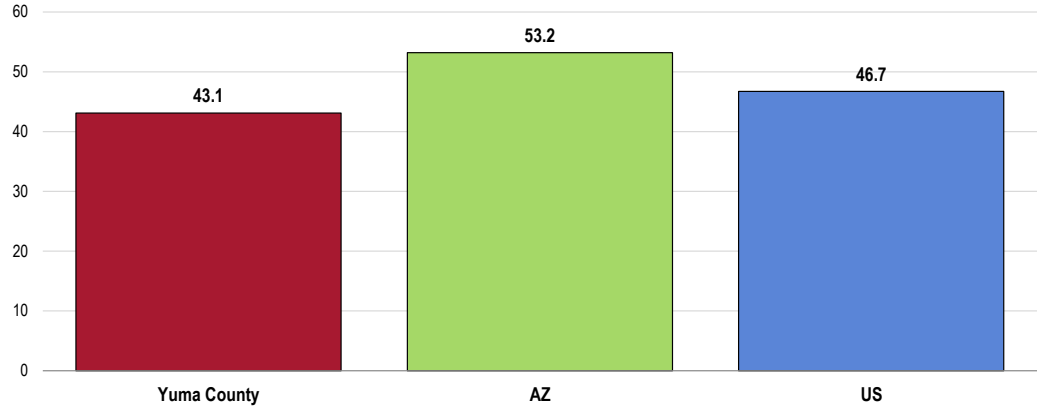
Between 2015 and 2017, there was an annual average age-adjusted unintentional injury mortality rate of 43.1 deaths per 100,000 population in Yuma County.

- **TREND**: Represents a significant increase over the past decade.
- **BENCHMARK**: More favorable than the Arizona rate, though fails to satisfy the Healthy People 2020 objective.
- **DISPARITY**: Almost twice as high among White residents than Hispanic residents.

Unintentional Injuries: Age-Adjusted Mortality

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 36.4 or Lower



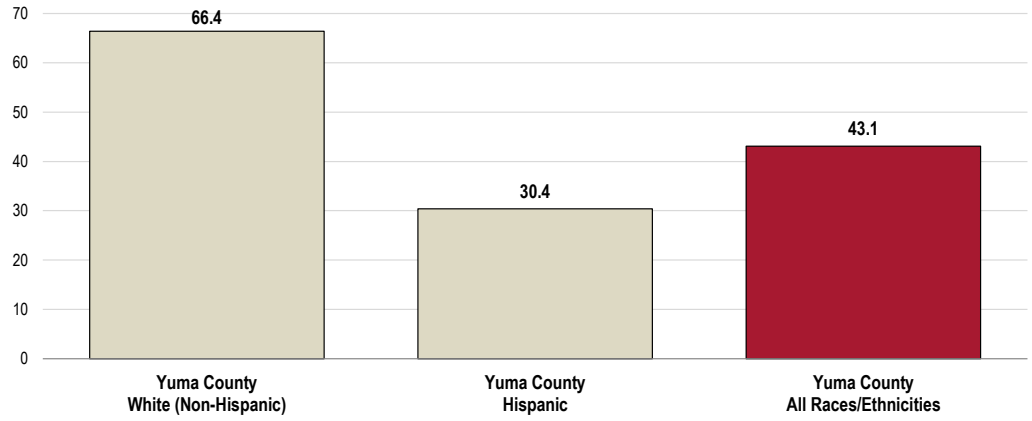
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Unintentional Injuries: Age-Adjusted Mortality by Race

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 36.4 or Lower



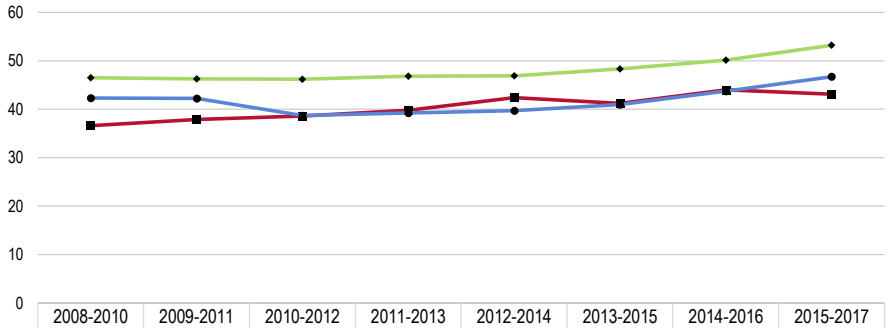
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Unintentional Injuries: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 36.4 or Lower



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Yuma County	36.6	37.9	38.6	39.8	42.4	41.2	44.0	43.1
AZ	46.5	46.3	46.2	46.8	46.9	48.3	50.1	53.2
US	42.3	42.2	38.7	39.2	39.7	41.0	43.7	46.7

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Leading Causes of Unintentional Injury Deaths

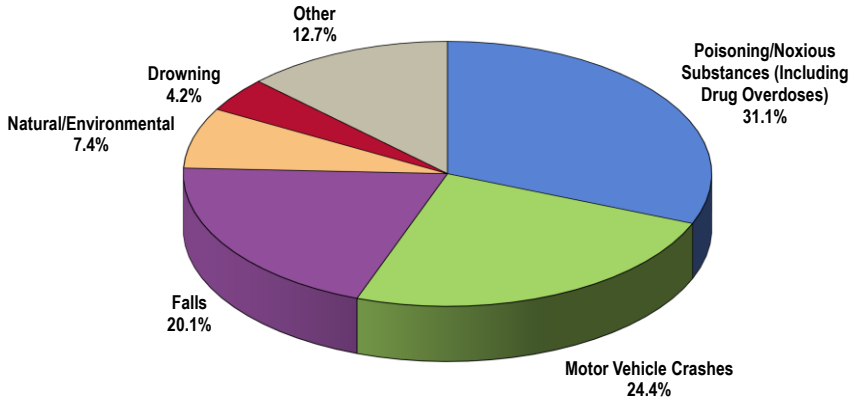
RELATED ISSUE:

For more information about unintentional drug-related deaths, see also *Substance Abuse* in the **Modifiable Health Risks** section of this report.

Poisoning (including unintentional drug overdose), motor vehicle crashes, and falls accounted for most unintentional injury deaths in Yuma County between 2015 and 2017.

Leading Causes of Unintentional Injury Deaths

(Yuma County, 2015-2017)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Falls

Falls

Each year, an estimated one-third of older adults fall, and the likelihood of falling increases substantially with advancing age. In 2005, a total of 15,802 persons age ≥65 years died as a result of injuries from falls.

Falls are the leading cause of fatal and nonfatal injuries for persons aged ≥65 years … In 2006, approximately 1.8 million persons aged ≥65 years (nearly 5% of all persons in that age group) sustained some type of recent fall-related injury. Even when those injuries are minor, they can seriously affect older adults' quality of life by inducing a fear of falling, which can lead to self-imposed activity restrictions, social isolation, and depression.

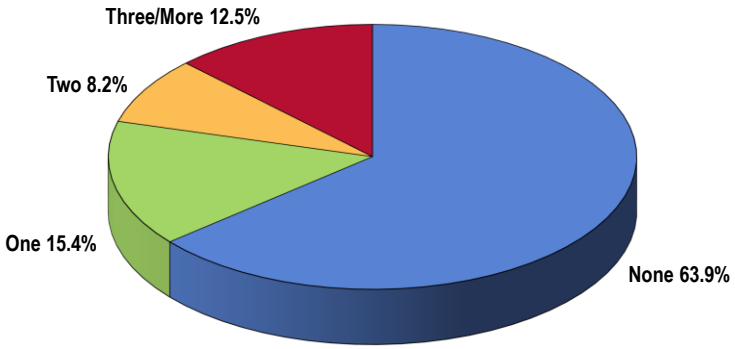
In addition, fall-related medical treatment places a burden on US healthcare services. In 2000, direct medical costs for fall-related injuries totaled approximately $19 billion. A recent study determined that 31.8% of older adults who sustained a fall-related injury required help with activities of daily living as a result, and among them, 58.5% were expected to require help for at least 6 months.

Modifiable fall risk factors include muscle weakness, gait and balance problems, poor vision, use of psychoactive medications, and home hazards. Falls among older adults can be reduced through evidence-based fall-prevention programs that address these modifiable risk factors. Most effective interventions focus on exercise, alone or as part of a multifaceted approach that includes medication management, vision correction, and home modifications.

— Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, CDC

Among surveyed Yuma County adults age 45 and older, most have not fallen in the past year.

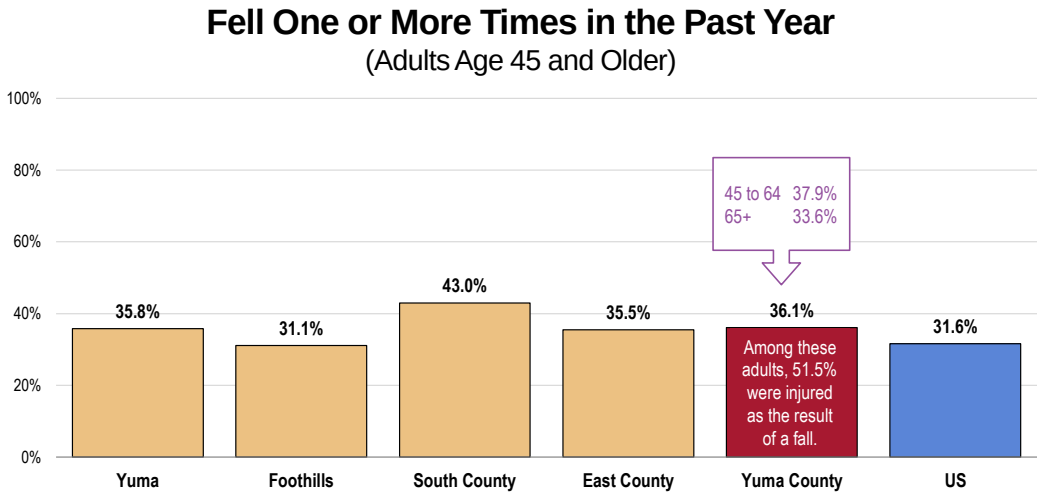
Number of Falls in Past 12 Months
(Adults Age 45 and Older; Yuma County, 2019)



Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 107]
Notes: ● Asked of all respondents age 45+.

However, 36.1% have experienced a fall at least once in the past year.

- **DISPARITY**: No statistically significant differences to report.



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 107-108]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of those respondents age 45 and older.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

Between 2015 and 2017, there was an annual average age-adjusted homicide rate of 3.3 deaths per 100,000 population in Yuma County.

- **BENCHMARK**: Below state and national rates; satisfies the related Healthy People 2020 objective.

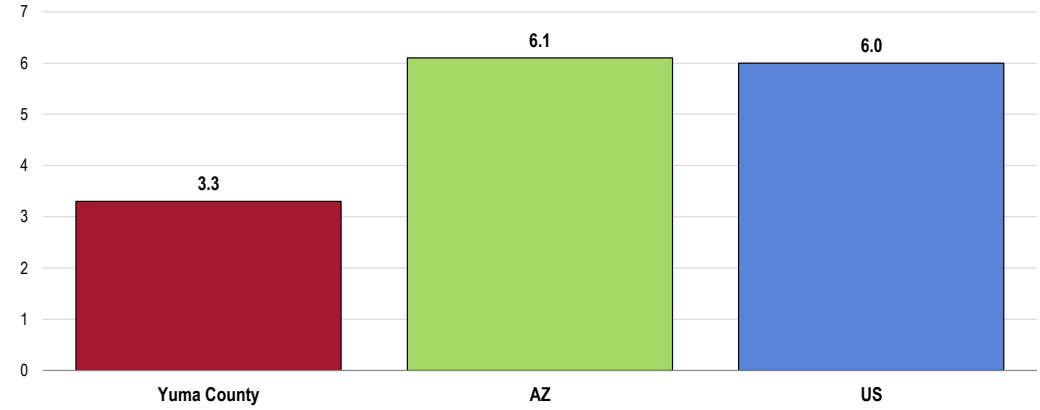
RELATED ISSUE:

See also *Mental Health*: *Suicide* in the **General Health Status** section of this report.

Homicide: Age-Adjusted Mortality

(2008-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 5.5 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-29]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Violent Crime

Violent Crime Rates

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

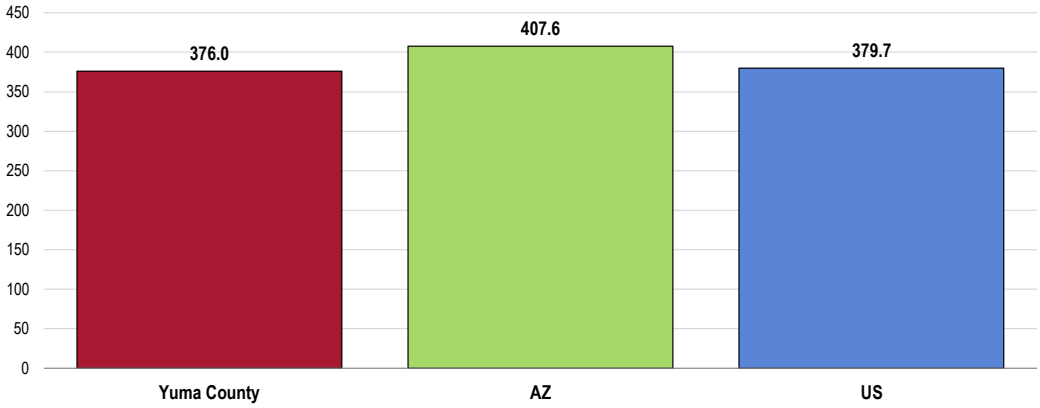
Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Between 2012 and 2014, there were a reported 376.0 violent crimes per 100,000 population in Yuma County.

- **BENCHMARK**: Statistically similar to state and national rates.

Violent Crime

(Rate per 100,000 Population, 2012-2014)



Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
- Retrieved July 2019 from CARES Engagement Network at https://engagementnetwork.org.

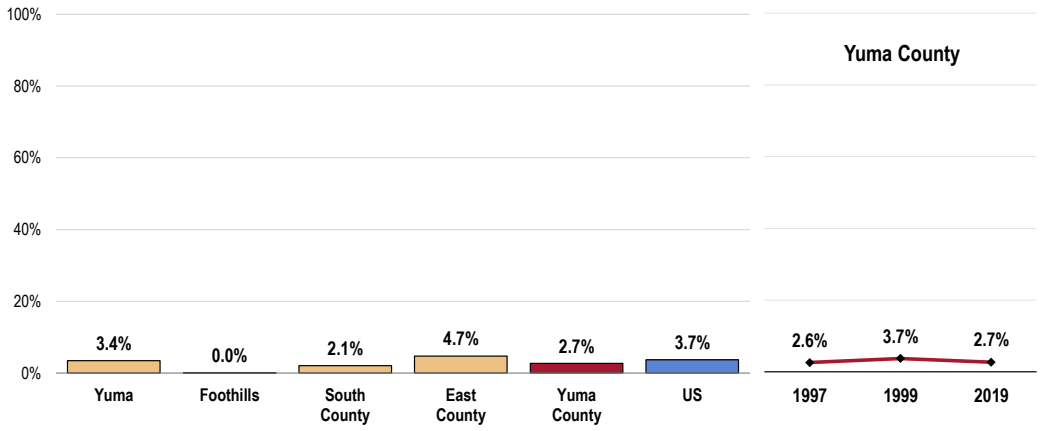
Notes:
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Community Violence

A total of 2.7% of surveyed Yuma County adults acknowledge being the victim of a violent crime in the area in the past five years.

- **DISPARITY**: Not reported among residents in the Foothills. Note the relatively high prevalence among residents of Other race/ethnicity (again, keep in mind the larger error rate with this sample).

Victim of a Violent Crime in the Past Five Years

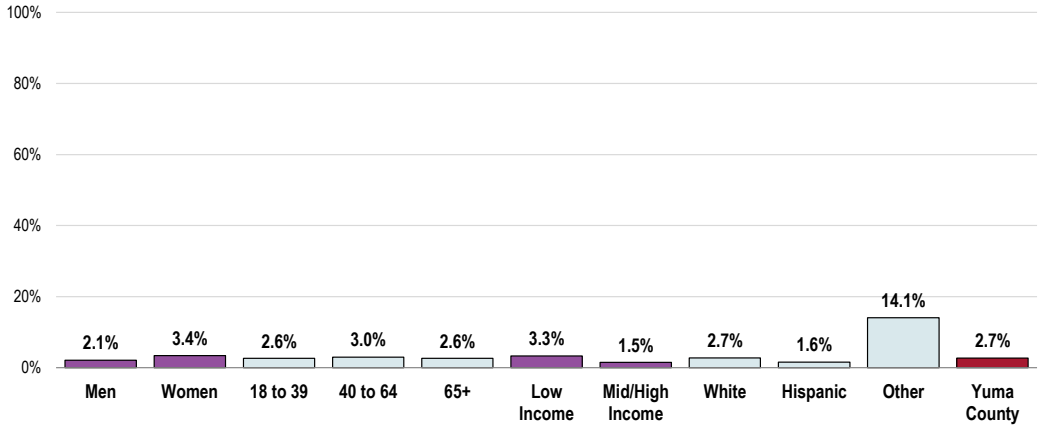


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 46]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Victim of a Violent Crime in the Past Five Years

(Yuma County, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 46]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Family Violence

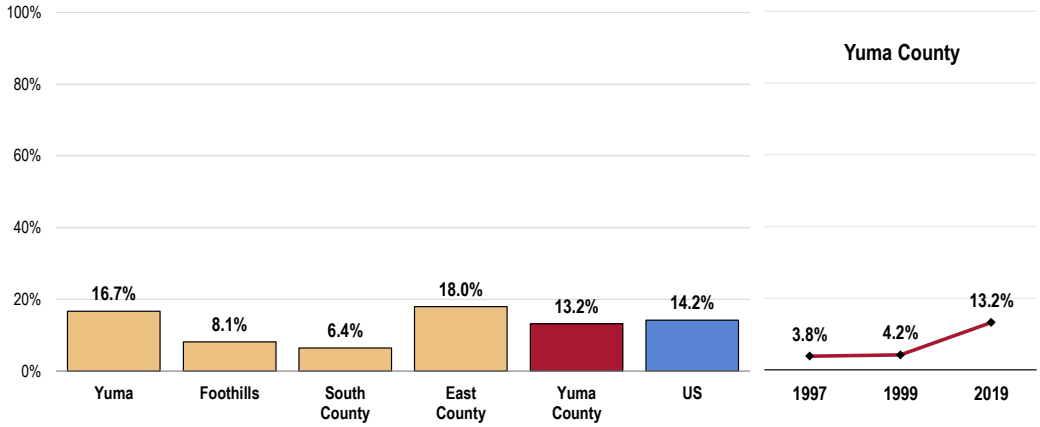
Respondents were read:

"By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner."

A total of 13.2% of Yuma County adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- **TREND**: Represents a notable increase over time.
- **DISPARITY**: Statistically high in the Yuma Area (note that the East County sample is not large enough to be statistically significant).

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 47]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

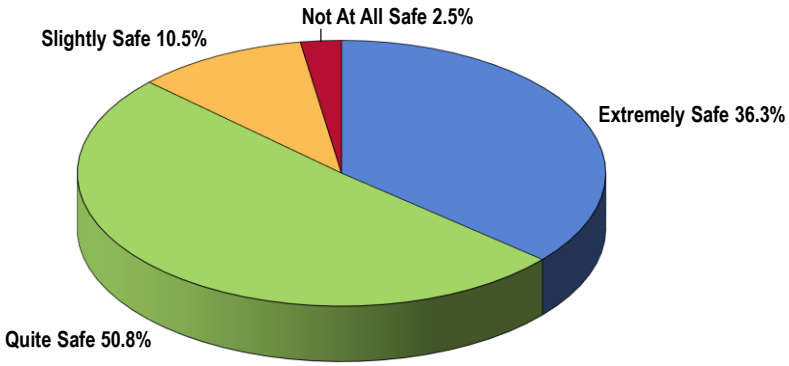
Perceived Neighborhood Safety

While most Yuma County adults consider their own neighborhoods to be "extremely safe" or "quite safe," 13.0% consider it only "slightly safe" or "not at all safe."

- **DISPARITY**: Most common in the Yuma area and least common in the Foothills. By demographics, more common among those with lower incomes.

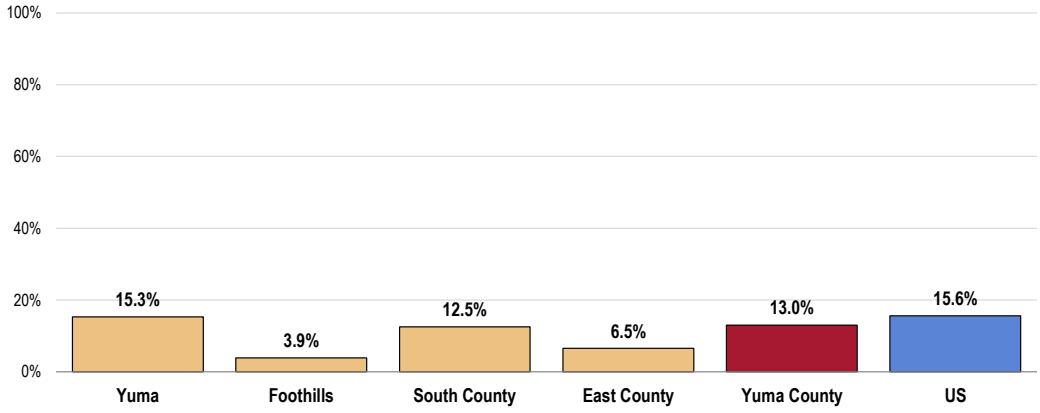
Perceived Safety of Own Neighborhood

(Yuma County, 2019)



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 304]
Notes: • Asked of all respondents.

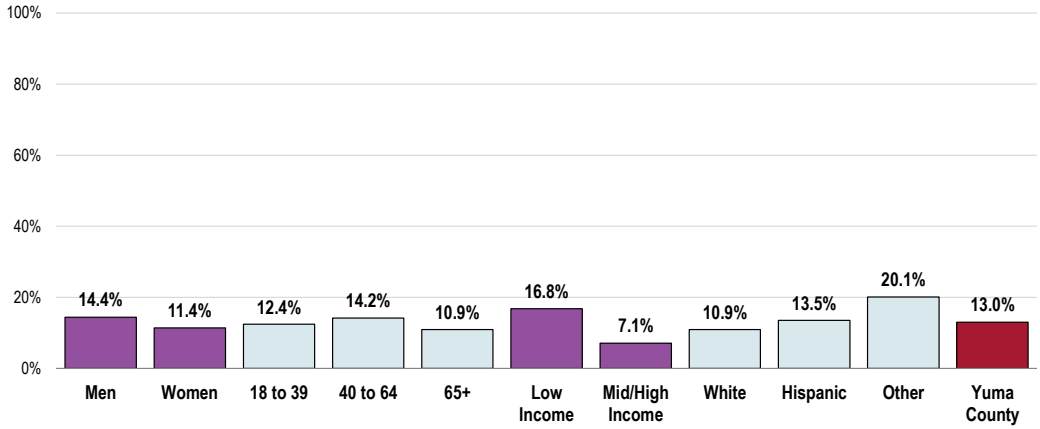
Perceive Own Neighborhood as "Slightly" or "Not At All" Safe



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 304]
• 2017 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Perceive Own Neighborhood as "Slightly" or "Not At All" Safe

(Yuma County, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 304]

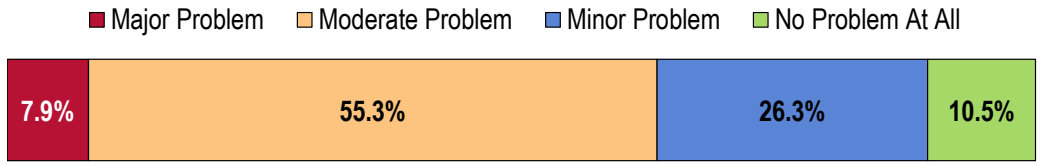
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Injury & Violence

More than half of key informants taking part in an online survey characterized *Injury & Violence* as a "moderate problem" in the community.

Perceptions of Injury and Violence as a Problem in the Community

(Key Informants, 2019)



Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Prevalence/Incidence

> *Increased violence seen in younger populations, as well as drug use as early as elementary and junior high school. Mental health issues on the rise compounds problem. - Community Leader*
>
> *Major trauma. - Community Leader*

Socioeconomic Status

> *Low income levels, high levels of poverty and low education levels. - Other Healthcare Provider*

Diabetes

About Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes. Effective therapy can prevent or delay diabetic complications.

Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

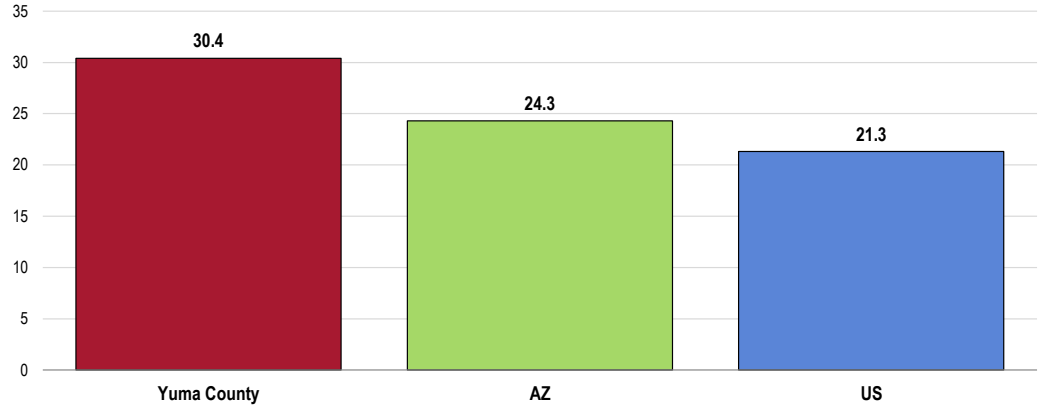
Between 2015 and 2017, there was an annual average age-adjusted diabetes mortality rate of 30.4 deaths per 100,000 population in Yuma County.

- **TREND**: Despite a recent decline in the county, the rate has overall increased over the past decade.
- **BENCHMARK**: Above Arizona and US rates. Fails to satisfy the related Healthy People 2020 objective.
- **DISPARITY**: The rate appears higher among Hispanic residents.

Diabetes: Age-Adjusted Mortality

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 20.5 or Lower (Adjusted)



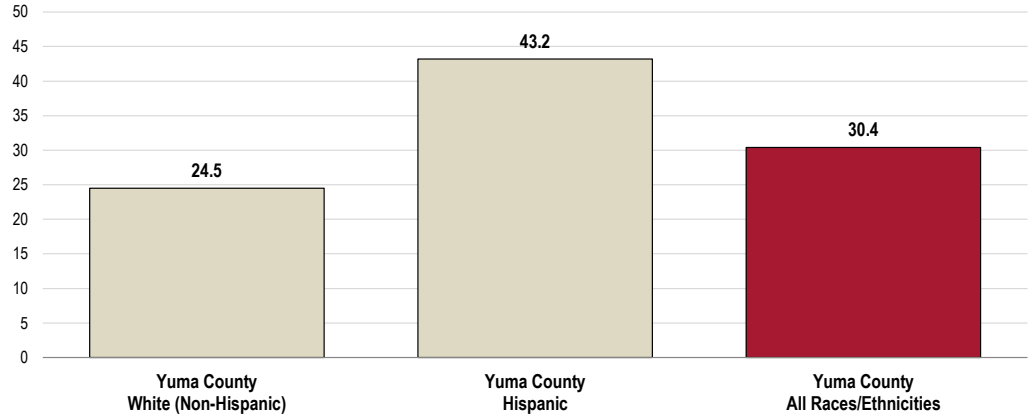
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Diabetes: Age-Adjusted Mortality by Race

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 20.5 or Lower (Adjusted)



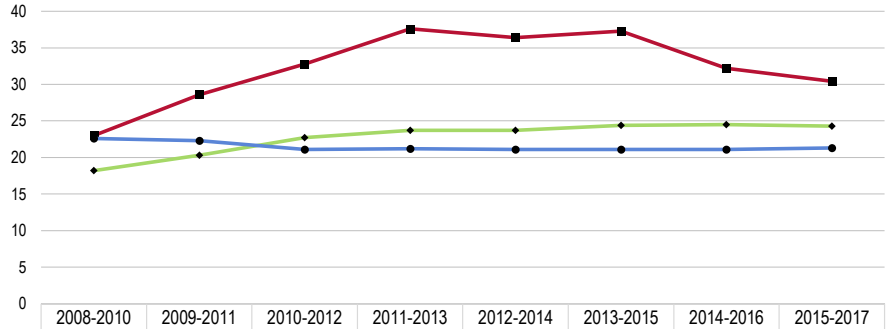
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Diabetes: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 20.5 or Lower (Adjusted)



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Yuma County	23.0	28.6	32.8	37.6	36.4	37.3	32.2	30.4
AZ	18.2	20.3	22.7	23.7	23.7	24.4	24.5	24.3
US	22.6	22.3	21.1	21.2	21.1	21.1	21.1	21.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

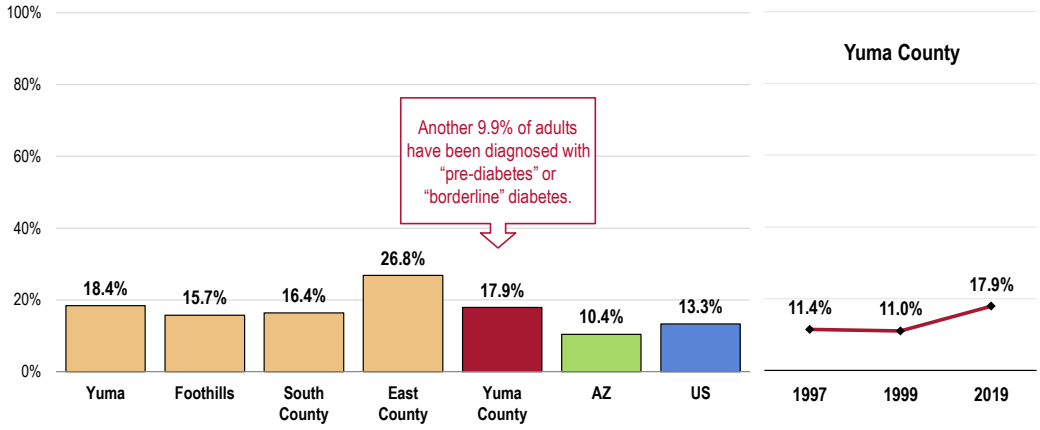
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Prevalence of Diabetes

A total of 17.9% of Yuma County adults report having been diagnosed with diabetes.

