



2022 COMMUNITY HEALTH NEEDS ASSESSMENT

Yuma County, Arizona

Sponsored by



YUMA REGIONAL MEDICAL CENTER

 **Yuma Rehabilitation Hospital**

an affiliation of **Encompass Health** and  YUMA REGIONAL MEDICAL CENTER

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INTRODUCTION

PROJECT OVERVIEW

Project Goals

This Community Health Needs Assessment, a follow-up to similar studies conducted in 1997, 1999, and 2019, 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 and Yuma Rehabilitation Hospital by PRC, a nationally recognized health care 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 multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey), as well as secondary research (vital statistics and other existing health-related data). It also allows for trending and comparison to benchmark data at the state and national levels.

PRC Community Health Survey

Survey Instrument

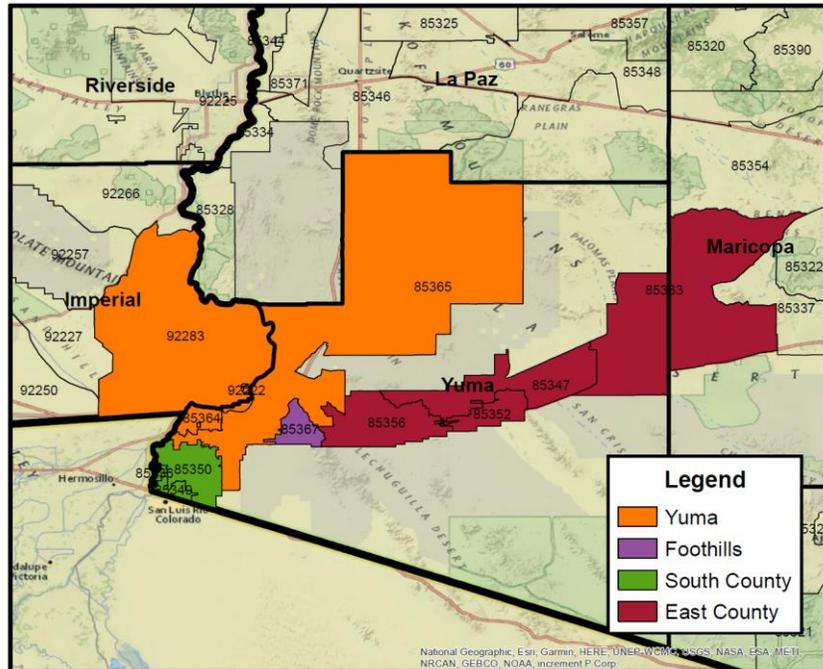
The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Yuma Regional Medical Center and PRC and is similar to 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 four subareas (Yuma, Foothills, South County, and East County). This community definition, determined based on the primary ZIP Codes of residence of recent patients of Yuma Regional Medical Center and Yuma Rehabilitation Hospital, is illustrated in the following map.



Sample Approach & Design

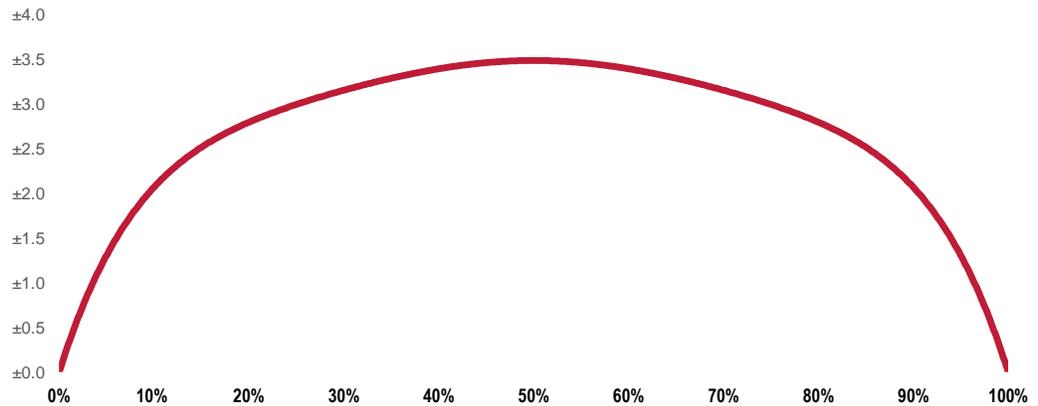
A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — 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 775 individuals age 18 and older in Yuma County, including 477 in Yuma, 101 in the Foothills area, 150 in South County, and 47 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 775 respondents is $\pm 3.5\%$ at the 95 percent confidence level.



Expected Error Ranges for a Sample of 775 Respondents at the 95 Percent Level of Confidence



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 775 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 46.5% and 53.5% (50% ± 3.5%) of the total population would respond "yes" if asked this question.

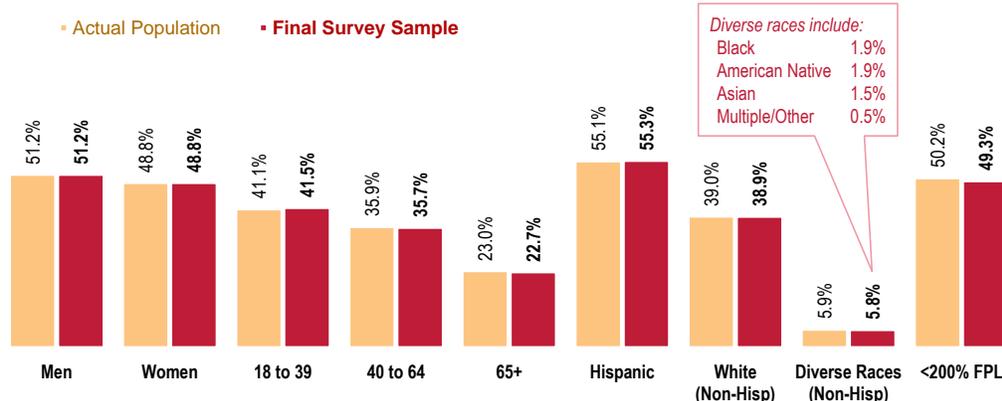
Sample Characteristics

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 the 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 health care needs, and these children are not represented demographically in this chart.]



Population & Survey Sample Characteristics (Yuma County, 2022)



Sources:

- US Census Bureau, 2011-2015 American Community Survey.
- 2022 PRC Community Health Survey, PRC, Inc.

 Notes:

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

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.

INCOME & RACE/ETHNICITY

INCOME ► 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 2021 guidelines place the poverty threshold for a family of four at \$26,500 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.

RACE & ETHNICITY ► In analyzing survey results, mutually exclusive race and ethnicity categories are used. All Hispanic respondents are grouped, regardless of identity with any race. “White” includes those who identify as White alone, without Hispanic origin. “Diverse Races” groups those who identify as Black alone, Asian alone, or Native American alone, without Hispanic origin.

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, 102 community stakeholders took part in the Online Key Informant Survey, as outlined below:



ONLINE KEY INFORMANT SURVEY PARTICIPATION

| KEY INFORMANT TYPE | NUMBER PARTICIPATING |
|-------------------------------|----------------------|
| Physicians | 8 |
| Public Health Representatives | 2 |
| Other Health Providers | 26 |
| Social Services Providers | 11 |
| Other Community Leaders | 55 |

Final participation included representatives of the organizations outlined below.

- 1st Bank Yuma
- 4FrontEd
- A.T. Pancrazi Insurance
- Acacia Home Health
- Achieve Human Services
- Amberly's Place
- Amedisys Home Health
- Arizona Complete Health
- Arizona Lighting Company
- Arizona Public Service
- Arizona Western College
- Campesinos Sin Fronteras
- Community Bridges Inc
- Chamber of Commerce
- Church of the City
- City of San Luis
- City of Somerton
- City of Yuma
- Community Health Associates
- Crane School District
- Crossroads Mission
- First Things First
- Foothills Bank
- Fort Yuma - Indian Health Clinic
- Foundation Board Chair
- Gadsden Elementary School District
- Girl Scouts
- Gowan Company
- Greater Yuma Economic Development
- Hospice of Yuma
- House of Representatives
- Keller Williams Realty
- Life Care Center of Yuma
- Mohawk Elementary School District
- Outpatient Specialty
- Pinnacle Health
- Regional Center for Border Health
- Rural Metro
- Saguaro Foundation
- Serendipity Photography Influencer
- Sleep Center of Yuma
- Sunset Community Health
- SWATH and RL Jones Insurance
- The Healing Journey
- Town of Wellton
- United Way
- US Federal Public Defenders
- Visit Yuma
- VS Smith Company
- Western Arizona Council of Governments
- Western Growers
- Yuma Airport
- Yuma Better Business Bureau
- Yuma Counseling Services
- Yuma County
- Yuma County Area Transit
- Yuma County 4-H
- Yuma County Health Department



- Yuma County Sheriff's Office
- Yuma Crossing National Heritage Area
- Yuma Nursing Center
- Yuma Private Industry Council
- Yuma Proving Ground
- Yuma Regional Medical Center
- Yuma Regional Medical Center Operating Board
- Yuma Rehabilitation Hospital
- Yuma Union High School District

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.

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 with the graphs throughout this report):

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap (sparkmap.org)
- 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



Benchmark Data

Trending

Similar surveys were administered in Yuma County in 1997, 1999, and 2019 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 *2020 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 2030

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative’s fifth iteration, builds on knowledge gained over the first four decades.



Healthy People 2030’s overarching goals are to:

- Attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death.
- Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.
- Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.
- Promote healthy development, healthy behaviors, and well-being across all life stages.
- Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.

The Healthy People 2030 framework was based on recommendations made by the Secretary’s Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After getting feedback from individuals and organizations and input from subject matter experts, the U.S. Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

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, 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 and Yuma Rehabilitation Hospital 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 (2019) | See Report Page |
|--|----------------------|
| Part V Section B Line 3a A definition of the community served by the hospital facility | 6 |
| Part V Section B Line 3b Demographics of the community | 36 |
| 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 | 197 |
| Part V Section B Line 3d How data was obtained | 6 |
| Part V Section B Line 3e The significant health needs of the community | 15 |
| 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 | 16 |
| Part V Section B Line 3h The process for consulting with persons representing the community's interests | 9 |
| 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) | 203 |



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 HEALTH CARE SERVICES | <ul style="list-style-type: none"> ▪ Barriers to Access <ul style="list-style-type: none"> – Inconvenient Office Hours – Cost of Physician Visits – Appointment Availability – Finding a Physician ▪ Primary Care Physician Ratio ▪ Specific Source of Ongoing Medical Care ▪ Routine Medical Care (Adults & Children) ▪ Seeking Medical Care in Mexico ▪ Eye Exams ▪ Ratings of Local Health Care |
| CANCER | <ul style="list-style-type: none"> ▪ Leading Cause of Death ▪ Cancer (Non-Skin) Prevalence ▪ Cervical Cancer Screening [Age 21-65] ▪ Colorectal Cancer Screening [Age 50-75] |
| DIABETES | <ul style="list-style-type: none"> ▪ Diabetes Deaths ▪ Diabetes Prevalence ▪ Blood Sugar Testing [Non-Diabetics] ▪ Kidney Disease Deaths ▪ Kidney Disease Prevalence ▪ Key Informants: Diabetes ranked as a top concern. |
| HEART DISEASE & STROKE | <ul style="list-style-type: none"> ▪ Leading Cause of Death ▪ Heart Disease Prevalence ▪ High Blood Pressure Prevalence ▪ High Blood Cholesterol Prevalence ▪ Overall Cardiovascular Risk |
| HOUSING | <ul style="list-style-type: none"> ▪ Housing Instability ▪ Homelessness |
| INFANT HEALTH & FAMILY PLANNING | <ul style="list-style-type: none"> ▪ Prenatal Care ▪ Infant Deaths ▪ Teen Births |

— continued on the following page —



AREAS OF OPPORTUNITY (continued)

| | |
|---|--|
| INJURY & VIOLENCE | <ul style="list-style-type: none"> ▪ Unintentional Injury Deaths ▪ Intimate Partner Violence ▪ Perceived Neighborhood Safety |
| MENTAL HEALTH | <ul style="list-style-type: none"> ▪ “Fair/Poor” Mental Health ▪ Symptoms of Chronic Depression ▪ Lack of Social/Emotional Support ▪ Suicide Deaths ▪ Mental Health Provider Ratio ▪ Key Informants: Mental health ranked as a top concern. |
| NUTRITION, PHYSICAL ACTIVITY & WEIGHT | <ul style="list-style-type: none"> ▪ Food Insecurity ▪ Difficulty Accessing Fresh Produce ▪ Children’s Physical Activity ▪ Access to Recreation/Fitness Facilities ▪ Overweight & Obesity [Adults & Children] ▪ Professional Advice About Weight [Overweight Adults] |
| ORAL HEALTH | <ul style="list-style-type: none"> ▪ Dental Insurance Coverage ▪ Regular Dental Care [Adults] |
| POTENTIALLY DISABLING CONDITIONS | <ul style="list-style-type: none"> ▪ Alzheimer’s Disease Deaths ▪ Caregiving |
| RESPIRATORY DISEASE | <ul style="list-style-type: none"> ▪ COVID-19 Deaths ▪ Flu Vaccination [Age 65+] ▪ Chronic Obstructive Pulmonary Disease (COPD) Prevalence |
| SUBSTANCE ABUSE | <ul style="list-style-type: none"> ▪ Cirrhosis/Liver Disease Deaths ▪ Excessive Drinking ▪ Unintentional Drug-Related Deaths ▪ Illicit Drug Use ▪ Key Informants: Substance abuse ranked as a top concern. |
| TOBACCO USE | <ul style="list-style-type: none"> ▪ Smokers Advised to Quit by a Health Professional ▪ Use of Vaping Products |



Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment (“Areas of Opportunity” above) was determined based on a prioritization exercise conducted among community stakeholders (representing a cross-section of community-based agencies and organizations) in conjunction with the administration of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

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

Not prioritized in this list is the social determinant of **Housing**, which potentially impacts all of the above.

Hospital Implementation Strategy

Yuma Regional Medical Center and Yuma Rehabilitation Hospital will use the information from this Community Health Needs Assessment to develop Implementation Strategies to address the significant health needs in the community. While the hospitals 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 hospitals’ action plans to guide community health improvement efforts in the coming years.

Note: An evaluation of Yuma Regional Medical Center’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

Reading the Summary Tables

- In the following tables, Yuma County results are shown in the larger, gray column.
- The columns to the left of the Yuma County column provide comparisons among the four county subareas, identifying differences for each as “better than” (☀️), “worse than” (🌧️), or “similar to” (☁️) the combined opposing areas.
- The columns to the right of the Yuma County column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2030 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.

Tip: Indicator labels beginning with a “%” symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.

TREND SUMMARY

(Current vs. Baseline Data)

SURVEY DATA INDICATORS:

Trends for survey-derived indicators represent significant changes since the first assessment period during which the question was asked.

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).



| SOCIAL DETERMINANTS | DISPARITY AMONG SUBAREAS | | | |
|---|--|---|--|--|
| | Yuma | Foothills | South County | East County |
| Linguistically Isolated Population (Percent) | | | | |
| Population in Poverty (Percent) | | | | |
| Children in Poverty (Percent) | | | | |
| No High School Diploma (Age 25+, Percent) | | | | |
| Unemployment Rate (Age 16+, Percent) | | | | |
| % Unable to Pay Cash for a \$400 Emergency Expense |  36.6 |  11.8 |  33.1 |  16.7 |
| % Worry/Stress Over Rent/Mortgage in Past Year |  45.6 |  17.9 |  38.7 |  30.6 |
| % Unhealthy/Unsafe Housing Conditions |  14.8 |  6.2 |  8.1 |  6.1 |
| % Lived with Friend/Relative Due to Housing Emergency in Past 2 Yrs |  16.9 |  4.4 |  8.8 |  16.1 |
| % Homeless at Some Point in Past Two Years |  4.7 |  1.2 |  2.4 |  5.2 |
| % Do Not Drive as Primary Means of Transport |  18.3 |  4.0 |  13.3 |  2.0 |

| Yuma County | YUMA COUNTY vs. BENCHMARKS | | | |
|-------------|--|---|---|--|
| | vs. AZ | vs. US | vs. HP2030 | TREND |
| 8.4 |  3.3 |  4.1 | | |
| 18.2 |  14.1 |  12.8 |  8.0 | |
| 26.4 |  20.0 |  17.5 |  8.0 | |
| 25.4 |  12.1 |  11.5 | | |
| 17.2 |  4.0 |  3.9 | |  24.1 |
| 32.1 | |  24.6 | |  28.7 |
| 40.0 | |  32.2 | |  32.9 |
| 11.9 | |  12.2 | |  9.5 |
| 13.4 | | | |  9.4 |
| 3.8 | | | |  1.5 |
| 14.8 | | | |  12.2 |

| SOCIAL DETERMINANTS (continued) | DISPARITY AMONG SUBAREAS | | | |
|---------------------------------|--|--|--|--|
| | Yuma | Foothills | South County | East County |
| % Food Insecure |  45.6 |  26.2 |  47.3 |  31.9 |

Note: In the section above, 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.

| OVERALL HEALTH | DISPARITY AMONG SUBAREAS | | | |
|------------------------------|--|--|--|--|
| | Yuma | Foothills | South County | East County |
| % "Fair/Poor" Overall Health |  18.1 |  15.7 |  17.0 |  12.7 |

Note: In the section above, 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.

| ACCESS TO HEALTH CARE | DISPARITY AMONG SUBAREAS | | | |
|---|--|--|--|--|
| | Yuma | Foothills | South County | East County |
| % [Age 18-64] Lack Health Insurance |  10.1 | |  17.2 | |
| % Difficulty Accessing Health Care in Past Year (Composite) |  57.4 |  54.5 |  41.6 |  56.1 |
| % Cost Prevented Physician Visit in Past Year |  20.6 |  7.1 |  15.2 |  19.3 |
| % Cost Prevented Getting Prescription in Past Year |  16.1 |  13.9 |  8.8 |  17.4 |

| Yuma County | YUMA COUNTY vs. BENCHMARKS | | | |
|-------------|----------------------------|--|------------|--|
| | vs. AZ | vs. US | vs. HP2030 | TREND |
| 43.2 | |  34.1 | |  33.2 |

 better  similar  worse

| Yuma County | YUMA COUNTY vs. BENCHMARKS | | | |
|-------------|--|--|------------|--|
| | vs. AZ | vs. US | vs. HP2030 | TREND |
| 17.3 |  15.3 |  12.6 | |  19.7 |

 better  similar  worse

| Yuma County | YUMA COUNTY vs. BENCHMARKS | | | |
|-------------|--|--|---|--|
| | vs. AZ | vs. US | vs. HP2030 | TREND |
| 11.8 |  18.8 |  8.7 |  7.9 |  23.1 |
| 53.3 | |  35.0 | |  47.2 |
| 17.6 |  11.7 |  12.9 | |  12.2 |
| 14.1 | |  12.8 | |  14.9 |

| ACCESS TO HEALTH CARE (continued) | DISPARITY AMONG SUBAREAS | | | |
|---|---|---|---|---|
| | Yuma | Foothills | South County | East County |
| % Difficulty Getting Appointment in Past Year |  33.6 |  33.6 |  18.9 |  34.3 |
| % Inconvenient Hrs Prevented Dr Visit in Past Year |  17.5 |  11.1 |  15.6 |  22.8 |
| % Difficulty Finding Physician in Past Year |  22.0 |  28.1 |  11.0 |  23.8 |
| % Transportation Hindered Dr Visit in Past Year |  10.5 |  5.2 |  6.6 |  6.0 |
| % Language/Culture Prevented Care in Past Year |  3.0 |  0.4 |  1.2 |  3.1 |
| % Skipped Prescription Doses to Save Costs |  16.2 |  6.0 |  7.8 |  13.8 |
| % Difficulty Getting Child's Health Care in Past Year | | | | |
| Primary Care Doctors per 100,000 | | | | |
| % Have a Specific Source of Ongoing Care |  66.7 |  78.8 |  61.5 |  65.7 |
| % Have Had Routine Checkup in Past Year |  59.1 |  68.7 |  67.9 |  57.6 |
| % Child Has Had Checkup in Past Year | | | | |

| Yuma County | YUMA COUNTY vs. BENCHMARKS | | | |
|-------------|---|--|---|---|
| | vs. AZ | vs. US | vs. HP2030 | TREND |
| 30.1 | |  14.5 | |  13.3 |
| 16.5 | |  12.5 | |  16.3 |
| 20.1 | |  9.4 | |  16.1 |
| 8.8 | |  8.9 | |  7.5 |
| 2.2 | |  2.8 | |  2.3 |
| 12.9 | |  12.7 | |  12.9 |
| 9.0 | |  8.0 | |  6.2 |
| 63.3 |  90.8 |  105.5 | | |
| 66.9 | |  74.2 |  84.0 |  75.1 |
| 62.4 |  72.3 |  70.5 | |  70.3 |
| 77.9 | |  77.4 | |  90.0 |

| ACCESS TO HEALTH CARE (continued) | DISPARITY AMONG SUBAREAS | | | |
|--|---|---|---|---|
| | Yuma | Foothills | South County | East County |
| % Went to Mexico for Medical Care in Past Year |  19.4 |  12.5 |  36.8 |  16.0 |
| % [Parents] Feel Need to Leave Area for Children's Health Services | | | | |
| % Two or More ER Visits in Past Year |  14.9 |  14.0 |  7.3 |  12.3 |
| % Eye Exam in Past 2 Years |  53.4 |  55.4 |  48.1 |  46.9 |
| % Rate Local Health Care "Fair/Poor" |  22.6 |  24.3 |  18.8 |  17.0 |

Note: In the section above, 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.

| CANCER | DISPARITY AMONG SUBAREAS | | | |
|--|--------------------------|-----------|--------------|-------------|
| | Yuma | Foothills | South County | East County |
| Cancer (Age-Adjusted Death Rate) | | | | |
| Lung Cancer (Age-Adjusted Death Rate) | | | | |
| Prostate Cancer (Age-Adjusted Death Rate) | | | | |
| Female Breast Cancer (Age-Adjusted Death Rate) | | | | |

| Yuma County | YUMA COUNTY vs. BENCHMARKS | | | |
|-------------|----------------------------|---|---|---|
| | vs. AZ | vs. US | vs. HP2030 | TREND |
| 22.6 | | | |  17.7 |
| 17.1 | |  28.4 | |  23.5 |
| 12.9 | |  10.1 | |  15.2 |
| 52.1 | |  61.0 |  61.1 |  54.6 |
| 21.8 | |  8.0 | |  18.7 |

 better  similar  worse

| Yuma County | YUMA COUNTY vs. BENCHMARKS | | | |
|-------------|--|--|--|--|
| | vs. AZ | vs. US | vs. HP2030 | TREND |
| 120.0 |  130.2 |  146.5 |  122.7 |  122.2 |
| 22.8 |  26.2 |  33.4 |  25.1 | |
| 14.6 |  17.0 |  18.5 |  16.9 | |
| 14.4 |  17.7 |  19.4 |  15.3 | |

| CANCER (continued) | DISPARITY AMONG SUBAREAS | | | |
|---|--|---|--|---|
| | Yuma | Foothills | South County | East County |
| Colorectal Cancer (Age-Adjusted Death Rate) | | | | |
| Cancer Incidence Rate (All Sites) | | | | |
| Female Breast Cancer Incidence Rate | | | | |
| Prostate Cancer Incidence Rate | | | | |
| Lung Cancer Incidence Rate | | | | |
| Colorectal Cancer Incidence Rate | | | | |
| % Skin Cancer |  7.6 |  15.1 |  1.1 |  10.8 |
| % Cancer (Other Than Skin) |  6.9 |  17.7 |  5.3 |  12.1 |
| % [Women 50-74] Mammogram in Past 2 Years | | | | |
| % [Women 21-65] Cervical Cancer Screening | | | | |
| % [Age 50-75] Colorectal Cancer Screening | | | | |

Note: In the section above, 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.

| Yuma County | YUMA COUNTY vs. BENCHMARKS | | | |
|-------------|---|---|---|---|
| | vs. AZ | vs. US | vs. HP2030 | TREND |
| 9.7 |  12.2 |  13.1 |  8.9 | |
| 369.9 |  385.7 |  448.6 | | |
| 93.0 |  114.2 |  126.8 | | |
| 77.8 |  79.6 |  106.2 | | |
| 42.2 |  45.1 |  57.3 | | |
| 32.8 |  32.3 |  38.0 | | |
| 7.1 |  8.5 |  6.1 | |  5.7 |
| 8.0 |  7.5 |  5.6 | |  4.6 |
| 76.2 |  75.1 |  76.1 |  77.1 |  79.7 |
| 60.0 |  74.4 |  73.8 |  84.3 |  72.4 |
| 70.8 |  67.0 |  77.4 |  74.4 |  76.6 |


better


similar


worse

| DIABETES | DISPARITY AMONG SUBAREAS | | | |
|--|--------------------------|-----------|--------------|-------------|
| | Yuma | Foothills | South County | East County |
| Diabetes (Age-Adjusted Death Rate) | | | | |
| % Diabetes/High Blood Sugar | 16.1 | 23.6 | 11.9 | 29.6 |
| % Borderline/Pre-Diabetes | 9.7 | 8.6 | 10.8 | 3.9 |
| % [Non-Diabetics] Blood Sugar Tested in Past 3 Years | 37.8 | 40.8 | 47.4 | 39.5 |

Note: In the section above, 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.

| Yuma County | YUMA COUNTY vs. BENCHMARKS | | | |
|-------------|----------------------------|--------|------------|-------|
| | vs. AZ | vs. US | vs. HP2030 | TREND |
| 28.1 | 24.1 | 22.6 | | 37.6 |
| 16.5 | 11.0 | 13.8 | | 11.4 |
| 9.6 | | 9.7 | | 9.9 |
| 40.6 | | 43.3 | | 55.9 |

better similar worse

| HEART DISEASE & STROKE | DISPARITY AMONG SUBAREAS | | | |
|--|--------------------------|-----------|--------------|-------------|
| | Yuma | Foothills | South County | East County |
| Diseases of the Heart (Age-Adjusted Death Rate) | | | | |
| % Heart Disease (Heart Attack, Angina, Coronary Disease) | 8.6 | 19.9 | 7.9 | 18.0 |
| Stroke (Age-Adjusted Death Rate) | | | | |
| % Stroke | 3.9 | 6.8 | 0.9 | 7.3 |
| % Told Have High Blood Pressure | 38.2 | 59.5 | 28.9 | 51.5 |

| Yuma County | YUMA COUNTY vs. BENCHMARKS | | | |
|-------------|----------------------------|--------|------------|-------|
| | vs. AZ | vs. US | vs. HP2030 | TREND |
| 130.8 | 138.4 | 164.4 | 127.4 | 131.6 |
| 10.2 | 6.2 | 6.1 | | 11.4 |
| 25.5 | 31.3 | 37.6 | 33.4 | 24.0 |
| 3.7 | 2.9 | 4.3 | | 2.5 |
| 39.1 | 32.5 | 36.9 | 27.7 | 27.8 |

| HEART DISEASE & STROKE (continued) | DISPARITY AMONG SUBAREAS | | | |
|------------------------------------|---|---|---|---|
| | Yuma | Foothills | South County | East County |
| % Told Have High Cholesterol |  32.4 |  54.9 |  37.9 |  53.1 |
| % 1+ Cardiovascular Risk Factor |  87.7 |  91.9 |  92.6 |  94.4 |

Note: In the section above, 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.

| INFANT HEALTH & FAMILY PLANNING | DISPARITY AMONG SUBAREAS | | | |
|---|--------------------------|-----------|--------------|-------------|
| | Yuma | Foothills | South County | East County |
| No Prenatal Care in First Trimester (Percent) | | | | |
| Low Birthweight Births (Percent) | | | | |
| Infant Death Rate | | | | |
| Births to Adolescents Age 15 to 19 (Rate per 1,000) | | | | |

Note: In the section above, 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.

| Yuma County | YUMA COUNTY vs. BENCHMARKS | | | |
|-------------|----------------------------|---|------------|---|
| | vs. AZ | vs. US | vs. HP2030 | TREND |
| 37.2 | |  32.7 | |  21.7 |
| 89.6 | |  84.6 | |  80.6 |

 better  similar  worse

| Yuma County | YUMA COUNTY vs. BENCHMARKS | | | |
|-------------|---|---|---|---|
| | vs. AZ | vs. US | vs. HP2030 | TREND |
| 40.2 |  29.7 |  23.9 | |  37.6 |
| 6.1 |  7.3 |  8.2 | | |
| 6.5 |  5.2 |  5.5 |  5.0 |  6.8 |
| 34.7 |  22.3 |  19.3 | | |

 better  similar  worse

| INJURY & VIOLENCE | DISPARITY AMONG SUBAREAS | | | |
|---|--|--|--|--|
| | Yuma | Foothills | South County | East County |
| Unintentional Injury (Age-Adjusted Death Rate) | | | | |
| Motor Vehicle Crashes (Age-Adjusted Death Rate) | | | | |
| [65+] Falls (Age-Adjusted Death Rate) | | | | |
| Firearm-Related Deaths (Age-Adjusted Death Rate) | | | | |
| Homicide (Age-Adjusted Death Rate) | | | | |
| Violent Crime Rate | | | | |
| % Victim of Violent Crime in Past 5 Years |  5.1 |  2.9 |  2.3 |  1.2 |
| % Victim of Intimate Partner Violence |  20.1 |  17.0 |  10.3 |  16.3 |
| % Perceive Neighborhood as "Slightly/Not At All Safe" |  22.2 |  8.9 |  17.0 |  12.3 |

Note: In the section above, 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.

| Yuma County | YUMA COUNTY vs. BENCHMARKS | | | |
|-------------|---|---|--|--|
| | vs. AZ | vs. US | vs. HP2030 | TREND |
| 49.4 |  61.1 |  51.6 |  43.2 |  39.8 |
| 13.4 |  13.1 |  11.4 |  10.1 | |
| 24.5 |  81.7 |  67.0 |  63.4 | |
| 12.5 |  15.7 |  12.5 |  10.7 | |
| 4.7 |  6.5 |  6.1 |  5.5 |  4.6 |
| 325.7 |  482.6 |  416.0 | | |
| 4.0 | |  6.2 | |  2.6 |
| 17.3 | |  13.7 | |  3.8 |
| 19.0 | | | |  13.0 |

 better

 similar

 worse

| KIDNEY DISEASE | DISPARITY AMONG SUBAREAS | | | |
|--|---|--|---|---|
| | Yuma | Foothills | South County | East County |
| Kidney Disease (Age-Adjusted Death Rate) | | | | |
| % Kidney Disease |  7.2 |  11.5 |  3.2 |  9.8 |

Note: In the section above, 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.

| MENTAL HEALTH | DISPARITY AMONG SUBAREAS | | | |
|--|--|--|--|--|
| | Yuma | Foothills | South County | East County |
| % "Fair/Poor" Mental Health |  26.3 |  12.8 |  23.8 |  18.3 |
| % Diagnosed Depression |  22.8 |  18.9 |  14.6 |  32.3 |
| % Symptoms of Chronic Depression (2+ Years) |  42.5 |  33.5 |  34.1 |  55.5 |
| % Typical Day Is "Extremely/Very" Stressful |  17.1 |  8.9 |  6.8 |  11.7 |
| % "Seldom/Never" Get the Social and Emotional Support Needed |  22.3 |  15.5 |  26.0 |  16.6 |
| Suicide (Age-Adjusted Death Rate) | | | | |

| Yuma County | YUMA COUNTY vs. BENCHMARKS | | | |
|-------------|--|---|------------|---|
| | vs. AZ | vs. US | vs. HP2030 | TREND |
| 11.1 |  7.8 |  12.8 | |  8.4 |
| 6.9 |  3.9 |  5.0 | |  3.3 |
| |  better |  similar | |  worse |

| Yuma County | YUMA COUNTY vs. BENCHMARKS | | | |
|-------------|--|--|--|--|
| | vs. AZ | vs. US | vs. HP2030 | TREND |
| 23.7 | |  13.4 | |  17.0 |
| 20.7 |  17.4 |  20.6 | |  20.9 |
| 39.9 | |  30.3 | |  24.9 |
| 13.5 | |  16.1 | |  10.1 |
| 22.2 | | | |  17.2 |
| 14.4 |  18.5 |  13.9 |  12.8 |  9.9 |

| MENTAL HEALTH (continued) | DISPARITY AMONG SUBAREAS | | | |
|---|---|---|--|---|
| | Yuma | Foothills | South County | East County |
| Mental Health Providers per 100,000 | | | | |
| % Taking Rx/Receiving Mental Health Trtmt |  17.2 |  13.9 |  8.0 |  9.5 |
| % Unable to Get Mental Health Svcs in Past Yr |  9.8 |  3.4 |  3.9 |  26.3 |

Note: In the section above, 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.

| NUTRITION, PHYSICAL ACTIVITY & WEIGHT | DISPARITY AMONG SUBAREAS | | | |
|---|---|---|---|---|
| | Yuma | Foothills | South County | East County |
| Population With Low Food Access (Percent) | | | | |
| % "Very/Somewhat" Difficult to Buy Fresh Produce |  26.0 |  21.9 |  26.2 |  40.9 |
| % 5+ Servings of Fruits/Vegetables per Day |  33.5 |  22.6 |  19.2 |  31.7 |
| % No Leisure-Time Physical Activity |  32.0 |  34.9 |  39.1 |  30.7 |
| % Meeting Physical Activity Guidelines |  21.3 |  16.0 |  16.9 |  26.8 |
| % Child [Age 2-17] Physically Active 1+ Hours per Day | | | | |

| Yuma County | YUMA COUNTY vs. BENCHMARKS | | | |
|-------------|---|--|------------|---|
| | vs. AZ | vs. US | vs. HP2030 | TREND |
| 30.4 |  79.3 |  135.7 | | |
| 14.3 | |  16.8 | |  14.6 |
| 8.2 | |  7.8 | |  6.6 |

 better  similar  worse

| Yuma County | YUMA COUNTY vs. BENCHMARKS | | | |
|-------------|---|---|---|---|
| | vs. AZ | vs. US | vs. HP2030 | TREND |
| 24.7 |  26.8 |  22.2 | | |
| 26.1 | |  21.1 | |  16.9 |
| 28.8 | |  32.7 | |  27.8 |
| 34.0 |  22.4 |  31.3 |  21.2 |  29.8 |
| 19.8 |  25.5 |  21.4 |  28.4 |  20.5 |
| 27.9 | |  33.0 | |  48.2 |

| NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued) | DISPARITY AMONG SUBAREAS | | | |
|---|--|--|--|--|
| | Yuma | Foothills | South County | East County |
| Recreation/Fitness Facilities per 100,000 | | | | |
| % Healthy Weight (BMI 18.5-24.9) |  24.9 |  25.3 |  18.6 |  25.2 |
| % Overweight (BMI 25+) |  72.2 |  71.9 |  80.4 |  73.0 |
| % Obese (BMI 30+) |  46.1 |  43.5 |  43.5 |  22.2 |
| % [Overweights] Trying to Lose Weight |  60.6 |  60.6 |  45.4 | |
| % [Overweights] Counselored About Weight in Past Year |  27.0 |  22.4 |  25.1 | |
| % Children [Age 5-17] Healthy Weight | | | | |
| % Children [Age 5-17] Overweight (85th Percentile) | | | | |
| % Children [Age 5-17] Obese (95th Percentile) | | | | |

Note: In the section above, 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.

| Yuma County | YUMA COUNTY vs. BENCHMARKS | | | |
|-------------|--|--|--|--|
| | vs. AZ | vs. US | vs. HP2030 | TREND |
| 6.4 |  10.6 |  11.9 | | |
| 23.5 |  31.8 |  34.5 | |  19.6 |
| 74.1 |  66.1 |  61.0 | |  52.8 |
| 44.3 |  30.9 |  31.3 |  36.0 |  19.2 |
| 56.3 | |  53.7 | |  58.0 |
| 26.0 | |  24.7 | |  34.5 |
| 40.9 | |  47.6 | |  56.7 |
| 45.4 | |  32.3 | |  33.8 |
| 33.0 | |  16.0 |  15.5 |  18.6 |



better



similar



worse

| ORAL HEALTH | DISPARITY AMONG SUBAREAS | | | |
|--|--------------------------|-----------|--------------|-------------|
| | Yuma | Foothills | South County | East County |
| % Have Dental Insurance | 62.8 | 54.9 | 58.7 | 44.8 |
| % [Age 18+] Dental Visit in Past Year | 44.8 | 57.1 | 45.8 | 34.4 |
| % Child [Age 2-17] Dental Visit in Past Year | | | | |

Note: In the section above, 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.

| POTENTIALLY DISABLING CONDITIONS | DISPARITY AMONG SUBAREAS | | | |
|---|--------------------------|-----------|--------------|-------------|
| | Yuma | Foothills | South County | East County |
| % 3+ Chronic Conditions | 37.7 | 56.0 | 22.5 | 51.5 |
| % Activity Limitations | 26.4 | 38.2 | 14.3 | 12.9 |
| Alzheimer's Disease (Age-Adjusted Death Rate) | | | | |
| % Caregiver to a Friend/Family Member | 31.8 | 23.5 | 23.2 | 27.1 |

Note: In the section above, 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.

| Yuma County | YUMA COUNTY vs. BENCHMARKS | | | |
|-------------|----------------------------|--------|------------|-------|
| | vs. AZ | vs. US | vs. HP2030 | TREND |
| 60.2 | | 68.7 | 59.8 | 52.3 |
| 46.1 | 61.2 | 62.0 | 45.0 | 47.0 |
| 73.0 | | 72.1 | 45.0 | 77.9 |

better

similar

worse

| Yuma County | YUMA COUNTY vs. BENCHMARKS | | | |
|-------------|----------------------------|--------|------------|-------|
| | vs. AZ | vs. US | vs. HP2030 | TREND |
| 36.8 | | 32.5 | | 47.9 |
| 24.5 | | 24.0 | | 21.6 |
| 23.7 | 32.7 | 30.9 | | 7.5 |
| 28.6 | | 22.6 | | 27.6 |

better

similar

worse

| RESPIRATORY DISEASE | DISPARITY AMONG SUBAREAS | | | |
|---|---|---|--|---|
| | Yuma | Foothills | South County | East County |
| CLRD (Age-Adjusted Death Rate) | | | | |
| Pneumonia/Influenza (Age-Adjusted Death Rate) | | | | |
| % [Age 65+] Flu Vaccine in Past Year | | | | |
| COVID-19 (Age-Adjusted Death Rate) | | | | |
| % [Adult] Asthma |  10.7 |  3.6 |  3.9 |  11.7 |
| % [Child 0-17] Ever Diagnosed With Asthma | | | | |
| % COPD (Lung Disease) |  9.1 |  20.7 |  4.8 |  7.9 |

Note: In the section above, 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.

| SEXUAL HEALTH | DISPARITY AMONG SUBAREAS | | | |
|------------------------------------|--------------------------|-----------|--------------|-------------|
| | Yuma | Foothills | South County | East County |
| HIV/AIDS (Age-Adjusted Death Rate) | | | | |
| HIV Prevalence Rate | | | | |

| Yuma County | YUMA COUNTY vs. BENCHMARKS | | | |
|-------------|---|---|------------|---|
| | vs. AZ | vs. US | vs. HP2030 | TREND |
| 27.8 |  38.6 |  38.1 | |  43.7 |
| 13.3 |  11.4 |  13.4 | |  20.4 |
| 61.9 |  63.9 |  71.0 | |  75.0 |
| 190.3 |  87.6 |  85.0 | | |
| 8.3 |  9.6 |  12.9 | |  9.7 |
| 15.3 | |  14.6 | |  13.3 |
| 9.5 |  6.0 |  6.4 | |  8.2 |

 better  similar  worse

| Yuma County | YUMA COUNTY vs. BENCHMARKS | | | |
|-------------|--|--|------------|-------|
| | vs. AZ | vs. US | vs. HP2030 | TREND |
| 1.0 |  1.3 |  1.8 | | |
| 160.5 |  276.9 |  372.8 | | |

DISPARITY AMONG SUBAREAS

| SEXUAL HEALTH (continued) | Yuma | Foothills | South County | East County |
|---------------------------|------|-----------|--------------|-------------|
| Chlamydia Incidence Rate | | | | |
| Gonorrhea Incidence Rate | | | | |

Note: In the section above, 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.

DISPARITY AMONG SUBAREAS

| SUBSTANCE ABUSE | Yuma | Foothills | South County | East County |
|---|--|--|--|--|
| Cirrhosis/Liver Disease (Age-Adjusted Death Rate) | | | | |
| % Excessive Drinker |  26.8 |  13.6 |  23.5 |  18.8 |
| Unintentional Drug-Related Deaths (Age-Adjusted Death Rate) | | | | |
| % Illicit Drug Use in Past Month |  4.8 |  4.1 |  0.9 |  4.2 |
| % Ever Sought Help for Alcohol or Drug Problem |  6.7 |  2.4 |  3.5 |  0.0 |
| % Personally Impacted by Substance Abuse |  45.1 |  37.7 |  26.9 |  47.6 |

Note: In the section above, 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.

YUMA COUNTY vs. BENCHMARKS

| Yuma County | vs. AZ | vs. US | vs. HP2030 | TREND |
|-------------|---|---|------------|-------|
| 561.4 |  581.6 |  539.9 | | |
| 147.9 |  183.4 |  179.1 | | |

 better
  similar
  worse

YUMA COUNTY vs. BENCHMARKS

| Yuma County | vs. AZ | vs. US | vs. HP2030 | TREND |
|-------------|---|--|--|--|
| 14.5 |  15.1 |  11.9 |  10.9 |  13.9 |
| 24.1 |  16.3 |  27.2 | |  18.6 |
| 20.7 |  25.8 |  21.0 | |  13.2 |
| 3.8 | |  2.0 |  12.0 |  1.3 |
| 5.2 | |  5.4 | |  4.4 |
| 40.1 | |  35.8 | |  39.8 |

 better
  similar
  worse

| TOBACCO USE | DISPARITY AMONG SUBAREAS | | | |
|--|---|---|--|---|
| | Yuma | Foothills | South County | East County |
| % Current Smoker |  15.9 |  16.8 |  8.4 |  10.1 |
| % Someone Smokes at Home |  14.6 |  18.5 |  5.5 |  13.3 |
| % [Household With Children] Someone Smokes in the Home | | | | |
| % [Smokers] Have Quit Smoking 1+ Days in Past Year | | | | |
| % [Smokers] Received Advice to Quit Smoking | | | | |
| % Currently Use Vaping Products |  10.3 |  8.8 |  3.1 |  0.0 |

Note: In the section above, 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.

| Yuma County | YUMA COUNTY vs. BENCHMARKS | | | |
|-------------|---|---|---|---|
| | vs. AZ | vs. US | vs. HP2030 | TREND |
| 14.0 |  13.1 |  17.4 |  5.0 |  17.5 |
| 12.9 | |  14.6 | |  20.6 |
| 14.0 | |  17.4 | |  18.9 |
| 38.7 |  53.0 |  42.8 |  65.7 |  54.3 |
| 42.9 | |  59.6 |  66.6 |  62.5 |
| 8.0 | |  8.9 | |  4.4 |


better

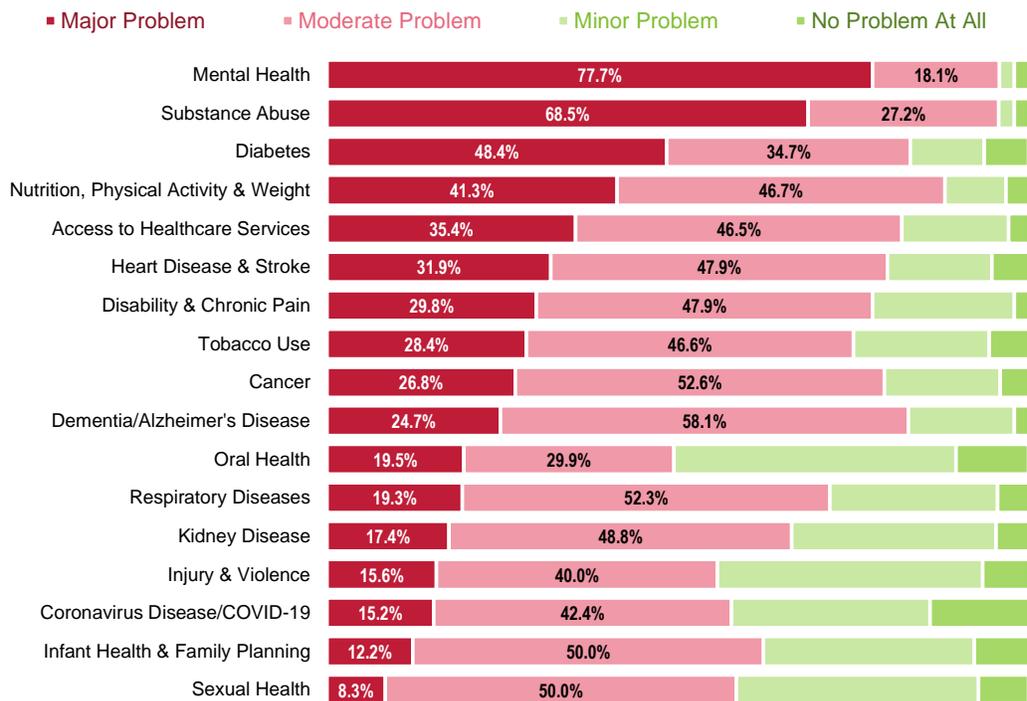

similar


worse

Summary of Key Informant Perceptions

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 17 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 5,513.84 square miles and houses a total population of 211,931 residents, according to latest census estimates.

Total Population
(Estimated Population, 2016-2020)

| | TOTAL POPULATION | TOTAL LAND AREA (square miles) | POPULATION DENSITY (per square mile) |
|---------------|------------------|-----------------------------------|---|
| Yuma County | 211,931 | 5,513.84 | 38 |
| Arizona | 7,174,064 | 113,653.41 | 63 |
| United States | 326,569,308 | 3,533,038.14 | 92 |

Sources: • US Census Bureau American Community Survey 5-year estimates.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2022 via SparkMap (sparkmap.org).

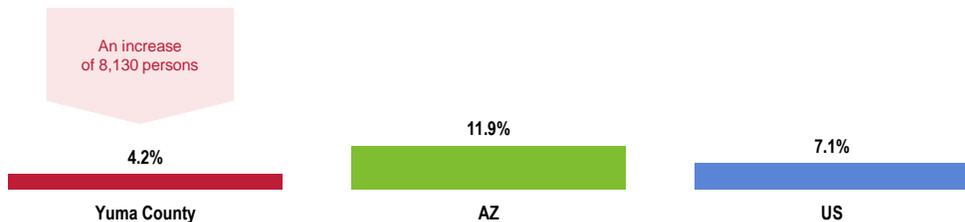
Population Change 2010-2020

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

Between the 2010 and 2020 US Censuses, the population of Yuma County increased by 8,130 persons, or 4.2%.

BENCHMARK ► A smaller increase than recorded across the state and US.

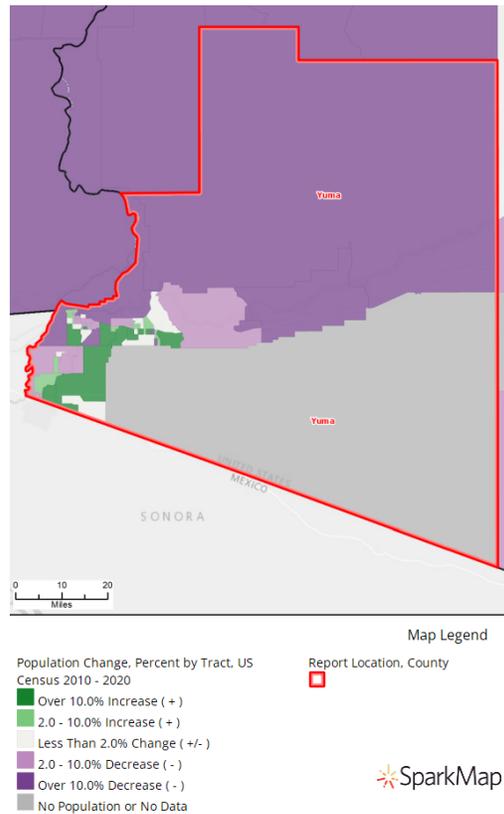
Change in Total Population
(Percentage Change Between 2010 and 2020)



Sources: • US Census Bureau Decennial Census (2010-2020).
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2022 via SparkMap (sparkmap.org).
Notes: • A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources.



This map shows the areas of greatest increase or decrease in population between 2010 and 2020.



Urban/Rural Population

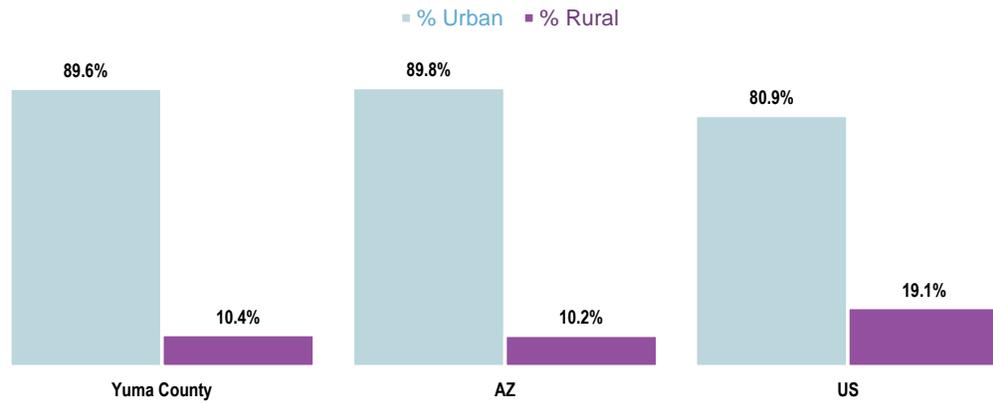
Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

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

BENCHMARK ► More urban when compared to the US.



Urban and Rural Population (2010)



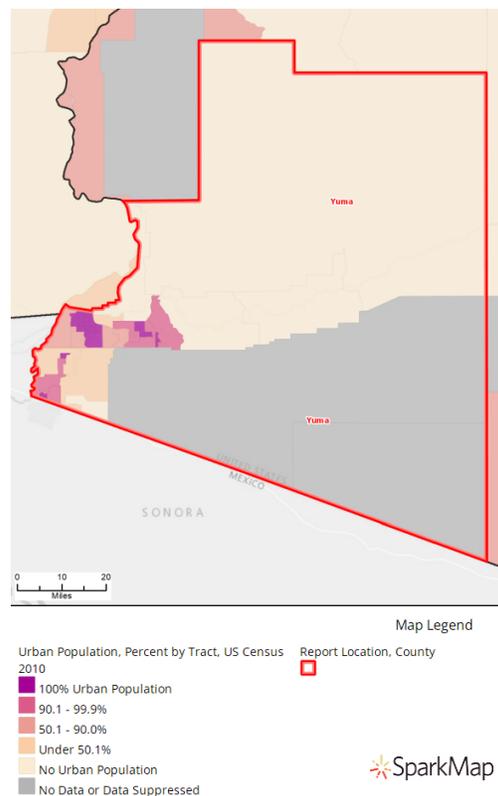
Sources:

- US Census Bureau Decennial Census.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2022 via SparkMap (sparkmap.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.



