

YUMA COUNTY COMMUNITY HEALTH ASSESSMENT 2012



TABLE OF CONTENT

INTRODUCTION.....	4
Vision and Mission.....	4
History	5
Geography	7
Neighboring Jurisdiction and Tribal Borders with Yuma County.....	8
Climate	9
Population Demographics	10
Quality of Life in Yuma County: Statistics and Perception.....	11
Percentages of Risk Factors.....	11
Infant Mortality.....	12
Domestic Violence.....	12
Crime Rate.....	13
Economy.....	14
Unemployment.....	14
Poverty.....	14
Uninsured Population.....	15
AHCCCS Insured.....	15-16
Educational Attainment.....	17
Population Language Spoken.....	17
Chronic Disease Prevention	19
Physical Activity.....	20
Obesity.....	20
Diabetes.....	20-22
Cancer.....	23-24
Smoking.....	24
Hypertension and High Cholesterol.....	25
Cardiovascular.....	26
Asthma.....	26
THE METHODOLOGY.....	27
COMMUNITY MEMBER SURVEY.....	29
SECONDARY DATA ANALYSIS- HEALTH STATUS OF YUMA COUNTY	32
Influenza.....	32
Tuberculosis.....	33
Foodborne Illness.....	34-35

Sexually Transmitted Disease.....36
HIV.....37-39
Substance abuse40
Behavioral Health.....42

Local Public Health System Performance Assessment - Report of Results Yuma County Public Health Services District 7/26/201043

2011 YUMA COUNTY DIRECTION FINDER SURVEY 50

Essential Public Health Services.....70
Self-Assessment Results 10-7-2008.....71

The community Health Assessment Team (CHAT).....72
Team Members.....72
Past team members.....73

FORCES OF CHANGE74
SOCIAL74
TECHNOLOGICAL.....74
POLITICAL75
ECONOMIC75

COMMUNITY THEMES AND STRENGTHS ASSESMENT76
CONCERNS:76
STRENGTHS:.....76

POSITIVE HEALTH TRENDS AND INDICATORS.....77

Identifying Challenges.....77

Thanks and Acknowledgements79

Stakeholders and Partners Master Participant List.....81

Glossary.....83

References92

Appendix.....95



INTRODUCTION

Beginning in mid-June of 2008 the Yuma County Public Health Services District began a journey to complete the strategic planning process. This journey began with the formation of a 10 member team lead by the Health District Director. A community-wide strategic planning tool for improving public health, titled “Mobilizing for Action through Planning and Partnerships” or MAPP for short was utilized. The team known as the SPC (Strategic Planning Committee) spent several weeks studying the MAPP process and went through the handbook cover to cover. A Vision and a Mission statement were developed. On October 7, 2008 the Yuma County Public Health Services District conducted an internal assessment of the capacity of the Health District. In May-June 2010 75 representatives of a broadly defined public health system came together for five weeks of assessing the successes and deficiencies of the local public health system. In September of 2010 the highlights of these various studies were presented to a group of 30 key stakeholders, including leading public health system partners, County and community elected officials and managers, and the Health District staff. The following is a compilation of the work done over the past 4 years.

OUR VISION

The Yuma County Public Health Services District is recognized as a state-of-the-art public health agency that dedicates itself to providing optimal public health for all of Yuma County.

OUR MISSION

Yuma County Public Health Services District is a public health agency that conscientiously serves our community and provides quality services that prevent epidemics and the spread of disease; protects against environmental hazards;

promotes and encourages safe and healthy behaviors, and assures accessibility of health services.

YUMA COUNTY

HISTORY

Yuma County has a colorful history, which lives on today in a fast-growing, vibrant community. Saddle up for a quick ride through one of the most interesting places in the United States.

In 1540, just 48 years after Columbus discovered the New World, 18 years after the conquest of Mexico by Cortez, and 67 years before the settlement of Jamestown, Hernando de Alarcon visited the site of what is now the current City of Yuma. He was the first European to visit the area and to recognize the best natural crossing of the Colorado River. Much of Yuma County's later development occurred because of this strategic location.



From the 1850's through the 1870's, steamboats on the Colorado River transported passengers and goods to various mines, military outposts in the area, and served the ports of Yuma, Laguna, Castle Dome, Norton's Landing, Ehrenberg, Aubry, Ft. Mohave and Hardyville. During this time stagecoaches also carried the mail and passengers on bone-jarring rides through the area.

For many years, Yuma served as the gateway to the new western territory of California, which brought thousands from around the world in search of gold, or those who had it. In 1870, the Southern Pacific Railroad bridged the river. Yuma became a hub for the railroad and was selected as the county seat in 1864.

Yuma County is one of four original counties designated by the first Territorial Legislature. It maintained its original boundaries until 1983 when voters decided to split Yuma County into La Paz County in the north and a new "Yuma County" in the south.



The Ocean-to-Ocean Bridge (or Old Highway 80 Bridge) was the first vehicle bridge across the Colorado River. Prior to the construction of the bridge, cars were ferried across.

Yuma County is larger than the state of Connecticut. Much of Yuma County's 5,522 square miles is desert land accented by rugged mountains. Several river valley regions, however, contain an abundance of arable land which is irrigated with water from the Colorado River.

These valley areas have some of the most fertile soils in the world, having received silt and mineral deposits from Colorado and Gila River floods until the rivers were tamed by an intricate series of dams and canals.



Farming, cattle raising, tourism, and two military bases, US Marine Corp Air Station (MCAS) and US Army Yuma Proving Ground (YPG) are Yuma County's principal industries.

Some of the major attractions in Yuma County are the historical Territorial Prison, the Yuma Crossing Historic Park. Other great places to visit are the Kofa Mountain Range and Wildlife Refuge, and Martinez and Mittry Lakes.

Hunting is a popular sport, as the county offers a variety of different types of game. Major rivers in Yuma County are the Gila and the Colorado, the two most historic rivers in the Southwest.

The Marine Corps Air Station (MCAS), shares one of the longest runways in the country with the Yuma International Airport. Yuma has some of the cleanest skies and best flying weather in the United States.



Yuma County is bordered by California on the West and Mexico on the South. Living close to the Mexican border offers a great opportunity to experience multi-cultural and international business opportunities.

Arizona Western College (AWC) is located in Yuma County. This is a two-year community college, which offers higher education to full-time and part-time on-campus and off-campus

students. AWC shares its campus with a satellite campus of Northern Arizona University (NAU), offering a variety of two year, four year and post graduate programs.

Yuma County has a year-round population of approximately 200,000 residents. During the winter, the population increases by about 90,000 due to the sun-seeking Winter Visitors affectionately known as "Snowbirds".

GEOGRAPHY

Yuma County is located in the southwest corner of the State sharing borders with La Paz County to the north, Maricopa and Pima counties to the east Mexico to the south and California to the west. The Colorado River forms the border between California and Yuma County on the west. The Cocopah Indian Nation and two military installations (Yuma Proving Ground and Marine Corps Air Station) are within the county's borders. The Quechan Indian Nation also shares a border with Yuma County. Much of Yuma County's 5,522 square miles is desert land accented by rugged mountains. The valley regions, however, contain an abundance of arable land, which is irrigated with Colorado River water. Bureau of Land Management account for 14.8 percent of land ownership; Indian reservation, 0.2 percent; the State of Arizona, 7.7 percent; individual or corporate 10.5 percent; and other public lands 66.8 percent.



NEIGHBORING JURISDICTION AND TRIBAL BORDERS WITH YUMA COUNTY

Municipalities

City of Yuma
City of Wellton
City of Somerton
City of San Luis
Community of Dateland

Pima County

Maricopa County

LaPaz County

State

Arizona State Lands
National Guard 855 MP Co

Federal

Dept. of Army
Yuma Proving Ground
Bureau of Land Management
Fish & Wildlife Services
Imperial National Wildlife Refuge
KOFA National Wildlife Refuge
Dept. of Navy
Marine Corps Air Station

Dept. of State
International Boundary & Water Commission

Tribal Nations

Cocopah Indian Tribe
Quechan Indian Tribe

State of California

Imperial County

Mexico

State of Baja
State of Sonora

CLIMATE

Climate

Yuma features a [desert climate \(Köppen climate classification *BWh*\)](#), with extremely hot summers and warm winters. Yuma is one of the hottest cities of any size in Arizona, with average July high temperatures of 107 °F (42 °C). Average January highs are around 70 °F (21 °C). According to the [Guinness Book of World Records](#), Yuma is the sunniest place on earth. Of the possible 4,456 hours of daylight each year, the sun shines in Yuma for roughly 4,174 hours, or about 94% of the time. The near perfect flying weather year round attracts military interest in training their pilots here. On average Yuma receives about 3 inches of rain annually.

On July 28, 1995, Yuma reached its all-time high of 124 °F (51 °C). The lowest recorded temperature fell to 13 °F (-11 °C) on the Yuma mesa in January 2007. The temperature fell to 13 °F (-11 °C) for approximately two hours and was deleterious to the many crops grown in and around Yuma. The crop that suffered the most damage was the citrus on the Yuma mesa, most notably the lemon crop which suffered a 75% to 95% loss of crop and trees as stated by the Arizona Department of Agriculture in a February 2007 report.

In 1997, the desert city sustained a full [tropical storm](#) after [Hurricane Nora](#) made [landfall](#) at the mouth of the Colorado River and quickly moved due north along it. The extraordinarily rare event cut power to 12,000 customers in Yuma, and dropped 3.59 [inches](#) or over 91 [mm](#) of rain at [Marine Corps Air Station Yuma](#).

[hide]Climate data for Yuma, AZ

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year
Record high °F (°C)	88 (31)	97 (36)	102 (39)	107 (42)	120 (49)	122 (50)	124 (51)	120 (49)	123 (51)	112 (44)	98 (37)	86 (30)	124 (51)
Average high °F (°C)	70 (21)	75 (24)	80 (27)	87 (31)	95 (35)	104 (40)	107 (42)	106 (41)	101 (38)	90 (32)	77 (25)	69 (21)	88.5 (31.4)
Average low °F (°C)	46 (8)	49 (9)	53 (12)	58 (14)	65 (18)	73 (23)	81 (27)	81 (27)	75 (24)	64 (18)	52 (11)	46 (8)	61.9 (16.6)
Record low °F (°C)	13 (-11)	25 (-4)	31 (-1)	38 (3)	39 (4)	50 (10)	61 (16)	58 (14)	50 (10)	35 (2)	29 (-2)	22 (-6)	13 (-11)
<u>Precipitation</u> inches (mm)	0.38 (9.7)	0.28 (7.1)	0.27 (6.9)	0.09 (2.3)	0.05 (1.3)	0.02 (0.5)	0.23 (5.8)	0.61 (15.5)	0.26 (6.6)	0.26 (6.6)	0.14 (3.6)	0.42 (10.7)	3.01 (76.5)
Sunshine hours	272	283	341	375	419	420	403	395	360	334	293	279	4,174

Source: <http://www.wrcc.dri.edu/>¹⁹¹

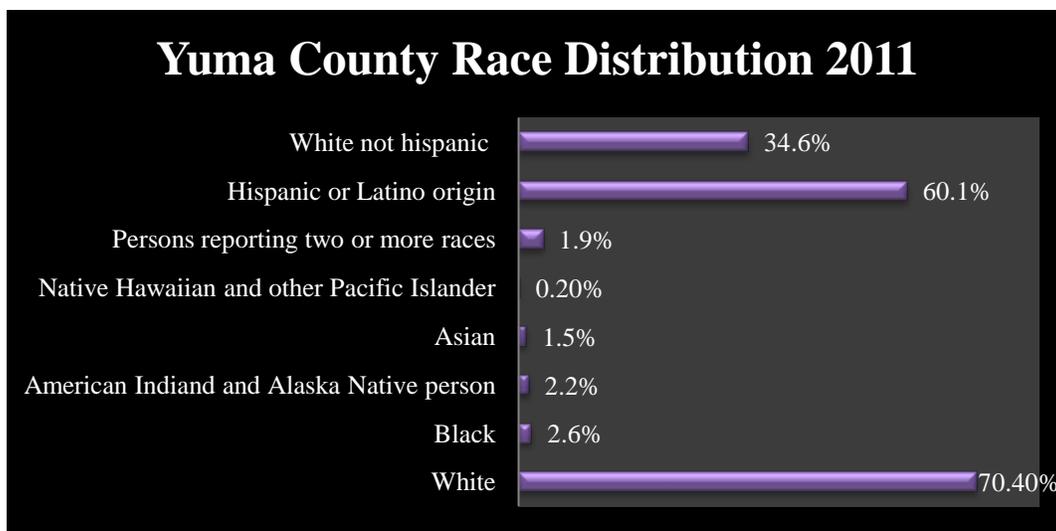
POPULATION DEMOGRAPHICS

Between 2000 and 2010 Arizona’s population increased by 25% and a total of 195, 751. During this same time, the number of children under age five increased by 30.9% from 382,386 in 2000 to 500,531 in 2008. Overall population growth from 2000 through 2010 in Arizona has increased in nearly all counties, with Yuma County experiencing a 20.9% increase.

TABLE 1-ARIZONA POPULATION BY COUNTY

County	% of Population Change 2000-2010	County	% of Population Change 2000-2010
Apache	1%	Mohave	25.7%
Cochise	9.3%	Navajo	15.2%
Coconino	10.2%	Pima	19.3%
Gila	1.6%	Pinal	80.6%
Graham	8.7%	Santa Cruz	11.4%
Greenlee	-6.3%	Yavapai	27.6%
La Paz	2.3%	Yuma	20.9%
Maricopa	27.7%	Arizona	25%

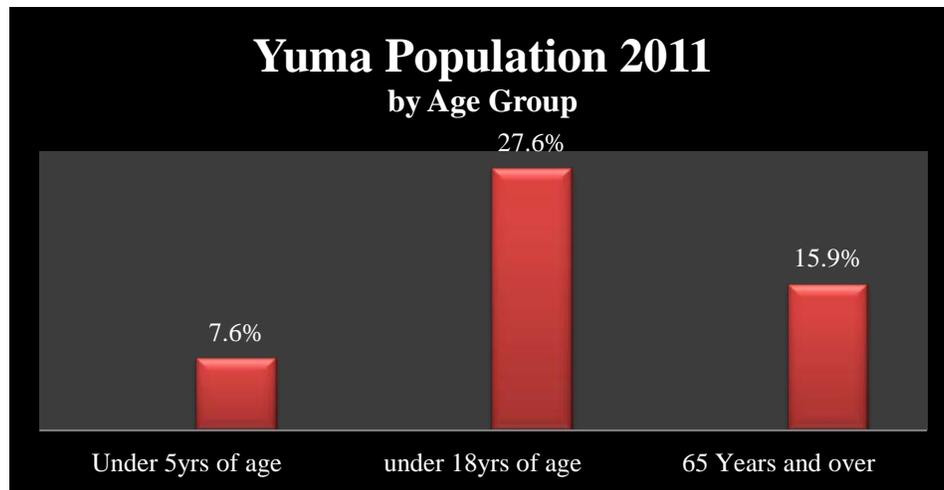
Source U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Non-employer Statistics, Economic Census, Survey of Business Owners, Building Permits, Consolidated Federal Funds Report



Source U.S. Census Bureau: State and County Quick-Facts

Knowing the size and composition of a population is necessary for investigating the connection between social, economic, political, biologic, genetic, and geographic variables and their interrelationships and impact on the public’s health. In Yuma the Hispanic population continues to rise, but so are other races, such as those of Asian origin, which population increased by .3%, since 2010 according to the last U.S. Census 2011.

Proximity to the Imperial Sand Dunes, warm winter weather, dove hunting season and recreation on the Colorado River, results in an unpredictable influx of tourists in the county at any given time which has cumbersome implications given language barriers of international tourists.



Source 2010 U.S. Census Bureau: State and County Quick-Facts

A population’s age composition helps assess trends of population growth or decline. 56.5% of the population in Yuma County is composed of people ages 19 to 64. 27.6% of the population is composed of youth ages 18yrs and younger. The population of citizens 65 years and older compose the remaining 15.9%.

QUALITY OF LIFE IN YUMA COUNTY: STATISTICS AND PERCEPTION

TABLE 2- 2010 YUMA AND ARIZONA		
PERCENTAGES IN RISK FACTORS		
	Yuma	Arizona
% of Unemployment	19.9%	9.5%
% of Teen Births	15.21%	10.81%
% of Low Birth Weight (LBW)	6.31%	7.07%
% of Families Below Poverty	17.6%	16.30%
% of Linguistically Isolated Families	17.9%	29.9%
# of Infant deaths (2010)	20	519
# of Child Abuse Reports (all ages)	177	6023
# of Child Fatalities	31	810

TABLE -3 MORTALITY BY COUNTY OF RESIDENCE AND YEAR, ARIZONA, 2000-2010

Mortality rates in Yuma and AZ from 2000-2010											
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
ARIZONA	40,202	40,851	42,320	42,830	42,736	45,115	45,415	44,640	45,128	45,065	45,871
Yuma	946	1,004	1,122	1,133	1,137	1,246	1,164	1,180	1,105	1,306	1,279

TABLE-4 MORTALITY BY TYPE YUMA ARIZONA 2008-2010

	POISONING Rate per 100,000	CHILD DEATH Per 100,000	FALLS AMONG 65+ Rate per 1,000	DROWNING Rate per 100,000	MOTOR VEHICLE CRASHES RATE PER 100,000
Arizona	11.1	1.7	2.24	1.26	11.0
Yuma	8.3	1.7	.74	1.49	8.0

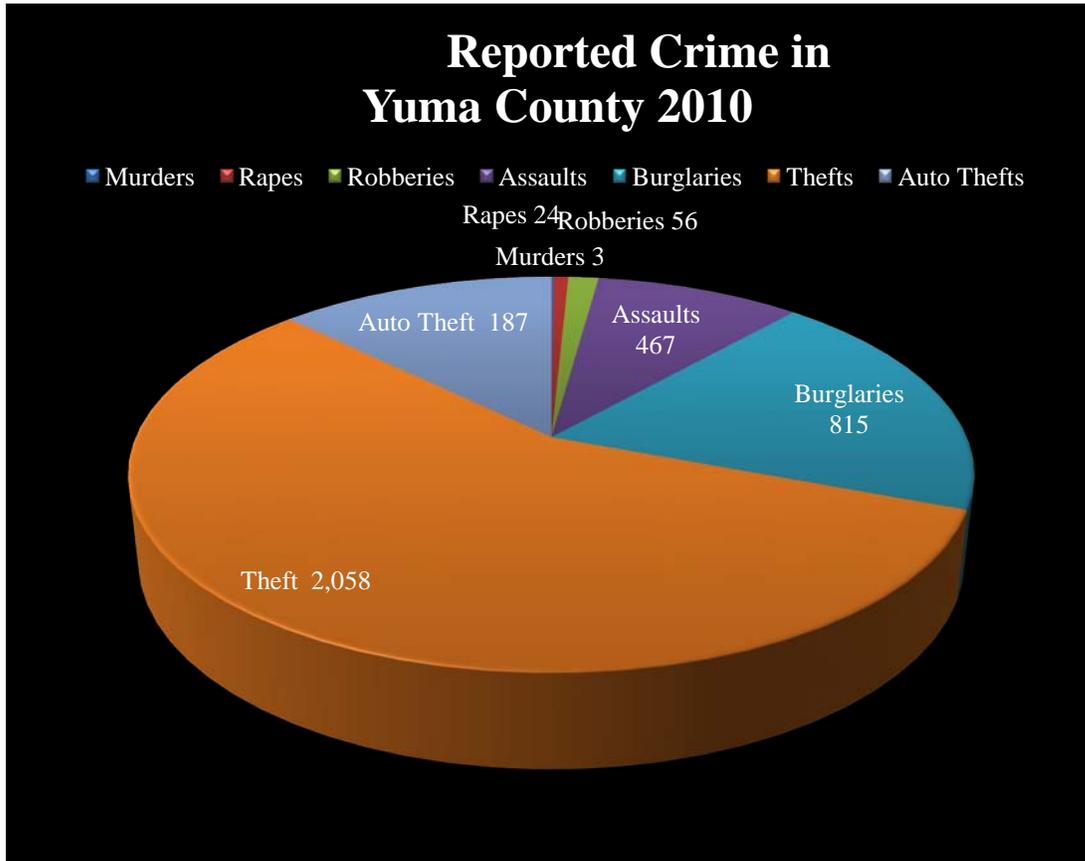
TABLE-5 DOMESTIC VIOLENCE 2010

	Domestic Assault	Domestic Violence	Other Domestic	Total of Domestic Offenses
Yuma	228	21	114	363

Yuma County Sheriff's Office: Crime Statistics-Criminal Offenses 2010

Domestic Violence is the leading cause of injury to women between the ages of 15 and 44. Over 1.8 million American women are beaten by their partners, although only 1 out of 10 beatings are ever reported. Approximately 1 out of every 25 elderly persons is victimized annually (Domestic Violence: Crime victims Services- Arizona Department of Public Safety).

REPORTED CRIME IN YUMA COUNTY 2010



Crime in 2010 (reported by the sheriff's office or county police):

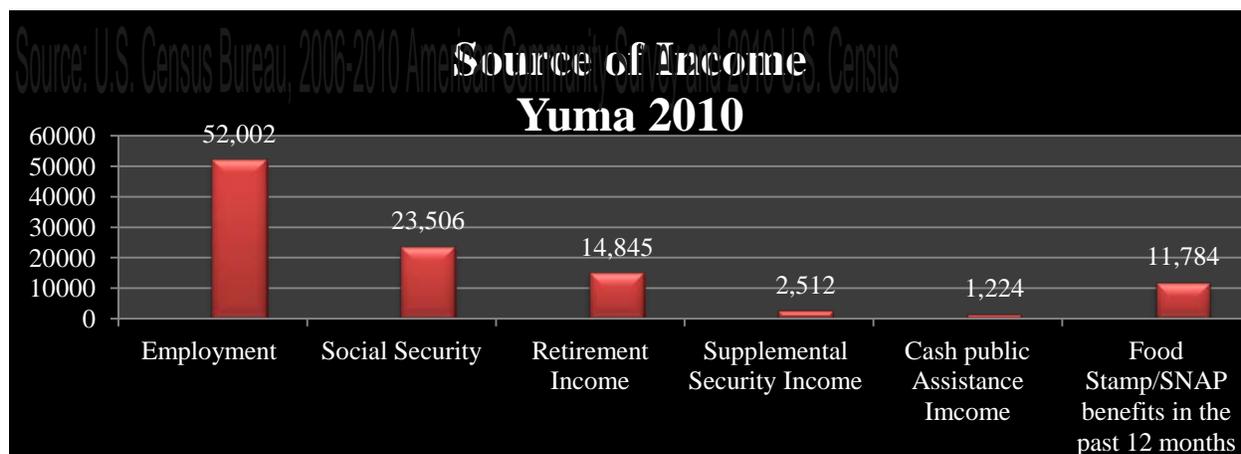
- Murders: 3
- Rapes: 24
- Robberies: 56
- Assaults: 467
- Burglaries: 815
- Thefts: 2,058
- Auto thefts: 187

Read more: http://www.city-data.com/county/Yuma_County-AZ.html#ixzz2AntibV53

Crime in Yuma AZ continues to increase yearly. As the population increases so does the crime. In comparison with the total State % of crime, Yuma is 13.5% higher.

ECONOMY

Yuma's industry and manufacturing base has grown steadily on both sides of the border precipitating additional trade in the Yuma-Rio Colorado region. We support to military bases: Marine Corps Air Station, Yuma (MCAS) and U. S. Army Yuma Proving Ground (YPG). According to the Yuma County Chamber of Commerce there are more than 6.5 million vehicles per year (18,000) pass through Yuma. At San Luis, another 2.6 million autos and 46,000 commercial vehicles cross annually. Shoppers from Mexico contribute approximately \$160 million annually to Yuma County. Yuma's annual sales continually show healthy increases compared to other parts of Arizona and the nation.



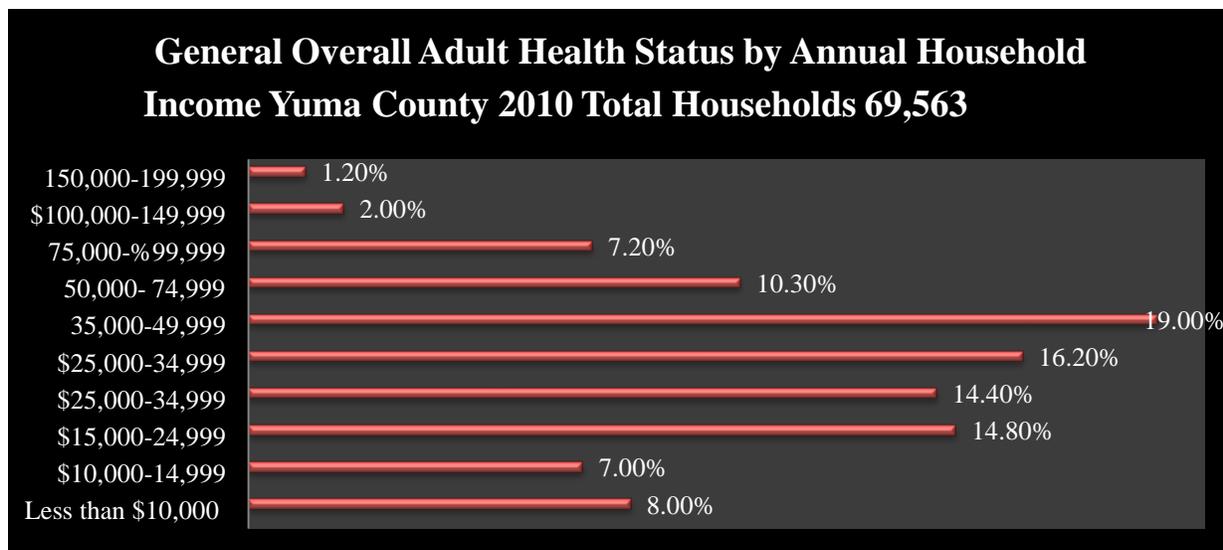
Source: U.S. Census Bureau, 2006-2010 American Community Survey and 2010 U.S. Census

UNEMPLOYMENT

According to the Special Unemployment Report 2010, Arizona's unemployment rate for February 2010 was 9.5%. Yuma County had the highest unemployment rate, in February 2010, with a 19.9%.

POVERTY

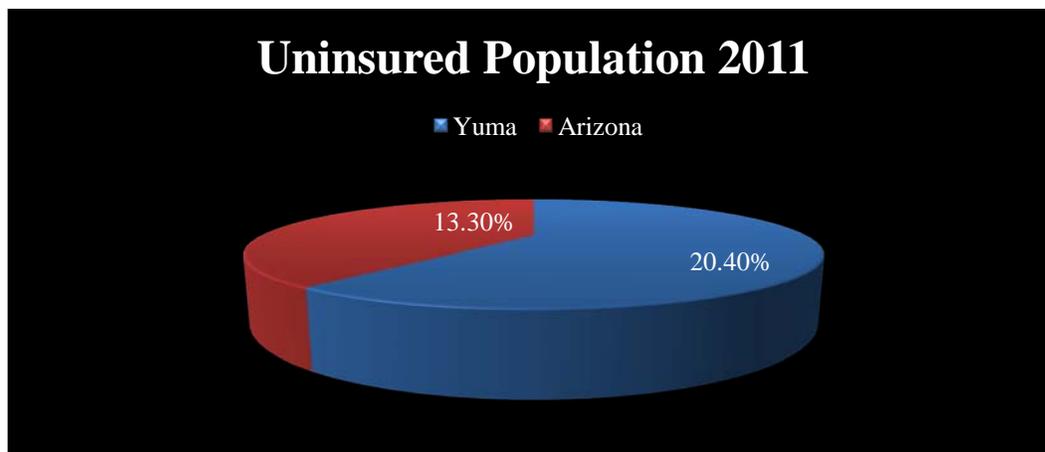
Based on the 2010 Census, 21.2 % of people in the Yuma County under the age of 18 were living below the federal poverty level. Families at 100-199% of the Federal Poverty Level (FPL) with children 4 months to 5 years old at moderate or high risk of developmental or behavior problems had the highest percentage at 46.2% followed by 0-99% FPL at 30.3%, 400% FPL or higher at 19.8% and 200-399% FPL at 17.9%.



BRFSS 2010, U.S. Census Bureau for 2010.

As income increases, fair or poor health significantly decreases. According to the U.S. Census Bureau 2010, 18.9% of the population in the United States does not have Health Coverage. According to County Health Rankings 2012, in 20% of the population in Arizona does not have health coverage, and in Yuma County is as high as 24% of the population who does not have health coverage.(Cunningham, Peter, 1999).