- **TREND**: The prevalence has significantly increased over time.
- **BENCHMARK**: Less favorable than state and national rates.
- **DISPARITY**: Least favorable among adults age 40+, low-income adults, and residents of Other race/ethnicity (again, keep in mind of the error rate for the latter category).

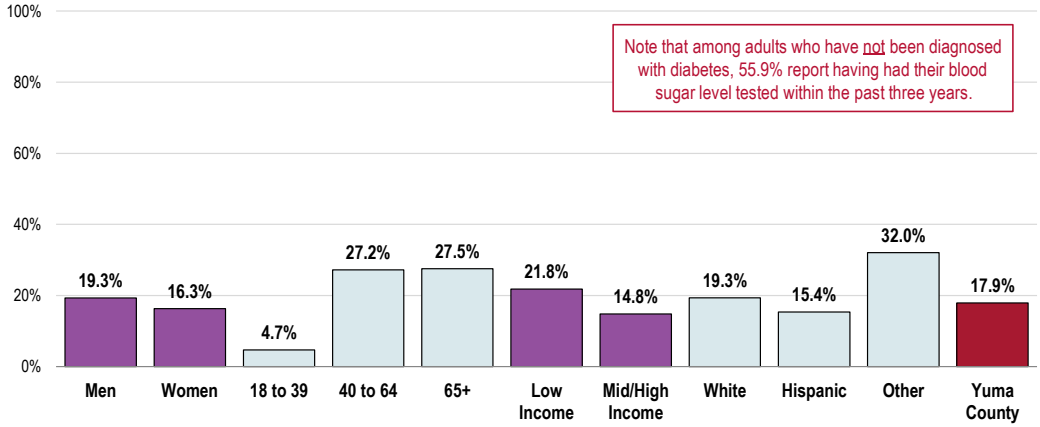
Prevalence of Diabetes



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 140]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Arizona data.
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Prevalence of Diabetes
(Yuma County, 2019)

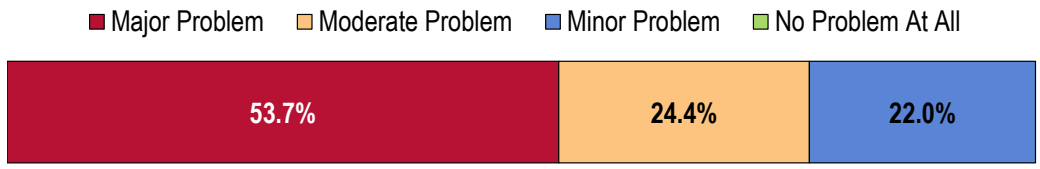


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Items 37, 140]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
• Excludes gestational diabetes (occurring only during pregnancy).

Key Informant Input: Diabetes

More than half of key informants taking part in an online survey characterized *Diabetes* as a "major problem" in the community.

Perceptions of Diabetes as a Problem in the Community
(Key Informants, 2019)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Health Awareness/Education

> *Understanding the disease and treating the many and complex symptoms of diabetes, nutrition, depression, eyes, feet, so on. Nonacceptance of symptoms and their conditions is widespread. - Other Healthcare Provider*

Diabetes awareness as well as education on how to avoid or become diabetic or how to live with diabetes. I have recently become more aware of this with my family. It's important to educate holistically and medically how this condition can be managed. - Community Leader

Lack of understanding or action to prevent. Lack of understanding to treat and to maintain treatment. Paying for insulin and other treatment paraphernalia. - Community Leader

Education to change diet and lifestyle. - Community Leader

Lack of teaching our community. - Community Leader

Education. - Community Leader

Nutrition

Nutrition plays a contributing factor to diabetes. In a predominantly Hispanic community, the foundational foods are not healthy for diabetics. The understanding and willingness to change is lacking. - Other Healthcare Provider

Lack of concern regarding diet choices. Cultural choices for fast food and soda for everyday meals. Dieticians… need to educate on complex carbs. Lack of exercise, schools and hospitals should not be serving fast food choices. Some is financial - however beans are very reasonable, so is milk, and this community grows vegetables - so they should have a program where low-income families can purchase. Hospital and large companies and insurance including AHCCCS [Arizona Medicaid] should supply gym memberships. - Other Healthcare Provider

Means to control diabetes through diet and not just medications. - Community Leader

Access to Healthy Food

Lack of access to healthy food due to the community not being able to afford it. Junk food is very accessible and affordable. - Social Services Provider

There are not enough places for healthy eating. The lower socioeconomic community is not provided with enough healthy eating establishments. - Community Leader

Access to Providers

First problem is limited number of providers who specialize in diabetes. Second, we have limited local dietitians for individualized care of diabetic diet. - Other Healthcare Provider

The specialists who can better treat this condition are not prevalent in Yuma at this time. There is one doctor in Yuma. - Community Leader

Disease Management

Yuma lacks sufficient follow-up to individuals with diabetes. Individual with diabetes have a host of issues if their diabetes is not managed. Primary Care Provider specialists do not follow-up with patients to ensure they are compliant with their treatment plan. - Other Healthcare Provider

Diabetes is a disease that must be well-managed. As people age and brain function diminishes, their ability to care well for themselves decreases. Problems become life and death emergencies. Education is critical and help for those vulnerable populations with little familial support would help diminish emergencies. - Community Leader

Obesity/Overweight

Many people are overweight and relatively inactive, leading to a high rate of Type II diabetes. - Community Leader

Prevalence/Incidence

There is high rate of diabetes in our community. Early identification and disease management after diagnosis needs to be improved. - Public Health Representative

Vulnerable Populations

Native American and Hispanic population cultural and diet barriers. - Community Leader

Kidney Disease

About Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

— Healthy People 2020 (www.healthypeople.gov)

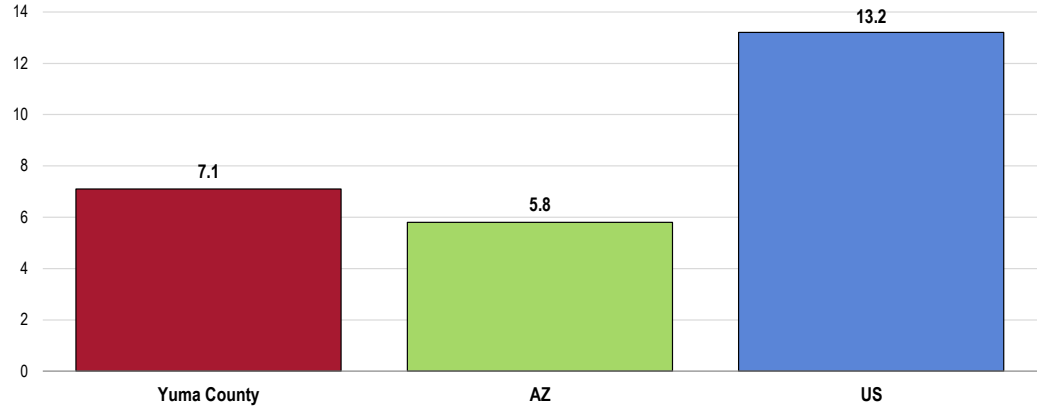
Age-Adjusted Kidney Disease Deaths

Between 2015 and 2017, there was an annual average age-adjusted kidney disease mortality rate of 7.1 deaths per 100,000 population in Yuma County.

- **TREND**: Despite a recent increase in the rate, the prevalence has significantly decreased over the past decade.
- **BENCHMARK**: Significantly above the statewide rate, though significantly lower than the national rate.
- **DISPARITY**: The rate appears higher among Hispanic residents.

Kidney Disease: Age-Adjusted Mortality

(2015-2017 Annual Average Deaths per 100,000 Population)

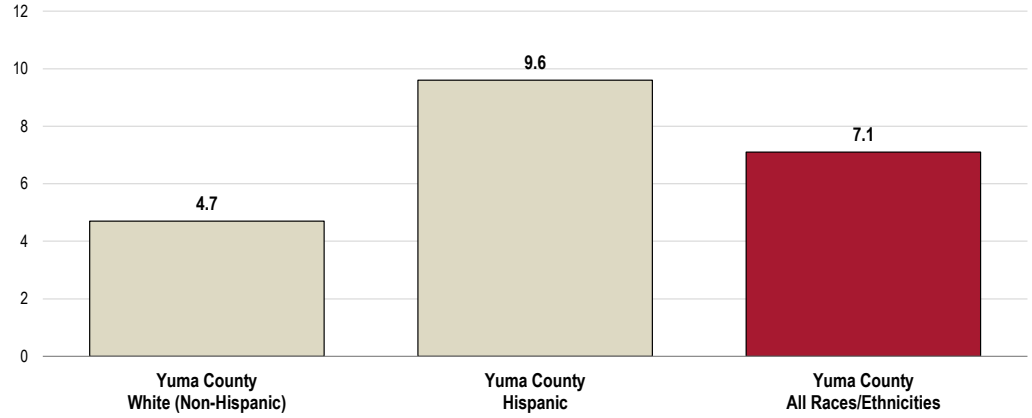


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Kidney Disease: Age-Adjusted Mortality by Race

(2015-2017 Annual Average Deaths per 100,000 Population)

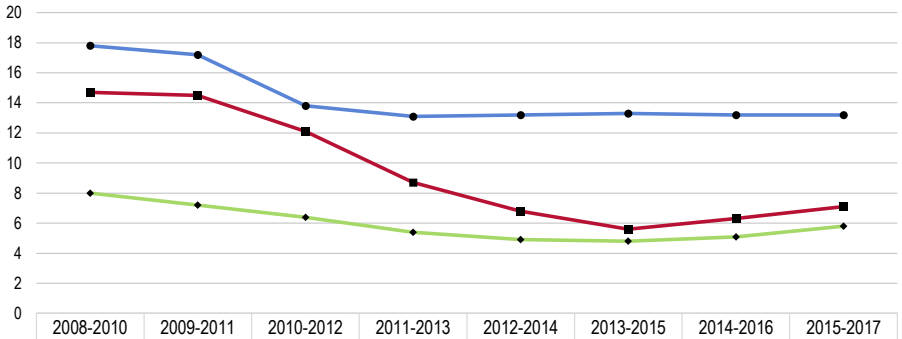


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Kidney Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Yuma County	14.7	14.5	12.1	8.7	6.8	5.6	6.3	7.1
AZ	8.0	7.2	6.4	5.4	4.9	4.8	5.1	5.8
US	17.8	17.2	13.8	13.1	13.2	13.3	13.2	13.2

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.

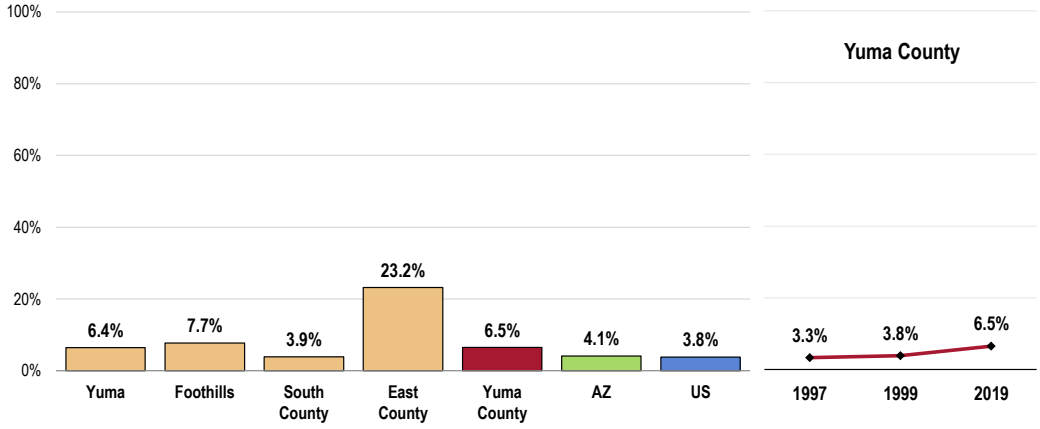
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Kidney Disease

A total of 6.5% of Yuma County adults report having been diagnosed with kidney disease.

- **TREND**: Represents a significant increase over time.
- **BENCHMARK**: Higher than state and national proportions.
- **DISPARITY**: Notably high in the East County area (keeping in mind the larger error rate associated with a relatively small sample size). By demographics, statistically high among older adults (strong correlation with age) and White residents; note that the sample of Other race/ethnicity residents is not large enough to be statistically significant.

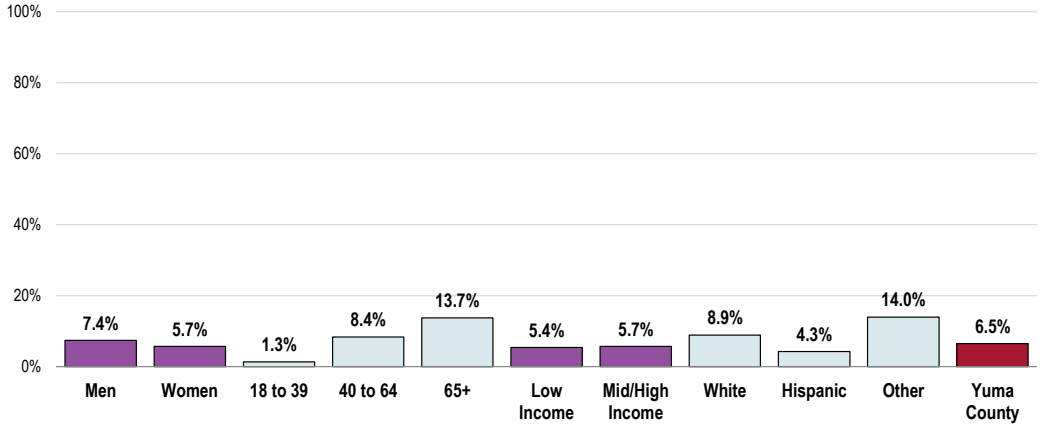
Prevalence of Kidney Disease



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 30]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Arizona data.
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Prevalence of Kidney Disease
(Yuma County, 2019)

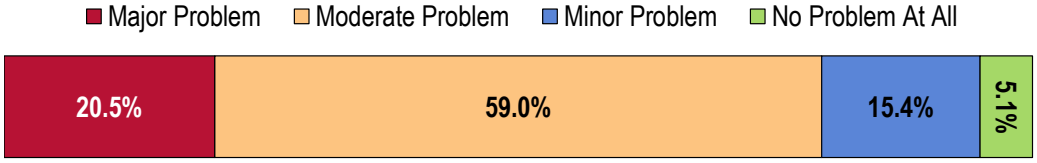


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 30]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Kidney Disease

Almost six in 10 key informants taking part in an online survey generally characterized *Kidney Disease* as a "moderate problem" in the community.

Perceptions of Kidney Disease as a Problem in the Community
(Key Informants, 2019)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> *I've seen the need for dialysis services in my community spaces, and times are limited. Also, seems there is not a comprehensive plan of attack to handle chronic kidney diseases. - Community Leader*
>
> *Few nephrologists in the Yuma County to manage the amount of people who have chronic kidney disease. - Other Healthcare Provider*

Prevalence/Incidence

> *The number of people I know who are dialysis patients. Many also are diabetic. - Community Leader*
>
> *Extreme number of diabetic patients. - Community Leader*

Vulnerable Populations

> *The aging population prevalent in our community suffers from decreasing kidney function. High prevalence of diabetes increases the condition. Education again is a desired resource I would consider important to this demographic with emphasis on those hard to reach individual groups and individuals. - Community Leader*

Potentially Disabling Conditions

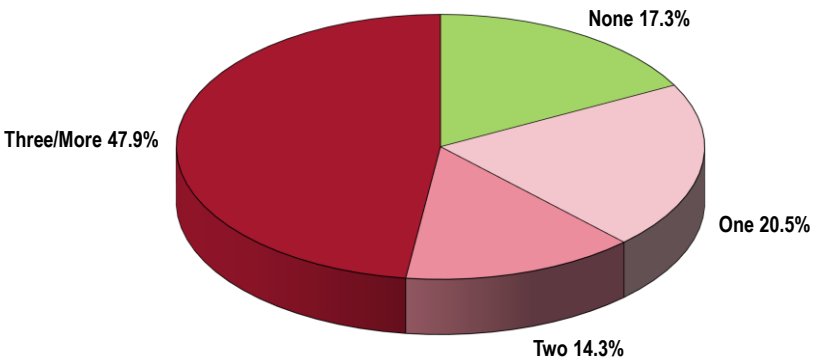
Multiple Chronic Conditions

Among Yuma County survey respondents, most report currently having at least one chronic health condition.

For the purposes of this assessment, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression. Multiple chronic conditions are concurrent conditions.

Number of Current Chronic Conditions

(Yuma County, 2019)



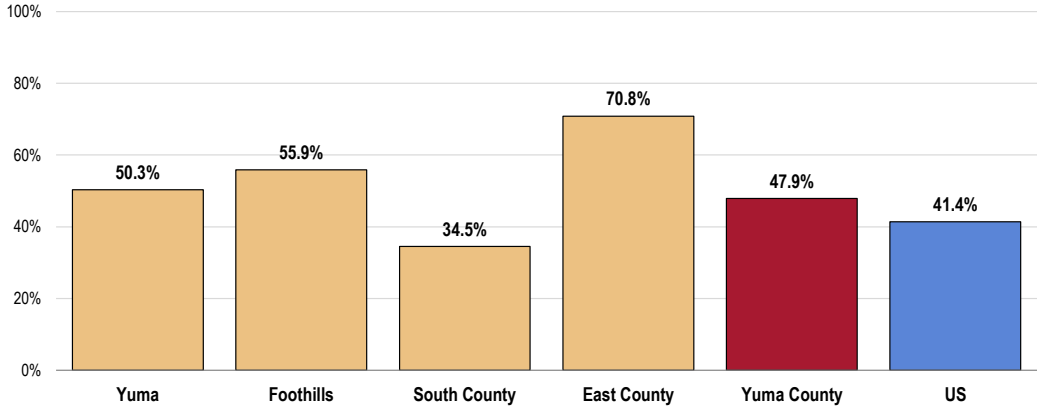
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 143]

Notes:
- Asked of all respondents.
- In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

In fact, 47.9% of Yuma County adults report having three or more chronic conditions.

- **BENCHMARK**: Worse than the national prevalence.
- **DISPARITY**: Worst in the East County area (though keep in mind the larger error rate associated with a smaller sample size). Also worse among older adults (strong correlation with age), White adults, and residents of Other race/ethnicity.

Currently Have Three or More Chronic Conditions

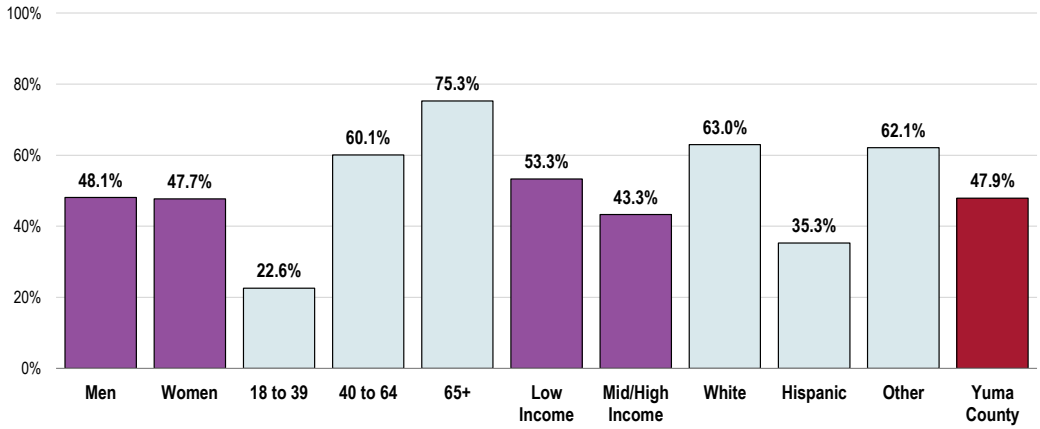


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 143]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

Currently Have Three or More Chronic Conditions

(Yuma County, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 143]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

Activity Limitations

About Disability & Health

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

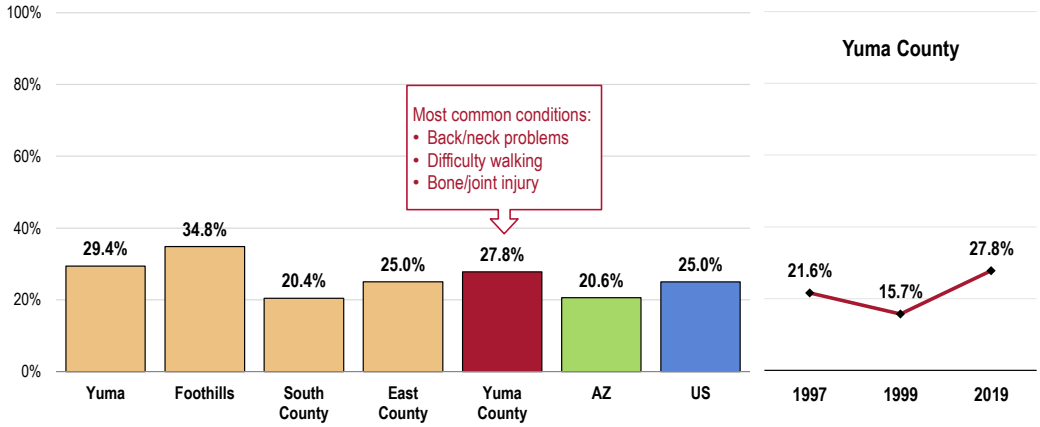
- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.
- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

— Healthy People 2020 (www.healthypeople.gov)

A total of 27.8% of Yuma County adults are limited in some way in some activities due to a physical, mental, or emotional problem.

- **TREND**: A significant increase over time (particularly over 1999 findings).
- **BENCHMARK**: Above the statewide prevalence.
- **DISPARITY**: Least prevalent among South County residents. County-wide, significantly high among older adults, low-income residents, White adults, and residents of Other race/ethnicity.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem

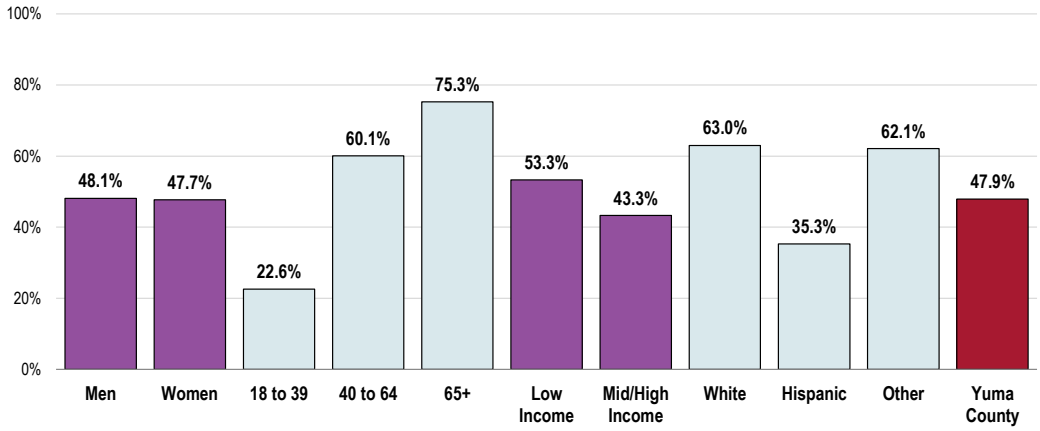


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 109-110]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Arizona data.
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem

(Yuma County, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 109]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Arthritis, Osteoporosis & Chronic Back Conditions

About Arthritis, Osteoporosis & Chronic Back Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than $128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least $50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

— Healthy People 2020 (www.healthypeople.gov)

More than four in 10 Yuma County adults age 50 and older (42.7%) report suffering from arthritis or rheumatism.

- **TREND**: A favorable decrease over time (not shown).
- **DISPARITY**: Most favorable in the South County area.

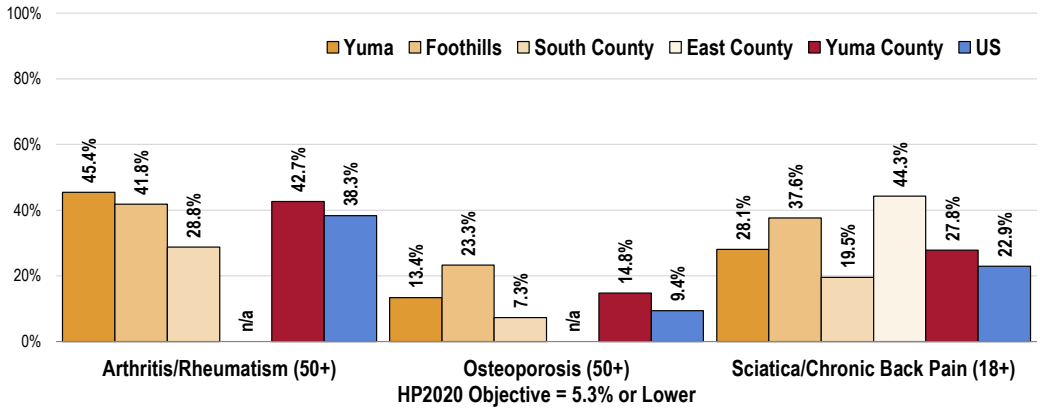
A total of 14.8% of Yuma County adults age 50 and older have osteoporosis.

- **BENCHMARK**: Higher than the national prevalence; far from satisfying the related Healthy People 2020 objective.
- **DISPARITY**: Highest in the Foothills area.

A total of 27.8% of Yuma County adults (18 and older) suffer from chronic back pain or sciatica.

- **TREND**: A significant increase in prevalence over time (not shown).
- **BENCHMARK**: Higher than the national prevalence.
- **DISPARITY**: Highest in the Foothills and East County areas.

Prevalence of Potentially Disabling Conditions



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 26, 141-142]
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AOCBC-10]

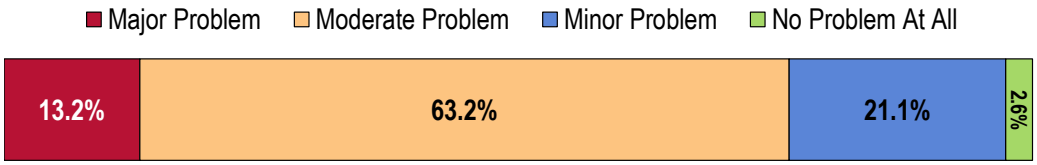
Notes:
- The sciatica indicator reflects the total sample of respondents; the arthritis and osteoporosis columns reflect adults age 50+.
- The sample of East County respondents is too small to be shown here.

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

Six in 10 key informants taking part in an online survey characterized *Arthritis, Osteoporosis & Chronic Back Conditions* as a "moderate problem" in the community.

Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community

(Key Informants, 2019)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Providers

The specialists who can better treat this condition are not located in Yuma. - Community Leader

There is only one option for surgeon, and his appointments are quite far out. - Other Healthcare Provider

Hard to find access to a doctor in a timely manner. - Community Leader

Aging Population

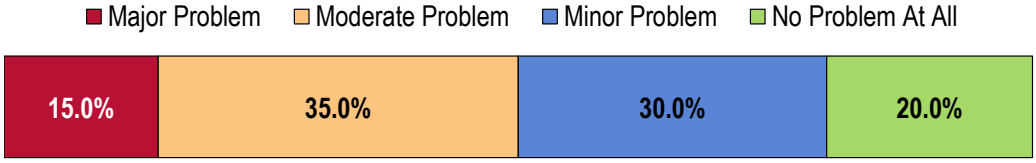
The demographic makeup of the town and region. The main age is above 55 years of age, and such is the increased prevalence of bone and arthritic conditions. - Community Leader

The age of the community. - Community Leader

Key Informant Input: Vision & Hearing

Key informants taking part in an online survey most often characterized *Vision & Hearing* as a "moderate problem" in the community.

