Community Health Needs Assessment

Fiscal Year Ending June 30, 2022

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INTRODUCTION

The 2010 passage of the *Patient Protection and Affordable Care Act* (PPACA) ushered in new reporting requirements for health care organizations. Per IRC Section 501(r), private, nonprofit hospitals must:

- Conduct a community health needs assessment (CHNA) at least once every three years on a facility-by-facility basis.
- Identify action plans and strategies to address community needs identified in the assessment and report needs not being addressed (with reasons why such needs are not being addressed).
- Report CHNA results to the public.

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

The CHNA process involved:

- An evaluation of the Implementation Strategy for needs assessment completed in 2019.
- Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, as well as health care resources.
- Interviews with key stakeholders who represent a) broad interests of the community, b) population of need, or c) persons with specialized knowledge in public health.

This document is a summary of all the available evidence collected during the community health needs assessment conducted in tax year 2021. It will serve as a compliance document as well as a resource until the next assessment cycle. Both the process and document serve as a means for prioritizing the community's health needs and will aid in planning to meet those needs.

SUMMARY OF COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

Community health improvement efforts are most successful when they are grounded in collective impact, where structured collaborative efforts yield substantial impact on a large-scale social problem. Collective impact focuses on cooperation, collaboration, and partnership to help achieve common priorities and inform partners' investment strategies.

Hospital facilities must take into account input from people who represent the broad interests of its community, including those with special knowledge of or expertise in public health.

Polara Health engaged FORVIS, LLP to conduct a formal community health needs assessment (CHNA). FORVIS, LLP is among the nation's top 10 professional service firms with more than 5,500 employees who serve clients in all 50 states as well as across the globe. FORVIS serves more than 1,000 hospitals and health care systems across the nation.

This CHNA was conducted April–June 2022.

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

- An evaluation of the impact of actions taken to address the significant health needs identified in the prior community health needs assessment was completed to understand the effectiveness of the Hospital's current strategies and programs.
- The "community" served by the Hospital was defined by utilizing inpatient discharge data regarding patient origin. This process is further described in *Community Served by the Hospital* section.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties. 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.
- Community input was provided through key stakeholder interviews. 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, minority groups, and the community as a whole. Health needs were ranked utilizing a method that weighs: 1) the size of the problem, 2) the seriousness of the problem, 3) the prevalence of the problems, and 4) Alignment of the problem with the Hospital's goals and resources (The Hospital's ability to address the issues).
- An inventory of health care facilities and other community resources potentially available to address significant health needs identified through the CHNA was prepared and collaborative efforts were identified.

General Description of Hospital

West Yavapai Guidance Clinic, now doing business as Polara Health, has been serving residents of Yavapai County since 1966 as an integrated behavioral healthcare provider, serving more than 7,500 children, youth, adults and seniors annually, with a wide array of holistic wellness programs. Polara Health's mission is to provide accessible, compassionate holistic healthcare that strengthens our community.

Polara Health is uniquely able to offer our community a comprehensive continuum of care, encompassing primary medical care, prevention outreach and education, outpatient mental health and substance use disorder treatment, supportive transitional and permanent subsidized housing programs, a residential substance use treatment center, inpatient psychiatric care, peer support services, vocational rehabilitation, a Crisis Stabilization Unit, and more, all through one integrated agency.

Polara Health specialized treatment services include:

- Outpatient counseling and case management for children and adults
- Outpatient psychiatric services, including medication monitoring, for children and adults
- Outpatient substance abuse treatment for adults and adolescents
- Residential substance abuse treatment in a 23-bed program on site, for adults
- Eight-bed supervised transitional living program for adults with serious mental illness
- Job training and coaching
- 24-hour crisis intervention system
- Integrated Care including Primary Care Services
- 10 chair and 8 bed Crisis Stabilization Unit
- 16 bed Adult Inpatient Psychiatric Unit
- Prevention services focused on older adults who are in need of emotional support

Substance Abuse Disorder – Residential (SUD-R)

Polara Health's substance use services address the whole person. People who misuse substances often have a wide variety of issues that affect their recovery. SUD-R addresses these issues including, but not limited to physical health, substance misuse, mental health, relationships and spiritual health. Our goal is to work in partnership with people to address the concerns that matter most to them. We accept referrals both from internal teams but also from other behavioral health agencies, hospitals, probation and jail. Substance Use Disorder – Residential (SUD-R) is a residential 30, 60 or 90 day program, which provides intensive substance use disorders and addiction treatment, including dependence on heroin and other opioids, alcohol and other classes of drugs. Our rate of program completion is 18% higher than the national average. Successful completion of the program includes stepping down to Intensive Outpatient Services/Enhanced Outpatient Services (IOP/EOP), Individual Therapy, Medically Assisted Treatment (MAT), Sober Living and/or other individualized outpatient services. To meet the needs of our clients SUD-R treatment includes:

- Group therapy
- Individual therapy provided by a licensed therapist
- Indoor and outdoor activity groups
- Involvement in therapeutic community living
- Vocational services to include assistance with state agencies

- Medication monitoring
- RN Assessment upon admission
- Medical admission orders
- Psychiatric evaluation and care as needed – psychiatric symptoms interfering with their ability to complete the program
- Physical Health services as needed

Mission: The mission of Polara Health is to provide accessible, compassionate, holistic care that strengthens our community.

Vision: To be recognized for healthcare that exceeds expectations while maintaining our uncompromising principles and a sense of community that unites us in driving out stigma and celebrates health and empowerment for all.

Values: Quality, Integrity, and Compassion.

EVALUATION OF PRIOR IMPLEMENTATION STRATEGY

The implementation strategies and progress are monitored within the offices of Polara Health. The Clinic made progress in each of the priority areas during the last three years. Strategies and outcomes for each priority area are summarized below.

PRIORITY 1: Need for increased integration between primary care and mental health services

Goal 1: *Improved collaboration and ensure that providers are aware of health needs*

Strategies: **A.** Health Information Exchange **(**HIE) portal – **Goal Met**

The QM Intergrated Care Coordinator position has been in place and tracking the information shared through the HIE Portal since 2020. From 2020 to 2021, there has been a 350% increase in the amount of transcriptions being shared with the Behavioral Health Home. This increased access to information has allowed us to share both medical and behavioral health information with the Polara Health Treatment Team. In 25% of those cases, outreach with 1-5 days was needed for increased engagement with follow-up care. The system provides information on closed clients and auto-assigned clients which requires staff looking up the client in our electronic health record; the Polara team would benefit from being able to outreach to those clients for possible reengagement or new enrollments. In 2022, there has already been a 125% increase in transcripts and 25% have required engagement for the best health outcomes regarding follow up care.

B. Going out into the community to establish relationships with providers **-Goal Met**

Members of the Senior Leadership Team and Marketing Department have identified and acquired successful collaborations with Ponderosa Pediatrics, Yavapai Regional Medical Center, Life Line, Good Samaritan, Boys and Girls Club, Yavapai County Detention Center, Yavapai County Jail, Prescott Valley Police Department, Phoenix Children's Hospital, Verde Valley School District and are consistently working to expand our community partnerships.

Goal 2: *Connect clients to primary care providers*

Strategies: **A.** Coordination of Care/Release of Information (ROI) at first appointment for their Primary Care Provider (PCP) (cover sheet goes to PCP, and include 42 CFR, and purpose of our coordination of care) **- Goal Met**

The Coordination of Care process remains in place and training has been ongoing. However, we still have a large number of clients who do not have an identified Primary Care Provider in their electronic health record. This prevents actual sharing of information or coordination of care, yet is still an administrative burden to complete documentation for the electronic health record. Our Practice Manager in Primary Care would like to begin outreach efforts to this list of over 450 clients with no PCP, the goal would be to enroll them in services with Polara Health or help get them connected with a partner provider.

B. Refer to our internal Primary Care Department (PCD) if the client does not have one- **Not Met**

Due to turn over of staff in Primary Care and gaps in staffing patterns, we have not made as many internal referrals as we would like. Knowledge of the expansion of services beyond SMI clients or Polara Health BH clients was not communicated efficiently across the agency. The elimination of an intake to receive Primary Care services could prove to be a huge benefit, as well. Access to same or next day services is being looked at with the expansion of Primary Care to the Ruth Street location and for patients discharging from one of our inpatient facilities.

PRIORITY 2: Coordination with other systems of care (*e.g.* school)

Goal 1: *Improve transition from inpatient services to ensure that clients are receiving appropriate level of care*

Strategies:

A. Engage med providers to ensure that they include safe discharge planning- **Goal Met**

In an effort to ensure clients are leaving the hospital with safe discharge plans, we have increased the morning staffing process to include more collaboration in identifying the needs of clients and having Adult Recovery Teams (ART's) to include the outpatient treatment team and client natural supports. In addition, we have decreased the number of weekend discharges or have prepared the plan prior to discharge.

B. Continue to work with health plans on meeting necessary documentation for timely prior authorizations- **Goal Met**

Our Prior Authorization team has been reorganized and trained as needed to stay abreast of the changes and trends of the health plans. The clinical staff are utilizing this administrative team to support this process as designed. This team is very vocal with supervisors when conflicts or changes impede the process or create barriers for care for our clients.

