

Community Health Needs Assessment 2019



YAVAPAI REGIONAL
MEDICAL CENTER

Proudly Caring for Western Yavapai County

BKD
CPAs & Advisors

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Consultants' Report

Ms. Robbie Nicol
Executive Director
Yavapai Community Hospital Association

On behalf of Yavapai Regional Medical Center (Medical Center), we have assisted in conducting a Community Health Needs Assessment (CHNA) consistent with the scope of services outlined in our engagement letter dated August 20, 2018. The purpose of our engagement was to assist the Medical Center in meeting the requirements of Internal Revenue Code §501(r)(3) and Regulations thereunder. We also relied on certain information provided by the Medical Center, specifically certain utilization data, geographic HPSA information and existing community health care resources.

Based upon the assessment procedures performed, it appears the Medical Center is in compliance with the provisions of §501(r)(3). Please note that, we were not engaged to, and did not, conduct an examination, the objective of which would be the expression of an opinion on compliance with the specified requirements. Accordingly, we do not express such an opinion.

We used and relied upon information furnished by the Medical Center, its employees and representatives and on information available from generally recognized public sources. We are not responsible for the accuracy and completeness of the information and are not responsible to investigate or verify it.

These findings and recommendations are based on the facts as stated and existing laws and regulations as of the date of this report. Our assessment could change as a result of changes in the applicable laws and regulations. We are under no obligation to update this report if such changes occur. Regulatory authorities may interpret circumstances differently than we do. Our services do not include interpretation of legal matters.

BKD, LLP

December 17, 2019

Introduction

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

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

The Community Health Needs Assessment must take into account input from persons who represent the broad interest of the community served by the medical center, including those with special knowledge of or expertise in public health. The Medical Center must make the Community Health Needs Assessment widely available to the public.

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

The process involved:

- ✓ An evaluation of the implementation strategy for the previous needs assessment which was adopted by the Medical Center Board of Directors in 2016.
- ✓ Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics and health care resources.
- ✓ Obtaining community input through:
 - Interviews with key informants who represent a) persons with specialized knowledge in public health, b) populations in need or c) broad interest of the community.

This document is a summary of all the available evidence collected during the Community Health Needs Assessment conducted in tax year 2019. It will serve as a compliance document as well as a resource until the next assessment cycle. Both the process and document serve as the basis for prioritizing the community's health needs and will aid in planning to meet those needs.

Summary of Community Health Needs Assessment

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

The Medical Center engaged **BKD, LLP** to conduct a formal community health needs assessment. **BKD, LLP** is one of the largest CPA and advisory firms in the United States, with approximately 2,700 partners and employees in 40 offices. BKD serves more than 1,000 hospitals and health care systems across the country. The Community Health Needs Assessment was conducted during 2019.

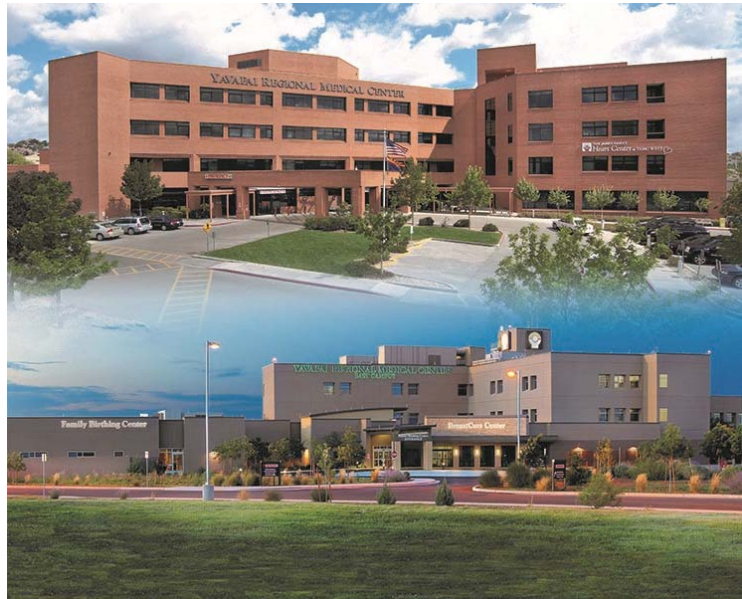
Based on current literature and other guidance from the treasury and the IRS, the following steps were conducted as part of the Medical Center's community health needs assessment:

- ✓ An evaluation of the impact of actions taken to address the significant health needs identified in the tax year 2016 Community Health Needs Assessment was completed and an implementation strategy scorecard was prepared to understand the effectiveness of the Medical Center's current strategies and programs.
- ✓ The "community" served by the Medical Center was defined by utilizing inpatient and outpatient data regarding patient origin. This process is further described in Community Served by the Medical Center.
- ✓ Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties (see references in Appendices). The health status of the community was then reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by CountyHealthrankings.org. Health factors with significant opportunity for improvement were noted.
- ✓ Community input was provided through key stakeholder interviews of 61 stakeholders. Results and findings are described in the Key Stakeholder section of this report.
- ✓ Information gathered in the steps above was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and minority groups and the community as a whole. Health needs were ranked utilizing a weighting method that weighs: 1) the size of the problem (how many people are affected by the issue), 2) the seriousness of the problem (what are the consequences of not addressing the issue), 3) the impact on vulnerable populations and 4) the prevalence of common themes.
- ✓ An inventory of health care facilities and other community resources potentially available to address the significant health needs identified through the CHNA was prepared and collaborative efforts were identified.

Health needs were then prioritized taking into account the impact on overall health for the community. Information gaps identified during the prioritization process have been reported.

General Description of Medical Center

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



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

Mission Statement

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

Vision Statement

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

Values

RESPECT – behaving in a way that honors self and others

INTEGRITY – being consistent and honest in word and deed

QUALITY – providing service excellence in meeting others' expectations

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

ACCOUNTABILITY – following through and being answerable for one's performance

Evaluation of Prior Implementation Strategy

Yavapai Regional Medical Center (YRMC) includes two hospital campuses located in the adjacent towns of Prescott and Prescott Valley, Arizona. The hospital facilities are approximately 12 miles from one another and both hospitals provide care for the same service area which covers 5,500 square miles. In part, the reason the East Campus was built in Prescott Valley in 2006 was due to the fact that the West Campus in Prescott was over capacity and serving a rapidly growing community. The two hospital campuses file a joint IRS 990 return.

In addition to the inpatient care facilities, YRMC also has more than 15 physician clinics that provide primary and specialty care. Those clinics are located in Prescott, Prescott Valley and Chino Valley. Clinics are expanding on an ongoing basis and will continue to do so. YRMC also has outpatient imaging services located in Prescott and in Prescott Valley.

The governance for the two campuses and outpatient facilities involves one single Senior Management Team for both hospitals. There is also a single operating Board for both campuses. The hospital Board and Senior Management Team have responsibility for both campuses. The Community Benefit function for YRMC is also a single department function that covers both campuses and the surrounding service area.

In 2012, YRMC initiated an engagement with Dixon Hughes Goodman LLP (DHG) to conduct the previous Community Health Needs Assessment (CHNA) which was completed in 2013. In 2016, YRMC sought assistance from **BKD, LLP** to conduct an updated CHNA.

The CHNA and this Implementation Plan were developed to understand and address community health needs as appropriate for YRMC's Mission and resources. The CHNA is a companion document to the Implementation Plan and includes in-depth information regarding needs of people living in YRMC's service area. The CHNA covers findings from extensive secondary research as well as primary research and electronic surveys. Also included were individual interviews with the Yavapai Prescott Indian Tribe, the Yavapai County Community Health Services (YCCHS) and the West Yavapai Guidance Clinic (WYGC).

The CHNA identified the top twelve needs in our region and YRMC has selected the top five of those needs to address in the next three years. Some of the health needs that were identified were outside the realm of YRMC's expertise and resources. For example, Transportation is a prominent theme in community needs. However, YRMC is best suited to focus on direct health needs such as addressing the need for primary care physicians and helping people choose healthy behaviors and positive lifestyle changes.

YRMC has a critical role in providing health care services for its community. The work outlined in the Implementation Plan is focused on the health needs identified in the CHNA. However, there are numerous other essential health programs provided by YRMC that will continue for the underserved outside the purview of this Implementation Plan.

2016 Community Health Needs Assessment Summary

YRMC's 2016 Community Health Needs Assessment was conducted between January and September 2016 with the assistance of **BKD, LLP**. Multiple sources were explored to gain the best possible knowledge of the health needs of YRMC's service area.

Definition of the Community Served:

YRMC's service area is composed of 5,500 square miles in western Yavapai County. The majority of the population is centered in Prescott, Prescott Valley, Chino Valley and the Dewey/Humboldt area. There are also a number of people living in much more sparsely populated areas surrounding these towns. By virtue of the distance involved in covering our service area, transportation can be a challenge for those who do not have ready access to their own personal vehicle. While there are several agencies working on the issue of transportation, it has been a frequent theme when discussing needs.

YRMC's service area demographics include a predominant retirement community. In fact, more than 26 percent of Prescott's population is composed of people over the age of 65. The surrounding areas are also filled with retirees but with a greater mix of younger families. The local economy is heavily dependent on the service industry: tourism, retail, food service and hotels, etc. This often translates into challenges for professionals to find good paying jobs in their choice of careers. The local service-based economy also means there is a predominance of minimum wage earners in non-benefited work which contributes to an underserved population due to financial limitations.

The 2016 CHNA identified twelve significant health needs in the community. Those needs are listed below in decreasing order of the intensity of the need as indicated from secondary and primary research.

1. Lack of Primary Care Physicians

The national primary care physician (PCP) shortage is especially pronounced in YRMC's service area. If a physician's spouse wishes to be employed, this can be a challenge given the local economy and industry base. Another element that exacerbates the need for PCPs is the fact that the local population is skewed towards more seniors and this is the segment that requires more frequent physician encounters.

2. Healthy Behaviors/Lifestyle Changes

Although YRMC has provided a wide range of health education programs for decades, there is more work to be done. The underserved are often working several jobs and may have children to support, leaving little time to make healthy choices in food preparation and exercise as examples. A lack of focus on leading a healthy lifestyle can also be a learned behavior or it can be the result of other more pressing priorities for an individual or families.

3. Lack of Health Knowledge

Health literacy is a national issue and it also affects our local population. The rapidly changing world of health and healthcare engenders a plethora of new terminology that can be confusing. The complexity of healthcare also contributes to the confusion. Patients may be puzzled about the medications they're taking or be confused and uncertain about how to take them. People are often unaware of their own physiology which is a reflection on the decreased emphasis on the importance and funding of overall education. Arizona ranks 49th in the nation in funding for education so this is most likely a contributing factor to the low level of health knowledge in our region.

4. Physical Inactivity

This region and its moderate climate lend themselves to enjoying the outdoors. However, if people are trying to make ends meet and hold down several jobs as well as taking care of family, physical exercise can slip down their list of priorities. Another issue is the frail elderly who are limited in their ability to move and exercise. And it can sometimes be human nature to leave daily exercise out of one's schedule.

5. Lack of Mental Health Providers

Compared to the rest of the nation, Arizona ranks at the very bottom in terms of funding for mental health services. One of the results of this underfunding is a demand for care that far exceeds our community's capacity. The local providers that do provide services do their best to meet needs. However, the needs are far greater than the resources available to meet them. One of the fallouts from this situation is that YRMC's Emergency Departments become a holding space for mentally ill patients until a suitable care facility is located and accepts the patient. YRMC has had emergency mental health patients ranging in age from seven years to more than 90 years old. Some patients have had to wait in the Emergency Department for as many as 10 or 12 days before placement can be arranged. It is not unusual for these patients to ultimately be placed in communities as far away as Las Vegas, Nevada or Albuquerque, New Mexico. This is far from ideal for the mental health patient or for YRMC's medical patients who need care.

6. High Cost of Health Care

The high cost of healthcare is a national problem and affects YRMC's service area as well. Healthcare costs include pharmaceutical costs, insurance costs, the cost of extended care, hospital costs, etc. This is a very complex issue that has evolved over the decades and involves far more than the hospital industry itself. While YRMC is not in a position to fully address the high cost of health care, this organization is very proud of the many ways it provides care for the underserved. YRMC provides many services at no cost to the recipient or services may be provided at a financial loss, underlining YRMC's commitment to the community.

7. Poverty/Children in Poverty/Lack of Financial Resources

As is true in many communities across the country, there are major discrepancies in the financial status of people living in the YRMC service area. Many people come to this region with plentiful resources while others struggle to find food to eat and to pay for housing. This diversity in financial status of YRMC patients is a major consideration in YRMC's Patient Assistance Program, enabling people to receive care no matter their ability to pay.

8. Transportation, especially in Rural Areas

Because of the vast area of ranchland and undeveloped space, there are some areas in the greater community that are as many as 30 miles from any basic services. Coupled with the divergent income levels that can add more challenges to transportation, there are some portions of YRMC's service area that are less accessible than others. This is a challenge for people who need to buy groceries, find employment, see a doctor, go to school, etc. There are several local agencies working to address this issue.

9. Uninsured

With the implementation of the *Affordable Care Act*, there has been some movement on the scale of uninsured numbers. However, many of the insurance policies that are affordable have extremely high deductibles which put families at risk. YRMC has hosted several seminars to help people sign up for insurance, whether it is private insurance or Arizona Health Care Cost Containment System (AHCCCS), Arizona's brand of Medicaid. But the uninsured and underinsured continue to receive care at YRMC.

10. Aging Population

As has been mentioned previously, the Prescott community has a larger percentage of people over the age of 65 than the rest of Arizona and the nation. With the graying of America, Prescott is a peek into the future of our country. Many of the retirees moving to the Prescott area are vital and active. However, there are some retirees who have lived here for many years and who face challenges of aging, failing health and lack of family support nearby. YRMC cares for all people from our service area and we see a predominance of people over the age of 65, especially since that age range typically is in greater need of health care services.

11. Limited Access to Healthy Foods

The sheer size of this region and its wide open spaces create food deserts, areas where there are no grocery stores available. This is especially true in the periphery of our service area. One community only has a Circle K store for food. Other smaller communities have no food sources at all because they lack the population density to support a grocery store.

12. Adult Obesity

This issue can certainly be attributed to three of the items listed above: Healthy Behaviors, Physical Inactivity and Limited Access to Healthy Foods. YRMC offers outstanding exercise programs for people of all ages and also provides top-notch food preparation and cooking classes, "Your Healthy Kitchen." Obesity can be another complex challenge that is generated from a variety of challenges people may face.

Significant Health Needs YRMC Will Address

The implementation strategy outlines the top community health needs described in the 2016 CHNA that YRMC plans to address in whole or in part. YRMC has selected the top five priorities of the 12 health needs that were identified in the CHNA. The selection was based on priority ranking as well as resource availability and appropriateness to YRMC's areas of expertise. This implementation strategy may be modified as conditions change and as appropriate over the course of the next three years.