UNINSURED POPULATION 2011 YUMA COUNTY

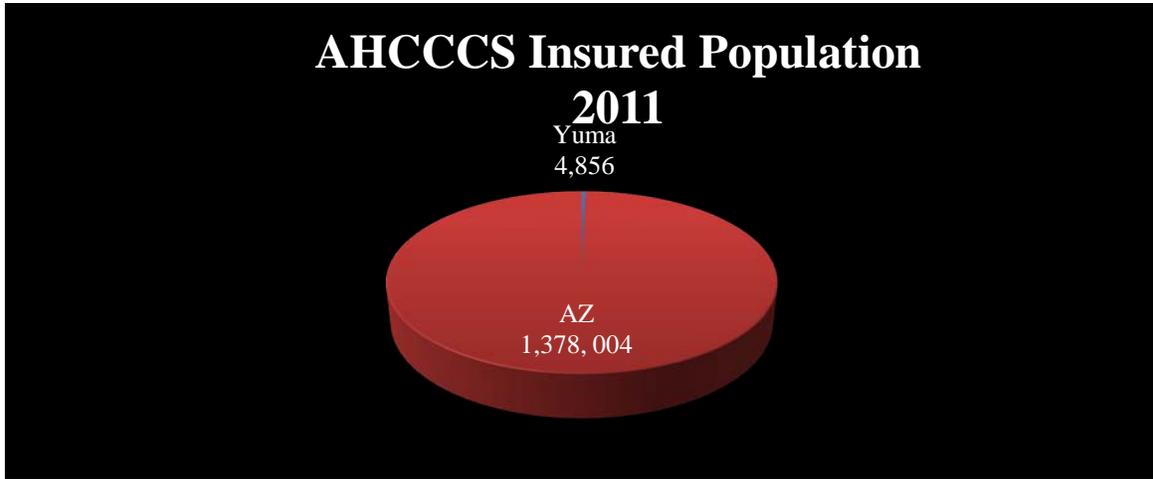


DATA SOURCES: CENSUS 2010 (Population Counts); HRSA 2011 (Uninsured); AHCCCS 2011 (AHCCCS) COUNTY DATA DASHBOARD | 2011

Most people under age of 65 who have health insurance are covered by insurance from their employer or that of a family member. Uninsured people may remain uninsured due to being employed only part-time, which deems them ineligible for benefits. Those who do qualify may choose to remain uninsured because their insurance monthly premiums might be too high for them to cover. Low-wage workers have a harder time affording these premiums, and are more likely to remain uninsured. Another reason could be because there are fewer employer-sponsored health

benefits offered in rural communities. Those between 45-64 years of age – are uninsured in greater numbers than those residing in urban areas (24% vs. 19%).

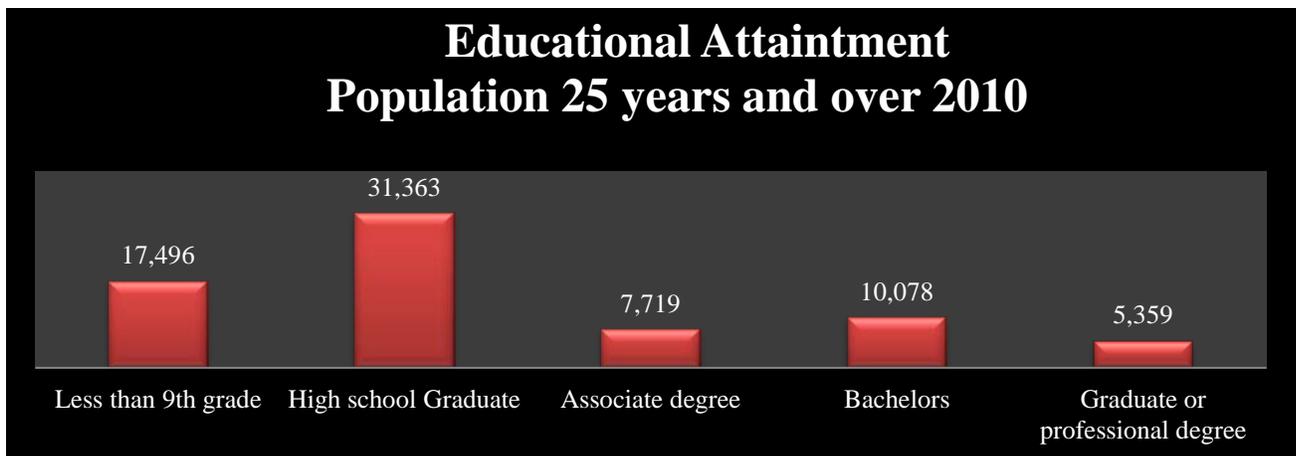
AHCCCS INSURED POPULATION 2011



DATA SOURCES: CENSUS 2010 (Population Counts); AHCCCS 2011 (AHCCCS)

More than 80 percent of all uninsured adults nationwide with incomes below 200 percent of the federal poverty level are ineligible for Medicaid and other public Health insurance programs. In Yuma county only 4856 people are reported to be AHCCCS recipients, which translate to only 2% of the population who are AHCCCS recipients. Families may not know that their children qualify for the programs, especially if the families have recently had their incomes decline because of unemployment. Problems with enrollment and renewal process can also reduce coverage. Immigration status can also be a barrier to insuring children. Low income adults without children have no access to health insurance at all unless they are severely disabled. Arizona is one of only 10 states that provide some coverage to low-income non-parent adults. (Stoll, Kathleen, Washington: Families USA, July 2001).

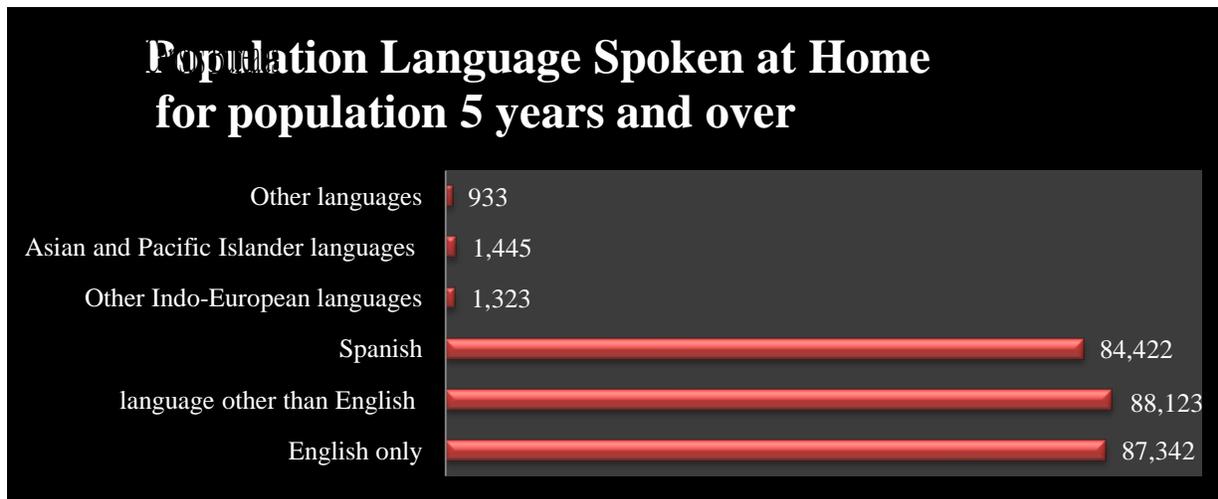
EDUCATION ATTAINMENT POPULATION 25 YEARS AND OVER 2010



2010 U.S. Census Bureau

According to the Robert Wood Johnson Foundation, people with more education are likely to live longer, to experience better health outcomes, and to practice health-promotion behaviors such as exercising regularly refraining from smoking, and obtaining timely health care check-ups and screenings. Overall educational attainment is also linked to children’s health, beginning early in life: babies of more educated mothers are less likely to die before their first birthdays, and children of more educated parents experience better health.

LANGUAGE SPOKEN AT HOME YUMA COUNTY 2010



2006-2010 U.S. Census Bureaus

Linguistic isolation According to the 2009-2011 US Census population estimates, 46.6% of Yuma’s population 5 years old and over speak a language other than English at home. In Arizona, 121,289 household with a primary language of Spanish, 8,437 families with other Indo-European languages and 9,002 Asian and Pacific Island languages were considered linguistically isolated. A linguistically-isolated household is defined by the U.S. Census Bureau as one in which 1) no member 14 years old and over speaks only English or 2) no member 14 years and over speaks a non-English language and speaks English "very well". In other words, all members 14 years old and over have at least some difficulty with English.

MATERNAL AND CHILD HEALTH

Infant mortality is a great indicator of Maternal and Child Health. Collaboration with National, and State initiative, helps address at a county and local health level with partnerships of other healthcare providers, the great needs of this population. The CDC reported that in 2010 infant mortality had decreased at a record-low level of 6.14 infant deaths per 1,000 live births. In Yuma County
Table

Sudden Unexpected Infant Deaths by Cause, Arizona, 2011		
Cause	Number	Percent
Suffocation	38	33%
Medical Condition	38	33%
Undetermined	35	31%
SIDS	2	2%
Other Injury	1	<1%
Total	114	

Arizona Child Fatality Review Program, Nineteenth Annual Report, November 2012

The birth rate for Arizona Teens are 15-19 has remained greater than the national rate over the past decade. According to the Centers for Disease Control and Prevention (CDC), babies born to teenage mothers have a higher risk of poor birth outcomes, including higher rates of low birth weight, preterm birth, and infant mortality. The often accompanying circumstances such lower education attainment, low income, and minimal resources available to teen mothers increase the risk of health outcomes to the teen mother and the infant.

Previous pregnancies are also associated with increased risk of additional pregnancies during adolescence. Repeat pregnancies reported among females aged 15-19 in Arizona was 268.9 per 1,000 live births in 2009. 1 in 8 teen pregnancies in Arizona ended in abortions compared to 1-in-11 for females age 20-34 years. Pregnant teens had a greater rate of stillbirths (6.1 per 1,000 live births and fetal deaths compared to women age 20-34 years (4.9 per 1,000). “Social risk factors rather than differences in biology are implicated in greater negative pregnancy outcome for teens relative to their older peers”(Teen Pregnancy and Birth in Arizona 2010).

Teen pregnancy rates have declined in Arizona by 26.3% among 15-19 years old teens, but this is not true for border counties. Among the border counties in Arizona, Yuma had the highest rate of teen pregnancy (66.6 per 1,000 females). The reason for the differences in rates is unknown, and further analysis is needed. Environmental, cultural and social economic status may play a role in these differences. Bi-national health officials and provider meetings are now being held. A collaborative effort between Arizona and Mexico Health Providers and Officials, may target the shared teen population and help reduce the incidence of teen pregnancies in border counties.

Table Female Teen Population, Pregnancies, Pregnancy Rates County, Arizona 2005-2010

2010			
15-19 Years Old	Pop	Pregnancies	Rate
Yuma	7,827	521	66.6
Cochise	4,269	226	52.9
Pima	35,145	1,594	45.4
Santa Cruz	2,032	125	61.5
Border Counties	49,273	2,466	50
Non-border Counties	17,5029	8,349	47.7
15-17 Year Old	Pop	Pregnancies	Rate
Yuma	4,854	180	37.1

Cochise	2,537	69	27.2
Pima	19,054	488	2536
Santa Cruz	1,321	58	43.9
Border Counties	27766	795	28.6
Non-border Counties	104088	2566	24.7

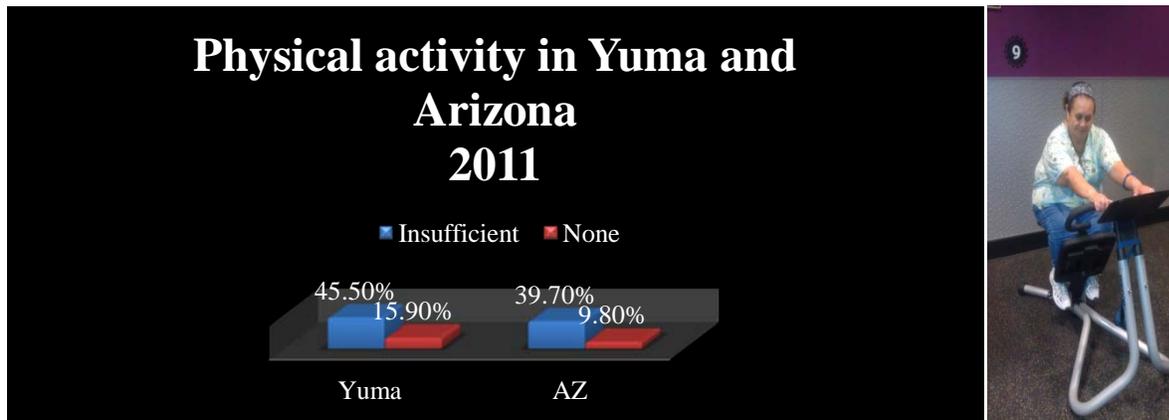
Note: Border Counties include Cochise, Pima, Santa Cruz and Yuma. All other are considered non-border counties. Rates are per 1,000 females in specific age group. Source: Arizona Vital Statistics, 2005-2010

CHRONIC DISEASE PREVENTION

The leading causes of morbidity and mortality in Yuma County include preventable chronic diseases such as diabetes, cancer, cardiovascular disease. Community professionals identified the elderly, Hispanics, Native Americans, migrants and farm workers as subpopulations at risk for chronic disease. Although Yuma County Health providers have actively provide chronic disease management, this year more preventive education is being offered to Yuma County residents. Yuma County Public Health District is one of several, contracted Counties to deliver the Public Health Policy Initiative, which assist in transitioning from a disease management focus to primary prevention through education and a community as a whole moving towards creating a culture of health through the adoption of Healthy lifestyles. The percentage of overweight and obese adults is an indicator of the overall health and lifestyle of a community. Obesity increases the risk of many diseases and health conditions including heart disease, Type 2 diabetes, cancer, hypertension, stroke, liver and gallbladder disease, respiratory problems, and osteoarthritis. Losing weight and maintaining a healthy weight help to prevent and control these diseases. Being overweight or obese also carries significant economic costs due to increased healthcare spending and lost earnings.



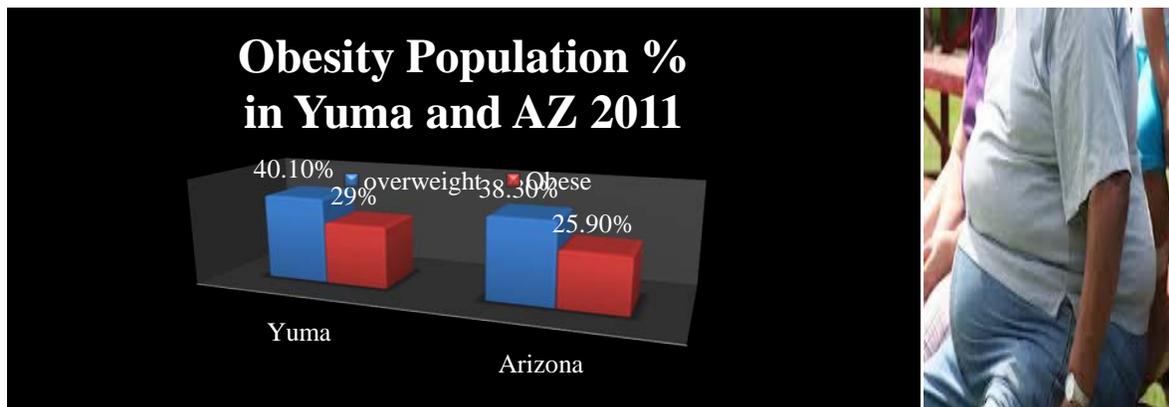
PHYSICAL ACTIVITY



Center for Disease Control 2010 (CDC)

Regular physical activity helps control weight, reduces the risk of heart disease, type 2 diabetes, and colon cancer, strengthens bones and muscles, improves mental health, and increases the number of years of healthy life. There are a 5 times greater mortality for men and 3 times greater mortality for women with low levels of physical activity compared to individuals who exercise more frequently (Surgeon General’s Report on Physical Activity, 1996).

OBESITY

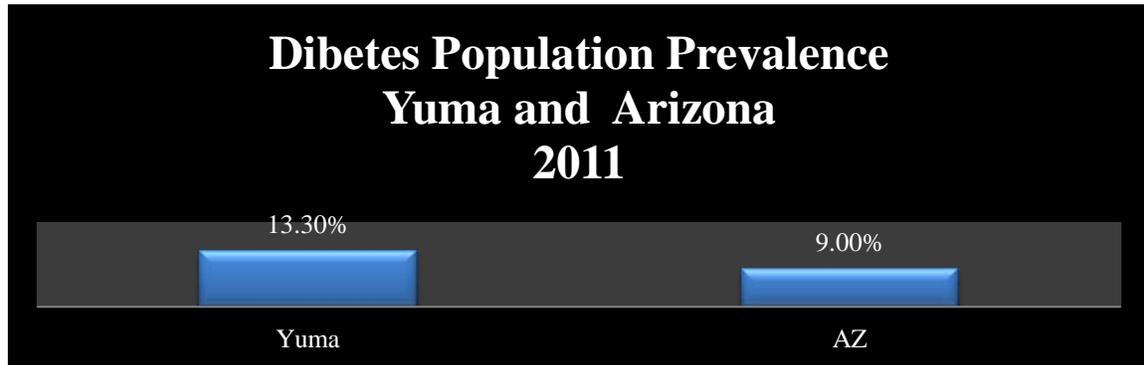


Center for Disease Control 2010 (CDC)

Inactivity during childhood and adolescence increases the likelihood of being inactive as an adult. Adults who are less active are at greater risk of dying of heart disease and developing diabetes, colon cancer, and high blood pressure. Half of American youth age 12-21 is not vigorously active on a regular basis, and about 14 percent of young people report no recent physical activity. Participation in all types of physical activity declines drastically with both age and grade in school. Being physically active helps build and maintain healthy bones, muscles, and joints. It helps control and maintains weight, build lean muscle, and reduce fat. In addition,

exercise helps to prevent or delay the development of high blood pressure. Moderate amounts of physical activity are recommended for people of all ages.

DIABETES



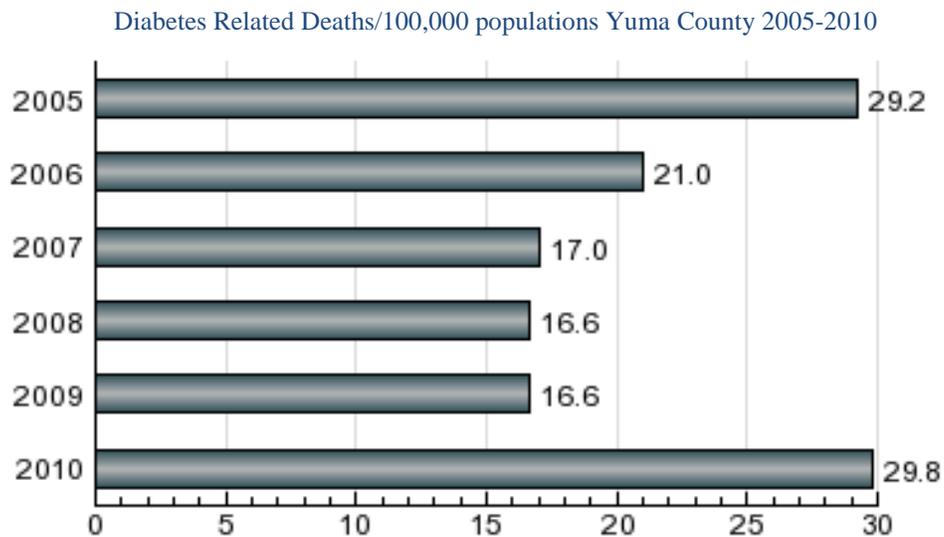
Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Arizona Health Matters 2010 Data.

In 2007, diabetes was the seventh leading cause of death in the United States and an estimated 23.6 million people or 7.8% of the population had diabetes. The prevalence of diagnosed type 2 diabetes increased six fold in the latter half of the last century. Diabetes risk factors such as obesity and physical inactivity have played a major role in this dramatic increase. Age, race, and ethnicity are important factors.

Diabetes can have a harmful effect on most of the organ systems in the human body; it is a frequent cause of end-stage renal disease, non-traumatic lower-extremity amputation, and a leading cause of blindness among working age adults. Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy, and stroke. In economic terms, the direct medical expenditure attributable to diabetes in 2007 was estimated to total \$116 billion. In the Yuma County there are several programs addressing diabetes screening and education, Regional Center for Boarder Health Walking Clinics as well as the Sunset Community Health Centers conduct education and screening for diabetes.



Centers for Disease Control and Prevention (CDC): Behavioral Risk Factor Surveillance System Survey (BRFSS) 2010 Data.

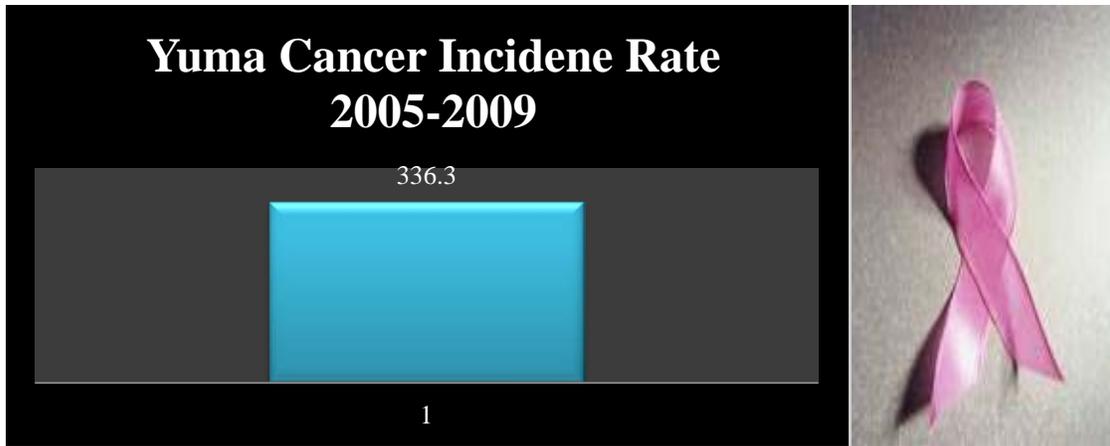


Although we can identify a decline of deaths related to diabetes from 2006-2009, on 2010 deaths per 100,000 of the population in Yuma county accounted for 29.8, which is .6% higher than that of 2005.

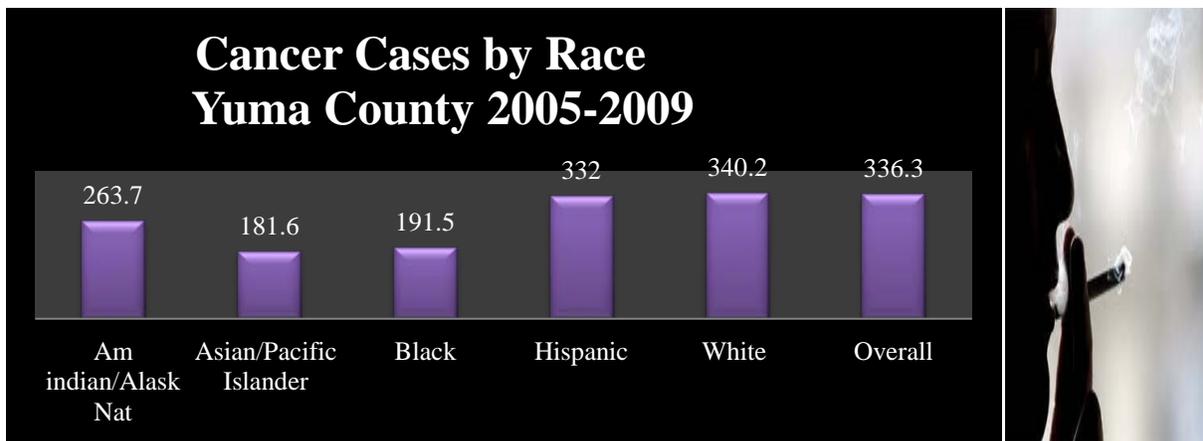


CANCER

Cancer is the second leading cause of death in the United States, but statistics show that compared to other U.S. Counties the overall cancer incidence rate in Yuma is actually low and dropping. Arizona as well as Yuma met the Healthy People 2010 objective number: 03-01, to reduce the overall cancer death rate. During the reporting period 2005-2009, Yuma dropped 1.8% in Cancer Death Rate, with an average of 276 deaths per year. The following shows the age-adjusted incidence rate for all cancer sites in cases per 100,000 populations.

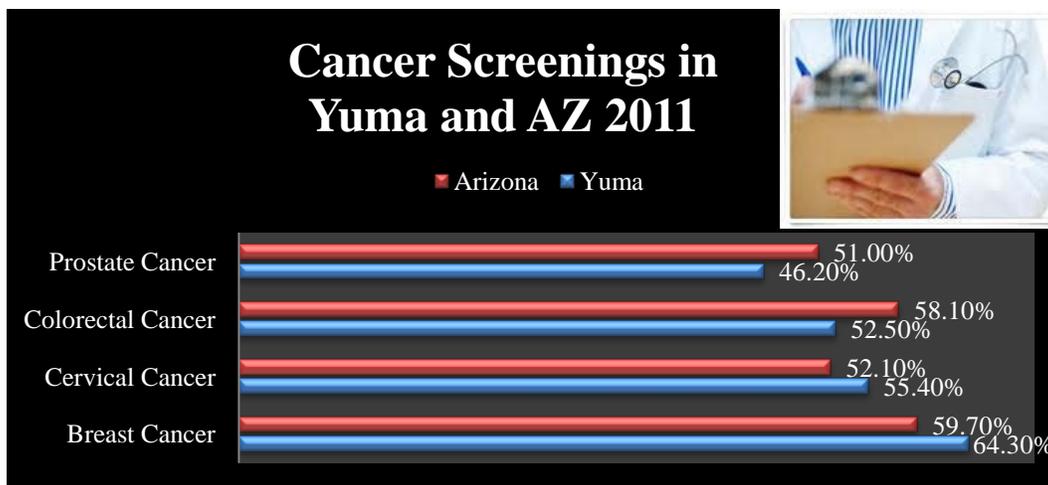


2010 Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey 2010 Data. statecancerprofiles.cancer.gov



2010 Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey 2010 Data.

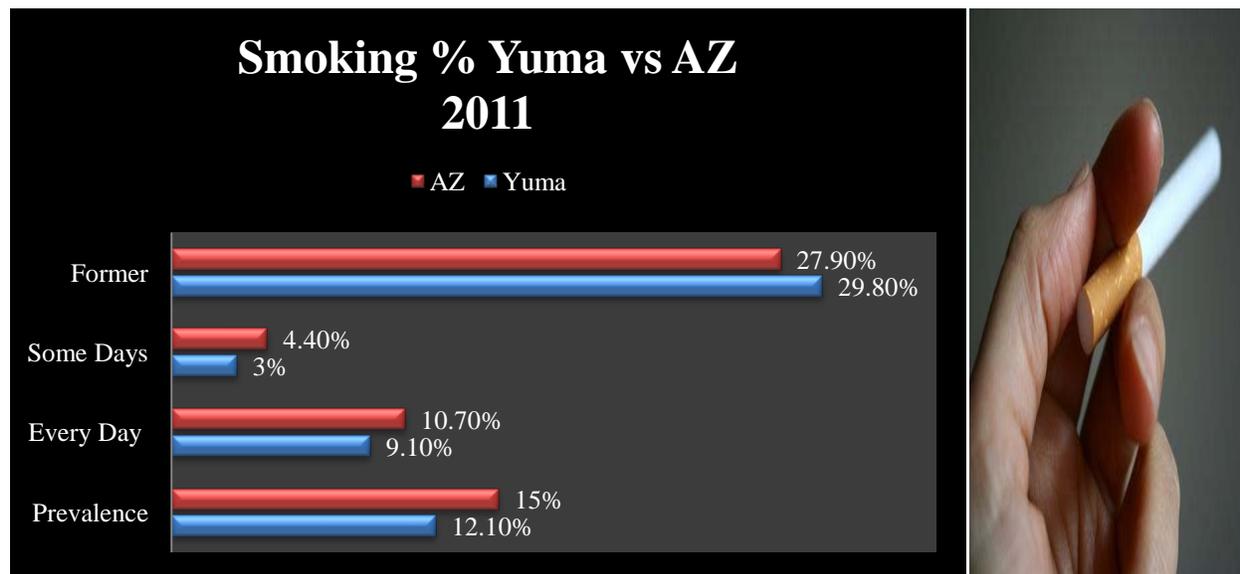
According to lead researcher, Kathy S. Albain, MD, of Loyola University for the majority of cancers there is no survival disparity between races when access to care is equalized. Albain and colleagues analyzed data of nearly 19,500 cancer patients enrolled in 35 clinical trials overseen by the National Cancer Institute (NCI). American Cancer Society chief medical officer Otis Brawley, MD, reported that if access to medical care were equal and more emphasis was placed on preventive care, the cancer survival disparity between races would largely disappear.



Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey 2010 Data.

Screening increases the chances of early detection, which can lead to successful treatment. Cancer screening is among the most important preventative health services. The U.S. National Cancer Institute estimates that as many as 35% of premature deaths from cancer could be prevented through screenings. Screenings also reduce health care cost, as the cost for preventive health is much less than the cost of treating an illness.

SMOKING

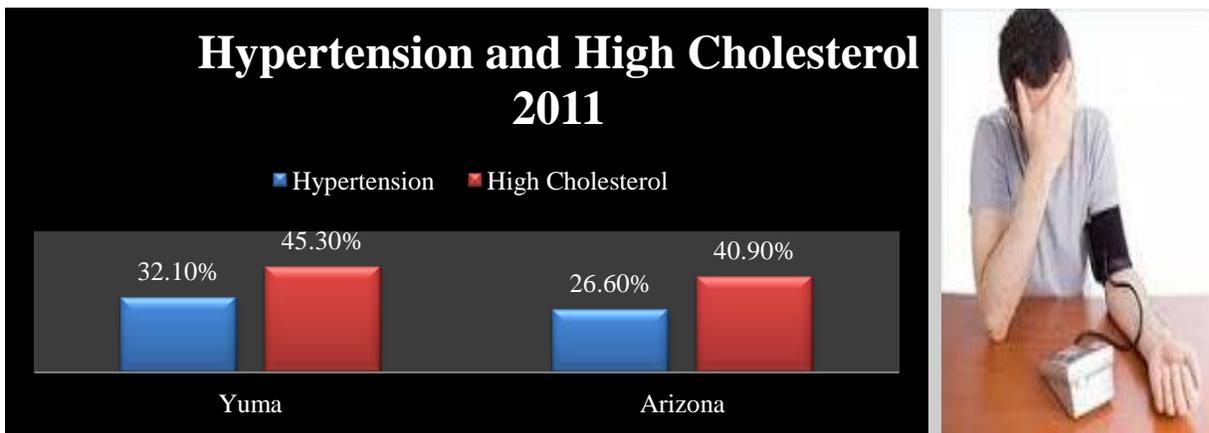


Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey 2010 Data.

1.2 million Arizonans use tobacco-about 19.2% of the population. 18.1% of the Yuma adult population use tobacco. Caucasians are more likely than many ethnic and racial groups to use tobacco products. Caucasians are more like than many ethnic and racial groups to use tobacco

products in Arizona, and low-income wage earners are more likely to use tobacco products. The highest race of smoking in Arizona is among 45 to 64yr old smokers, at a rate of 23%. Tobacco use: causes cancer (lung, throat, mouth) increases risk for heart disease, creates cosmetic issues (yellows teeth, ages skin, causes respiratory (lung) problems, aggravates and triggers asthma.

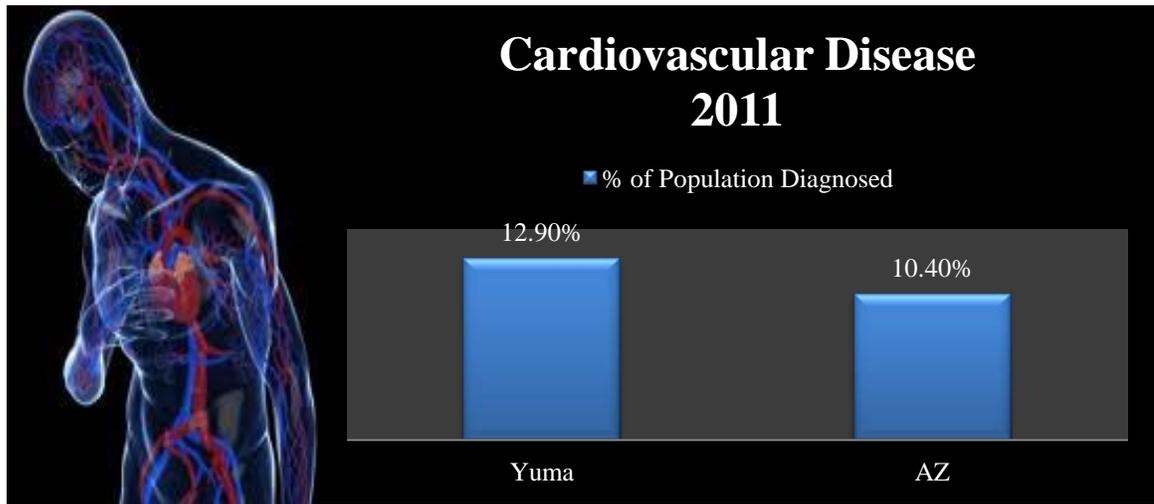
HYPERTENSION AND HIGH CHOLESTEROL



Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey 2010 Data.

In the United States about 68 million people are living with high blood pressure, also known as hypertension. This disease can be prevented and controlled, but unfortunately less than half of the population with high blood pressure actually has it under control. This condition is serious as it could lead to heart attacks or strokes, which are two of the leading causes of death in the United States. Yuma population has a higher number of the population diagnosed with Hypertension (32.10%) than Arizona overall population affected (26.6%). Education is very important as a preventive tool.

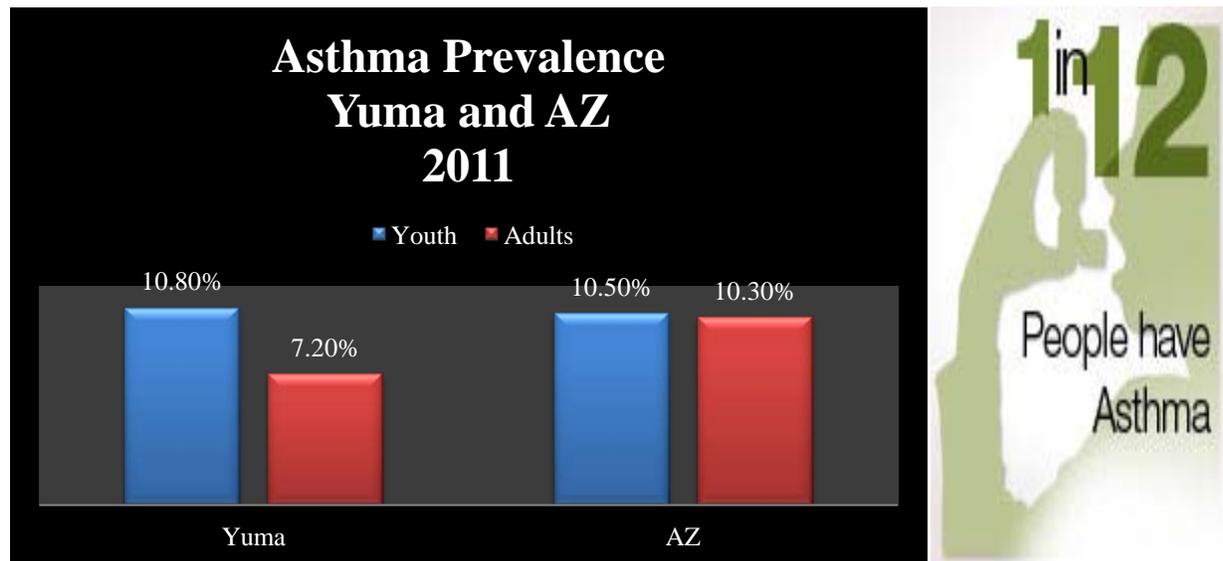
CARDIOVASCULAR



Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey 2010 Data.

Cardiovascular disease is a term used to describe any heart condition or infections that affect the heart muscle, valves, or rhythm. Yuma’s rate of citizens who suffer from cardiovascular disease is higher than AZ overall rate, by 2.5%.

ASTHMA



Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey 2010 Data.

Asthma is a disease that affects your lungs. It causes repeated episodes of wheezing, breathlessness, chest tightness, and nighttime or early morning coughing. Asthma can be controlled by taking medicine and avoiding the triggers that can cause an attack. You must also

remove the triggers in your environment that can make your asthma worse. In Yuma County 18% of the population is diagnosed with Asthma, in comparison with 20.8% of the population in the entire State (AZ). As a proactive approach the Yuma County Public Health District initiated the Yuma Tobacco Asthma Coalition (YTAC), whose mission is to raise awareness about environmental conditions that pose health hazards through community collaboration with various schools the local Hospital by the use of the Wind Advisory Flag Program that uses colored nautical flags to provide advisories about prospective outdoor wind conditions than can pose health risks especially to those with asthma and other chronic respiratory problems. The information is received from the Arizona Department of Environmental Quality (ADEQ) and is provided as a Three day forecast.



THE METHODOLOGY

1. The Health Care Systems Community Survey followed the MAPP guidelines, structure, and process as seen below. MAPP (Mobilizing for Action through Planning and Partnerships), which focuses on strengthening the entire public health system, was adapted to generate insight for intelligently articulating the Yuma County Health District's vision and plans for the coming years. The process involved visioning steps, and an internal and community assessment to ensure that the Health District's programs and activities are clearly based on demonstrated needs, individual community issues, changing local trends, public perceptions, existing and potential resources, the interests of public health system partners, the unique cultural and geographic diversity of our expansive county, nationally recognized performance standards, and the priorities of Yuma County.

In May-June of 2010, 75 representatives of the broadly defined public health system came together for five weeks of assessing the successes and deficiencies of the local public health system. Assessment dates were divided into two standards each week and scheduled on Tuesday, 8 a.m. till 12 p.m., for 5 weeks. The National Public Health Performance Standards measurement tool was employed to measure compliance with the standards established for each of the Essential Public Health Services.

Report back to Community: In September of 2010 the highlights, of these various studies, were presented to a group of 30 Key Stakeholders, including leading public health system partners, county and community elected officials and managers, and the Health District staff. There were various discussions regarding community involvement and coordination of services. The common theme from the community members was to build a Community Health Task Force. This group would come together 2-3 times per year to discuss health issues and coordinate efforts for assessments and suggestions for health improvements for Yuma County. The Yuma Regional Medical Center and the Yuma County Public Health Services District agreed to help develop this group.

2. The Visioning process began in September of 2010 with the Strategic Planning Committee given instruction from MAPP by the Health Dept. Director, who also acted as facilitator. By the next meeting the committee was completing exercises and developing a draft document. In November 2010 the SPC read options, made suggestions and corrections. The Mission and Vision was worked on until January of 2011 when it was finalized. The finished products were greatly enhanced and expanded from the previous statements.
2005 Vision: To protect, promote and maintain the health of the Yuma County residents.
2005 Mission: To provide customer focused services to enhance the health, safety, well-being and future of our entire community.

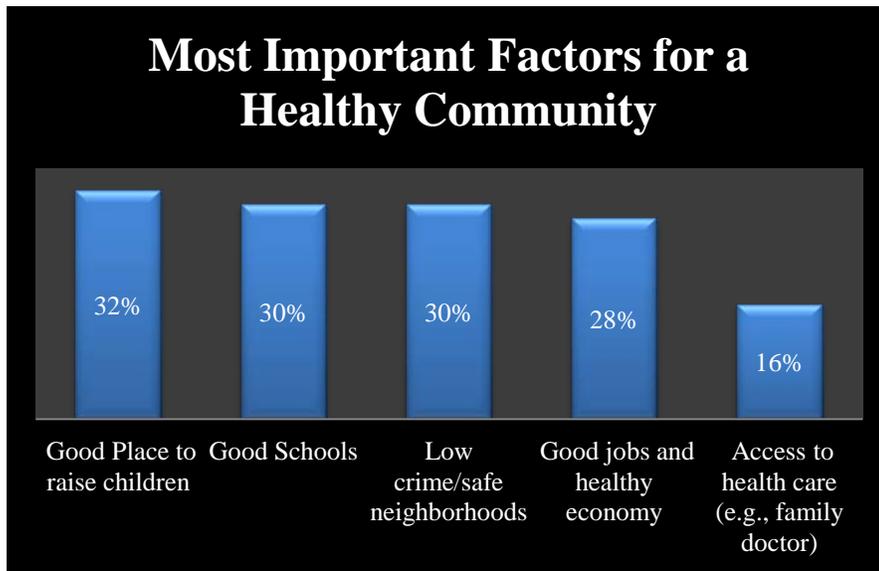
3. The Internal Employee Survey followed the MAPP guidelines, structure and process. In October of 2008 the Yuma County Public Health Services District conducted an internal assessment of the capacity of the Health District. The Strategic Planning Committee formed ten groups of staff to complete the Local Health Department Self-Assessment Tool. Each group had one facilitator, one expert and one recorder. Staff was taken through all 10 essential public health standards questions and given an opportunity to discuss each before voting. This self assessment tool allows local health departments (LHDs) to measure them against the Operational Definition and subsequently identify areas of strength and areas for improvement. It determines what the staff feels is the degree to which the health department has the capacity to fulfill the identified indicator. The indicators are specific items listed under the Essential Public Health Services (EPHS) 1-10.

4. The Community Health Survey was a survey of convenience and reflects the views of county employees. With consideration of the Vision and Mission Statements articulated early in the planning process, and the insights, from the assessments, into the health of Yuma County's community, five Strategic Issues and Directions emerged. The Health District Strategic Planning Committee worked on Goals, Measurable Objectives and Action Steps addressing the five Strategic Issues. Refinements to the plan were made by the Health District's Managers and overall staff had an opportunity to include their suggestions. The plan was adopted by the Yuma County Board of Directors on (place date here).

COMMUNITY MEMBER SURVEY

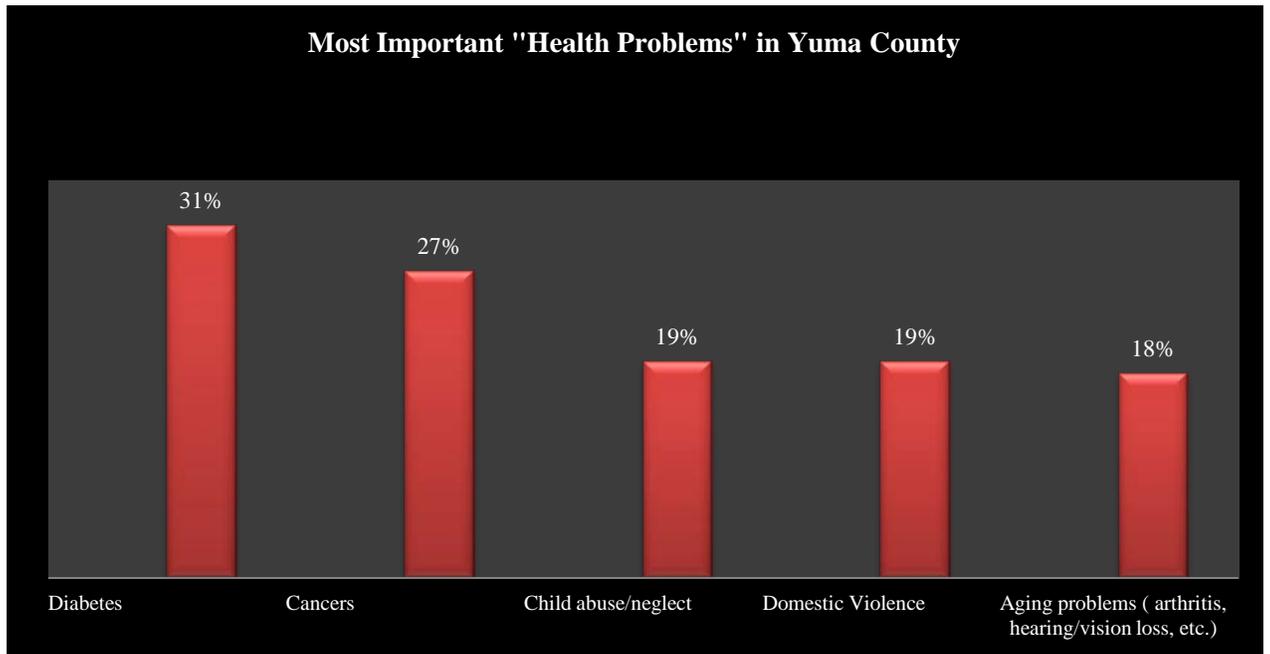
298 community members were surveyed in 2012. The results below reflect Yuma County residents' opinion on important issues that are considered to be a priority to these communities.

1. Most important factors for a "Healthy Community".

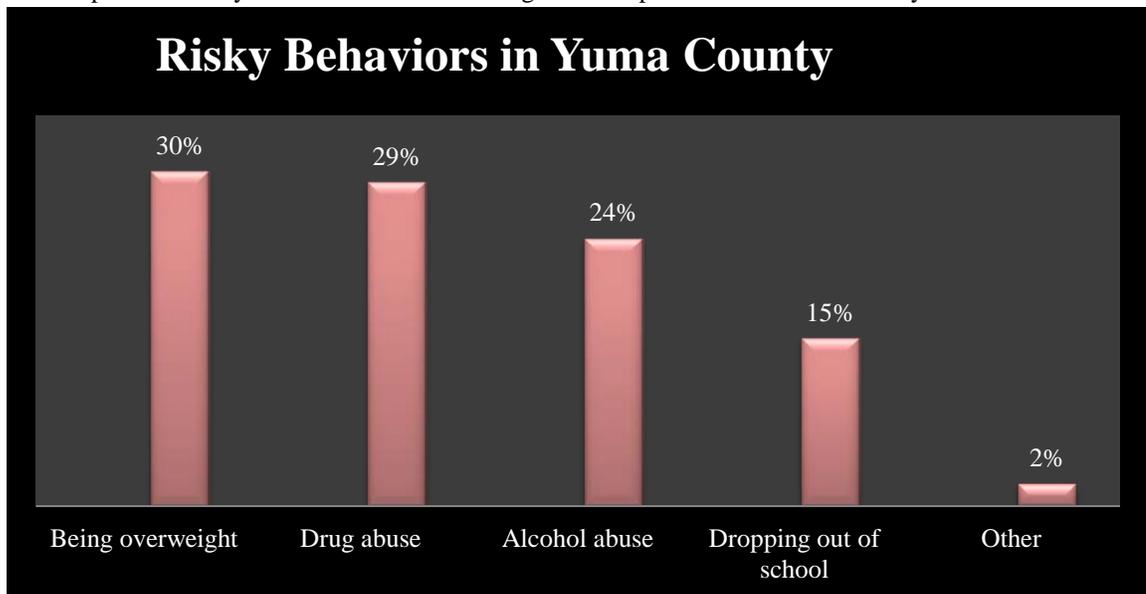


Carpe Diem E-Learning, located in Yuma, Arizona, is a charter school that serves grades 6-12. It has received a GreatSchools rating of 7 out of 10 based on its performance on state standardized tests. This school has an average Community Rating of 4 out of 5 stars.

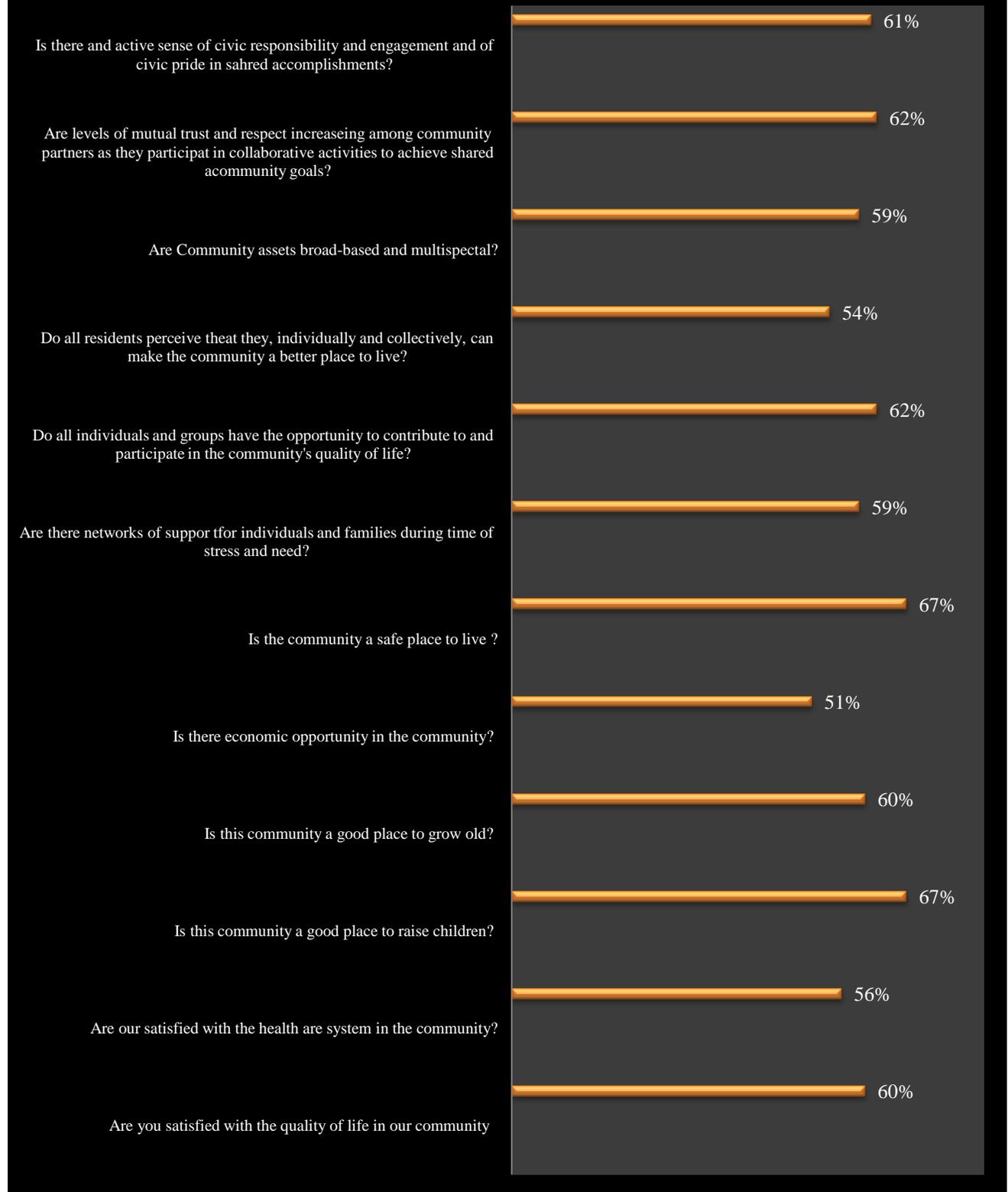
2. Most important “health problems” in Yuma County that have the greatest impact in overall community health.



3. Most important “Risky Behaviors” that have the greatest impact on overall community health.



Quality of Life by Yuma County Residents

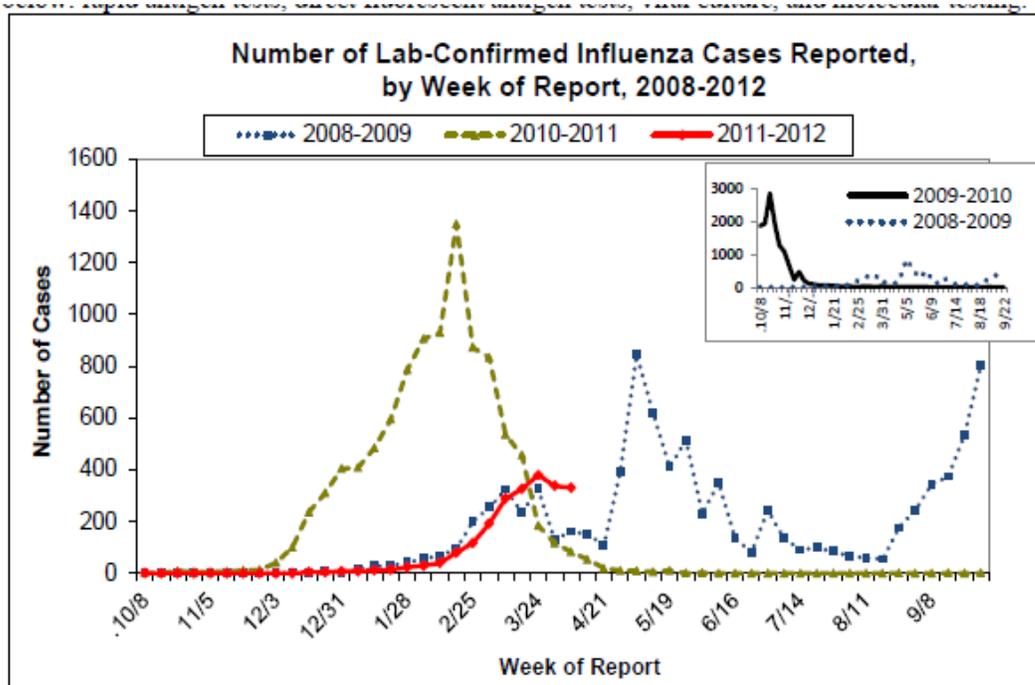


SECONDARY DATA ANALYSIS- HEALTH STATUS OF YUMA COUNTY

Collecting surveillance data helps assess trends, and identify high risk populations, which guide planning and evaluation of chronic disease programs such as prevention, screening and treatment efforts. Yuma County Public Health District continually monitor data collected to ensure that prevention practices are being put in place as well as proper care is being provided to county residents.

INFLUENZA

According to the Mayo Clinic Influenza is a viral infection that attacks your respiratory system- your nose, throat and lungs. Influenza and its complications can be deadly. The best defense against influenza is to receive an annual vaccination. In Yuma County there was a significant decrease of lab-confirmed Influenza cases reported in 2011-2012.

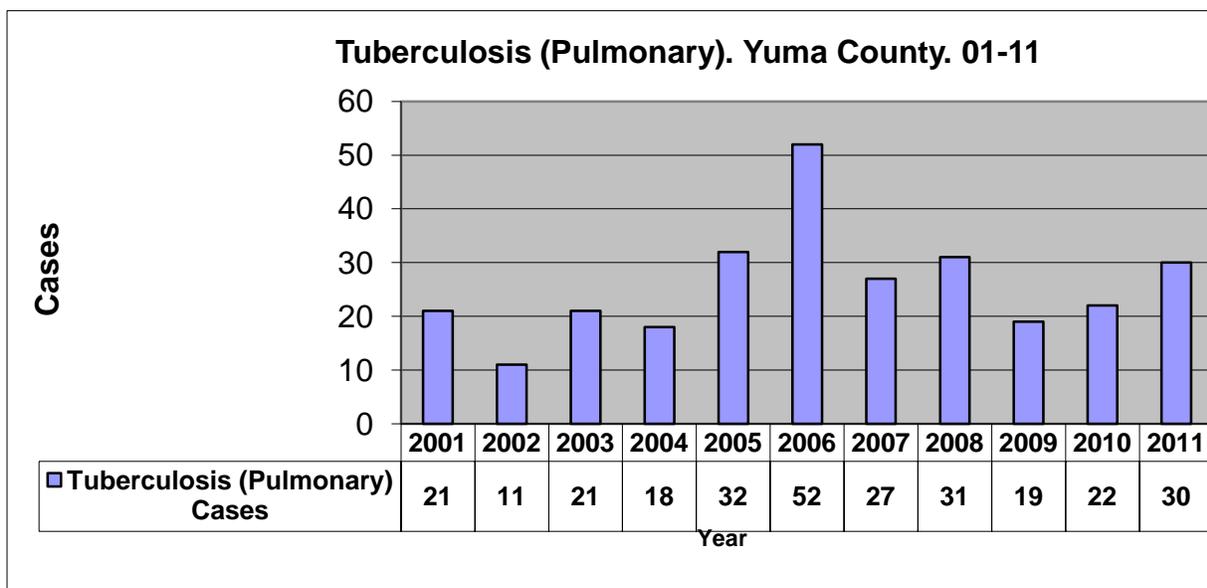


Source: U.S. Census Bureau, 2006-2010 American Community Survey and 2010 U.S. Census

In Arizona’s border region 19 providers are enrolled in the national Outpatient Influenza-like Illness Surveillance Network (ILINet). The border region is defined as the geographical area approximately 100 kilometers (60 miles) north and south of the US/Mexico border. On a weekly basis these sentinel sites report the total number of patients seen with Influenza-like Illness (ILI) and the total number of patients seen. ILI is defined as a fever of at least 100°F plus either a cough or a sore throat in absence of a known cause other than influenza.