Perceptions of Vision and Hearing as a Problem in the Community
(Key Informants, 2019)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Aging Population

> *Large older population. - Community Leader*

Cost/Insurance Issues

> *AHCCCS [Arizona Medicaid] and Medicare do not cover these services, and if they do, it is a very large co-pay. - Social Services Provider*

Prevention

> *Hearing and vision are a critical gift of our bodies. If we inadvertently (without awareness) damage our hearing from activity during our lifetime, the results are demonstrated in aging. The aging demographic population suffer from both hearing loss and age-related vision loss. - Community Leader*

Alzheimer's Disease

About Dementia

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

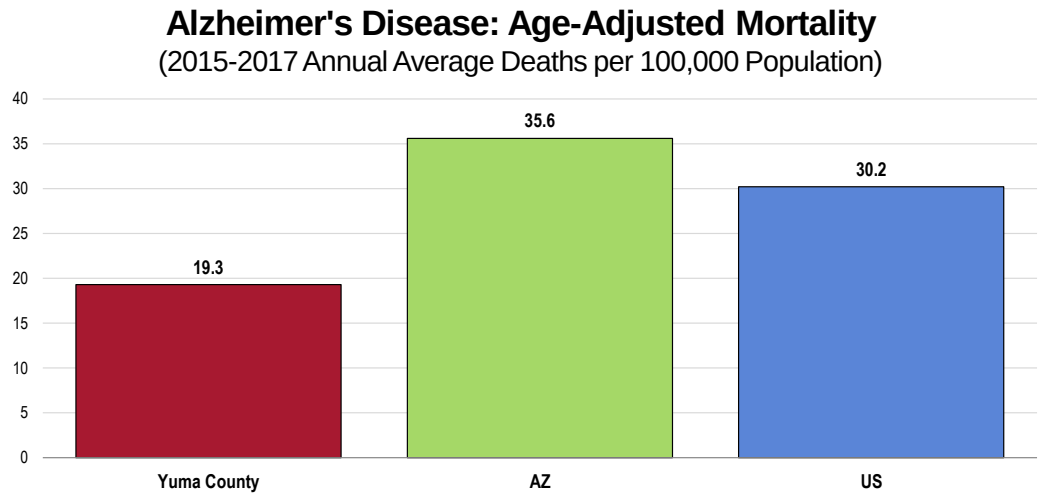
Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer's disease are found.

— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer's Disease Deaths

Between 2015 and 2017, there was an annual average age-adjusted Alzheimer's disease mortality rate of 19.3 deaths per 100,000 population in Yuma County.

- **TREND**: This rate has increased over the past decade.
- **BENCHMARK**: Lower than statewide and national rates.
- **DISPARITY**: Appears higher among Hispanic residents.

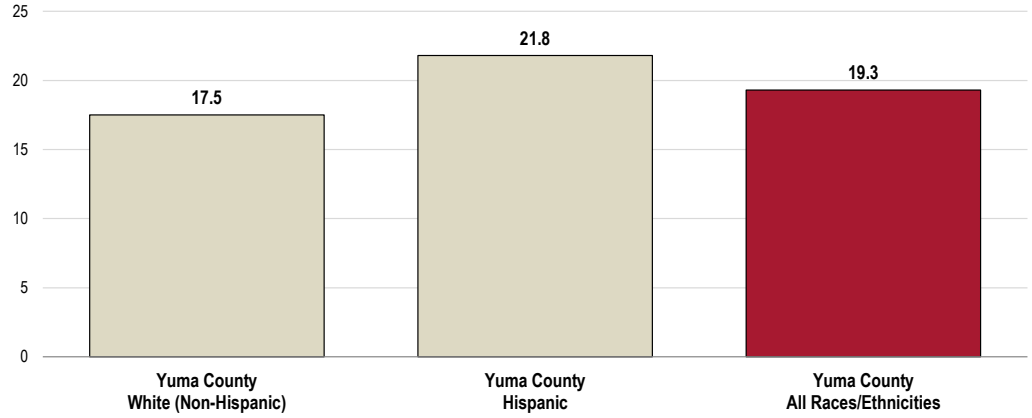


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Alzheimer's Disease: Age-Adjusted Mortality by Race

(2015-2017 Annual Average Deaths per 100,000 Population)

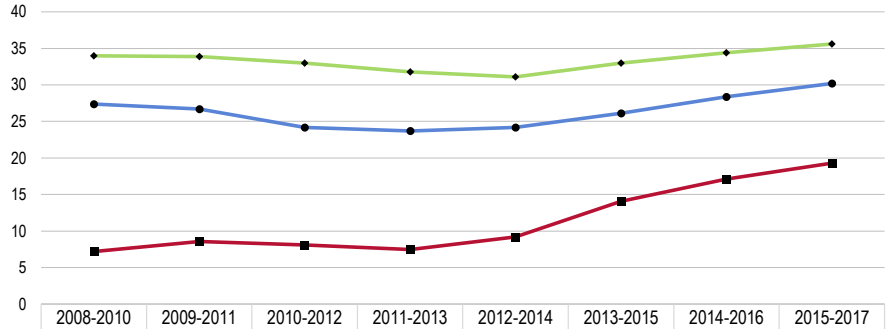


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Alzheimer's Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



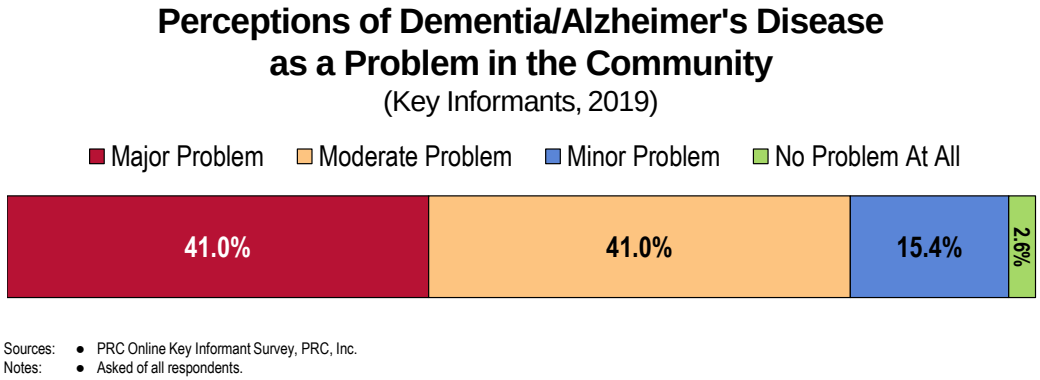
	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Yuma County	7.2	8.6	8.1	7.5	9.2	14.1	17.1	19.3
AZ	34.0	33.9	33.0	31.8	31.1	33.0	34.4	35.6
US	27.4	26.7	24.2	23.7	24.2	26.1	28.4	30.2

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Key Informant Input: Dementias, Including Alzheimer's Disease

Key informants taking part in an online survey are most likely to consider *Dementias, Including Alzheimer's Disease* as a "major problem" equally as often as a "moderate problem" in the community.



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Aging Population

The problem arises simply from demographics. Yuma County has become somewhat of a retirement community, and a primary winter visitor area. These factors bring the appropriate age range most likely to incur these issues, placing strain on public services to manage those suffering from these diseases. - Community Leader

The majority of the elderly I have met or hear from community residents have dementia or Alzheimer's disease. It seems it is very common now. - Social Services Provider

The aging demographic population. My personal experience with dozens of people I know that are suffering from it right now. Witnessing the difficulty of caring for them making a debilitating impact to those who care for them. - Community Leader

We have a lot of elderly people in our community, and dementia is becoming more prevalent in the aging populations. A lot of people might not know the resources available to them through different agencies. - Community Leader

Seeing many law enforcement calls for subjects with dementia. We have established a specific notification program directly because of this issue. Age of population in the community and substance abuse has grown. - Community Leader

Population is aging, and there is a need for mental health providers and clinicians. - Community Leader

Older community. - Community Leader

Lack of Specialists

No specialist in Yuma that focuses on only treatment of dementia, Alzheimer's disease. - Other Healthcare Provider

The specialists who can better treat this condition are not located in Yuma, nor do we have adequate facilities to treat this condition. - Community Leader

Neurology is a difficult specialty to get in to see. - Other Healthcare Provider

Lack of general physicians for non-childbearing-aged people. Lack of specialist in area of neuroscience. - Community Leader

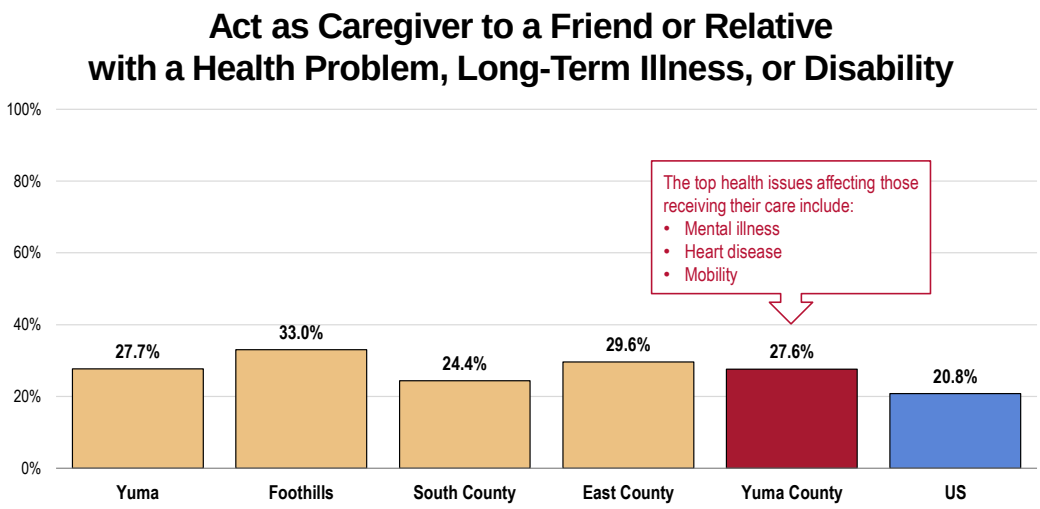
Access to Care/Services

> *Having cared for elderly patients, there are few resources available to meet the huge need. This is a problem throughout the State of Arizona. Not enough centers or beds. The elderly have an extremely difficult time navigating the complexities of a complex health care system. Too many gaps in the system. - Other Healthcare Provider*
>
> *When an individual is diagnosed with dementia or Alzheimer's disease, there is no follow-up care for the patient and family. They are often referred to a community mental health agency who are not trained or equipped to handle those patients. - Other Healthcare Provider*
>
> *I believe there is one true Alzheimer facility in town. - Community Leader*

Caregiving

A total of 27.6% of Yuma County adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

- **BENCHMARK**: Above the US proportion.



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 111-112]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

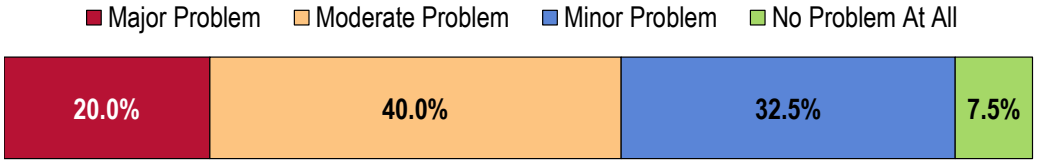
Immunization & Infectious Diseases

Key Informant Input: Immunization & Infectious Diseases

Four in 10 key informants taking part in an online survey most often characterized *Immunization & Infectious Diseases* as a "moderate problem" in the community.

Perceptions of Immunization and Infectious Diseases as a Problem in the Community

(Key Informants, 2019)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Cultural/Personal Beliefs

We live in a border town where currently we are having an influx of persons from countries where they do not vaccinate their people. - Other Healthcare Provider

Schools struggle to get immunization records from parents. Many parents sign the waiver. This is concerning, given the amount of misinformation surrounding immunizations and the increase in measles. - Community Leader

A large number of undocumented aliens are not fully immunized. I am not aware of the extent of community members subscribe to the anti-vaccination school of thought. - Community Leader

Issues with diseases from other countries. - Community Leader

Access to Care/Services

We don't have a program that addresses infectious diseases. - Other Healthcare Provider

There is only one infectious disease doctor in town. - Community Leader

Births

Prenatal Care

About Infant & Child Health

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

— Healthy People 2020 (www.healthypeople.gov)

Early and continuous prenatal care is the best assurance of infant health.

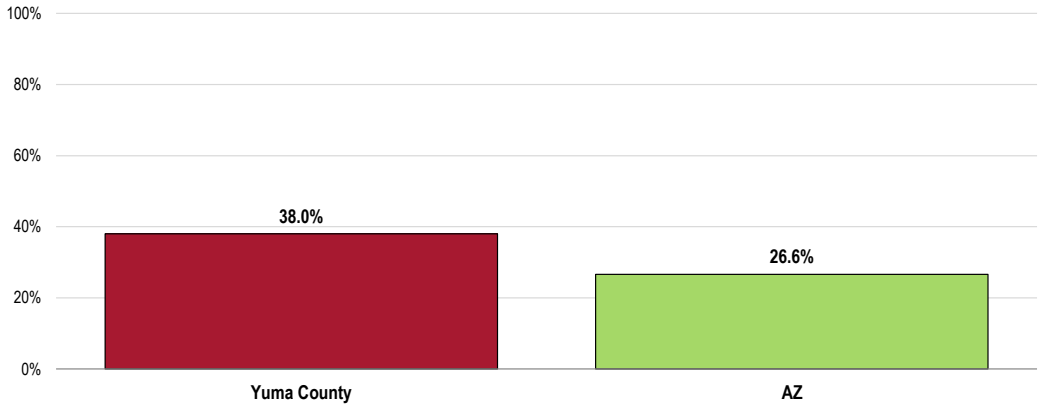
Between 2015 and 2017, 38.0% of all Yuma County births did not receive prenatal care in the first trimester of pregnancy.

- **BENCHMARK**: Less favorable than the Arizona proportion. Also fails to satisfy the related Healthy People 2020 objective.

Lack of Prenatal Care in the First Trimester

(Percentage of Live Births, 2015-2017)

Healthy People 2020 = 22.1% or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted July 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-10.1]

Note:
- This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.

Birth Outcomes & Risks

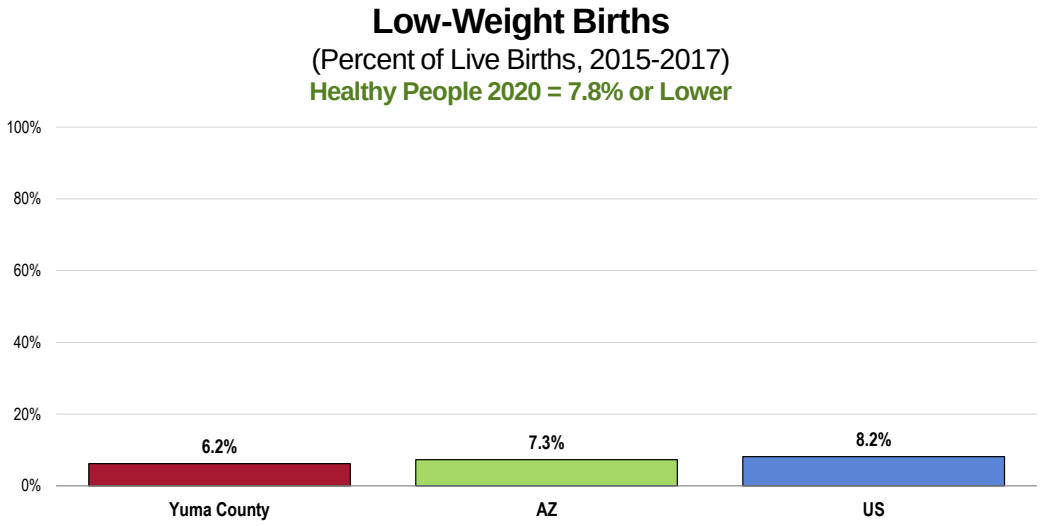
Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

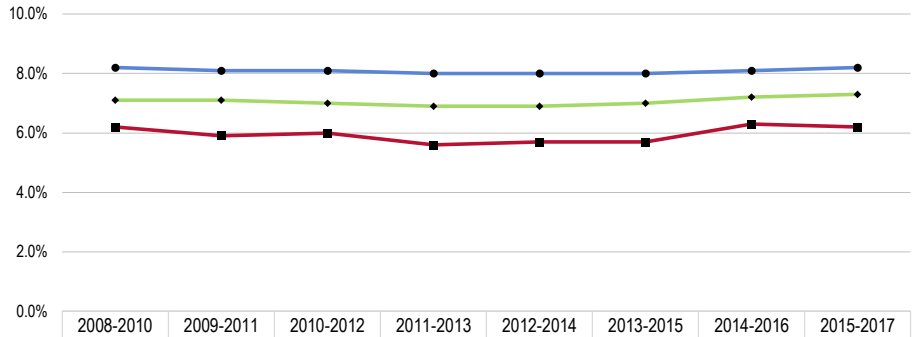
A total of 6.2% of 2015-2017 Yuma County births were low-weight.

- **BENCHMARK**: Statistically lower than the state and national percentages; satisfies the related Healthy People 2020 objective.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted July 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

Note:
- This indicator 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.



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Yuma County	6.2%	5.9%	6.0%	5.6%	5.7%	5.7%	6.3%	6.2%
AZ	7.1%	7.1%	7.0%	6.9%	6.9%	7.0%	7.2%	7.3%
US	8.2%	8.1%	8.1%	8.0%	8.0%	8.0%	8.1%	8.2%

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted July 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

Note:
- This indicator 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.

Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

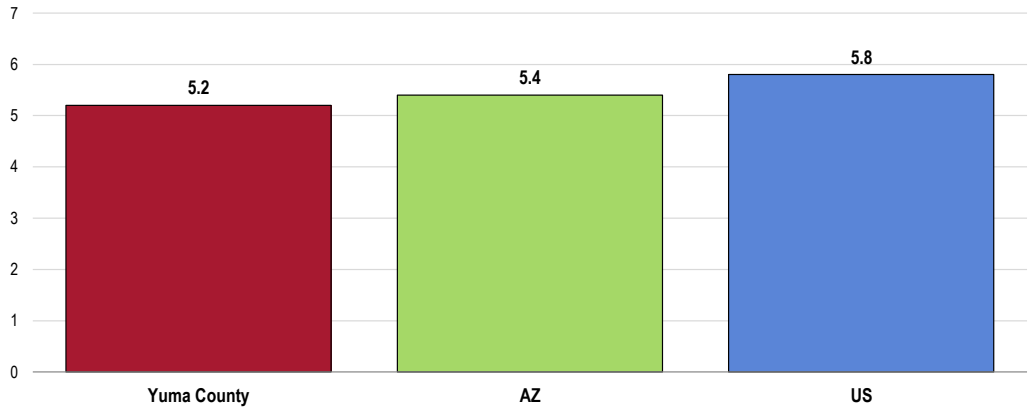
Between 2015 and 2017, there was an annual average of 5.2 infant deaths per 1,000 live births.

- **TREND**: Represents a favorable decrease in infant deaths over time.
- **BENCHMARK**: Satisfies the related Healthy People 2020 objective.

Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births, 2015-2017)

Healthy People 2020 = 6.0 or Lower



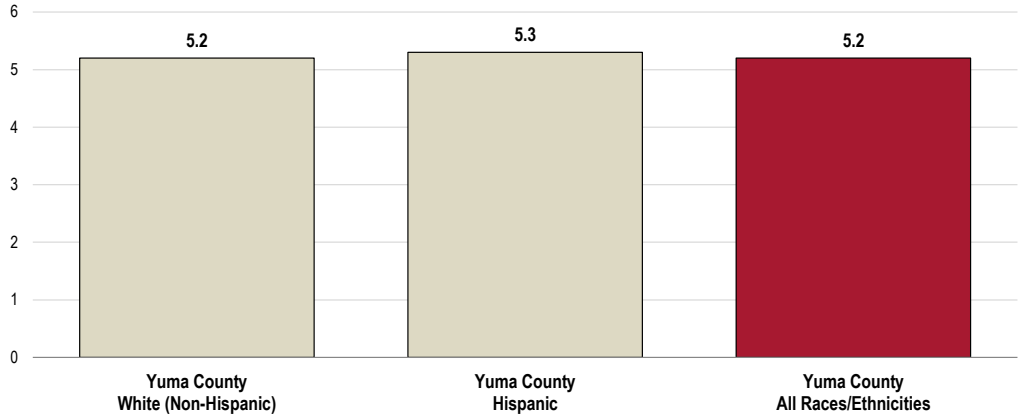
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted July 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

Infant Mortality Rate by Race/Ethnicity

(Annual Average Infant Deaths per 1,000 Live Births, 2015-2017)

Healthy People 2020 = 6.0 or Lower



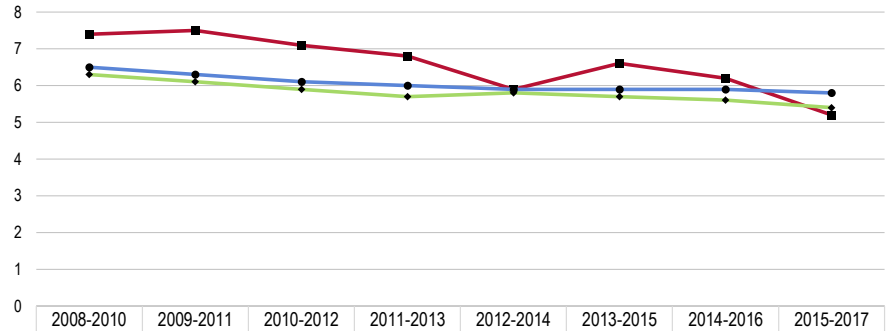
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted July 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

Infant Mortality Trends

(Annual Average Infant Deaths per 1,000 Live Births)

Healthy People 2020 = 6.0 or Lower



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Yuma County	7.4	7.5	7.1	6.8	5.9	6.6	6.2	5.2
AZ	6.3	6.1	5.9	5.7	5.8	5.7	5.6	5.4
US	6.5	6.3	6.1	6.0	5.9	5.9	5.9	5.8

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted July 2019.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

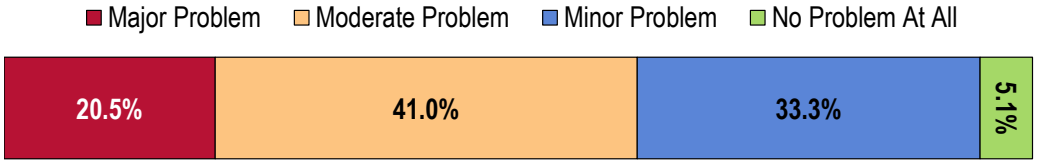
Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Key Informant Input: Infant & Child Health

Key informants taking part in an online survey generally characterized *Infant & Child Health* as a "moderate problem" in the community.

Perceptions of Infant and Child Health as a Problem in the Community

(Key Informants, 2019)



Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Contributing Factors

> *Given levels of poverty in Yuma County, access to affordable prenatal and childhood health care is a major problem. - Community Leader*
>
> *The lower income families don't get to doctors on a regular basis. - Community Leader*
>
> *The amount of children on welfare and in protective services. - Community Leader*

Diabetes

> *Related to the diabetic problem in the area, I've seen a significant number of children with overweight issues. Them and their parents need help educating children and providing for their needs. Also, due to financial hardship a significant number of children do not have health care insurance. - Community Leader*

Health Awareness/Education

> *Not enough prenatal education. - Community Leader*

Lack of Providers

> *Given the fertile nature of a young resident population, there are not enough pediatricians who specialize in infant and child health. - Other Healthcare Provider*

Family Planning

Births to Adolescent Mothers

About Adolescent Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

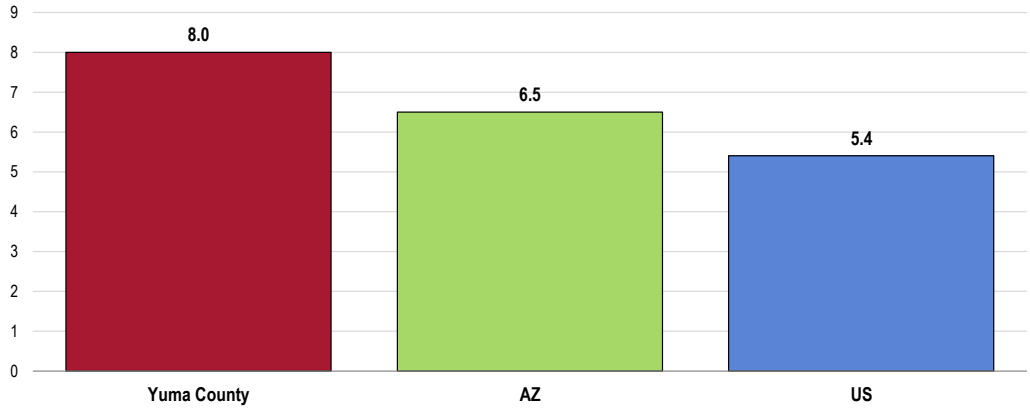
— Healthy People 2020 (www.healthypeople.gov)

Between 2015 and 2017, there were 8.0 births to adolescents age 15 to 19 per 1,000 women age 15 to 19 in Yuma County.

- **TREND**: Rates have steadily decreased in the county over the past decade, echoing state and national rates.
- **BENCHMARK**: Above the Arizona and US rates.

Teen Birth Rate

(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2015-2017)

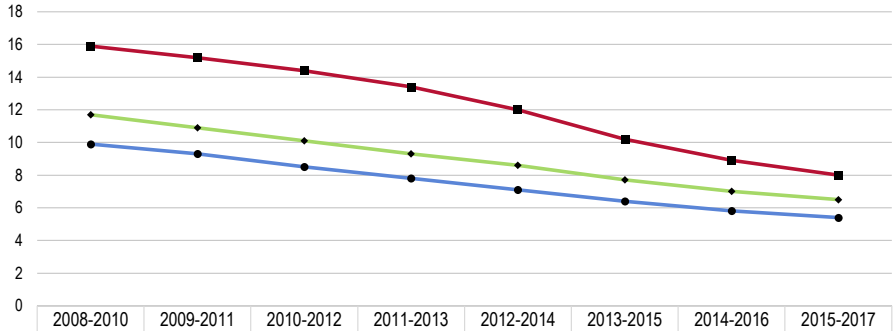


Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Retrieved July 2019 from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Teen Birth Rate Trends

(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19)



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Yuma County	15.9	15.2	14.4	13.4	12.0	10.2	8.9	8.0
AZ	11.7	10.9	10.1	9.3	8.6	7.7	7.0	6.5
US	9.9	9.3	8.5	7.8	7.1	6.4	5.8	5.4

Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Retrieved July 2019 from CARES Engagement Network at https://engagementnetwork.org.

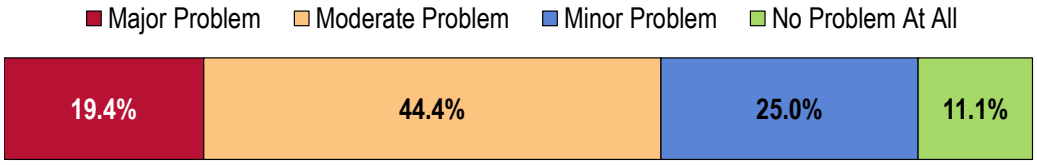
Notes:
- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Key Informant Input: Family Planning

Four in 10 key informants taking part in an online survey largely characterized *Family Planning* as a "moderate problem" in the community.

Perceptions of Family Planning as a Problem in the Community

(Key Informants, 2019)



Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

The excessive regulation and defunding of organizations like Planned Parenthood have greatly diminished the resources available for family planning among women in poverty. - Community Leader

Sunset Community. Regional center for border health. - Community Leader

Yuma has no family planning. - Other Healthcare Provider

Health Awareness/Education

There isn't anyone educating the community or providing affordable care. The only family planning is through OBGYN clinics or private offices. Prescribing contraceptives is not providing education. Due to the changes in the health system, it does limit the time a provider spends with the patient. Finding quality care and time for the patient has become hard to find. - Social Services Provider

Lower education levels in our community. - Community Leader

Modifiable Health Risks

Nutrition

About Healthful Diet & Healthy Weight

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

— Healthy People 2020 (www.healthypeople.gov)

Daily Recommendation of Fruits/Vegetables

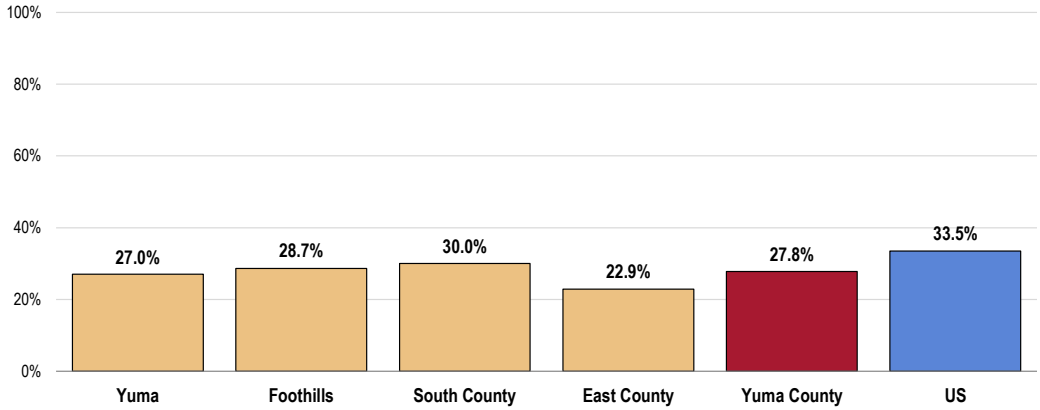
A total of 27.8% of Yuma County adults report eating five or more servings of fruits and/or vegetables per day.

