



2025 COMMUNITY HEALTH NEEDS ASSESSMENT

Yuma County, Arizona

Sponsored by



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, 2019, and 2022 — 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 Onvida Health and Yuma Rehabilitation Hospital by Professional Research Consultants, Inc. (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

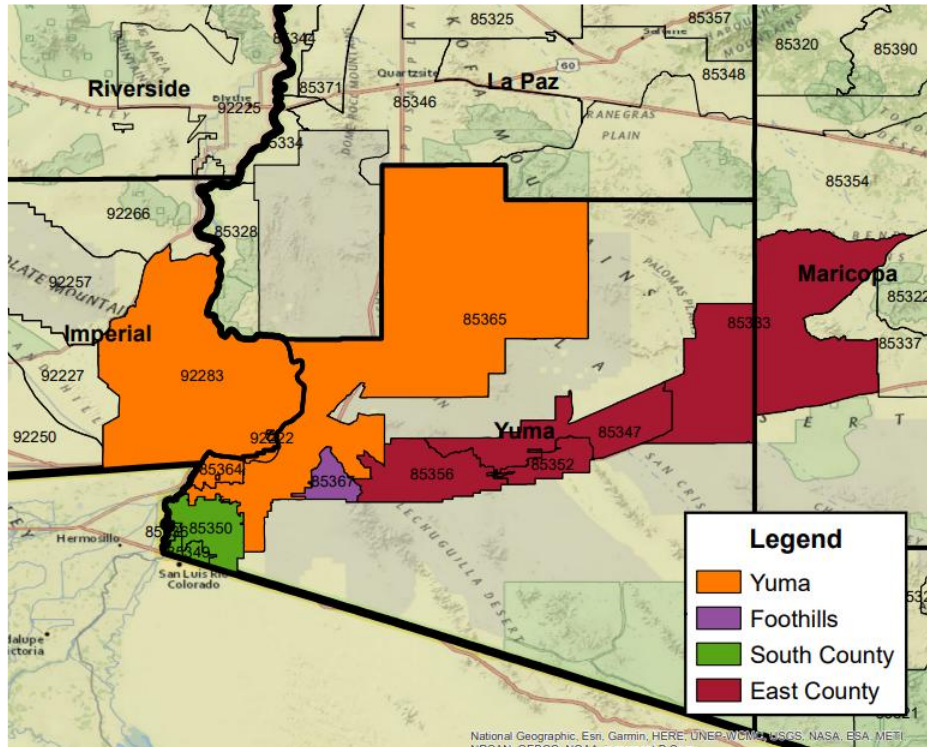
Survey Instrument

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 Onvida Health 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, and 85369, as well as two adjacent ZIP Codes (92222 and 92283) in Imperial County, California. The study area was further segmented into four distinct community areas (Yuma, Foothills, South County, and East County). This community definition, determined based on the ZIP Codes of residence of recent patients of Onvida Health and Yuma Rehabilitation Hospital, is illustrated in the following map.



Sample Approach & Design

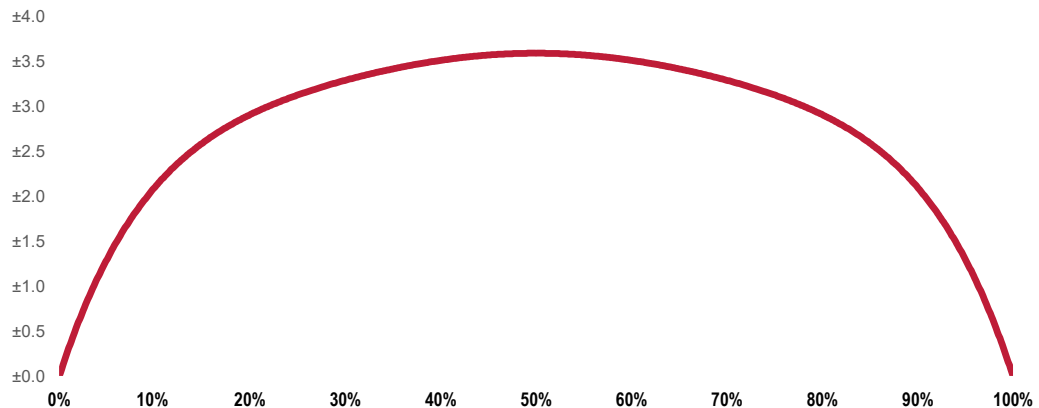
A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a mixed-mode methodology was implemented. This included surveys conducted via telephone (landline and cell phone), as well as through online questionnaires. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency, and random-selection capabilities.

The sample design used for this effort consisted of a stratified random sample of 750 individuals age 18 and older in Yuma County, including 400 in Yuma, 100 in the Foothills area, 200 in South County, and 50 in East County. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Yuma County as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

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



Expected Error Ranges for a Sample of 750 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 750 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 56.4% and 53.6% (50% ± 3.6%) of the total population would respond "yes" if asked this question.

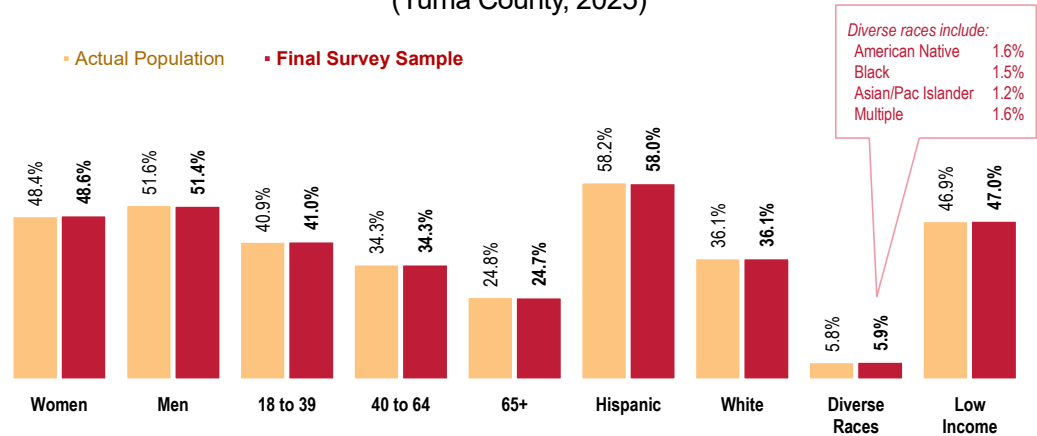
Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely sex, age, race, ethnicity, and poverty status), and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses might contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics might have been slightly oversampled, might 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, 2025)



- Sources:
- US Census Bureau, 2016-2020 American Community Survey.
 - 2025 PRC Community Health Survey, PRC, Inc.
- Notes:
- "Low Income" reflects those living under 200% of the federal poverty level, based on guidelines established by the US Department of Health & Human Services.
 - All Hispanic respondents are grouped, regardless of identity with any other race group. Race reflects those who identify with a single race category, without Hispanic origin. "Diverse Races" includes those who identify as Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian/Pacific Islander, or as being of multiple races, without Hispanic origin.

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

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by Onvida Health; 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, 74 community representatives took part in the Online Key Informant Survey, as outlined in the table that follows:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	1
Public Health Representatives	3
Other Health Providers	26
Social Services Providers	7
Other Community Leaders	37



Through this process, input was gathered from individuals whose organizations work with low-income, minority, or other medically underserved populations. Final participation included representatives of the organizations outlined below.

- Agile (formerly Pinnacle Health)
- Amberly's Place
- Antelope Union High School District
- Arizona Best Hospice
- Arizona Complete Health
- Campesinos Sin Fronteras
- Catholic Community Services
- Chamber of Commerce
- City of San Luis
- City of Somerton
- City of Yuma
- Community Bridges, Inc.
- Community Health Associates
- Community Medical Services
- Crossroads Mission
- Factor Sales, Inc
- First Things First
- Food Bank
- Kids at Hope
- Life Care Center of Yuma
- NAACP
- Onvida Health
- Onvida Health Behavioral Health Center
- Onvida Health Specialty Care
- Saguaro Foundation
- Sleep Center of Yuma
- SMT Farms
- Somerton School District
- South County Leader
- Transitional Living Center Recovery
- Vista High School
- VS Smith Company
- Yuma Airport
- Yuma County
- Yuma County 4-H
- Yuma County Board of Supervisors
- Yuma County Mental Health Coalition
- Yuma County Public Health Services District
- Yuma Coyotes Youth Sports League
- Yuma Education Transportation
- Yuma Private Industry Council
- Yuma Rehabilitation Hospital
- Yuma Union High School District

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.



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, National Center for Health Statistics
- National Cancer Institute, State Cancer Profiles
- 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 Comparisons

Trending

Similar surveys were administered in Yuma County in 1997, 1999, 2019, and 2022 by PRC on behalf of Onvida Health (formerly 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 Data

State-level findings are provided where available as an additional benchmark against which to compare local findings. For survey indicators, these are taken from the most recently published data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS). For other indicators, these draw from vital statistics, census, and other existing data sources.

National Data

National survey data, which are also provided in comparison charts, are taken from the *2023 PRC National Health Survey*; these data may be generalized to the US population with a high degree of confidence. National-level findings (from various existing resources) are also provided for comparison of secondary data indicators.



Healthy People 2030 Objectives

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.



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 receiving feedback from individuals and organizations and input from subject matter experts, the US 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 — while included in the overall findings, might not be individually identifiable or might not comprise a large-enough sample 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

Onvida Health 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, Onvida Health 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. Onvida Health 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 nonprofit 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 (2022)		See Report Page
Part V Section B Line 3a	A definition of the community served by the hospital facility	7
Part V Section B Line 3b	Demographics of the community	32
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	180
Part V Section B Line 3d	How data was obtained	6
Part V Section B Line 3e	The significant health needs of the community	14
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	15
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)	186



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 .

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 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"> ○ Appointment Availability ○ Lack of Transportation ▪ Lack of Financial Resilience ▪ Primary Care Physician Ratio ▪ Specific Source of Ongoing Medical Care ▪ Emergency Room Utilization ▪ Dental Insurance Coverage ▪ Ratings of Local Health Care
CANCER	<ul style="list-style-type: none"> ▪ Leading Cause of Death ▪ Cancer Prevalence
DIABETES	<ul style="list-style-type: none"> ▪ Diabetes Deaths ▪ Diabetes Prevalence ▪ Prevalence of Borderline/Pre-Diabetes ▪ Kidney Disease Deaths
DISABLING CONDITIONS	<ul style="list-style-type: none"> ▪ Alzheimer’s Disease Deaths
HEART DISEASE & STROKE	<ul style="list-style-type: none"> ▪ Leading Cause of Death ▪ Heart Disease Deaths ▪ Stroke Deaths ▪ High Blood Pressure Prevalence ▪ High Blood Cholesterol Prevalence ▪ Overall Cardiovascular Risk
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 <ul style="list-style-type: none"> ○ Including Motor Vehicle Crash Deaths ▪ Homicide Deaths ▪ Violent Crime Experience ▪ Intimate Partner Violence
MENTAL HEALTH	<ul style="list-style-type: none"> ▪ Symptoms of Chronic Depression ▪ Stress ▪ Mental Health Provider Ratio ▪ Difficulty Obtaining Mental Health Services ▪ Key Informants: <i>Mental Health</i> ranked as a top concern.
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	<ul style="list-style-type: none"> ▪ Difficulty Accessing Fresh Produce ▪ Overweight & Obesity [Adults] ▪ Key Informants: <i>Nutrition, Physical Activity & Weight</i> ranked as a top concern.
RESPIRATORY DISEASE	<ul style="list-style-type: none"> ▪ Asthma Prevalence [Adults]
SUBSTANCE USE	<ul style="list-style-type: none"> ▪ Alcohol-Induced Deaths ▪ Unintentional Drug-Induced Deaths ▪ Illicit Drug Use ▪ Key Informants: <i>Substance Use</i> ranked as a top concern.
TOBACCO USE	<ul style="list-style-type: none"> ▪ 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 providers and other community leaders (representing a cross-section of community-based agencies and organizations) as part 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 Use
3. Nutrition, Physical Activity & Weight
4. Diabetes
5. Access to Health Care Services
6. Heart Disease & Stroke
7. Disabling Conditions
8. Cancer
9. Tobacco Use
10. Injury & Violence
11. Infant Health & Family Planning
12. Respiratory Disease

It is also important to note that the **Social Determinants of Health** are a cross-cutting issue that impact all of the above and also ranked highly among key informants’ concerns.

Hospital Implementation Strategy

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

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



Summary Tables: Comparisons With Benchmark Data

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 1997 (or earliest available data).

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 County	YUMA COUNTY vs. BENCHMARKS			
	Yuma	Foothills	South County	East County		vs. AZ	vs. US	vs. HP2030	TREND
Linguistically Isolated Population (Percent)					8.1	 2.9	 3.9		
Population in Poverty (Percent)					16.5	 12.8	 12.4	 8.0	
Children in Poverty (Percent)					22.5	 17.0	 16.3	 8.0	
No High School Diploma (Age 25+, Percent)					23.4	 10.9	 10.6		
Unemployment Rate (Age 16+, Percent)					11.9	 3.5	 3.9		 25.7
% Unable to Pay Cash for a \$400 Emergency Expense	 34.2	 23.3	 39.5	 33.6	34.1		 34.0		 28.7
% Worry/Stress Over Rent/Mortgage in Past Year	 34.3	 24.2	 41.4	 33.7	34.8		 45.8		 32.9
% Unhealthy/Unsafe Housing Conditions	 10.7	 8.1	 10.7	 14.0	10.5		 16.4		 9.5
Population With Low Food Access (Percent)					24.7	 26.8	 22.2		
% Food Insecure	 38.2	 22.4	 42.3	 37.2	37.3		 43.3		 33.2

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.

 better

 similar

 worse

OVERALL HEALTH	DISPARITY AMONG SUBAREAS				Yuma County	YUMA COUNTY vs. BENCHMARKS			TREND
	Yuma	Foothills	South County	East County		vs. AZ	vs. US	vs. HP2030	
% "Fair/Poor" Overall Health	23.3	20.6	23.9	10.7	22.7	19.2	15.7		19.7

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.

better similar worse

ACCESS TO HEALTH CARE	DISPARITY AMONG SUBAREAS				Yuma County	YUMA COUNTY vs. BENCHMARKS			TREND
	Yuma	Foothills	South County	East County		vs. AZ	vs. US	vs. HP2030	
% [Age 18-64] Lack Health Insurance					11.1	13.5	8.1	7.6	23.1
% Difficulty Accessing Health Care in Past Year (Composite)	48.7	63.0	43.4	39.2	48.9		52.5		47.2
% Cost Prevented Physician Visit in Past Year	14.3	9.3	17.4	9.8	14.3	12.1	21.6		12.2
% Cost Prevented Getting Prescription in Past Year	16.1	16.7	16.9	17.5	16.4		20.2		14.9
% Difficulty Getting Appointment in Past Year	32.9	38.7	24.2	29.2	31.4		33.4		13.3
% Inconvenient Hrs Prevented Dr Visit in Past Year	14.6	11.2	18.9	19.1	15.4		22.9		16.3
% Difficulty Finding Physician in Past Year	20.8	28.0	13.6	24.4	20.1		22.0		16.1
% Transportation Hindered Dr Visit in Past Year	10.4	8.1	13.5	15.3	11.0		18.3		7.5
% Language/Culture Prevented Care in Past Year	1.8	2.4	4.2	8.8	2.7		5.0		2.3

ACCESS TO HEALTH CARE (continued)	DISPARITY AMONG SUBAREAS				Yuma County	YUMA COUNTY vs. BENCHMARKS			
	Yuma	Foothills	South County	East County		vs. AZ	vs. US	vs. HP2030	TREND
% Stretched Prescription to Save Cost in Past Year	14.1	16.2	15.4	15.6	14.7		19.4		12.9
% Difficulty Getting Child's Health Care in Past Year					12.5		11.1		6.2
Primary Care Doctors per 100,000					42.5	66.5	74.9		
% Have a Specific Source of Ongoing Care	63.6	70.8	56.5	58.3	62.6		69.9	84.0	75.1
% Routine Checkup in Past Year	66.0	77.0	71.7	82.1	69.3	74.5	65.3		70.3
% [Child 0-17] Routine Checkup in Past Year					85.3		77.5		90.0
% Two or More ER Visits in Past Year	20.3	19.3	16.2	28.1	19.5		15.6		15.2
% Outmigration for Health Services in Past Year	34.4	33.2	35.2	32.0	34.3				
% Went to Mexico for Medical Care in Past Year	12.7	2.3	18.0	15.7	12.8				17.7
% [Parents] Feel Need to Leave Area for Children's Health Services					24.8				23.5
% Rate Local Health Care "Fair/Poor"	21.1	18.7	14.2	20.6	19.0		11.5		18.7












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.

better


similar


worse


CANCER	DISPARITY AMONG SUBAREAS				Yuma County	YUMA COUNTY vs. BENCHMARKS			TREND
	Yuma	Foothills	South County	East County		vs. AZ	vs. US	vs. HP2030	
Cancer Deaths per 100,000					158.7	177.3	182.5	122.7	147.0
Lung Cancer Deaths per 100,000					33.4	34.1	39.8	25.1	
Female Breast Cancer Deaths per 100,000					21.3	25.7	25.1	15.3	
Prostate Cancer Deaths per 100,000					22.6	21.2	20.1	16.9	
Colorectal Cancer Deaths per 100,000					14.2	16.5	16.3	8.9	
Cancer Incidence per 100,000					381.6	391.7	444.4		
Lung Cancer Incidence per 100,000					39.7	42.3	53.1		
Female Breast Cancer Incidence per 100,000					106.7	117.5	129.8		
Prostate Cancer Incidence per 100,000					86.5	80.0	113.2		
Colorectal Cancer Incidence per 100,000					33.3	31.8	36.4		
% Cancer	11.1	19.3	7.0	24.7	11.6	13.8	7.4		




















CANCER (continued)	DISPARITY AMONG SUBAREAS				Yuma County	YUMA COUNTY vs. BENCHMARKS			
	Yuma	Foothills	South County	East County		vs. AZ	vs. US	vs. HP2030	TREND
% [Women 50-74] Breast Cancer Screening					84.1	 74.9	 64.0	 80.5	 79.7
% [Women 21-65] Cervical Cancer Screening					75.1		 75.4	 84.3	 72.4
% [Age 45-75] Colorectal Cancer Screening					74.3	 65.3	 71.5	 74.4	 76.6

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.



better



similar



worse

DIABETES	DISPARITY AMONG SUBAREAS				Yuma County	YUMA COUNTY vs. BENCHMARKS			
	Yuma	Foothills	South County	East County		vs. AZ	vs. US	vs. HP2030	TREND
Diabetes Deaths per 100,000					36.1	 33.8	 30.5		 40.8
% Diabetes/High Blood Sugar	 16.9	 15.4	 22.3	 18.2	18.0	 11.4	 12.8		 11.4
% Borderline/Pre-Diabetes	 15.4	 16.4	 18.0	 10.5	16.0		 15.0		 9.9
Kidney Disease Deaths per 100,000					12.1	 11.6	 16.9		 7.6

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.


better


similar


worse

DISABLING CONDITIONS	DISPARITY AMONG SUBAREAS				Yuma County	YUMA COUNTY vs. BENCHMARKS			
	Yuma	Foothills	South County	East County		vs. AZ	vs. US	vs. HP2030	TREND
% 3+ Chronic Conditions	42.7	43.1	35.4	40.0	40.9		38.0		47.9
% Activity Limitations	28.0	31.1	18.2	33.2	26.2		27.5		21.6
% High-Impact Chronic Pain	25.6	26.1	15.0	25.7	23.0		19.6	6.4	
Alzheimer's Disease Deaths per 100,000					38.5	37.8	35.8		23.6
% Caregiver to a Friend/Family Member	25.0	24.2	17.6	21.8	23.0		22.8		27.6





















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.

better

similar

worse

HEART DISEASE & STROKE	DISPARITY AMONG SUBAREAS				Yuma County	YUMA COUNTY vs. BENCHMARKS			
	Yuma	Foothills	South County	East County		vs. AZ	vs. US	vs. HP2030	TREND
Heart Disease Deaths per 100,000					206.6	198.9	209.5	127.4	155.7
% Heart Disease	10.7	18.3	6.9	5.0	10.5	6.2	10.3		11.4
Stroke Deaths per 100,000					51.5	45.7	49.3	33.4	41.4
% Stroke	3.5	5.2	4.6	1.9	3.9	3.2	5.4		2.5












HEART DISEASE & STROKE (continued)	DISPARITY AMONG SUBAREAS				Yuma County	YUMA COUNTY vs. BENCHMARKS			
	Yuma	Foothills	South County	East County		vs. AZ	vs. US	vs. HP2030	TREND
% High Blood Pressure	 42.9	 51.8	 36.5	 48.1	42.7	 33.4	 40.4	 42.6	 27.8
% High Cholesterol	 35.8	 40.3	 33.3	 28.3	35.5		 32.4		 21.7
% 1+ Cardiovascular Risk Factor	 89.1	 91.9	 93.2	 96.4	90.7		 87.8		 80.6

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.

 better

 similar

 worse

INFANT HEALTH & FAMILY PLANNING	DISPARITY AMONG SUBAREAS				Yuma County	YUMA COUNTY vs. BENCHMARKS			
	Yuma	Foothills	South County	East County		vs. AZ	vs. US	vs. HP2030	TREND
No Prenatal Care in First Trimester (Percent of Births)					40.4	 26.0	 22.3		 37.6
Teen Births per 1,000 Females 15-19					29.3	 17.3	 15.5		
Low Birthweight (Percent of Births)					6.4	 7.6	 8.4		
Infant Deaths per 1,000 Births					6.8	 5.4	 5.6	 5.0	 6.2

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.

 better

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INJURY & VIOLENCE	DISPARITY AMONG SUBAREAS				Yuma County	YUMA COUNTY vs. BENCHMARKS			
	Yuma	Foothills	South County	East County		vs. AZ	vs. US	vs. HP2030	TREND
Unintentional Injury Deaths per 100,000					61.7	81.3	67.8	43.2	46.6
Motor Vehicle Crash Deaths per 100,000					16.7	17.9	13.3	10.1	
Homicide Deaths per 100,000					6.7	8.0	7.6	5.5	3.4
% Victim of Violent Crime in Past 5 Years	7.5	2.7	8.6	9.3	7.2		7.0		2.6
% Victim of Intimate Partner Violence	22.0	13.3	9.6	25.5	18.0		20.3		3.8

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.

better similar worse

MENTAL HEALTH	DISPARITY AMONG SUBAREAS				Yuma County	YUMA COUNTY vs. BENCHMARKS			
	Yuma	Foothills	South County	East County		vs. AZ	vs. US	vs. HP2030	TREND
% "Fair/Poor" Mental Health	22.6	15.0	16.4	23.3	20.2		24.4		17.0
% Diagnosed Depression	28.7	19.0	19.8	27.2	25.3	18.0	30.8		20.9
% Symptoms of Chronic Depression	42.9	27.0	45.8	32.4	41.2		46.7		24.9
% Typical Day Is "Extremely/Very" Stressful	19.8	11.4	10.3	11.7	16.1		21.1		10.1

MENTAL HEALTH (continued)	DISPARITY AMONG SUBAREAS				Yuma County	YUMA COUNTY vs. BENCHMARKS			
	Yuma	Foothills	South County	East County		vs. AZ	vs. US	vs. HP2030	TREND
Suicide Deaths per 100,000					16.6	21.0	14.7	12.8	15.0
Mental Health Providers per 100,000					87.0	196.0	332.6		
% Receiving Mental Health Treatment	18.6	13.9	13.4	21.3	16.8		21.9		14.6
% Unable to Get Mental Health Services in Past Year	11.6	8.2	9.5	12.5	10.7		13.2		6.6

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.

better similar worse

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	DISPARITY AMONG SUBAREAS				Yuma County	YUMA COUNTY vs. BENCHMARKS			
	Yuma	Foothills	South County	East County		vs. AZ	vs. US	vs. HP2030	TREND
% "Very/Somewhat" Difficult to Buy Fresh Produce	24.6	18.3	23.1	28.0	23.6		30.0		16.9
% No Leisure-Time Physical Activity	27.0	34.3	40.3	43.5	31.7	21.3	30.2	21.8	29.8
% Meet Physical Activity Guidelines	30.0	29.7	17.9	21.7	26.7	33.3	30.3	29.7	20.5
% [Child 2-17] Physically Active 1+ Hours per Day					44.0		27.4		48.2
% Overweight (BMI 25+)	73.6	69.0	75.8	64.1	73.2	66.4	63.3		52.8

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)	DISPARITY AMONG SUBAREAS				Yuma County	YUMA COUNTY vs. BENCHMARKS			
	Yuma	Foothills	South County	East County		vs. AZ	vs. US	vs. HP2030	TREND
% Obese (BMI 30+)	40.0	29.0	45.5	40.9	39.9	31.9	33.9	36.0	19.2
% [Child 5-17] Overweight (85th Percentile)					33.0		31.8		33.8
% [Child 5-17] Obese (95th Percentile)					22.7		19.5	15.5	18.6























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.

better similar worse

ORAL HEALTH	DISPARITY AMONG SUBAREAS				Yuma County	YUMA COUNTY vs. BENCHMARKS			
	Yuma	Foothills	South County	East County		vs. AZ	vs. US	vs. HP2030	TREND
% Have Dental Insurance	66.6	59.0	52.5	54.7	61.8		72.7	75.0	52.3
% Dental Visit in Past Year	52.2	62.8	44.7	64.4	52.1	60.7	56.5	45.0	47.0
% [Child 2-17] Dental Visit in Past Year					79.7		77.8	45.0	77.9







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.

better similar worse

RESPIRATORY DISEASE	DISPARITY AMONG SUBAREAS				Yuma County	YUMA COUNTY vs. BENCHMARKS			
	Yuma	Foothills	South County	East County		vs. AZ	vs. US	vs. HP2030	TREND
Lung Disease Deaths per 100,000					35.6	 48.3	 43.5		 45.2
Pneumonia/Influenza Deaths per 100,000					15.1	 12.9	 13.4		 22.2
% Asthma	 15.0	 10.8	 11.3	 14.2	13.6	 10.3	 17.9		 9.7
% [Child 0-17] Asthma					15.6		 16.7		 13.3
% COPD (Lung Disease)	 8.2	 7.8	 8.3	 11.9	8.3	 5.8	 11.0		 8.2





































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.

 better
  similar
  worse

SEXUAL HEALTH	DISPARITY AMONG SUBAREAS				Yuma County	YUMA COUNTY vs. BENCHMARKS			
	Yuma	Foothills	South County	East County		vs. AZ	vs. US	vs. HP2030	TREND
HIV Prevalence per 100,000					190.8	 298.8	 386.6		
Chlamydia Incidence per 100,000					501.8	 552.5	 492.2		
Gonorrhea Incidence per 100,000					62.4	 190.7	 179.0		

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.

 better
  similar
  worse






















SUBSTANCE USE	DISPARITY AMONG SUBAREAS				Yuma County	YUMA COUNTY vs. BENCHMARKS			
	Yuma	Foothills	South County	East County		vs. AZ	vs. US	vs. HP2030	TREND
Alcohol-Induced Deaths per 100,000					18.1	 23.6	 15.7		 8.8
% Excessive Drinking	 24.4	 14.1	 19.3	 24.8	21.9	 16.0	 34.3		 18.6
Unintentional Drug-Induced Deaths per 100,000					22.8	 33.5	 29.7		 15.1
% Used an Illicit Drug in Past Month	 5.8	 2.8	 2.6	 0.0	4.5		 8.4		 1.3
% Used a Prescription Opioid in Past Year	 13.2	 17.3	 9.1	 21.5	13.0		 15.1		
% Ever Sought Help for Alcohol or Drug Problem	 9.0	 2.0	 3.6	 5.1	6.6		 6.8		 4.4
% Personally Impacted by Substance Use	 38.2	 35.5	 21.8	 29.3	33.5		 45.4		 39.8

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.


better


similar


worse

TOBACCO USE	DISPARITY AMONG SUBAREAS				Yuma County	YUMA COUNTY vs. BENCHMARKS			
	Yuma	Foothills	South County	East County		vs. AZ	vs. US	vs. HP2030	TREND
% Smoke Cigarettes	 22.0	 13.8	 13.4	 39.5	19.5	 10.0	 23.9	 6.1	 17.5
% Someone Smokes at Home	 18.1	 10.3	 10.6	 25.5	15.6		 17.7		 20.6
% Use Vaping Products	 19.8	 7.5	 14.5	 21.3	17.0	 7.1	 18.5		 4.4

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.

 better
  similar
  worse



COMMUNITY DESCRIPTION

POPULATION CHARACTERISTICS

Total Population

Yuma County, the focus of this Community Health Needs Assessment, encompasses 5,513.82 square miles and houses a total population of 207,685 residents, according to latest census estimates.

Total Population
(Estimated Population, 2019-2023)

	TOTAL POPULATION	TOTAL LAND AREA (square miles)	POPULATION DENSITY (per square mile)
Yuma County	207,685	5,513.82	38
Arizona	7,268,175	113,655.40	64
United States	332,387,540	3,533,298.58	94

Sources:
 • US Census Bureau American Community Survey, 5-year estimates.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).

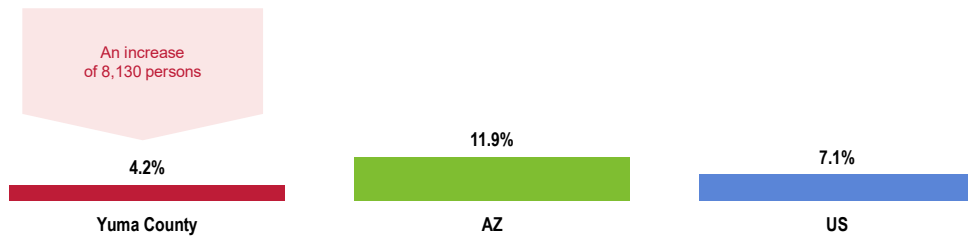
Population Change 2010-2020

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 ► Arizona and the US have recorded greater proportional increases in population.

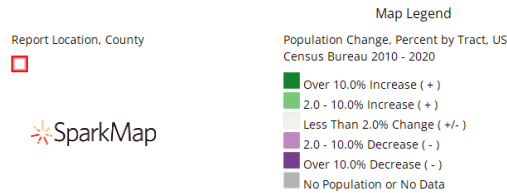
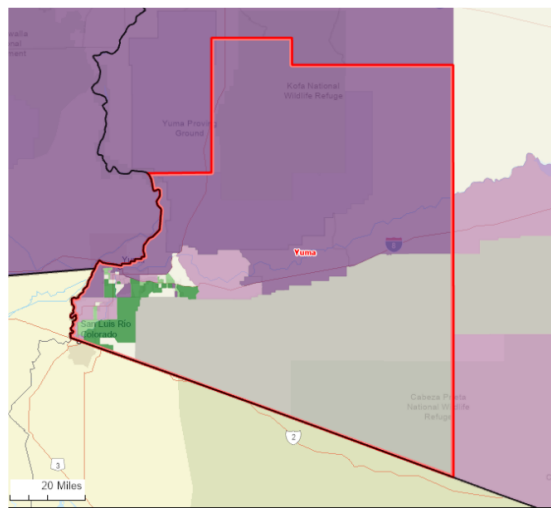
Change in Total Population
(Percentage Change Between 2010 and 2020)



Sources:
 • US Census Bureau Decennial Census (2010-2020).
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).



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



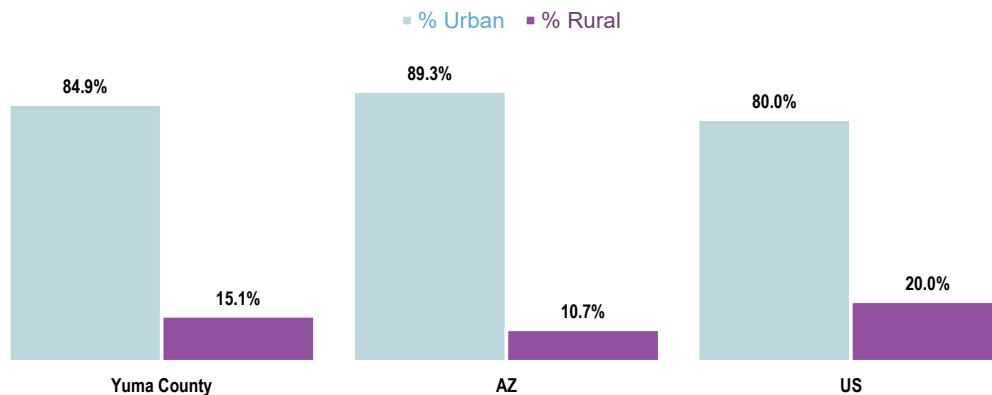
Urban/Rural Population

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 84.9% of the population living in areas designated as urban.

BENCHMARK ► Less urban than the rest of Arizona but more urban than the US.

Urban and Rural Population (2020)



Sources:

- US Census Bureau Decennial Census.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 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.



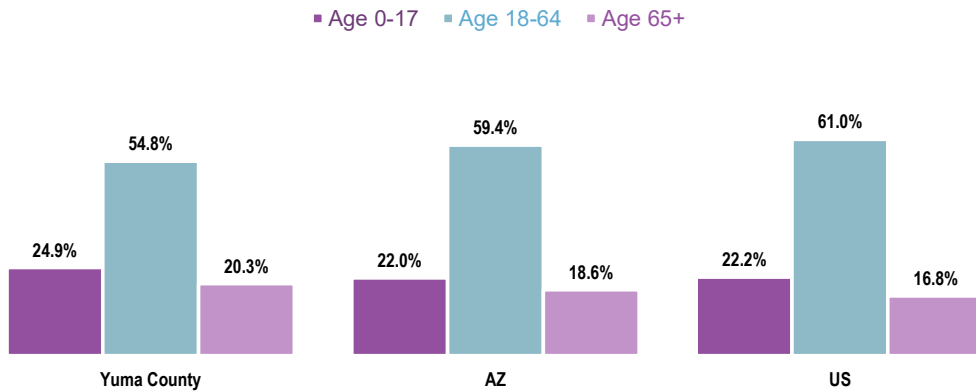
Age

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, 24.9% of the population are children age 0-17; another 54.8% are age 18 to 64, while 20.3% are age 65 and older.

BENCHMARK ▶ A higher proportion of adults age 65+ than found across the state and nation.

Total Population by Age Groups (2019-2023)



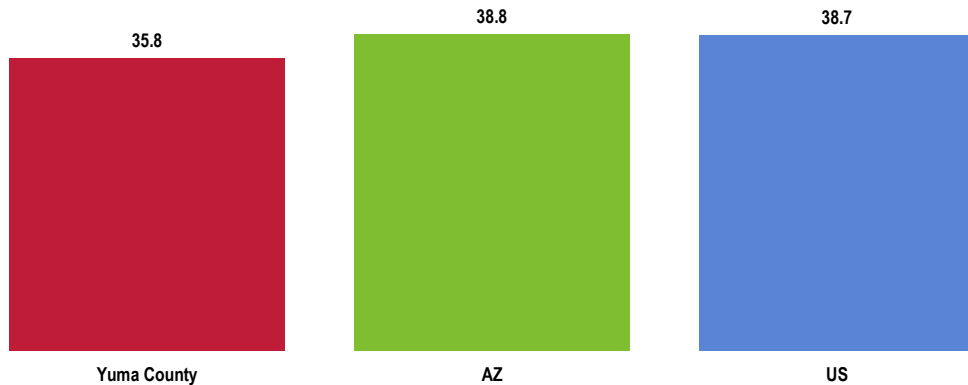
Sources:

- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 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 (2019-2023)

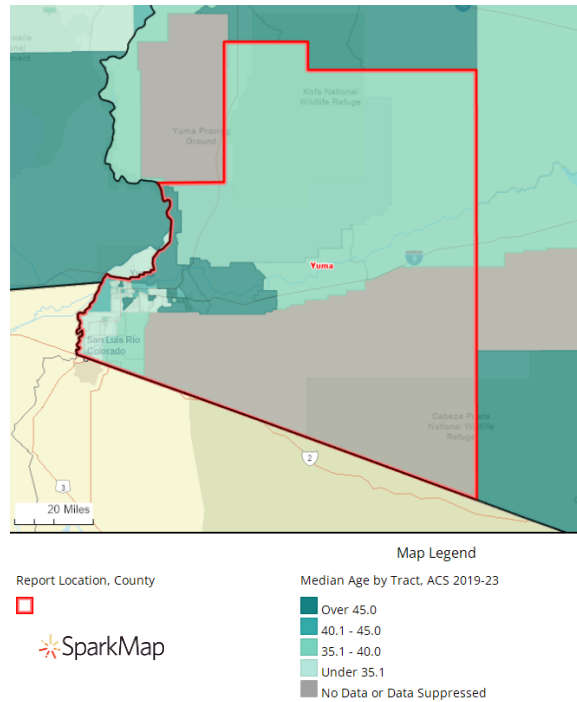


Sources:

- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).



The following map provides an illustration of the median age by census tract throughout Yuma County.



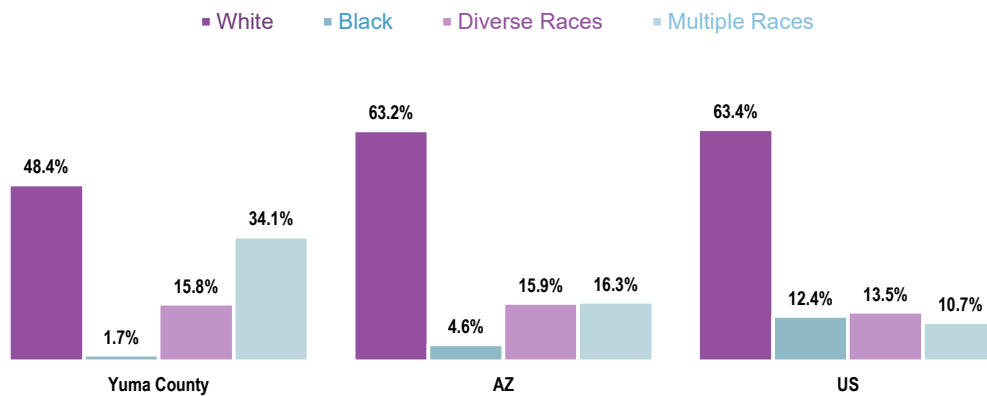
Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 48.4% of residents of Yuma County are White, 1.7% are Black, 15.8% are of diverse races, and 34.1% are multiple races.

BENCHMARK ► More diverse than Arizona and the US.

Total Population by Race Alone (2019-2023)



Sources:

- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).

Notes:

- "Diverse Races" includes those who identify as American Indian or Alaska Native, Asian, or Native Hawaiian/Pacific Islander, without Hispanic origin.

Race reflects those who identify with a single race category, regardless of Hispanic origin. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

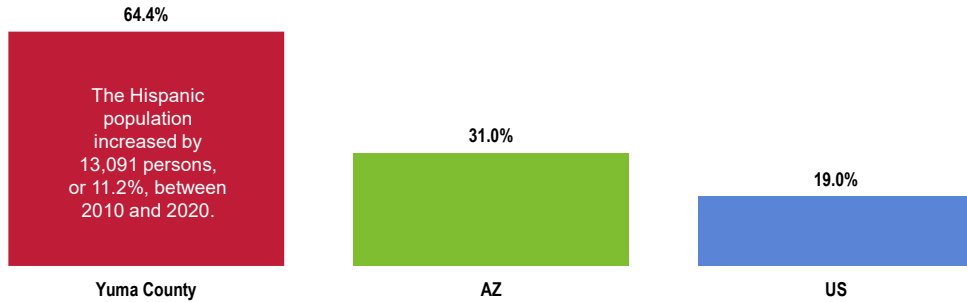


Ethnicity

A total of 64.4% of Yuma County residents are Hispanic or Latino.

BENCHMARK ► Much higher than state and US proportions.

Hispanic Population (2019-2023)



Sources:

- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).

Notes:

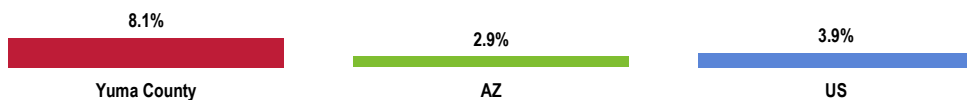
- People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Linguistic Isolation

A total of 8.1% of the 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 the state and US.

Linguistically Isolated Population (2019-2023)



Sources:

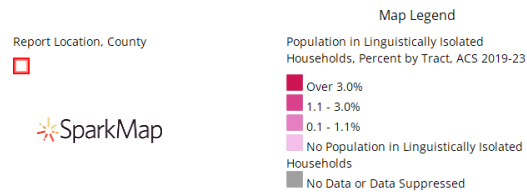
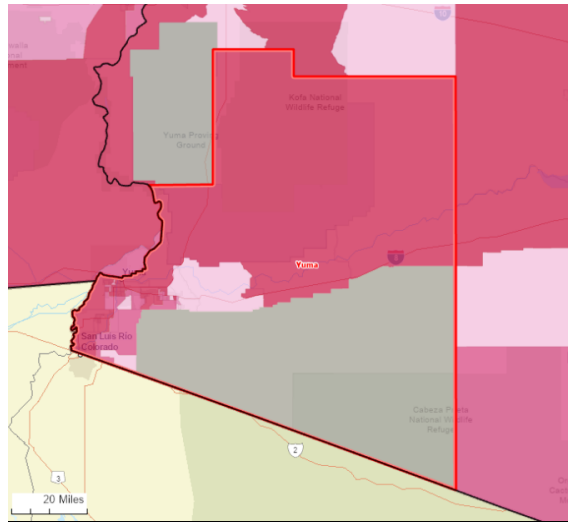
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).

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+ speaks a non-English language and speak English “very well.”



Note the following map illustrating linguistic isolation throughout Yuma 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 16.5% of the Yuma County total population living below the federal poverty level.

BENCHMARK ► Higher than found across Arizona and the US. Far from satisfying the Healthy People 2030 objective.

Among just children (ages 0 to 17), this percentage in Yuma County is 22.5% (representing an estimated 11,435 children).

BENCHMARK ► Higher than found across Arizona and the US. Far from satisfying the Healthy People 2030 objective.

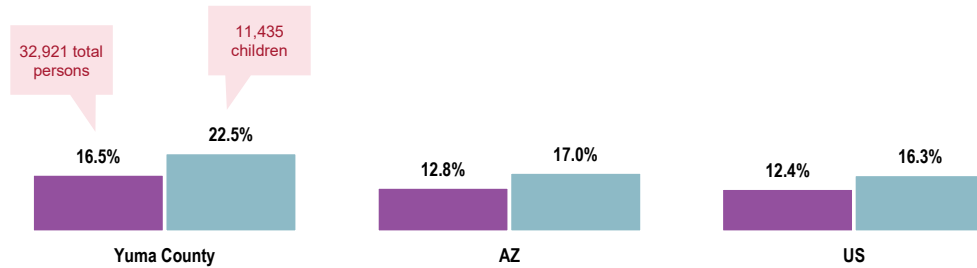
Poverty is considered a key driver of health status because it creates barriers to accessing health services, healthy food, and other necessities that contribute to overall health.



