THE UNIVERSITY OF ARIZONA
Arizona AHEC
Area Health Education Centers

2022 Interprofessional RHPP Conference Poster Winners

A Community Assessment of Yuma, Arizona

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Introduction

The purpose of this document is to highlight the strengths and resources of the city of Yuma along with its healthcare needs as identified by community leaders and Western Area Health Education Center (WAHEC) scholars of Arizona.

History and Culture

Yuma, Arizona was founded at a strategic crossing point of the Colorado River, a place long important to the native Quechan people. It became a thriving Old West port town during the 1800s, bringing together Americans, Mexicans, and indigenous peoples. Today Yuma is an important agricultural and military hub, housing U.S. service members and families and providing the bulk of the U.S.'s winter cabbage crop.

Source: USC Libraries

Methods

Data collection came made use of various municipal and federal resources. This includes census data, past community needs assessments, and the Yuma county health department.

Demographics

Population: 93,704 in 2019

Race	Percentage
White	70%
Hispanic/Latino	59%
Other	20.13%
Mixed Race	3.87%
Black	3.34%
Asian	1.85%
American Indian	0.79%

Residents Living in Poverty		
Yuma: 18.3%	Arizona: 12.6%	United States: 11.4%
Median Household Income		
Yuma: $47,900	Arizona: $58,945	United States: $62,843
Residents under the age of 18		
Yuma: 26.4%	Arizona: 22.5%	United States: 22.3%
Residents over the age of 65		
Yuma: 15.2%	Arizona: 18%	United States: 16.5%

Economics

- The major industrial players include agriculture, military and defense, and tourism.
- The largest private employer in Yuma is Yuma Regional Medical Center.
- Approximately 60% of Yuma City's population is within workforce age, defined as the ages 19 to 64, a figure that compares favorably to the County's 54%.
- As of November in the year 2021, the unemployment rate in Yuma (not seasonally adjusted) was 11.1% compared with Arizona's 3.9% (U.S. Bureau of Labor Statistics, 2022).

Communication

- Community sources: Yuma-specific television channels (Channels 72, 73), E-newsletter: *It's Happening, Yuma Sun* newspaper, social media, etc.
- Four main post offices: U.S. Post Office, Yuma Post Office, Yuma Foothills Post Office, and Yuma Marine Corps Air Station Post Office
- Limited DSL Internet providers with bi-annual coverage report of only 57,909 local connections

Community Health Resources

- **Yuma Regional Medical Center:** Developed an expansion of their services to meet the healthcare needs of the community, including Foothill and East County residents who have voiced the desire for better access to primary care services, closer to home
- **Health Center Program:** Provides healthcare services and funding to Sunset Community Health Center to address the healthcare provider shortage need. In return there has a been a corresponding growth in overall medical services and staff.
- **Exceptional Healthcare:** A Texas-based hospital group recognizing Yuma's shortage of healthcare facilities and professionals are strengthening the community's overall healthcare infrastructure by building a state of the art healthcare facility planned for Spring of 2022.

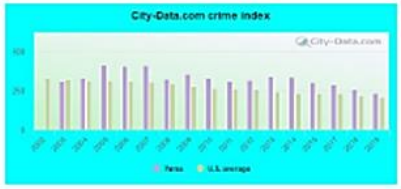
Health and Nutrition

- Over half of Yuma County is a food desert, meaning it has limited access to affordable and nutritious foods.
- In 2012, the obesity rate of Yuma County was 33.6%, a 40% increase from 2002.
- Yuma has a WIC program available for pregnant, breastfeeding, and postpartum women, infants, and children. It provides nutrition education, support, and supplemental foods.
- Yuma School District received a waiver from the United States Department of Agriculture allowing them to give all students free meals during the 2021-2022 school year, ensuring that all students will have two healthy meals every weekday.
- The school district has a nutrition & fitness website with resources for students, teachers, and parents. Students are encouraged to choose healthy foods through games and parents are encouraged to reinforce lifelong nutrition and fitness practices.

Environment

- Yuma is located in a rural area on the borders of California and Sonora, Mexico which lies South of the Gila River and east of the Colorado River.
- The agriculture industry represents an annual gross economic return of $3.2 billion, or more than one-third of Arizona's yearly total, where 230,000 acres of land are utilized for agriculture.
- Yuma air quality is impacted by international emissions as a rural border region. According to one case study, Yuma County has 95% less population, 91% fewer emissions, and 95% fewer vehicle miles traveled than Maricopa County. However, the City of Yuma has an average 74 ppb ozone design value nearly equal to that of Phoenix, Arizona, at 77 ppbv.