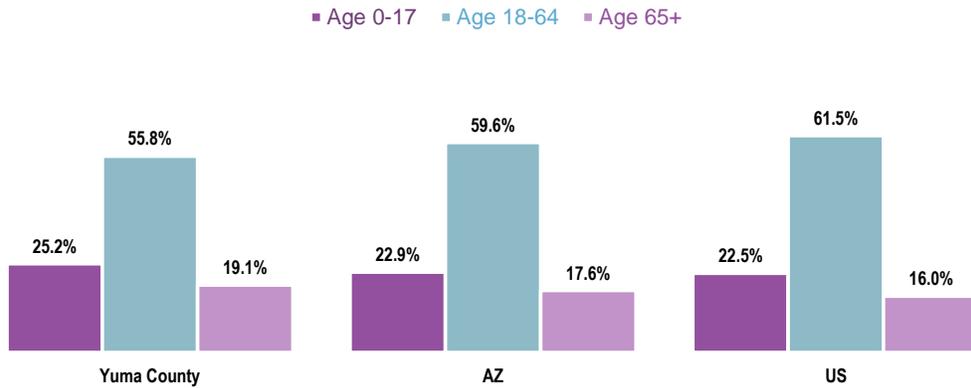
Age

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, 25.2% of the population are children age 0-17; another 55.8% are age 18 to 64, while 19.1% are age 65 and older.

BENCHMARK ▶ Represents a higher proportion of children and adults age 65+ than found statewide and nationally.

Total Population by Age Groups (2016-2020)



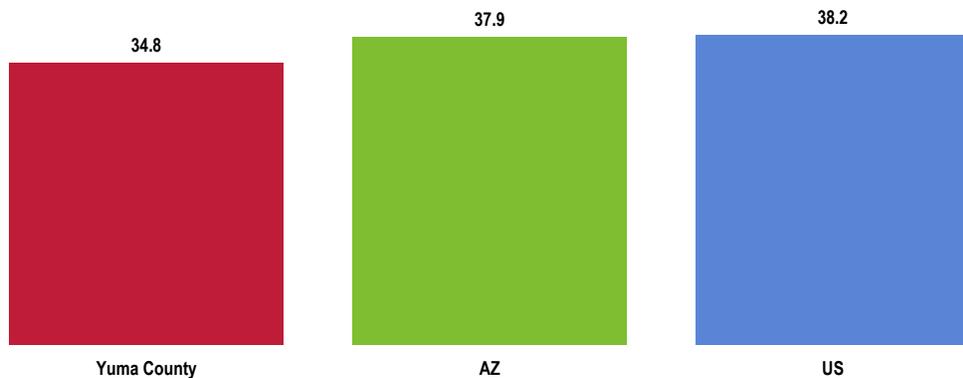
Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2022 via SparkMap (sparkmap.org).

Median Age

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

Median Age (2016-2020)

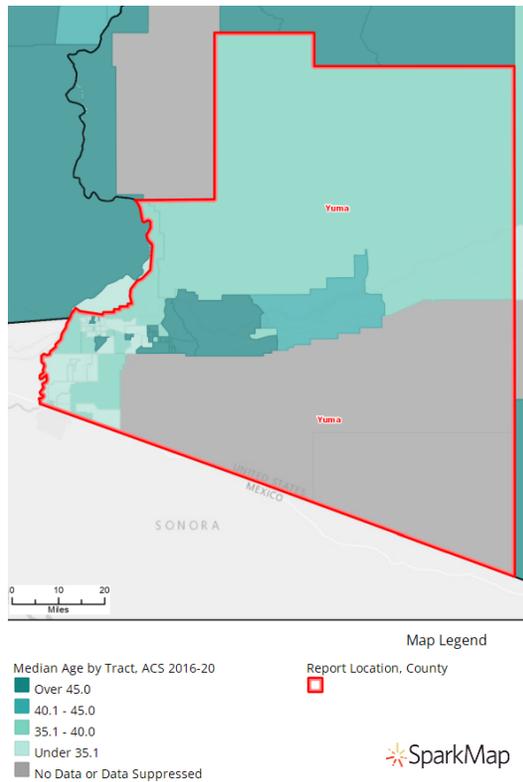


Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2022 via SparkMap (sparkmap.org).



The following map provides an illustration of the median age in Yuma County.



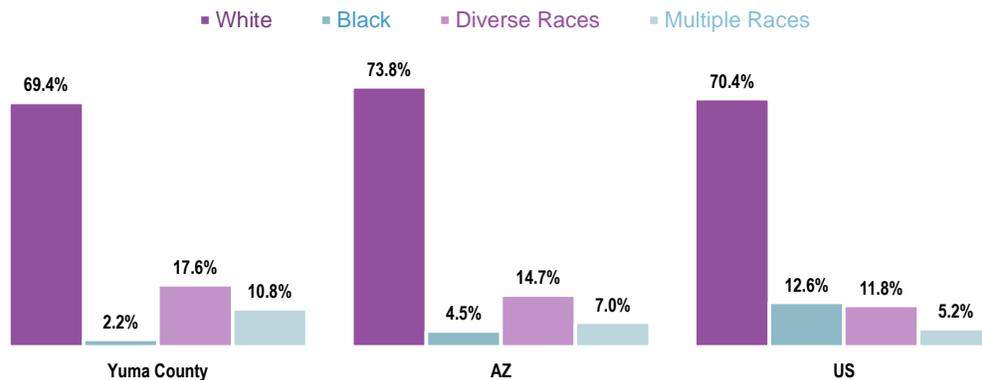
Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 69.4% of residents of Yuma County are White and 2.2% are Black.

BENCHMARK ► More diverse than the statewide population.

Total Population by Race Alone
(2016-2020)



Sources:
 • US Census Bureau American Community Survey 5-year estimates.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2022 via SparkMap (sparkmap.org).

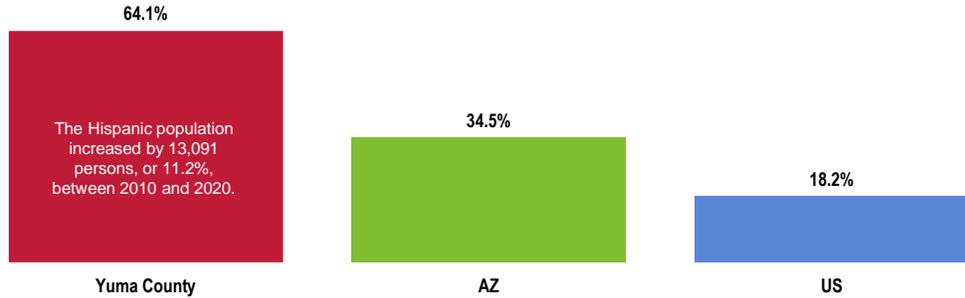


Ethnicity

A total of 64.1% of Yuma County residents are Hispanic or Latino.

BENCHMARK ▶ Considerably higher proportion of Hispanic residents than found across the state and nation.

Hispanic Population (2016-2020)



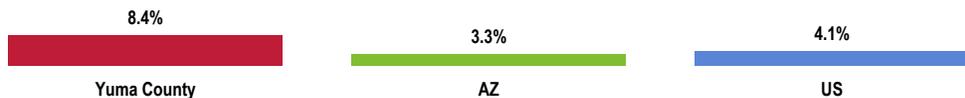
- Sources:
- US Census Bureau American Community Survey 5-year estimates.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2022 via SparkMap (sparkmap.org).
- Notes:
- Origin can be viewed as the heritage, nationality group, lineage, or country 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 8.4% 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").

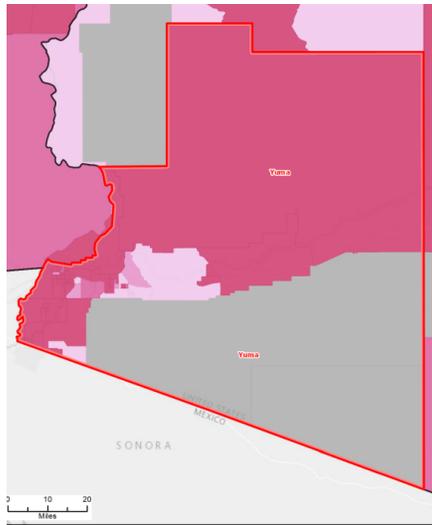
BENCHMARK ▶ Higher than found across Arizona and the US.

Linguistically Isolated Population (2016-2020)



- Sources:
- US Census Bureau American Community Survey 5-year estimates.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2022 via SparkMap (sparkmap.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."





Map Legend

- Population in Linguistically Isolated Households, Percent by Tract, ACS 2016-20
- Over 3.0%
 - 1.1 - 3.0%
 - 0.1 - 1.1%
 - No Population in Linguistically Isolated Households
 - No Data or Data Suppressed

Report Location, County



SOCIAL DETERMINANTS OF HEALTH

ABOUT SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

- Healthy People 2030 (<https://health.gov/healthypeople>)

Poverty

The latest census estimate shows 18.2% of Yuma County total population living below the federal poverty level.

BENCHMARK ► Worse than state and US percentages. Fails to satisfy the Healthy People 2030 objective.

Among just children (ages 0 to 17), the percentage in Yuma County is 26.4% (representing an estimated 13,789 children).

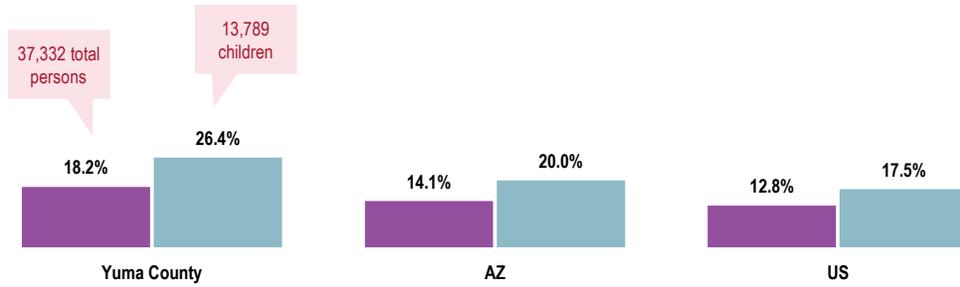
BENCHMARK ► Worse than state and US percentages. Fails to satisfy the Healthy People 2030 objective.



Population in Poverty (Populations Living Below the Poverty Level; 2016-2020)

Healthy People 2030 = 8.0% or Lower

■ Total Population ■ Children



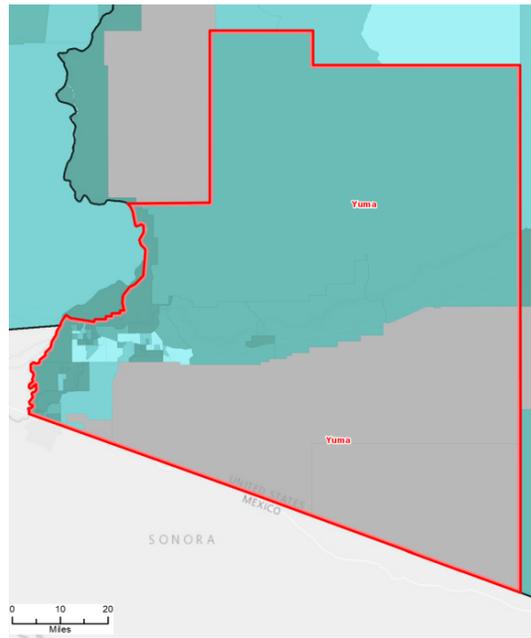
Sources:

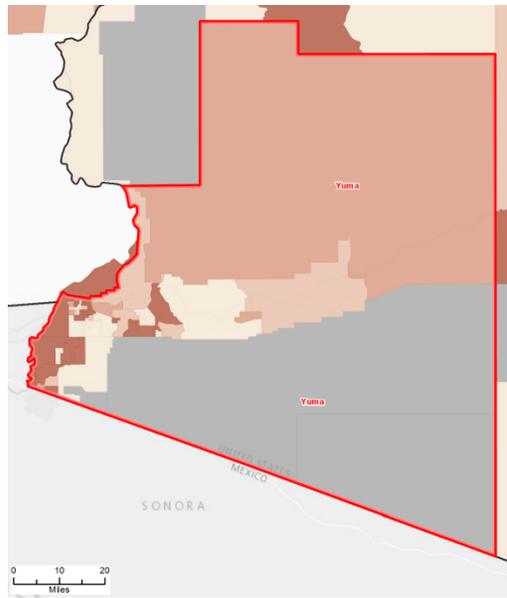
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

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.

The following maps highlight concentrations of persons living below the federal poverty level.



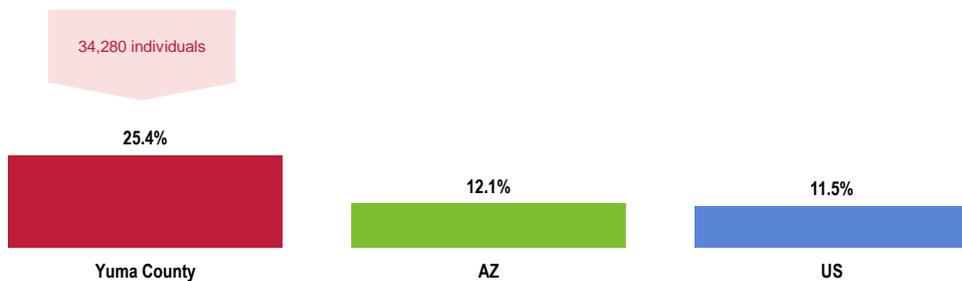


Education

Among the Yuma County population age 25 and older, an estimated 25.4% (over 34,000 people) do not have a high school education.

BENCHMARK ► More than two times the state and national percentages.

Population With No High School Diploma (Population Age 25+ Without a High School Diploma or Equivalent, 2016-2020)



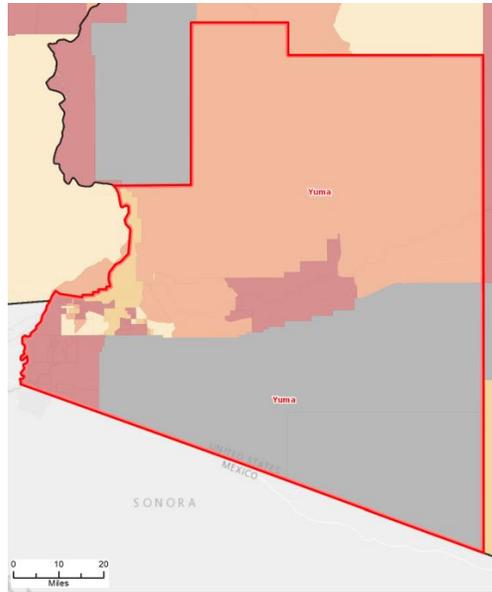
Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2022 via SparkMap (sparkmap.org).

Notes:

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



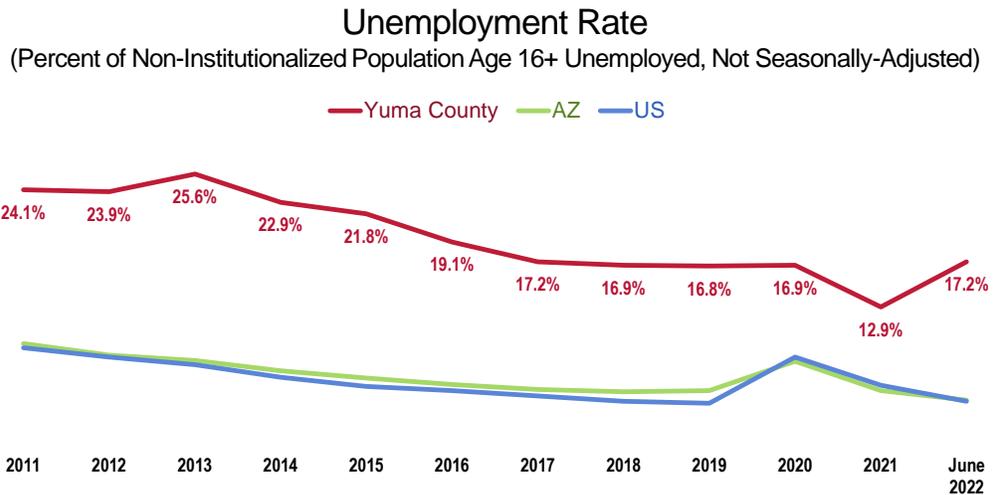


Employment

According to data derived from the US Department of Labor, the unemployment rate in Yuma County as of June 2022 was 17.2%.

BENCHMARK ▶ Much higher than the statewide and national rates.

TREND ▶ Despite a recent increase, marks a significant decrease (improvement) over time.



Sources:

- US Department of Labor, Bureau of Labor Statistics.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2022 via SparkMap (sparkmap.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

A total of 32.1% of Yuma County residents would not be able to afford an unexpected \$400 expense without going into debt.

BENCHMARK ► Worse than the national finding.

DISPARITY ► Higher in Yuma. More often reported among women, adults younger than 65, lower-income residents, Hispanic respondents, those of diverse races, and LGBTQ+ respondents.

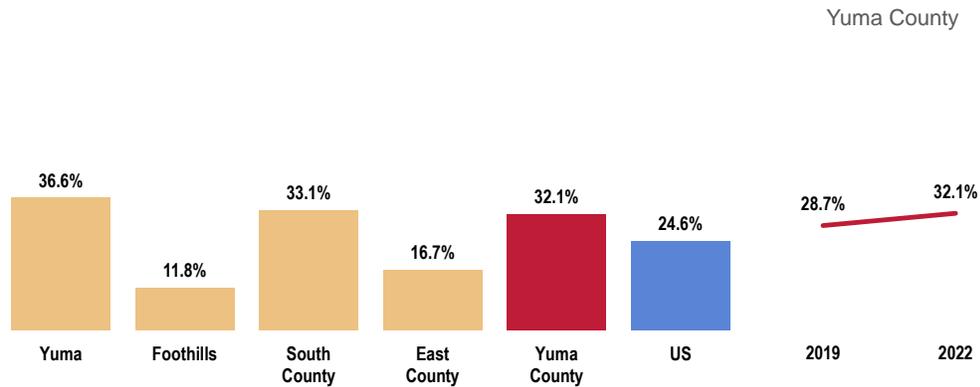
Respondents were asked: "Suppose that you have an emergency expense that costs \$400. Based on your current financial situation, would you be able to pay for this expense either with cash, by taking money from your checking or savings account, or by putting it on a credit card that you could pay in full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

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.

Here, "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.

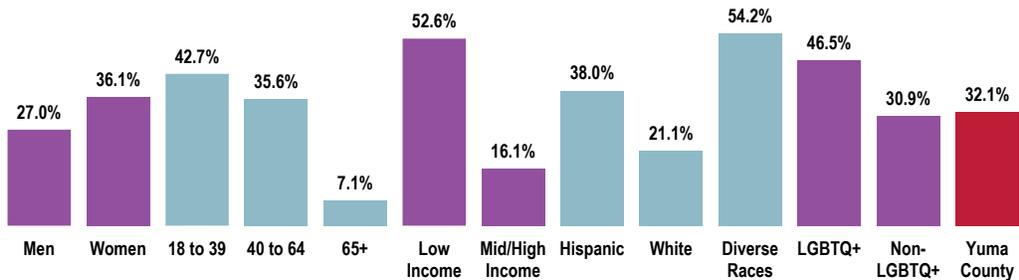
In addition, all Hispanic respondents are grouped, regardless of identity with any race. "White" includes those who identify as White alone, without Hispanic origin. "Diverse Races" groups those who identify as Black alone, Asian alone, or Native American alone, without Hispanic origin.

Do Not Have Cash on Hand to Cover a \$400 Emergency Expense



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 308]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • Includes respondents who say they would not be able to pay for a \$400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

Do Not Have Cash on Hand to Cover a \$400 Emergency Expense (Yuma County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 308]
 Notes: • Asked of all respondents.
 • Includes respondents who say they would not be able to pay for a \$400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

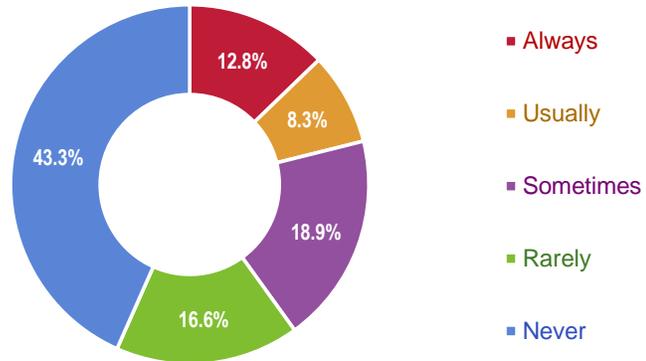


Housing

Housing Insecurity

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

Frequency of Worry or Stress
Over Paying Rent or Mortgage in the Past Year
(Yuma County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 71]
Notes: • Asked of all respondents.

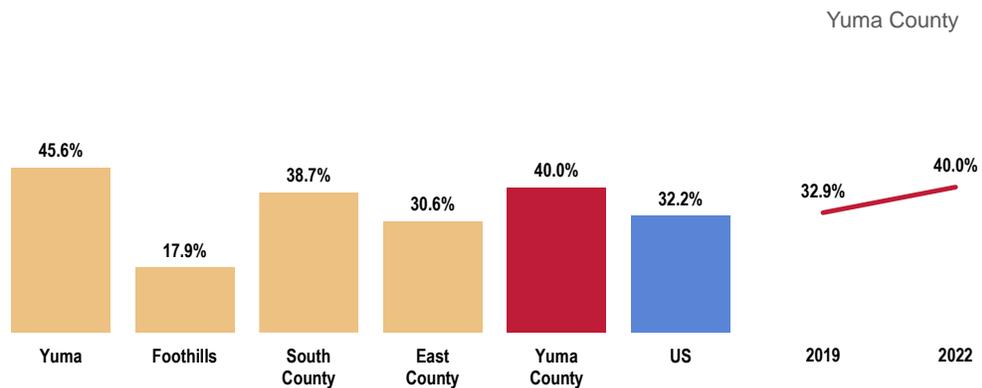
However, a considerable share (40.0%) report that they were “sometimes,” “usually,” or “always” worried or stressed about having enough money to pay their rent or mortgage in the past year.

BENCHMARK ▶ Higher than the US finding.

TREND ▶ Marks a significant increase since 2019.

DISPARITY ▶ Higher in Yuma. More often reported among women, adults younger than 65, lower-income residents, Hispanic respondents, those of diverse races, LGBTQ+ respondents, and renters.

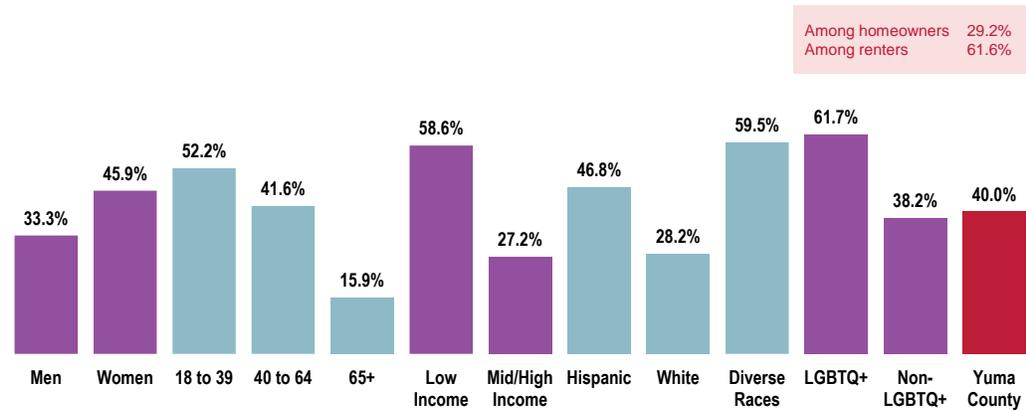
“Always/Usually/Sometimes” Worried
About Paying Rent/Mortgage in the Past Year



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 71]
• 2020 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, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 71]
Notes: • Asked of all respondents.

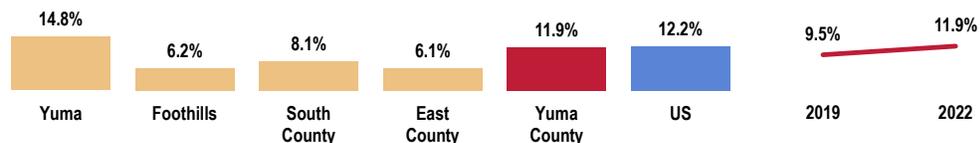
Unhealthy or Unsafe Housing

A total of 11.9% of Yuma County residents report living in unhealthy or unsafe housing conditions during the past year.

DISPARITY ► Higher in Yuma. More often reported among adults younger than 65 (especially those age 18 to 39), lower-income respondents, those of diverse races, LGBTQ+ residents, and renters.

Unhealthy or Unsafe Housing Conditions in the Past Year

Yuma County

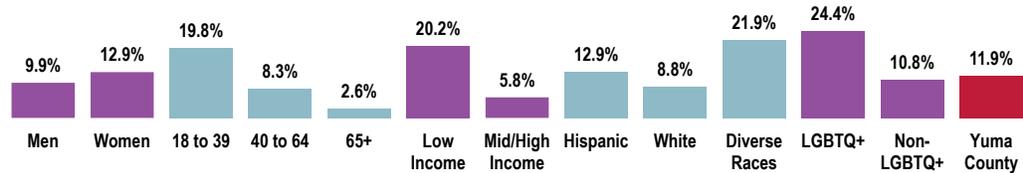


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 305]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.



Unhealthy or Unsafe Housing Conditions in the Past Year (Yuma County, 2022)

Among homeowners 6.6%
Among renters 22.9%



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 305]
Notes: • Asked of all respondents.
• Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

Housing Instability

Displacement

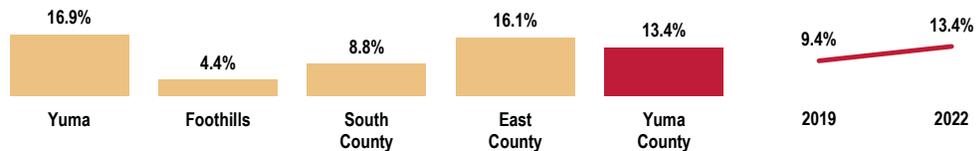
A total of 13.4% of survey respondents lived with a friend or relative in the past two years due to some type of housing emergency.

TREND ▶ Represents a significant increase since 2019.

DISPARITY ▶ Higher in Yuma. More often reported among adults younger than 65 (especially those age 18 to 39), lower-income residents, Hispanic residents, and those of diverse races.

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

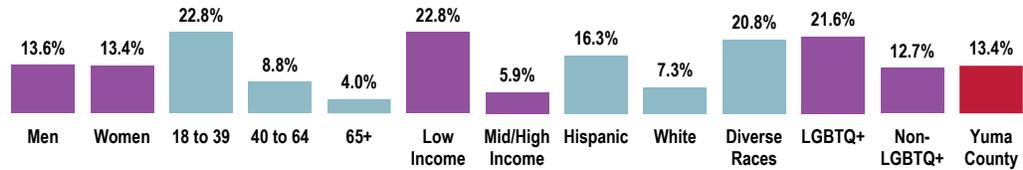
Yuma County



Sources: • 2022 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, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 306]
Notes: • Asked of all respondents.

Homelessness

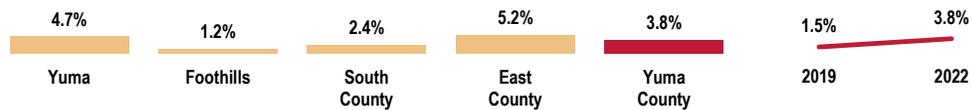
A total of 3.8% of respondents report having been homeless at some point in the past two years.

TREND ▶ Marks a significant increase since 2019.

DISPARITY ▶ Lowest in the Foothills area. More often reported among adults younger than 65, lower-income respondents, and residents of diverse races.

Was Homeless at Some Point in the Past Two Years

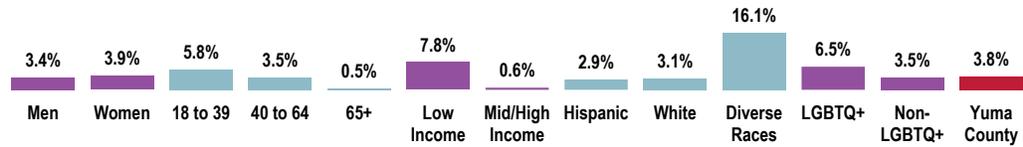
Yuma County



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 307]
Notes: • Asked of all respondents.



Was Homeless at Some Point in the Past Two Years (Yuma County, 2022)

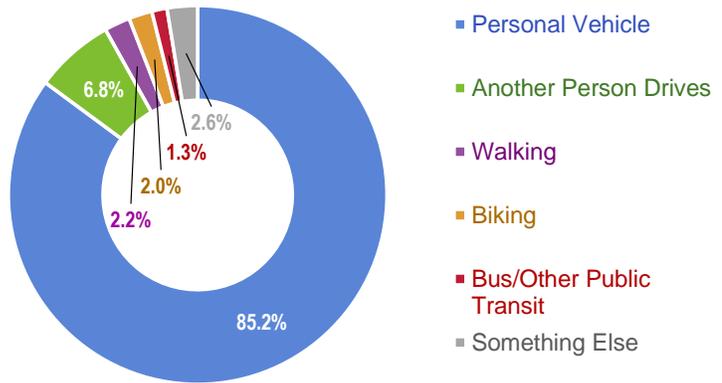


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 307]
 Notes: • Asked of all respondents.

Transportation

In Yuma County, 85.2% of residents use their personal vehicle as their primary means of transportation.

Primary Means of Transportation (Yuma County, 2022)



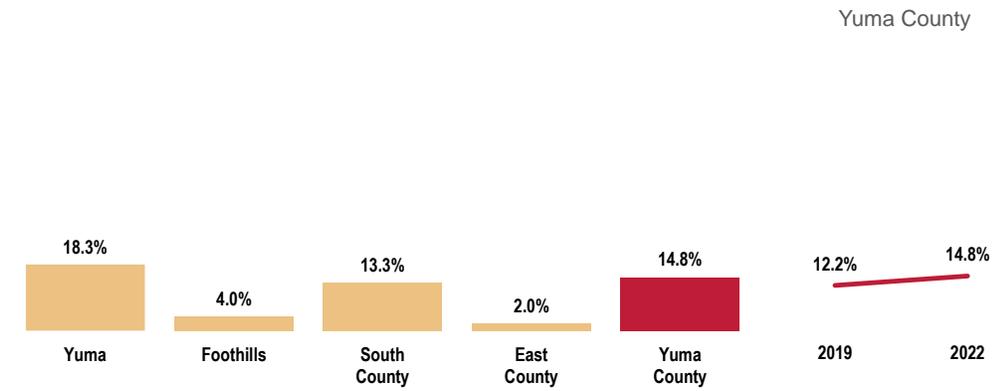
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 309]
 Notes: • Asked of all respondents.



However, 14.8% of residents do not drive their own vehicle as a primary means of transportation.

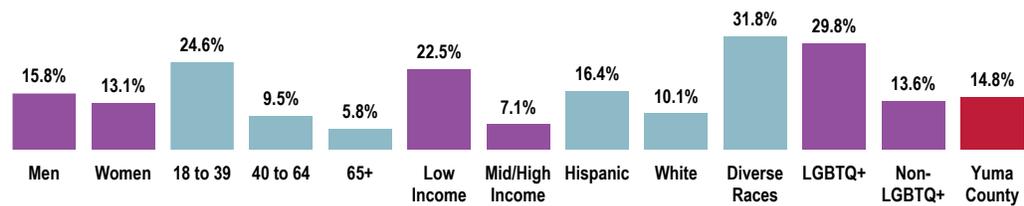
DISPARITY ► Higher in Yuma. Those less likely to report using their own vehicle for transport include adults age 18 to 39, lower-income respondents, Hispanic residents, residents of diverse races, and LGBTQ+ persons.

Do Not Drive Own Vehicle as Primary Means of Transport



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 309]
 Notes: • Asked of all respondents.

Do Not Drive Own Vehicle as Primary Means of Transport (Yuma County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 309]
 Notes: • Asked of all respondents.



Food Access

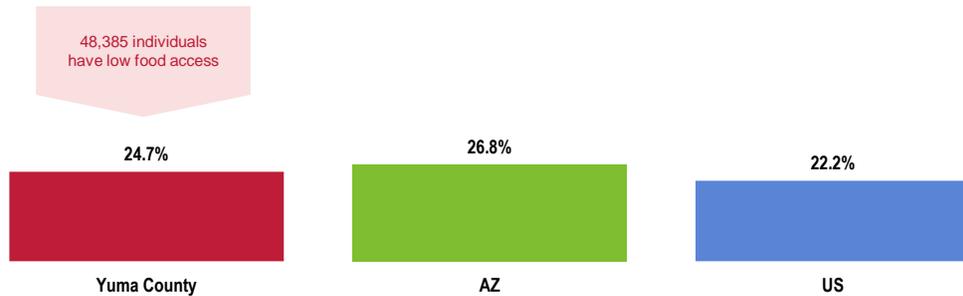
Low Food Access

US Department of Agriculture data show that 24.7% of Yuma County population (representing over 48,000 residents) have low food access, meaning that they do not live near a supermarket or large grocery store.

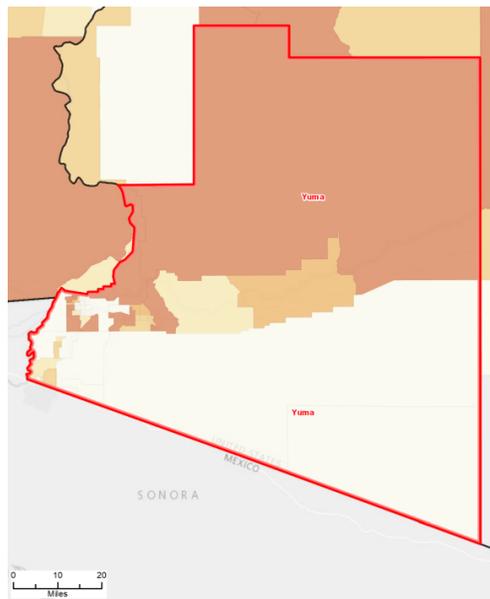
Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store.

RELATED ISSUE
See also *Nutrition, Physical Activity & Weight* in the **Modifiable Health Risks** section of this report.

Population With Low Food Access
(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2019)



- Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2022 via SparkMap (sparkmap.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.



Food Insecurity

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.

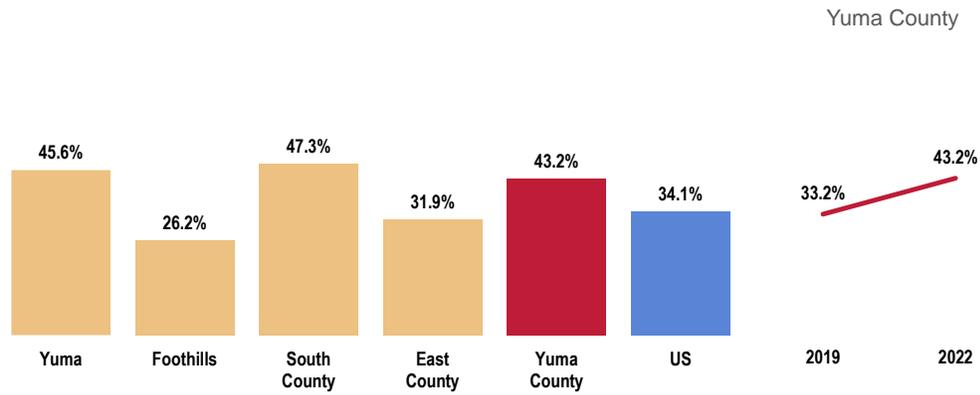
Overall, 43.2% of community residents are determined to be "food insecure," having run out of food in the past year and/or been worried about running out of food.

BENCHMARK ▶ Worse than the US finding.

TREND ▶ Marks a significant increase since 2019.

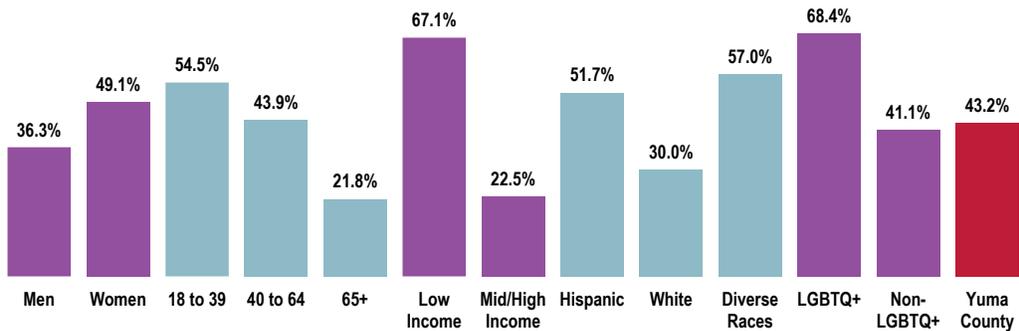
DISPARITY ▶ Lowest in the Foothills area. More often reported among women, adults younger than 65, lower-income adults, Hispanic respondents, those of diverse races, and LGBTQ+ respondents.

Food Insecurity



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 149]
 • 2020 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.

Food Insecurity (Yuma County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 149]
 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.





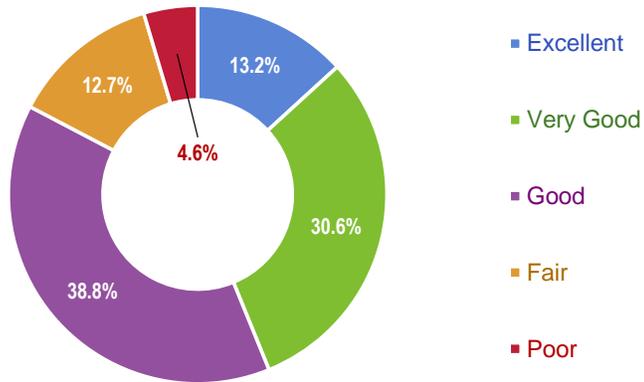
HEALTH STATUS

OVERALL HEALTH STATUS

The initial inquiry of the PRC Community Health Survey asked: "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").

Self-Reported Health Status
(Yuma County, 2022)



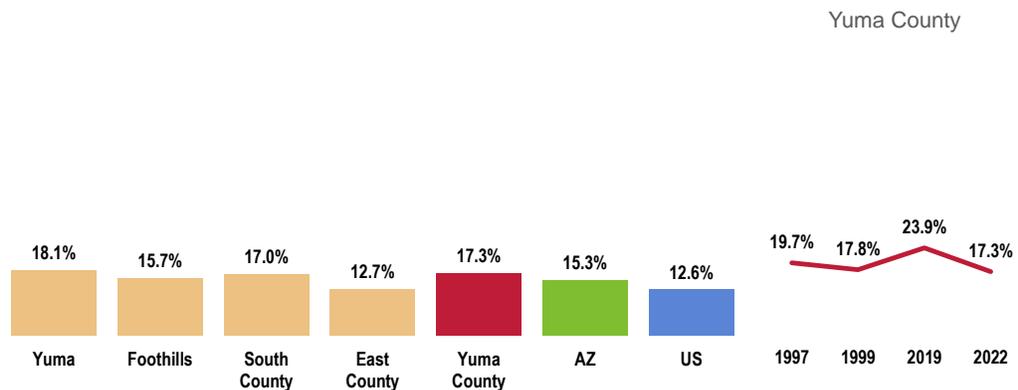
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 17.3% of Yuma County adults believe that their overall health is "fair" or "poor."

BENCHMARK ▶ Less favorable than the US percentage.

DISPARITY ▶ More often reported among adults age 40+ and non-LGBTQ+ respondents.

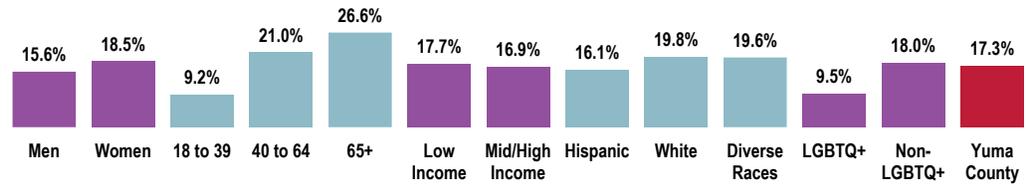
Experience "Fair" or "Poor" Overall Health



Sources: • 2022 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): 2020 Arizona data.
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Experience “Fair” or “Poor” Overall Health (Yuma County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 5]
 Notes: • Asked of all respondents.



MENTAL HEALTH

ABOUT MENTAL HEALTH & MENTAL DISORDERS

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. ...Mental disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

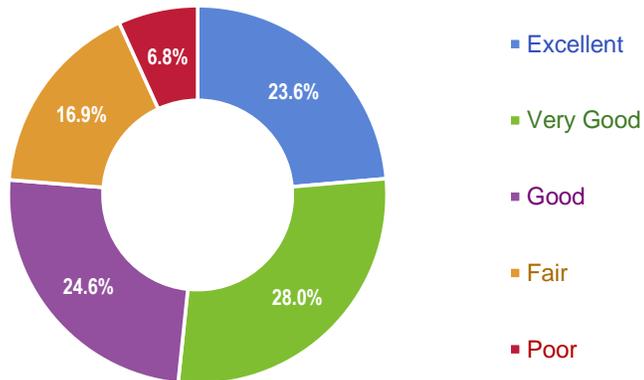
– Healthy People 2030 (<https://health.gov/healthypeople>)

Mental Health Status

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

“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?”

Self-Reported Mental Health Status
(Yuma County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 99]
Notes: • Asked of all respondents.

However, 23.7% believe that their overall mental health is “fair” or “poor.”

BENCHMARK ▶ Worse than found nationally.

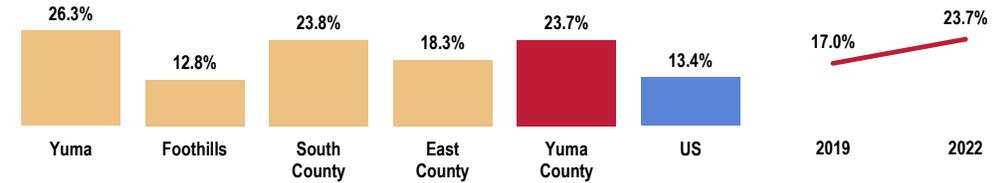
TREND ▶ Denotes a significant increase since 2019.

DISPARITY ▶ Higher in Yuma.



Experience “Fair” or “Poor” Mental Health

Yuma County



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 99]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Depression

Diagnosed Depression

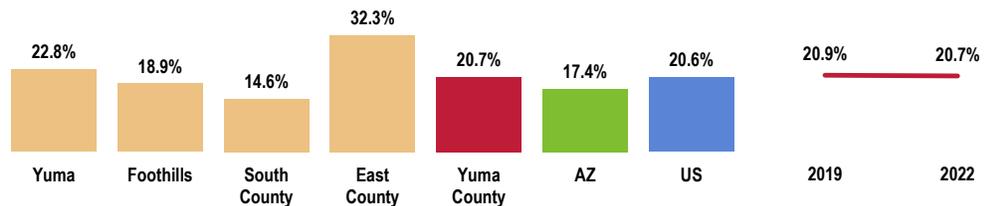
A total of 20.7% of Yuma County adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

BENCHMARK ▶ Higher than found statewide.

DISPARITY ▶ Lowest in South County.

Have Been Diagnosed With a Depressive Disorder

Yuma County



Sources: • 2022 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): 2020 Arizona data.
 • 2020 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

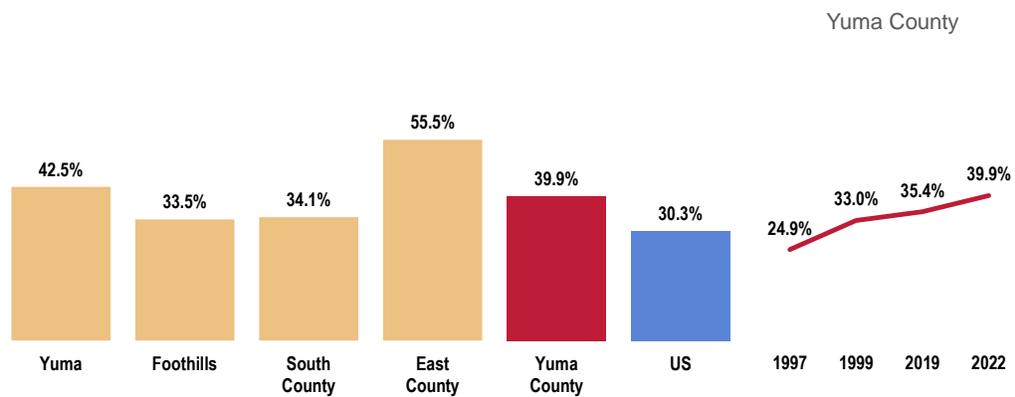
A total of 39.9% of Yuma County adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

BENCHMARK ▶ Less favorable than the US finding.

TREND ▶ Marks a significant increase over time.

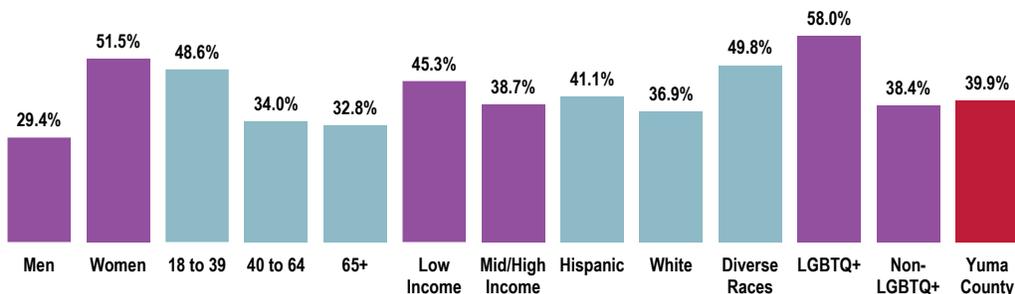
DISPARITY ▶ Higher in East County. More often reported among women, adults age 18 to 39, and LGBTQ+ persons.

Have Experienced Symptoms of Chronic Depression



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 100]
 • 2020 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, 2022)



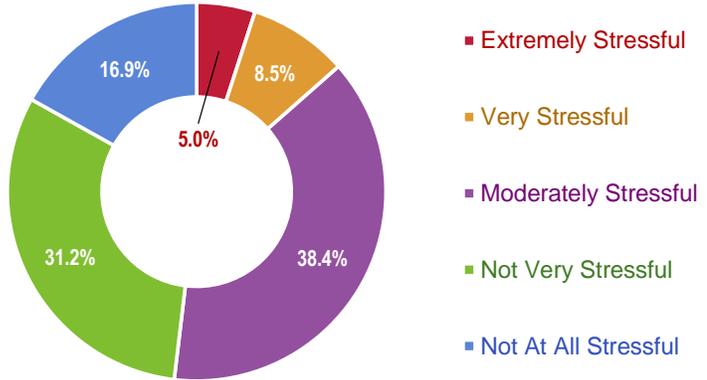
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 100]
 Notes: • Asked of all respondents.
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.



Stress

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

Perceived Level of Stress On a Typical Day
(Yuma County, 2022)

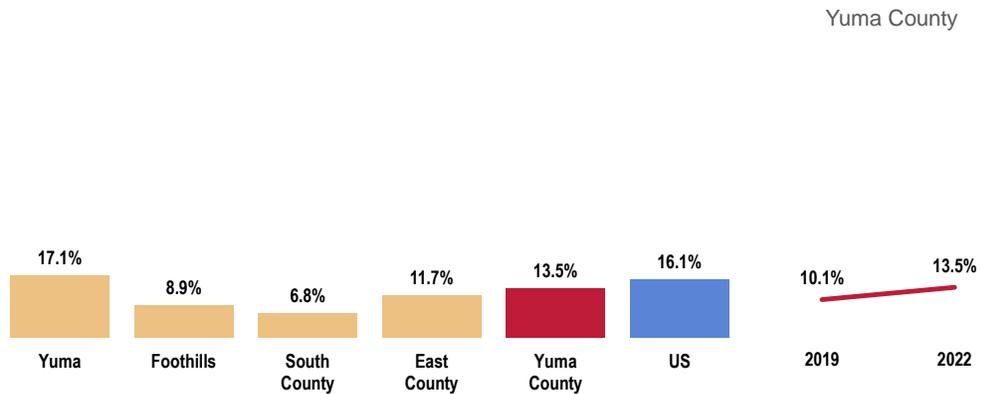


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 101]
Notes: • Asked of all respondents.

In contrast, 13.5% of Yuma County adults feel that most days for them are “very” or “extremely” stressful.

DISPARITY ► Higher in Yuma. More often reported among women, adults younger than 65, and LGBTQ+ respondents.

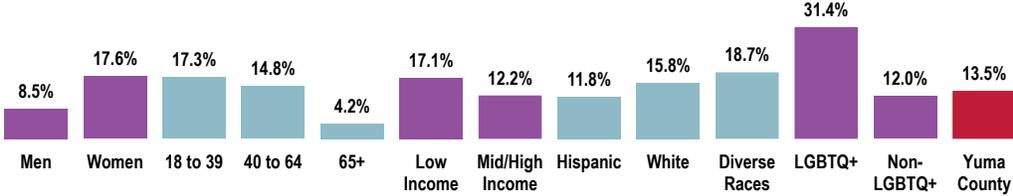
Perceive Most Days As “Extremely” or “Very” Stressful



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 101]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Perceive Most Days as “Extremely” or “Very” Stressful (Yuma County, 2022)

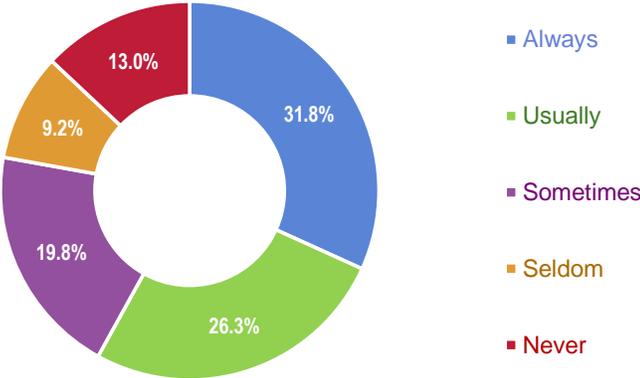


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 101]
 Notes: • Asked of all respondents.