For each health need that YRMC plans to address, the strategy describes:

- Actions YRMC intends to take, including programs and resources it plans to commit
- Anticipated impact of these actions
- Planned collaboration between YRMC and other organizations

1. Lack of Primary Care Physicians

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

- YRMC recently hired a physician recruiter and one of her priorities will be to seek and recruit primary care providers.
- YRMC will use advanced practice providers (Nurse Practitioners and Physician Assistants) to augment the need for primary care.
- Needs for suitable office space to accommodate additional physicians will be met based primarily on YRMC's Master Facilities Plan and taking advantage of space in our communities that may become available.
- Explore feasibility of options such as walk-in clinic, satellite offices and extended hours for YRMC PC, etc.
- In collaboration with local schools, YRMC will continue to provide free primary care to uninsured and underinsured school children and their younger siblings through the Partners for Healthy Students program, staffed by Nurse Practitioners and led by a Medical Director.
- YRMC will explore with the Yavapai County Community Health Services the feasibility of providing public health nurses in easily accessible facilities such as the local libraries.
- YRMC will continue to collaborate with the Arizona Sonshine organization that provides free healthcare in our region for several days annually to help meet the needs of the underserved.

Accomplishments

- YRMC has increased the Medical Staff membership from 219 to 443 which includes primary care physicians, specialists, nurse practitioners and physician assistants.
- Physician office space was expanded in Prescott Valley, Prescott and also Chino Valley to accommodate growing needs.
- YRMC continues to operate the Partners for Healthy Students program offering free primary care to uninsured/underinsured school children and their younger siblings. YRMC is especially proud to add behavioral health care to the array of free services in August 2019 due to generous community support.
- YRMC has continued to help support Arizona Sonshine in its efforts to provide free healthcare for our community.

2. Healthy Behaviors/Lifestyle Changes

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

- Social media will continue to expand to help meet information needs surrounding good health choices
- Continue Pendleton Centers' programs on the West Campus and the East Campus that adapt exercise suitable for the age and physical condition of individual participants, e.g., chair exercises for those with limited physical capacity
- Explore collaborating with the Yavapai County Community Health Services and the local schools for in-school programs to promote healthy behaviors and educate children on the importance of maintaining their health
- Explore collaborating with local churches/synagogues for opportunities to provide wellness programs for their congregations
- In collaboration with subject matter experts, continue the utilization of the widely popular YRMC Speakers Bureau to include the topic of healthy behaviors

Accomplishments

- YRMC's social media efforts have proven very successful with nearly 60,000 connections via its blog, HealthConnect. YRMC's Facebook community has more than 2,000,000 connections and YRMC Twitter has more than 52,000 connections.
- Pendleton Center programs continue to serve their participants with a variety of exercise and wellness activities.
- YRMC provides all local schools with GoNoodle Student Fitness program that had nearly 4,000 student participants. YRMC also hosted more than 1,000 school children at the 2019 Health Expo that included exhibits by 72 local health-related organizations and 36 YRMC departments/services. There were also giant inflatable walk-through body parts that were enjoyed by children and adults alike.
- YRMC's Speakers Bureau continues to be in huge demand by offering skilled speakers that cover 140 various topics. Nearly 200 presentations are provided to the community annually.

3. Lack of Health Knowledge

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

- YRMC will continue to use social media and other electronic methods of reaching out to the community and educating people about health and health care
- YRMC will continue to provide "Healthwise Handbooks" and "Healthwise for Those Fifty and Better" to help provide sound health information regularly vetted by a medical board for community residents of all ages. Challenges as of 2019: Unfortunately, budget constraints have made it impossible for YRMC to continue providing the Healthwise Handbooks and the Healthwise for Those Fifty and Better books.
- Explore utilizing the YRMC Speakers Bureau for providing health information for the community
- Explore other health literacy programs nationwide and, if feasible, adapt one or more of these programs to the YRMC market
- Explore the potential for off-the-shelf materials that could be purchased to assist with improving health literacy. Challenges as of 2019: Unfortunately, budget constraints have limited the amount of off-the-shelf material YRMC has been able to provide but we have a few flyers for general topics. We had a robust selection of health guides but that is limited now.

Accomplishments

- Social media has been an excellent tool for helping increase health literacy and its popularity is apparent in the numbers cited above.
- Speakers Bureau is very popular and those numbers are cited above.

4. Physical Inactivity

Cardiovascular disease is the leading cause of death in the U.S. (Source: American Family Physician, 2016). Thirty-five percent of cardiovascular disease is due to physical inactivity. Approximately 60 percent of Americans 18 years and older report physical inactivity. The American Heart Association recommends 30 – 60 minutes of aerobic exercise three to four times a week. As mentioned in the introductory portion of this implementation plan and strategy, our local demographics and economic realities pose some interesting challenges in helping our community recognize the issue and, most importantly, make efforts to improve their activity levels. However, we anticipate an improvement in levels of physical activity as a result of this Implementation Plan.

- Collaborate with the Yavapai County Community Health Services and YRMC's own Employee Health Program, if appropriate, to create more education about the importance of physical activity.
- Collaborate with local schools (many of whom no longer offer free physical education classes or sports opportunities) to include program ideas for brief physical activity within the classroom throughout the day as breaks for children.
- Explore potential of bringing the school-based activity ideas home with children for the rest of their family to participate.
- Explore YRMC sponsored hikes/walks for the community and promote them accordingly.
- Educate the community about the health benefits of domestic activities such as gardening, etc.
- Explore further collaboration with groups such as Silver Sneakers for the Pendleton Centers for Health and Wellness and promote such programs and their benefits.
- Explore the value of participants from the Pendleton Programs to provide testimonials on social media and other outlets regarding how staying physically active has improved their lives.

Accomplishments

- YRMC participates regularly in the Community Health Improvement Partnership sponsored by Yavapai County Community Health Services.
- YRMC provides GoNoodle physical activity program for local schools which is especially important now that many reductions have been made in school budgets that have negatively impacted the availability of sports and physical education programs.
- Testimonials on social media have been very well-received for Pendleton Programs as well as other YRMC services.

5. Lack of Mental Health Providers

YRMC has worked closely with local mental health providers, especially the West Yavapai Guidance Clinic (WYGC), a non-profit organization that has been providing mental health care for many years. WYGC regularly comes to assess patients in YRMC's Emergency Departments to determine mental health status. Because of the proliferation of mental health and substance abuse problems in our community, YRMC also collaborates closely with local law enforcement agencies. Many patients are brought into the Emergency Departments by law enforcement, especially those exhibiting combative, violent behavior and/or those who are homeless or otherwise without family support.

- Continue collaborating with WYGC in community presentations to help educate the public about mental health and the fact that it doesn't deserve to be stigmatized
- Continue collaboration with WYGC in creation of new programs for mental health topics
- Continue support of WYGC with financial assistance for the planned Triage Crisis Center being developed
- Evaluate other partnership opportunities with WYGC as they become available
- Explore with local law enforcement and mental health providers for possible alternatives to YRMC's EDs as a "holding" resource when no medical need is apparent
- Explore with the Yavapai County Community Health Services regarding mental health service potential from their areas of expertise

Accomplishments

- YRMC purchases Naloxone for local law enforcement agencies.
- We have collaborated with local agencies in community presentations regarding mental health.
- YRMC provided some financial support for the Crisis Stabilization Unit (CSU) at the West Yavapai Guidance Clinic. The CSU has had a very positive impact on reducing ER visits by people in crisis and that saves YRMC money.
- YRMC's Partners for Healthy Students collaborated with local behavioral health resources to provide free mental health services for children in need thanks to very generous community support that makes this possible.
- YRMC is exploring further collaboration with local behavioral health resources to enable greater accessibility to these services for our community. These collaborative efforts would also save YRMC money.

Summary of 2019 Needs Assessment Findings

The following health needs were identified based on the information gathered and analyzed through the Community Health Needs Assessment conducted by the Medical Center. These needs have been prioritized based on information gathered through the Community Health Needs Assessment.

Identified Community Health Needs

- ✓ Healthy Behaviors/Lifestyle Changes
- ✓ Lack of Primary Care Physicians
- ✓ Transportation, Especially in Rural Areas
- ✓ Aging Population
- ✓ Lack of Health Knowledge
- ✓ Physical Inactivity
- ✓ High Cost of Health Care
- ✓ Lack of Mental Health Providers
- ✓ Poverty/Children in Poverty/Lack of Financial Resources
- ✓ Uninsured

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

Community Served by the Medical Center

YRMC's two medical centers are located in western Yavapai County. As a regional medical center facility, the Medical Center serves residents in and around Yavapai County.

Defined Community

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

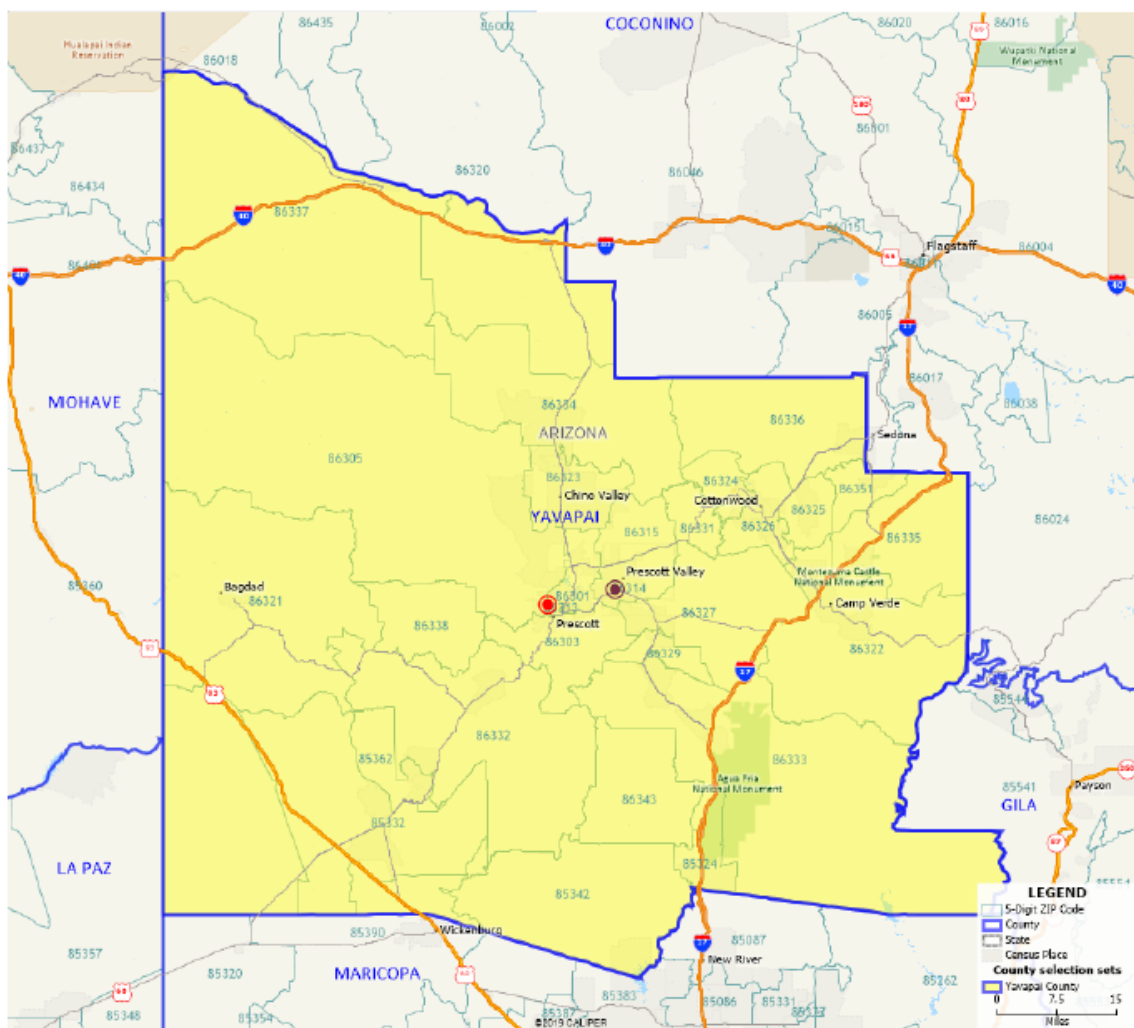
According to Health Dimensions Group 2019 *Market Snapshot Analysis Report*, a review of Medicare claims data from January to September 2018 indicated 92.7 percent of YRMC's Medicare Fee-for-Service (MMFS) inpatients originated from Yavapai County. Based on the patient origin of acute care inpatient discharges, management has identified Yavapai County as the defined CHNA community. The CHNA will utilize data and input from this county, as well as the top five cities within Yavapai County, to analyze health needs for the community.

Community Details

Identification and Description of Geographical Community

The geographic area of the defined community, based on the identified zip codes, includes Yavapai County. The following map geographically illustrates the Medical Center's community. As shown on *Figure 1*, YRMC's hospital facilities are centrally located in western Yavapai County. YRMC-East is represented with a maroon target symbol and YRMC-West is represented with a red target symbol. The map below displays the Medical Center's geographic relationship to the community, as well as significant roads and highways.

**Figure 1: Yavapai County
Yavapai Regional Medical Center's Primary Market Area**



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

Community Population and Demographics

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

| Exhibit 2 | | | | | | |
|---|----------------|---------------|-----------------------------|---------------|--------------------|---------------|
| Demographic Snapshot | | | | | | |
| Yavapai Regional Medical Center | | | | | | |
| DEMOGRAPHIC CHARACTERISTICS (as of 2016) | | | | | | |
| Total Population | | | Population by Gender | | | |
| County | Population | | County | Male | Female | |
| Yavapai County | 228,168 | | Yavapai County | 111,901 | 116,267 | |
| Arizona | 7,016,270 | | Arizona | 3,487,722 | 3,528,548 | |
| United States | 325,719,178 | | United States | 160,402,504 | 165,316,674 | |
| Age Distribution | | | | | | |
| Age Group | Yavapai County | % of Total | Arizona | % of Total | United States | % of Total |
| 0 - 4 | 9,202 | 4.0% | 435,041 | 6.2% | 19,795,159 | 6.1% |
| 5 - 19 | 33,185 | 14.5% | 1,394,415 | 19.9% | 62,723,881 | 19.3% |
| 20 - 24 | 9,852 | 4.3% | 475,452 | 6.8% | 21,950,055 | 6.7% |
| 25 - 34 | 21,016 | 9.2% | 953,327 | 13.6% | 44,965,735 | 13.8% |
| 35 - 44 | 20,243 | 8.9% | 859,457 | 12.2% | 41,117,905 | 12.6% |
| 45 - 54 | 24,557 | 10.8% | 850,441 | 12.1% | 42,330,955 | 13.0% |
| 55 - 64 | 39,835 | 17.5% | 847,287 | 12.1% | 42,019,776 | 12.9% |
| 65+ | 70,278 | 30.8% | 1,200,850 | 17.1% | 50,815,712 | 15.6% |
| Total | 228,168 | 100.0% | 7,016,270 | 100.0% | 325,719,178 | 100.0% |
| County | White | Black | Asian | All Other | Total Non-Hispanic | Hispanic |
| Yavapai County | 183,748 | 1,314 | 2,666 | 7,268 | 194,996 | 33,172 |
| Percentage | 80.53% | 0.58% | 1.17% | 3.19% | 85.46% | 14.54% |
| Arizona | 3,836,639 | 290,379 | 225,810 | 461,269 | 4,814,097 | 2,202,173 |
| Percentage | 54.68% | 4.14% | 3.22% | 6.57% | 68.61% | 31.39% |
| United States | 197,285,202 | 40,129,593 | 17,999,846 | 11,458,403 | 266,873,044 | 58,846,134 |
| % of Community | 60.57% | 12.32% | 5.53% | 3.52% | 81.93% | 18.07% |

Source: US Census Bureau, American Community Survey. 2017.