Percent of Population in Poverty (2019-2023)

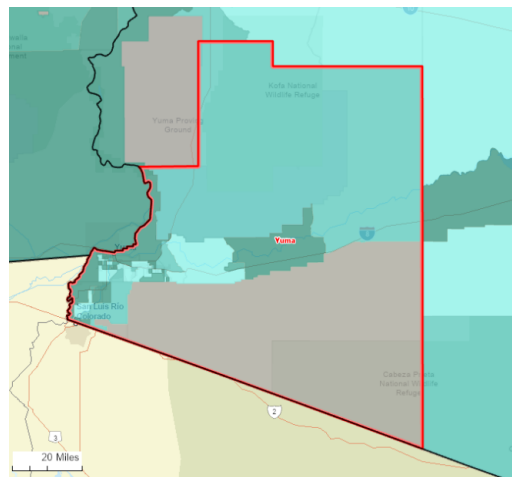
Healthy People 2030 = 8.0% or Lower

■ 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 May 2025 via SparkMap (sparkmap.org).
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

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



Map Legend

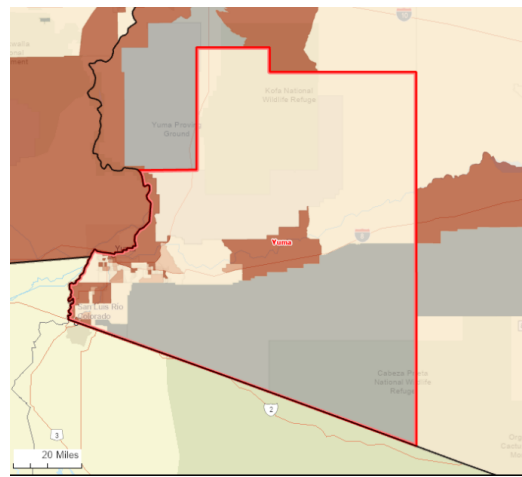
Report Location, County



SparkMap

Population Below the Poverty Level, Percent by Tract, ACS 2019-23

- Over 20.0%
- 15.1 - 20.0%
- 10.1 - 15.0%
- Under 10.1%
- No Data or Data Suppressed



Map Legend

Report Location, County



SparkMap

Population Below the Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2019-23

- Over 30.0%
- 22.6 - 30.0%
- 15.1 - 22.5%
- Under 15.1%
- No Population Age 0-17 Reported
- No Data or Data Suppressed

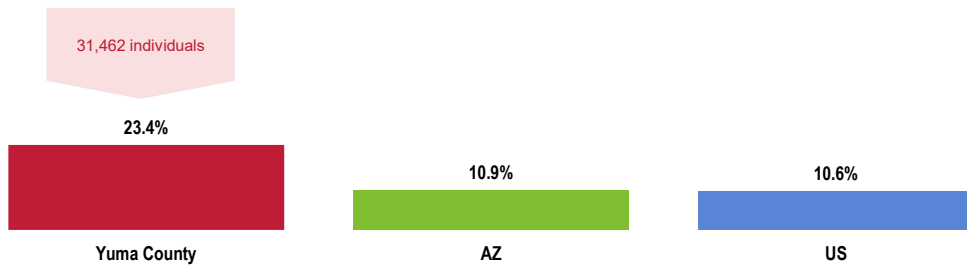


Education

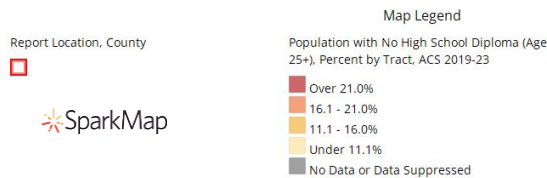
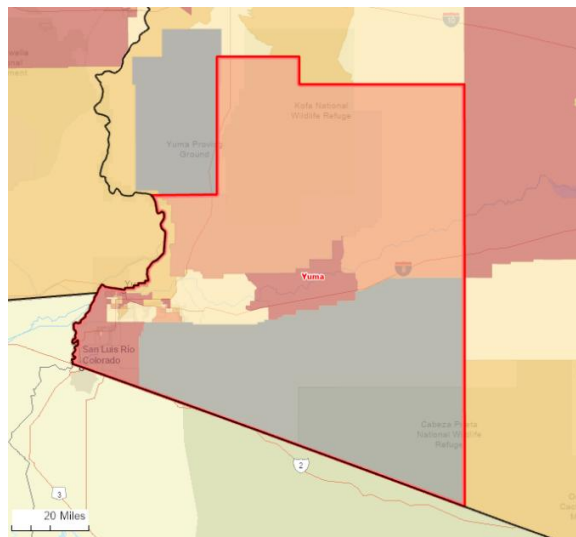
Among the Yuma County population age 25 and older, an estimated 23.4% (over 31,000 people) do not have a high school education.

BENCHMARK ▶ Higher than found statewide and nationally.

Population With No High School Diploma (Adults Age 25 and Older; 2019-2023)



Sources: • US Census Bureau American Community Survey, 5-year estimates.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).

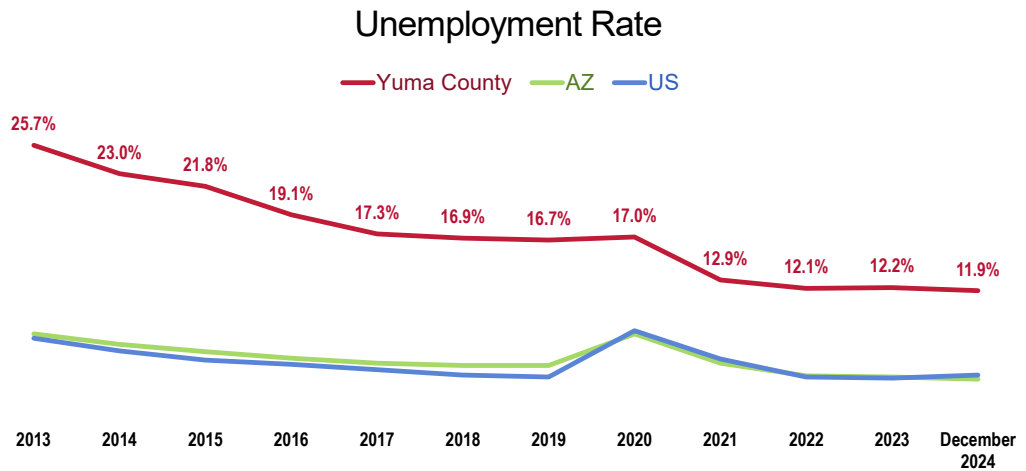


Employment

According to data derived from the US Department of Labor, the unemployment rate in Yuma County as of December 2024 was 11.9%.

BENCHMARK ▶ Much higher than the state and national unemployment rates.

TREND ▶ Since 2020 (the time of the COVID-19 pandemic), unemployment has dropped and is much lower than found a decade ago.



Sources:

- US Department of Labor, Bureau of Labor Statistics.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).

Notes:

- Percent of non-institutionalized population age 16+ who are unemployed (not seasonally adjusted).



Financial Resilience

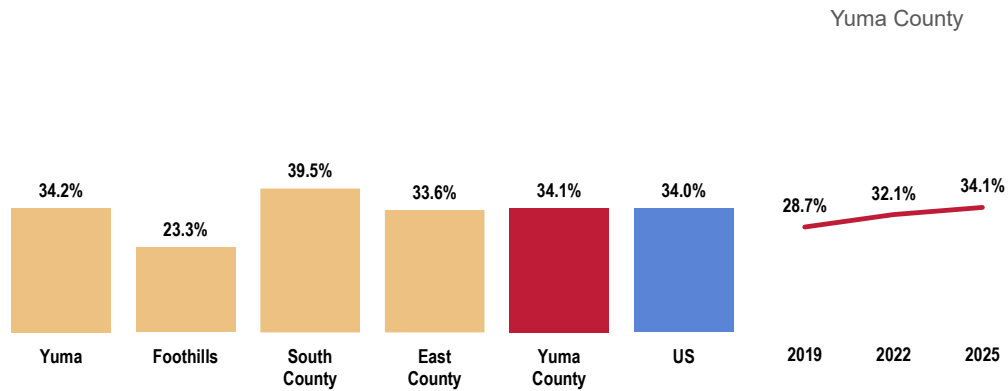
A total of 34.1% of Yuma County residents would not be able to afford an unexpected \$400 expense without going into debt.

TREND ▶ Trending significantly higher over time.

DISPARITY ▶ Lower in the Foothills area. More often reported among adults younger than 65 and households with lower incomes (especially those living below the federal poverty level).

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?"

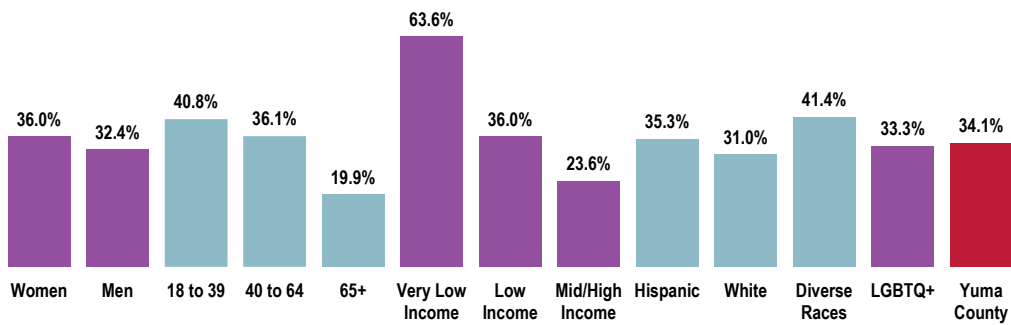
Do Not Have Cash on Hand to Cover a \$400 Emergency Expense



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 53]
 ● 2023 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.

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

Do Not Have Cash on Hand to Cover a \$400 Emergency Expense (Yuma County, 2025)



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 53]
 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.



INCOME & RACE/ETHNICITY

INCOME ► Income categories used to segment survey data 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 2024 guidelines place the poverty threshold for a family of four at \$30,700 annual household income or lower). In sample segmentation: “very low income” refers to community members living in a household with defined poverty status; “low income” refers to households with incomes just above the poverty level and earning up to twice (100%-199% of) the poverty threshold; and “mid/high income” refers to those households living on incomes which are twice or more ($\geq 200\%$ of) the federal poverty level.

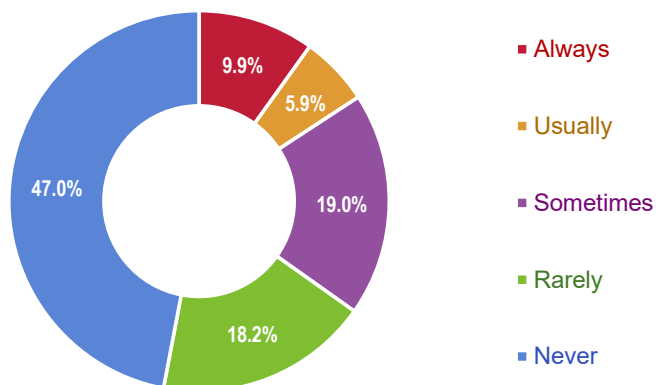
RACE & ETHNICITY ► In analyzing survey results, mutually exclusive race and ethnicity categories are used. All Hispanic respondents are grouped, regardless of identity with any other race group. Data are also detailed for individuals identifying with a race category, without Hispanic origin. “White” reflects those who identify as White alone, without Hispanic origin. “Diverse Races” includes those who identify as Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian/Pacific Islander, or as being of multiple races, without Hispanic origin.

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, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 56]
Notes: • Asked of all respondents.

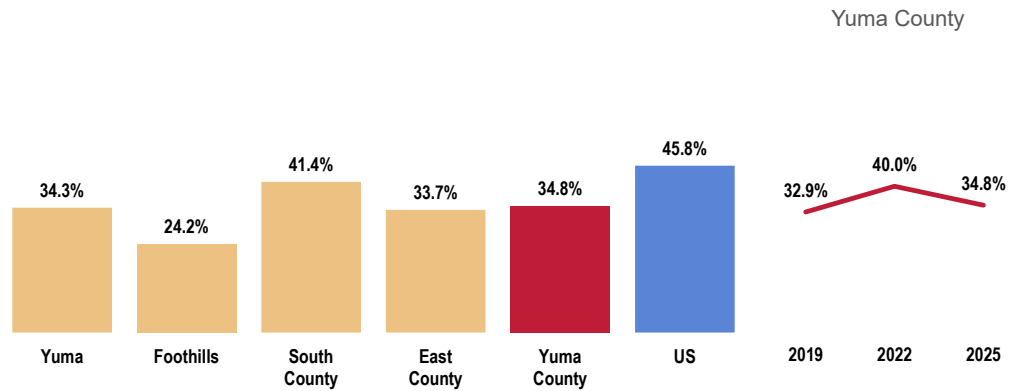


However, a considerable share (34.8%) report that they were “sometimes,” “usually,” or “always” worried or stressed about having enough money to pay their rent or mortgage in the past year.

BENCHMARK ▶ Lower than found nationally.

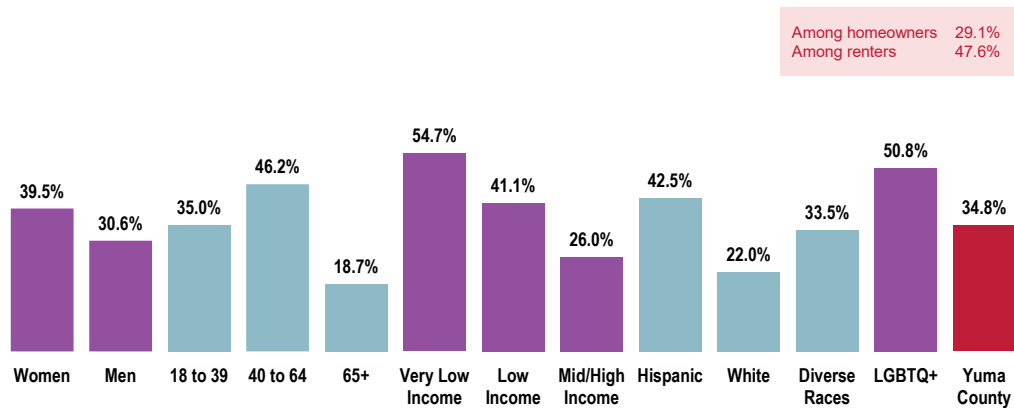
DISPARITY ▶ Higher in South County. More often reported among women, adults younger than 65, those with lower incomes, Hispanic residents, LGBTQ+ respondents, and renters.

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



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 56]
 • 2023 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, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 56]
 Notes: • Asked of all respondents.



Unhealthy or Unsafe Housing

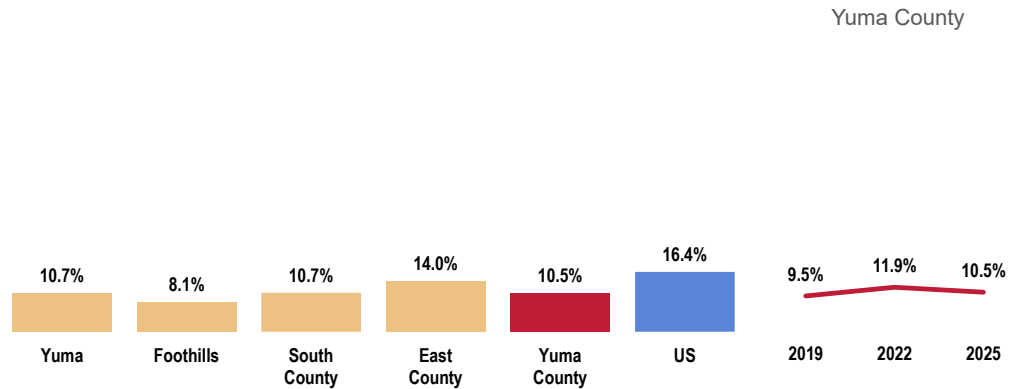
A total of 10.5% of Yuma County residents report living in unhealthy or unsafe housing conditions during the past year.

BENCHMARK ▶ Lower than the US finding.

DISPARITY ▶ More often reported among those with lower incomes, residents of diverse races, and renters.

Respondents were asked: "Thinking about your current home, over the past 12 months have you experienced ongoing problems 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



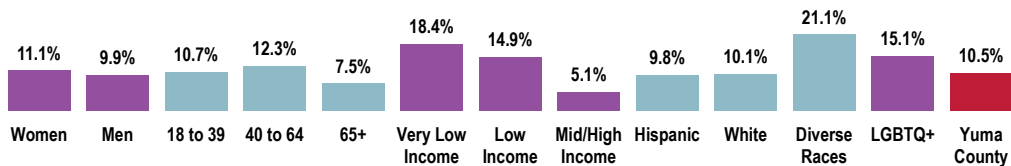
Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 55]
 • 2023 PRC National Health Survey, PRC, Inc.

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, 2025)

Among homeowners 7.5%
 Among renters 14.6%



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 55]

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.



Food Access

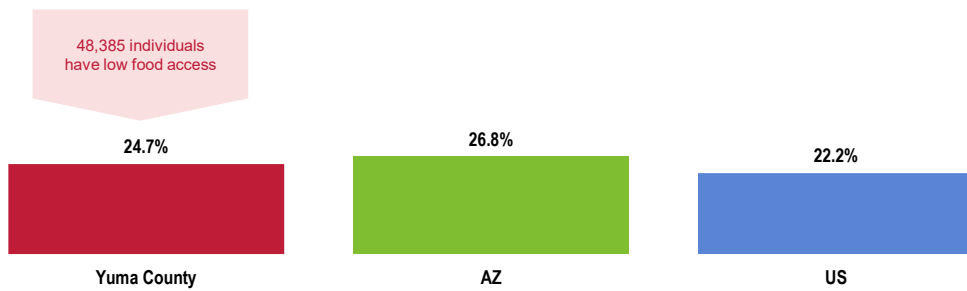
Low Food Access

US Department of Agriculture data show that 24.7% of the 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.

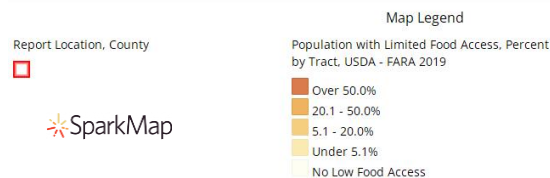
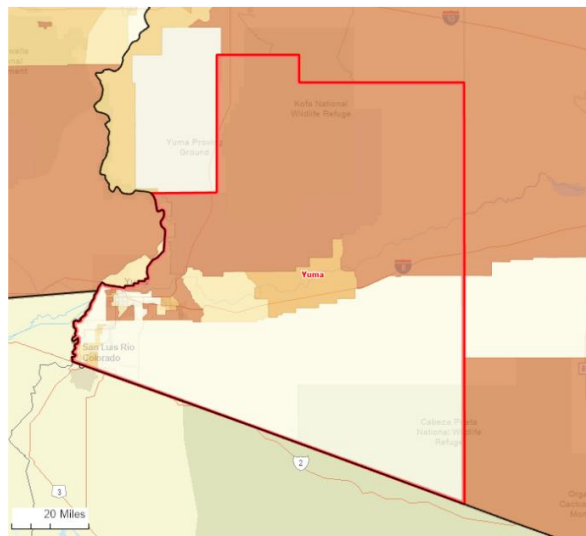
Low food access is defined as living more than 1 mile (in urban areas, or 10 miles in rural areas) from the nearest supermarket, supercenter, or large grocery store.

RELATED ISSUE
See also Difficulty Accessing Fresh Produce in the *Nutrition, Physical Activity & Weight* section of this report.

Population With Low Food Access (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 May 2025 via SparkMap (sparkmap.org).
- Notes:
- Low food access is defined as living far (more than 1 mile in urban areas, more than 10 miles in rural areas) from the nearest supermarket, supercenter, or large grocery store.



Food Insecurity

Overall, 37.3% 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 ▶ Lower than the national percentage.

DISPARITY ▶ Lower in the Foothills area. Highly correlated with income and more often reported among women, adults younger than 65, and Hispanic residents.

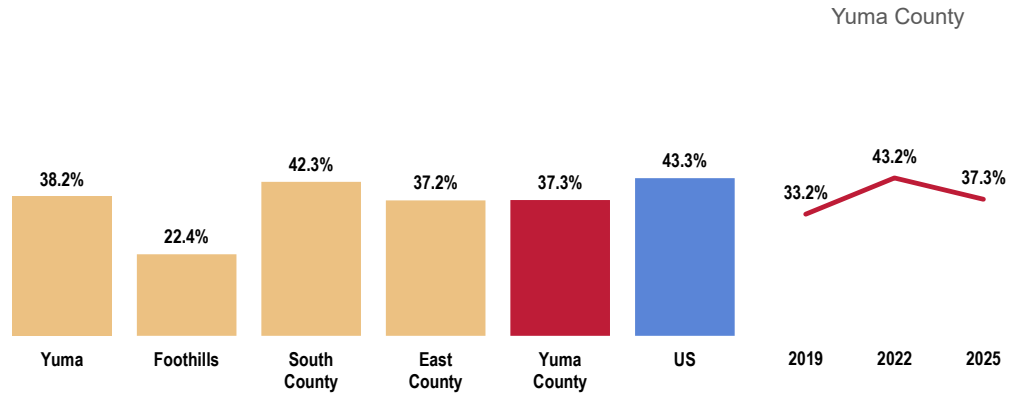
Surveyed adults were asked: “Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was “often true,” “sometimes true,” or “never true” for you in the past 12 months:

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.”

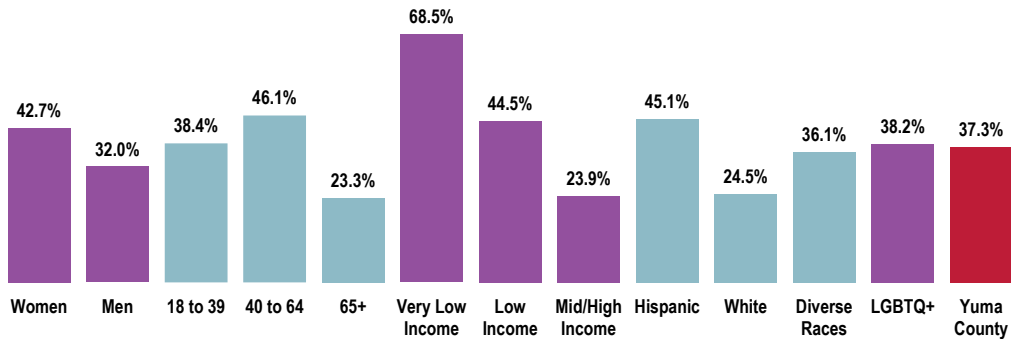
Those answering “often” or “sometimes” true for either statement are considered to be food insecure.

Food Insecurity



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 98]
 • 2023 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, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 98]
 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.



Key Informant Input: Social Determinants of Health

The greatest share of key informants taking part in an online survey characterized *Social Determinants of Health (especially Housing)* as a “major problem” in the community.

Perceptions of Social Determinants of Health as a Problem in the Community (Among Key Informants; Yuma County, 2025)

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



Sources: • 2025 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:

Income/Poverty

With a large population of lower-income households, medical care becomes a secondary or tertiary concern over housing and food. Many lower-income families do not have an established primary care provider and seek the services of first responder agencies via 911, urgent care facilities, or the emergency department at the hospital for primary care issues. — Community Leader

When you are a family in survival mode, taking care of your health is not the priority or likely even considered. Yuma has a high poverty rate and many people living in this situation. They are also likely unable to afford access to the things they need to keep them healthy. They may live too far away and have limited transportation to get to the doctor. Their school district may not be providing information out to families in need. — Community Leader

We live in a high-poverty area. — Community Leader

Income, immigration status, family units, access to social benefits. — Health Care Provider

Poor socioeconomic, poor education. — Physician

Yuma County has a high level of poverty. Many residents do not have the level of quality of life to assist with their health. — Community Leader

Poverty. — Community Leader

Poorer and older community with not enough support for SDOH. — Health Care Provider

Housing

Lack of housing for the homeless. The lack of education for lower socioeconomic classes, leading to perpetuating behaviors and the lack of knowledge to research services in community. Increasing education at a young age may improve outcomes. Providing information for families via the school system may be helpful. Recognizing barriers in children for families to stop cycles. — Health Care Provider

Yuma has an issue with persons experiencing homelessness. Based on recurrent community feedback, it is often due to housing-related issues (cost, affordability, etc.). — Social Services Provider

Housing is scarce, the environment on the border facilitates ease of access to substances, low-income levels. — Social Services Provider

Lack of transportation, lack of affordable housing, heat, high unemployment, poverty/inflation. — Public Health Representative

Affordable housing is getting harder and harder to find. There is a high level of homelessness. Yuma County has a poverty rate several points higher than the national average. Yuma area schools also struggle with test scores and graduation rates that are well below national averages. Yuma County also has a college education rate 20% lower than the national average. — Community Leader

Lack of affordable housing really impacts one's ability to have quality of life. One might have to work two jobs just to make ends meet, which impacts the child care crisis and also impacts families' social/emotional relationship. — Community Leader



Most patients come in complaining that they can't pay their rent. They are homeless living in their cars. They have issues with low income, that they can't afford to buy gas or food or pay for their meds. Most patients are from low socioeconomic status with low or no education and do not speak English, which makes it very difficult for them to obtain a job to secure living for themselves or their families. — Health Care Provider

Awareness/Education

I believe that social determinants of health are very important to be understood and taken into consideration as health issues are addressed and programs are developed because they are the root of the biggest health challenges the population faces. Yuma County is highly dependent on the agricultural industry, which is seasonal in nature, and it negatively impacts the community during the agricultural offseason. City of San Luis, Somerton, Gadsden, and Colonias in rural Yuma County are critically impacted, with unemployment rates as high as 78% in San Luis and 48% in Somerton (DES). Without understanding and addressing the SDOH, the health issues are just being addressed on the surface. — Social Services Provider

Many individuals struggling with mental health are unaware of available resources, leading to homelessness and missed appointments due to transportation barriers. Communities with limited access to nutritious food, safe housing, and quality health care often face higher rates of chronic illnesses, mental health issues, and preventable diseases. — Community Leader

Nutrition

65% Hispanic population with cultural eating and dietary habits that are not conducive to good health. — Community Leader

Access to healthy food, affordable housing, access to nutritious food, and reliable transportation impact individual and community health. — Public Health Representative

Access to Care/Services

If patients cannot get to care providers, then they do not get health needs addressed. Transportation is a major issue for patients in this community and has a direct impact on health outcomes; if you cannot get food or the right types of food, how does one manage chronic health conditions like diabetes, kidney disease, heart disease? This community is an agricultural community with a high amount of pesticides and herbicides used to support agriculture — however, this does impact air quality and does impact respiratory health and some cancer risks. Fear of discrimination or actual discrimination prevents patients from seeking out care that they need. There is a link between the level of education and health. Yuma has a lower volume of college graduates per capita than other cities in Arizona. Lower education correlated with higher likelihood to not seek out health care (for myriad of reasons). — Health Care Provider

Climate

Yes, it is heat stress. We live in one of, if not the, hottest places in the United States, and the summers appear to be more and more impactful on individual health and the environment. Because of the high poverty rate and depressed economy our county faces during the summer months, thousands of individuals cannot afford to adequately cool their home. Outdoor workers, and particularly farm workers, landscaping, and construction workers, are exposed to high temperatures that their body can eventually resent, affecting their kidneys and other organs, particularly those who already suffer a chronic disease like diabetes, hypertension, etc. To top it off, the lack of cooling places and accessible free water exacerbates this issue. — Social Services Provider

Alcohol/Drug Use

Addiction to alcohol and drugs. Negative connotation associated with mental illness. Lack of adequate programs to serve this population. Lack of funding and/or insurance programs for adequate care. Patients are unwilling to participate and/or maintain long-term care due to funding, availability, transportation, and caregivers. — Community Leader

Low Educational Attainment Levels

Education levels in our community are well below national averages, and our community has a high level of pregnant teenagers. — Health Care Provider

Affordable Care/Services

Too expensive. — Community Leader

Environmental Contributors

It is so important for people to have all of their basic needs met in order to live healthy lives. The environment and communities in which they live are an important component to ensuring these needs are met. — Community Leader



Funding

Not enough funding for housing and transportation. — Health Care Provider

Impact on Quality of Life

Decreases life expectancy. — Health Care Provider

Incidence/Prevalence

It is the most common issue for a majority of my patients. — Health Care Provider





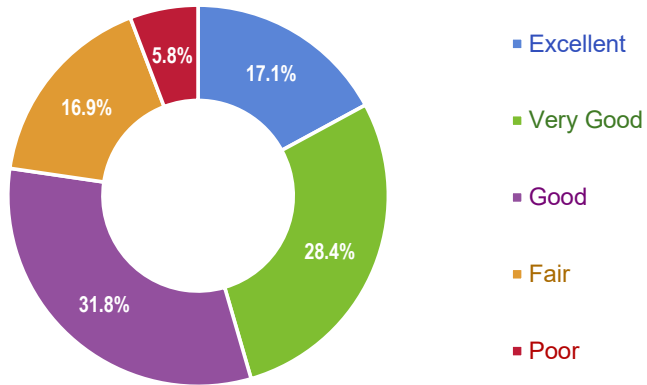
HEALTH STATUS

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, 2025)



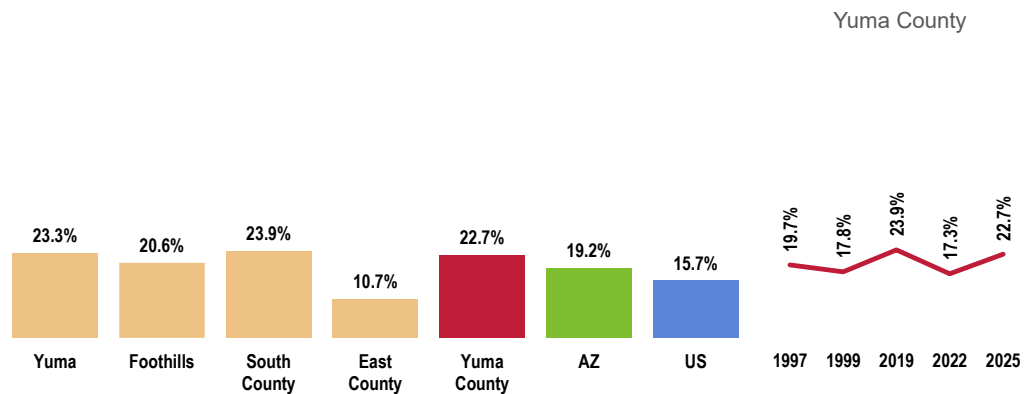
Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: • Asked of all respondents.

However, 22.7% of Yuma County adults believe that their overall health is "fair" or "poor."

BENCHMARK ► Higher than found statewide and nationally.

DISPARITY ► Lower in East County. Correlated with age.

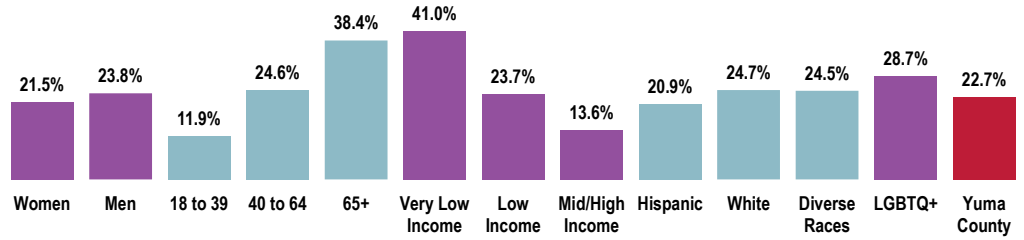
Experience "Fair" or "Poor" Overall Health



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 4]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Arizona data.
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Experience “Fair” or “Poor” Overall Health (Yuma County, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 4]
 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 ages 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.

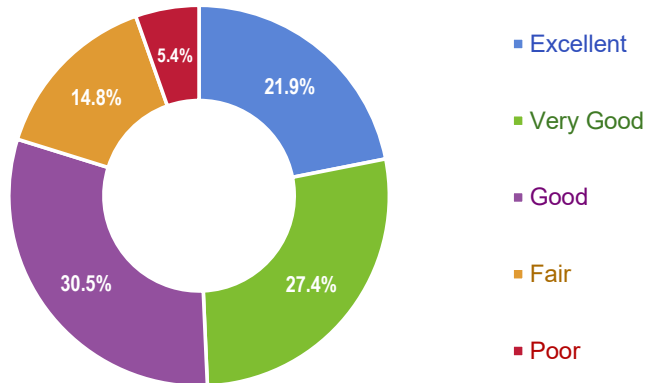
– Healthy People 2030 (<https://health.gov/healthypeople>)

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, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 77]
Notes: • Asked of all respondents.

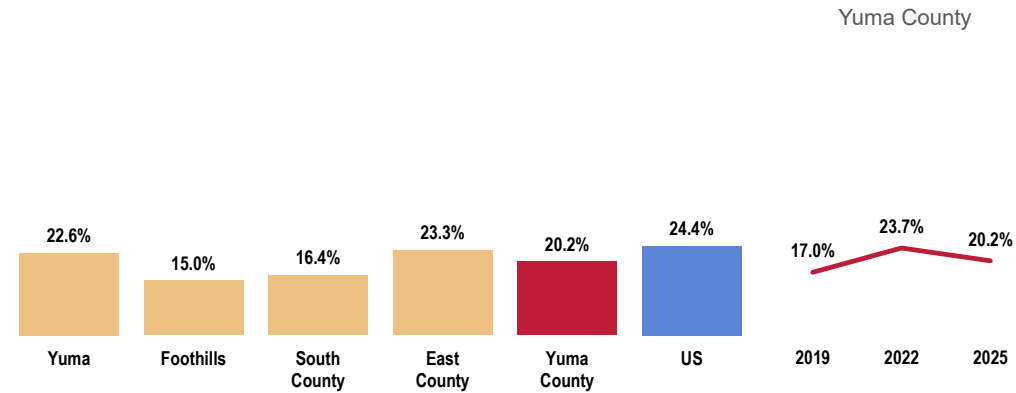


However, 20.2% believe that their overall mental health is “fair” or “poor.”

BENCHMARK ► Lower than found across the US.

DISPARITY ► Higher in Yuma.

Experience “Fair” or “Poor” Mental Health



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 77]
 • 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Depression

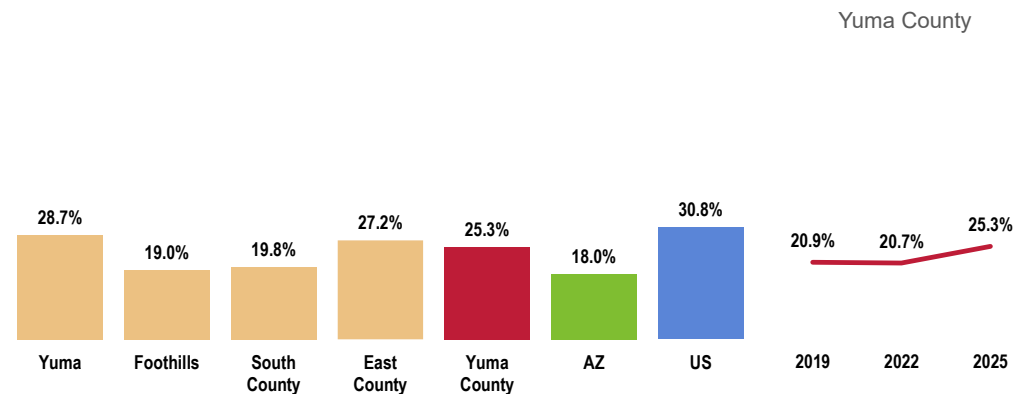
Diagnosed Depression

A total of 25.3% of Yuma County adults have been diagnosed by a physician or other health professional as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

BENCHMARK ► Higher than found across Arizona but lower than found across the US.

DISPARITY ► Higher in Yuma.

Have Been Diagnosed With a Depressive Disorder



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 80]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Arizona data.
 • 2023 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

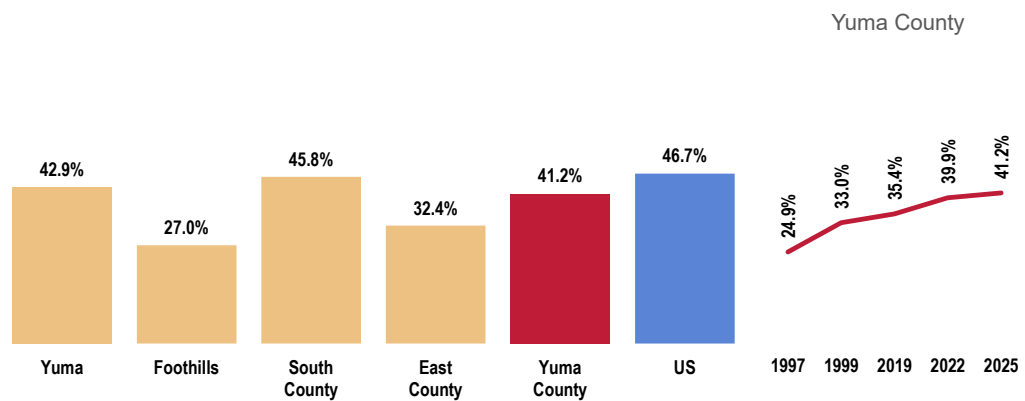
A total of 41.2% of Yuma County adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

BENCHMARK ▶ Lower than the national finding.

TREND ▶ Rising significantly over time.

DISPARITY ▶ Lower in the Foothills area. More often reported among women, adults younger than 65, those with lower incomes, Hispanic residents, and especially LGBTQ+ respondents.

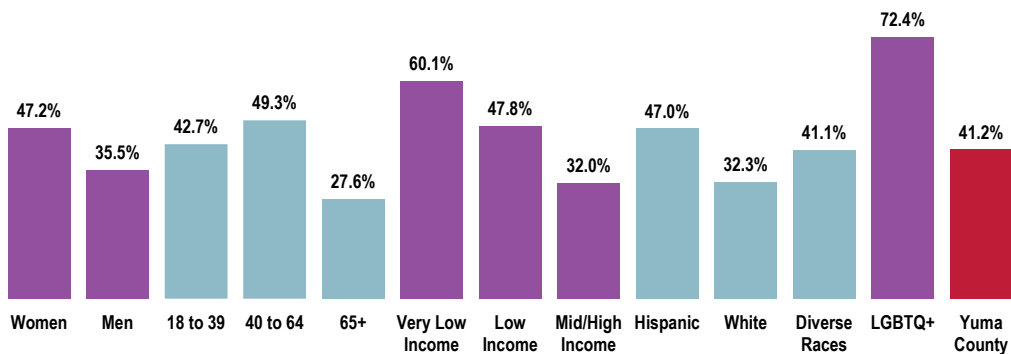
Have Experienced Symptoms of Chronic Depression



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 78]
● 2023 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, 2025)



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 78]

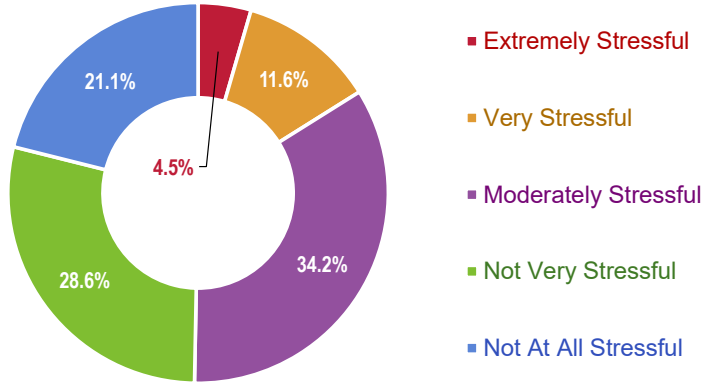
Notes: ● Asked of all respondents.
● Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.



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, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 79]
Notes: • Asked of all respondents.

In contrast, 16.1% of Yuma County adults feel that most days for them are “very” or “extremely” stressful.

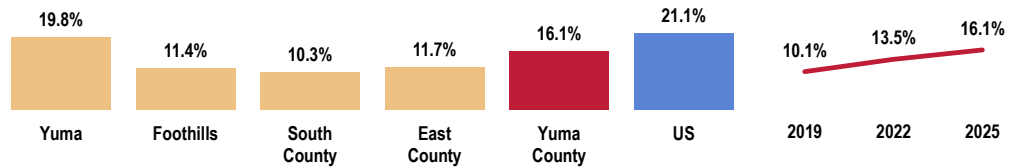
BENCHMARK ▶ Lower than the US percentage.

TREND ▶ Trending significantly higher over time.

DISPARITY ▶ Higher in Yuma. More often reported among adults younger than 65 and those living below the federal poverty level.

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

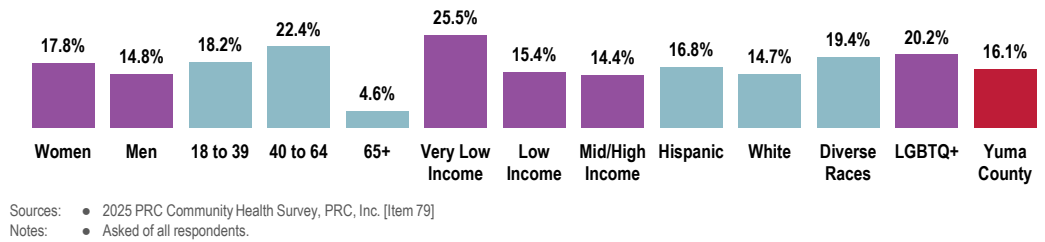
Yuma County



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 79]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Perceive Most Days as “Extremely” or “Very” Stressful (Yuma County, 2025)



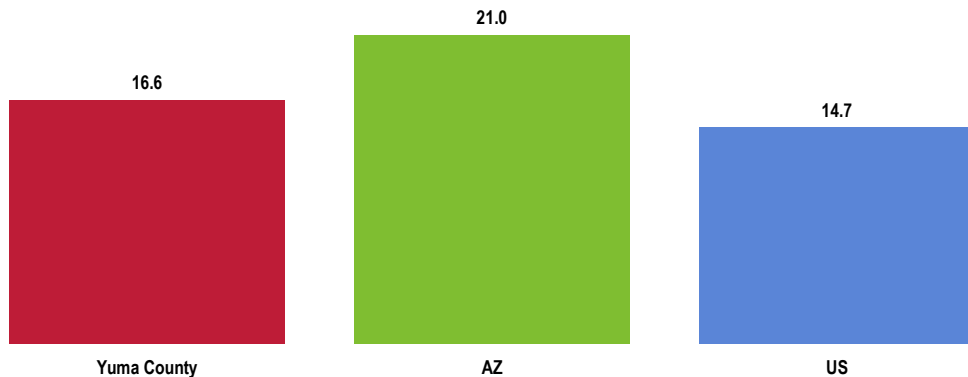
Suicide

In Yuma County, there were **16.6 suicides per 100,000 population** (2021-2023 annual average rate).

BENCHMARK ▶ Lower than the Arizona rate. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ▶ Much higher among White residents.

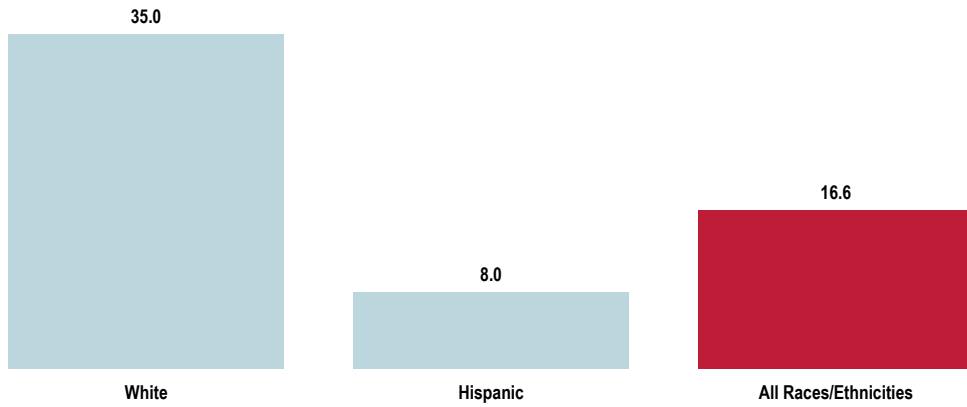
Suicide Mortality (2021-2023 Annual Average Deaths per 100,000 Population) Healthy People 2030 = 12.8 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2025.
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population.



Suicide Mortality by Race/Ethnicity (2021-2023 Annual Average Deaths per 100,000 Population; Yuma County) Healthy People 2030 = 12.8 or Lower



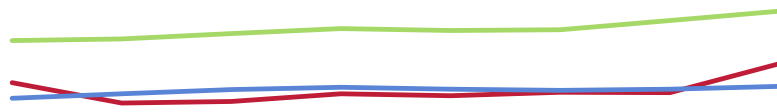
Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2025.
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.
- Race categories reflect individuals without Hispanic origin.

