

**MATERNAL AND CHILD HEALTH NEEDS ASSESSMENT:
YUMA COUNTY, ARIZONA
2007**



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Maria Nuñez, Director of Nursing
Leigh Ann Howell, Nursing Supervisor
Mardi Weber, Maternal and Child Health Coordinator

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Introduction

As an integral part of the curriculum of Maternal and Child Health (CPH 586), a team of three graduate students from the University of Arizona's Mel and Enid Zuckerman College of Public Health conducted a needs assessment for Yuma County in the Fall semester of 2007. Amy Lofton, Phoebe Long, and Sarah Updegraff worked in collaboration with staff members at the Yuma County Health Department (YCHD) to assess the health needs and barriers to accessing care for the women, adolescents, and children of the county.

The assignment provided public health students the opportunity to gain practical experience in developing and executing a needs assessment while simultaneously learning about the health problems of the state of Arizona and services available to its residents. The intention of performing the needs assessment was not only to fulfill the requirements of the class assignment, but also to develop a thorough report that would benefit the YCHD, and subsequently the people of Yuma County.

Methodology

Work Scope

The target population for this assessment includes all women of childbearing age (15-45 years of age), infants, children, and adolescents residing in Yuma County.

The assessment of Maternal and Child Health included the following tasks:

- Assessment of the health status of the target population
- Inventory of resources available to the population
- Collection of perceptions of health providers regarding maternal, adolescent, and child health needs and barriers to care
- Collection of perceptions of residents regarding maternal, adolescent, and child health needs and barriers to care

Assessment of Health Status

Information on the health status of women of childbearing age, adolescents, and children of Yuma County was gathered using the most recent sources available, often from 2006. Health statistics were collected primarily from the Arizona Health Status and Vital Statistics annual reports. In order to assess how Yuma County is doing compared to the state and the nation, county statistics were then considered alongside statewide data and the measures delineated in Health People 2010. A list of resources used for data collection on health status can be found in Appendix .

Survey of Perceptions

Based on a preliminary assessment of health status and brief inventory of resources available to the population, we decided to focus on perceptions of health problems as well as possible barriers to care. Given Yuma County's designations as an HPSA, MUP, and AzMUA, we considered estimation of perceptions of barriers to care particularly relevant and essential to a complete assessment. Questionnaires were developed for health care providers and residents of the county.

After initial phone contact with Laura Hamilton, Deputy Director of Health Services at the Yuma County Health Department, we were referred to María Nuñez, Director of Nursing, to be our main contact person. Two group members traveled to Yuma for a meeting with Ms. Nuñez and Leigh Ann Howell, Nursing Supervisor at YCHD. During this meeting, we discussed the parameters and objectives of the project, defined our target population, and planned for the logistics of survey distribution and collection. We agreed to do a general assessment of health needs and, given the various limits on resources available to the entire population of Yuma County, barriers to having those needs met. The YCHD also requested that we add several questions about the services they provide, and community desire for Public Health service announcements. Overall, the meeting reinforced our desire that there would be strong collaboration between the county health department and our team, and that the target population, goals of the project, and survey distribution logistics

were clear. However, shortly after this meeting, we were informed that Mardi Weber, Maternal and Child Health Coordinator, would be responsible for the dissemination and collection of surveys to providers and residents. Since Ms. Weber was not present for the initial discussion of goals and target population, this may have unduly complicated the final survey distribution. For further discussion of the resulting complications, please see the section on Survey Evaluation.

Survey of Perceptions of Health Care Service Providers

A survey was designed and distributed to practicing physicians, nurse practitioners, registered nurses, and other health care service providers in Yuma County. The intent of this survey was to gauge providers' perceptions of the health concerns and barriers to care of the women, adolescents, and children of the county. A copy of the survey is included in Appendix C.

Survey participants were identified through Internet resources, and provider lists supplied by the MCH division of the Yuma County Health Department. Nine surveys were collected from participants in a Maternal and Child Health Committee meeting at the Yuma County Health Department (YCHD), along with members of the nursing staff at YCHD. Additionally, surveys were sent via fax and email to twelve medical groups serving the women, adolescents and children of Yuma County. Of the surveys distributed to these medical groups, none were returned. A list of surveys distributed and providers who submitted responses is included in Appendix C.

Survey of Perceptions of Yuma County Residents

A survey was also developed to assess community members' perceptions of their own health concerns and barriers to care. The resident questionnaires were available in both English and Spanish and were distributed to all patients at a flu clinic at the Yuma County Health Department. Patients were asked to fill out surveys on their own, and some surveys were not returned and others were returned not fully completed. In total, 63 resident surveys were returned and included in this needs assessment. A copy of the survey is included in Appendix C.

Survey Assessment

The statistical program STATA and Microsoft Excel were used to process the data collected from all surveys and to determine frequencies, percentages, and means. Each response was included for analysis. When specific segments of the sample were precluded from analysis, this is noted and explained. Questions left unanswered were designated as N/A, so as to acknowledge that the individual filled out the questionnaire, but neglected to answer the specific question. Questions that allowed for multiple responses were recorded in the raw data, and calculated differently from single response questions. Therefore, the numbers reflect the frequency of report of the given responses overall. Data tables are provided for each question and the graphs chosen reflect recommendations and goals of the needs assessment or particular points of discussion.

50.16%, Somerton by 49.12%, and Wellton by 15.91%⁵⁹. The high unemployment rate is partially attributed to the seasonal agricultural employment and tourism⁶².

About half of the documented population has a Hispanic heritage; the ethnicity of the county is 68.3% White, 2.2% African American, 1.6% Native American, 1.0% Asian/Pacific Islander, and 26.8% other. The distribution of ages in the county is as follows: <5: 8%, 5-14: 16.5%, 15-24: 14.6%, 25-44: 25.8%, 45-64: 18.8%, >65: 16.3%. The population density is 37.1 people per square-mile, compared to that of Arizona of 49.5 people per square-mile⁵².

Looking at basic county facts for Yuma, the unemployment rate is extremely high. While the unemployment rate of the state of Arizona is 4.2%, Yuma County has an unemployment rate of 14.6%. Focusing on the main populated areas of the county, the city of Yuma's unemployment rate is the lowest at 11.1%, and San Luis has the highest at 32%. This high rate does not incorporate the undocumented residents of Yuma County, so the actual rate is estimated to be much higher⁵¹.

Furthermore, the population in Yuma County is much poorer than the state of Arizona: 19.2% of the population in Yuma is documented as below 100% Federal Poverty Line (FPL), 26.9% below 125% FPL, 43.3% below 185% FPL, and 46.3% below 200% FPL. The rates of the state of Arizona are much lower respectively at 13.5 %, 19.2%, 33.7%, and 36.8%. The average annual income in Yuma County is \$34,300, while that of the state is \$40,800 ⁵⁰.

Due to the low economic standing of most people in Yuma County, it has a higher rate of AHCCCS and KidsCare enrollees than the rest of the states. 45,144, or 25.8% of residents were enrolled in AHCCCS, and 3,008 children, 5.4%, were enrolled in KidsCare. The respective percentages for the state of Arizona are 18% and 3.6%⁵³.

Immigration is a large issue that confounds any information collected, and complicates any needs assessment performed on the population of Yuma County. In 2006, nearly five and a half million border crossings were recorded at the San Luis, AZ Port of Entry. This number does not include all of the illegal and undocumented border crossings. The other main Port of Entry that affects Yuma County is Algodones, CA since it is only eight miles east of the county; and the number of border crossings is similar to those at San Luis. In 2005, there were 38, 749 documented foreign-born residents of Yuma County, and twenty-seven percent of those were naturalized citizens, and ninety percent of the foreign-born residents immigrated from Mexico. This accounted for twenty-four percent of the total documented population, compared to only thirteen percent of the state population being foreign-born¹.

The immigrant population would have a higher unemployment rate, lower wages, and less access to public resources and health care. Proposition 200, passed in 2005, further restricted their access to any state-provided resource. As of July 1, 2006, proof of United States citizenship must be provided in order to be eligible for public services provided by the state^{2, 56}.

Education

Yuma County has a much lower education rate than the rest of Arizona. 34.2% of the population over twenty-five years of age in Yuma County does not have a high school diploma, compared to 16.5% of the population of Arizona. Only 11.8% of the population over the age of twenty-five has a bachelor's degree or higher, which is about half the percentage for the state¹.

Yuma County has four colleges and universities of higher education. Arizona Western College (AWC), Yuma, Northern Arizona University (NAU), Yuma, Southern Illinois University, Yuma, and University of Phoenix, Yuma all have remote sites or campuses located in Yuma County⁶⁰.

Health Resources

The majority of health resources for Yuma County are located in the Southwest region of the county, which is the most populated area. This creates many barriers to access for residents who do not live near any of the major communities. There are bus systems within the main towns in Yuma County, but not for outlying communities⁶⁰. The fact that the population is mainly concentrated in the Southwest region not only affects those living outside of that region, but it also makes it difficult for health data to be collected from the rest of the county. Health profiles are only done on the three main cities: Yuma, San Luis, Somerton, and Wellton. It is important to note that this lack of access confounds most health statistics gathered for the county⁶¹.

Another important fact regarding health resources in Yuma County is that, as of 2003, it was designated as a health professional shortage area (HPSA) based on three criteria:

- " The area must be rational for delivery of health services
- A specified population-to-provider ratio representing shortage must be exceeded within the area as evidenced by more than 3,500 persons per physician (or 3,000 persons per physician if the area has "high needs")
- Health care resources in surrounding areas must be unavailable because of distance, overutilization or access barriers"⁴⁷.

It was also designated as a Federal Medically Underserved Population (MUP) and an Arizona Medically Underserved Area (AzMUA)¹.

In Yuma County had a population of 175,045 in 2003, but there were only 104 primary care physicians, forty-three dentists, six mental health providers, 211 nurse practitioners, thirty-six physicians assistants, and six certified nurse midwives. Of these providers, eighty-three primary care providers, thirty-five dentist, two mental health providers, 134 nurse practitioners, twenty-six physicians' assistants, and four midwives were located in the City of Yuma¹. The population has increased to nearly 200,000, about a twelve percent increase,

but the number of providers in the area has not increased proportionally. Therefore, Yuma County is still considered a HPSA, MUP, and AzMUA.

Along with the provider to population ratio, the number of health facilities in the area is extremely low. In 2003, there were only five sliding fee clinics, five school based clinics, two non-federal hospitals, and a total of 318 hospital bed capacity. The majority of these facilities were also located in the City of Yuma, including both of the hospitals¹.

The Yuma Regional Medical Center (YRMC) is the largest hospital including a maternal child health center featuring comfortable, private birthing rooms; a Level 2 NICU; and a pediatric unit. YRMC recently opened a new 6000 square foot location in the Foothills of the City of Yuma as well⁶⁰.

In 2000, an estimated twenty-nine percent of the population had no health insurance; twenty-six percent of children under the age of eighteen were uninsured¹. Due to the low economic standing of most people in Yuma County, it has a higher rate of AHCCCS and KidsCare enrollees than the rest of the states. 45,144, or 25.8% of residents were enrolled in AHCCCS, and 3,008 children, 5.4%, were enrolled in KidsCare. The respective percentages for the state of Arizona are 18% and 3.6%⁵¹. Yet, these percentages only apply to documented residents of the county, and, due to Proposition 200, applicants for AHCCCS and KidsCare must have proof of U.S. citizenship². Therefore, even legally documented immigrants of migrant workers are no longer eligible for these state-provided insurance programs.

In regards to the immigrant population, language is another barrier to health care they experience. Forty-four percent of Yuma County residents speak Spanish at home. Within this population, fifty percent report speaking English very well, twenty-one percent well, sixteen percent not well, and fourteen percent not at all¹.

Community Health Profile

Maternal and Child Health

Overall Observations

Maternal and Child health measures in Yuma County generally exceed the state measures overall. There are several measures that are notably higher or lower in Yuma County than in the state, including pregnancy, fertility, and birth rate, abortion rates, and teen pregnancy rates. Yuma County has a higher rate of infants admitted to the NICU, a lower rate of women giving birth who received prenatal care in the first trimester and a higher percentage of births are paid for by public sources ³¹.

Yuma County is near or below state rates on rate of births with complications of labor and/or delivery reported, births with medical risk factors reported, preterm births, births with abnormal conditions reported, low birth weight births, very low birth weight births, births with reported congenital anomalies, tobacco/alcohol use during pregnancy, primary and repeat cesarean section, and births to unmarried mothers (see Table 1 below or Appendix B, Table 24) ³¹.

Table 1: Rates of Occurrence for Selected Characteristics of Newborns and Mothers giving Birth (adapted from appendix B, table 24) ³¹.

Characteristics	Total Average of Counties (Arizona)	Yuma County
Births with complications of labor and/or delivery reported	27.6	24.3
Births with medical risk factors reported	27.4	8.3
Preterm births (Gest. Age <37 weeks)	10.6	8.7
Births with abnormal conditions reported	6.2	5.0
Low Birthweight births (<2,500 g)	7.1	5.8
Very Low Birthweight births (<1,500 g)	1.2	1.2
Births with congenital anomalies reported	0.9	0.5
Tobacco use during pregnancy	5.1	1.6
Alcohol use during pregnancy	0.6	0.2
Primary and Repeat cesarean delivery	26.0	26.6
Infants admitted to NICU	5.1	7.6
Women giving birth who received prenatal care in the 1 st trimester	77.7	60.6
Public sources of payment for birth	53.8	63.2
Births to unmarried mothers	43.9	43.8

- **Births with medical risk factors reported:** The Yuma County rate of births with medical risk factors reported is only at 8.3, compared with the state rate of 27.4 ³¹.

- **Tobacco/Alcohol use during pregnancy:** Yuma County has a rate of maternal tobacco and alcohol use that is almost three times lower than the state rate for these measures ³¹.
- **Preterm and low birth weight births:** In 2006, Yuma County had fewer preterm births and fewer lower birth weight babies per birth than the state ³¹. The Yuma county low-birth-weight rate has gone up slightly since 2005. The overall rate for very low birthweight is the same in Yuma County as in the state³¹. For information about the distribution of low-birthweight infants and low-birthweight risk by number of prenatal visits, see Appendix B: Table 15 ²².
- **Abortion Rates:** Abortion rates in Yuma County are much lower than in the state overall. Abortion rates in Yuma County were reported to be 2.2 per 1,000 females of childbearing age in 2006 (2.3% of pregnancies), compared to the state rate of 8.2 (9.3% of pregnancies) (see Appendix B, Table 1 for pregnancies and pregnancy rates by pregnancy outcome and county of residence) ⁸. The number of abortions increased from 28 in 2005 to 81 in 2006 ⁵⁹. The reported number of women having abortions per 1,000 women giving birth in 2006 was 103.0 in the state of Arizona, and 24.2 in Yuma County (the second lowest county in the state) (See Appendix B, Table 30 for more county statistics) ⁴². For more information about abortions by age group and county, number of abortions per county per year, abortions by race/ethnicity, marital status and education, and abortions by week of gestation see Appendix B Tables 29, 32, 33, and 34 ^{41,44, 45}.
- **Infant mortality rate:** In 2006, Yuma County had a lower infant mortality rate than the state ³². For details on trends in infant mortality by county, see Appendix B: Tables 39 and 35 ^{39, 40}. In 2006, the Yuma county infant mortality rate was 5.4 per 1,000 live births, which was lower than the state rate of 6.3 per 1,000 live births ⁵⁹. Congenital malformation of the brain and spinal cord, prematurity, maternal complications, RDS and SIDS were recorded causes of the 18 infant deaths in Yuma County in 2006 ⁵⁹.
- **Prenatal Care:** In 2006, Yuma County reported that 42% of pregnant women had 9-12 medical visits during the pregnancy, 23% had over 13 visits, 22.4% had 5-8 visits, 7.1% had 1-4 visits, and 4.9% had no medical visits during the pregnancy ⁵⁹. Compared with the state, Yuma County has almost twice the percentage of women receiving no prenatal care (see Table 2 below). The percentage of women receiving prenatal care in the first trimester in Yuma County is 60.6%, compared with the state percentage of 77.7% ¹⁴. There is a higher percent receiving prenatal care in the 2nd and 3rd trimester in Yuma County than in the state, indicating that more women in the county are having no or later prenatal care than in the state. See Appendix B, Table 8 for information on births by number of prenatal visits ¹⁵, and Appendix B, Table 7 for information about births by trimester of pregnancy prenatal care began for Arizona and all the counties ¹⁴.