While the relative age of the community population can impact community health needs, so can the ethnicity and race of a population. The population of the community by race and ethnicity illustrates different categories of race such as: white, black, Asian, other and multiple races. White non-Hispanics make up nearly 80.53 percent of the community.

Another significant population within Yavapai County is the Native American population. There are three primary groups of the Yavapai Native American tribe, two of which are located within Yavapai County.

The community is also comprised of a higher percentage of seniors compared to the state and national percentages. The percentage of persons 65 years of age and older in Yavapai County is nearly twice that of Arizona and the United States. The percentage of persons aged 55–64 is significantly higher than state and national percentages as well.

Table 1 below, compiled as part of a *Market Snapshot Analysis Report* completed by Health Dimensions Group in 2019, presents population data and trends for Yavapai County. The table indicates that the total population of Yavapai County is projected to increase by 6 percent from 2019 to 2024. The projected increases for the elderly population, 65+ years, 75+ years and 85+ years, are among the highest projected increases for the time period when looking at all age groups.

**Table 1: Yavapai County
Elderly Population by Age Cohort – 2010, 2019, and 2024**

| Age Cohort | 2010 Actual | 2019 Estimate | Percent Change 2010–2019 | 2024 Projection | Percent Change 2019–2024 |
|--------------|----------------|----------------|--------------------------|-----------------|--------------------------|
| 0–4 Years | 10,468 | 10,023 | -4.3% | 10,754 | 7.3% |
| 5–9 Years | 10,915 | 10,319 | -5.5% | 10,636 | 3.1% |
| 10–14 Years | 11,743 | 10,980 | -6.5% | 10,994 | 0.1% |
| 15–17 Years | 7,143 | 7,166 | 0.3% | 7,444 | 3.9% |
| 18–20 Years | 6,997 | 7,124 | 1.8% | 7,605 | 6.8% |
| 21–24 Years | 7,943 | 8,950 | 12.7% | 10,026 | 12.0% |
| 25–34 Years | 18,552 | 21,223 | 14.4% | 22,780 | 7.3% |
| 35–44 Years | 20,458 | 20,323 | -0.7% | 21,937 | 7.9% |
| 45–54 Years | 29,810 | 23,894 | -19.8% | 21,985 | -8.0% |
| 55–64 Years | 36,237 | 39,879 | 10.1% | 38,826 | -2.6% |
| 65–74 Years | 28,925 | 44,515 | 53.9% | 52,538 | 18.0% |
| 75–84 Years | 15,996 | 20,909 | 30.7% | 22,689 | 8.5% |
| 85+ Years | 5,846 | 7,831 | 34.0% | 8,829 | 12.7% |
| Total | 211,033 | 233,136 | 10.5% | 247,043 | 6.0% |
| 65+ Years | 50,767 | 73,255 | 44.3% | 84,056 | 14.7% |
| 75+ Years | 21,842 | 28,740 | 31.6% | 31,518 | 9.7% |
| 85+ Years | 5,846 | 7,831 | 34.0% | 8,829 | 12.7% |

Source: Environics Analytics and Health Dimensions Group analysis of Claritas data

Table 2 presents additional analysis on elderly households data and trends for Yavapai County. Households with head of household age 65 to 74 are projected to increase substantially over the next five years.

**Table 2: Yavapai County
Elderly Households – 2000, 2019, and 2024**

| Age of Head of Household | 2000 Actual | 2019 Estimate | Percent Change 2000–2019 | 2024 Projection | Percent Change 2019–2024 |
|--------------------------|-------------|---------------|--------------------------|-----------------|--------------------------|
| 45–54 Years | 13,071 | 12,389 | -5.2% | 11,406 | -7.9% |
| 55–64 Years | 12,159 | 22,135 | 82.0% | 21,494 | -2.9% |
| 65–74 Years | 12,463 | 26,684 | 114.1% | 31,415 | 17.7% |
| 75–84 Years | 8,378 | 13,713 | 63.7% | 14,845 | 8.3% |
| 85+ Years | 2,549 | 5,069 | 98.9% | 5,693 | 12.3% |
| 65+ Years | 23,390 | 45,466 | 94.4% | 51,953 | 14.3% |
| 75+ Years | 10,927 | 18,782 | 71.9% | 20,538 | 9.3% |
| 85+ Years | 2,549 | 5,069 | 98.9% | 5,693 | 12.3% |

Source: EnviroNics Analytics and Health Dimensions Group analysis of Claritas data

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

| Exhibit 3 Yavapai Regional Medical Center Urban/Rural Population | | |
|---|----------------------|----------------------|
| County | Percent Urban | Percent Rural |
| Yavapai County | 66.8% | 33.2% |
| Prescott | 89.2% | 10.8% |
| Prescott Valley | 95.7% | 4.3% |
| Chino Valley | 76.0% | 24.0% |
| Dewey | 0.0% | 100.0% |
| Mayer | 0.0% | 100.0% |
| Arizona | 89.8% | 10.2% |
| United States | 80.7% | 19.3% |

Source: US Census Bureau, American Community Survey. 2017.

Socioeconomic Characteristics of the Community

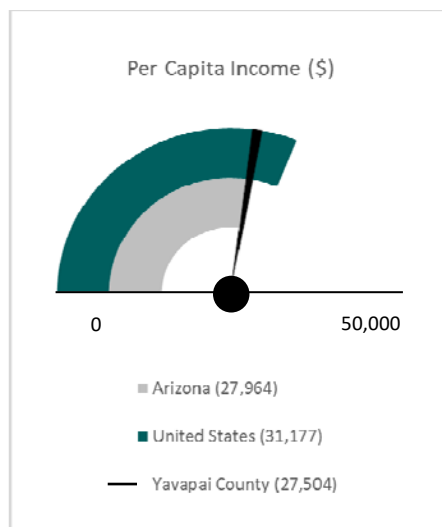
The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. The economic status of an area may be assessed by examining multiple variables within the community. The following exhibits are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

Income and Employment

Exhibit 4 presents the per capita income for the CHNA community. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement and other sources. The per capita income in this exhibit is the average (mean) income computed for every man, woman and child in the specified area. The per capita income of Yavapai County is below both the state of Arizona and the United States.

| Exhibit 4 Per Capita Income (In 2017 Inflation Adjusted USD) | | | |
|---|-------------------------|--|-------------------------------|
| | Total Population | Aggregate Household Income (\$) | Per Capita Income (\$) |
| Yavapai County | 215,104 | \$ 5,916,223,300 | \$ 27,504 |
| Prescott | 40,307 | \$ 1,275,662,100 | \$ 31,649 |
| Prescott Valley | 40,956 | \$ 926,659,900 | \$ 22,626 |
| Chino Valley | 10,957 | \$ 289,079,100 | \$ 26,383 |
| Dewey | 3,747 | \$ 92,124,500 | \$ 24,584 |
| Mayer | 1,775 | \$ 37,025,300 | \$ 20,859 |
| Other Yavapai County Cities | 128,301 | \$ 3,295,672,400 | \$ 25,687 |
| Arizona | 6,545,275 | \$ 183,032,057,800 | \$ 27,964 |
| United States | 309,794,891 | \$ 9,658,475,311,300 | \$ 31,177 |

Source: US Census Bureau, American Community Survey. 2017.





According to research of the community area, Yavapai County is supported by major industries which include local federal, state and local government. *Exhibit 5* summarizes employment by major industry for the community.

| Exhibit 5 Yavapai Regional Medical Center Employment by Major Industry 2017 Annual Average (In Thousands) | | | | |
|--|-----------------------|-------------|------------------|------------------------|
| Major Industries | Yavapai County | % | Arizona % | United States % |
| Government | | | | |
| Federal Government | 1,587 | 2.5% | 2.0% | 1.9% |
| State Government | 615 | 1.0% | 2.4% | 3.2% |
| Local Government | 8,567 | 13.6% | 9.6% | 9.8% |
| Goods-producing | | | | |
| Natural resources and mining | 1,351 | 2.1% | 1.4% | 1.3% |
| Construction | 4,200 | 6.7% | 5.3% | 4.8% |
| Manufacturing | 3,771 | 6.0% | 5.9% | 8.6% |
| Service-providing | | | | |
| Trade, transportation and utilities | 12,466 | 19.8% | 18.9% | 18.9% |
| Information | 586 | 0.9% | 1.6% | 1.9% |
| Financial activities | 1,864 | 3.0% | 7.5% | 5.6% |
| Professional and business services | 3,624 | 5.8% | 15.2% | 14.1% |
| Education and health services | 12,260 | 19.5% | 15.3% | 15.4% |
| Leisure and hospitality | 9,882 | 15.7% | 11.5% | 11.1% |
| Other services | 1,683 | 2.7% | 2.6% | 3.1% |
| Unclassified | 496 | 0.8% | 0.7% | 0.2% |
| Total | 62,952 | 100% | 100% | 100% |
| <i>Source: U.S. Department of Labor, Bureau of Labor Statistics. 2017.</i> | | | | |

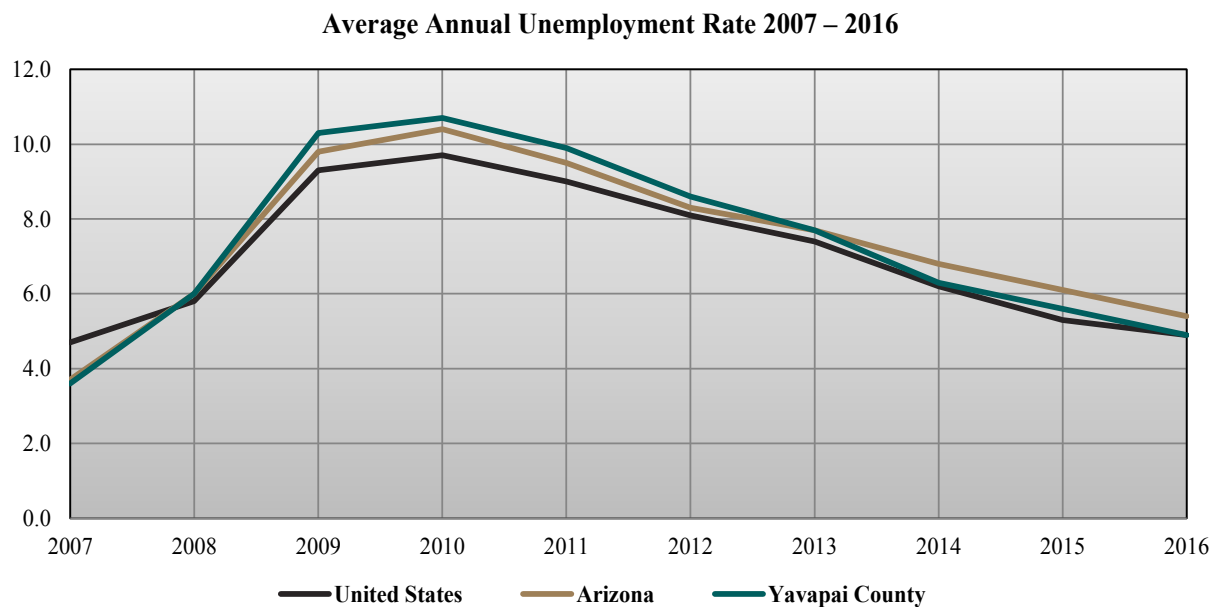
Unemployment Rate

Exhibits 6 and 7 present the average annual resident unemployment rate from 2007 to 2016 for Yavapai County, as well as the trend for Arizona and the United States. Since hitting a high rate of 10.7 in 2010, the community's unemployment rate has declined to 4.9 by 2016.

| Exhibit 6 | | | | | | | | | | |
|--------------------------------------|------|------|------|------|------|------|------|------|------|------|
| Yavapai Regional Medical Center | | | | | | | | | | |
| Average Annual Unemployment Rate (%) | | | | | | | | | | |
| | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
| Yavapai County | 3.6 | 6.0 | 10.3 | 10.7 | 9.9 | 8.6 | 7.7 | 6.3 | 5.6 | 4.9 |
| Prescott | 3.3 | 5.5 | 9.3 | 10.1 | 10.0 | 9.1 | 8.1 | 6.9 | 6.3 | 5.5 |
| Prescott Valley | 3.8 | 6.3 | 10.6 | 10.3 | 9.5 | 8.7 | 7.4 | 5.8 | 5 | 4.4 |
| Chino Valley | 3.7 | 6.2 | 10.5 | 10.7 | 9.9 | 8.6 | 7.7 | 6.3 | 5.6 | 4.9 |
| Dewey | 3.7 | 6.2 | 10.5 | 10.7 | 9.9 | 8.6 | 7.7 | 6.3 | 5.6 | 4.9 |
| Mayer | 3.7 | 6.2 | 10.5 | 10.7 | 9.9 | 8.6 | 7.7 | 6.3 | 5.6 | 4.9 |
| Arizona | 3.7 | 6.0 | 9.8 | 10.4 | 9.5 | 8.3 | 7.7 | 6.8 | 6.1 | 5.4 |
| United States | 4.7 | 5.8 | 9.3 | 9.7 | 9.0 | 8.1 | 7.4 | 6.2 | 5.3 | 4.9 |

Data Source: US Department of Labor, Bureau of Labor Statistics

Exhibit 7



Data Source: US Department of Labor, Bureau of Labor Statistics

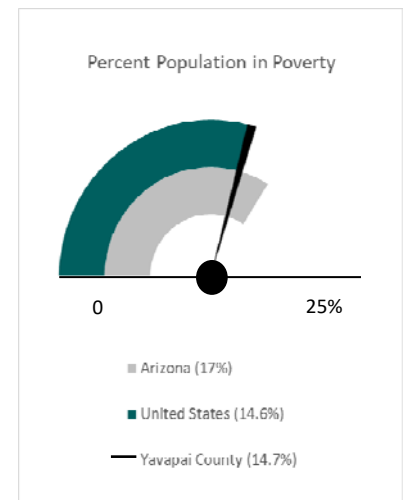
Poverty

Exhibit 8 presents the percentage of total population below 100 percent Federal Poverty Level (FPL) for Yavapai County, Arizona and the United States. Poverty is a key driver of health status and is relevant because poverty creates barriers to access including health services, healthy food and other necessities that contribute to poor health.