Suicide Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2030 = 12.8 or Lower



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
— Yuma County	15.0	13.3	13.4	14.0	13.9	14.2	14.1	16.6
— AZ	18.5	18.6	19.1	19.5	19.3	19.4	20.2	21.0
— US	13.7	14.0	14.4	14.6	14.4	14.3	14.4	14.7

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2025.
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.



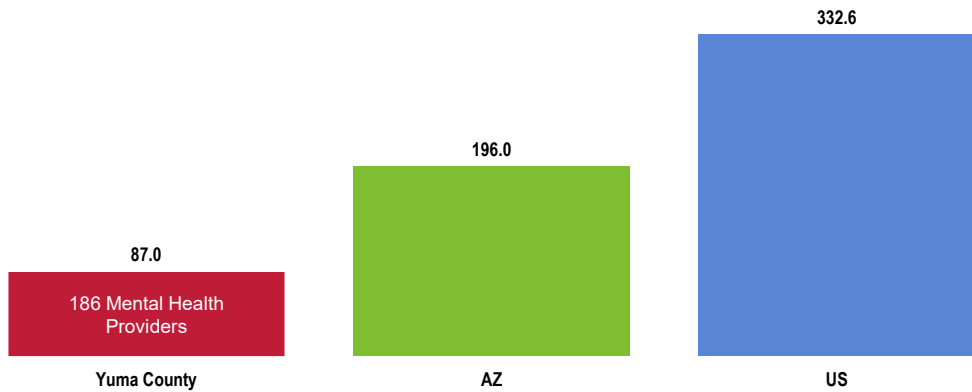
Mental Health Treatment

Mental Health Providers

In Yuma County in 2024, there were 186 mental health providers (including psychiatrists, psychologists, clinical social workers, and counselors who specialize in mental health care), translating to a rate of 87.0 per 100,000 population.

BENCHMARK ▶ Less favorable than state and national rates.

Number of Mental Health Providers per 100,000 Population (2024)



Sources:

- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).

 Notes:

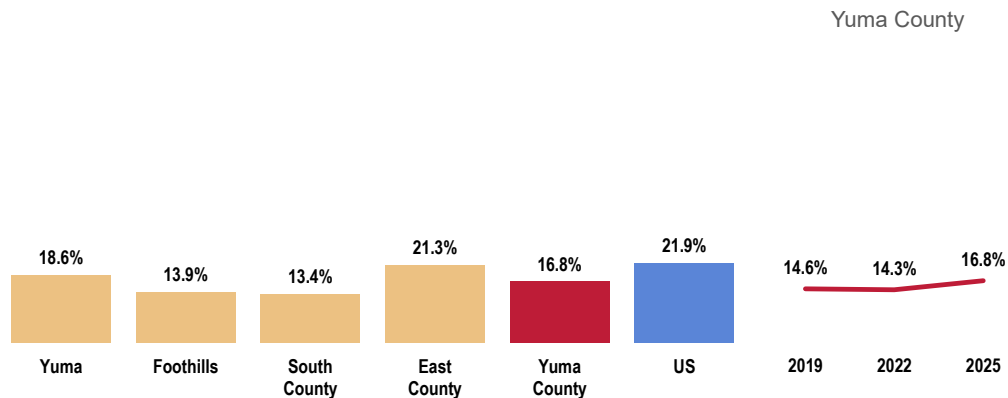
- This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.

Currently Receiving Treatment

A total of 16.8% of area adults 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.

BENCHMARK ▶ Lower than found nationally.

Currently Receiving Mental Health Treatment



Sources:

- 2025 PRC Community Health Survey, PRC, Inc. [Item 81]
- 2023 PRC National Health Survey, PRC, Inc.

 Notes:

- Asked of all respondents.
- Includes those now taking medication or otherwise receiving treatment for any type of mental health condition or emotional problem.

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.



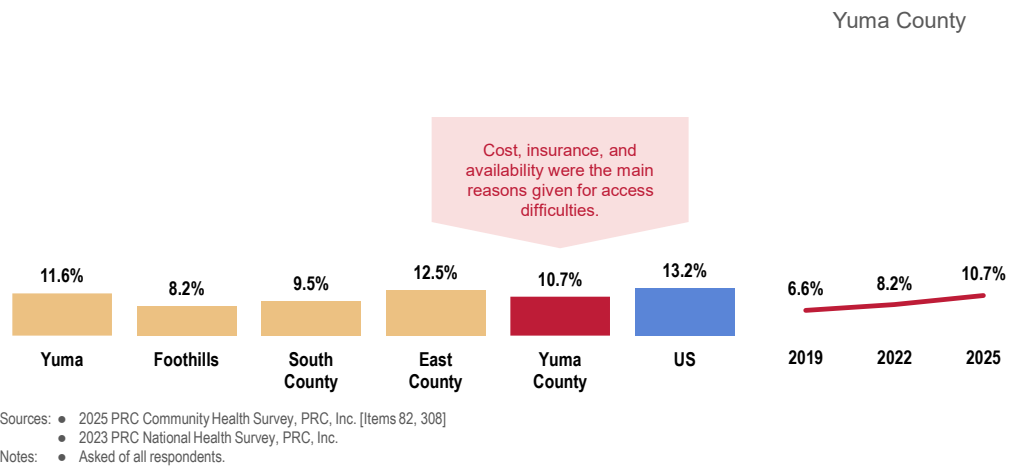
Difficulty Accessing Mental Health Services

A total of 10.7% of Yuma County adults report a time in the past year when they needed mental health services but were not able to get them.

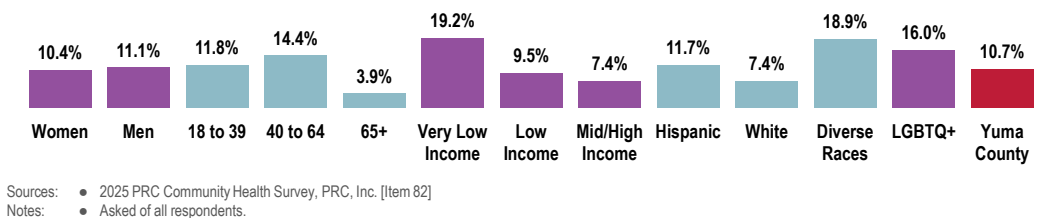
TREND ▶ Marks a significant increase over time.

DISPARITY ▶ More often reported among adults younger than 65, those living below the federal poverty level, and residents of diverse races.

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



Unable to Get Mental Health Services When Needed in the Past Year (Yuma County, 2025)



Key Informant Input: Mental Health

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

Perceptions of Mental & Emotional Health as a Problem in the Community (Among Key Informants; Yuma County, 2025)

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



Sources: • 2025 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

Access to mental health services. — Health Care Provider

There is an extreme lack of professional help for those with mental health issues. Most people have no idea where to turn, and for those who do, appointment times are so far in the future that it is basically not helpful. We need many more professionals in this field than we currently have. — Community Leader

Need more agencies to provide mental health services. Too expensive. Awareness. — Community Leader

Access to therapists, psychiatrists, treatment programs, etc., is very limited. More education for family members is needed. There is a high level of stigma with mental health treatment in the Hispanic community. More treatment options and resources are needed for individuals with dual diagnosis. — Community Leader

We lack the necessary mental and psych facilities. — Health Care Provider

No inpatient adolescent services, lack of outpatient in-person mental health services, and long waits to see therapists. — Community Leader

Poor quality service. Majority of locations are more focused on money and not on the patient. — Social Services Provider

The ability to find available mental health professionals. The good ones are full, and the ones available are not very helpful, or there is a reason they are open for patients. — Community Leader

Finding a doctor who is local and affordable. — Community Leader

Access to mental health. Lack of good alcohol and drug detox programs. Lack of senior dementia and behavioral facilities. — Physician

Specialists that provide substance use disorder, SMB, or trauma therapy. No local inpatient services for mental health at the hospital. You only serve suicide inpatient, but not the rest. — Health Care Provider

Lack of Providers

Lack of quality and qualified staff and the patients' lack of treatment compliance. — Health Care Provider

Access. There are nowhere near enough providers and nowhere near enough conversations happening about the importance of taking care of your mental health. — Community Leader

Options are extremely limited, and providers are not providing quality care. There are a limited number of licensed clinicians providing therapy. The wait time to see someone in person is often 60 to 90 days out. Case managers and BHTs are not a substitute for licensed clinicians. — Health Care Provider

Lack of mental health care providers. — Community Leader

Availability of qualified providers for young children and teens. Additionally, there is a shortage for adults, as well. — Community Leader

Lack of access to providers. Need greater capacity. Onvida Health is making great strides to fulfilling the need. — Public Health Representative



Shortage of quality mental health providers. Yuma County has a high ratio of residents to mental health care providers, with approximately 1,294 residents for every one provider. This shortage limits timely access to care and contributes to longer wait times for appointments. Limited access to specialized services. The county lacks sufficient specialized mental health services, including inpatient facilities and child and adolescent behavioral health services. This scarcity forces some residents to seek care outside the county or go without necessary treatment. Financial barriers. A significant portion of Yuma County's population faces financial obstacles to accessing mental health care. Stigma surrounding mental health. Stigma remains a barrier to mental health care in Yuma. Transportation and geographic challenges. Systemic and coordination issues. A lack of streamlined pathways. — Community Leader

Awareness/Education

Mental health is a major problem in our community due to lack of understanding and stigma of the disease. Lack of service providers and clinics to serve youth are also a major problem. The lack of provider understanding of the culture of some of the groups who need services presents also a great challenge. — Social Services Provider

Ignorance. — Community Leader

The lack of information, limited services, culture, and stigma are some factors that impede the community from seeking mental health services. — Social Services Provider

Awareness, understanding, and acceptance. — Health Care Provider

Many community members are not educated enough or well on the benefits of seeking mental health treatment. — Community Leader

Teens/Young Adults

Growing concerns with our youth and retired military personnel. — Health Care Provider

Major issue in Yuma for adults and adolescents. Not enough resources in town. Wait time to see a specialist takes months. The process to schedule an appointment is brutal by filling out intake form and waiting for someone to review it before they can schedule that appointment. Some conditions, like eating disorders or ADHD or alcohol dependence, etc., are not managed in Yuma, and providers end up referring out, which might be inconvenient for patients to seek care away from home. — Health Care Provider

Youth struggle with depression, social anxiety, and difficult emotions. Seniors struggle with isolation, depression, and loneliness. Major challenges are transportation, lack of mental health professionals and appointments, and stigma around needing mental health treatment. Ratio of mental health providers to the population is 1:2,290. — Public Health Representative

Juvenile health programs: specifically, suicide prevention. Juvenile inpatient programs. — Community Leader

Denial/Stigma

Stigma and access to treatment. — Community Leader

We pretend that it's not a real thing. — Community Leader

Stigma is a big challenge, and access to in-person care is limited in South County. — Social Services Provider

Due to COVID-19

This has always been a need, in my opinion. Many individuals were more open to admit this need after COVID, or perhaps their needs increased due to the stress COVID brought on our and many communities. Substance use is correlated to this, as many people tend to "self-medicate" to decrease the symptoms. In my opinion, there are many behavioral and mental health options in Yuma; however, there may still be some stigma around it for those who choose to seek professional support. No insurance may also impact those who need support but cannot obtain due to financial limitations. One important note for me here is that we tend to associate mental health needs with adults. We clearly see that this is a need among all ages, including young children and teens. We also need to bring awareness and support for those experiencing parental mental health needs. — Community Leader

Since the pandemic, the issues with mental health have significantly risen. There are not many local resources for families and individuals to reach out to. — Community Leader

Prevention/Screenings

The people being willing to undergo mental health screening and then taking and maintaining the treatment regimen prescribed. The need for more mental health facilities/beds for the mentally disabled in distress. Programs to help the mentally ill find and maintain housing and health care employees to monitor those patients to make sure they take their medication and follow the plan for them. In other words, programs for acute care and programs for long-term care with funding from the federal, state, county, and city governments. — Community Leader



Case Management

Case management plays a critical role in member care. However, due to high turnover rates, there are frequent gaps in services, which can lead to treatment failures. Another ongoing challenge is the limited number of active providers and their availability to meet patient needs. — Community Leader

Parental Influence

Learned behaviors. Coping mechanisms. Children born from substance abusers with behavioral issues. Socioeconomic factors. Educational factors. — Health Care Provider

Unhoused Population

Homeless people with mental health issues who are not seeking care on their own. — Community Leader

Transportation

Lack of transportation. — Social Services Provider





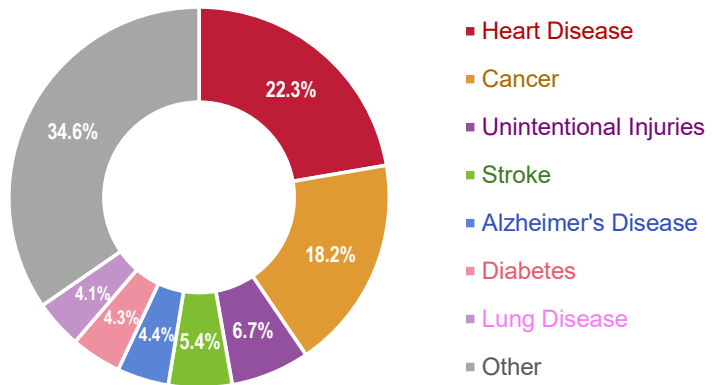
DEATH, DISEASE & CHRONIC CONDITIONS

LEADING CAUSES OF DEATH

Distribution of Deaths by Cause

Together, heart disease and cancers accounted for four of every 10 deaths in Yuma County in 2023.

Leading Causes of Death
(Yuma County, 2023)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2025.
Notes: • Lung disease includes deaths classified as chronic lower respiratory disease.



Death Rates for Selected Causes

Here, 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.

The following chart outlines 2021-2023 annual average death rates per 100,000 population for selected causes of death in Yuma County.

Leading causes of death are 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.

Death Rates for Selected Causes
(2021-2023 Deaths per 100,000 Population)

	Yuma County	Arizona	US	Healthy People 2030
Heart Disease	206.6	198.9	209.5	127.4*
Cancers (Malignant Neoplasms)	158.7	177.3	182.5	122.7
Unintentional Injuries	61.7	81.3	67.8	43.2
Stroke (Cerebrovascular Disease)	51.5	45.7	49.3	33.4
Alzheimer's Disease	38.5	37.8	35.8	—
Diabetes	36.1	33.8	30.5	—
Lung Disease (Chronic Lower Respiratory Disease)	35.6	48.3	43.5	—
Unintentional Drug-Induced Deaths	22.8	33.5	29.7	—
Alcohol-Induced Deaths	18.1	23.6	15.7	—
Motor Vehicle Deaths	16.7	17.9	13.3	10.1
Suicide	16.6	21.0	14.7	12.8
Pneumonia/Influenza	15.1	12.9	13.4	—
Kidney Disease	12.1	11.6	16.9	—
Homicide	6.7	8.0	7.6	5.5

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2025.
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>.

Note:

- *The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
- 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.



CARDIOVASCULAR DISEASE

ABOUT HEART DISEASE & STROKE

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>)

Heart Disease & Stroke Deaths

Heart Disease Deaths

Between 2021 and 2023, there was an annual average heart disease mortality rate of 206.6 deaths per 100,000 population in Yuma County.

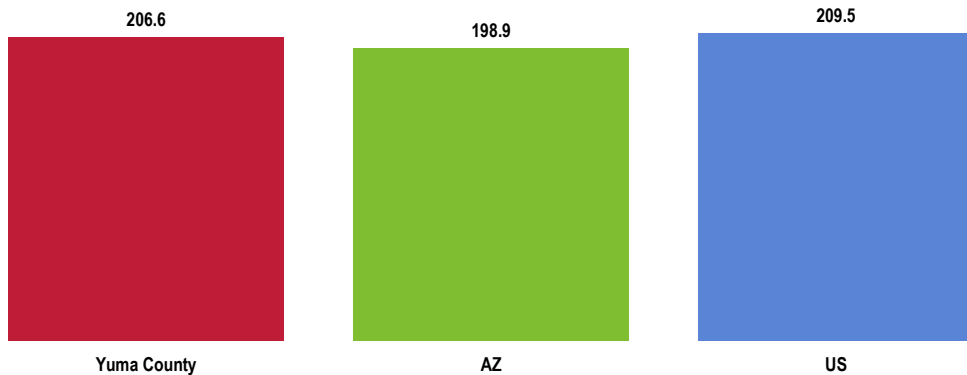
BENCHMARK ▶ Fails to satisfy the Healthy People 2030 objective.

TREND ▶ Rising significantly within the county over time.

DISPARITY ▶ Considerably higher among White residents.

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

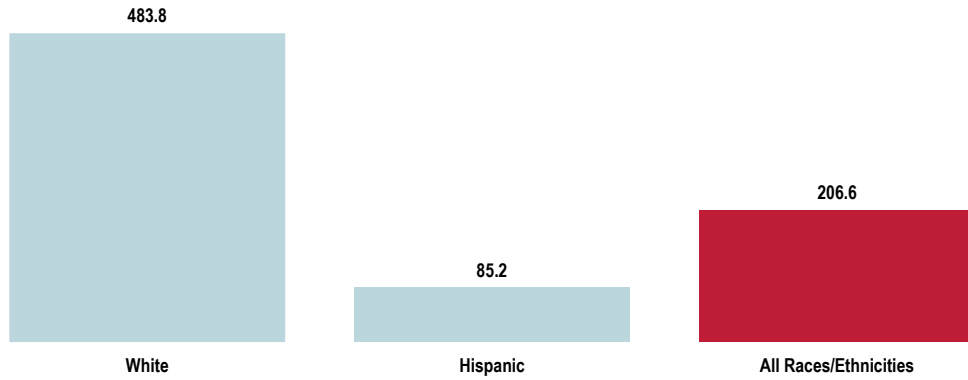
Heart Disease Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 127.4 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2025.
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
 - 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.



Heart Disease Mortality by Race/Ethnicity (2021-2023 Annual Average Deaths per 100,000 Population; Yuma County) 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 May 2025.
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
 - 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.
 - Race categories reflect individuals without Hispanic origin.

Heart Disease Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2030 = 127.4 or Lower (Adjusted)



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
— Yuma County	155.7	159.6	173.9	179.0	189.1	198.7	208.3	206.6
— AZ	166.9	172.3	174.3	174.4	179.3	188.1	196.5	198.9
— US	195.5	197.5	198.6	200.0	204.2	207.3	210.7	209.5

- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2025.
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
 - 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.



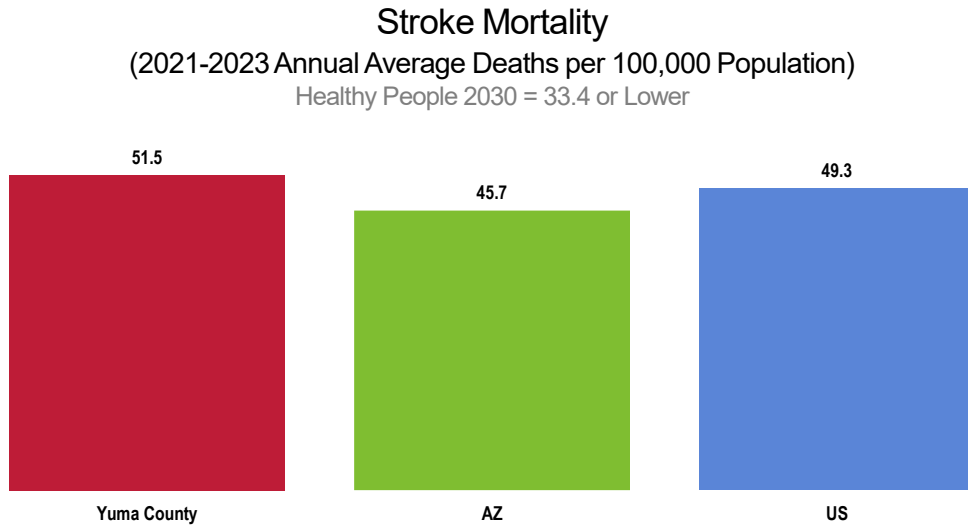
Stroke Deaths

Between 2021 and 2023, there was an annual average stroke mortality rate of 51.5 deaths per 100,000 population in Yuma County.

BENCHMARK ▶ Fails to satisfy the Healthy People 2030 objective.

TREND ▶ Rising significantly to the highest level recorded in the county in a decade.

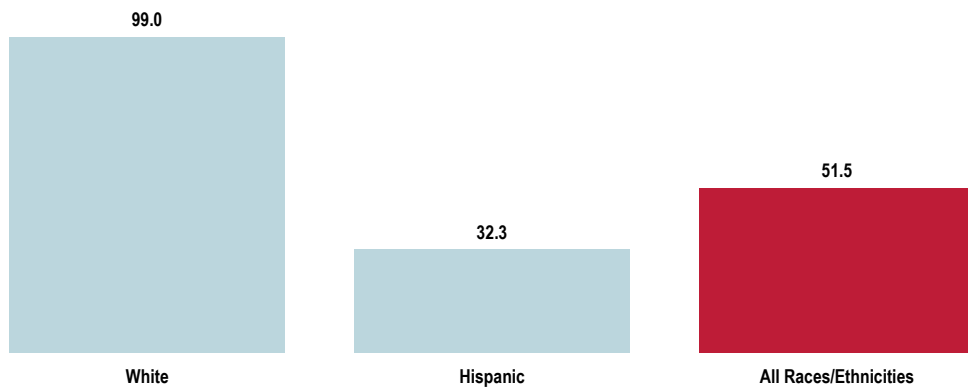
DISPARITY ▶ Much higher among White residents.



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2025.
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population.

Stroke Mortality by Race/Ethnicity

(2021-2023 Annual Average Deaths per 100,000 Population; Yuma County)
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 May 2025.
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population.
 - Race categories reflect individuals without Hispanic origin.



Stroke Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 33.4 or Lower



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
— Yuma County	41.4	43.7	41.6	37.4	35.4	40.3	48.2	51.5
— AZ	35.7	37.3	38.2	39.0	40.7	42.8	45.1	45.7
— US	43.1	44.2	44.7	45.3	46.5	47.8	49.1	49.3

- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2025.
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population.

Prevalence of Heart Disease & Stroke

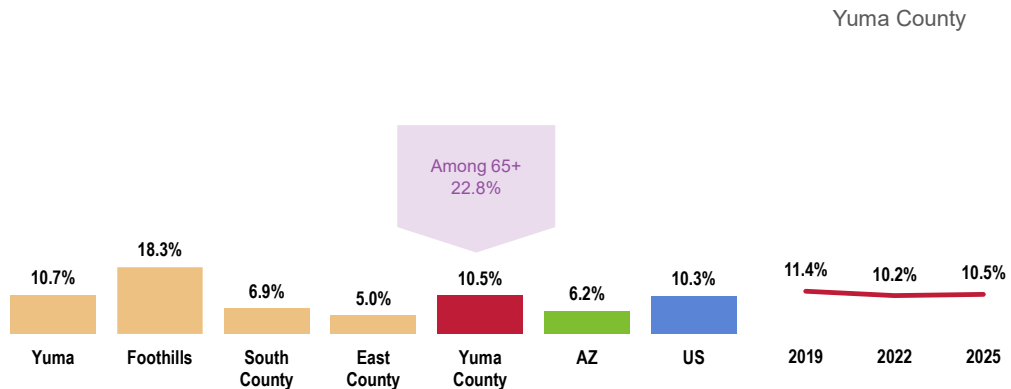
Prevalence of Heart Disease

A total of 10.5% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

BENCHMARK ▶ Higher than found statewide.

DISPARITY ▶ Higher in the Foothills area. More often reported among adults age 65+.

Prevalence of Heart Disease



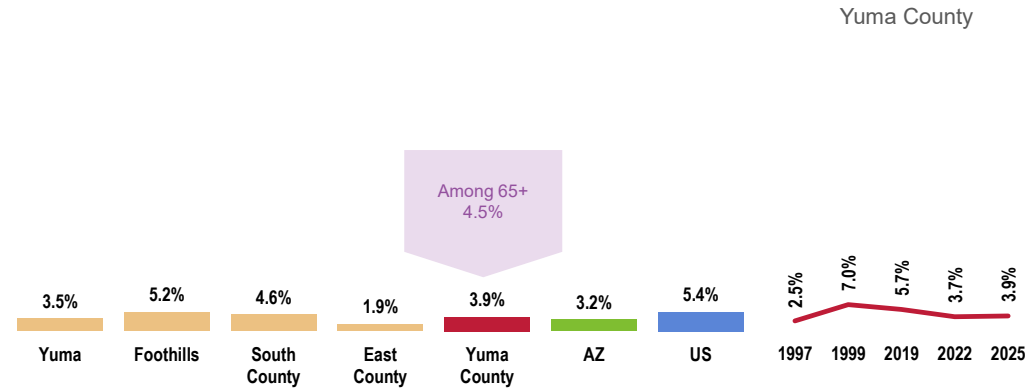
- Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 22]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Arizona data.
 - 2023 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.
 - Includes diagnoses of heart attack, angina, or coronary heart disease.



Prevalence of Stroke

A total of 3.9% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

Prevalence of Stroke



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 23]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Arizona data.
 • 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Cardiovascular Risk Factors

Blood Pressure & Cholesterol

A total of 42.7% of Yuma County adults have been told by a health professional at some point that their **blood pressure** was high.

- BENCHMARK ▶ Higher than the Arizona percentage.
- TREND ▶ Marks a significant increase from the baseline survey.
- DISPARITY ▶ Higher in the Foothills area (not shown).

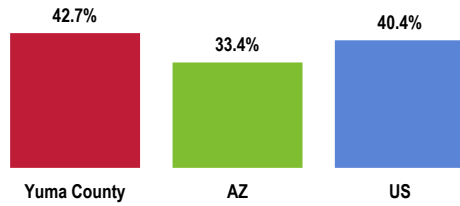
A total of 35.5% of adults have been told by a health professional that their **cholesterol level** was high.

- TREND ▶ Rising significantly over time.

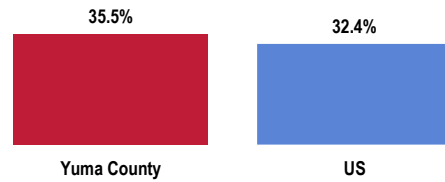


Prevalence of High Blood Pressure

Healthy People 2030 = 42.6% or Lower



Prevalence of High Blood Cholesterol

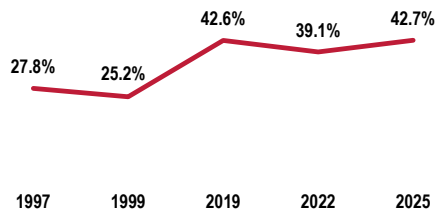


Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Items 29-30]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2023 Arizona data.
 • 2023 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

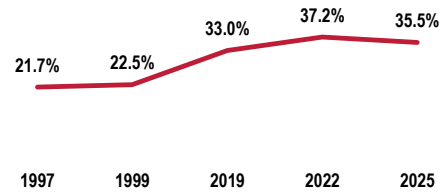
Notes: • Asked of all respondents.

Prevalence of High Blood Pressure (Yuma County)

Healthy People 2030 = 42.6% or Lower



Prevalence of High Blood Cholesterol (Yuma County)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Items 29-30]
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

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.

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

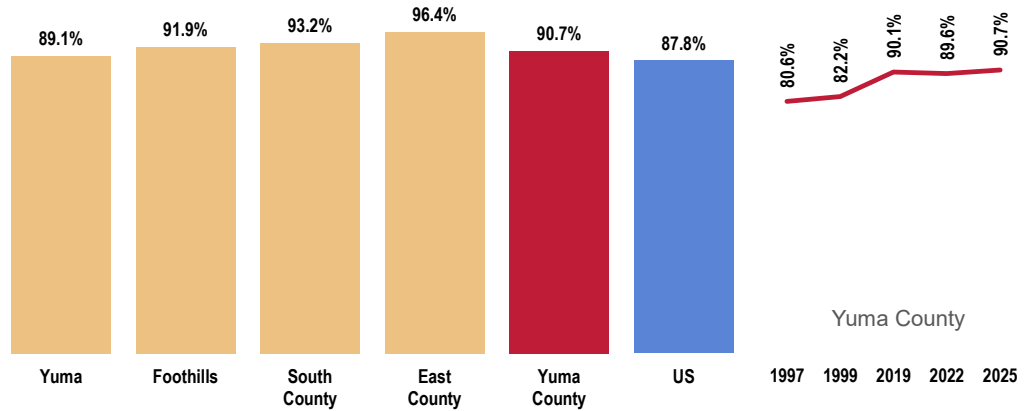
A total of 90.7% of Yuma County adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

BENCHMARK ▶ Higher than found across the US.

TREND ▶ Denotes a significant increase from the baseline survey.

DISPARITY ▶ Higher in East County. More often reported among adults age 40+ and those living below the federal poverty level.

Exhibit One or More Cardiovascular Risks or Behaviors

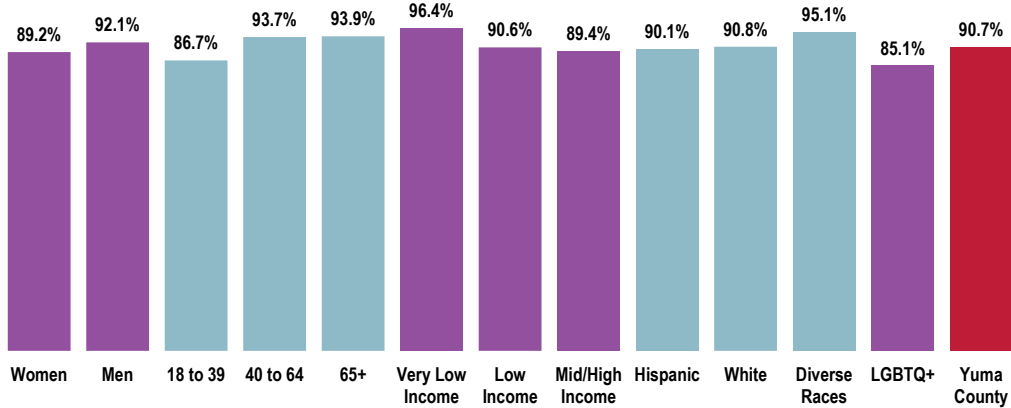


Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 100]
● 2023 PRC National Health Survey, PRC, Inc.

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.



Exhibit One or More Cardiovascular Risks or Behaviors (Yuma County, 2025)

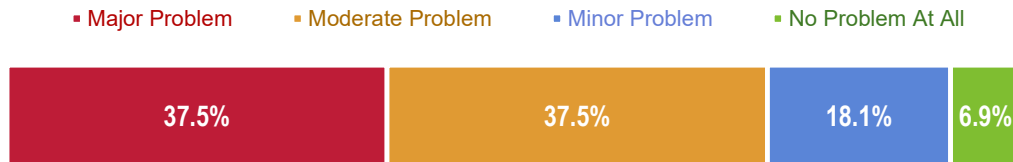


Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 100]
 Notes: • Reflects all respondents.
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Key Informant Input: Heart Disease & Stroke

Key informants taking part in an online survey were equally likely to characterize *Heart Disease & Stroke* as a “major” or “moderate problem” in the community.

Perceptions of Heart Disease & Stroke as a Problem in the Community (Among Key Informants; Yuma County, 2025)



Sources: • 2025 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

Stats. — Community Leader

Heart disease and stroke are significant health concerns in Yuma, Arizona, due to a combination of high prevalence rates, demographic factors, and lifestyle-related risk factors. — Community Leader

There is a high incidence of diabetes in our community, which contributes to higher rate of comorbidities, including heart disease. — Public Health Representative

When I worked at ALTCS AHCCCS, a great deal of the individuals that applied for ALTCS were those who suffered from one or both of these conditions. Poor diet and inadequate access to a medical provider may be the reasons this is a problem in our community. Some people also experience substance use disorders that may increase their chances of developing one of these diseases or experiencing more severe symptoms. Diet and exercise may also impact the higher percentage of individuals diagnosed or at risk for developing these. — Community Leader

Have seen many with these issues. — Community Leader



High rates. — Community Leader

Leading Cause of Death

It is the main cause of mortality in the country and Yuma. — Health Care Provider

Decreases life expectancy. — Health Care Provider

From 2016 to 2021, heart disease was the leading cause of death among Yuma County residents. American Indians in Yuma County have a heart attack mortality rate that is more than 2.5 times greater than the county average, and 3.25 times greater than the mortality rate for American Indian/Alaska Natives nationwide. Yuma County has the highest age-adjusted rate of obesity among adults in the state. — Public Health Representative

Co-Occurrences

Correlated with high population with diabetes. High regional at-risk and underserved population. — Health Care Provider

Yuma County has a significant portion of the population with conditions such as diabetes and obesity that can lead to heart disease and stroke. The environment does not stress living a healthy lifestyle. — Community Leader

Nutrition

Poor diet, obesity, poor control of hypertension, diabetes, low socioeconomics, and poor education. — Physician

Has to do with diet, the foods that we consume. — Community Leader

Obesity

I think that heart disease and stroke are major problems in our community because of obesity, lack of exercising, poverty, and culture, among others. — Social Services Provider

Obesity, poor health overall. — Health Care Provider

Access to Care/Services

Lack of professional help and lifestyle in our community. — Health Care Provider

Awareness/Education

Lack of knowledge of how diet and exercise and other factors can help stop the risk of heart disease and stroke. — Community Leader

Vulnerable Populations

The Latino community faces health disparities, and they lack continuous medical services. — Social Services Provider

Cultural/Personal Beliefs

Because of the culture in the Yuma area. — Community Leader

Denial/Stigma

Cultural reluctance/denial and lack of prevention efforts. — Social Services Provider

Stress

It is a lot of stress, and living in the US demands a lot; bills. — Social Services Provider



CANCER

ABOUT CANCER

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.

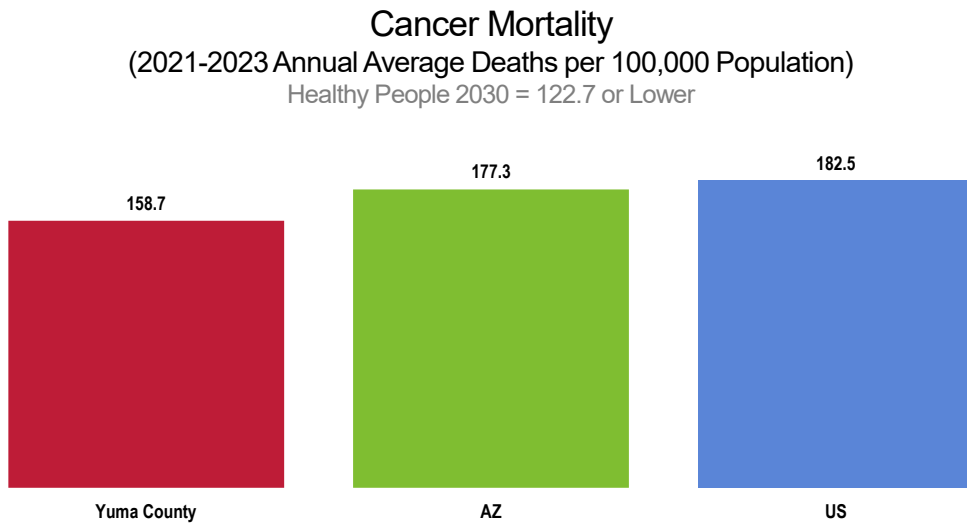
– Healthy People 2030 (<https://health.gov/healthypeople>)

Cancer Deaths

All Cancer Deaths

Between 2021 and 2023, there was an annual average cancer mortality rate of 158.7 deaths per 100,000 population in Yuma County.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2025.
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population.



Cancer Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 122.7 or Lower



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
— Yuma County	147.0	146.4	152.9	156.7	162.0	157.5	160.1	158.7
— AZ	171.3	171.6	170.4	170.6	170.5	172.9	175.3	177.3
— US	185.4	184.8	184.1	183.3	182.9	182.6	182.6	182.5

- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2025.
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population.



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. Fails to satisfy the Healthy People 2030 objective.

Prostate Cancer ► Fails to satisfy the Healthy People 2030 objective.

Female Breast Cancer ► Lower than both state and national rates. Fails to satisfy the Healthy People 2030 objective.

Colorectal Cancer ► Lower than the state rate. Fails to satisfy the Healthy People 2030 objective.

Cancer Death Rates by Site
(2021-2023 Annual Average Deaths per 100,000 Population)

	Yuma County	Arizona	US	Healthy People 2030
ALL CANCERS	158.7	177.3	182.5	122.7
Lung Cancer	33.4	34.1	39.8	25.1
Prostate Cancer	22.6	21.2	20.1	16.9
Female Breast Cancer	21.3	25.7	25.1	15.3
Colorectal Cancer	14.2	16.5	16.3	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 May 2025.
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.



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

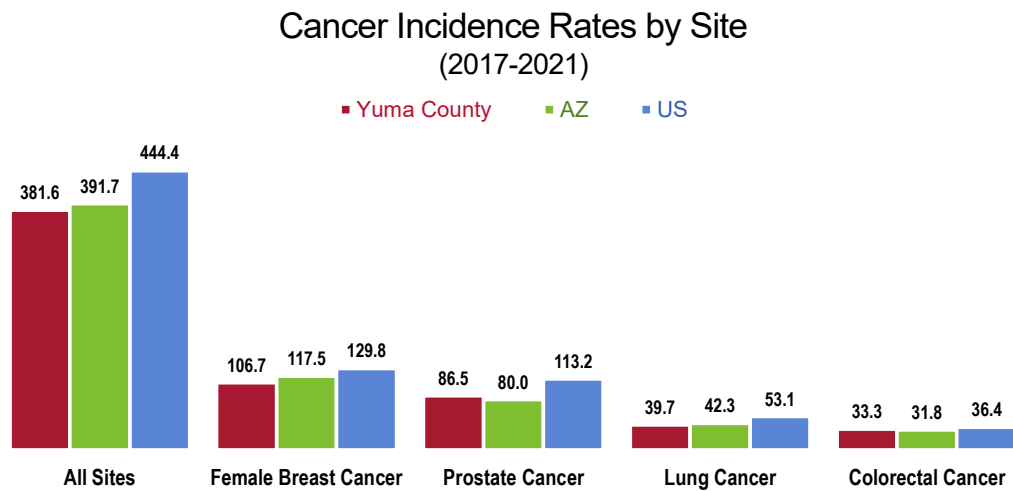
The highest cancer incidence rates are for female breast cancer and prostate cancer.

BENCHMARK

Female Breast Cancer ▶ Lower than the national rate.

Prostate Cancer ▶ Lower than the national rate.

Lung Cancer ▶ Lower than the national rate.



Sources:

- State Cancer Profiles.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).

Notes:

- This indicator reports the incidence rate (cases per 100,000 population per year) for select cancers.



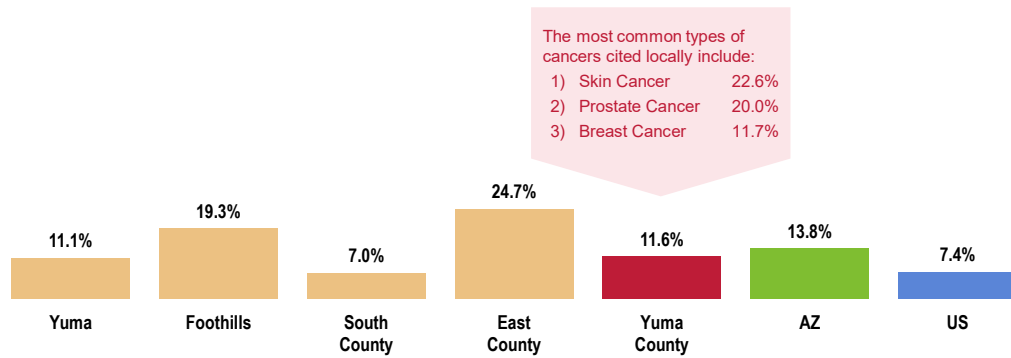
Prevalence of Cancer

A total of 11.6% of surveyed Yuma County adults report having ever been diagnosed with cancer.

BENCHMARK ► Worse than the US finding.

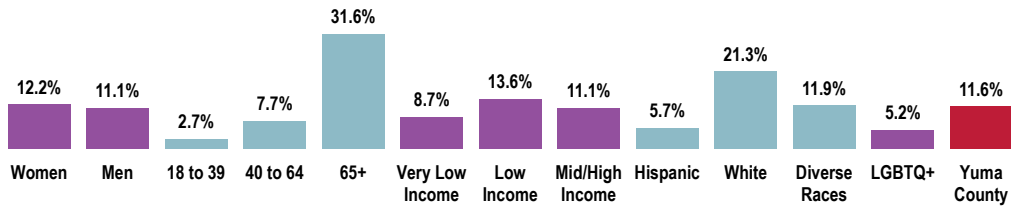
DISPARITY ► Higher in the Foothills area and East County. More often reported among adults age 40+ (especially those age 65+) and White residents; less often reported among LGBTQ+ respondents.

Prevalence of Cancer



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Items 24-25]
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Arizona data.
 ● 2023 PRC National Health Survey, PRC, Inc.
 Notes: ● Asked of all respondents.

Prevalence of Cancer (Yuma County, 2025)



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 24]
 Notes: ● Asked of all respondents.



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 the following cancer sites:

FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women age 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 age 21 to 29 years. For women age 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 45 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.

“Appropriate cervical cancer screening” includes Pap smear testing (cervical cytology) every 3 years in women age 21 to 29 and every 5 years in women age 30 to 65.

Among women age 50 to 74, 84.1% have had a mammogram within the past 2 years.

BENCHMARK ▶ More favorable than found statewide and nationally.

Among women age 21 to 65, 75.1% have had appropriate cervical cancer screening.

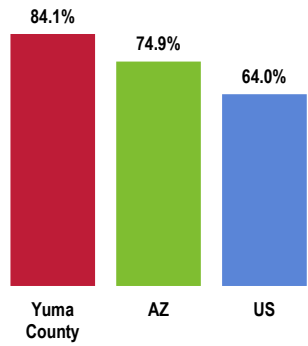
BENCHMARK ▶ Fails to satisfy the Healthy People 2030 objective.

Among all adults age 45 to 75, 74.3% have had appropriate colorectal cancer screening.

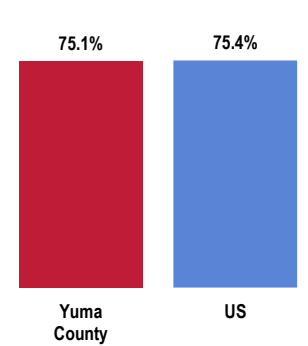
BENCHMARK ▶ More favorable than found statewide.



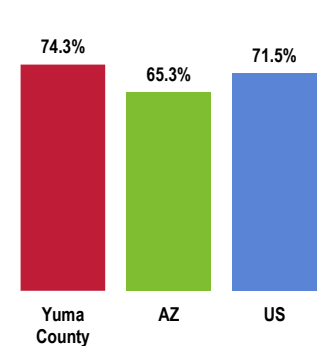
Breast Cancer Screening
(Women 50-74)
Healthy People 2030 = 80.5% or Higher



Cervical Cancer Screening
(Women 21-65)
Healthy People 2030 = 84.3% or Higher



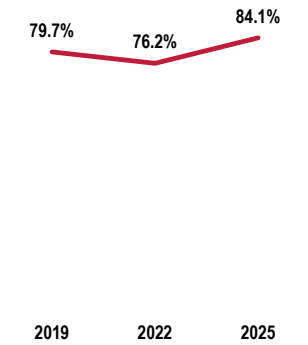
Colorectal Cancer Screening
(All Adults 45-75)
Healthy People 2030 = 74.4% or Higher



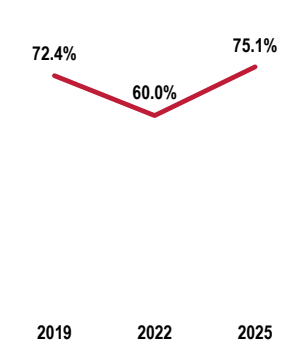
Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Items 101-103]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Arizona data.
 • 2023 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: • Each indicator is shown among the gender and/or age group specified.
 • Note that national data for colorectal cancer screening reflect adults ages 50 to 75.