Social and Emotional Support

Most respondents report they “always,” “usually,” or “sometimes” receive the social and emotional support that they need.

Frequency of Receiving Needed Social and Emotional Support (Yuma County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 311]
 Notes: • Asked of all respondents.

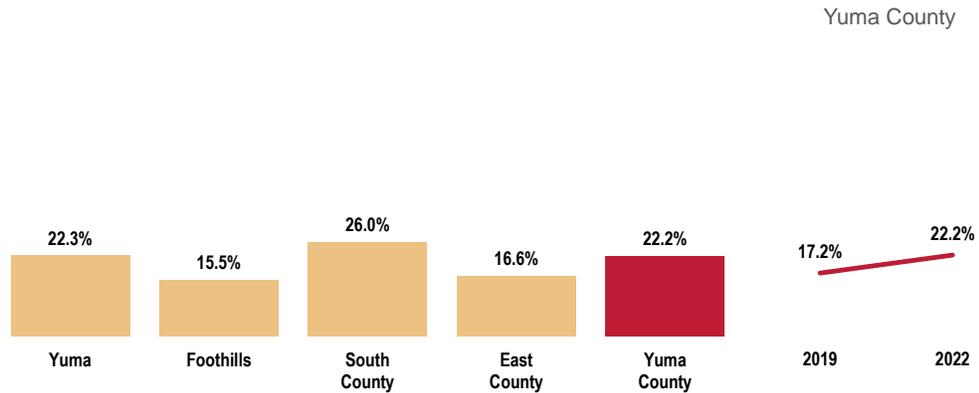


However, 22.2% say they “seldom” or “never” get this needed support.

TREND ► Marks a significant increase since 2019.

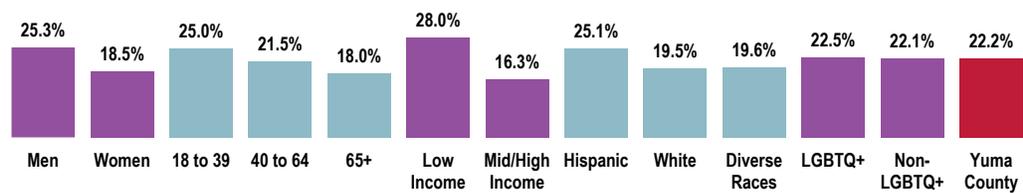
DISPARITY ► More often reported among men and lower-income respondents.

“Seldom/Never” Receive Needed Social and Emotional Support



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 311]
 Notes: • Asked of all respondents.

“Seldom/Never” Receive Needed Social and Emotional Support (Yuma County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 311]
 Notes: • Asked of all respondents.



Suicide

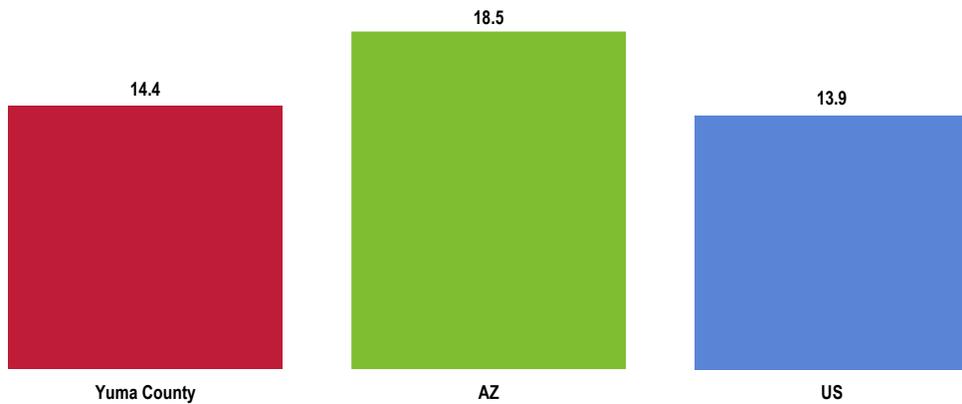
In Yuma County, there were 14.4 suicides per 100,000 population (2018-2020 annual average age-adjusted rate).

BENCHMARK ▶ Lower than the statewide rate.

TREND ▶ Represents a significant increase within the county over time.

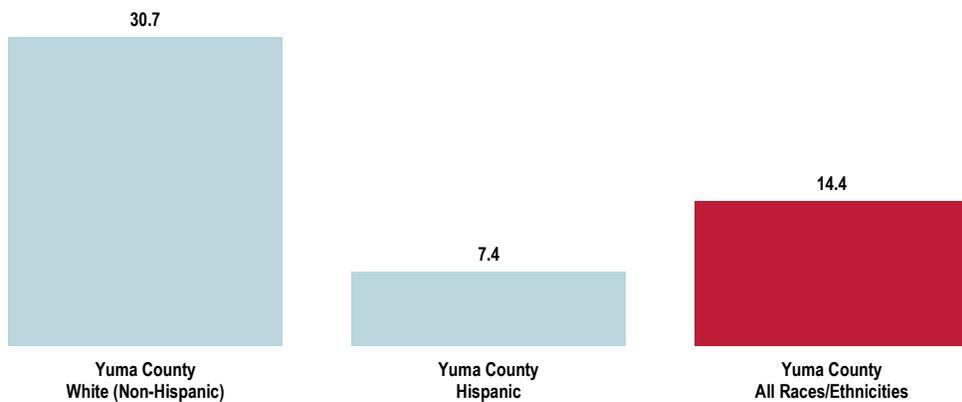
DISPARITY ▶ Much higher among White residents.

Suicide: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 12.8 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 2022.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Suicide: Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 12.8 or Lower

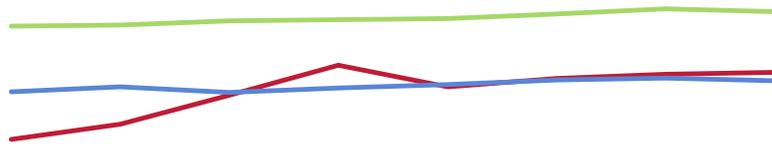


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2022.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



Suicide: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 12.8 or Lower



| | 2011-2013 | 2012-2014 | 2013-2015 | 2014-2016 | 2015-2017 | 2016-2018 | 2017-2019 | 2018-2020 |
|-------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Yuma County | 9.9 | 10.9 | 12.9 | 14.9 | 13.4 | 14.0 | 14.3 | 14.4 |
| AZ | 17.5 | 17.6 | 17.9 | 18.0 | 18.0 | 18.4 | 18.7 | 18.5 |
| US | 13.1 | 13.4 | 13.1 | 13.4 | 13.6 | 13.9 | 14.0 | 13.9 |

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 2022.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

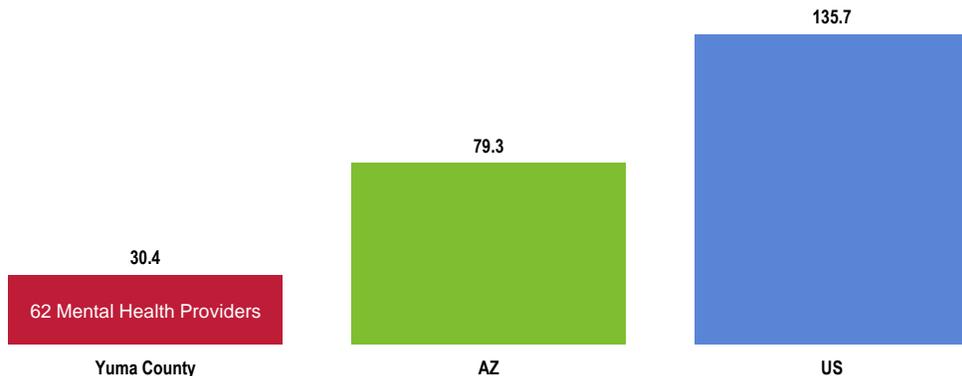
Mental Health Treatment

Mental Health Providers

In Yuma County in 2022, there were 30.4 mental health providers for every 100,000 population.

BENCHMARK ► Much lower than state and national proportions.

Access to Mental Health Providers (Number of Mental Health Providers per 100,000 Population, 2022)



Sources: • University of Wisconsin Population Health Institute, County Health Rankings.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2022 via SparkMap (sparkmap.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.

Here, "mental health providers" includes psychiatrists, psychologists, clinical social workers, and counsellors who specialize in mental health care. Note that this indicator only reflects providers practicing in Yuma County and residents in Yuma County; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.



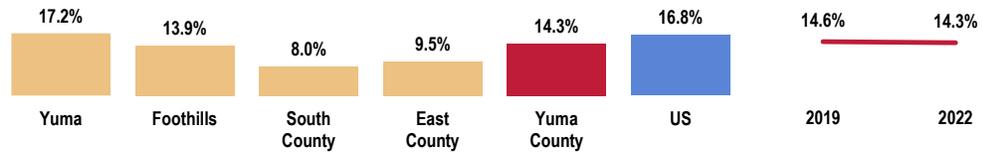
Currently Receiving Treatment

A total of 14.3% of respondents 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 ► Higher in Yuma.

Currently Receiving Mental Health Treatment

Yuma County



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 103]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • "Treatment" can include taking medications for mental health.

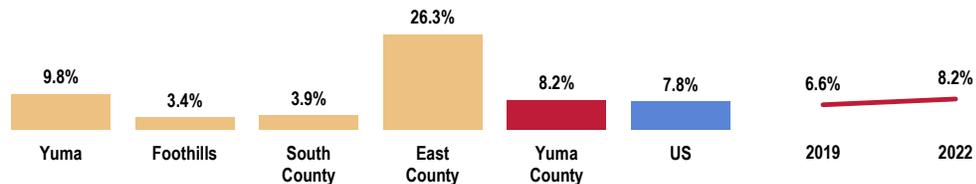
Difficulty Accessing Mental Health Services

A total of 8.2% 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 ► Higher in Yuma and especially East County. More often reported among women and LGBTQ+ residents. Note the negative correlation with age.

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

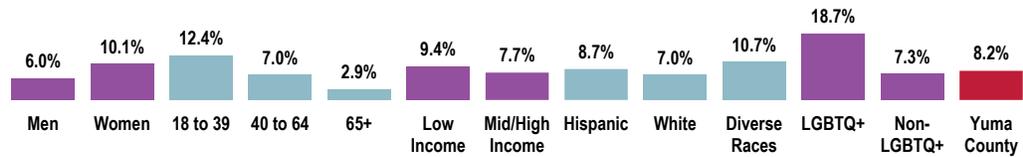
Yuma County



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 105]
 • 2020 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, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 105]
Notes: • Asked of all respondents.

Key Informant Input: Mental Health

A high percentage of 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, 2022)

■ Major Problem
 ■ Moderate Problem
 ■ Minor Problem
 ■ No Problem At All



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

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

Access to Care/Services

Limited access in our community to address this issue. – Health Care Provider

This is a big issue in this community. There are not enough programs to help people all the way in their journey to recovery. – Community Leader

I see the lack of mental health services as a national issue and not just local. Funding for mental health and people's response to it is a problem. This results in homelessness, alcoholism and drug abuse. – Health Care Provider

Lack of resources. The agencies tasked with helping our mentally ill are woefully inadequate. Attend a mental health court and you will see the agencies squirm as their "patients" explain to the court how they are not receiving the services they need. Sources will tell you that it is mostly platitudes and little changes over time. Better integration with the jail would help so that persons with mental health issues can be released into the care of an agency upon release rather than telling the inmate where they can go the next day for assistance. You know that is not working! – Community Leader

Getting adequate resources, mental health stigma, social interactions. – Business Leader



The biggest challenge is access to mental health, especially for young people. Many care providers are not taking new patients and those that are, it can be months before an appointment is available. – Business Leader

Access to inpatient care and outpatient care without having long waits. AHCCCS or good private insurance is helpful but still long wait times and those in between have almost no choices. Need more trained professionals with different specialties- child abuse, substance abuse, LGBTQ, DV, severely mentally ill and depression/ anxiety across the life span. – Government Representative

Not a lot of places to seek help. – Health Care Provider

Access to mental health services is limited or outdated. The majority of services are geared for Medicaid population and cookie cutter based. – Health Care Provider

No Inpatient facility at all for mental health and limited on outpatient and inclusivity of current available doctors. – Business Leader

Where do they go? – Business Leader

No good inpatient or outpatient plans. – Health Care Provider

Receiving treatment in the community. Services for the homeless with mental health issues. – Community Leader

Mental health services for children are extremely limited in Yuma, especially inpatient and emergency intervention. Adult mental health services are also limited although less limited than services for children. Private pay mental health programs are limited. Most local organizations deal exclusively with Medicaid/Medicare. Yuma has a large population of mentally ill who are often drug addicted and homeless. – Health Care Provider

Access to physicians and long-term treatment. – Health Care Provider

Lack of resources and service across the spectrum of mental health. – Health Care Provider

Lack of facilities and no capacity for mental health patients. Also, intensive Outpatient therapy is very limited. – Health Care Provider

Lack of services, lack of options, lax state laws, minimal state funding. – Government Representative

A significant segment of our population suffers from mental health issues. There is a lack of resources for mental health and there is also a stigma for families and individuals reaching out for resources for mental health. – Community Leader

Lack of access to quality care in a timely manner. Lack of qualified and available mental health professionals, many of our bachelor's level case managers are providing "Therapy" and are not qualified to do so. The wait time to get help is often well over 30 days to even get scheduled for intake and then to see a licensed therapist is even longer. This is a broken system that has failed to take care of the most vulnerable within our community. – Social Services Provider

Access to mental health services. – Health Care Provider

Pure access. In times of extreme crisis, people have to wait unacceptable amount of time. – Government Representative

Major lack of good quality counseling services and psychiatric services. With primary care physicians having to do the work of psychiatry. No inpatient psychiatric facilities. – Health Care Provider

Access to care. Can't get in, especially if acute need present. – Health Care Provider

Resources overall. – Health Care Provider

I have seen firsthand the lack of mental health support in our community. I have seen friends lose loved ones to suicide. I have walked alongside these families and worked to get parents' and siblings' support. It was either extremely difficult or non-existent for the kids. – Community Leader

There is a lack of services that are appropriate for individuals. From crisis to on-going support, mental health needs are a challenge in any community. I believe the schools are really trying to support students and families as best they can, but that is not the appropriate place with enough trained professionals. – Educator

There are not enough organizations that provide assistance for people with mental health issues. Youth homes are not available in Yuma County and have to be transferred to Phoenix or Tucson for services. – Government Representative

Not enough resources or services. – Community Leader

Lack of services to meet the population needs. – Community Leader

With the community make up – age, military (PTSD) services, transitioning families, relocated families and seasonal visitors- it gets overwhelming, and this community is not as sensitive to those with mental health issues. Not to mention they just don't talk about it- then it means it doesn't exist. – Community Leader

Need access for juvenile mental health, need more providers for all ages. And autism support for all ages. It ties in with substance use and homelessness. – Business Leader

Access to mental healthcare and diagnosis. – Community Leader

Access to mental health professionals. Coordination of care, physical and mental health. Cost of services not covered by insurance. The disability determination navigation process. – Social Services Provider



Lack of Providers

Shortage of psychiatrists versus the population of mentally ill patients that need assistance. The need for Inpatient Geriatric Psychiatry Unit to address the needs of the elderly that have to be transported out of Yuma with serious psychiatric problems. – Health Care Provider

High need to recruit more BH counselors. – Health Care Provider

There are not enough providers to meet the need. It is difficult to recruit and retain clinical personal with clinical expertise in behavioral health. – Public Health Representative

Not enough certified trauma therapists. Our agency has all of our therapists and counselors who through a training through the Trauma Institute of Arizona to be certified. – Social Services Provider

Not enough practitioners and most facilities require access. – Educator

Not enough specialists or resources, especially for Inpatient treatment and higher levels of care. – Health Care Provider

Finding a provider who can provide the care needed. Limited mental health professionals in Yuma County. Wait times are long. Expense of treatment is unaffordable by many in Yuma County. – Health Care Provider

The lack of psychiatrist. – Health Care Provider

Significant and worsening increase in mental health with not enough providers to provide care. Patients have a preference for in person visits and most places only offer telehealth. No Inpatient Psychiatric facilities. – Health Care Provider

Not enough providers in the community. Homelessness and drug use is rampant. – Health Care Provider

Lack of providers in this area. – Health Care Provider

Getting access to trained mental health providers. – Educator

No M.D. psychiatry providers and no live providers at all. – Social Services Provider

There are simply not enough providers in town. This is across all aspects of care from physicians, psychologists, social workers, and therapists. This is especially true for the pediatric patients. – Health Care Provider

Denial/Stigma

Mental health still has a huge stigma attached to it. The existing providers are so bogged down that the waitlist are months and months long. There are little to no services for youth and teens with mental health issues. If a teen face is a crisis the only option is to call the sheriff's department or white PD to intervene. – Community Leader

Willingness to acknowledge they gave a problem. Willingness to take the medication prescribed. Willingness to quit self-medicating with alcohol and illegal drugs. Willingness to get help. – Government Representative

We offer no mental health options that aren't stigmatized. – Social Services Provider

Awareness/Education

Awareness. Education overall, find someone to help, resources. Youth and adults don't know where to go. Mental health is high more than ever, especially with pre and post Covid. – Community Leader

Due to COVID-19

Not just a Yuma community issue but have had reports that mental health challenges are on the rise post-pandemic for youth and others. Based on information I have received; our community has challenges in resourcing these skill sets toward young children through high school age. The schools' districts have expressed challenges in competitive compensation plans to recruit these professionals. – Business Leader

Worsened due to COVID-19 pandemic. – Health Care Provider

Co-Occurrences

Mental health is a worldwide problem that never really gets addressed. It is the root of most issues involving poor health, homelessness, and violence in the world. – Law Enforcement

Diagnosis/Treatment

Mental health goes untreated or even recognized. – Government Representative

Funding

Funding and insufficient amount of behavioral health professionals. – Social Services Provider

Homelessness

Many of our homeless population are on the streets with untreated and possibly undiagnosed mental health issues. – Community Leader



Impact on Quality of Life

Increasing issues and struggles by those impacted with mental issues and their families. Great need for crisis intervention and ongoing treatment for the community. – Business Leader

Lack of Time

Work/life balance and trauma from their past, early years. – Educator

Law Enforcement

The intersection of mental illness and the criminal justice system. – Government Representative





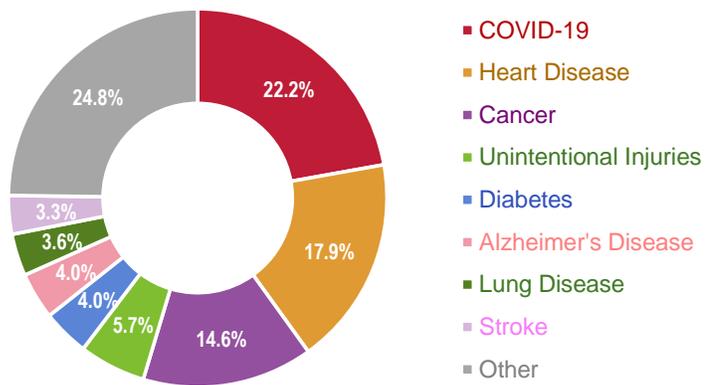
DEATH, DISEASE & CHRONIC CONDITIONS

LEADING CAUSES OF DEATH

Distribution of Deaths by Cause

COVID-19, heart disease, and cancers combined account for more than one-half of all deaths in Yuma County in 2020.

Leading Causes of Death
(Yuma County, 2020)



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 2022.
Notes: • Lung disease is CLRD, or chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

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 2030 objectives.

Note that 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 following chart outlines 2018-2020 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.

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

Age-Adjusted Death Rates for Selected Causes (2018-2020 Deaths per 100,000 Population)

| | Yuma County | AZ | US | HP2030 |
|--|-------------|-------|-------|--------|
| Coronavirus Disease/COVID-19 [2020] | 190.3 | 87.6 | 85.0 | — |
| Diseases of the Heart | 130.8 | 138.4 | 164.4 | 127.4* |
| Malignant Neoplasms (Cancers) | 120.0 | 130.2 | 146.5 | 122.7 |
| Unintentional Injuries | 49.4 | 61.1 | 51.6 | 43.2 |
| Diabetes | 28.1 | 24.1 | 22.6 | — |
| Chronic Lower Respiratory Disease (CLRD) | 27.8 | 38.6 | 38.1 | — |
| Cerebrovascular Disease (Stroke) | 25.5 | 31.3 | 37.6 | 33.4 |
| Falls [Age 65+] | 24.5 | 81.6 | 67.1 | 63.4 |
| Alzheimer's Disease | 23.7 | 32.7 | 30.9 | — |
| Unintentional Drug-Related Deaths | 20.7 | 25.8 | 21.0 | — |
| Cirrhosis/Liver Disease | 14.5 | 15.1 | 11.9 | 10.9 |
| Intentional Self-Harm (Suicide) | 14.4 | 18.5 | 13.9 | 12.8 |
| Motor Vehicle Deaths | 13.4 | 13.1 | 11.4 | 10.1 |
| Pneumonia/Influenza | 13.3 | 11.4 | 13.4 | — |
| Firearm-Related | 12.5 | 15.7 | 12.5 | 10.7 |
| Kidney Disease | 11.1 | 7.8 | 12.8 | — |
| Homicide/Legal Intervention | 4.7 | 6.5 | 6.1 | 5.5 |
| HIV/AIDS [2011-2020] | 1.0 | 1.3 | 1.8 | — |

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 2022.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>.
 Note:
 • *The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.



CARDIOVASCULAR DISEASE

ABOUT HEART DISEASE & STROKE

Heart disease is the leading cause of death in the United States, and stroke is the fifth leading cause. ...Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

— Healthy People 2030 (<https://health.gov/healthypeople>)

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease Deaths

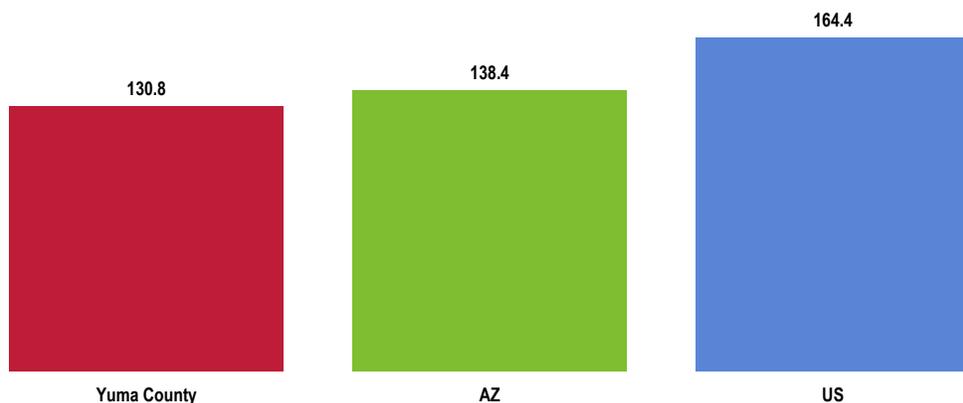
Between 2018 and 2020, there was an annual average age-adjusted heart disease mortality rate of 130.8 deaths per 100,000 population in Yuma County.

BENCHMARK ▶ Lower than the national rate.

DISPARITY ▶ Higher among White residents.

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

Heart Disease: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 127.4 or Lower (Adjusted)



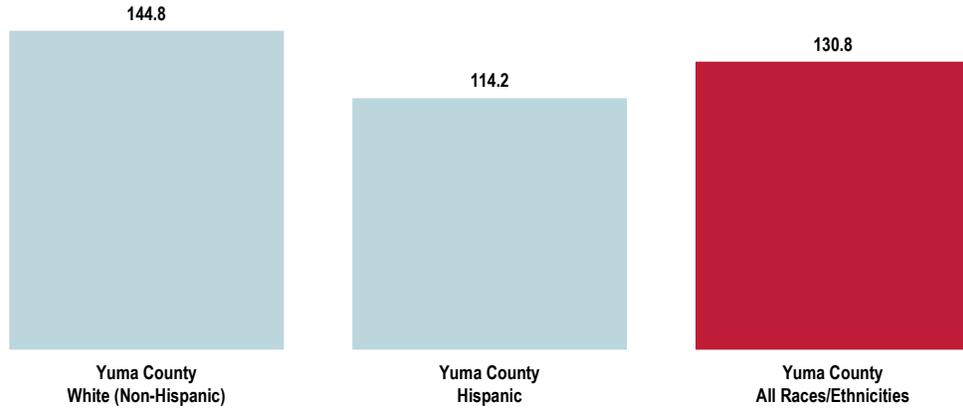
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2022.

• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.



Heart Disease: Age-Adjusted Mortality by Race (2018-2020 Annual Average Deaths per 100,000 Population) Healthy People 2030 = 127.4 or Lower (Adjusted)



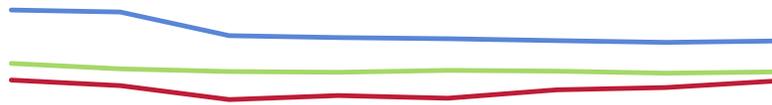
Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

- The Healthy People 2030 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 2030 = 127.4 or Lower (Adjusted)



| | 2011-2013 | 2012-2014 | 2013-2015 | 2014-2016 | 2015-2017 | 2016-2018 | 2017-2019 | 2018-2020 |
|---------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| — Yuma County | 131.6 | 127.0 | 115.2 | 118.5 | 116.4 | 123.2 | 125.4 | 130.8 |
| — AZ | 145.6 | 141.0 | 138.8 | 138.0 | 139.9 | 139.1 | 137.4 | 138.4 |
| — US | 190.6 | 188.9 | 168.9 | 167.5 | 166.3 | 164.7 | 163.4 | 164.4 |

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 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

- The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.

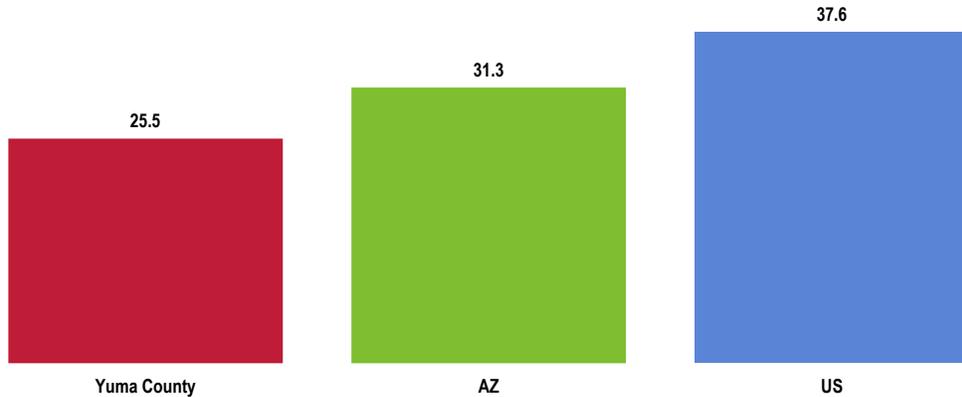


Stroke Deaths

Between 2018 and 2020, there was an annual average age-adjusted stroke mortality rate of 25.5 deaths per 100,000 population in Yuma County.

BENCHMARK ▶ Lower than Arizona and US rates. Satisfies the Healthy People 2030 objective.

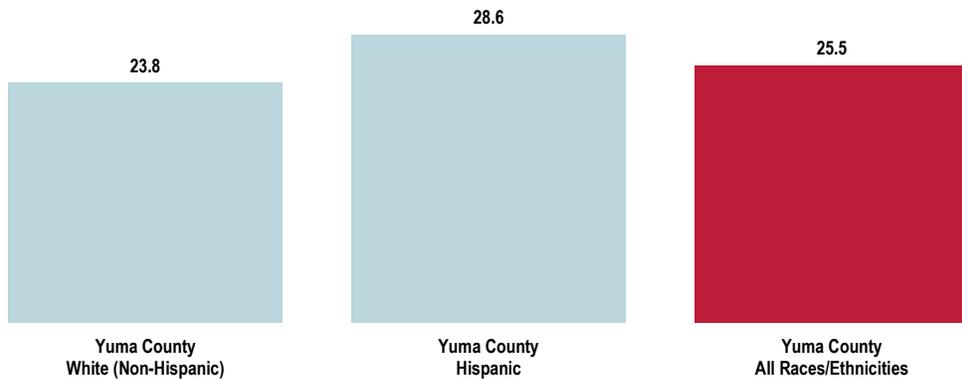
Stroke: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 33.4 or Lower



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 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Stroke: Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 33.4 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 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



Stroke: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 33.4 or Lower



| | 2011-2013 | 2012-2014 | 2013-2015 | 2014-2016 | 2015-2017 | 2016-2018 | 2017-2019 | 2018-2020 |
|-------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Yuma County | 24.0 | 26.0 | 27.0 | 31.2 | 32.3 | 30.6 | 27.1 | 25.5 |
| AZ | 29.7 | 28.9 | 29.2 | 29.6 | 30.4 | 30.5 | 30.7 | 31.3 |
| US | 40.7 | 40.6 | 37.1 | 37.5 | 37.5 | 37.3 | 37.2 | 37.6 |

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 2022.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Prevalence of Heart Disease & Stroke

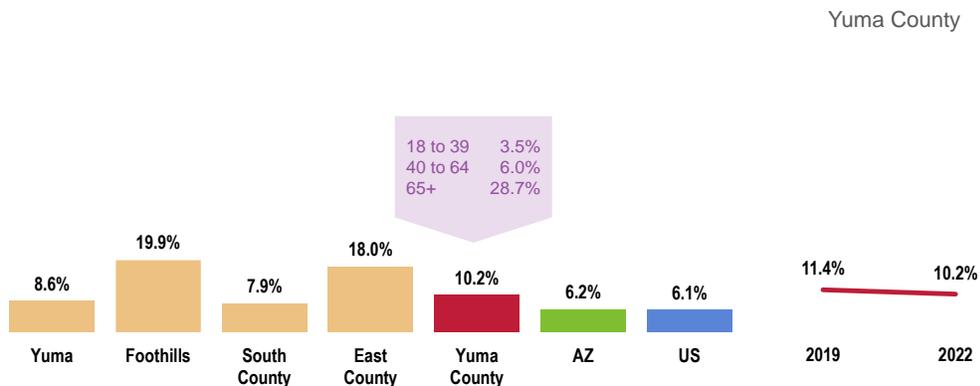
Prevalence of Heart Disease

A total of 10.2% 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 ► Worse than the state and national percentages.

DISPARITY ► Higher in the Foothills area. Much higher among adults age 65+.

Prevalence of Heart Disease



Sources:
 • 2022 PRC Community Health Survey, PRC, Inc. [Item 128]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Arizona data.
 • 2020 PRC National Health Survey, PRC, Inc.

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



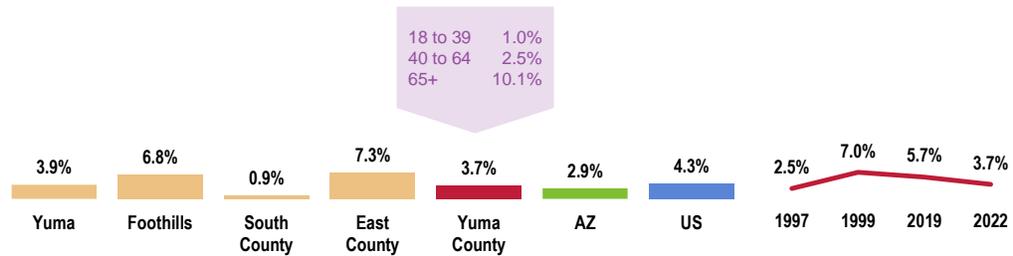
Prevalence of Stroke

A total of 3.7% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

DISPARITY ► Lowest in South County. Higher among adults age 65+.

Prevalence of Stroke

Yuma County



Sources: • 2022 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); 2020 Arizona data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Cardiovascular Risk Factors

Blood Pressure & Cholesterol

A total of 39.1% of Yuma County adults have been told by a health professional at some point that their **blood pressure** was high.

BENCHMARK ► Less favorable than the state finding. Fails to satisfy the Healthy People 2030 objective.

TREND ► Marks a significant increase over time.

DISPARITY ► Higher in the Foothills area (not shown).

A total of 37.2% of adults have been told by a health professional that their **cholesterol level** was high.

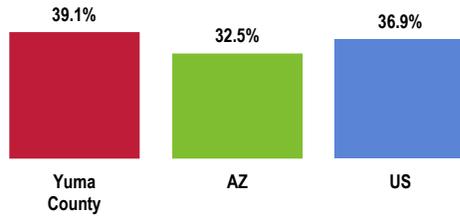
TREND ► Marks a significant increase over time.

DISPARITY ► Higher in the Foothills and East County areas (not shown).

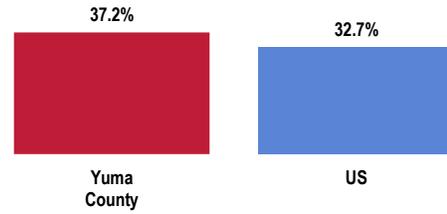


Prevalence of High Blood Pressure

Healthy People 2030 = 27.7% or Lower



Prevalence of High Blood Cholesterol

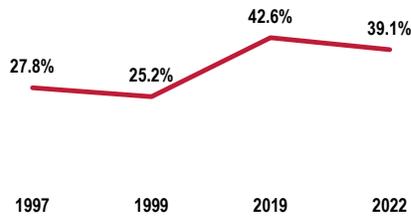


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 39, 43]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Arizona data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

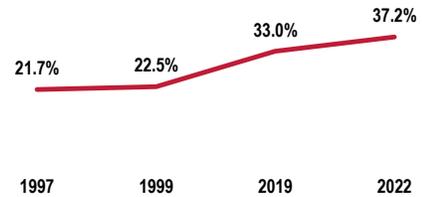
Notes: • Asked of all respondents.

Prevalence of High Blood Pressure (Yuma County)

Healthy People 2030 = 27.4% or Lower



Prevalence of High Blood Cholesterol (Yuma County)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 39, 43]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.



Total Cardiovascular Risk

Total cardiovascular risk reflects the individual-level risk factors which put a person at increased risk for cardiovascular disease, including:

- High Blood Pressure
- High Blood Cholesterol
- Cigarette Smoking
- Physical Inactivity
- Overweight/Obesity

Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical both for preventing and for controlling cardiovascular disease.

A total of 89.6% of Yuma County adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

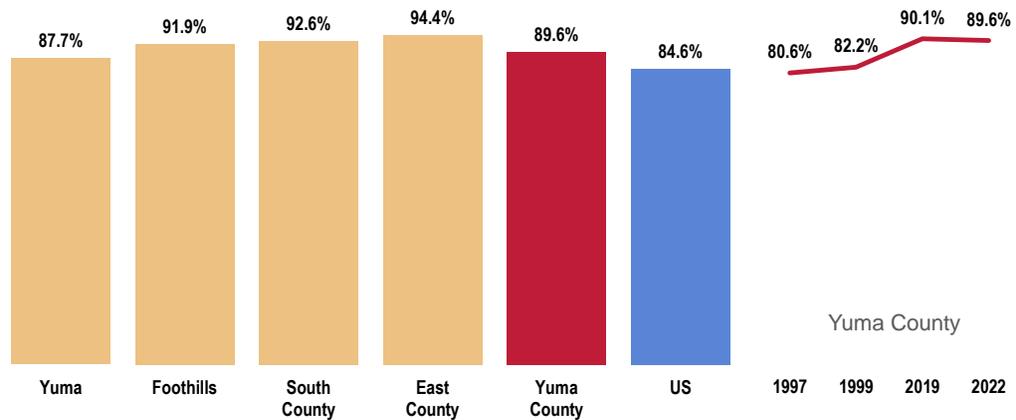
BENCHMARK ▶ Less favorable than the national finding.

TREND ▶ Denotes a significant increase over time.

DISPARITY ▶ Lowest in Yuma. More often reported among adults age 40+.

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

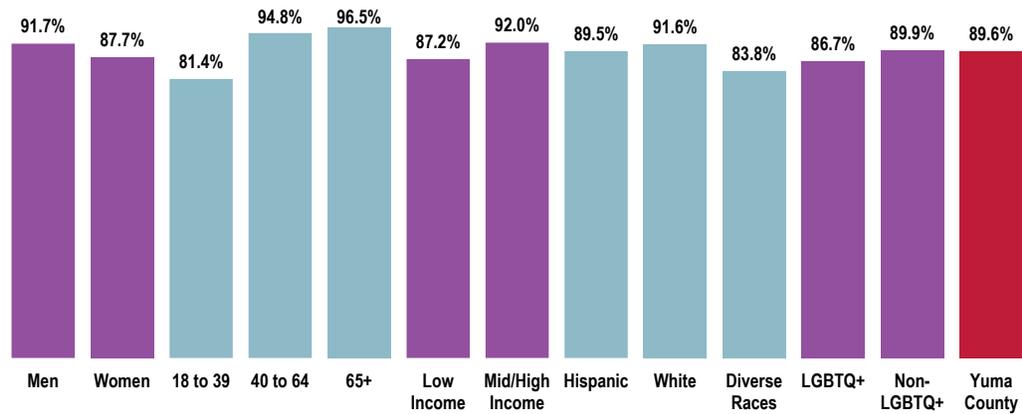
Present One or More Cardiovascular Risks or Behaviors



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 131]
 • 2020 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, 2022)

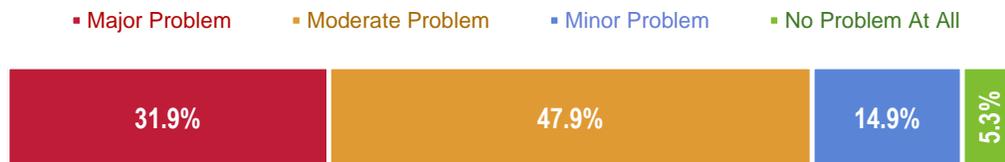


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 131]
 Notes: • Reflects all respondents.
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Key Informant Input: Heart Disease & Stroke

Key informants taking part in an online survey most often 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, 2022)



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

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

Incidence/Prevalence

Number one killer in USA, and we are no exception. – Business Leader

Heart disease continues to be a major cause of disabilities. – Health Care Provider

Hypertension is one of our company's top five medical conditions by services rendered and cost of claims. – Business Leader

Heart disease. – Government Representative

Heart disease and stroke are a major problem in every community. In addition, being the size community we are, these are something that should be handled locally rather than needing to fly to Phoenix. – Business Leader

Obesity

There is a lot of obesity in our community. We need to teach people better ways to take care of themselves. – Health Care Provider



Due to growth in obesity, we see additional individuals that encounter heart diseases/strokes. – Government Representative

We have an overly obese population, so heart disease and strokes are prevalent. – Community Leader

Access to Care/Services

There is not enough availability of cardiologists and associated care providers. The community has a high incidence of heart disease and stroke. – Community Leader

Limited neurology for stroke patients. AHA recommends Inpatient Rehab for stroke patients and some are going to nursing home rather than rehab. – Health Care Provider

Aging Population

We have a large number of seniors in our community. Poor eating habits of many in the community. High illegal drug usage. – Government Representative

Aging population and we do not have a variety of service. – Educator

Co-Occurrences

Chronic diseases like DM and HTN, age, diet, lack of regular activity. – Health Care Provider

Exacerbated by the high cases of diabetes as well as dietary issues within ethnic groups. – Health Care Provider

Diagnosis/Treatment

Undiagnosed or untreated hypertension and cholesterol. – Public Health Representative

Again, I think it is the lack of proper patient care, education. So many people are overweight and can't afford healthcare. – Government Representative

Lack of Providers

Not enough doctors. – Social Services Provider

Heart disease is high, limited doctors. – Community Leader

Nutrition

Poor nutrition, untreated diabetes. – Social Services Provider

Diet and lack of exercise. – Educator

Awareness/Education

The lack of things to promote how or what you can do to live a healthy lifestyle is evident. Obesity and chronic illness are evident in our community. – Community Leader



CANCER

ABOUT CANCER

Cancer is the second leading cause of death in the United States. ...The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

– Healthy People 2030 (<https://health.gov/healthypeople>)

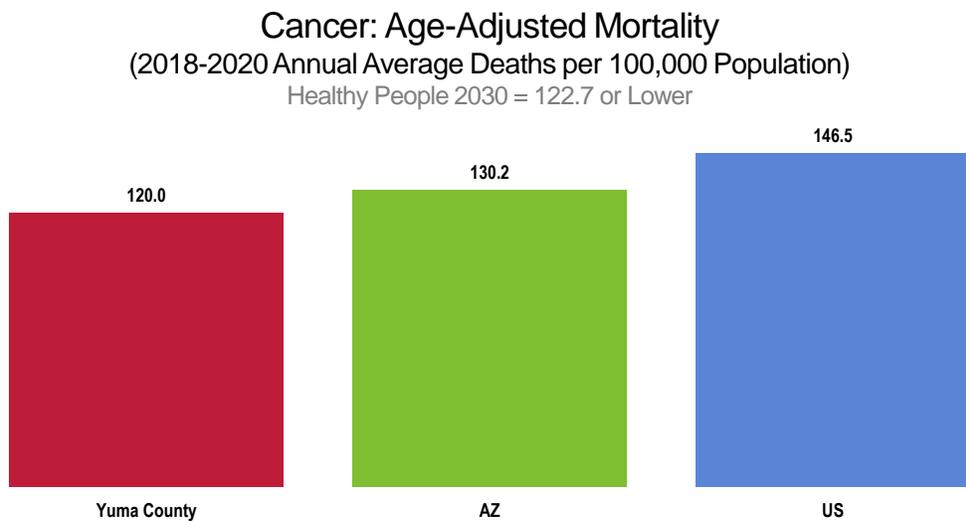
Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2018 and 2020, there was an annual average age-adjusted cancer mortality rate of 120.0 deaths per 100,000 population in Yuma County.

BENCHMARK ▶ Lower than the US rate. Satisfies the Healthy People 2030 objective.

DISPARITY ▶ Higher among White residents.

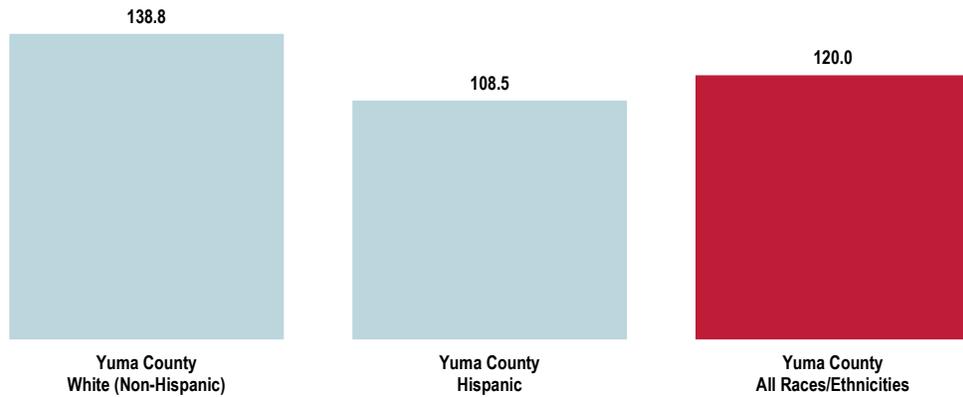


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2022.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



Cancer: Age-Adjusted Mortality by Race (2018-2020 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 122.7 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 2022.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Cancer: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 122.7 or Lower



| | 2011-2013 | 2012-2014 | 2013-2015 | 2014-2016 | 2015-2017 | 2016-2018 | 2017-2019 | 2018-2020 |
|---------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| — Yuma County | 122.2 | 119.3 | 118.3 | 114.7 | 111.5 | 115.8 | 117.5 | 120.0 |
| — AZ | 148.0 | 146.1 | 143.7 | 140.3 | 138.0 | 134.8 | 132.9 | 130.2 |
| — US | 171.5 | 168.0 | 160.1 | 157.6 | 155.6 | 152.5 | 149.3 | 146.5 |

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 2022.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Cancer Deaths by Site

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

Other leading sites include prostate cancer, female breast cancer, and colorectal cancer (both sexes).

BENCHMARK

Lung Cancer ▶ Lower than the national rate. Similar to the Healthy People 2030 objective.

Prostate Cancer ▶ Lower than both state and national rates. Satisfies the Healthy People 2030 objective.

Female Breast Cancer ▶ Lower than both state and national rates. Similar to the Healthy People 2030 objective.



Colorectal Cancer ► Lower than both state and national rates. Similar to the Healthy People 2030 objective.

Age-Adjusted Cancer Death Rates by Site (2018-2020 Annual Average Deaths per 100,000 Population)

| | Yuma County | AZ | US | HP2030 |
|-----------------------------|--------------|--------------|--------------|--------------|
| ALL CANCERS | 120.0 | 130.2 | 146.5 | 122.7 |
| Lung Cancer | 22.8 | 26.2 | 33.4 | 25.1 |
| Prostate Cancer | 14.6 | 17.0 | 18.5 | 16.9 |
| Female Breast Cancer | 14.4 | 17.7 | 19.4 | 15.3 |
| Colorectal Cancer | 9.7 | 12.2 | 13.1 | 8.9 |

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 2022.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Cancer Incidence

“Incidence rate” or “case rate” is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted. It is usually expressed as cases per 100,000 population per year.

The highest cancer incidence rates are for female breast cancer and prostate cancer.

BENCHMARK

Female Breast Cancer ► Lower than both state and national rates.

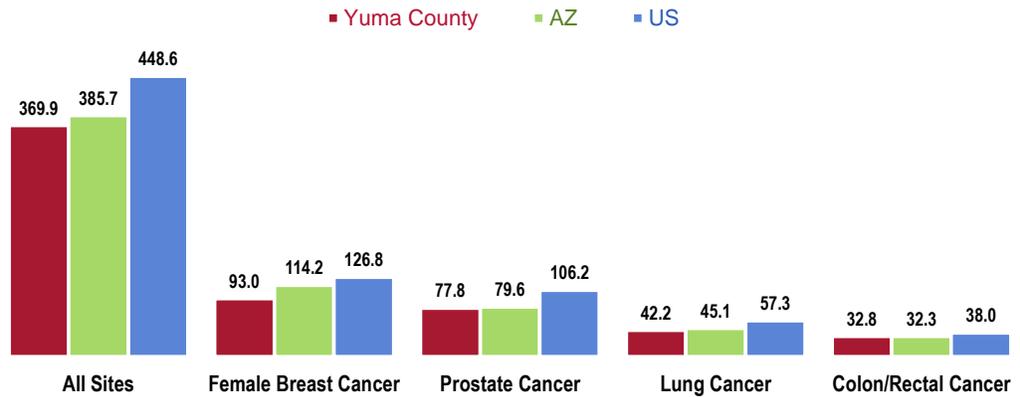
Prostate Cancer ► Lower than the national rate.

Lung Cancer ► Lower than the national rate.

Colorectal Cancer ► Lower than the national rate.



Cancer Incidence Rates by Site (Annual Average Age-Adjusted Incidence per 100,000 Population, 2014-2018)



Sources: • State Cancer Profiles.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2022 via SparkMap (sparkmap.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.

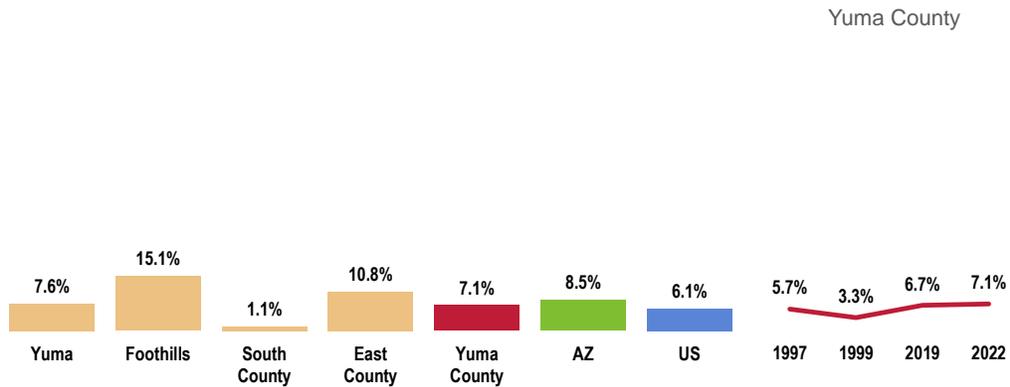
Prevalence of Cancer

Skin Cancer

A total of 7.1% of surveyed Yuma County adults report having been diagnosed with skin cancer.

DISPARITY ► Higher in the Foothills area.

Prevalence of Skin Cancer



Sources: • 2022 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): 2020 Arizona data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.



Other Cancers

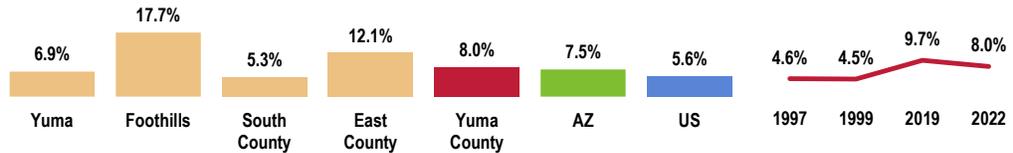
A total of 8.0% of survey respondents have been diagnosed with some type of (non-skin) cancer.

TREND ► Denotes a significant increase over time.

DISPARITY ► Higher in the Foothills area.

Prevalence of Cancer (Other Than Skin Cancer)

Yuma County



Sources: • 2022 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): 2020 Arizona data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

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

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



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/HPV testing); and colorectal cancer (colonoscopy/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) recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

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, 76.2% have had a mammogram within the past 2 years.

BENCHMARK ▶ Similar to the Healthy People 2030 objective.

Among Yuma County women age 21 to 65, 60.0% have had appropriate cervical cancer screening.

BENCHMARK ▶ Less favorable than state and national percentages. Fails to satisfy the Healthy People 2030 objective.

TREND ▶ Marks a significant decrease since 2019.

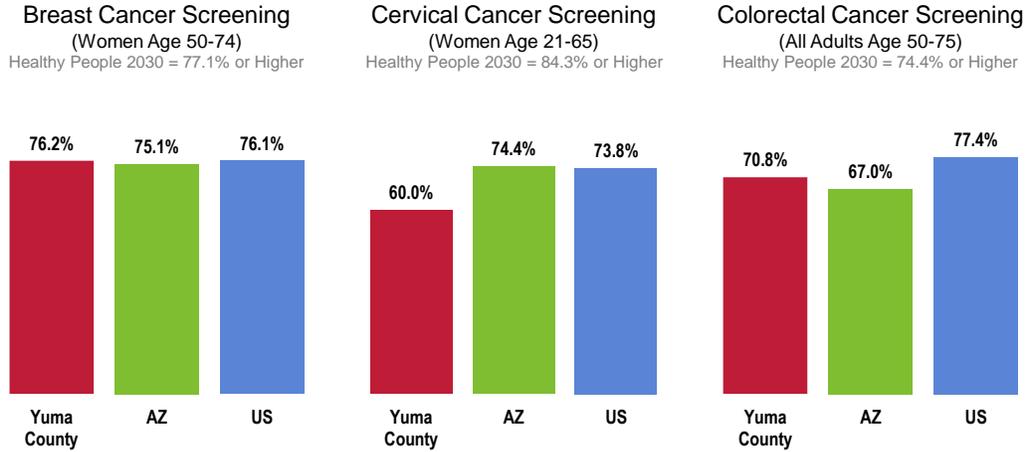
“Appropriate cervical cancer screening” includes Pap smear testing (cervical cytology) every three years in women age 21 to 65.