TUBERCULOSIS

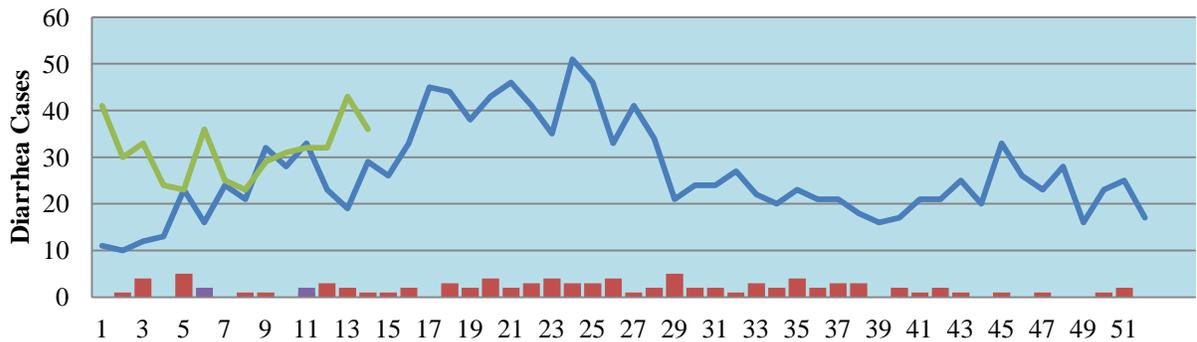
Tuberculosis (TB) is a disease caused by bacteria called *Mycobacterium tuberculosis*. TB usually affects the lungs, but it can also affect other parts of the body. TB is spread through the air from one person to another. The bacteria are put into the air when a person with active TB disease of the lungs or throat coughs or sneezes. People nearby may breathe in these bacteria and become infected. If not treated properly, TB disease can be fatal. Worldwide, TB affects about 9 million people each year, killing about 2 million. (Centers for disease control, 2008 TB Surveillance Report).



Foreign-born cases of TB continue to represent a substantial burden for the county. In the last decade County TB case rates have increased from 21 to 30.

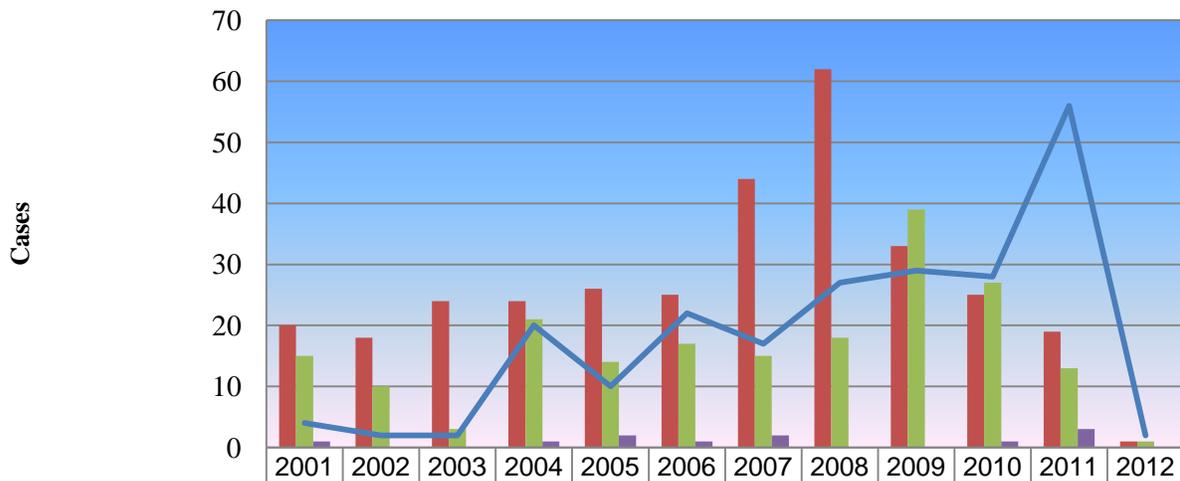
FOOD BORNE ILLNESS

BORDER ENTERIC DISEASE SURVEILLANCE WEEKLY REPORT ENTERIC POSITIVE CULTURES



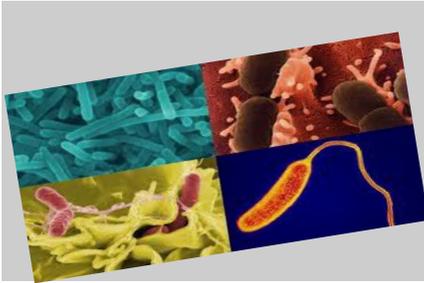
Each year, 1 in 6 Americans gets sick by consuming contaminated foods or beverages. Many different disease causing microbes, or pathogens, can contaminate foods, so there are many different food borne infections. Yuma County Epidemiologists work hard year round tracking food borne illness around the county, doing the previous allows them to intervene before the illness identified spread further in the County.

Foodborne Diseases 2001-2012 Yuma County



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Salmonellosis	20	18	24	24	26	25	44	62	33	25	19	1
Shigellosis	15	10	3	21	14	17	15	18	39	27	13	1
E. Coli	1	0	0	1	2	1	2	0	0	1	3	0
Campylobacter	4	2	2	20	10	22	17	27	29	28	56	2

Most of the diseases identified are infections caused by a variety of bacteria, viruses, and parasites that can be food borne. Other disease are poisoning, caused by harmful toxins or chemicals that have contaminated the food, for example, poisonous mushrooms. According to the surveillance conducted by the County Epidemiologist Yuma County has seen a significant decrease of Salmonellosis cases in the last four years. Again this could be attributed to the close surveillance conducted by County Epidemiologist and Health Partners involved, both county, state and binationally.

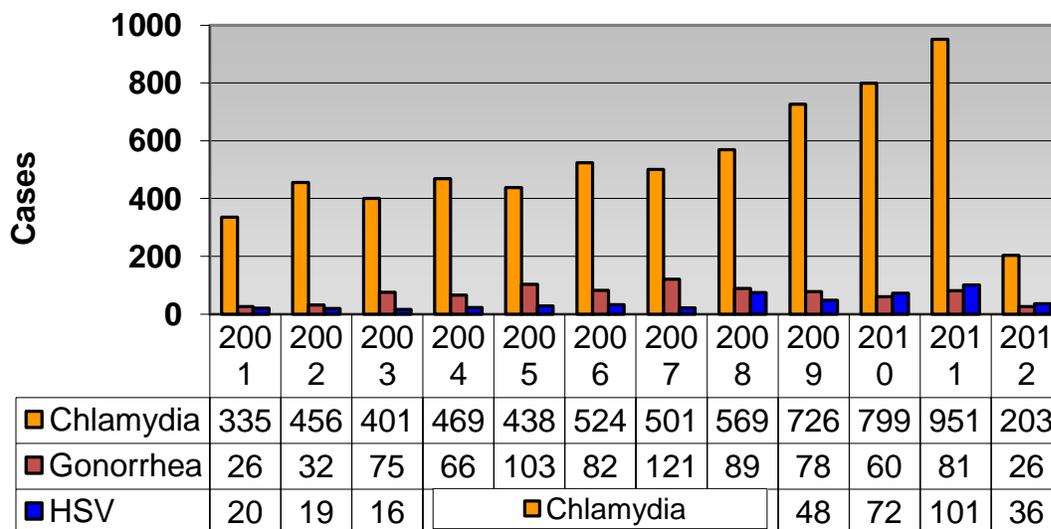




SEXUALLY TRANSMITTED DISEASES

An infectious disease is capable of being transmitted from one person to another or from one species to another. Infectious diseases are often spread through direct contact with an individual, contact with the bodily fluids of infected individuals, or with objects that the infected individual has contaminated. Health professionals are required to report cases of certain communicable diseases to the Yuma County Public Health District.

**Selected STD Diseases per Year as of 3/30/2012
YUMA COUNTY**



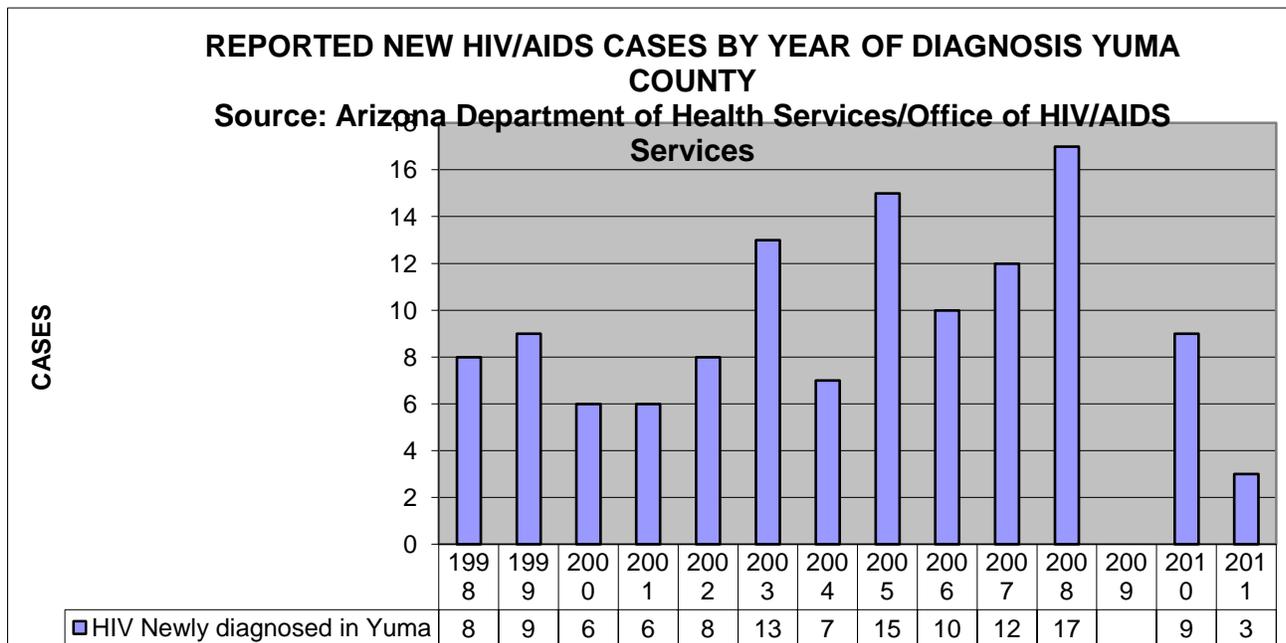
The incidence of Chlamydia in Yuma County has decreased in the twelve year period ending on 2012 when compared to the prior 12 year period. In the other hand Gonorrhea has fluctuated in the same twelve year surveillance period, getting as high as 103 and ending at 26, equal reported cases as of 2001.



HIV



HIV test are used to detect the presence of the human immunodeficiency virus (HIV), the virus that causes acquired immunodeficiency syndrome (AIDS), in serum, saliva, or urine. The Yuma County Public Health District HIV Program provided 59 presentations providing HIV prevention education to over 1595 people in Yuma County in 2010-2011. During 2009-2010 there was a total of 200 screenings done by the Yuma County Public Health District. There were a total of 3 newly diagnosed in Yuma.



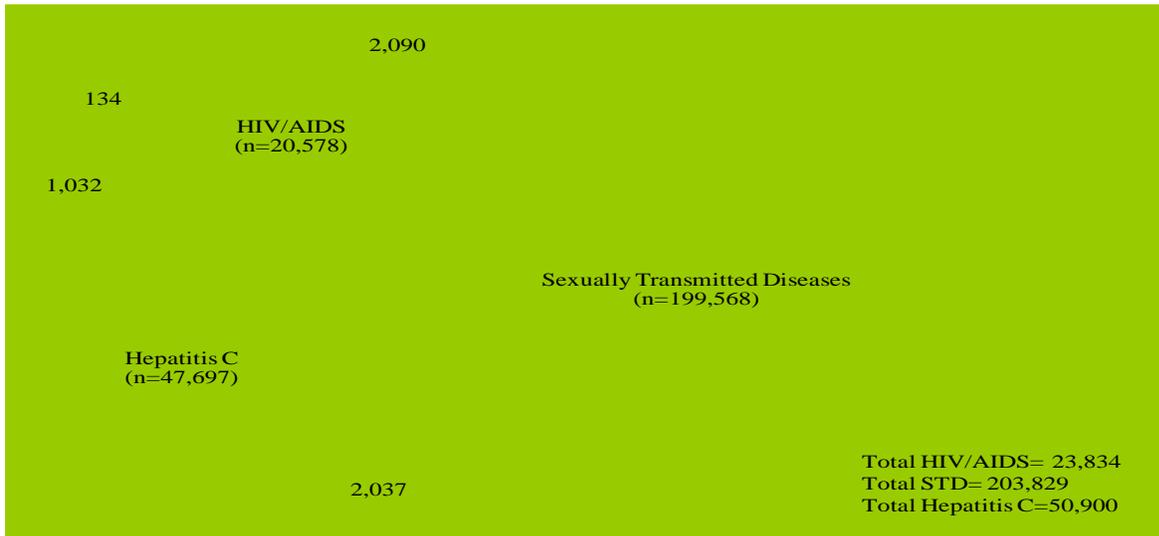
YUMA COUNTY INCIDENCE 2005-2009:

	Emergent HIV			Emergent AIDS			Emergent HIV&AIDS		
	Cases	% Region Total	Rate Per 100,000	Cases	% Region Total	Rate Per 100,000	Cases	% Region Total	Rate Per 100,000
By Gender									
Male	26	41.9	5.52	29	46.8	6.15	55	88.7	11.67
Female	5	8.1	1.05	2	3.2	0.42	7	11.3	1.47
TOTAL	31	50.0	3.27	31	50.0	3.27	62	100.0	6.54
By Age									
Under 2	1	1.6	2.92	0	0.0	0.00	1	1.6	2.92
2-12	0	0.0	0.00	0	0.0	0.00	0	0.0	0.00
13-19	0	0.0	0.00	0	0.0	0.00	0	0.0	0.00
20-24	5	8.1	7.42	1	1.6	1.48	6	9.7	8.91
25-29	8	12.9	14.44	5	8.1	9.02	13	21.0	23.46
30-34	5	8.1	9.52	4	6.5	7.61	9	14.5	17.13
35-39	2	3.2	3.69	7	11.3	12.92	9	14.5	16.61
40-44	4	6.5	6.99	2	3.2	3.49	6	9.7	10.48
45-49	3	4.8	5.35	4	6.5	7.13	7	11.3	12.48
50-54	0	0.0	0.00	4	6.5	8.19	4	6.5	8.19
55-59	0	0.0	0.00	0	0.0	0.00	0	0.0	0.00
60-64	1	1.6	2.59	0	0.0	0.00	1	1.6	2.59
65 and Above	2	3.2	1.15	4	6.5	2.30	6	9.7	3.45
Age Unknown	0	0.0	N/A	0	0.0	N/A	0	0.0	N/A
TOTAL	31	50.0	3.27	31	50.0	3.27	62	100.0	6.54
By Race / Ethnicity									
White Non-Hispanic	11	17.7	2.90	7	11.3	1.84	18	29.0	4.74
Black Non-Hispanic	0	0.0	0.00	1	1.6	4.96	1	1.6	4.96
Hispanic	19	30.6	3.61	23	37.1	4.37	42	67.7	7.98
*A/PI/H Non-Hispanic	0	0.0	0.00	0	0.0	0.00	0	0.0	0.00
**AI/AN Non-Hispanic	1	1.6	9.48	0	0.0	0.00	1	1.6	9.48
***MR/O Non-Hispanic	0	0.0	N/A	0	0.0	N/A	0	0.0	N/A
TOTAL	31	50.0	3.27	31	50.0	3.27	62	100.0	6.54
By Mode of Transmission									
*MSM	15	24.2	N/A	18	6.15	N/A	33	53.2	N/A
**IDU	6	9.7	N/A	3	4.8	N/A	9	14.5	N/A
MSM / IDU	1	1.6	N/A	1	1.6	N/A	2	3.2	N/A
Heterosexual	2	3.2	N/A	6	9.7	N/A	8	12.9	N/A
+++O/H/TF/TPR	1	1.6	N/A	0	0.0	N/A	1	1.6	N/A
++++NRR/UR	6	9.7	N/A	3	4.8	N/A	9	14.5	N/A
TOTAL	31	50.0	3.27	31	50.0	3.27	62	100.0	6.54

* Asian Pacific/Islander/Hawaiian
 ** American Indian/Alaskan Native
 *** Multiple Race/Other Race

+ Men having Sex with Men
 ++ Injection Drug Use
 +++ Other/Hemophilia/Transfusion and Blood Products/Transplant Recipient
 ++++ No Reported Risk/Unknown Risk

Arizona Lifetime Comorbidity Patterns Among Persons Diagnosed with HIV/AIDS, Sexually Transmitted Diseases or Hepatitis C, 1998-2008



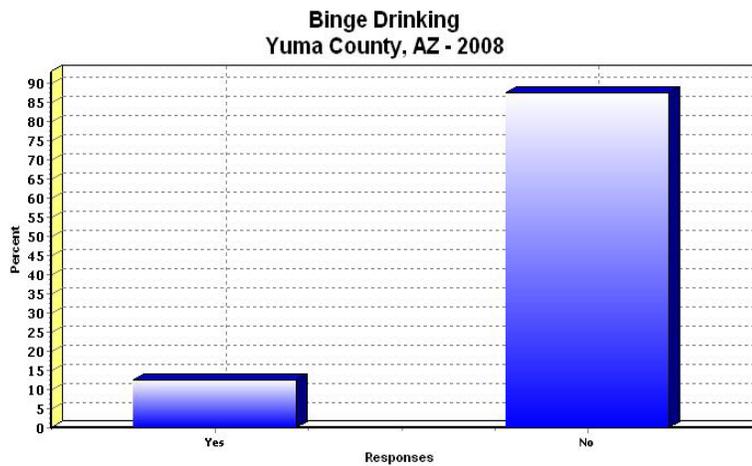
Yuma county residents who were identified with HIV also were affected by either Hepatitis C and or sexually transmitted diseases.



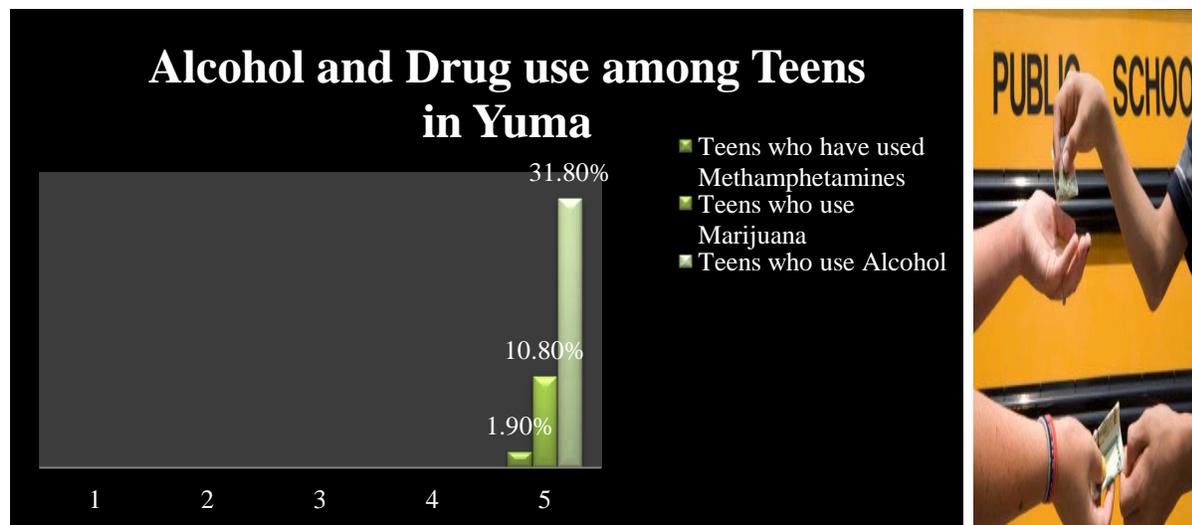
SUBSTANCE ABUSE



The Arizona Statewide Substance Abuse Epidemiology Profile, Dec, 2009, reported an increase in the percentage of adults who reported using any illicit drug (other than marijuana) in the past 30 days from 2005 (3.5%) to 2007 (5.5%). In 2007, 3.7% of the respondents Nationwide reported illicit drug use. Detailed data can be found in the Alcohol and /drug use in Yuma County as with other counties continues to be a problem.



Alcohol Consumption: Binge Drinking is considered when males are having more than five drinks in one occasion, females having four or more drinks on one occasion. The chart above depicts Yuma County Self reported binge drinking in survey taken in 2008.



Using alcohol, tobacco and drugs at a young age has negative health effects. While some teens will experiment and stop, or continue to use occasionally, without significant problems, others will develop a dependency, moving on to more dangerous drugs and causing significant harm to themselves and possibly others. Drug use is associated with a variety of negative consequences, including increased risk of serious drug use later in life, school failure, and poor judgment with may put teens at risk for accidents, violence, unplanned and unsafe sex, and suicide.

An estimated 20 million adults in the U.S. abuse alcohol. More than half of these alcoholics started drinking heavily when they were teenagers. There is no question that drinking is a problem. Alcohol is our most pervasive drug. Teens have access to it at parties, can obtain it from older friends who are of legal age to buy it, or may simply raid their parents' liquor cabinets. Moreover, unlike drug use, the moderate use of alcohol is considered perfectly acceptable in most adult social circles (American Academy of Child and Adolescent Psychiatry, 2012). Alcohol as it is more accessible to the younger population is noted as the most prevalent substance among youth. 31.8 % Youth in Yuma County self reported to use alcohol and only 10.8% report to use Marijuana. Although there are resources to address addiction once is identified, there is an opportunity for preventive measures to be introduced to target the cause of experimental alcohol use.

BEHAVIORAL HEALTH



Mental disorders are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning. Mental disorders are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life.



Behavioral health agencies currently face critical shortages related to difficulties recruiting qualified personnel to provide services within the region and severe limitation in funding. The rapid growth in populations in Yuma County is fast exceeding the availability of behavioral health resources. The high elderly population influx during the winter months as well as the return of the troops has increased the number of the population who require behavioral health monitoring. Only one hospital is available in the region, with Emergency Department wait times in excess of 12 hours for individuals seeking treatment. Access to care from qualified Therapist or Psychiatrist is approximately 6 weeks from the date of referral of first contact. Many uninsured and underserved persons fail to access services. Cultural factors, as well as language barriers greatly influence their ability to navigate complex systems of care available to them locally. Profile Report at: http://gocyf.az.gov/SAP/PR_SAE09.asp

Currently there is a total of 7522 Yuma Residents diagnosed with a serious Mental Health Disorder. The current RBHA is Cenpatico, who is contracted by the Arizona Department of Health Services to provide behavioral health services in Yuma County.

**LOCAL PUBLIC HEALTH SYSTEM PERFORMANCE
 ASSESSMENT - REPORT OF RESULTS
 YUMA COUNTY PUBLIC HEALTH SERVICES DISTRICT
 7/26/2010**



B. Performance Assessment Instrument Results

I. How well did the system perform the ten Essential Public Health Services (EPHS)?

Table 1: Summary of performance scores by Essential Public Health Service (EPHS)

EPHS		Score
1	Monitor Health Status To Identify Community Health Problems	31
2	Diagnose And Investigate Health Problems and Health Hazards	87
3	Inform, Educate, And Empower People about Health Issues	65
4	Mobilize Community Partnerships to Identify and Solve Health Problems	28
5	Develop Policies and Plans that Support Individual and Community Health Efforts	58
6	Enforce Laws and Regulations that Protect Health and Ensure Safety	77
7	Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	62
8	Assure a Competent Public and Personal Health Care Workforce	61
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	60
10	Research for New Insights and Innovative Solutions to Health Problems	61
Overall Performance Score		59

Figure 1: Summary of EPHS performance scores and overall score (with range)

LOCAL PUBLIC HEALTH SYSTEM PERFORMANCE ASSESSMENT - REPORT OF RESULTS YUMA COUNTY PUBLIC HEALTH SERVICES DISTRICT 7/26/2010

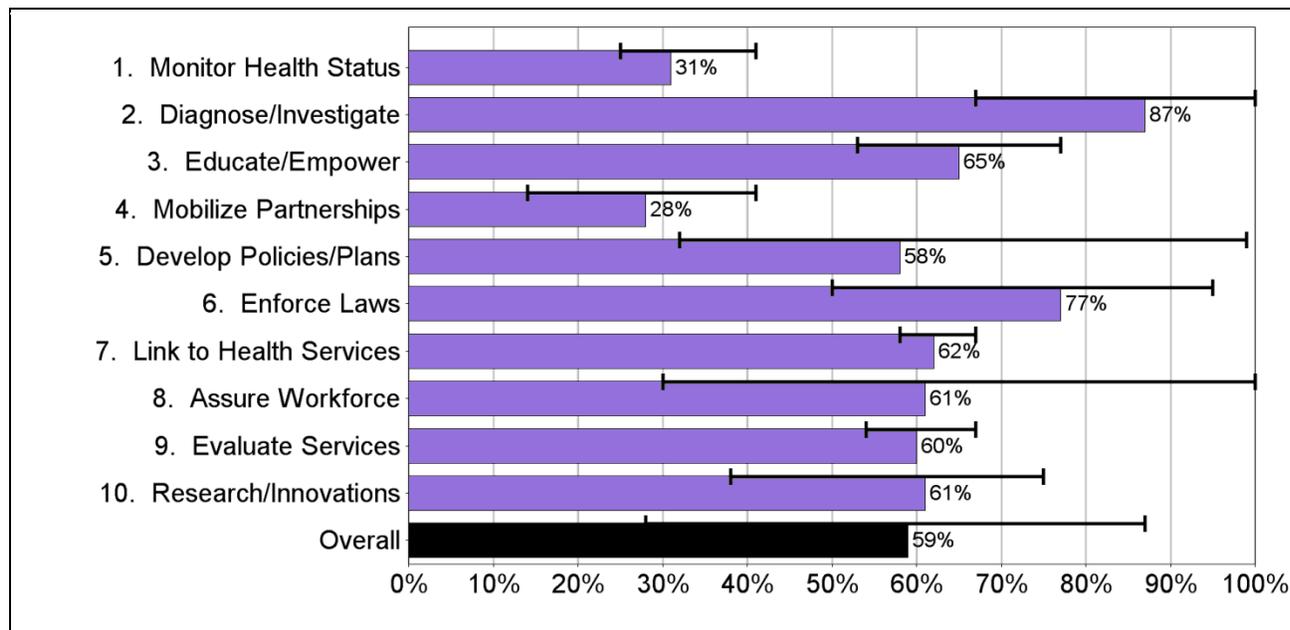


Table 1 (above) provides a quick overview of the system's performance in each of the 10 Essential Public Health Services (EPHS). Each EPHS score is a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

Figure 1 (above) displays performance scores for each Essential Service along with an overall score that indicates the average performance level across all 10 Essential Services. The range bars show the minimum and maximum values of responses within the Essential Service and an overall score. Areas of wide range may warrant a closer look in **Figure 4** or the raw data.