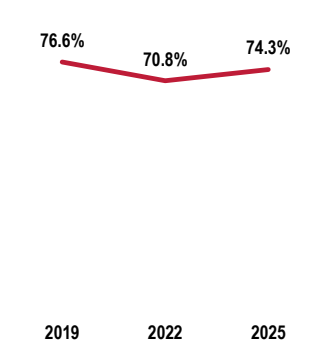
Breast Cancer Screening
(Women 50-74)
Healthy People 2030 = 80.5% or Higher



Cervical Cancer Screening
(Women 21-65)
Healthy People 2030 = 84.3% or Higher



Colorectal Cancer Screening
(All Adults 45-75)
Healthy People 2030 = 74.4% or Higher



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Items 101-103]
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: • Each indicator is shown among the gender and/or age group specified.
 • Note that trend data for colorectal cancer screening reflect the age group (50 to 75) of the previous recommendation.



Key Informant Input: Cancer

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

Perceptions of Cancer as a Problem in the Community (Among Key Informants; Yuma County, 2025)

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



Sources: • 2025 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

- High rates and lack of oncologists. — Health Care Provider
- We have so much cancer in Yuma. If you visit the cancer center in Yuma, it is always packed. I have friends with cancer, and most of them travel to Phoenix or Tucson because of a lack of services. — Social Services Provider
- Numbers of people diagnosed seems to continue to climb, especially in younger populations. — Health Care Provider
- We have many residents diagnosed. — Community Leader
- High number of cancer cases. — Health Care Provider
- Out of 200 employees, I have 10 that are currently fighting cancer. We all have multiple family and friends in the community who are also fighting cancer, and all state that the majority have to go out of the city to neighboring cities such as Tucson or Phoenix to seek medical care. — Community Leader

Access to Care/Services

- Limited access to health care services and socioeconomic challenges hinder early detection and treatment of cancer. Absence of treatment facility and lack of treatment options for children. — Community Leader
- Many patients need to go out of town for cancer treatment. All pediatric patients leave Yuma for treatment. Externally, it appears that the cancer center has a high turnover of staff, including providers. Relying on locum providers that are temporary does not provide consistent care for patients. The research department has dissipated. Unsure why, but their work was outstanding and relevant for Yuma as they focused their research on our rural community and minorities. — Health Care Provider
- I feel there are not enough reputable cancer care facilities. — Community Leader
- I know of several families that have been diagnosed and have to travel out of town for quality treatment. — Community Leader
- Access to immediate care, long wait. — Community Leader

Environmental Contributors

- The fields. — Community Leader
- San Luis is a farming community. The use of chemicals on the fields are a common practice. — Community Leader
- There are a lot of toxins in our environments and foods that seem to be more prevalent in our area. Out of town doctors have noted the damage to cells when tested from Yuma residents. — Community Leader
- Because we live in a community where the air and water is saturated with pesticides and cancer-causing chemicals. Sun exposure. Yuma climate. Lack of knowledge in the community regarding the importance of preventative screenings. — Community Leader



Vulnerable Populations

I believe cancer is a major problem among Latinos residing in Yuma County. Latinos are the primary target population CSF serves, and we witness the many challenges they face when encountering a cancer diagnosis. I also notice that there are different types of cancers that our community often don't think they can survive. — Social Services Provider

According to the CDC, cancer is the leading cause of death for Hispanic and Latino people in the United States. Also, Hispanic women have a high rate of cervical cancer. Additionally, Hispanic people have the second-highest rate of dying from liver cancer. — Social Services Provider

Lack of Providers

Not enough health care providers. Too expensive. The current health care providers treat cancer patients as a number, lack of quality. Need better quality care. If people are able, they prefer going out of town. — Community Leader

Large patient population with limited permanent providers. — Health Care Provider

E-Cigarettes

Smoking and vaping, as well as other types of cancer, especially skin cancer, goes undetected because of lack of knowledge. People are unaware that vaping and THC products are a problem for contracting cancer. — Community Leader

Income/Poverty

Many of our low-income families go without care. Many do not have insurance, and the charges are unacceptable. Many travel to Mexico to get care, if possible. — Health Care Provider

Prevention/Screenings

Recently had two deaths to cancer with late diagnosis, but perhaps early detection could have prevented the severity. — Social Services 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.

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

Respiratory Disease Deaths

Lung Disease Deaths

Between 2021 and 2023, the Yuma County reported an annual average lung disease mortality rate of 35.6 deaths per 100,000 population.

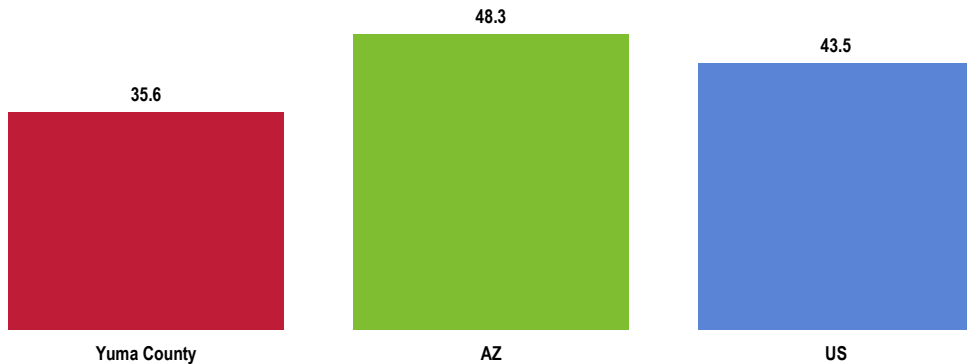
BENCHMARK ▶ Lower than state and US rates.

TREND ▶ Decreasing significantly to the lowest level recorded in the county in a decade.

DISPARITY ▶ Considerably higher among White residents.

Note: Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.

Lung Disease
(2021-2023 Annual Average Deaths per 100,000 Population)

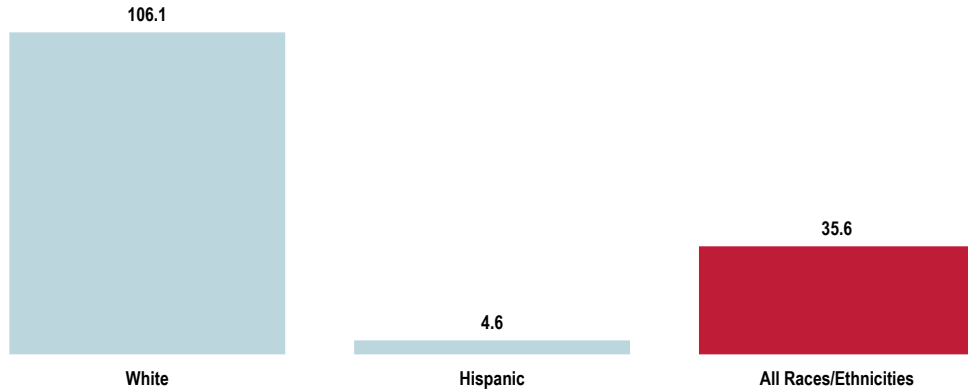


Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2025.

Notes: ● Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.
● 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.



Lung Disease Mortality by Race/Ethnicity (2021-2023 Annual Average Deaths per 100,000 Population; Yuma County)



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2025.

- Notes:
- Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.
 - 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.
 - Race categories reflect individuals without Hispanic origin.

Lung Disease Mortality Trends (Annual Average Deaths per 100,000 Population)



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
— Yuma County	45.2	45.3	42.8	44.6	41.8	38.9	37.1	35.6
— AZ	53.0	54.3	54.1	52.7	51.3	49.6	48.9	48.3
— US	47.4	48.4	48.6	48.6	47.6	45.7	44.5	43.5

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2025.

- Notes:
- Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.
 - 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.



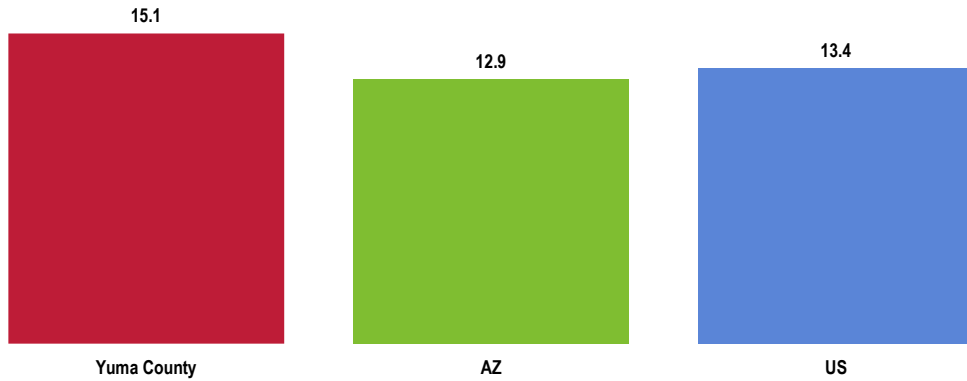
Pneumonia/Influenza Deaths

Between 2021 and 2023, Yuma County reported an annual average pneumonia/influenza mortality rate of 15.1 deaths per 100,000 population.

TREND ▶ Declining significantly within the county over time.

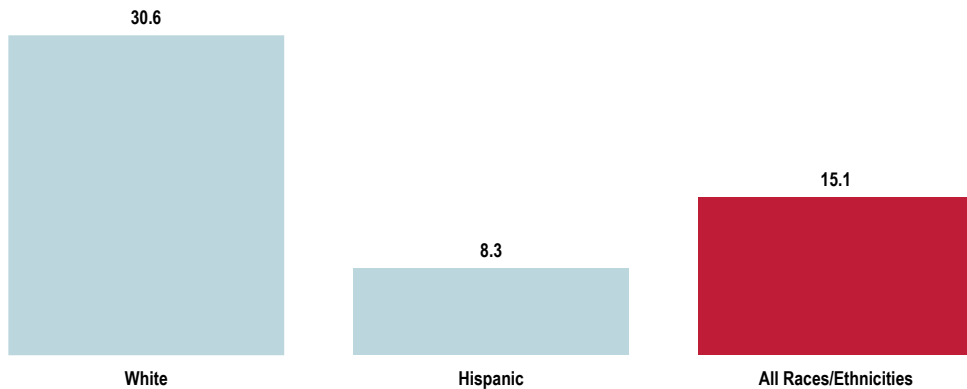
DISPARITY ▶ Much higher among White residents.

Pneumonia/Influenza Mortality
(2021-2023 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 May 2025.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

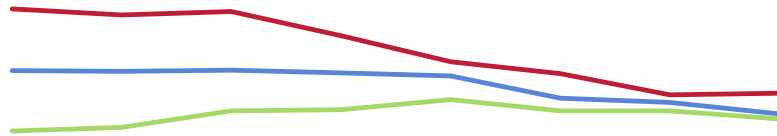
Pneumonia/Influenza Mortality by Race/Ethnicity
(2021-2023 Annual Average Deaths per 100,000 Population; Yuma County)



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2025.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.
● Race categories reflect individuals without Hispanic origin.



Pneumonia/Influenza Mortality Trends (Annual Average Deaths per 100,000 Population)



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Yuma County	22.2	21.7	21.9	19.9	17.7	16.7	15.0	15.1
AZ	11.9	12.2	13.6	13.7	14.6	13.6	13.6	12.9
US	17.0	16.9	17.0	16.8	16.5	14.7	14.3	13.4

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2025.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population.

Prevalence of Respiratory Disease

Asthma

Adults

A total of 13.6% of Yuma County adults have asthma.

BENCHMARK ▶ Higher than the Arizona finding but lower than the US finding.

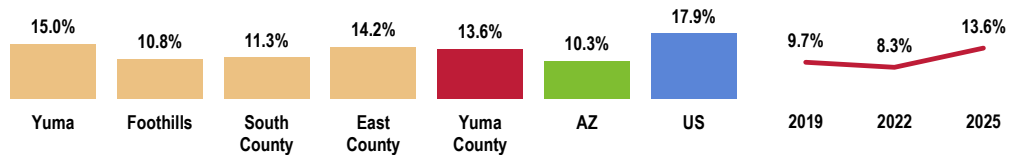
TREND ▶ Represents a significant increase from previous surveys.

DISPARITY ▶ More often reported among women, adults age 18 to 39, and those living below the federal poverty level.

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

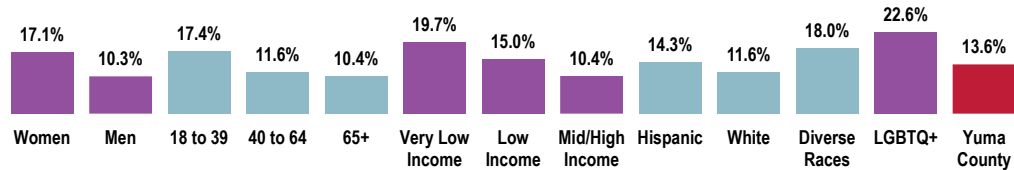
Yuma County



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 26]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Arizona data.
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.



Prevalence of Asthma (Yuma County, 2025)

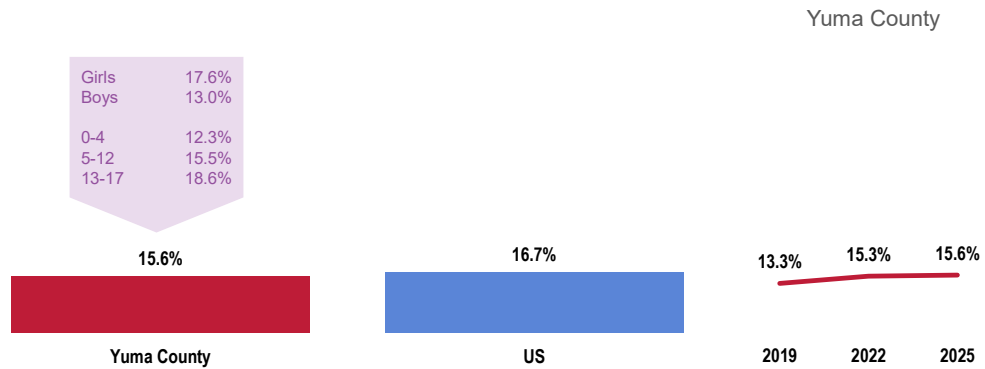


Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 26]
 Notes: • Asked of all respondents.

Children

Among Yuma County children under age 18, 15.6% have been diagnosed with asthma.

Prevalence of Asthma in Children (Children 0-17)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 92]
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents with children age 0 to 17 in the household.



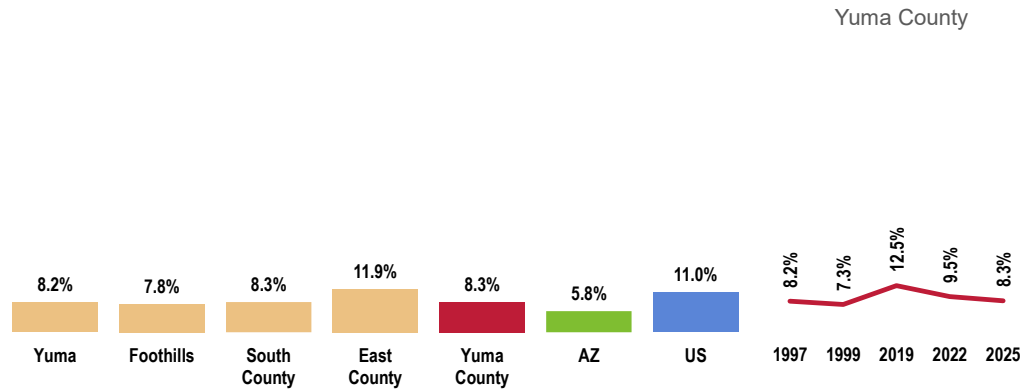
Chronic Obstructive Pulmonary Disease (COPD)

A total of 8.3% of Yuma County adults suffer from chronic obstructive pulmonary disease (COPD).

BENCHMARK ▶ Higher than found across Arizona.

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

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



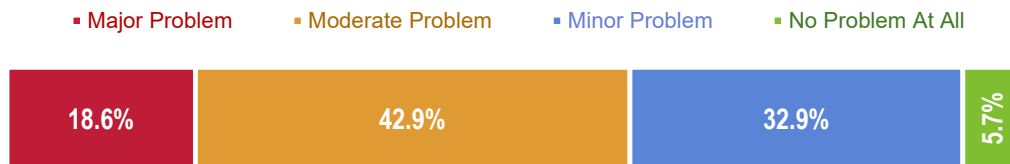
Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 21]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Arizona data.
 • 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
 • Includes conditions such as chronic bronchitis and emphysema.

Key Informant Input: Respiratory Disease

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

Perceptions of Respiratory Disease as a Problem in the Community (Among Key Informants; Yuma County, 2025)



Sources: • 2025 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 issues. — Community Leader

Yuma County has a high particulate content in the air. There are many older people who suffer from respiratory distress, and farm workers often suffer from respiratory issues due to their jobs. — Community Leader

Allergies. — Community Leader



Asthma and allergies. — Community Leader

Incidence/Prevalence

Lately, we have a lot of new respiratory diseases around the world. I see a lot of kids with inhalers; that is not normal. For every 10 kids, three have respiratory issues, not counting adults. — Social Services Provider

High risk of infection in the area with travelers. Lack of masking protocols. — Health Care Provider

Impact on Quality of Life

Community members left with side effects from the disease. — Community Leader

Decreases life expectancy. — Health Care Provider

Due to COVID-19

COVID-19 put a large amount of pressure on all resources in our community, and a number of resources have not been able to recover. — Health Care Provider



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

Unintentional Injury Deaths

Between 2021 and 2023, there was an annual average unintentional injury mortality rate of 61.7 deaths per 100,000 population in Yuma County.

BENCHMARK ► Lower than the Arizona rate. Fails to satisfy the Healthy People 2030 objective.

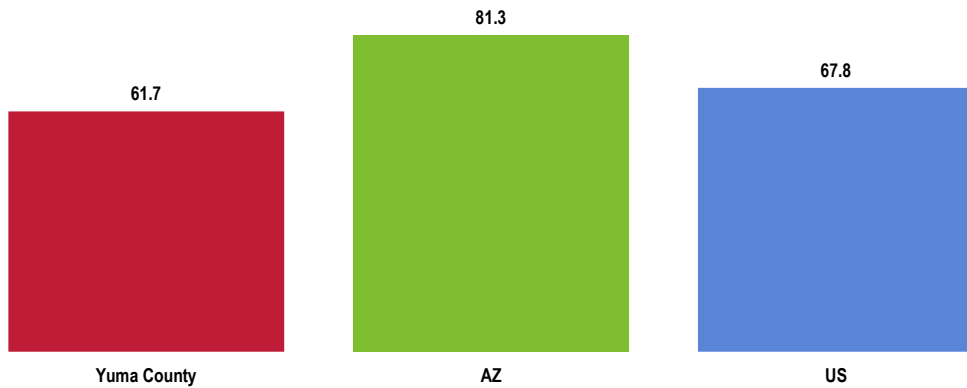
TREND ► Rising significantly higher within the county in the past decade.

DISPARITY ► Higher among White residents.



Unintentional Injury Mortality (2021-2023 Annual Average Deaths per 100,000 Population)

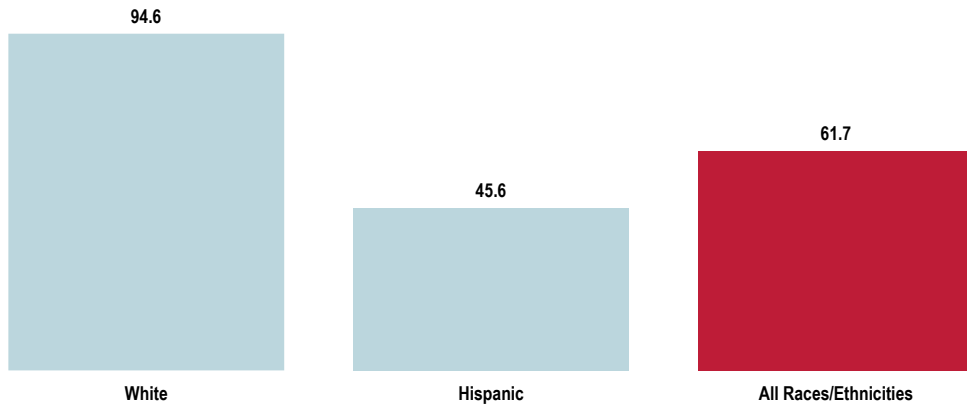
Healthy People 2030 = 43.2 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2025.
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population.

Unintentional Injury Mortality by Race/Ethnicity (2021-2023 Annual Average Deaths per 100,000 Population; Yuma County)

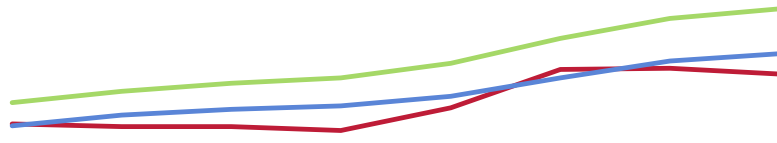
Healthy People 2030 = 43.2 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2025.
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population.
 - Race categories reflect individuals without Hispanic origin.



Unintentional Injury Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2030 = 43.2 or Lower



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Yuma County	46.6	45.8	45.8	44.6	51.4	63.1	63.4	61.7
AZ	53.0	56.4	58.9	60.5	64.9	72.4	78.4	81.3
US	46.0	49.2	51.1	52.0	54.9	60.5	65.6	67.8

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2025.
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes:

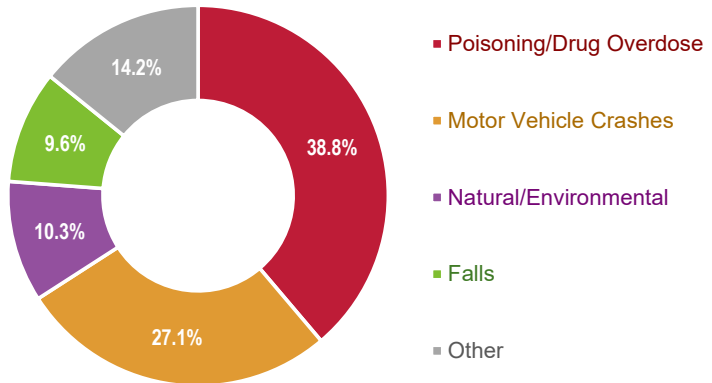
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Leading Causes of Unintentional Injury Deaths

Poisoning (including unintentional drug overdose), motor vehicle crashes, natural/environmental factors, and falls accounted for most unintentional injury deaths in Yuma County between 2021 and 2023.

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

Leading Causes of Unintentional Injury Deaths (Yuma County, 2021-2023)



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2025.



Intentional Injury (Violence)

Homicide Deaths

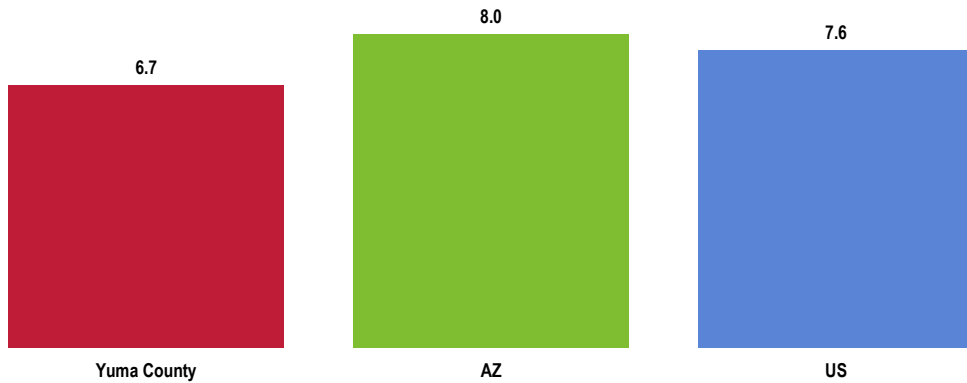
In Yuma County, there were 6.7 homicides per 100,000 population (2021-2023 annual average rate).

BENCHMARK ▶ Lower than the Arizona rate. Fails to satisfy the Healthy People 2030 objective.

TREND ▶ Rising significantly to the highest level recorded in the county in a decade.

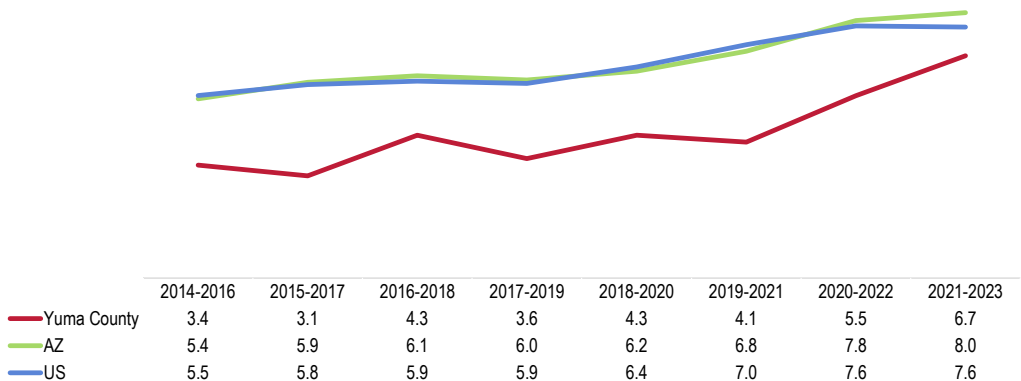
RELATED ISSUE
See also *Mental Health (Suicide)* in the **General Health Status** section of this report.

Homicide Mortality
(2021-2023 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 May 2025.
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population.

Homicide 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 May 2025.
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population.



Violent Crime

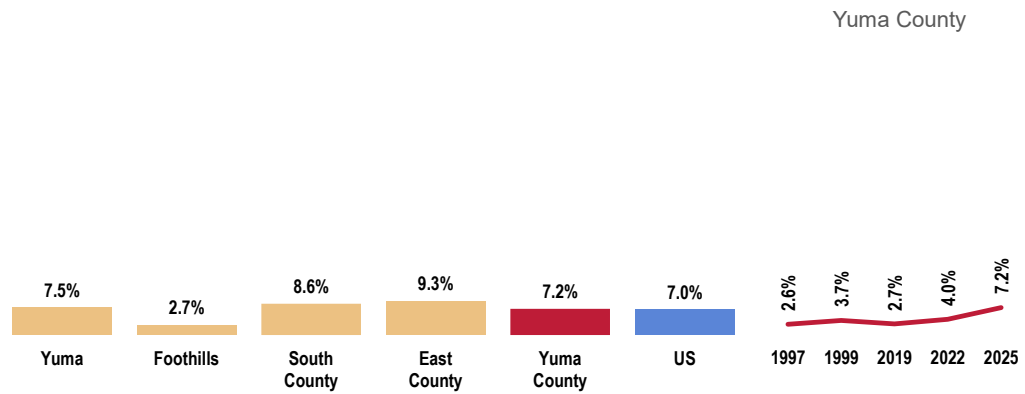
Community Violence

A total of 7.2% of surveyed adults acknowledge being the victim of a violent crime in the area in the past five years.

TREND ▶ Represents a significant increase from previous surveys.

DISPARITY ▶ Lower in the Foothills area. More often reported among male respondents, adults younger than 65, Hispanic residents, and residents of diverse races.

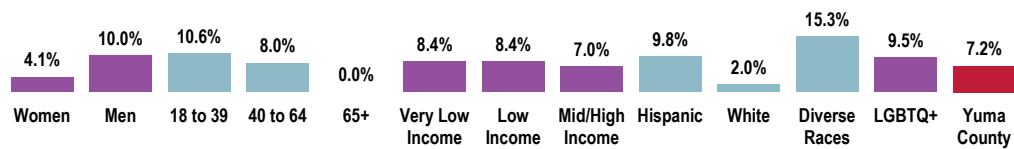
Victim of a Violent Crime in the Past Five Years



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 32]
 • 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Victim of a Violent Crime in the Past Five Years (Yuma County, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 32]
 Notes: • Asked of all respondents.



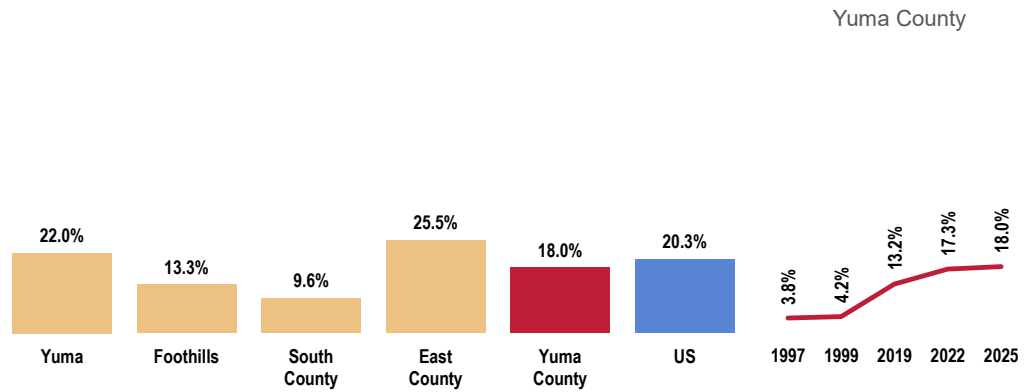
Intimate Partner Violence

A total of 18.0% of Yuma County adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

TREND ▶ Rising significantly higher over time.

DISPARITY ▶ Statistically high in Yuma.

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



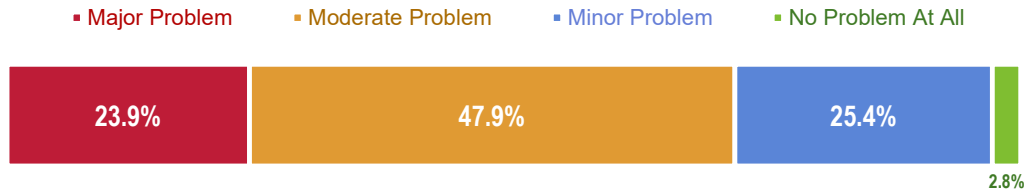
Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 33]
 • 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Key Informant Input: Injury & Violence

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

Perceptions of Injury & Violence as a Problem in the Community (Among Key Informants; Yuma County, 2025)



Sources: • 2025 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

Pure observation. — Community Leader

Stats and viewing incidents with staff. — Community Leader

It is more common to see media reports of gun violence and other related injury in the nightly news (specific to the local community). Higher rate of preventable injury (suicide, motor vehicle accidents, near fatal overdose, substance abuse behavioral health-related incidents). — Public Health Representative



High rate. — Health Care Provider

Numerous cases of violence in the neighborhoods and news. — Health Care Provider

Increased morality due to violence and high number of domestic violence cases. — Health Care Provider

See data from annual reports from YPD and YCSO and surrounding LE agencies. See data from Amberly's Place regarding domestic violence and sexual assaults. — Health Care Provider

Alcohol/Drug Use

There is a lot of permissive drug use and domestic violence cases because of drugs. People are intolerant and get upset so easy. — Social Services Provider

Unfortunately, there are high levels of domestic violence triggered by use of alcohol and other drugs. Those levels are mildly addressed with some programs required by the judicial system, but there are minimal prevention efforts to address violence in our community. — Social Services Provider

Domestic/Family Violence

High level of domestic violence in many households. High level of car accidents. Not many resources for Spanish-speaking people. — Community Leader

Consequences

There are no consequences for behavior, so people are victims of violence, and there is never a resolution. — Community Leader



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.

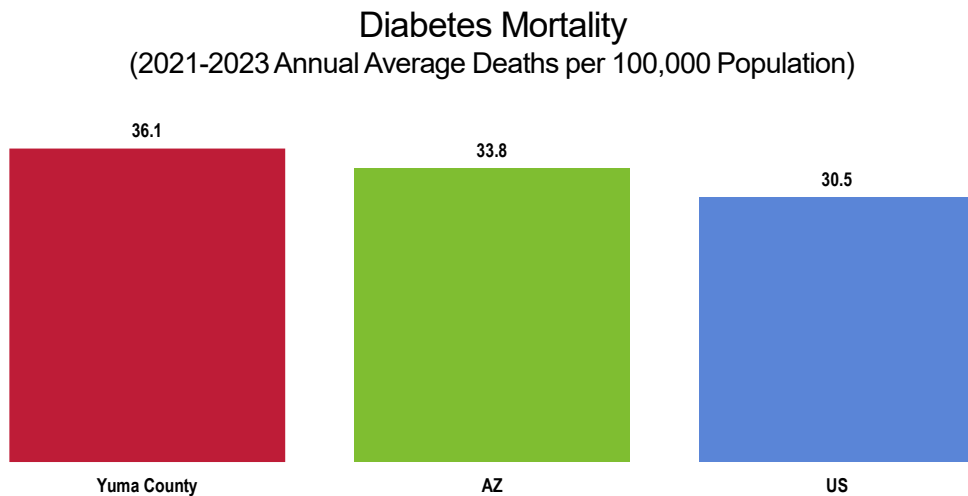
– Healthy People 2030 (<https://health.gov/healthypeople>)

Diabetes Deaths

Between 2021 and 2023, there was an annual average diabetes mortality rate of 36.1 deaths per 100,000 population in Yuma County.

BENCHMARK ▶ Higher than the US rate.

DISPARITY ▶ Much higher among White residents.

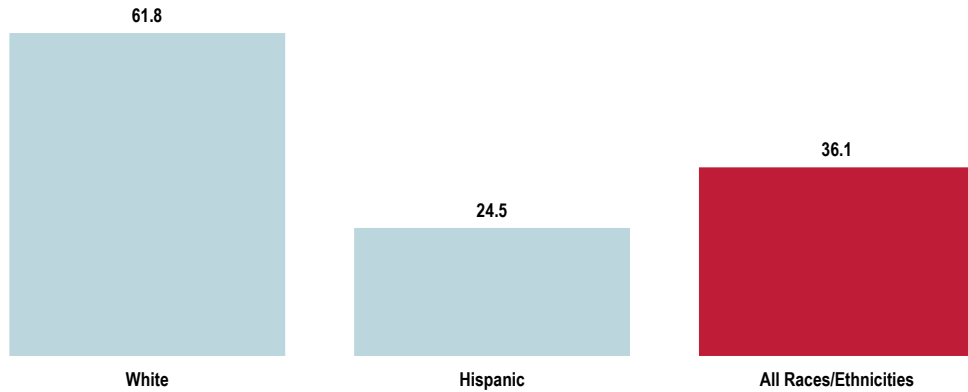


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2025.

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population.



Diabetes Mortality by Race/Ethnicity (2021-2023 Annual Average Deaths per 100,000 Population; Yuma County)



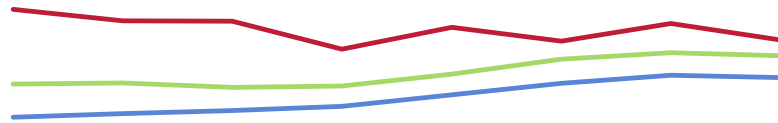
Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2025.

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.
- Race categories reflect individuals without Hispanic origin.

Diabetes Mortality Trends (Annual Average Deaths per 100,000 Population)



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Yuma County	40.8	39.1	39.0	34.8	38.0	36.0	38.6	36.1
AZ	29.5	29.7	29.0	29.2	31.0	33.2	34.2	33.8
US	24.5	25.1	25.5	26.1	27.9	29.6	30.8	30.5

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2025.

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.



Prevalence of Diabetes

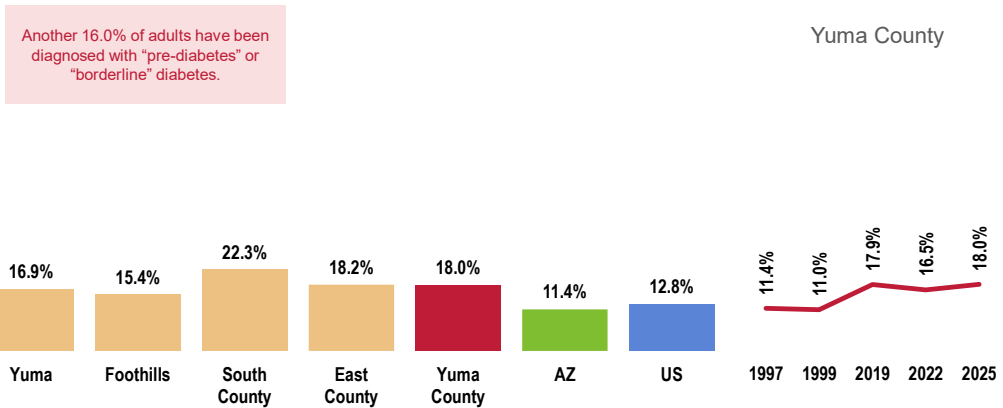
A total of 18.0% of Yuma County adults report having been diagnosed with diabetes.

BENCHMARK ▶ Higher than found across Arizona and the US.

TREND ▶ Marks a significant increase from the baseline survey.

DISPARITY ▶ Correlated with age and more often reported among those living below the federal poverty level.

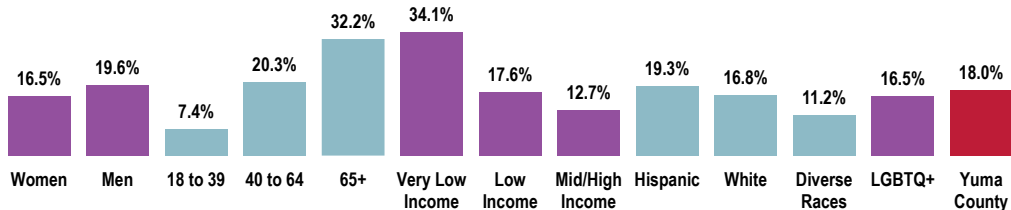
Prevalence of Diabetes



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 106]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Arizona data.
 • 2023 PRC National Health Survey, PRC, Inc.

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

Prevalence of Diabetes (Yuma County, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 106]
 Notes: • Asked of all respondents.
 • Excludes gestational diabetes (occurring only during pregnancy).



Kidney Disease Deaths

ABOUT KIDNEY DISEASE & DIABETES

Chronic kidney disease (CKD) is common in people with diabetes. Approximately one in three adults with diabetes has CKD. Both type 1 and type 2 diabetes can cause kidney disease. CKD often develops slowly and with few symptoms. Many people don't realize they have CKD until it's advanced and they need dialysis (a treatment that filters the blood) or a kidney transplant to survive.

– Centers for Disease Control and Prevention (CDC)
<https://www.cdc.gov/diabetes/managing/diabetes-kidney-disease.html>

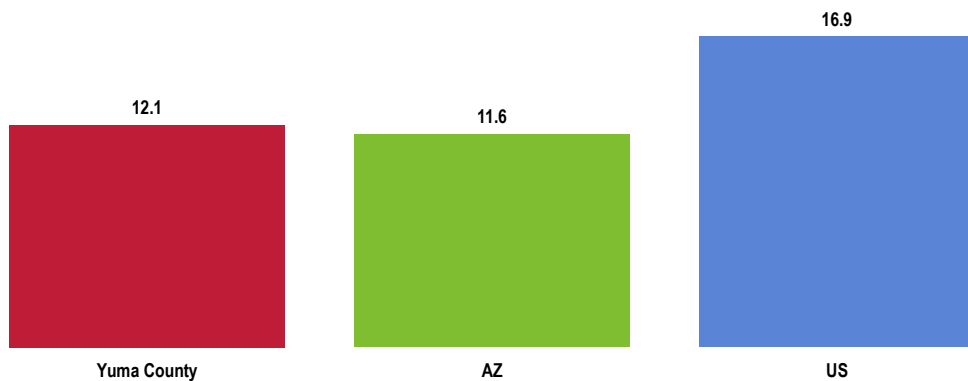
Between 2021 and 2023, there was an annual average kidney disease mortality rate of 12.1 deaths per 100,000 population in Yuma County.

BENCHMARK ▶ Lower than the national rate.

TREND ▶ Represents a significant increase from the baseline rate.

DISPARITY ▶ Higher among White residents.

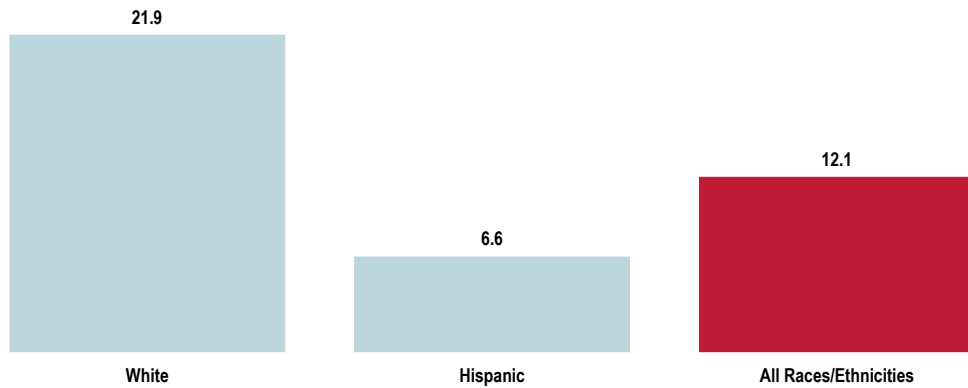
Kidney Disease Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2025.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.



Kidney Disease Mortality by Race/Ethnicity (2021-2023 Annual Average Deaths per 100,000 Population; Yuma County)



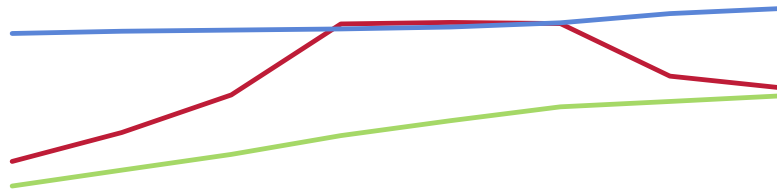
Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2025.

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.
- Race categories reflect individuals without Hispanic origin.

Kidney Disease Mortality Trends (Annual Average Deaths per 100,000 Population)



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
— Yuma County	7.6	9.4	11.7	15.9	16.0	16.0	12.8	12.1
— AZ	6.2	7.1	8.1	9.2	10.1	10.9	11.3	11.6
— US	15.4	15.5	15.6	15.6	15.8	16.0	16.6	16.9

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2025.

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.