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

RELATED ISSUE:
See also *Food Access* in the **Social Determinants of Health** section of this report.

- **BENCHMARK**: Less favorable than the national proportion.
- **DISPARITY**: Men are statistically less likely to eat this many fruits and vegetables.

Consume Five or More Servings of Fruits/Vegetables Per Day

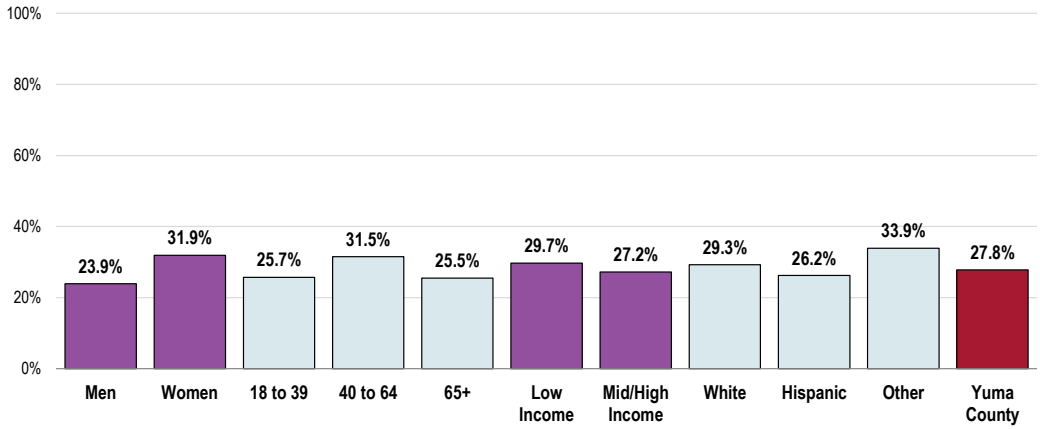


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 148]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- For this issue, respondents were asked to recall their food intake on the previous day.

Consume Five or More Servings of Fruits/Vegetables Per Day

(Yuma County, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 148]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- For this issue, respondents were asked to recall their food intake on the previous day.

Physical Activity

About Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

— Healthy People 2020 (www.healthypeople.gov)

Leisure-Time Physical Activity

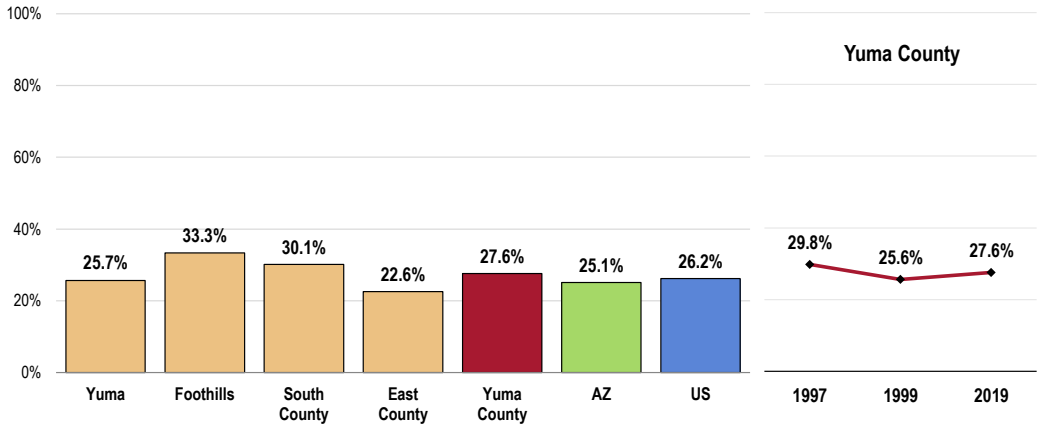
Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

A total of 27.6% of Yuma County adults report no leisure-time physical activity in the past month.

- **BENCHMARK**: Satisfies the related Healthy People 2020 objective.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 = 32.6% or Lower



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 89]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Arizona data.
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.

Activity Levels

Adults

Recommended Levels of Physical Activity

Adults should do 2 hours and 30 minutes a week of moderate-intensity (such as walking), or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity **aerobic** physical activity (such as jogging), or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. The guidelines also recommend that adults do **muscle-strengthening** activities, such as push-ups, sit-ups, or activities using resistance bands or weights. These activities should involve all major muscle groups and be done on two or more days per week.

The report finds that nationwide nearly 50 percent of adults are getting the recommended amounts of aerobic activity and about 30 percent are engaging in the recommended muscle-strengthening activity.

— 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity
— Learn more about CDC's efforts to promote walking by visiting http://www.cdc.gov/vitalsigns/walking.

"Meeting physical activity recommendations" includes adequate levels of both aerobic and strengthening activities:

Aerobic activity is one of the following: at least 150 minutes per week of light to moderate activity, 75 minutes per week of vigorous activity, or an equivalent combination of both.

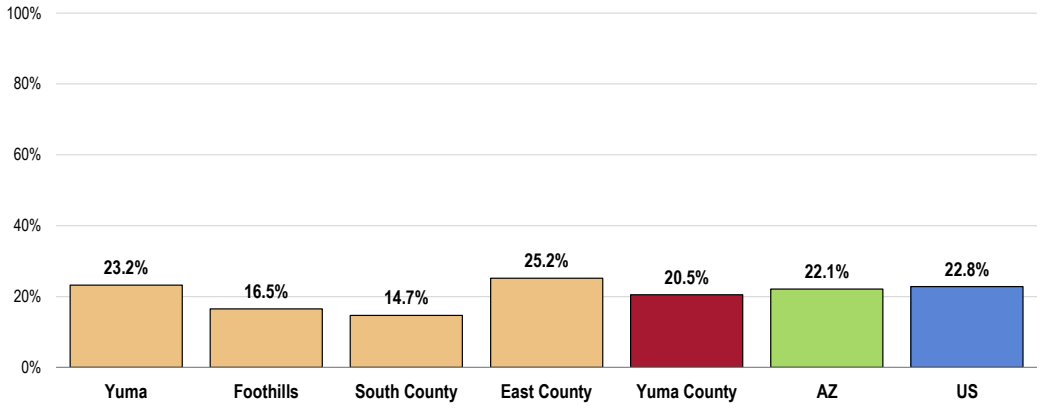
Strengthening activity is at least 2 sessions per week of exercise designed to strengthen muscles.

One in five Yuma County adults (20.5%) regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

- **DISPARITY**: By area, South County residents are least likely to meet recommendations. By demographics, the prevalence is statistically less common among low-income residents.

Meets Physical Activity Recommendations

Healthy People 2020 = 20.1% or Higher



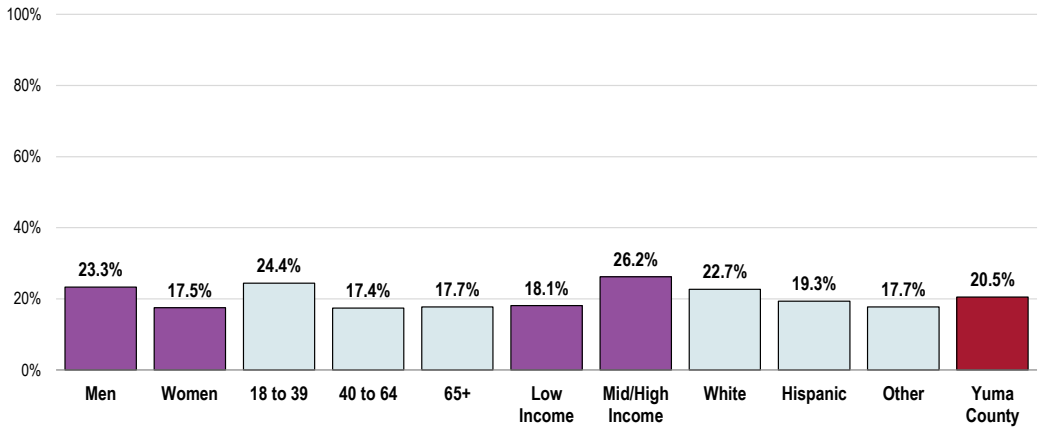
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 152]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Arizona data.
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-2.4]

Notes:
- Asked of all respondents.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.

Meets Physical Activity Recommendations

(Yuma County, 2019)

Healthy People 2020 = 20.1% or Higher



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 152]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-2.4]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity *and* report doing physical activities specifically designed to strengthen muscles at least twice per week.

Children

Recommended Levels of Physical Activity

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

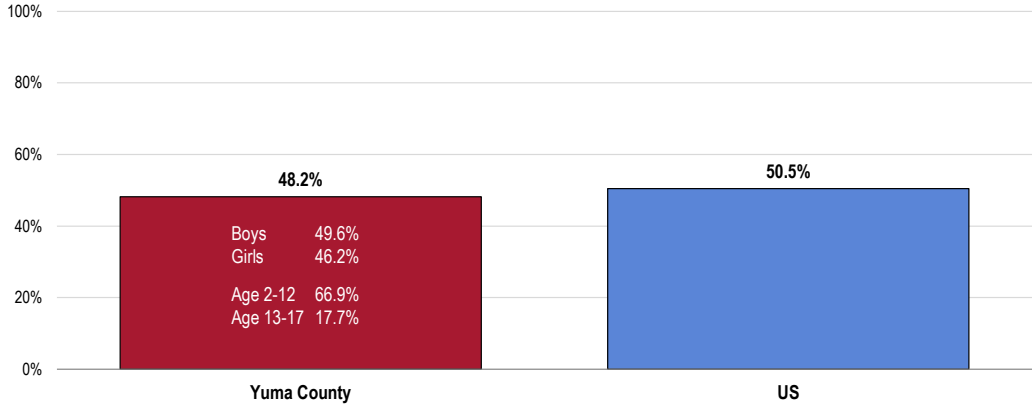
— 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

Among Yuma County children age 2 to 17, under half (48.2%) are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

- **DISPARITY**: Teens are much less likely to be active for at least one hour every day.

Child Is Physically Active for One or More Hours per Day

(Parents of Children Age 2-17)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 124]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children age 2-17 at home.
- Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Access to Physical Activity

In 2016, there were 6.1 recreation/fitness facilities for every 100,000 population in Yuma County.

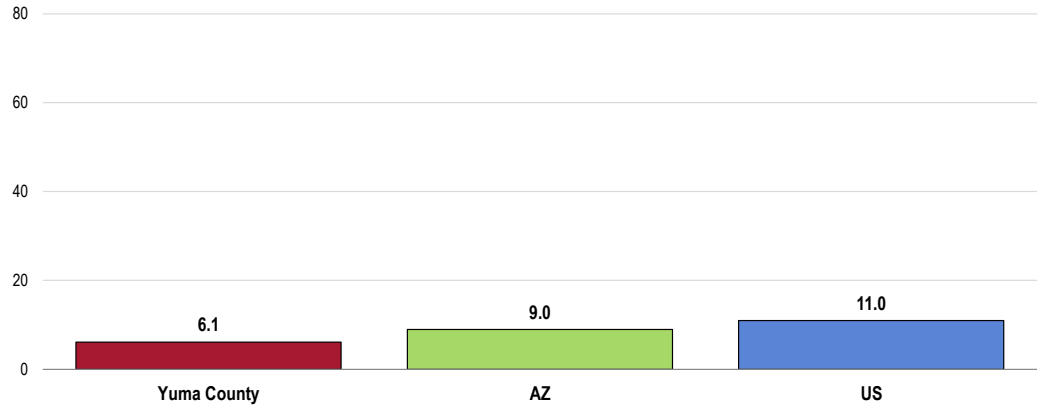
Here, recreation/fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."

Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

- **BENCHMARK**: Below state and national rates.

Population With Recreation & Fitness Facility Access

(Number of Recreation & Fitness Facilities per 100,000 Population, 2016)



Sources:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- Retrieved July 2019 from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940 , which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities". Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.* This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

Weight Status

About Overweight & Obesity

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

— Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI ≥30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

— Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

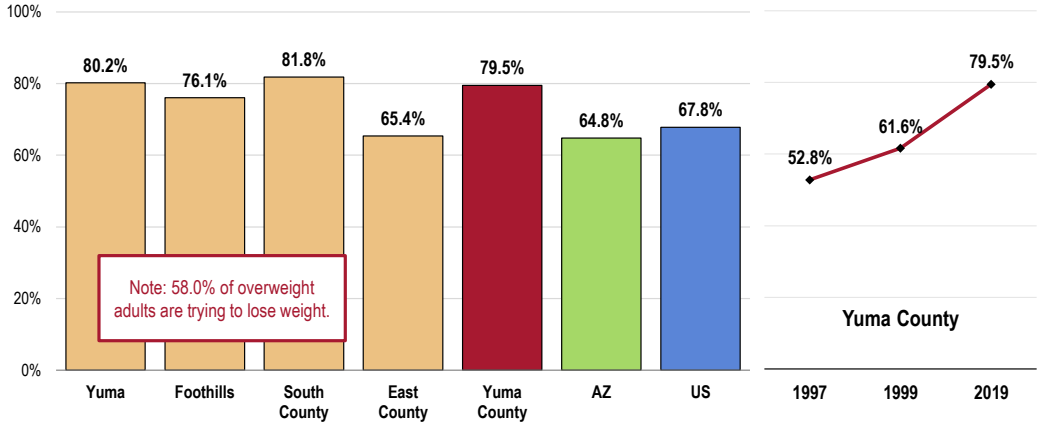
Overweight Status

More than three in four Yuma County adults (79.5%) are overweight.

Here, "overweight" includes those respondents with a BMI value ≥25.

- **TREND:** Represents a notable increase in overweight prevalence over time.
- **BENCHMARK**: Higher than state and national proportions.
- **DISPARITY**: The overweight prevalence is lowest in the East County area.

Prevalence of Total Overweight (Overweight and Obese)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 155, 191]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Arizona data.
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Note that 34.5% of overweight adults have been given advice about their weight by a health professional in the past year (while almost two-thirds have not).

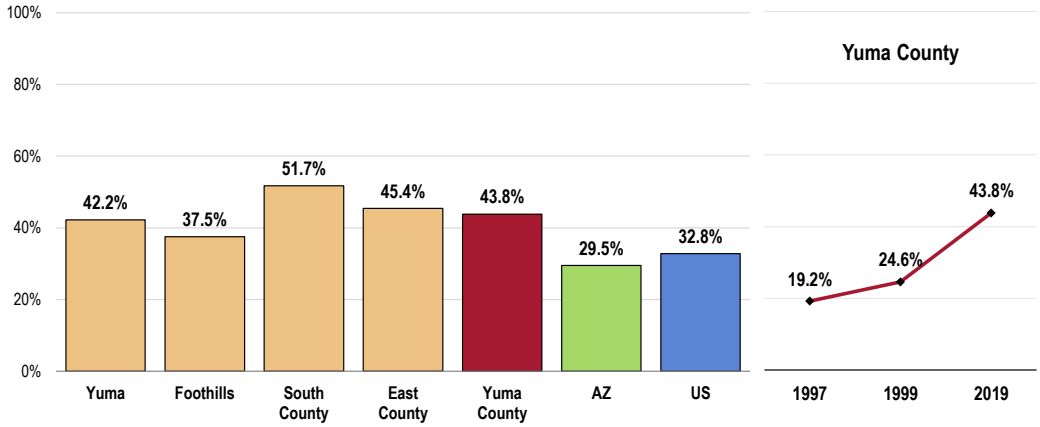
The overweight prevalence above includes 43.8% of Yuma County adults who are obese.

"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

- **TREND**: More than a two-fold increase since first measured in 1997.
- **BENCHMARK**: Significantly above state and national proportions. Fails to satisfy the related Healthy People 2020 objective.
- **DISPARITY**: South County residents report the highest prevalence of obesity. By demographics, prevalence is significantly high among men, adults age 40-64, low-income residents, and Hispanic adults.

Prevalence of Obesity

Healthy People 2020 = 30.5% or Lower



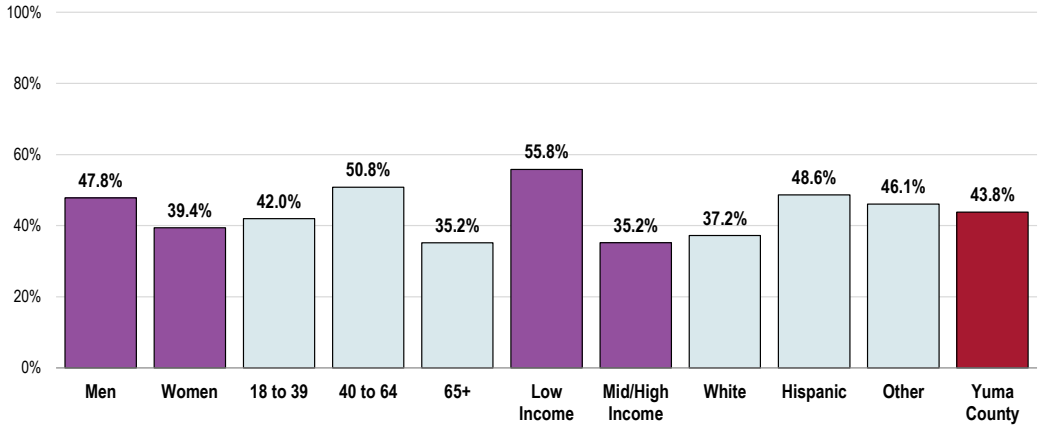
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 154]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Arizona data.
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Prevalence of Obesity

(Yuma County, 2019)

Healthy People 2020 = 30.5% or Lower



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 154]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

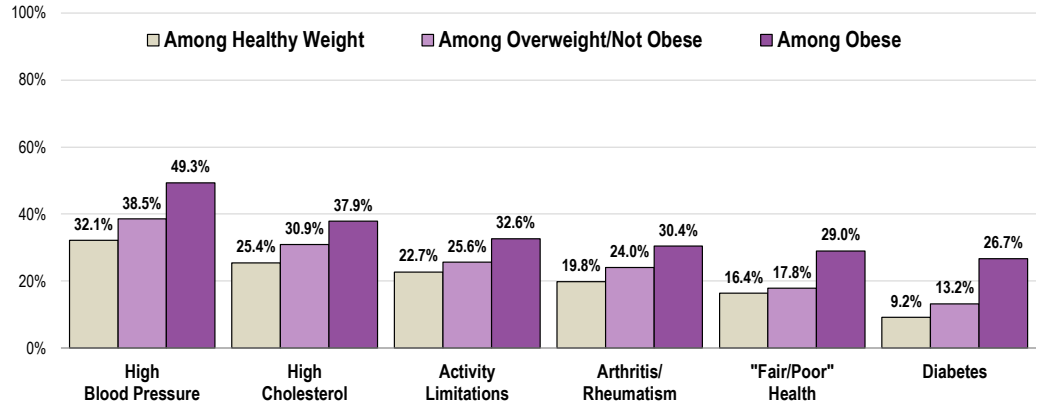
Notes:
- Based on reported heights and weights, asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Relationship of Overweight With Other Health Issues

The correlation between overweight and various health issues cannot be disputed.

Overweight and obese adults are more likely to report a number of adverse health conditions, as outlined in the following chart.

Relationship of Overweight With Other Health Issues
(Yuma County, 2019)



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 154]
Notes: • Based on reported heights and weights, asked of all respondents.

Children's Weight Status

About Weight Status in Children & Teens

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight — <5th percentile
- Healthy Weight — ≥5th and <85th percentile
- Overweight — ≥85th and <95th percentile
- Obese — ≥95th percentile

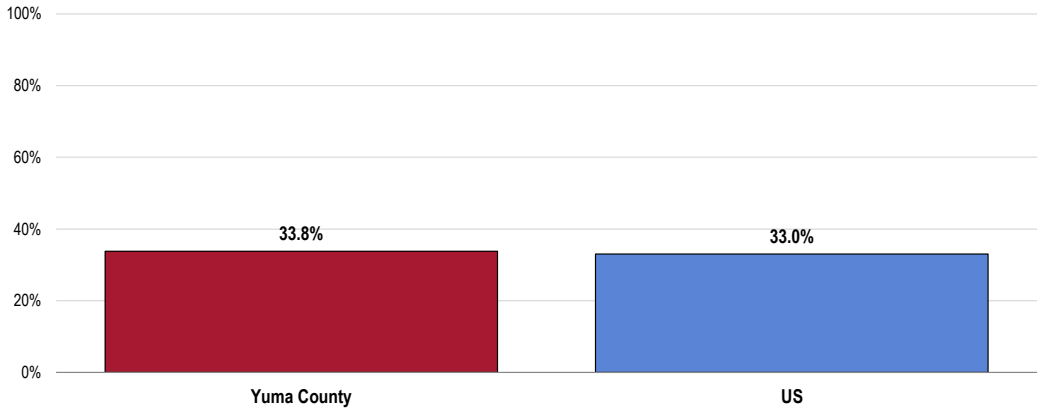
— Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, one-third (33.8%) of Yuma County children age 5 to 17 are overweight or obese (≥85th percentile).

- **BENCHMARK**: Similar to the national prevalence.

Prevalence of Overweight in Children

(Parents of Children Age 5-17)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 192]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children age 5-17 at home.
- Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

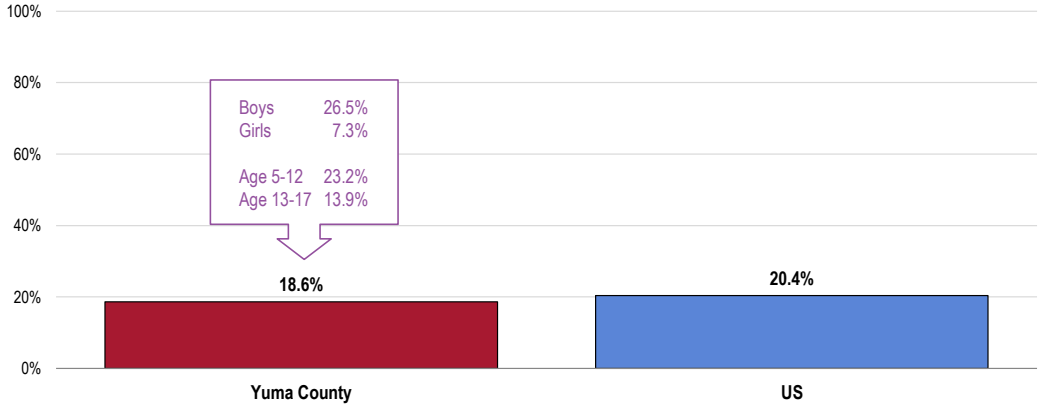
The childhood overweight prevalence above includes 18.6% of area children age 5 to 17 who are obese (≥95th percentile).

- **DISPARITY**: Obesity is higher among boys and younger children.

Prevalence of Obesity in Children

(Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)

Healthy People 2020 = 14.5% or Lower



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 158]
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-10.4]

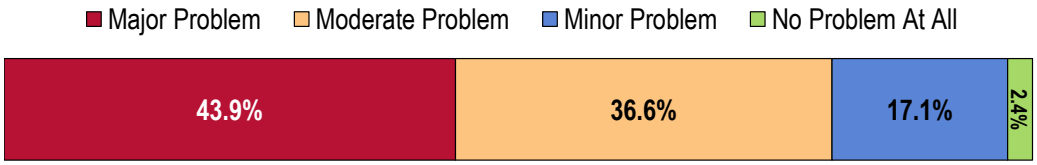
Notes:
- Asked of all respondents with children age 5-17 at home.
- Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Key Informant Input: Nutrition, Physical Activity & Weight

Key informants taking part in an online survey most often characterized *Nutrition, Physical Activity & Weight* as a "major problem" in the community.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community

(Key Informants, 2019)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Health Awareness/Education

Educating the community relative to the health risks of obesity. Providing this understanding and education in schools at early ages and figuring out how to plug parents into this education. Lifestyle changes are difficult and don't happen overnight. - Other Healthcare Provider

Lack of education regarding importance of weight management. [American] culture does not cook and eat healthy food. Education regarding preventing disease using healthy diets and weight management. - Community Leader

Education and resources to provide to those in need of a healthier lifestyle. Specialty care for children, city programs are often too costly for a middle-income family to register their children to city activities. - Community Leader

The YMCA is the only family-oriented gym in the community that addresses nutrition and physical activity as part of community health. - Community Leader

Education and lifestyle commitment. - Community Leader

Lack of education. - Community Leader

Lack of education, community sport programs and fitness providers. - Community Leader

Cultural Norms

In a predominantly Hispanic community, the foundational foods do not promote healthy eating habits. Additionally, physical activity is not actively promoted leading to obesity, particularly among our younger generations. - Other Healthcare Provider

Cultural: see overweight as not a problem. It's politically incorrect these days to speak truthfully regarding obesity, which is causing a majority of the medical issues. The medical professionals will just list the problems created but not address the cause. Most do not want to take stairs or make the extra effort to stay in shape. It has become the norm to expect to be overweight, have high blood pressure, diabetes, joint problems by the time you are in your 50's, etc. - Other Healthcare Provider

Cultural barriers. Mexican and Native American. - Community Leader

Obesity/Overweight

There is a high rate of obesity in our community. Obesity, hypertension and diabetes are comorbidities that are both positively and negatively impacted by nutrition and physical activity. - Public Health Representative

Obesity is a problem among adults and children in Yuma County. - Community Leader

Access to Healthy Food

> *People having the money to buy nutritious foods. It is cheaper to buy processed foods than it is to by fresh vegetables. - Social Services Provider*

Diet/Nutrition

> *Complicated disease stemming from poor nutrition. Heart disease and so on. - Community Leader*

Substance Abuse

About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cirrhosis/Liver Disease Deaths

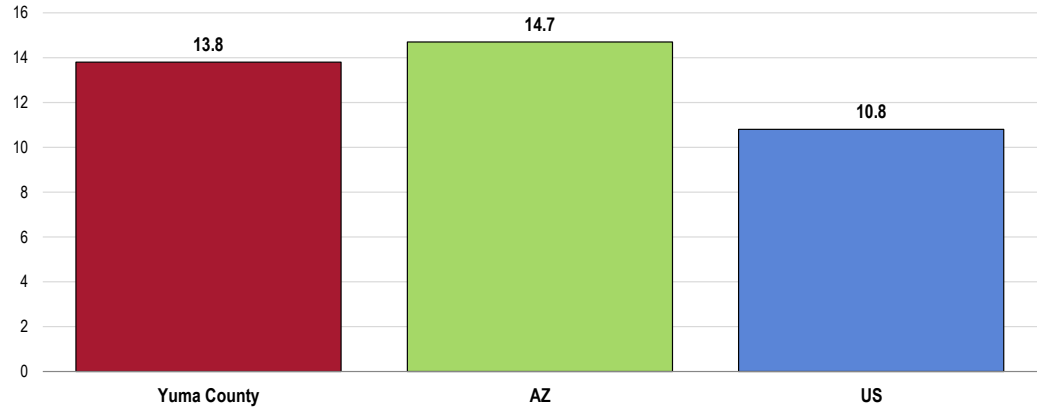
Between 2015 and 2017, Yuma County reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 13.8 deaths per 100,000 population.

- **TREND**: Despite some fluctuations, the county rate has increased over the past decade, similar to state and national rates.
- **BENCHMARK**: Higher than the US rate and the Healthy People 2020 objective.
- **DISPARITY**: Appears higher among White residents.