Goal 2: *Partner with schools to improve behavioral and mental health needs in the community* ***(on hold due to COVID-19)***

Strategies:

A. To provide training to the school staff (teachers and administrators) that focuses on evidenced-based practices, such as the TBRI model (Trust Based Relational Intervention) – **Goal Met**

Several Leadership Team staff have been active in collaborating with community school districts to discuss partnerships including TBRI training and Polara Health in-school services. Covid caused a huge gap in finalizing or solidifying contracts for these pending partnerships. New Leaders will follow up on the status of these partnerships now that Covid has offered some return to normalcy.

B. To partner with the schools to offer the training to the parents and the community with the same evidenced-based models. - **Not Met**

Due to Covid, many of the plans and community partnerships with the schools to provide training to parents had been stalled. However, we have established services in the Verde Valley School District and are looking to expand to offer a full scope of services for that community. New Leadership will contact the Humboldt Unified School District to follow up on plans from 2020.

PRIORITY 3: Substance abuse

Goal 1: *Reduce barriers to access to care*

Strategies:

A. Finding funding for treatments (i.e., required labs and History & Physical (H&P) not covered, but meds are) **- Goal Met**

The process of identifying funding was given back to line staff in Enrollment & Eligibility (E&E) to be able to give new or potential clients answers immediately regarding self-pay options including a sliding fee scale. In addition, a subscription model was implemented to better educate clients on the cost of care based on their specific behavioral health needs. Both of these have been implemented to increase transparency and access to care. The requirement for an H&P prior to admission to our residential treatment facilities was also a funding barrier to care; we implemented a subscription rate for the physical through our Primary Care Providers. Also Labs can now bill Polara Health and we can bill those clients with Substance Abuse Prevention Training (SAPT) funding

B. Work with providers to help educate **(coach up)** – **Goal Met**

The hiring of a Medical Staff Coordinator and the implementation of Clinical Documentation Improvement Team and Process have been a huge source in providing additional training and support to the Providers. This work has collaboratively helped with a decrease in denied claims as well. The addition of an Out Patient Assistant Medical Director is also allowing us to look at prescribing practices and availability of service to include bridge appointments which will have a huge impact on access to care and client satisfaction.

The implementation of the FAST Track and Inpatient BH Criteria have been streamlined to ensure clients access safe, timely, efficient, effective and equitable, patient centered care. Community partners have been educated and meetings have been held with YRMC to increase collaboration and coordination of care for BH patients.

Goal 2: *Expand on the treatment services for people struggling with substance abuse at CSU and WPH*

Strategies:

A. Implement MAT (Suboxone Program)- **Not Met**

With the increased community need for Medication Assisted Treatment Services, the Leadership Team identified a Sub-committee led by the Medical Director to create Polara Health prescribing protocols and program policies; completed July 2021. However, this has not helped in increased enrollment in services or meeting the community need. In addition, the marketing team will be creating materials to share with community partners and clients for lobby

areas (Rack Cards). The Medical Director and Out Patient Assistant Medical Director will be leading this process and identifying improvements.

B. Ongoing evaluation for community needs and develop services that target those needs –**Goal Met**

The expansion of the Senior Leadership Team to include a Chief Strategy Officer has identified this goal as a priority. She has led the charge of identifying community growth and gaps which present an opportunity for Polara Health to meet the need. In addition, with the changes toward a Fee-For-Service contract it has led the Senior Leadership Team to conduct a SWOT analysis and implement change, strategy and structure accordingly. Looking at technology as a resource to quicker service and the structure of services to move toward population health to decrease the cost of care and target service needs. This will continue to be an ongoing process.

SUMMARY OF 2022 NEEDS ASSESSMENT FINDINGS

The following health needs were identified based on the information gathered and analyzed through the CHNA conducted by Polara Health. These needs have been prioritized based on information gathered through the CHNA.

1. Mental health needs arising from the COVID-19 pandemic
2. Access to services
3. Increased integration between primary care and mental health services

COMMUNITY SERVED BY THE HOSPITAL

Polara Health is in Yavapai County, which is located near the center of Arizona and covers more than 8,000 square miles. Polara Health's primary service area is the western portion of Yavapai County, from Seligman in the north and Black Canyon in the south, the city of Bagdad in the west, and Cordes Lake in the east. Several Polara Health programs, such as Windhaven Psychiatric Hospital, do serve people beyond these borders.

Definition of Community

A community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. While the community health needs assessment considers other types of health care providers, Polara Health is a premier integrated behavioral healthcare provider in the area. The utilization of Polara Health services provides the clearest definition of the community.

Based on the patient origin of inpatient discharges from July 1, 2020, through June 30, 2021, management has identified the community to include the corresponding regions listed in the exhibit below.

The table below shows the total discharges by county. Yavapai County comprises more than 98 percent of all discharges. Historically Polara Health has had a small percentage of discharges from surrounding states; however, due to the COVID-19 pandemic and increased precautions and restrictions on travel, no out-of-state discharges were reported in fiscal year 2021.

Polara Health
Summary of Inpatient Discharges by County
07/01/2020 to 06/30/2021

County	Discharge Total	Discharges Percent
Maricopa	40	1.25%
Yavapai	3,170	98.75%
Total In-state discharges	3,210	100%
All other states	0	0%
Total discharges	3,210	100%

Source: Polara HealthFY2021

COMMUNITY DETAILS

Community Population and Demographics

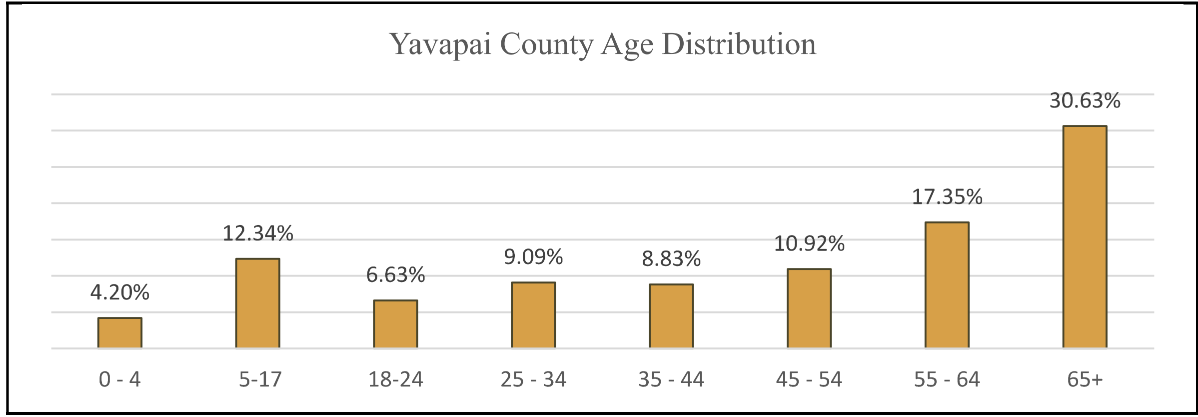
The U.S. Census Bureau has compiled population and demographic data based on the American Community Survey 2015-2019, 5-year data estimates. The tables on the following pages show the total population of the community, breakout of the community between male and female population, age, race/ethnicity, and Hispanic population. The age category that utilizes health care services the most, 65 years and over, is an estimated 30.6 percent of the population in the Yavapai County Community. The number of persons age 65 or older is relevant because this population has unique health needs, which should be considered separately from other age groups.

Demographic Snapshot: Polara Health

Demographic Characteristics				
Total Population		Population by Gender		
Area	Population	Area	Male	Female
Yavapai County	228,067	Yavapai County	48.87%	51.13%
Arizona	7,050,299	Arizona	49.71%	50.29%
United States	324,697,795	United States	49.24%	50.76%

Age Distribution						
Age Group	Yavapai County	% of Total	Arizona	% of Total	United States	% of Total
0 - 4	9,589	4.20	433,968	6.16	19,767,670	6.09
5 - 17	28,140	12.34	1,201,376	17.04	53,661,722	16.53
18-24	15,123	6.63	682,423	9.68	30,646,327	9.44
25 - 34	20,738	9.09	964,947	13.69	45,030,415	13.87
35 - 44	20,133	8.83	866,788	12.29	40,978,831	12.62
45 - 54	24,907	10.92	847,362	12.02	42,072,620	12.95
55 - 64	29,579	17.35	846,687	12.01	41,756,414	12.86
65+	69,858	30.63	1,206,748	17.12	50,783,796	15.64
TOTAL	228,067	100.0	7,050,299	100.0	324,697,795	**100.0%**

Source: US Census Bureau, American Community Survey. 2019.



Nearly half (47.98%) of Yavapai County's population is 55 years or older. The two largest age groups are 55-64 years (17.35%) and 65 or older (30.63%).

While the relative age of the community population can influence community health needs, so can the ethnicity and race of a population. The population of the community by race and ethnicity illustrates different categories such as White, Black, Asian, Hispanic, and others.

The tables below provide details into total populations by various races and ethnicities.