Table 2: Births by trimester of pregnancy prenatal care begun, taken from Arizona Vital Statistics ¹⁴.

		Arizona	Yuma County
No Care	Count	2,401	166
	Percent	2.4	4.9
1 st trimester	Count	79,299	2,034
	Percent	77.7	60.6
2 nd trimester	Count	16,467	783
	Percent	16.1	23.3
3 rd trimester	Count	3,797	370
	Percent	3.7	11.0
Unknown	Count	78	1
	Percent	.1	.0

- **Payment of Care:** AHCCCS paid for 63% of the births in 2006, 32% by private insurance, 5% were self-pay, .2% were paid for by Indian Health Services, and 0.009% had unknown sources of payment for their birth. That leaves a 63.2% paid by public sources (AHCCCS and IHS) in Yuma and only 53.8% in the state (see Table 3 below, or Appendix B, Table 24) ³¹. Also, a higher percentage of low birth weight infants were paid for by AHCCCS in Yuma County than in the state (see Table 3 below, or for a full listing of total births and low birth weight by party paying for the delivery by County, see Appendix B, Table 14) ²¹.

Table 3: Numbers and Percentages of Total Births and Low Birth Weight by Party Paying for the Delivery, calculated from Arizona Vital Statistics ²¹

		Total	AHCCCS	IHS	Private Insurance	Self	Unknown
Arizona	<2,500 g	7266	3990	85	2852	265	74
	%	100	54.9	1.2	39.3	3.6	1.0
	2,500+ g	94764	49127	1703	40273	2807	854
	%	100	51.8	1.8	42.5	3.0	.9
	Unknown	12	4	0	3	2	3
	%	100	33.3	N/A	25.0	16.7	25.0
	Total	102042	53121	1788	43128	3074	931
	%	100	52.1	1.8	42.2	3.0	.9
Yuma County	<2,500 g	195	115	1	66	12	1
	%	100	59.0	.5	33.8	6.2	.5
	2,500+ g	3159	1999	4	997	157	2
	%	100	63.3	.1	31.6	5.0	.1
	Unknown	0	0	0	0	0	0
	%	0	0	0	0	0	0
	Total	3354	2114	5	1063	169	3
	%	100	63.0	.2	31.7	5.0	<.01

- **Pregnancy Rate:** Pregnancy rate is much higher in Yuma County than in the state ⁸. The total state pregnancy rate was 83.2 in 2005, while Yuma County was 90.2, which is the county in Arizona with the highest pregnancy rate ⁸.
- **Fertility Rate:** Fertility rate in Yuma county was also the highest in Arizona at 90.5 in 2006, compared with the state rate of 80.0 ⁸. The birth rate in Yuma county has declined every year since 2004 ⁵⁹.
- **Teen Pregnancy Rate:** Teen pregnancy rate in Yuma County has been declining since 1996; however, it still maintains the highest teen pregnancy rate in the state of Arizona (see Appendix B, Table 2 for a complete list) ⁹. Teen pregnancy rate for females under 19 years of age was still at 38.0 in 2006 ¹⁰. In 2006, the pregnancy rate per 1,000 females for women ages 10-17 years of age was 16.6 in Yuma county (tied for 2nd highest county in the state), and 15.1 in the state of Arizona ¹⁰. The 18-19 year old pregnancy rate was 122.8 per 1,000 females in Yuma County in 2006, compared with the state rate of 115.6 ¹⁰. Compared with other counties in Arizona, Yuma county had the highest teen pregnancy rate defined as females 19 years or younger, and in females 15-17, and in females 15-19 in 2006 ¹⁰. These data would suggest that teen pregnancy could be an important focus for the needs assessment, and future programming in Yuma County.

Maternal Characteristics

Race/Ethnicity

A majority (75%) of the 3,354 births recorded in 2006 were to Hispanic females. Non-Hispanic females accounted for 21% of the births, black females accounted for 1.6%, 1.2% to American Indian females, 1.75% to Asian or Pacific Islander females, and .15% of births were to females of unknown race ¹¹. For more information about the race/ethnicity of the mother by county, see Appendix B Table 4.

Low Birth Weight

A majority of low birth weight babies in Yuma County are to Hispanic/Latina women (see Table 4 below). Hispanic women in Yuma County account for 68.2% of all low birth weight births ¹⁹. In Arizona, although Hispanic/Latina women account for a majority of the low birth-weight births, the percentage is lower at 42.3% ¹⁹. For more information about low birth weight births by mother's race/ethnicity, see Appendix B, Table 12 ¹⁹. Yuma County has a larger population of Hispanic/Latino people in general than the state, which may account for this difference. The age group that had the largest percentage of low birth weight babies was 20-24 in both Yuma County and the state (see Table 5 below) ²⁰. For more information about age group and low birth weight babies, see Appendix B, Table 13 ²⁰. Appendix B, Table 17 ²⁴ contains information about number of births by gestational age and birth weight by mother's county of residence.

Table 4: Prevalence of Low Birth Weight Births by Mothers Race/Ethnicity, calculated from Arizona Vital Statistics ¹⁹

		Total	White non Hispanic	Hispanic or Latina	Black or African American	American Indian or Alaska Native	Asian or Pacific Islander	Unknown
AZ	%	100	39.8	42.3	6.7	6.5	3.7	1.0
	No.	7266	2891	3074	489	473	268	71
Yuma	%	100	22.1	68.2	4.6	1.0	3.1	1.0
	No.	195	43	133	9	2	6	2

Table 5: Prevalence and Number of Low Birth Weight Births by Mothers Age Group calculated from Arizona Vital Statistics ²⁰

		Total	<15	15-17	18-19	20-24	25-29	30-34	35-39	40-44	45+
AZ	%	100	.3	5.1	9.1	26.1	25.0	19.9	11.6	2.4	.4
	No.	7266	21	374	662	1897	1820	1443	845	176	28
Yuma	%	100	N/A	6.2	12.8	28.2	20.0	21.0	10.8	1.0	N/A
	No.	195	0	12	25	55	39	41	21	2	0

Marital Status

Of the recorded births in Yuma County in 2006, 55% were to married women, 44% were to single women, and 1.2% had unknown marital status ¹⁷. Yuma County had a higher prevalence of births to unwed mothers in age groups 15-17, 18-19, and 40-44 according to Arizona vital statistics (see Table 6 below) ¹⁷. For more information about birth rate to unwed mothers and age group, see Appendix B, Table 10.

Table 6: Birth Rate to Unwed Mothers by Age Group calculated from Arizona Vital Statistics ¹⁷

	<15	15-17	18-19	20-24	25-29	30-34	35-39	40-44	45+	Un-known
Arizona	.37	9.2	15.0	37.1	21.8	10.7	4.6	1.1	.06	.00004
Yuma County	.27	11.0	18.0	36.7	19.8	8.7	4.0	1.4	.07	N/A

Yuma County also had a much higher prevalence of unwed mothers who are Hispanic or Latina than the state (see Table 7 below). This could be a reflection of the differing demographics, as there is a higher prevalence of Hispanic/Latina people living in Yuma County than in the state overall. More information on births to unwed mothers by race/ethnicity can be found in Appendix B, Table 11.

Table 7: Prevalence of births to unwed mothers by race/ethnicity: calculated from Arizona Vital statistics¹⁸

	Race/ethnicity					
	White non-Hispanic	Hispanic or Latina	Black or African American	American Indian or Alaskan Native	Asian or Pacific islander	Unknown
Arizona	26.6	55.6	5.4	10.6	1.1	.6
Yuma County	12.7	82.2	2.0	1.7	.6	.07

Prenatal Care

Yuma had a lower average of prenatal visits than the state, regardless of marital status (see Table 8 below or Appendix B, Table 16)²³. White mothers received a similar average number of prenatal care visits in Yuma County as the state, while Hispanic or Latina women received a lower average number of prenatal care visits in Yuma when compared with the state²³. Since all other ethnicities had higher or roughly equal number of prenatal care visits, this implies that the drop in average number of visits in the Hispanic/Latina group has the most impact on the overall average of Yuma County being below that of the state. Also interesting is the fact that those babies in Yuma County who had 42+ weeks of gestation had the lowest average number of prenatal care visits (see Table 8).

Table 8: Average number of prenatal visits during pregnancy according to characteristics of newborn and mothers giving birth, taken from Arizona Vital Statistics²³

		Arizona	Yuma County
Marital Status	Married	11.5	10.9
	Unmarried	10.3	9.4
Payee for births	AHCCCS	10.3	9.5
	HIS	8.8	7.3
	Private Ins	12.0	11.8
	Self	10.1	7.5
Mothers Race/Ethnicity	White/Non-Hispanic	11.7	11.7
	Hispanic or Latino	10.5	9.7
	Black or African American	11.0	11.6
	American Indian or Alaska Native	9.7	9.8
	Asian or Pacific Islander	11.5	11.2
Length of Gestation	<37 Weeks	10.1	9.3
	37-41 Weeks	11.1	10.3
	42+ Weeks	11.2	6.4
	Unknown	11.9	0.0
Weight at Birth	<2,500 grams	10.1	9.7
	2,500 grams +	11.0	10.2
Newborn Intensive Care	Yes	10.4	9.6
	No	11.0	10.3
Total		11.0	10.2

Birth Rate

Yuma County had a higher birth rate for the 15-17, 18-19, and 20-24 age groups when compared with the state. The largest majority of the births in Arizona were to women between the ages of 25-29 ¹². For Yuma County, the majority of births were to women ages 20-24 ¹² (see Table 9 below). Yuma County had 74.4% of all births to Hispanic/Latina women, and Arizona had only 44.0% ¹³. This is reflective of the race/ethnicity differences found between the county and the state. For more information on birth rate by age and race of the mother and county, see Appendix B Table 5 and 6.

Table 9: Birth rate (%) by Mother's age group for race/ethnicity; calculated from Arizona Vital statistics ^{12, 13}

Age group	ethnicity	Total	<15	15-17	18-19	20-24	25-29	30-34	35-39	40-44	45+	Unknown
AZ	Total	100	.17	4.4	8.1	27.7	28.0	19.9	9.7	2.0	.12	<.0001
	White	42.1	.04	1.2	5.4	24.1	30.6	23.0	12.3	2.4	.2	.002
	Hisp. or Latina	44.0	.03	6.5	10.5	31.1	26.1	16.9	7.1	1.5	.06	.002
	Black or African American	3.8	.18	4.8	10.5	32.5	25.8	16.7	7.8	1.5	.10	N/A
	Am Indn/Alsk Ntv	6.2	.30	6.8	12.1	32.6	24.7	14.5	7.2	2.0	.03	N/A
	Asian or Pacific Islander	3.1	.03	.89	2.0	13.6	29.8	34.4	16.3	2.8	.22	N/A
	Other	.8	.12	3.7	3.6	22.4	27.0	21.9	14.3	5.0	1.6	.25
Yuma	Total	100	.15	5.58	10.8	31.3	25.5	17.4	7.16	2.03	.06	N/A
	White	20.8	N/A	2.6	9.6	33.0	26.4	20.5	5.9	1.7	.14	N/A
	Hisp. or Latina	74.4	.20	6.7	11.4	30.8	24.9	16.3	7.5	2.1	.04	N/A
	Black or African American	1.7	N/A	1.8	5.4	44.6	23.2	14.3	10.7	N/A	N/A	N/A
	Am Indn/Alsk Ntv	1.2	N/A	2.4	12.2	39.0	31.7	14.6	N/A	N/A	N/A	N/A
	Asian or Pacific Islander	1.8	N/A	N/A	3.4	15.3	35.6	32.2	8.5	5.1	N/A	N/A
	Other	.15	N/A	N/A	20.0	20.0	40.0	20.0	N/A	N/A	N/A	N/A

Maternal Education

When comparing Yuma County to the state, Yuma has a lower percentage of mothers who have less than 8 years of education, but a higher percentage that have 8 years (6%), 9-11 years (22.8%), and 12 years (38.7%). The state has 33.2% of mothers who have achieved 13-16 years of education, while Yuma County has only 19.4%¹⁶. Yuma County and the state are similar in percentages of mothers who have completed 17 or more years of school (see Table 10). It is interesting to note that Yuma County has a higher percentage of mothers who have completed 12 years of school than the state as a whole. Appendix B, Table 9 contains more information on the counties for these measures¹⁶.

Table 10: Number and Percentage of Births by Mother's Education calculated from Arizona Vital Statistics¹⁶

		Total	<8	8	9-11	12	13-16	17+	Unknown
AZ	%	100	5.6	2.6	20.3	29.8	33.2	7.5	1.0
	Cum %		5.6	8.2	28.5	58.3	91.5	99.0	100
	No.	102042	5769	2632	20746	30379	33840	7609	1067
Yuma	%	100	4.9	6.0	22.8	38.7	19.4	8.1	.1
	Cum %		4.9	10.9	33.7	72.4	91.8	99.9	100
	No.	3354	165	202	765	1297	651	271	3

Medical and Other Risk Factors of Mothers

There were a total of 279 mothers reported to have medical or other risk factors in 2006. Of these, the most common identifiable complications were hypertension (81 mothers, or 29% of all births with medical or other risk factors), diabetes (66 mothers, or 23.6% of all births with medical or other risk factors), and "other", which accounted for 38.4% (107 mothers) of all births with medical or other risk factors. A similar pattern also appears in the state statistics²⁶.

Arizona had 341 pregnant women who reported drinking but not smoking (.3%), 4,931 who reported smoking but not drinking (4.8%), and 294 who reported smoking and drinking during pregnancy (.3%). A majority (94.5%) reported no substance use during their pregnancy²⁶.

There were three pregnant women who reported drinking but not smoking (.09%), three who reported smoking and drinking (.09%), and 50 who reported smoking but not drinking (1.5%) in Yuma County in 2006. A majority (98%) reported no substance use during their pregnancy, which is higher than the state percentage. Yuma County is exceeding the state percentages on all measures of substance use during pregnancy (see Appendix B, Table 19)²⁶.

Birth Outcomes

Labor and Delivery

Obstetric procedures and methods of delivery in Yuma County are very similar to those found in the state. In Yuma County, 99.4% of all births received electronic fetal monitoring, compared with 92.2% in the state ²⁷. Of all births in Yuma County, 98.1% received an ultrasound, while only 68.4% of the births in the state received an ultrasound ²⁷. Vaginal births accounted for 72.9% of all births, and primary and repeat c-sections accounted for 26.6% of all births in Yuma County ²⁷. The state reported that 73.4% of all births were vaginal, and 26% were primary or repeat c-sections (see Appendix B Table 20 for information by county 5B-26)²⁷.