Local Public Health System Performance Assessment - Report of Results
 Yuma County Public Health Services District
 7/26/2010



Figure 2: Rank ordered performance scores for each Essential Service

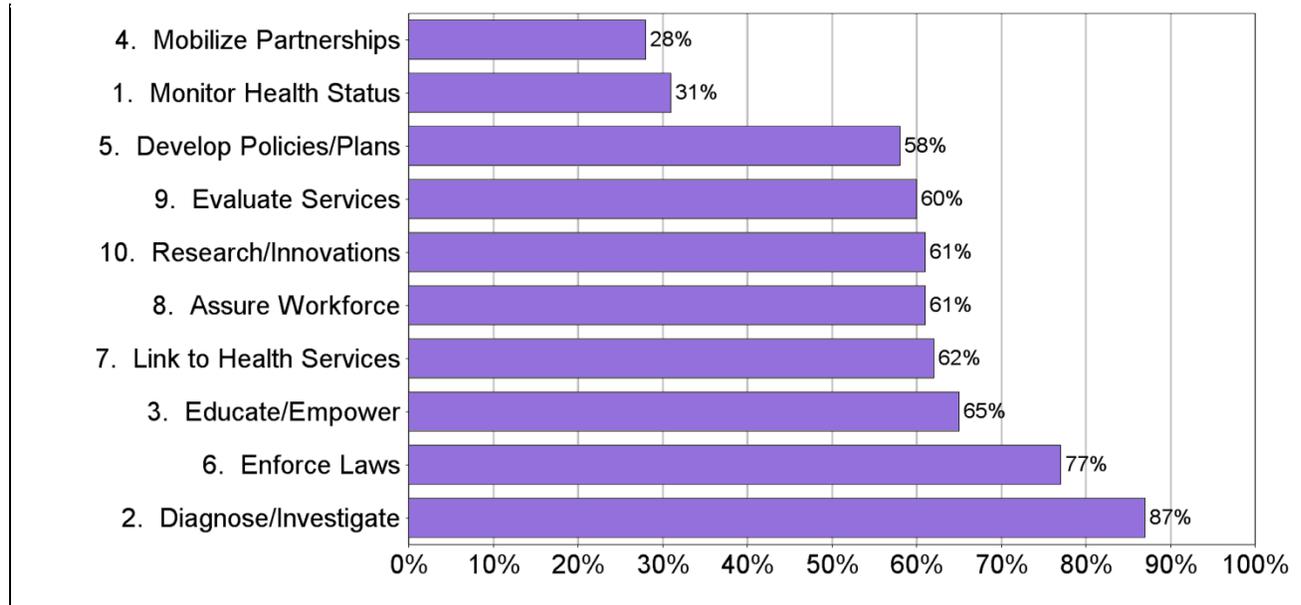


Figure 3: Rank ordered performance scores for each Essential Service, by level of activity

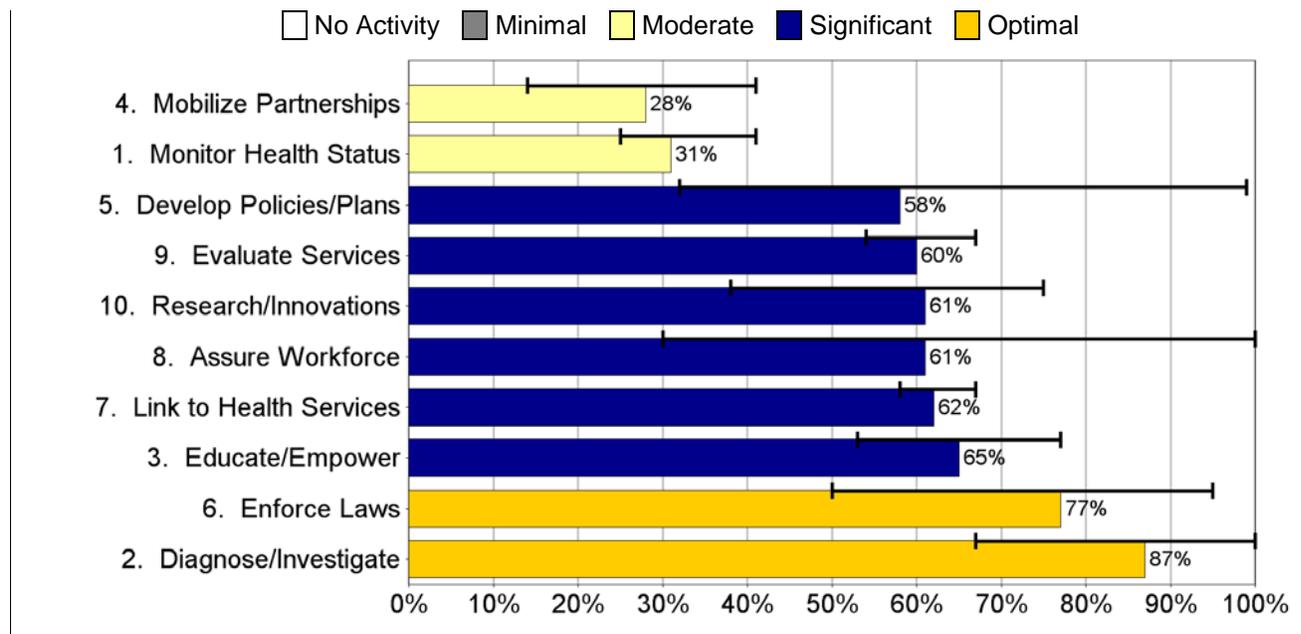


Figure 2 (above) displays each composite score from low to high, allowing easy identification of service d

Local Public Health System Performance Assessment - Report of Results
Yuma County Public Health Services District
7/26/2010



performance is relatively strong or weak.

Figure 3 (above) provides a composite picture of the previous two graphs. The range lines show the range of responses within an Essential Service. The color coded bars make it easier to identify which of the Essential Services fall in the five categories of performance activity.

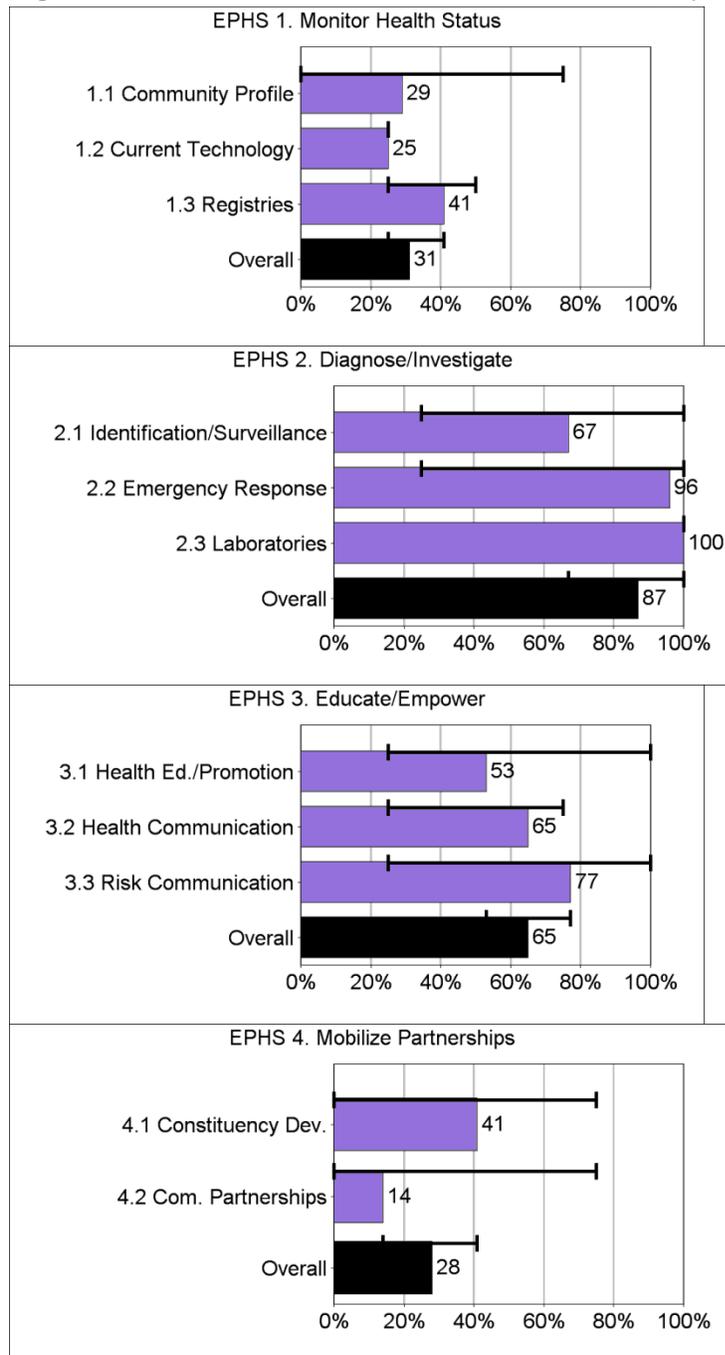
Figure 4 (next page) shows scores for each model standard. Sites can use these graphs to pinpoint specific activities within the Essential Service that may need a closer look. Note these scores also have range bars, showing sub-areas that comprise the model standard.

Local Public Health System Performance Assessment - Report of Results
 Yuma County Public Health Services District
 7/26/2010

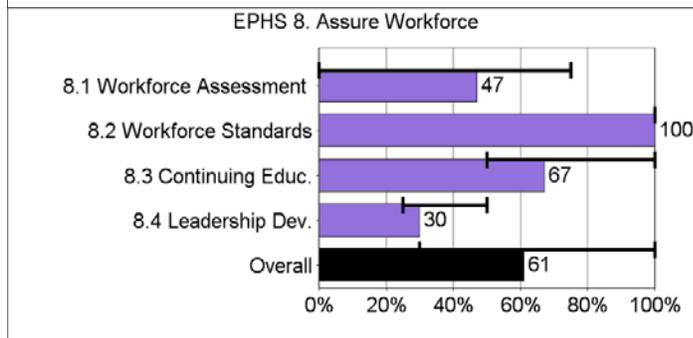
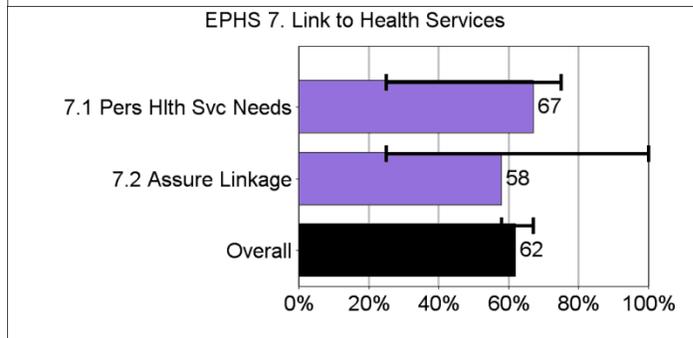
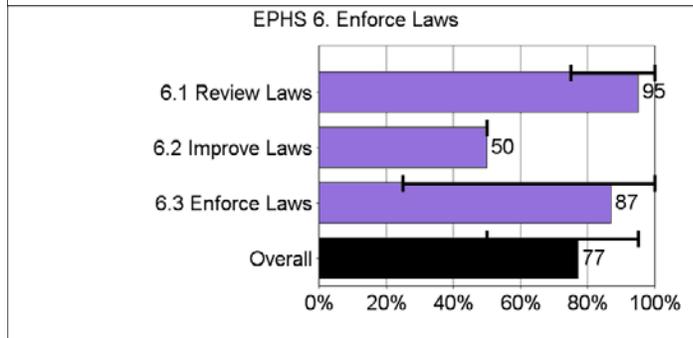
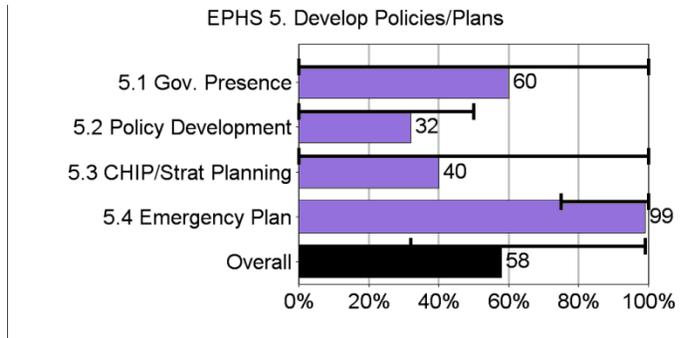


II. How well did the system perform on specific model standards?

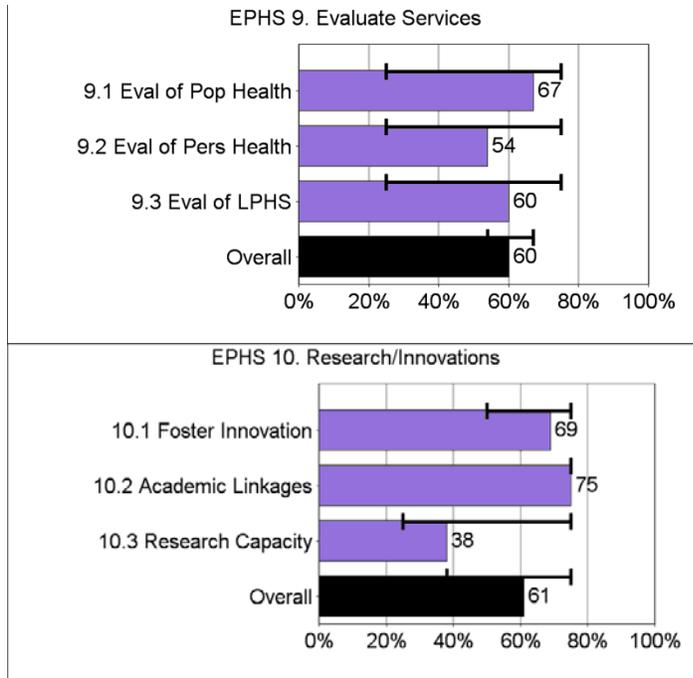
Figure 4: Performance scores for each model standard, by Essential Service



Local Public Health System Performance Assessment - Report of Results
 Yuma County Public Health Services District
 7/26/2010



Local Public Health System Performance Assessment - Report of Results
Yuma County Public Health Services District
7/26/2010

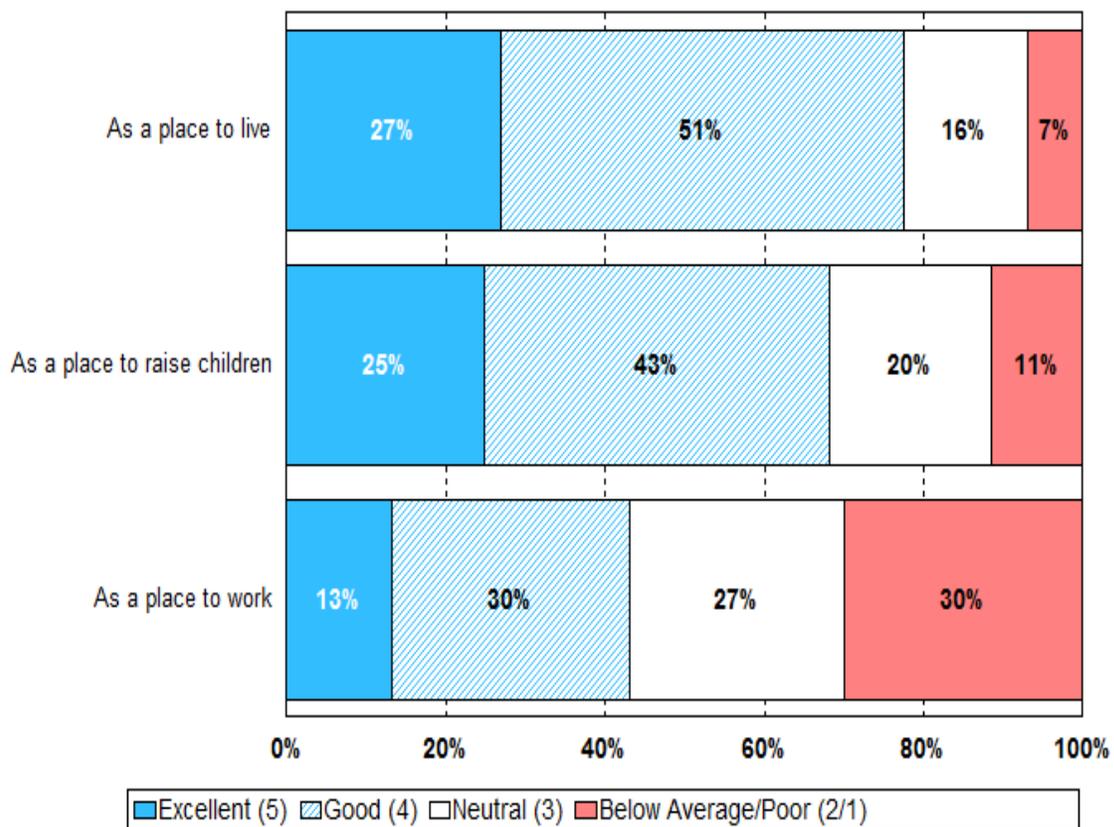


Stakeholders underscored the need for more collaboration with healthcare partners.

2011 YUMA COUNTY DIRECTION FINDER SURVEY

Q1. Ratings of Life in Yuma County

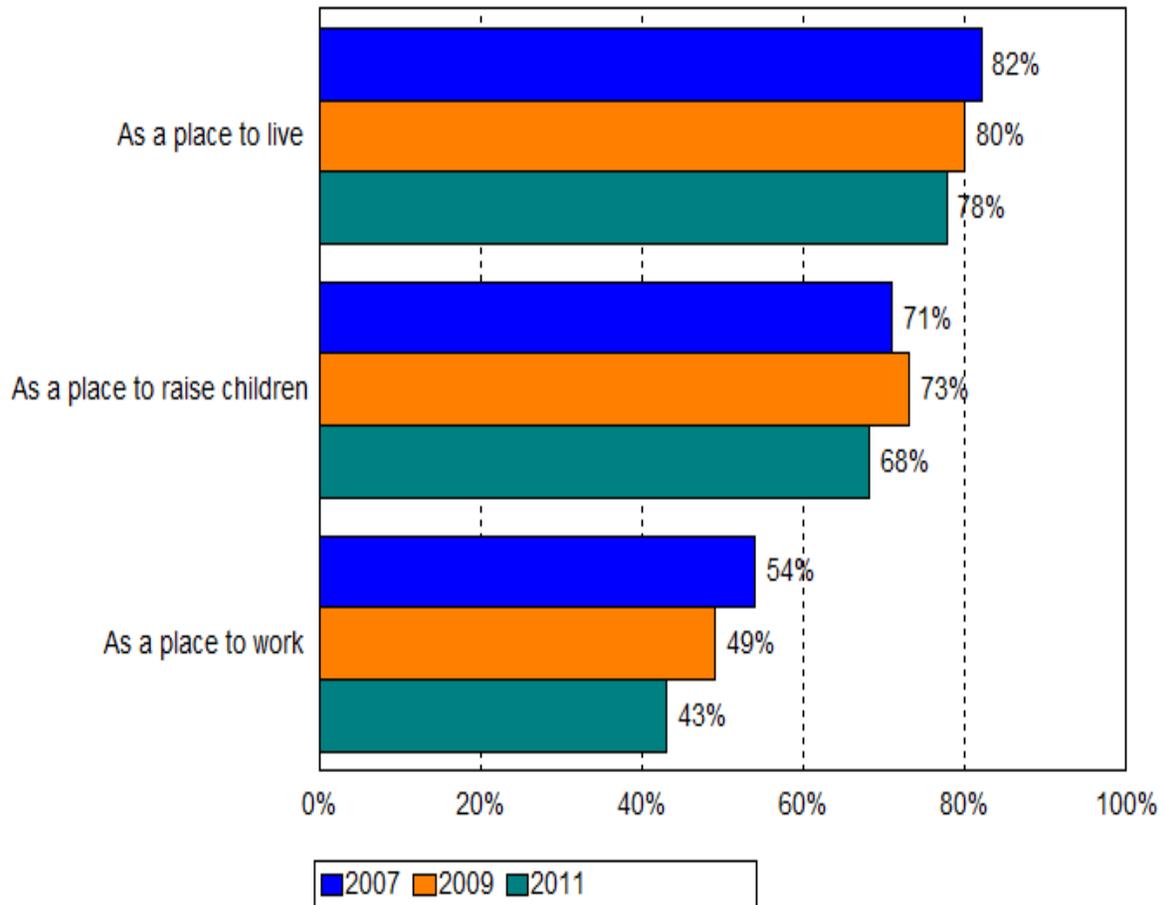
by percentage of respondents who rated the item as a 1 to 5 on a 5-point scale (excluding don't knows)



Source: ETC Institute (2011)

Ratings of Life in Yuma County 2007, 2009 and 2011

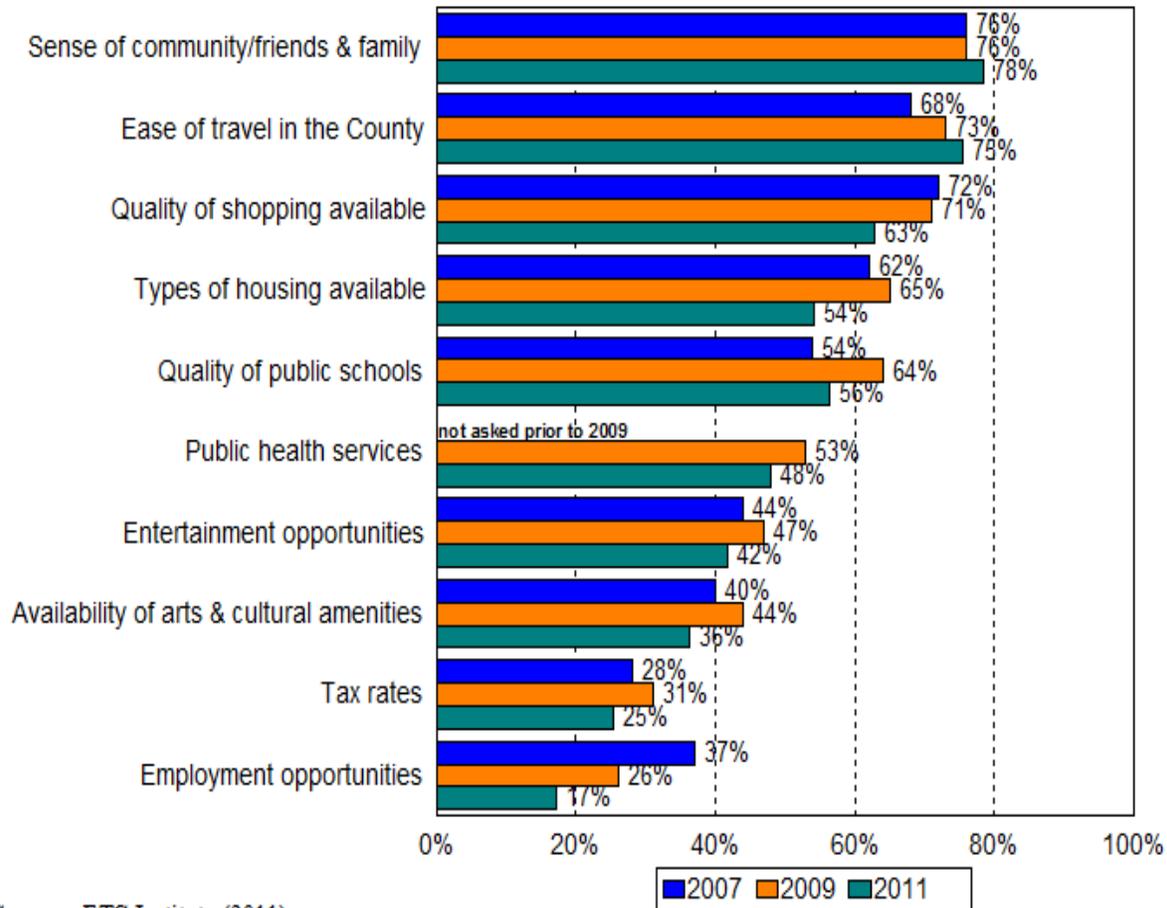
by percentage of respondents who rated the item either "Excellent" or "Good" (excluding don't knows)



Source: ETC Institute (2011)

Satisfaction With Items That Affect the Quality of Life in Yuma County - 2007, 2009 and 2011

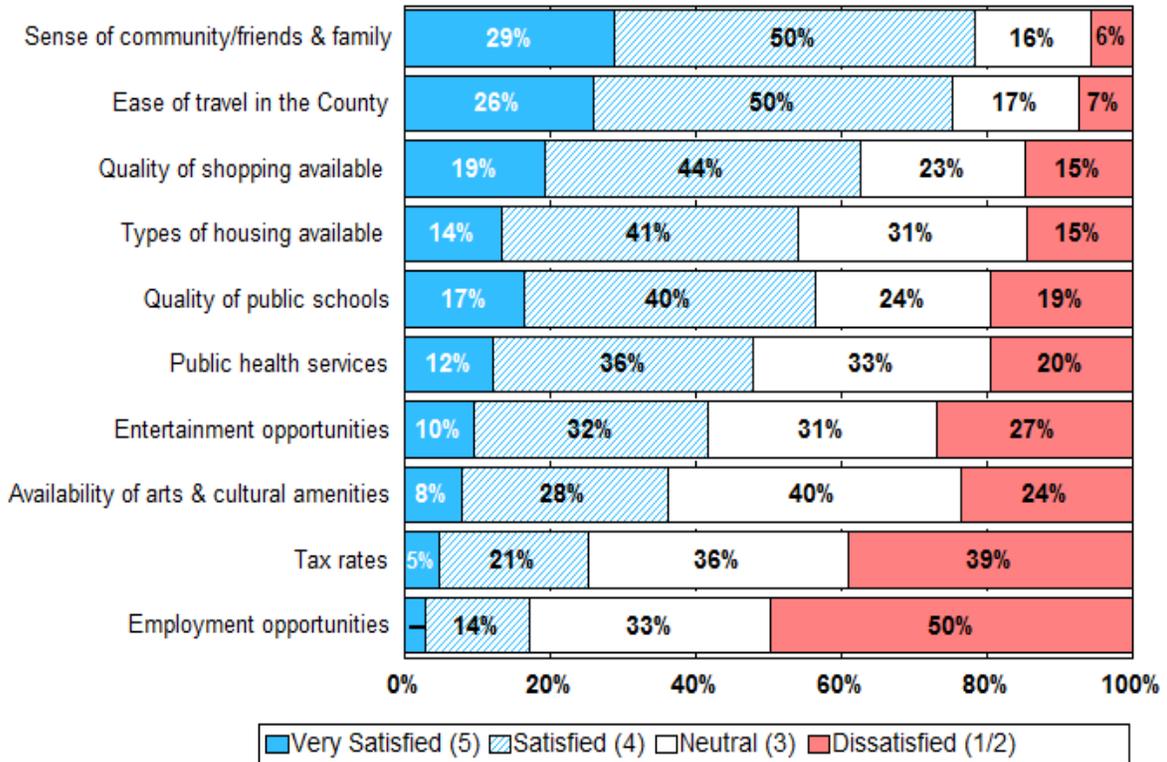
by percentage of respondents who rated the item either "Very Satisfied" or "Satisfied" (excluding don't knows)



Source: ETC Institute (2011)

Q11. Satisfaction with the Following Items that Affect Quality of Life in Yuma County

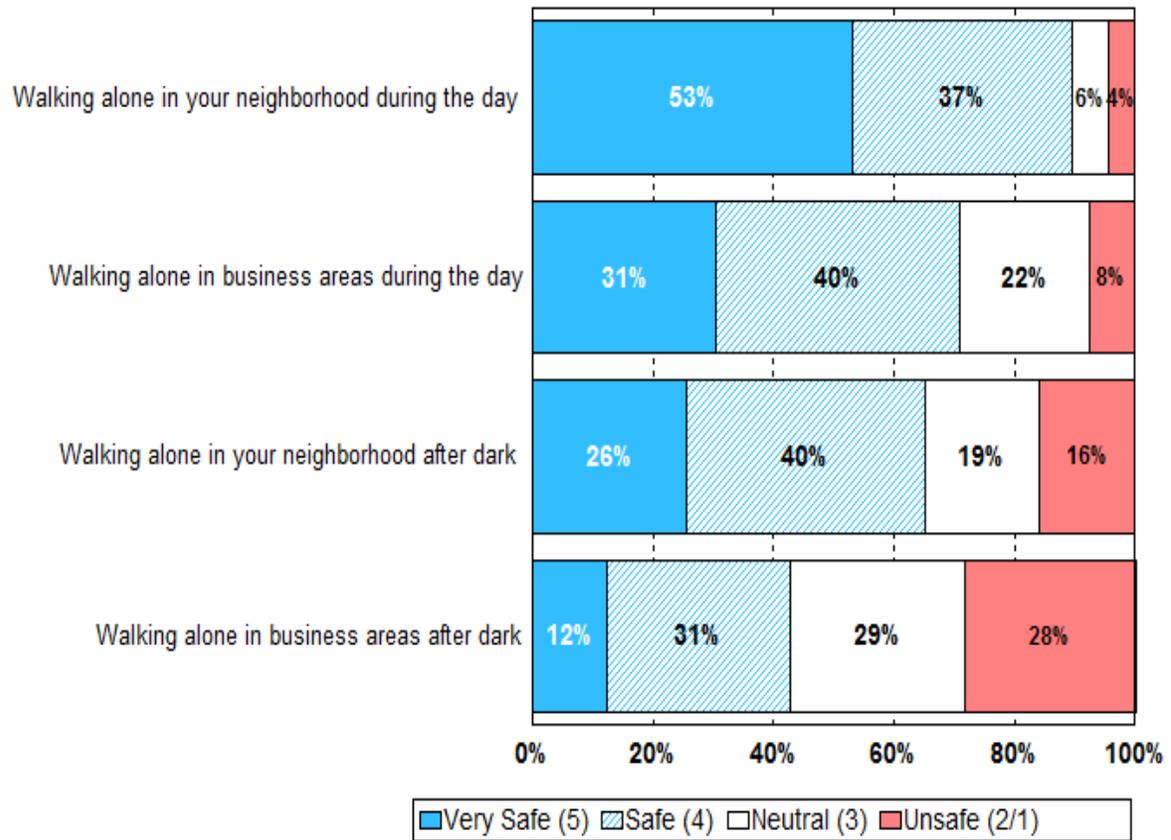
by percentage of respondents who rated the item as a 1 to 5 on a 5-point scale (excluding don't knows)