Race Alone Population (percent)						
	White	Black	Asian	Native American or Alaska Native	Native Hawaiian or Pacific Islander	All other or Multiple Races
Yavapai County	91.31	0.66	0.97	1.67	0.07	5.33
Arizona	77.22	4.50	3.31	4.50	0.21	10.26
United States	72.49	12.71	5.52	0.85	0.18	8.25

Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

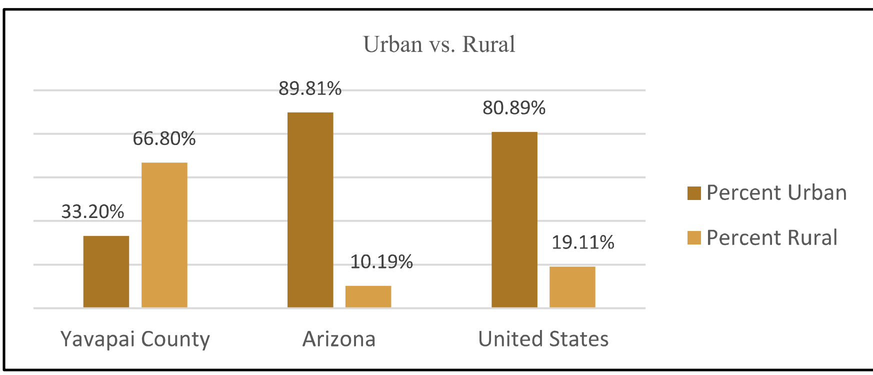
Race and Ethnicity Combined Population (percent)								
	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian	Non-Hispanic Native American or Alaska Native	Non-Hispanic Native Hawaiian or Pacific Islander	Non-Hispanic Other Race	Non-Hispanic Multiple Races	Hispanic or Latino
Yavapai County	80.46	0.62	0.92	1.27	0.06	0.07	2.06	14.54
Arizona	54.71	4.21	3.21	3.92	0.18	0.15	2.28	31.33
United States	60.7	12.31	5.45	0.67	0.17	0.24	2.45	18.01

Source: US Census Bureau, American Community Survey. 2019

The following table and graph show the percentage of individuals that live in rural and urban areas. Urban is defined as densely developed territories that encompass residential, commercial, and other non-residential land uses. Rural areas are all areas that are not classified as urban. This information helps explain how access to care can sometimes be limited for those living in rural areas.

Urban vs. Rural Population		
	Percent Urban	Percent Rural
Yavapai County	33.20	66.80
Arizona	89.81	10.19
United States	80.89	19.11

Source: US Census Bureau, Decennial Census. 2010. Source geography: Tract



Language

Language barriers contribute to patient and provider communication and can result in poor health outcomes. A national study in the *Journal of General Internal Medicine* showed that individuals with Limited-English Proficiency (LEP) who don't receive additional services (such as an interpreter) were less likely to be aware of medical implications and were less satisfied overall about their medical care.

The table below reports the percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well" by race alone in the report area.

Limited English Proficiency by Race						
	White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Other Races
Yavapai County	2.52%	0.05%	0.05%	0.25%	0.00%	0.84%
Arizona	6.71%	0.26%	0.61%	1.15%	0.03%	2.30%
United States	5.75%	0.54%	0.09%	0.03%	0.03%	2.59%

Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

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. Vulnerable populations often experience high rates of chronic illness and poor health outcomes, leading to health disparities between various demographic groups.

The Centers for Disease Control and Prevention (CDC) has developed the Social Vulnerability Index (SVI). This helps public health officials identify and meet the needs of socially vulnerable populations.

Overall Vulnerability		
	Socioeconomic Status	Below Poverty
		Unemployed
		Income
		No High School Diploma
	Household Composition & Disability	Aged 65 or Older
		Aged 17 or Younger
		Older than Age 5 w/Disability
		Single-Parent Households
	Minority Status & Language	Minority
		Speak English “less than well”
	Housing & Transportation	Multi-Unit Structures
		Mobile Homes
		Crowding
		No Vehicle

The CDC ranks county's social vulnerability index. Possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability). Yavapai County has the lowest level of vulnerability when compared to the level of surrounding counties.

The following table displays the SVI scores for Yavapai County and nearby counties.

County	SVI Score	Level of Vulnerability
Coconino County	0.7131	Moderate to high level of vulnerability
Gila County	0.8990	High level of vulnerability
La Paz County	0.9236	High level of vulnerability
Maricopa County	0.6354	Moderate to high level of vulnerability
Mohave County	0.8624	High level of vulnerability
Yavapai County	0.5210	Moderate to high level of vulnerability

Source: https://svi.cdc.gov/map.html,2018

The SVI instrument identifies critical health issues, however, some of the factors are not used in the remainder of this assessment because they are designed for emergency planners and are not applicable to general health and quality of life. The Composition & Disability measure is not examined in this report.

The following information and exhibits include important factors such as household per capita income, employment 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 the state of Arizona and the United States.

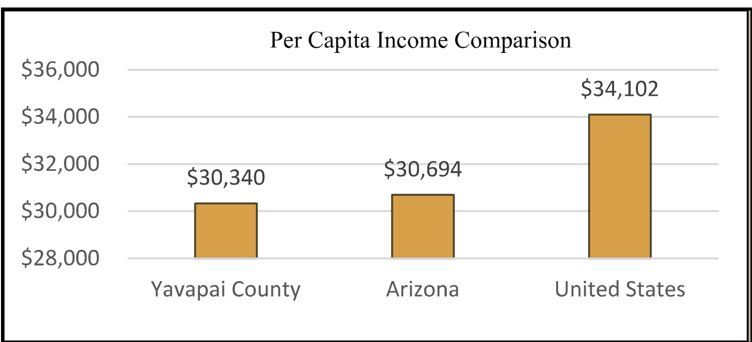
Income and Employment

The table below displays the Per Capita Income for the 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.

Per Capita Income is an important determinant in an individual's health. People with above-average income typically have health insurance, reliable transportation, and the financial means to pay out-of-pocket expenses. In addition, those with higher income are more likely to practice healthy lifestyle choices such as exercising, eating nutritional foods, and abstaining from tobacco use.
Source: https://www.cdc.gov/socialdeterminants/

Per Capita Income			
	Total Population	Total Income	Per Capita Income
Yavapai County	228,067	$6,919,691,100	$30,340
Arizona	7,050,299	$216,403,464,700	$30,694
United States	324,697,795	$11,073,131,694,900	$34,102

Source: US Census Bureau, American Community Survey. 2015-2019



As the data demonstrates, Yavapai County's per capita income is in line with the state level and below the national income.

Yavapai County is supported by major industries including healthcare, manufacturing, and education. The table below lists the top occupation types and major sectors for the county.

Employment by Sectors			
Major Industry	Yavapai County Percent	Arizona Percent	United States Percent
Government			
Federal Government	2.6%	2.1%	2.1%
State Government	1.0%	3.3%	3.3%
Local Government	12.9%	9.8%	9.8%
Goods-Producing			
Natural resources and mining	2.5%	1.3%	1.3%
Construction	8.5%	6.2%	5.2%
Manufacturing	5.7%	6.3%	8.7%
Service-Producing			
Trade, transportation and utilities	19.7%	19.3%	19.0%
Information	0.7%	1.6%	1.9%
Financial activities	3.3%	8.0%	5.9%
Professional and business services	7.2%	15.3%	14.6%
Education and health services	18.9%	16.1%	16.0%
Leisure and hospitality	14.1%	9.7%	9.2%
Other services	2.9%	2.5%	2.8%
Unclassified	0.00%	0.10%	0.10%

Source: U.S. Department of Labor, Bureau of Labor Statistics. 2020

Unemployment Rate

The table below displays the most recent quarterly unemployment rates for Yavapai County, the state of Arizona, and the United States. This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Quarterly Unemployment Rate (%)									
	2020 Q1	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1
Yavapai County	4.5	13.8	5.4	6.5	6.0	5.6	4.3	2.3	2.9
Arizona	4.6	13.1	6.3	6.7	6.9	6.5	4.7	2.9	3.6
United States	3.6	14.7	8.4	6.7	6.3	6.1	5.2	3.9	4.0

Source: https://www.homefacts.com/unemployment/Arizona/Yavapai-County.html. 2022

Poverty

The following table displays the percentage of total population below 100 percent Federal Poverty Level (FPL) for Yavapai County, the state of Arizona, and the United States. The FPL is a measurement of the minimum amount of income that is needed for individuals and families to pay for essentials. The guidelines are used to establish eligibility for Medicaid and other federal programs.

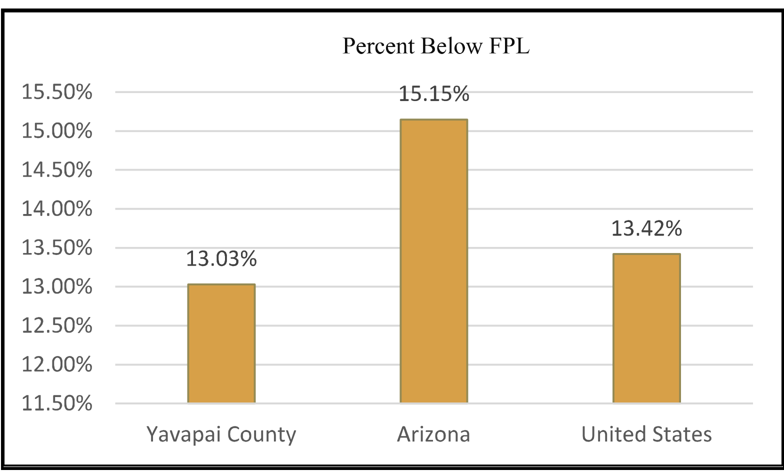
Poverty is a key driver of health status and is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

People living in chronic poverty have elevated health risks that can lead to unsafe conditions and diseases. Conditions might include drinking contaminated water or living in unsanitary housing with poor ventilation.