Yuma County reported a total of 816 complications of labor and delivery in 2006 ²⁸. Meconium accounted for 22.2% of all complications (181 reported), breech malpresentation accounted for 14% (114 reported), fetal distress accounted for 23% (188 reported), and the largest majority was accounted for by the category "other" (47.5%) ²⁸. The state reported 28,199 complications of labor and delivery in 2006 ²⁸. Of these complications, 4617 were accounted for by meconium (16.4%), 3,191 by breech malpresentation (11.3%), 3127 by fetal distress (11.1%), and the largest majority, 15,266 (54.1%), by the category "other" ²⁸. For more information by county, see Appendix B, Table 21.

Newborn Health

Yuma reported 254 newborns admitted to the NICU in 2006, 56.7% of which were admitted preterm (<37 weeks), of which 70.8% were also low birth weight (less than 2,500 grams) ²⁵. For more information by county, see Appendix B, Table 18.

Yuma County reported a total of 169 newborns born with abnormal conditions in 2006 ²⁹. Of these, the largest identifiable condition (with the exception of "other") was assisted ventilation for 30 minutes or more (64.5%) ²⁹. The state reported 6,361 newborns born with abnormal conditions, of which only 462 (7.3%) reported needing assisted ventilation for 30 minutes or more, and only 1,266 (19.9%) reported needing assisted ventilation for 30 minutes or less ²⁹. Yuma County was the highest reported county for newborns with abnormal conditions needing assisted ventilation for 30 minutes or more (see Appendix B, Table 29 5B-28) ²⁹. In Yuma County, 17 births were listed with congenital anomalies on the birth certificate, the most common "other" (29.4%), Down syndrome (23.5%), and other respiratory/circulatory anomalies (17.6%) ³⁰. For the state, 870 birth certificates were listed with congenital anomalies, also with the most common of all listed congenital anomalies listed as "other" (14.3%) ³⁰. The next most common in the state were cleft palate (6.2%), and Down syndrome (6.0%) ³⁰. For information by county, see Appendix B, Table 30. Yuma County's statistics may fluctuate more than state statistics due to the small number of births in each category.

Fetal death rates have been generally declining in the state from 2000-2006 ³⁵. In 2006, Yuma County fetal death rate was much lower than the state, but in 2005, it was much higher ³⁵. Yuma County fetal death rates seem to vary a great deal by year, probably

because the number of fetal deaths in Yuma County is so small (see Appendix B, Table 27). For information on reportable spontaneous fetal losses by gestation age and weight, see Appendix B, table 34 and for those measures in terms of mother's race and sex of the child, see Appendix B, Table 28 ^{34, 36}.

Trends in Birth Defects

Yuma County has had a smaller percentage of live births born with birth defects than the state consistently. Many other measures relating to birth defects have high variability in Yuma County, probably because the numbers are so low (some rates are calculated based on one or two births in the specific category). Overall, birth defect rates seem to be going down over time (see Table 11 below).

Table 11: Trends in Birth Defects ³

		1994	1997	1998	1999	2000
% of all live births born w/ birth defects	Arizona	1.78	1.77	1.78	1.76	1.79
	Yuma County	1.56	1.57	1.60	1.61	1.46
% of stillborns born w/ birth defects	Arizona	9.86	10.52	8.4	8.43	11.18
	Yuma County	25.00	4.35	9.09	15.79	18.18
% live borns and still borns with birth defects	Arizona	1.84	1.84	1.84	1.81	1.87
	Yuma County	1.72	1.59	1.63	1.70	1.59
Average # per child of number of defects in live-born infants	Arizona	1.61	1.66	1.31	1.29	1.29
	Yuma	1.53	1.51	1.38	1.13	1.30
Average # per child of number of defects in stillborn infants	Arizona	1.64	1.85	1.6	1.51	1.39
	Yuma County	2.00	2.00	1.0	2.67	1.00

Arizona had 885 cases of neural tube defects between 1986 and 2000 ⁴. The rate for neural tube defects was reported as 8.30 ⁴. For Yuma County, there have been 19 reported cases of neural tube defects from 1986-2000, with a rate of 9.35 ⁴.

Arizona also reported 417 cases of gastroschistis from 1986-2000, with a rate of 3.91 ⁵. Yuma County reported 15 cases with a rate of 3.79, which is slightly lower than the state ⁵. Yuma County reported a rate of 1.01 for Omphalocele, compared with the state rate of 2.09 between 1986-2000 ⁶. The state rate for heart defects during that same time period was 64.86, compared with the Yuma County rate of 59.63 ⁷. For information on neural tube defects by county, see Appendix B, Table 40, 41, 42, and 43.

Maternal and Child Health Indices and Healthy People 2010

For maternal and child health indexes, according to Arizona vital statistics reports for 2006, Yuma County is at or below the Healthy People 2010 guideline for fetal death at 20 or more weeks gestation, and infant mortality. Although Yuma County has several measures which are targeted for improvement, the statistics for Yuma County are closer to the Healthy People 2010 guidelines than the Arizona state statistics are on several measures. The only measures in which Yuma County was farther from the HP 2010 target than the state were the following: proportion of pregnant women who receive prenatal care, and teen pregnancy rates (see Table 12 below).

Table 12: Maternal and Child Health Index

Maternal and Child Health indexes	Healthy People 2010	Arizona	Yuma County
Infant mortality, 2006	6.0	6.3	5.4
Fetal deaths at 20 or more weeks of gestation, 2006	4.1	5.3	3.6
Fetal and infant deaths during the perinatal period, 2006	4.5	5.9	4.8
Neonatal mortality, 2006	2.9	4.3	3.9
Postneonatal mortality, 2006	1.2	2.0	1.5
Proportion of pregnant women who receive prenatal care in the first trimester, 2006	90%	77.7%	60.6%
Low birth weight rate (under 2,500 grams per 1,000 live births), 2006	NA	71.0	58.0
Low Birth Weight, 2006	5.0%	7.1%	5.8%
Very Low Birth Weight, 2006	0.9%	1.2%	1.2%
Preterm Births, 2006	7.6%	10.6%	8.7%
Abstinence from Cigarette smoking in pregnant women, 2006	99.0%	94.9%	98.4%
Abortion Rate, 2005	NA	8.1	.8
% pregnancies ending in abortion, 2005	NA	9.8%	.8%
Teen pregnancy rate per 1,000 females aged 15-19, 2005	NA	72.0	76.1
Teen pregnancies (per 1,000 females under 19 years of age), 2006	25.0	34.1	38.0 (highest county in the state)

Maternal and Child Health Trends

The fertility rate and birth rate in Yuma County have been steadily declining since 1997 ⁴⁹. The teen pregnancy rate in Arizona went up in 1998, dipped back down in 1999, and back up again in 2000, with the most recent drop being in 2001 (see Table 13 below) ⁴⁹. Likewise, the teen pregnancy rate in Yuma County also has varied a bit since 1997, with the 2001 statistic being lower than 2000 ⁴⁹. The low-birth weight rate in Arizona has remained fairly steady since 1997, but has been increasing since 1997 in Yuma County and then seems to have nearly leveled out (a very slight drop) ⁴⁹. Infant mortality rate, although declining steadily in Arizona, has been steadily rising in Yuma County since 1997 ⁴⁹.

Table 13: Maternal and Child Health Trends 1997-2001 ⁴⁹

		1997	1998	1999	2000	2001
Female population of childbearing age	Arizona	992,919	1,010,600	1,045,925	1,084,634	1,121,957
	Yuma County	26,846	27,347	27,453	30,821	31,768
Fertility Rate (Number of Live births per 1,000 Women of Childbearing age)	Arizona	76.1	77.1	77.0	78.4	76.0
	Yuma County	106.6	102.9	103.5	97.6	94.4
Number of Births per county of residence	Arizona	75,563	77,940	80,505	84,988	85,213
	Yuma County	2,861	2,815	2,841	3,007	3,000
Birth Rate (Number of live births per 1,000 population)	Arizona	16.4	16.5	16.3	16.6	16.1
	Yuma County	22.3	21.4	20.3	18.8	18.2
Teen Pregnancy Rate (Number of pregnancies per 1,000 females aged 15-19)	Arizona	77.1	80.3	73.0	79.1	72.0
	Yuma County	85.2	81.4	74.5	88.4	76.1
Low Birth Weight Rate (Number of births under 2,500 grams per 1,000 live births)	Arizona	69.2	68.2	70.2	71.8	69.7
	Yuma County	46.5	55.8	59.1	59.5	58.0
Infant Mortality Rate (Number of infant deaths per 1,000 live births)	Arizona	7.2	7.6	6.8	6.7	6.9
	Yuma County	3.1	7.5	6.3	5.3	8.3

Table 14: Trends in Comparative Birth Rate per 1000 Population ⁸

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Yuma County	22.3	21.4	20.3	18.8	18.2	18.1	18.2	18.3	17.4	17.2
Arizona	16.4	16.5	16.3	16.6	16.1	16.0	16.1	16.0	15.8	16.4

The birth rate in Yuma County has been steadily declining since 1997 ⁸. Even though it climbed slightly between 2002 and 2004, it declined again in 2005 and 2006 ⁸. The Arizona birthrate has increased between 2005 and 2006, but before that seems to be fairly stable at around 16 births per 1,000 population.

Teenage pregnancy has been declining in general in Yuma County, and in the state since 1996 (see Table 15 below). There was a slight jump up in teen pregnancy rate between 2001 and 2004 in Yuma County in all age groups of teenage pregnancy, but it has been declining since then and the overall trend downward.

Table 15: Trends in Teenage Pregnancy State and Yuma County, from Arizona vital statistics (per 1,000 females) ¹⁰

		1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Pregnancy rates in females ≤ 19 years old	Arizona	45.4	43.8	45.8	42.7	39.5	36.0	35.2	34.5	34.6	32.7	34.1
	Yuma County	50.1	48.6	46.6	46.3	42.0	36.7	38.8	40.6	42.1	37.0	38.0
Pregnancy rates in females 18-19 years old	Arizona	141.6	139.3	142.1	137.6	135.8	113.2	111.1	108.2	108.7	103.6	115.6
	Yuma County	157.1	168.4	156.6	151.7	149.8	130.8	133.4	134.2	135.6	122.2	122.8
Pregnancy rates in females 10-17 years old	Arizona	23.0	22.0	22.7	19.9	18.4	16.5	16.1	15.9	15.9	14.8	15.1
	Yuma County	26.8	23.5	22.9	20.9	17.5	15.3	17.3	19.3	20.4	17.1	16.6

Many Yuma County statistics are unavailable, including information about special-needs populations (infants and children), breastfeeding, immunization rates, and hearing screening, childhood obesity, and other statistics found in the maternal and child health measures for the state.

Title V Maternal and Child Health Measures⁵⁸

National Performance Measures

- The Arizona State percentage of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs was 100% in 2006, which met the State 2011 goal of 100%. Data for Yuma County were not available.
- The Arizona State percentage of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive (CSHCN survey) was 51.4% in 2006, and the State 2011 goal for this measure is 59%. Data for Yuma County were not available.
- The Arizona State percentage of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home (CSHCN Survey) was 50.5% in 2006 and the State 2011 goal is 54%. Data for Yuma County were not available.
- The Arizona State percentage of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need (CSHCN Survey) was 60.8% in 2006, coming very close to the State 2011 goal of 61%. Data for Yuma County were not available.
- The Arizona State percentage of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily (CSHCN Survey) was 70.9% in 2006, and the State 2011 goal is 78%. Data for Yuma County were not available.
- The Arizona State percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence was 5.8% in 2006, very close to the State 2011 goal of 6%. Data for Yuma County were not available.
- The Arizona State percentage of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diptheria, Tetanus, Pertussis, Haemophilus, Influenza, and Hepatitis B was 79.2% in 2006, which is close to the State goal 2011 of 80%. Data for Yuma County were not available.
- The Arizona State rate of birth (per 1,000) for teenager aged 15 through 17 years was reported to be 34.1 in 2006, exceeding the State 2011 goal of 32. The teen pregnancy rate for teenagers aged 15 through 17 years in Yuma County was 43.2.
- The Arizona State Percentage of third grade children who have received protective sealants on at least one permanent molar tooth was 36.2% in 2006, and the State 2011 goal is 37%. Data for Yuma County were not available.

- The Arizona State rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children was 4.2 in 2006. The State 2011 goal is 3.5. Data for Yuma County were not available.
- The Arizona State percentage of mothers who breastfeed their infants at 6 months of age was 36.8% in 2006. The State 2011 goal is 39%. Data for Yuma County were not available.
- The Arizona State percentage of newborns who have been screened for hearing before hospital discharge was 96.3% in 2006, and the State 2011 goal is 99%. Data for Yuma County were not available.
- The Arizona State percentage of children without health insurance was 16.7% in 2006. The State 2011 goal for this measure is 15.7%. Data for Yuma County were not available.
- The Arizona State percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile was 35.6% in 2006. The State 2011 goal for this measure is 34%. Data for Yuma County were not available.
- The Arizona State percentage of women who smoke in the last three months of pregnancy was 5.1% in 2006. The State 2011 goal for this measure is 4%. Data for this specific measure in Yuma County were not available; however, Arizona vital statistics reports that 98.4% of pregnant women were reported to be abstinent from cigarette smoking in 2006, which exceeds the Arizona percentage of 94.9%. At the same time, neither Yuma County nor the state is yet meeting the Healthy People 2010 goal of 99%. In 2006, Arizona Vital statistics reported that 1.6% of pregnant women in Yuma County reported to have smoked during their pregnancy (53 total women), compared with the state response of 5.1% (5225 total women)²⁶.
- The Arizona State rate (per 100,000) of suicide deaths among youths aged 15 through 19 was reported as 14.1 in MCH measure ⁴⁹, and reported as 13 by Arizona vital statistics in 2006 ³². The State 2011 goal for this measure is 10. According to Arizona vital statistics, the Yuma County rate for this measure was 6.5 in 2006, much lower than the state and the 2011 goal for the state.
- The Arizona State percentage of very low birth weight infants delivered at facilities for high-risk deliveries and neonates was 77.6% in 2006. The State 2011 goal is 84%. Data for Yuma County were not available on this particular measure, although Yuma County has a lower percentage of low and very low birth weight infants in general than the state.
- The Arizona State percentage of infants born to pregnant women receiving prenatal care beginning in the first trimester was 77.7% in 2006. The State 2011 goal is 80%. The Yuma County percentage measure for 2006 was 60.6, which is much lower than both the state and the state goal.