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 (Among Key Informants; Yuma County, 2025)

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



Sources: • 2025 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:

Disease Management

- Rampant presence and poor management and care. — Community Leader
- People not willing to make improved changes in diet that may not align with culture preferences of cooking. — Community Leader
- People who have been diagnosed find it challenging to change their lifestyle to better their health. They may not have the time, resources, or money to take care of their diabetes. — Community Leader
- Noncompliance with medical regimen or diet. Lack of education about diabetes and lifestyle changes. — Health Care Provider
- People with diabetes may ignore their situation and not use resources available. One of the best ways to access people are promotoras and community health workers who knock on doors and visit people in their homes. — Community Leader

Access to Care/Services

- Access to medical providers, cost of supplies and medications. Lack of knowledge and education regarding disease management. Noncompliance with diet and medications. — Health Care Provider
- San Luis residents need to travel to Yuma for their treatments. — Community Leader
- The ability to see an endocrinologist. The next is poor diet/nutrition. Strong need for community education to reach larger groups. — Health Care Provider
- Lack of options, lifestyle coaching, access to nutrition counseling. Providers that have the time to see patients and get to know them. — Health Care Provider

Awareness/Education

- Knowledge that is real on how to deal with diabetes. They need true support in long-term changes in lifestyle. How to balance foods because not all carbs are equal, and that is what is taught mostly. Metabolic change is what needs to be taught. — Community Leader
- Lack of information/education, limited access to health care in South County, socioeconomic and cultural factors that keep people from accessing care and following up with treatment. — Community Leader
- Lacking the knowledge to eat and drink healthy. — Community Leader
- Education, but more importantly, their willingness to change or be compliant with treatment. — Health Care Provider

Affordable Medications/Supplies

- Medication and treatment coverage. — Community Leader
- Lack of access to new medications and the lack of information on nutrition. — Health Care Provider
- Accessing medications. — Health Care Provider



Lack of Specialty Care

Not enough endocrinologists, nutritionists, social workers, access/affordability to healthy nutritional options, cost of drugs, and case navigators to help obtain prior authority. — Health Care Provider

Lack of endocrinologists. — Health Care Provider

Enough diabetes specialist. — Physician

Nutrition

Poor diet choices leading to diabetes. — Community Leader

Physical inactivity, high cholesterol, diet, disease management, and cost. — Public Health Representative

Resources on diet and exercise. Having somewhere in town to walk. — Health Care Provider

Income/Poverty

Poverty and food swamps. — Social Services Provider

I see poverty; food deserts; high-fat and high-carbohydrate diets that are easier and cheaper to access than healthy foods; weather; lack of accessible enclosed places for exercising; social media misinformation; cultural beliefs; and lack of access to prevention education being the biggest challenges for people living with diabetes in Yuma County. — Social Services Provider

Vulnerable Populations

A large percentage of our population, especially among Latinos, is diagnosed with diabetes. Some individuals do not even know they have the diagnosis due to inadequate access to care or insurance. It is important to offer preventative programs and create education campaigns to decrease this number. For those with the diagnosis, it will be important to engage them and have programs available to help them manage this diagnosis (for example, with nutrition, physical activity, access to a primary care physician, and adequate medication). We've also seen some children have the diagnosis or are borderline. The preventative measures targeted at parents and families may help with this emerging need. — Community Leader

The Hispanic community encounters significant health disparities, characterized by limited access to health care services. Individuals within this population often face cultural and language barriers. We live in a farm worker community; many individuals work long hours during peak seasons. Their priority is the financial support of their families over their personal health. In the event of a medical emergency, they typically seek medical services across the border (San Luis Rio Colorado, Sonora, Mexico). However, these services are often temporary, and they don't have a primary care provider to monitor their health regularly. — Social Services Provider

Access to Affordable Healthy Food

Access to healthy, affordable food that supports good choices for diabetes management or reversal. Healthier options for eating out and education about why people should eat at those places instead. Training on how to eat healthier when eating out at a restaurant. Access to nutrition counseling services and follow-ups to ensure their success. Affordable access to gyms and gym equipment and trainers to teach them how to use the equipment and to hold them accountable. The community needs more activities and resources for healthy living and movement, like organized recreational activities for adults, community calendars, etc., that gets the information out to families. — Community Leader

Incidence/Prevalence

As an employer, we have multiple employees facing health issues concerning diabetes. The employees range in all aspects concerning age, race, weight, etc. — Community Leader

Prevention/Screenings

We need greater access to screening to diagnose. Once diagnosis is made, it is important to expand access to care specifically for endocrinology and nutrition education. — Public Health Representative



DISABLING CONDITIONS

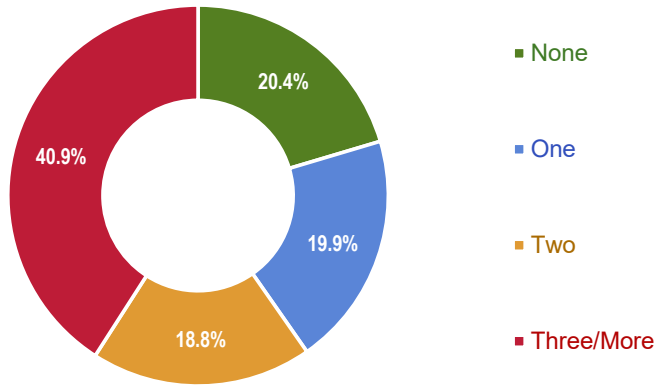
Multiple Chronic Conditions

For the purposes of this assessment, chronic conditions include:

- Asthma
- Cancer
- Chronic pain
- Diabetes
- Diagnosed depression
- Heart disease
- High blood cholesterol
- High blood pressure
- Lung disease
- Obesity
- Stroke

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

Number of Chronic Conditions
(Yuma County, 2025)



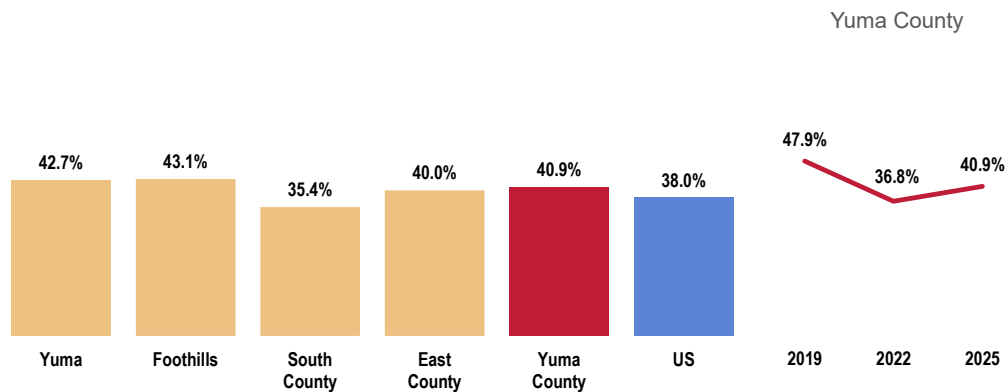
Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 107]
 Notes: • Asked of all respondents.
 • In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and stroke.

In fact, 40.9% of Yuma County adults report having three or more chronic conditions.

TREND ► Denotes a significant decrease from the 2019 survey.

DISPARITY ► Correlated with age and income and more often reported among White residents.

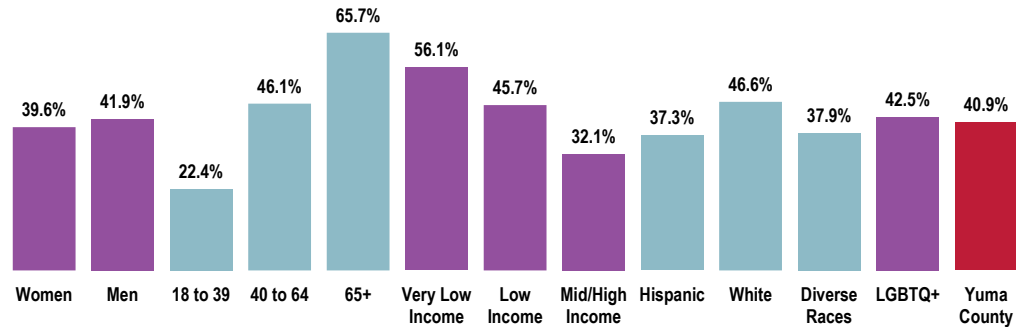
Have Three or More Chronic Conditions



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 107]
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and/or stroke.



Have Three or More Chronic Conditions (Yuma County, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 107]

Notes: • Asked of all respondents.

• In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and/or stroke.

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.

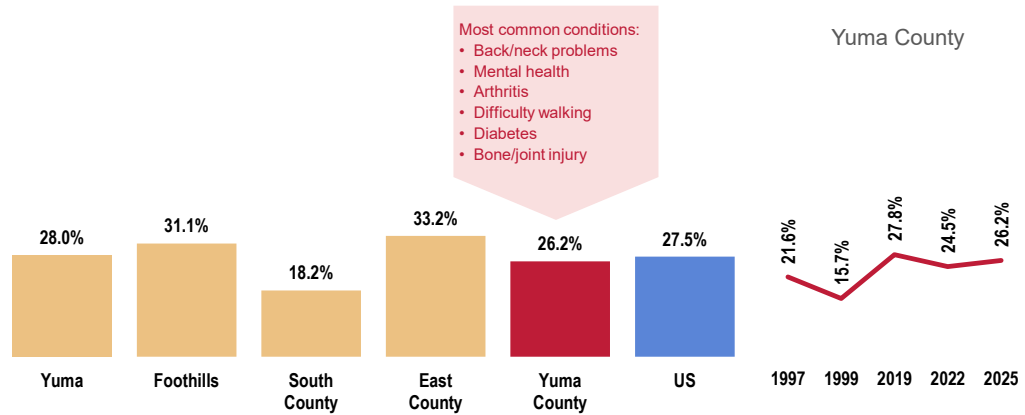
– Healthy People 2030 (<https://health.gov/healthypeople>)



A total of 26.2% of Yuma County adults are limited in some way in some activities due to a physical, mental, or emotional problem.

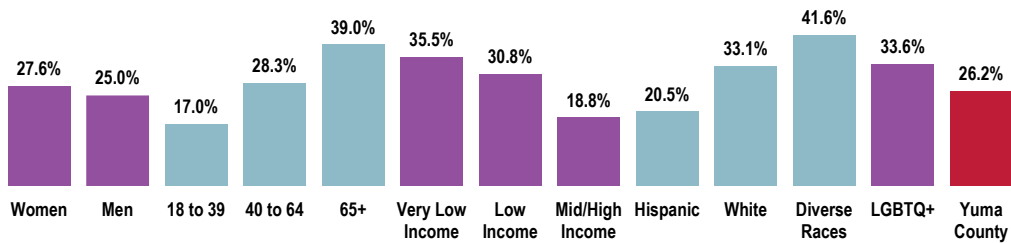
DISPARITY ► Lower in South County. More often reported among adults age 40+ (especially those age 65+), those with lower incomes, White residents, and residents of diverse races.

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



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Items 83-84]
 • 2023 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, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 83]
 Notes: • Asked of all respondents.



Chronic Pain

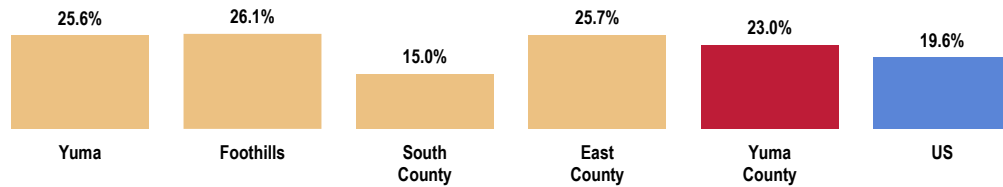
A total of 23.0% of Yuma County adults experience high-impact chronic pain, meaning physical pain that has limited their life or work activities “every day” or “most days” during the past six months.

BENCHMARK ▶ Far from satisfying the Healthy People 2030 objective.

DISPARITY ▶ Statistically high in Yuma. Correlated with age and income and more often reported among White residents and residents of diverse races.

Experience High-Impact Chronic Pain

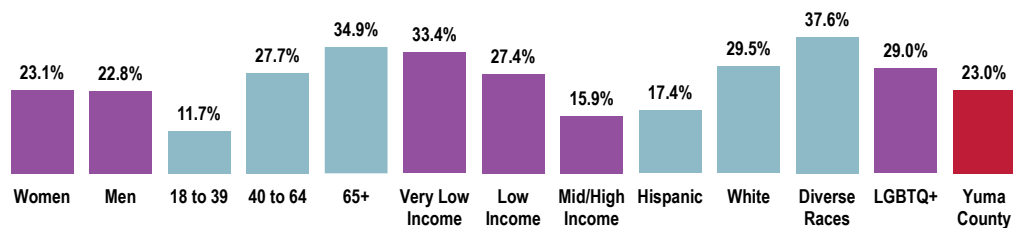
Healthy People 2030 = 6.4% or Lower



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 31]
 • 2023 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
 Notes: • Asked of all respondents.
 • High-impact chronic pain includes physical pain that limits life or work activities on “most days” or “every day” of the past six months.

Experience High-Impact Chronic Pain (Yuma County, 2025)

Healthy People 2030 = 6.4% or Lower



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 31]
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
 Notes: • Asked of all respondents.
 • High-impact chronic pain includes physical pain that limits life or work activities on “most days” or “every day” of the past six months.



Alzheimer's Disease

ABOUT DEMENTIA

Alzheimer's disease is the most common cause of dementia. 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>)

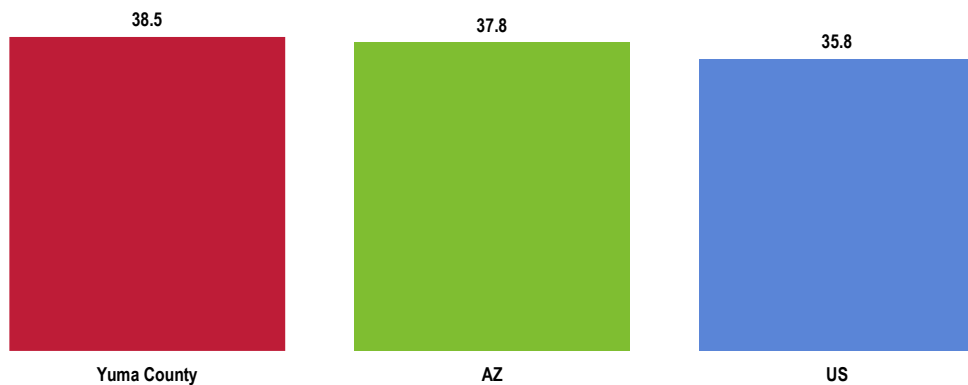
Alzheimer's Disease Deaths

Between 2021 and 2023, there was an annual average Alzheimer's disease mortality rate of 38.5 deaths per 100,000 population in Yuma County.

TREND ▶ Rising significantly higher within the county in the past decade.

DISPARITY ▶ Much higher among White residents.

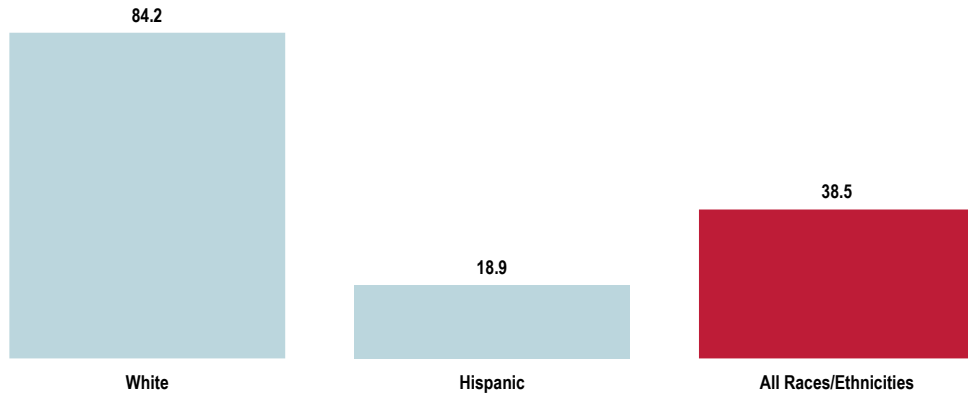
Alzheimer's Disease Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2025.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.



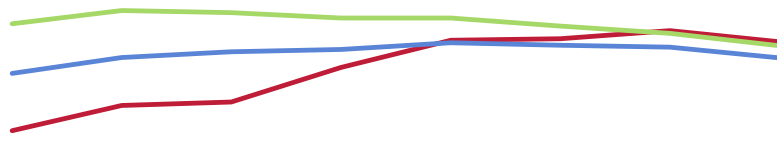
Alzheimer's Disease Mortality by Race/Ethnicity (2021-2023 Annual Average Deaths per 100,000 Population; Yuma County)



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2025.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.
● Race categories reflect individuals without Hispanic origin.

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



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
— Yuma County	23.6	27.8	28.4	34.2	38.8	39.0	40.4	38.5
— AZ	41.5	43.7	43.4	42.5	42.5	41.1	39.9	37.8
— US	33.2	35.9	36.8	37.2	38.3	37.9	37.6	35.8

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2025.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

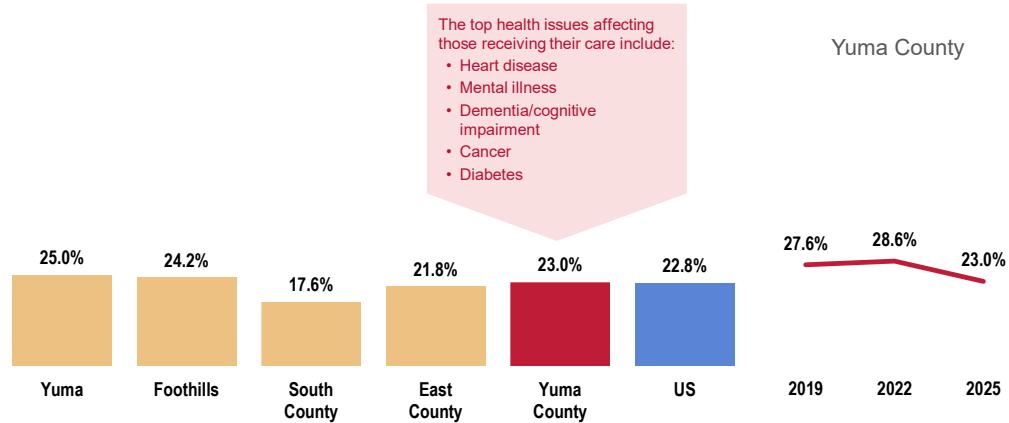


Caregiving

A total of 23.0% 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.

DISPARITY ► Lower in South County.

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

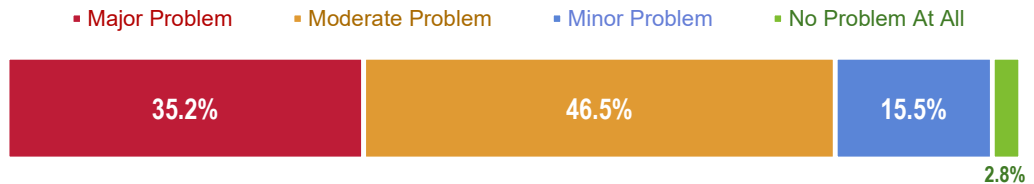


Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Items 85-86]
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Key Informant Input: Disabling Conditions

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

Perceptions of Disabling Conditions as a Problem in the Community (Among Key Informants; Yuma County, 2025)



Sources: • 2025 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

Access to specialists with better, quicker availability dates. Better listening and consideration to not just treat symptoms but treat root causes of illness. — Community Leader

Having the ability to have qualified home health aides and medical assistants is problematic in Yuma County. — Community Leader



We do not have enough services. I see people in the street that are “homeless.” I talk to them, and you can see it is a dementia case or a behavioral issue. There is not enough room for those poor people. — Social Services Provider

No agency to serve blind individuals. ASL interpreters are in Phoenix, and it's too expensive. — Community Leader

Incidence/Prevalence

This is a section of comments that Yuma individuals have expressed to me. — Health Care Provider

I see/know many seniors with these conditions. — Community Leader

Yuma/Yuma County has a history of high rates of violence, substance abuse, and communicable diseases such as TB and STIs. Yuma/Yuma County has a large portion of its population as low socioeconomic/modicum amount of education, which statistically lends to homelessness, substance abuse, and violence, as well as increased rates of communicable diseases. Lack of housing options for the homeless are limited in Yuma County, as well as those for domestic violence victims. As far as dementia is concerned, families are lacking the knowledge of what to do in these circumstances, including the importance of MPOA and guardianship. Housing options, including, but not limited to, LTC payors. This should be focused in the primary care setting, as these would be the providers that would be seeing the initial decline in these patient populations. Family counseling during the initial onset of s/s in regard to the next steps would be beneficial to not just the patients, but the community by keeping the patients from costly hospital visits. — Health Care Provider

Dementia is a big issue in Yuma given the large population of older adults. Many people/agencies often confuse dementia-related issues with mental health issues. There are also limited resources for such dementia-related behaviors in Yuma. — Social Services Provider

Lack of Providers

Yuma lacks the specialty providers needed to care for patients with disabilities, often requiring them to travel outside the area to receive appropriate treatment. Many patients have sought care locally, including at the emergency room, but have not received the necessary treatment as later confirmed by out-of-town specialists. — Community Leader

Chronic pain is a major issue, and we do not have enough pain medication specialists. We do not have enough resources to help with IADL, ADL deficits. — Health Care Provider

I have family and close friends who always complain about there only being a couple of doctors here in Yuma who deal with chronic pain. — Community Leader

Aging Population

Yuma County has a significant older population in residence. Not all of them know of resources or have caregivers who know of resources. — Community Leader

It is an age-related condition, and the majority of people in Yuma are in this age group. — Health Care Provider

High numbers of elderly. — Health Care Provider

Affordable Medications/Supplies

Chronic pain is a major issue in Yuma, especially for some of the winter visitors who are on chronic pain meds. They are always asking for refills, but they are on such high doses that we are unable to refill, so we refer them to pain clinics, but those resources are so limited and the wait time to obtain an appointment is so far out. — Health Care Provider

Built Environment

I believe that some disabling conditions, including activity limitations, chronic pain, dementia, loss of vision/hearing, and mobility, are very complex because our communities, especially the rural areas, are not built to accommodate or provide easy access to individuals with disabilities. The housing they live in is often dilapidated and does not meet the needs of an individual with disabilities. Many of these individuals frequently face dehydration issues due to heat stress for lack of adequate air conditioning units and or the ability to pay the energy bills. — Social Services Provider

Co-Occurrences/

With a high incidence of diabetes in our area, there are disabling conditions and activity limitations that come with it, like neuropathy of the feet being an issue and the chronic pain it causes. From previous positions I have held, I have seen the issue of vision loss with them and the difficulty in receiving the services they need. With the older population in Yuma County and Winterhaven, there is a high incidence of disabling conditions in this population. With high levels of obesity here, the risks of these conditions are increased. Increased heat in our area reduces physical activity for many people. The large number of jobs that require physical labor is high and can lead to disabling conditions as the wear and tear on the body accumulates over time to chronic pain for many, especially back, hip, and knee pain. — Community Leader



Income/Poverty

Generally lower-income workforce with limited education and chronic weight, hypertension, and diabetes in the general population. — Community Leader

Unhoused Population

Because we don't have a place to shelter the homeless disabled community. — Social Services Provider

Impact on Quality of Life

Impacts life expectancy. — Health Care Provider





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.

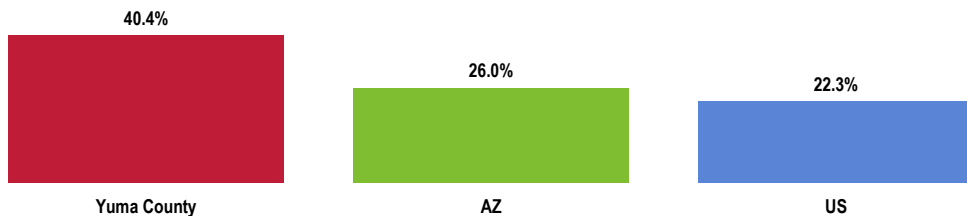
– Healthy People 2030 (<https://health.gov/healthypeople>)

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

Between 2021 and 2023, 40.4% of all Yuma County births did not receive prenatal care in the first trimester of pregnancy.

BENCHMARK ▶ Higher than found across Arizona and the US.

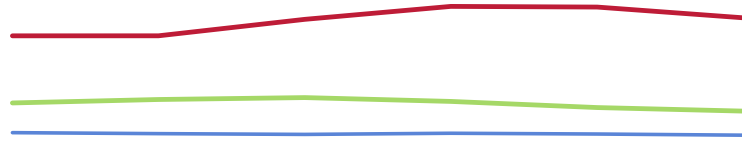
Lack of Prenatal Care in the First Trimester (Percentage of Live Births, 2021-2023)



Sources: • Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
Note: • This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy.



Lack of Prenatal Care in the First Trimester (Percentage of Live Births)



	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
— Yuma County	37.6%	37.6%	40.2%	42.1%	42.0%	40.4%
— AZ	27.3%	27.8%	28.1%	27.5%	26.5%	26.0%
— US	22.7%	22.5%	22.4%	22.6%	22.5%	22.3%

Sources: ● Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
 Note: ● This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy.



BIRTH OUTCOMES & RISKS

Low-Weight Births

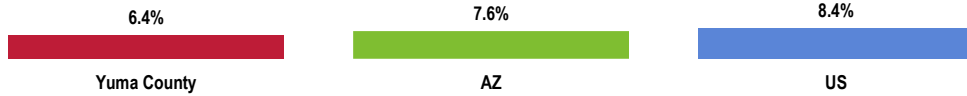
Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

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

A total of 6.4% of 2017-2023 Yuma County births were low-weight.

BENCHMARK ▶ Lower than state and national findings.

Low-Weight Births
(Percent of Live Births, 2017-2023)



Sources:

- University of Wisconsin Population Health Institute, County Health Rankings.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).

Note:

- This indicator reports the percentage of total births that are low birth weight (Under 2500g).

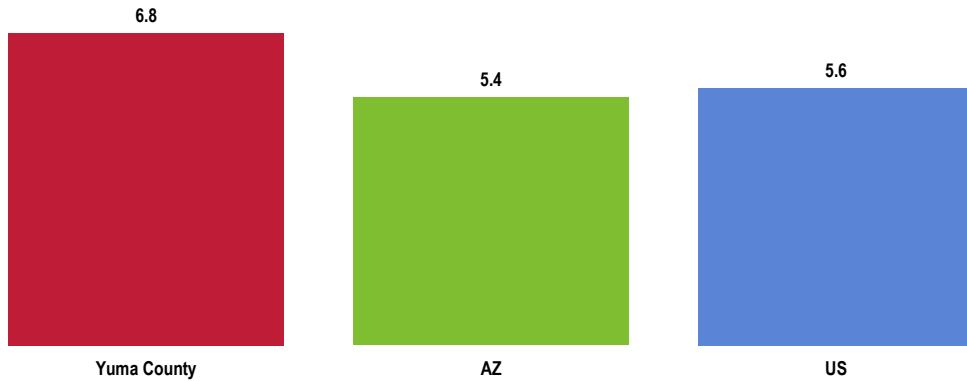
Infant Mortality

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 6.8 infant deaths per 1,000 live births.

BENCHMARK ▶ Higher than Arizona and US rates. Fails to satisfy 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:

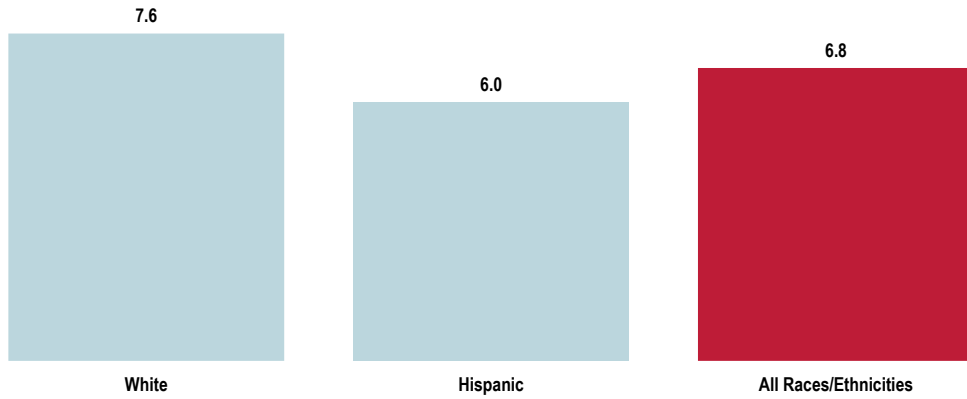
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted May 2025.
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes:

- Infant deaths include deaths of children under 1 year old.



Infant Mortality Rate by Race/Ethnicity (2018-2020 Annual Average Infant Deaths per 1,000 Live Births; Yuma County) 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 May 2025.
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes:

- Infant deaths include deaths of children under 1 year old.
- Race categories reflect individuals without Hispanic origin.

Infant Mortality Trends (Annual Average Infant Deaths per 1,000 Live Births) Healthy People 2030 = 5.0 or Lower



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
— Yuma County	6.2	5.9	5.2	5.9	6.8
— AZ	5.7	5.6	5.4	5.4	5.4
— US	5.9	5.9	5.8	5.7	5.6

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted May 2025.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

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>)

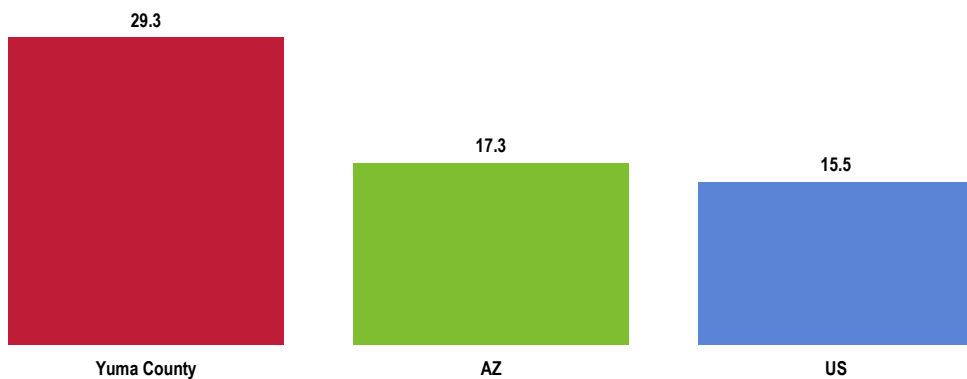
Births to Adolescent Mothers

Between 2017 and 2023, there were 29.3 births to adolescents age 15 to 19 per 1,000 women age 15 to 19 in Yuma County.

BENCHMARK ▶ Higher than Arizona and US rates.

DISPARITY ▶ Higher among American Indian/Alaska Native adolescents and among Hispanic adolescents.

Teen Birth Rate
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2017-2023)



Sources:

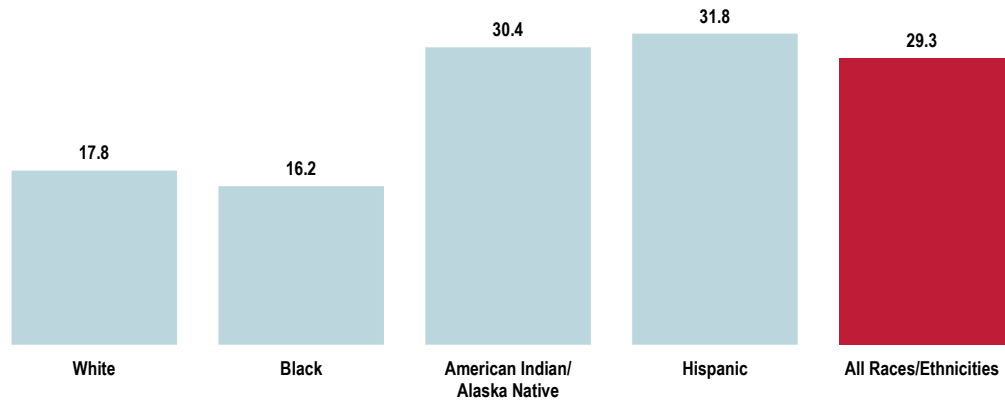
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).

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.



Teen Birth Rate by Race/Ethnicity (Births to Adolescents Age 15-19 per 1,000 Females Age 15-19; Yuma County, 2017-2023)



Sources:

- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).

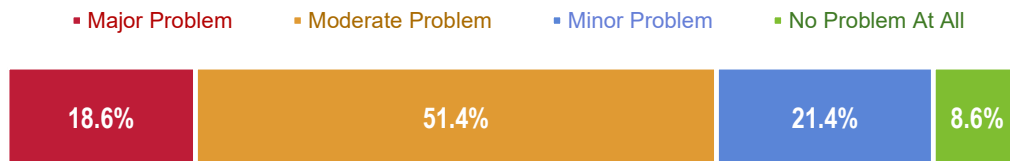
Notes:

- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19.
- Race categories reflect individuals without Hispanic origin.

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 & Family Planning as a Problem in the Community (Among Key Informants; Yuma County, 2025)



Sources:

- 2025 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

When it comes to infant health and family planning, a component that is sometimes forgotten is qualified day care. If life happens and there is an unplanned pregnancy, the family unit has to plan on infant and child care. There is a real shortage of that in Yuma County. — Community Leader

There's no organization like Planned Parenthood or resources I'm aware of in the area. — Health Care Provider

It is difficult for many to get to appointments for birth control. They have lack of family support that keeps them taking priority of their health. Lack of and cost of insurance, lack of knowledge about where to go to receive services that they can afford. Limiting beliefs in the importance of care for newborns or themselves. Family and cultural traditions and beliefs that do not prioritize family planning. — Community Leader

We do not have a Title X clinic. — Social Services Provider

Pediatric care, even basic sick appointments take too long. — Community Leader



Lack of Specialty Care

Pediatric specialty care, including gastroenterology, pediatric ophthalmology, and speech therapists. — Health Care Provider

The community urgently needs more providers who specialize in caring for children with special needs. Unfortunately, there are limited resources and few facilities that are truly equipped to meet their needs. — Community Leader

Teen Pregnancy

Increasing teen pregnancy rates. — Community Leader

High cases of teen pregnancy. — Health Care Provider

Teens/Young Adults

Relatively young population. Shortages of affordable housing and day care. — Community Leader

Incidence/Prevalence

Stats. — Community Leader





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>)

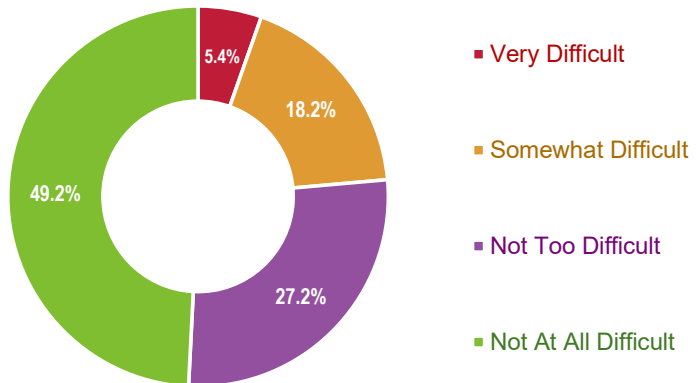
Difficulty Accessing Fresh Produce

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

Respondents were asked, “How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say very difficult, somewhat difficult, not too difficult, or not at all difficult?”

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

Level of Difficulty Finding Fresh Produce at an Affordable Price
(Yuma County, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 66]
Notes: • Asked of all respondents.



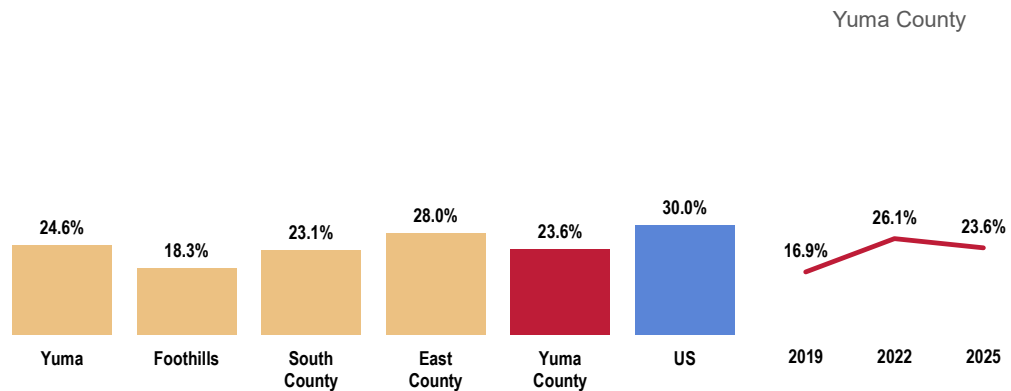
However, 23.6% of Yuma County adults find it “very” or “somewhat” difficult to access affordable fresh fruits and vegetables.

BENCHMARK ▶ Lower than found across the US.

TREND ▶ Significantly higher than the 2019 baseline.

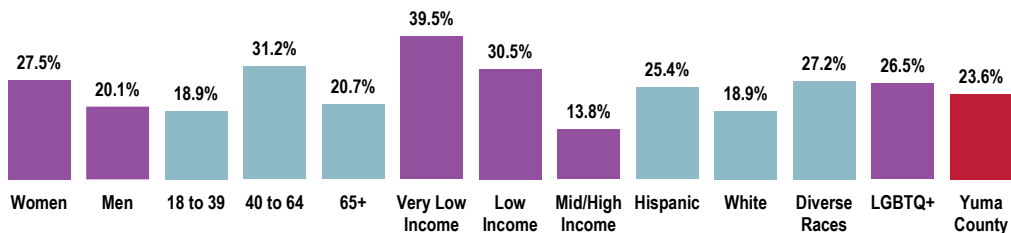
DISPARITY ▶ More often reported among women, adults age 40 to 64, those with lower incomes, and Hispanic residents.

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



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 66]
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (Yuma County, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 66]
 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 31.7% of Yuma County adults report no leisure-time physical activity in the past month.

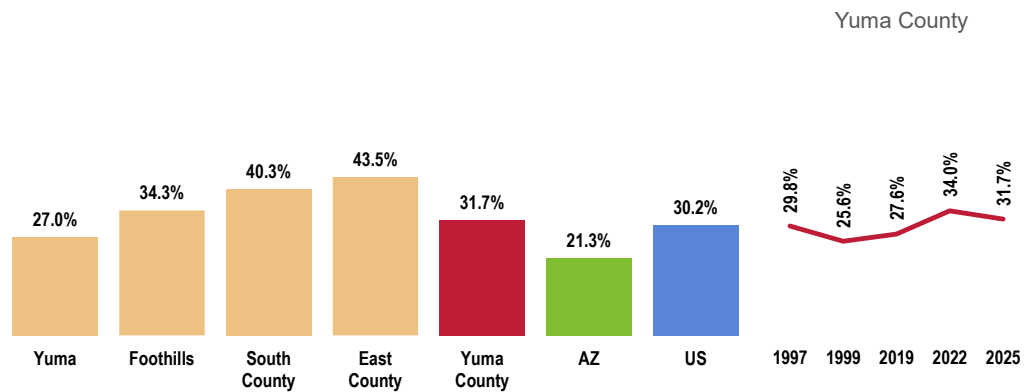
BENCHMARK ▶ Higher than the statewide finding. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ▶ Highest in South County and East County.

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.8% or Lower



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 69]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Arizona data.
 • 2023 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: • Asked of all respondents.



Activity Levels

Adults

ADULTS: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

For adults, “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 (such as walking), 75 minutes per week of vigorous activity (such as jogging), or an equivalent combination of both.
- **Strengthening activity** is at least two sessions per week of exercise designed to strengthen muscles (such as push-ups, sit-ups, or activities using resistance bands or weights).

– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

A total of 26.7% of Yuma County adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

BENCHMARK ▶ Lower than the Arizona percentage.

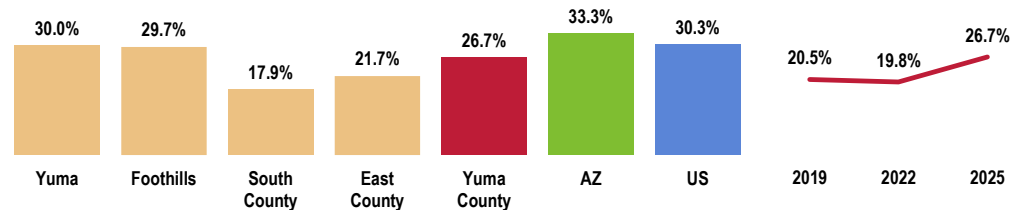
TREND ▶ Marks a significant increase from previous surveys.

DISPARITY ▶ Lower in South County. Adults age 65+ and those living below the federal poverty level are less likely to report meeting the recommended physical activity levels.

Meets Physical Activity Recommendations

Healthy People 2030 = 29.7% or Higher

Yuma County



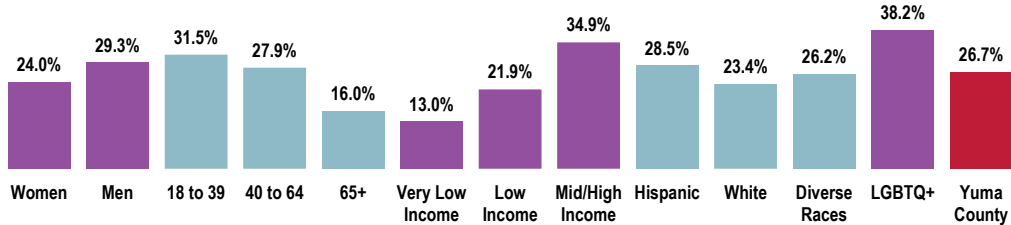
Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 110]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Arizona data.
 • 2023 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

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 who also report doing physical activities specifically designed to strengthen muscles at least twice per week.



Meets Physical Activity Recommendations (Yuma County, 2025)

Healthy People 2030 = 29.7% or Higher



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 110]
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

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 who also report doing physical activities specifically designed to strengthen muscles at least twice per week.

Children

CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

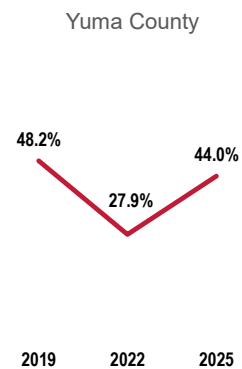
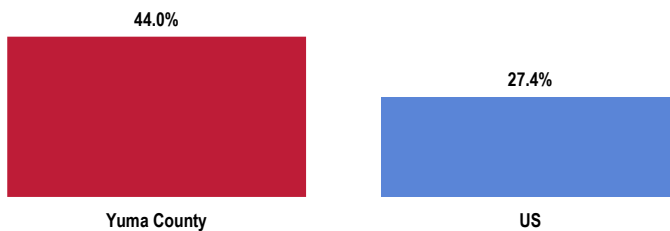
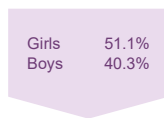
Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

– 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, 44.0% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

BENCHMARK ▶ More favorable than found across the US.

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



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 94]
 • 2023 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.



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 (m²). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches²)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m² and obesity as a BMI ≥30 kg/m². The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m². The increase in mortality, however, tends to be modest until a BMI of 30 kg/m² is reached. For persons with a BMI ≥30 kg/m², 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/m².

– 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
Healthy Weight	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.



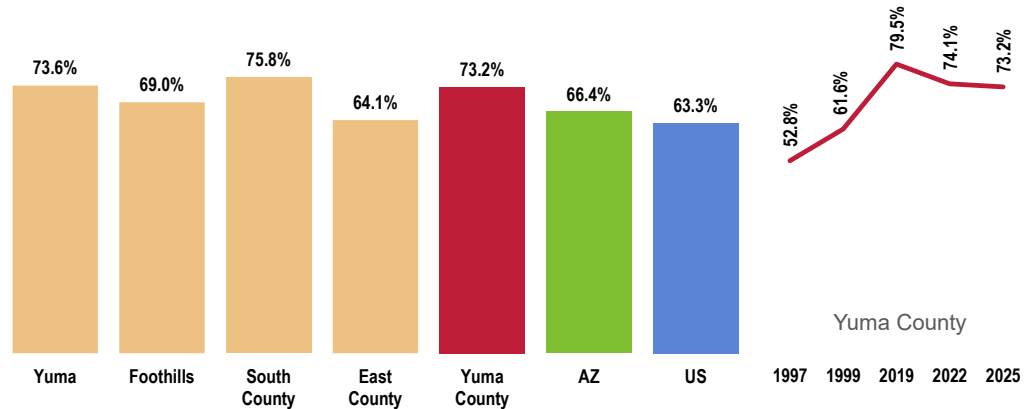
Overweight Status

Nearly three-fourths of Yuma County adults (73.2%) are **overweight**.

BENCHMARK ▶ Worse than found across Arizona and the US.

TREND ▶ Marks a significant increase from the 1997 baseline.

Prevalence of Total Overweight (Overweight and Obese)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 112]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Arizona data.
 • 2023 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. The definition for obesity is a BMI greater than or equal to 30.0.

The overweight prevalence above includes 39.9% of Yuma County adults who are **obese**.