Low-income residents may delay or avoid pursuing medical attention until issues reach a critical stage, creating a greater demand on the community's medical resources. This may include dependence on emergency rooms for what should be routine primary care. In addition, uninsured or low-income individuals' inability to pay for services places strain on the community's medical system. These individuals have limited transportation options and lack the ability to travel outside their local community for medical services.

Population below 100% FPL (Federal Poverty Line)		
	Population below FPL	Percent below FPL
Yavapai County	29,085	13.03
Arizona	1,043,764	15.15
United States	42,510,843	13.42

Source: US Census Bureau, American Community Survey. 2015-19. Geography: Tract



Uninsured

Health insurance is a major factor in personal health status. Uninsured adults have limited access to preventive services and specialty care, may receive a lesser quality of care, and often experience worse health outcomes than those with insurance.

The following table reports the percentage of the total civilian non-institutionalized population without health insurance coverage for the community, Arizona, and the United States. This indicator is relevant because lack of insurance is a primary barrier to health care access including regular primary care, specialty care and other health services that contribute to poor health status. Lack of health insurance is considered a key driver of health status.

Yavapai County has 9.79% of the total civilian non-institutionalized population without health insurance. This rate is lower than the state average (10.42%) and higher than the national average (8.84%).

Uninsured Population			
	Population for whom Insurance Status is Determined	Uninsured Population	Uninsured Population Percent
Yavapai County	226,584	22,173	9.79
Arizona	6,941,028	723,547	10.42
United States	319,706,872	28,248,613	8.84

Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

Uninsured by Race (percent)							
	Non-Hispanic White	African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Races
Yavapai County	7.8	16.53	29.41	11.61	0.00	36.39	11.09
Arizona	6.05	9.20	21.97	6.62	11.56	20.13	9.28
United States	5.94	10.07	19.23	6.73	10.63	20.38	7.67

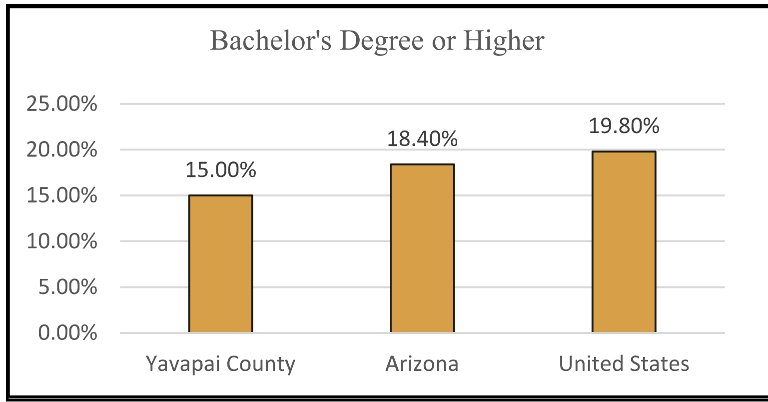
Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

Education

The following exhibits show educational attainment for Yavapai County, the state of Arizona, and the United States. This is relevant because educational attainment helps schools and businesses to understand the needs of adults, whether it be workforce training or the ability to develop science, technology, engineering, and mathematics opportunities. Educational attainment is calculated for persons over 25 and is an estimated average for the period from 2015 to 2019.

Educational Attainment – Population Age 25 and Older (percent)			
	Percent with High School Diploma	Percent with Bachelor's Degree or Higher	Percent with Professional or Graduate Degree
Yavapai County	91.8	15.0	10.9
Arizona	87.9	18.4	11.1
United States	88.5	19.8	12.4

Source: US Census Bureau, American Community Survey. 2015-19. Source geography: County



Transportation

Transportation is a critical social determinant of health. The American Hospital Association says that each year, more than 3.5 million people do not receive adequate medical care due to transportation issues. These issues may include access to vehicles, long distances to needed services, and costs associated with travel. Transportation issues can be worse in rural communities where individuals may live long distances from providers.

Households with No Motor Vehicle			
	Total Households	Households with no Motor Vehicle	Percent Households with no Motor Vehicle
Yavapai County	98,386	4,003	4.07
Arizona	2,571,268	158,539	6.17
United States	120,756,048	10,395,713	8.61

Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

PHYSICAL ENVIRONMENT OF THE COMMUNITY

A community's health is affected greatly by its 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 examine some of the elements that relate to various needs mentioned throughout the report.

Food Access/Food Deserts

The table below 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 have low access to a supermarket or large grocery store. This is relevant because it highlights populations and geographies facing food insecurity.

Population with Low Food Access				
	Food Desert Census Tracts	Other Census Tracts	Food Desert Population	Other Population
Yavapai County	11	31	51,492	12,910
Arizona	257	1,263	1,049,466	1,636,106
United States	9,293	63,238	39,074,974	81,328,997

Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2019.

Grocery Stores

Healthy dietary behaviors are supported by access to healthy foods, and grocery stores are a major provider of these foods. There are 29 grocery establishments in the report area, a rate of 13.74 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. Delicatessen-type establishments are also included. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded.

Grocery Stores		
	Number of Establishments	Establishments per 100,000 population
Yavapai County	29	13.74
Arizona	779	12.19
United States	64,132	20.77

Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2019. Source geography: County

SNAP Food Stores

Certain food stores are authorized by SNAP (Supplemental Nutrition Assistance Program). These include grocery stores as well as supercenters, specialty food stores, and convenience stores that are authorized to accept SNAP benefits. Yavapai County has 6.58 retailers per 10,000 population.

SNAP Authorized Food Stores		
	Total SNAP-Authorized Retailers	SNAP-Authorized Retailers Rate per 10,000 population
Yavapai County	158	6.58
Arizona	3,852	5.21
United States	248,526	7.47

Source: US Department of Agriculture, Food and Nutrition Service, USDA - SNAP Retailer Locator. Additional data analysis by CARES. 2021. Source geography: Tract

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 un-insurance, 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.

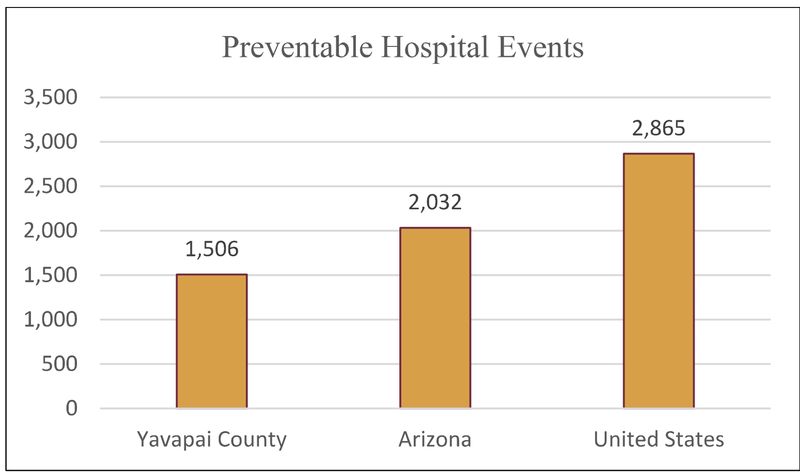
Preventable Hospital Events

The following data reports the preventable hospital rate of Medicare beneficiaries. Preventable hospital stays include admission for these conditions: diabetes with short-term and long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, or urinary tract infection. These represent conditions where hospitalization could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of preventable discharges demonstrates a possible “return on investment” from interventions that reduce admissions (for example, uninsured or Medicaid patients) through better access to primary care resources.

As the table and chart below show, there were 77,946 Medicare beneficiaries in the report area. The preventable hospitalization rate per 100,000 people was 1,506. The rate in the report area was lower than both the state rate and the national rate during the same time period.

Preventable Hospital Events		
	Total Medicare Beneficiaries	Preventable Hospitalizations, Rate per 100,000
Yavapai County	77,946	1,506
Arizona	1,247,585	2,032
United States	57,235,207	2,865

Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2020.



HEALTH STATUS OF THE COMMUNITY

This section of the assessment reviews the health status of the Community with comparisons to the State of Arizona. 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 Hospital 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.

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

Some examples of lifestyle/behavior and related health care problems include the following:

Lifestyle		Primary Disease Factors
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.

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. However, law does not require reporting the incidence of a particular disease, except when the public health is potentially endangered. More than 50 infectious diseases in Arizona must be reported to county health departments. Except for Acquired Immune Deficiency Syndrome (AIDS), most of these reportable diseases currently result in comparatively few deaths.

Due to limited morbidity data, this health status report relies on death and death rate statistics for leading causes in death in the 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

The following table reflects the leading causes of death for the community, and compares the rates to the state of Arizona and US average rates, per hundred thousand. Figures represent a 2016-2020 five-year average.