National Outcome Measures

- The Arizona State infant mortality rate per 1,000 live births in 2006 was reported to be 6.8 by MCH measures⁴⁹, and 6.3 reported by Arizona vital statistics. The State 2011 goal is 6.1. According to Arizona vital statistics, the infant mortality rate in Yuma County was 5.4 in 2006, which is lower than the state and than the State 2011 goal.
- The Arizona State ratio of the black infant mortality rate to the white infant mortality rate was 2.1 in 2006. The State 2011 goal is to reduce this disparity to 1.8. Data for Yuma County were not available.
- The Arizona State neonatal mortality rate per 1,000 live births was reported to be 4.4 by MCH measures⁴⁹ and 4.3 by Arizona vital statistics in 2006, which approaches the State 2011 goal of 4, but does not reach the Healthy People 2010 goal of 2.9. According to Arizona vital statistics, the neonatal mortality rate for Yuma County was 3.9, which meets the State 2011 goal state but not the Healthy People 2010 goal.
- The Arizona State post neonatal mortality rate per 1,000 live births was reported to be 2.4 by MCH measures and 2.0 by Arizona vital statistics in 2006. The State 2010 goal is 2.0. Arizona vital statistics reports the Yuma County post neonatal mortality rate to be 1.5 in 2006. The Healthy People 2010 goal is 1.2. Yuma County, therefore, is exceeding the state statistics and 2011 goals, but is not yet meeting the Health People 2010 goal.
- The Arizona State perinatal mortality rate per 1,000 live births plus fetal deaths was reported to be 6.1 in 2006. The State 2011 goal is 5.8. Data were not available for Yuma County.
- The Arizona State child death rate per 100,000 children aged 1 through 14 was 22.7 in 2006. The State 2011 goal is 22. Data were not available for Yuma County.

State Performance Measures

- The Arizona State proportion of low-income women who receive reproductive health/family planning services was 49.2% in 2006, which is nearing the State 2011 goal of 51%. Data were not available for Yuma County.
- The Arizona State percentage of high school students who are overweight or at-risk for overweight was 25.5% in 2006. The State 2011 goal is 24. Data were not available for Yuma County.
- The Arizona State percentage of preventable fetal and infant deaths out of all fetal and infant deaths was 25.8% in 2006, which is nearing the State 2011 goal of 31%. Data were not available for Yuma County.
- There were 7,174.4 emergency department visits for unintentional injuries per 100,000 children age 1-14 in 2006. The State 2011 goal is 7476. Data were not available on this

specific measure for Yuma County, however Yuma County's total emergency department visits for all reasons was reported to be 40,072 by Arizona Vital Statistics. Injury and poisoning was listed as the category with the largest number of emergency room visits at 9,688 ³⁷. The largest number of emergency room visits by leading diagnosis group was listed as abdominal pain ³⁸. For a list of emergency room visits by diagnosis group and number, see Appendix B, Tables 37 and 38.

- Arizona reported 47.2% of women entering prenatal care during their first trimester in underserved primary care areas in 2006, which exceeds the State 2011 goal of 46%. This specific measure was not available for Yuma County, but according to Arizona vital statistics, 60.6% of all women in Yuma County were reported to have received prenatal care during their first trimester.
- Arizona reported that 30.9% of Medicaid enrollees age 1-18 who received at least one preventive dental service within the last year in 2006. The State 2011 goal is to increase to 44.5%. Data were not available for Yuma County.
- Arizona had 93.3% of parents and youth participating with state agencies in community development initiatives that completed the Parent Youth Leadership Training, which exceeded the State 2011 goal of 90%. Data were not available for Yuma County.

Other Community Health Observations

Youth

The suicide rate for adolescents 15 to 19 years of age was reported to be 17.6 in Yuma County, which is lower than the state rate of 24.5. Neither one is yet meeting the 2010 goal of 10.0 ³².

Infectious disease

Hepatitis A rates were also much higher in Yuma when compared with the state ³². Yuma had the second highest rate in the state at 6.1 in 2006, and the state rate was 2.9 ³².

Hepatitis B and C were reported as a much lower rate than the state overall. These data show that Hepatitis A is a public health concern in Yuma County, although Hepatitis B has not yet been eliminated (XXXXXX). Yuma County also had the highest rate of meningococcal disease in the state, at 2.6, which does not meet the 2010 target ³². The state rate of meningococcal disease is 0.3.

Yuma County also had the highest TB rate in the state, at 26.5 in 2006. State rate for TB was 5.0 in 2006 ³². The healthy people 2000 goal was 3.5, and the healthy people 2010 goal was 1.0. Genital herpes, Hepatitis C in Yuma County are much lower rates than they are in the state of Arizona.

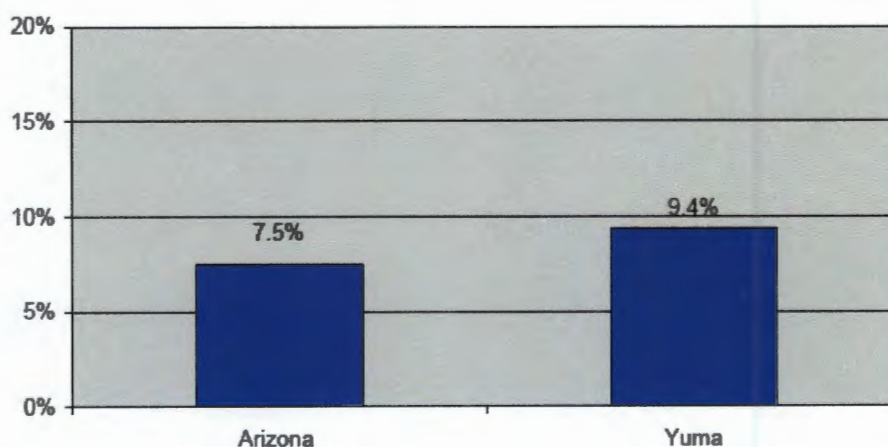
Diabetes

Diabetes-related death rates in 2006 were much higher in Yuma County than in the state, and were more than double the Healthy Arizona 2010 target ³². Yuma County's diabetes

rate was the second highest county in the state ³². According to the 2005 Behavioral Risk Factor Surveillance System (BRFSS), 9.4% of respondents to the survey reported having been told that they had diabetes by a doctor (not including pregnant women) (see Figure 1a) ⁵⁷.

Figure 1a.

Figure 1. Percentage of adult BRFSS respondents who report having clinically diagnosed diabetes.



Respiratory Disease

Yuma County's death rate from chronic lower respiratory disease among adults aged 45 years and older was 89.3, which was lower than the Arizona rate of 124.4, but neither was yet meeting the Healthy Arizona 2010 goal of 60.0 ³². According to BRFSS, 16% of respondents reported to having been told that they had asthma by a doctor ⁵⁷.

Nutrition

In Yuma County, BRFSS also reported that only 21% of respondents reported eating at least 5 fruits and vegetables per day (see Figure 1b). Almost half of respondents reported that they were meeting recommendations for physical activity (see Figure 1c). Overweight is also an issue in Yuma County, as 67% of the respondents reported to the BRFSS that they were overweight, and 31% reported being obese (see Figure 1d).

Figure 1b.

Figure 1. Percentage of adults who report eating ≥ 5 fruits and vegetables a day, by gender.

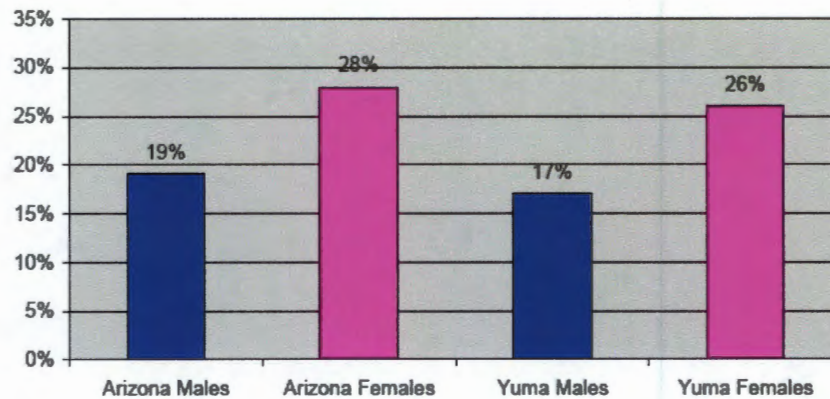


Figure 1c.

Figure 3. Percentage of adults who reported meeting the recommended amount of physical activity.

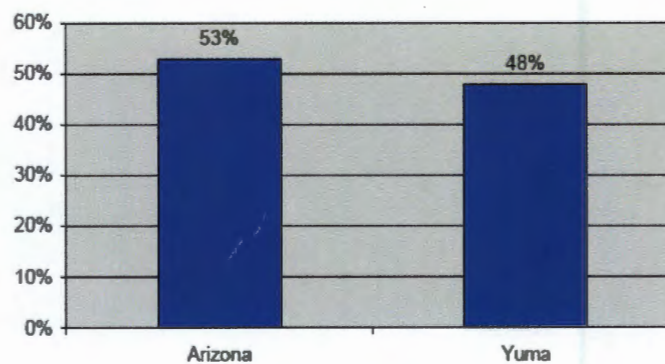
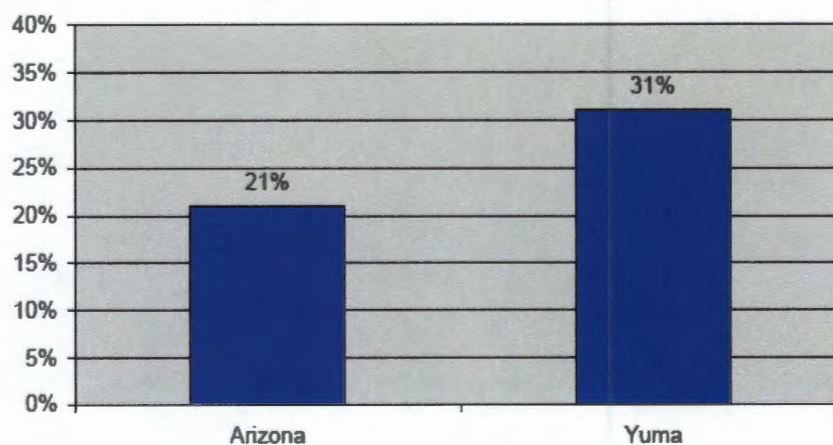


Figure 1d.

Figure 1. Adult BRFSS respondents who are obese (BMI ≥ 30).



Surveys

Provider Survey Results

In addition to collecting basic information on the providers' organization and services offered, the provider survey consisted of questions focused on three main topics relating to the health of the women, adolescents, and children of Yuma County. These can be broken down into the most important health concerns, the most common barriers to care, and suggestions on how to improve service provision to this population.

- **Organizations Represented**

Provider surveys were submitted from representatives of the following health service organizations:

- Yuma County Health Department
- Planned Parenthood of Southern Arizona
- Campesinos sin Fronteras
- Yuma County Public Health Services District
- SAFE KIDS
- Health-Tobacco Prevention Program
- Health Start

These organizations provide a wide range of services, including:

- Adult & Child Immunizations
- Bike Helmet Safety
- Car Seat Training
- Communicable Disease
- Family Planning
- Health Education
- High Risk Infants & Children
- NICP
- Prenatal Education
- Public Health Nursing
- Reproductive Health
- Smoking Cessation & Prevention Education
- Tuberculosis Education & Clinics

Service provision areas varied, covering areas as wide as the entire county, to specifically targeted communities or towns. Target populations also varied, and tended to be program-specific.

- **Most Important Health Concerns**

Providers identified the following health concerns:

Figure 2: Provider-identified health concerns

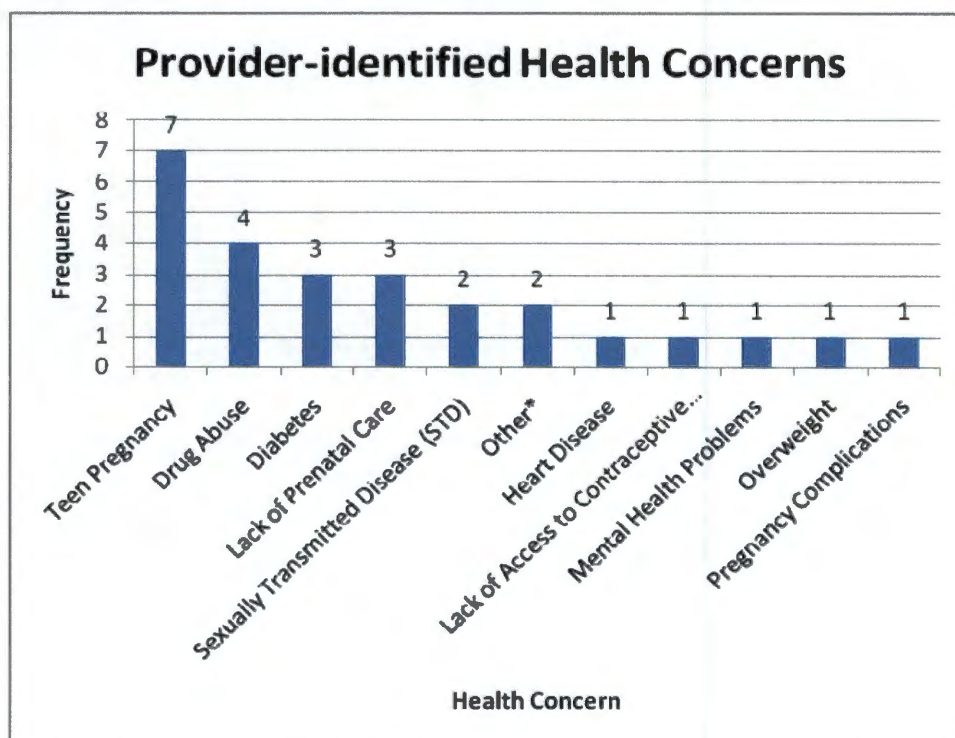


Table 16: Provider-identified health concerns

Health Concern	Frequency
Teen Pregnancy	7
Drug Abuse	4
Diabetes	3
Lack of Prenatal Care	3
Sexually Transmitted Disease (STD)	2
Other*	2
Heart Disease	1
Lack of Access to Contraceptive Methods	1
Mental Health Problems	1
Overweight	1
Pregnancy Complications	1

* "Other" included write-in answers of "Lack of primary health care of uninsured clients", and "Car crashes involving children".