Source: ETC Institute (2011)

Q2. Perceptions of Safety in Various Situations

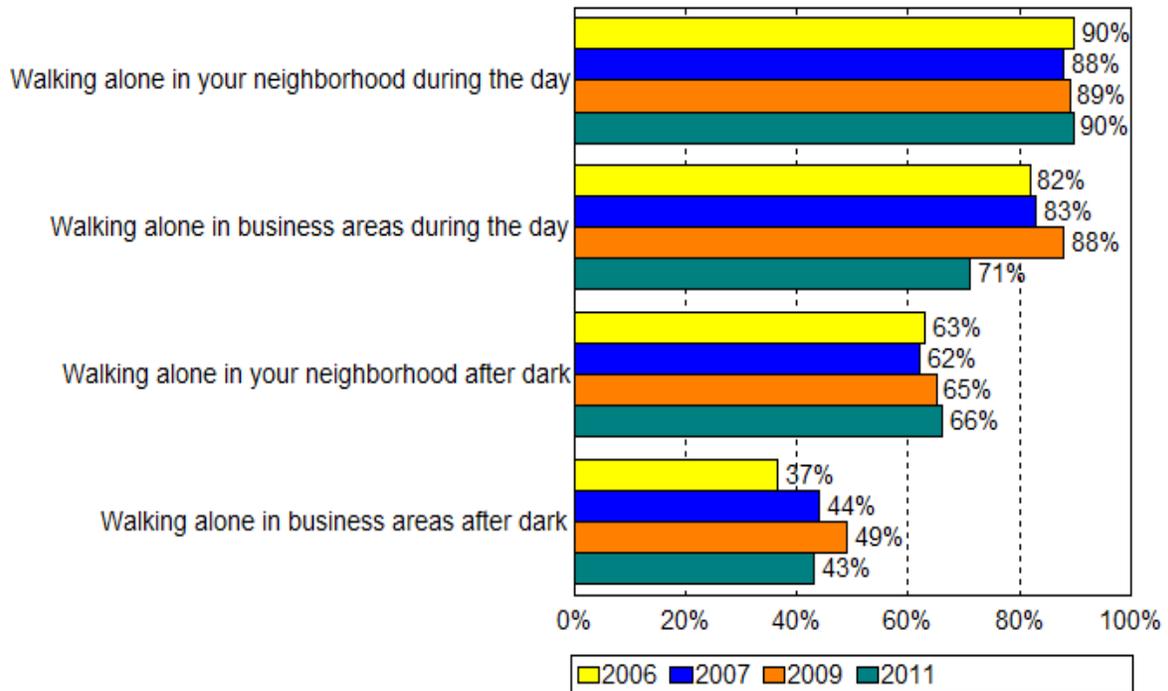
by percentage of respondents who rated the item as a 1 to 5 on a 5-point scale (excluding don't knows)



Source: ETC Institute (2011)

Perceptions of Safety in Various Situations 2006, 2007, 2009, and 2011

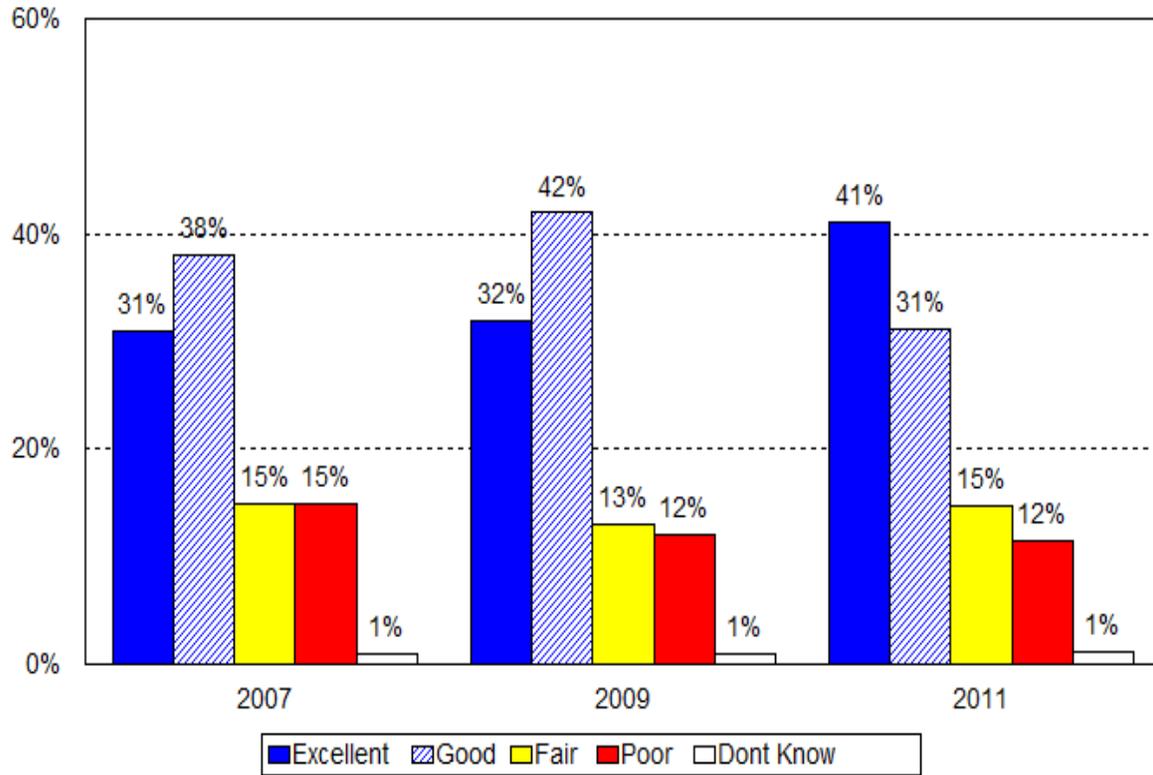
by percentage of respondents who rated the item either "Very Safe" or "Safe" (excluding don't knows)



Source: ETC Institute (2011)

Q5a. How would you rate the contact with the Sheriff's Department?

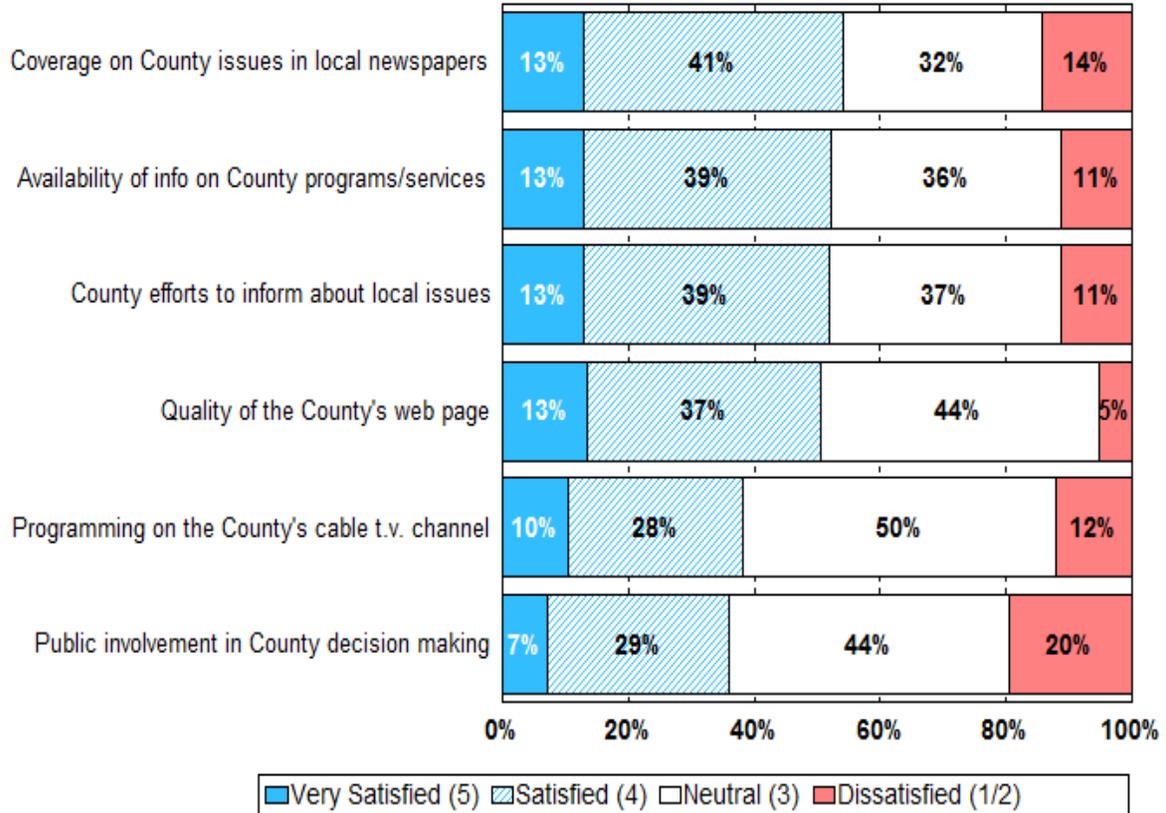
by percentage of respondents that **HAVE** contacted the Sheriff's Dept. in the past 12 months



Source: ETC Institute (2011)

Q9. Satisfaction With Various Aspects of County Communication

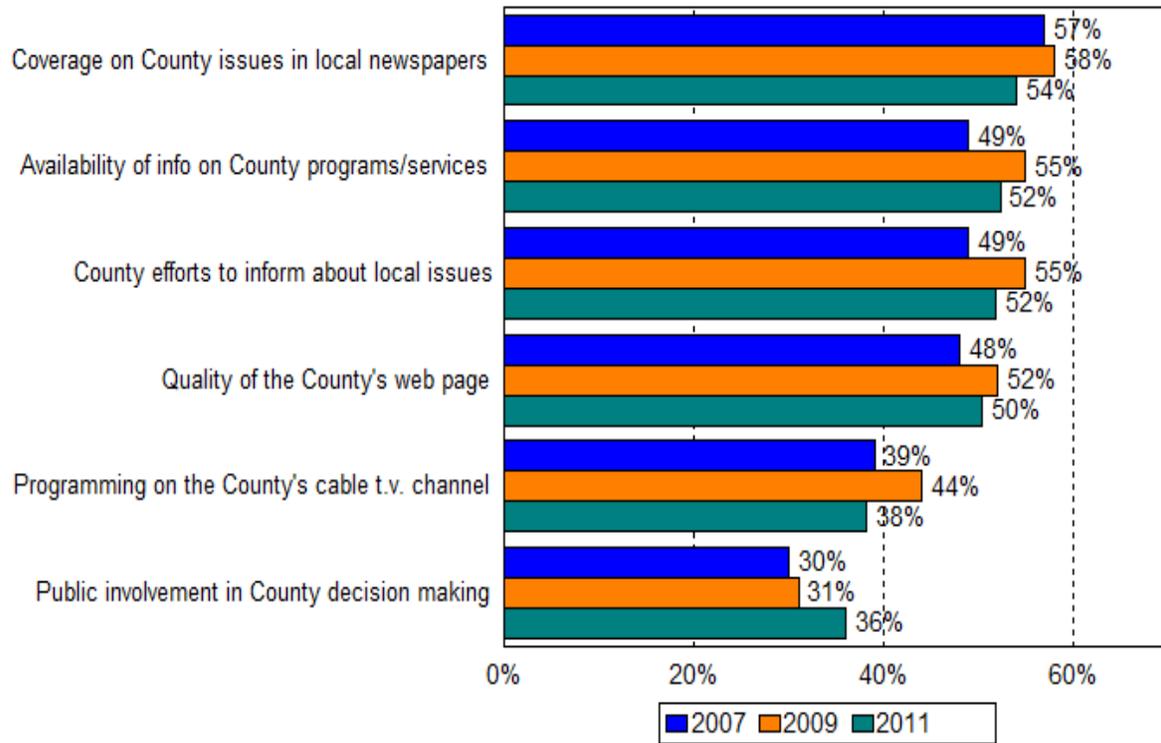
by percentage of respondents who rated the item as a 1 to 5 on a 5-point scale (excluding don't knows)



Source: ETC Institute (2011)

Satisfaction with Aspects of County Communications 2007, 2009, and 2011

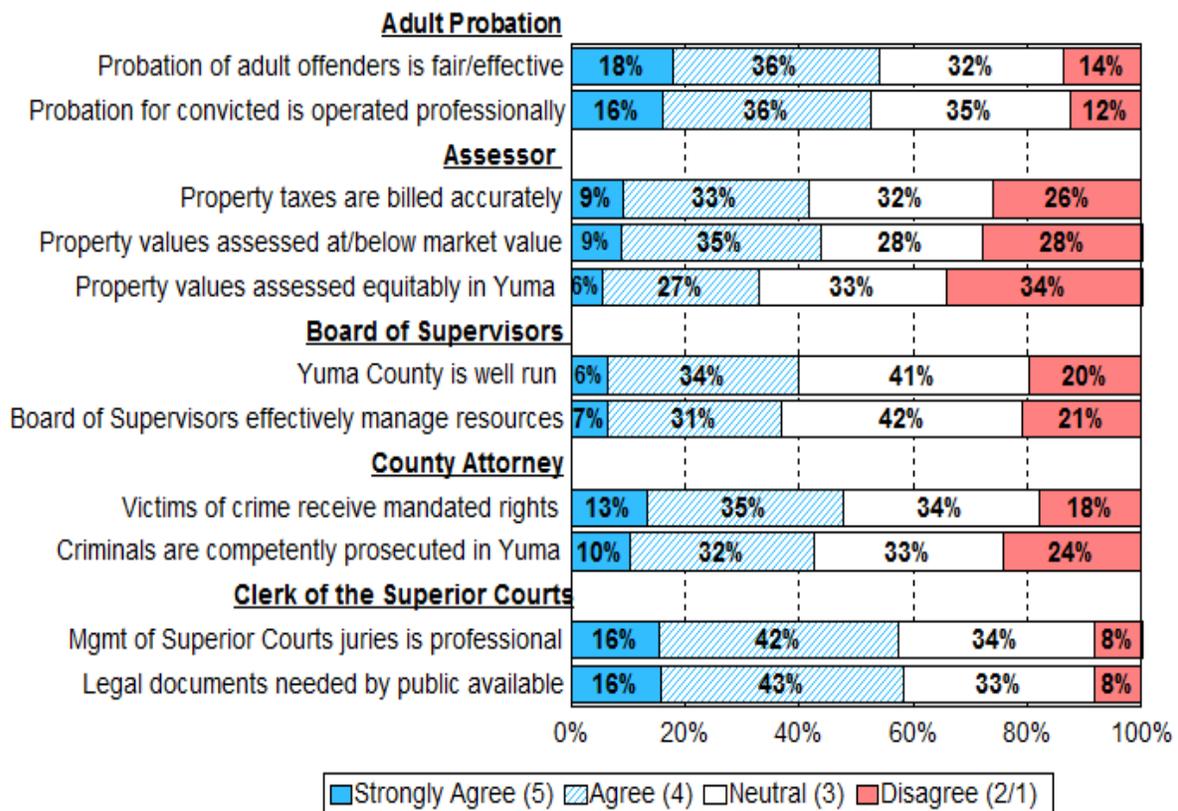
by percentage of respondents who rated the item either "Very Satisfied" or "Satisfied" (excluding don't knows)



Source: ETC Institute (2011)

Q16-Q20. Level of Agreement with Statements About County Services by Major Category

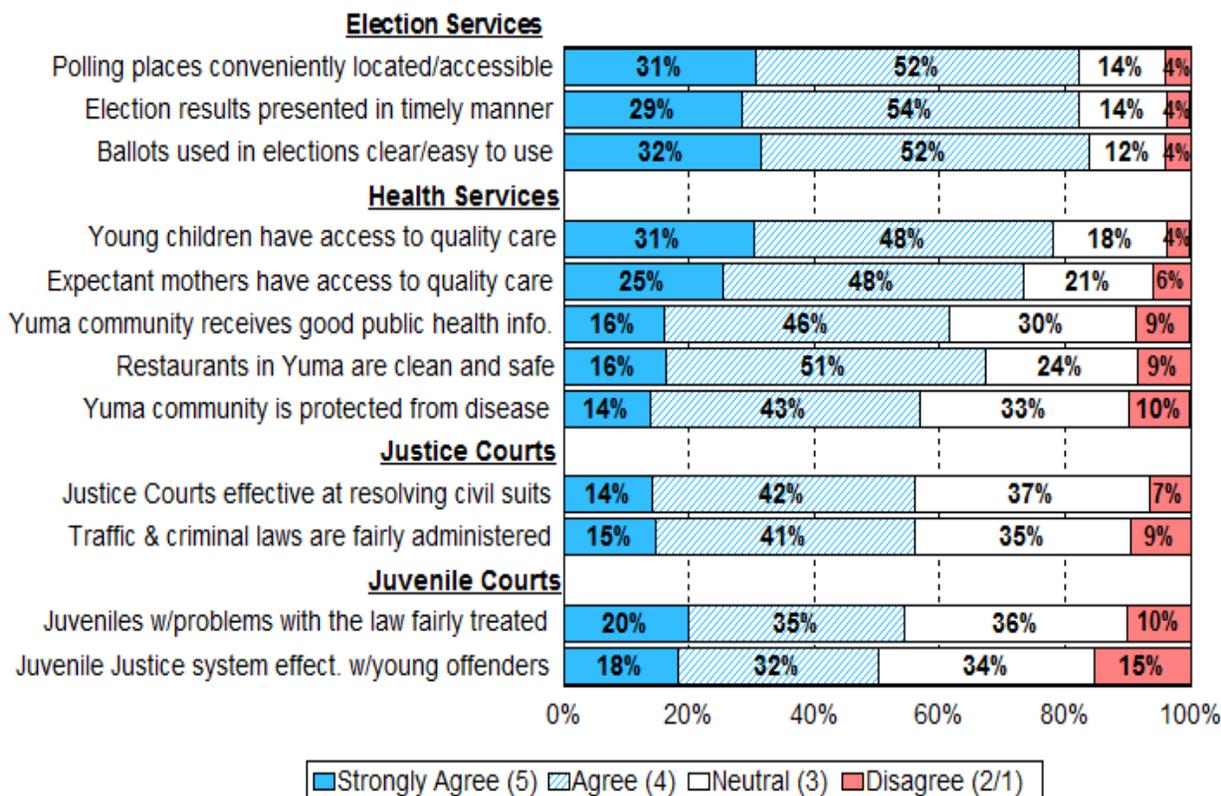
by percentage of respondents who rated the item as a 1 to 5 on a 5-point scale (excluding don't knows)



Source: ETC Institute (2011)

Q26-Q29. Level of Agreement with Statements About County Services by Major Category

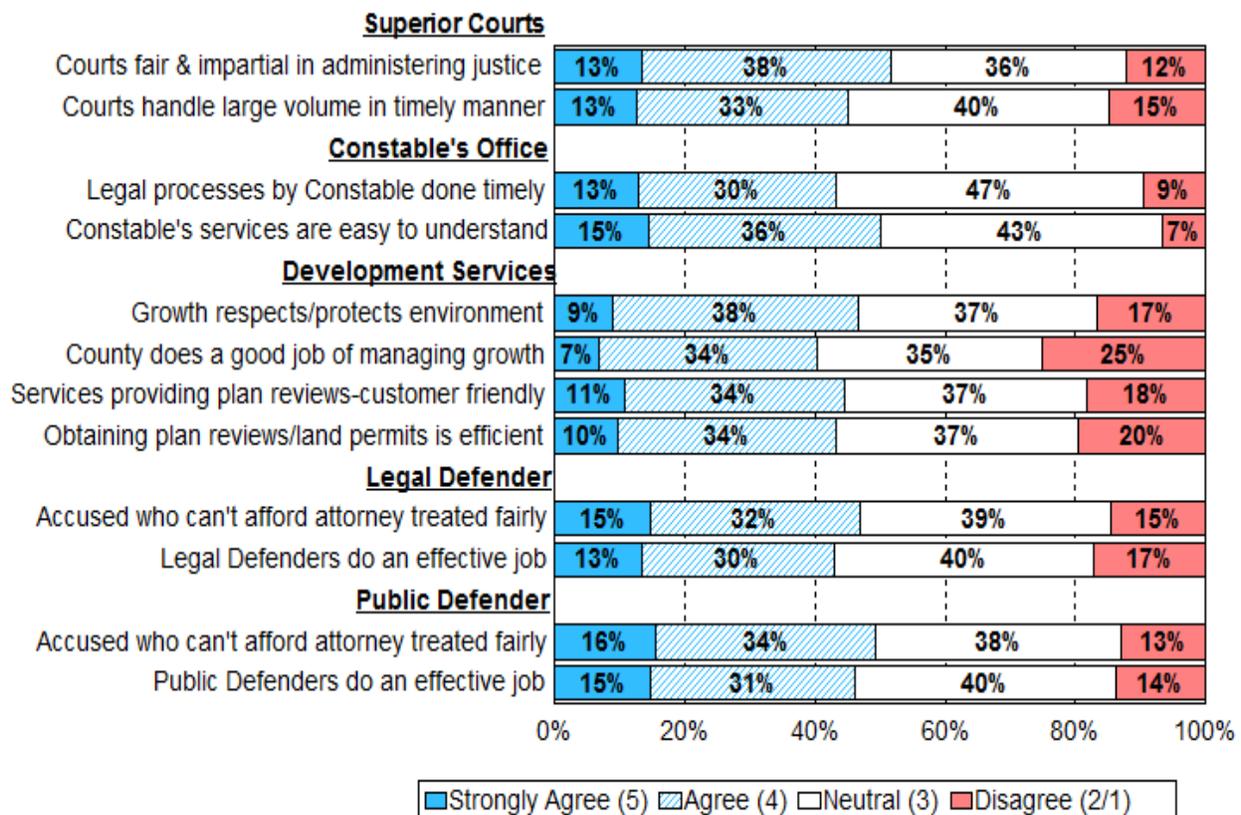
by percentage of respondents who rated the item as a 1 to 5 on a 5-point scale (excluding don't knows)



Source: ETC Institute (2011)

Q21-Q25. Level of Agreement with Statements About County Services by Major Category

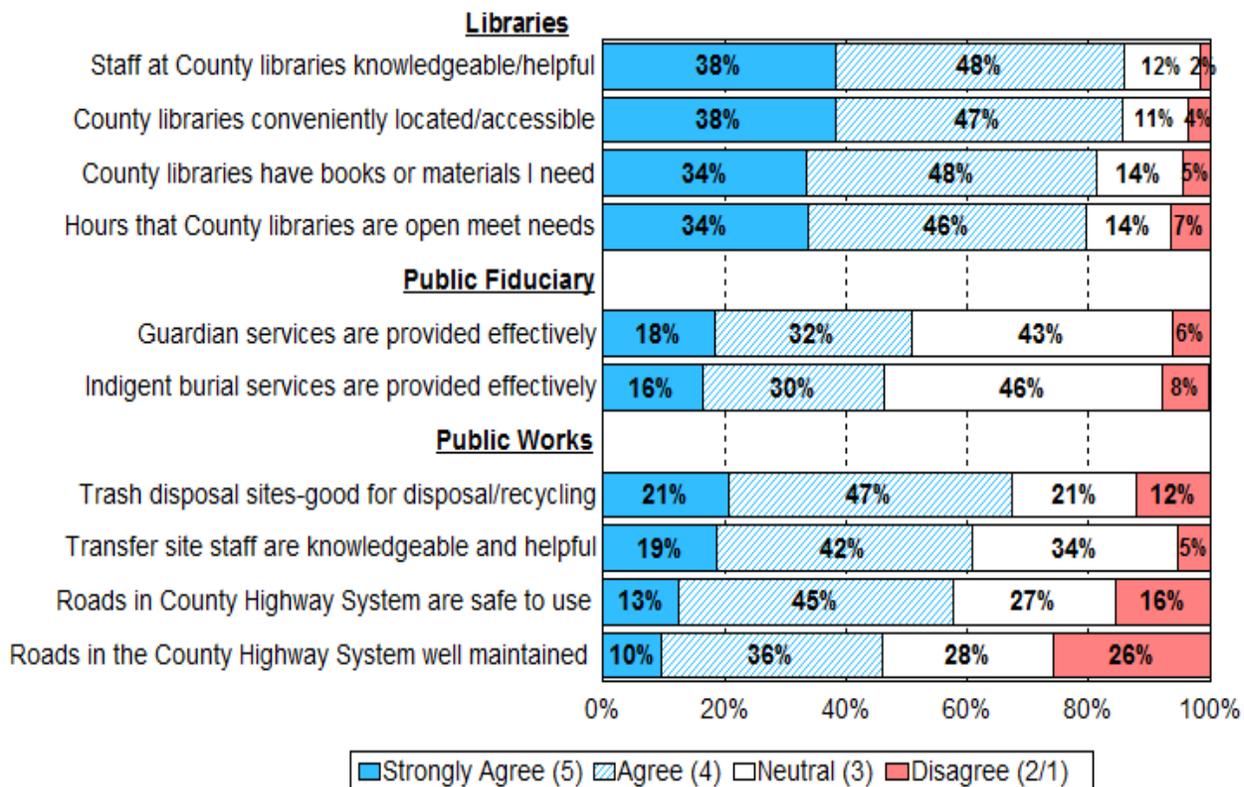
by percentage of respondents who rated the item as a 1 to 5 on a 5-point scale (excluding don't knows)



Source: ETC Institute (2011)

Q30-Q32. Level of Agreement with Statements About County Services by Major Category

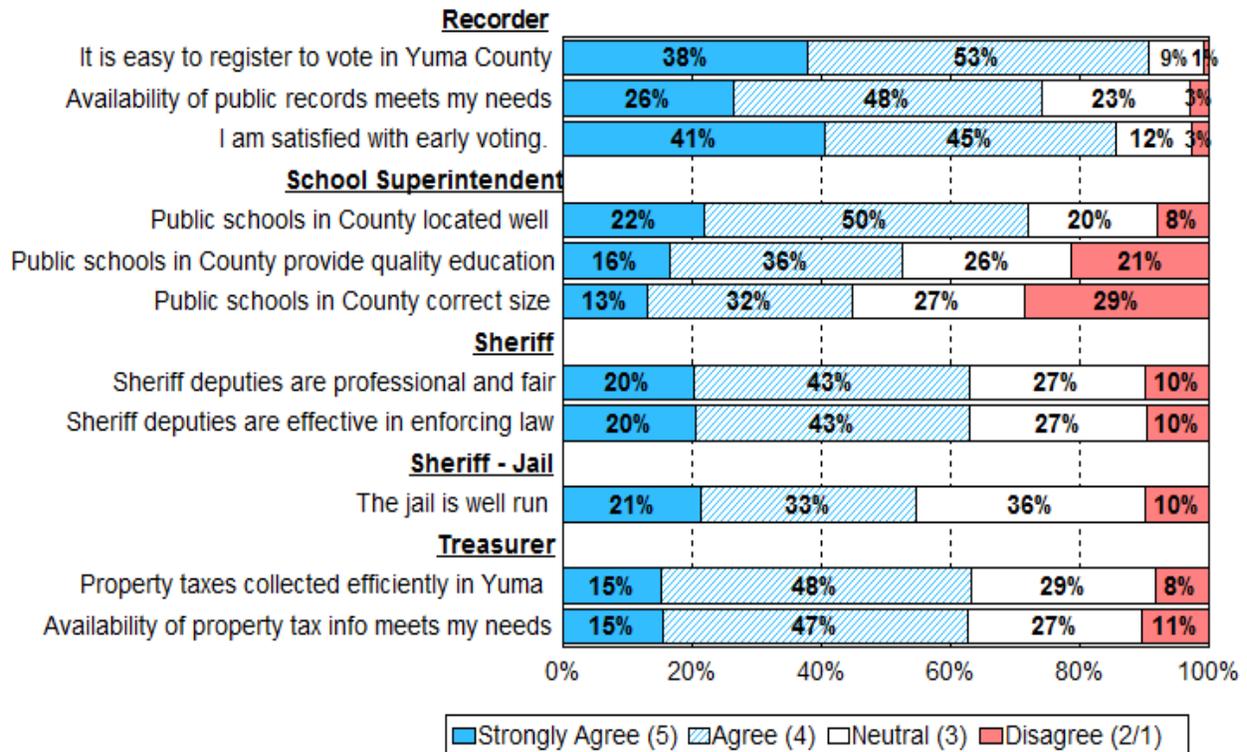
by percentage of respondents who rated the item as a 1 to 5 on a 5-point scale (excluding don't knows)