Cirrhosis/Liver Disease: Age-Adjusted Mortality

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 8.2 or Lower



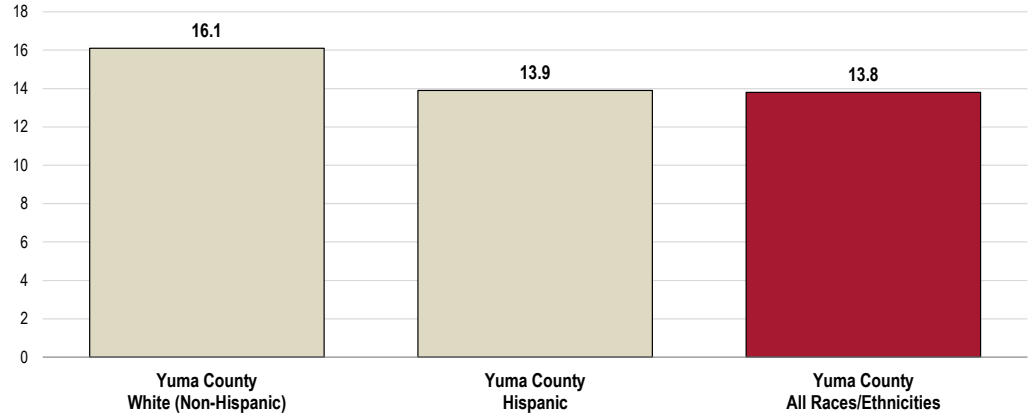
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Cirrhosis/Liver Disease: Age-Adjusted Mortality by Race

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 8.2 or Lower



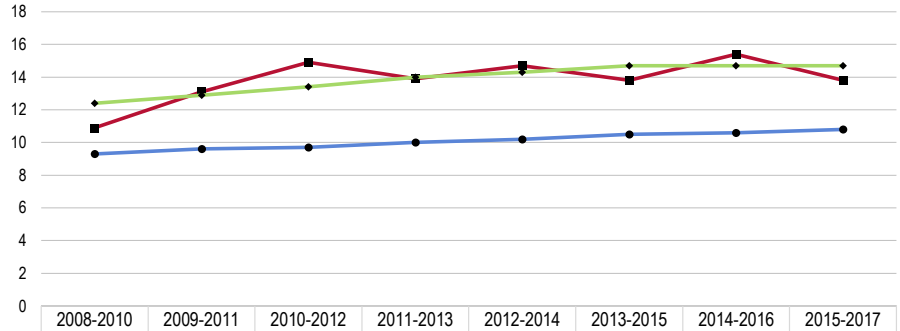
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 8.2 or Lower



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Yuma County	10.9	13.1	14.9	13.9	14.7	13.8	15.4	13.8
AZ	12.4	12.9	13.4	14.0	14.3	14.7	14.7	14.7
US	9.3	9.6	9.7	10.0	10.2	10.5	10.6	10.8

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Alcohol Use

Excessive Drinking

"**Excessive drinking**" includes heavy **and/or** binge drinkers:

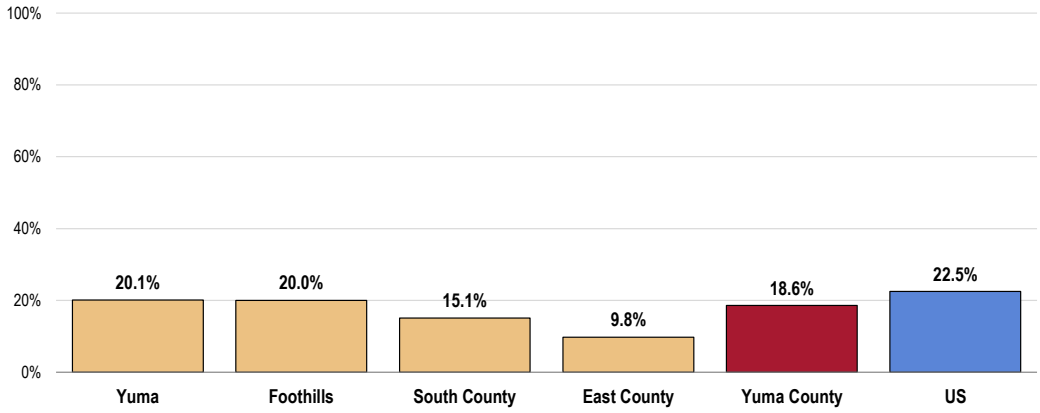
- **Heavy drinkers** include men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- **Binge drinkers** include men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

A total of 18.6% of area adults are excessive drinkers (heavy and/or binge drinkers).

- **BENCHMARK**: More favorable than the national proportion. Satisfies the related Healthy People 2020 objective.
- **DISPARITY**: Most favorable in the East County area. By demographics, prevalence is least favorable among men, young adults, and higher-income residents.

Excessive Drinkers

Healthy People 2020 = 25.4% or Lower



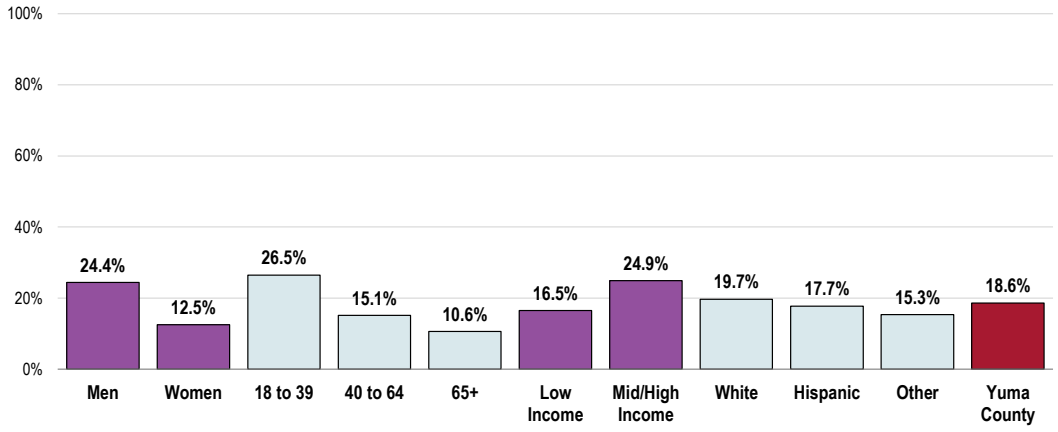
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 168]
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

Notes:
- Asked of all respondents.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Excessive Drinkers

(Yuma County, 2019)

Healthy People 2020 = 25.4% or Lower



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 168]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

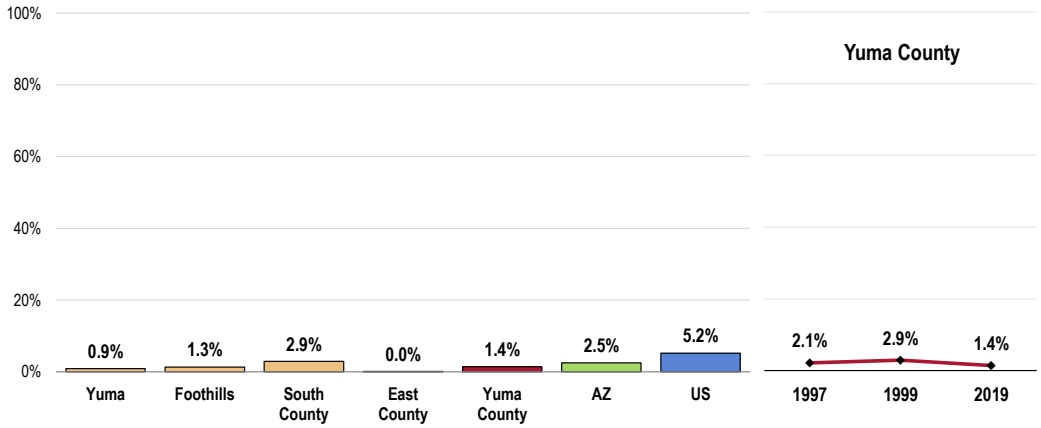
Drinking & Driving

A total of 1.4% of Yuma County adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

- **BENCHMARK**: Below the Arizona and US percentages.
- **DISPARITY**: Not reported among East County residents.

Have Driven in the Past Month After Perhaps Having Too Much to Drink



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 58]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Arizona data.
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Age-Adjusted Unintentional Drug-Related Deaths

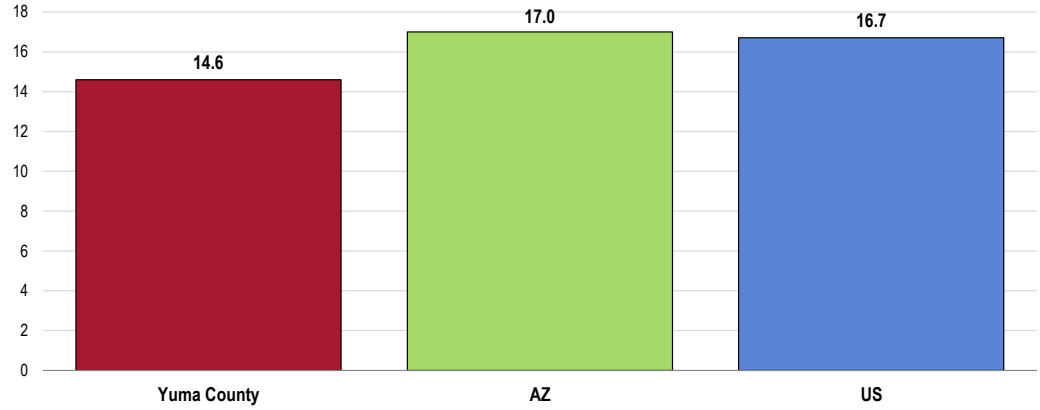
Between 2015 and 2017, there was an annual average age-adjusted unintentional drug-related mortality rate of 14.6 deaths per 100,000 population in Yuma County.

- **TREND**: Despite some fluctuations, the rate has significantly increased over the past decade, along with state and national rates.
- **BENCHMARK**: Statistically more favorable than the state rate, though fails to satisfy the related Healthy People 2020 objective.
- **DISPARITY**: Appears notably higher among White residents.

Unintentional Drug-Related Deaths: Age-Adjusted Mortality

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 11.3 or Lower



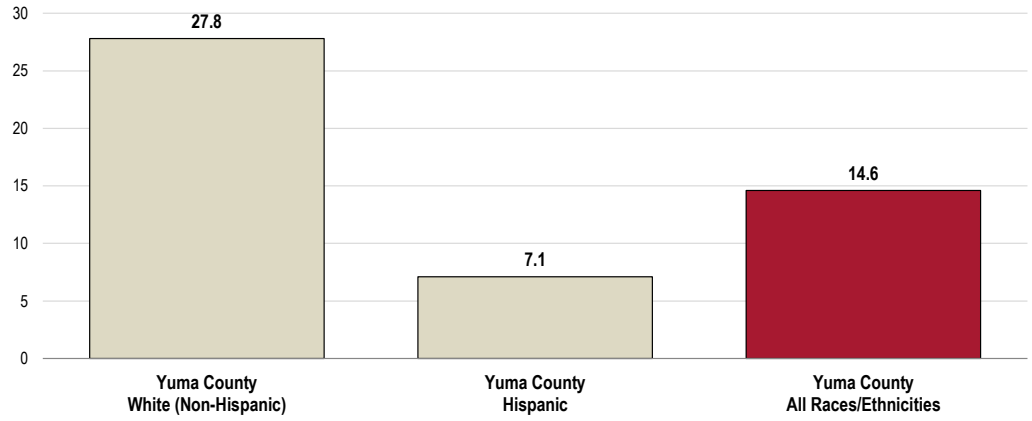
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Unintentional Drug-Related Deaths: Age-Adjusted Mortality by Race

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 11.3 or Lower



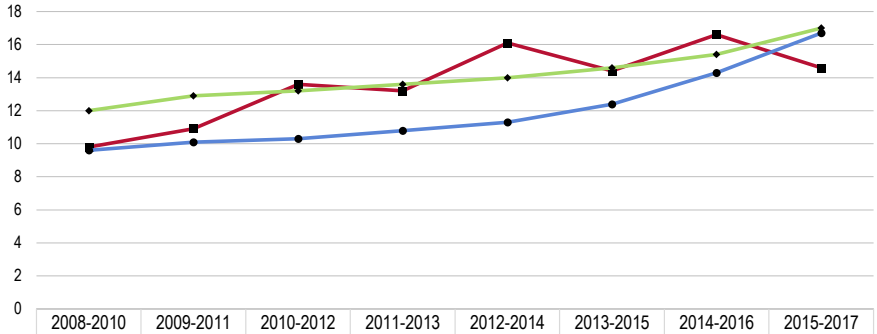
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Unintentional Drug-Related Deaths: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 11.3 or Lower



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Yuma County	9.8	10.9	13.6	13.2	16.1	14.4	16.6	14.6
AZ	12.0	12.9	13.2	13.6	14.0	14.6	15.4	17.0
US	9.6	10.1	10.3	10.8	11.3	12.4	14.3	16.7

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.
- UD Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12].

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

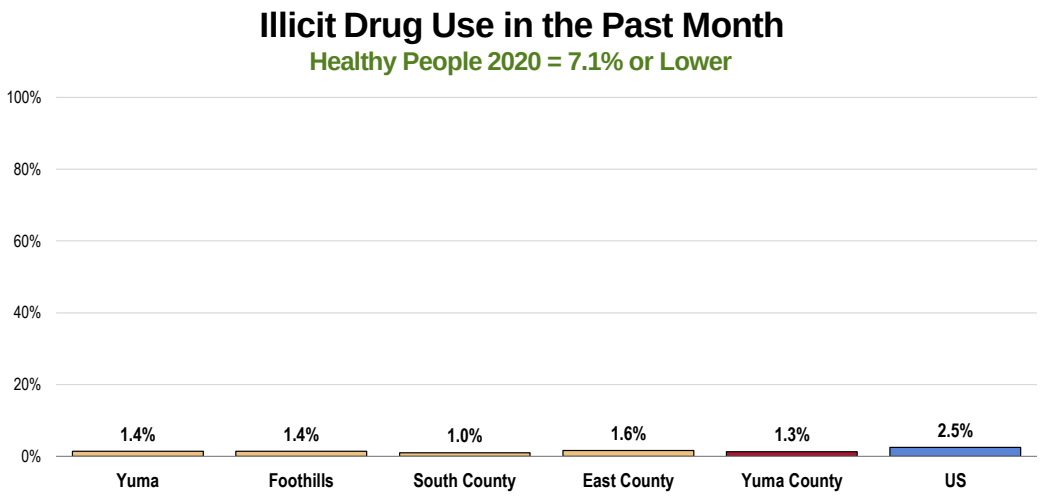
Illicit Drug Use

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

A total of 1.3% of Yuma County adults acknowledge using an illicit drug in the past month.

- **BENCHMARK**: Satisfies the related Healthy People 2020 objective.



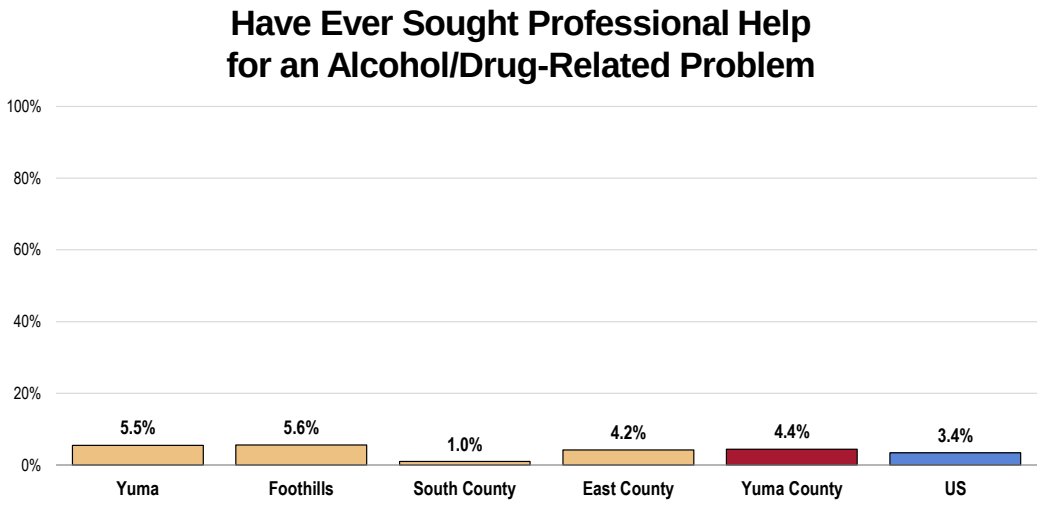
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 59]
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]

Notes:
- Asked of all respondents.

Alcohol & Drug Treatment

A total of 4.4% of Yuma County adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- **DISPARITY**: Lowest in the South County area.



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 60]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

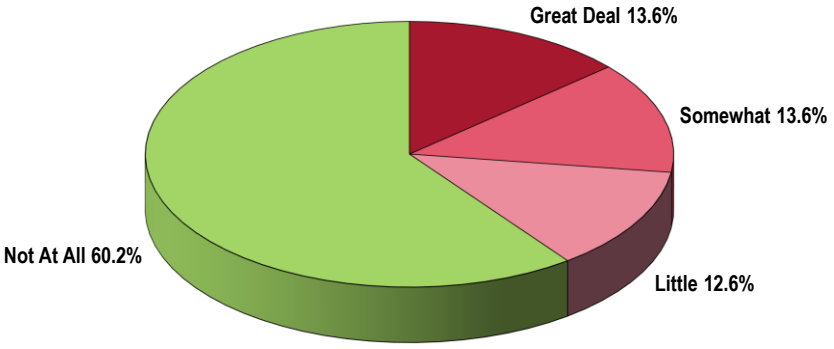
Personal Impact From Substance Abuse

Area adults were also asked to what degree their lives have been impacted by substance abuse (whether their own abuse or that of another).

Most Yuma County residents' lives have <u>not</u> been negatively affected by substance abuse (either their own or someone else's).

Degree to Which Life Has Been Negatively Affected by Substance Abuse (Self or Other's)

(Yuma County, 2019)

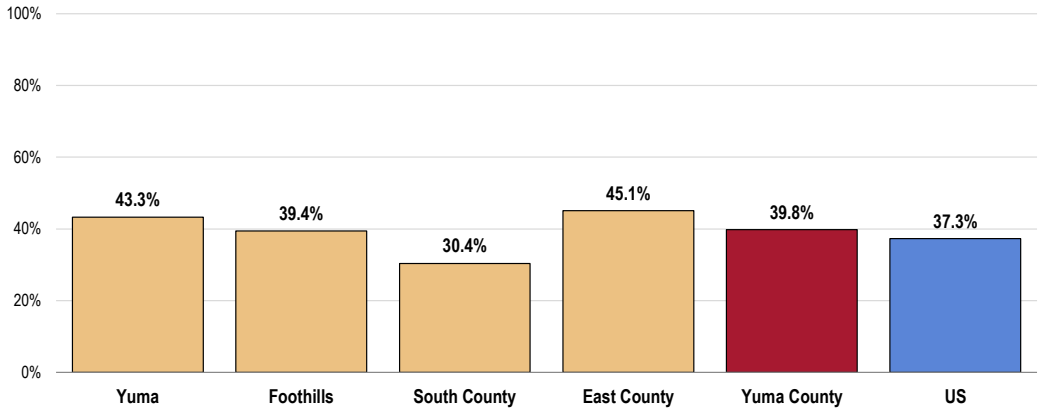


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 61]
Notes: • Asked of all respondents.

However, 39.8% have felt a personal impact to some degree ("a little," "somewhat," or "a great deal").

- **DISPARITY**: Statistically high in the Yuma area (the East County sample is too small to be significant). White Yuma County residents also report a higher prevalence.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)

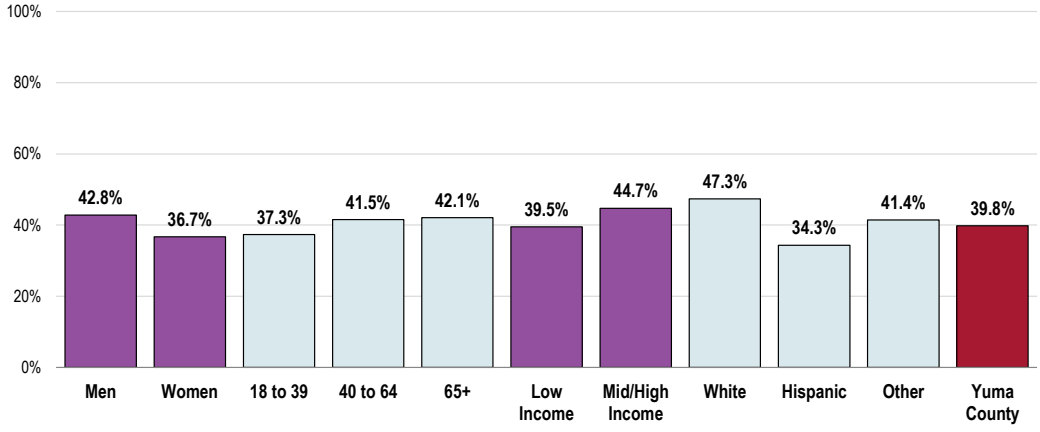


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 195]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes response of "a great deal," "somewhat," and "a little."

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)

(Yuma County, 2019)

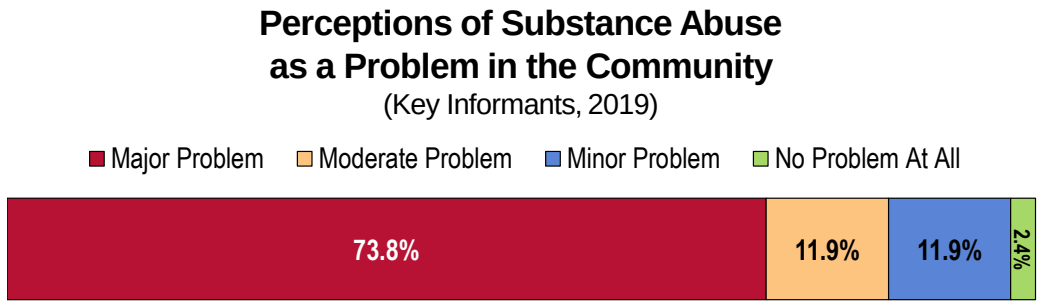


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 195]

Notes:
- Asked of all respondents.
- Includes response of "a great deal," "somewhat," and "a little."
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Substance Abuse

More than seven in 10 key informants taking part in an online survey characterized *Substance Abuse* as a "major problem" in the community.



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

We have only two residential treatment programs--Crossroads Mission New Life and Community Bridges. More are needed. More individual counseling/treatment services are needed. At present, most treatment consists of group therapy. This does not adequately address underlying causes of substance abuse such as trauma. - Community Leader

I understand it is difficult to get into substance abuse programs. The trend is that if it starts with small marijuana amounts or other non-dangerous drugs, the current trends are faster movement into drugs that cause death. Fentanyl is a powerful drug that is moving into smaller communities where young adults are losing their lives. Prescription drug abuse is also a problem for both young and old alike. Knowledge is power, but addiction is a disease. There must be a targeted effort to prevent its use. Education and advertising are perhaps a tool. - Community Leader

We are making great strides but are still at-risk. We need more services for teenagers that are not on AHCCCS [Arizona Medicaid], we need an inpatient clinic for kids, and a level 2 specific to substance use disorders (SUDs). As to adults, we need another level-2 SUD placement, more supportive housing and better coordination of providers to work with one another. - Community Leader

The greatest barriers to treatment are related to the lack of mental health services. People need access to ongoing treatment programs. - Community Leader

Medical detoxification services. Inpatient substance abuse treatment facility. Adolescent and child behavioral health services. Child psychologist, psychiatrist. - Community Leader

Waiting list for the programs. Usually at least two weeks to get in. While waiting to get in clients are unable to abstain from drugs and often fail to follow-through. - Other Healthcare Provider

No openings. Expense filled with drug users who just aid the new therapist to get more drugs. - Other Healthcare Provider

Facilities for long-term treatment, as well as specialists to help treat detoxing and long-term rehabilitation. - Community Leader

There is a lack of substance abuse treatment facilities in our community and the maintenance to prevent readmission. - Other Healthcare Provider

Not enough beds for an inpatient stay in Yuma County. - Social Services Provider

Clinics for substance abuse are almost non-existing in the community. - Community Leader

Transportation. - Community Leader

Member readiness. - Social Services Provider

Affordable Care/Funding

Access for those who need it but lack of ability to pay or who need to continue to work to support their families. - Other Healthcare Provider

Funding for treatment facilities. Lack of professional health care providers. - Community Leader

Awareness/Education

Almost every community in the US has this problem. There is a need for education and/or reduction of addictive prescription drugs. - Community Leader

Lack of education, lack of youth education. Lack of live in treatment centers. Lack of facilities for those not on access. Lack of family support. - Community Leader

Lack of Providers

Not enough professionals who are trained in substance abuse treatment. The community mental health agencies have taken up the mantle on substance abuse treatment, but they are not trained for this specific issue. The agencies rely on peer support, which is helpful, but they don't include a licensed professional who has the specific training on substance abuse treatment. Most substance abuse programs in Yuma are run by individuals who lack the necessary training. Peer supports are helpful to the treatment as an augmentation but are not the only part of treatment. - Other Healthcare Provider

Not enough qualified providers or detox and inpatient beds for this type of specialized care. - Other Healthcare Provider

Prevalence/Incidence

Volume. There are so many abusers and much fewer treatment options available. Probably more pronounced in the rural areas of the county, where there are no treatment centers. - Community Leader

High use of drugs in our community. - Community Leader

Co-Occurrences

Mental health issues are a compound problem. Also, availability of treatment programs, especially inpatient. - Community Leader

Geography

We are a border town and we are a transient town. Because of this, it is a huge problem. - Community Leader

Most Problematic Substances

Key informants (who rated this as a "major problem") clearly identified **heroin/other opioids** and **methamphetamine/other amphetamines** as the most problematic substances abused in the community, followed by **alcohol** and **prescription medications**.

Problematic Substances as Identified by Key Informants				
	Most Problematic	Second-Most Problematic	Third-Most Problematic	**Total Mentions**
Heroin or Other Opioids	41.7%	25.0%	8.7%	**18**
Methamphetamines or Other Amphetamines	37.5%	25.0%	8.7%	**17**
Alcohol	8.3%	25.0%	30.4%	**15**
Prescription Medications	8.3%	8.3%	26.1%	**10**
Marijuana	4.2%	4.2%	13.0%	**5**
Club Drugs (e.g. MDMA, GHB, Ecstasy, Molly)	0.0%	8.3%	8.7%	**4**
Synthetic Drugs (e.g. Bath Salts, K2/Spice)	0.0%	0.0%	4.3%	**1**
Inhalants	0.0%	4.2%	0.0%	**1**

Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

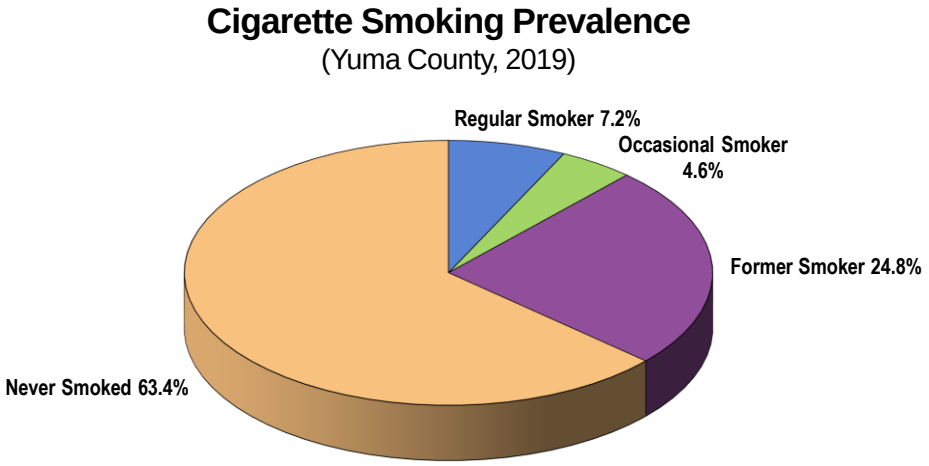
Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

— Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 11.8% of Yuma County adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).



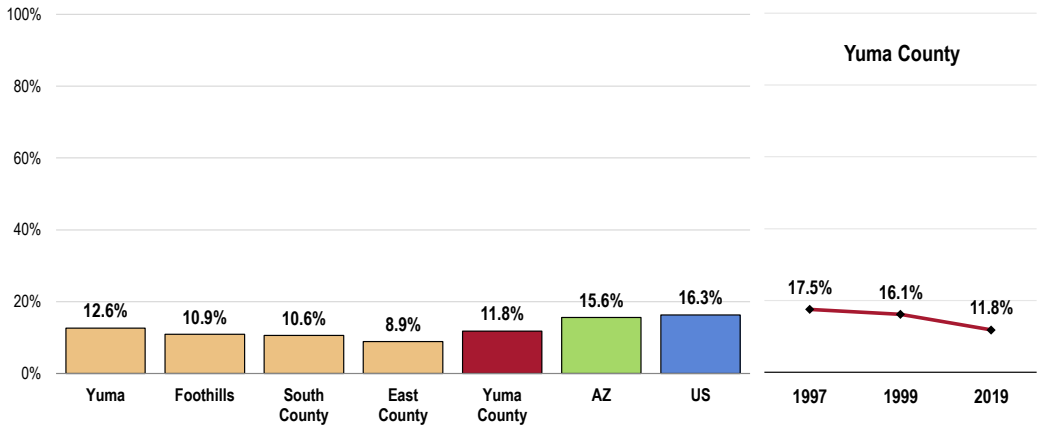
Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 159]
Notes: • Asked of all respondents.

Note the following findings related to cigarette smoking prevalence in Yuma County.

- **TREND**: Prevalence has decreased over time.
- **BENCHMARK**: Below state and national findings.
- **DISPARITY**: Smoking is more common among adults age 40-64, low-income residents, and those of Other race/ethnicity (keep in mind the relatively small sample size and larger error rate among Other communities of color).