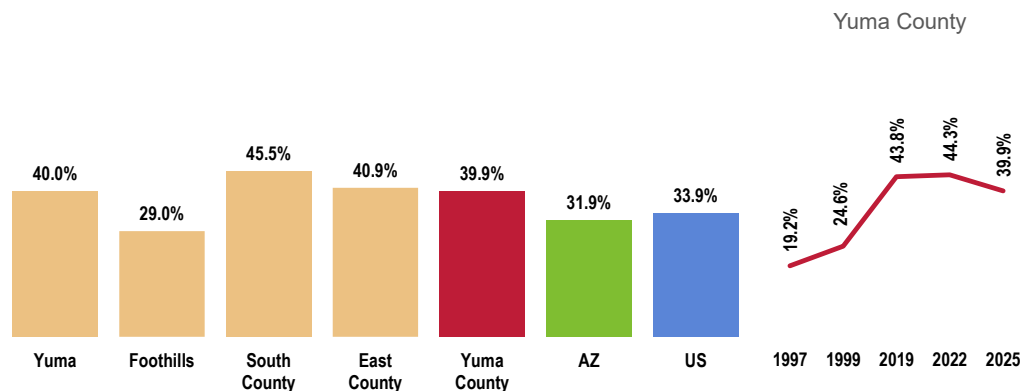
BENCHMARK ▶ Worse than found across Arizona and the US. Fails to satisfy the Healthy People 2030 objective.

TREND ▶ Denotes a significant increase from the 1997 baseline.

DISPARITY ▶ Lower in the Foothills area. More often reported among women, adults age 40 to 64, those with lower incomes, and Hispanic residents.

Prevalence of Obesity

Healthy People 2030 = 36.0% or Lower



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 112]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Arizona data.
 • 2023 PRC National Health Survey, PRC, Inc.

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.

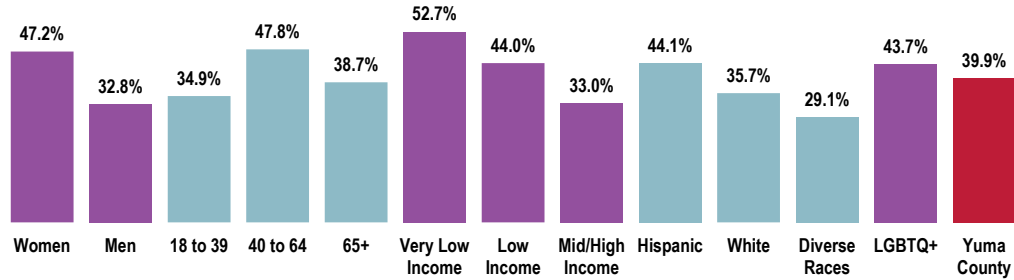
Here, "overweight" includes those respondents with a BMI value ≥ 25 .

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



Prevalence of Obesity (Yuma County, 2025)

Healthy People 2030 = 36.0% or Lower



Sources:

- 2025 PRC Community Health Survey, PRC, Inc. [Item 112]
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes:

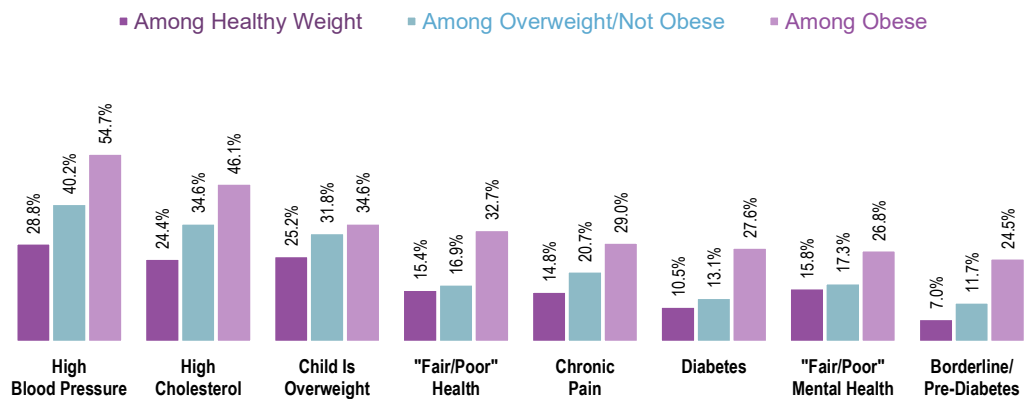
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

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, 2025)



Sources:

- 2025 PRC Community Health Survey, PRC, Inc. [Item 112]

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.

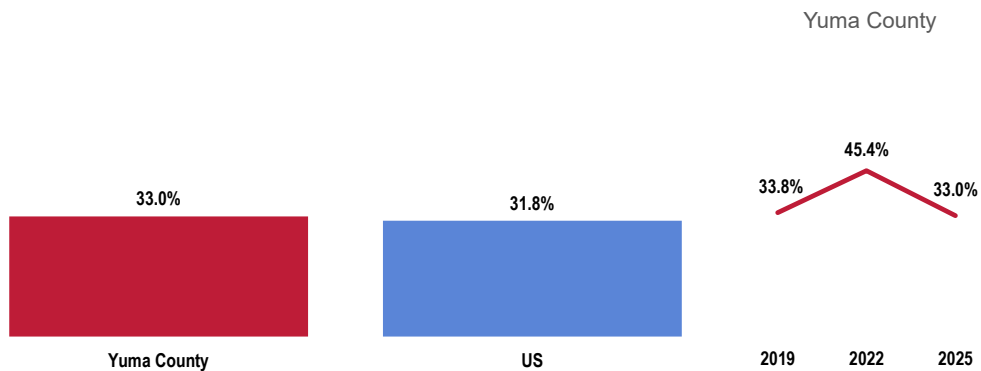
BMI-for-age weight status categories and the corresponding percentiles are shown below:

- 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, 33.0% of Yuma County children age 5 to 17 are overweight or obese (≥85th percentile).

Prevalence of Overweight in Children (Children 5-17)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 113]
• 2023 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.



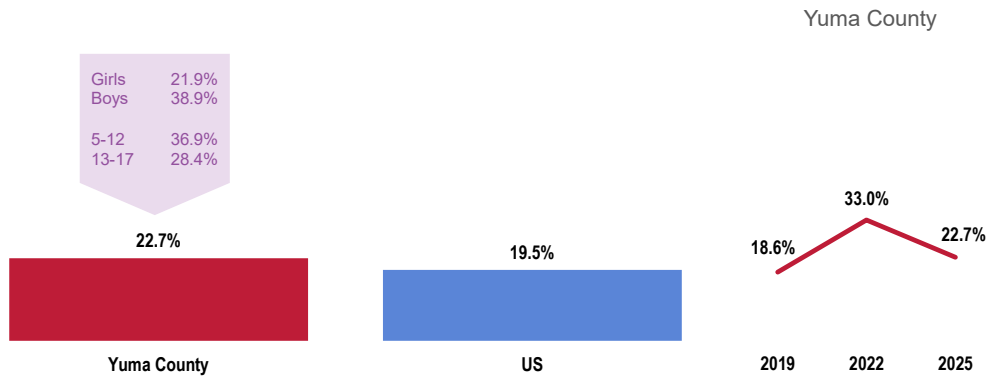
The childhood overweight prevalence above includes 22.7% of area children age 5 to 17 who are obese (≥95th percentile).

BENCHMARK ▶ Fails to satisfy the Healthy People 2030 objective.

DISPARITY ▶ Higher among boys.

Prevalence of Obesity in Children (Children 5-17)

Healthy People 2030 = 15.5% or Lower

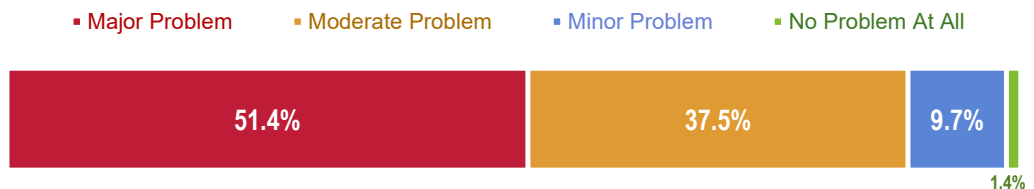


- Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 113]
 - 2023 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- Asked of all respondents with children age 5-17 at home.
 - Obesity among 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

The greatest share of key informants taking part in an online survey characterized *Nutrition, Physical Activity & Weight* as a “major problem” in the community.

Perceptions of Nutrition, Physical Activity & Weight as a Problem in the Community (Among Key Informants; Yuma County, 2025)



- Sources:
- 2025 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:

Nutrition

Cultural barriers to understanding nutritional value of food — for example, fat and sugar content and long-term impact on health. Physical activity and weight concerns are impacting individuals at younger ages, resulting in early onset disease and concerns for quality of life into adulthood (e.g. fertility, diabetes, heart disease, lifespan). — Health Care Provider

There are too many unhealthy restaurants to eat out at. Food costs less the more unhealthy it is. Healthy groceries are so expensive. Limited resources for physical activity that are free or low-cost. Access to nutrition services and accountability partners. — Community Leader

Diet. — Community Leader

Most find it easier to eat out due to busy lifestyle schedule or cost of living. — Health Care Provider

There are a lot of unhealthy food options available to the community. There isn't a huge variety of food places for the community to go to. For physical activity, the community has not caught up to its population. It's not a small town anymore and does not have the resources available or in the areas that it should. The Foothills is growing at a huge rate, but if you want to do any sporting events, swimming, etc., you have to drive into town. — Health Care Provider

Food desert and lack of education. — Community Leader

Nutrition, physical activity, and weight are big challenges to our community that enjoys "the best of two worlds" when it comes to food choices. High, rich caloric intake of sugar, fat, and carbohydrates are a constant issue faced by most individuals among the Latino community. Children are often overfed with high caloric foods as they share the same food and sometimes the same quantity as adults. Lack of exercise opportunities, open spaces, weather, and lack of resources present great challenges to the community. — Social Services Provider

Awareness/Education

Lack of education and accurate information on nutrition and weight loss. There is a need for programs to get kids outside and be active. It can be difficult to get outdoors and be active during the summer. There is a lack of options for healthy, nutritious food that is affordable. — Community Leader

The community's understanding of the importance of health and wellness. There are plenty of resources available in our community. — Community Leader

Lack of services available to educate community on benefits of healthy living, and healthy eating choices not available in vending machines. — Health Care Provider

Large workforce with limited English and low literacy levels. Very poor diets. — Community Leader

Lack of education, cost of food that is high quality, lack of hospital-sponsored food banks and gyms. — Health Care Provider

Knowledge, lack of money for healthier food. — Community Leader

Obesity

Many individuals and even young children are identified as being obese in Yuma County. This may be attributed to individual nutrition choices, culture, and the amount of physical activity that a person engages in. Stress and mental health may also attribute to this area. — Community Leader

Weight/obesity is a major problem in Yuma. — Health Care Provider

We are fat and out of shape, and doctors only throw medications at them so they lose weight, gain more back, and continue to take medications. Healthy people are not profitable; unhealthy people make money. — Community Leader

Issues with obesity and lack of programs to promote healthy eating or incentives in the workplace. — Community Leader

Overweight children and adults. Too expensive for gym membership. Awareness. Making nutrition classes available for all residents. — Community Leader

Lifestyle

Obesity, poor diet, and lack of activities. — Physician

Diet, outside walking areas not available. — Health Care Provider

The behavior of people in Yuma County does not direct itself toward living a healthy lifestyle. There are not many resources that are visible in this area. — Community Leader



Built Environment

Despite some of the best weather in the nation, the city of Yuma is not set up to encourage physical activity. There are limited trails; bikes can largely only be ridden on sidewalks or on narrow roads. It would be great if Yuma infrastructure would support modes of transportation outside of cars. I see people attempt to use the roads and limited trails for scooters, walking, or biking, but they inevitably wind up navigating dangerous situations. — Health Care Provider

We need more parks and bike lanes. There is a lack of community open spaces, walking paths, lack of affordable and accessible organized sports and activities for children and adults that are offered year-round. — Public Health Representative

Lack of Providers

Not enough nutritionists, time to exercise, access/affordability of weight loss medications. — Health Care Provider

Access to Recreational Facilities

Access to recreational activities. — Health Care Provider

Cultural/Personal Beliefs

Cultural factors, high-at risk and underserved population. Correlates to diabetes and heart disease. — Health Care Provider

Insufficient Physical Activity

More need for physical activities for weight concerns. — Health Care Provider



SUBSTANCE USE

ABOUT DRUG & ALCOHOL USE

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>)

Alcohol Use

Alcohol-Induced Deaths

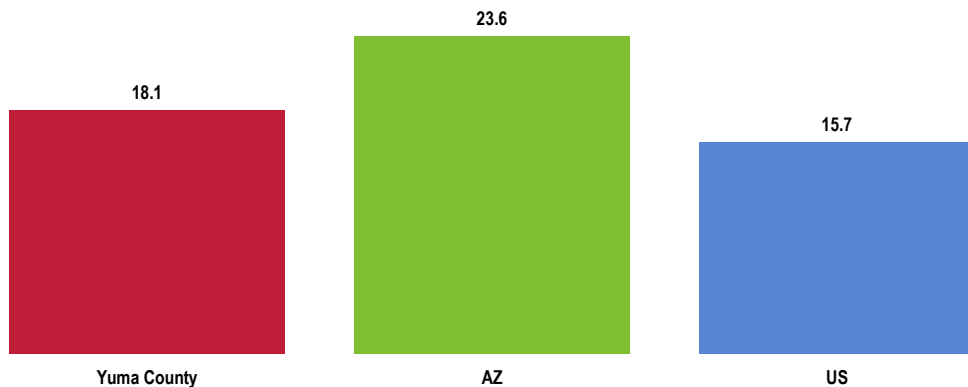
Between 2021 and 2023, Yuma County reported an annual average mortality rate of 18.1 alcohol-induced deaths per 100,000 population.

BENCHMARK ▶ Lower than the statewide rate.

TREND ▶ Rising significantly to the highest level recorded within the county in a decade.

DISPARITY ▶ Higher among White residents.

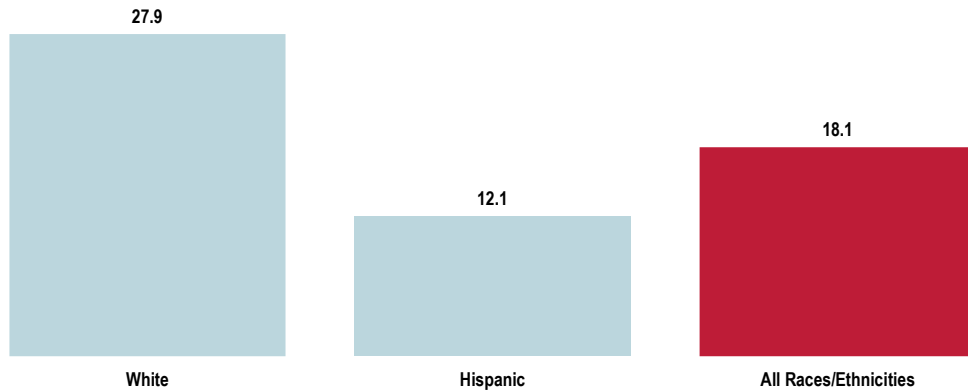
Alcohol-Induced Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2025.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population.

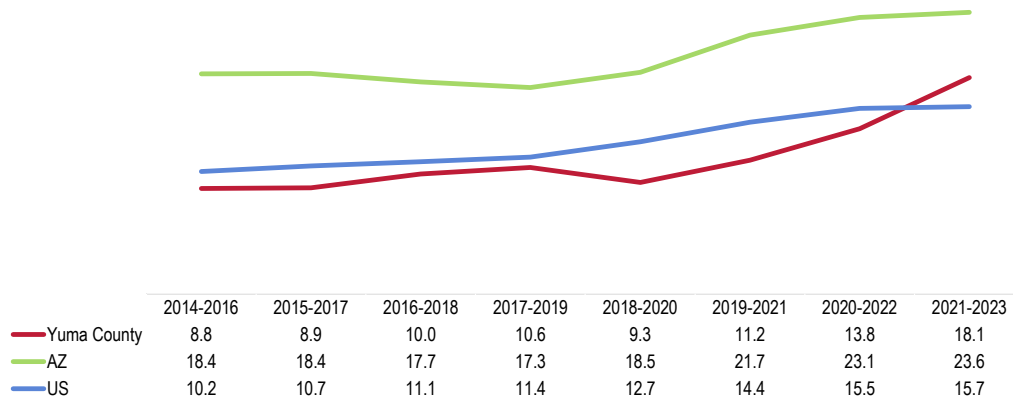


Alcohol-Induced Mortality by Race/Ethnicity (2021-2023 Annual Average Deaths per 100,000 Population; Yuma County)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2025.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population.
 • Race categories reflect individuals without Hispanic origin.

Alcohol-Induced 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 May 2025.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population.

Excessive Drinking

Excessive drinking includes heavy and/or binge drinkers:

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

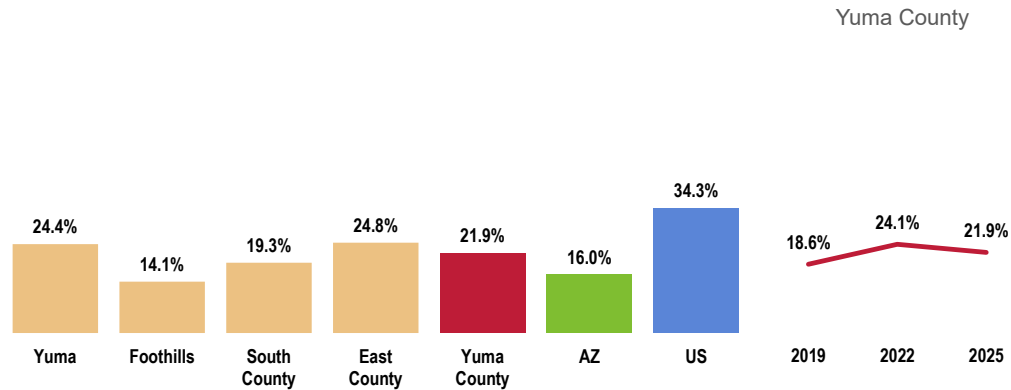


A total of 21.9% of area adults engage in excessive drinking (heavy and/or binge drinking).

BENCHMARK ► Higher than found across Arizona but lower than found across the US.

DISPARITY ► Statistically high in Yuma. More often reported among men, adults younger than 65 (especially those age 40 to 64), those living below the federal poverty level, those with higher incomes, and Hispanic residents.

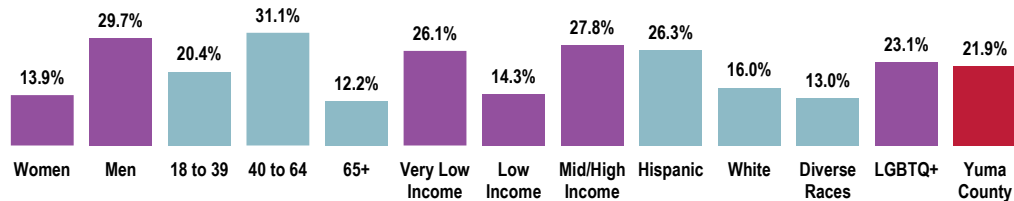
Engage in Excessive Drinking



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 116]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2023 Arizona data.
 • 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
 • Excessive drinking reflects the percentage of persons age 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.

Engage in Excessive Drinking (Yuma County, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 116]
 Notes: • Asked of all respondents.
 • Excessive drinking reflects the percentage of persons age 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.



Drug Use

Unintentional Drug-Induced Deaths

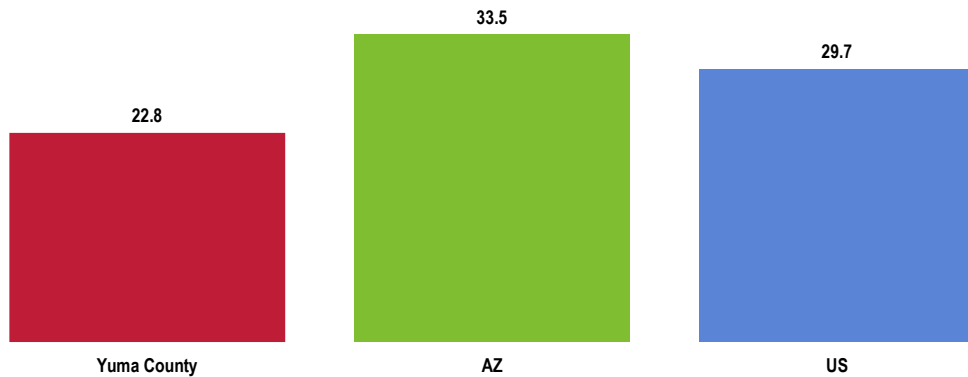
Between 2021 and 2023, there was an annual average mortality rate of 22.8 unintentional drug-induced deaths per 100,000 population in Yuma County.

BENCHMARK ▶ Lower than state and US rates.

TREND ▶ Trending significantly higher within the county over time.

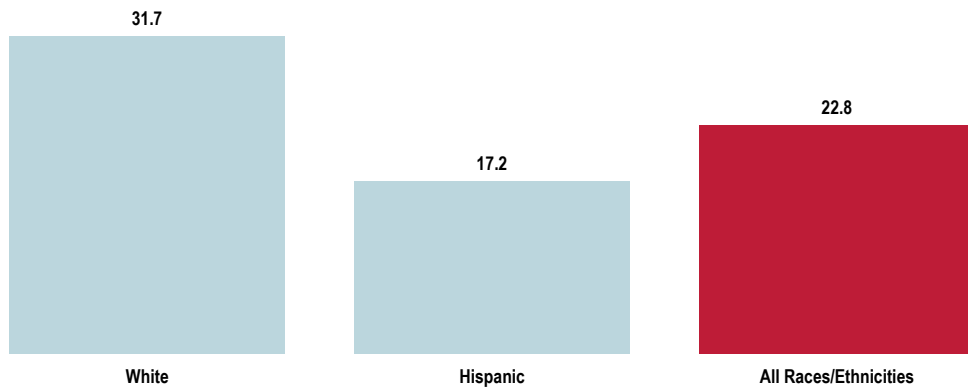
DISPARITY ▶ Higher among White residents.

Unintentional Drug-Induced Mortality
(2021-2023 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 May 2025.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

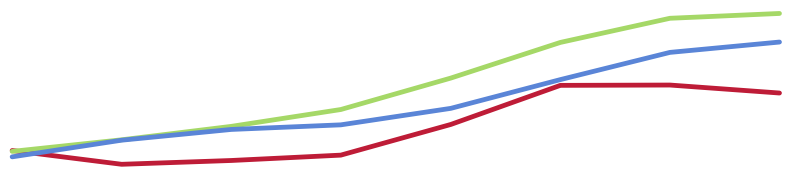
Unintentional Drug-Induced Mortality by Race/Ethnicity
(2021-2023 Annual Average Deaths per 100,000 Population; Yuma County)



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2025.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.
● Race categories reflect individuals without Hispanic origin.



Unintentional Drug-Induced Mortality Trends (Annual Average Deaths per 100,000 Population)



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
— Yuma County	15.1	13.3	13.8	14.5	18.6	23.9	23.9	22.8
— AZ	15.0	16.5	18.4	20.6	24.8	29.6	32.8	33.5
— US	14.3	16.5	17.9	18.6	20.8	24.6	28.3	29.7

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2025.

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population.



Illicit Drug Use

A total of 4.5% of Yuma County adults acknowledge using an illicit drug in the past month.

BENCHMARK ▶ Lower than found nationally.

TREND ▶ Trending significantly higher over time.

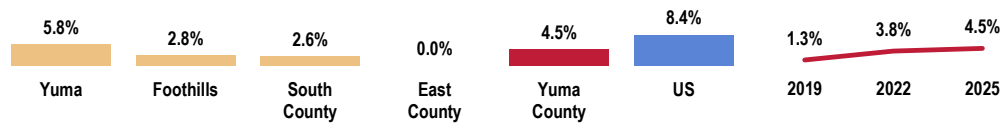
DISPARITY ▶ Higher in Yuma. More often reported among adults age 40 to 64.

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.

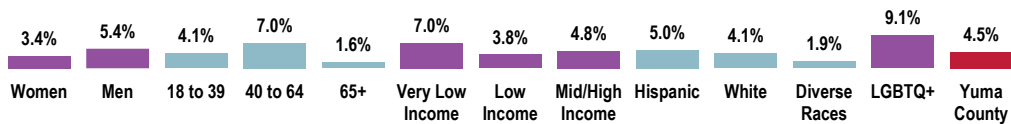
Illicit Drug Use in the Past Month

Yuma County



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 40]
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Illicit Drug Use in the Past Month (Yuma County, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 40]
 Notes: • Asked of all respondents.



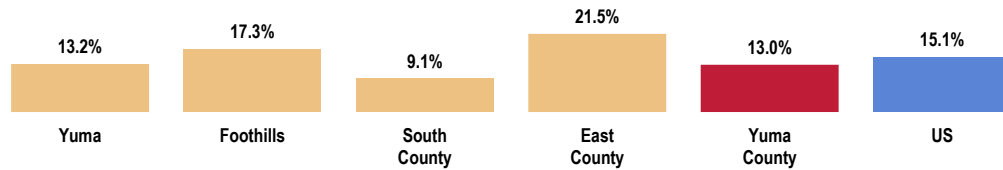
Use of Prescription Opioids

Opioids are a class of drugs used to treat pain. Examples presented to respondents include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. Common brand name opioids include Vicodin, Dilaudid, Percocet, OxyContin, and Demerol.

A total of 13.0% of Yuma County adults report using a prescription opioid drug in the past year.

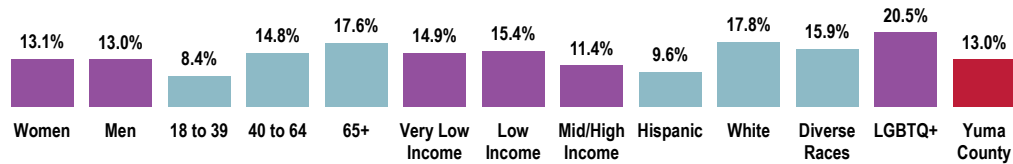
DISPARITY ▶ Lower in South County. More often reported among adults age 40+ and White residents.

Used a Prescription Opioid in the Past Year



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 41]
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Used a Prescription Opioid in the Past Year (Yuma County, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 41]
 Notes: • Asked of all respondents.



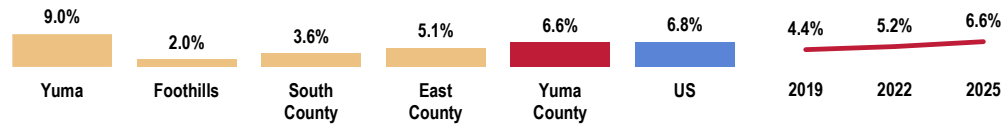
Alcohol & Drug Treatment

A total of 6.6% of Yuma County adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

DISPARITY ► Lower in the Foothills area and South County.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem

Yuma County



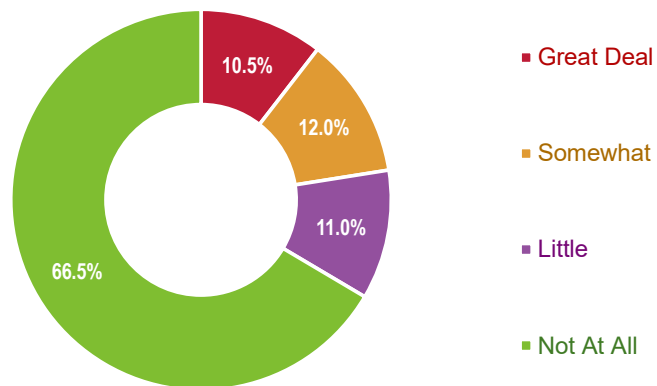
Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 42]
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Personal Impact From Substance Use

Most Yuma County residents' lives have not been negatively affected by substance use (either their own or someone else's).

Surveyed adults were also asked to what degree their lives have been impacted by substance use (whether their own use or that of another).

Degree to Which Life Has Been Negatively Affected by Substance Use (Self or Other's) (Yuma County, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 43]
 Notes: • Asked of all respondents.



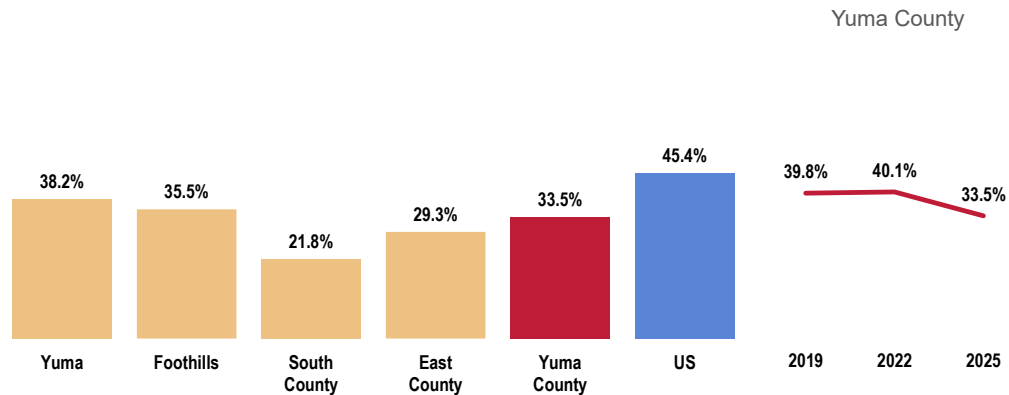
However, 33.5% have felt a personal impact to some degree (“a little,” “somewhat,” or “a great deal”).

BENCHMARK ▶ Lower than the national finding.

TREND ▶ Marks a significant decline from previous surveys.

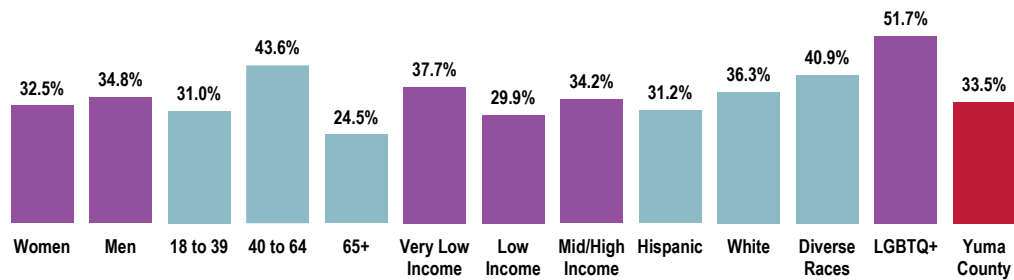
DISPARITY ▶ Higher in Yuma. More often reported among adults age 40 to 64 and especially LGBTQ+ respondents.

Life Has Been Negatively Affected by Substance Use (by Self or Someone Else)



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 43]
 ● 2023 PRC National Health Survey, PRC, Inc.
 Notes: ● Asked of all respondents.
 ● Includes those responding “a great deal,” “somewhat,” or “a little.”

Life Has Been Negatively Affected by Substance Use (by Self or Someone Else) (Yuma County, 2025)



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 43]
 Notes: ● Asked of all respondents.
 ● Includes those responding “a great deal,” “somewhat,” or “a little.”



Key Informant Input: Substance Use

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

Perceptions of Substance Use as a Problem in the Community (Among Key Informants; Yuma County, 2025)

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



Sources: • 2025 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 resources to diagnose those patients and provide them with proper care they need in timely manner. For those who are on drugs, alcohol, or chronic pain medications. Not having social workers available in the outpatient setting is a huge problem. — Health Care Provider

Availability of services for all demographics: juvenile, adult, geriatric. In addition, mental health services that are related to substance abuse are needed. There is a large population of low-income and unhoused individuals who suffer from mental illness and self-medicate with drugs and alcohol. Currently, the volume of individuals outnumbers the organizations/providers. — Community Leader

Lack of outpatient care in South County. — Social Services Provider

More treatment programs are needed. — Community Leader

Limited availability of treatment facilities. Financial constraints. Geographic and transportation challenges. Stigma and privacy concerns. Limited specialized services and navigational difficulties. — Community Leader

Yuma has recurrent persons needing substance use treatment. Especially for persons who are “banned” from the current local facilities. These populations often end up flooding the jails, rather than getting the help they need. — Social Services Provider

Programs available. — Health Care Provider

No inpatient facility for detox other than Crossroads Mission, which is faith-based, and CBI is limited. — Health Care Provider

There are high levels of substance abuse in the community and few resources. This is even more true in South County and for Spanish-speaking individuals. — Community Leader

We do not have a detox facility for addicts and alcohol. Nor is there anything for follow-up on a professional level. AA and NA are excellent, but some need more. — Community Leader

Due to our location being in a rural area, it is very much a challenge to find substance abuse rehab facilities. Usually, we will need to send these patients to Phoenix for rehab. — Health Care Provider

Lack of needed services and coordination of care among existing organizations that provide counseling or treatment services. — Social Services Provider

Awareness/Education

Lack of information. — Community Leader

Identification and education. Illegal access to substances easy to come by. — Health Care Provider

Early education on the disparities related to substance abuse, including legalized substances. Targeting families with histories of substance abuse, educating them. — Health Care Provider

Many individuals struggling with substance use are unaware of available treatment options or how to navigate the system to get help. Fear of being judged or labeled often discourages people from seeking treatment, especially in tight-knit communities. High costs, lack of insurance, or limited coverage for substance use services create major financial barriers. — Community Leader

Education and effective policing. — Community Leader

People don't know what resources exist. — Community Leader



Awareness. Individuals wanting help. Education, counseling, and treatment centers. — Community Leader

Teens/Young Adults

Treatment centers for youths. — Community Leader

Youth have little to zero treatment options in Yuma; AHCCCS versus private insurance; transportation; lack of sober living options and rules related to compliance for those facilities; lack of affordable housing; and heat. — Public Health Representative

Transportation

There's many treatment providers in the area; however, I feel transportation is the biggest barrier to accessing treatment. — Health Care Provider

Funding

Funding and money. — Community Leader

Lack of Providers

Lack of trained professionals. — Community Leader

Drug Court

Lack of adequate drug courts. — Health Care Provider

Prevention/Screenings

No preventive programs. No inpatient detox programs. — Physician

Most Problematic Substances

Key informants (who rated this as a “major problem”) identified **alcohol** and **heroin/other opioids** as causing the most problems in the community, followed by **methamphetamine/other amphetamines** and **marijuana**.

SUBSTANCES VIEWED AS MOST PROBLEMATIC IN THE COMMUNITY (Among Key Informants Rating Substance Use as a “Major Problem”)

ALCOHOL	24.4%
HEROIN OR OTHER OPIOIDS	23.1%
METHAMPHETAMINE OR OTHER AMPHETAMINES	21.8%
MARIJUANA	14.1%
PRESCRIPTION MEDICATIONS	7.7%
COCAINE OR CRACK	2.5%
INHALANTS	2.5%
CLUB DRUGS (e.g. MDMA, GHB, Ecstasy, Molly)	1.3%
HALLUCINOGENS OR DISSOCIATIVE DRUGS (e.g. Ketamine, PCP, LSD, DXM)	1.3%
OVER-THE-COUNTER MEDICATIONS	1.3%



TOBACCO USE

ABOUT TOBACCO USE

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.

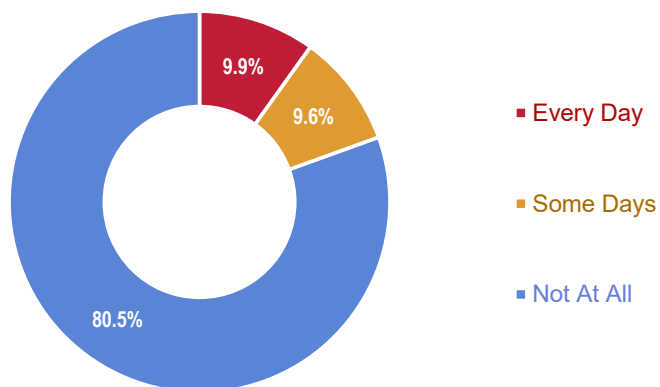
– Healthy People 2030 (<https://health.gov/healthypeople>)

Cigarette Smoking

Prevalence of Cigarette Smoking

A total of 19.5% of Yuma County adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).

Prevalence of Cigarette Smoking
(Yuma County, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 34]
Notes: • Asked of all respondents.



Note the following findings related to cigarette smoking prevalence in Yuma County.

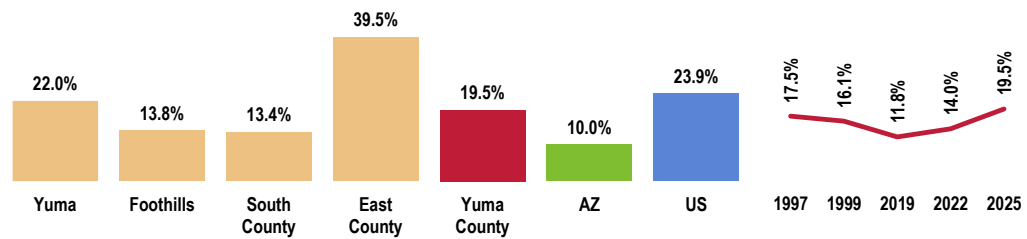
BENCHMARK ► Higher than found across Arizona. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Higher in Yuma and East County. Men and adults younger than 65 (especially those age 40 to 64) are more likely to report that they smoke cigarettes.

Currently Smoke Cigarettes

Healthy People 2030 = 6.1% or Lower

Yuma County



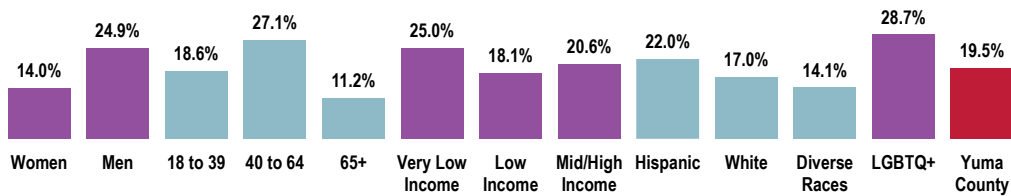
Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 34]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Arizona data.
 • 2023 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: • Asked of all respondents.
 • Includes those who smoke cigarettes every day or on some days.

Currently Smoke Cigarettes

(Yuma County, 2025)

Healthy People 2030 = 6.1% or Lower



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 34]
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: • Asked of all respondents.
 • Includes those who smoke cigarettes every day or on some days.



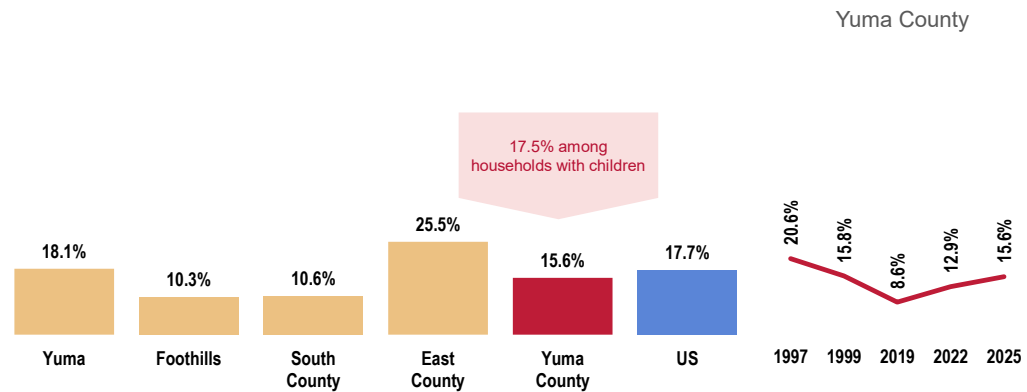
Environmental Tobacco Smoke

Among all surveyed households in Yuma County, 15.6% report that someone has smoked cigarettes, cigars, or pipes anywhere in their home an average of four or more times per week over the past month.

TREND ▶ Denotes a significant decrease from the 1997 baseline but trending higher after a sharp decline in 2019.

DISPARITY ▶ Lowest in the Foothills and South County areas.

Member of Household Smokes at Home



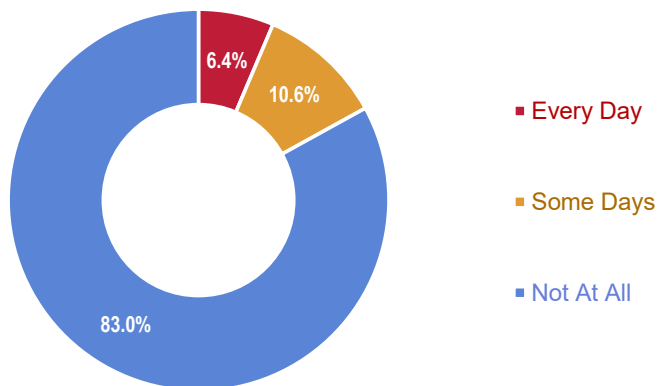
Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Items 35, 114]
 • 2023 PRC National Health Survey, PRC, Inc.

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.

Use of Vaping Products

Most Yuma County adults do not use electronic vaping products.

Use of Vaping Products (Yuma County, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 36]
 Notes: • Asked of all respondents.



However, 17.0% currently use electronic vaping products either regularly (every day) or occasionally (on some days).

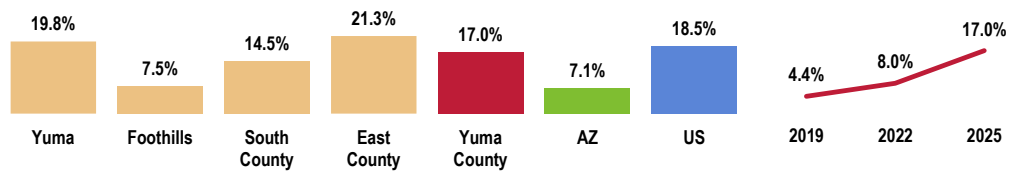
BENCHMARK ▶ More than two times the statewide percentage.

TREND ▶ Represents a significant increase from previous surveys.

DISPARITY ▶ Lowest in the Foothills area. More often reported among men, adults younger than 65, and Hispanic residents.

Currently Use Vaping Products (Every Day or on Some Days)

Yuma County



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 36]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Arizona data.
 • 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
 • Includes those who use vaping products every day or on some days.

Currently Use Vaping Products (Yuma County, 2025)



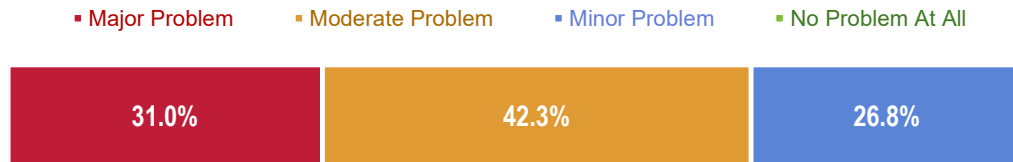
Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 36]
 Notes: • Asked of all respondents.
 • Includes those who use vaping products every day or on some days.



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 (Among Key Informants; Yuma County, 2025)



Sources: • 2025 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:

Easy Access

Easy to buy. — Community Leader

Too accessible. — Social Services Provider

One major problem is the easy access to youth. Tobacco and vaping are a major problem in our community. Youth find ways to obtain this substance and the lack of supervision from their parents/caregivers facilitates this access. — Social Services Provider

E-Cigarettes

Vaping has increased significantly, especially in the teenage and 20-year-old population. The accessibility, ease of concealment, and allure have all attracted more youth to vaping. — Public Health Representative

The vaping is getting worse, and new findings all the time are saying it is worse than tobacco use. — Community Leader

I see young people and adults both using vapes literally everywhere around town. — Community Leader

Socially Acceptable

I believe tobacco use is a major problem in our community because it is socially accepted and the education to build awareness of its lethal effects is almost nonexistent in our communities. Also, because with the electronic cigarette's appearance as non-harmful, it's attracting more and more youth and adults to begin an addiction to them. — Social Services Provider

Co-Occurrences

Many people with mental health conditions use tobacco to cope with symptoms like stress, anxiety, or depression, believing that nicotine temporarily improves mood or focus. — Community Leader

Awareness/Education

Education. — Community Leader

Impact on Quality of Life

Decreases life expectancy and increases risk for other diseases. — Health Care Provider

Incidence/Prevalence

Yes, because most people smoke in Yuma. — Health Care Provider

Teens/Young Adults

Many start smoking in middle school. — 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.