- Most Common Barriers to Care
Providers identified the following barriers:

Figure 3: Provider-identified barriers to care

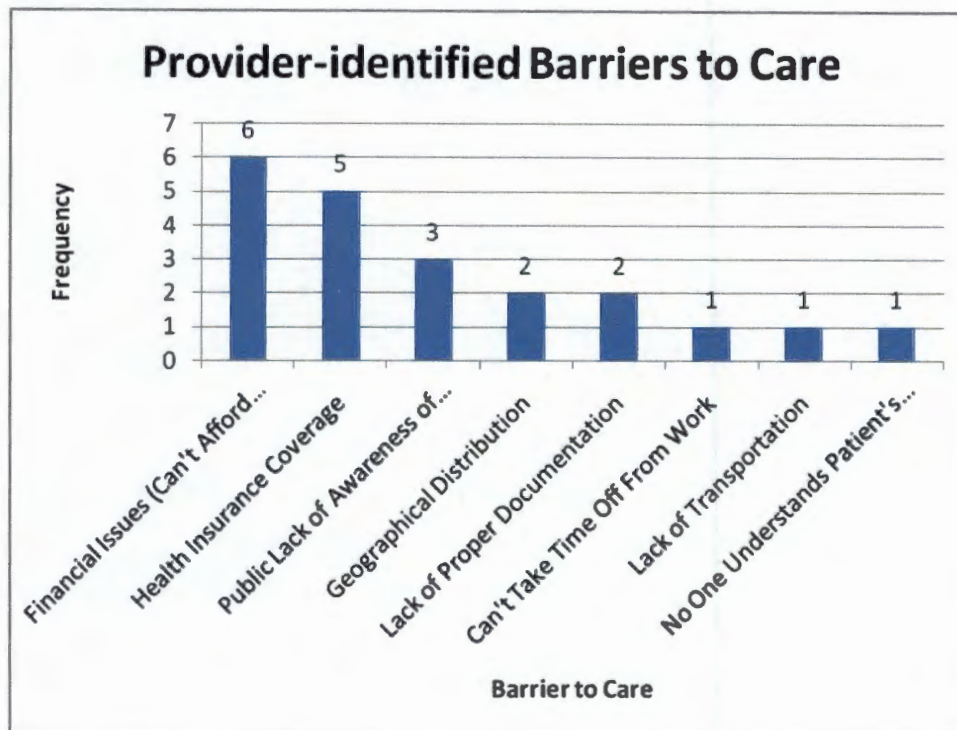


Table 17: Provider-identified barriers to care

Barrier to Care	Frequency
Financial Issues (Can't Afford Services)	6
Health Insurance Coverage	5
Public Lack of Awareness of Services	3
Geographical Distribution	2
Lack of Proper Documentation	2
Can't Take Time Off From Work	1
Lack of Transportation	1
No One Understands Patient's Problem	1

- Suggestions for Improvement of Service Provision
Providers had the following comments on how the state and county are meeting the needs of the women, adolescents, and children of Yuma County:
 - "Lacking in some areas."
 - "I see more and more commercials that bring awareness."
 - "High teen pregnancy rate, high percentage of uninsured receiving little or no health care services, limited access to family planning services, rural/border issues, poor performing schools, high unemployment."
 - "DES doesn't understand that giving away something for free does not insure proper use and in fact, causes them not to value it."

- "Not enough staff to handle all of Yuma County."
- "There are VERY FEW services in East Yuma County!"

Providers gave the following recommendations on how to better meet the needs of the women, adolescents, and children of Yuma County:

- "Better networking strategies—more bridge builders, less gate keepers."
- "Program for undocumented who has no funds to pay their part (when on Emerg AHCCCS)."
- "Change attitudes; elect/educate public officials who care about women, teens, children."
- "Fund programs."
- "Change policies."
- "Get more funding & hire more people."
- "Include East County as part of the rest of Yuma Co."

Resident Survey Results

During a flu immunization clinic, the Yuma County Health Department (YCHD) was able to distribute and submit 63 surveys of the residents of Yuma County. In addition to a brief demographic section, the survey consisted of questions regarding resident's primary health concerns, the health concerns of their children, services utilized, barriers in accessing care, and suggestions on how to improve services in the community.

- **Demographics**

Of the 63 surveys submitted, 20 described their ethnicity as Latino, 36 as White, 1 as African American, 2 as Asian or Pacific Islander, 1 as Native American or Alaska Native, and 2 as other. Four survey respondents chose not to answer this question. The distribution of ethnicity in this sample, as seen in Figure 4, reflects the overall distribution in Yuma County⁵².

Figure 4: Reported race/ethnicity of resident survey respondents

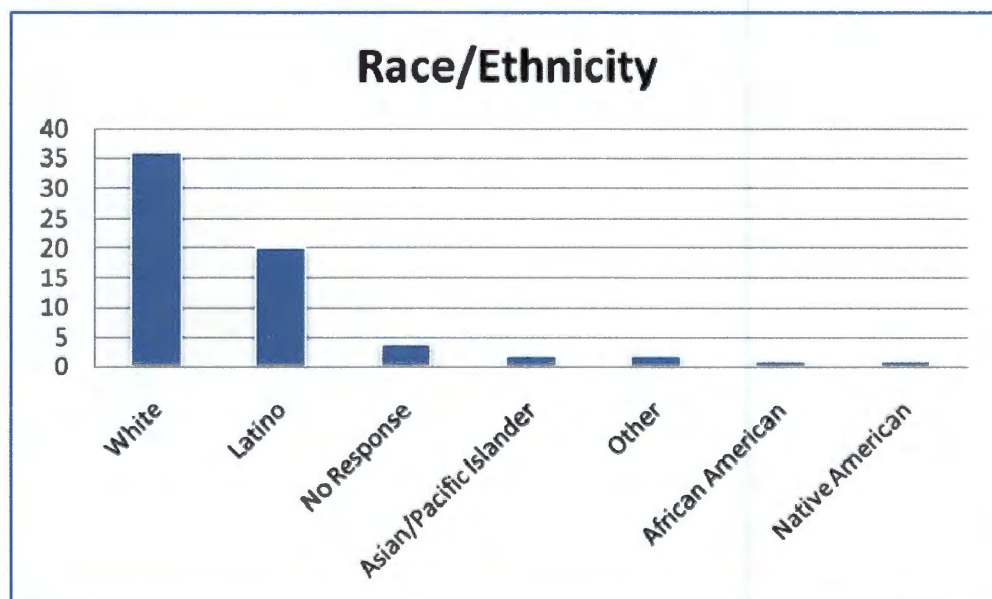
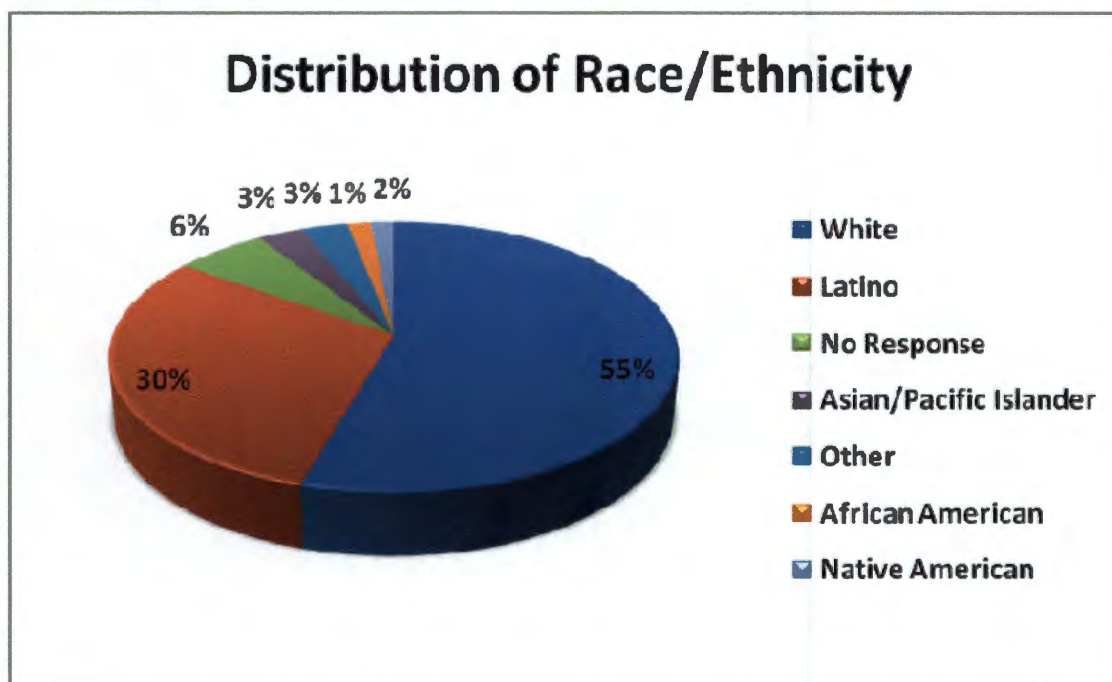
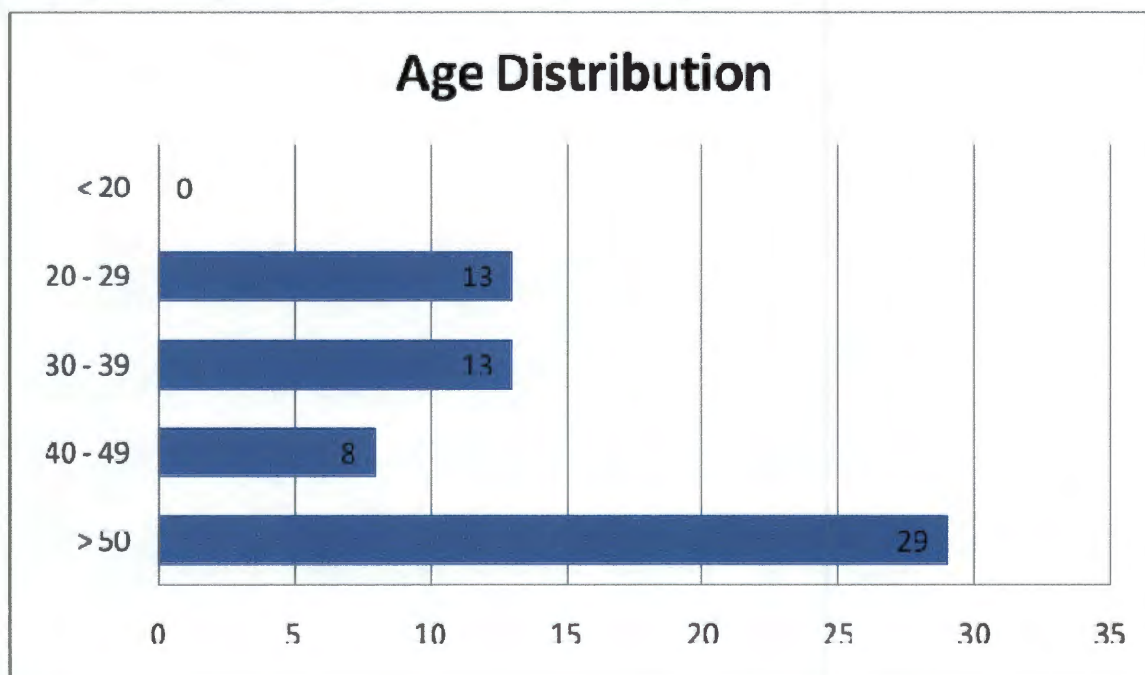


Figure 5: Distribution of race/ethnicity of resident survey respondents



The mean age of survey respondents was 48.4, which reflects a large representation of residents over the age of 50 (29 of 63 respondents), and no respondents under 20 years of age. This may reflect a skewed sample population due to distribution at a flu immunization clinic. For further discussion, please refer to the section on Survey Evaluation.

Figure 6: Distribution of age of resident survey respondents



A significant majority of survey respondents were parents (69.8%), and were married (63.5%). Of those surveyed, 15.9% reported being uninsured and the same percentage (15.9%) was covered by the Arizona Health Care Cost Containment System (AHCCCS). Interestingly, of those who reported having health insurance, 17.6% were covered by AHCCCS. Perhaps the most telling statistic is the 9.5% of all respondents who were not covered by AHCCCS or a private health insurance provider. This is not a representative reflection of the county, however, as in 2000, twenty-nine percent (29%) of the population were uninsured⁵². By extrapolating from trends in national statistics, we can fairly assume that this number has risen in the interim for Yuma County.

- **Primary Health Concerns**

Residents were asked to identify any health concerns they currently have, or have had in the past. As this assessment was concerned with the health needs of women of childbearing age, questionnaires from all male respondents and females over the age of 45 were not analyzed for this question. Females residents 45 years of age and younger identified the following primary health concerns for themselves:

Figure 7: Health concerns of female residents 45 years or younger

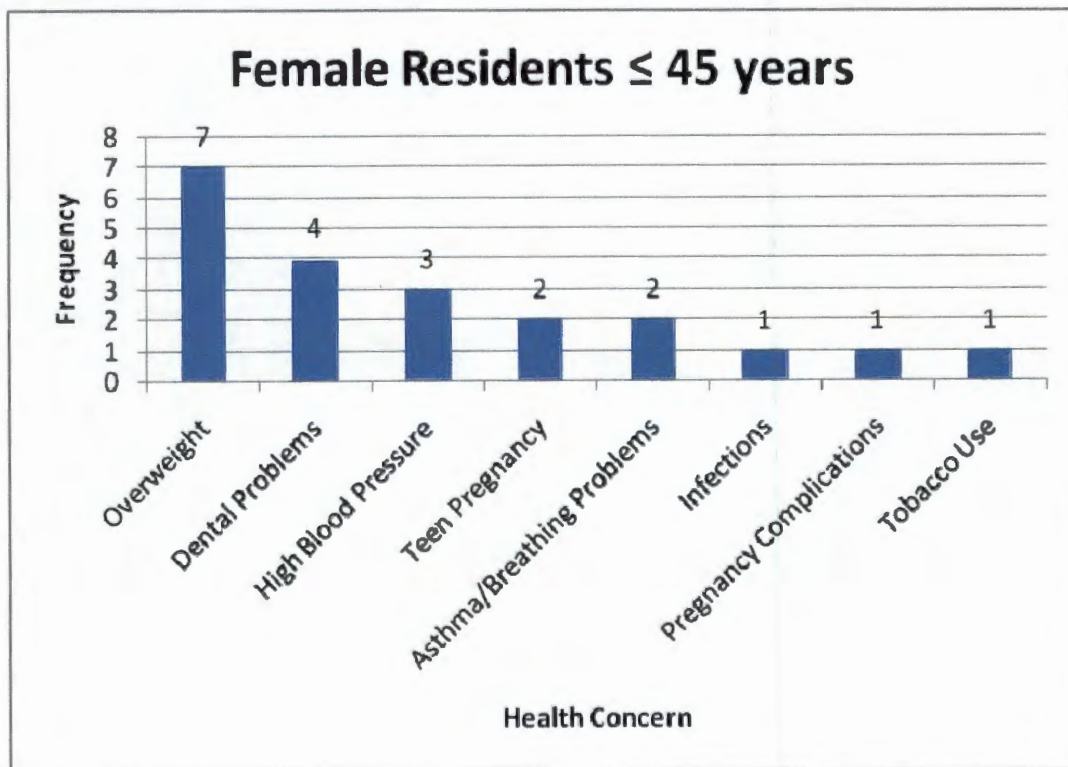


Table 18: Primary health concerns of female residents 45 years or younger

Health Concern	Frequency
Overweight	7
Dental Problems	4
High Blood Pressure	3
Teen Pregnancy	2
Asthma/Breathing Problems	2
Infections	1
Pregnancy Complications	1
Tobacco Use	1

- Children's Health Concerns**

Parents identified the following health concerns for their children:

Figure 8: Primary health concerns for children

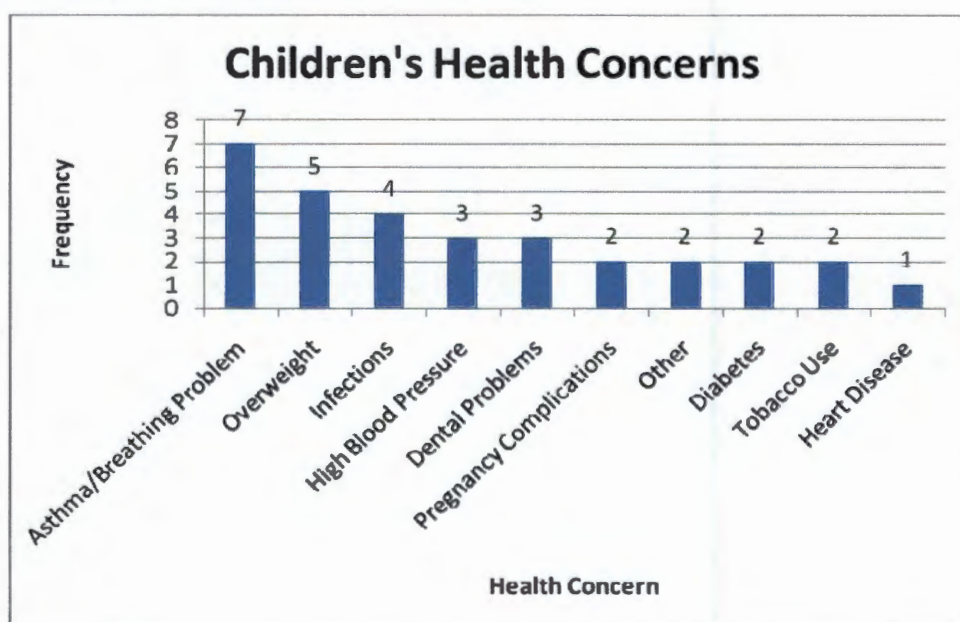


Table 19: Primary health concerns for children

Children's Health Concern	Frequency
Asthma/Breathing Problem	7
Overweight	5
Infections	4
High Blood Pressure	3
Dental Problems	3
Pregnancy Complications	2
Other	2
Diabetes	2
Tobacco Use	2
Heart Disease	1

* "Other" included "Allergies" and "Liver Disease"

Since these include data from respondents of all ages, health concerns such as heart disease, tobacco use, and high blood pressure may reflect adult children's problems, rather than childhood conditions.