Current Smokers

Healthy People 2020 = 12.0% or Lower



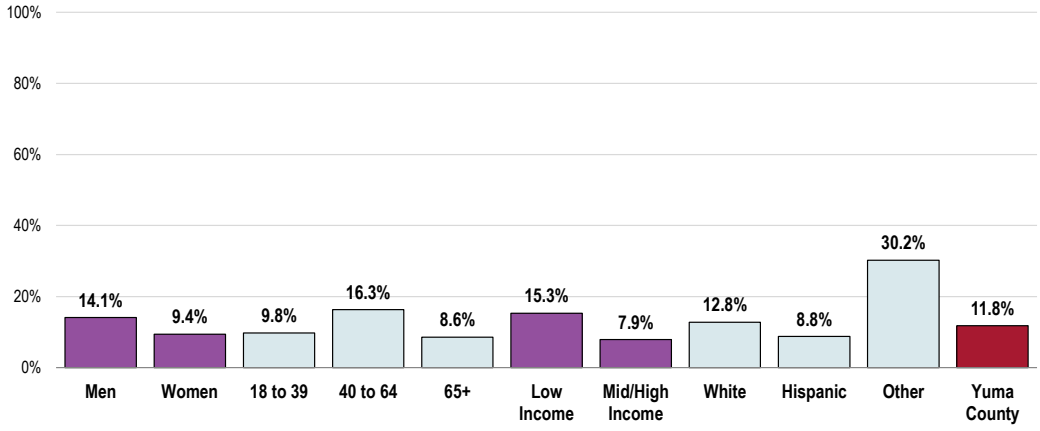
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 193]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Arizona data.
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

Current Smokers

(Yuma County, 2019)

Healthy People 2020 = 12.0% or Lower



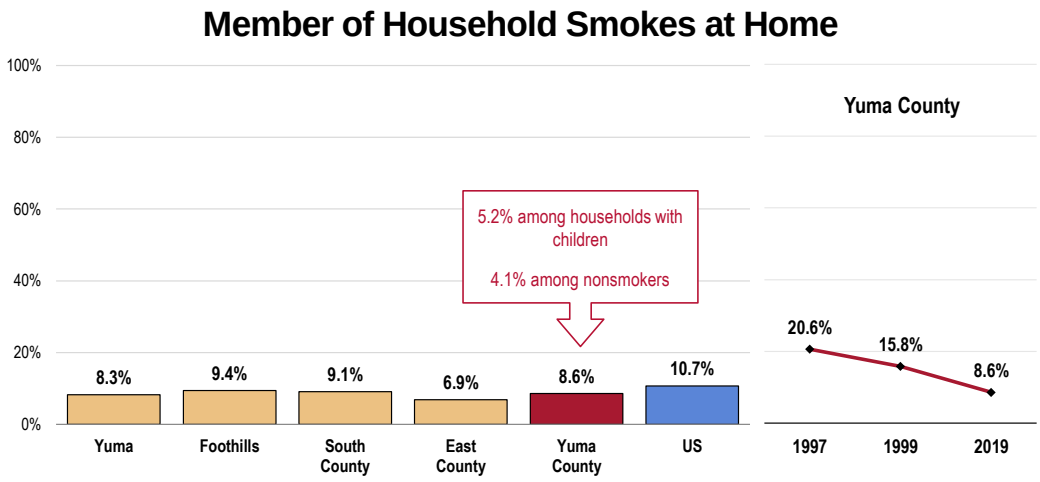
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 193]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes regular and occasion smokers (every day and some days).

Environmental Tobacco Smoke

Among all surveyed households in Yuma County, 8.6% report that someone has smoked cigarettes in their home on an average of four or more times per week over the past month.

- **TREND**: A notable decrease over time.



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 52, 161-162]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Smoking Cessation

About Reducing Tobacco Use

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

— Healthy People 2020 (www.healthypeople.gov)

Smoking Cessation Attempts

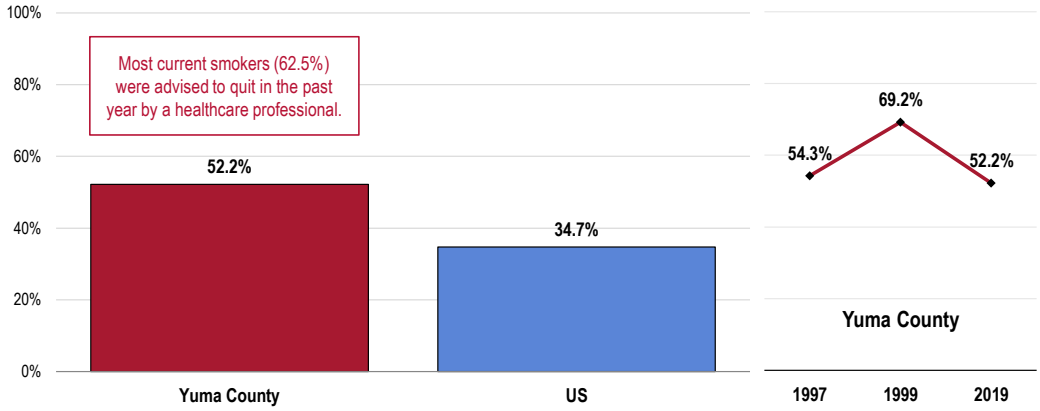
One-half (52.2%) of regular smokers went without smoking for one day or longer in the past year because they were trying to quit smoking.

- **TREND**: Statistically below the 1999 finding (similar to 1997).
- **BENCHMARK**: Significantly higher than the national finding.

Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking

(Everyday Smokers)

Healthy People 2020 = 80.0% or Higher



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 50-51]
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-4.1]

Notes:
- Asked of respondents who smoke cigarettes every day.

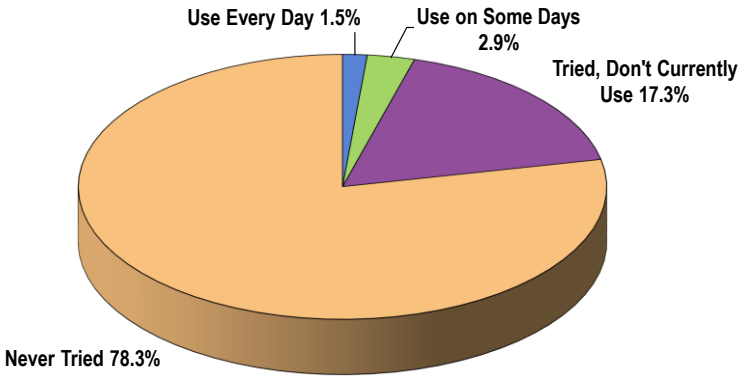
Other Tobacco Use

Use of Vaping Products

Most Yuma County adults have never tried electronic cigarettes (e-cigarettes) or other electronic vaping products.

Use of Vaping Products

(Yuma County, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 163]

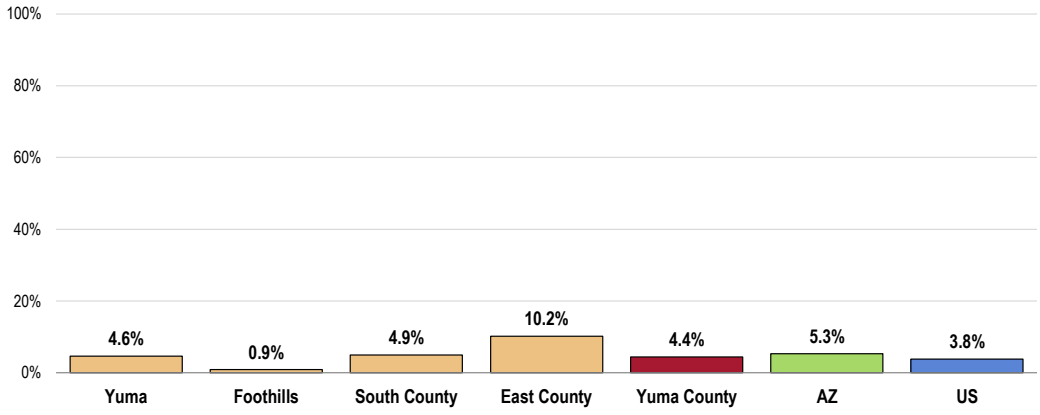
Notes:
- Asked of all respondents.

However, 4.4% currently use vaping products either regularly (every day) or occasionally (on some days).

- **DISPARITY**: Least common among residents in the Foothills. County-wide, prevalence is significantly higher among young adults.

Currently Use Vaping Products

(Every Day or on Some Days)

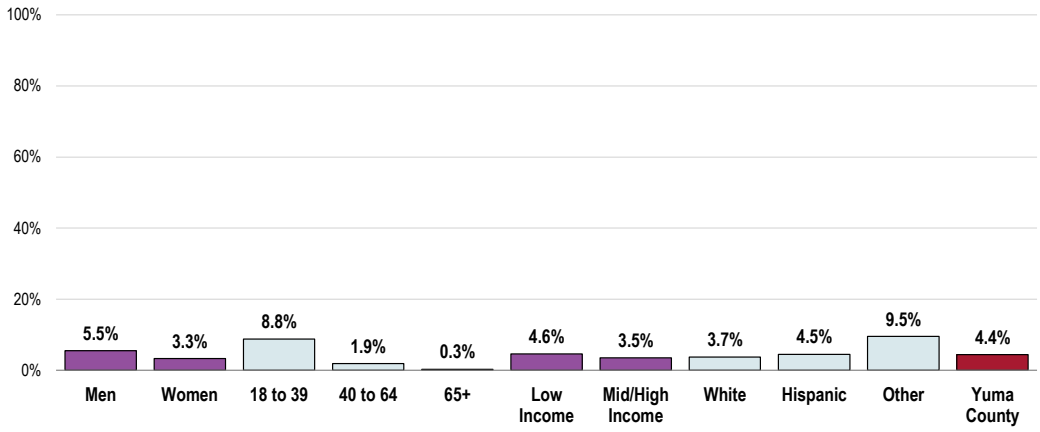


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 194]
- 2017 PRC National Health Survey, PRC, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Arizona data.

Notes:
- Asked of all respondents.
- Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Currently Use Vaping Products

(Yuma County, 2019)

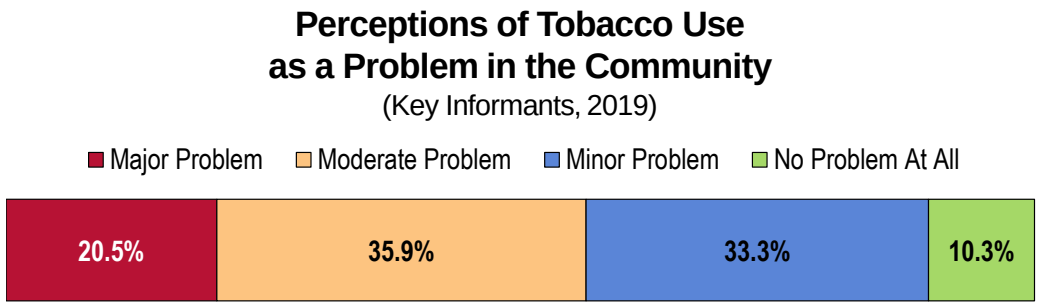


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 194]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Key Informant Input: Tobacco Use

Key informants taking part in an online survey slightly more often characterized *Tobacco Use* as a "moderate problem" than a "minor problem" in the community.



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Prevalence/Incidence

Tobacco use is crazy. You have healthcare professionals taking care of people with COPD and telling them to stop smoking, but they go on their break to smoke. Vaping or e-cigarette is the new way to get your nicotine but more dangerous than smoking. - Community Leader

Becoming popular again due to vaping and flavors attracting kids. - Other Healthcare Provider

So many people smoke. - Other Healthcare Provider

Comorbidities

Tobacco use itself has been a contributing factor to respiratory issues later in life. Younger adults are being drawn into the new vape products. All of which have consequences that as of yet need to be determined. Oral tobacco causes mouth tissue sores and problems. People make choices. They want their freedom to do so. With the difficulty in stopping its use once addicted, I would desire to see early education be a key to prevention. - Community Leader

The overall use of tobacco has negative effects on an individual's health. - Other Healthcare Provider

Education/Awareness

Pressure at lower education facilities. - Community Leader

Sexual Health

HIV

About Human Immunodeficiency Virus (HIV)

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

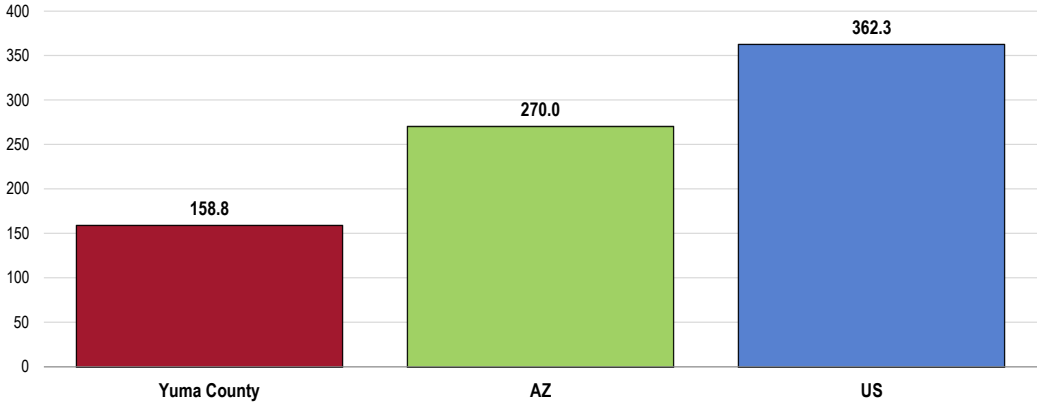
— Healthy People 2020 (www.healthypeople.gov)

HIV Prevalence

In 2015, there was a prevalence of 158.8 HIV cases per 100,000 population in Yuma County.

- **BENCHMARK**: More favorable than Arizona and US rates.
- **DISPARITY**: The prevalence rate is notably higher among Black residents.

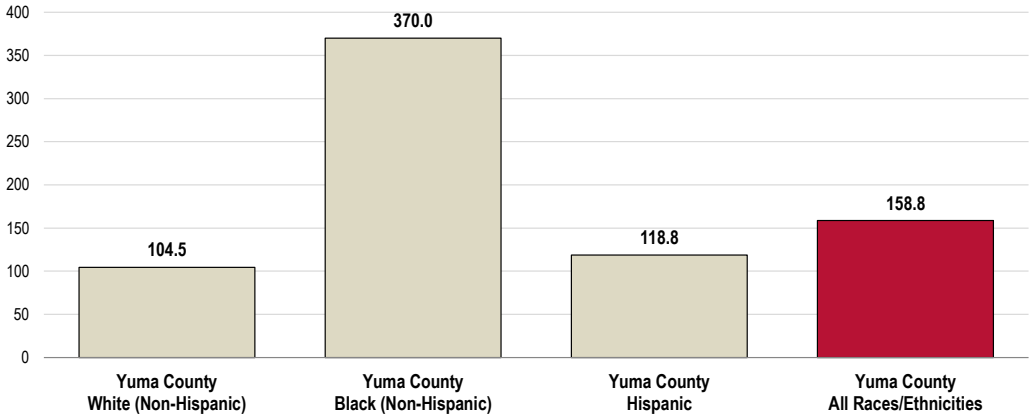
HIV Prevalence
(Prevalence Rate of HIV per 100,000 Population, 2015)



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved July 2019 from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

HIV Prevalence by Race/Ethnicity
(Rate per 100,000 Population, 2015)

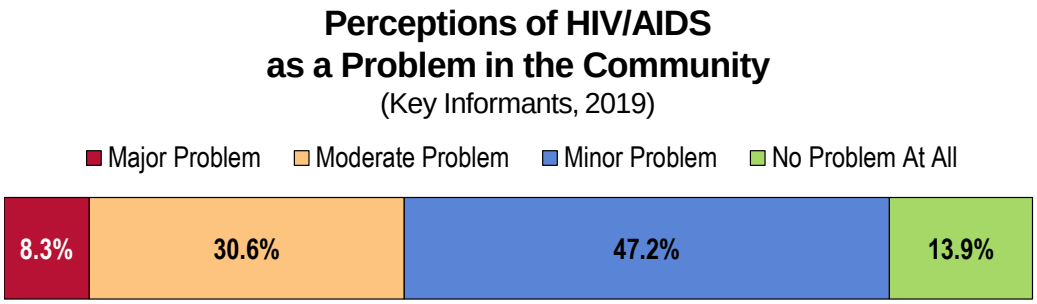


Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved July 2019 from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

Key Informant Input: HIV/AIDS

Key informants taking part in an online survey most often characterized *HIV/AIDS* as a "minor problem" in the community.



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> *Yuma County has only one infectious disease provider, and there are limited resources for education in Yuma County. - Other Healthcare Provider*
>
> *We have no HIV or AIDS program in Yuma. - Other Healthcare Provider*

Sexually Transmitted Diseases

About Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs**. The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities**. Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities**. Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications**. Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic, and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons “linked” by sequential or concurrent sexual partners).

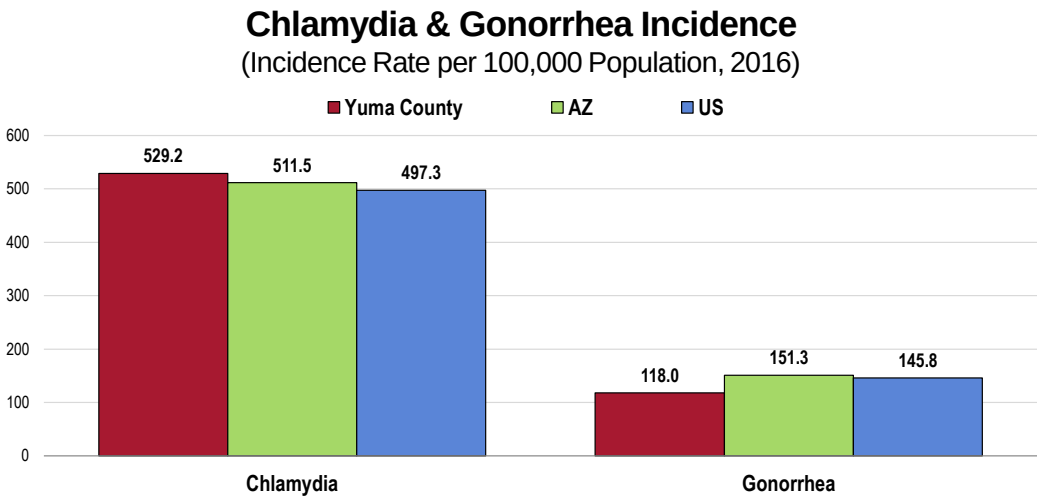
— Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

In 2016, the chlamydia incidence rate in Yuma County was 529.2 cases per 100,000 population.

The Yuma County gonorrhea incidence rate in 2016 was 118.0 cases per 100,000 population.

- **BENCHMARK**: The local gonorrhea incidence rate is below state and national rates.

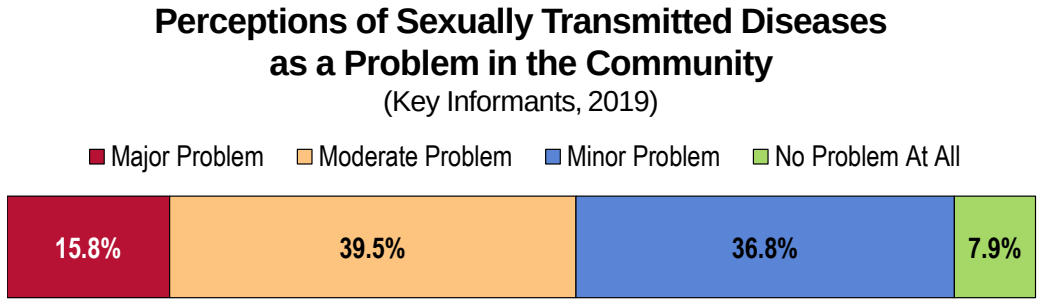


Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved July 2019 from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Key Informant Input: Sexually Transmitted Diseases

Key informants taking part in an online survey slightly more often characterized *Sexually Transmitted Diseases* as a "moderate problem" than a "minor problem" in the community.



Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Prevalence/Incidence

> *STD's continue to increase across Arizona and our community is experiencing the same trend. The top three STI's are chlamydia, gonorrhea, and syphilis. Prenatal care is critical since 40% of untreated syphilis cases can result in stillbirth or newborn death. - Public Health Representative*
>
> *It's everywhere. People don't talk about it. However, in my profession, I have to ask, and many of my patients have it. Most don't say it at first, but they end up opening up if a professional is caring and cares. - Other Healthcare Provider*
>
> *Seen a rise of syphilis, gonorrhea, chlamydia over last two to three years. - Community Leader*

Health Awareness/Education

> *Larger young populations who engage in unprotected sexual activities due to lack of education and knowledge of the health risks. Hesitancy of preventive discussions at the school level due to controversy over who is responsible to educate; the parent, schools, providers? - Other Healthcare Provider*
>
> *Sex education for high school and middle school students. This would prevent teen pregnancies, STD's and sexual victimization. - Community Leader*

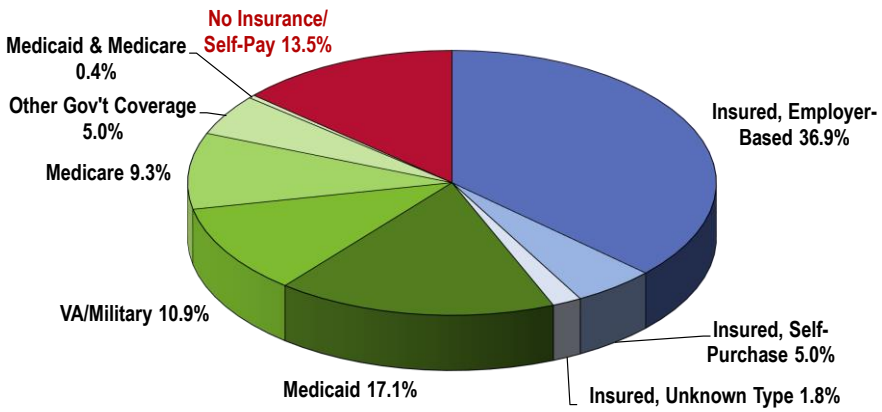
Access to Health Services

Health Insurance Coverage

Type of Healthcare Coverage

A total of 43.7% of Yuma County adults age 18 to 64 report having healthcare coverage through private insurance. Another 42.8% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 169]
Notes: • Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

Among adults age 18 to 64, 13.5% report having no insurance coverage for healthcare expenses.

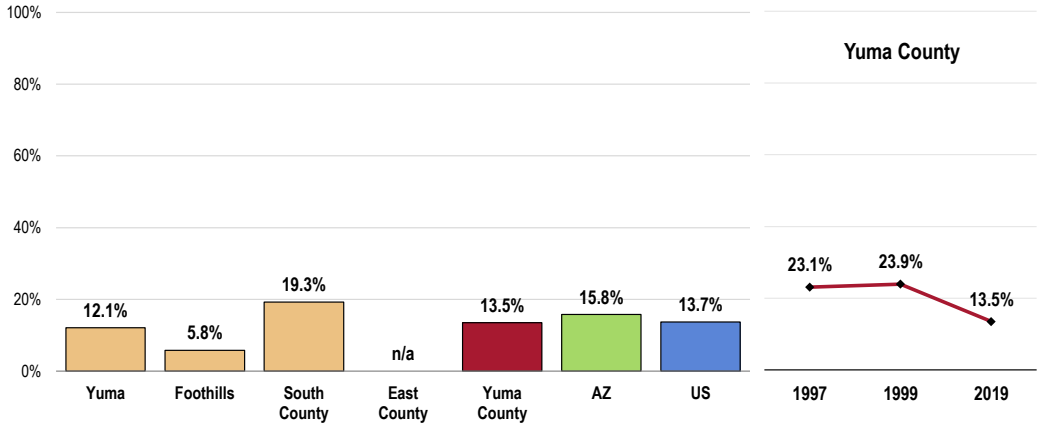
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

- **TREND**: Insurance coverage has improved over time.
- **BENCHMARK**: The Healthy People 2020 objective is universal coverage.
- **DISPARITY**: Lack of coverage is most common among South County residents, as well as among men, young adults, low-income residents, and Hispanic adults.

Lack of Healthcare Insurance Coverage

(Adults Age 18-64)

Healthy People 2020 = 0.0% (Universal Coverage)



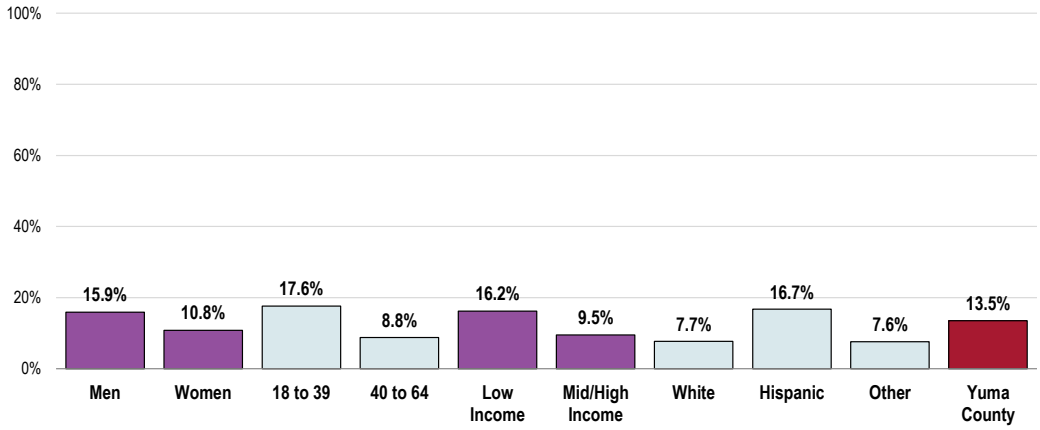
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 169]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Arizona data.
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

Notes:
- Asked of all respondents under the age of 65.
- The sample of East County respondents is too small to be shown here.

Lack of Healthcare Insurance Coverage

(Adults Age 18-64; Yuma County, 2019)

Healthy People 2020 = 0.0% (Universal Coverage)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 169]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

Notes:
- Asked of all respondents under the age of 65.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulties Accessing Healthcare

About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

— Healthy People 2020 (www.healthypeople.gov)

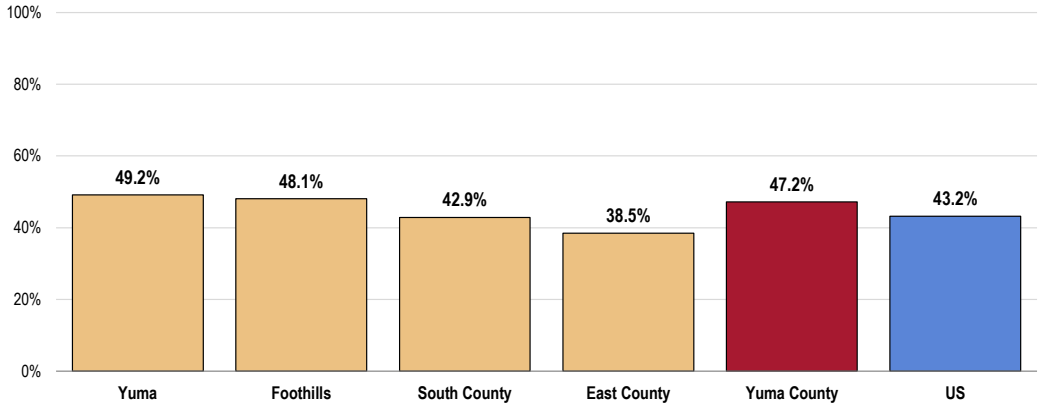
Difficulties Accessing Services

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care. It is based on reports of the barriers outlined in the following section.

A total of 47.2% of Yuma County adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- **DISPARITY**: Statistically high among adults age 40-64 and low-income residents.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

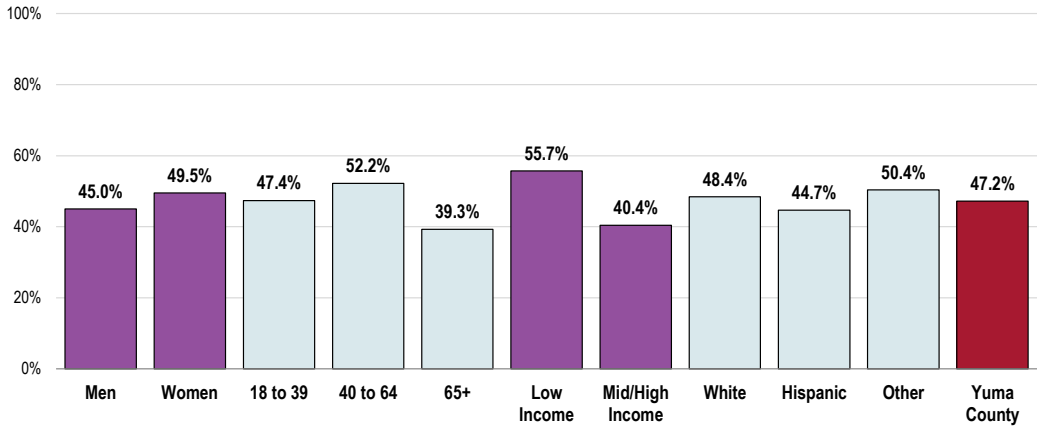


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 171]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Percentage represents the proportion of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

(Yuma County, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 171]

Notes:
- Asked of all respondents.
- Percentage represents the proportion of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

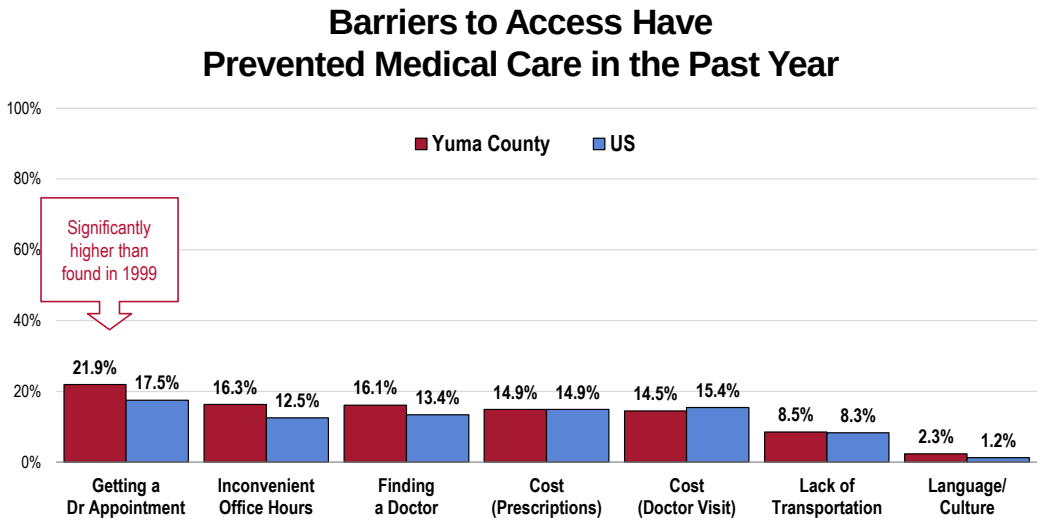
Barriers to Healthcare Access

To better understand healthcare access barriers, survey participants were asked whether any of seven types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Of the tested barriers, appointment availability, inconvenient office hours, and difficulty finding a physician visit impacted the greatest shares of Yuma County adults.