Source: ETC Institute (2011)

Q33-Q37. Level of Agreement with Statements About County Services by Major Category

by percentage of respondents who rated the item as a 1 to 5 on a 5-point scale (excluding don't knows)

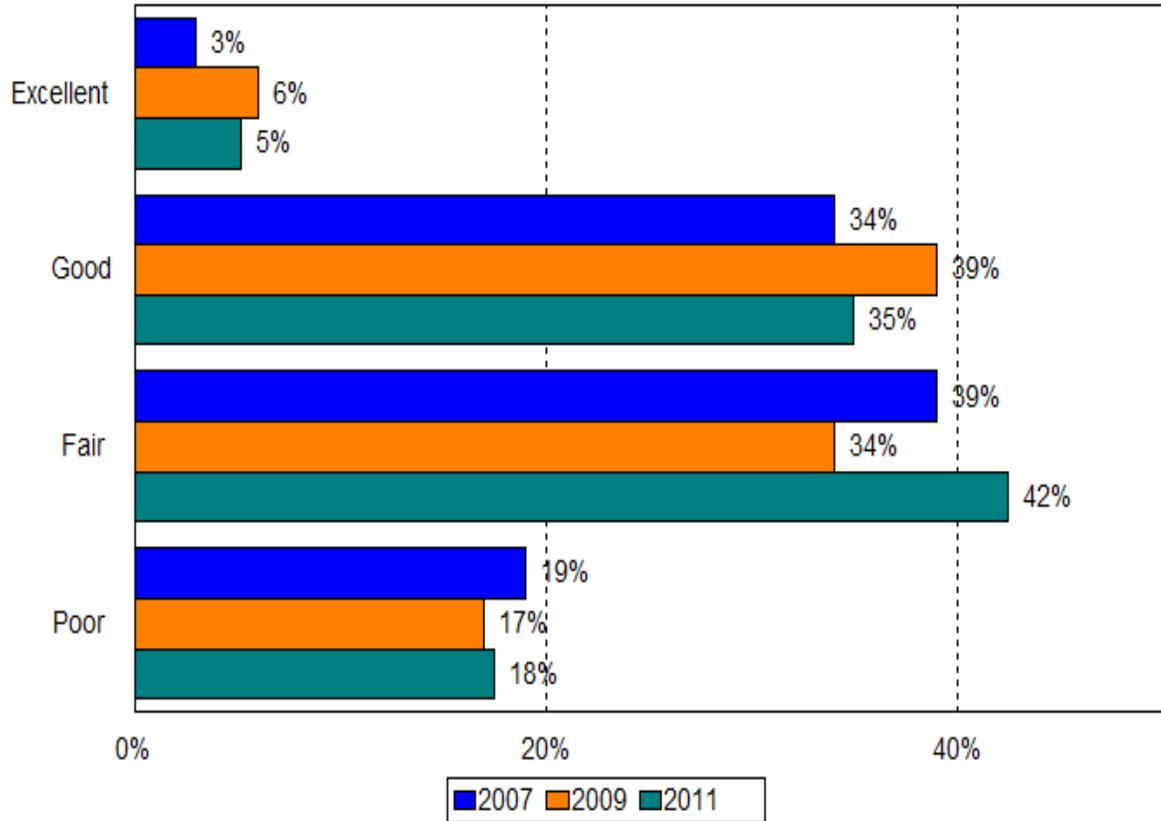


Source: ETC Institute (2011)

Q38. Overall, how would you describe the condition of county roads in Yuma County?

2007, 2009, and 2011

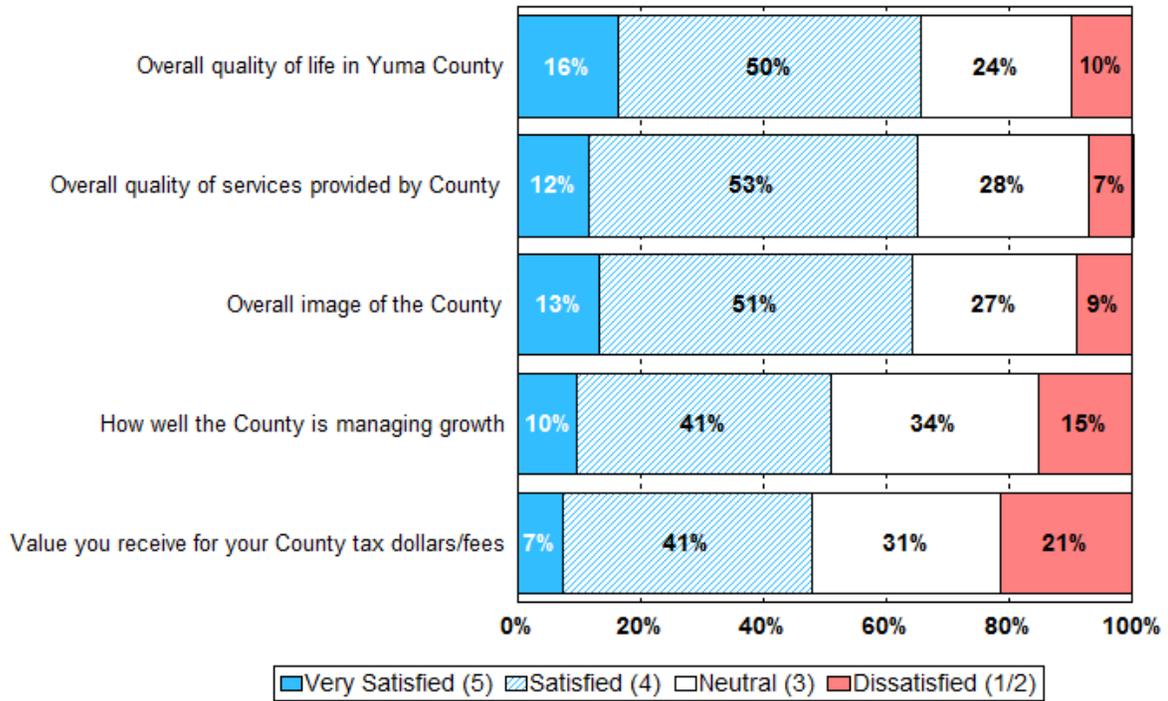
by percentage of respondents



Source: ETC Institute (2011)

Q39. Perceptions of Yuma County

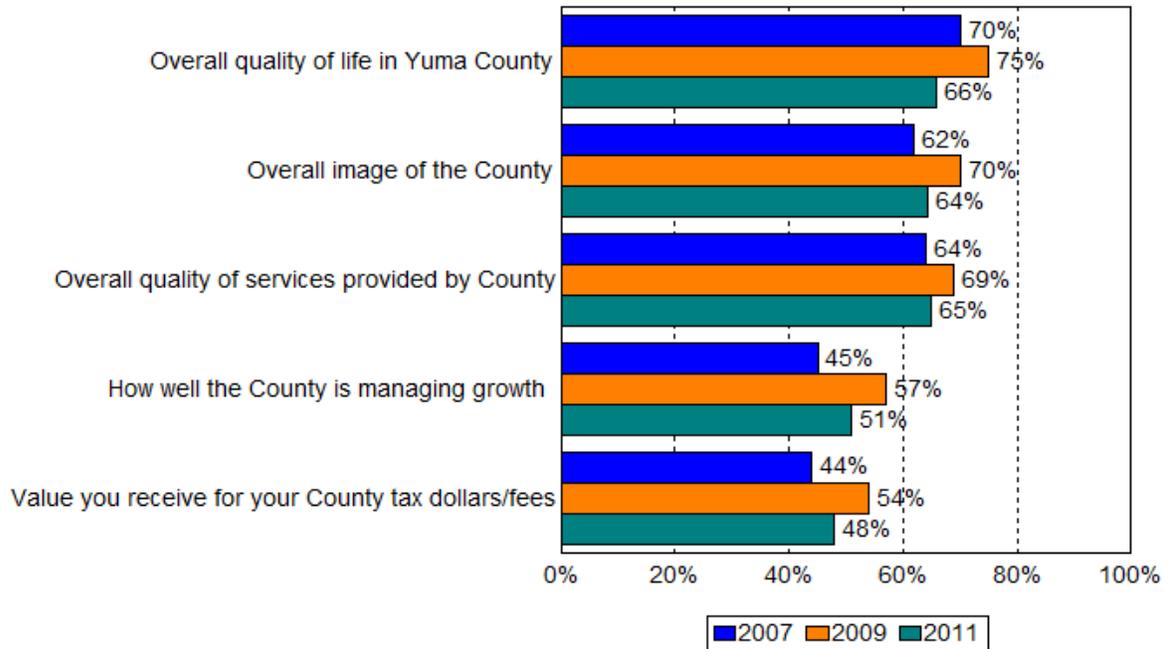
by percentage of respondents who rated the item as a 1 to 5 on a 5-point scale (excluding don't knows)



Source: ETC Institute (2011)

Satisfaction With Items That Influence the Perception Residents Have of the County 2007, 2009, and 2011

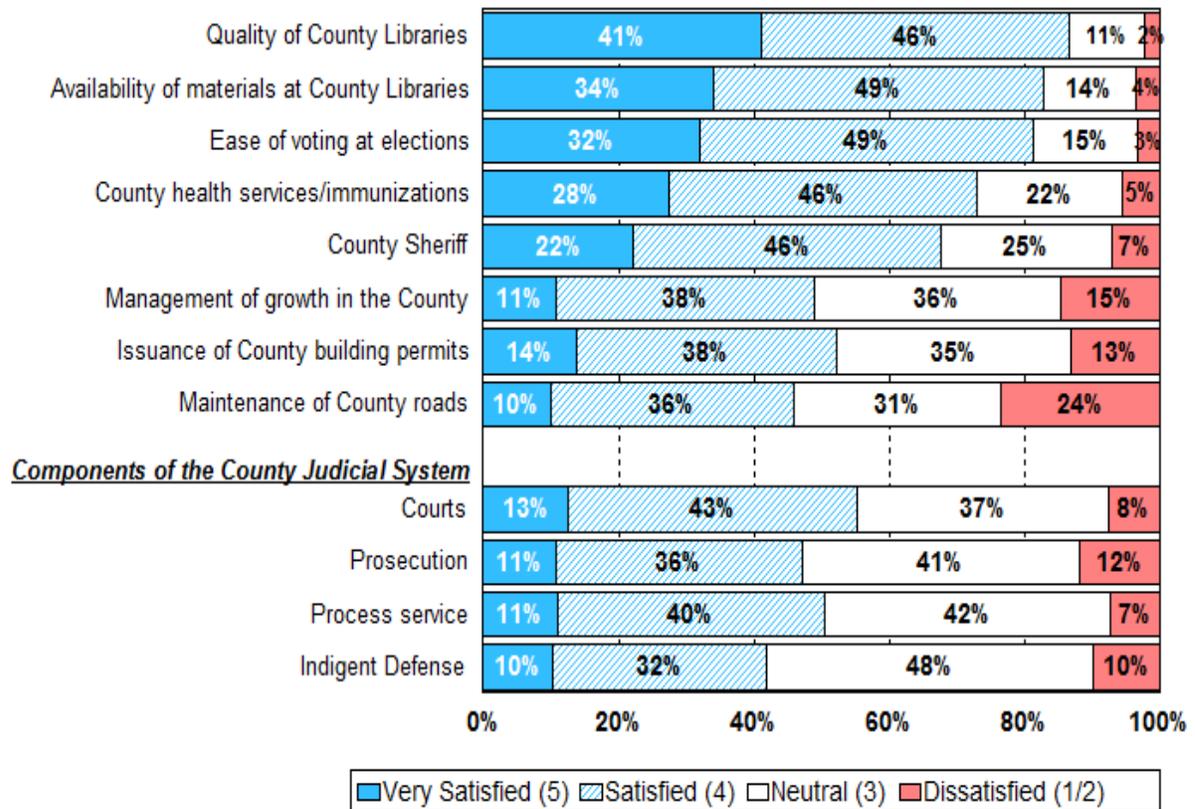
by percentage of respondents who rated the item either "Very Satisfied" or "Satisfied" (excluding don't knows)



Source: ETC Institute (2011)

Q41. Overall Satisfaction With Various Services

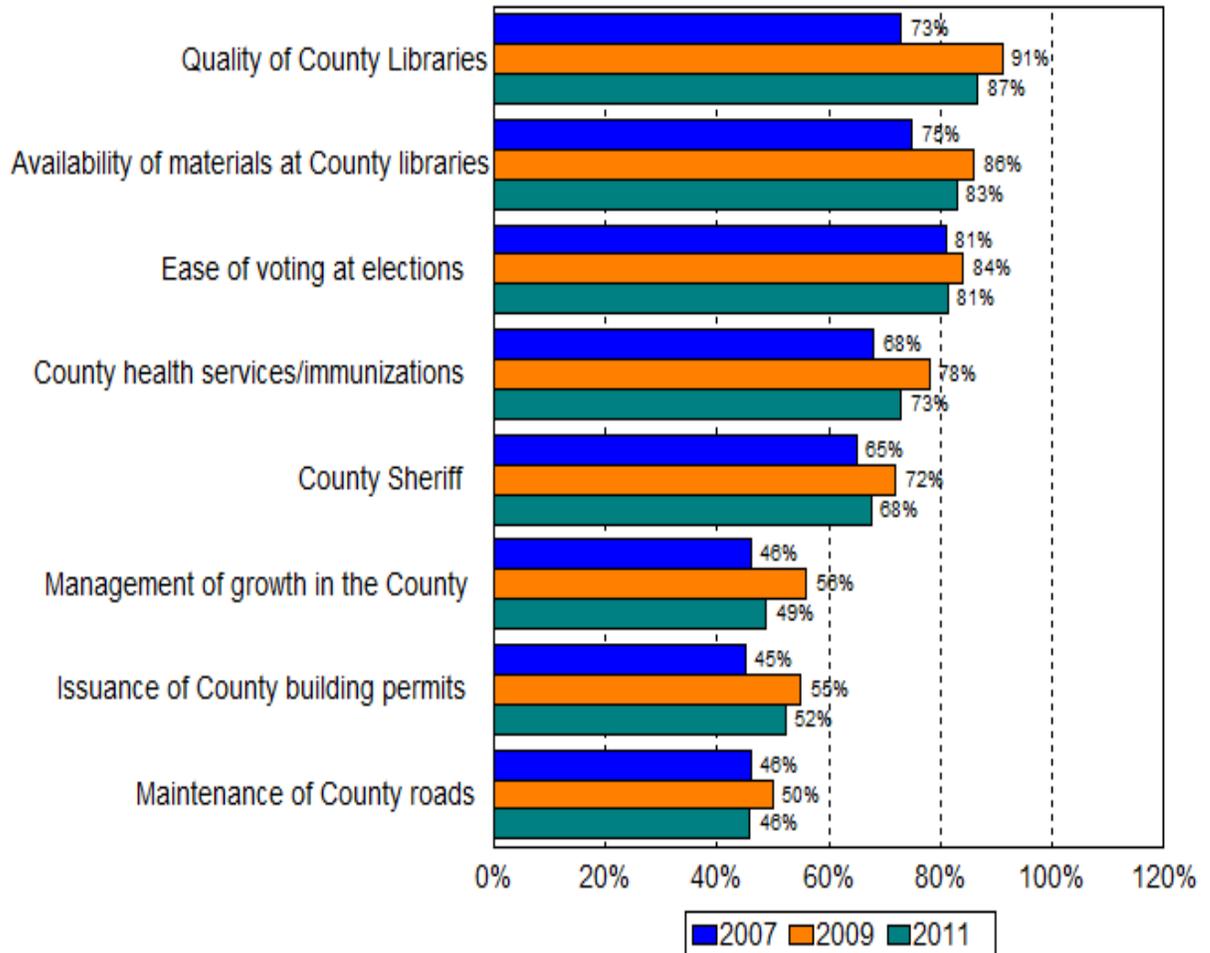
by percentage of respondents who rated the item as a 1 to 5 on a 5-point scale (excluding don't knows)



Source: ETC Institute (2011)

Overall Satisfaction With Various Services 2007, 2009 and 2011

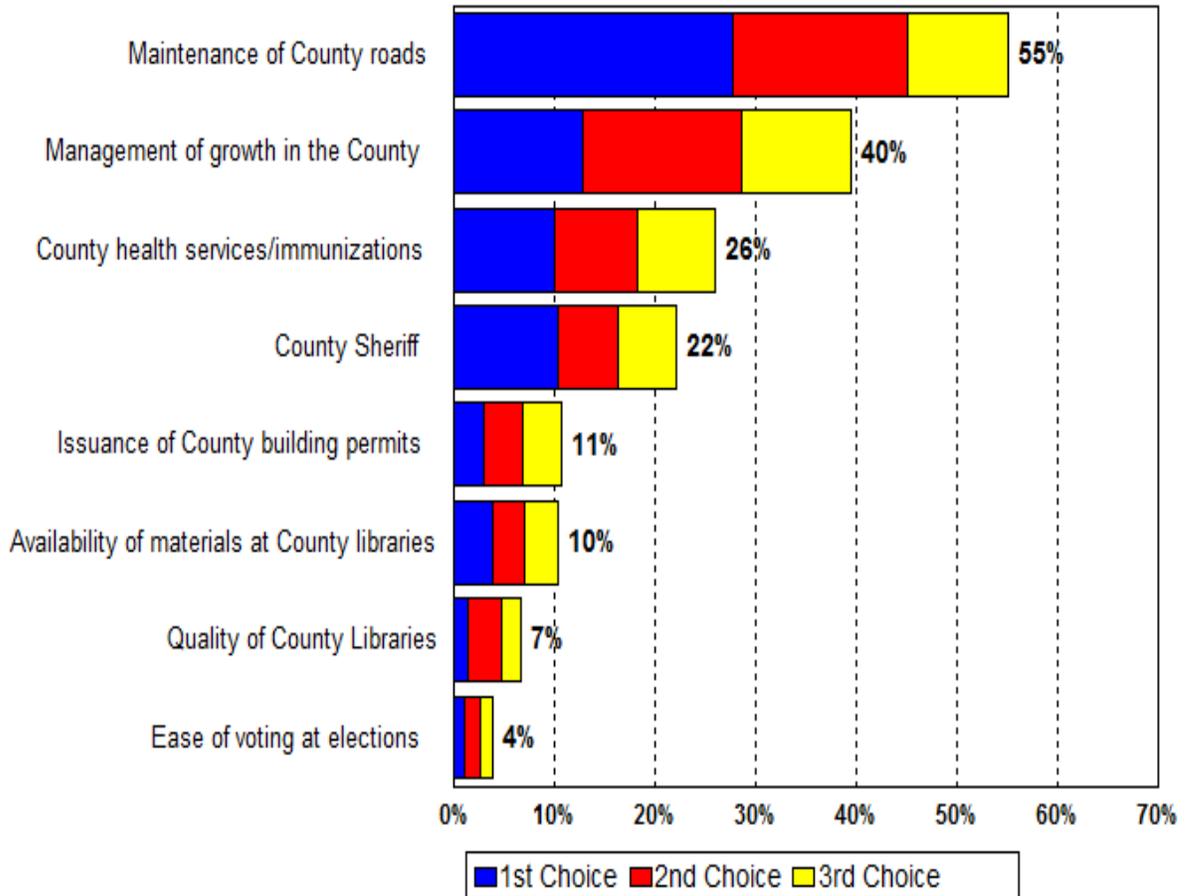
by percentage of respondents who rated the item either "Very Satisfied" or "Satisfied" (excluding don't knows)



Source: ETC Institute (2011)

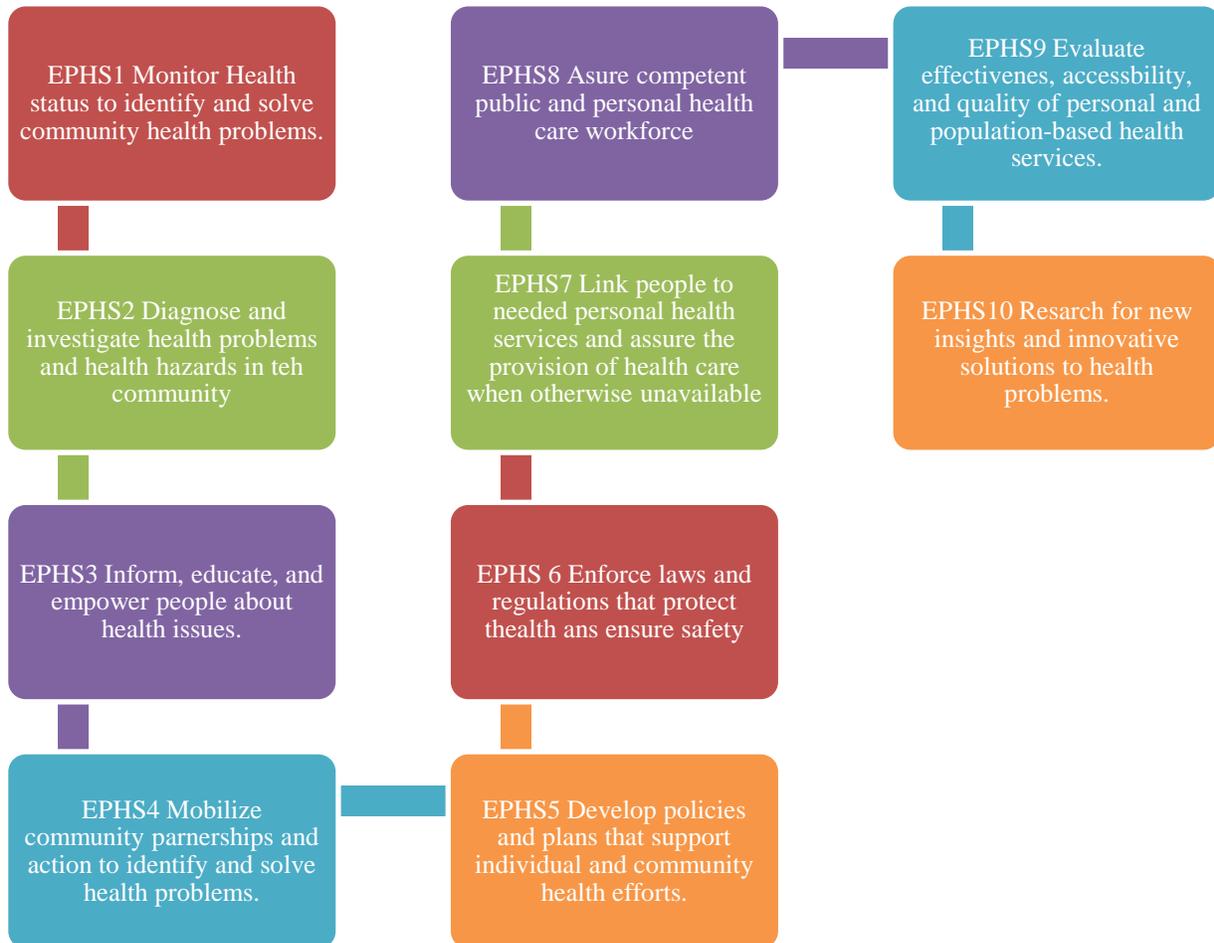
Services Residents Think Should Receive the Most Emphasis from County Leaders Over the Next Two Years?

by percentage of respondents who selected the item as one of their top three choices

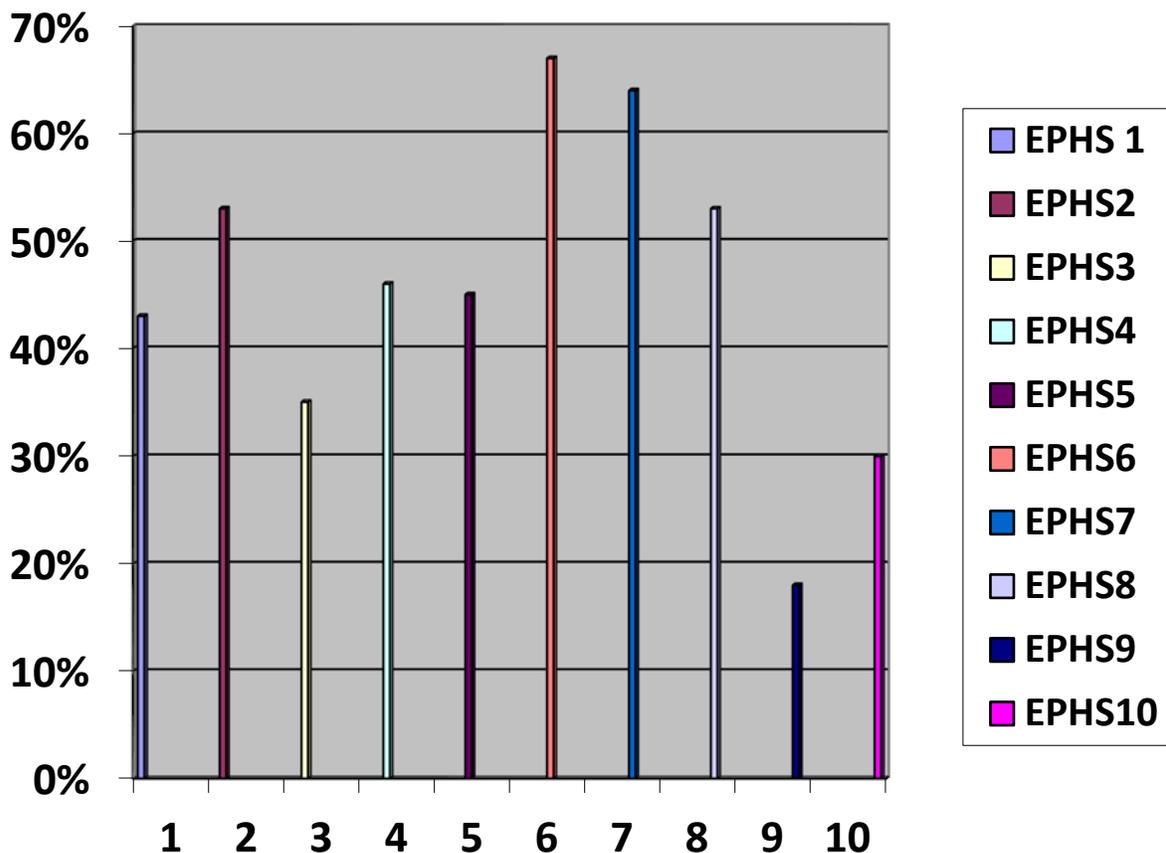


Source: ETC Institute (2011)

ESSENTIAL PUBLIC HEALTH SERVICES



SELF-ASSESSMENT RESULTS 10-7-2008



No activity = 0%
 Minimal Activity = >0% – 25%
 Moderate Activity = > 25% - 50%
 Significant Activity = > 50% - 75%
 Optimal Activity = > 75% - 100%

This table reflects the outcome of the NACCHO Local Health Department Self-Assessment Tool. This self-assessment tool allows local health departments (LHDs) to measure them against the Operational Definition and subsequently identify areas of strength and areas for improvement. It determines what the staff feels is the degree to which the health department has the capacity to fulfill the identified indicator. The indicators are specific items listed under the Essential Public Health Services (EPHS) 1-10.

THE COMMUNITY HEALTH ASSESSMENT TEAM (CHAT)

This group of individuals assisted with the collection and evaluation of the current Community Health Assessment.