- **Services Utilized**

Survey respondents reported using the following services in the past six months, with some reporting more than one service used:

Figure 9: Services utilized by residents in the past six months

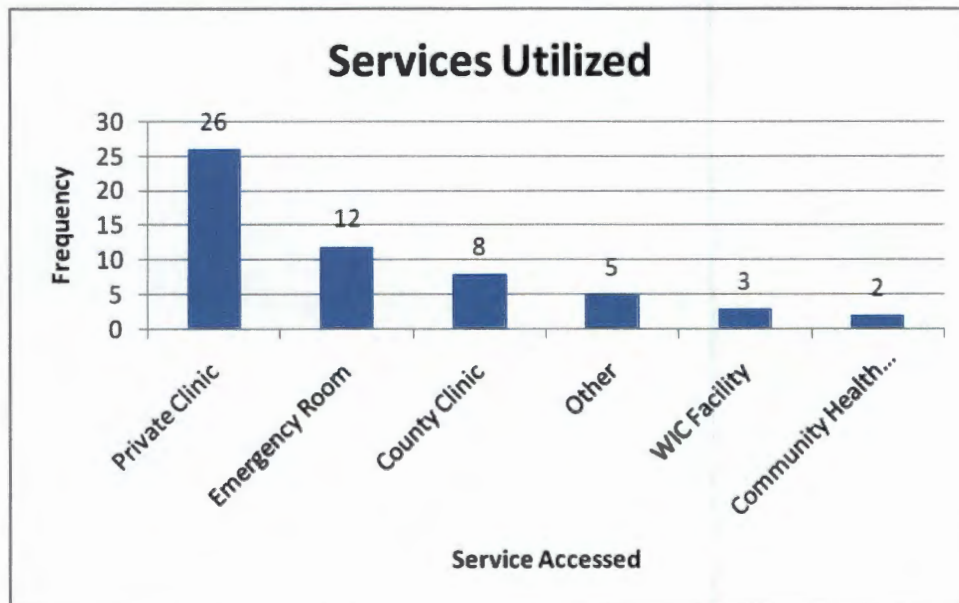


Table 20: Services utilized by residents in the past six months

Service Utilized	Frequency
Private Clinic	26
Emergency Room	12
County Clinic	8
Other	5
WIC Facility	3
Community Health Organization	2

* "Other" included Urgent Care (x2), Prime Care, Surgical Center, Care Center

Five residents reported being dissatisfied with the services they received. Their comments follow:

- Emergency Room: "We did not receive any education, treatment was not effective & cost was very high."
- Private Clinic: "Misdiagnosed"
- County Clinic, Private Clinic: "Waiting times, trouble getting appointments"
- Emergency Room: "Too long of a wait -- the ER is overloaded"
- Other (Urgent Care): "They would not bill my secondary insurance"

- **Barriers in Accessing Care**

Only 11 respondents (17.5%) had trouble getting help with their health concerns. Reported barriers to accessing health care services included the following:

Figure 10: Resident-reported barriers to accessing care

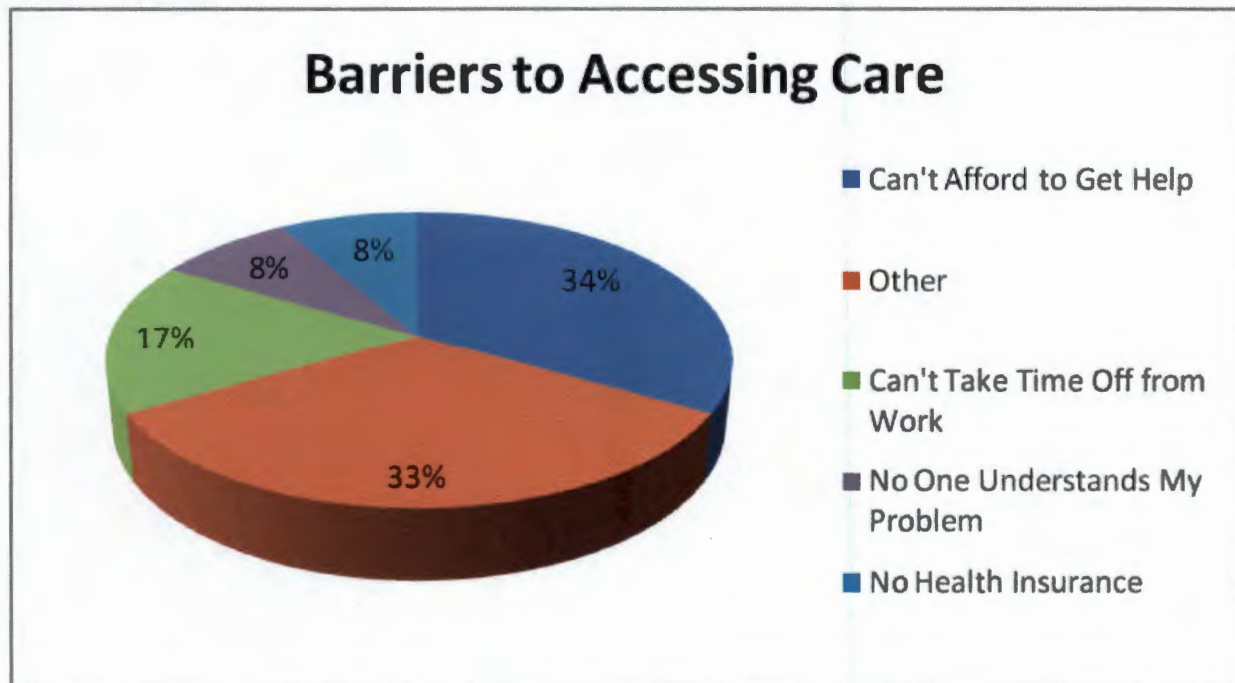


Table 21: Resident-reported barriers to accessing care

Barrier	Frequency
Can't Afford to Get Help	4
Other	4
Can't Take Time Off from Work	2
No One Understands My Problem	1
No Health Insurance	1

* "Other" included "Need for referrals & problems with getting PCP appointments", "No doctor available", "Providers don't listen!!", "No dental for disabled seniors"

- **Suggestions for Improvement of Service Provision**

Several open-ended questions about services available and desired were included at the end of the final version of the questionnaire. However, since an earlier version of the survey, which did not include these questions, was distributed to most of the patients at the YHCD flu immunization clinic, only 19 people had an opportunity to answer these questions. Because of the limited sample size, the responses assessed may not be a representative sample of all residents of Yuma County.

Of this sample, 16 people (84%) responded favorably to the prospect of receiving public health announcements via radio and television. Only one person said she would not like to receive such announcements, giving "No TV" as the explanation.

Survey respondents identified a general need for more health care providers and services in Yuma County. They would like to have more physicians to choose from, with fewer patients and appointments available for urgent care. More hospitals were also requested for the community. Finally, numerous specific services were solicited, including dermatologists, infectious disease doctors, immunization clinics for children, home health for AHCCCS patients, a 24-hour clinic that accepts HMOs, and health fairs. One individual mentioned that the crucial issue is high cost for health insurance, rather than a lack of services to care for the community.

Twelve participants answered the question about what kind of services the Yuma County Health Department provides. Only two individuals reported not knowing what services are available, and two people were familiar with some, but not all, services available through the YCHD.

Discussion of Survey Results

Although many of the responses in the provider and resident survey are consistent with the health indicator variables included in this assessment, some of the responses do not reflect the countywide statistics seen previously. Among providers, teen pregnancy, drug abuse, and diabetes were identified most often as the most important health concerns in Yuma County. This is compatible with encountered data in regards to teen pregnancy. The county maintains the highest teen pregnancy rate in the state of Arizona, at 38.0 births to mothers under nineteen per 1,000 females in 2006¹⁰. In the 2005 Behavioral Risk Factor Surveillance System (BRFSS), nearly ten percent (9.4%) of Yuma County respondents said that a doctor or nurse had told them they were diabetic, other than during pregnancy. When compared to the 2005 prevalence of diabetes among adults in the state of Arizona (6.6%)⁵⁶, diabetes is clearly a primary health concern for this county. Diabetes-related death rates in 2006 were much higher in Yuma County than in the state. In terms of the age-adjusted diabetes mortality rate recorded in 2001, however, Yuma County was much lower than Arizona as a whole³². According to the Arizona Department of Health's Annual Report on Substance Abuse Treatment Programs from 2007, La Paz and Yuma Counties had the lowest rates of substance abuse and related consequences in the state⁴⁸.

Residents most frequently identified overweight as a primary health concern. This concern is compatible with encountered data. Approximately sixty-seven percent (67%) of respondents in Yuma County were classified as overweight (BMI ≥ 25) in 2005⁵⁶, compared to thirty-five percent (35.1%) in Arizona. Dental problems and high blood pressure were also identified. Given the classification of Yuma County as a dental and medical HPSA, it does not seem surprising that county residents have these concerns. Interestingly, teen pregnancy was identified, but not nearly as often as other concerns, while drug abuse and diabetes, reported in the top three concerns among providers, were not reported as health concerns for women under 45 in this sample.

In the sample surveyed, asthma/breathing problems, overweight, and infections were the three most frequently reported health concerns for children. According to the *Yuma County Report for the 2005 Behavioral Risk Factor Surveillance System (BRFSS)*, approximately sixteen percent (16%) of Yuma County residents reported that a doctor or nurse had told them that they have had asthma, and ten percent (10%) reported being told that they currently have asthma. Although there was insufficient data to compare asthma across age groups, we can see that, with nearly one-sixth of the adult population in Yuma County reporting having had the disease, asthma is indeed a primary health concern for the community (56).

Finally, financial issues, health insurance coverage, and lack of public awareness of services were identified most frequently by providers as barriers to care for the women, adolescents and children of Yuma County. Among residents, financial issues also presented a common barrier to care, along with inability to take time off from work, and other. "Other" responses included "Need for referrals & problems with getting PCP appointments", "No doctor available", "Providers don't listen!!", and "No dental for disabled seniors". These written responses seem to allude to a general lack of services available to the community.

All of the barriers identified by providers and residents are compatible with encountered statistics at the county level. As discussed in the section on demographics, the population of Yuma County is much poorer than the state of Arizona, and reports an unemployment rate nearly three-and-a-half times that of the state, 14.6% and 4.2% respectively. Given that the average annual income in Yuma County is \$34,300, compared to \$40,800 in Arizona, and 46.3% of the population lives under the Federal Poverty line^{49, 50, 51, 52}, it is understandable that financial issues would be a common barrier to access to care. In addition, in the 2005 BRFSS, twenty percent (20%) of Yuma County respondents reported not having any kind of health care coverage⁵⁶. High unemployment and low wages may also lead to decreased health insurance coverage and lowered vacation and sick time or the flexibility of hours needed to schedule medical appointments. Finally, the miscellaneous "other" responses alluded to a general lack of services provided. Again, we see can see this barrier reflected in Yuma County's designation as an HPSA, MUP, and AzMUA. We can only assume that a sample which includes a more rural, underserved population would result in similar findings.

Survey Evaluation

Overall, the surveys provided a limited glimpse of the health care available to the women, adolescents, and children of Yuma County, and the barriers they may face in accessing care. The questionnaires distributed to providers and residents allowed an adequate means of assessing the needs of this particular population from two distinct perspectives. However, improvements in questions, distribution of the survey to a wider population, and a better response rate are necessary to provide an assessment tool that would be relevant, constructive, and beneficial to the people of Yuma County, and the health department which serves them.

In analyzing the results from the provider and resident questionnaires, several issues and key areas for improvement became evident immediately. Many of these resulted from time and logistical constraints, and would be beneficial if adapted or revised in future needs assessments and projects.

During the flu immunization clinic at the Yuma County Health Department, a previous version of the resident survey was distributed to the majority of patients, and the finalized edition was not distributed until later in the day. Dissemination of the prior version led to several problems. First, it may have led to some confusion for respondents, as several questions were clarified and the format was improved in the finalized edition. Secondly, the prior version did not include three open-ended questions at the end of the survey which asked for participants' feedback and suggestions for future service provision. Additionally, only one survey was completed in Spanish, although a Spanish version of the instrument was provided to the YCHD. Thus, it is not clear if only one Spanish-speaking patient was seen that day, only one Spanish survey was returned, or if language-appropriate surveys were not made available to patients who required them. Given that 44% of Yuma County residents report speaking Spanish at home (reference this stat), and the high proportion of Spanish-speaking immigrants in the region, this may have unduly biased the sample collected.

Resident surveys were only distributed to patients at the YCHD flu immunization clinic. This may have led to a sample which is not representative of all women, adolescents, and children of Yuma County but only those living in the city of Yuma and receiving services from the YCHD. Additionally, the sample may have been skewed by data from an older population. During a meeting and throughout correspondence with contacts at the Yuma County Health Department, we had discussed distributing surveys to residents via Community Health Nurses, during home visits with Health Start participants, and to several Food City locations throughout the county. However, the responsibility of the actual dissemination of questionnaires was subsequently delegated to an individual with whom we had not met to discuss the goals and parameters of the project. Ideally, we would have liked to include individuals from outside of Yuma City, and those who were not already aware of, and being served by, the County Health Department. All three of these methods would have contributed to a more representative sample by capturing a geographically diverse population. Furthermore, by distributing surveys via Community Health Nurses, we had hoped to capture our target population of women of childbearing age, their children, and adolescents of the county. Health Start participants would have further contributed to this goal. Finally, by distributing questionnaires at Food City, we would have hoped to fulfill all of the above-mentioned goals by capturing a geographically-diverse, younger population. Perhaps most importantly, given the focus on assessing access to care, at Food City we would have seen a population which is not already served by, or may not be aware of, the services provided by the YCHD. Future needs assessments would benefit from including these populations in their survey sample.

The provider survey also suffered from distribution to a limited population. Though we attempted to supplement the Maternal and Child Health Committee with circulation to a

variety of providers in distinct geographical regions, the response to those surveys was disappointingly minimal.