Selected Causes of Resident Deaths: Number and Crude Rate						
	Yavapai County		Arizona		United States	
	Total	Rate	Total	Rate	Total	Rate
Cancer	3,614	311.3	61,176	170.8	2,998,371	183.5
Coronary Heart Disease	2,063	177.7	39,484	110.2	1,838,830	112.5
Lung Disease	1,325	114.1	18,815	52.5	783,919	48.0
Unintentional Injury	936	80.6	22,401	62.5	872,462	53.4
Stroke	772	66.5	14,151	39.5	746,604	45.7
Drug Poisoning	390	33.6	9,924	27.7	389,651	23.9
Suicide	421	36.3	6,818	19.0	233,972	14.3

Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2016-2020.

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 are ranked 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
    - Clinical care
    - Social and economic
    - Physical environment

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).

As part of the analysis of the needs assessment for the community, data from Yavapai County will be used to compare the relative health status of the county 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 community health needs assessment 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.

County Health Rankings - Health Outcomes					
	Yavapai County 2018	Yavapai County 2021	Increase/ Decrease	Arizona 2021	Top U.S. Performers 2021
Mortality					
Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted)	8,500	7,900	↓	7,100	5,400
Morbidity					
Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted)	14%	17%	↑	19%	14%
Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted)	3.7	4.3	↑	4.2	3.4
Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (Age Adjusted)	3.8	4.4	↑	4.0	3.8
Low birth weight - Percent of live births with low birth weight (<2500 grams)	7.0%	7.0%	--	7.0%	6.0%

Social and Economic Factors	Yavapai County 2018	Yavapai County 2021	Increase/ Decrease	Arizona 2021	Top U.S. Performers 2021
High school graduation^ - Percent of ninth grade cohort that graduates in 4 years	79.0%	91.0%	↑	87.0%	94.0%
Some college^ - Percent of adults aged 25-44 years with some post-secondary education	60.0%	60.0%	—	64.0%	73.0%
Unemployment - Percent of population age 16+ unemployed but seeking work	4.9%	4.4%	↓	4.7%	2.6%
Children in poverty - Percent of children under age 18 in poverty	20.0%	17.0%	↓	19.0%	10.0%
Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile	4.1	4.2	↑	4.5	3.7
Children in single-parent households - Percent of children that live in household headed by single parent	31.0%	22.0%	↓	26.0%	14.0%
Social associations^ - Number of membership associations per 10,000 population	9.1	8.5	↓	5.6%	18.2%
Violent Crime Rate - Violent crime rate per 100,000 population (age-adjusted)	289	300	↑	435	63
Injury deaths - Number of deaths due to injury per 100,000 population	122	125	↑	86	59

Physical Environment	Yavapai County 2018	Yavapai County 2021	Increase/ Decrease	Arizona 2021	Top U.S. Performers 2021
Air pollution - particulate matter days -Average daily measure of fine particulate matter in micrograms per cubic meter	5.9	6.1	↑	6.3	5.2
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	19.0%	18.0%	↓	18.0%	9.0%
Driving alone to work - Percentage of workforce that drives alone to work	74.0%	76.0%	↑	76.0%	72.0%
Long commute, driving alone - Among workers who commute in their car alone, the percentage that commute more than 30 minutes	26.0%	28.0%	↑	36.0%	16.0%

Health Behaviors	Yavapai County 2018	Yavapai County 2021		Arizona 2021	Top US Performers 2021
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	15.0%	18.0%	↑	14.0%	16.0%
Adult obesity - Percent of adults that report a BMI >= 30	23.0%	24.0%	↑	28.0%	26.0%
Food environment index^ - Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	6.6	7.0	↑	6.8	8.7
Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity	22.0%	23.0%	↑	21.0%	19.0%
Access to exercise opportunities^ - Percentage of population with adequate access to locations for physical activity	88.0%	85.0%	↓	85.0	91.0%
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	16.0%	22.0%	↑	18.0%	15.0%
Alcohol-impaired driving deaths - % of motor vehicle crash deaths with alcohol involvement	21.0%	17.0%	↓	25.0%	11.0%
Sexually transmitted infections - Chlamydia rate per 100K population	200	218.7	↑	581.6	161.2
Teen births - female population, ages 15-19	31	25	↓	25	12.0

Clinical Care	Yavapai County 2018	Yavapai County 2021		Arizona 2021	Top US Performers 2021
Uninsured adults - Percent of population under age 65 without health insurance	13.0%	17.0%	↑	15.0%	7.0%
Primary care physicians - Number of population for every one primary care physician	1,680	1,690	↑	1,520	1,030
Dentists - Number of population for every one dentist	1,600	1,480	↓	1,590	1,210
Mental health providers - Number of population for every one mental health provider	600	520	↓	710	270

Mammography screening^ - Percent of female Medicare enrollees that receive mammography screening	66.0%	42.0%	⬇	40.0%	51.0%
Preventable Hospital Stays	n/d	2,210	—	2,952	2,565

^Opposite indicator signifying that an increase is a positive outcome, and a decrease is a negative outcome.
Source: *https://www.countyhealthrankings.org/app/Arizona/2021/county/snapshots/095/print*

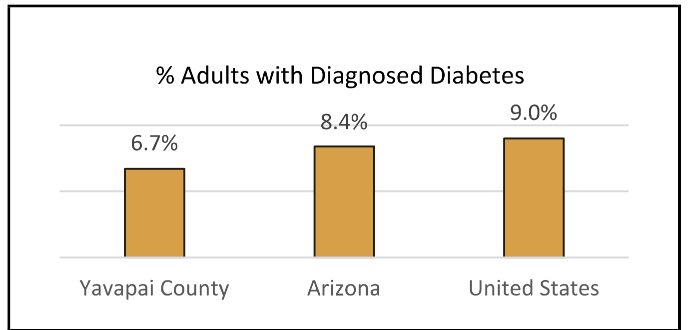
The following exhibits show a more detailed view of certain health outcomes and factors for the community, Arizona, and the United States. Although these are measures of physical health, these metrics contribute to overall health and wellness and can have an impact on an individual's mental and/or behavioral health.

Diabetes

The table and chart on the following page display the percentage of adults aged 18 and older who have ever been told by a doctor that they have diabetes. This 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.

Population with Diagnosed Diabetes	
	Percent with Diagnosed Diabetes
Yavapai County	6.7
Arizona	8.4
United States	9.0

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2019. Source geography: County



Heart Disease (Adult)

The following table displays deaths due to coronary heart disease per 100,000 population. Figures are reported as crude rates and as age-adjusted. This 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.

In Yavapai County, the age-adjusted death rate of 86 per 100,000 total population is consistent with the state of Arizona rate and lower than the United States rate.

Population with Heart Disease			
	Five-Year Total Deaths	Age-Adjusted Death Rate per 100,000	Heart Disease Deaths per 100,000
Yavapai County	2,063	86.0	177.7
Arizona	39,484	85.7	110.2
United States	1,838,830	112.5	91.5

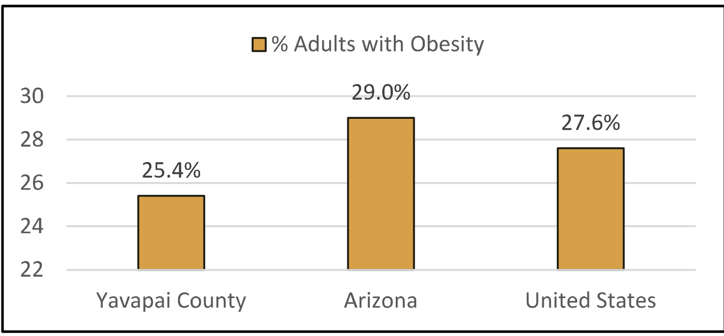
Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County

Obesity

The following table and chart display the percentage of adults aged 20 and older self-reporting having 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.

Population with Obesity			
	Survey Population Age 20 and older	Population with BMI> 30.0 (Obese)	Percent with BMI> 30.0 (Obese)*
Yavapai County	192,980	48,824	25.4
Arizona	5,435,188	1,574,263	29.0
United States	243,082,729	67,624,774	27.6

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2019.

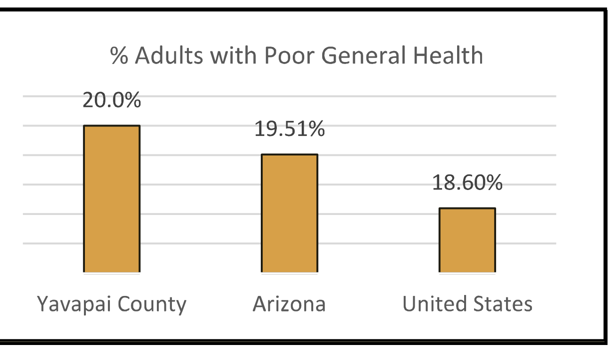


Poor General Health

The table and chart below display the percentage of adults aged 18 and older who 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 is relevant because it is a measure of general poor health status and can be a contributing factor to mental and/or behavioral health issues.

Population with Poor General Health		
	2019 Population Age 18 and older	Percent with Poor or Fair General Health
Yavapai County	235,099	20.00
Arizona	7,278,717	19.51
U.S.	328,239,523	18.60

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2019.