Among all adults age 50-75, 70.8% have had appropriate colorectal cancer screening.

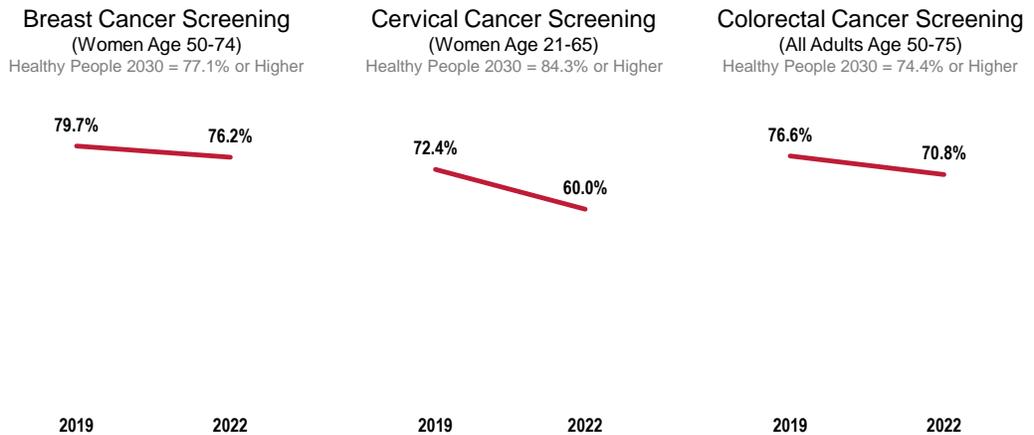
BENCHMARK ▶ Less favorable than the US percentage. Similar to the Healthy People 2030 objective.

“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.



Sources: • 2022 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): 2020 Arizona data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

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



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 133-134, 137]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

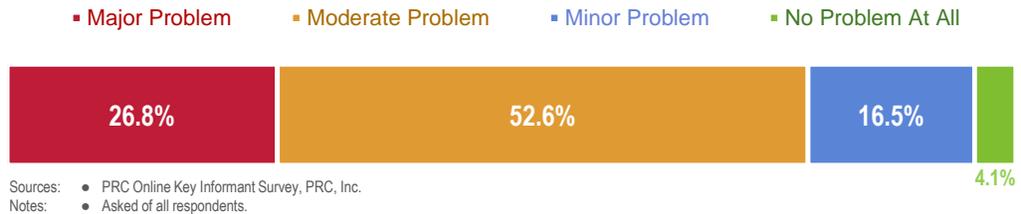
Notes: • Each indicator is shown among the gender and/or age group specified.



Key Informant Input: Cancer

The greatest share of key informants taking part in an online survey characterized **Cancer** as a “moderate problem” in the community.

Perceptions of Cancer as a Problem in the Community (Key Informants, 2022)



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

Incidence/Prevalence

Cancer touches almost every family in one way or another. It's a diagnosis given all too often, and it's scary as heck. – Community Leader

It feels like this is a disease that hits hard regularly. In addition, due to limited services, it is expensive. – Educator

The number of cancer diagnoses in our community is significant, particularly with pediatric cancers and breast cancer. I believe that lifestyle plays a role however, I am wondering about environmental factors as well. It's ironic, for example, that I know two people who died from Adrenocortical Carcinoma (very rare cancer occurring in 1/1,000,000 people per year. The two individuals both lived near one another and grew up together in the Yuma valley, one male and one female. Currently, I know at least 20 cases of pediatric cancers including Ewings sarcoma, leukemias, neuroblastomas, germ cell, testicular cancer, etc. I am no research scientist but do think that those are significant numbers given the size of our community. Most of these families seek treatment outside of Yuma and this places a significant burden on the families. – Social Services Provider

Cancer touches every single person as we age. If we don't have it now, we will. Good lifestyle choices help prevent it and close health management to detect it early is advantageous. I see our community is feeling the effects of Cancer widely. It is a difficult diagnosis to find at times and early detection can save lives. How to solve this complex issue is as unique as the individual cases it impacts. We are a small town impacted by demographics. The average person is over 55. The prevalence of cancer seems more likely. The municipality has been impacted greatly by the difficult economic trends. It is a real issue that may be wanting to start to bring support to. Without funding or staff, it would be difficult. – Government Representative

Cancer is a major health concern across the country, and I don't believe cancer is any less a problem in Yuma. – Government Representative

I believe our health care providers are better at diagnosing cancer sooner. As a result, we have discovered a larger number of cancer patients. YRMC Cancer Center is doing a great job. Perhaps I'm just aware of a large number of cancer patients. – Government Representative

Many employees and family members afflicted. – Business Leader

High rates of cancer and limited screening for some populations. – Educator

My mom died of cancer, she agonized for five years because she does not have the right attention. Her appointments were too separated so that cancer keeps growing. Poor health service and insensitivity to community needs. – Social Services Provider

From what I have gathered, there seems to be a larger than normal amount of cancers in our areas. For example, there are a number of US Border Patrol agents who have gotten brain cancer in particular. We also have a number of children who have been diagnosed with different cancers, particularly leukemia. A number of these children have died from it. It's concerning with our small(ish) population and the number of diagnoses. – Educator

Cancer runs prevalent in our community. Pediatric cancer is a problem in our community. The hospital has been working diligently to address pediatric cancer patient issues as these patients are not treated in Yuma. – Community Leader



The number of individuals resulting to cancer has increased in the last five years. Yuma County needs additional resources (medical providers, diagnostics etc.) to offer to the community in order for individuals not having to travel to larger cities for services. – Government Representative

The incidence of patients presenting with stage IV cancer is high. Patients need to engage in preventive and wellness care. Many patients wait until their health condition is causing several symptoms and unfortunately sometimes treatment options are limited as a result. There is a fear of health care costs. – Health Care Provider

Access to Care/Services

There are many cancer patients that travel outside of Yuma for care. I believe the cancer center we have is a great place to receive care, however certain types and services patient leave town for. Especially pediatric oncology. – Health Care Provider

Many people are traveling out of town or state for preferred care not receiving in Yuma. – Health Care Provider

There are no cancer resources for children and minimal options for adults. – Social Services Provider

Environmental Contributors

We have many agricultural workers that have no insurance, therefore, by the time they are diagnosed it is usually too late. Healthcare is not accessible to all. – Health Care Provider

Yuma is surrounded by agricultural canals and fields which carry pesticides and fertilizers through water and air. The communities which are closer to these agricultural areas or those who've worked in the agricultural sectors appear to have an increased incidence of cancer-related issues. – Health Care Provider

Lack of Providers

We lack specialties for pediatric and for surgical procedures. We are state of the art in treatment for adults, and everyone is very satisfied with that service line. – Health Care Provider

Not enough providers, lack of treatment centers. Centers are overloaded when winter visitors come. Experts in the field. Monopoly. – Community Leader

Pediatric Cancer Incidence

Juvenile cancer is a major problem per capita in our community, as is cancer in general. – Business Leader

I see several youth cases come and go in the community more rapid than adults. I see the progression in cases vs. adult, but I don't have the numbers to tell if my belief is correct. It more of visual belief from community forums that I have attended. – Social Services Provider

Diagnosis/Treatment

Cost affordability and easy access to early detection. – Health Care Provider

There are many people who wait until it is too late in order for them to get checked. – Health Care Provider



RESPIRATORY DISEASE

ABOUT RESPIRATORY DISEASE

Respiratory diseases affect millions of people in the United States. ...More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

Interventions tailored to at-risk groups can also help prevent and treat other respiratory diseases — for example, pneumonia in older adults and pneumoconiosis in coal miners. And increasing lung cancer screening rates can help reduce deaths from lung cancer through early detection and treatment.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Age-Adjusted Respiratory Disease Deaths

Chronic Lower Respiratory Disease Deaths (CLRD)

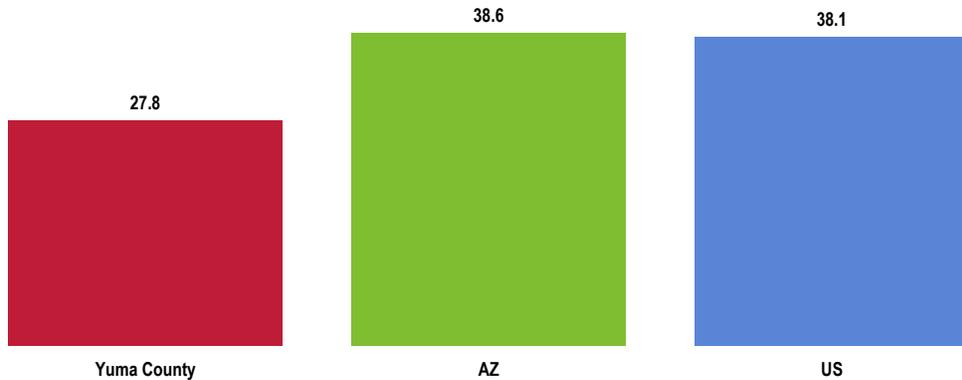
Between 2018 and 2020, there was an annual average age-adjusted CLRD mortality rate of 27.8 deaths per 100,000 population in Yuma County.

BENCHMARK ▶ More favorable than state and national rates.

TREND ▶ Decreasing significantly to the lowest rate recorded in the past decade.

DISPARITY ▶ Considerably higher among White residents.

CLRD: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)

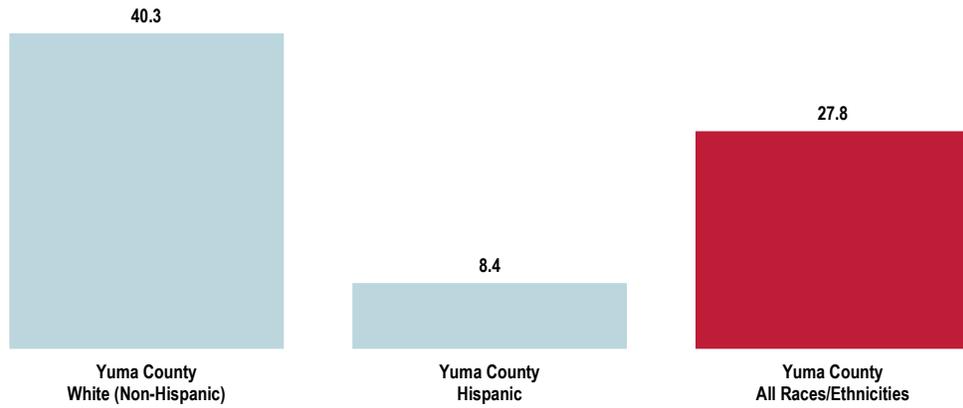


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2022.

Notes: • CLRD is chronic lower respiratory disease.



CLRD: Age-Adjusted Mortality by Race (2018-2020 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 2022.
Notes: • CLRD is chronic lower respiratory disease.

CLRD: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



| | 2011-2013 | 2012-2014 | 2013-2015 | 2014-2016 | 2015-2017 | 2016-2018 | 2017-2019 | 2018-2020 |
|-------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Yuma County | 43.7 | 40.1 | 36.7 | 33.6 | 32.9 | 30.6 | 31.1 | 27.8 |
| AZ | 43.9 | 43.1 | 43.2 | 43.2 | 43.3 | 42.5 | 40.7 | 38.6 |
| US | 46.5 | 46.2 | 41.8 | 41.3 | 41.0 | 40.4 | 39.6 | 38.1 |

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 2022.
Notes: • CLRD is chronic lower respiratory disease.



Pneumonia/Influenza Deaths

ABOUT INFLUENZA & PNEUMONIA

Influenza (flu) is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness. Serious outcomes of flu infection can result in hospitalization or death. Some people, such as older people, young children, and people with certain health conditions, are at high risk of serious flu complications. There are two main types of influenza (flu) virus: Types A and B. The influenza A and B viruses that routinely spread in people (human influenza viruses) are responsible for seasonal flu epidemics each year. The best way to prevent flu is by getting vaccinated each year.

Pneumonia is an infection of the lungs that can cause mild to severe illness in people of all ages. Depending on the cause, doctors often treat pneumonia with medicine. In addition, vaccines can prevent some types of pneumonia. However, it is still the leading infectious cause of death in children younger than 5 years old worldwide. Common signs of pneumonia include cough, fever, and difficulty breathing. You can help prevent pneumonia and other respiratory infections by following good hygiene practices. These practices include washing your hands regularly and disinfecting frequently touched surfaces. Making healthy choices, like quitting smoking and managing ongoing medical conditions, can also help prevent pneumonia.

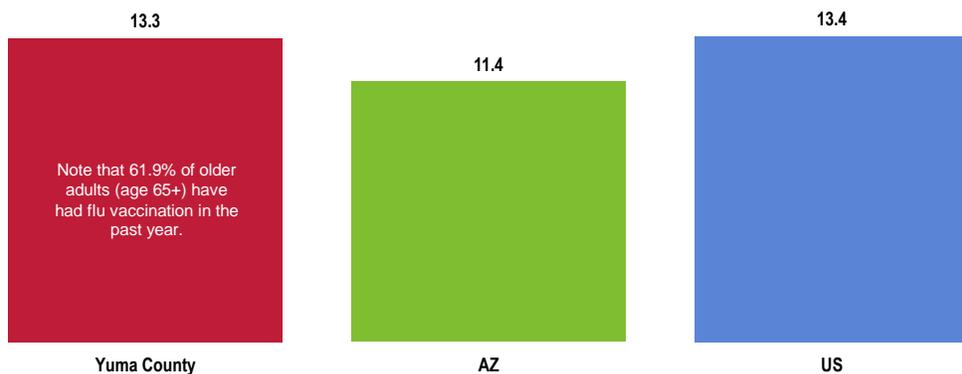
Vaccines help prevent pneumococcal disease, which is any type of illness caused by *Streptococcus pneumoniae* bacteria.

– Centers for Disease Control and Prevention (CDC – www.cdc.gov)

Between 2018 and 2020, Yuma County reported an annual average age-adjusted pneumonia/ influenza mortality rate of 13.3 deaths per 100,000 population.

TREND ► Decreasing significantly to the lowest rate recorded in the past decade.

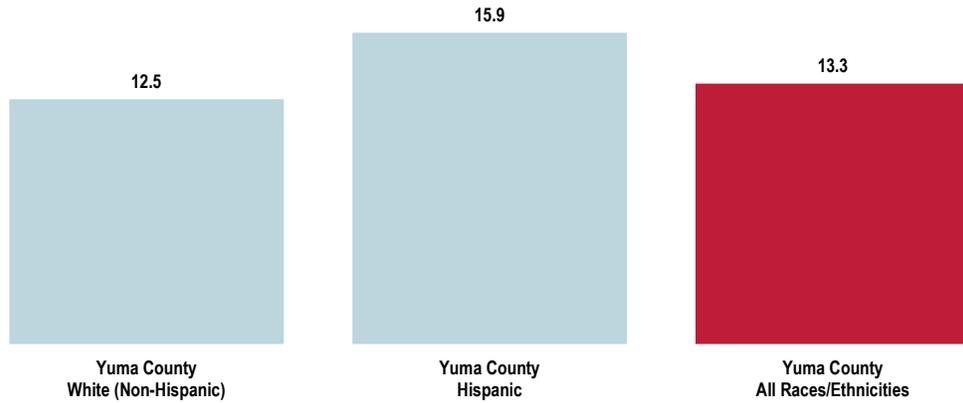
Pneumonia/Influenza: Age-Adjusted Mortality (2018-2020 Annual Average Deaths per 100,000 Population)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 108]
• CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2022.

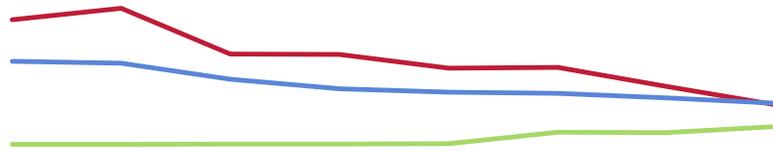


Pneumonia/Influenza: Age-Adjusted Mortality by Race (2018-2020 Annual Average Deaths per 100,000 Population)



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 2022.

Pneumonia/Influenza: Age-Adjusted Mortality Trends (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 2022.



Prevalence of Respiratory Disease

Asthma

Adults

A total of 8.3% of Yuma County adults currently suffer from asthma.

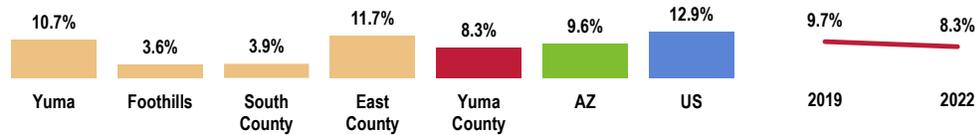
BENCHMARK ▶ More favorable than the national percentage.

DISPARITY ▶ Higher in Yuma and East County. More prevalent among female respondents.

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

Prevalence of Asthma

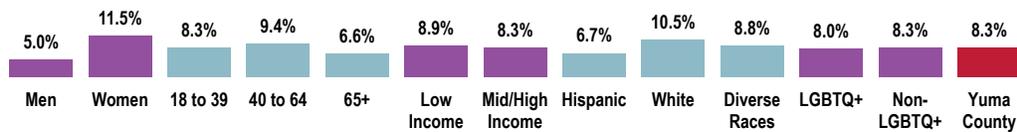
Yuma County



Sources: • 2022 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): 2020 Arizona data.
 • 2020 PRC National Health Survey, PRC, Inc.

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

Prevalence of Asthma (Yuma County, 2022)



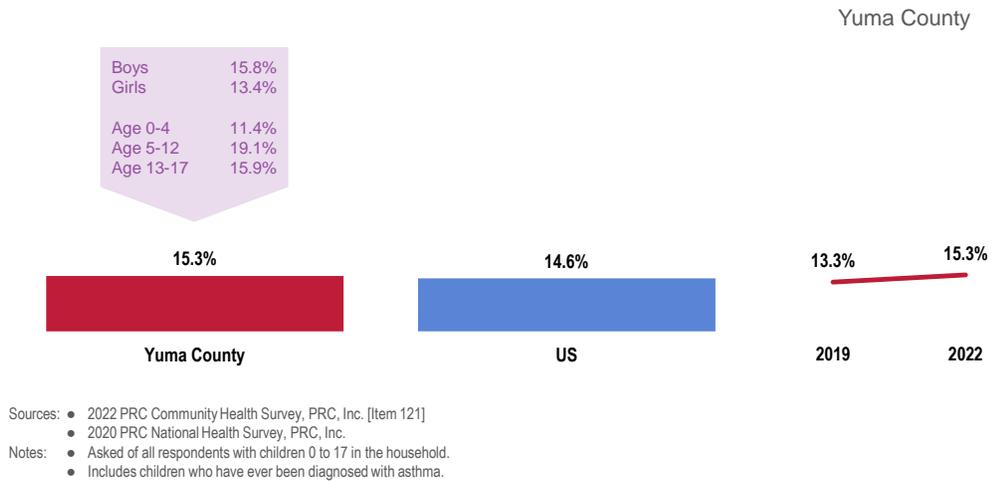
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 138]
 Notes: • Asked of all respondents.
 • Includes those who have ever been diagnosed with asthma and report that they still have asthma.



Children

Among Yuma County children under age 18, 15.3% ever have been told by a health professional that they have asthma.

Child Ever Diagnosed With Asthma (Parents of Children Age 0-17)



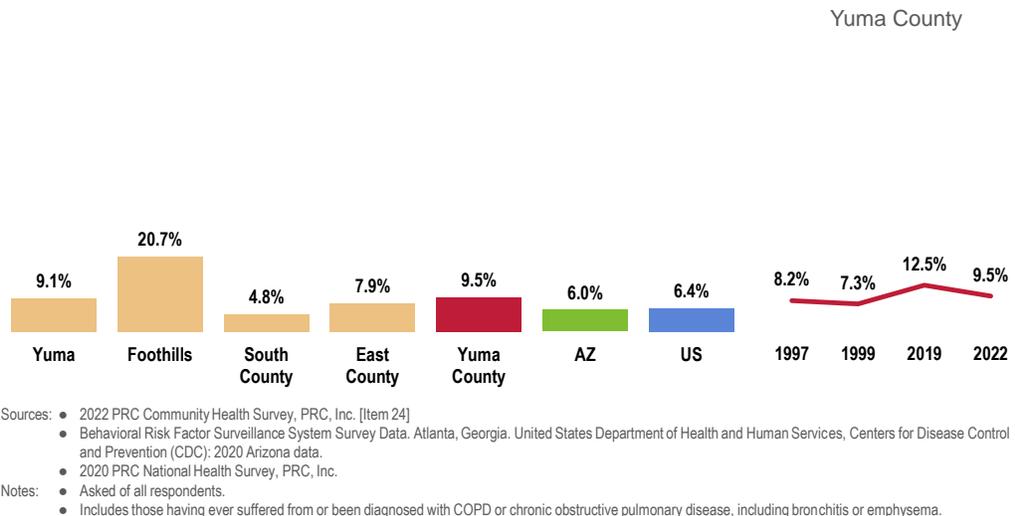
Chronic Obstructive Pulmonary Disease (COPD)

A total of 9.5% of Yuma County adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

BENCHMARK ▶ Higher than found across the state and nation.

DISPARITY ▶ Highest in the Foothills area.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



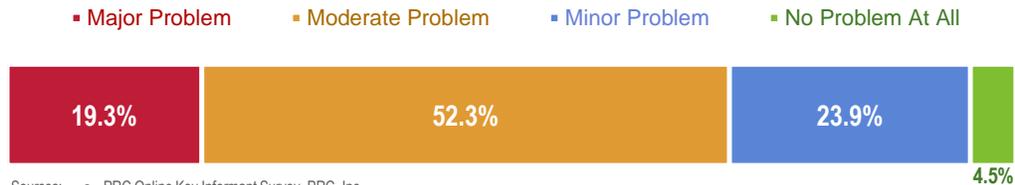
Note: COPD includes lung diseases such as emphysema and chronic bronchitis.



Key Informant Input: Respiratory Disease

The greatest share of 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, 2022)



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

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

Environmental Contributors

- Air quality is poor. – Health Care Provider
- Air quality. – Government Representative
- Many with allergies and the growing area that we are in leads to these diseases. – Business Leader
- The community we live in, desert. Agricultural pesticides, air quality, crop dusting. – Community Leader
- Many people with respiratory diseases are advised to move from other parts of the country to the desert because it is deemed healthier than where they came from. We live in an area of concentrated agriculture where a lot of aerial spraying of chemicals impacts the quality of our air. – Community Leader
- Poor air quality, dusty, hot air. – Health Care Provider

Lack of Providers

- Very few pulmonologists to manage population. – Health Care Provider
- Limited providers to cover the respiratory needs of community patients. Long appointment wait times. – Health Care Provider

Tobacco Use

- I believe that patients in Yuma suffer from diseases due to smoking and the use of pesticides in our agricultural community. Patients are also susceptible to respiratory disease from childhood or elderly respiratory issues from the lack of vaccinations. – Health Care Provider
- Smoking related. – Health Care Provider

Access to Care/Services

- Very few options. – Social Services Provider

Incidence/Prevalence

- High incidence of asthma in children. – Health Care Provider

Lifestyle

- Diet and lack of exercise. – Educator



Coronavirus Disease/COVID-19

In 2020, Yuma County reported an annual average age-adjusted Coronavirus Disease/COVID-19 mortality rate of 190.3 deaths per 100,000 population.

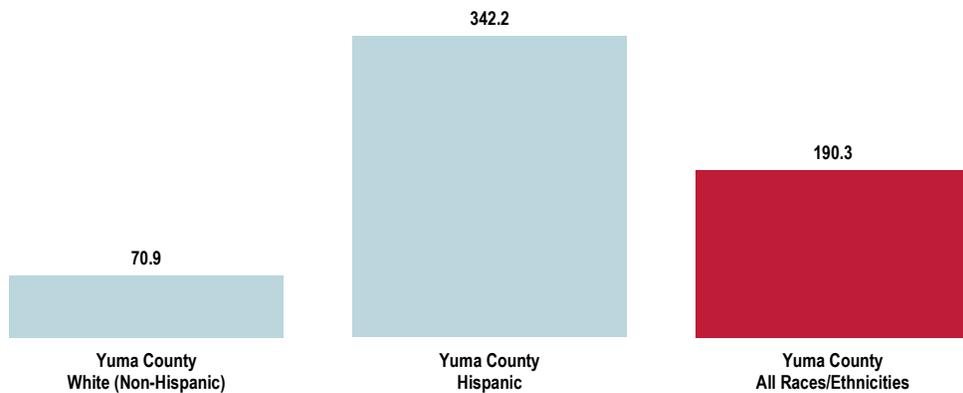
- BENCHMARK ▶ Considerably higher than found across the state and nation.
- BENCHMARK ▶ Much higher among Hispanic residents.

COVID-19: Age-Adjusted Mortality
(2020 Age-Adjusted 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 2022.

COVID-19: Age-Adjusted Mortality
(2020 Age-Adjusted Deaths per 100,000 Population)



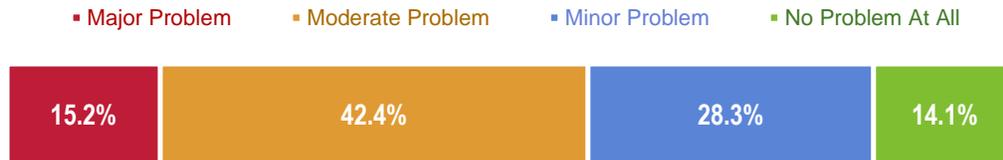
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2022.



Key Informant Input: Coronavirus Disease/COVID-19

Key informants taking part in an online survey generally characterized *Coronavirus Disease/COVID-19* as a “moderate problem” in the community.

Perceptions of Coronavirus Disease/COVID-19 as a Problem in the Community (Key Informants, 2022)



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

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

Lack of Adherence to Public Health Mitigation Measures

It is a problem in that it is highly contagious and airborne. We must be conscious and careful to maintain social distancing and wear masks in public places. – Government Representative

When people, business and community in general don't follow prevention protocols and down the guard. – Social Services Provider

This is a nationwide problem not just here. I'm sure there are a dozen reasons. Mask wear, vaccination/boosters. Large gatherings. – Government Representative

No one took it seriously; people that did consider it stopped at one shot. Even when sick people still went to events and got others sick, there was a general attitude around it that made it far worse. – Community Leader

I believe that this issue is currently being a major problem throughout our country. A number of individuals are not accepting the fact that the injections are the safe approach to this disease. – Health Care Provider

Incidence/Prevalence

The spread throughout the community continues to be continues with uptake cycles. – Health Care Provider

Continues to spike off and on. – Health Care Provider

We had some of the highest numbers in the country and had one of the highest numbers of death. – Health Care Provider

Diagnosis/Treatment

There is diagnosis and the inconsistencies on how to treat this flu – it is affecting the climate of business and the ability to recovery from the loss this past two years. The ability to properly address and assess what needs to be done in a consistent matter, although it is understood every person/patient is uniquely different. – Community Leader

Since the availability of home tests, or the "feeling of we need to get used to it like the flu" positivity rates may appear as being less, but in reality, are climbing. Healthcare providers and others have made it more difficult to obtain tests with short hours and unrealistic hours. – Health Care Provider

How to treat the patients and what medications need to be given. – Health Care Provider

Impact on Quality of Life

Disrupts daily routines. – Business Leader

The pandemic has ever changed our community and the way we operate in community. What this looks like moving forward is unclear and scary to many residents. The isolation and loneliness effects are far-reaching and disproportionately impacted the elderly, disabled, and minority populations. The economic impact has touched everyone in the community, as well. COVID-19 has and will continue to impact health, mental health, chronic disease, and our social environments. – Social Services Provider

Employers are no longer willing to acknowledge the danger and people are still working, even though they may be infected. – Community Leader



INJURY & VIOLENCE

ABOUT INJURY & VIOLENCE

INJURY ► In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. ...Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

VIOLENCE ► Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. ...Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Between 2018 and 2020, there was an annual average age-adjusted unintentional injury mortality rate of 49.4 deaths per 100,000 population in Yuma County.

BENCHMARK ► More favorable than the Arizona rate.

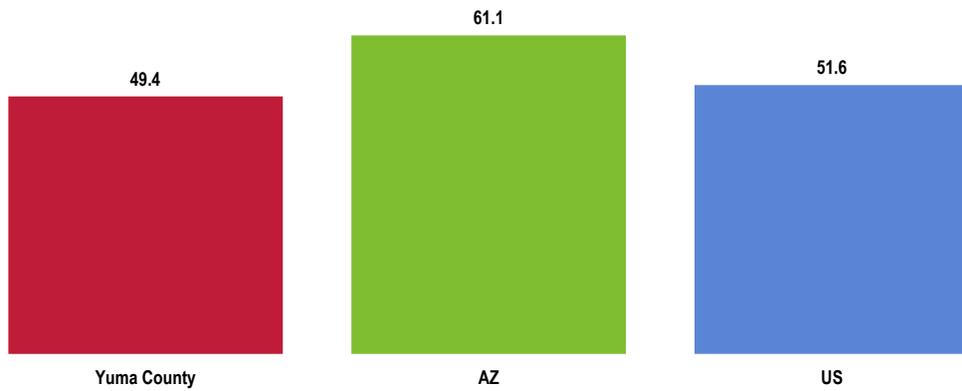
TREND ► Increasing significantly to the highest rate recorded in the past decade.

DISPARITY ► Higher among White residents.



Unintentional Injuries: Age-Adjusted Mortality (2018-2020 Annual Average Deaths per 100,000 Population)

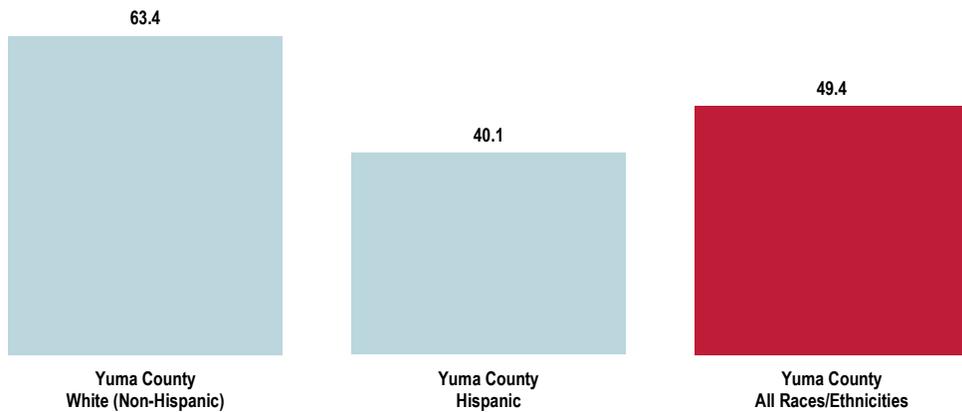
Healthy People 2030 = 43.2 or Lower



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 2022.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Unintentional Injuries: Age-Adjusted Mortality by Race (2018-2020 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 43.2 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 2022.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



Unintentional Injuries: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 43.2 or Lower



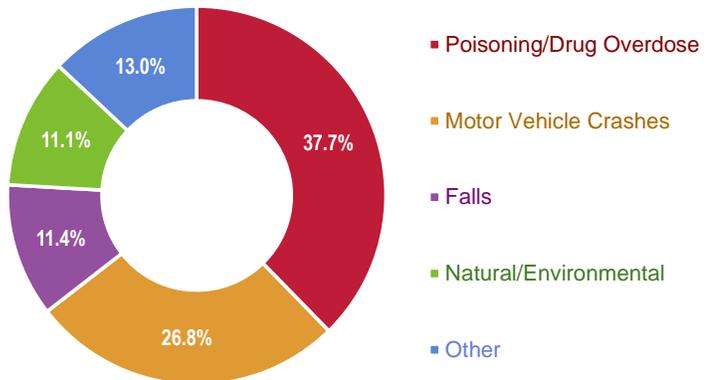
| | 2011-2013 | 2012-2014 | 2013-2015 | 2014-2016 | 2015-2017 | 2016-2018 | 2017-2019 | 2018-2020 |
|---------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| — Yuma County | 39.8 | 42.4 | 41.2 | 44.0 | 43.1 | 43.4 | 43.0 | 49.4 |
| — AZ | 46.8 | 46.9 | 48.3 | 50.1 | 53.2 | 55.3 | 56.8 | 61.1 |
| — US | 41.9 | 43.3 | 41.9 | 44.6 | 46.7 | 48.3 | 48.9 | 51.6 |

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 2022.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Leading Causes of Unintentional Injury Deaths

Poisoning (including unintentional drug overdose), motor vehicle crashes, falls, and natural/environmental causes accounted for most unintentional injury deaths in Yuma County between 2018 and 2020.

Leading Causes of Unintentional Injury Deaths (Yuma County, 2018-2020)



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 2022.

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



Intentional Injury (Violence)

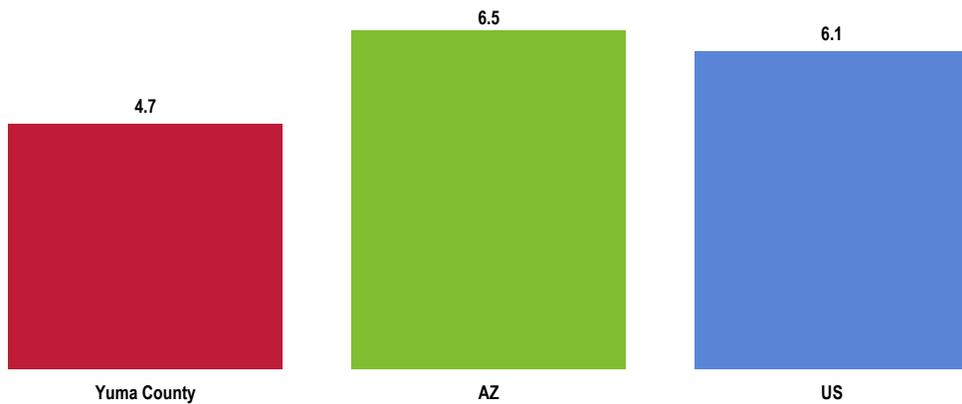
Age-Adjusted Homicide Deaths

In Yuma County, there were 4.7 homicides per 100,000 population (2018-2020 annual average age-adjusted rate).

BENCHMARK ▶ Lower than state and US rates. Satisfies the Healthy People 2030 objective.

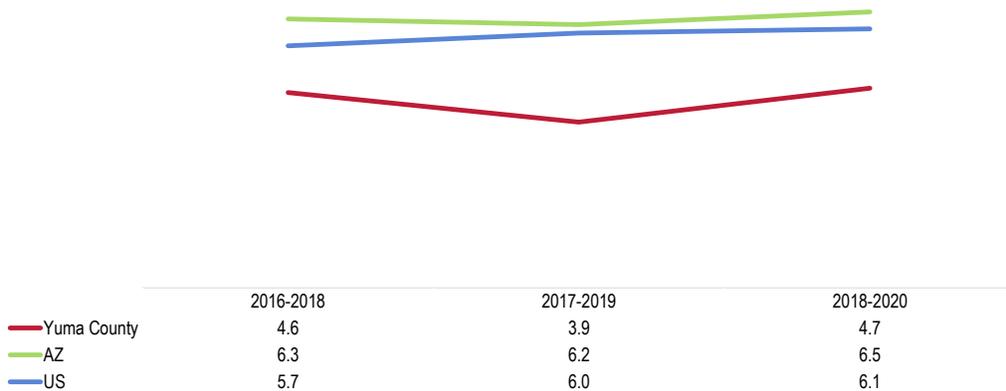
RELATED ISSUE
See also *Mental Health (Suicide)* in the **General Health Status** section of this report.

Homicide: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 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 2022.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Homicide: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 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 2022.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



Violent Crime

Violent Crime Rates

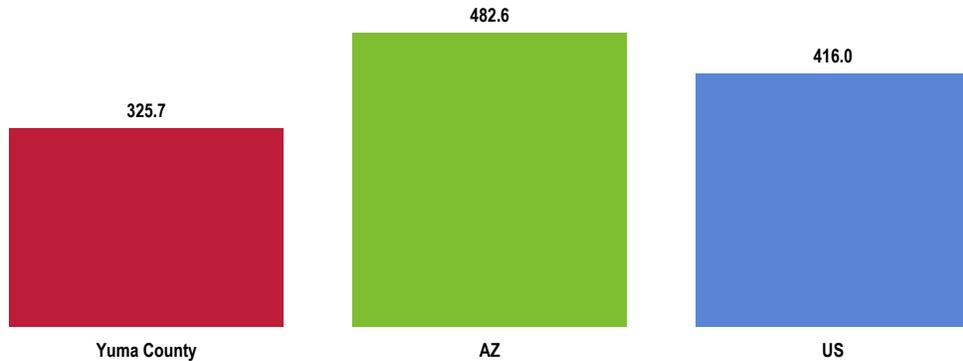
From 2015 to 2017, there were a reported 325.7 violent crimes per 100,000 population in Yuma County.

BENCHMARK ▶ Lower than found across the state and nation.

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.

Violent Crime
(Rate per 100,000 Population, 2015-2017)



- Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2022 via SparkMap (sparkmap.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

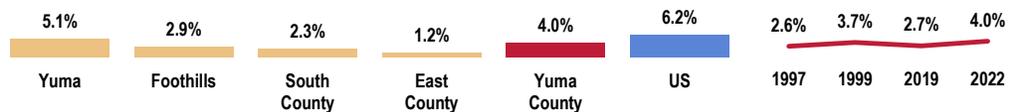
A total of 4.0% of surveyed Yuma County adults acknowledge being the victim of a violent crime in the area in the past five years.

BENCHMARK ▶ Lower than the US finding.

DISPARITY ▶ Highest in Yuma. More often reported among adults age 18 to 39, lower-income respondents, and residents of diverse races.

Victim of a Violent Crime in the Past Five Years

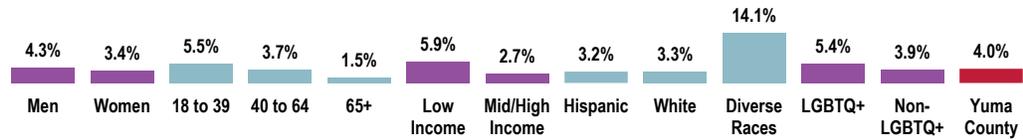
Yuma County



- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 46]
 - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.



Victim of a Violent Crime in the Past Five Years (Yuma County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 46]
Notes: • Asked of all respondents.

Intimate Partner Violence

A total of 17.3% of Yuma County adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

BENCHMARK ► Worse than the national finding.

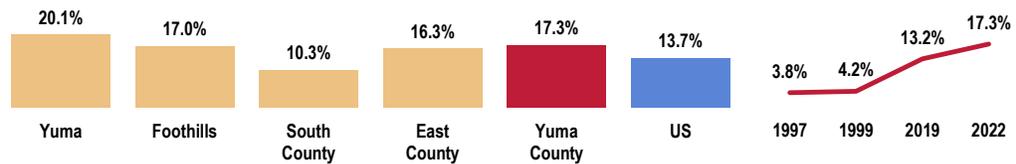
TREND ► Marks a significant increase over time.

DISPARITY ► Highest in Yuma.

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."

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

Yuma County



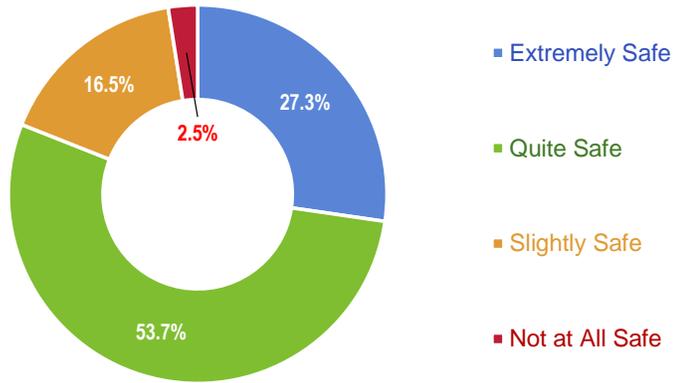
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 47]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Perceived Neighborhood Safety

Most Yuma County adults consider their own neighborhoods to be “extremely safe” or “quite safe.”

Perceived Safety of Own Neighborhood
(Yuma County, 2022)



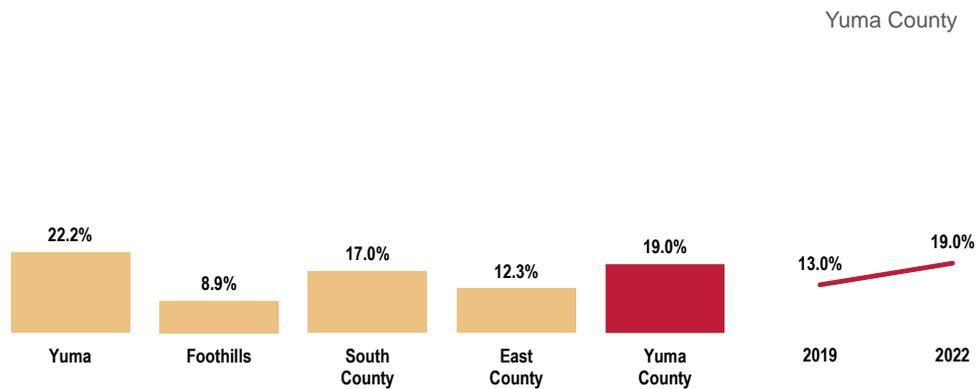
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 304]
Notes: • Asked of all respondents.

However, 19.0% consider their neighborhood to be only “slightly safe” or “not at all safe.”

TREND ► Represents a significant increase since 2019.

DISPARITY ► Highest in Yuma. More often reported among adults younger than 65 and among lower-income adults.

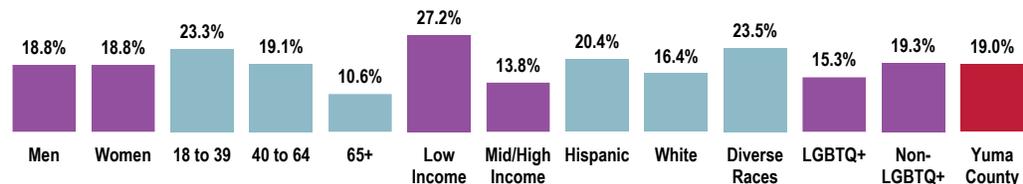
Perceive Own Neighborhood as “Slightly” or “Not At All” Safe



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 304]
Notes: • Asked of all respondents.



Perceive Own Neighborhood as “Slightly” or “Not At All” Safe (Yuma County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 304]
Notes: • Asked of all respondents.

Key Informant Input: Injury & Violence

Key informants taking part in an online survey generally characterized *Injury & Violence* as a “moderate problem” in the community.

Perceptions of Injury and Violence as a Problem in the Community (Key Informants, 2022)



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

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

Incidence/Prevalence

The numbers at Amberly’s Place keep climbing and climbing. Soon they won’t be able to assist any more individuals. We need other resources besides Amberly’s. – Community Leader

Increased levels of assaults and homicides within Yuma County, continued increase and level of type of violence. – Health Care Provider

There are daily serious car accidents in our area -- and we sadly have gangs that seem determined to settle disagreements by use of guns. The latter is happening more and more frequently. In the winter when the sand dunes are a popular destination for off-roaders, ATVs, etc., there are times when there are 10s of thousands of out-of-towners camped out and enjoying the dunes. There are frequent serious injuries from collisions and accidents. The victims are brought to our local hospital for treatment. We also have 1000 undocumented immigrants coming across our border with Mexico daily. Sadly, there is violence that is perpetrated on some of these individuals -- and they are brought to our local hospital for treatment – Community Leader

Working with victims of abuse, our monthly data supports that this is a significant issue within our community. Currently, we are up 43% in total numbers of DV victims over this time last year. In addition to injuries related to crime victims, the currently immigration issues and daily influx of people attempting to cross the desert lends itself to many cases of heat related illness, human trafficking, drug overdose etc. – Social Services Provider



Income/Poverty

Poor socioeconomic, border close to Mexico. Drug and addiction issues and guns everywhere. – Health Care Provider

Poverty is painful, and that is a major part of it. However, socioeconomic doesn't limit injury and violence. – Educator

Lack of Providers

Not enough specialists or resources. – Health Care Provider

An orthopedic surgeon for youth. When my son broke his wrist, he had to be seen at Phoenix Children's Hospital because the doctors here didn't treat his exact issue. – Community Leader

Access to Care/Services

I work with victims of domestic violence, child crimes, and youth sex trafficking. I always hear how hard it is to see an officer and get help. – Social Services Provider

Awareness/Education

It is difficult to pinpoint the rise in violence. Could be again lack of guidance and resources. – Health Care Provider

Bullying

Unreported bullying incidents at schools. – Health Care Provider

Domestic/Family Violence

Our numbers go up all the time for domestic violence. Offer the same victim. Not sure how effective prosecution is. Too many deaths due to DV. Only one safe house that has limited space. Lots of gang activity and substance abuse. Low income and housing issues have made more people vulnerable to violence. – Government Representative



DIABETES

ABOUT DIABETES

More than 30 million people in the United States have diabetes, and it's the seventh leading cause of death. ...Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

– Healthy People 2030 (<https://health.gov/healthypeople>)

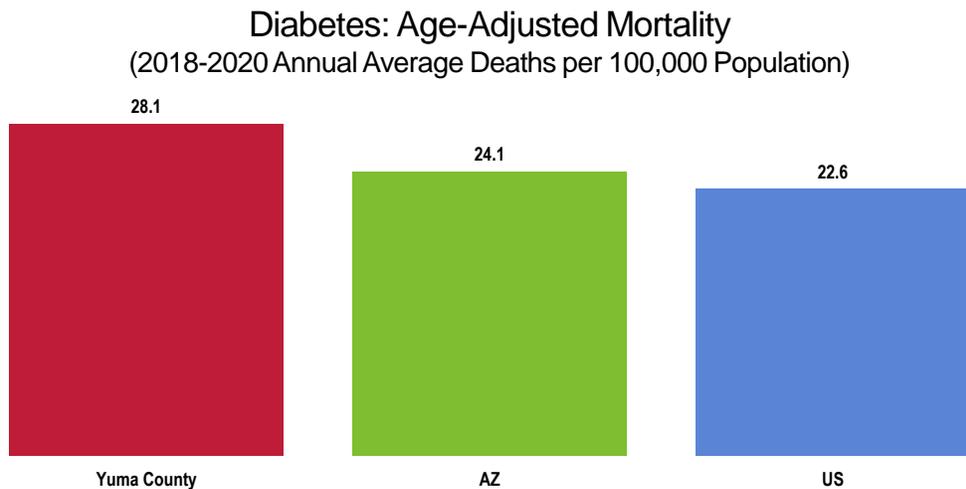
Age-Adjusted Diabetes Deaths

Between 2018 and 2020, there was an annual average age-adjusted diabetes mortality rate of 28.1 deaths per 100,000 population in Yuma County.

BENCHMARK ▶ Less favorable than the US rate.

TREND ▶ Represents a significant decrease over time.

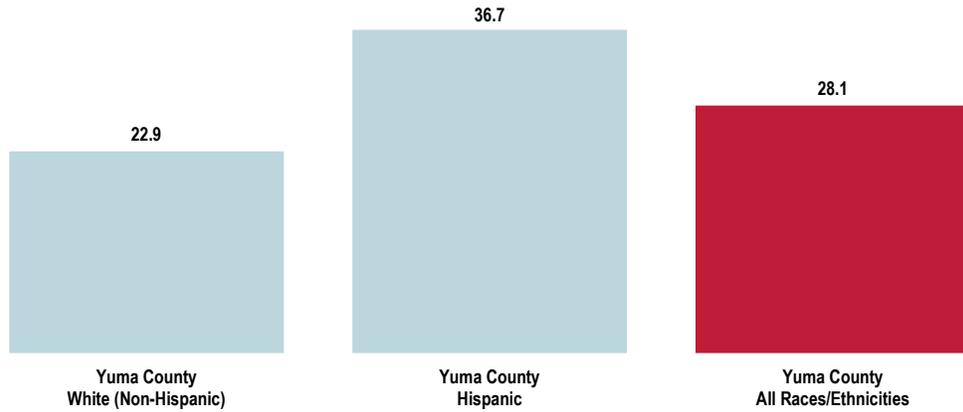
DISPARITY ▶ Higher among Hispanic residents.



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 2022.

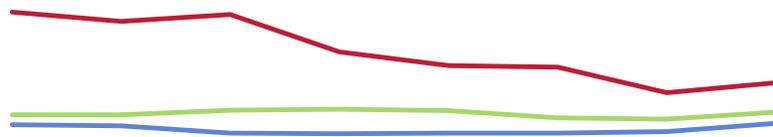


Diabetes: Age-Adjusted Mortality by Race (2018-2020 Annual Average Deaths per 100,000 Population)



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 2022.

Diabetes: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



| | 2011-2013 | 2012-2014 | 2013-2015 | 2014-2016 | 2015-2017 | 2016-2018 | 2017-2019 | 2018-2020 |
|-------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Yuma County | 37.6 | 36.4 | 37.3 | 32.2 | 30.4 | 30.2 | 26.7 | 28.1 |
| AZ | 23.7 | 23.7 | 24.4 | 24.5 | 24.3 | 23.3 | 23.2 | 24.1 |
| US | 22.4 | 22.3 | 21.3 | 21.2 | 21.3 | 21.3 | 21.5 | 22.6 |

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 2022.