- **TREND**: Difficulty getting an appointment has significantly increased since first measured in 1999.
- **BENCHMARK**: Difficulty getting an appointment and inconvenient hours each are significantly above the related national finding.
- **DISPARITY**: Barriers based on cost of a physician visit are notably higher in the South County.

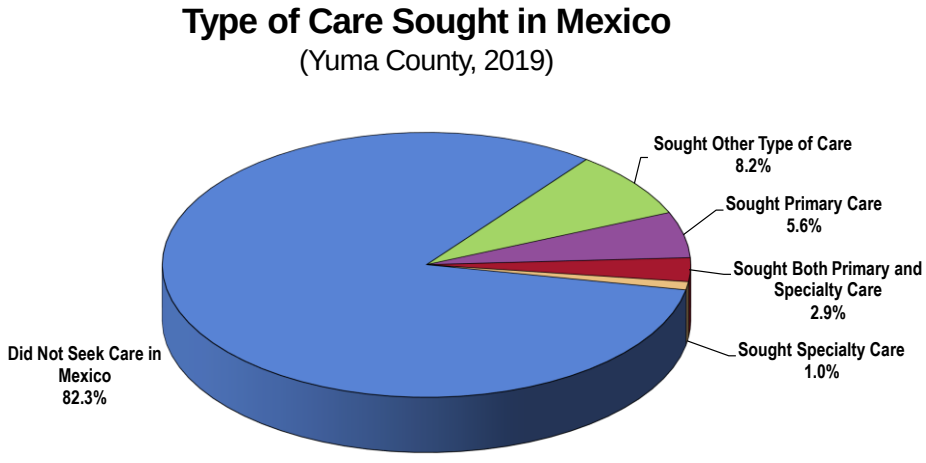


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Items 7-13]
• 2017 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Note also that 12.9% of Yuma County adults have skipped or reduced medication doses in the past year in order to stretch a prescription and save costs.

Outmigration for Care

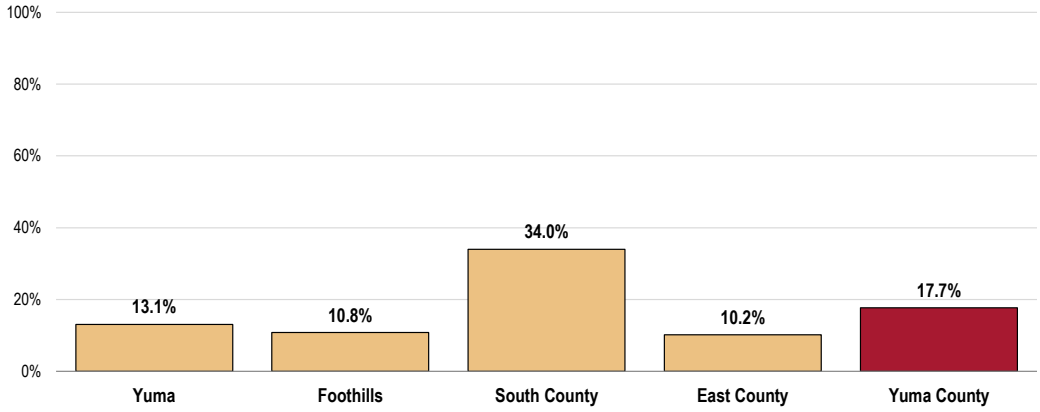
A total of 17.7% of respondents report having gone to Mexico for medical care in the past year.



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 315]
Notes: • Asked of all respondents.

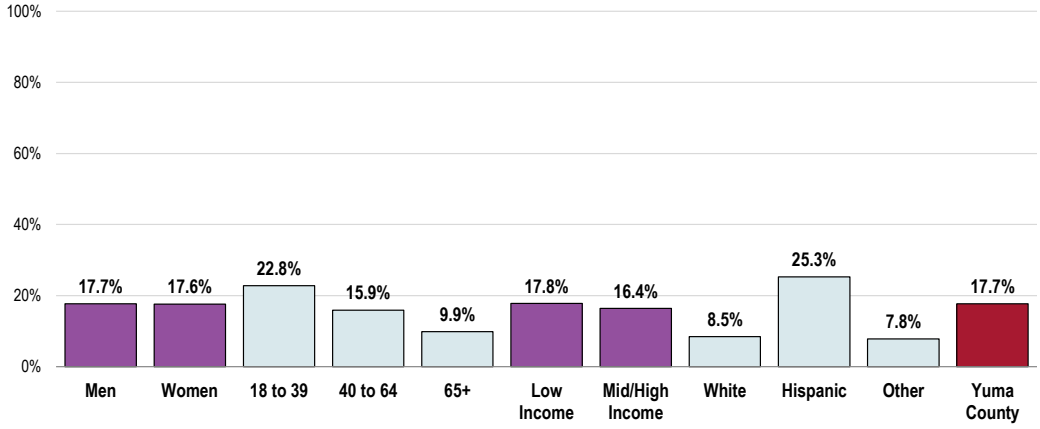
- **DISPARITY**: Significantly more common among South County residents. By demographics, higher among young adults and Hispanic residents.

Went to Mexico for Medical Care in the Past Year



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 301]
Notes: • Asked of all respondents.

Went to Mexico for Medical Care in the Past Year
(Yuma County, 2019)



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 301]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Accessing Healthcare for Children

Difficulties Accessing Care

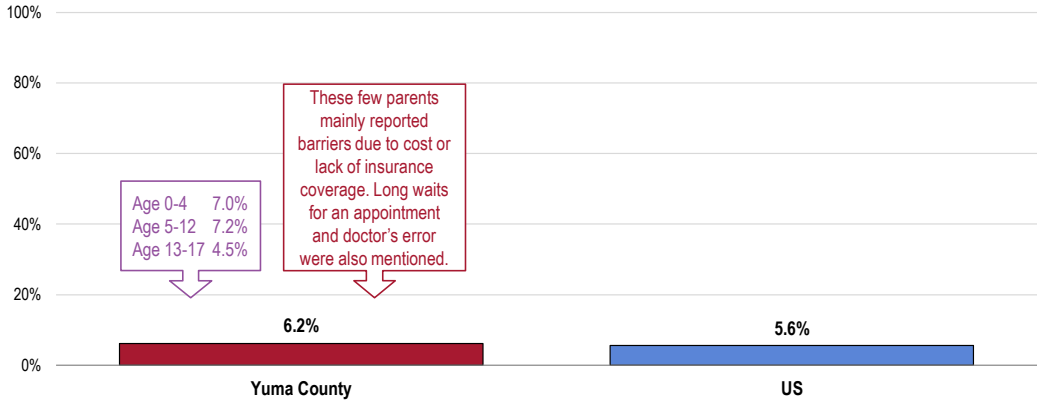
Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

A total of 6.2% of parents say there was a time in the past year when they needed medical care for their child but were unable to get it.

- **DISPARITY**: No significant differences to report.

Had Trouble Obtaining Medical Care for Child in the Past Year

(Parents of Children 0-17)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 118-119]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.

Outmigration for Care

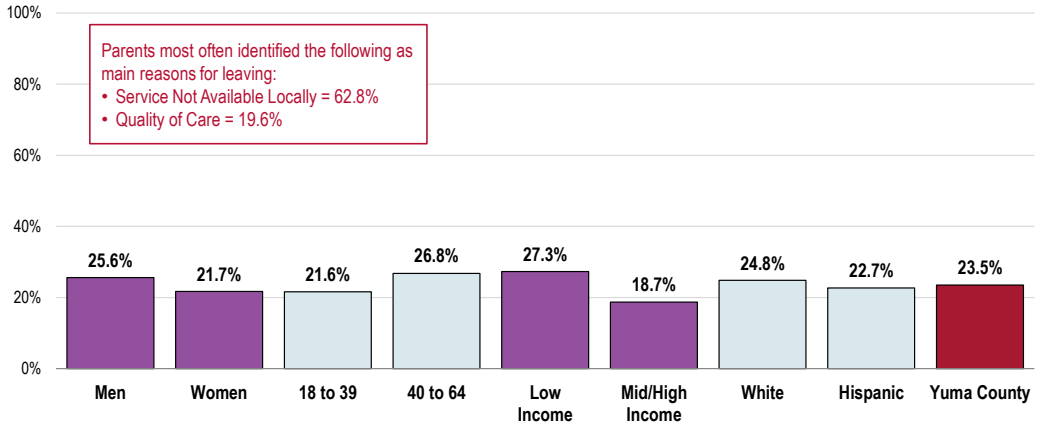
A total of 23.5% of Yuma County parents report that they feel the need to leave their local area in order to get certain children's healthcare services.

Parents' reasons for feeling the need to leave their areas primarily related to perceptions that services are not available locally (62.8%) or perceived quality of care (19.6%).

- **DISPARITY**: No significant differences by demographic characteristics.

Feel the Need to Leave the County for Children's Healthcare

(Yuma County Parents, 2019)

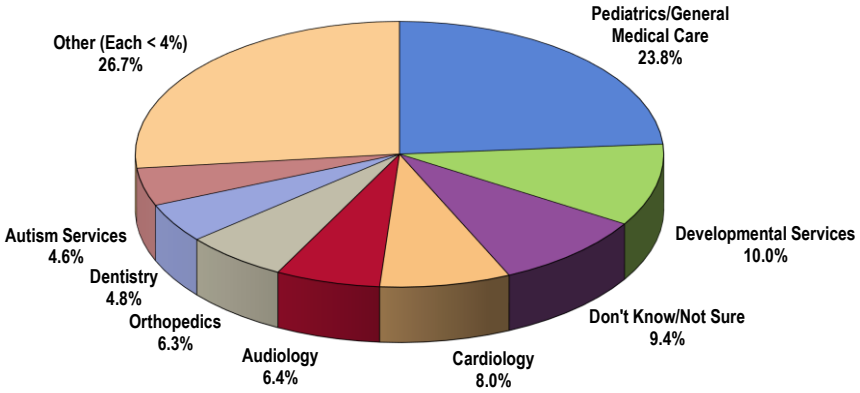


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Items 312, 314]
Notes: • Asked of all respondents with children at home.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Asked to specify the services for which they feel they need to leave the area to receive care, the greatest share of respondents (23.8%) sought **pediatrics or general medical care**. Other specific responses were for **developmental services** (10.0%), **cardiology** (8.0%), **audiology** (6.4%), **orthopedics** (6.3%), **dentistry** (4.8%), and **autism services** (4.6%). A wide variety of other responses was given, none individually mentioned by more than 4.0%.

Type of Children's Care Parent Would Seek Outside the County

(Yuma County Parents, 2019)



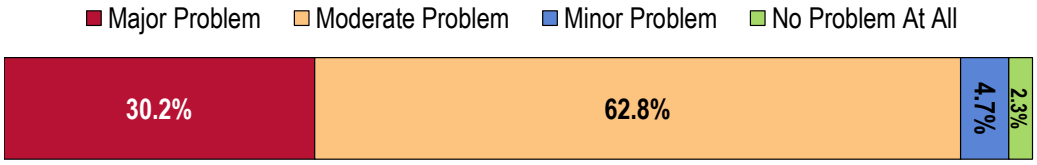
Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 313]
Notes: • Asked of all respondents with children at home.

Key Informant Input: Access to Healthcare Services

More than six in 10 key informants taking part in an online survey most often characterized *Access to Healthcare Services* as a "moderate problem" in the community.

Perceptions of Access to Healthcare Services as a Problem in the Community

(Key Informants, 2019)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

Providing primary and specialty care in a manner acceptable by community members; availability, culturally acceptable, linguistically appropriate, and with consideration to a lack of understanding with the health care system. This patient population takes longer to treat due to lack of education and knowledge about disease processes, and navigation of a complex health system. - Other Healthcare Provider

Primary Care Provider (PCP) appointments are not available readily. PCP's are so busy, it's difficult to get an appointment in a timely manner. By the time I make it to the appointment, I may not be experiencing those symptoms, so I will not show up to my appointment. This is a problem, because maybe the symptom is a byproduct of something bigger or an onset of a disease… In addition, PCP's are not open after hours or on the weekends. It's hard for working individuals to attend their appointments, because they have to take time off. Not to mention, when we do go, we still have to wait (even though we have an appointment) because the PCP has been double or tripled booked. This is really hard for working people. - Other Healthcare Provider

AHCCCS [Arizona Medicaid] patients continually use the E.D. instead of a PCP or urgent care. They use ambulance services a ride. They have no financial responsibility. Need an urgent care for AHCCCS patients with extended hours. - Other Healthcare Provider

Availability of professional healthcare staff. - Community Leader

Lack of Specialty Services

There are not enough doctors who are specialized in certain treatments. Many clients are sent to Phoenix for medical appointments. - Social Services Provider

Specialty care for children and adults with special health care needs. - Other Healthcare Provider

Neurological surgery. - Community Leader

Insurance Issues

> *Most do not have access to health care due to lack of insurance or lack of preventive programs in the areas of obesity, diabetes, substance abuse. - Community Leader*
>
> *AHCCCS [Arizona Medicaid] insurance care at an urgent care [facility]: They take no financial responsibility. - Other Healthcare Provider*

Affordable Care/Services

> *Affordable healthcare and culturally sensitive medical services. - Other Healthcare Provider*

Transportation

> *Transportation is a major concern. Understanding the different cultures and customs. Lack of affordable specialties. - Other Healthcare Provider*

Type of Care Most Difficult to Access

Key informants (who rated this as a "major problem") most often identified **mental health care** and **substance abuse treatment** as the most difficult to access in the community.

Medical Care Difficult to Access as Identified by Key Informants

	Most Difficult	Second-Most Difficult	Third-Most Difficult	**Total Mentions**
Mental Health Care	50.0%	0.0%	12.5%	**5**
Substance Abuse Treatment	12.5%	12.5%	25.0%	**4**
Chronic Disease Care	0.0%	25.0%	12.5%	**3**
Urgent Care	12.5%	12.5%	0.0%	**2**
Specialty Care	12.5%	0.0%	12.5%	**2**
Elder Care	0.0%	12.5%	12.5%	**2**
Dental Care	12.5%	0.0%	0.0%	**1**
Neurosurgery	0.0%	12.5%	0.0%	**1**
Palliative Care	0.0%	12.5%	0.0%	**1**
Primary Care	0.0%	12.5%	0.0%	**1**
Pain Management	0.0%	0.0%	12.5%	**1**
Prenatal Care	0.0%	0.0%	12.5%	**1**

Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

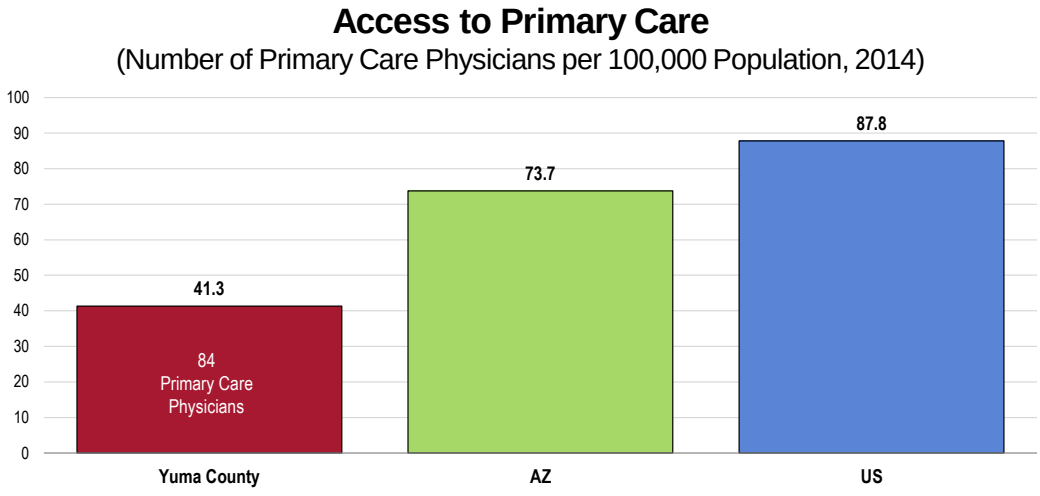
Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

— Healthy People 2020 (www.healthypeople.gov)

Access to Primary Care

In 2014, there were 84 primary care physicians in Yuma County, translating to a rate of 41.3 primary care physicians per 100,000 population.

- **BENCHMARK**: Much lower than state and national rates.



Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Retrieved July 2019 from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians 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.

Specific Source of Ongoing Care

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

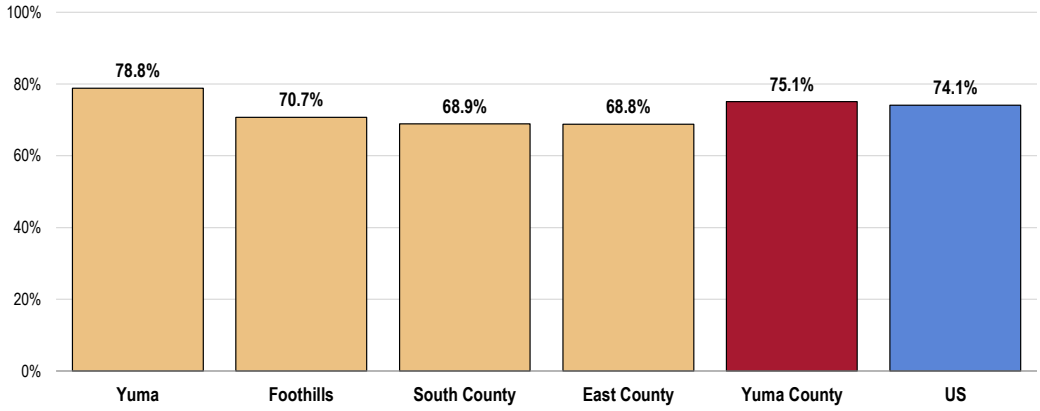
A hospital emergency room is not considered a specific source of ongoing care in this instance.

Three-quarters (75.1%) of Yuma County adults were determined to have a specific source of ongoing medical care.

- **BENCHMARK**: Fails to satisfy the related Healthy People 2020 objective.
- **DISPARITY**: Statistically least common in the South County area (the East County sample is too small here to be significant).

Have a Specific Source of Ongoing Medical Care

Healthy People 2020 = 95.0% or Higher



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 170]
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]

Notes:
- Asked of all respondents.

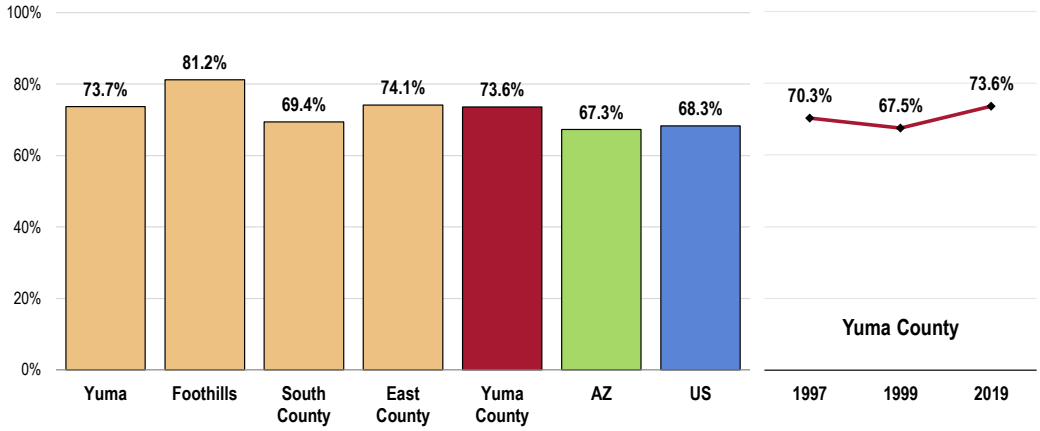
Utilization of Primary Care Services

Adults

More than seven in 10 adults (73.6%) visited a physician for a routine checkup in the past year.

- **TREND**: More favorable than the 1999 finding (statistically similar to 1997).
- **BENCHMARK**: More favorable than found statewide and nationally.
- **DISPARITY**: Most favorable in the Foothills, as well as among older adults and White residents.

Have Visited a Physician for a Checkup in the Past Year

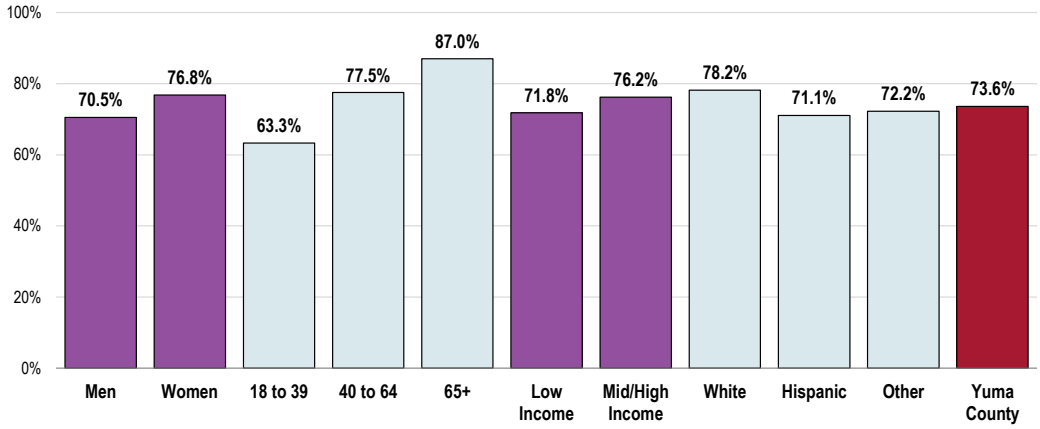


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 18]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Arizona data.
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Have Visited a Physician for a Checkup in the Past Year

(Yuma County, 2019)



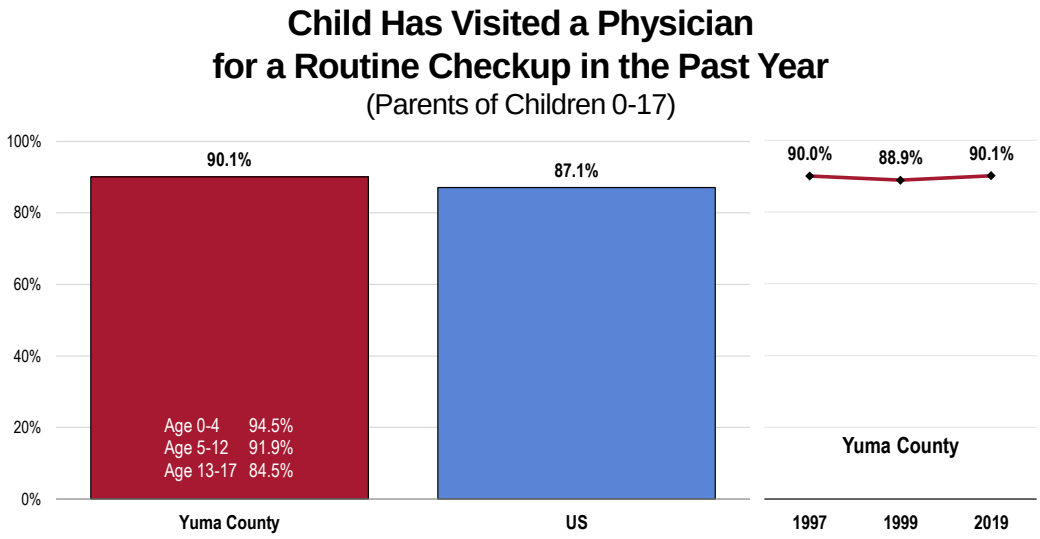
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 18]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among surveyed parents, 90.1% report that their child has had a routine checkup in the past year.

- **DISPARITY**: No statistically significant differences to report.



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 120]
- 2017 PRC National Health Survey, PRC, Inc.

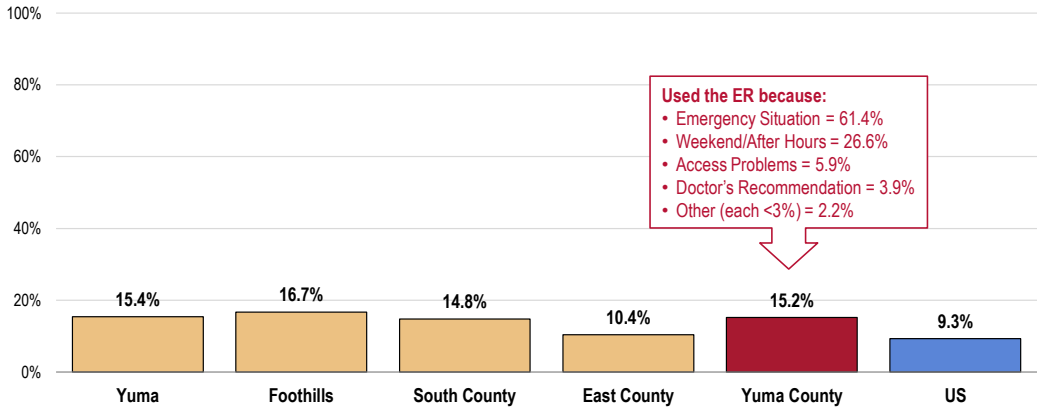
Notes:
- Asked of all respondents with children 0 to 17 in the household.

Emergency Room Utilization

A total of 15.2% of Yuma County adults have gone to a hospital emergency room more than once in the past year about their own health.

- **BENCHMARK**: More common than reported nationally.
- **DISPARITY**: Statistically more common among adults age 40+, as well as low-income residents. Other demographic differences are not statistically significant.

Have Used a Hospital Emergency Room More Than Once in the Past Year

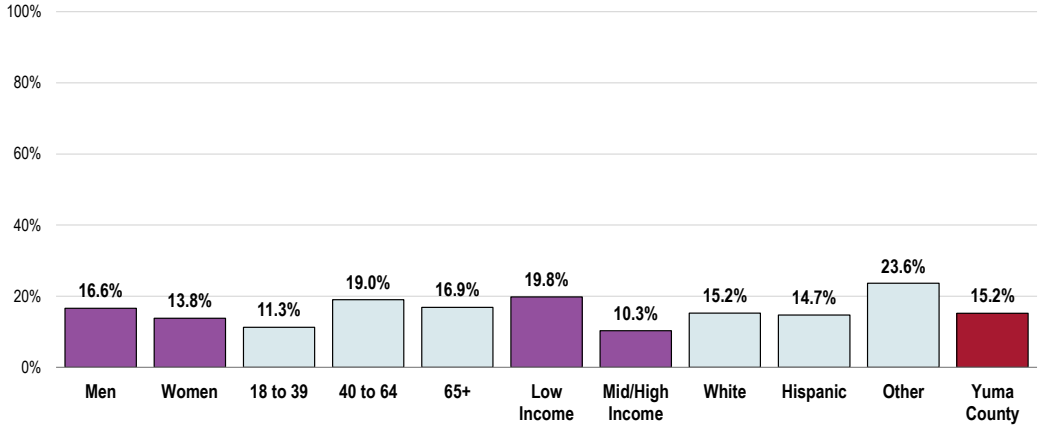


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 22-23]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Have Used a Hospital Emergency Room More Than Once in the Past Year

(Yuma County, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 22]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use; excessive alcohol use;** and **poor dietary choices**.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

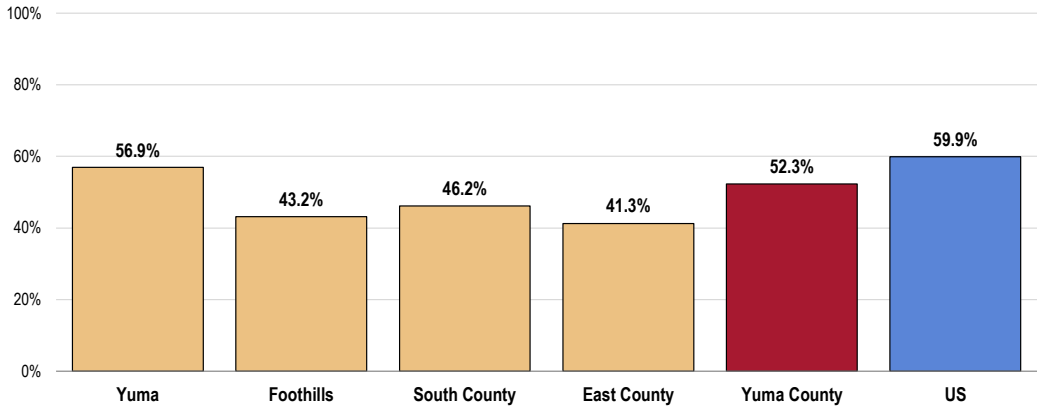
— Healthy People 2020 (www.healthypeople.gov)

Dental Insurance

Over one-half (52.3%) of Yuma County adults have dental insurance that covers all or part of their dental care costs.