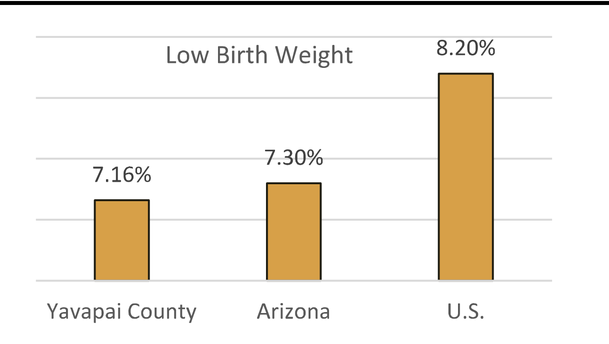
Low Birth Weight

The table and chart below display the percentage of live births where the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.). This data was reported for a 7-year aggregated time period. Data is from the National Center for Health Statistics - Natality Files (2013-2019).

This is relevant because low birth weight infants are at high risk for health problems. This can also highlight the existence of health disparities.

Low Birth Weight Rates

	Total Live Births	Low Weight Births	Percent Low Weight Births
Yavapai County	12,873	916	7.16
Arizona	1,167,796	84,716	7.30
U.S.	54,416,819	4,440,508	8.20



Source: University of Wisconsin Population Health Institute, County Health Rankings. 2013-2019. Source geography: County

COVID-19

The table below displays COVID-19 cases and deaths in Yavapai County, Arizona and the United States. Arizona data was retrieved from the Yavapai County Community Health Services (YCCHS). National data is from the CDC.

Information from both sources reflects the most recent update on June 17, 2022.

This is relevant because the pandemic created a state of emergency. The impact on individuals, families, and communities was significant in many ways.

COVID-19 Rates			
	Confirmed Cases	Deaths	% of Deaths from Confirmed Cases
Yavapai County	49,950	1,235	2.47%
Arizona	2,093,680	30,400	1.45%
U.S.	85,921,461	1,008,196	1.17%

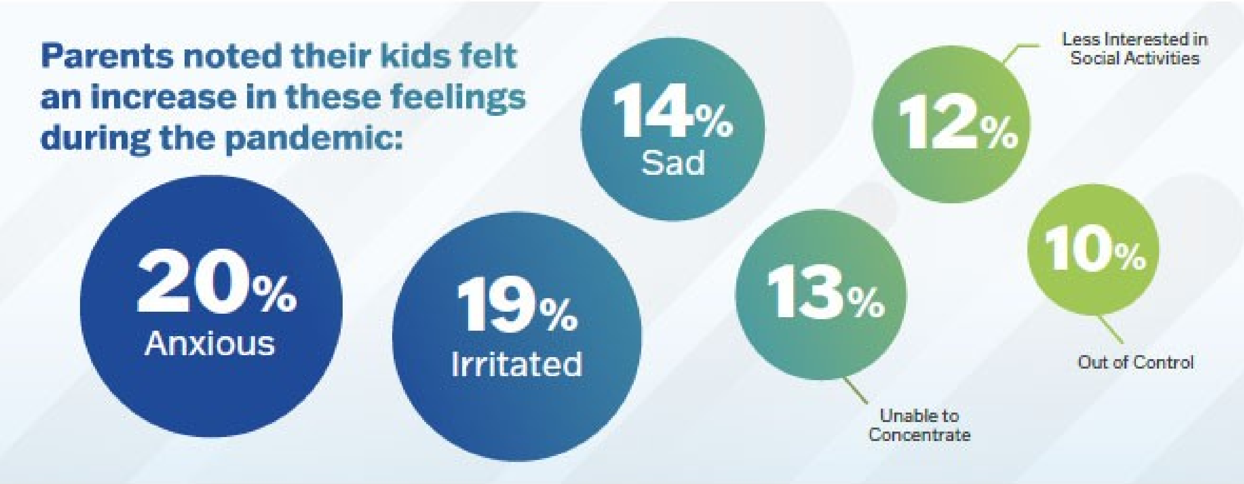
Data Sources: https://yavapaiaz.gov/chs/, https://covid.cdc.gov/covid-data-tracker/#datatracker-home

Impact of the COVID-19 Pandemic on Youth Mental Health

The COVID-19 pandemic presented mental health challenges to nearly all segments of society. The mental health of children and adolescents was significantly impacted by COVID-19. Nationwide lockdowns, school closures, parental and family stress, and fear of the pandemic all contributed negatively to the mental health and well-being of children and adolescents. Young people could continue to feel the impact of COVID-19 on their mental health and well-being for many years to come.

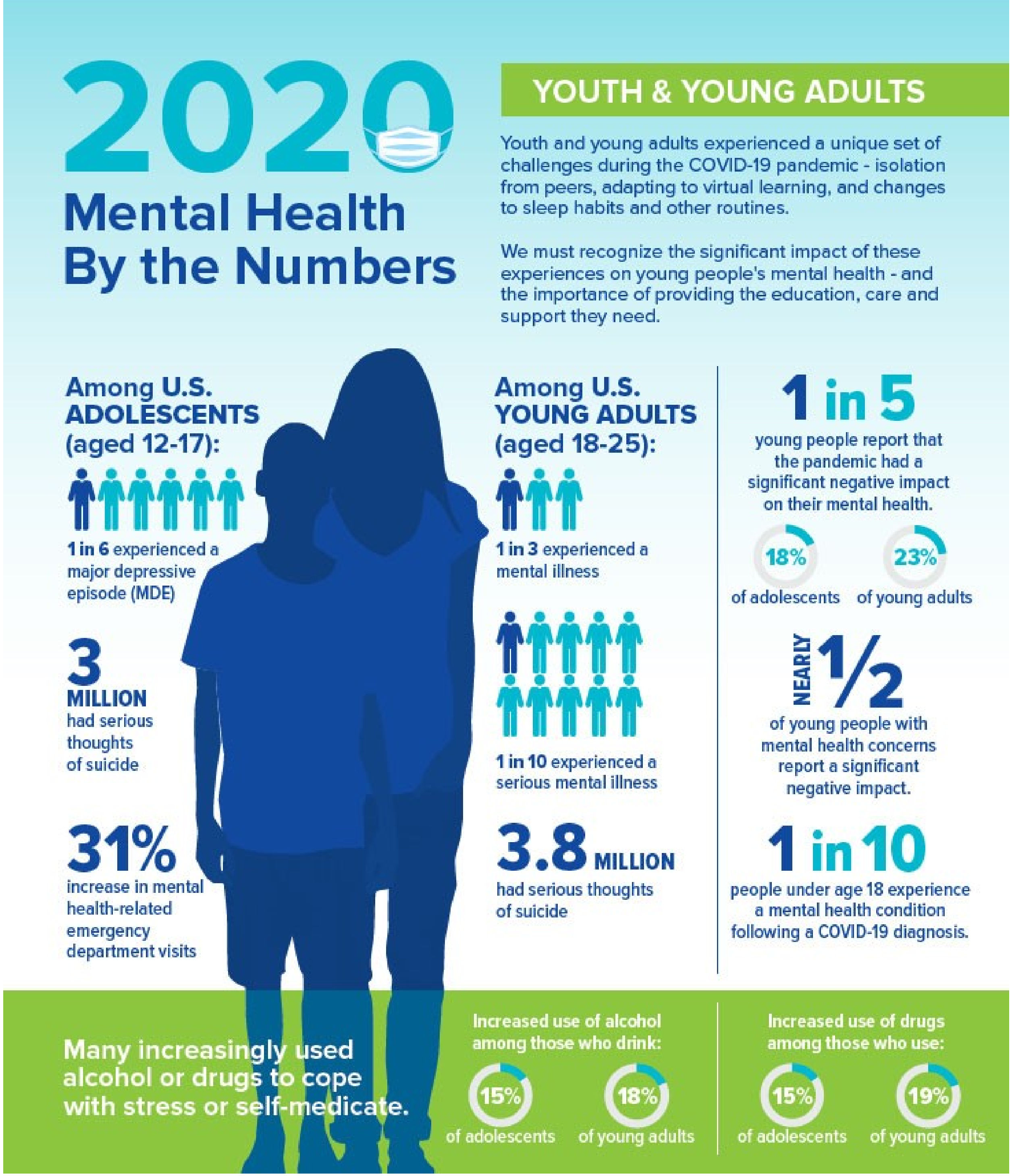
According to a 2021 survey of parents to children 0-17 years old conducted by the National Alliance on Mental Illness (NAMI), 44% of parents are very or somewhat concerned about their child's mental health.

This survey also revealed that 41% of parents said their child(ren) spend more time on screens each day when compared to pre-pandemic (prior to March 2020) levels.



Source: https://www.nami.org/Support-Education/Publications-Reports/Survey-Reports/Poll-of-Parents-Amid-the-COVID-19-Pandemic-(2021)/NAMI_ParentsPerspective_Infographic_2021

As reported by the National Alliance on Mental Illness, nationwide 1 in 6 adolescents (ages 12-17) experienced a major depressive episode during 2020. NAMI research indicates young people may be more vulnerable to mental illness/may experience a mental health condition following a COVID-19 diagnosis.



Source: NAMI, www.nami.org/mhstats2020

KEY STAKEHOLDER INTERVIEWS

In the Patient Protection and Affordable Care Act (PPACA) passed in March 2010, nonprofit hospitals were mandated to conduct a community-based needs assessment every three years. As a part of the process, each hospital is required to solicit input from those who represent the broad interests of the community served by the hospital as well as those who have special knowledge or expertise around public health and underserved populations.

