2022 Interprofessional RHPP Conference
Poster Winners
A Community Assessment of Yuma, Arizona


Introduction
The purpose of this assessment 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 as 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 various service members and families and providing the bulk of the U.S. winter cabbage crop.

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

Demographics
Population: 93,714 in 2019

<table>
<thead>
<tr>
<th>Race</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>White</td>
<td>67%</td>
</tr>
<tr>
<td>Black</td>
<td>20%</td>
</tr>
<tr>
<td>Asian</td>
<td>10%</td>
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<tr>
<td>Hispanic</td>
<td>3%</td>
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<tr>
<td>Other</td>
<td>1%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>3%</td>
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<tr>
<td>American Indian</td>
<td>1%</td>
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Economics
- The major industrial areas 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 11.5%, compared with! Arizona’s 3.9% (U.S. Bureau of Labor Statistics, 2022).

Community Health Resources
- Yuma Regional Medical Center: Developed an expansion of their services to meet the healthcare needs of the community, including Foodbank and East County residents who have voiced the desire for better access to primary care services, closest to home.
- Health Center Programs: Provides healthcare services and funding to Sunset Community Health Center to address the healthcare provider shortage, in return there has 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 poverty 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 $2.2 billion, or more than one-third of Arizona’s yearly total, where 310,000 acres of land are utilized for agriculture.
- Yuma air quality is impacted by international emissions as a rural border region. According to one study, Yuma County has 35% less population, 91 fewer emissions, and 95 fewer vehicle miles traveled than Maricopa County. However, the City of Yuma has an average of more crimes in US values equal to that of Phoenix, Arizona, at 77 per 1,000.

Safety and Transportation
- While the crime index remains higher than 74% 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 diversity & knowledge
  - 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 CARAZ-MEX
- WIC
- Yuma Health Center program to provide healthcare services & funding to Sunset Community Health Center
- Exceptional Health planned for establishment
- Past multi-modal transportation center opening
- 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

Acknowledgements

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IDENTIFYING BARRIERS TO CERVICAL CANCER SCREENING IN RURAL WOMEN
Lacey Parkman, MSN, RN

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

<table>
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<tr>
<th>U.S. Annual Cervical Cancer Cases</th>
<th>U.S. Annual Cervical Cancer Mortality</th>
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<tr>
<td>14,500 (ACS, 2021)</td>
<td>4,290 (ACS, 2021)</td>
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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, 2020).

Evidence Synthesis
- Evidence shows that identifying socioeconomic barriers unique to rural women can improve cervical cancer screening rates (Alhabib et al., 2017; Abur-Rohman et al., 2020; Baergen et al., 2010; Binka et al., 2019; Felt et al., 2018; Hall et al., 2018; Lee et al., 2017; McGirrins et al., 2017; Mergans et al., 2020; Mesi et al., 2017; Smith-Gagen et al., 2019; Wang et al., 2019; Wang et al., 2020; Yang et al., 2019).

Project Purpose
- Identifying barriers to routine cervical cancer screening unique to rural women.
- Most participants disagreed with all identified socioeconomic barriers.
- A lack of knowledge of cervical cancer risk factors was identified.

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.

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

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.

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

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.

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?

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
  - "Vax Fax" binder for quick reference
  - Encouraging Engagement
    - MyIR Mobile app.
    - Embedded 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

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).

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.

Patient Population
Pediatric patients in a rural family practice clinic

Setting
Rural primary care clinic in Payson, Arizona

Review of the Literature

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