Low-income residents often postpone seeking medical attention until health problems become aggravated, creating a greater demand on a given community's medical resources. This includes reliance upon emergency room services for otherwise routine primary care. Often uninsured, the low-income demographics' inability to pay for services further strains the medical network. Low-income residents are also less mobile, requiring medical services in localized population centers, placing additional pressure on those providers already in high demand.

| Exhibit 8 Yavapai Regional Medical Center Population Below 100% Federal Poverty Line (FPL) | | | |
|---|---|-------------------------|-----------------------|
| | Population (for Whom Poverty Status is Determined) | Population below FPL | Percent in Poverty |
| Yavapai County | 216,664 | 31,859 | 14.7% |
| Prescott | 39,579 | 5,500 | 13.9% |
| Prescott Valley | 41,685 | 6,243 | 15.0% |
| Chino Valley | 11,083 | 1,450 | 13.1% |
| Dewey | 3,962 | 433 | 10.9% |
| Mayer | 1,948 | 367 | 18.8% |
| Other Yavapai County Cities | 118,407 | 17,866 | 15.1% |
| Arizona | 6,654,096 | 1,128,046 | 17.0% |
| United States | 313,048,563 | 45,650,345 | 14.6% |

Source: US Census Bureau, American Community Survey, 2017.

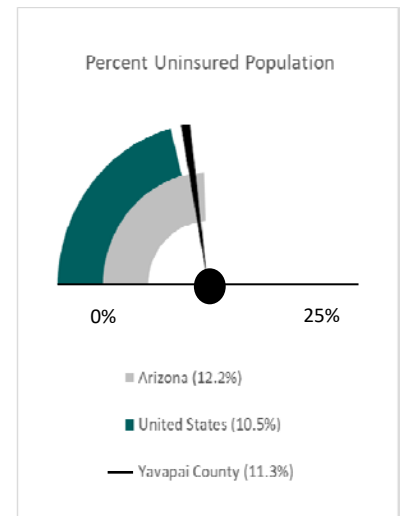


Uninsured

Exhibit 9 reports the percentage of the total civilian noninstitutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to health care access, including regular primary care, specialty care and other health services that contributes to poor health status. The lack of health insurance is considered a key driver of health status.

| Exhibit 9 Yavapai Regional Medical Center Health Insurance Coverage Status | | | |
|---|------------------------------------|--------------------|----------------------|
| Population | | | |
| | (Civilian Noninstitutionalized) | Total Uninsured | Percent Uninsured |
| Yavapai County | 219,401 | 24,789 | 11.3% |
| Prescott | 40,891 | 2,876 | 7.0% |
| Prescott Valley | 41,825 | 5,446 | 13.0% |
| Chino Valley | 11,126 | 1,521 | 13.7% |
| Dewey | 3,986 | 348 | 8.7% |
| Mayer | 1,948 | 27 | 1.4% |
| Other Yavapai County Cities | 119,625 | 14,571 | 12.2% |
| Arizona | 6,701,990 | 814,408 | 12.2% |
| United States | 316,027,641 | 33,177,146 | 10.5% |

Source: US Census Bureau, American Community Survey, 2017.

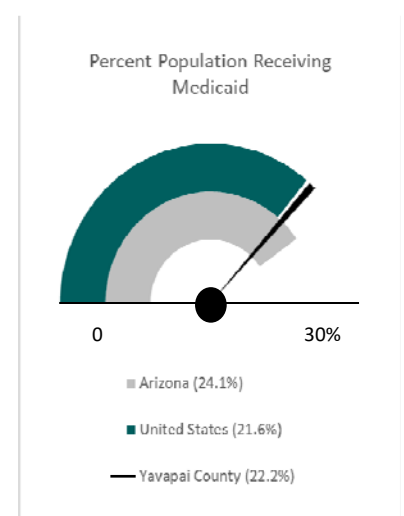


Medicaid

Exhibit 10 reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This is relevant because it assesses vulnerable populations, which are more likely to have multiple health access, health status and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment. *Exhibit 10* shows that the community ranks favorably compared to the state of Arizona but not the United States.

| Exhibit 10 Yavapai Regional Medical Center Medicaid – Tested Public Coverage | | | | | |
|---|---|--|-------------------------------------|--|--|
| | Total Population (For Whom Insurance Status is Determined) | Population With Any Health Insurance | Population Receiving Medicaid | Percent of Total Population Receiving Medicaid | Percent of Insured Population Receiving Medicaid |
| Yavapai County | 217,066 | 189,183 | 42,043 | 19.4% | 22.2% |
| Arizona | 6,620,233 | 5,718,154 | 1,376,734 | 20.8% | 24.1% |
| United States | 313,576,137 | 276,875,891 | 59,874,221 | 19.1% | 21.6% |

Source: US Census Bureau, American Community Survey, 2012-16.



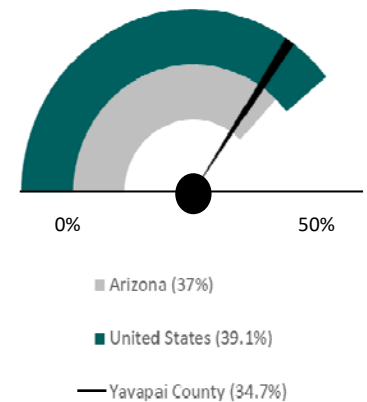
Education

Exhibit 11 presents the population with an Associate's degree or higher in Yavapai County versus Arizona and the United States. Education levels obtained by community residents may impact the local economy. Higher levels of education generally lead to higher wages, less unemployment and job stability. These factors may indirectly influence community health. As noted in *Exhibit 11*, the percent of residents within the community obtaining an Associate's degree or higher is below the state and national percentages.

| Exhibit 11 Yavapai Regional Medical Center Educational Attainment of Population Age 25 and Older | | | |
|---|--------------------------------------|--|---|
| | Total Population Age 25 and Older | Population with Associate's Degree or Higher | Percent with Associate's Degree or Higher |
| Yavapai County | 168,134 | 58,333 | 34.7% |
| Prescott | 32,177 | 15,558 | 48.4% |
| Prescott Valley | 29,700 | 8,401 | 28.3% |
| Chino Valley | 8,512 | 2,075 | 24.4% |
| Dewey | 3,009 | 1,014 | 33.7% |
| Mayer | 1,325 | 370 | 27.9% |
| Other Yavapai County Cities | 93,411 | 30,915 | 33.1% |
| Arizona | 4,516,175 | 1,671,634 | 37.0% |
| United States | 216,271,644 | 84,505,084 | 39.1% |

Source: US Census Bureau, American Community Survey. 2017.

Percent Population Age 25+ with
Associate's Degree or Higher



Physical Environment of the Community

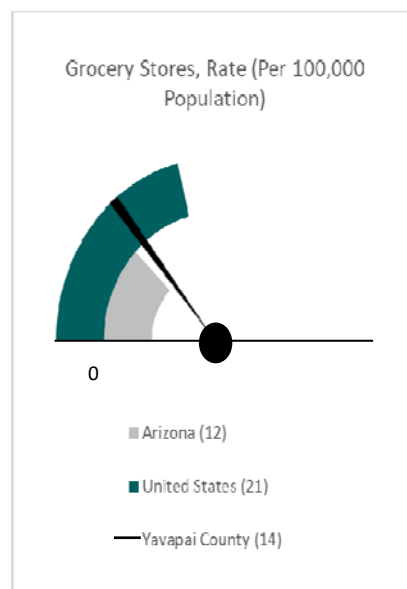
A community's health also is affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health. This section will touch on a few of the elements that relate to some needs mentioned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

Grocery Store Access

Exhibit 12 reports the number of grocery stores per 100,000-population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables and fresh and prepared meats, fish and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores are excluded. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

| Exhibit 12 Yavapai Regional Medical Center Grocery Store Access | | | |
|--|-----------------------------|-------------------------------------|--|
| | Total Population | Number of Establishments | Establishments Rate per 100,000 |
| Yavapai County | 211,033 | 29 | 13.7 |
| Arizona | 6,392,017 | 786 | 12.3 |
| United States | 308,745,538 | 65,399 | 21.2 |

Data Source: US Census Bureau, County Business Patterns
Additional data analysis by CARES. 2016.

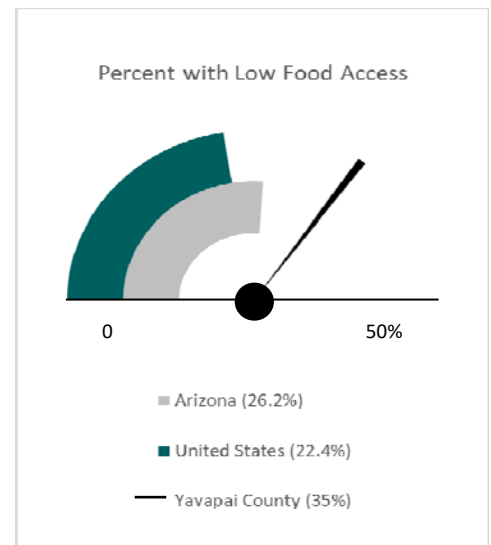


Food Access/Food Deserts

Exhibit 13 reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery store. This is relevant because it highlights populations and geographies facing food insecurity.

| Exhibit 13 Yavapai Regional Medical Center Population with Low Food Access | | | |
|---|------------------|---------------------------------|------------------------------|
| | Total Population | Population with Low Food Access | Percent with Low Food Access |
| Yavapai County | 211,033 | 73,882 | 35.0% |
| Arizona | 6,392,017 | 1,675,205 | 26.2% |
| United States | 308,745,538 | 69,266,771 | 22.4% |

Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2015.

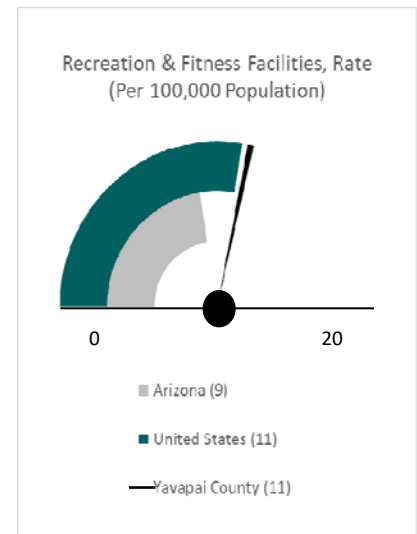


Recreation and Fitness Access

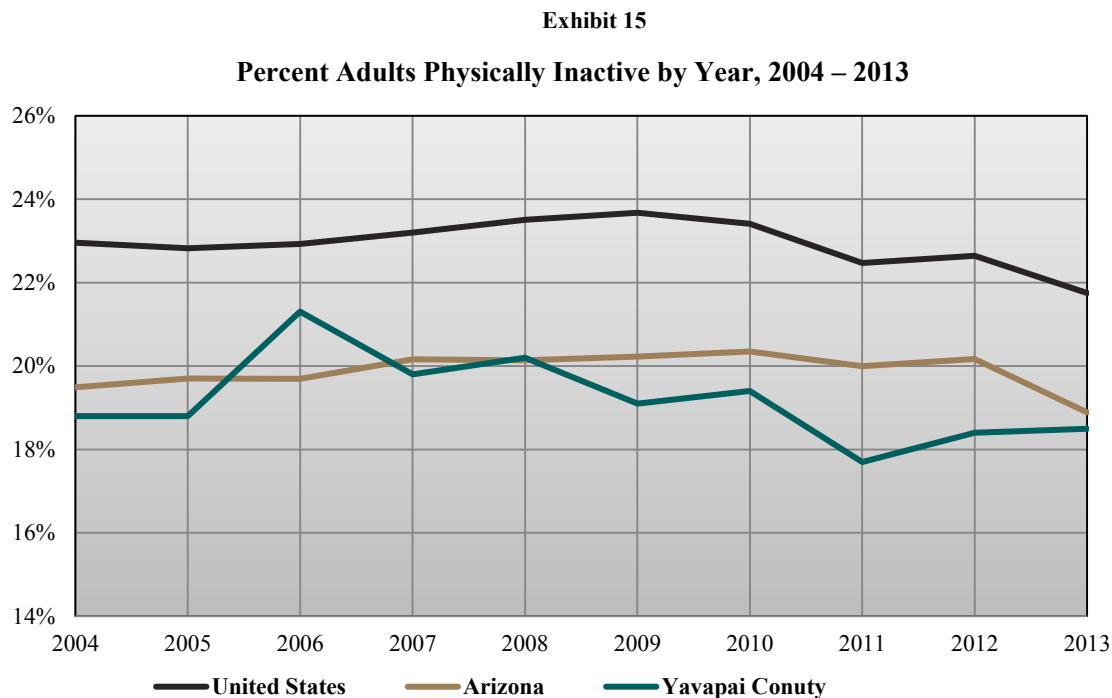
Exhibit 14 reports the number per 100,000-population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. It is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors. As noted in *Exhibit 14*, the community has more fitness establishments available to the residents than Arizona and the United States.

| Exhibit 14 Yavapai Regional Medical Center Recreation and Fitness Facility Access | | | |
|--|-------------------------|---------------------------------|--|
| | Total Population | Number of Establishments | Establishments Rate per 100,000 |
| Yavapai County | 211,033 | 24 | 11.4 |
| Arizona | 6,392,017 | 574 | 9.0 |
| United States | 308,745,538 | 33,980 | 11.0 |

Data Source: US Census Bureau, County Business Patterns
Additional data analysis by CARES, 2016.



The trend graph below (*Exhibit 15*) shows the percent of adults who are physically inactive by year for the community and compared to the state of Arizona and the United States. Since 2008, the CHNA community has had a lower percentage of adults who are physically inactive compared to both the state of Arizona and the United States. As of 2012, the percentage of adults physically inactive within the community had a gentle incline into 2013 opposite both the state of Arizona and the United States.



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

Clinical Care of the Community

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

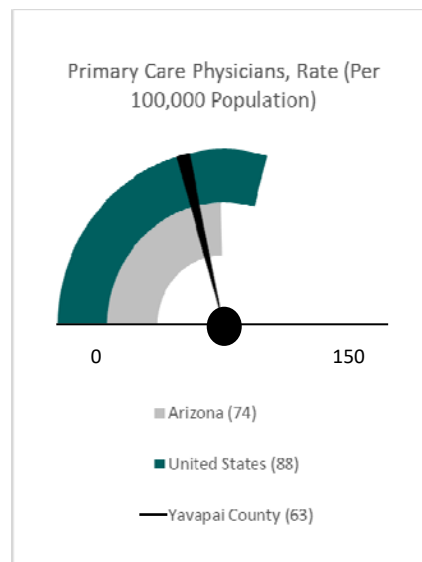
Rates of morbidity, mortality and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program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

Access to Primary Care

Exhibit 16 reports the number of primary care physicians per 100,000-population. Doctors classified as “primary care physicians” by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing subspecialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

| Exhibit 16 Yavapai Regional Medical Center Access to Primary Care | | | |
|--|----------------------------------|---|---|
| | Total Population 2014 | Primary Care Physicians 2014 | Primary Care Physicians Rate per 100,000 |
| Yavapai County | 218,844 | 138 | 63.1 |
| Arizona | 6,731,484 | 4,961 | 73.7 |
| United States | 318,857,056 | 279,871 | 87.8 |

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2014.