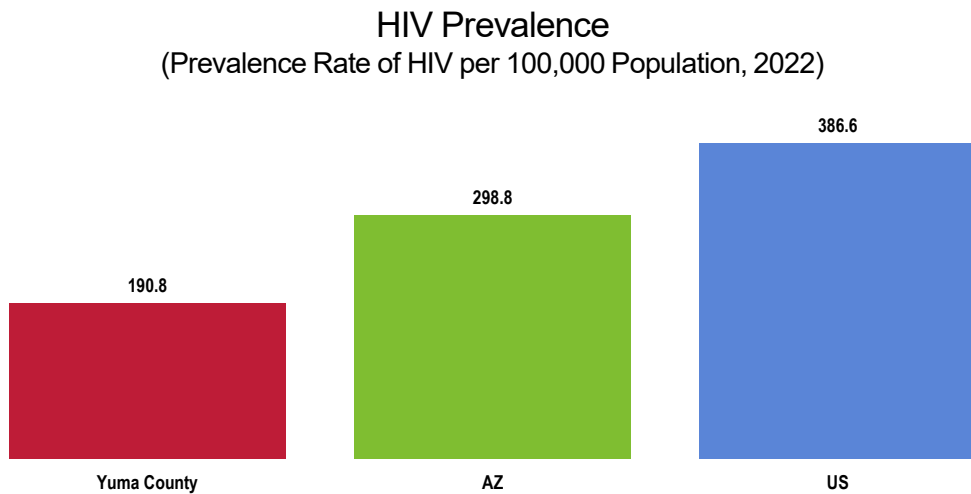
– Healthy People 2030 (<https://health.gov/healthypeople>)

HIV

In 2022, there was a prevalence of 190.8 HIV cases per 100,000 population in Yuma County.

BENCHMARK ▶ Lower than state and US rates.

DISPARITY ▶ Considerably higher among Black and Hispanic residents.

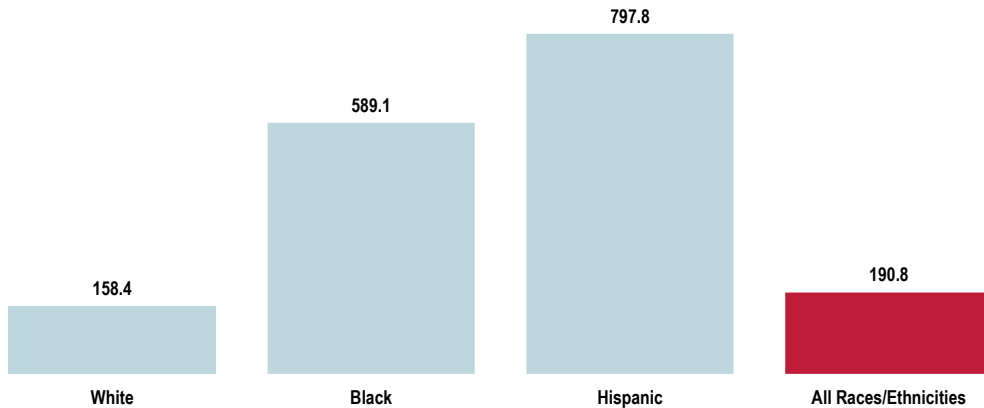


Sources:

- 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 May 2025 via SparkMap (sparkmap.org).



HIV Prevalence by Race/Ethnicity (Rate per 100,000 Population; Yuma County, 2022)



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 May 2025 via SparkMap (sparkmap.org).

Notes:

- Race categories reflect individuals without Hispanic origin.

Sexually Transmitted Infections (STIs)

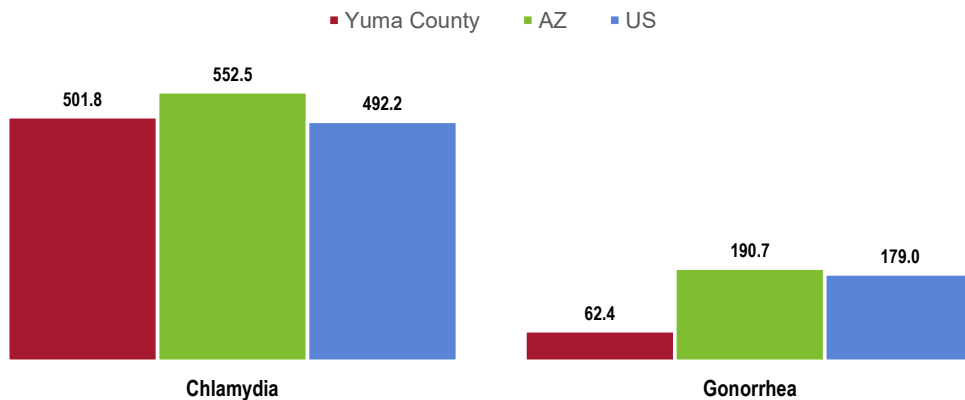
Chlamydia & Gonorrhea

In 2023, the chlamydia incidence rate in Yuma County was 501.8 cases per 100,000 population.

The Yuma County gonorrhea incidence rate in 2023 was 62.4 cases per 100,000 population.

BENCHMARK ▶ Much lower than state and US rates.

Chlamydia & Gonorrhea Incidence (Incidence Rate per 100,000 Population, 2023)



Sources:

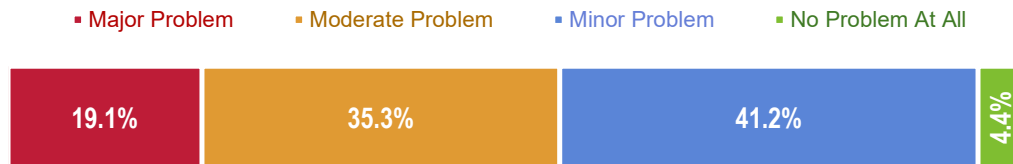
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).



Key Informant Input: Sexual Health

Key informants taking part in an online survey largely characterized *Sexual Health* as a “minor problem” in the community.

Perceptions of Sexual Health as a Problem in the Community (Among Key Informants; Yuma County, 2025)



Sources: • 2025 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:

Sexually Transmitted Diseases

- High rate of STDs and lack of comprehensive reproductive health education. Reproductive health was a standard part of school curriculum until recently, when schools started to opt out. — Public Health Representative
- Risk to transmit sexually transmitted diseases. — Health Care Provider
- Teen pregnancy has declined, but STD occurrences have increased. — Social Services Provider

HIV/AIDS

- High active military group and cases of high index of HIV cases on my panel. — Health Care Provider

Lifestyle

- Promiscuity is not a good value. Parents cannot compete with social media and promiscuity and permissive information. — Social Services Provider





ACCESS TO HEALTH CARE

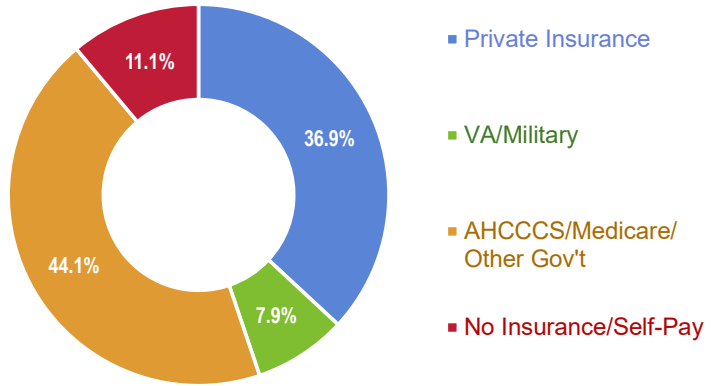
HEALTH INSURANCE COVERAGE

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 36.9% of Yuma County adults age 18 to 64 report having health care coverage through private insurance. Another 52.0% report coverage through a government-sponsored program (e.g., AHCCCS, Medicare, military benefits).

Health Care Insurance Coverage
(Adults 18-64; Yuma County, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 117]
Notes: • Reflects respondents age 18 to 64.



Lack of Health Insurance Coverage

Among adults age 18 to 64, 11.1% report having no insurance coverage for health care expenses.

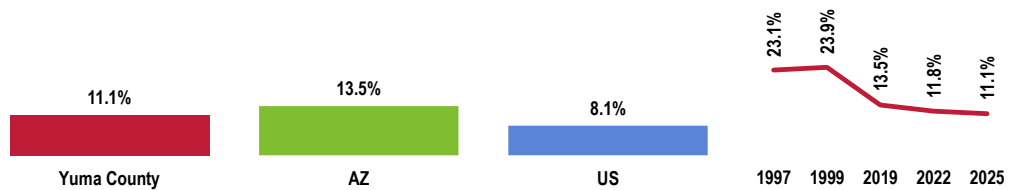
- BENCHMARK** ▶ Fails to satisfy the Healthy People 2030 objective.
- TREND** ▶ Represents a significant decrease from the 1997 baseline.
- DISPARITY** ▶ Hispanic residents are more likely to report being without health insurance.

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., AHCCCS).

Lack of Health Care Insurance Coverage (Adults 18-64)

Healthy People 2030 = 7.6% or Lower

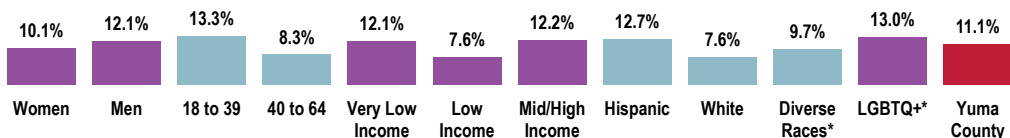
Yuma County



- Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 117]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Arizona data.
 - 2023 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- Reflects respondents age 18 to 64.

Lack of Health Care Insurance Coverage (Adults 18-64; Yuma County, 2025)

Healthy People 2030 = 7.6% or Lower



- Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 117]
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- Reflects respondents age 18 to 64.
 - *Use caution when interpreting these results, as the sample falls below n=50.



DIFFICULTIES ACCESSING HEALTH CARE

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. ...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.

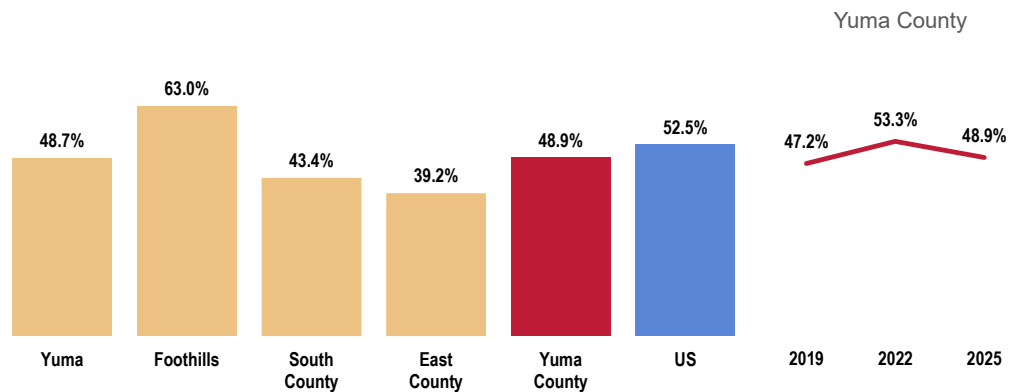
– Healthy People 2030 (<https://health.gov/healthypeople>)

Difficulties Accessing Services

A total of 48.9% of Yuma County adults report some type of difficulty or delay in obtaining health care services in the past year.

DISPARITY ► Higher in the Foothills area. More often reported among women, adults age 40 to 64, those living below the federal poverty level, and especially LGBTQ+ respondents.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year

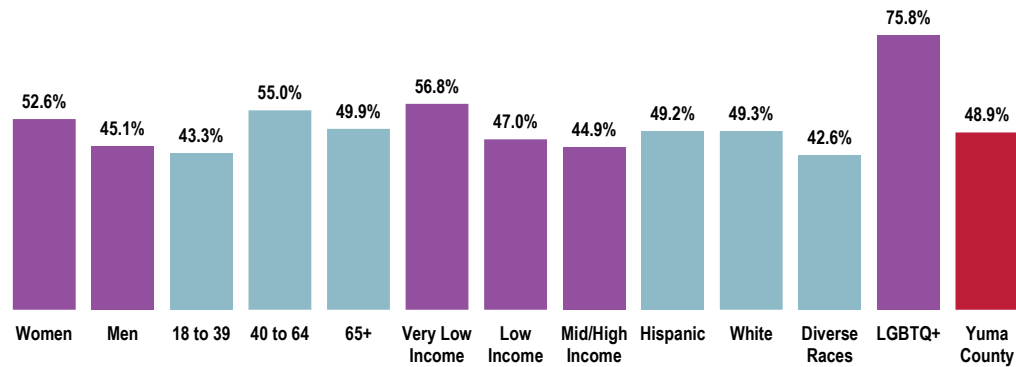


Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 119]
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

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 (Yuma County, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 119]
 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.

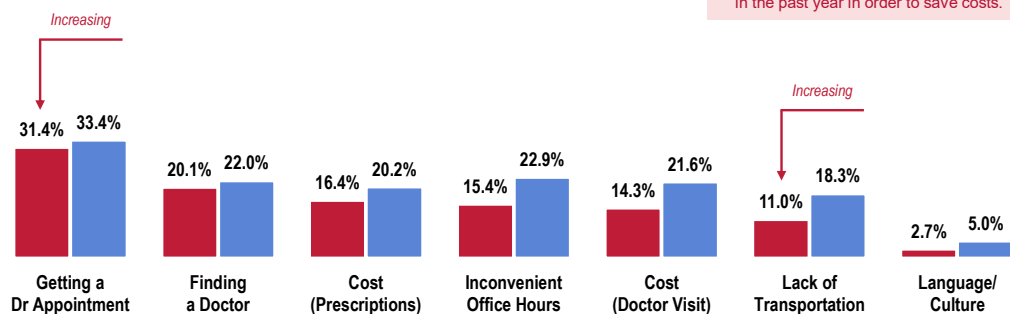
BENCHMARK ▶ Among the seven tested barriers, five are less prevalent in Yuma County than across the US: **cost of prescriptions**, **inconvenient office hours**, **cost of a physician visit**, **lack of transportation**, and **language/culture**.

TREND ▶ Over time, two of the seven barriers have recorded a significant increase: **appointment availability** and lack of **transportation**.

DISPARITY ▶ **Appointment availability** and **finding a physician** are less of a barrier in South County (not shown).

Barriers to Access Have Prevented Medical Care in the Past Year

■ Yuma County ■ US



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Items 6-13]
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

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.

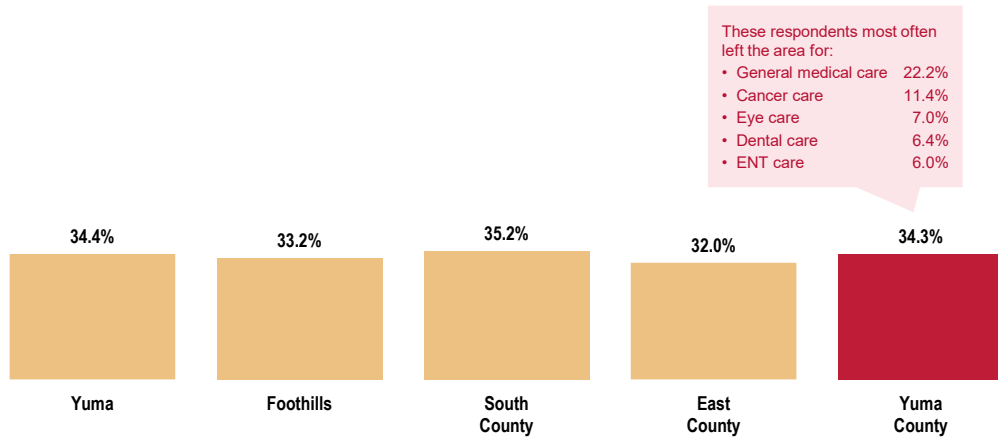


Outmigration for Health Care Services

Leaving the Local Area

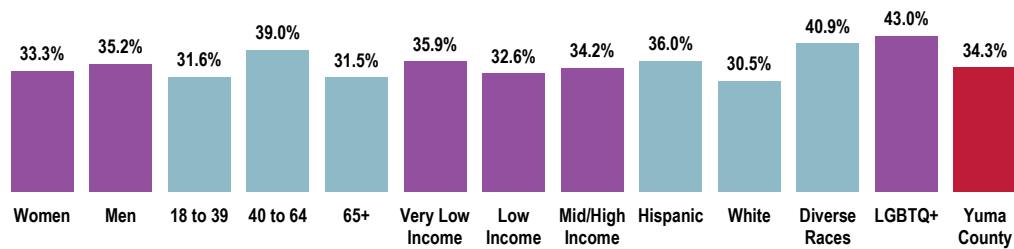
More than one-third of survey respondents (34.3%) report that they or a member of their household has left the local area to receive health care services within the past 12 months.

Left the Area for Health Care Services in the Past Year



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Items 302-303]
 Notes: • Asked of all respondents.

Left the Area for Health Care Services in the Past Year (Yuma County, 2025)

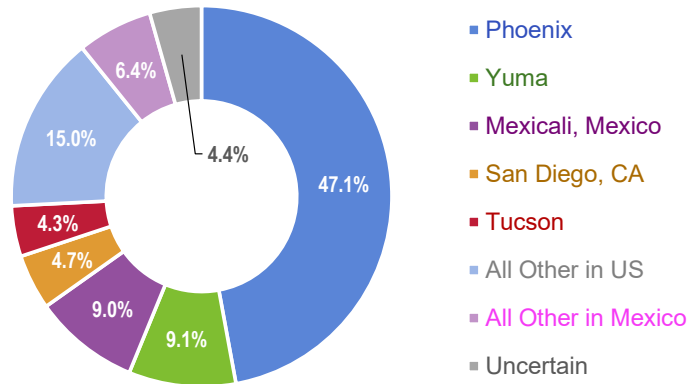


Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 302]
 Notes: • Asked of all respondents.



When these respondents were asked where their household went for the health care services, 47.1% said **Phoenix**, 9.1% said **Yuma**, 4.7% said **San Diego**, and 4.3% said **Tucson**, with an additional 15.0% mentioning **other communities in the US**. A total of 9.0% said **Mexicali, Mexico**, with an additional 6.4% mentioning **other communities in Mexico**.

Community Location of Health Care Services (Among Yuma County Respondents Who Left the Area for Care, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 304]
 Notes: • Asked of respondents who left the local area to receive health care services in the past 12 months.

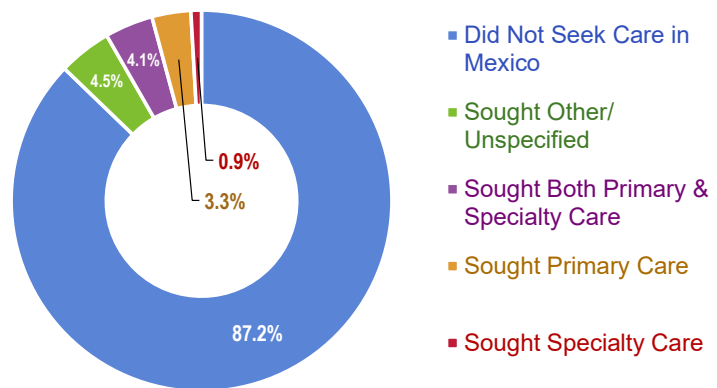
Seeking Care in Mexico

A total of 12.8% of respondents report having visited a doctor or other health care provider in Mexico within the past 12 months.

TREND ► Marks a significant decrease from previous surveys.

DISPARITY ► Higher in South County. More often reported among adults younger than 65 and Hispanic residents.

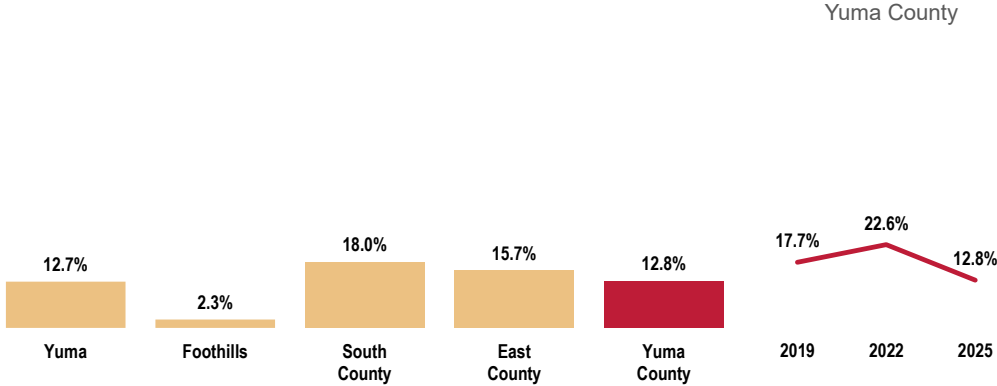
Type of Care Sought in Mexico (Yuma County, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 313]
 Notes: • Asked of all respondents.

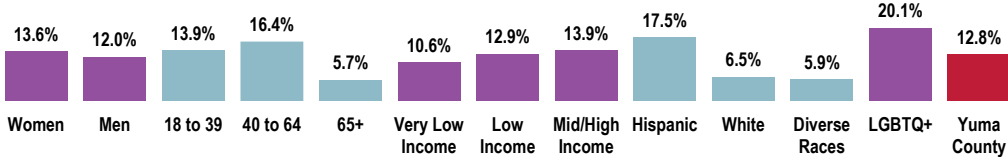


Went to Mexico for Medical Care in the Past Year



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 305]
 Notes: • Asked of all respondents.

Went to Mexico for Medical Care in the Past Year (Yuma County, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 305]
 Notes: • Asked of all respondents.

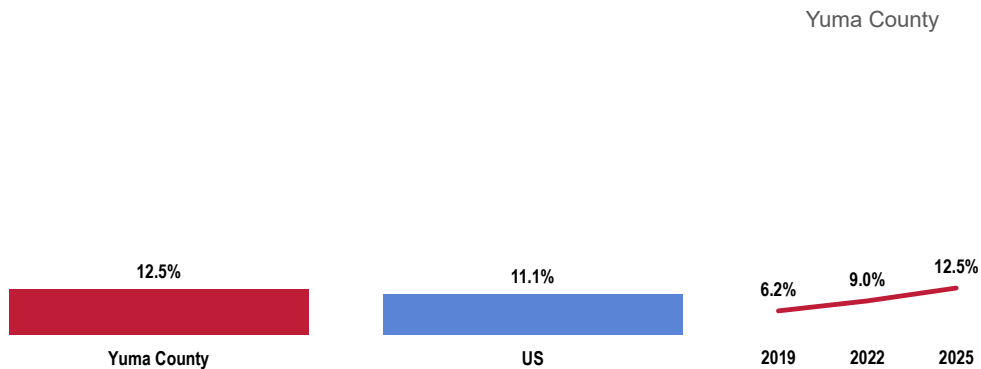


Accessing Health Care for Children

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.

A total of 12.5% 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.

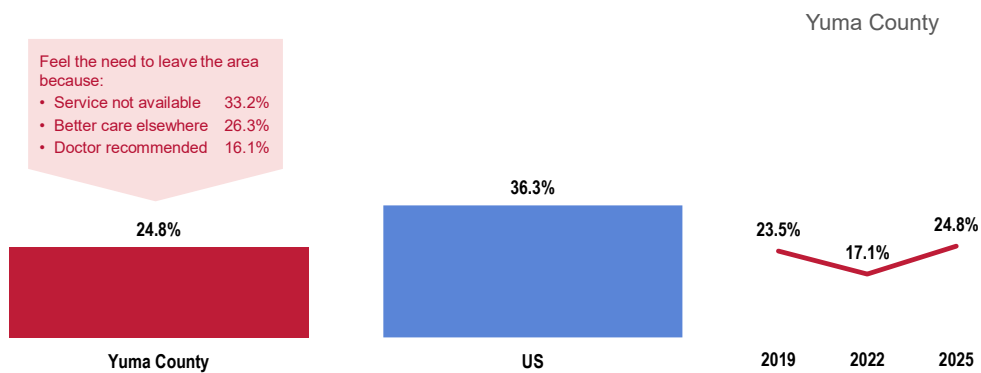
Had Trouble Obtaining Medical Care for Child in the Past Year (Children 0-17)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 90]
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents with children age 0 to 17 in the household.

Nearly one-fourth of Yuma County parents (24.8%) say there is a health care service for which they feel the need to leave the local area to get care for their child.

Feel the Need to Leave the Area for Children’s Health Care (Children 0-17)

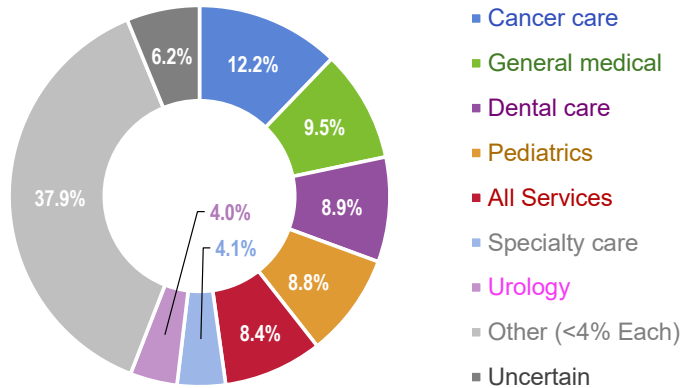


Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Items 310, 312]
 • 2023 PRC National Child & Adolescent Health Survey, PRC, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.



When asked to identify the service for which they feel the need to leave the area for their child's care, parents most often said **cancer care** (12.2%), followed by **general medical care** (9.5%), **dental care** (8.9%), **pediatrics** (8.8%), **all services** (8.4%), **specialty care** (4.1%), and **urology** (4.0%).

Health Care Service for Which Parent Feels the Need to Leave the Area for Child's Care
(Among Yuma County Parents Who Leave the Area for Child's Care, 2025)

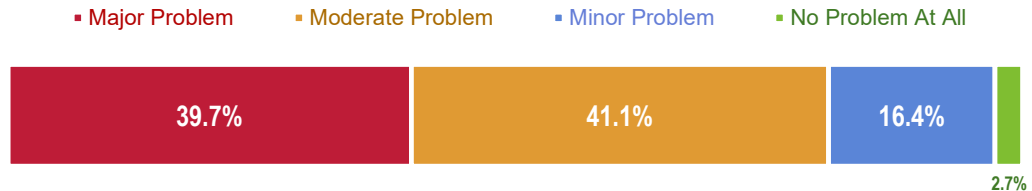


Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 311]
Notes: • Asked of respondents with a child 0 to 17 who feel the need to leave the area for their child's health care.

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
(Among Key Informants; Yuma County, 2025)



Sources: • 2025 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 Specialty Care

- Lack of dermatology personnel in our area with high heat levels and large amount of elderly individuals. — Health Care Provider
- Primary care, specialty, rheumatology, and gastroenterology. Lack of services like plastic surgery and pediatric specialties. — Health Care Provider
- Specialized care is limited and requires travel out of the county. — Social Services Provider
- There is a lack of specialists in fields such as mental health, both adult and juvenile, oncology, dermatology, skin cancer, cardiovascular care, and pediatrics. — Community Leader



Finding a qualified specialist in the city is a significant challenge, as many are fully booked, and patients often face wait times of several months for an appointment. — Community Leader

Lack of health care providers in specialty practices. — Health Care Provider

We have limited resources for specialty doctors, so arranging follow-up treatment for patients may take several weeks or even months. This delay could potentially lead to significant health issues in the long term. — Social Services Provider

Neurosurgical services. Elderly aging population with falls and also high prevalence of prescription blood thinners. General traumatic health bleeds aside from falls, as well as spontaneous intracranial bleeds. High rates of cancer, including brain tumors. It would be beneficial to research the amount of patients transferred each month or needing outpatient neurosurgical services to validate this observation. — Health Care Provider

Mental health. — Community Leader

Access to gastroenterology, immunology/asthma allergy, and local fertility treatment experts and options. — Health Care Provider

Access to Care/Services

Appointments within a decent time frame. — Health Care Provider

Long wait for appointments. — Health Care Provider

Availability and options. It often takes months to get into see a provider, and the quality of care is marginal at best. The front desk staff and scheduling is cumbersome and difficult to navigate. We want our community to stay here for their health care; however, it is often cheaper, easier, and much faster to take a day and drive to Phoenix, Tucson, or San Diego. — Health Care Provider

Access to any type of health care, especially in the rural areas. — Community Leader

Resources, cost, and social stigma. — Community Leader

Limited availability, resulting in excessive wait times for appointments to highly-referred specialties, including endocrinology, gastroenterology, pulmonology, neurology. These specialties can result in wait times of six to nine months to be seen. Once seen, again, extensive wait times for follow-up appointments. Even appointments to primary care and pediatrics result in waits that exceed weeks to months. There are specialties that we just do not have, i.e. dermatology. From a surgical perspective, we can initiate surgical plans, but if reconstructive work is needed, i.e. following mastectomy for breast cancer, we do not have surgical resources locally. In short, we do not have enough providers and/or specialties to meet the growth of the community. — Health Care Provider

Having to leave town for medical treatment. — Community Leader

Lack of Providers

There are not enough doctors, and it takes too much time to get an appointment. There is no communication between doctors. — Social Services Provider

Having enough physicians. — Health Care Provider

Lack of providers and specialists and high cost. — Health Care Provider

Shortage of physician,s including specialists, both inpatient and outpatient. — Health Care Provider

Not enough providers. Cannot get an appointment in a reasonable timeframe. — Community Leader

Affordable Care/Services

Cost, availability of appointments in a timely manner, and low number of specialists. — Health Care Provider

Affordable, comprehensive health care insurance. — Community Leader

The complaints on the costs and billing. Additionally, the wait times and level of care doesn't seem adequate — the amount of nurses, they appear overworked and tired. — Community Leader

The cost of health care is extremely high. — Community Leader

The wait lists are terrible and it is all overpriced and it is quicker and cheaper to go out of town. — Community Leader

Local health care services are getting more expensive compared to larger markets like Phoenix, leaving some with the feeling they must travel to Phoenix to receive care since it is more affordable (at least for major surgeries and some chronic conditions). Some specialty services are not available, and some have few providers, making it difficult to get an appointment in a reasonable amount of time. Some populations, such as farm workers, struggle with health literacy and navigating the health care system. Lack of health insurance is huge! — Public Health Representative

Access to Care for Uninsured/Underinsured

A client having insurance or qualifying to receive the help they need. — Community Leader

Uninsured patients. High medical care cost if they see an Onvida provider or hospital visits. — Health Care Provider



With a high number of community members without health insurance or utilizing federal assistance, it is becoming difficult to schedule initial visits or follow-up visits. Additionally, many community members utilize the emergency department for basic health concerns due to not having a primary care provider. These issues, coupled with a shortage of nursing staff and physicians, creates a strain on resources and delays in receiving follow-up care. — Community Leader

Income/Poverty

The biggest challenges related to accessing health care services are the high rates of poverty and unemployment. The lack of knowledge of available resources and language barriers. — Social Services Provider

Transportation

Limited access to affordable transportation to any type of provider that is available to the community. Most specialties are out of town, creating an even bigger problem for the low-income population. — 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>)

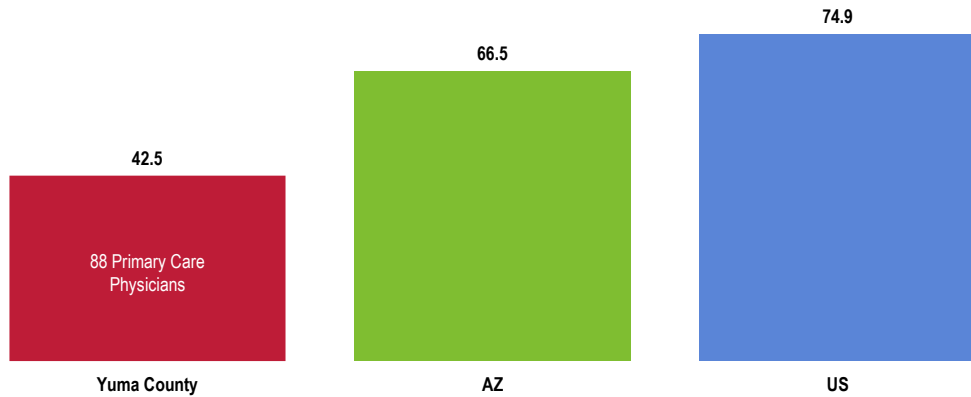
Access to Primary Care

In 2021, there were 88 primary care physicians in Yuma County, translating to a rate of 42.5 primary care physicians per 100,000 population.

BENCHMARK ▶ Less favorable than found across the state and nation.

Note that this indicator takes into account *only* primary care physicians. It does not reflect primary care access available through advanced practice providers, such as physician assistants or nurse practitioners.

Number of Primary Care Physicians per 100,000 Population (2021)



Sources: • Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 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.



Specific Source of Ongoing Care

A total of 62.6% of Yuma County adults were determined to have a specific source of ongoing medical care.

BENCHMARK ▶ Lower than the US finding. Fails to satisfy the Healthy People 2030 objective.

TREND ▶ Denotes a significant decrease over time.

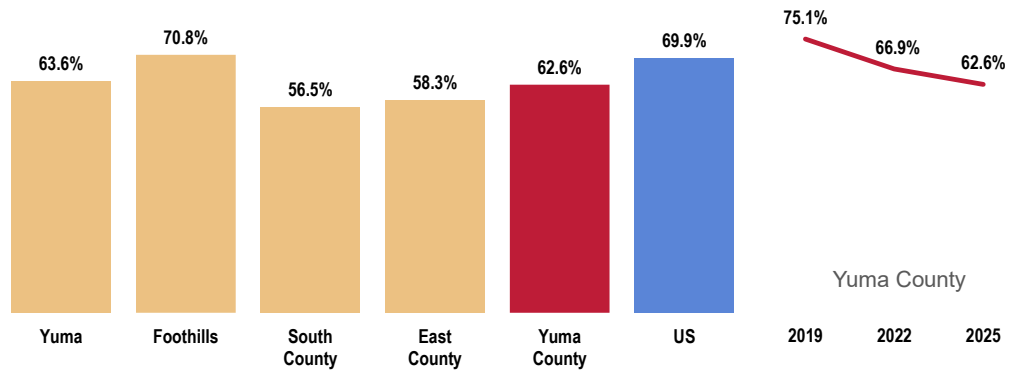
DISPARITY ▶ Lower in South County.

Having a specific source of ongoing care includes having a doctor's office, public health clinic, community health center, urgent care or walk-in clinic, military/VA facility, 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: • 2025 PRC Community Health Survey, PRC, Inc. [Item 118]
 • 2023 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
 Notes: • Asked of all respondents.



Utilization of Primary Care Services

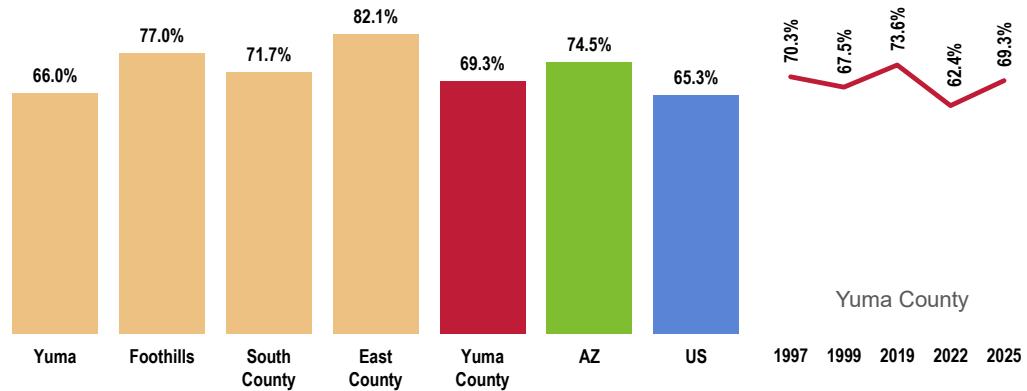
Adults

Seven in 10 area adults (69.3%) visited a physician for a routine checkup in the past year.

BENCHMARK ▶ Less favorable than the statewide percentage.

DISPARITY ▶ Lower in Yuma. Correlated with age and income.

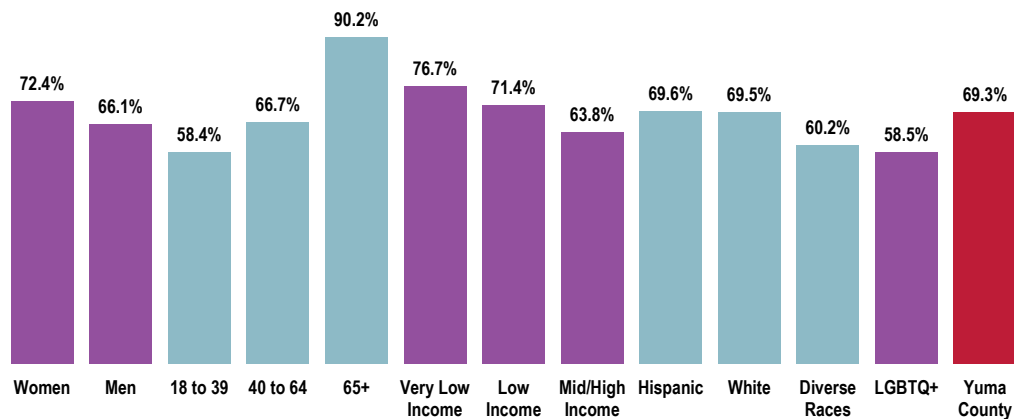
Have Visited a Physician for a Checkup in the Past Year



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 16]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Arizona data.
 • 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Have Visited a Physician for a Checkup in the Past Year (Yuma County, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 16]
 Notes: • Asked of all respondents.



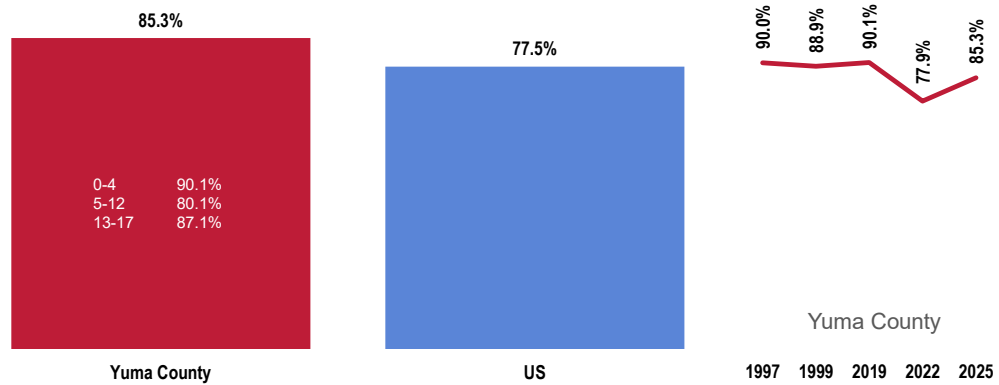
Children

Among surveyed parents, 85.3 % report that their child has had a routine checkup in the past year.

BENCHMARK ▶ Better than found nationally.

DISPARITY ▶ Lower among children age 5 to 12.

Child Has Visited a Physician for a Routine Checkup in the Past Year (Children 0-17)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 91]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents with children age 0 to 17 in the household.



EMERGENCY ROOM UTILIZATION

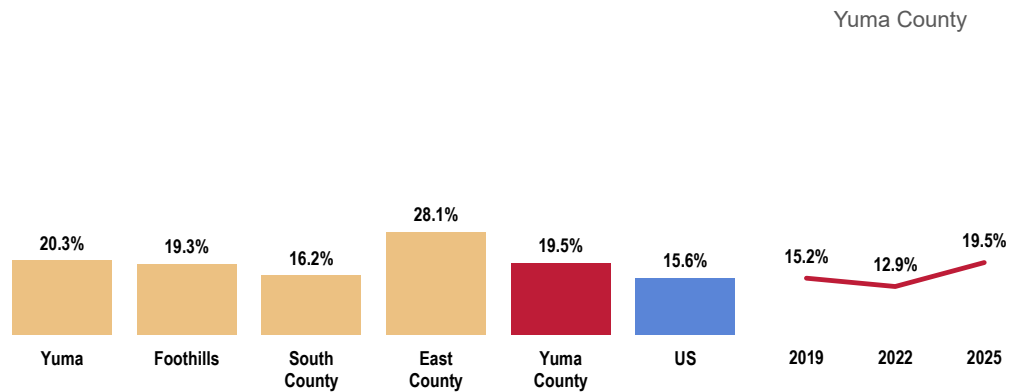
A total of 19.5% of Yuma County adults have gone to a hospital emergency room more than once in the past year about their own health.

BENCHMARK ▶ Higher than found across the US.

TREND ▶ Denotes a significant increase from previous studies.

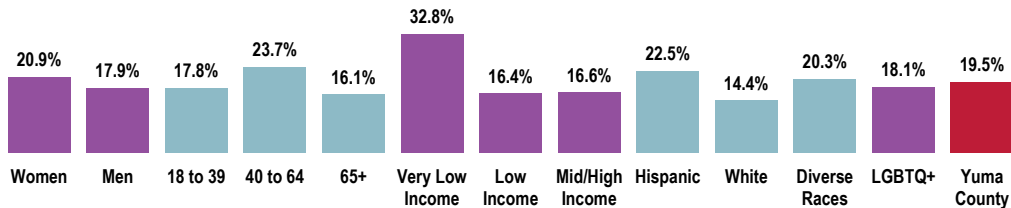
DISPARITY ▶ Adults age 40 to 64 and Hispanic residents are more likely to report frequent utilization of the ER. Especially high among those living below the federal poverty level.

Have Used a Hospital Emergency Room More Than Once in the Past Year



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 19]
 • 2023 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, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 19]
 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

A total of 61.8% of Yuma County adults have dental insurance that covers all or part of their dental care costs.

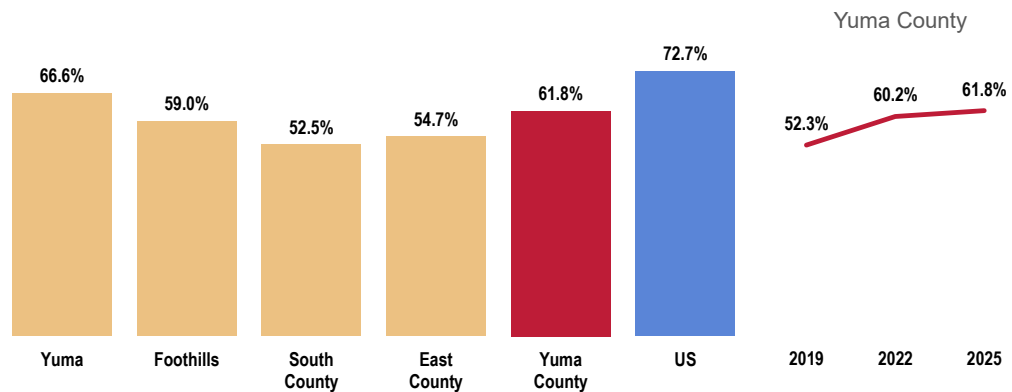
BENCHMARK ▶ Lower than the US percentage. Fails to satisfy the Healthy People 2030 objective.

TREND ▶ Marks a significant increase from 2019.

DISPARITY ▶ Lower in South County.

Have Insurance Coverage That Pays All or Part of Dental Care Costs

Healthy People 2030 = 75.0% or Higher



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 18]
• 2023 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
Notes: • Asked of all respondents.