- **BENCHMARK**: Below the US proportion.
- **DISPARITY**: Highest in the Yuma area.

Have Insurance Coverage That Pays All or Part of Dental Care Costs



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 21]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Dental Care

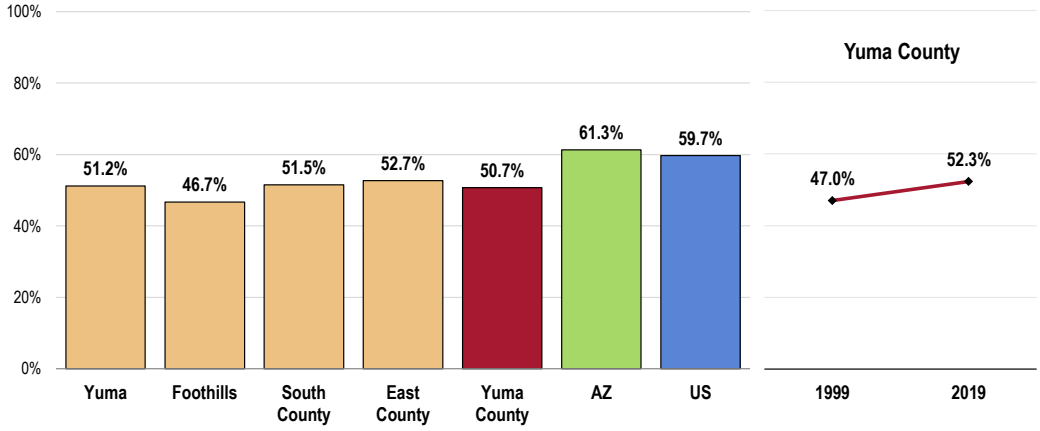
Adults

Half (50.7%) of Yuma County adults have visited a dentist or dental clinic (for any reason) in the past year.

- **BENCHMARK**: Less favorable than the state and national percentages.
- **DISPARITY**: Least favorable among low-income residents and those without dental insurance.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 = 49.0% or Higher



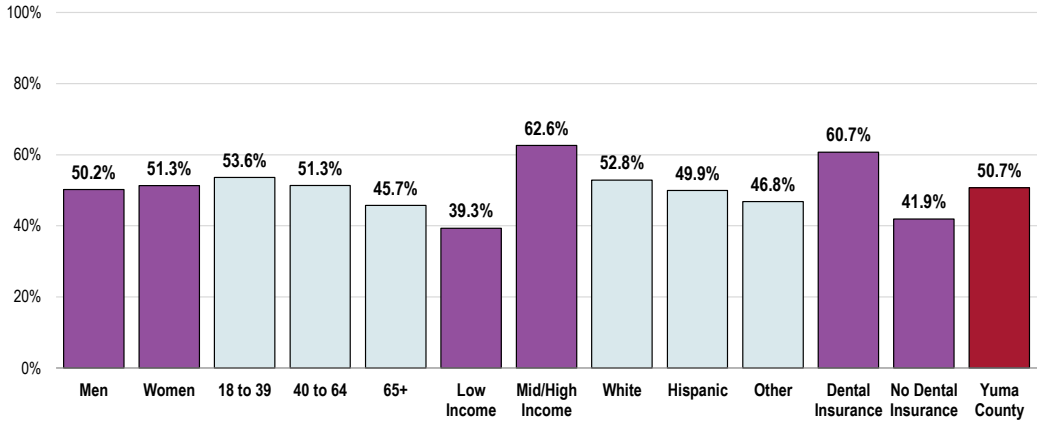
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 20]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Arizona data.
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Yuma County, 2019)

Healthy People 2020 = 49.0% or Higher



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 20]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

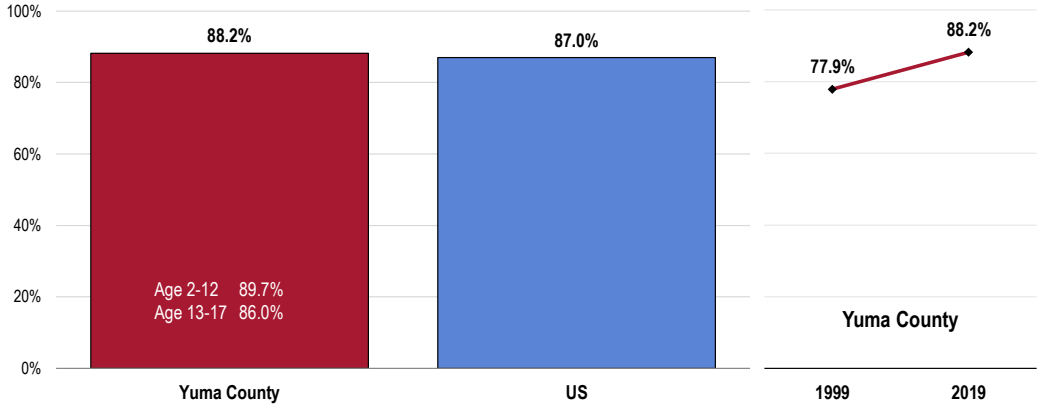
A total of 88.2% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- **TREND**: A favorable increase since the 1999 finding.
- **BENCHMARK**: Easily satisfies the related Healthy People 2020 objective.

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Parents of Children Age 2-17)

Healthy People 2020 = 49.0% or Higher

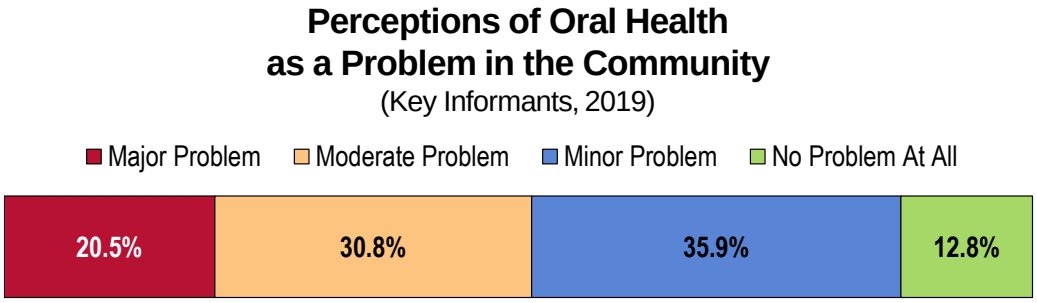


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 123]
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents with children age 2 through 17.

Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized *Oral Health* as a "minor problem" in the community.



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Cost/Insurance Issues

There is no coverage for a lot of people even with insurance; someone can have a severe tooth problem, and YRMC will not be able to just pull a tooth. The majority of clients will need to pay in order to see a dentist and do not have the funds for this issue; Plus Dentists are extremely expensive. - Social Services Provider

Community is not able to afford dental care. Many travel to Mexico for oral health; cheaper and faster. - Social Services Provider

We have plenty of dentists. The problem is co-pays and deductibles. Most people go to Mexico because it is much cheaper. - Other Healthcare Provider

Co-Occurrences

Fear of dental care. Affordability. Dental care is expensive and the out of pocket costs prevent the needed care. - Other Healthcare Provider

Student absenteeism in elementary schools is strongly correlated with poor dental care. - Community Leader

Ancillary result of mental illness. - Community Leader

Comorbidities

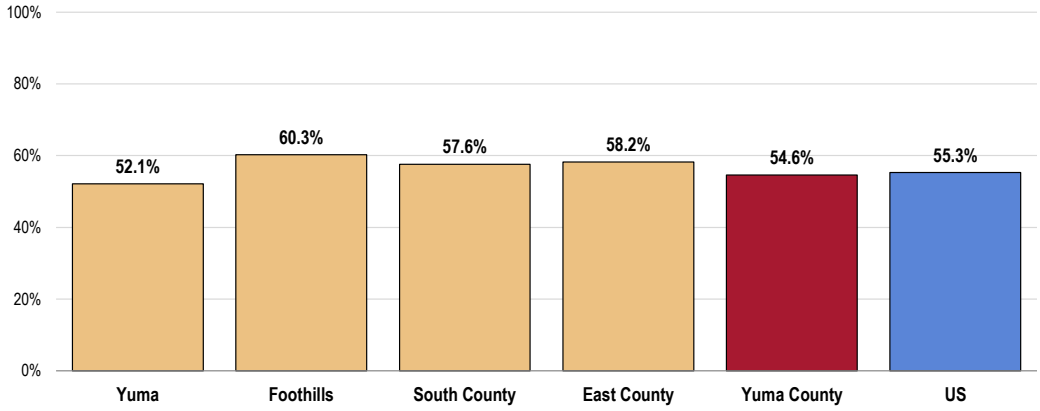
As other comorbidities take precedence, other areas of health decline; this is an area where I have seen declines in elder care. Oral care has direct correlation to heart health. Poor oral care leads to poor heart health. - Community Leader

Vision Care

A total of 54.6% of Yuma County residents had an eye exam in the past two years during which their pupils were dilated.

- **DISPARITY**: Note the strong correlation with age.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

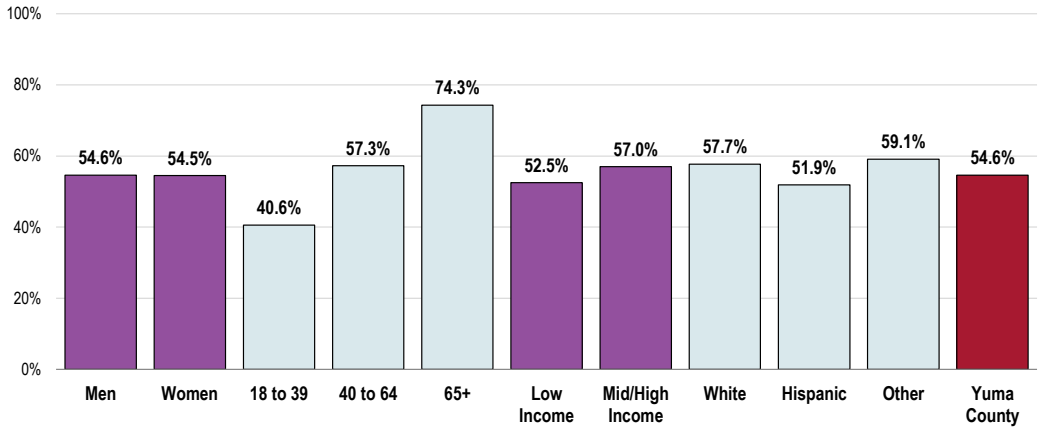


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 19]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

(Yuma County, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 19]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
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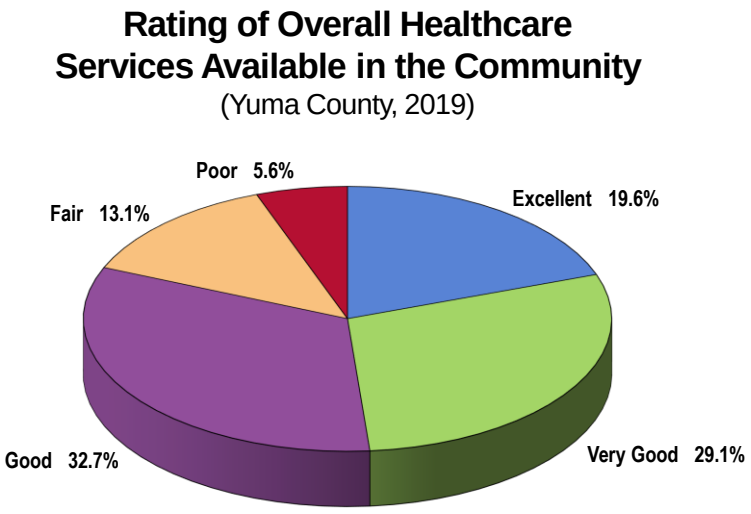
Local Resources

Perceptions of Local Healthcare Services

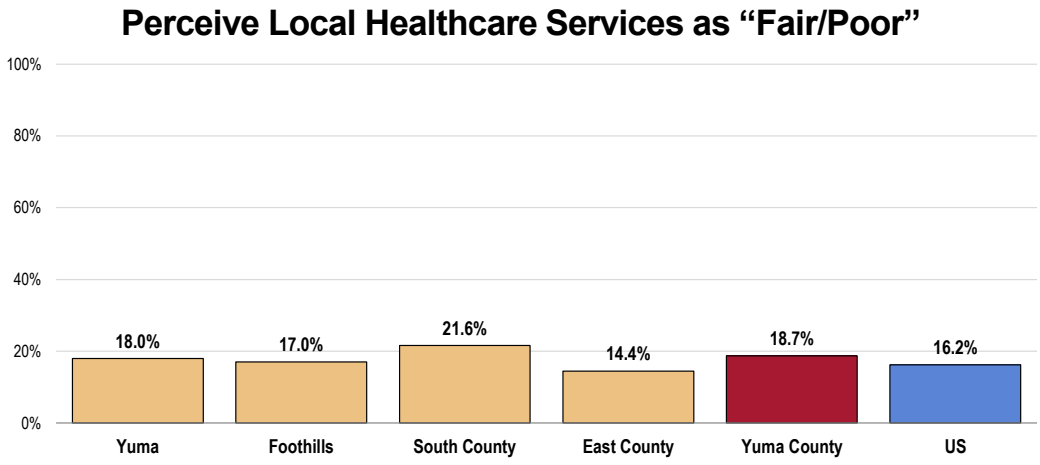
Just under half of Yuma County adults rate the overall healthcare services available in their community as "excellent" or "very good."



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 18.7% of residents characterize local healthcare services as "fair" or "poor."

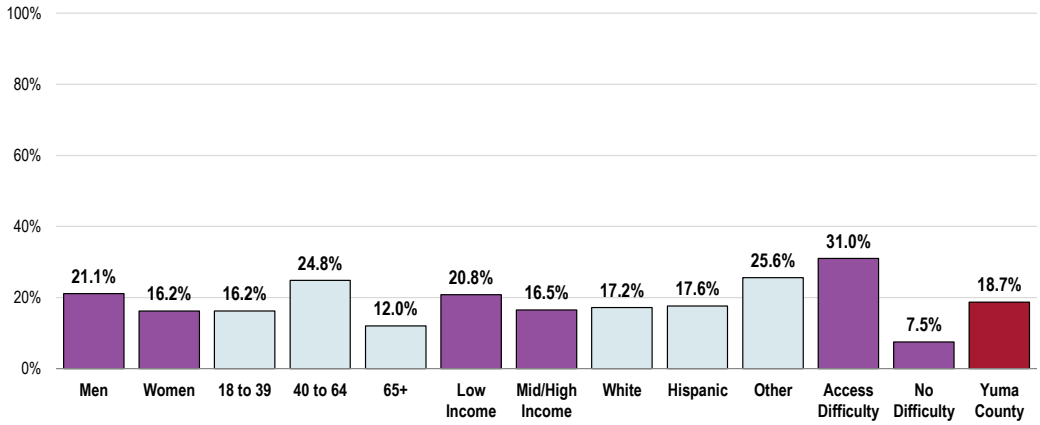
- **DISPARITY**: "Fair/poor" ratings are more common among adults age 40-64, as well as among those reporting access difficulties.



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 6]
• 2017 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Perceive Local Healthcare Services as "Fair/Poor"

(Yuma County, 2019)



Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 6]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Healthcare Services

- *Behavioral Health Services*
- *Doctor's Offices*
- *Health Department*
- *Health District*
- *Home Health Services*
- *Hospice of Yuma*
- *Hospitals*
- *Pharmacies*
- *Regional Center for Border Health*
- *Sunset Community Health Center*
- *Urgent Care*
- *Yuma Regional Medical Center Clinics*

Arthritis, Osteoporosis & Chronic Back Conditions

- *Doctor's Offices*
- *Parks and Recreation*
- *Physical Therapists*

Cancer

- *Arizona Department of Environmental Quality (ADEQ)*
- *AWC (Arizona Western College)*
- *Hospice*
- *Hospitals*
- *Medical Residents*
- *Sunset Community Health Center*

Dementias, Including Alzheimer's Disease

- *Arizona Adult Protective Services*
- *BFC Neurology*
- *Caring Touch*
- *Department of Health and Welfare*
- *Doctor's Offices*
- *Emergency Responders*
- *Hospice*
- *Hospitals*
- *Law Enforcement*
- *Nursing Homes*
- *Private Facilities*
- *Residential Facilities*
- *Skilled Nursing Facilities*
- *Sunset Community Health Center*
- *WACOG (Western Arizona Council of Governments)*

Diabetes

- *Border Health*
- *Campesinos Sin Fronteras*
- *Doctor's Offices*
- *Fort Yuma*
- *Health Department*
- *Hospitals*
- *Indian Hill Hospital*
- *Regional Center for Border Health*
- *School System*
- *Southwest Border Health Alliance*
- *Sunset Community Health Center*
- *Transitional Care*
- *Yuma County Health District*
- *Yuma County Public Health Department*
- *Yuma Regional Medical Center Clinics*

Family Planning

- *Educational Facilities*
- *Regional Center for Border Health*
- *Southwest Border Health Alliance*
- *Sunset Community Health Center*
- *Women's Health Clinic*

Heart Disease & Stroke

- *Doctor's Offices*
- *Heart Center*
- *Hospitals*
- *Regional Center for Border Health*
- *Skilled Nursing Facilities*
- *Sunset Community Health Center*
- *Yuma County Public Health Department*
- *Yuma Regional Cancer Center*
- *Yuma Regional Medical Center Clinics*

HIV/AIDS

- *Health Department*

Immunization & Infectious Diseases

- *Border Health*
- *Child and Family Services*
- *Doctor's Offices*
- *Health Department*
- *Hospitals*
- *Southwest Border Health Alliance*
- *Sunset Community Health Center*

Infant & Child Health

- *Community Fairs*
- *Doctor's Offices*
- *Regional Center for Border Health*
- *School System*
- *Southwest Border Health Alliance*
- *State-Wide Financial Programs*
- *Sunset Community Health Center*
- *Yuma County Public Health Department*
- *Yuma Pediatrics*
- *Yuma Regional Medical Center Clinics*

Injury & Violence

- *Amberly's Place*
- *Community Bridges*
- *Crossroads Mission*
- *Healing Journey*
- *Yuma Police Department (YPD)*

Kidney Disease

- *Davita Dialysis Clinic*
- *Doctor's Offices*
- *Hospitals*
- *State-Wide Financial Programs*
- *Sunset Community Health Center*
- *Urgent Care*
- *Yuma Nephrology*

Mental Health

- *ACTS (Arizona Counseling and Treatment Services)*
- *Arizona Complete Health*
- *Arizona Counseling & Treatment Services*
- *Behavioral Health Services*
- *Cenpatico Integrated Care*
- *Community Bridges*
- *Community Health Associates*
- *Community Intervention Associates*
- *Crossroads Mission*
- *Doctor's Offices*
- *Emergency Responders*
- *Health Department*
- *Hope Center*
- *Horizon Health and Wellness*
- *Hospitals*
- *Law Enforcement*
- *Mental Health Services*
- *NurseWise Crisis Line*
- *Private Facilities*
- *School System*
- *Sunset Community Health Center*
- *Telehealth*
- *The Lighthouse*
- *The ROC (Recovery Opportunity Center)*
- *TLC (The Living Center)*
- *Yuma County Health Department*
- *Yuma County Jail*
- *Yuma Emergency Rooms*

Nutrition, Physical Activity & Weight

- *Community Cooking Classes*
- *Doctor's Offices*
- *Educational Facilities*
- *Health Department*
- *Hospitals*
- *NorthStar*
- *Parks and Recreation*
- *Regional Center for Border Health*
- *School System*
- *State-Wide Financial Programs*
- *Sunset Community Health Center*
- *Walk With a Doc Program*
- *YMCA*
- *Yuma County Public Health Department*

Oral Health

- *Dentist's Offices*
- *Doctor's Offices*
- *Gallemore Dental*
- *Healthy Kids Dental*
- *Hospitals*
- *Sunset Community Health Center*
- *The University of Arizona Cooperative Extension*

Respiratory Diseases

- *Doctor's Offices*
- *Hospitals*
- *Preventative Services*
- *Regional Center for Border Health*
- *Sunset Community Health Center*
- *Yuma Asthma and Allergy Care*

Sexually Transmitted Diseases

- *Doctor's Offices*
- *Health Department*
- *Public Health Department*
- *Regional Center for Border Health*
- *Sunset Community Health Center*
- *Yuma County Health Department*
- *Yuma County Public Health Department*
- *Yuma Regional Medical Center Clinics*

Substance Abuse

- *AA/NA*
- *ACTS (Arizona Counseling and Treatment Services)*
- *Arizona Complete Health*
- *Churches*
- *Community Bridges*
- *Community Health Associates*
- *Community Intervention Associates*
- *Community Partners in Health*
- *CPES Novelles*
- *Crossroads Mission*
- *Drug Court*
- *EasterSeals Blake Foundation*
- *Hope Center*
- *Horizon Health and Wellness*
- *Hospitals*
- *Mental Health Services*
- *Mission*
- *North End Community Connections Collaborative Justice*
- *Private Facilities*
- *School System*
- *State of Arizona*
- *Substance Abuse Services*
- *The Living Center (TLC)*
- *The ROC (Recovery Opportunity Center)*
- *TLC (The Living Center)*
- *Yuma Counseling Services*

Tobacco Use

- *Doctor's Offices*
- *Health Department*
- *Hospitals*
- *School System*
- *State ASHLine*

Vision & Hearing

- *Doctor's Offices*
- *Miracle Ear*
- *Southwest Eye Care*
- *Sunset Community Health Center*

Appendix

Evaluation of Past Activities

Obesity and Diabetes		
ACTIONS	OUTCOMES	ADDITIONAL INFORMATION
Focus on the major risk factors of poor nutrition, sedentary lifestyles, and obesity	• Healthy Kids Program offers a 6 week session for families to learn about healthy eating habits, increasing physical activity and lifestyle changes to improve overall well-being. • Hired an IP Diabetes Educator (certified) to work with the nursing and medical staff to outline educational plans, newsletters, review current needs of identified patients at risk, work with dietician to develop food plans for patients at discharge. • YRMC Bariatric surgery - 2016- 120 Bariatric Surgeries - 2017- 160 Bariatric Surgeries - 2018- 112 Bariatric Surgeries • During 2016-2018 YRMC Bariatric Surgery Program has achieved: 81% weight loss towards ideal BMI at one YRMC provides Registered Dietitians and Certified Diabetes Educators in the Ambulatory setting. These providers see patients within their medical home and provider offices. These services are provided in both English and Spanish to serve the population of Yuma area.	• From 2016-current, we have offered twelve sessions and have had 266 registrants. Our completion percentage is currently over 70% for participants. This program is grant funded and requires a parent/guardian to attend to help enhance lifestyle changes at home. • Nearly all individuals who have bariatric surgery show improvement in their diabetic state. Bariatric surgeries performed in more than 135,000 patients were found to affect type 2 diabetes in the following ways: • Surgery improves type 2 diabetes in nearly 90 percent of patients by: • lowering blood sugar • reducing the dosage and type of medication required • improving diabetes-related health problems • Surgery causes type 2 diabetes to go into remission in 78 percent of individuals by: • reducing blood sugar levels to normal levels • eliminating the need for diabetes medications • Health Improvements • Cause the improvement or remission of T2DM to last for years (https://asmbs.org/patients/surgery-for-diabetes)

Establish life-long wellness choices	• Healthy Kids Program – Pre and post surveys recorded improvements in lifestyle choices in regards to healthy eating, physical activity and overall health. • CDSMP – 9 participants completed	• Chronic Disease Self-Management Program (CDSMP) is a program offered once in 2018 that is focused on adults with chronic diseases, at risk or have family members with chronic disease. YRMC works with WACOG and the Yuma County Health Department to offer this program.
Partner with providers to expand diabetes education and lifestyle coaching	• Healthy Kids has partnered with Dr. Habib to provide education to families and community members. This allows for a higher level of education to our community members on obesity and diabetes directed to youth.	

Community Outreach: Healthy lifestyles (Obesity & Diabetes + Adequate Health Insurance Coverage	**2016 Community Outreach included:** - Shared information and education to nearly 12,000 community members on crucial areas identified on our CHIP including ways to reduce obesity and diabetes. - 828 Silver Care members attended free Coffee and Conversation health education presentations and cooking classes. 500 Silver Care members participated in the Silver Strides Walking Club, which encourages members to live an active lifestyle. **2017 Community Outreach included**: - Participated in 15 community events, reaching almost 11,600 individuals and families1,383 Silver Care members participated in free Silver Care events, including Coffee and Conversation health education presentations, cooking classes and the Silver Strides Walking Club. 30 individuals signed up for Health Insurance through YRMC's Health Insurance Enrollment outreach events. **2018 Community Outreach included**: • Approximately 3,700 individuals were reached through attendance at health events. - An additional 5,000 people reached through community events (City of Yuma Back to School Rodeo, Relay for Life and Caballeros de Yuma Balloon Festival). - Held 28 free events for our more than 3,000 Silver Care members. 1,200 participants in 2018	• Activities included everything from events and activities that encouraged community members to be more active, cook healthier and monitor their BMI and glucose levels. • Silver Care program (designed for ages 55+) provides free health education and activities. • These efforts reached young children and families at events such as Dia Del Nino and the Back to School Rodeo to the senior population at events such as Boomers and Beyond Living Expo and the Welcome Back Bash. • Encouraged kids to stay active and healthy at fun interactive events like the Fuddle Run, Festival of the Arts and Week of the Young Child. • Sponsored a teddy bear clinic at the opening of YRMC Primary Care Foothills to teach kids about the importance of getting checkups and increase their comfort level when visiting doctors' offices in the future. • **Health Career Exploration** (Shortage of Healthcare Providers) Hosted high school students who participate in Yuma Youth Leadership as part of their Healthcare Day to give them an opportunity to tour the hospital and learn about careers in healthcare.

Shortage of Health Providers		
ACTIONS	OUTCOMES	ADDITIONAL INFORMATION

Expand primary care services
 	
Graduate Medical Education Program (started in 2013) to address a critical need for primary care physicians
	• 22 new Internal Medicine or Family Medicine Physicians recruited
	  • 2017 – 6
	  • 2018 – 5
	  • 2019 – 11
	• Family Medicine Residency
		• 9 Internal Medicine or Family Medicine Physicians recruited to stay in the community after graduation, expanding healthcare for the future of Yuma County
		  • 2017 – 1
		  • 2018 – 4
		  • 2019- 4
		• Residents see patients in our Family Medicine Clinics. Clinic time provides added care for patients.

Recruit clinicians to meet community needs	• 109 permanent fulltime physicians recruited over last 3 years.
	  • 2017 – 24 recruited (17 employed and 7 independent)
	  • 2018 – 29 recruited (20 employed + 9) independent)	

Adequate Health Insurance Coverage		
ACTIONS	OUTCOMES	ADDITIONAL INFORMATION
Target uninsured high risk population with enrollment in Medicaid, MarketPlace, and KidsCare	**HEAPlus Application Submissions** • FY 2013 – 1409 • FY 2014 – 3431 • FY 2015 – 3069 • FY 2016 – 2486 • FY 2017 – 1680 • FY 2018 – 1597 • FY 2019 - 1597	• YRMC has created rules in EPIC to capture potential applicants that fall under the uninsured, and underinsured including true self-pay patients. Based off the insurance section in registration it will fall on a WQ to screen true self-pay patients and conduct a bedside screening for Medicaid, Marketplace, and Financial Assistance. If the patient is a true candidate for Medicaid the Financial Counselor will take back the information and enter it into the Health-e-Arizona Plus website and apply them for medical, food stamps, and/or cash assistance. For patients that have insurance and fall under the underinsured it is not until we conduct a benefit sheet and go over benefits and out of pocket with the patient at bedside that we identify their need in potentially applying for Medicaid, or Marketplace if applicable for lower cost, or potentially Financial Assistance. It is not until we have these uncomfortable conversations with the patient that we identify their challenges and have a better understanding of their financial situation and medical coverage needs. Once a patient is discharged we continue to follow up with the patient on documents requirements and determinations.