Lack of a Consistent Source of Primary Care

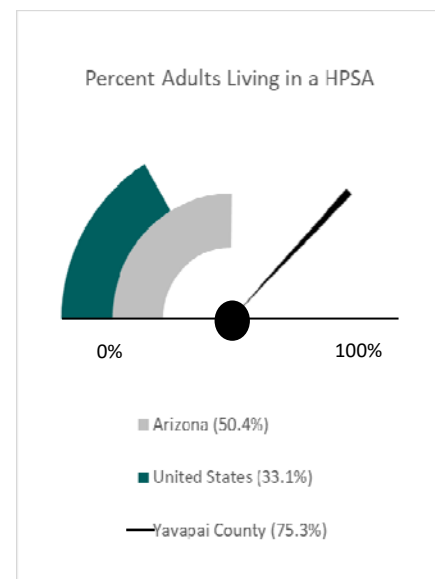
Exhibit 17 reports the percentage of adults aged 18 and older who self-report that they do not have at least one person who they think of as their personal doctor or health care provider. This indicator is relevant because access to regular primary care is important to preventing major health issues and emergency department visits.

| Exhibit 17 Yavapai Regional Medical Center Lack of a Consistent Source of Primary Care | | | |
|---|---|--|---|
| | Survey Population Age 18 and Older | Total Adults without Regular Doctor | Percent without Regular Doctor |
| Yavapai County | 144,483 | 35,689 | 24.7% |
| Arizona | 4,772,064 | 1,222,072 | 25.6% |
| United States | 236,884,668 | 52,290,932 | 22.1% |
| <i>Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-2012.</i> | | | |

Population Living in a Health Professional Shortage Area

Exhibit 18 reports the percentage of the population that is living in a geographic area designated as a “Health Professional Shortage Area” (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. As seen below, 75.3 percent of the residents within the community are living in a health professional shortage area.

| Exhibit 18 Yavapai Regional Medical Center Population Living in a Health Professional Shortage Area (HPSA) | | | |
|--|-------------------------|---|--------------------------------------|
| | Total Population | Population Living in an HPSA | Percent Living in an HPSA |
| Yavapai County | 211,033 | 158,980 | 75.3% |
| Arizona | 6,392,017 | 3,221,513 | 50.4% |
| United States | 308,745,538 | 102,289,607 | 33.1% |
| <i>Data Source: US Department of Health Human Services, Health Resources and Services Administration, Health Resources and Services Administration. April 2016</i> | | | |



Preventable Medical Center Events

Exhibit 19 reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes and other conditions, which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible “return on investment” from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources.

| Exhibit 19 | | | |
|--|------------------------------------|---------------------------------------|-----------------------------------|
| Yavapai Regional Medical Center | | | |
| Preventable Hospital Events | | | |
| | Total Medicare Part A Enrollees | ACS Conditions Hospital Discharges | ACS Conditions Discharges Rate |
| Yavapai County | 43,681 | 1,145 | 26.2 |
| Arizona | 573,451 | 21,198 | 37.0 |
| United States | 29,649,023 | 1,479,545 | 49.9 |
| <i>Data Source: Dartmouth College Institute for Health Policy Clinical Practice, Dartmouth Atlas of Health Care. 2014.</i> | | | |

Health Status of the Community

This section of the assessment reviews the health status of Yavapai County residents. As in the previous section, comparisons are provided with the state of Arizona and the United States. This in-depth assessment of the mortality and morbidity data, health outcomes, health factors and mental health indicators of the county residents that make up the community will enable the Medical Center to identify priority health issues related to the health status of its residents.

Good health can be defined as a state of physical, mental and social well-being, rather than the absence of disease or infirmity. According to *Healthy People 2020*, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work and play, is profoundly affected by the collective behaviors, attitudes and beliefs of everyone who lives in the community. Healthy people are among a community's most essential resources.

Numerous factors have a significant impact on an individual's health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate health care and medical services. Some examples of lifestyle/behavior and related health care problems include the following:

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

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

The interrelationship among lifestyle/behavior, personal health attitude and poor health status is gaining recognition and acceptance by both the general public and health care providers.

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

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

Leading Causes of Death

Exhibit 20 reflects the leading causes of death for the CHNA community and compares the rates, per hundred thousand, to the state of Arizona and the United States.

| Exhibit 20 Yavapai Regional Medical Center Selected Causes of Resident Deaths: Crude Death Rate (Crude rates per 100,000 population) | | | |
|---|-----------------------|----------------|----------------------|
| | Yavapai County | Arizona | United States |
| | Rate | Rate | Rate |
| Heart Disease^ | 270.4 | 165.3 | 194.2 |
| Cancer | 297.7 | 170.9 | 185.3 |
| Coronary Heart Disease^ | 177.1 | 110.6 | 115.3 |
| Lung Disease | 105.7 | 51.8 | 47.0 |
| Unintentional Injury | 76.2 | 51.2 | 44.1 |
| Stroke | 61.6 | 34.6 | 42.2 |
| Drug Poisoning | 28.7 | 18.5 | 15.6 |
| Suicide | 34.2 | 18.2 | 13.4 |
| ^Coronary Heart Disease is a subset of Heart Disease | | | |
| Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. | | | |
| Accessed via CDC WONDER. 2012-16. | | | |

Health Outcomes and Factors

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

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

Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, *e.g.* 1 or 2, are considered to be the "healthiest." Counties are ranked relative to the health of other counties in the same state on the following summary measures:

- Health Outcomes – rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
- Health Factors – rankings are based on weighted scores of four types of factors:
 - Health behaviors (six measures)
 - Clinical care (five measures)
 - Social and economic (seven measures)
 - Physical environment (four measures)

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

The relative health status of the CHNA community will be compared to the state of Arizona as well as to a national benchmark. The current year information is compared to the health outcomes reported on the prior CHNA and the change in measures is indicated. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment. *Exhibit 21* that follows shows Yavapai County's mortality and morbidity rankings. Overall, Yavapai saw morbidity improvement from the prior CHNA; however, the overall mortality ranking declined.

| Exhibit 21 Yavapai Regional Medical Center County Health Rankings - Health Outcomes | | | | | |
|--|---------------------------|------------------------|-----------------------|--------------|---------------------------|
| | Yavapai County 2015 | Yavapai County 2018 | Increase/ Decrease | Arizona 2018 | Top US Performers 2018 |
| Mortality* | 8 | 10 | ↑ | | |
| Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted) | 7,737 | 8,500 | ↑ | 6,800 | 5,300 |
| Morbidity* | 9 | 3 | ↓ | | |
| Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted) | 18% | 14% | ↓ | 18% | 12% |
| Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted) | 4.2 | 3.7 | ↓ | 4.0 | 3.0 |
| Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (Age Adjusted) | 4.1 | 3.8 | ↓ | 3.9 | 3.1 |
| Low birth weight - Percent of live births with low birth weight (<2500 grams) | 7.3% | 7.0% | ↓ | 7.0% | 6.0% |
| * Rank out of 15 Arizona counties Source: Countyhealthrankings.org | | | | | |

| YAVAPAI COUNTY Yavapai Regional Medical Center County Health Rankings - Health Factors | | | | |
|---|------------------------|------------------------|--------------|---------------------------|
| | Yavapai County 2015 | Yavapai County 2018 | Arizona 2018 | Top US Performers 2018 |
| Health Behaviors* | 5 | 1 | ↓ | |
| Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke | 19% | 15% | ↓ | 15% 14% |
| Adult obesity - Percent of adults that report a BMI ≥ 30 | 26% | 23% | ↓ | 27% 26% |
| Food environment index [^] - Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best) | 6.3 | 6.6 | ↑ | 6.4 8.6 |
| Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity | 20% | 22% | ↑ | 20% 20% |
| Access to exercise opportunities [^] - Percentage of population with adequate access to locations for physical activity | 90% | 88% | ↓ | 86% 91% |
| Excessive drinking - Percent of adults that report excessive drinking in the past 30 days | 14% | 16% | ↑ | 17% 13% |
| Alcohol-impaired driving deaths - % of motor vehicle crash deaths with alcohol involvement | 23% | 21% | ↓ | 27% 13% |
| Sexually transmitted infections - Chlamydia rate per 100K population | 178.0 | 200.1 | ↑ | 481.1 145.1 |
| Teen births - female population, ages 15-19 | 46 | 31 | ↓ | 33 15 |
| Clinical Care* | 2 | 2 | — | |
| Uninsured adults - Percent of population under age 65 without health insurance | 22% | 13% | ↓ | 13% 6% |
| Primary care physicians - Number of population for every one primary care physician | 1,575 | 1,680 | ↑ | 1,520 1,030 |
| Dentists - Number of population for every one dentist | 1,655 | 1,600 | ↓ | 1,660 1,280 |
| Mental health providers - Number of population for every one mental health provider | 624 | 600 | ↓ | 820 330 |
| Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees | 28 | 23 | ↓ | 36 35 |
| Diabetic screening [^] - Percent of diabetic Medicare enrollees that receive HbA1c screening | 81% | 83% | ↑ | 80% 91% |
| Mammography screening [^] - Percent of female Medicare enrollees that receive mammography screening | 68% | 66% | ↓ | 64% 71% |

| YAVAPAI COUNTY Yavapai Regional Medical Center County Health Rankings - Health Factors | | | | | |
|---|------------------------|------------------------|---|----------------------------------|---------------------------|
| | Yavapai County 2015 | Yavapai County 2018 | | Arizona 2018 | Top US Performers 2018 |
| <i>Social & Economic Factors*</i> | 2 | 2 | — | | |
| High school graduation [^] - Percent of ninth grade cohort that graduates in 4 years | 78% | 79% | ↑ | 78% | 95% |
| Some college [^] - Percent of adults aged 25-44 years with some post-secondary education | 61% | 60% | ↓ | 63% | 72% |
| Unemployment - Percent of population age 16+ unemployed but seeking work | 8.0% | 4.9% | ↓ | 5.3% | 3.2% |
| Children in poverty - Percent of children under age 18 in poverty | 24% | 20% | ↓ | 24% | 12% |
| Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile | 4.1 | 4.1 | — | 4.6 | 3.7 |
| Children in single-parent households - Percent of children that live in household headed by single parent | 32% | 31% | ↓ | 36% | 20% |
| Social associations [^] - Number of membership associations per 10,000 population | 9.5 | 9.1 | ↓ | 5.6 | 22.1 |
| Violent Crime Rate - Violent crime rate per 100,000 population (age-adjusted) | 332 | 289 | ↓ | 415 | 62 |
| Injury deaths - Number of deaths due to injury per 100,000 population | 104 | 122 | ↑ | 78 | 55 |
| <i>Physical Environment*</i> | 10 | 5 | ↓ | | |
| Air pollution-particulate matter days -Average daily measure of fine particulate matter in micrograms per cubic meter | 10.7 | 5.9 | ↓ | 6.0 | 6.7 |
| Drinking Water Violations - Percentage of population exposed to water exceeding a violation limit during the past year | N/A | N/A | — | N/A | N/A |
| Severe housing problems - Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities | 20% | 19% | ↓ | 20% | 9% |
| Driving alone to work - Percentage of workforce that drives alone to work | 74% | 74% | — | 77% | 72% |
| Long commute, driving alone - Among workers who commute in their car alone, the percentage that commute more than 30 minutes | 27% | 26% | ↓ | 35% | 15% |
| Note: N/A Indicates Missing Data * Rank out of 15 Arizona counties ^ Opposite Indicator signifying that an increase is a positive outcome and a decrease is a negative. | | | | | |
| | | | | Source: Countyhealthrankings.org | |

A number of different health factors shape a community's health outcomes. The County Health Rankings model includes four types of health factors: health behaviors, clinical care, social and economic and the physical environment. The following summary shows some of the major improvements from the prior Community Health Needs Assessment to current year and challenges faced by Yavapai County. The improvements/challenges shown below in *Exhibit 22* were determined using a process of comparing the rankings of Yavapai County's health outcomes in the current year to the rankings in the prior CHNA. If the current year rankings showed a significant improvement or decline, they were included in the charts below.

| Exhibit 22 Yavapai Regional Medical Center Yavapai County Improvements and Challenges | |
|--|---|
| Improvements | Challenges |
| Adult Smoking – % of adults smoking at least 100 cigarettes and currently smoking decreased from 19% to 15% | Physical Activity – Percent of adults age 20 and over reporting no leisure time/physical activity increased from 20% to 22% |
| Children In Poverty – % of children under age 18 in poverty decreased from 24% to 20% | Sexually transmitted infections – Chlamydia rate per 100k population increased from 178 to 200 |
| Uninsured Adults – % of population under age 65 without insurance decreased from 22% to 13% | Excessive Drinking – Percent of adults that report excessive drinking in the past 30 days increased from 14% to 16% |
| Teen Births – decreased from 46 to 31 | Injury Deaths – # of deaths due to injury increased from 104 to 122 |
| Unemployment – decreased from 8% to 4.9% | |

As can be seen from the summarized table above, there are several areas that have challenges and room for improvement; however, there were significant improvements made within the CHNA community from the prior report.

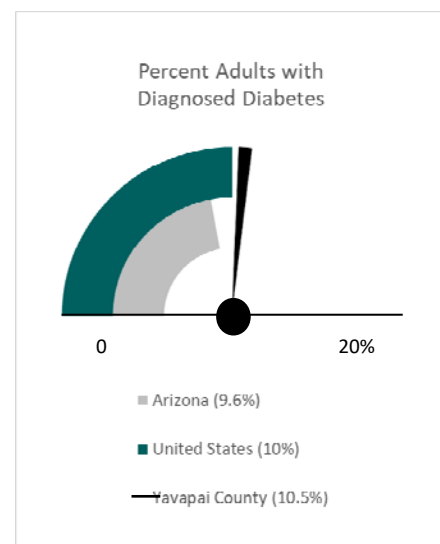
The following exhibits show a more detailed view of certain health outcomes and factors. The percentages for Yavapai County are compared to the state of Arizona and also the United States.

Diabetes (Adult)

Exhibit 23 reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. The CHNA community's percentage is higher than both the state of Arizona and the United States.

| Exhibit 23 Yavapai Regional Medical Center Population with Diagnosed Diabetes | | | |
|--|--|---|--|
| | Total Population Age 20 and Older | Population with Diagnosed Diabetes | Percent with Diagnosed Diabetes |
| Yavapai County | 172,114 | 18,072 | 10.5% |
| Arizona | 4,837,470 | 464,589 | 9.6% |
| United States | 236,919,508 | 23,685,417 | 10.0% |

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013.