Since the survey was not pilot-tested, there were several questions which may have induced confusion in respondents. Specifically, the two open-ended questions at the end of the resident survey ("What health services would you like to see in your community?", and "Do you know what kind of services the County Health Department provides?") would have benefited from considerate revision. In fact, these questions may have been more effective if respondents had been given a list of options from which to choose.

On the provider survey, many participants did not answer the questions about how many Yuma County residents were seen each month, and how many of those were seeking specific services. Because of the low rate of response and varied answers, this information was not useful in assessing health needs or services provided. The open-ended questions on this survey seemed to be readily answered by participants, and added appropriate insights to the assessment. However, providers were only asked to identify health concerns for the target population as a whole. It would have been beneficial to analyze responses for each subgroup of the target population.

Assessment Summary and Recommendations

From our needs assessment, there were many individual issues that stood out as worse than the rest of the state, but problems with the entire system of the Yuma County health system became apparent.

Our recommended programs for individual needs are:

- To address the high rates of tuberculosis and Hepatitis A, we recommend a more vigorous approach to immunizations county-wide that include an advertising campaign in order to reach all populations.
- For the high teenage pregnancy rate in Yuma County, we believe that the best way to reduce it would be to replace the abstinence-only programs in school with more comprehensive sex education classes in school. However, since this program is federally funded, we think that there should be an outreach program to teenage girls in middle schools and high schools.
- Regarding prenatal care, there should be better advertising as to where women may go to receive care.
- In order to combat the high rates of Type 2 Diabetes in the county, we would like to see an after school program started that incorporates physical activity.

However, none of the recommendations listed above can fix the problems with the overall health system. It is apparent that there is a plethora of barriers to health care for people with low income, immigrants, and people living in rural areas.

- There needs to be an increase in the number of health care facilities throughout the county.
- Incentives should be provided to health care providers to practice in rural areas, even if they commute just one day each week.
- Spanish classes should be provided to providers in order to decrease the language barrier.
- Some form of transportation should be instituted between Yuma and the rest of the county so that people have the ability to get to health care providers.
- Many of the residents in Yuma County do not know all of the services that the county currently does provide; healthcare facilities, especially those with a sliding fee scale, should devote more attention to outreach and advertising of their services.

From the research that we have done, and both the provider and resident surveys collected, it is apparent that there needs to be an increase in system capacity, a reduction in financial and transportation barriers, an improvement in social support, and an increase in system outreach. We believe that the county health department would benefit from further input from the community as a whole, and, therefore, recommend:

- Distribution of a revised resident survey, with options provided for the questions of "What health services would you like to see in your community?" and "Do you know what kind of services the County Health Department provides?" We also recommend that the surveys be distributed via Community Health Nurses, during home visits with Health Start participants, and to multiple Food City locations throughout the county.
- Distribution and collection of provider surveys to clinics and providers throughout the county, including locations in rural Yuma County.
- Institution of a focus group to follow-up on the survey results, looking specifically at barriers to access and ideas from the community and health providers on how to overcome them.

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Appendix A: Yuma County Maternal and Child Health Services

Hospitals

Hospital Name	Beds	City	Telephone
Fort Yuma Indian Hospital	0	Yuma	(760) 572-4218
Yuma Regional Medical Center	333	Yuma	(928) 344-2000
Yuma Rehabilitation Hospital	41	Yuma	(928) 726-5000

Program Name:	<u>Arizona Baptist Children's Services</u>
Phone:	(928) 726-5568
Description:	Arizona Baptist Children's Services is a non-profit organization serving families/children/individuals.

Program Name:	<u>Catholic Community Services</u>
Phone:	(928) 341-9400 (888) 514-3482
Description:	Serving in Yuma and La Paz Counties with a broad range of programs from Work Training Programs for Disabled Individuals, Homemaking Assistance, Nutrition Services for Seniors, Domestic Violence shelter and counseling, and adult day care programs for elderly and disabled men and women.

Program Name:	<u>Child & Family Resources, Inc.</u>
Phone:	(928) 783-4003
Description:	The agency's goals include promoting the strength and stability of families, to afford children and youth a supportive environment and maximize the child's physical, intellectual and emotional development. Child & Family Resources' programs include family support and services, child care services and training for providers.

Program Name:	<u>Community Information & Referral</u>
Phone:	(602) 263-8856 (800) 352-3792
E-mail	<u>cirs@cirs.org</u>
Description:	From basic needs to emergency assistance, self-help groups to recreation, extensive listings are available.

Program Name:	<u>The EXCEL group</u>
Phone:	(800) 880-8901
Description:	The EXCEL team of professionals helps individuals make positive life changes through counseling, prevention and intervention programs, community outreach and education, housing, advocacy, case management, and psychiatric, hospital, and emergency services.

Source: <http://www.acainfo.ahsc.arizona.edu/resources/yuma.htm>

MEDICAL FACILITIES

Sunset Community Health Center

Arizona Medical Facilities, Outpatient Treatment Center
744 E Juan Sanchez Blvd
San Luis, AZ
928.627.3822

YRMC School Health Care Program

Arizona Medical Facilities, Outpatient Treatment Center
1245 N Main St
San Luis, AZ
928.627.9835

Sunset Community Health Center

Arizona Medical Facilities, Outpatient Treatment Center
115 N Somerton Ave
Somerton, AZ
928.627.2051

Sunset Community Health Center

Arizona Medical Facilities, Outpatient Treatment Center
10425 Williams St
Wellton, AZ
928.785.3256

The Excel Group

Health & Human Services, Behavioral Health Provider
2573 S Arizona Ave
Yuma, AZ
928.329.8950

Healthsouth - Yuma Surgery Center

Ambulatory Surgical Center, Medicare
2475 S Ave A, Suite B
Yuma, AZ
928.726.6910

Barnet Dulaney Eye Center

Ambulatory Surgical Center, Medicare
1375 W 16th St, Suite B
Yuma, AZ
928.782.7557

Southwestern Eye Care

Ambulatory Surgical Center, Medicare
2419 W 24th St
Yuma, AZ
928.833.9100

Ambulatory Surgery Center of Yuma, LLC

Ambulatory Surgical Center, Medicare
Ave B & 23rd St
Yuma, AZ
928.343.2180

Endoscopy Center of Yuma, LLC

Ambulatory Surgical Center, Medicare
1030 W 24th St, Suite I
Yuma, AZ
928.343.1717

Foothills Walk-In Medical PC

Arizona Medical Facilities, Outpatient Treatment Center
11274 S Fortuna Rd, Suite I-4
Yuma, AZ
928.345.2150

Sunset Community Health Center - Women's Medical Group

Arizona Medical Facilities, Outpatient Treatment Center
1965 W 24th St, Suite B
Yuma, AZ
928.726.5950

Yuma Regional Medical Center - Foothills

Arizona Medical Facilities, Outpatient Treatment Center
11551 S Fortuna Rd
Yuma, AZ
928.305.6211

Horizon Health Services

Arizona Medical Facilities, Outpatient Treatment Center
3250 E 40th St, Suite A-C
Yuma, AZ
928.317.5023

Sunset Community Health Care – Adults

Arizona Medical Facilities, Outpatient Treatment Center
1945 W 24th St
Yuma, AZ
928.344.4216

**Yuma Regional Medical Center - Endoscopy,
Bronchoscopy Center**

Arizona Medical Facilities, Outpatient Treatment Center
2400 S Ave A
Yuma, AZ
928.344.7342

YRMC School Health Care Center - Rancho Viejo

Arizona Medical Facilities, Outpatient Treatment Center
930 S Ave C
Yuma, AZ
928.329.9442

**YRMC School Health Care Program -
Wellton/Mohawk Valley**

Arizona Medical Facilities, Outpatient Treatment Center
2400 S Ave A
Yuma, AZ
928.785.3031

Pinnacle Medical Group - Arizona P.C.

Arizona Medical Facilities, Outpatient Treatment Center
3939 S Ave 3E, Suite 119-123
Yuma, AZ
928.341.4544

Yuma County Department of Public Health

Arizona Medical Facilities, Outpatient Treatment Center
2200 W 28th St, Suite 137
Yuma, AZ
928.317.4550

Sunset Community Health Care - Pediatric Clinic

Arizona Medical Facilities, Outpatient Treatment Center
2435 S Ave A, Suite A
Yuma, AZ
928.344.5112

Planned Parenthood

Arizona Medical Facilities, Outpatient Treatment Center
1455 W 16th St, Suite C
Yuma, AZ
928.343.3012

Primecare Central Urgent Care

Arizona Medical Facilities, Outpatient Treatment Center
284 W 32nd St
Yuma, AZ
928.341.4563

YRMC School Health Care Program - Pecan Grove

Arizona Medical Facilities, Outpatient Treatment Center
600 S 21st St
Yuma, AZ
928.782.4357

Gambro Healthcare Renal Care

End State Renal Disease (ESRD), Medicare

1230 W 24th St, Suite #2

Yuma, AZ

928.782.5194

Gambro Healthcare Renal Care - South

End State Renal Disease (ESRD), Medicare

3010 S 4th Ave

Yuma, AZ

928.317.0517

Homechoice Health Care Services, Inc.

Home Health Agency (HHA), Medicare

1841 W 25th St

Yuma, AZ

928.341.1490

YRMC Home Health Services

Home Health Agency (HHA), Medicare

399 W 32nd St

Yuma, AZ

928.341.1300

Arizona Home Rehabilitation & Health Care, LLC

Home Health Agency (HHA), Medicare

2281 W 24th St

Yuma, AZ

928.344.1701

Hospice of Yuma

Hospice, Medicare

1824 S 8th Ave

Yuma, AZ

928.343.2222

Yuma Regional Medical Center

Hospital, Acute Care 18/19

2400 Ave A

Yuma, AZ

928.344.7054

Yuma Rehabilitation Hospital

Physical/Speech Therapist, Opt-Sp

1881 W 24th St, Suite A

Yuma, AZ

928.344.7054

Yuma Rehabilitation Hospital

Hospital, Rehabilitation

901 W 24th St, Suite A

Yuma, AZ

928.726.5000

Kachina Mobile X-Ray Services

X-Ray, Portable

2451 Ave A, Suite 9

Yuma, AZ

928.344.1200

Associates for Women's Health

Outpatient Services

1945 W 24th St

Yuma, AZ

928.341.4650

Source: <http://www.yumadata.com/MedicalFacilities.html>

- Arizona Department of Health Services (DHS)
- Assurance and Licensure Services (ALS)

Yuma County Health Department Programs & Services

General Information:

The Yuma County Health Department is a public health agency that implements various health programs through divisions within the Health Department. These programs prevent epidemics and the spread of disease, protect against environmental hazards, promote and encourage healthy behaviors and assure the quality of health services provided. The following are a list of the divisions within the Health Department:

- **Clinical services** such as Immunizations, Newborn Intensive Care services, TB control and treatment, Family Planning and Nursing services.
- **Communicable Disease prevention services** such as HIV and STD prevention and treatment and Communicable Disease investigations and follow-up.
- **Environmental Health services** such as inspections and permitting of food establishments, health cards and control of mosquitoes.
- **Health Promotion and Disease Prevention services and programs** that promote physical activity, prevent unintentional injuries, educate youth and adults on tobacco use prevention and cessation of smoking, provide nutrition education for children and supplemental food to women infants and children.
- **Emergency Preparedness Program** that prepares for large scale emergencies and epidemics.

DIVISIONS	PROGRAMS
Administration	<ul style="list-style-type: none"> • <u>Accounting</u> • <u>Emergency Preparedness Program</u> • <u>Office Supervisor</u> • <u>Vital Statistics</u>
Environmental Health	<ul style="list-style-type: none"> • <u>Environmental Health Services</u> • <u>Food Safety Evaluation (Restaurant Rating)</u> • <u>Vector Control(Mosquito Control and Prevention)</u> • <u>West Nile Virus-Questions and Answers</u>
Health Promotion	<ul style="list-style-type: none"> • <u>AZ Nutrition Network(AzNN)</u> • <u>Community Nutrition Program(CNP)</u> • <u>Health Start</u> • <u>HIV Services</u> • <u>Injury Prevention</u> • <u>Sexually Transmitted Disease(STD) Program</u> • <u>Steps to a healthier Arizona</u> <small>NEW</small> • <u>Tobacco Use Prevention Program</u>
Nursing	<ul style="list-style-type: none"> • <u>Communicable Disease</u> • <u>Family Planning</u> • <u>High Risk Child Program(NICP)</u> • <u>Immunization</u> • <u>Maternal and Child health(MCH)</u> • <u>Tuberculosis(TB) Control</u>
Nutrition	<ul style="list-style-type: none"> • <u>Women, Infants, and Children(WIC)</u>

Source: <http://www.co.yuma.az.us/health/divisions.html>

Appendix B: Additional Tables and Graphs

Appendix B, Table 1

TABLE 5A-1
PREGNANCIES AND PREGNANCY RATES BY PREGNANCY OUTCOME AND COUNTY OF RESIDENCE, ARIZONA, 2006

County of residence	PREGNANCIES BY OUTCOME:					PREGNANCY RATES BY OUTCOME:			
	Female population of childbearing age ^a	Live births	Abortions	Fetal deaths	Total pregnancies ^b	Fertility rate ^c	Abortion rate ^d	Pregnancy rate ^e	Percent pregnancies ending in abortions
Total State	1,275,622	102,042	10,506	543	113,091	80.0	8.2	88.7	9.3
Apache	15,143	1,189	47	4	1,240	78.5	3.1	81.9	3.8
Cochise	24,566	1,808	176	12	1,996	73.6	7.2	81.3	8.8
Coconino	30,744	2,062	299	14	2,375	67.1	9.7	77.3	12.6
Gila	8,949	667	27	11	705	74.5	3.0	78.8	3.8
Graham	6,845	540	15	2	557	78.9	2.2	81.4	2.7
Greenlee	1,502	110	4	0	114	73.2	2.7	75.9	3.5
Maricopa	791,684	66,160	6,496	351	73,007	83.6	8.2	92.2	8.9
Mohave	34,023	2,468	16	15	2,499	72.5	0.5	73.5	0.6
Navajo	22,950	1,877	47	13	1,937	81.8	2.0	84.4	2.4
Pima	202,631	13,929	2,636	79	16,644	68.7	13.0	82.1	15.8
Pinal	50,720	4,467	277	17	4,761	88.1	5.5	93.9	5.8
Santa Cruz	9,456	753	81	3	837	79.6	8.6	88.5	9.7
Yavapai	36,235	2,380	263	10	2,653	65.7	7.3	73.2	9.9
Yuma	37,052	3,354	81	12	3,447	90.5	2.2	93.0	2.3
La Paz	3,122	229	6	0	235	73.4	1.9	75.3	2.6
Unknown	NA	49	35	0	84	NA	NA	NA	NA

^a Females 15-44 years old.

^b Sum of recorded live births, reported spontaneous terminations of pregnancy (fetal deaths) and reported induced terminations of pregnancy (abortions).

^c The number of live births per 1,000 females of childbearing age.

^d The number of abortions per 1,000 females of childbearing age.

^e The number of pregnancies per 1,000 females of childbearing age.