TEAM MEMBERS

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Suzanne Cooper

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PAST TEAM MEMBERS
2009-2011

Benito Lopez, Epidemiologist

Becky Brooks Director of Health Services 2005-2011

Michelle Smith, RN Emergency Preparedness Coordinator

Rachel Baker, RN

Mary Thomas, RN

Ryan Butcher, Injury Prevention Coordinator

Michael Sears, Nutritionist WIC

Sandy Veitch, Coordinator WIC

Sheryl Shultz, Nurse Practitioner

Brian O'Green, Environmental Health Program Manager

FORCES OF CHANGE

This assessment corresponds to the Forces of Change Assessment of the MAPP Model. Its purpose is to identify trends, factors and events that are factors and events that are or will be influencing health and quality of life in Yuma County and the work of the local public health system. The list of forces was compiled, refined and revised over the course of two meetings of the Strategic Planning Committee in October and November 2010.

This report is a tool to assist the Yuma County Strategic Planning Committee in their identification of strategic health issues in 2011.

SOCIAL	
STRENGTHS	THREATS
Collaboration with community partners	Lack of knowledge of services
Cultural sensitivity and awareness	Frustration
Creative	Increased disease due to injury, poverty and education

TECHNOLOGICAL	
STRENGTHS	THREATS
Social media and marketing	Aging equipment/upkeep,
Communication	Environmental friendly vehicles and building concepts cost prohibitive
Reporting, surveillance, testing and treatment of disease/vector	Miss-information from internet
	Cost to sustain tech 'savy' staff

POLITICAL	
STRENGTHS	THREATS
Public Health support from Board of Supervisors and State Legislature	New laws and turnover of representatives
One-on-one contact with local and State representatives	Educational Time Restraints.
Organizations that support Public Health- ALHOA, AzPHA, NACCHO, Co. Communications and legislative liaison	Border issues
	School leaders reluctant to take Public Health stand d/t potential impact of parents
	Negative impact of special interest groups.

ECONOMIC	
STRENGTHS	THREATS
Grant opportunities	Budget cuts
Decrease indirect costs to County (Need creative solutions)	Unfunded mandates
Increase revenues by increasing services and fees	Indirect costs
Eliminate animal control contract and expenses	Decrease in sales tax revenues
	Recruitment and retaining healthcare professionals

COMMUNITY THEMES AND STRENGTHS ASSESSMENT

November 2012

The following assessment is a compilation of community surveys held between 2010 and 2012.
The information was consistent among the surveys reviewed.

CONCERNS: Overall, Yuman's feel that lack of employment opportunities, Alcohol/drug abuse, obesity and diabetes are the major negative issues here. Statistics bear that out with a 19.9% unemployment rate compared to Az. with 9.5%; teens who report using methamphetamine .8% vs AZ at .4%; and diabetes at 13.3% vs. AZ at 9.0%.

STRENGTHS: 78% feel Yuma is a good place to live, 68% a good place to raise kids, 76% a strong sense of community. 90% feel it is safe to walk in their neighborhoods during the day.



POSITIVE HEALTH TRENDS AND INDICATORS

The following were identified after comparing community health indicators with Arizona and the United States, which for the most part Yuma County fairs as well if not better. However, some health indicators like overweight and obesity are negative across the county so a similar of better comparison does not necessarily indicate a favorable status. The following listed below are some of the indicators that are positive for the Yuma County. Even though positive progress has been achieved through dedication and investment of resources by the community, they must continue to be addressed to prevent a reversal of the achieved outcome.

- Declining smoking reports of smoking and alcohol use during pregnancy.
- Low rates of vaccine preventable communicable disease.
- Falling adolescent pregnancy rates, an 8.1% decrease between 2000 and 2010 for girls 15-19.
- Promotion of healthy behavior choices in physical activity, nutrition and tobacco use.
- Air Quality monitoring
- Worksite wellness



IDENTIFYING CHALLENGES

The information presented below reflects a quick summary of the priority health concerns and information collected by community stakeholders, secondary data and community at large. Lack of services, provider shortages, lack of or underinsurance, and cultural factors were all cited as barriers to care.

- Special attention is needed to diabetes, cancer, infant mortality, STDs and HIV disease.
- Obesity
- Lack of health care for low-income adults and children
- Underage drinking
- Lack of understanding of the affect of alcohol and drug use on the still developing adolescent brain
- Mental Health services for the uninsured populations
- Even though overall teen pregnancy rates drop this remains a concern certain areas of the community are not seeing the drop in adolescent pregnancy experienced by the county as a whole.



The Yuma County Assessment show numerous agencies, non-profits and existing collaborations already taking on projects to address priority focus areas. In cases where there are no existing groups addressing priority areas, Healthy Yuma will explore opportunities for development.



Collaborating agencies; Sunset Community Center and Regional Center for Border Health both located in Somerton Arizona.

The final CHA report will be posted on the Health Department website. This document serves as a reference for many organizations developing a grant proposals and programming. The Accreditation Team will present the findings to the County Board Members.

THANKS AND ACKNOWLEDGEMENTS

The Yuma County Public Health District thanks the Community Stakeholder's Team as well as the Accreditation Team for their professionalism and contributions during the administration of the different surveys conducted to complete this Community Health Assessment. We also benefited from the expertise, guidance and assistance provided by our colleagues at Yuma County Public Health District, and from input received from many individuals working for agencies throughout the County and State Department of Health Services. Finally, we extend our thanks to those county residents who participated and responded to the survey. Their thoughtful participation resulted in a wealth of information that can be used to improve the circumstances in which they live and learn.



STAKEHOLDERS AND PARTNERS

MASTER PARTICIPANT LIST

Name	Std #	Organization
Amanda Aguirre	1 thru 10	Regional Center for Border Health
Suzanne Amon	1	Registered Nurse
Mary Castillo	1	Sunset Community Center
Madeleine Coil	1	United Way of Yuma
Machele Headington	1	Yuma Regional Medical Center
Leo Maxwell	1	Cocopah Tribal Health Program
Cesar Reta	1	YCPHSD
Emma Torres	1	Campesino Sin Fronteras
Maria Walter	1	WACOG Head Start
Joan Wilson	1	San Luis High School RN
Pat Walz	1	YRMC
Aron Acton	2	Humane Society of Yuma
Anette Fletcher	2	Yuma Regional Medical Center
Susanna Hitchcock	2	City of Yuma
Jill Labossiere	2	Yuma Regional Medical Center
Annette Lagunas	2	Humane Society of Yuma
Benito Lopez	2	YCPHSD
Daniel Padilla, Capt. Fire Dept.	2	City of Yuma Fire Dept.
Diane Robinson	2	Yuma County Risk Management
Ching Wang, Dr.	2	Sunset Community Center
Betsy Bowman	2	City of Yuma - Lab
Gretchen Robinson	2	Yuma County Emerg. Management
John Alden	2	YCPHSD
Debbie Drummel	3	Fort Yuma Indian Health Center
Diana Gomez	3	YCPHSD
David Nash	3	City of Yuma - Media
Flor Redondo	3	Campesinos Sin Fronteras
Nancy Winchip	3	YMCA
Chris Winters	3	Yuma Regional Medical Center
Ryan Butcher	4	YCPHSD
Gloria Cisneros	4	YCPHSD
Nena Garcia	4	First Things First
Lisa Lopez	4	City of Yuma
Rick McKinney	4	Yuma County HR
Margaret Mai	4	FCE

Yuma County Community Health Assessment 2012

Name	Std #	Organization
Ruth Maynard	4	Branch Health Clinic
Nickolas Pacella, Capt	4	YPG Health Clinic
Leslie Dalton	4	Yuma Regional Medical Center
Shay Andres	4	Yuma Regional Medical Center
Greg Fergenson	5	Yuma County
Leigh Ann Howell	5	YCPHSD
Mike Lebrun	5	YCPHSD
Freeman Miller	5	YCPHSD
Mary Sandford	5	Community
Suzanne Cooper	6	YCPHSD
Richard Cuming	6	YCPHSD
Fernando Desarden	6	YCPHSD
Theresa Fox	6	Yuma County - CAO
Linda Johnson	6	City of Yuma
Paul Melchor	6	Yuma County - DDS
Richard Stacks	6	Yuma County - DDS
Chris Sumner	6	Yuma County Pest Abatement
Vickie Armer	7	YCPHSD
Ron Corbin	7	Yuma County - HR
Renee Dinwiddie	7	Blue Cross Blue Shield of AZ
Valorie Donnelly	7	City of Yuma
Barbara Dunlop	7	Yuma Regional Medical Center
Kathy Lohrenz	7	YCPHSD
Lucy Murrietta	7	Sunset Community Center
Ronna Sue Stubbs	7	Yuma Comm Food Bank
Lenore Stuart	7	Yuma County -BOS
Judy Gomez	8	Yuma Treatment Center (YTC)
Debra Hunter	8	Sunset Community Center
Kim Maryniak	8	Yuma Regional Medical Center
Whitney Sims	8	Sunset Community Center
Fatima Corona	9	JV Farms
Mike Erfert	9	City of Yuma Fire Dept.
Sonia Pelroy	9	Sunset Community Center
David Rogers	9	Sunset Community Center
Jim Miller	9	Community
Rebecca Drummond	10	U of A
Cheryl Farber	10	AWC
Shaunna Ruiz	10	Sunset Community Center

GLOSSARY

A

APHA: American Public Health Association. www.apha.org

Asset Mapping: A tool for mobilizing community resources. It is the process by which the capacities of individuals, civic associations, and local institutions are inventoried.

B

Behavioral Risk Factors: Risk factors in this category include behaviors that are believed to cause, or to be contributing factors to, most accidents, injuries, disease, and death during youth and adolescence as well as significant morbidity and mortality in later life. This is a category of data recommended for collection in the Community Health Status Assessment.

Board of Health: A legally designated governing body whose members are appointed or elected to provide advisory functions and/or governing oversight of public health activities, including assessment, assurance, and policy development, for the protection and promotion of health in their community.

Body Mass Index: This index mathematically relates height and weight for a result that is a good indicator of body fat. It is a better predictor of health risk than weight alone. This formula is most accurate for adults other than body builders, competitive athletes, and pregnant or breastfeeding women. BMI is determined by calculating the weight in kilograms divided by the height in meters squared. $BMI = (\text{weight in kilograms}) / (\text{height in meters})$.

BRFSS: Behavioral Risk Factor Surveillance Survey. A national survey of behavioral risk factors conducted by states with CDC support.

C

Cause of Death: Any condition that leads to or contributes to death and is classifiable according to the International Classification of Diseases.

CDC: The Centers for Disease Control and Prevention. www.cdc.gov

Communicable Disease: Measures within this category include diseases that are usually transmitted through person-to-person contact or shared use of contaminated instruments/materials. Many of these diseases can be prevented through the use of protective measures, such as a high level of vaccine coverage of vulnerable populations. This is a category of data recommended for collection in the Community Health Status Assessment.

Community: The aggregate of persons with common characteristics such as geographic, professional, cultural, racial, religious, or socio-economic similarities; communities can be defined by location, race, ethnicity, age, occupation, interest in particular problems or outcomes, or other common bonds (Adapted from Turnock's Public Health: What It Is and How It Works).

Community Assets: Contributions made by individuals, citizen associations, and local institutions that individually and/or collectively build the community's capacity to assure the health, well-being, and quality of life for the community and all its members.

Community Collaboration: A relationship of working together cooperatively toward a common goal. Such relationships may include a range of levels of participation by organizations and members of the community. These levels are determined by: the degree of partnership between community residents and organizations, the frequency of regular communication, the equity of decision making, access to information, and the skills and resources of residents. Community collaboration is a dynamic, ongoing process of working together, whereby the community is engaged as a partner in public health action.

Community Health: A perspective on public health that assumes community to be an essential determinant of health and the indispensable ingredient for effective public health practice. It takes into account the tangible and intangible characteristics of the community – its formal and informal networks and support systems, its norms and cultural nuances, and its institutions, politics, and belief systems.

Community Health Improvement Process: Community health improvement is not limited to issues classified within traditional public or health services categories, but may include environmental, business, economic, housing, land use, and other community issues indirectly affecting the public's health. The community health improvement process involves an ongoing collaborative, community-wide effort to identify, analyze, and address health problems; assess applicable data; develop measurable health objectives and indicators; inventory community health assets and resources; identify community perceptions; develop and implement coordinated strategies; identify accountable entities; and cultivate community "ownership" of the entire process.

Community Health Profile: A comprehensive compilation of measures representing multiple categories that contributes to a description of health status at a community level and the resources available to address health needs. Measures within each category may be tracked over time to determine trends, evaluate health interventions or policy decisions, and compare community data with peer, state, national, or benchmark measures, and establish priorities through an informed community process.

Community Partnerships: A continuum of relationships that foster the sharing of resources, responsibility, and accountability in undertaking activities within a community.

Community Support: Actions undertaken by those who live in the community that demonstrate the need for and value of a healthy community and an effective local public health system. Community support often consists of, but is not limited to, participation in the design and provision of services, active advocacy for expanded services, participation at board meetings, support for services that are threatened to be curtailed or eliminated, and other activities that demonstrate that the community values a healthy community and an effective local public health system.

Contributing Factors (Direct and Indirect): Those factors that, directly or indirectly, influence the level of a risk factor (determinant).

Core Indicators: Data elements that MAPP recommends all communities collect and track. The core indicators have a higher priority based on the critical nature of the data, potential for comparative value, and relevance to most communities.

CSTE: The Council of State and Territorial Epidemiologists. www.cste.org

D

Death, Illness, and Injury: Health status in a community is measured in terms of mortality (rates of death within a population) and morbidity (rates of the incidence and prevalence of disease). Mortality may be represented by crude rates or age-adjusted rates (AAM); by degree of premature death (Years of Productive Life Lost or YPLL); and by cause (disease - cancer and non-cancer or injury - intentional, unintentional). Morbidity may be represented by age-adjusted (AA) incidence of cancer and chronic disease. This is a category of data recommended for collection within the Community Health Status Assessment.

Demographic Characteristics: Demographic characteristics include measures of total population as well as percent of total population by age group, gender, race and ethnicity, where these populations and subpopulations are located, and the rate of change in population density over time, due to births, deaths and migration patterns. This is a category of data recommended for collection within the Community Health Status Assessment.

Determinants (or Risk Factors): Direct causes and risk factors which, based on scientific evidence or theory, are thought to influence directly the level of a specific health problem.

Dialogue: The skillful exchange or interaction between people that develops shared understanding as the basis for building trust, fostering a sense of ownership, facilitating genuine agreement, and enabling creative problem solving. (See MAPP Toolkit Tip Sheet: Engaging the Community for more information on Dialogue practices.)

E

Environment: The totality of circumstances where individuals live, work, learn, and play.

Environmental Equity: The distribution and effects of environmental problems and the policies and processes to reduce differences in those who bear environmental risks. In contrast to environmental racism, equity includes consideration of the disproportionate risk burden placed on any population group, as defined by gender, age, income, and race.

Environmental Health: The interrelationships between people and their environment that promote human health and well-being and foster a safe and healthful environment.

Environmental Health Indicators: The physical environment directly impacts health and quality of life. Clean air and water, as well as safely prepared food, are essential to physical health. Exposure to environmental substances, such as lead or hazardous waste, increases risk for preventable disease. Unintentional home, workplace, or recreational injuries affect all age groups and may result in premature disability or mortality. This is a category of data recommended for collection within the Community Health Status Assessment.

Environmental Justice: The fair treatment and meaningful involvement of all people, regardless of race, ethnicity, culture, income or education level with respect to the development, implementation, and enforcement of environmental laws, regulations, and policies.

Environmental justice seeks to ensure that no population is forced to shoulder a disproportionate burden of the negative human health and environmental impacts of pollution or other environmental hazards.

Environmental Risk: The likelihood of eating, drinking, breathing, or contacting some unhealthy factor in the environment and the severity of the illness that may result; the probability of loss or injury; a hazard or peril.

Epidemiology: "The study of the distribution and determinants of health-related states or events in specified populations, and the application of this study to control of health problems." (Last 19881)

Essential Public Health Services: A list of ten activities that identify and describe the core processes used in public health to promote health and prevent disease. The framework was developed in 1994. All public health responsibilities (whether conducted by the local public health agency or another organization within the community) can be categorized into one of the services.

Ethnicity: The classification of a population that shares common characteristics, such as religion, traditions, culture, language, and tribal or national origin.

Events: Forces of change that are one-time occurrences. Examples of events include the closing of a hospital, a natural disaster, or the passage of a piece of legislation.

Exposure: The amount of a stressor that an organism contacts over a certain period of time.

Extended Indicators: Additional indicators from which communities may select to explore issues of importance.

External cause of death: Death caused by accidents and adverse effects. These were called "E" codes in ICD-9. The causes of death are spelled out in greater detail in ICD-10.

F

Forces: A broad all-encompassing category that includes trends, events, and factors.

G

Goals: Broad, long-term aims that define a desired result associated with identified strategic issues.

H

Health: A dynamic state of complete physical, mental, spiritual and social wellbeing and not merely the absence of disease or infirmity (WHO'S New Proposed Definition. 101st Session of the WHO Executive Board, Geneva, January 1998. Resolution EB101.R2).

Health Assessment: The process of collecting, analyzing, and disseminating information on health status, personal health problems, population groups at greatest risk, availability and quality of services, resource availability, and concerns of individuals. Assessment may lead to decision making about the relative importance of various public health problems.

Health Care Provider: A person, agency, department, unit, subcontractor, or other entity that delivers a health-related service, whether for payment or as an employee of a governmental or other entity. Examples include hospitals, clinics, free clinics, community health centers, private practitioners, the local health department, etc.

Health Problem: A situation or condition for people and their environment measured in death, disease, disability, or risk that is believed to persist in the future and is considered undesirable.

Health Promotion Activities: Any combination of education and organizational, economic, and environmental supports aimed at the stimulation of healthy behavior in individuals, groups, or communities.

HRSA: The Health Resources and Services Administration. www.hrsa.gov

Health Resource Availability: Factors associated with health system capacity, which may include both the number of licensed and credentialed health personnel and the physical capacity of health facilities. In addition, the health resources category includes measures of access, utilization, and cost and quality of health care and prevention services. Service delivery patterns and roles of public and private sectors as payers and/or providers may also be relevant. This is a category of data recommended for collection within the Community Health Status Assessment.

Health Status Indicator: A single measure that purports to reflect the health status of an individual or defined group.

I

Incidence: Rate of occurrence of new cases of a specified condition in a specified population within some time interval, usually a year.

Indicator: A measurement that reflects the status of a system. Indicators reveal the direction of a system (a community, the economy, and the environment), whether it is going forward or backward, increasing or decreasing, improving or deteriorating, or staying the same.

Infant Mortality Rate: A death rate calculated by dividing the number of infant deaths during a calendar year by the number of live births reported in the same year. It is expressed as the number of infant deaths per 1,000 live births.

Injury: Injuries can be classified by the intent or purposefulness of occurrence in two categories: intentional and unintentional injuries. Intentional injuries are ones that are purposely inflicted and often associated with violence. These include child abuse, domestic violence, sexual assault, aggravated assault, homicide, and suicide. Unintentional injuries include only those injuries that occur without intent of harm and are not purposely inflicted.

International Classification of Disease 10th Revision Clinical Modification (ICD-10-CM): The ICD-10-CM is based on and is completely comparable with the International Classification of Diseases, Tenth Revision. The ICD-10 is used to code mortality data. Its purpose is to provide a common language, specifically number and letter codes, for identifying illnesses, injuries and causes of death. This enables communities, health care organizations, insurance companies, regulatory agencies, etc. to compare rates of disease and injury, as well as cost and pricing practices.

L

Local Control: The ability of a jurisdiction to adopt and enforce its own rules, policies, and procedures related to carrying out its functions.

Local Health Department: An administrative or service unit of local or state government concerned with health and carrying some responsibility for the health of a jurisdiction smaller than the state.

Local Public Health System: The human, informational, financial, and organizational resources, including public, private, and voluntary organizations and individuals that contribute to the public's health.

M

MAPP: Mobilizing for Action through Planning and Partnerships. A community-wide strategic planning process developed by NACCHO and CDC.

Maternal and Child Health: A category focusing on birth data and outcomes as well as mortality data for infants and children. Because maternal care is correlated with birth outcomes, measures of maternal access to, and/or utilization of, care is included. One of the most significant areas for monitoring and comparison relates to the health of a vulnerable population: infants and children. Birth to teen mothers is a critical indicator of increased risk for both mother and child. This is a category of data recommended for collection within the Community Health Status Assessment.

Morbidity: Illness or lack of health caused by infection, dysfunction, or injury. Most illnesses are not reportable to the board of health. Available morbidity data is often not population-based and is partially available from either public or private sources.

Mortality: A measure of the incidence of deaths in a population.

N

NACCHO: National Association of County and City Health Officials. www.naccho.org

NAHDO: The National Association of Health Data Organizations. www.nahdo.org

NAPHSIS: The National Association for Public Health Statistics and Information Systems. www.naphsis.org

NCHS: The National Center for Health Statistics. www.cdc.gov/nchs/howto/w2w/w2welcom.htm

NDI: The National Death Index is a central computerized index of death record information (beginning with 1979 deaths) compiled by NCHS from records submitted by state vital statistics offices. The index is used by medical researchers in determining whether persons in their studies have died and, if so, provides the names of the states in which those deaths occurred, the dates of death, and the corresponding death certificate numbers.

NHTSA: The National Highway Traffic Safety Administration is a division of the U.S. Department of Transportation. www.nhtsa.gov

NNPHI: The National Network of Public Health Institutes. www.nnphi.org

NIOSH: The National Institute for Occupational Safety and Health is an agency within CDC. www.cdc.gov/niosh

NPHPSP: National Public Health Performance Standards Program. NPHPSP is designed to measure public health practices at the state and local levels. NPHPSP supports local, state, and government instruments for measurement. The local instrument, referred to as the local public health system assessment in MAPP, evaluates the capacity of local public health systems to conduct the 10 essential public health services. The NPHPSP is supported by a partnership of national organizations including, CDC, NNPHI, ASTHO, NACCHO, NALBOH, PHF and APHA. www.cdc.gov/od/ocphp/nphpsp/

O

Objectives: There are three types of objectives cited in MAPP: outcome objectives, impact objectives and process objectives.

Impact Objective: An impact objective is short term (less than three years) and measurable. The objects of interest are knowledge, attitudes, or behavior.

Outcome Objective: An outcome objective is long term (greater than three years) and measurable. The objects of interest are mortality, morbidity, and disability.

Process Objective: A process objective is short term and measurable. The object of interest is the level of professional practice in the completion of the methods established in a Community Health Plan. Process objectives may be evaluated by audit, peer review, accreditation, certification, or administrative surveillance. Objects of evaluation may include adherence to projected timetables, production, distribution, and utilization of products, and financial audits.

P

Personal Health Services: Services provided to individuals, such as those provided by local health department maternal and child health programs.

Public Health: (many alternatives) "...the science and the art of preventing disease, prolonging life, and promoting physical health and mental health and efficiency through organized community efforts toward a sanitary environment; the control of community infections; the education of the individual in principles of personal hygiene; the organization of medical and nursing service for the early diagnosis and treatment of disease; and the development of the social machinery to ensure to every individual in the community a standard of living adequate for the maintenance of health" (C.E.A. Winslow²). The mission of public health is to fulfill society's desire to create conditions so that people can be healthy (Institute of Medicine, 1988).

Public Health Director/Local Health Director, Local Health Official: The person responsible for the total management of the health department. This person is appointed by the governing authority, often the board of health. The public health director is responsible for the day-to-day operations of the health department and its component institutions, often sets policy or

implements policies adopted by the board of health, and is responsible for fiscal and programmatic matters.

PHF: The Public Health Foundation. www.phf.org

Public Health Services: The provision of services to fulfill the mission of public health in communities. See Essential Public Health Services.

Public Participation: The involvement of citizens in governmental decision-making processes. Participation ranges from being giving notice of public hearings to being actively included in decisions that affect communities. See community collaboration.

Q

Quality of Life: A construct that "connotes an overall sense of well-being when applied to an individual" and a "supportive environment when applied to a community" (Moriarty, 1996). While some dimensions of quality of life can be quantified using indicators that research has shown to be related to determinants of health and community-well being, other valid dimensions of QOL include the perceptions of community residents about aspects of their neighborhoods and communities that either enhance or diminish their quality of life. This is a category of data recommended for collection within the Community Health Status Assessment.

R

Risk Assessment: The scientific process of evaluating adverse effects caused by a substance, activity, lifestyle, or natural phenomenon. Risk assessment is the means by which currently available information about public health problems arising in the environment is organized and understood.

Risk Communication: An interactive process of sharing knowledge and understanding so as to arrive at well-informed risk management decisions. The goal is a better understanding by experts and non-experts alike of the actual and perceived risks, the possible solutions, and the related issues and concerns.

Risk Factors: See Determinants.

Risk Management: The goal of risk management is to direct limited available resources to those areas and strategies where the greatest amount of risk can be reduced for the least amount of resources. In that "greatest risk" can be defined in a number of different ways, it is a value-laden process.

S

S.M.A.R.T. Objectives: Specific, Measurable, Achievable, Realistic and Time-based Objectives

Social Capital: A "composite measure" which reflects both the breadth and depth of civic community (staying informed about community life and participating in its associations) as well as the public's participation in political life. It is characterized by a sense of social trust and mutual interconnectedness, which is enhanced over time through positive interaction and collaboration in shared interests.

Socioeconomic Characteristics: Socioeconomic characteristics include measures that have been shown to affect health status, such as income, education, and employment, and the proportion of the population represented by various levels of these variables. This is a category of data recommended for collection within the Community Health Status Assessment.

Social and Mental Health: This category represents social and mental factors and conditions which directly or indirectly influence overall health status and individual and community quality of life. This is a category of data recommended for collection within the Community Health Status Assessment.

Stakeholders: All persons, agencies and organizations with an investment or 'stake' in the health of the community and the local public health system. This broad definition includes persons and organizations that benefit from and/or participate in the delivery of services that promote the public's health and overall well-being.

Strategic Planning: A disciplined effort to produce fundamental decisions and actions that shape and guide what an organization (or other entity) is, what it does, and why it does it. Strategic planning requires broad-scale information gathering, an exploration of alternatives, and an emphasis on the future implications of present decisions. It can facilitate communication and participation, accommodate divergent interests and values, and foster orderly decision-making and successful implementation.³

Strategies: Patterns of action, decisions, and policies that guide a group toward a vision or goals. Strategies are broad statements that set a direction. They are pursued through specific actions, i.e., those carried out in the programs and services of individual components of the local public health system.

Surveillance: The systematic collection, analysis, interpretation, and dissemination of health data to assist in the planning, implementation, and evaluation of public health interventions and programs.

Sustainability: The long-term health and vitality — cultural, economic, environmental, and social — of a community. Sustainable thinking considers the connections between various elements of a healthy society, and implies a longer time span (i.e., in decades, instead of years).

T

Underlying cause of death: The disease or injury that initiated the train of events leading directly to death, or the circumstances of the accident or violence that produced the fatal injury.

V

Values: The fundamental principles and beliefs that guide a community-driven process. These are the central concepts that define how community members aspire to interact. The values provide a basis for action and communicate expectations for community participation.

Vision: A compelling and inspiring image of a desired and possible future that a community seeks to achieve.⁴ "Health visions state the ideal, establish a 'stretch,' link explicitly to strategies, inspire commitment, and draw out community values."⁵ "A vision expresses goals that are

worth striving for and appeals to ideals and values that are shared throughout the local public health system.

Vital Events: Live births, deaths, fetal deaths, marriages, divorces, and induced terminations of pregnancy, together with any change in civil status that may occur during an individual's lifetime.

Vital Statistics: Data derived from certificates and reports of birth, death, fetal death, induced termination of pregnancy, marriage, (divorce, dissolution of marriage, or annulment) and related reports.

Y

Years of Potential Life Lost (YPLL): This measure of premature mortality is the number of years between the age at death and age 65, that is, the number of years which are "lost" by persons who die before age 65.

Footnotes:

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² Winslow, Charles-Edward Amory, Man and Epidemics. Princeton, N.J.: Princeton University Press, 1952.

³ Bryson, John M. Strategic Planning for Public and Nonprofit Organizations. San Francisco: Jossey-Bass, 1989, p. 5.

⁴ Bezold, Clement, On Futures Thinking for Health and Health Care: Trends, Scenarios, Visions, and Strategies. Institute for Alternative Futures, Alexandria, VA: 1991.

⁵ Institute for Alternative Futures and the National Civic League. Creating Community Health Visions: A Guide for Local Leaders. Institute for Alternative Futures, Alexandria, VA: 1995

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APPENDIX