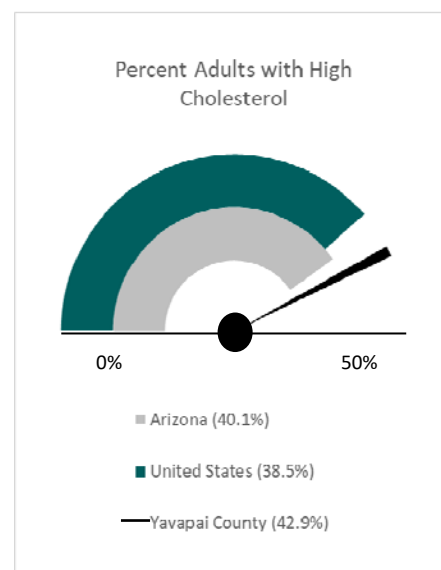


High Cholesterol (Adult)

Exhibit 24 reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse or other health professional that they had high blood cholesterol. The CHNA community's percentage is higher than both the state of Arizona and the United States.

| Exhibit 24 Yavapai Regional Medical Center Population with High Cholesterol | | | |
|--|---|---|--------------------------------------|
| | Survey Population Age 18 and Older | Population with High Cholesterol | Percent with High Cholesterol |
| Yavapai County | 117,426 | 50,326 | 42.9% |
| Arizona | 3,574,797 | 1,434,477 | 40.1% |
| United States | 180,861,326 | 69,662,357 | 38.5% |

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.

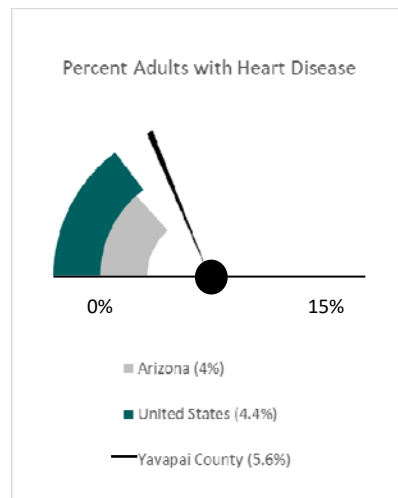


Heart Disease (Adult)

Exhibit 25 reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse or other health professional that they have coronary heart disease or angina. This indicator is relevant because coronary heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol and heart attacks. The community has a percentage higher than both the United States and the state of Arizona.

| Exhibit 25 Yavapai Regional Medical Center Population with Heart Disease | | | |
|---|------------------------------------|-------------------------------|----------------------------|
| | Survey Population Age 18 and Older | Population with Heart Disease | Percent with Heart Disease |
| Yavapai County | 143,702 | 8,045 | 5.6% |
| Arizona | 4,756,743 | 188,990 | 4.0% |
| United States | 236,406,904 | 10,407,185 | 4.4% |

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.

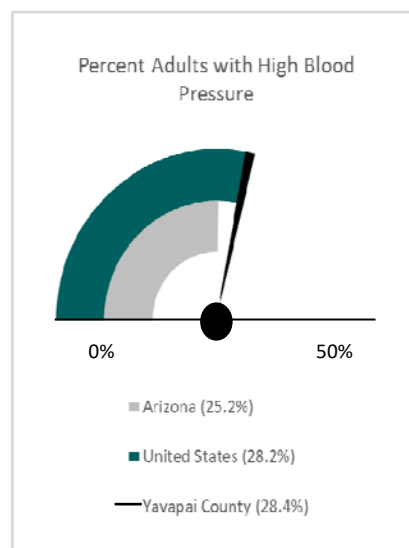


High Blood Pressure (Adult)

Exhibit 26 reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse or other health professional that they had high blood pressure. The community has a percentage higher than both the state of Arizona and the United States.

| Exhibit 26 Yavapai Regional Medical Center Population with High Blood Pressure | | | |
|---|------------------------------------|-------------------------------------|----------------------------------|
| | Survey Population Age 18 and Older | Population with High Blood Pressure | Percent with High Blood Pressure |
| Yavapai County | 170,035 | 48,290 | 28.4% |
| Arizona | 4,714,129 | 1,187,961 | 25.2% |
| United States | 232,556,016 | 65,476,522 | 28.2% |

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-12.

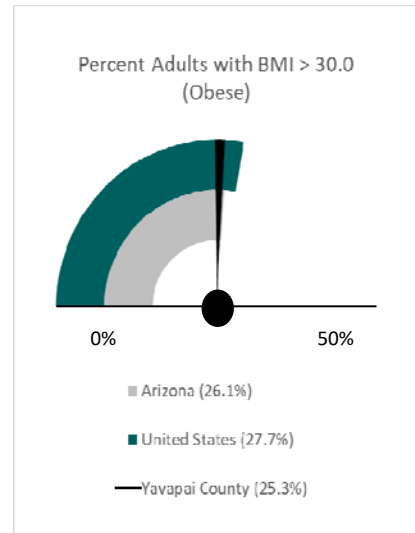


Obesity

Exhibit 27 reports the percentage of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese). Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. The community has a BMI percentage lower than both Arizona and the United States.

| Exhibit 27 Yavapai Regional Medical Center Population with Obesity | | | |
|--|---------------------------------------|---------------------------------------|------------------------------------|
| | Survey Population Age 20 and Older | Population with BMI > 30.0 (Obese) | Percent with BMI > 30.0 (Obese) |
| Yavapai County | 172,316 | 43,596 | 25.3% |
| Arizona | 4,837,328 | 1,262,003 | 26.1% |
| United States | 234,188,203 | 64,884,915 | 27.7% |

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013.

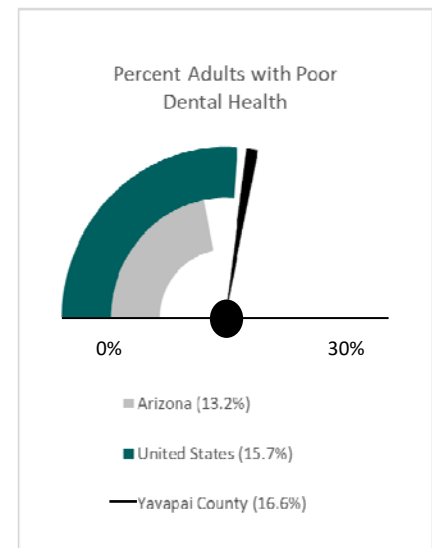


Poor Dental Health

Exhibit 28 reports the percentage of adults aged 18 and older who self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease or infection. This indicator is relevant because it indicates lack of access to dental care and/or social barriers to utilization of dental services. As noted below, the total community has a greater percentage of adults with poor dental health than that of Arizona and the United States.

| Exhibit 28 Yavapai Regional Medical Center Population with Poor Dental Health | | | |
|---|---------------------------------------|---------------------------------------|------------------------------------|
| | Survey Population Age 18 and Older | Population with Poor Dental Health | Percent with Poor Dental Health |
| Yavapai County | 168,095 | 27,828 | 16.6% |
| Arizona | 4,714,129 | 623,759 | 13.2% |
| United States | 235,375,690 | 36,842,620 | 15.7% |

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10.

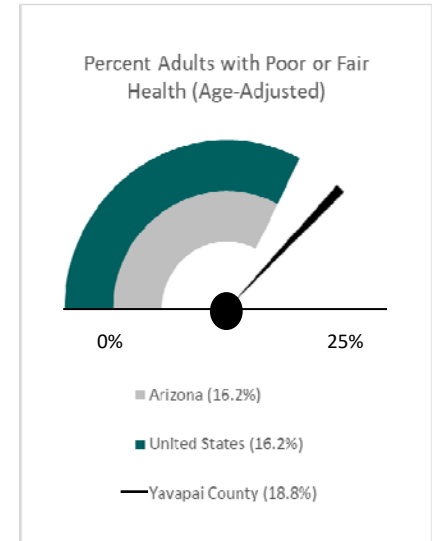


Poor General Health

Exhibit 29 reports the percentage of adults aged 18 and older self-report having poor or fair health in response to the question “Would you say that in general your health is excellent, very good, good, fair or poor?” This indicator is relevant because it is a measure of general poor health status. The community has a greater percentage of adults with poor general health than that of the state of Arizona and the United States.

| Exhibit 29 Yavapai Regional Medical Center Population with Poor General Health | | | |
|---|---------------------------------------|--|-------------------------------------|
| | Survey Population Age 18 and Older | Population with Poor General Health | Percent with Poor General Health |
| Yavapai County | 170,035 | 31,967 | 18.8% |
| Arizona | 4,714,129 | 763,689 | 16.2% |
| United States | 232,556,016 | 37,766,703 | 16.2% |

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES, 2006-12.



Low Birth Weight

Exhibit 30 reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

| Exhibit 30 Yavapai Regional Medical Center Births with Low Birth Weight (under 2500g) | | | |
|--|-------------------|-------------------|---------------------------|
| | Total Live Births | Low Weight Births | Percent Low Weight Births |
| Yavapai County | 15,078 | 1,101 | 7.3% |
| Arizona | 678,482 | 48,172 | 7.1% |
| United States | 29,300,495 | 2,402,641 | 8.2% |

Data Source: US Department of Health Human Services, Health Indicators Warehouse Centers for Disease Control and Prevention. Accessed via CDC WONDER, 2012-16.

Key Stakeholder Surveys/Interviews

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

Methodology

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

A total of 61 stakeholders provided input on the following issues:

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

Key Stakeholder Profiles

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

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

Key Stakeholder Survey Results

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

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

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

On a scale of one to ten (with ten being the highest), the average response to the health of quality and life in Yavapai County was rated as seven. Less than 10 percent (6 out of 61) of respondents rated the average health of quality and life as five or less. Almost 15 percent (9 out of 61) of respondents rated the quality of life as an 8 or higher.

When asked whether the health and quality of life had improved, declined or stayed the same, 23 percent of those that responded to this question felt the health and quality of life had improved over the last three years. Over the last three years, 28 percent of community stakeholders felt that the health and quality of life had declined, while 49 percent of respondents felt the health and quality of life had stayed the same. When asked why the health of the community has remained the same or decreased, key stakeholders repeatedly noted the impact of health issues associated with an aging population as the top reason for the decline in the health and quality of life in Yavapai County. Multiple key stakeholders noted that the health and quality of life has improved due to an increase in providers and specialists in the area, but that due to the growth of the region and aging population, services could still be added or expanded. Other key stakeholders noted that there are more activities in the community and people continue to become more active, contributing to an improved quality of life.

"We are in a retirement community and although we are sustaining a lot of growth, the overall health of the retirees within the community doesn't appear to have changed much."

"There are more organized activities available for all ages. Also, those who have moved in have come from places that have a larger focus on individual health."

"In many cases it is the aging population experiencing health issues, but services have improved greatly here to address them."

"I see individuals trying now to improve their quality of life by eating healthier & not drinking like they used to. Even though this affected them when they were young they are persuading their younger children and grandchildren to eat and drink healthy items."

"Providers numbers have increased over the past three years but so has market growth. Access to care remains an issue due to market growth"

2. Underserved populations and communities of need

Key stakeholders were asked to provide their opinions regarding specific populations or groups of people whose health or quality of life may not be as good as others. They were also asked to provide their opinions as to why they thought these populations were underserved or in need. Each key stakeholder was asked to consider the specific populations they serve or those with which they usually work.

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

The elderly were also identified as a population that is faced with challenges accessing care due to limited transportation and fixed incomes, as well as rising health care costs. Many seniors in the community live alone and do not have assistance to drive them to appointments, which can lead to missed doctor's visits.

Stakeholders also mentioned that people living in rural areas are at a disadvantage due to lack of offices and transportation. People have to travel long distances to receive health care and the region lacks a public transit system. Many people in the area do not have cars and this prevents them from getting medical attention when needed. Health care facilities in rural areas are so dispersed that when individuals are able to make it to a physician office they face long wait times.

People suffering from mental illness were another group identified as an underserved population. This is due to lack of medical providers as well as a lack of available social services. The limited mental health service options in the region mean people have to travel without reliable means of transportation. Mental health needs are often long term needs that are complicated to serve, meaning more mental health specialists need to be added to the community to help better serve this population. Additionally the stigma surrounding mental illness prevents people from getting the help they need.

Key stakeholders were then asked to provide opinions regarding actions that should be taken to respond to the identified needs above.

Stakeholders repeatedly mentioned access to healthy food is limited. A lack of means of transportation to access healthy food, results in many people eating unhealthy meals. Many mentioned food deserts around the county; these deserts can lead to individuals needing to travel significant distances to have access to healthy foods. The limited access to healthy food leads to groups suffering from malnutrition. The lack of access to healthy foods impacts all the groups above, but is particularly hard on the rural community members as well as those living on low or fixed incomes. Stakeholders noted that by expanding the public transit system people would be able to have more access to healthier food options.

Expanding public transportation was often mentioned as a way to serve the rural community, as well as a way to serve the elderly, mentally ill and low income populations. Developing an affordable and reliable public transit system would expand offerings to many underserved groups by allowing them better access to health care and the opportunity to take preventive health measures in their life.

Stakeholders also mentioned that increasing access to specialized health providers is needed in the community. In order to better serve the elderly and mentally ill, as well as those suffering from substance abuse, stakeholders believe access to specialized health services providers needs to be expanded. This would also help reduce long wait times for patients at appointments.

Most stakeholders believe underserved populations could be helped by efforts to address the issues of health insurance and health plans not servicing certain areas, as well as providers not accepting certain insurance. Improving affordable health insurance options was mentioned as a way to help serve all groups mentioned above.

“We have a high percentage of people in food deserts, who do not have access to healthy foods, nor the transportation to get to healthy foods. Having a public transit system for people to get to health care providers is necessary, it is a huge barrier for rural areas. Meeting people where they are in rural areas with health care, perhaps with mobile units.”

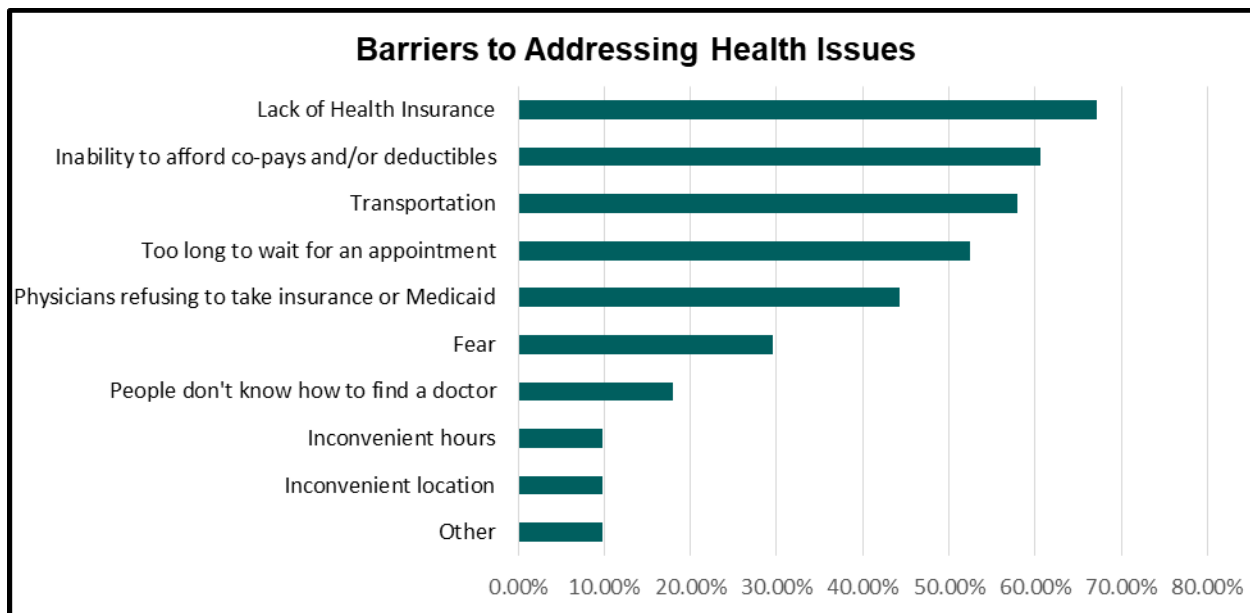
“The population of individuals in poverty and those with substance use disorder experience a lower quality of life here due to the preponderance of “TAU” treatment as usual.”