For this assessment, interviews were held with various professionals representing a cross-section of industries and organizations within the community's population. Individuals were selected from the following segments of the community:

- Public Health, Yavapai County
- Non-profit agency administrator
- Director of Juvenile Court Services, Yavapai County Detention Center
- Law enforcement
- Healthcare
- Community volunteer
- Skilled nursing and rehab facility administrator
- Public school district
- Care coordinator, children's hospital
- Manager of Clinical Operations, local pediatric clinic
- Six current and former patients of Polara Health who live in the community

The main objective of the interviews was to receive feedback on community health and wellness attributes, strengths, and challenges. Topics included questions about 1) mental and behavioral health of the community, 2) underserved and underrepresented populations, 3) barriers, and 4) the impact of COVID-19 and 5) the most important mental and behavioral health issues to address.

Poverty and increasing mental health issues were cited most often as critical health concerns. The mental health category included areas such as suicide, depression, and anxiety.

Several respondents emphasized the community's culture of cooperation, working together to improve the community.

Interview results highlighted positive community aspects and ongoing challenges for certain population groups.

Key Stakeholder General Observations and Comments

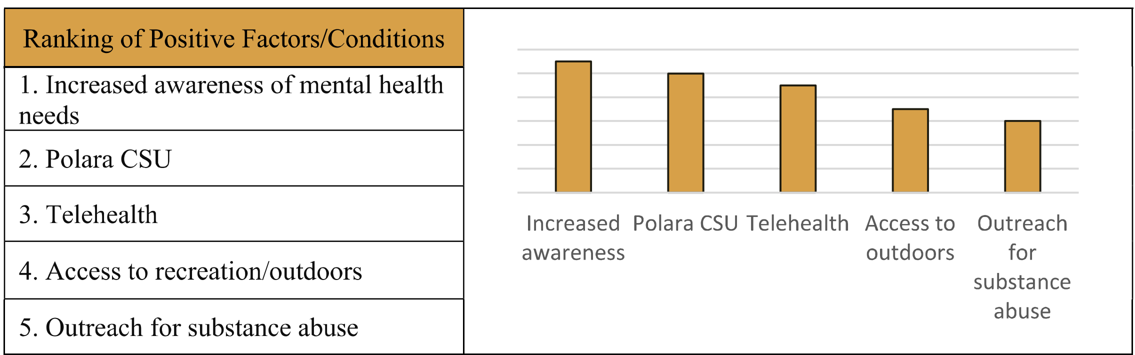
Stakeholders generally agreed that the mental and behavioral health needs of the community are increasing. A majority of stakeholders interviewed noted the negative impact that the COVID-19 pandemic has had not only on physical health, but also the mental health of the community.

On a scale of 1-10, with 10 being the highest score possible, stakeholders rated the overall health and quality of life in the community as a 7.25.

Most stakeholders believed that the mental and behavioral health of the community would score lower on that scale. Stakeholders noted an increased need for mental and behavioral health services over the past several years.

Positive Factors and Conditions

Respondents were asked to list specific factors and conditions that are positive about the community's health and quality of life.



Ranking of Positive Factors/Conditions
1. Increased awareness of mental health needs
2. Polara CSU
3. Telehealth
4. Access to recreation/outdoors
5. Outreach for substance abuse

Interview comments:

"Individuals in our community are starting to become more aware of the need for mental and behavioral healthcare. That is a good first step."

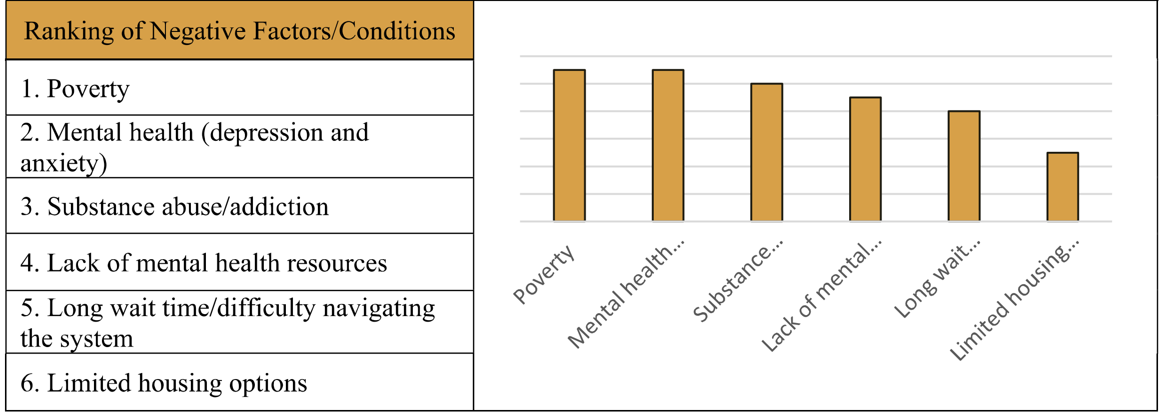
"Telehealth has become more prevalent during and after COVID. This could really benefit people if they will take advantage of it."

"The Polara Crisis Stabilization Unit is great for the community."

"Many of the local organization work well together, participate in various health outreaches."

Negative Factors and Conditions

Respondents were asked to list specific factors and conditions that negatively impact the community's health and quality of life.



Ranking of Negative Factors/Conditions
1. Poverty
2. Mental health (depression and anxiety)
3. Substance abuse/addiction
4. Lack of mental health resources
5. Long wait time/difficulty navigating the system
6. Limited housing options

Interview comments:

"Many underserved individuals are living in poverty. They struggle to be able to afford the help that they desperately need for themselves or their families."

"Houses on the market are sold quickly and at a premium."

"The mental health of children and youth in the community has suffered. COVID-19 caused stress, uncertainty and isolation that greatly impacted children."

"There is some abuse and neglect and domestic violence, but it is often kept behind closed doors and not talked about."

"Mental health issues like depression and anxiety are on the rise in our community and across the nation."

"Funding is low for the kind of treatment that is needed."

Recommendations for Improvement

As a result of the interviews, the following suggestions were provided to help improve the community's mental and behavioral health.

- Provide assistance to the elderly dealing with COVID-related depression.
- Increase awareness on issues like alcohol and substance abuse through more advertising and public outreach.
- The community needs a crisis unit specifically for children.
- Improve collaboration between primary care physicians and mental health providers. Make the system easier to navigate.

- We need to address the transportation problem. The service area is expansive, and people often do not have a way to travel to receive health services.

- Additional marketing/community awareness to reduce the stigma associated with seeking help for mental health.

COVID-19

Key stakeholders were asked to describe how the COVID-19 pandemic has impacted the community.

Many emphasized the loss of jobs and workers, especially for small businesses. Stakeholderss commented on the housing shortage and the high cost of housing in the area.

Another theme was the toll the pandemic has had on mental health. Stakeholders noted that nearly all segments of society were impacted by the pandemic – from children to the elderly. School closings and isolation had a negative impact on children. Elderly adults and many others canceled routine appointments out of fear of COVID-19. Preventative care was put on the back burner and overall health suffered.

Several described a community divided on the pandemic response. Stakeholders noted that there has been a division among people who don't agree on masks and vaccinations. Political differences have caused tension and division.

Underserved Populations

Key stakeholders were asked to describe how or if there are certain demographic groups within the community that may lack access to affordable health care services or essential resources.

The following populations were identified as being underserved and/or vulnerable:

- Those living in poverty
- Individuals living on tribal land
- Elderly population
- Individuals living in rural areas
- Children with mental and behavioral health needs
- Homeless population

The following barriers were identified:

- Transportation
- High cost of healthcare
- Lack of community education/awareness
- Availability of beds

How barriers are being addressed

Stakeholders provided input on ways the community is responding to barriers faced by underserved individuals and groups in the community:

- The Journey program was noted as being an asset to the community. Journey is an eight-week program designed to serve adjudicated youth whose active substance abuse is negatively impacting their lives. The Journey program is made possible by a collaboration between the Yavapai County Detention Center and Polara Health. One stakeholder indicated that the program has been amazing for at-risk kids in the community. The stakeholder noted, "The program could not run without Polara's collaboration. Polara's partnership has been invaluable; they are very creative in programming and ideas."
- Polara Health works with schools to increase awareness about mental health among school-aged children.
- Polara Health utilizes a Partner Advisory Council that provides feedback and input. The Council is made up of current and former patients who live in the community and come from various backgrounds. Polara Health uses information provided by the members of the Partner Advisory Council to identify gaps and improve services.

Feedback on Polara Health and Important Issues for the Future

Key stakeholders were asked to grade the Clinic's efforts to address mental and behavioral health needs and improve health quality.

A majority of the stakeholders interviewed gave Polara Health high marks. One stakeholder noted, "Polara Health is outstanding to work with." Numerous stakeholders noted that the leadership of Polara Health is very involved in the community, often serving on boards and participating in task forces.

Stakeholders were asked what mental and behavioral health needs are most important to address in the next 3-5 years. The following responses and themes emerged:

- Suicide prevention
- Crisis stabilization unit for children
- Address juvenile mental health needs
- Increased outreach programs
- Take steps to make the system easier to navigate
- High cost of insurance/healthcare

Health Issues of Vulnerable Populations

According to Dignity Health's Community Need Index, the Hospital's community has a moderate to moderate-high 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).