Safety and Transportation



While the crime index remains higher than 74.7% of other US cities, Yuma has demonstrated consistent improvement to crime rates in the last 10 years

Summary, Analysis and Results

Areas of Opportunity:

- Availability of mental health & healthcare services
- Reliable public transportation
- More resources in winter months with influx of snowbirds and migrant workers
- Healthy and affordable food
- Affordable housing
- Resources for those suffering from substance use disorder
- Increased obesity & diabetes
- Poverty & unemployment
- Safe drinking water
- Air quality division needed to reduce pollution and emissions

Strengths:

- Yuma Regional Medical Center
- Strong sense of community
- Infrastructure supporting outdoor activities
- Yuma Medical Center expansion to include women's services, pediatrics, & family health
- Local medical discount network CAPAZ-MEX
- WIC
- Health center program to to provide healthcare services & funding to Sunset Community Health Center
- Exceptional Health planned for establishment
- First multi-modal transportation center coming soon
- Free meals to children in school for the 2021-2022 school year

Conclusion

Due to its racial and economic disparities, lack of public transportation, and limited healthcare resources, Yuma needs assistance to improve its population health and create health equity. Increased access to healthcare services must be made available to Yuma residents. Through the assistance of grants, programs like WAHEC, and government funding, it is the hope of WAHEC that healthcare providers and services will be made available to mitigate the racial and economic disparities causing the gap in access to healthcare that plagues Yuma.

References

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Acknowledgements

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IDENTIFYING BARRIERS TO CERVICAL CANCER SCREENING IN RURAL WOMEN

Edson College of Nursing and Health Innovation
Arizona State University

Lacey Parkman, MSN, RN

Background

Problem

- 93% of cervical cancer cases preventable (Centers for Disease Control and Prevention [CDC], 2020)
- Cervical cancer primarily affects women 35 to 44 years old (American Cancer Society [ACS], 2021)

U.S. Annual Cervical Cancer Cases	U.S. Annual Cervical Cancer Mortality
14,500 (ACS, 2021)	4,290 (ACS, 2021)

Significance

- Federally Qualified Health Center (FQHC) in rural Northern Arizona cervical cancer screening rate is 78%
- Healthy People 2030 National Initiative's target cervical cancer screening rate is 84.3% (U.S. Department of Health and Human Services [USDHHS] & Office of Disease Prevention and Health Promotion [ODPHP], 2020)

Evidence Synthesis

- Evidence shows that identifying socioeconomic barriers unique to rural women can improve cervical cancer screening rates (Akinlotan et al., 2017; Atere-Roberts et al., 2020; Barrington et al., 2019; Binka et al., 2019, Falk et al., 2018; Hall et al., 2018; Liu et al., 2017; McGinnis et al., 2017; Megersa et al., 2020; Moss et al., 2017; Smith-Gagen et al., 2019; Wang et al., 2019; Weng et al., 2020; Yang et al., 2019).

Project Purpose

- Identifying barriers to routine cervical cancer screening unique to rural women

Methods

- **Institutional Review Board**: ASU exempt status approval
- **Setting**: A one-day event called, "See, Test, and Treat" hosted by the FQHC
- **Population:** Arizona women, uninsured, underinsured, 21 – 65 years old, English or Spanish speaking
- **Intervention:** An anonymous written intake survey identifying participant demographics, cervical cancer risk factor knowledge, and perceived socioeconomic barriers
- **Data Collection:** Intake survey
- **Data Analysis:** Descriptive statistics

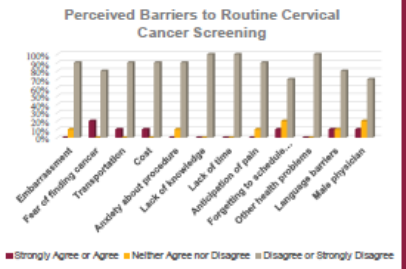
College of American Pathologists (2021) – "See, Test, and Treat" Advertisement Flyer