Prevalence of Diabetes

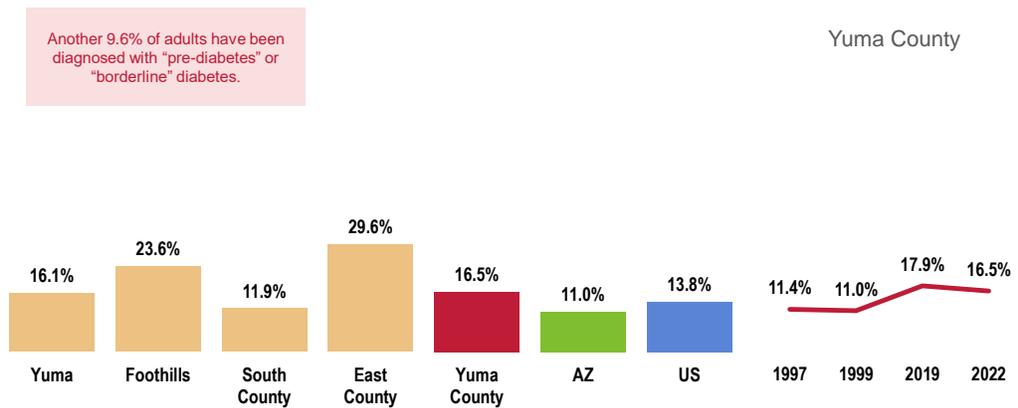
A total of 16.5% of Yuma County adults report having been diagnosed with diabetes.

BENCHMARK ▶ Less favorable than the statewide percentage.

TREND ▶ Denotes a significant increase over time.

DISPARITY ▶ Highest in East County. More prevalent among adults age 40+ and those of diverse races.

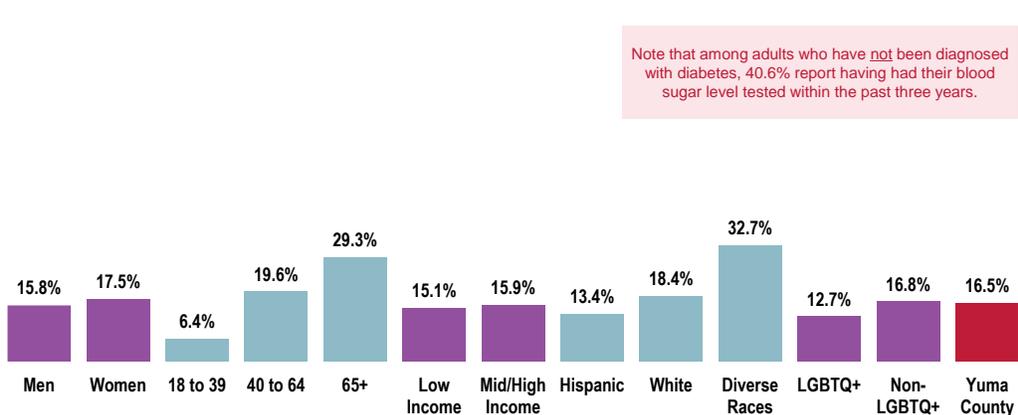
Prevalence of Diabetes



Sources: • 2022 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); 2020 Arizona data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents. Excludes gestational diabetes (occurring only during pregnancy).

Prevalence of Diabetes (Yuma County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 37, 140]
 Notes: • Asked of all respondents.
 • Excludes gestational diabetes (occurring only during pregnancy).



Key Informant Input: Diabetes

Key informants taking part in an online survey most often characterized *Diabetes* as a “major problem” in the community.

Perceptions of Diabetes as a Problem in the Community (Key Informants, 2022)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



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

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

Awareness/Education

- Programs to help the patient live a healthy life and dealing with the issue. – Health Care Provider
- A large percentage of the population is unaware that they are pre diabetic or diabetic. – Public Health Representative
- Not enough dieticians, educators, and group classes etc. Increased cost of medications. – Health Care Provider
- Dietary education, as well as cost of access to medication. – Health Care Provider
- Appropriate nutrition education and dietary needs and assessments. – Social Services Provider
- Lack of education and mental health resources. – Public Health Representative
- Education levels, second language issues. Poor diet. – Educator
- Lack or resources when it comes to education to know about their diagnosis and how to actively participate in it management. No space for exercise safely specially in the summer, without having to pay. – Health Care Provider

Access to Care/Services

- Lifestyle and having access to medication and medical care. Insulin is costly, and many people don't have the ability to pay for it. – Social Services Provider
- Finding health care providers that understand a holistic approach and using both nutritionists along with medicine if needed. – Business Leader
- Not enough counseling services for the prevention and management of diabetes. – Health Care Provider
- Timely access to endocrinologist. Lack of nutrition services. – Health Care Provider
- Access to specialists who treat diabetes and better information regarding diet and exercise. – Health Care Provider

Incidence/Prevalence

- A significant segment of the Yuma County population has issues with diabetes. Preventive health services are necessary to educate the population. – Community Leader
- Diabetes is a major problem in Yuma. There are likely numerous factors at play here, including socioeconomic status for portions of the population, cultural/ethnic/genetic factors, and access to appropriate education. – Health Care Provider
- Everything that I have been able to review shows our community is well above the average for this issue. – Health Care Provider
- Continues to rise. – Health Care Provider

Access to Affordable Healthy Food

- Access to healthy food and changing their diet. – Educator
- Lack of access to affordable wholesome foods. – Educator
- Low income so choosing foods that are available and low-cost. Processed and fast food. Low education as to what is a healthy diet. – Educator



Health choices and options are limited. Food, gyms, etc. – Community Leader

Nutrition

Poor dietary choices and lack of exercise. Who wants to go for a walk in 100-plus degree weather, even at night. – Community Leader

Diet issues. – Social Services Provider

The lack of nutritionist. – Health Care Provider

Lack of Providers

Not enough specialists or resources, especially for children. – Health Care Provider

Lack of providers to address the specific diagnosis. – Health Care Provider

Few endocrinologists. – Social Services Provider

Obesity

This community does not focus on how to address obesity or the predisposition of many of our community members. – Community Leader

Overweight people with poor diets and limited exercise. – Government Representative

Taking care of their weight. Willingness to eat correctly. Willingness to go to the doctor. Access to medication for some. – Government Representative

Vulnerable Populations

I don't know their biggest challenges; I am just aware that it is a major problem on the Indian reservation and in our population. – Community Leader

There are a lot of people in our community with diabetes, specifically among the Native Americans, Hispanic, and African American communities. – Community Leader

Diabetes is rampant among our Native American tribes as well as lower socioeconomic immigrant populations. – Community Leader

Co-Occurrences

Patients younger than 60 years of age suffer the effects of diabetes and diabetes-related diseases, such as kidney disease. Members of the community lack the resources to provide a quality diet for themselves and their families, which leads to obesity and hypertension as comorbidities of the disease. Decreased access to indoor facilities to improve physical health is also an issue in a community with high temperatures. Public pools covered and open-air areas are necessary for the county to support non-impact physical activities for elders and other community members. – Health Care Provider

So many residents are living with a diagnosis of type 2 diabetes leading to and exacerbating chronic illness. Management options beyond prescription medications, is needed to address lifestyle and nutrition before diagnosis, as well as after. Prevention efforts starting with children and young families. The high cost of care for the person diagnosed as well as the community is the current biggest challenge. – Social Services Provider

Diagnosis/Treatment

Diabetes is a silent illness. If not detected early, can lead to ongoing health problems later in life. Because diabetes is not cured, continuing health/medical support is needed. Medications to control diabetes can be expensive. – Government Representative

Diabetes is a major concern for most communities, lack of care from doctors. Most doctors in the community double book patients and do not spend the time with each patient to fully explain what diabetes is and how to control it. – Government Representative

Disease Management

Routine management of the disease. Keeping up with screenings, annual wellness visits to vision and podiatry and endocrinology services. Most insurance coverage provides limited and/or no coverage for insulin and supplies. Depression and other mental health needs go unattended to. Patients cannot afford the treatment for the disease. – Health Care Provider

Finding ways to help them cope with this disease. – Health Care Provider

Cultural/Personal Beliefs

Culture, weight, diet, compliance. – Health Care Provider



Multiple Factors

Realistic dietary choices not attempting to change us into vegans. Medication that's affordable without going to Mexico. Bringing clinical trials closer to Yuma, potentially boosting pancreatic functions. – Government Representative

Vulnerable Populations

Proper diagnosis and treatment in non-English speaking population. – Community Leader



KIDNEY DISEASE

ABOUT KIDNEY DISEASE

More than 1 in 7 adults in the United States may have chronic kidney disease (CKD), with higher rates in low-income and racial/ethnic minority groups. And most people with CKD don't know they have it. ...People with CKD are more likely to have heart disease and stroke — and to die early. Managing risk factors like diabetes and high blood pressure can help prevent or delay CKD. Strategies to make sure more people with CKD are diagnosed early can help people get the treatment they need.

Recommended tests can help identify people with CKD to make sure they get treatments and education that may help prevent or delay kidney failure and end-stage kidney disease (ESKD). In addition, strategies to make sure more people with ESKD get kidney transplants can increase survival rates and improve quality of life.

— Healthy People 2030 (<https://health.gov/healthypeople>)

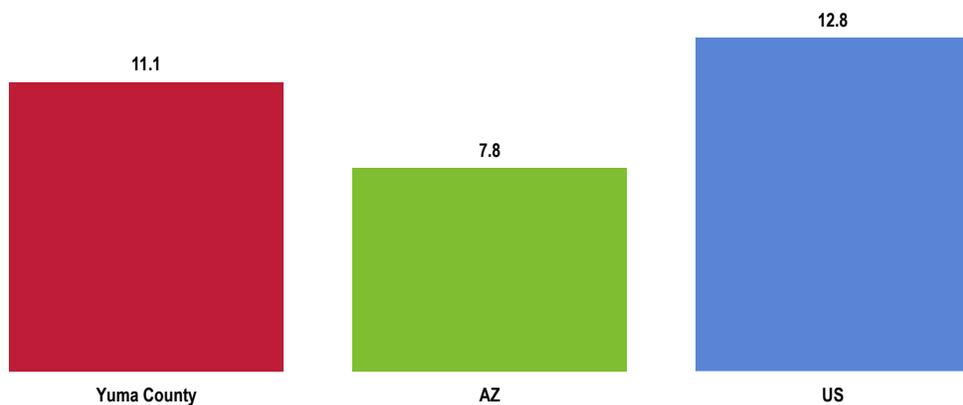
Age-Adjusted Kidney Disease Deaths

Between 2018 and 2020, there was an annual average age-adjusted kidney disease mortality rate of 11.1 deaths per 100,000 population in Yuma County.

BENCHMARK ▶ Higher than the Arizona rate.

TREND ▶ Represents a significant increase over time.

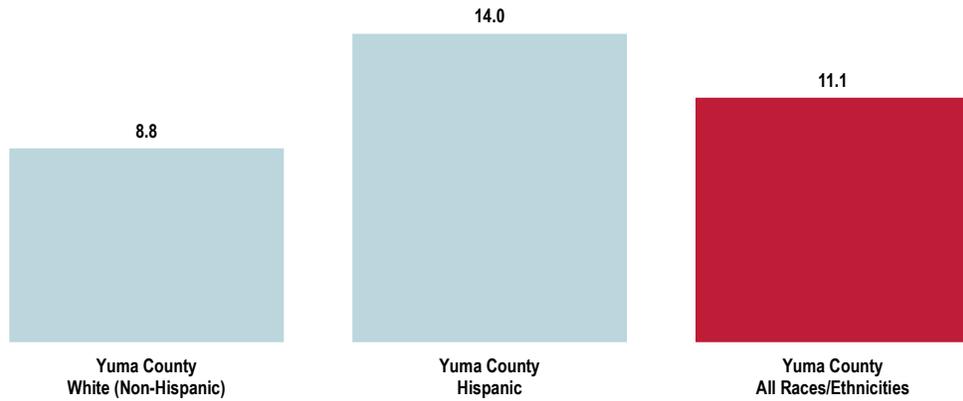
Kidney Disease: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)



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 2022.

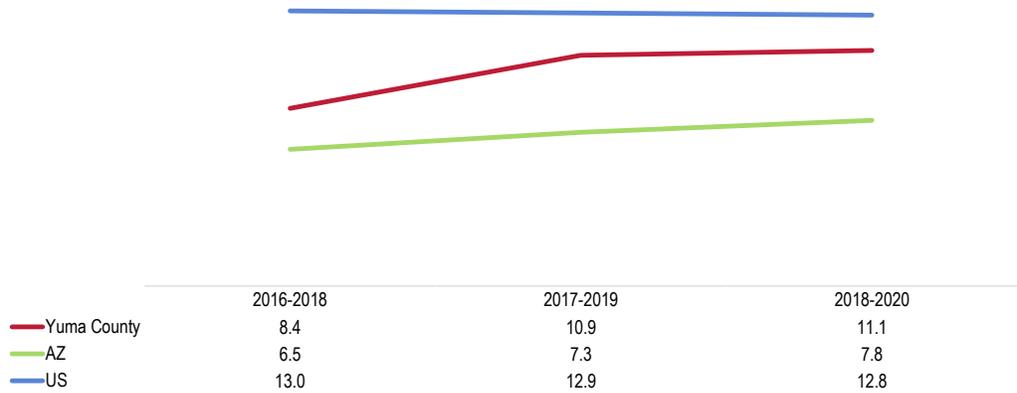


Kidney Disease: Age-Adjusted Mortality by Race (2018-2020 Annual Average Deaths per 100,000 Population)



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 2022.

Kidney Disease: Age-Adjusted Mortality Trends (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 2022.



Prevalence of Kidney Disease

A total of 6.9% of Yuma County adults report having been diagnosed with kidney disease.

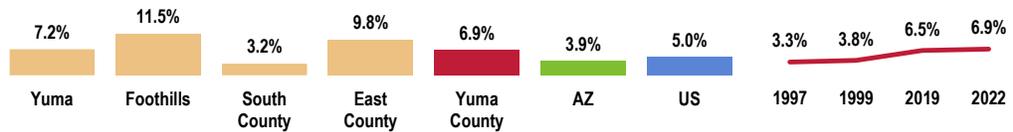
BENCHMARK ▶ Higher than the statewide percentage.

TREND ▶ Marks a significant increase over time.

DISPARITY ▶ Relatively low in South County. More prevalent among adults age 40+ (especially those age 65+) and White residents.

Prevalence of Kidney Disease

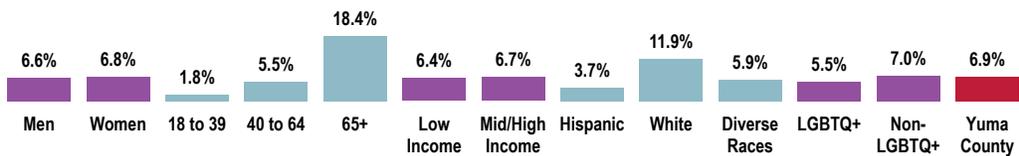
Yuma County



Sources: • 2022 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): 2020 Arizona data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Prevalence of Kidney Disease (Yuma County, 2022)



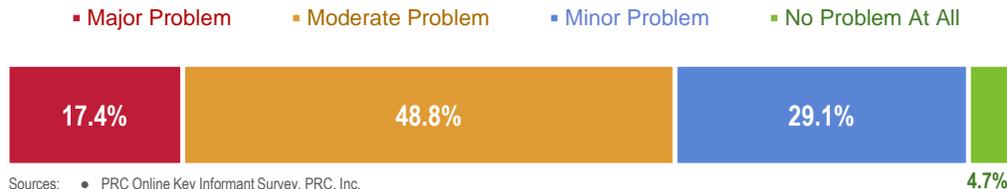
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 30]
 Notes: • Asked of all respondents.



Key Informant Input: Kidney Disease

Key informants taking part in an online survey most often characterized *Kidney Disease* as a “moderate problem” in the community.

Perceptions of Kidney Disease as a Problem in the Community (Key Informants, 2022)



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

Incidence/Prevalence

- Diabetes so common. – Health Care Provider
- High incidence of diabetes. – Health Care Provider
- Cultural component with high prevalence with few nephrologists and few urologists. – Health Care Provider
- Diabetes incidences. – Social Services Provider

Access to Care/Services

- Patients have limited access to screening services and specialty care. – Health Care Provider
- Nephrology and dialysis services are limited. – Health Care Provider
- There are only approximately three options. – Social Services Provider

Co-Occurrences

- I have witnessed many with kidney disease. I believe this ties in closely with the local diabetes problem. – Community Leader
- Yuma County has a high incidence of diabetes and hypertensive community members. These conditions lead to an increased incidence of kidney disease from poor diet and health issues coupled with a lack of areas supporting physical activity. – Health Care Provider

Income/Poverty

- We have a large lower income minority population with numerous ailments that lead to and/or are connected to kidney disease. – Community Leader

Lifestyle

- People must start by taking responsibility for their choices. It's a progressive disease that has to be caught as early as possible. The que sera mentality to let things go then die on dialysis is something that must be countered. Group sessions to stay away from dialysis is one way. – Government Representative

Vulnerable Populations

- We have a large population of people on dialysis. Our Native American population has significant numbers in this disease. – Health Care Provider



POTENTIALLY DISABLING CONDITIONS

Multiple Chronic Conditions

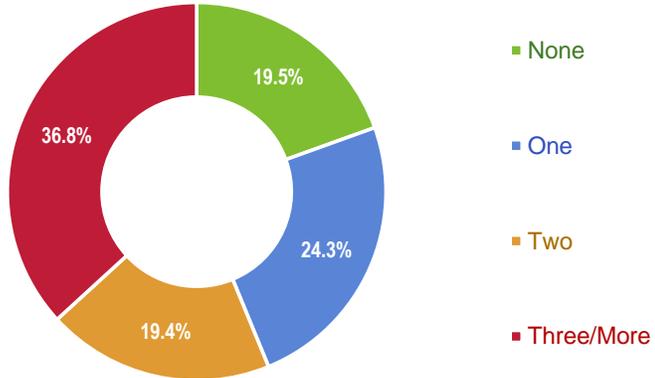
For the purposes of this assessment, chronic conditions include:

- Asthma
- Cancer
- Diabetes
- Diagnosed depression
- Heart attack/angina
- High blood cholesterol
- High blood pressure
- Kidney disease
- Lung disease
- Obesity
- Stroke

Multiple chronic conditions are concurrent conditions.

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

Number of Current Chronic Conditions
(Yuma County, 2022)



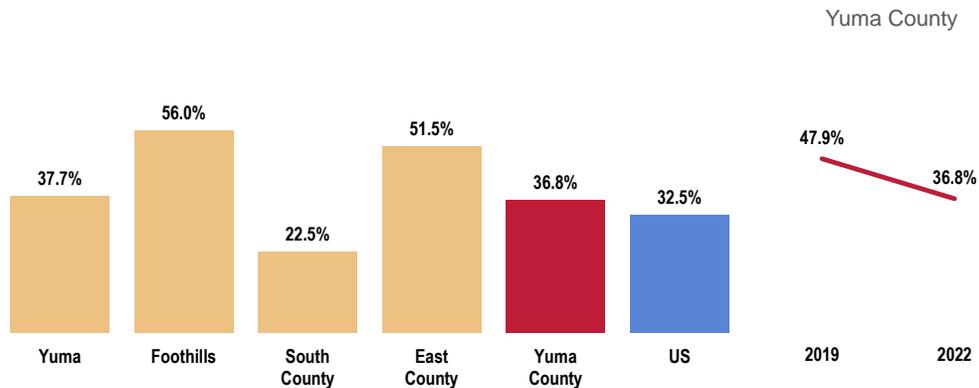
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 143]
 Notes: • Asked of all respondents.
 • In this case, chronic conditions include lung disease, cancer, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

In fact, 36.8% of Yuma County adults report having three or more chronic conditions.

TREND ► Denotes a significant decrease since 2019.

DISPARITY ► Highest in the Foothills and East County areas. More often reported among those with higher incomes, White respondents, and those of diverse races. Note the strong correlation with age.

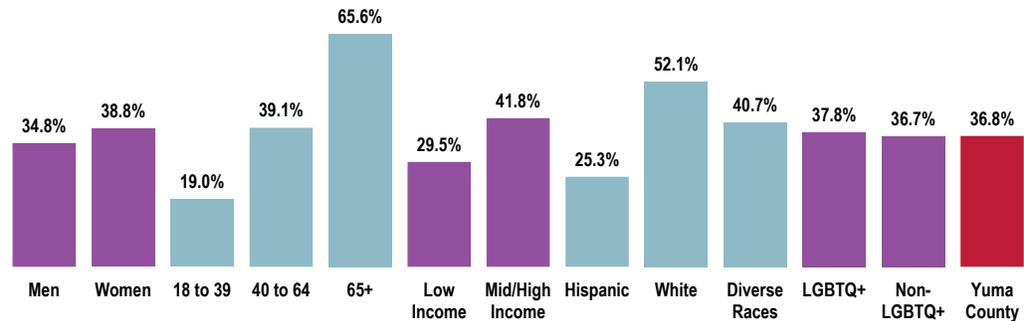
Currently Have Three or More Chronic Conditions



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 143]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • In this case, chronic conditions include lung disease, cancer, 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, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 143]
 Notes: • Asked of all respondents.
 • In this case, chronic conditions include lung disease, cancer, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

Activity Limitations

ABOUT DISABILITY & HEALTH

Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

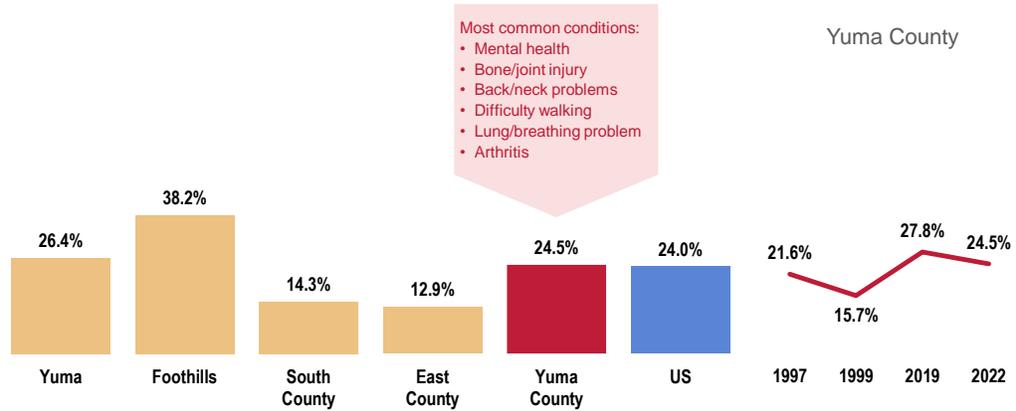
– Healthy People 2030 (<https://health.gov/healthypeople>)

A total of 24.5% of Yuma County adults are limited in some way in some activities due to a physical, mental, or emotional problem.

DISPARITY ► Highest in the Foothills area. More often reported among adults age 40+, White residents, and residents of diverse races.

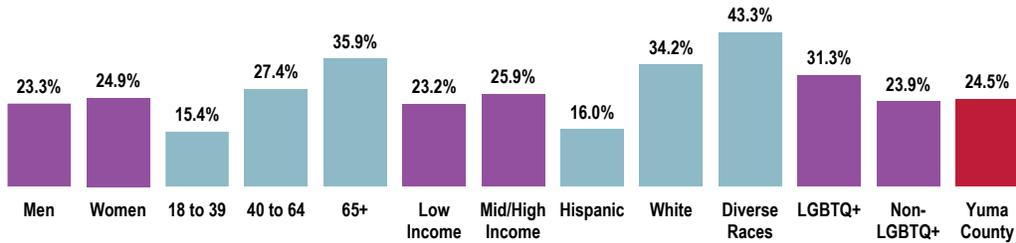


Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 109-110]
 • 2020 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, 2022)

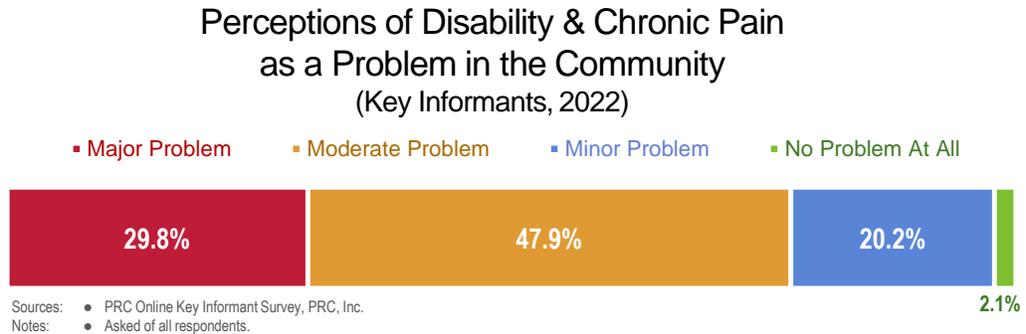


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 109]
 Notes: • Asked of all respondents.



Key Informant Input: Disability & Chronic Pain

Key informants taking part in an online survey most often characterized *Disability & Chronic Pain* as a “moderate problem” in the community.



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

Access to Care/Services

People who suffer from chronic pain must wait weeks and weeks for appointments, because of the limited availability of providers. – Community Leader

We need more surgeon's here. – Social Services Provider

We have a few pain clinics, but a larger number of patients with chronic pain. One pain clinic is excellent, but again the volume of patients needing service versus the availability of Board-Certified pain specialist is an issue. – Health Care Provider

There are many pediatric chronically ill children in Yuma that travel to receive specialty care. Very limited, to no resources available for long term pediatric rehabilitation, including physical, occupational, and speech therapies. As for chronic pain, there are a few places in town that have been able to facilitate the management of pain, however more services would be of great benefit. – Health Care Provider

Appointments are challenging to get into, usually taking months. I have found this is the best specialists I've heard of experience with. – Community Leader

These are major problems because there are not many alternatives or treatment centers for these issues in town. – Health Care Provider

Lack of chronic pain management resources. Specially non medication treatment, lack of education resources, lack of support resources and lack of medical providers in the diagnosis. – Health Care Provider

Aging Population

We have a large older population and many members of that population suffer from chronic back problems. We also have a large population of field workers, and many have ongoing pain and disability issues as a result of years of hard manual labor. – Community Leader

Again, the combination of the aging population, the proximity to the border, the winter resident population, and the "regulars" these issues don't get addressed nor is there a solution- the community is not well educated nor understanding to those with disabilities or chronic pain. – Community Leader

People are living with pain and assuming it is a normal part of getting older. It limits the work or activities they can participate in. – Public Health Representative

Access to Specialists

Specialties care. – Health Care Provider

Specialists including rheumatologists. Rheumatology drugs require regular appointments so I know of a situation where the patient had to go without necessary medications because of the lack of providers and it caused serious and expensive health issues that with decent providers available wouldn't of been an issue. – Community Leader

Services for children and teens with autism and severe ADHD. – Community Leader

Not enough specialists or resources. – Health Care Provider

Not enough pain control providers. Large number of Medicare patients/senior population. – Health Care Provider



Diagnosis/Treatment

I have seen a lot of people with different pain and doctors who throw their hands up and just offer drugs before they try holistic approaches. – Business Leader

Too much emphasis on narcotics for some. Need more occupational therapy/physical therapy to get people functional. No insurance is a big challenge, often they will self-medicate with street opiates. – Government Representative

Incidence/Prevalence

Many employees, seemingly disproportionately high percentage, suffer chronic pain. – Business Leader

These populations are increasing at a higher rate than we have assistance for in respects to outside facilities and or providers. – Health Care Provider

Pain continues to be a problem. Several people have ongoing pain and limited resources or understanding of their pain and treatment. – Health Care Provider

Co-Occurrences

With a significant segment of the population with diabetes, this leads to disabilities. Additionally, many farm workers have chronic pain due to activities at work. – Community Leader

Funding

The funding for individuals with significant disabilities are poorly funded. – Social Services Provider

Work Related

Most of the chronic pain and disabilities we have in this community is work related or accidents. We need more prevention programs and laws to protect our workforce. – Social Services Provider

Alzheimer's Disease

ABOUT DEMENTIA

Alzheimer's disease is the most common cause of dementia and the sixth leading cause of death in U.S. adults.¹ Nearly 6 million people in the United States have Alzheimer's, and that number will increase as the population ages.

Dementia refers to a group of symptoms that cause problems with memory, thinking, and behavior. People with dementia are more likely to be hospitalized, and dementia is linked to high health care costs.

While there's no cure for Alzheimer's disease, early diagnosis and supportive care can improve quality of life. And efforts to make sure adults with symptoms of cognitive decline — including memory loss — are diagnosed early can help improve health outcomes in people with dementia. Interventions to address caregiving needs can also help improve health and well-being in people with dementia.

– Healthy People 2030 (<https://health.gov/healthypeople>)



Age-Adjusted Alzheimer's Disease Deaths

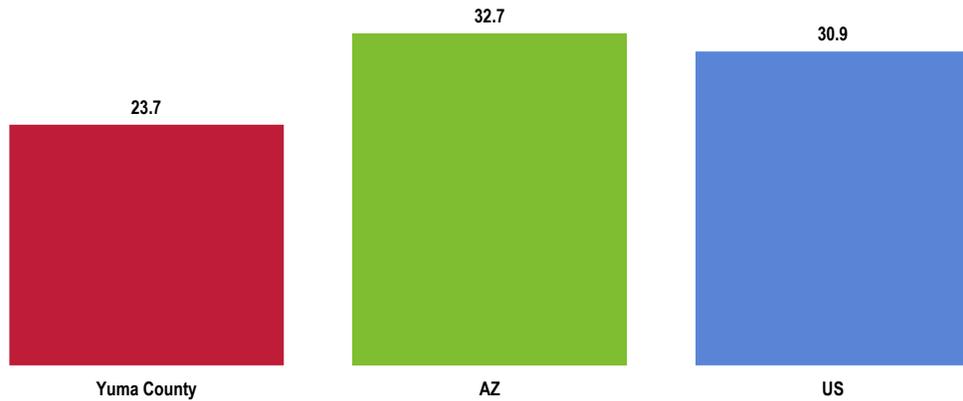
Between 2018 and 2020, there was an annual average age-adjusted Alzheimer's disease mortality rate of 23.7 deaths per 100,000 population in Yuma County.

BENCHMARK ▶ Lower than state and national rates.

TREND ▶ Rising significantly to the highest rate recorded in the past decade.

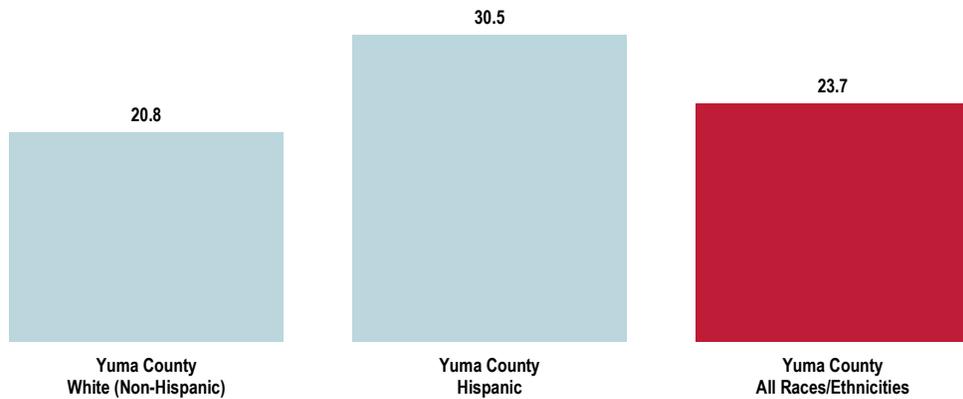
DISPARITY ▶ Higher among Hispanic residents.

Alzheimer's Disease: Age-Adjusted Mortality
(2018-2020 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 2022.

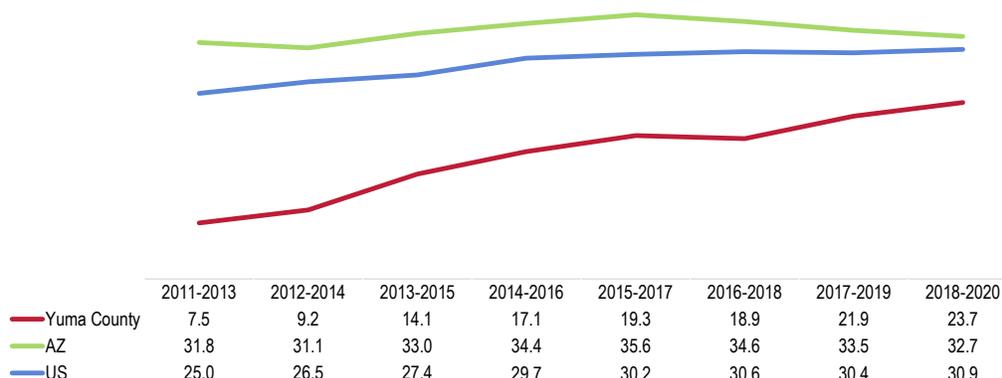
Alzheimer's Disease: Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)



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 2022.



Alzheimer's Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

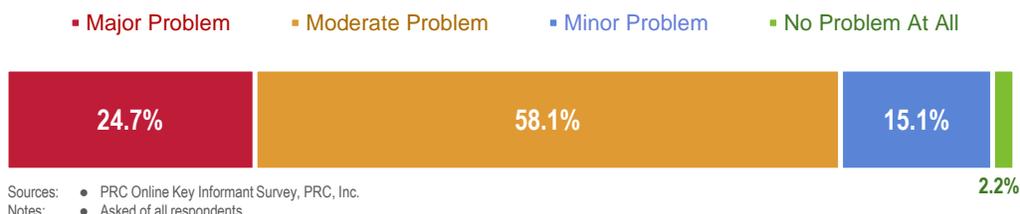


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2022.

Key Informant Input: Dementia/Alzheimer's Disease

The greatest share of key informants taking part in an online survey characterized *Dementia/Alzheimer's Disease* as a “moderate problem” in the community.

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community (Key Informants, 2022)



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

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

Aging Population

The services we have seem to be great. WACOG does a great job as well as the local memory care units. I simply put it is a major problem because with an aging community with a lot of snowbirds, we need more. – Business Leader

We see a number of cases where elderly are experiencing dementia or are diagnosed with Alzheimer's. Often, accessing quality care for this population is a challenge. It is expensive, and often the options are significantly limited for families facing this disease. – Social Services Provider

People are living longer, and there is not enough comprehensive long-term facility to take care of them. – Health Care Provider

Because of the advanced ages of our residents. – Government Representative

The aging population in Yuma County and the lack of resources and education on this issue. – Community Leader

Aging population continues to rise, no services in Yuma. – Health Care Provider

Due to the increasing number of older populations, less number of dementia, Behavioral Units with Inpatient beds, increased stress on family and healthcare resources. – Health Care Provider



Yuma is a retirement community. We have so many in our area who are older or come to the area during the wintertime. Dementia takes a lot of time and resources to work with. My grandfather had Alzheimer's and needed to be in a nursing home during his later years. Alzheimer's completely took him away from our family, physically and mentally. It is a true drain on families, both emotionally and financially. – Educator

Access to Care/Services

Increasing cases with little options for care. – Business Leader

There are a limited number of a residential facilities for Alzheimer patients. – Community Leader

Many are never diagnosed because of access, by the time you get a decent diagnosis it is too late. – Health Care Provider

I believe there are not enough resources for families facing this issue. – Community Leader

Not enough services to help patients. – Community Leader

Access and treatments are inconsistent. Most of the efforts are concentrated on research and other efforts to mitigate the effects of dementia/Alzheimer's. – Social Services Provider

While Yuma does have several neurologists in town, it is often the ancillary or support services for dementia/Alzheimer's that is lacking. – Health Care Provider

Access to services to assess and address the disease are limited in the community. – Health Care Provider

Lack of Providers

Not enough specialists or resources. – Health Care Provider

There are no providers in Yuma with the professional background for this need. In addition, providers that are available are either physicians or nurse practitioners. – Social Services Provider

I really don't see that there is any help for people with this disease in Yuma County. There are not many physicians to help. – Health Care Provider

Aside from the Alzheimer's walk and WACOG. I am not aware of any other agency to assist with Alzheimer's patient services or family members of Alzheimer's patients. – Community Leader

Incidence/Prevalence

Arizona is the number one state for the diagnosis of Alzheimer's. Consequently, it affects our community directly. We are faced with a large portion of our population who are 65 and older, a shortage of physicians dedicated to geriatrics as well as neurologists to assist with timely diagnosis of those experiencing cognitive decline. We also lack physicians who are appropriately trained regarding Alzheimer's and all types of dementia, leaving community members without the medical care and support they desperately need. Because of this, we also have family caregivers who do not have the support they need when looking for assistance from the medical community in caring for their loved ones. We lack enough professional experience, medical care, caregiver support and services to assist those living with a diagnosis of Alzheimer's or another form of dementia. – Social Services Provider

Impact on Quality of Life

Several community members have disclosed that they take care of their relatives as home. No resources are visual or known. – Social Services Provider



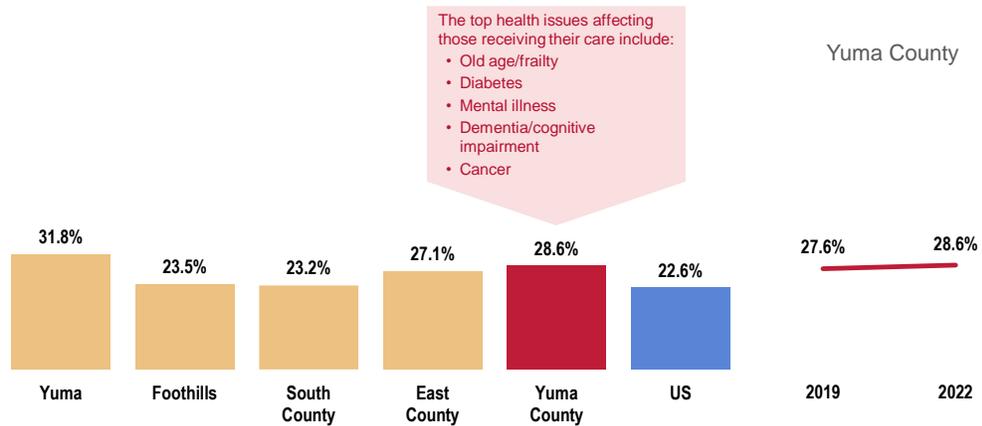
Caregiving

A total of 28.6% 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 ▶ Higher than found across the US.

DISPARITY ▶ Highest in Yuma.

Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 111-112]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.





BIRTHS

PRENATAL CARE

ABOUT INFANT HEALTH

Keeping infants healthy starts with making sure women get high-quality care during pregnancy and improving women's health in general. After birth, strategies that focus on increasing breastfeeding rates and promoting vaccinations and developmental screenings are key to improving infants' health. Interventions that encourage safe sleep practices and correct use of car seats can also help keep infants safe.

The infant mortality rate in the United States is higher than in other high-income countries, and there are major disparities by race/ethnicity. Addressing social determinants of health is critical for reducing these disparities.

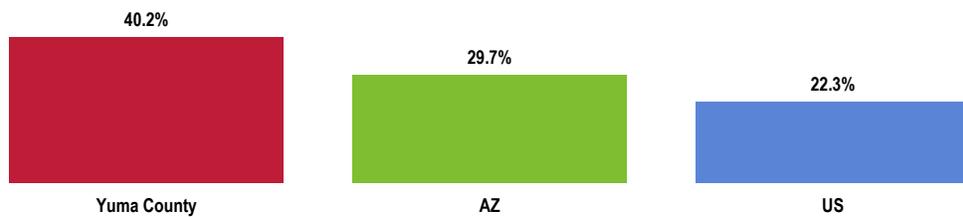
– Healthy People 2030 (<https://health.gov/healthypeople>)

Between 2018 and 2020, 40.2% of all Yuma County births did not receive prenatal care in the first trimester of pregnancy.

BENCHMARK ▶ Less favorable than Arizona and US rates.

Lack of Prenatal Care in the First Trimester (Percentage of Live Births, 2018-2020)

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



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted July 2022.

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

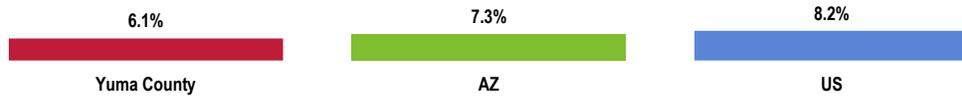
Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

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

A total of 6.1% of 2014-2020 Yuma County births were low-weight.

BENCHMARK ► Better than found across the state and nation.

Low-Weight Births (Percent of Live Births, 2014-2020)



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted July 2022.

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.

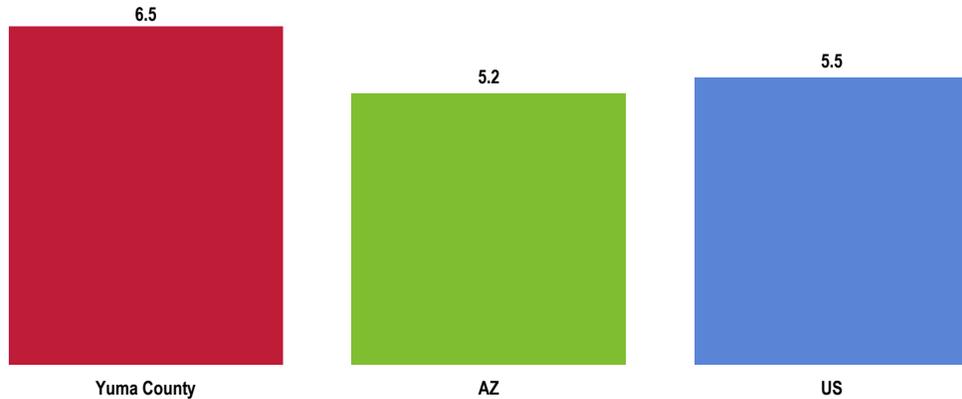
Infant Mortality

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

Between 2018 and 2020, there was an annual average of 6.5 infant deaths per 1,000 live births.

BENCHMARK ► Worse than state and national rates. Higher than the Healthy People 2030 objective.

Infant Mortality Rate (Annual Average Infant Deaths per 1,000 Live Births, 2018-2020) Healthy People 2030 = 5.0 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 2022.

● US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

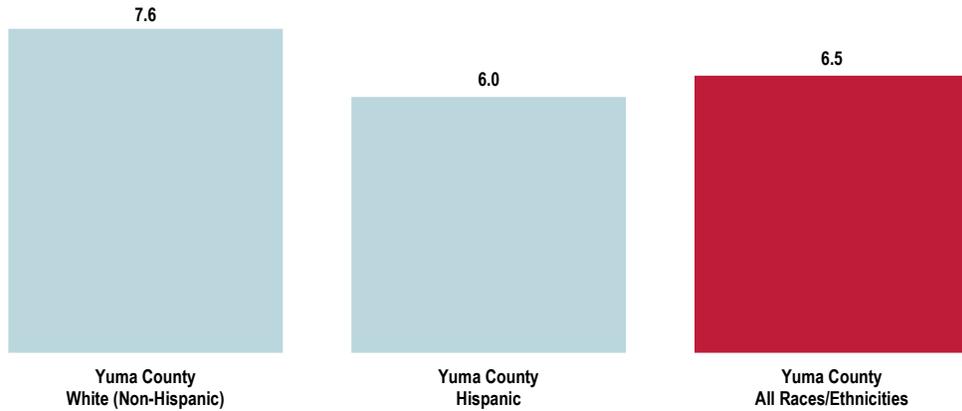
Notes: ● Infant deaths include deaths of children under 1 year old.

● 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, 2018-2020)
Healthy People 2030 = 5.0 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 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

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 2030 = 5.0 or Lower



| | 2011-2013 | 2012-2014 | 2013-2015 | 2014-2016 | 2015-2017 | 2016-2018 | 2017-2019 | 2018-2020 |
|-------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Yuma County | 6.8 | 5.9 | 6.6 | 6.2 | 5.2 | 4.3 | 5.0 | 6.5 |
| AZ | 5.7 | 5.8 | 5.7 | 5.6 | 5.4 | 5.4 | 5.4 | 5.2 |
| US | 6.0 | 5.9 | 5.9 | 5.9 | 5.8 | 5.7 | 5.6 | 5.5 |

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted July 2022.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

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



FAMILY PLANNING

ABOUT FAMILY PLANNING

Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. ...Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical for preventing unintended pregnancies. Birth control and family planning services can also help increase the length of time between pregnancies, which can improve health for women and their infants.

Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

– Healthy People 2030 (<https://health.gov/healthypeople>)

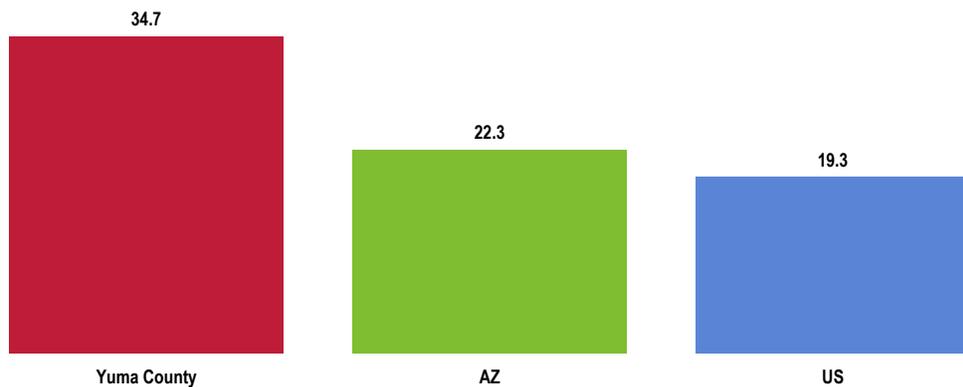
Births to Adolescent Mothers

Between 2014 and 2020, there were 34.7 births to adolescents age 15 to 19 per 1,000 women age 15 to 19 in Yuma County.

BENCHMARK ▶ Higher than found across the state and nation.

DISPARITY ▶ Higher among Hispanic adolescent females.

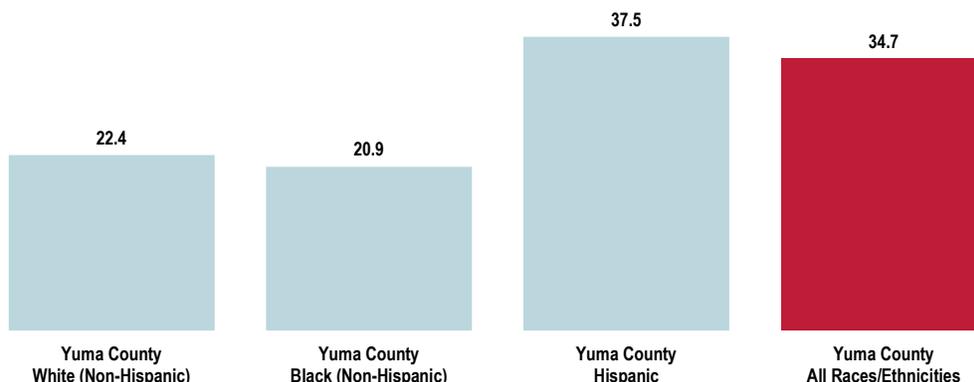
Teen Birth Rate
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2014-2020)



- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2022 via SparkMap (sparkmap.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 (Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2014-2020)

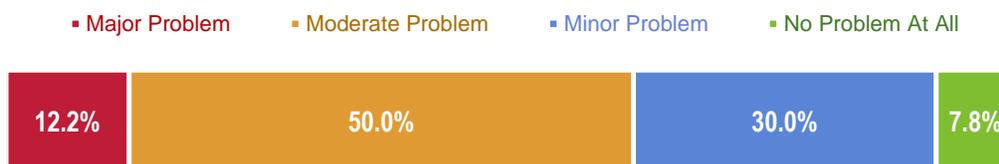


Sources: • Centers for Disease Control and Prevention, National Vital Statistics System.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2022 via SparkMap (sparkmap.org).
 Notes: • This indicator reports the rate of total births to women 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: Infant Health & Family Planning

Key informants taking part in an online survey largely characterized *Infant Health & Family Planning* as a “moderate problem” in the community.