“People without transportation; people having to live further away from health care providers due to high cost of living in the incorporated area.”

“Access to adequate transportation including public transportation is essential for access to medical services, prescriptions, and staying active.”

3. Barriers

The survey included an assessment of community perceptions of major barriers to addressing health issues. The majority of responses for barriers to addressing health issues center around health insurance and cost. Lack of health insurance (67.21 percent), inability to afford co-pays and deductibles (60.66 percent), and physicians refusing to take insurance or Medicaid (44.26 percent) were all reported as large barriers to addressing health issues. Other major barriers included transportation (57.88 percent) and long wait times (52.46 percent).

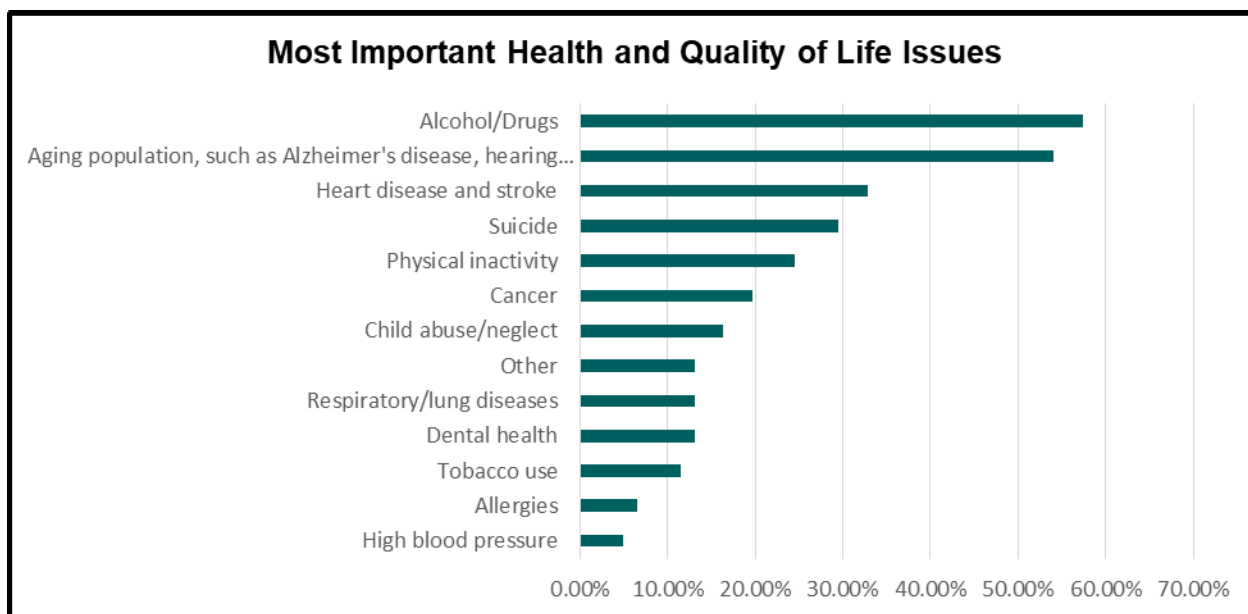


Key stakeholders identified the following as the main reasons why people are not able to access health services:

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

4. Most important health and quality of life issues

The survey solicited input from participants regarding health problems of the community. Key stakeholders were asked to identify the three most important health and quality of life issues the community faces. Alcohol/Drugs, Aging Population and Heart Disease/Stroke were identified as the biggest health and quality of life issues in the community.



“Improve transportation, prevention education, caregiver support, increased affordable independent and assisted living option for older adults, increased behavioral health care providers who accept Medicare, gerontologists.”

“Education for community members & healthcare professionals. Reduction of bias and stigma surrounding specific populations.”

Key stakeholders were also asked what could be done to help address these critical issues. The most common responses to addressing these needs were transportation, education, increasing specialized service offerings and collaboration with other community resources and agencies.

Many key stakeholders indicated that improved public transportation would be vital in addressing the most important needs of the community. Improved public transportation would allow travel to behavioral health and substance abuse centers, assist the aging population with getting needed medical care, help patients access the specialists they need and allow individuals the opportunity to access healthy food options.

Increased education is another way many key stakeholders believe these critical issues could be addressed. Key stakeholders recommended education in a number of areas. Many stakeholders believe people would benefit from education related to health insurance. There is also a great need for more education related to drug and alcohol abuse considering this was identified as one of the top issues by over 50 percent of respondents. Stakeholders recommended this education begin in schools, and additional outreach programs could be added throughout the community.

The aging population of the community is another top concern for many stakeholders. The overwhelming recommendation to meet this need is increasing specialized service providers. Treating the elderly presents unique challenges. Patients can become isolated for a variety of reasons. Securing access to reliable transportation can be difficult for the aging population, which can be a barrier to receiving treatment when specialists are dispersed through the region. Due to the chronic health issues they face, finding specialists that can help them develop a comprehensive health plan is a top priority.

Another theme many key stakeholders noted is collaboration throughout the community. Multiple stakeholders mentioned joining agencies together to help educate and build the community. Collaboration may provide more access to health care by sharing resources and knowledge.

Key Stakeholder Interview Results

YRMC staff conducted two personal interviews in conjunction with the CHNA process. The first interview was with Leslie Horton, Director of Yavapai County Community Health Services (YCCHS). The other interview was with several representatives from the Yavapai Prescott Indian Tribe which is located within the service area covered by YRMC.

YCCHS facilitates collaborative efforts throughout the County by coordinating the Community Health Improvement Partnership (CHIP). The expanse of Yavapai County is such that there are two segments for CHIP: one located in Cottonwood for the eastern portion of the county and the other located in Prescott for the western portion of the county. YRMC participates in the CHIP meetings in Prescott.

Ms. Horton, Director of YCCHS, discussed an in-depth perspective of health in our region. She recognizes that YRMC purchases Naloxone for local law enforcement agencies, we provide referral resources for patients seeking assistance with drug or alcohol dependency and our providers work with patients who manage chronic pain in an effort to reduce opioid use.

Mental health continues to be an area of concern for our region and although we've had some progress, there remains much work to be done. Suicide continues to be a major issue for the area which is consistent with findings in past CHNAs.

Transportation continues to be a barrier for many people and obesity, especially childhood obesity, is of concern as well. Our rapidly-expanding population is dealing with Alzheimers' Disease at an increasing rate and heart disease is also a growing concern.

Ms. Horton also mentioned that vaccination rates for western Yavapai County are of concern. Incidentally, YRMC's Partners for Healthy Students Program (PHS) works in collaboration with YCCHS to provide free vaccinations for schoolchildren and their younger siblings. PHS is a free primary care program for school aged children and their young siblings. It's staffed by pediatric nurse practitioners and has a pediatrician as medical director.

The other personal interview conducted by YRMC staff was with six representatives of the Yavapai Prescott Indian Tribe (YPIT) including Linda Ogo, Culture Research Department Director. This dialogue was also very informative and, among other things, we discussed YPIT's wellness programs. The variety of programs offered by the Tribe is very impressive. YRMC has worked with the Tribe regarding diabetes education and we are happy to provide speakers for any of their wellness programs and activities.

There was discussion regarding some glitches with Tribal members and the Benefits staff having challenges identifying the appropriate contact person(s) at YRMC to answer questions and to maintain a consistent dialog to minimize the need to start over with a different YRMC Patient Financial Services staff member. YRMC is remedying that situation for your Tribal neighbors and their Benefits staff.

Health Issues of Vulnerable Populations

According to Dignity Health's Community Need Index (See *Appendix C*), the Medical Center's community has a moderate level of need. The CNI score is an average of five different barrier scores that measure socioeconomic indicators of each community (income, cultural, education, insurance and housing). The zip codes in the community that have the highest need in the community are listed in *Exhibit 32*.

| Exhibit 32 | | | | |
|--|-------------------|-------------------|-------------------|---------------|
| Yavapai Regional Medical Center | | | | |
| Zip Codes with Highest Community Need Index | | | | |
| Zip Code | CNI Score* | Population | City | County |
| 86314 | 4.0 | 37,060 | Prescott Valley | Yavapai |
| 86320 | 4.0 | 1,090 | Ash Fork | Yavapai |
| 86322 | 3.8 | 12,170 | Camp Verde | Yavapai |
| 86326 | 3.8 | 23,593 | Cottonwood | Yavapai |
| 86333 | 3.8 | 6,406 | Mayer | Yavapai |
| 86334 | 3.8 | 5,397 | Paulden | Yavapai |
| 85324 | 3.4 | 3,444 | Black Canyon City | Yavapai |
| 86332 | 3.4 | 3,015 | Kirkland | Yavapai |
| 86335 | 3.4 | 5,653 | Rimrock | Yavapai |
| 86331 | 3.2 | 616 | Jerome | Yavapai |
| 86301 | 3.0 | 22,137 | Prescott | Yavapai |
| 86303 | 3.0 | 17,753 | Prescott | Yavapai |

* Scale of 1 (Lowest Need) to 5 (Highest Need)
Source: Dignity Health Community Need Index

Information Gaps

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

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

Prioritization of Identified Health Needs

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

Using findings obtained through the collection of primary and secondary data, the Medical Center completed an analysis of these inputs (see *Appendices*) to identify community health needs. The following data was analyzed to identify health needs for the community:

Leading Causes of Death

Leading causes of death for the community and the death rates for the leading causes of death for each county within the Medical Center's CHNA community were compared to U.S. adjusted death rates. Causes of death in which the county rate compared unfavorably to the U.S. adjusted death rate resulted in a health need for the Medical Center CHNA community.

Health Outcomes and Factors

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

Primary Data

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

Health Needs of Vulnerable Populations

Health needs of vulnerable populations were included for ranking purposes.

To facilitate prioritization of identified health needs, a ranking process was used. Health needs were ranked based on the following four factors. Each factor received a score between 0 and 5.

1. How many people are affected by the issue or size of the issue?

For this factor, ratings were based on the percentage of the community who are impacted by the identified need. The following scale was utilized:

- i. >25% of the community = 5
- ii. >15% and <25% = 4
- iii. >10% and <15% = 3
- iv. >5% and <10% = 2
- v. <5% = 1

2. What are the consequences of not addressing this problem?

Identified health needs, which have a high death rate or have a high impact on chronic diseases, received a higher rating.

3. What is the impact on vulnerable populations?

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

4. Prevalence of common themes.

The rating for this factor was determined by how many sources of data (Leading Causes of Death, Primary Causes for Inpatient Medical Centerization, Health Outcomes and Factors and Primary Data) identified the need.

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



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| Exhibit 33 Yavapai Regional Medical Center Ranking of Community Health Needs | | | | | | |
|---|---|--|--|------------------------------------|--------------------|--|
| Health Problem | How many people are affected by the issue? | What are the consequences of not addressing this problem? | What is the impact on vulnerable populations? | Prevalence of common themes | Total Score | |
| Healthy Behaviors/Lifestyle Changes | 5 | 5 | 5 | 3 | 18 | |
| Lack of Primary Care Physicians | 4 | 5 | 5 | 3 | 17 | |
| Transportation, Especially in Rural Areas | 4 | 3 | 5 | 5 | 17 | |
| Aging Population | 4 | 3 | 5 | 5 | 17 | |
| Lack of Health Knowledge | 4 | 4 | 5 | 3 | 16 | |
| Physical Inactivity | 4 | 5 | 4 | 3 | 16 | |
| High Cost of Health Care | 4 | 4 | 5 | 3 | 16 | |
| Lack of Mental Health Providers | 3 | 4 | 5 | 3 | 15 | |
| Poverty/Children in Poverty/Lack of Financial Resources | 3 | 4 | 4 | 3 | 14 | |
| Uninsured | 3 | 4 | 3 | 3 | 13 | |
| Limited Access to Healthy Foods | 3 | 3 | 3 | 3 | 12 | |
| Adult Obesity | 3 | 4 | 2 | 1 | 10 | |
| Children in Single-Parent Households | 3 | 2 | 1 | 3 | 9 | |
| Adult Smoking | 3 | 3 | 1 | 1 | 8 | |
| Lung Disease | 2 | 3 | 1 | 1 | 7 | |
| Lack of Agency Collaboration | 3 | 2 | 1 | 1 | 7 | |
| Unintentional Injury | 1 | 2 | 1 | 3 | 7 | |
| Sexually Transmitted Infections | 1 | 2 | 1 | 3 | 7 | |
| Poor Dental Health | 2 | 2 | 1 | 1 | 6 | |
| Adult Asthma | 2 | 2 | 1 | 1 | 6 | |
| Alcohol Impaired Driving Deaths | 2 | 2 | 1 | 1 | 6 | |
| Teen Birth Rate | 1 | 2 | 1 | 1 | 5 | |
| Pre-term births/Low birth weight | 1 | 2 | 1 | 1 | 5 | |
| Violent Crime Rate | 1 | 2 | 1 | 1 | 5 | |

Management's Prioritization Process

For the health needs prioritization process, the Medical Center engaged a leadership team to review the most significant health needs reported in the prior CHNA, as well as in *Exhibit 33* using the following criteria:

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

Based on the criteria outlined above, any health need that scored a 13 or more (out of a possible 20) was identified as a priority area that would be addressed through Yavapai Regional Medical Center's Implementation Strategy for fiscal year 2020 through 2022. These include:

- ✓ Healthy Behaviors/Lifestyle Changes
- ✓ Lack of Primary Care Physicians
- ✓ Transportation, Especially in Rural Areas
- ✓ Aging Population
- ✓ Lack of Health Knowledge
- ✓ Physical Inactivity
- ✓ High Cost of Health Care
- ✓ Lack of Mental Health Providers
- ✓ Poverty/Children in Poverty/Lack of Financial Resources
- ✓ Uninsured

Resources Available to Address Significant Health Needs

Health Care Resources

The availability of health resources is a critical component to the health of a county's residents and a measure of the soundness of the area's health care delivery system. An adequate number of health care facilities and health care providers is vital for sustaining a community's health status. Fewer health care facilities and health care providers can impact the timely delivery of services. A limited supply of health resources, especially providers, results in the limited capacity of the health care delivery system to absorb charity and indigent care as there are fewer providers upon which to distribute the burden of indigent care.

Hospitals and Health Centers

The Medical Center has 206 beds. Residents of the community also take advantage of services provided by hospitals in neighboring counties, as well as services offered by other facilities and providers.