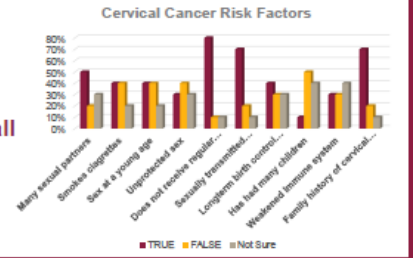
Results

- 18 survey responses, final yield (n = 10), with a mean age of 47.5

Participant Demographics

Variable	n	%
Marital Status		
Single	5	50.00
Married	3	30.00
Living with Partner	2	20.00
Race		
American Indian or Alaskan Native	2	20.00
White or Caucasian	5	50.00
Other	3	30.00
County		
Coconino	9	90.00
Yavapai	1	10.00
Education		
College	5	50.00
High School	2	20.00
Vocational College	1	10.00
Middle School	1	10.00
Graduate School	1	10.00
Insurance		
Private Insurance	3	30.00
Uninsured	7	70.00
Primary Language		
English	6	60.00
Spanish	4	40.00
Hispanic or Latino		
No	6	60.00
Yes	4	40.00





- Most participants disagreed with all identified socioeconomic barriers
- A lack of knowledge of cervical cancer risk factors was identified

Discussion

Strengths/Facilitators

- Intake survey applicable for all rural settings
- Surveys provided in-person and collected in one day

Limitations/Barriers

- Inclusion and exclusion criteria was limiting
- Surveys responses were self-reported, possibly influencing accuracy of responses
- Survey language needs revision to be more inclusive

Conclusions

Summary

- Survey identified a lack of knowledge regarding cervical cancer risk factors rather than participant perceived socioeconomic barriers to routine cervical cancer screening

Implications

- Routine well woman exams are an optimal time for healthcare professionals to provide cervical cancer education

Future Recommendations

- Development of evidence-based interventions to evaluate the impact of education on routine cervical cancer screening rates

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Improvement of Pediatric Vaccination Rates In a Rural Clinic Setting Amid COVID

College of Health & Human Services
School of Nursing
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Faculty Sponsor: Shelley Vaughn

Purpose of the Project

Implement evidence based clinic practices that will improve the clinic processes and staff confidence to address vaccination hesitancy and vaccination compliance in pediatric patients and contribute to a safer and healthier community by reducing vaccine preventable disease.

Problem

Multiple pandemic related reasons for falling behind on routine childhood vaccinations have been identified and include areas such as overwhelmed healthcare systems, inequalities in healthcare delivery, financial recession and job losses, long-term school closures, disruptions in transportation systems and travel restrictions as well as caregiver concern of exposure to COVID in medical settings (Olusanya, et al., 2021).

Patient Population

Pediatric patients in a rural family practice clinic

Review of the Literature

Clinical Question

Can providing education for clinic staff regarding incorporating practices and resources for chart review, caregiver education and engagement and the use of presumptive commination enhance vaccination compliance and bring patients that are behind up to date on their routine vaccinations?

Conclusion

The implementation of these practice may provide improved protection for the health of these patients individually from vaccine preventable diseases, as well the community via enhancing herd immunity.

A post presentation questionnaire was presented to staff post educational presentation. Key findings are summarized below.

- 100% of the clinic staff identified the correct example of presumptive education.
- 100% of the clinic staff identified correct charting procedures for vaccination refusal.
- 100% of the clinic staff either "agreed" or "strongly agreed" that practices and resources presented will be useful in improving their ability to communicate more knowledgeable with parents/caregivers regarding childhood vaccinations.

Proposed Best Practice

Incorporating Practices for Chart Review

Data maintenance in eClinicalWorks
- Assign a champion
- Delegate monthly queries in eClinicalWorks
- Utilize student resources

Promoting Caregiver Education and Engagement

Caregiver Education

"Vax Fax" binder for quick reference

Encouraging Engagement
- MyIRMobile app.
- Imbedded CDC links on clinic website

Improving Accessibility
- Infection control & cleanliness of rooms
- Drive-up / parking lot vaccinations
- Evening appointments

Patient Reminders

Creating appointments reminders in eClinicalWorks

Presumptive Commination
- CDC algorithm for communication with caregivers
- Refusal after algorithm:
  - CDC handout "If You Choose Not to Vaccinate Your Child, Understand the Risks and Responsibilities" handout
  - "AAP's Refusal to Vaccinate Form" should be signed and scanned into the patient's EMR

Setting

Rural primary care clinic in Payson, Arizona