Perceptions of Infant Health and Family Planning as a Problem in the Community (Key Informants, 2022)



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

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

Access to Care/Services

The labor and delivery unit at our hospital is almost always taxed or pushed to its limits. Pediatricians in town cover patient panels that are too large to reasonably manage. There is also a lack of adolescent medicine and push for preventative women’s health. – Health Care Provider

YRMC is always full, and while waiting in the patient area, it takes a long time to be called. – Social Services Provider

Awareness/Education

No real family planning promotion, no family planning access in the community. Extremely poor resources for good quality childcare, especially for infants and toddlers, significantly limiting the ability of parents to grow their career, because they have to choose between taking care of their children and work, this has a significant impact in the economic development of our community, also making it a very poor desirable community for certain people to live in accompanied by the significant lack and early education options. – Health Care Provider

Young families with little understanding and education. Lack of resources out there for them. – Community Leader



Access to Care for Uninsured/Underinsured

Uninsured have little options. Plan B is way too expensive for low-income or teens to readily buy. Must access medical care for prescriptions, which is not easy for many – taking time off work or being able to afford. No Planned Parenthood to offer family planning at low cost. – Government Representative

Affordable Care/Services

No access to affordable reproductive health. – Health Care Provider

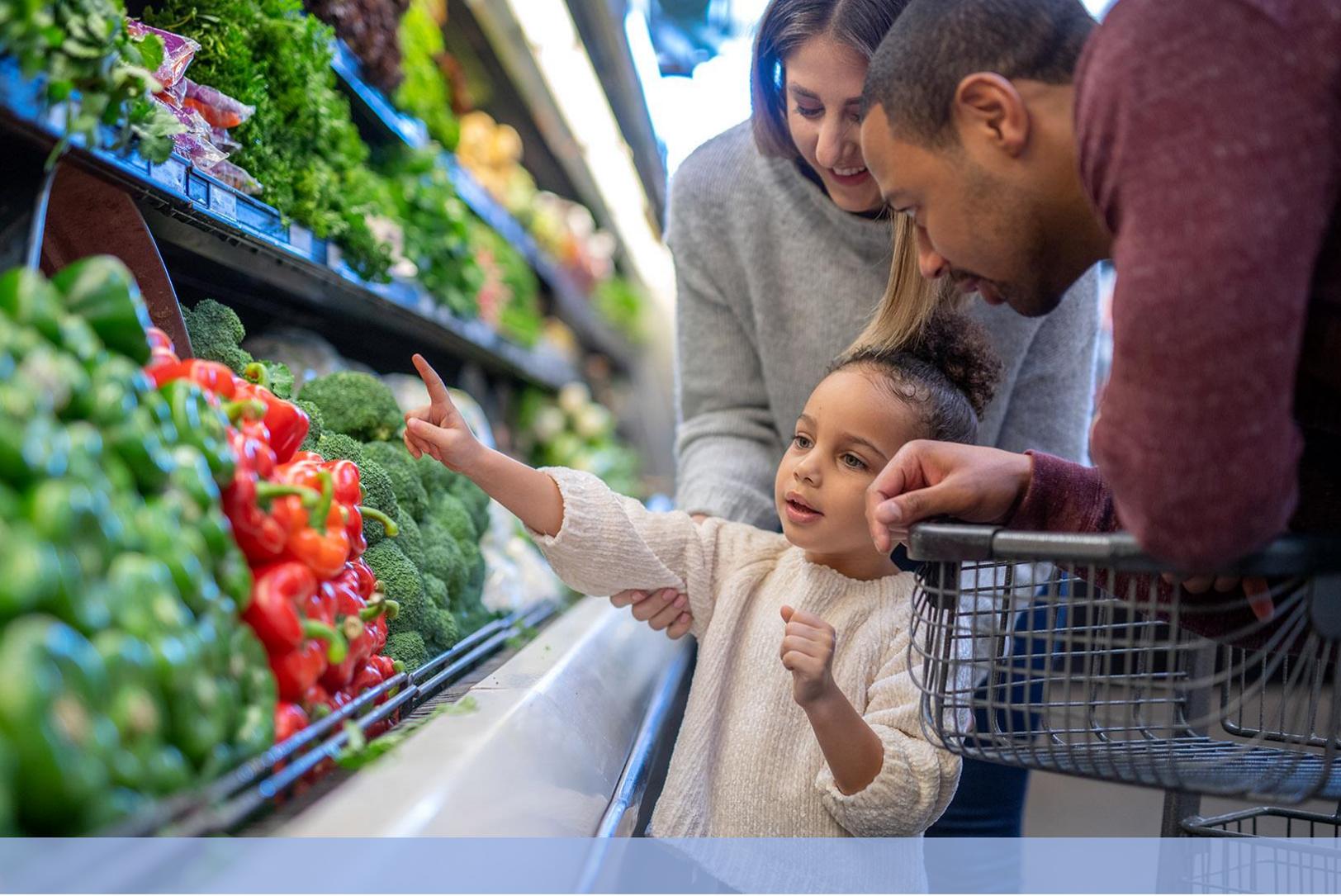
Income/Poverty

Poverty is linked directly to teen and continued pregnancy. The lack of easy access to preventing unwanted pregnancy is an issue. – Educator

Teen Pregnancy

High incidences of teen pregnancies and poor diet. – Social Services Provider





MODIFIABLE HEALTH RISKS

NUTRITION

ABOUT NUTRITION & HEALTHY EATING

Many people in the United States don't eat a healthy diet. ...People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

– Healthy People 2030 (<https://health.gov/healthypeople>)

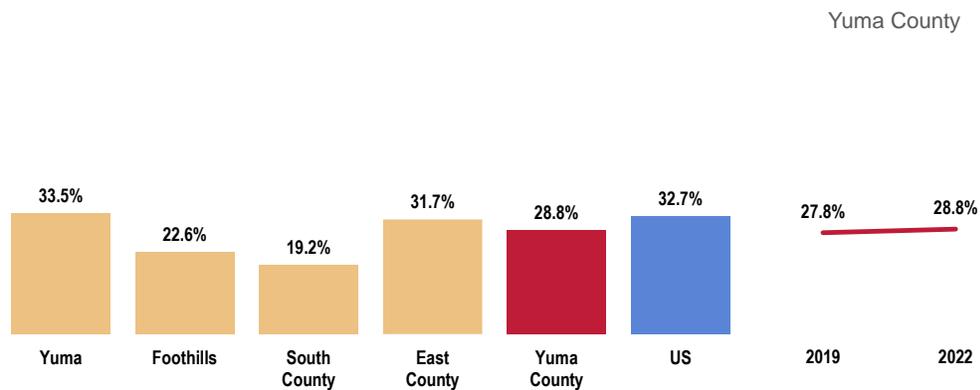
Daily Recommendation of Fruits/Vegetables

A total of 28.8% of Yuma County adults report eating five or more servings of fruits and/or vegetables per day.

DISPARITY ► Lowest in South County. Higher-income adults and Hispanic respondents are less likely to report eating fruits and vegetables.

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.

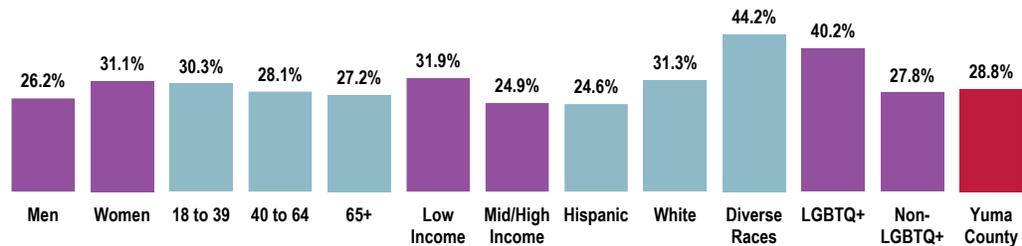
Consume Five or More Servings of Fruits/Vegetables Per Day



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 148]
 • 2020 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, 2022)

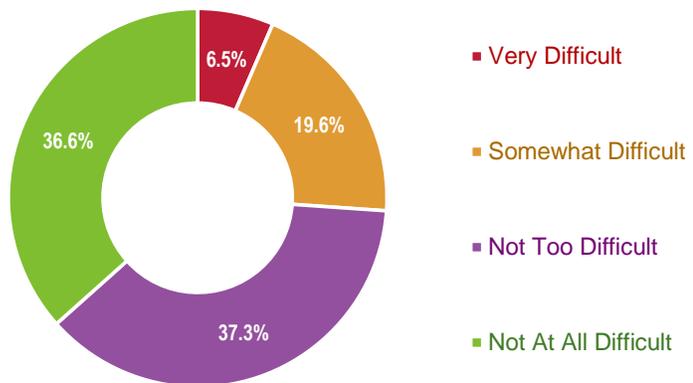


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 148]
 Notes: • Asked of all respondents.
 • For this issue, respondents were asked to recall their food intake on the previous day.

Difficulty Accessing Fresh Produce

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

Level of Difficulty Finding Fresh Produce at an Affordable Price (Yuma County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 86]
 Notes: • Asked of all respondents.

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?"

RELATED ISSUE
 See also *Food Access* in the **Social Determinants of Health** section of this report.



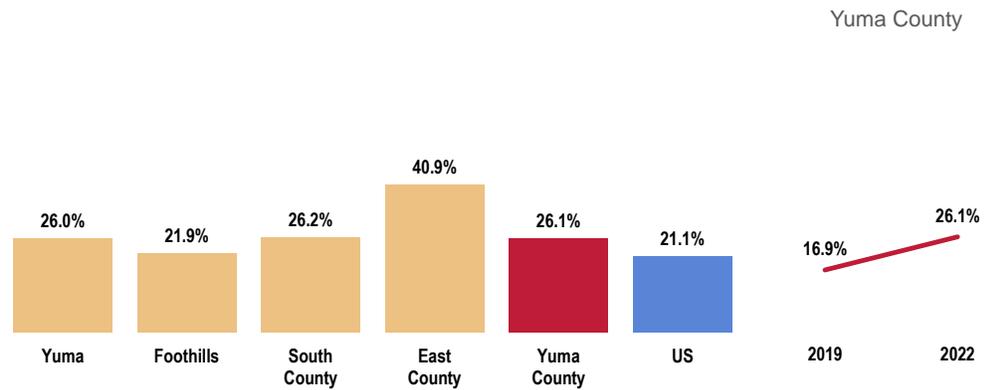
However, 26.1% of Yuma County adults find it “very” or “somewhat” difficult to access affordable fresh fruits and vegetables.

BENCHMARK ▶ Worse than the US finding.

TREND ▶ Marks a significant increase since 2019.

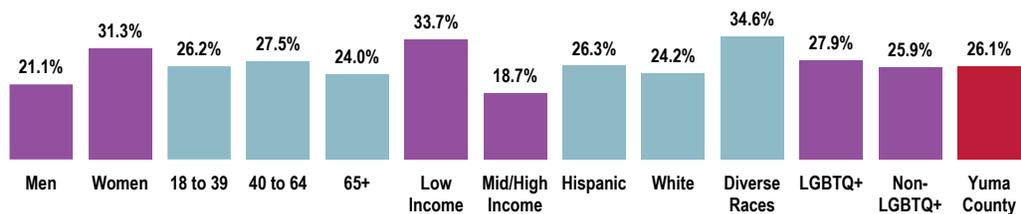
DISPARITY ▶ Particularly high in East County. Women and lower-income adults report more difficulty obtaining affordable produce.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 86]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (Yuma County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 86]
 Notes: • Asked of all respondents.



PHYSICAL ACTIVITY

ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

– Healthy People 2030 (<https://health.gov/healthypeople>)

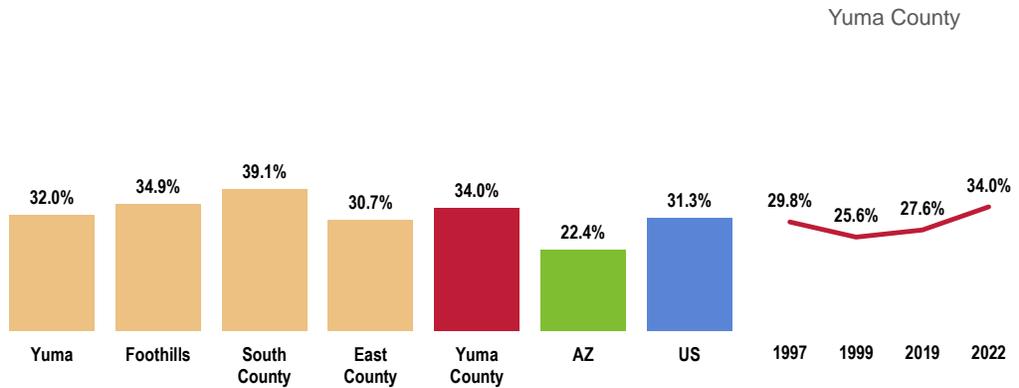
Leisure-Time Physical Activity

A total of 34.0% of Yuma County adults report no leisure-time physical activity in the past month.

BENCHMARK ▶ Less favorable than the statewide percentage. Fails to satisfy the Healthy People 2030 objective.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.2% or Lower



Sources: • 2022 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): 2020 Arizona data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.



Activity Levels

Adults

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

“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.

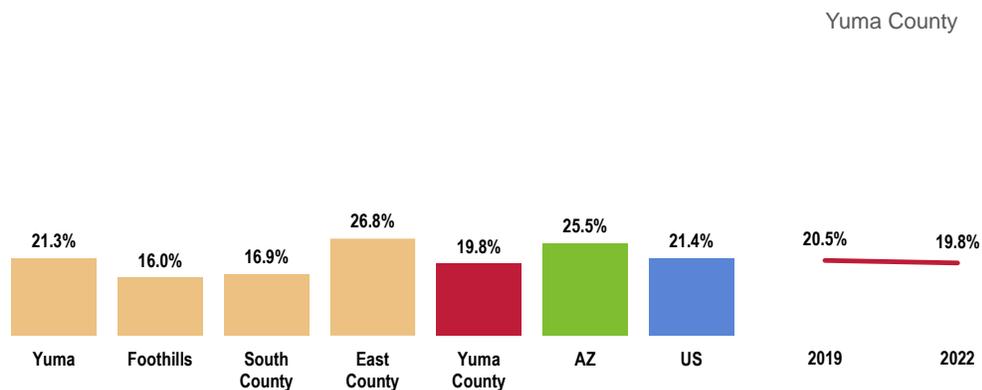
Strengthening activity is at least 2 sessions per week of exercise designed to strengthen muscles.

A total of 19.8% of Yuma County adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

- BENCHMARK** ▶ Less favorable than the Arizona percentage. Fails to satisfy the Healthy People 2030 objective.
- DISPARITY** ▶ Adults age 40+ are less likely to report meeting the physical activity recommendations.

Meets Physical Activity Recommendations

Healthy People 2030 = 28.4% or Higher

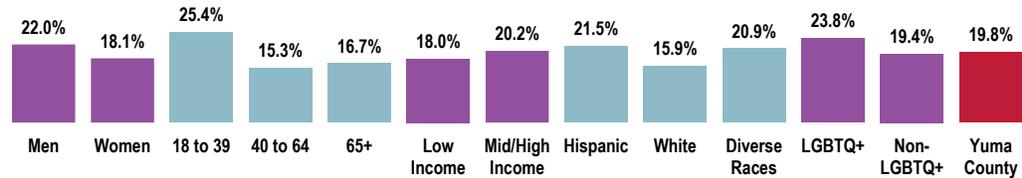


- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 152]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2020 Arizona data.
 - 2020 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- 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, 2022)

Healthy People 2030 = 28.4% or Higher



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 152]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

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.

Children

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

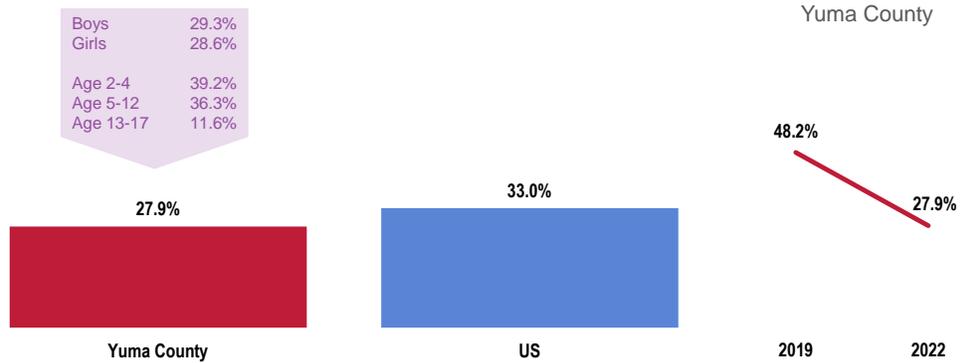
Among Yuma County children age 2 to 17, 27.9% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

TREND ▶ Represents a significant decrease since 2019.

DISPARITY ▶ Daily physical activity is reported to be lower among adolescents.



Child Is Physically Active for One or More Hours per Day (Parents of Children Age 2-17)



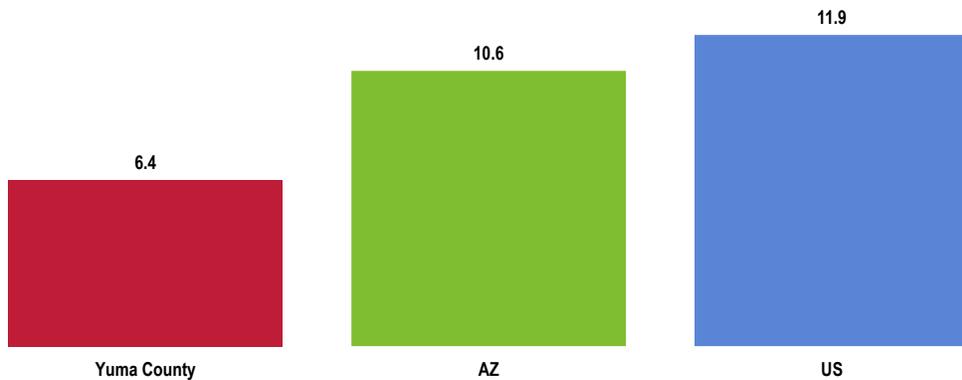
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 124]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents with children age 2-17 at home.
 • Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Access to Physical Activity

In 2020, there were 6.4 recreation/fitness facilities for every 100,000 population in Yuma County.

BENCHMARK ▶ Less favorable than found statewide and nationally.

Population With Recreation & Fitness Facility Access (Number of Recreation & Fitness Facilities per 100,000 Population, 2020)



Sources: • US Census Bureau, County Business Patterns. Additional data analysis by CARES.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2022 via SparkMap (sparkmap.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

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

– Healthy People 2030 (<https://health.gov/healthypeople>)

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: $[\text{weight (pounds)}/\text{height squared (inches}^2)] \times 703$.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI $\geq 30 kg/m^2$. 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 $\geq 30 kg/m^2$, 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

Nearly three-fourths of Yuma County adults (74.1%) are **overweight**.

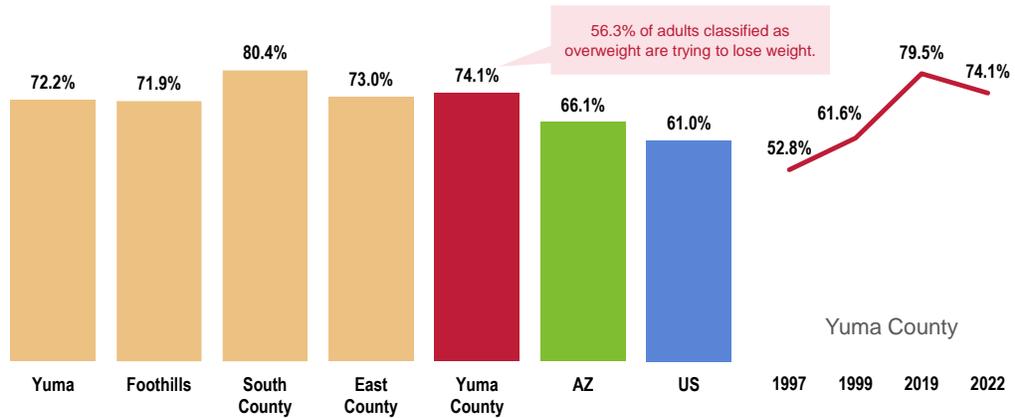
BENCHMARK ▶ Worse than found across Arizona and the US.

TREND ▶ Marks a significant increase over time.

DISPARITY ▶ Highest in South County.

Here, "overweight" includes those respondents with a BMI value ≥ 25 .

Prevalence of Total Overweight (Overweight and Obese)



Sources: • 2022 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): 2020 Arizona data.
 • 2020 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.

The overweight prevalence above includes **44.3%** of Yuma County adults who are **obese**.

BENCHMARK ▶ Less favorable than found across Arizona and the US. Fails to satisfy the Healthy People 2030 objective.

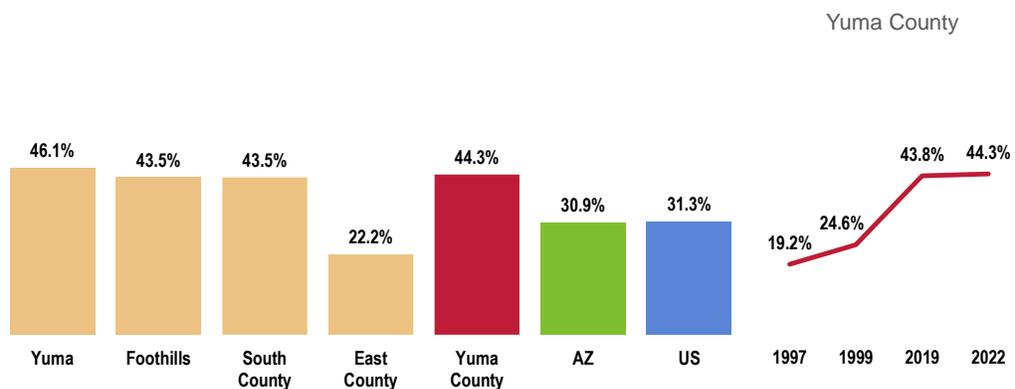
TREND ▶ Represents a significant increase over time.

DISPARITY ▶ Particularly low in East County. More often reported among adults age 40 to 64.

"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥ 30 .

Prevalence of Obesity

Healthy People 2030 = 36.0% or Lower



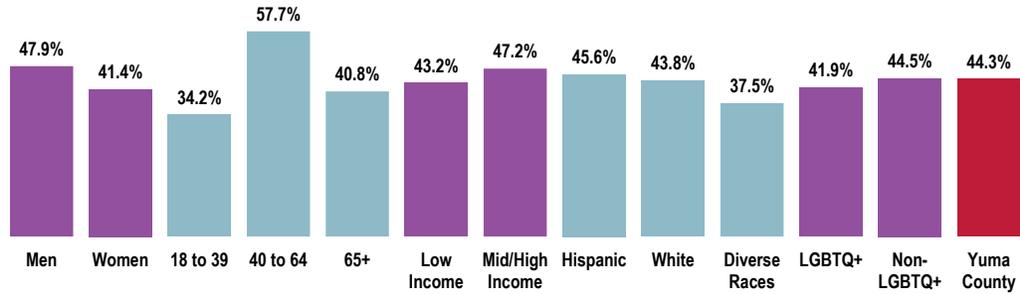
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 154]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Arizona data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

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, 2022)

Healthy People 2030 = 36.0% or Lower



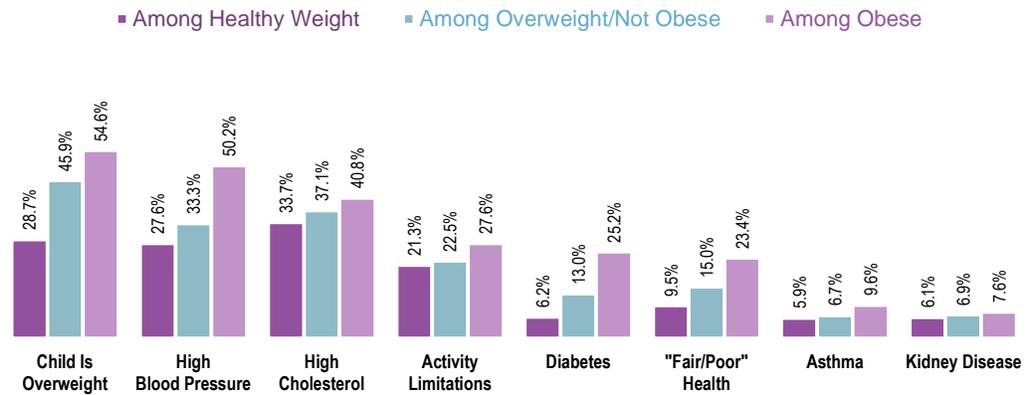
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 154]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Based on reported heights and weights, asked of all respondents.
 • The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Relationship of Overweight With Other Health Issues

Overweight and obese adults are more likely to report a number of adverse health conditions, as outlined in the following chart.

The correlation between overweight and various health issues cannot be disputed.

Relationship of Overweight With Other Health Issues (Yuma County, 2022)



Sources: • 2022 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

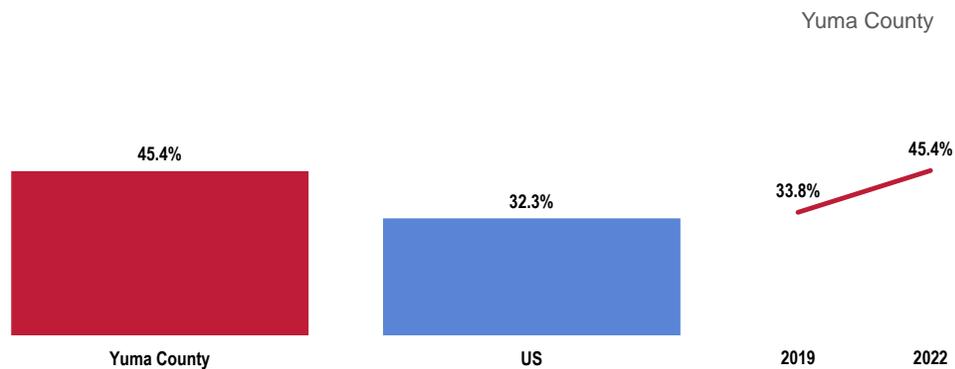
– Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 45.4% of Yuma County children age 5 to 17 are overweight or obese (≥85th percentile).

BENCHMARK ▶ Higher than found nationally.

TREND ▶ Denotes a significant increase since 2019.

Prevalence of Overweight in Children (Parents of Children Age 5-17)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 158]
• 2020 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.



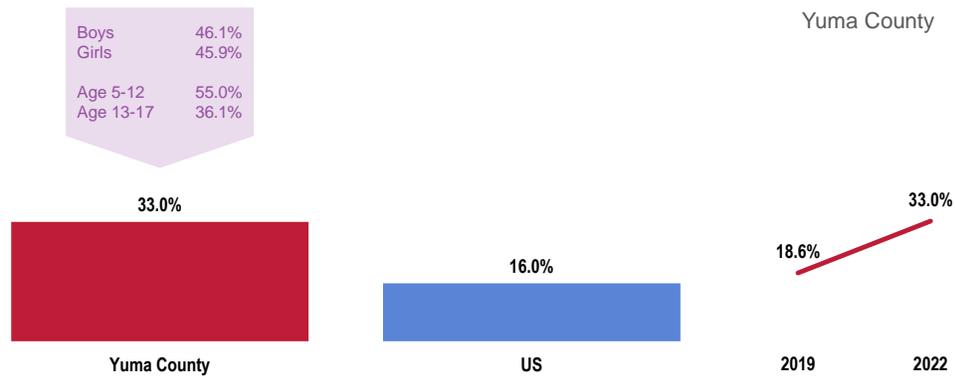
The childhood overweight prevalence above includes 33.0% of area children age 5 to 17 who are obese (≥95th percentile).

BENCHMARK ▶ Two times the national percentage. Far from satisfying the Healthy People 2030 objective.

TREND ▶ Marks a significant increase since 2019.

DISPARITY ▶ Higher among children age 5 to 12.

Prevalence of Obesity in Children (Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher) Healthy People 2030 = 15.5% or Lower

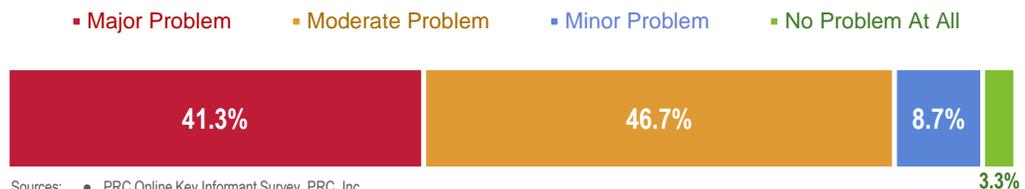


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 158]
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents with children age 5-17 at home.
 • Obesity 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 “moderate problem” in the community.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community (Key Informants, 2022)



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



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

Access to Care/Services

Need for recruitment of RD's and public health nutritionist. – Health Care Provider

Minimal access to nutritionists. – Health Care Provider

No dieticians who are contracted with any insurances in Yuma. Very limited. – Social Services Provider

Not enough specialists or resources. – Health Care Provider

Need more programs available to the underprivileged in the community so they do have a chance to get out of the cycle they're in. – Business Leader

There are limited resources for patients in the community looking for diet and exercise advice. While there are many gyms and fitness centers in the area, these often come with pricey memberships to join which can be a barrier for some of our patients. Also, there are no pediatric dieticians that will see children outside of the CRS setting. – Health Care Provider

Not enough educators and care managers to monitor, no group classes, etc. – Health Care Provider

Not enough events or education available. – Health Care Provider

Lifestyle

Yuma County is one of the centers for the production of agricultural products in the USA, yet the community suffers from high prices on foods and the inability to obtain fresh produce. Our community is very hot and extensive and lacks facilities where elders and children can experience physical activities. Poor diets and decreased areas for physical activities lead to an increase in weight gain leading to chronic health conditions starting at a very early age. – Health Care Provider

Most people don't have time to exercise. No bike lanes, work has more value than physical activity and work is very physical, so people are tired when they get home. – Educator

Poverty, working long hours, knowledge about the harvest baskets that can be available, heat, and fast-food reliance for majority of meals. Cost of healthy fruits and vegetables. Cheaper to buy processed carbohydrates. – Government Representative

Committing to a healthy lifestyle and the financial cost to healthy nutrition. – Business Leader

Culture, diet, lack of exercise. – Health Care Provider

Personal commitment. – Social Services Provider

Overeating and little exercise. – Community Leader

Many people are eating improperly (fast food, highly processed food, not enough nutritious food due to lack of financial resources). Many people lead a very sedentary lifestyle with minimal movement and physical activity, which leads to weight gain, obesity, and a host of other health related issues. – Community Leader

Awareness/Education

Education and lifestyle coaching. Too many families, especially those on food stamps, do not know how to prepare healthy options. And believe the cost of healthy options is prohibitive to their budget. – Health Care Provider

Lack of education related to eating habits and community resources for appropriate nutrition demands for all ages. – Health Care Provider

Knowing where resources are and promoting a healthy lifestyle. What is that. Where can you go to get information and what can we incorporate to encourage it. – Community Leader

Lack of programming and public awareness about issues related to weight and nutrition. Most family medicine professionals have very limited knowledge or experience when it comes to diet/fitness/weight management, energy balance etc. – Social Services Provider

Lack of early childhood education for developing healthy habits while learning the "why" is a challenge. Health and physical education are not requirements nor funded in public schools to the level that would support education in these areas. I think having fewer nutritionists may be an issue, but I am not entirely sure of that. Physical activity is wonderful in Yuma except in July, August, and September! This may inhibit people from getting outdoors and active more. Finally, food is a form of escape. Cheap food is available on every corner in a convenience store. Healthy alternatives, not so much. Now with prices continuing to rise, this will be another factor. – Educator

Obesity

Obesity, poor nutrition. Low socioeconomic. – Health Care Provider

Weight issues. – Social Services Provider

We live in a fat community. – Social Services Provider



We have an overly obese population. Our heat in the summer is a challenge for outdoor exercise. One challenge is also that our family gross income is very low... the cost of healthy food is high. There is minimal nutrition education and almost none in the schools for the next generation. – Community Leader

Obesity which I still believe is a major issue for Yuma County. This leads to the onset of type two diabetes in adults, teens, and children. There has been some improvement, but I believe it is still a large issue that leads to complicated health problems. – Health Care Provider

Obesity. – Community Leader

Affordable Care/Services

Cost, cost, cost. – Community Leader

The costs, lack of proper education. – Government Representative

Most in the region have access to health foods, but do not know how to incorporate these foods into their diet. – Educator

Built Environment

Very significant lack of public facilities that have good quality and are safe throughout the county. Some public parks but located on extremes of the city limits, no options in the summer months for public spaces to exercise without having to pay money. No options for children to play safely in a public space, again just two major parks in the city limits, no family-friendly facilities. – Health Care Provider



SUBSTANCE ABUSE

ABOUT DRUG & ALCOHOL USE

More than 20 million adults and adolescents in the United States have had a substance use disorder in the past year. ...Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2018 and 2020, Yuma County reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 14.5 deaths per 100,000 population.

BENCHMARK ▶ Higher than the national rate. Fails to satisfy the Healthy People 2030 objective.

Cirrhosis/Liver Disease: Age-Adjusted Mortality (2018-2020 Annual Average Deaths per 100,000 Population)

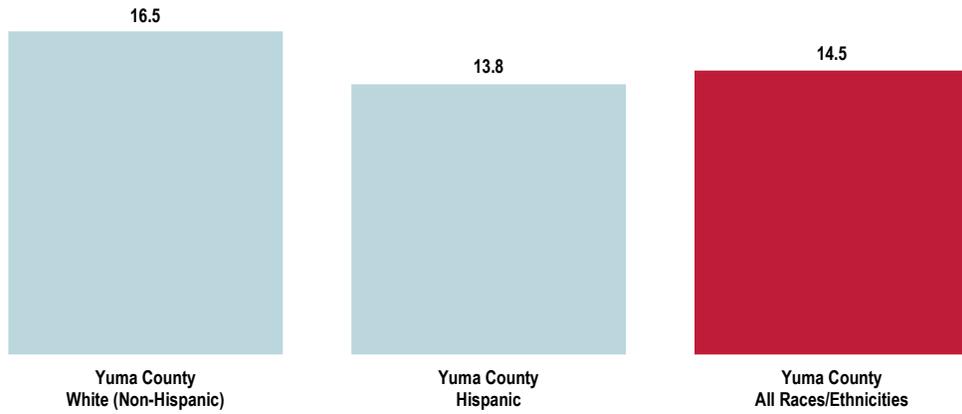
Healthy People 2030 = 10.9 or Lower



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 2022.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

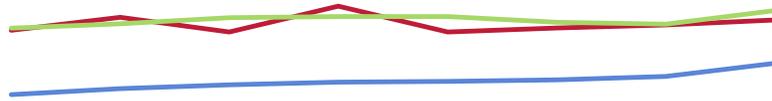


Cirrhosis/Liver Disease: Age-Adjusted Mortality by Race (2018-2020 Annual Average Deaths per 100,000 Population) Healthy People 2030 = 10.9 or Lower



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 2022.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2030 = 10.9 or Lower



| | 2011-2013 | 2012-2014 | 2013-2015 | 2014-2016 | 2015-2017 | 2016-2018 | 2017-2019 | 2018-2020 |
|---------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| — Yuma County | 13.9 | 14.7 | 13.8 | 15.4 | 13.8 | 14.0 | 14.2 | 14.5 |
| — AZ | 14.0 | 14.3 | 14.7 | 14.7 | 14.7 | 14.4 | 14.3 | 15.1 |
| — US | 10.0 | 10.4 | 10.6 | 10.8 | 10.8 | 10.9 | 11.1 | 11.9 |

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 2022.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



Alcohol Use

Excessive Drinking

Excessive drinking includes heavy and/or binge drinkers:

- HEAVY DRINKERS ► men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- BINGE DRINKERS ► men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

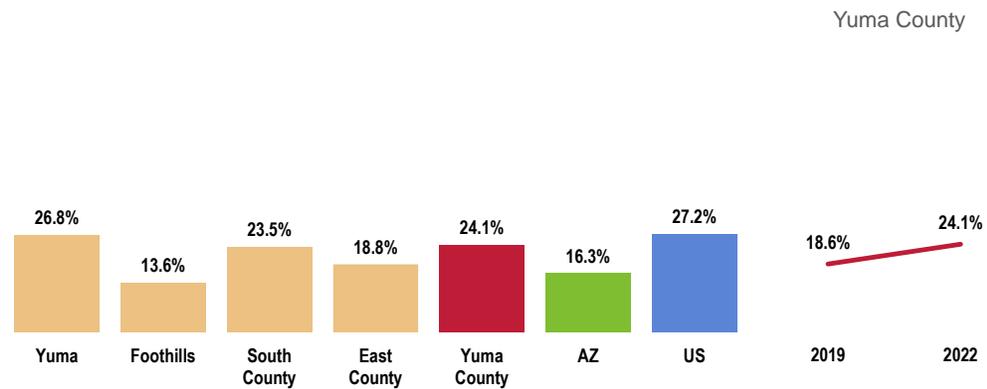
A total of 24.1% of area adults are excessive drinkers (heavy and/or binge drinkers).

BENCHMARK ► Higher than found across Arizona.

TREND ► Marks a significant increase since 2019.

DISPARITY ► Highest in Yuma. More often reported among men, adults younger than 65, Hispanic respondents, and respondents of diverse races.

Excessive Drinkers

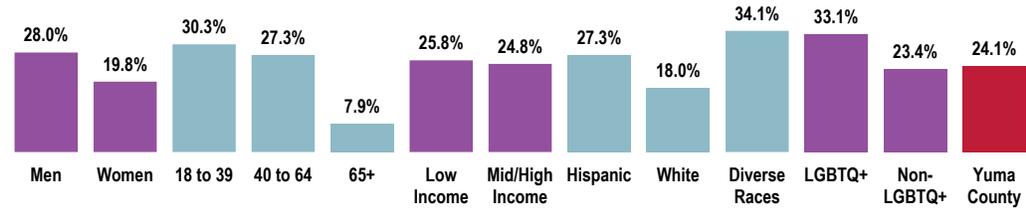


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 168]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Arizona data.
• 2020 PRC National Health Survey, PRC, Inc.

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, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 168]
 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.

Age-Adjusted Unintentional Drug-Related Deaths

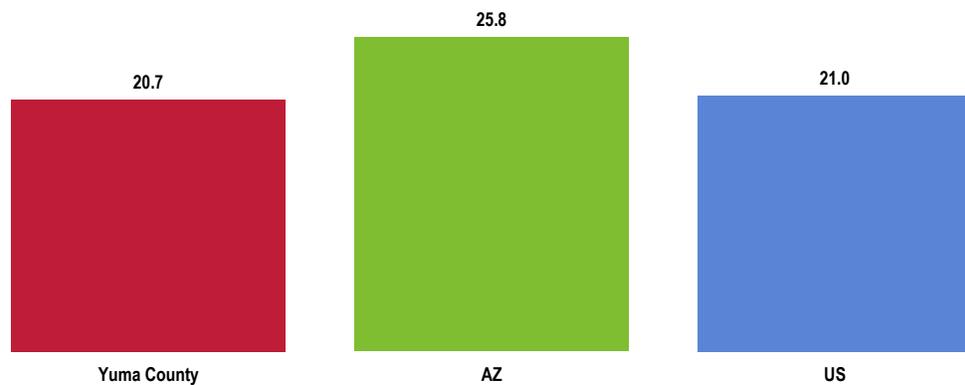
Between 2018 and 2020, there was an annual average age-adjusted unintentional drug-related mortality rate of 20.7 deaths per 100,000 population in Yuma County.

BENCHMARK ▶ Lower than the statewide rate.

TREND ▶ Rising significantly to the highest rate recorded in the past decade.

DISPARITY ▶ Higher among White residents.

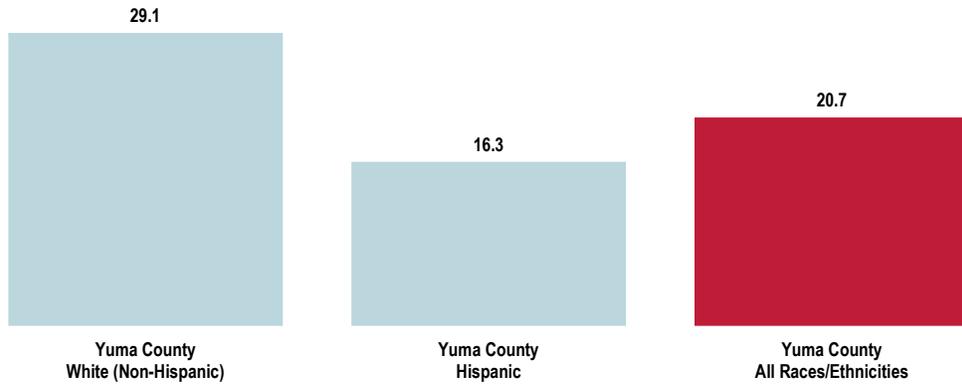
Unintentional Drug-Related Deaths: Age-Adjusted Mortality (2018-2020 Annual Average Deaths per 100,000 Population)



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 2022.

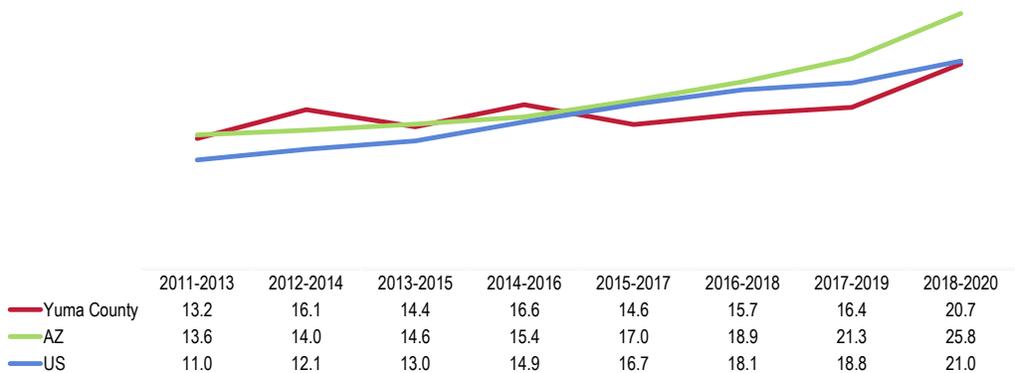


Unintentional Drug-Related Deaths: Age-Adjusted Mortality by Race (2018-2020 Annual Average Deaths per 100,000 Population)



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 2022.

Unintentional Drug-Related Deaths: Age-Adjusted Mortality Trends (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 2022.



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 3.8% of Yuma County adults acknowledge using an illicit drug in the past month.

BENCHMARK ▶ Fails to satisfy the Healthy People 2030 objective.

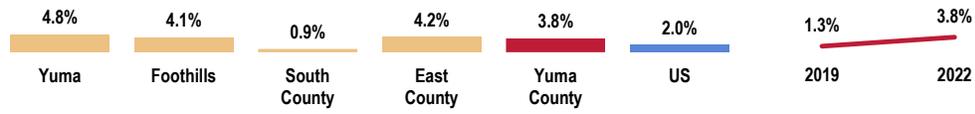
TREND ▶ Denotes a significant increase since 2019.

DISPARITY ▶ Highest in Yuma. More often reported among adults age 18 to 39 and adults of diverse races.

Illicit Drug Use in the Past Month

Healthy People 2030 = 12.0% or Lower

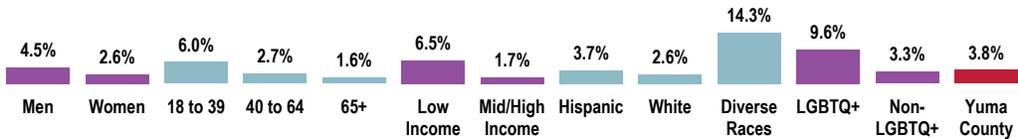
Yuma County



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 59]
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents.

Illicit Drug Use in the Past Month (Yuma County, 2022)

Healthy People 2030 = 12.0% or Lower



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 59]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents.



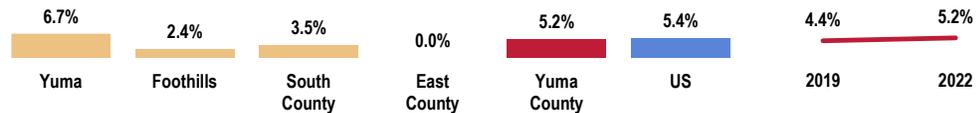
Alcohol & Drug Treatment

A total of 5.2% 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 East County.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem

Yuma County



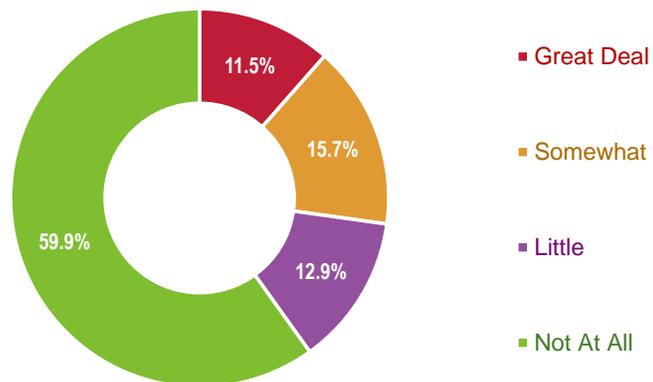
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 60]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Personal Impact From Substance Abuse

Most Yuma County residents' lives have not been negatively affected by substance abuse (either their own or someone else's).

Area adults were also asked to what degree their lives have been impacted by substance abuse (whether their own abuse or that of another).

Degree to Which Life Has Been Negatively Affected by Substance Abuse (Self or Other's) (Yuma County, 2022)



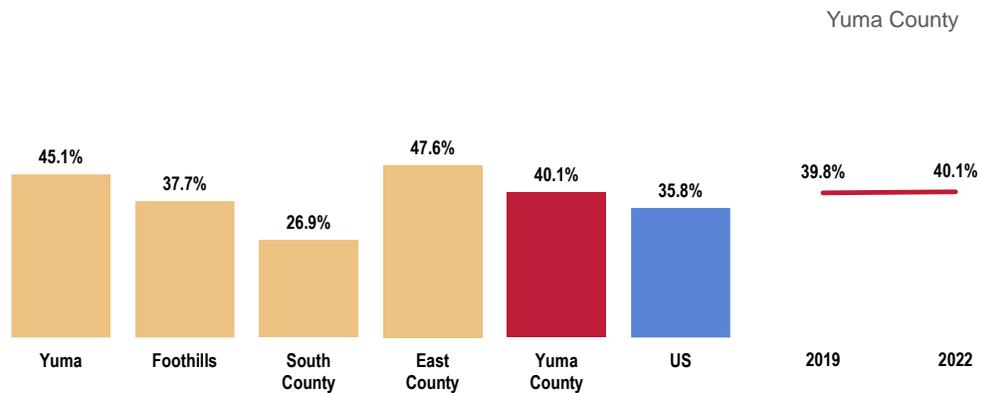
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 61]
 Notes: • Asked of all respondents.



However, 40.1% have felt a personal impact to some degree (“a little,” “somewhat,” or “a great deal”).

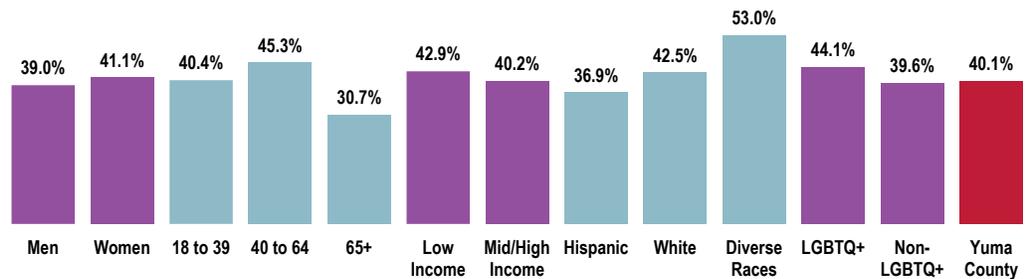
DISPARITY ► Higher in Yuma and East County. More often reported among adults younger than 65 and respondents of diverse races.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 61]
 • 2020 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, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 61]
 Notes: • Asked of all respondents.
 • Includes response of “a great deal,” “somewhat,” and “a little.”



Key Informant Input: Substance Abuse

A high percentage of key informants taking part in an online survey characterized *Substance Abuse* as a “major problem” in the community.

Perceptions of Substance Abuse as a Problem in the Community (Key Informants, 2022)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



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

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

Access to Care/Services

- There aren't many places to get seek help. – Health Care Provider
- Limited local residence rehab program. – Government Representative
- Need for inpatient treatment for teens and additional services for adult inpatient treatment centers. – Health Care Provider
- A facility that has all wrap around services. – Business Leader
- Lack of treatment centers and qualified professionals. – Educator
- No residential programs and limited youth programs. – Educator
- Services for Substance abuse are geared for Medicaid population and there is limited access for acute services like medical detox for Benzos and Alcohol. Typically, individuals must go out of town for these services. Detox for other substances like opiates and Meth are more readily available but again geared of the Medicaid population. – Health Care Provider
- No programs. – Health Care Provider
- No inpatient facilities, no coordinated referral system between providers and first responders. Need to make people aware of what support is available. – Health Care Provider
- No substance abuse treatment for patients who have private insurance plans. – Health Care Provider
- Lack of facilities. – Health Care Provider
- Insufficient long term treatment programs and facilities. – Social Services Provider
- Availability in the community. Inpatient facilities are out of town. – Community Leader
- There is only one center, and many people are not aware where to get resources. – Social Services Provider
- Lack of treatment centers. – Business Leader
- Resources, providers, and coverage. – Health Care Provider
- Lack of accessible treatment options for all people and not just those who are AHCCCS-eligible. – Social Services Provider
- Lack of resources, lack of practitioners in specific age groups suffering from mental health issues. The elderly, young people. The stigma of admitting mental health issues, accessible and affordable facilities for mental health in Yuma County. – Community Leader
- Lack of centers. Education, especially at an early age. Awareness. Resources. – Community Leader
- Insurance and payment, the courts. – Social Services Provider
- Limited substance abuse inpatient services. – Health Care Provider
- Accessibility of programs and facilities. With the two Native American communities nearby, there is a large amount of people that need to be treated. – Business Leader

Denial/Stigma

- People don't feel they need help, not ready to stop using. – Business Leader
- Assessing isn't the issue, it's wanting. It's living long enough to get it, as opposed to dying from fentanyl at first swallow. – Government Representative



Willingness of the individual to get help education of our kids to prevent drug usage. – Government Representative

Fear, embarrassment. – Government Representative

Substance abuse and mental health seem to suffer from similar barriers in that those individuals that suffer from these problems either don't recognize that they have the problem or, because of the perceived stigma associated with the problem, they fail to get proper treatment. – Business Leader

Negative stigma. – Health Care Provider

Availability of Drugs

This area is overflowing with drugs just by the nature of it being a drug corridor. – Government Representative
Fentanyl is still a huge crisis in the county., as meth. The accessibility to these drugs is overwhelming. – Community Leader

Our proximity to the border and thus access to drugs calls for an all hands-on deck educational process that includes mental health access. – Community Leader

Too many drugs pouring across the border! The barriers are the same as for mental health, lack of resources and agency accountability. With drugs being so cheap and readily available, it is easier for addicts to remain in their addiction than to turn their lives around because they simply cannot keep up with the cost of their addiction. Until the sources dry up, not much will change no matter how much resource is thrown at the problem. – Community Leader

I think the issue is access to drugs in young adults. – Community Leader

Availability of drugs due to our proximity to the border so they are readily available to anyone looking for them. Those with addictions must want to seek treatment. It cannot be imposed on them with much success. More need than providers. – Community Leader

Heroin, crystal meth, other opiates. – Health Care Provider

Lack of Providers

Not enough specialists or resources. There are only two facilities that treat substance abuse, both of which are Inpatient. There are no intensive Outpatient programs for substance abuse and absolutely no resources for teens. – Health Care Provider

Not enough providers to meet the need. – Public Health Representative

There is a lack of providers that are trained in substance abuse. The lack of protection at the border is also an issue for the community. Substance abuse is occurring in children in their middle school years. Being a border community, the availability of illicit substances and lack of treatment are major issues. – Health Care Provider

Diagnosis/Treatment

Good variety of care, this is complicated, and many people go to rehab multiple times before they can be successfully treated while others never can kick the habit. Need more medical approaches, change in social approaches to substance abuse and effective prevention. Law enforcement approach is not working. Incarceration is still full of illegal substances and now you have people that can't find jobs, so they go back to drugs, etc. – Government Representative

Awareness/Education

Identifying what areas, it is more of an issue in and how can we help them break that cycle of use. I think that is very hard along with the mental health challenges. Having a rehab clinic for detoxing them and a reform program after they are recovering. – Community Leader

Funding

State and federal grants to pay for services we do have but cannot get funding. Cross Road mission could do much more simply if they had the financial resources to hire and care for people in their unit. – Health Care Provider

Multiple Factors

Lack of concern by the city and county officials. Poor insurance coverage, not enough qualified providers. – Health Care Provider

Income/Poverty

Poverty. – Educator

Lack of Trust

Trust. – Law Enforcement



Prevention/Screenings

Lack of proper screening, not that many treatment centers, primary care providers not interested in dealing with the issue. – Health Care Provider

Most Problematic Substances

Key informants (who rated this as a “major problem”) identified **heroin/other opioids** and **methamphetamine/other amphetamines** as causing the most problems in the community, followed by **alcohol**.

| SUBSTANCES VIEWED AS MOST PROBLEMATIC IN THE COMMUNITY (Among Key Informants Rating Substance Abuse as a “Major Problem”) | |
|--|-------|
| HEROIN OR OTHER OPIOIDS | 23.7% |
| METHAMPHETAMINE OR OTHER AMPHETAMINES | 23.7% |
| ALCOHOL | 18.7% |
| PRESCRIPTION MEDICATIONS | 12.9% |
| COCAINE OR CRACK | 5.8% |
| CLUB DRUGS (e.g. MDMA, GHB, Ecstasy, Molly) | 5.0% |
| MARIJUANA | 5.0% |
| OVER-THE-COUNTER MEDICATIONS | 2.2% |
| HALLUCINOGENS OR DISSOCIATIVE DRUGS (e.g. Ketamine, PCP, LSD, DXM) | 1.4% |
| INHALANTS | 0.8% |
| SYNTHETIC DRUGS (e.g. Bath Salts, K2/Spice) | 0.8% |



TOBACCO USE

ABOUT TOBACCO USE

More than 16 million adults in the United States have a disease caused by smoking cigarettes, and smoking-related illnesses lead to half a million deaths each year.