Review the CNI map and scoring legend on page 46 of this report for more details.

INFORMATION GAPS

This assessment was designed to provide a comprehensive and broad picture of the health in the overall community served by Polara Health; however, there may be several medical conditions that are not specifically addressed in this report due to various factors, including but not limited to, publicly 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 health needs assessment process. The IRS regulations indicate that the community health needs assessment 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.

The mental health needs of the residents of Yavapai County are increasing. Addressing these needs is important to the community. Based on data from our assessment, the following community mental/behavioral health needs for residents of Yavapai County were identified:

Secondary Data

- Poor mental health days
- Suicide
- Primary care providers
- Excessive drinking
- Uninsured adults

Primary Data

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

- Lack of funding for mental health services and prevention programs
- Depression and anxiety
- Mental health needs arising from the COVID-19 pandemic
- Access to services
- Lack of health knowledge regarding the impact of trauma on mental health
- Increase in children with mental and behavioral health needs
- Cost of healthcare/medication
- Increased integration between primary care and mental health services
- Crisis stabilization unit for children

Prioritization Process

To facilitate prioritization of identified health needs, Polara Health's management prioritized the needs identified above based on the following factors.

1. Current area of Polara Health focus
2. How many people are affected by the issue or size of the issue
3. What are the consequences of not addressing this problem
4. The impact of the issue on vulnerable populations
5. Organization capacity, existing infrastructure, and community partners available

As a result, the top three mental and/or behavioral health needs for the Polara Health CHNA community were identified:

1. Mental health needs arising from the COVID-19 pandemic

2. Access to services

3. Increased integration between primary care and mental health services

One of the priorities above was also included in Polara Health's 2019 CHNA report. As described previously in the *Evaluation of Prior Implementation Strategy,* progress has been made in this area; however, the need remains in the community.

Polara Health's next steps include developing an implementation strategy to address these priority areas.

HEALTH CARE RESOURCES

The availability of health resources is a critical component to the health of a community'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. This section addresses the availability of health care resources to the residents in the community.

Hospitals and Health Centers

The Yavapai Regional Medical Center has 206 beds and is one of three acute care hospitals located in the CHNA community. 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.

The table below summarizes hospital services available to the residents of Yavapai County:

Summary of Acute Care Hospitals					
Facility	Address	County	Miles from Prescott, AZ	Beds*	Facility Type
Yavapai Regional Medical Center	1003 Willow Creek Rd. Prescott, AZ 86301-1668	Yavapai	1.6	206	Acute Care Facility
Yavapai Regional Medical Center-East	7700 East Florentine Rd. Prescott Valley, AZ 86314	Yavapai	8.5	56	Acute Care Facility
Verde Valley Medical Center	269 South Candy Lane Cottonwood, AZ 86326-4170	Yavapai	28.3	93	Acute Care Facility

* Includes sub provider beds, excludes skilled nursing facility beds. *Source: US Hospital Finder - http://www.ushospitalfinder.com/*

Other Health Care Facilities and Providers

Critical access hospital services are not the only health services available to members of the Hospital's community. The following table provides a listing of community health centers and rural health clinics within the Clinic's community. This list is not meant to be exhaustive.

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

Source: Health Resources and Services Administration - http://findahealthcenter.hrsa.gov/#

APPENDICES

Key Informant Interview Questions/Topics

A. Health and quality of life

1. Overall, how would you rate the health and quality of life of your community?
2. In general, how would you assess the mental and behavioral health of the community served by Polara Health?
3. Do you feel that the mental and behavioral health needs of the community have increased, decreased or stayed the same over the last three years?
4. Following up, what are some specific factors or conditions that are positive about our community's care for mental and behavioral health? In other words, what is going well?
5. What are some specific factors or conditions that are negatively impacting your community's mental and behavioral health? (i.e., drugs, mental illness, lack of healthcare, lack of jobs, housing, etc.)
6. Has the COVID-19 pandemic created difficulties for you? How or what ways?
7. How do you think the pandemic has impacted your overall community?

B. Underserved populations

1. Are there specific populations whose mental and behavioral health needs may be more than others?
2. Why? What are the biggest barriers for these members of your community?
3. How are those barriers being addressed? What is being done?

C. Polara Health

1. What grade would you give the hospital on their contribution to the community's health and quality of life?
2. What role have they played in addressing some of the major health concerns in your community?
3. In the next 3-5 years, what mental and behavioral health issues are most important for the community and Polara Health to address?

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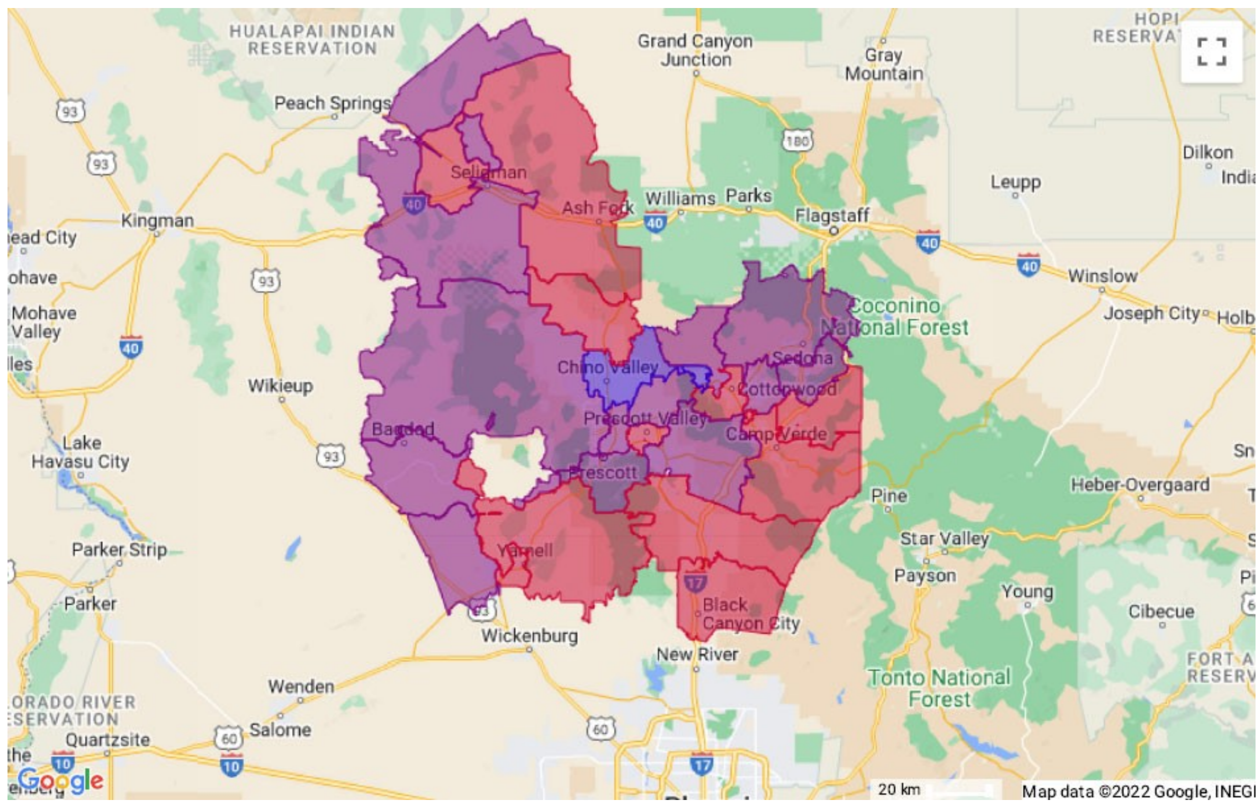
DIGNITY HEALTH COMMUNITY NEED INDEX REPORT

Map of Community Needs Index Scores for CHNA Community based on Dignity Health's Community Need Index (CNI).



	Zip	CNI Score	City	County
	85324	3.4	Black Canyon City	Yavapai
	85332	3.2	Congress	Yavapai
	85362	3.4	Yarnell	Yavapai
	86301	3.2	Prescott	Yavapai
	86303	2.8	Prescott	Yavapai
	86305	2.6	Prescott	Yavapai
	86314	3.8	Prescott Valley	Yavapai
	86315	2.6	Prescott Valley	Yavapai
	86320	3.6	Ash Fork	Yavapai
	86321	2.8	Bagdad	Yavapai
	86322	3.4	Camp Verde	Yavapai
	86323	2.4	Chino Valley	Yavapai

CNI Scale
Highest Need 4.2-5
2nd Highest 3.4-4.1
Medium 2.6-3.3
2nd Lowest 1.8-2.5
Lowest Need 1-1.7

	86324	3.0	Clarkdale	Yavapai
	86325	3.0	Cornville	Yavapai
	86326	3.8	Cottonwood	Yavapai
	86327	3.2	Dewey	Yavapai
	86331	2.4	Jerome	Yavapai
	86332	3.4	Kirkland	Yavapai
	86333	3.4	Mayer	Yavapai
	86334	4.0	Paulden	Yavapai
	86335	3.6	Rimrock	Yavapai
	86336	3.2	Sedona	Yavapai
	86337	3.0	Seligman	Yavapai
	86351	2.6	Sedona	Yavapai

Source: http://cni.dignityhealth.org/printout.asp, 2022