Yuma County
Community Health Improvement Plan

Background

Under the Patient Protection and Affordable Care Act, adopted on March 23, 2010, the Community Health Needs Assessment (CHNA) is a new requirement for 501(c)(3) designated hospitals. Effective for taxable years after March 23, 2012, hospitals must publicly disclose a CHNA plan and implementation strategy to maintain its 501(c)(3) status. The CHNA must be conducted every three years and is a plan developed through a collaborative process that defines a vision for the health of the community.

In 2011, the Internal Revenue Service (IRS) released Notice 2011-52, which provides guidelines for implementing the CHNA requirements for tax-exempt hospitals. Pursuant to these guidelines, Yuma Regional Medical Center partnered with our community to conduct the first CHNA in 2013. Findings from that process led to the formation of an Alliance for Healthy Communities and combined for a focused effort on four primary initiatives: Child & Family Health, Improving Access to Comprehensive Care, Prevention of Chronic Disease and Workplace Wellness. In June of 2016, the Alliance for Healthy Communities came together to evaluate past efforts and initiate the process for the second Community Health Needs Assessment. Results from that study, presented here within, were evaluated by the Alliance for Healthy Communities to develop the 2016 Community Health Improvement Plan (CHIP). The CHIP will set the community health collaborative initiatives for the next three years. The Alliance and its initiatives will satisfy the “implementation strategy” requirement that ensures that Yuma Regional Medical Center (YRMC) is responsive to the needs identified by the community.

As a member of the alliance, YRMC will ensure that its overall hospital Strategic Plan aligns with, and supports, the initiatives identified within the community health improvement process.

Description

The community health improvement process is composed of the Community Health Needs Assessment (CHNA) and the Community Health Improvement Plan (CHIP). The community health improvement process involves an ongoing collaborative, community – wide effort to identify, analyze, and address health problems. It also assists in setting priorities to coordinate and target resources as well as developing measurable health objectives and indicators.

The Community Health Needs Assessment is a process to evaluate the health of a community. It helps to assess the needs and perceptions of the community, and serves as a foundation for the required strategies that address those needs.

The Community Health Improvement Plan (CHIP) is a long-term, systematic effort to address public health problems in our community. It is based on the results of the CHNA and provides guidance to the hospital, its partners, and its stakeholders on improving the health of the community. The CHIP is also used by the Alliance of Healthy Communities to develop policies and define actions to target efforts that promote health.
Yuma Regional Medical Center conducted the updated CHNA using an eight-step approach. First, YRMC identified and engaged community stakeholders to ensure a collaborative approach. Second, the group defined what “community” is in Yuma County. Third, YRMC contracted HPSA Acumen, Inc. to create the Yuma County Community Health Needs Assessment. Fourth, YRMC partnered with the Alliance for Healthy Communities to host a collaborative engagement with key community stakeholders during which the group collectively reviewed the 2016 CHNA results. Community leaders, through facilitated work sessions, gathered to provide direction and prioritization on “Improving the Health of our Community.” As the fifth step, forum results were then published in a report that will be shared with community leaders and health partners as well as posted on the Yuma Regional Medical Center website for public sharing. Steps six and seven serve as the platform for community implementation of key strategies to improve overall health. Each strategy includes defined action plans with aligned outcome metrics to assess progress; this serves as the final step of the implementation pathway.

CHNA – Executive Summary

Yuma Regional Medical Center contracted HPSA Acumen, Inc. to conduct an updated Community Health Needs Assessment. Serving as the second CHNA, the 2016 assessment offers the opportunity to evaluate the systematic progress that has resulted since 2013. This knowledge serves as a guide for evaluating previously established initiatives and areas of improvement. The key findings included:

- Yuma County performed well on many health outcomes and showed improvement on its education levels despite its high incidence of poverty - the two factors that highly correlate with poor health outcomes.
- The community’s major health concerns are the rapid increase of diabetes and obesity rates. Deaths by diabetes are significantly higher for Yuma County compared to the state of Arizona. One-third of the population in Yuma County is obese.
- The need for primary care in Yuma County continues to be a concern.
- While there has been a significant increase of Medicaid (AHCCCS) coverage in the community during the last three years, Yuma County still has a high rate of uninsured population compared to the state and country.
- Additional areas of support include:
  - Sexually Transmitted Disease (STD): Thanks to the efforts of the community health partners rates are below state averages.
- Teen Pregnancy: Despite rates being cut in half since 2013, Yuma County’s teen pregnancy rate remains 26% higher than the national rate.
- Tuberculosis (TB): Yuma had the second highest rate of TB in the state which amounts to less than 20 cases a year. It was one of the top 10 morbidities the county faced. This along with a poor ranking, worst third in the state, make it a concern.

### Key Community Stake Holders – *Alliance for Healthy Communities*

On September 20, 2016 YRMC facilitated the Alliance for Healthy Communities partners for a special session to review the findings of the 2016 CHNA and engage in collective dialogue related to our opportunities to meet identified community needs.

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<tr>
<th>The Alliance for Healthy Communities key health partner stakeholders</th>
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<tr>
<td>John Williams</td>
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<td>David Rogers</td>
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<td>Diana Gomez</td>
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<td>Maria Chavoya</td>
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<td>Gina Whittington</td>
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<td>Amanda Aguirre</td>
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<td>Emma Torres</td>
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<td>Iris Betancourt</td>
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<td>Machele Headington</td>
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Implementation Plan – Improving the Health of our Community

After a collective review of the 2016 CHNA documents the alliance formed workgroups to further analyze opportunities identified within the Community Health Needs Assessment. Multi-agency teams then worked collaboratively to identify key areas of focus. The teams then reported out their findings to engage in further dialogue among key stakeholders. Individuals offered new insights as each team reported. Once all teams reported, the team used a nominal voting process to prioritize its top three (3) areas of focus which are obesity and diabetes, shortage of health providers and adequate health insurance coverage.

These initiatives, will serve as the primary direction for the 2016 Community Health Improvement Plan. Moreover, the group will serve as a bridge between the hospital, employers, local government, local military, private physicians, etc., and as a forum for communication and collaboration to ensure the project accomplishes its stated health promotion goals.

The vision of the Alliance is to make Yuma County the healthiest county in the nation. To create the environment to achieve our vision, we will focus on the following key areas:

### Obesity and Diabetes

- Focus on the major risk factors of poor nutrition, sedentary lifestyles, and obesity
- Establish life-long wellness choices
- Partner with providers to expand diabetes education and lifestyle coaching

Given the high percentage of persons in these categories efforts will target:
- Age 0 - 14 -- focus on prevention and early education facilitating early adoption of lifelong health habits.
- Age 65 - 84 -- this age cohort is highly impacted by costly affects of chronic disease; focus is on nutritional education and supportive services for a healthier lifestyle.

### Shortage of Health Providers

- Expand primary care services
- Recruit clinicians to meet community needs
- Partner with YRMC Residency Program

### Adequate Health Insurance Coverage

- Target uninsured high risk population with enrollment in Medicaid, MarketPlace and KidsCare
- Continued collaborative grassroots outreach to provide enrollment assistance
The Alliance for Healthy Communities will continue to serve as the primary steering committee. Sub-committees will be formed for each of the three (3) initiatives with each chair serving as a liaison connection to the Alliance steering committee. The Steering Committee will meet at least quarterly to guide the overall vision, coordinate community resources and implement action plans to improve outcomes.

**Vision, Guidelines, and Metrics**

The overarching vision of the project is for Yuma to become the healthiest community in the State within the next three years. Each committee, though given latitude in identifying their own objectives, will need to demonstrate specific outcome metrics and timelines for each objective. Additionally, committees are encouraged to seek innovative, collaborative solutions that bring about a focused shared resources approach.