Exhibit 34 summarizes acute care hospital services available:

| Exhibit 34 Yavapai Regional Medical Center Summary of Acute Care Hospitals | | | |
|--|---|--------------------------------------|---|
| Facility | Yavapai Regional Medical Center | Yavapai Regional Medical Center-East | Verde Valley Medical Center |
| Address | 1003 Willow Creak Road Prescott, AZ 86301-1168 | 7700 East Florentine Road | 269 South Candy Lane Cottonwood, AZ 86326-4170 |
| County | Yavapai | Yavapai | Yavapai |
| Miles from Prescott, AZ | 1.6 | 8.5 | 28.3 |
| Beds* | 206 | 56 | 93 |
| Facility Type | Short Term Acute Care | Short Term Acute Care | Short Term Acute Care |
| <p>* Includes subprovider beds, excludes skilled nursing facility beds</p> <p>Source: US Hospital Finder - http://www.ushospitalfinder.com/</p> | | | |

Other Health Care Facilities and Providers

Short-term acute care hospital services are not the only health services available to members of the Medical Center's community. *Exhibit 35* provides a listing of community health centers and rural health clinics within the Medical Center's community.

| Exhibit 35 Yavapai Regional Medical Center Summary of Other Health Care Facilities | | | |
|--|--|---------------|-------------------------|
| Facility | Address | County | Facility Type |
| Prescott | 1090 Commerce Dr. Prescott, AZ 86305-3700 | Yavapai | Community Health Center |
| Prescott Valley | 3212 N Windsong Dr. Prescott Valley, AZ 86314-2255 | Yavapai | Community Health Center |
| Cottonwood | 51 S Brian Mickelsen Pkwy Cottonwood, AZ 86326-3610 | Yavapai | Community Health Center |
| * Primary Health Network Source: Find A Health Center - https://www.findahealthcenter.hrsa.gov/ | | | |

Health Departments

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

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

Yavapai County Community Health Services is also offering free one-on-one enrollment assistance meetings to anyone living in Yavapai County that doesn't currently have insurance, is not happy with the health insurance coverage they have or just wants to know more about how the new *Healthcare Reform Act* and if the *Affordable Care Act* will affect them personally.

APPENDICES

APPENDIX A
ANALYSIS OF DATA



| Yavapai Regional Medical Center Analysis of CHNA Data Analysis of Health Status-Leading Causes of Death (2018) | | | | | |
|---|------------------------|------------------------|--------------------------------|---|--|
| | U.S. Crude Rates | Arizona Crude Rates | (A) County Crude Rate | (B) 10% Increase of Arizona Crude Rate | If County Rate is Greater Than 10% over Arizona Rate, (A) > (B), then "Health Need" |
| Yavapai County | | | | | |
| Heart Disease | 194.2 | 165.3 | 270.4 | 181.8 | Health Need |
| Cancer | 185.3 | 170.9 | 297.7 | 188.0 | Health Need |
| Ischaemic Heart Disease | 115.3 | 110.6 | 177.1 | 121.7 | Health Need |
| Lung Disease | 47.0 | 51.8 | 105.7 | 57.0 | Health Need |
| Stroke | 42.2 | 34.6 | 61.3 | 38.1 | Health Need |

The crude rate is shown per 100,000 residents. Refer to Exhibit 20 for more information

| Yavapai Regional Medical Center Analysis of CHNA Data Analysis of Health Outcomes and Factors (2018) | | | | | |
|---|------------------------|------------------------|--------------------------------|---|--|
| | U.S. Crude Rates | Arizona Crude Rates | (A) County Crude Rate | (B) 10% Increase of Arizona Crude Rate | If County Rate is Greater Than 10% over Arizona Rate, (A) > (B), then "Health Need" |
| Yavapai County | | | | | |
| Adult Smoking | 14.0% | 15.0% | 15.0% | 16.5% | |
| Adult Obesity | 26.0% | 27.0% | 23.0% | 29.7% | |
| Food Environment Index [^] | 8.6 | 6.4 | 6.6 | 7.0 | Health Need |
| Physical Inactivity | 20.0% | 20.0% | 22.0% | 22.0% | |
| Access to Exercise Opportunities [^] | 91.0% | 86.0% | 88.0% | 94.6% | Health Need |
| Excessive Drinking | 13.0% | 17.0% | 16.0% | 18.7% | |
| Alcohol-Impaired Driving Deaths | 13.0% | 27.0% | 21.0% | 29.7% | |
| Sexually Transmitted Infections | 145 | 481 | 200 | 529 | |
| Teen Birth Rate | 15 | 33 | 31 | 36 | |
| Uninsured | 6.0% | 13.0% | 13.0% | 14.3% | |
| Primary Care Physicians | 1,030 | 1,520 | 1,680 | 1,672 | Health Need |
| Dentists | 1,280 | 1,660 | 1,600 | 1,826 | |
| Mental Health Providers | 330 | 820 | 600 | 902 | |
| Preventable Hospital Stays | 35 | 36 | 23 | 40 | |
| Diabetic Screen Rate [^] | 91.0% | 80.0% | 83.0% | 88.0% | Health Need |
| Mammography Screening [^] | 71.0% | 64.0% | 66.0% | 70.4% | Health Need |
| Children in Poverty | 12% | 24% | 20% | 26% | |
| Children in Single-Parent Households | 20.0% | 36.0% | 31.0% | 39.6% | |
| Violent Crime Rate | 62 | 415 | 289 | 457 | |

[^] Opposite Indicator signifying that lower amount is unfavorable rate

APPENDIX B

SOURCES



| DATA TYPE | SOURCE | YEAR(S) |
|--|---|-------------|
| Discharges by Zip Code | Health Dimensions Group, <i>Market Snapshot Analysis Report, 2019</i> | 2019 |
| Community Details: Population & Demographics | U.S. Census Bureau, American Community Survey http://factfinder.census.gov | 2017 |
| Community Details: Urban/Rural Population | U.S. Census Bureau, 2010 Census http://factfinder.census.gov | 2010 |
| Socioeconomic Characteristics: Income | U.S. Census Bureau, American Community Survey http://factfinder.census.gov | 2017 |
| Socioeconomic Characteristics: Employment by Major Industry | US Department of Labor , Bureau of Labor Statistics http://www.bls.gov/cew/datatoc.htm | 2017 |
| Socioeconomic Characteristics: Unemployment | Community Commons via US Department of Labor, Bureau of Labor Statistics http://www.communitycommons.org/ | 2018 |
| Socioeconomic Characteristics: Poverty | U.S. Census Bureau, American Community Survey http://factfinder.census.gov | 2017 |
| Socioeconomic Characteristics: Uninsured | U.S. Census Bureau, American Community Survey http://factfinder.census.gov | 2017 |
| Socioeconomic Characteristics: Medicaid | Community Commons via U.S. Census Bureau, American Community Survey http://www.communitycommons.org/ | 2012 - 2016 |
| Socioeconomic Characteristics: Education | U.S. Census Bureau, American Community Survey http://factfinder.census.gov | 2012 - 2016 |
| Physical Environment: Grocery Store Access | U.S. Census Bureau, County Business Patterns http://www.communitycommons.org/ | 2016 |
| Physical Environment: Food Access/Food Deserts | Community Commons via US Department of Agriculture http://www.communitycommons.org/ | 2015 |
| Physical Environment: Recreation/Fitness Access | Community Commons via U.S. Census Bureau, County Business Patterns http://www.communitycommons.org/ | 2016 |
| Physical Environment: Physical Inactivity | Community Commons via Centers for Disease Control & Prevention http://www.communitycommons.org/ | 2013 |
| Clinical Care: Access to Primary Care | Community Commons via US Department of Health & Human Services http://www.communitycommons.org/ | 2014 |
| Clinical Care: Lack of Source to Primary Care | Community Commons via Centers for Disease Control & Prevention http://www.communitycommons.org/ | 2011 - 2012 |
| Clinical Care: Professional Shortage Area | Community Commons via US Department of Health & Human Services http://www.communitycommons.org/ | 2016 |
| Critical Care: Preventable Hospital Events | Community Commons via Dartmouth College Institute for Health Policy http://www.communitycommons.org/ | 2014 |
| Leading Causes of Death | Community Commons via Centers for Disease Control and Prevention http://www.communitycommons.org/ | 2012-2016 |
| Health Outcomes and Factors | County Health Rankings http://www.countyhealthrankings.org/ | 2015 & 2018 |
| Health Outcome Details | Community Commons http://www.communitycommons.org/ | 2006 - 2013 |
| Zip Codes with Highest CNI | Dignity Health Community Needs Index http://cni.chw-interactive.org/ | 2018 |
| Health Care Resources: Hospitals | US Hospital Finder http://www.ushospitalfinder.com/ | 2018 |
| Health Care Resources: Hospitals Cost Reports | Cost Report Data https://www.costreportdata.com/ | 2018 |
| Health Care Resources: Community Health Centers | Find A Health Center https://www.findahealthcenter.hrsa.gov/ | 2018 |

APPENDIX C
DIGNITY HEALTH COMMUNITY NEED INDEX
(CNI) REPORT

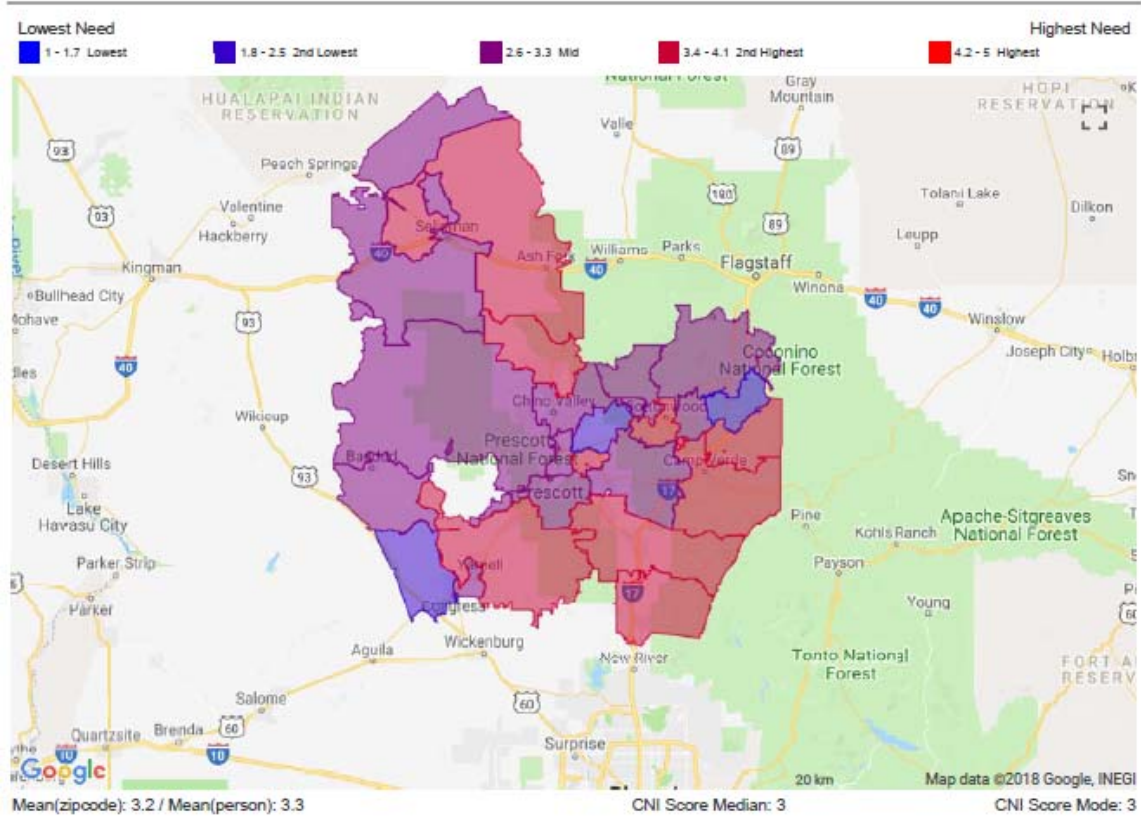


YAVAPAI REGIONAL MEDICAL CENTER

Proudly Caring for Western Yavapai County

Community Health Needs Assessment 2019

Yavapai County



| Zip Code | CNI Score | Population | City | County | State |
|----------|-----------|------------|-------------------|---------|---------|
| 85324 | 3.4 | 3444 | Black Canyon City | Yavapai | Arizona |
| 85332 | 2.4 | 2312 | Congress | Yavapai | Arizona |
| 85362 | 2.8 | 50 | Yarnell | Yavapai | Arizona |
| 86301 | 3 | 22137 | Prescott | Yavapai | Arizona |
| 86303 | 3 | 17753 | Prescott | Yavapai | Arizona |
| 86305 | 2.6 | 20299 | Prescott | Yavapai | Arizona |
| 86314 | 4 | 37060 | Prescott Valley | Yavapai | Arizona |
| 86315 | 2.2 | 8693 | Prescott Valley | Yavapai | Arizona |
| 86320 | 4 | 1090 | Ash Fork | Yavapai | Arizona |
| 86321 | 3 | 2002 | Bagdad | Yavapai | Arizona |
| 86322 | 3.8 | 12170 | Camp Verde | Yavapai | Arizona |
| 86323 | 3 | 18316 | Chino Valley | Yavapai | Arizona |
| 86324 | 3 | 5466 | Clarkdale | Yavapai | Arizona |
| 86325 | 2.8 | 5694 | Comville | Yavapai | Arizona |
| 86326 | 3.8 | 23593 | Cottonwood | Yavapai | Arizona |
| 86327 | 3 | 11687 | Dewey | Yavapai | Arizona |
| 86331 | 3.2 | 616 | Jerome | Yavapai | Arizona |
| 86332 | 3.4 | 3015 | Kirkland | Yavapai | Arizona |
| 86333 | 3.8 | 6406 | Mayer | Yavapai | Arizona |
| 86334 | 3.8 | 5397 | Paulden | Yavapai | Arizona |
| 86335 | 3.4 | 5653 | Rimrock | Yavapai | Arizona |
| 86336 | 3 | 11703 | Sedona | Yavapai | Arizona |
| 86337 | 3 | 1501 | Seligman | Yavapai | Arizona |
| 86351 | 2.4 | 6671 | Sedona | Yavapai | Arizona |

APPENDIX D
KEY STAKEHOLDER SURVEY PROTOCOL

Key Stakeholder Survey

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

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

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

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

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

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

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

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

1. Aging Population, such as Alzheimer's disease, hearing loss, memory loss or arthritis
2. Alcohol/Drugs
3. Allergies
4. Cancers
5. Child Abuse/Neglect
6. Dental Health
7. Dropping Out of High School
8. Diabetes
9. Environmental Pollution
10. Heart Disease and Stroke
11. High Blood Pressure



12. Infant Mortality
13. Mental Health Issues
14. Not Seeing Doctor for Routine Checkups
15. Obesity
16. Physical Inactivity
17. Respiratory/Lung Disease
18. Sexually Transmitted Diseases
19. Suicide
20. Teenage Pregnancy
21. Tobacco Use
22. Unhealthy Eating/Food Insecurity
23. Other _____

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

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

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

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