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

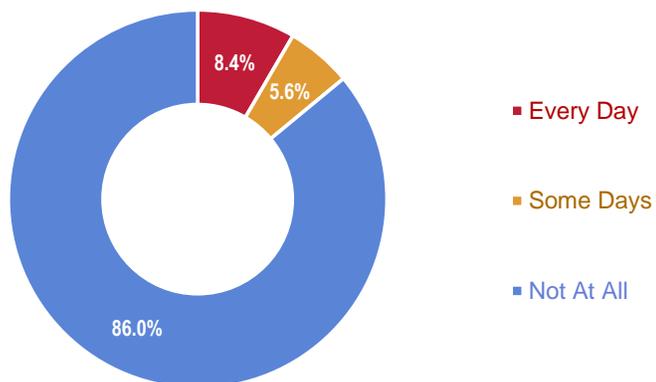
– Healthy People 2030 (<https://health.gov/healthypeople>)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 14.0% of Yuma County adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).

Cigarette Smoking Prevalence
(Yuma County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 49]
Notes: • Asked of all respondents.



Note the following findings related to cigarette smoking prevalence in Yuma County.

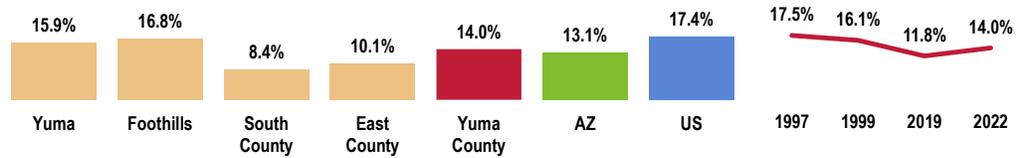
BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Lowest in South County. Adults younger than 65 and White respondents are more likely to report smoking cigarettes.

Current Smokers

Healthy People 2030 = 5.0% or Lower

Yuma County

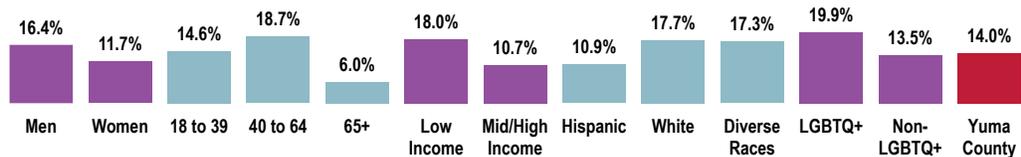


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 49]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Arizona data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.
 • Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

Current Smokers (Yuma County, 2022)

Healthy People 2030 = 5.0% or Lower



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 49]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.
 • Includes regular and occasion smokers (every day and some days).



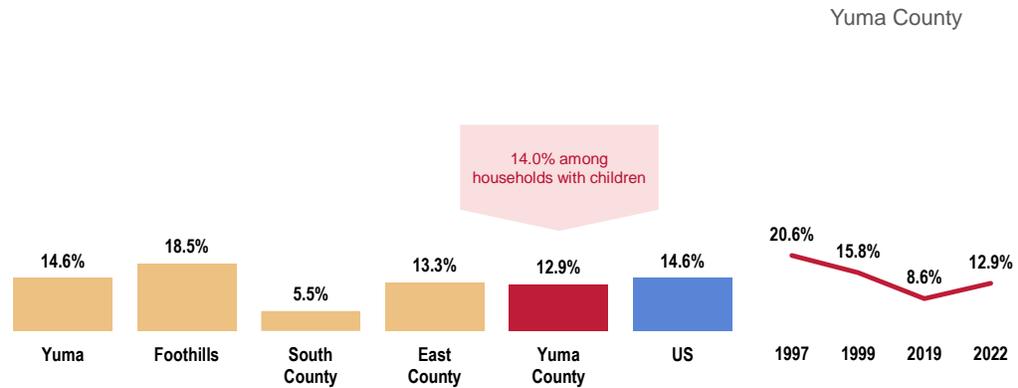
Environmental Tobacco Smoke

Among all surveyed households in Yuma County, 12.9% report that someone has smoked cigarettes in their home on an average of four or more times per week over the past month.

TREND ► Represents a significant decrease over time.

DISPARITY ► Lowest in South County.

Member of Household Smokes at Home



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 52, 162]
 • 2020 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

More than one-third of regular smokers (38.7%) went without smoking for one day or longer in the past year because they were trying to quit smoking.

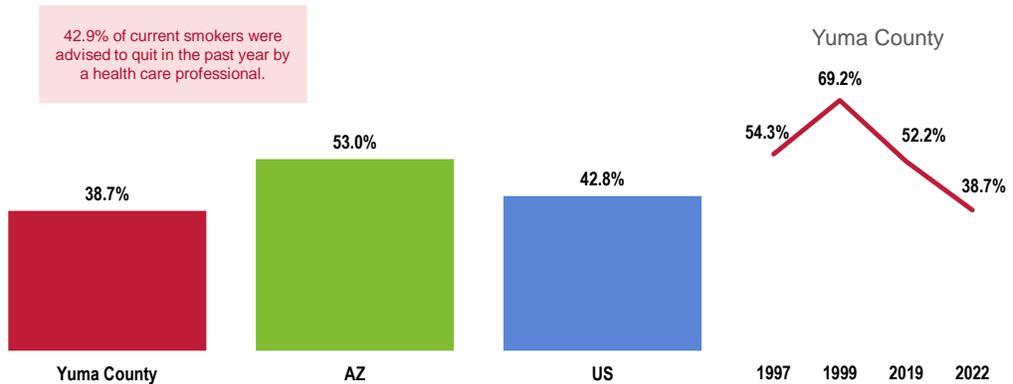
BENCHMARK ► Less favorable than the statewide finding. Far from satisfying the Healthy People 2030 objective.

TREND ► Represents a significant decrease since the 1999 survey.



Have Stopped Smoking for One Day or Longer in the Past Year (Everyday Smokers)

Healthy People 2030 = 65.7% or Higher



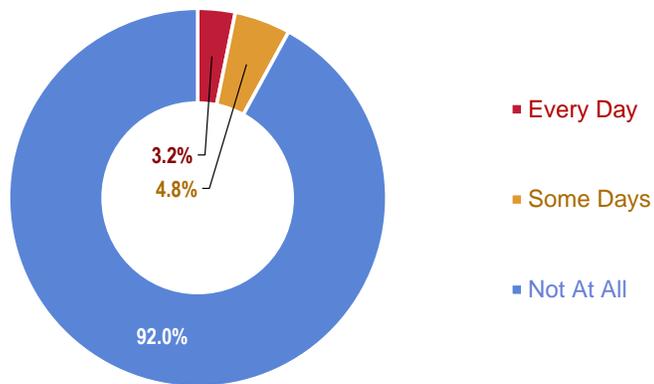
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 50-51]
 • 2020 PRC National Health Survey, PRC, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Arizona data.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of respondents who smoke cigarettes every day.

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, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 54]
 Notes: • Asked of all respondents.



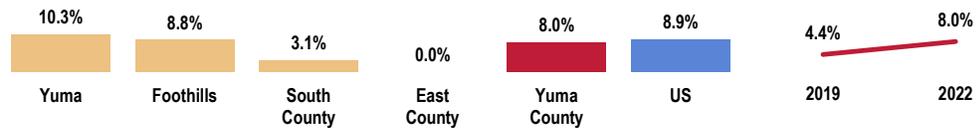
However, 8.0% currently use vaping products either regularly (every day) or occasionally (on some days).

TREND ► Represents a significant increase since 2019.

DISPARITY ► Highest in Yuma. Younger adults (those age 18 to 39) are more likely to report using vaping products.

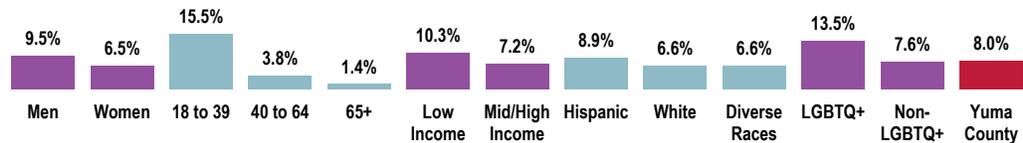
Currently Use Vaping Products (Every Day or on Some Days)

Yuma County



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 54]
 • 2020 PRC National Health Survey, PRC, Inc.
 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, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 54]
 Notes: • Asked of all respondents.
 • Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

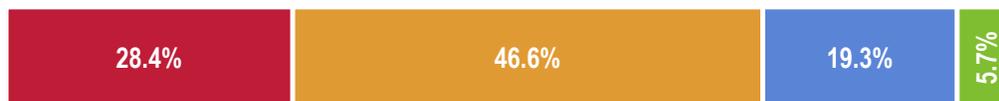
Key Informant Input: Tobacco Use

Key informants taking part in an online survey most often characterized *Tobacco Use* as a “moderate problem” in the community.



Perceptions of Tobacco Use as a Problem in the Community (Key Informants, 2022)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



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

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

Incidence/Prevalence

- Tobacco usage is a national health issue, not only in our community. Just watch the TV ads. – Health Care Provider
- There are very few places I go where someone isn't standing around the building smoking. I also know many people around me who chew or vape. – Business Leader
- There are still way too many people smoking and chewing. – Social Services Provider
- Being in home health, we still encounter a lot of community members that continue to use tobacco and have a hard time with smoking or tobacco cessation. – Health Care Provider

Teen/Young Adult Usage

- High use of tobacco among teens. – Health Care Provider
- The amount of people who smoke in Yuma County, especially teen and young adults, is alarming. – Health Care Provider
- More and more young people are smoking nowadays, despite the knowledge of its health hazards. Older people are addicted to the nicotine in tobacco and can't quit. – Community Leader
- People start using at a very young age, and with that, quitting isn't very easy. – Business Leader

Awareness/Education

- No educators, not enough therapists, no care managers to follow up once started on a plan, etc. – Health Care Provider
- Cessation. Programs don't exist. – Government Representative

Co-Occurrences

- Tobacco products are a big factor in mental health. – Social Services Provider
- Gateway drug to other drugs. Youth are using. – Educator

E-Cigarettes

- Increased use of vape products among under-21 users. – Health Care Provider
- Our teens are vaping, and it is unhealthily. – Social Services Provider

Social Norms/Community Attitude

- It seems to be an accepted, low-level problem; however, the life-long issues are well known. I think because it is legal and there is easy access, it is not viewed as the problem it is. I also do believe that vendors sell to minors, as I have personally seen it. – Educator
- Socially acceptable and a way many pass time as they drink with friends, hang out, or just being bored. – Community Leader

Access to Care/Services

- No good cessation program. – Health Care Provider

Easy Access

- Easy access, teen pressure, substance abuse. – Community Leader



SEXUAL HEALTH

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

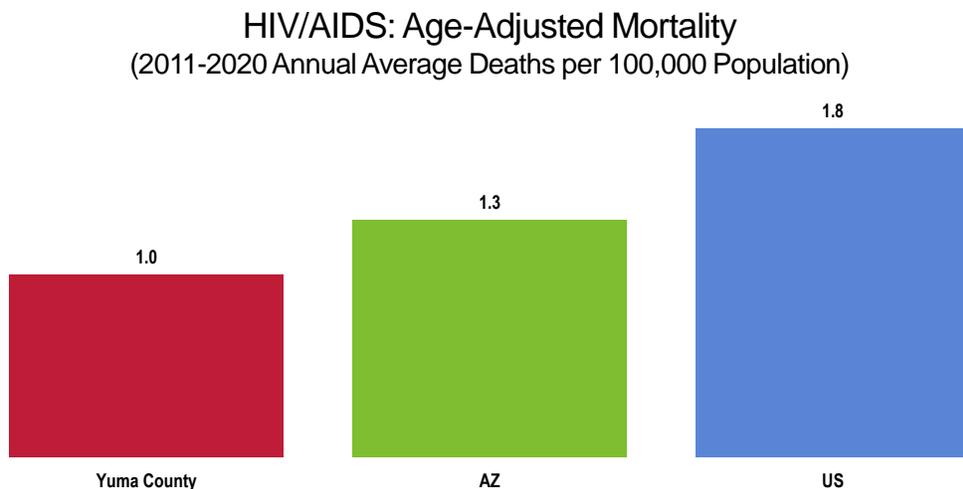
– Healthy People 2030 (<https://health.gov/healthypeople>)

HIV

Age-Adjusted HIV/AIDS Deaths

Between 2011 and 2020, there was an annual average age-adjusted HIV/AIDS mortality rate of 1.0 death per 100,000 population in Yuma County.

BENCHMARK ▶ More favorable than found statewide and nationally.



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 2022.



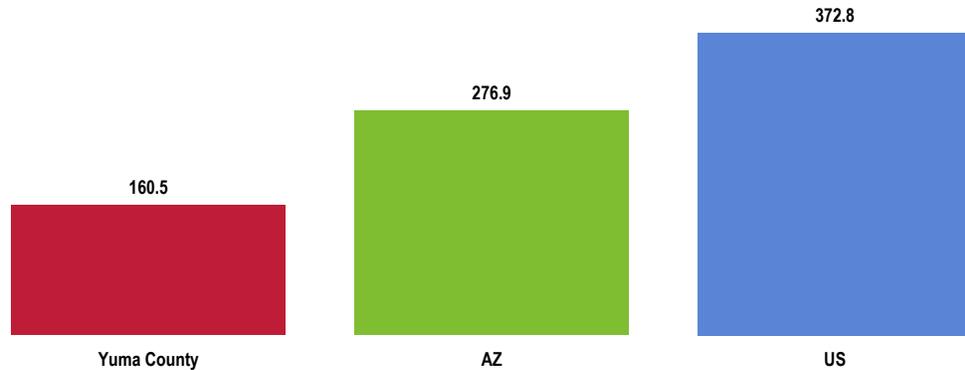
HIV Prevalence

In 2018, there was a prevalence of 160.5 HIV cases per 100,000 population in Yuma County.

BENCHMARK ▶ More favorable than found statewide and nationally.

DISPARITY ▶ Considerably higher among Black residents.

HIV Prevalence
(Prevalence Rate of HIV per 100,000 Population, 2018)



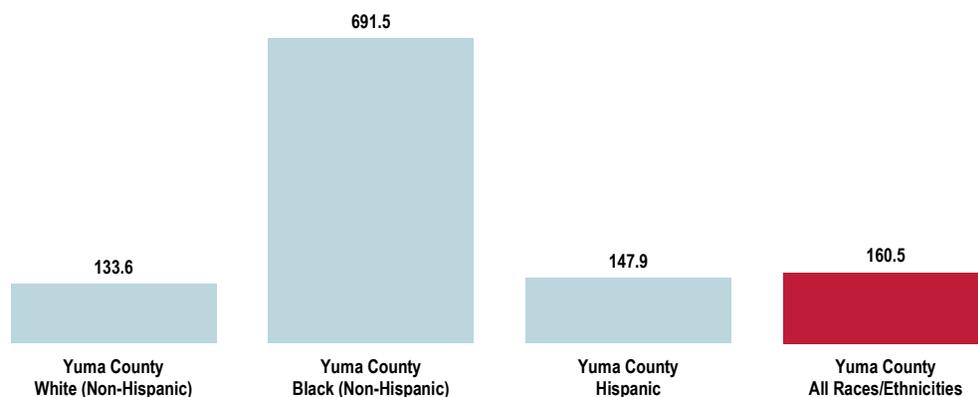
Sources:

- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2022 via SparkMap (sparkmap.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, 2018)



Sources:

- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2022 via SparkMap (sparkmap.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.



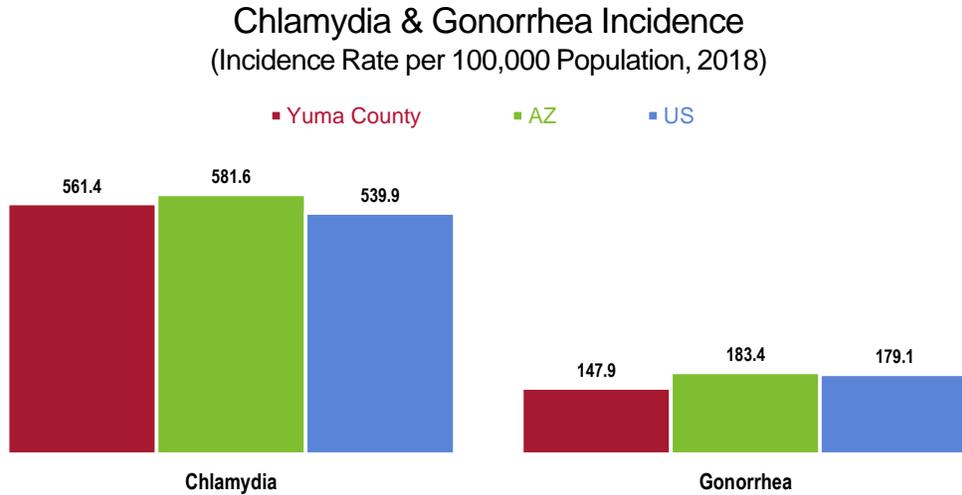
Sexually Transmitted Infections (STIs)

Chlamydia & Gonorrhea

In 2018, the chlamydia incidence rate in Yuma County was 561.4 cases per 100,000 population.

The Yuma County gonorrhea incidence rate in 2018 was 147.9 cases per 100,000 population.

BENCHMARK ▶ The gonorrhea rate is more favorable than found across the state and US.

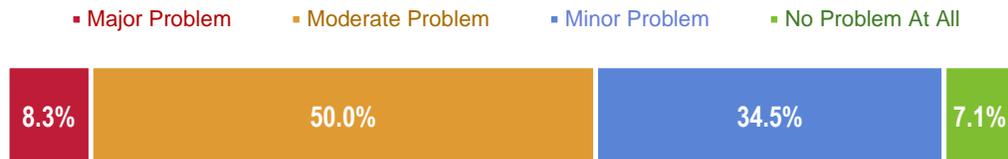


Sources: ● Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2022 via SparkMap (sparkmap.org).
Notes: ● This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Key Informant Input: Sexual Health

Key informants taking part in an online survey most often characterized *Sexual Health* as a “moderate problem” in the community.

Perceptions of Sexual Health as a Problem in the Community (Key Informants, 2022)



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



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

Access to Care/Services

Not enough access to care. – Government Representative

Incidence/Prevalence

My knowledge of the reported sexually transmitted diseases in the community. – Government Representative

Income/Poverty

Poverty contributes to the problems associated with sexual health. There is a need for interventions in this area for our young women, as they will need to take most of the responsibility for any unwanted pregnancies and their own health. – Educator

Unplanned Pregnancy

There is unprotected sex happening among many of our younger population, causing a very high rate of unwanted/unexpected pregnancies and/or transmission of STD's. – Community Leader





ACCESS TO HEALTH CARE

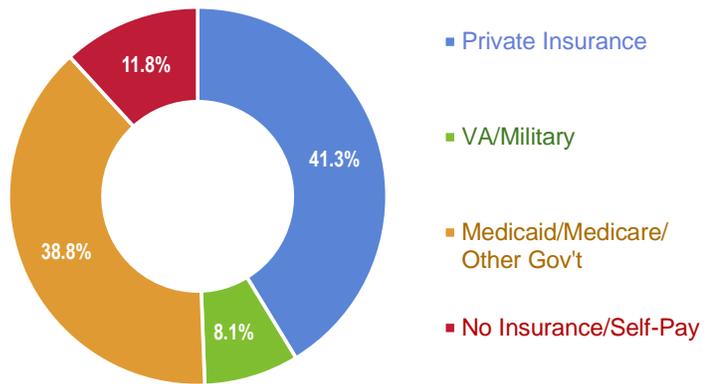
HEALTH INSURANCE COVERAGE

Type of Health Care Coverage

Survey respondents were asked a series of questions to determine their health care insurance coverage, if any, from either private or government-sponsored sources.

A total of 41.3% of Yuma County adults age 18 to 64 report having health care coverage through private insurance. Another 46.9% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Health Care Insurance Coverage
(Adults Age 18-64; Yuma County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 169]
Notes: • Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

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 health care services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64, 11.8% report having no insurance coverage for health care expenses.

BENCHMARK ► Better than found statewide.

TREND ► Represents a significant decrease over time.

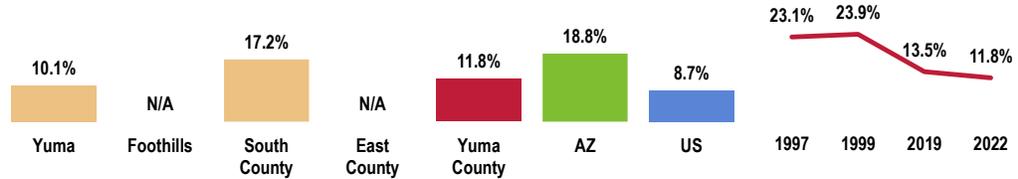
DISPARITY ► Relatively high in South County. Those more likely to report being without insurance include adults age 18 to 39, lower-income respondents, Hispanic residents, and non-LGBTQ+ respondents.



Lack of Health Care Insurance Coverage (Adults Age 18-64)

Healthy People 2030 = 7.9% or Lower

Yuma County



Sources:

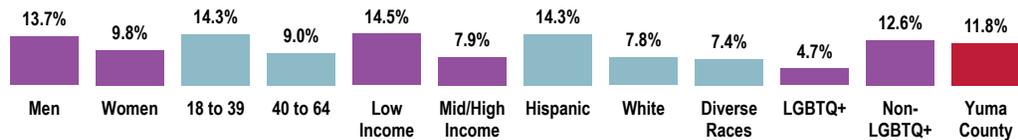
- 2022 PRC Community Health Survey, PRC, Inc. [Item 169]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Arizona data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

- Asked of all respondents under the age of 65.
- The sample of respondents in Foothills and East County are too small to be shown here.

Lack of Health Care Insurance Coverage (Adults Age 18-64; Yuma County, 2022)

Healthy People 2030 = 7.9% or Lower



Sources:

- 2022 PRC Community Health Survey, PRC, Inc. [Item 169]
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

- Asked of all respondents under the age of 65.



DIFFICULTIES ACCESSING HEALTH CARE

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. ...About 1 in 10 people in the United States don't have health insurance. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Difficulties Accessing Services

A total of 53.3% of Yuma County adults report some type of difficulty or delay in obtaining health care services in the past year.

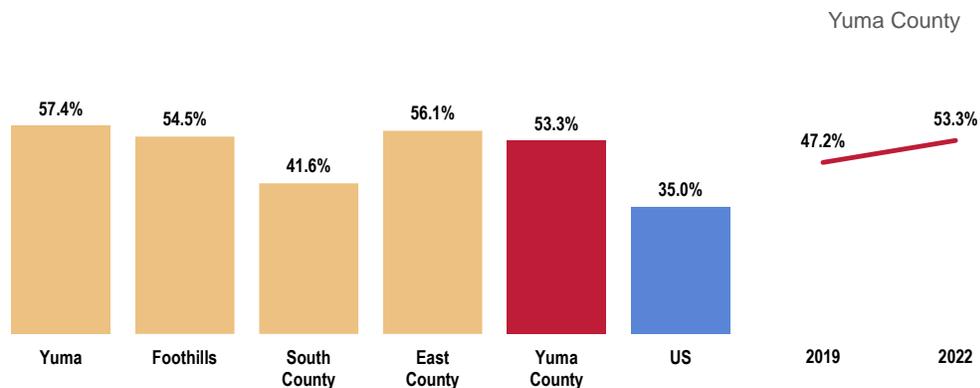
BENCHMARK ▶ Considerably higher than the US percentage.

TREND ▶ Marks a significant increase since 2019.

DISPARITY ▶ Highest in Yuma. More often reported among women, adults younger than 65, White residents, residents of diverse races, and members of the LGBTQ+ community.

This indicator reflects the percentage of the total population experiencing problems accessing health care 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.

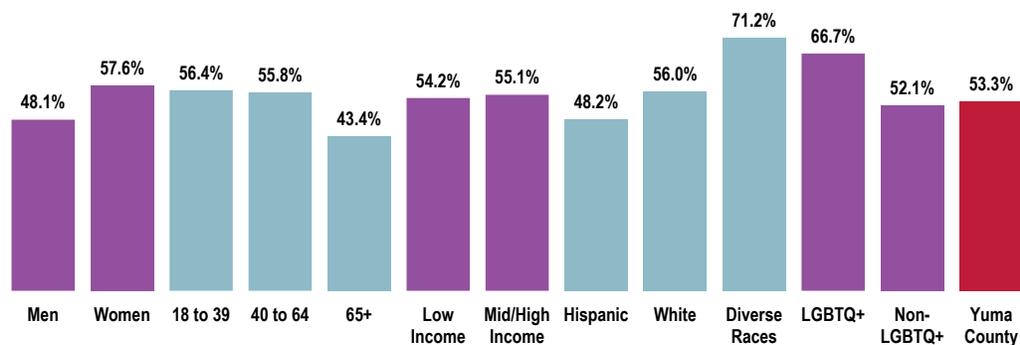
Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 171]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.



Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year (Yuma County, 2022)



Sources: • 2022 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 health care in the past 12 months.

Barriers to Health Care Access

Of the tested barriers, appointment availability impacted the greatest share of Yuma County adults.

BENCHMARK ► Four of the tested barriers were found to have a higher impact locally than nationally: **appointment availability, finding a physician, cost of a doctor visit, and inconvenient office hours.**

TREND ► Since 1997, mention of **appointment availability** and **cost of a doctor visit** as barriers has increased significantly.

DISPARITY ► Four of the barriers were found to be higher in Yuma than in the other three subareas (not shown): **appointment availability, cost of a doctor visit, cost of prescriptions, and lack of transportation.**

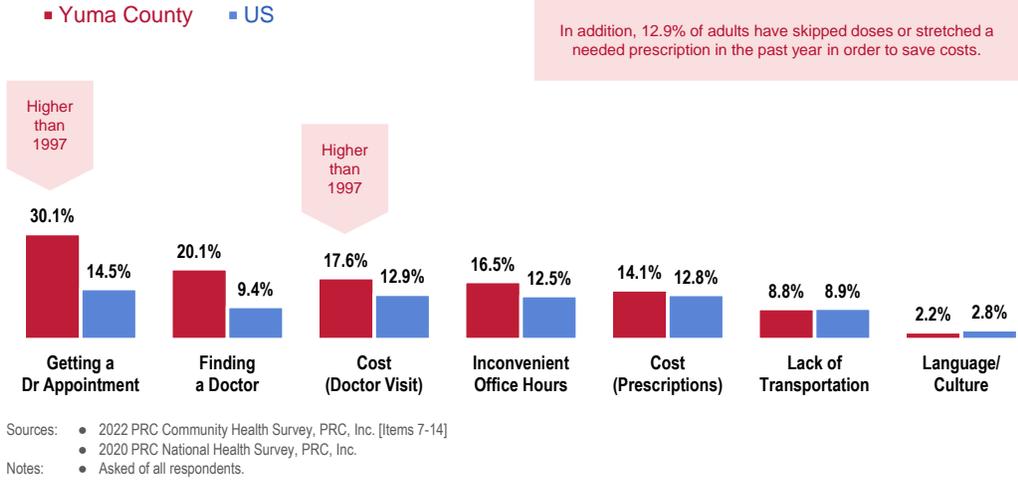
Note also the percentage of adults who have skipped or reduced medication doses in the past year in order to stretch a prescription and save costs.

To better understand health care 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.



Barriers to Access Have Prevented Medical Care in the Past Year



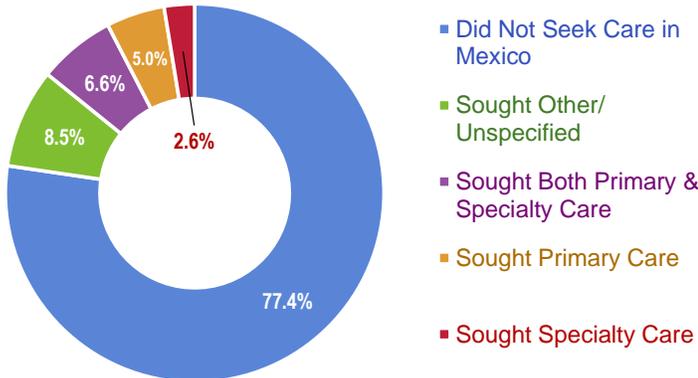
Seeking Medical Care in Mexico

A total of 22.6% respondents report having gone to Mexico for medical care in the past year.

TREND ▶ Represents a significant increase since 2019.

DISPARITY ▶ Particularly high in South County. More often reported among adults younger than 65 (especially those age 18 to 39), lower-income adults, Hispanic respondents, and LGBTQ+ respondents.

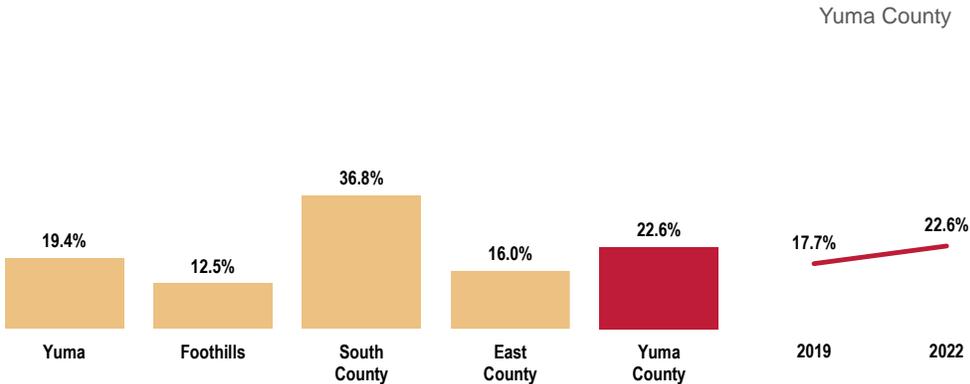
Type of Care Sought in Mexico (Yuma County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 322]
Notes: • Asked of all respondents.

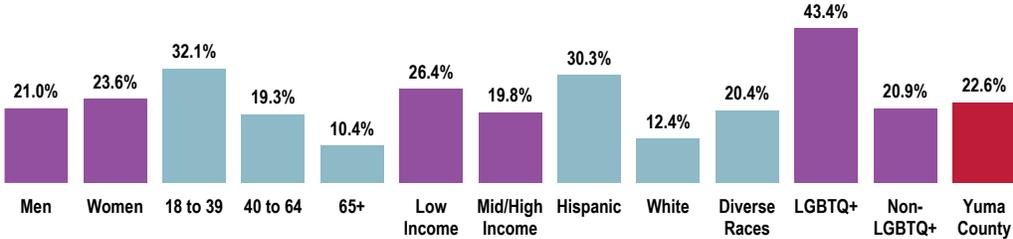


Went to Mexico for Medical Care in the Past Year



Sources: • 2022 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, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 301]
 Notes: • Asked of all respondents.



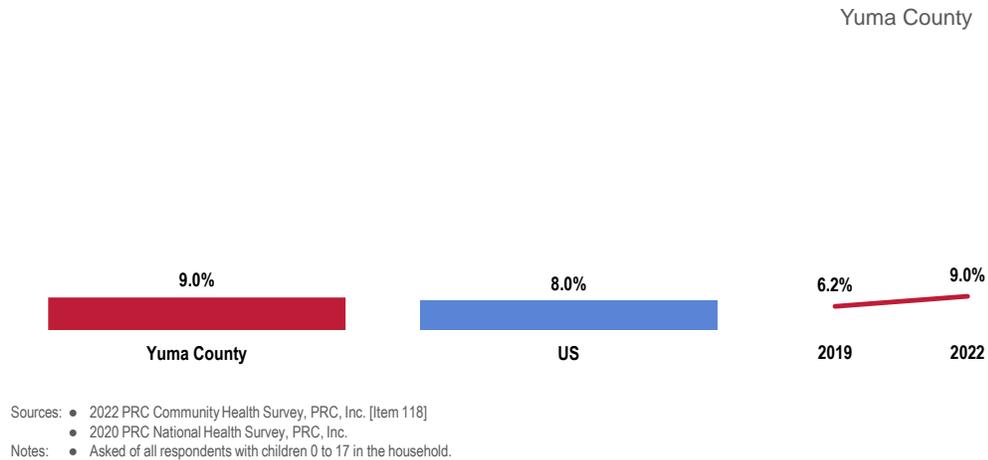
Accessing Health Care for Children

Difficulties Accessing Care

A total of 9.0% 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.

Had Trouble Obtaining Medical Care for Child in the Past Year (Parents of Children 0-17)

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.

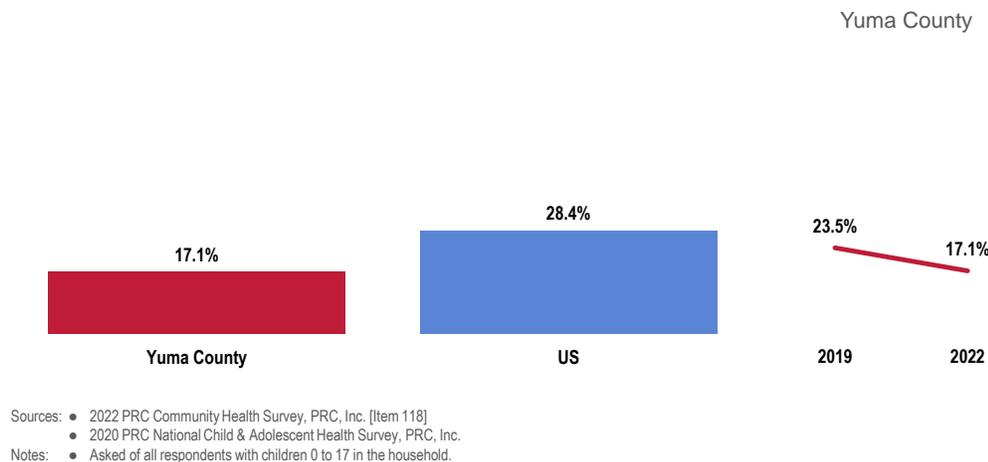


Outmigration for Care

A total of 17.1% of Yuma County parents report that they feel the need to leave their local area in order to get certain children's healthcare services.

BENCHMARK ► Lower than found across the US.

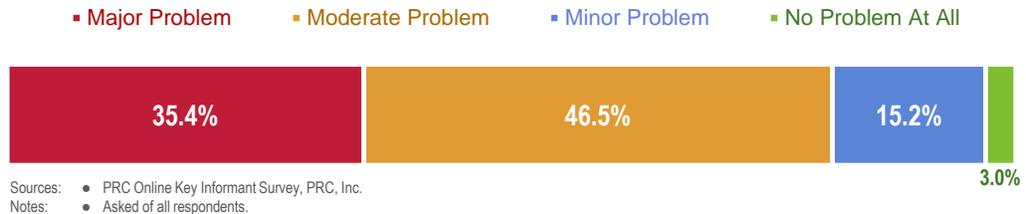
Feel the Need to Leave the Area for Children's Healthcare (Parents of Children 0-17)



Key Informant Input: Access to Health Care Services

Key informants taking part in an online survey most often characterized *Access to Health Care Services* as a “moderate problem” in the community.

Perceptions of Access to Health Care Services as a Problem in the Community (Key Informants, 2022)



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

Access to Care/Services

- Waiting times for a next available appointment are lengthy. Patients lack the understanding between primary care, urgent care, and emergency care. Patient education is needed on the importance of routine screening and annual physicals. – Health Care Provider
- The larger emergency department and new ED providers did not solve the problem of extremely long waits at the ED. Also, the physicians in the community complain that they don't have enough patients, yet you have to wait days, weeks, or even months to be seen. – Health Care Provider
- Delays in care and inability to establish with new providers in a timely manner. – Health Care Provider
- Many patients in our community are having to wait long periods of time to get in to see a provider. They have a very difficult time navigating care as not all the systems talk to one another. When providers offices are not able to get appointments for their patients, they recommend patient to go to Emergency Department. Providers also use Emergency Services for procedures that can be scheduled throughout patient services, however the patients are deferred to ED to get the procedure completed "faster" than what an appointment time can offer. – Health Care Provider
- Access is limited, getting into doctors takes months if not a full year, the cost is extremely high, specialists are terrible, doctors in Yuma push anti-science options to patients ... it seems many doctors shouldn't be in their field of choice because they are dangerously ignorant and questionably skilled. – Community Leader
- Providers do not accommodate the schedules of working people. There are long delays for appointment times and there are no after-hours appointments. Working people must take wage loss or risk job loss to make appointments so instead they avoid accessing services. I believe this is due to lack of competition in this community – Community Leader
- Very challenging to get access to a doctor that comes highly recommended while also have that doctor open to new patients. From what I gather from local businesses, our insurance costs are significantly higher in Yuma compared to other areas, and many times serious issues needing highly proficient specialists are often sought out in neighboring cities (Phoenix/San Diego) to ensure quality care. If paying double, we should be recruiting top health care professionals in their area of expertise. – Business Leader
- Urology, pulmonology, GI, nephrology medical services are limited. The quality of service and outcomes from locum general surgeons is concerning. – Health Care Provider
- I see the biggest challenges 1) length of time it takes to get an appointment; 2) poor experiences with doctors discouraging attention to healthcare; 3) out-of-pocket costs; 4) lack of peer based approaches to youth on fentanyl and meth use. 5) lack of appreciation for the role of supplementation in boosting immunity towards such things as COVID. – Government Representative
- Availability of doctors, inflated costs at YRMC leading to lost time going to Phoenix. – Business Leader
- Patient waiting more than four to six weeks to get established with a new physician. Lack of good subspecialist care in the community. Lack of general medical care in the south of the county and east county. Especially cultural appropriate care. – Health Care Provider
- Have to use the urgent care facilities due to difficulty and of time to get into see a doctor. Doctors are harder to get into see since the hospital forced them to sell to be able to practice at YRMC. – Business Leader



One of the biggest challenges is not being able to get a timely doctor's appointment with your primary care physician. Many insurance plans have gone to HMO's, meaning care has to be started by the PCP. Many times, it is six weeks or longer before you can get an appointment and you are told to go to an urgent care or the ER. Symptoms are addressed, and you are told to follow up with your PCP. The issues are not addressed, and so the cycle repeats. This only adds more stress to an already overly stressed medical system. – Community Leader

For any standard sickness, even with a PCP, wait times can be excessive. I have started using YRMC Foothills Walk In as PCP for any sickness because my PCP has days to weeks' worth of waits. I once had a sinus infection turn into pre-pneumonia because I had to wait several days for a checkup, and a week for a follow up. I was out of work almost 10 days. If YRMC or the Community could form more pop-up clinics that can see non-emergency sicknesses, be it virtual, or, ideally, in-person, I really feel it can save a lot of angst many of us have. Something that works alongside standard insurances for a reasonable, non-urgent care rate. Most families cannot spend \$250+ to get to see doc to get prescriptions or confirm what they already suspect. I'm not good with the costs of health care right now, but \$125 or a specialist insurance for insured would be a HUGE help for many. Me, I have used telehealth for many common sinus related issues now, but YRMC Walk In for any odd symptoms. – Community Leader

For our size community, we should have a bigger hospital system with more than one hospital. Where I'm originally from, people are flown to other hospitals only from small town hospitals in communities of 50,000 or less. The main hospital they are flown to is one in a community of 110,000, just barely bigger than Yuma. That is also where people go for major surgeries, cancer treatment, etc. I love our community hospital and have received great care from them, but too often people are flown to Phoenix. – Business Leader

The lack of health care coordination to assist patients, contributes to lack of compliance for patients to manage their health as a whole. Patients who have many medical conditions are overwhelmed by the system and do not have the support ensure needs are met. – Health Care Provider

Lack of Providers

No doctors available at hospital, private doctors and local clinics have a long waiting time period. – Social Services Provider

Not enough providers. Too many small clinics with no proper mechanism in place for patients to see their provider in a short period of time. Follow up appointment time is too much. – Health Care Provider

Lack or fewer specialists. Advanced practitioners that don't have enough in-depth training to take care of the more complex cases. – Health Care Provider

It takes weeks and months to get an appointment and the quality of doctors is third world. You get much better options nearly anywhere else and much faster service. – Social Services Provider

The system itself is cumbersome and often getting an appointment scheduled in a timely manner is a challenge. Most if not all of our local providers are attached/owned by YRMC and utilize the same electronic records system so contacting an individual doctor and establishing a long-term working relationship with a primary care provider is almost impossible. It is impersonal and patients get lost in an inefficient system and get frustrated so give up seeking the care they need to prevent a problem. – Social Services Provider

Historically, there has been a general lack of specialty medical services in Yuma. This is especially true for our pediatric population. It can be challenging to find timely, let alone ANY, access for some services in town. As such, many of our patients are forced to go out of town for specialty care. This imposes several costs on the family including time, financial and emotional. – Health Care Provider

There are many health services that are not being provided in our community. There are numerous people waiting to be seeing by a doctor that comes to Yuma only once or twice a week. Patients have to either drive to other cities or wait a week or two to be seeing by a specialized doctor – Community Leader

A person may need to wait over a month to get an appointment to their PCP. A specialist may take longer. – Health Care Provider

The availability of specialized health care providers in the local area, with waiting times three, six and nine months out. Many people leave the community to see doctors in the Phoenix area or California. – Social Services Provider

Healthcare providers are limited. The staff working for providers are not always trained or community service friendly. There is an intimidation factor for the older population if they don't have a family advocate. – Educator

Not enough providers. – Health Care Provider

Low percentage of doctors that provide standalone health care, consumer should have options. All are run by YRMC, costs are high. – Community Leader

Not enough healthcare professionals, not enough agencies to treat many of the issues you identified. And not enough specialists. – Health Care Provider

Adequate number of physicians to treat the population and specific services require you to leave Yuma. We have a shortage of pediatric services, mental health services and specialty services like endocrinology. – Health Care Provider

General healthcare takes months to get into a doctor. – Health Care Provider

Urologist only one contracts with Banner Health. – Social Services Provider



Access to gastroenterology services. – Health Care Provider

Affordable Care/Services

The incredible increases in cost since YRMC has purchased many health providers in Yuma. – Community Leader

Services for low income, mental health services, finding the right resources, therapist for teens and kids. – Community Leader

The costs of medical services in Yuma needs to be reevaluated starting with YRMC. People do not seek medical care or need to go out of town or across the border to find affordable care. – Business Leader

Cost of healthcare as driven by YRMC. – Community Leader

Affordable health care. And emergency health care. – Business Leader

The costs for care in Yuma are drastically higher than in Phoenix. – Educator

The diagnosis that are being made at YRMC- some sit in extended care with NO diagnosis but a health care bill racking up then leave WITH NO actual answer or after care. Many leave this local hospital and go to Phoenix or San Diego and get treated after being told they were free to go. The care is NOT affordable and those with medical plans pay the premium while others get a financial break! It is very discouraging especially when you run a business doing the best you can to provide a competitive health care plan – then watch your team members struggle to pay the medical bill and be frustrated they did not get great care at our local hospital. – Community Leader

Transportation

Traveling for specialties services or lack of travel due to being limited in transportation. Or the education on how they navigate that state service. – Social Services Provider

Good and reliable transportation not always available, costly for many residents also. Transportation services cancel last minute or just do not show. Services that are not culturally competent, adequate. – Health Care Provider

No transportation to access health care needs. – Community Leader

Quality of Care

Quality of care. It's not even mentioned. – Social Services Provider

The negative experiences which deter the community from using the local health care services and/or not having the proper care when they do get there. – Community Leader

Health Outcomes are Impacted by Social Determinants

Overall health outcomes for our community are impacted by the Social Determinants of Health, SDOH, and the coordination of care between physical health and social service providers needs to increase. The value in addressing those factors which occur in the home environment and greatly influence health outcomes needs to be seen, and systems of care need to incorporate this coordination and a payment mechanism to holistically care for individuals and families within our community. – Social Services Provider

Access to Primary Care

Access to primary care continues to be an issue. MD population is not increasing at the level of Yuma area population, not to mention visiting tourism need for services. – Health Care Provider

Lack of Specialty Care

Autism and Inpatient elderly care. – Business Leader

Mental health care is the greatest need. – Government Representative

Lack of Social Service to Support the Medical Providers

Lack of social service support to the medical providers. – Health Care Provider



PRIMARY CARE SERVICES

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

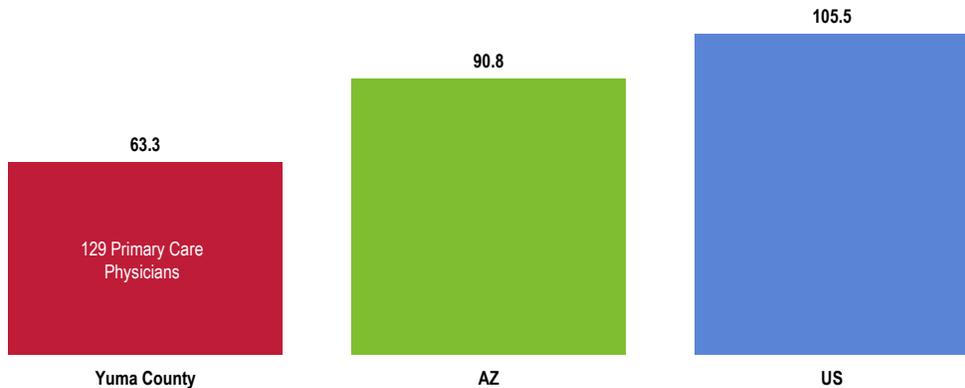
– Healthy People 2030 (<https://health.gov/healthypeople>)

Access to Primary Care

In 2022, there were 129 primary care physicians in Yuma County, translating to a rate of 63.3 primary care physicians per 100,000 population.

BENCHMARK ▶ Less favorable than state and national proportions.

Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population, 2022)



Sources:

- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2022 via SparkMap (sparkmap.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

A total of 66.9% of Yuma County adults were determined to have a specific source of ongoing medical care.

BENCHMARK ▶ Lower than the national percentage. Fails to satisfy the Healthy People 2030 objective.

TREND ▶ Denotes a significant decrease since 2019.

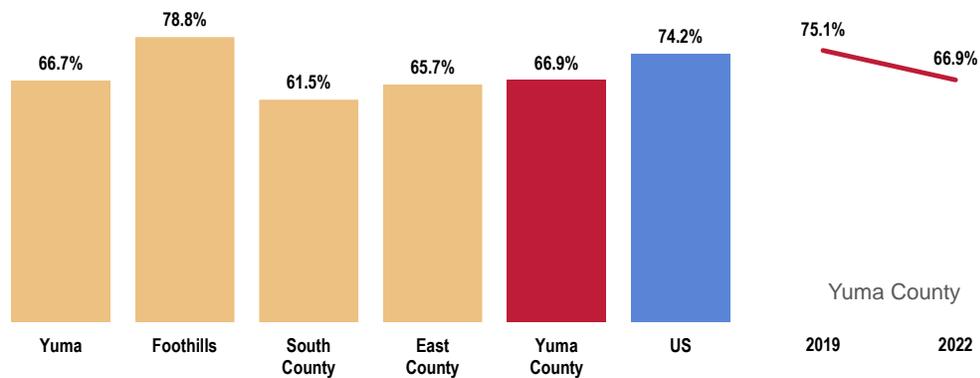
DISPARITY ▶ Highest in the Foothills area.

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.

Have a Specific Source of Ongoing Medical Care

Healthy People 2030 = 84.0% or Higher



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 170]
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents.

Utilization of Primary Care Services

Adults

In Yuma County, 6 in 10 adults (62.4%) visited a physician for a routine checkup in the past year.

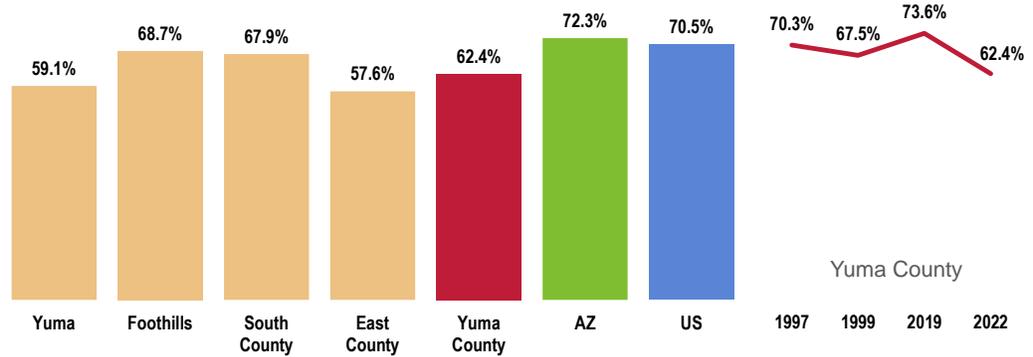
BENCHMARK ▶ Less favorable than found across Arizona and the US.

TREND ▶ Represents a significant decrease over time.

DISPARITY ▶ Lower in Yuma and East County. Those less likely to have received a checkup include adults younger than 65, lower-income adults, and respondents of diverse races.



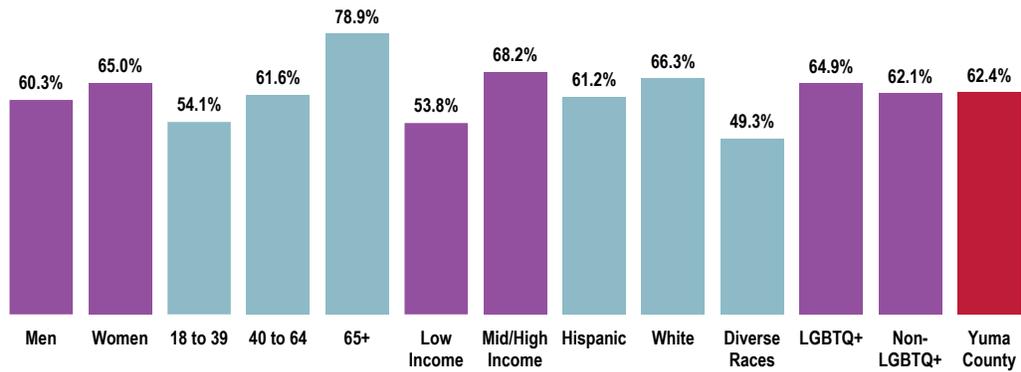
Have Visited a Physician for a Checkup in the Past Year



Sources: • 2022 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): 2020 Arizona data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Have Visited a Physician for a Checkup in the Past Year (Yuma County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 18]
 Notes: • Asked of all respondents.