Dental Care

Adults

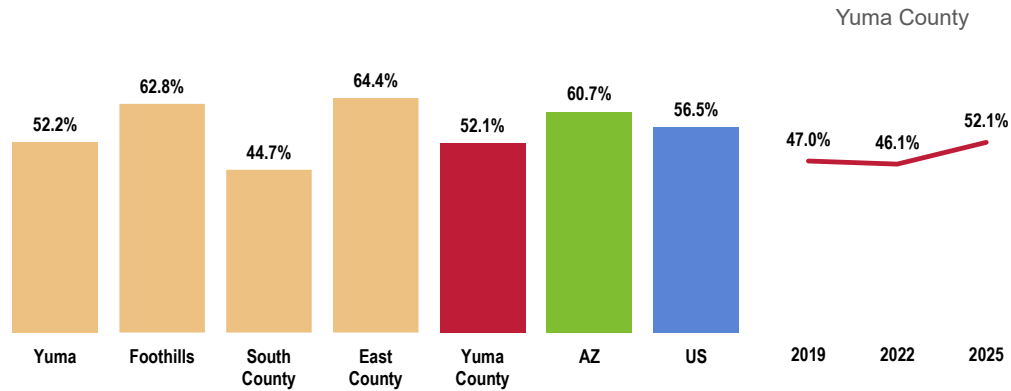
A total of 52.1% of Yuma County adults have visited a dentist or dental clinic (for any reason) in the past year.

BENCHMARK ▶ Less favorable than found statewide. Satisfies the Healthy People 2030 objective.

DISPARITY ▶ Lower in South County. Those less likely to report a recent dental visit include adults younger than 65, those living below the federal poverty level, 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



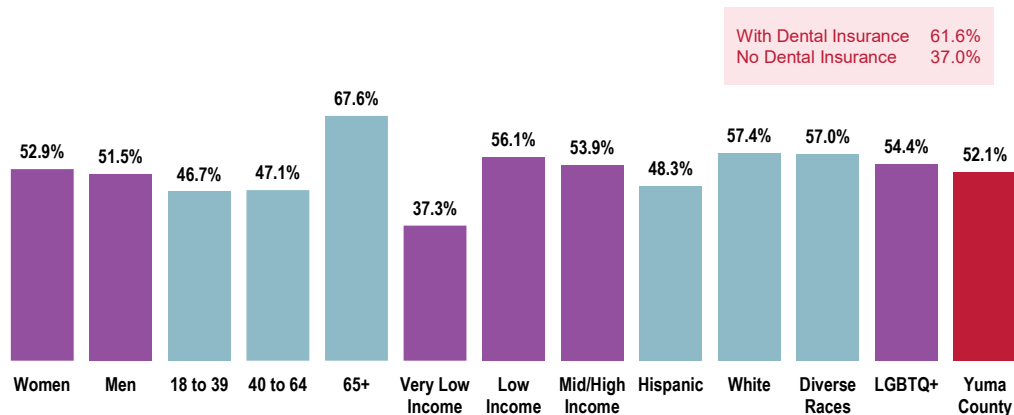
Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 17]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Arizona data.
 • 2023 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: • Asked of all respondents.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Yuma County, 2025)

Healthy People 2030 = 45.0% or Higher



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 17]
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: • Asked of all respondents.



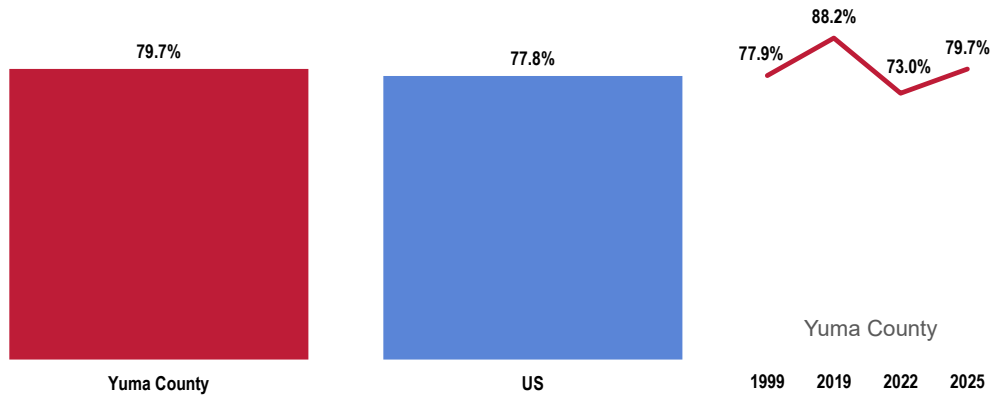
Children

A total of 79.7% 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.

Child Has Visited a Dentist or Dental Clinic Within the Past Year (Children 2-17)

Healthy People 2030 = 45.0% or Higher



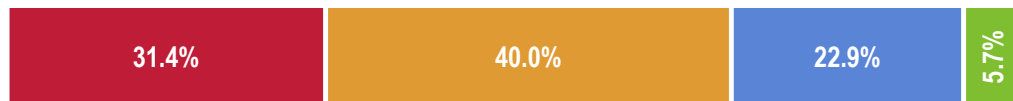
Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 93]
 • 2023 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
 Notes: • Asked of all respondents with children age 2 through 17.

Key Informant Input: Oral Health

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

Perceptions of Oral Health as a Problem in the Community (Among Key Informants; Yuma County, 2025)

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



Sources: • 2025 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

- Dentists are refusing to treat patients with complex needs or disabilities. — Community Leader
- Not enough dentists. People have to go to Mexico to obtain affordable and timely care. — Health Care Provider
- Not enough dental facilities. — Community Leader

Oral health is a major problem in our community for the same reasons as all the other health issues being addressed in this community. Lack of access, educational information, follow-up, culture, etc. — Social Services Provider

Access to Care for Uninsured/Underinsured

No insurance for dental issues. Poor dental hygiene. Poor socioeconomics. — Physician

A significant proportion of the population seeks dental health services across the border. This is due to the lack of dental health insurance, as well as the affordability and accessibility of services available on the other side. — Social Services Provider

Income/Poverty

Yuma County is a high-poverty area. There are not many resources available for oral health. — Community Leader

Money. — Community Leader

Impact on Quality of Life

I have recently learned more about how an individual's oral health impacts their overall health. Many people do not make this connection, especially when we think of young children. It is important to work together to raise awareness and knowledge about the importance of good oral health and offer techniques about preventative measures. I assume many individuals do not have dental insurance. They tend to prioritize medical insurance. Even for those who do have dental insurance, often the plans available do not cover many of the procedures needed. — Community Leader

Affordable Care/Services

Dental care is extremely expensive. We have an aging population, and I have several friends who are dentists and hygienists, and they say it is a problem. — Community Leader

Co-Morbidities

Increases other diseases. — Health Care Provider

Personal Priorities

People do not prioritize it as essential health. — Social Services Provider

Incidence/Prevalence

It is significant because it has been a great concern to many of my patients. — Health Care Provider



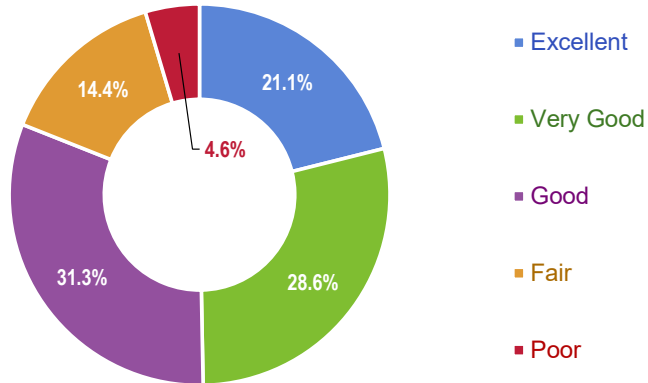


LOCAL RESOURCES

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, 2025)



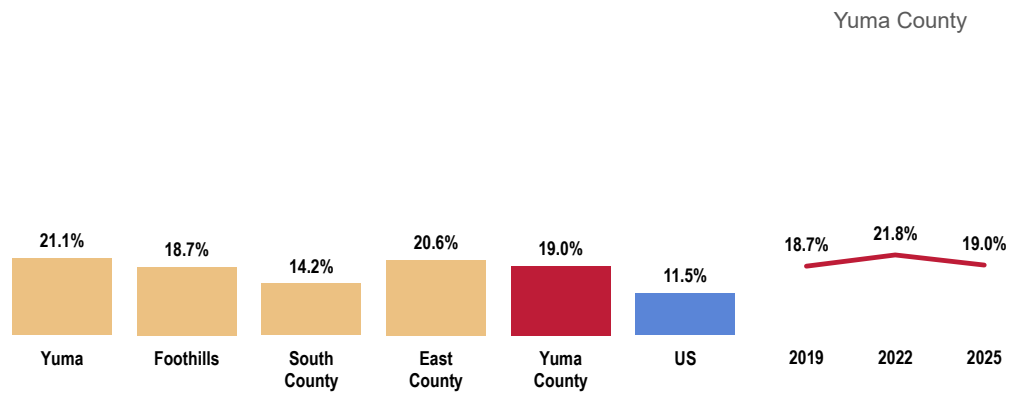
Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 19.0% of residents characterize local health care services as “fair” or “poor.”

BENCHMARK ► Higher than found nationally.

DISPARITY ► Lower in South County. White residents and those who have difficulty accessing services are more likely to give low ratings of local health care.

Perceive Local Health Care Services as “Fair/Poor”

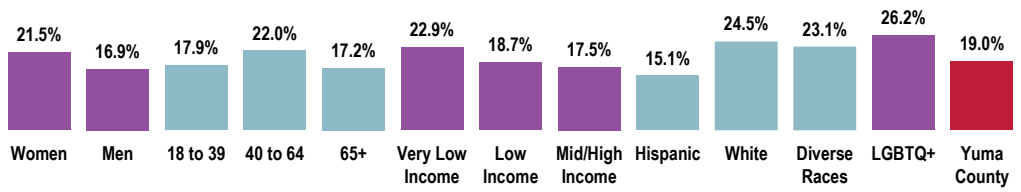


Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 5]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Perceive Local Health Care Services as “Fair/Poor” (Yuma County, 2025)

With Access Difficulty 31.2%
No Access Difficulty 7.3%



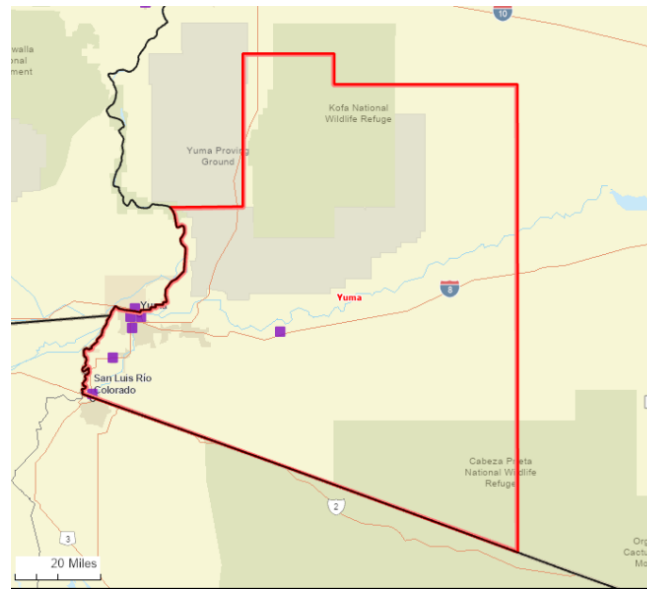
Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 5]
 Notes: • Asked of all respondents.



HEALTH CARE RESOURCES & FACILITIES

Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within Yuma County as of December 2024.



Map Legend

Report Location, County



SparkMap

Federally Qualified Health Centers, POS
December 2024



Resources Available to Address 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 Health Care Cost Containment System
- Arizona J1 Visa Program
- Arizona Western College Healthcare
- Art of Intelligent Minds
- Behavioral Health Center
- BioFamily
- Campeños Sin Fronteras
- Cancer Center
- Clinica San Jose
- Community Bridges, Inc
- Community Clinic
- Community Health Associates
- Crossroads Mission
- Doctors' Offices
- Easter Seals
- Exceptional Health
- Federally Qualified Health Centers
- Financial Assistance Programs
- Foothills Campus
- Health Department
- Hope, Inc
- Hospitals
- Medicaid/Medicare
- Medical Mall San Luis
- Onvida Health
- Outpatient Adolescent Mental Health Facility
- Outside Labs/Imaging Centers
- Regional Center for Border Health
- San Luis Clinics
- San Luis Medical Mall
- Sanando Integrative Medical Clinic
- Sunset Health
- Urgent Care
- Veterans Clinic
- Western Arizona Council of Governments
- Yuma County Area Transit
- Yuma County Health District

- Bridget's Gift
- Campeños Sin Fronteras
- Cancer Center
- Hospice
- Hunter's Army
- Mayo Clinic
- Onvida Health
- San Luis Clinics
- San Luis Medical Mall
- Southwest Cancer Center
- Sunset Health
- Yuma Oncology

Diabetes

- BioFamily
- Campeños Sin Fronteras
- Community Health Associates
- CVS Pharmacy
- Doctors' Offices
- Federally Qualified Health Centers
- Fitness Centers/Gyms
- Flagstaff Medical Center
- Fort Yuma Indian Health Services
- Health Department
- Health District Programs
- Nutritional Counseling
- Onvida Health
- Onvida Health Specialty Clinics
- Public Health Department
- Regional Center for Border Health
- San Luis Clinics
- Southwest Diabetes Center
- Sunset Health
- Target Pharmacy
- Up to Par
- Veterans Clinic
- Walmart Pharmacy
- Women, Infants and Children
- Yuma County Health District
- Yuma County Healthy Eating Active Living
- Yuma County Public Health Services

Cancer

- AdvoKATE Foundation



Disabling Conditions

Arizona Western College Healthcare
Community Bridges, Inc
Crossroads Mission
Department of Economic Security
Disabled American Veterans
Doctors' Offices
Easter Seals
Farm Worker Organizations
Haven Health
Home Health Services
Hope, Inc
Hospitals
Mission Shelter
Online
Onvida Health
Physical Therapy/Occupational Therapy
Regional Center for Border Health
Senior Centers
SMILE Program
Southwest Technical Ed of Yuma
Sunset Health
Urgent Care
Vocational Rehab
Western Arizona Council of Governments
Yuma Union High School District

Heart Disease & Stroke

American Heart Association
Community Health Workers
Crossroads Mission
Doctors' Offices
Exceptional Health
Federally Qualified Health Centers
Hospitals
Onvida Health
Onvida Health Specialty Clinics
Outreach/Educational Campaigns and Walks
PVT Cardiology and Neurology
Regional Center for Border Health
Rehab Center
San Luis Clinics
Sunset Health
Transitional Living Center Recovery
Veterans Administration
Veterans Clinic
Yuma Cardiac Center
Yuma County Health District
Yuma County Public Health Services
Yuma Rehabilitation Hospital

Infant Health & Family Planning

AWC Healthcare
Department of Economic Security
Family/Friends
First Things First
Head Start
Hospitals
Onvida Health
Regional Center for Border Health
San Luis Clinics
Sunset Health
Winterhaven
Yuma Union High School District

Injury & Violence

Amberly's Place
Behavioral Health
Campesinos Sin Fronteras
Catholic Community Services
Crossroads Mission
Law Enforcement
MCAS Family Advocacy Program
Outpatient Behavioral Health Agencies
Regional Center for Border Health
Yuma County Anti-Drug Coalition
Yuma County Courts
Yuma County Health Department
Yuma County Public Health Services
Yuma Police/Sheriff's Department

Mental Health

Achieve
Arizona Complete Health
Campesinos Sin Fronteras
Catholic Community Services
Child and Family Services
Community Bridges, Inc
Community Health Associates
Community Partners Integrated Health
County Health
County Jail
Crisis Team
Crossroads Mission
Doctors' Offices
Easter Seals
First Things First
Healing Journey
Hope, Inc
Horizon



- Hospitals
- Latibule and Yuma Counseling
- Mental Health Facilities
- Northern Arizona University
- Onvida Health
- Regional Center for Border Health
- San Luis Clinics
- School System
- Social Workers
- Telehealth
- TLC Recovery
- Veterans Clinic
- Yuma Counseling Services
- Yuma County Health Department
- Yuma County Mental Health Coalition
- Yuma Proving Ground

Nutrition, Physical Activity, & Weight

- 4-H
- 4th Avenue Gym
- Bariatric Center
- Dance Studios
- Doctors' Offices
- Fitness Centers/Gyms
- Fort Yuma Indian Health Services
- Health Department
- Hospitals
- Medications
- Onvida Health
- Orange Theory
- Parks and Recreation
- Planet Fitness
- Private Nutritionists
- Silver Sneakers
- University of Arizona
- Up to Par
- Weight Loss Clinics
- Women, Infants and Children
- Yuma Aqua Academy
- Yuma County Healthy Eating Active Living
- Yuma Youth Soccer Association

Oral Health

- 16th Street Dental Care
- Dental Offices
- Doctors' Offices
- First Things First
- Gallemore Dental Group
- Gila Ridge Dental
- Medicaid/Medicare

- Regional Center for Border Health
- San Luis Clinics
- San Luis Walk In Clinic
- School System
- Sunset Health

Respiratory Diseases

- Doctors' Offices
- Onvida Health
- Regional Center for Border Health
- Sunset Health

Sexual Health

- Campeños Sin Fronteras
- Onvida Health
- Onvida Health Specialty Clinics
- Regional Center for Border Health
- Sunset Health
- Yuma County Health District
- Yuma County Public Health Services

Social Determinants of Health

- Amanda Aguirre's Operations
- Amberly's Place
- AZ at Work
- Campeños Sin Fronteras
- City of Yuma
- Coalitions
- Comite de Bienestar
- Community Colleges
- Community Health Workers
- Crossroads Mission
- Department of Economic Security
- First Things First
- Food Bank/Food Pantry
- Goodwill Career Center
- Head Start
- Health Care Programs
- Health Department
- Health District Programs
- Housing Authority of the City of Yuma
- Meals on Wheels
- Minimum Wage Increases
- Mission Shelter
- National Community Health Partners
- Oneida Health
- Onvida Health
- Regional Center for Border Health
- Right Turn for Veterans



Salvation Army
School System
Sunset Health
TLC Recovery
United Way
Western Arizona Council of Government
YCAT On Call
Yuma Community Food Bank
Yuma County Area Transit
Yuma County Health Department
Yuma County Housing Department

Cognitive Therapy Yuma
Federally Qualified Health Centers
Onvida Health
Police Department School Resource Officers
Regional Center for Border Health
Sunset Health
Yuma Border Patrol Community Outreach
Yuma County Anti-Drug Coalition
Yuma County Health District

Substance Use

AA/NA
Achieve
Anti-Drug Coalition
Behavioral Health
Campesinos Sin Fronteras
Celebrate Recovery
Centers for Medicare & Medicaid Services
Community Bridges, Inc
Community Health Associates
Community Medical Services
Crossroads Mission
Doctors' Offices
Easter Seals
Faith-Based Organizations
Healing Journey
Hope, Inc
Housing Authority Yuma City
Living Center
Mental Health Facilities
Methadone Clinic
Mission Shelter
Onvida Health
Pathways
Red Cross Mission Substance Abuse
Treatment
Regional Center for Border Health
San Luis Clinics
School System
Sonoran Prevention Behavioral Health
Analysis
TLC Recovery
Transitional Living Center Recovery
Yuma County Anti-Drug Coalition

Tobacco Use

Arizona State Hotline
Ashline
Campesinos Sin Fronteras





APPENDIX

EVALUATION OF PAST ACTIVITIES

Onvida Health Yuma Regional Medical Center 2022 – 2025 Community Health Improvement Plan REPORT TO COMMUNITY

Addressing Significant Health Needs

Onvida Health Regional Medical Center and Yuma Rehabilitation Hospital conducted a Community Health Needs Assessment in 2022. Working collaboratively with our Yuma County public health partners and Southwest Arizona Town Hall (formerly known as the Southwest Arizona Futures Forum, or SAFF). Over the past three years, Onvida Health Yuma Medical Center has invested in improving the health of our community's most vulnerable populations. Our commitment to this goal is reflected by our \$13,963,525 in Community Benefit and \$121,683,867 in Charity Care and other financial assistance programs.

Onvida Health Yuma Medical Center adopted the below-listed community health priorities as a working document and vision to address the top health concerns within our defined service area, Yuma County. In alignment with our mission, goals and strategic priorities, Onvida Health Regional Medical Center will focus on the five (5) priorities listed below:

1. Mental Health
2. Substance Abuse
3. Access to Healthcare Services
4. Diabetes
5. Cancer

Strategies for addressing these identified health priorities are outlined in this document.



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. Note, key informants rated mental health as a top concern.

Goals:

- Increase availability and access to behavioral health providers in the community
- Reduce ER holding times due to lack of inpatient psychiatric facility beds
- Reduce ER transfers of psychiatric inpatients to facilities outside of Yuma County
- Increase awareness among adults and teens alike, with related mental health wellness strategies and coping skills

BENCHMARK ► Worse than found Nationally

TREND ► Denotes a significant increase since 2019.

DISPARITY ► Higher in Yuma.

Strategy 1: Recruit additional behavioral health providers to the 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 and appointments.

- Recruited the following providers in 2023:
 - Dr. Eyuel Terefe, Psychiatry Residency Program Director
 - Janelle Rudnick, NP, Inpatient Behavioral Health Unit
 - Full-time agency provider coverage for inpatient Behavioral Health Unit
 - The onboarding of a Psychiatry Residency Program Director is instrumental in preparing for and establishing Onvida Health Yuma Medical Center's Psychiatry Residency program to begin summer 2025, where we will train and retain psychiatry providers in Yuma County and increase access to care. The Program Director cares for patients in the outpatient setting.
- In addition, a child and adolescent psychiatrist for our psychiatry residency program has been recruited and will start August 25, 2024. This serves as a major step in meeting the identified need for expanded services for children.
 - This service will provide **integrated behavioral health care, numerous times per month**, where Family Medicine residents in the Mental Health Treatment tract, will manage patients with mental health needs under the **supervision of the psychiatry faculty**.
- Onvida Health Yuma Medical Center recruited, an adolescent psychiatrist, started as of 2024.
- Onvida Health Yuma Medical Center recruited, an inpatient psychiatrist, started as of January 2025.
- Onvida Health Yuma Medical center successfully recruited a part time child adolescent psychiatrist who started Q1 of 2025.
- Onvida Health Yuma Medical Center created a Behavioral Health chair to assist in coordinating the Behavioral Health Services and operation in developing a Behavioral Health Complex.



Strategy 2: Initiate community coalition to minimize duplication of resources and eliminate gaps in care.

Target Population(s): Community leaders, key stakeholders, social service organizations, law enforcement and those directly impacted (families and patients).

- Onvida Health Yuma Medical Center launched a collaboration with local law enforcement for education and training.
- Onvida Health Yuma Medical Center expanded the partnership with local law enforcement to accept direct voluntary referrals for evaluation.
- Onvida Health Yuma Medical Center further collaborated with outpatient community programs for potential referrals to the inpatient Behavioral Health Unit (BHU) and Intensive Outpatient Program (IOP).
- Onvida Health Yuma Medical Center initiated transportation for patients being seen at outpatient clinics to provide urgent assessments and admission, to the Behavioral Health Unit – minimizing unnecessary Emergency Department visits where appropriate.
- Onvida Health Yuma Medical Center collaborates with the Sheriff's department and County Jail to provide court-ordered treatments for patients (April 2024).
- Onvida Health Yuma Medical Center serves as an active hub coordinating between agencies to minimize resource use.
- Onvida Health Yuma Medical Center coordinates our efforts with local military and law enforcement to minimize the need to transfer patients outside of the community for care.
- Onvida Health Yuma Medical Center was a top tier sponsor, contributing \$20,000 for Grad Nights 2024 & 2025 to ensure a safe, substance free celebration for graduating seniors.
- Onvida Health Yuma Medical Center's ongoing partnership throughout Yuma County in 2024 provided +100,000 drug prevention resources and 10,000 synch bags containing materials and education tools.
- Development of Onvida Health Yuma Medical Center's Emergency Room Kits. These provide Narcan information and opioid education and are distributed in partnership with Community Bridges & Community Medical Services.



Strategy 3: Expand local availability of behavioral health services (*acute inpatient and intensive outpatient*) to reduce need to travel out of town for care.

Target Population(s): Yuma County service area. Patients and families seeking services.

- Onvida Health Yuma Medical Center opened a 24-bed inpatient Behavioral Health Unit in February 2023 to expand community access to inpatient behavioral health. The Inpatient Behavioral Health Unit also established a robust Intensive Outpatient Program for long-term treatment and management of behavioral health patients.
- The creation of the Behavioral Health crisis team, now on-site, provides Behavioral Health Crisis assessments.
- The Behavioral Health crises assessment team is providing assessments in the Onvida Health Yuma Medical Center emergency departments, meeting patients where the need is.
- Onvida Health Yuma Medical Center introduced a pilot program within the Family Medicine Clinic to provide assessments for patients at risk of suicide. Patients can now undergo their assessment and intake process while still at the clinic.

Strategy 4: Partner to host behavioral health educational sessions to build community awareness and support.

Target Population(s): School systems, adult care facilities, caregivers and directly impacted patients and families.

- Partnership with Yuma County Anti-Drug Coalition to provide ongoing education and support to local schools with a heavy focus on high schools and parents.
- Onvida Health Yuma Medical Center serves as an active member of the Yuma County Anti-Drug coalition – current efforts include education and state-supported distribution of NARCAN to patients and families who present to the Emergency Department with Fentanyl overdose.
- Ongoing collaborative efforts with local schools and adult facilities to provide education and support for identifying a person in crisis/need.
- Onvida Health Yuma Medical Center is currently in the process of developing geriatric behavioral health services and Intensive Outpatient Programs for local long-term care facilities.
- Delivered *Question, Persuade, Refer (QPR)* suicide awareness training in partnership with Yuma District One Schools and the Pediatrics Department.
- Collaborated with Sunset Clinic, a local Federally Qualified Health Center, to strengthen pediatric psychiatry management services and establish a referral pathway for early autism intervention.
- Initiated the standardization of the PHQ-9 (Patient Health Questionnaire) depression screening tool within the Electronic Medical Record to support measurement-based treatment for depression; concurrently progressing toward the implementation of the Zero Suicide Project.



Strategy 5: Develop and implement Psychiatry Residency Program to grow and retain psychiatrists in our community.

Target Population(s): Yuma County service area.

- Dr. Terefe was recruited and hired in July 2023 to lead the Psychiatry Residency program. Residency application submitted, new building purchased and renovated to accommodate the residency program and increase space (access) to psychiatry services. ACGME (Accreditation Council for Graduate Medical Education) site visit scheduled for May 2024.
- Onvida Health Yuma Medical Center, Psychiatry Residency Program is on track to open its doors to resident physicians in July 2025.

Dr. Terefe is instrumental in preparing for and establishing our Psychiatry Residency program starting in summer 2025, where we will train and retain psychiatry physicians in Yuma County and improve/increase access to care. Dr. Terefe also cares for patients in the outpatient setting at YRMC Behavioral Health Center.

In addition, a child and adolescent psychiatrist for our psych residency program has been recruited and will start August 25, 2024.

- Active recruitment is underway for additional Faculty physicians to support and build the academic foundation for our psychiatry residency program. Several candidates are in process and anticipated to finalize in 2024.
- The initial attempt for ACGME (Accreditation Council for Graduate Medical Education) accreditation was not successful due to an insufficient number of board-certified psychiatry faculty.
- Corrective recruitment measures were taken, and the application for ACGME accreditation was re-submitted in Q1 of 2025 to establish a Psychiatry Graduate Medical Education program.
- Pending ACGME approval, the plan is to launch the Psychiatry Residency Program with an ideal start date of July 2025, enrolling four residents per year. These residents will deliver comprehensive mental health care across the Yuma community, Onvida Health Yuma Medical Center clinics, and hospital system, with the goal of retaining these residents in the community.



Priority Area: Substance Use

High incidence of cirrhosis, liver disease death, excessive drinking, unintentional drug-related deaths, illicit drug use. Key informants ranked substance use as a top concern. A total of 24.1% of area adults are excessive drinkers (heavy and/or binge drinkers).

Goals:

- Reduce number of patients needing to travel out of town for substance detox and treatment.
- Expand awareness and education among students and parents.

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 sixty-five, Hispanic.

Barriers to access attributed: Lack of locally available detox and support groups.

Strategy #1: Develop acute medical detox and treatment services in Yuma County

Target Population(s): Yuma County service area

- Develop inpatient chemical dependency detox unit – Inpatient detox unit is currently on hold due to space restraints.
- Expanded Intensive Outpatient Program services for chemical dependency patients and families.
- Behavioral Health Unit expanded Intensive Outpatient Program services include co-occurring Mental Health and Substance Use (COMMS) group. This group is intended to focus on the mental health portion of substance use.
- Initiated the Emergency Department naloxone program for those identified in need and at elevated risk.
- This is underway with the establishment of our Psychiatry Residency program and recruitment of an addiction psychiatrist. Active contract negotiations are underway with an addiction psychiatrist anticipated to start late summer 2024.

Strategy #2: Partner with community leaders, schools, and families to enhance awareness through outreach and education

Target Population(s): Yuma County service area

- Family Medicine Resident Physicians rotate through local elementary and middle schools to mentor and educate underserved students through a variety of activities and presentations.
- Fentanyl Awareness Campaign in collaboration with Yuma County Sheriff's office.
- Family Medicine Resident Physician QPR (Question, Persuade, Refer) training certificates offered for local school teachers as of 2024.



Strategy #3: Recruit a hepatology practitioner

Target Population(s): Yuma County service area

- Dr. Satiya- Internal Medicine physician, focusing on liver disease- was fully onboarded in April, 2024 and began to significantly impact patients in our Yuma community.

Strategy #4: Develop curriculum for Family Medicine residents in partnership with psychiatry program – to include detox medicine.

Target Population(s): Yuma County service area

- The Psychiatry Program Director has begun a quarterly Behavioral Health series presented to Family Medicine Residents during their didactics.
- The new Behavioral Health Track just announced its first Family Medicine Resident Physician participant, who will begin their focused educational track in July 2024.
- Our first resident successfully completed the first year of the MHT (Mental Health Training) program.
- A new resident (PGY-2) will become the second Family Medicine resident enrolled in the MHT program.
- A process is being developed to establish the Mental Health Training clinic on a part-time basis within the Family Medicine Clinic.

Strategy #5: Develop and implement an intensive Outpatient Program to incorporate substance use disorders.

Target Population(s): Yuma County service area

- Onvida Health Yuma Medical Center, Behavioral Health Center started a pilot for co-occurring mental health and substance use (COMS) Intensive Outpatient Program group in April 2025.
- Currently there are 10 participants



Priority Area: Access to Health Care Services

Barriers to access are 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 burdened with a high volume of non-acute care.

Goals:

- Expand availability of appointments and reduce wait time for appointments
- Expand the availability of primary care providers across the community
- Improve physician-to-population ratio

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: appointment availability, cost of a doctor visit, cost of prescriptions, and lack of transportation.

Strategy #1: Expand Family & Community Medicine Residency program (growing our own)

Target Population(s): Medical students with strong interest in serving community

- Family Medicine Residency program will welcome 11 Residents in July 2024, as we expand our incoming class size by two and welcome a transfer PGY2 Resident.
- Overall goal to expand the program from 26 to 36 residents = 12 per class per year. For this year's match, the program was seeking 12 new residents and matched 11. Now completing SOAP week to fill the remaining open spot.
- In a continued effort to increase access to health care services, the Graduate Medical Education department is pleased to announce that a second residency program has been approved for ACGME accreditation. The new Psychiatry Residency Program will welcome 4 resident physicians in July 2025.
- The Family & Community Medicine Residency will train 32 resident physicians in AY 25-26 and reach full complement of 36 resident physicians in AY 27-28. The Psychiatry Residency has been approved for 4 slots per class and will recruit to fill all 16 positions by AY 28-29.
- The Undergraduate Medical Education department welcomed additional students of varying scopes for clinical rotations, from 19 universities and institutions during AY 24-25.
- Access to Primary Care and Behavioral Health Care will continue to increase, as resident class sizes fill. Moreover, we are pleased to share that the retention rate for the General Medical Education programs at Onvida Health is 34%, and we have retained 24 physicians to serve in Yuma County over the last 10 years.



Strategy #2: Expand clinic hours and location to serve more people

Target Population(s): New graduate physicians serving Yuma County residents and visitors

- Onvida Health Yuma Medical Center acquired an internal medicine and diabetes medical practice, adding two providers specializing in diabetes care.
- Increased Pediatric and Primary Care appointments by 4% by expanding hours and increasing efficiency.
- Family Medicine, Internal Medicine, Pediatrics and Obstetrics increased the hours to see patients by staggering provider and staff schedules. Some work from 7:00 am to 4:00 pm and others from 9:00 am to 6:00 pm. This allows clinics to open earlier, close later and offer Saturday services.
- Fall 2023, Onvida Health Yuma Medical Center opened its Foothills Medical Plaza, adding a second emergency department location with the addition of Primary Care, Pediatrics, Obstetrics, and Podiatry providers within that same location. This helps to improve access to care, even closer to patients' homes. Over 12,000 new patient appointments have been completed.
- Increased Transitional Care hours by 10 hours per week by expanding hours (7:30 am to 6:00 pm Monday through Friday).
- Increased tele visits in Family Medicine, Gastroenterology and Allergy/ Immunology.
- Onvida Health Yuma Medical Center added a new service: Vascular Medicine as a new service to Yuma community.
- Onvida Health Yuma Medical Center added a new service: Emergency Ortho Spine consults, offering real time access to Yuma population.
- Onvida Health Yuma Medical Center planned for and opened their Behavioral Health East facility, expanding Behavioral Health programs and services. Further supporting the preparation for the approved Psych residency program.
- Investment in and formation of, the Onvida Health Medical Group, including expansion of Physician/ APP leadership.
- Onvida Health Yuma Medical Center held a "blessing of the land" in San Luis AZ to culturally support our commitment to the future hospital that will be built in San Luis AZ.
- The Onvida Health mobile unit has expanded mobile care to 2 elementary schools. Expanding our services to teachers and students' families.
- Onvida Health Yuma Medical Center acquired and expanded into a new pediatrics location, adding 17 new exam rooms.
- Onvida Health Yuma Medical Center has implemented multi-disciplinary diabetes group visits, expanding the ability to provide evidence-based care for patients with diabetes in Yuma County.



Strategy #3: Recruit and retain additional providers to meet community need

Target Population(s): New graduate physicians serving Yuma County residents and visitors

- **Active recruitment** efforts continue among several provider shortage areas. Recruitment to our more rural geographic location (2.5 hours from nearest metro area) requires constant focus on getting people to experience Yuma County as a great place to live and work.
- Added **40** new providers in 2023 to include:
 - PRIMARY CARE** added **6 providers** in 2023 to include providers in San Luis, Yuma, Foothills
 - PEDIATRICS** added **1 new provider in 2023**, expanding care in the Foothills
 - SPECIALTY CARE 12** additional providers recruited in 2023
 - 1 Bariatric Surgeon 2023
 - 1 Cardiac Electrophysiology 2023
 - 1 Endocrinologist 2023
 - 3 Gastro NP 2023
 - 2 General Surgeon 2023
 - 1 General Surgery PA 2023
 - 1 OB/GYN – Women’s Health NP 2023
 - 1 Psychiatrist 2023
 - 1 Psychiatry NP 2023
- Two physicians from the Class of 2023 YRMC Family Medicine Residency are now serving the community as full-time providers. An additional three physicians from the Class of 2024 have made a commitment to serving our Yuma community after residency. This speaks to our ongoing dedication to supporting a flourishing graduate medical education program where over 35% of graduates from our program are choosing to stay in Yuma following graduation.

Recruitment Efforts:

- Added **76** new providers in 2024 to include:
 - **PRIMARY CARE** added **8 providers in 2024** to include providers in San Luis, Yuma, Foothills
 - **PEDIATRICS** added **3 new providers in 2024** to expand care in the Foothills
 - **SPECIALTY CARE 25** additional providers recruited in 2024



- **INPATIENT CARE- 16 additional providers** recruited in 2024
 - **9** Anesthesiologists
 - **4** Hospitalists
 - **3** Intensivists
 - 3 physicians from the Class of 2024 Onvida Health Family Medicine Residency are now serving the community as full-time providers. An additional three physicians from the Class of 2025 have made a commitment to serving our Yuma community after residency. This speaks to our ongoing dedication to supporting a flourishing graduate medical education program where over 38% of graduates from our program are choosing to stay in Yuma following graduation.
 - In addition to all listed above, an additional **24** physicians and Advanced Practice Providers have joined our Yuma community in 2024 through strategic partnerships.



Priority Area: Diabetes

High incidence of deaths attributed to diabetes. Overall prevalence of diabetes is high among adults. Kidney disease prevalence and deaths. Key informants ranked diabetes as a top concern.

Goals:

- Reduce incidence through diabetes education (inpatient and outpatient)
- Recruit additional providers to include pediatric endocrinology

BENCHMARK ► Less favorable than the US rate.

TREND ► Represents a significant decrease over time.

DISPARITY ► Higher among Hispanic residents.

Strategy #1: Expand availability of diabetes support and education (inpatient and outpatient)

Target Population(s): Patients diagnosed as diabetic or borderline

- In 2024, Onvida Health Earned DNV certification for the Glycemic Management Program, which includes comprehensive self-management education with standardization in treatment and follow-up.
- Onvida Health Yuma Medical Center Established a Diabetes Education Committee, comprised of diabetes education champions who provide diabetes education to staff and the community.
- Increased inpatient diabetes education consults by 23% from 2022 to 2024.
- Recruited an additional inpatient diabetes educator.
- Onvida Health Yuma Medical Center gives complimentary standard blood glucose meters at discharge to uninsured low-income patients with diabetes.
- Onvida Health Transitional Care Services extends inpatient education by providing follow-up support to address knowledge gaps, medication adjustments, glucose monitoring, and registered dietitians to assist with diabetes management.
- Onvida Health Yuma Medical Center collaborates with Yuma County Health Department to refer patients with diabetes or prediabetes to their National Diabetes Prevention Program (NDPP) or Diabetes Self-Management Program (DSMP).
- Onvida Health Increased diabetes prevention and care, education, to the community by 82%.
- Onvida Health Yuma Medical Center's partnership with our Onvida Health Pharmacy Team and Transitional Care Services are actively pursuing the American Diabetes Association (ADA) accreditation for diabetes self-management services.
- Onvida Health Yuma Medical Center has Implemented a Chronic Care Management program focused specifically on keeping our diabetic patient population healthier.
- Onvida Health has Implemented nutrition counseling in our Diabetes and Primary Care practices.
- Onvida Health is offering Pediatric Endocrinologist coverage by Dr. Hassan through YRMC Pediatrics Subspecialty Clinic.



Strategy #2: Recruit additional specialists (adult endocrinology)

Target Population(s): Serving Yuma County residents and visitors

- Adult Endocrinologist recruited and hired August 23.
- Pediatric Endocrinologist coverage by Dr. Hassan through Onvida Health Pediatrics Subspecialty Clinic.

- **Active recruitment** efforts include attendance at multiple specialty conferences and programs.

- **APP** (New position added FY 25)
 1. APP FNP, Endocrinology



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 and reduce deaths
- Increase local availability of advanced clinical trials and treatments

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

TREND ►

DISPARITY ► Higher among White residents

Strategy #1: Implement lung screening program

Target Population(s): Yuma County service area –patients with history of smoking

- Onvida Health put a new Lung Screening program into services in 2022 for patients with a history of smoking. Patients meeting specific criteria are scheduled for a low-dose CAT lung scan.
- 471 patients scanned with 14 patients receiving pre-symptom diagnoses and many others are being actively monitored.
- The first Research Transforming Communities (RTC) symposium in 2023 was focused on lung cancer featuring internal speakers in collaboration with speakers from Mayo clinic, Banner MD Anderson and BUMC, Tucson.
- Onvida Health Participated in 4 community events to encourage lung cancer screening. Relay for Life, City of Yuma Health & Wellness Fair, Speaker's Bureau-San Luis Senior Center, National LCS Day.
- Onvida Health Implemented a monthly Tumor conference to discuss elevated risk lung cases.
- Onvida Health purchased an Ion robotic bronchoscopy system, and the program is now available at Onvida Health (this is the 5th robot at Onvida) Offering proactive surveillance for active nodule follow-up, ensuring patients receive timely and comprehensive care.
- The Ion Endoluminal System allows our physicians to reach even the smallest nodules with precision and high diagnostic yield percentages. The goal is to find more stage one cancers and fewer advanced stage cancers.
- Onvida Health collaborates with the Kingman Regional Medical Center to compare our data and identify potential areas for improvement in lung cancer care.



Strategy #2: Invest in advanced clinical research facilities and programs

Target Population(s): Yuma County service area

- Onvida Health Cancer Center Increased the number of clinical trials available to cancer patients.
- Onvida Health Cancer Center Initiated an affiliation with the University of Arizona Clinical Trial Network to have access to national co-op group trials.
- Onvida Health Cancer Center is recognized as a top performing leader in the recruitment of minorities to clinical trials.
- Onvida Health Cancer Center is lauded as a top recruiting site for a Novartis trial.
- December of 2024 Onvida Health Cancer Center hired a Genetic Counselor to assist with testing and the education of patients and family members with genetic predisposition for cancer.
- In the Spring of 2024 we started using radiation to treat skin cancers. This has decreased the time from diagnosis to treatment as we have limited access in Yuma to a Mohs surgeon.
- **Onvida Health Cancer Center is setting the standard in cancer care:** Our cancer program offered the MONARCH-E clinical trial, which has now established adjuvant therapy for aggressive breast cancer as a standard of care.
- **Onvida Health Cancer Center has approximately 30 peer-reviewed publications:** Our research has been vetted and disseminated through leading scientific journals.
- **Onvida Health Cancer Center has been invited to give over 20 presentations at national and international conferences:** We actively share our findings with broader audiences, fostering collaboration and knowledge exchange.
- **Onvida Health Cancer Center has been awarded over 2,000 citations:** Our work has resonated with the scientific community, generating significant impact.
- Onvida Health Cancer Center was given the "**Best Publication**" award (2020, Journal - Cancers): This prestigious recognition underscores the exceptional quality and significance of our research.

Strategy #3: Recruit additional radiation oncology and palliative care providers

Target Population(s): Yuma County service area

- Recruited, a NP for Palliative Care who started January 14, 2024.
- Actively recruiting five full-time Medical Oncologists.
- Actively recruiting three Palliative Care Advanced Practice Providers and one Palliative Care Physician.
- Actively recruiting three Palliative Care Advanced Practice Providers and one Palliative Care Physician.
- Currently no plans to hire anymore radiation oncologists as team is currently adequately staffed with volumes.
- Onvida Health Cancer Center hired 2 additional Nurse Practitioner's but had attrition as well.
- Hired a part time NP in radiation oncology.



Secondary focus:

It should be noted that the below-listed identified health needs will remain visible and may be addressed as resources allow – to include potential community partnerships that minimize duplication of effort: **Nutrition, Heart Disease and Stroke, Respiratory Disease, Infant Health & Family Planning, Injury & Violence, Physical Activity & Weight, Potentially Disabling Conditions, Tobacco Use, Oral Health.**

In these areas, we have made progress by:

- Starting a stroke support group (February 2024) for patients and their families/caregivers to provide support and resources.
- Earning American Heart Association “Get with the Guidelines” award to include recognition for the addition of diabetes management in our stroke program for best practices.
- Expanding our Cardiac Rehab program in conjunction with pulmonologists to develop cardio- pulmonary rehab services.
- Expanding stroke education into the local middle schools and high schools to increase awareness of signs and symptoms for early identification and treatment.
- Hired a Chest Pain Coordinator (December 2022) and applied for DNV Chest Pain/STEMI certification (March 2024).
- Offering new Shockwave IVL procedure for coronaries and peripheral arteries new procedure.
- Rolled out Endobronchial Ultrasound (EBUS) new procedure.
- Brought the new Watchman Left Atrial Appendage Occlusion (LAAO) procedure to the community.
- Championing Ventilator Protocol implementation.
- Supporting Cath Lab nurses, Rad Techs, ECHO Techs and Respiratory Therapists who volunteer regularly at community events.