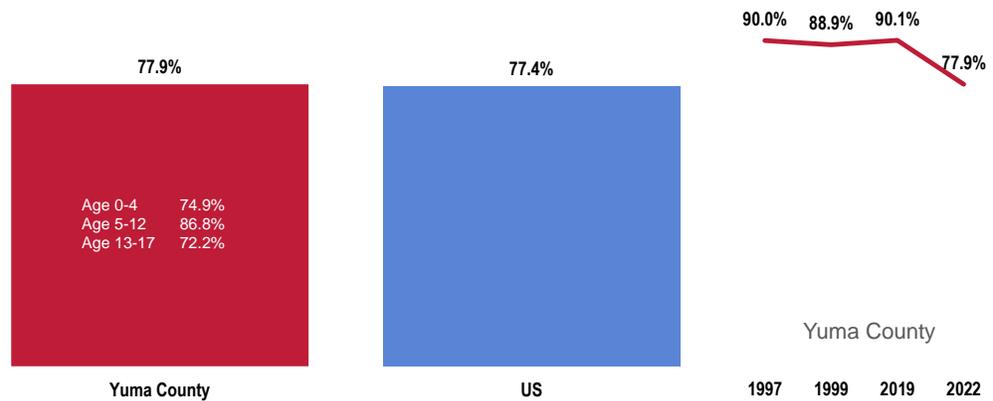
Children

Among surveyed parents, 77.9% report that their child has had a routine checkup in the past year.

TREND ► Marks a significant decrease from previous surveys.

DISPARITY ► Lower among both younger and older children.

Child Has Visited a Physician for a Routine Checkup in the Past Year (Parents of Children 0-17)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 120]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents with children 0 to 17 in the household.

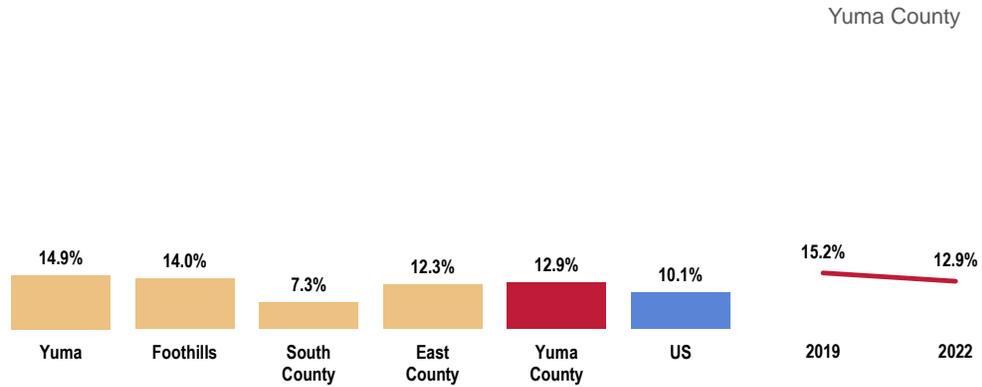


EMERGENCY ROOM UTILIZATION

A total of 12.9% of Yuma County adults have gone to a hospital emergency room more than once in the past year about their own health.

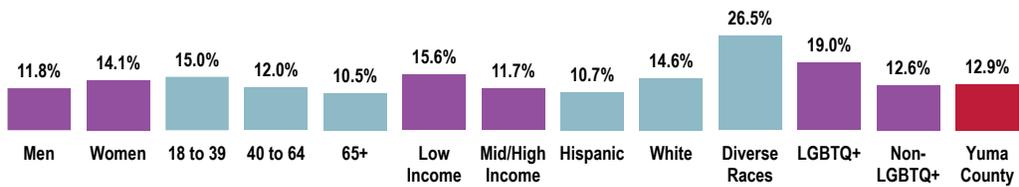
DISPARITY ► Higher in Yuma. ER utilization is higher among residents of diverse races.

Have Used a Hospital Emergency Room More Than Once in the Past Year



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 22]
 • 2020 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, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 22]
 Notes: • Asked of all respondents.



ORAL HEALTH

ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. ...Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Dental Insurance

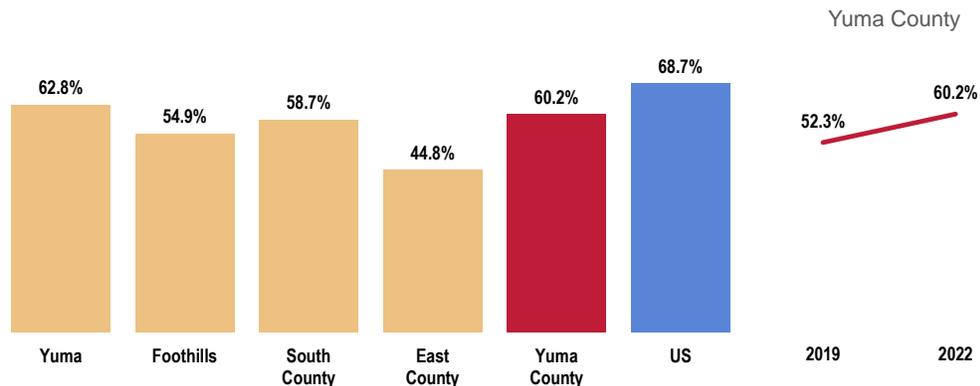
Among Yuma County adults, 6 in 10 (60.2%) have dental insurance that covers all or part of their dental care costs.

BENCHMARK ▶ Less favorable than the national finding. Satisfies the Healthy People 2030 objective.

TREND ▶ Marks a significant increase since 2019.

DISPARITY ▶ Particularly low in East County.

Have Insurance Coverage That Pays All or Part of Dental Care Costs
Healthy People 2030 = 59.8% or Higher



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 21]
• 2020 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
Notes: • Asked of all respondents.



Dental Care

Adults

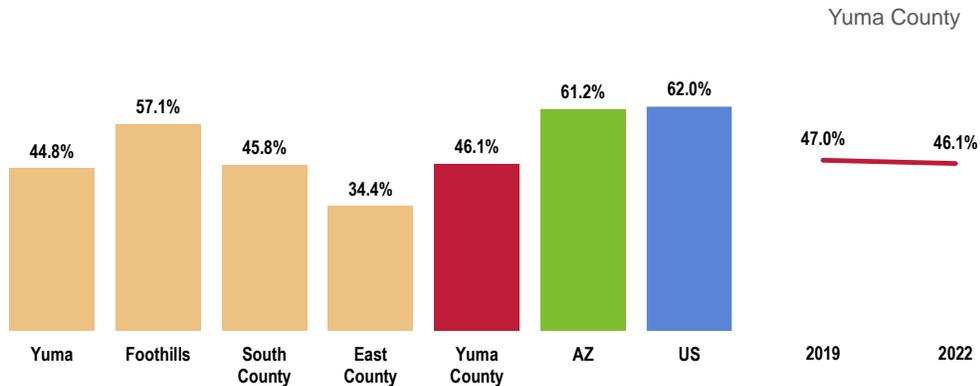
A total of 46.1% of Yuma County adults have visited a dentist or dental clinic (for any reason) in the past year.

BENCHMARK ► Worse than the state and national findings.

DISPARITY ► Highest in the Foothills area. Those less likely to report receiving dental care include adults younger than 65, lower-income households, Hispanic residents, and those without dental insurance.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2030 = 45.0% or Higher

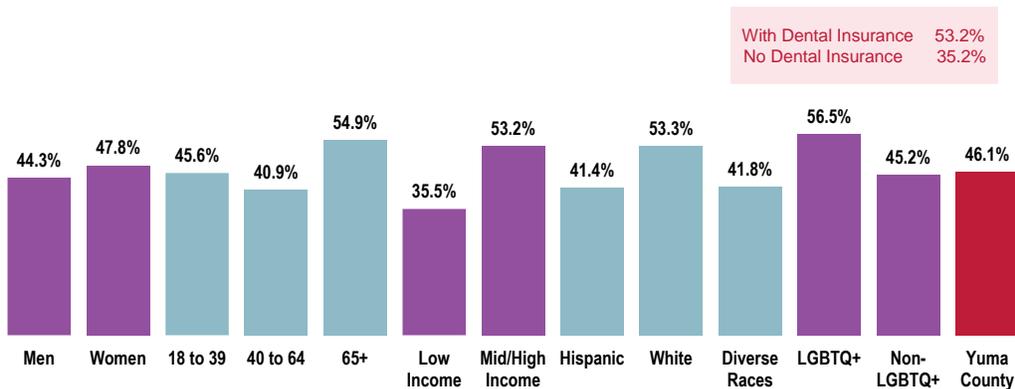


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 20]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Arizona data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.

Have Visited a Dentist or Dental Clinic Within the Past Year (Yuma County, 2022)

Healthy People 2030 = 45.0% or Higher



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 20]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.



Children

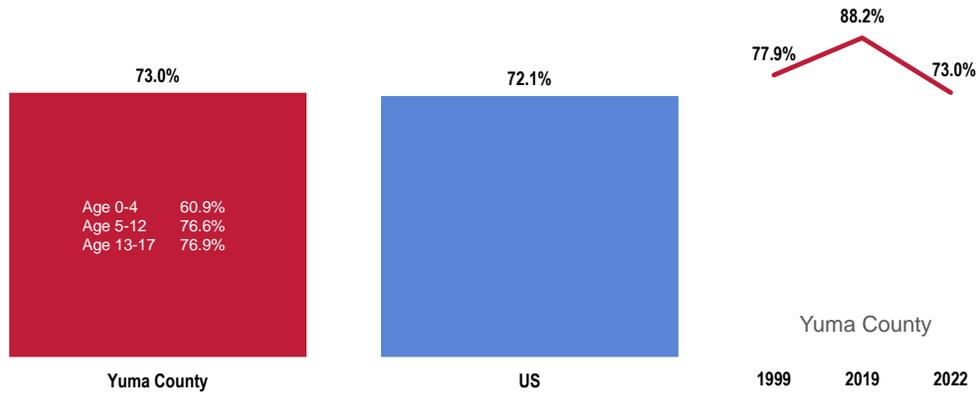
A total of 73.0% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

BENCHMARK ▶ Satisfies the Healthy People 2030 objective.

DISPARITY ▶ Lower among children age 0 to 4.

Child Has Visited a Dentist or Dental Clinic Within the Past Year (Parents of Children Age 2-17)

Healthy People 2030 = 45.0% or Higher



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 123]
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents with children age 2 through 17.

Key Informant Input: Oral Health

Key informants taking part in an online survey generally characterized *Oral Health* as a “minor problem” in the community.

Perceptions of Oral Health as a Problem in the Community (Key Informants, 2022)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



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



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

Affordable Care/Services

Extra cost and not all under privileged are willing to pay for. – Business Leader

Cost. – Government Representative

Dental care is expensive and not everyone has coverage. Not enough preventive services available. – Public Health Representative

Access, cost, and fear are three contributing factors. – Educator

Lack of Providers

Not enough dentists. Routine care may not be covered by most insurance plans, must get separate coverage. – Health Care Provider

No dentist, it literally takes two to three months to get established with a dentist and the cost is high. – Health Care Provider

The lack of dentists, insurance, and poor preventive health are detriments to proper oral care. Community members receive the majority of their dental care especially when emergencies occur in Mexico. – Health Care Provider

Income/Poverty

Neglect or oral hygiene of adults and children due to a large population of low socioeconomic families. – Community Leader

Poor. – Health Care Provider

Multiple Factors

Population makes up between winter visitors, border towns and locals who just do not access it. I think it is not something they even discuss in school anymore as they did in the 80's. – Community Leader

High sugar diet, lack of proper teeth care, expensive oral health services. – Health Care Provider

Insurance Issues

Most insurance does not cover dental. – Educator

AHCCCS doesn't cover adult dental care. – Health Care Provider

Vulnerable Populations

Providers do not want to work with mental or DDD population. – Social Services Provider

Prevention/Screenings

Early oral health practices can prevent a great deal of issues later in life. Again, with our poverty rates, these families are not aware of the need for good oral practices. – Health Care Provider



VISION CARE

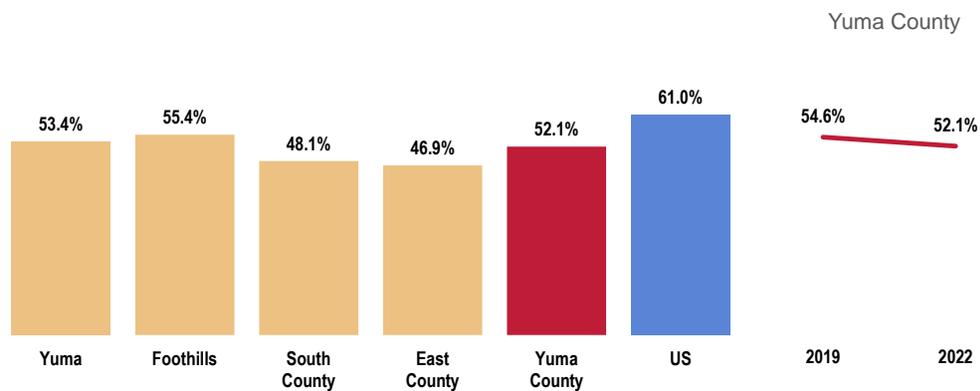
A total of 52.1% of Yuma County residents had an eye exam in the past two years during which their pupils were dilated.

BENCHMARK ► Worse than the national finding. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Those less likely to report having received vision care include adults younger than 65, lower-income adults, and Hispanic respondents.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

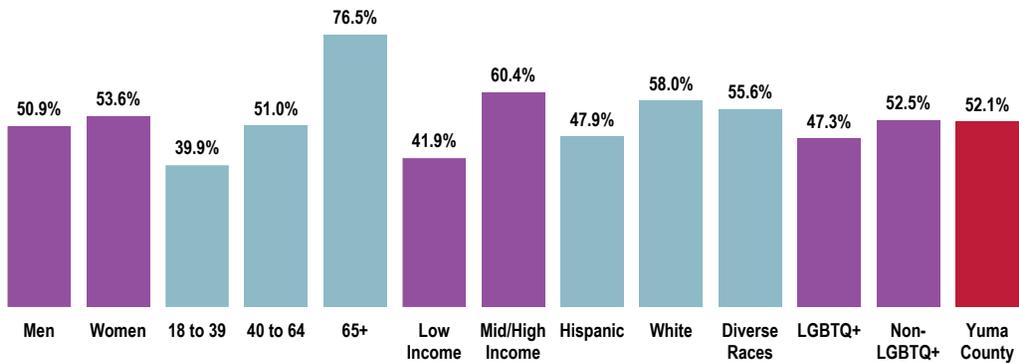
Healthy People 2030 = 61.1% or Higher



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 19]
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated (Yuma County, 2022)

Healthy People 2030 = 61.1% or Higher



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 19]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents.



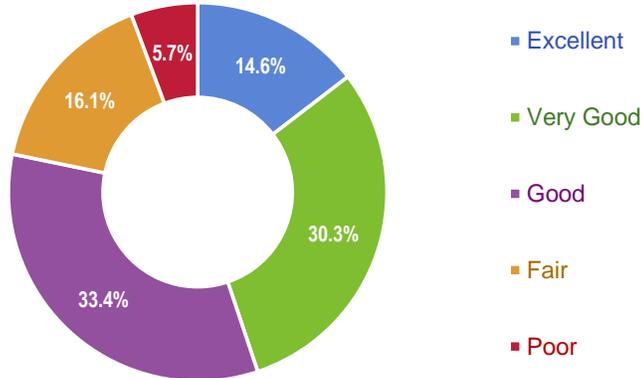


LOCAL RESOURCES

PERCEPTIONS OF LOCAL HEALTH CARE SERVICES

Nearly one-half of Yuma County adults rate the overall health care services available in their community as “excellent” or “very good.”

Rating of Overall Health Care Services Available in the Community (Yuma County, 2022)



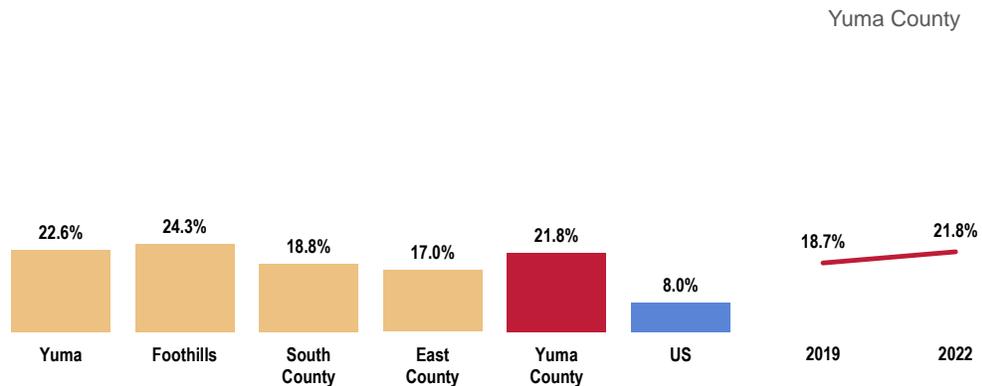
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 6]
 Notes: • Asked of all respondents.

However, 21.8% of residents characterize local health care services as “fair” or “poor.”

BENCHMARK ► Worse than the US percentage.

DISPARITY ► Most often reported among non-LGBTQ+ respondents and those who have difficulty accessing services.

Perceive Local Health Care Services as “Fair/Poor”

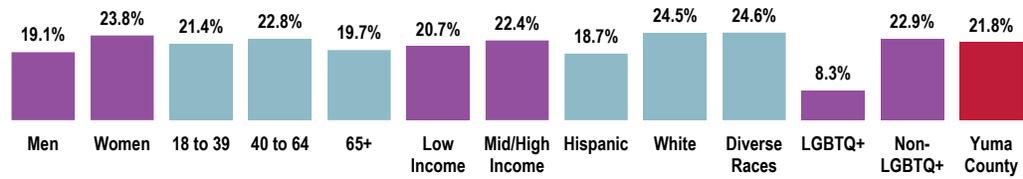


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 6]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.



Perceive Local Health Care Services as “Fair/Poor” (Yuma County, 2022)

With Access Difficulty 30.2%
No Access Difficulty 11.9%



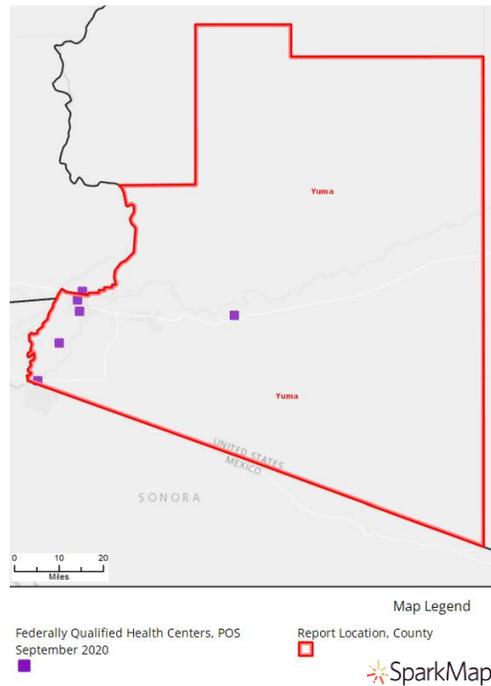
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 6]
Notes: • Asked of all respondents.



HEALTH CARE RESOURCES & FACILITIES

Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within Yuma County as of September 2020.



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 Health Care Services

- Arizona Complete Health
- Campeños Sin Fronteras
- Children's Rehabilitative Services
- Community Primary Care Organizations
- DaVita Dialysis Center
- Doctor's Offices
- Federally Qualified Health Centers
- Hospitals
- Long-Term Care Facilities
- Mexico
- Regional Center for Border Health
- Residency Program
- San Luis Medical Mall
- Simon Med
- Sunset Community Centers
- Sunset Health
- The Healing Journey
- Tuscany Specialty Clinic
- Urgent Care
- Western Arizona Council of Governments
- Yuma Counseling Services
- Yuma County Health Department
- Yuma Regional Medical Center
- Yuma Regional Medical Center Outpatient Clinic

- Southwest Cancer Center
- Southwest Oncology
- Sunset Community Centers
- Support Groups
- Yuma Oncology
- Yuma Regional Cancer Center
- Yuma Regional Medical Center

Coronavirus Disease/COVID-19

- Business Community
- Campeños Sin Fronteras
- Clinics
- Community Health Resources
- Crossroads Mission
- Doctor's Offices
- Health Department
- Hospitals
- Regional Center for Border Health
- Sunset Community Centers
- Sunset Health
- TV Advertisements
- Yuma County Health Department
- Yuma Regional Medical Center

Dementia/Alzheimer's Disease

- ABC Neurology
- Alzheimer's Association
- Ativo
- Dementia Friends Program
- Doctor's Offices
- Emerald Springs Memory Care
- Haven of Yuma
- Home Health
- Hospice
- Hospitals
- Memory Unit
- Regional Center for Border Health
- River Valley
- River's Edge
- Skilled Nursing Facilities
- Synergy

Cancer

- AdvoKate Foundation
- American Cancer Society
- Boarder Health
- Bridget's Gift
- Cancer Center
- Churches
- Community Health Centers
- Doctor's Offices
- Home Health
- Hospice
- Pediatric Oncology Fund
- Pediatric Patient With Chronic Health Needs Committee
- Regional Center for Border Health



Western Arizona Council of Governments
Yuma Nursing

Diabetes

Campeños Sin Fronteras
Community Diabetes Classes
Community Health Centers
Community Health Workers
DEEP Program
Dialysis Centers
Dialysis Services
Dietary and Exercise Fads
Doctor's Offices
Educational Services
Fitness Centers/Gyms
Health Department
Home Health
Horizon Health and Wellness
Indian Health Services
In-House Visits
Nutrition Services
Pharmacies
Regional Center for Border Health
Rural Health Center
San Luis Walk In Clinic
School System
Southwest Diabetes Center
Sunset Health
Western Arizona Council of Governments
Yuma County Health Department
Yuma Fresh Vegetable Nutritional Program
Yuma Regional Medical Center
Yuma Regional Medical Center Outpatient Clinic

Disability & Chronic Pain

Achieve
Acupuncture
Community Health Associates
Doctor's Offices
Horizon Health and Wellness
Hospice
Physical Therapy
Regional Center for Border Health
SMILE Independent Living Center
Social Security
Tucson Pain Institute
Urgent Care
Yuma Regional Medical Center
Yuma Valley Advanced Pain Management

Heart Disease & Stroke

Arizona Heart Disease and Stroke Prevention Education
Community Health Services
Doctor's Offices
Fitness Centers/Gyms
Home Health
Indian Health Services
Nutrition Services
Regional Center for Border Health
San Luis Walk In Clinic
Young Men's Christian Association
Young Hearts of Yuma
Yuma County Health Department
Yuma Regional Medical Center
Yuma Rehab Hospital

Infant Health & Family Planning

Child and Family Resources
Doctor's Offices
Health Department
Healthy Families Program
San Luis Walk In Clinic
Sunset Health
The Midwife's Kitchen
Yuma Regional Medical Center

Injury & Violence

Amberly's Place
Border Patrol
Department of Child Safety
Law Enforcement
Mental Health Services
Police Department
Regional Center for Border Health
Safe House
The Healing Journey
Victim Services Division
Yuma County Sheriff's Office
Yuma Police Department
Yuma Regional Medical Center

Kidney Disease

Community Health Centers
DaVita Dialysis Center
Dialysis Centers
Doctor's Offices



- Hospitals
- Quechan Tribe Education
- Yuma Nephrology
- Yuma Regional Medical Center

Mental Health

- Achieve
- Amberly's Place
- Arizona Children's Association
- Arizona Complete Health
- Arizona Counseling Services
- Arizona Health Care Cost Containment System
- Based on Gender
- Behavioral Health Intake Agencies
- Behavioral Health Patients
- Behavioral Health Services
- Catholic Community Services
- Churches
- Community Bridges
- Community Health Associates
- Children
- Children With Cancer
- City Residents

Nutrition, Physical Activity, & Weight

- Cancer Center
- Churches
- Community Centers
- Community Health Workers
- Desert Weight Loss
- Doctor's Offices
- Fitness Centers/Gyms
- Food Bank
- Health Department
- Insurance
- Nutrition Services
- Online Resources
- Overeaters Anonymous
- Parks and Recreation
- Regional Center for Border Health
- School System
- Weight Loss Management Groups
- Weight Watchers
- Women, Infants, and Children
- Young Men's Christian Association
- Yuma County Health Department
- Yuma Regional Medical Center

Oral Health

- Arizona Health Care Cost Containment System
- Amanda Aguirre's Operation
- Dentist's Offices
- Doctor's Offices
- Gallemore Dental
- Insurance
- Mexico
- Regional Center for Border Health
- School System
- Sunset Community Centers
- Sunset Health
- US Dentists and Dental Hygienists
- Yuma Dentistry

Respiratory Diseases

- Community Health Centers
- Doctor's Offices
- Home Health
- Hospitals
- Pulmonary Services
- Regional Center for Border Health
- Rural Health Center
- San Luis Walk In Clinic
- Sleep Center
- Yuma Regional Medical Center

Sexual Health

- AA/NA
- Amanda Aguirre's Operation
- Doctor's Offices
- Federally Qualified Health Centers
- Health Department
- Planned Parenthood
- Sunset Community Centers
- Sunset Health
- Yuma Regional Medical Center

Substance Abuse

- AA/NA
- ACT
- Amberly's Place
- Behavioral Health Intake Agencies
- Behavioral Health Services
- Catholic Community Services
- Community Bridges
- Community Health Associates
- Community Health Services
- Community Helping Associates



Community Medical Services
Community Partners
Create a Healthy Environment for the Community
Crossroads Mission
Detox Centers
Doctor's Offices
Drug Court
Easter Seals
Hope
Horizon Health and Wellness
Mental Health Services
Outpatient Detox/Treatment Programs
Pathways
Police Department
Regional Center for Border Health
Rehabilitation Services
Saguaro Foundation
Salvation Army
San Luis Walk In Clinic
School System
Serenity House
Substance Abuse Centers
Sunset Health
The Living and Recovery Center
The Mission
Transitional Living Center
Yuma Counseling Services
Yuma County Drug and Alcohol Coalition
Yuma County Health Department
Yuma Regional Medical Center
Yuma Regional Medical Center Behavioral Health
Yuma Regional Medical Center Mental Health

Tobacco Use

4-H
Ashline
Behavioral Health Centers
Community Health Services
Crossroads Mission
Doctor's Offices
Health Department
School System
Substance Abuse Centers
Sunset Health
TV Advertisements
Yuma County Health Department
Yuma County Health Services
Yuma Regional Medical Center





APPENDIX

EVALUATION OF PAST ACTIVITIES

Community Benefit

Over the past three years, Yuma Regional Medical Center has invested in improving the health of our community's most vulnerable populations. Our commitment to this goal is reflected in:

- Over \$134 million in community benefit, excluding uncompensated Medicare.
- More than \$22.5 million in charity care and other financial assistance programs.

Our work also reflects a focus on community health improvement, as described below.

Yuma Regional Medical Center 2019-2022 Evaluation of Impact

Addressing Significant Health Needs

Yuma Regional Medical Center conducted its last CHNA in 2019. Working collaboratively with our Yuma County public health partners, Yuma Regional Medical Center adopted the below listed community health priorities as it worked to address the top health concerns within our defined service area (Yuma County). In alignment with our mission, goals and strategic priorities, it was determined at that time that Yuma Regional Medical Center would focus on developing and/or supporting strategies and initiatives to improve:

1. Mental Health
2. Access to Healthcare Services
3. Diabetes
4. Substance Abuse
5. Heart Disease & Stroke
6. Nutrition, Physical Activity & Weight
7. Cancer

Strategies for addressing these identified health priorities are outlined below:



Priority Area: Mental Health

High incidence of those who reported fair or poor mental health. Symptoms of chronic depression. Suicide deaths (particularly in young adults), ratio of mental health providers. Of note, key informants rated mental health as a top concern.

Goals:

- Increase availability / access to behavioral health providers in community
- Improve ratio of providers to community population
- Increase awareness among teens – reduce / eliminate teen suicide

Strategy 1: Recruit additional behavioral health providers to community to expand access to care (increased providers = more appointments)

Target Population(s): Patients currently needing to travel for care due to no available providers / appointments.

Strategy Was Implemented? Yes

Partnering Organizations: N/A

Results / Impact: YRMC has added new behavioral health providers, to shorten the six-month wait time for an initial psychiatric care visit. The wait time has significantly decreased and is now down to five weeks.

YRMC began offering Behavioral Health in 2015 with recruitment of a psychiatrist. Since 2019, YRMC added two additional psychiatrists, a psychiatric nurse practitioner, a licensed professional counselor and two medical assistants. These additions resulted in expanded access to care locally with an estimated 10,000 patient visits annually.

Strategy 2: Partner to host Behavioral health community town hall to build community awareness and support

Target Population(s): Community leaders, key stakeholders, social services, law enforcement and those directly impacted (families / patients).

Strategy Was Implemented? Yes. In the Fall of 2019 and again in 2022, YRMC served as host in partnership with the Southwest Arizona Town Hall and Arizona Town Hall a live (2019) and virtual (2022) event to engage leaders and explore solutions.

Partnering Organizations: Southwest Arizona Town Hall, Arizona Town Hall, local businesses, schools, law enforcement, social service agencies and more.

Results / Impact:

- Fall 2019 local town hall event brought together over 100 local leaders / partners. The full day event created an opportunity for leaders to engage, learn and explore real community solutions. The YRMC CHNA served as the research document for the session.
- March 2022, YRMC hosted a second (virtual) town hall event where over 65 leaders, social service agencies, non-profit organizations, business owners,



elected officials and others gathered to learn more about the current state needs for behavioral health in our community. Patients shared personal stories and joined the conversation to finding real solutions. Those ideas have led to current programs now actively being implemented. These include local inpatient crisis care, intensive therapy and more. Results of the session serve as a tool for continued improvements to behavioral health in our area. Yuma Regional Medical Center utilized this input in alignment with our CHNA goals and organizational strategic plan.

- In June 2022, YRMC, along with Southwest Arizona Town Hall and the Arizona Town Hall again collaborated to host over 60 people for a town hall plenary session on the topic of “Substance Use in our Community”. During the session, attendees, representing a diverse group of community participants, learned about our current state services and needs. Participants then worked in groups to gain input and explore collaborative solutions. The final report from the session has been shared with the community. Yuma Regional Medical Center then utilized this input in alignment with our CHNA goals and organizational strategic plan.

Strategy 3: Expand facilities / resources to support added behavioral health services

Target Population(s): Yuma County (service areas). Patients and families seeking services.

Strategy Was Implemented? Yes

Partnering Organizations: N/A

Results / Impact: In 2019, YRMC expanded behavioral health with the addition of a dedicated clinic space that would allow for an expanded number of providers. Dedicated clinic space for behavioral health afforded a location for additional providers and resulted in a significant increase in patients served. Since 2019, there has been a 194% increase in patient visits.

Strategy 4: Develop inpatient and intensive outpatient behavioral health services

Target Population(s): Yuma County (service area)

Strategy Was Implemented? Yes. In 2019, YRMC Board of Directors approved expanding YRMC’s complement of behavioral health services.

Partnering Organizations: YRMC & Horizon Health

Results / Impact: In early 2022, YRMC partnered with Horizon Health to develop and provide inpatient behavioral health services in Yuma. Construction of a 24-bed inpatient psychiatric facility was completed in June 2022 – recruitment for that facility is currently underway with a projected opening date of winter 2022. Based on a demographics bed analysis, the new facility is expected to serve 1,386 patients during phase one, with projected growth to serve 2,773 patients annually when open at full capacity.



Priority Area: Access to Health Care Services

Barriers to access attributed to: inconvenient office hours, lack of available appointments and long wait times, primary care physician ratio well below national standard. Emergency department utilization included high volumes of non-acute care.

Goals:

- Expand availability of appointments
- Expand availability of primary care across community
- Minimize trend to use emergency department for minor health needs
- Improve physician ratio

Strategy #1: Expand Family & Community Medicine Residency program (growing our own)

Target Population(s): Medical students with strong interest in serving community.

Strategy Was Implemented? Yes

Partnering Organizations: N/A

Results / Impact:

When our Family & Community Medicine Residency class size expanded from six incoming doctors per year to eight in 2020, our capacity to provide more high-quality primary care also magnified. With 24 residents now providing crucial primary care in our community, we have curtailed the wait for a first-time primary care visit. In 2016, the clinic saw 19,745 patient visits compared to 31,299 in 2021. Forty-three physicians have completed the residency program since 2013 and more than 30 percent of graduates have chosen to stay in Yuma to practice medicine.

Strategy #2: Expand clinic hours and location to serve more people

Target Population(s): Serving Yuma County residents and visitors

Strategy Was Implemented? Yes

Partnering Organizations: N/A

Results / Impact:

Pediatric care: In May 2020, an initiative to increase access to primary pediatrics appointments went into effect. Both YRMC primary pediatric locations have new standard hours of operations to include evening appointments. One location offers appointments Monday-Friday from 8:00 am to 6:00 pm. A second location is Mon/Wed/Fri 8:00 am to 8:00 pm, as well as Saturday morning appointments. These changes have opened up an additional 70 plus pediatric specific appointments per week.



Strategy #3: Recruit and retain additional providers to meet community need
Target Population(s): Serving Yuma County residents and visitors

Strategy Was Implemented? Yes

Partnering Organizations: N/A

Results / Impact: Since 2019, Yuma Regional Medical Center has continued to expand primary care services by hiring 19 providers. We also expanded walk-in care hours and services in two YRMC clinics.

Thanks to our Transitional Care clinic, patients discharged from the hospital now have immediate access to primary care—especially if they did not have an established internal medicine or family practice provider. Adding three nurse practitioners to our transitional care team has proven extremely valuable to providing the complex care recently discharged patients need.

In the specialty care realm, we have successfully recruited physicians and advanced practice providers crucial to our community needs. We are pleased to see the benefits of fellowship-trained specialists treating our patients. In 2020, we welcomed a general surgeon who also completed a trauma fellowship, another who completed a colo-rectal surgery fellowship and a third who completed fellowship training in cancer care. A fellowship-trained arthroplasty orthopedist joined our ranks, as did a surgeon with that extra year of shoulder and elbow training. They are a boon to clinical excellence in Yuma County.

Other specialists who have joined or will join our team by the end of 2022 include:

- Two endocrinologists
- Two neurologists
- Three pediatricians and one pediatric nurse practitioner
- Two cardiovascular surgeons
- An interventional cardiologist
- A pediatric emergency doctor
- Five gastroenterology advanced practice providers
- Two ENTs
- A pain management physician
- A pediatric cardiologist
- 3 pulmonologists
- Two non-surgical sports medicine doctors
- A urologist and urology nurse practitioner
- Two hematology-oncology physicians
- A radiation oncologist



Yuma Regional Medical Center's annual turnover rate is 12 % for employed providers, which is below the 15 % national average.

Strategy #4: Decrease cancer patients accessing the Emergency Department unnecessarily
Target Population(s): Yuma County current or recent cancer treatment patients

Strategy Was Implemented? Yes

Partnering Organizations: N/A

Results / Impact: For cancer patients, infection control concerns and complication risks arise anytime they walk through emergency room doors. They also incur significant costs. In 2019, the YRMC Cancer Center set up a new process to reduce the odds their cancer patients would need to visit the Emergency Department.

It all started with prompting patients to call the Cancer Center, 24/7/365, when they developed symptoms that concerned them. The on-call physician or nurse practitioner would assess the patient's symptoms over the phone to direct the patient to the right place, for the right level of care. This caused the number of patients who sought care from the YRMC Emergency Department to trend to the lower end of national average statistics.

Priority Area: Diabetes

High incidence of deaths attributed to diabetes. Overall prevalence of diabetes is high among adults. Key informants ranked diabetes as a top concern.

Goals:

- Reduce incidence through diabetes education (inpatient & outpatient)
- Enhance programs aimed at early intervention (children / families services)
- Recruit additional providers to include pediatric endocrinology

Strategy #1: Expand availability of diabetes support / education (inpatient & outpatient)

Target Population(s): Patients diagnosed as diabetic or borderline.

Strategy Was Implemented? Yes

Partnering Organizations: NA

Results / Impact: Diabetic patients are very vulnerable to blood sugar management challenges during their inpatient-to-outpatient transition. They also happen to be very open to education about improving their diabetes care during this time. Our Transitional Care clinic brings recently discharged patients in for a one-hour face-to-face diabetes care encounter. There, they start their diabetes care program, focusing on insulin management, diet and medication management. Follow-up education is provided with six additional biweekly phone calls. We have had wonderful outcomes including impressive hbbA1c improvements as well as less blood-sugar fluctuation.



One additional Certified Diabetes Educator was added to the inpatient team this year. In addition, a 2022 upgrade to the HealthTouch patient nutrition management system is helping our nurses and registered dietitians support patients with ever better carbohydrate counting and blood sugar management.

And yet, with all of our improvements to help patients with type 1 and type 2 diabetes, we also made gestational diabetes a priority. The Nutrition Services department collaborated with our Women's Health clinic to author a reference booklet that addresses the specific nuances of soon-to-be mothers who live with this significant challenge. It is published in both English and Spanish.

Screening our diabetic patients for neuropathy, kidney-related complications and statin use has increased in our primary care clinics. Closing these care gaps is one of our concentrations right now because we know it can do so much good.

Finally, it was gratifying to reach a milestone in Yuma County diabetes reversal by performing our 1,000th weight loss surgery procedure in 2019. In 2022, YRMC again achieved accreditation by the American College of Surgeons as a Comprehensive Center for metabolic and bariatric surgery. The hospital-wide credential is the highest designation available and comes from the American College of Surgeons (ACS) Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP).

Strategy #2: Recruit pediatric endocrinologist and develop local peds specific programs

Target Population(s): Serving Yuma County residents and visitors

Strategy Was Implemented? Yes

Partnering Organizations: Phoenix Children's Hospital

Results / Impact: Our community needed excellent pediatric diabetes care. Starting in 2021, a strong partnership with Phoenix Children's Hospital has enabled YRMC Pediatric Subspecialty clinics to offer endocrine services, which includes diabetic evaluation and treatment to all community pediatric patients. In person and virtual encounters are provided. Moreover, we are currently working towards onboarding a second pediatric endocrine provider to fill the high needs of the pediatric community.

Strategy #3: Recruit additional specialists (adult endocrinology)

Target Population(s): Serving Yuma County residents and visitors

Strategy Was Implemented? Yes

Partnering Organizations: None

Results / Impact: Yuma County's benefit from our single YRMC-employed endocrinologist was vast. With his mature practice only able to accept a small proportion of the patients who needed him, recruiting new endocrinologists became one of our most urgent imperatives. Fortunately, we added a second endocrinologist in 2019 and a third joined YRMC in 2021. Patient visits have increased by 62% since 2019.



Priority Area: Substance Use

High incidence of cirrhosis / liver disease deaths and unintentional drug-related deaths. Key informants ranked substance use as a top concern.

Barriers to access attributed to: Inconvenient office hours, lack of available appointments (wait time to get an appointment), primary care physician ratio well below national standard. Emergency department utilization high volume of non-acute care.

Goals:

- Reduce number of patients having to travel out of town for substance detox and treatment
- Expand awareness / education among students and parents

Strategy #1: Develop medical detox and treatment facility / services in Yuma County
Target Population(s): Yuma County service area

Strategy Was Implemented? Board approved and currently underway

Partnering Organizations: Horizon Health

Results and Impact: The need for effective, caring drug and alcohol rehabilitation care has never been more urgent in Yuma County. Nevertheless, experience and the medical literature increasingly demonstrate that detoxification and safeguarding from further substance abuse should not stand alone from the mental and medical health continuum of care. They are complex and intertwined.

As a result, YRMC's new behavioral health center will also deliver a drug and alcohol rehabilitation program. Our new services will soon offer inpatient beds in place along with options for outpatient substance abuse recovery care.

Strategy #2: Partner with community leaders, schools and families to enhance awareness through outreach and education
Target Population(s): Yuma County service area

Strategy Was Implemented? Yes.

Partnering Organizations: Yuma Union High School District, Yellow Ribbon Suicide awareness coalition and Foundation of YRMC

Results and Impact: YRMC and Foundation of YRMC Sponsored Yellow Ribbon training for local high schools. Each year, students, teachers, parents and healthcare providers are provided with education and awareness training. Over 5,000 students / parents / teachers have received training.



Priority Area: Heart Disease and Stroke

Heart disease and stroke are among the leading cause of deaths in Yuma County. Prevalence of heart disease and stroke are high. High blood pressure and high blood cholesterol are also prevalent. Overall cardiovascular risk is high.

Goals:

- Increase awareness in community about risk of heart disease and stroke
- Improve outcomes – earn stroke center of excellence

Strategy #1: Expand community patient / education of risk factors for heart disease and stroke

Target Population(s): Yuma County service area

Strategy Was Implemented? Yes

Partnering Organizations: DNV-GL, American Heart Association and American Stroke Association, local news organizations

Results and Impact: We have reached a large proportion of Yuma County residents with multiple educational messages about heart disease prevention, stroke prevention and stroke symptom recognition. From a Facebook Live event with one of our neurologists, to his appearance on a popular local radio show, and recent newspaper feature our doctors are educating the community. Our stroke coordinator and nurse educators have attended health fairs and community events to perform screening and education.

Strategy #2: Implement YRMC stroke team

Target Population(s): Yuma County service area

Strategy Was Implemented? Yes

Partnering Organizations: Local first responder teams and ambulance crews, DNV-GL, American Heart Association and American Stroke Association, local news organizations

Results and Impact: Since 2017, the in-hospital program has improved stroke care at YRMC by promoting consistent adherence to optimal clinical practices. Shortly after pursuing a higher level of stroke care, the hospital qualified for its first American Heart Association's Stroke Get with the Guidelines quality achievement award. Between 2019 and 2022, we have made vast improvements in stroke care.

Now, we are not only holding those gains. We are on the verge of another leap in our stroke care abilities. In 2019, YRMC was infusing alteplase into patients who meet the criteria in less than 60 minutes of their arrival, on average. In 2022 we are approaching an average door-to-infusion time of 45 minutes. In stroke care, speed is vital. YRMC's processes are achieving that speed.



Priority Area: Nutrition, physical activity and weight

Low fruit and vegetable consumption and growing number of those with reported food insecurity. High incidence of overweight / obesity. Access to recreation and fitness facilities. Key informants ranked nutrition, physical activity and weight as a top health concern.

Goals:

- Reduce incidence of obesity among children through expanded education
- Partner with local community to increase consumption of fruits and vegetables
- Reduce incidence of malnutrition among YRMC patients through screening and dietary early intervention

Strategy #1: Provide children / families healthy eating / lifestyle program

Target Population(s): Yuma County service area with focus on children at risk

Strategy Was Implemented? Yes

Partnering Organizations: N/A

Results / Impact: August 2021, pediatric sub specialty clinics initiated a pediatric 'metabolic' clinic. The metabolic clinic provides a comprehensive team approach to pediatric patients who have high BMI's and often an associated diagnosis that puts pediatric patients at risk for chronic diseases.

- The team is comprised of a pediatrician, nationally certified in obesity medicine (ABOM), a social worker and a nutritionist. Internal referrals to cardiology, endocrinology and or gastroenterology are utilized if required.
- Focus is on a family engagement for healthy living, including 1:1 with the provider and 1:1 with the nutritionist, social work referrals to meet the needs of families.
- Planet Fitness provides free access to the gym.

Strategy #2: Partner with local community to increase consumption of fruits and vegetables

Target Population(s): Yuma County service area

Strategy Was Implemented? Yes (COVID-19 minimized outreach efforts)

Partnering Organizations: Yuma Community Food Bank & local schools

Results and Impact: Over 400 families received healthy recipe cards – designed to guide community about how to prepare locally grown fruits and vegetables. Yuma County is the leafy green capital of the world – growing over 80% of the world's leafy greens right here in our community.



Strategy #3: Provide malnutrition screening / assessment for YRMC in-patients with follow-up and nutrition care plan / support by registered dietician

Target Population(s): YRMC inpatients

Strategy Was Implemented? Yes

Partnering Organizations: Local dietary team and students

Results and Impact: PMC assessments completed on a minimum of 30% of average daily census. Of those, we found that 30-50% of all inpatients are malnourished. Intervention provided by registered dietician through education and diet modification.

Priority Area: Cancer Care

Cancer is a leading cause of death in Yuma County. Identified high prevalence of cancer (non-skin) in Yuma County.

Goals:

- Improve lung cancer early detection / reduce deaths (lung cancer)
- Reduce need for emergency department by cancer patients

Strategy #1: Implement LDCT Lung Screening Program

Target Population(s): Yuma County service area – those with history of smoking All patients referred that meet the CMS/ USPFTS screening guidelines

Strategy Was Implemented? Yes

Partnering Organizations:

Internal: Oncology, Radiology, Pulmonary, Primary Care, Cardio- thoracic, Transitional Care, Organization Development

External: ACS, AHD, Arizona Community Outreach workers (AZCHOW)

Results / Impact: Conducted 10 interviews with Yuma leadership, physicians, and sponsors to gain perspective and shared realities on effectively implementing a lung-screening program and the needs of the population. In addition, several calls held with community partners (American Cancer Society, Arizona and Yuma Health Department, Arizona Southern University, Arizona Community Health Workers (AZCHOW)) to discuss regional outreach and engagement. Program leadership established to include a physician lead, multi-specialty governance committee to include primary care, community physicians, senior leadership and a dedicated Lung Coordinator. The program, launched on February 14, 2022, focused on internal engagement with an extremely positive response. The program superseded its annual goal of 100 completed screenings within the first 5 months with the following activity YTD: 358 referrals processed with 148 (41%) completed. Bi- weekly multispecialty tumor conferences held to discuss LDCT scan results for recommendations and follow up. Keeping in line with the national ratio of screening to cancer diagnosis using 1:200, the Yuma LDCT screening program has diagnosed one cancer, with two other highly suspicious cases, currently under work up. Pending, is acceptance of application to participate in the national lung-screening registry and startup of the pulmonary nodule clinic. Next Steps: extend invite to community partners for governance participation and expanding outreach to Yuma community, surrounding cities and counties.



Strategy #2: Develop after-hours phone line for cancer patients to reduce need to seek treatment in the Emergency Department

Target Population(s): YRMC Cancer Center patients & families

Partnering Organization(s): N/A

Results/Impact: As mentioned in the Access to Health Care Services section, the on-call doctor or nurse practitioner started triaging and treating patients on the phone. This caused the number of patients who sought care from the YRMC Emergency Department to trend to the lower end of national average statistics.

Strategy #3: Address Environmental Contributors: Tobacco and Smoking Cessation Counseling

Strategy Was Implemented? Yes

Target Population(s) All patients referred for LDCT lung screening must have counseling visit with documentation in the EMR.

Partnering Organization(s) Internal: YRMC Transitional Care provides back up to for all referring providers to ensure compliance to SDM and Smoking Cessation. All providers are encouraged to provide the counseling visits, however patients may be scheduled in the Transitional Care Clinic for SDM and Smoking Cessation Counseling.

External: referrals to ASHLINE for none smoking coaching sessions (offers 6 free 1:1 sessions and nicotine replacement products)

Results/Impact:

The lung-screening program follows the Medicare criteria for eligibility. Smoking Cessation Counseling is one of the criteria for participation in the lung-screening program. Each participant requires a documented counseling visit. Through the lung-screening program, 100% of participants received counseling with a documented visit. For patients interested in cutting back or desiring to quit smoking, the referring provider or the lung coordinator places referrals to ASHLINE. We collaborate with ASHLINE to provide one-on-one coaching and nicotine replacement products. ASHLINE offers six free coaching sessions and two weeks of products. After two weeks, the primary care provider can write prescriptions. Referrals are provider, coordinator or self-driven based on patients agreement. ASHLINE provides YRCC with a feedback report on participants.

Strategy #4: Increase Access to Cancer Care/Services

Strategy Was Implemented? Yes

Target Population(s) Cancer patients within our service area

Partnering Organization(s): NA

Results / Impact:

Patients are able to make an appointment within five working days, improving the turnaround time of referral to scheduling. The Navigator assessment occurs by the second visit to proactively identify and manage patient barriers as evidenced by: compliance to clinic visits, medication compliance, and frequency of ER visits. Patient resources are made available through collaborations with the Cancer Resources Center, Foundation of Yuma Regional Medical Center, Pharmaceutical Foundations, American Cancer Association Grants and other community partners. The center also provides improved phone access and startup of a physician led, genetic screening program as a preventive measure, closing the gap for the region with no other existing genetic program.



Our outcomes include:

- Nurse Assessments performed at 90%
- Visit compliance clinic 95.9%, Infusion 99.8%, and Radiation 99.9%
- Oral Chemotherapy funding support YTD: assisted 54 patients for an estimated \$2.7M (funding up 94% over previous year)
- ER visit frequency average 9%, 64% below the goal of 25%
- Phone Abandonment rate 4.22%, in person connection at 95.7%
- Genetic screening: 52 patients seen, 42 tested (80%) and 15 (36%) demonstrating pathogenic genes, indicating an increased risk for cancer. Patients counseled on care options and recommendations on life style.

Strategy #5: Cancer Research**Strategy Was Implemented? Yes**

Target Population(s): Oncology patients seen at YRCC

Partnering Organization(s): Internal: Institutional research, Legal, Compliance
External: WCG IRB, University of Arizona, Mayo Community Research – Academic and Community Cancer Research United (ACCRU), Optimal Research, TEMPUS Time Trial program, PCORI grant – MD Anderson, SUNY-Buffalo

Results / Impact: Cancer research at the YRMC Cancer Center has increased enrollment of patients in cancer clinical trials from 33 in 2015 to 121 in 2021. In addition, YRMC has been successful at increasing the participation of minorities in clinical trials resulting in 39.2% LatinX representation in all oncology trials. Other highlights include:

- We garnered national attention and our best practices have been quoted by American Society of Clinical Oncology (ASCO) and Association of Community Cancer Centers (ACCC)
- In partnership with Tempus Labs, we leveraged machine learning technology to efficiently identify and match patients for precision oncology clinical trials. This publication was accepted as e-poster at 2021 ASCO annual meeting – Citation - Journal of Clinical Oncology 2021 39:15_suppl, e13588-e13588
- Our just-in-time (JIT) model of clinical trials enrollment led to enrollment of minorities in oncology clinical trials. This was presented as a poster at the 2021 Annual meeting of American Society of Clinical Oncology (ASCO). Citation - Journal of Clinical Oncology 2021 39:15_suppl, 1563-1563
- Since 2016, the cancer center has published over 21 peer reviewed publications and about 15 posters in National and International conferences. These publications have garnered more than 1,000 citations by other peer-reviewed journals.