<http://www.azdhs.gov/plan/report/ahs/ahs2006/pdf/5a1.pdf>

Appendix B Table 2

TABLE 5A-2
PREGNANCIES AND PREGNANCY RATES, FEMALES 19 OR YOUNGER
BY COUNTY OF RESIDENCE, ARIZONA, 2006

County of residence	NUMBER OF PREGNANCIES:*				
	All 19 years or younger	10-14 years	15-19 years		
			Total 15-19 years	15-17 years	18-19 years
Apache	199	1	198	67	131
Cochise	239	2	237	92	145
Coconino	324	5	319	107	212
Gila	142	3	139	49	90
Graham	110	1	109	41	68
Greenlee	17	0	17	3	14
Maricopa	9,203	157	9,046	3,197	5,849
Mohave	393	1	392	123	269
Navajo	325	3	322	130	192
Pima	2,225	45	2,180	727	1,453
Pinal	615	9	606	189	417
Santa Cruz	131	4	127	50	77
Yavapai	367	5	362	115	247
Yuma	581	6	575	197	378
La Paz	36	0	36	13	23
Unknown	11	0	11	5	6
TOTAL STATE**	14,918	242	14,676	5,105	9,571

County of residence	PREGNANCY RATES:***				
	All 19 years or younger	10-14 years	15-19 years		
			Total 15-19 years	15-17 years	18-19 years
Apache	25.6	0.3	49.6	26.8	87.9
Cochise	24.2	0.4	46.4	30.0	71.1
Coconino	31.0	1.0	56.8	34.6	84.0
Gila	37.7	1.6	72.8	38.7	139.8
Graham	35.5	0.7	65.0	42.4	95.6
Greenlee	24.7	0.0	44.5	9.8	69.0
Maricopa	35.4	1.2	73.1	41.5	125.0
Mohave	33.0	0.2	69.6	32.9	142.1
Navajo	30.0	0.5	60.3	38.2	99.4
Pima	32.9	1.4	62.4	36.8	95.8
Pinal	34.1	1.0	69.0	34.0	129.3
Santa Cruz	32.9	2.0	63.1	38.4	108.5
Yavapai	29.6	0.8	57.0	28.1	109.2
Yuma	38.0	0.8	75.2	43.2	122.8
La Paz	30.0	0.0	57.4	22.7	63.0
TOTAL STATE	34.1	1.1	68.7	39.0	115.6

* The sum of live births, fetal deaths and abortions.

** Includes records with unknown county of residence.

*** The number of pregnancies per 1,000 females in specified group.

<http://www.azdhs.gov/phs/phstats/bdr/reports/2007-06-15--1998-2000ABDMPReport-ForPrint.pdf>

Appendix B, Table 3

TABLE 5A-3
TRENDS IN PREGNANCY RATES* BY COUNTY OF RESIDENCE AMONG FEMALES 10-17 AND 18-19 YEARS OLD,
ARIZONA, 1996-2006

		ARIZONA	APACHE	COCHISE	COCONINO	GILA	GRAHAM	GREENLEE	MARICOPA	MOHAVE	NAVAJO	PIMA	PINAL	SANTA CRUZ	YAVAPAI	YUMA	LA PAZ
19 YEARS OR YOUNGER	1996	45.4	29.6	37.5	39.7	42.4	40.1	53.6	47.1	44.2	37.0	44.3	47.9	42.3	34.9	50.1	29.8
	1997	43.8	30.4	39.8	31.7	45.0	41.3	46.1	44.6	42.6	37.4	43.1	46.8	43.1	32.4	48.6	44.1
	1998	45.8	30.2	36.2	28.0	45.4	36.3	43.3	46.9	40.1	41.9	43.1	49.4	48.3	37.0	46.6	39.2
	1999	42.7	23.9	35.6	30.2	41.4	29.3	34.9	44.6	40.1	40.4	38.8	44.9	41.7	33.7	46.3	29.2
	2000	39.5	29.2	38.7	28.6	41.1	28.8	26.7	40.7	33.5	34.8	39.6	47.7	39.3	33.0	42.0	32.6
	2001	36.0	21.6	34.3	30.3	43.2	33.8	18.3	37.2	31.4	26.7	36.0	43.7	33.0	26.3	36.7	36.8
	2002	35.2	23.2	30.6	26.0	42.4	29.9	40.0	36.0	32.5	28.5	36.3	38.5	36.4	29.6	38.8	35.6
	2003	34.5	30.8	31.5	26.9	42.8	27.5	26.0	36.0	30.9	29.6	32.0	38.1	30.0	25.3	40.6	32.2
	2004	34.6	32.8	30.0	27.7	38.4	22.5	36.6	35.5	28.7	33.7	33.8	36.4	38.6	27.9	42.1	39.8
	2005	32.7	25.9	30.0	27.7	38.8	20.9	31.0	33.9	32.1	33.1	30.6	33.5	30.7	25.7	37.0	49.8
	2006	34.1	25.6	24.2	31.0	37.7	35.5	24.7	35.4	33.0	30.0	32.9	34.1	32.9	29.6	38.0	30.0
18-19 YEARS	1996	141.6	107.2	114.8	112.7	143.8	131.8	189.4	146.8	146.8	130.3	134.6	147.6	135.7	120.1	157.1	91.4
	1997	139.3	98.8	155.6	91.8	154.5	120.4	192.6	143.0	156.3	124.5	133.3	152.1	122.6	103.5	168.4	144.9
	1998	142.1	105.7	115.5	77.6	130.5	111.1	94.0	148.0	139.1	138.0	123.8	159.9	136.9	111.7	156.6	135.7
	1999	137.6	88.3	115.5	78.9	121.0	94.8	116.1	146.5	139.4	141.7	118.3	145.9	145.2	114.8	151.7	72.7
	2000	135.8	109.9	124.5	74.7	167.3	74.1	123.8	127.8	139.7	154.1	104.7	161.0	132.1	124.9	149.8	127.1
	2001	113.2	91.9	116.8	84.3	154.3	84.9	78.4	117.3	132.5	111.7	96.6	156.9	113.7	91.8	130.8	153.0
	2002	111.1	100.7	104.4	68.9	151.5	78.4	161.9	114.2	131.5	121.5	96.7	130.2	137.7	115.9	133.4	127.0
	2003	108.2	130.1	107.3	70.6	145.5	78.8	64.8	112.4	129.0	123.4	86.0	139.3	130.7	98.7	134.2	113.4
	2004	108.7	141.6	106.7	76.9	164.3	57.7	173.1	110.9	112.8	141.3	93.7	121.0	147.2	99.3	135.6	153.8
	2005	103.6	105.4	110.0	79.5	150.5	56.7	174.8	106.5	134.0	138.2	83.7	119.8	111.8	104.1	122.2	148.7
	2006	115.6	87.9	71.1	84.0	139.8	95.6	69.0	125.0	142.1	99.4	95.8	129.3	108.5	109.2	122.8	63.0
10-17 YEARS	1996	23.0	12.7	19.7	18.9	20.1	16.9	26.8	24.0	22.1	16.9	21.8	27.2	21.7	15.8	26.8	15.5
	1997	22.0	15.7	19.2	14.1	30.4	22.5	16.5	22.4	18.5	18.3	20.4	24.7	23.8	16.2	23.5	21.6
	1998	22.7	13.7	16.9	12.8	24.8	19.4	31.9	23.0	18.1	20.9	22.0	25.6	26.4	19.2	22.9	13.0
	1999	19.9	9.6	15.8	15.1	22.1	13.7	16.3	21.0	17.4	17.9	17.6	22.3	17.1	13.8	20.9	18.6
	2000	18.4	15.0	19.1	14.6	17.6	13.9	8.8	18.9	12.0	13.7	19.1	23.8	21.8	13.3	17.5	15.2
	2001	16.5	9.2	15.5	13.9	22.5	17.0	7.2	17.2	10.9	11.7	16.9	19.8	17.8	12.3	15.3	15.2
	2002	16.1	9.6	13.7	13.0	22.1	14.0	17.5	16.5	12.5	12.0	17.2	19.1	17.2	11.1	17.3	18.7
	2003	15.9	13.4	14.3	13.6	23.7	10.7	18.8	16.9	11.1	13.0	14.6	16.8	11.1	9.5	19.3	17.2
	2004	15.9	13.5	12.7	12.9	15.4	10.9	10.9	16.5	11.8	14.6	15.1	18.3	17.9	12.3	20.4	17.8
	2005	14.8	11.9	11.7	12.1	18.2	9.0	6.6	15.7	11.5	14.4	14.0	14.9	15.2	8.6	17.1	30.7
	2006	15.1	10.8	12.0	14.1	16.6	17.6	5.1	15.7	12.4	14.9	14.7	13.4	16.5	11.8	16.6	13.1

* Number of pregnancies per 1,000 females in specified group.

<http://www.azdhs.gov/plan/report/ahs/ahs2006/pdf/5a3.pdf>

Appendix B, Table 4

TABLE 5B-8
BIRTHS BY MOTHER'S RACE/ETHNICITY, CHILD'S GENDER AND COUNTY OF RESIDENCE, ARIZONA, 2006

	All race/ethnic groups			White non-Hispanic			Hispanic or Latino			Black or African American			American Indian or Alaska Native			Asian or Pacific Islander			Other/Unknown		
	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F
ARIZONA	102,042	52,230	49,812	43,013	22,076	20,937	44,862	22,977	21,885	3,864	1,963	1,901	6,364	3,182	3,182	3,136	1,636	1,500	803	396	407
Apache	1,189	570	619	168	73	95	56	26	30	1	0	1	950	465	485	3	1	2	11	5	6
Cochise	1,808	925	883	841	422	419	774	404	370	94	51	43	11	9	2	59	28	31	29	11	18
Coconino	2,062	1,013	1,049	806	405	401	331	172	159	10	5	5	851	399	452	27	11	16	37	21	16
Gila	667	324	343	316	153	163	147	76	71	2	2	0	195	89	106	2	1	1	5	3	2
Graham	540	281	259	297	152	145	164	87	77	9	6	3	65	34	31	4	2	2	1	0	1
Greenlee	110	60	50	57	33	24	50	24	26	2	2	0	1	1	0	0	0	0	0	0	0
Maricopa	66,160	33,867	32,293	28,112	14,440	13,672	30,205	15,394	14,811	2,980	1,507	1,473	1,990	1,025	965	2,379	1,257	1,122	494	244	250
Mohave	2,468	1,301	1,167	1,730	919	811	594	295	299	12	7	5	76	45	31	32	21	11	24	14	10
Navajo	1,877	954	923	593	306	287	180	88	92	9	5	4	1,071	540	531	16	11	5	8	4	4
Pima	13,929	7,160	6,769	5,351	2,753	2,598	6,880	3,553	3,327	524	268	256	600	303	297	436	219	217	138	64	74
Pinal	4,467	2,271	2,196	2,285	1,170	1,115	1,503	768	735	147	75	72	421	204	217	88	43	45	23	11	12
Santa Cruz	753	402	351	54	25	29	697	375	322	0	0	0	1	1	0	1	1	0	0	0	0
Yavapai	2,380	1,243	1,137	1,571	803	768	703	386	317	16	6	10	41	24	17	26	10	16	23	14	9
Yuma	3,354	1,734	1,620	696	367	329	2,497	1,289	1,208	56	28	28	41	18	23	59	30	29	5	2	3
La Paz	229	104	125	112	46	66	64	34	30	0	0	0	48	23	25	3	0	3	2	1	1
Unknown	49	21	28	24	9	15	17	6	11	2	1	1	2	2	0	1	1	0	3	2	1

<http://www.azdhs.gov/plan/report/ahs/ahs2006/pdf/5b8.pdf>

Appendix B Table 5

TABLE 5B-9
NUMBER OF BIRTHS BY MOTHER'S AGE GROUP AND COUNTY OF RESIDENCE, ARIZONA, 2006

	Total	Mother's age group									
		<15	15-17	18-19	20-24	25-29	30-34	35-39	40-44	45+	Unknown
ARIZONA	102,042	170	4,450	8,296	28,250	28,577	20,300	9,876	1,999	120	4
Apache	1,189	1	64	129	363	268	204	123	37	0	0
Cochise	1,808	0	81	128	618	518	324	117	20	2	0
Coconino	2,062	5	92	177	586	529	412	219	39	2	1
Gila	667	3	40	86	251	151	80	44	12	0	0
Graham	540	1	38	66	213	130	58	28	6	0	0
Greenlee	110	0	3	14	57	18	13	4	1	0	0
Maricopa	66,160	112	2,782	5,009	17,326	18,775	13,937	6,803	1,325	89	2
Mohave	2,468	1	123	266	844	662	362	161	49	0	0
Navajo	1,877	3	120	188	637	458	282	149	40	0	0
Pima	13,929	24	577	1,167	3,994	3,877	2,674	1,326	269	20	1
Pinal	4,467	8	183	393	1,256	1,429	776	354	67	1	0
Santa Cruz	753	3	48	70	189	193	163	73	13	1	0
Yavapai	2,380	4	96	216	771	633	393	215	49	3	0
Yuma	3,354	5	187	362	1,051	855	584	240	68	2	0
La Paz	229	0	13	21	86	66	28	12	3	0	0
Unknown	49	0	3	4	8	15	10	8	1	0	0

<http://www.azdhs.gov/plan/report/ahs/ahs2006/pdf/5b9.pdf>

Appendix B, Table 6

TABLE 5B-10
BIRTHS BY MOTHER'S AGE GROUP, RACE/ETHNICITY AND COUNTY OF RESIDENCE, ARIZONA, 2006

		Total	Mother's age group									
			<15	15-17	18-19	20-24	25-29	30-34	35-39	40-44	45+	Un-known
ARIZONA	Total	102,042	170	4,450	8,296	28,250	28,577	20,300	9,876	1,999	120	4
	White non-Hispanic	43,013	19	852	2,338	10,356	13,144	9,900	5,304	1,033	68	1
	Hispanic or Latino	44,862	123	2,923	4,692	13,959	11,714	7,578	3,188	656	28	1
	Black or African American	3,864	7	187	407	1,255	997	646	302	59	4	0
	American Indian or Alaska Native	6,364	19	430	767	2,075	1,569	922	456	124	2	0
	Asian or Pacific Islander	3,136	1	28	63	425	936	1,078	511	87	7	0
	Other/unknown	803	1	30	29	180	217	176	115	40	13	2
Apache	Total	1,189	1	64	129	363	268	204	123	37	0	
	White non-Hispanic	168	0	10	10	50	42	37	17	2	0	0
	Hispanic or Latino	50	0	3	6	23	7	9	3	3	0	0
	Black or African American	1	0	0	0	0	1	0	0	0	0	0
	American Indian or Alaska Native	950	1	50	111	267	216	153	100	32	0	0
	Asian or Pacific Islander	3	0	0	0	1	1	1	0	0	0	0
	Other/unknown	11	0	1	0	2	1	4	3	0	0	0
Cochise	Total	1,006	0	81	126	618	518	324	117	20	2	0
	White non-Hispanic	841	0	16	50	262	274	155	54	9	1	0
	Hispanic or Latino	774	0	62	68	263	197	126	46	10	0	0
	Black or African American	94	0	2	8	37	23	16	7	0	1	0
	American Indian or Alaska Native	11	0	0	0	4	4	2	1	0	0	0
	Asian or Pacific Islander	59	0	0	1	21	18	16	5	0	0	0
	Other/unknown	29	0	1	1	11	4	7	4	1	0	0
Coconino	Total	2,062	5	92	177	586	529	412	219	39	2	1
	White non-Hispanic	806	0	11	35	210	320	196	113	18	1	0
	Hispanic or Latino	331	3	28	37	101	70	58	29	4	0	1
	Black or African American	10	0	0	1	4	2	3	0	0	0	0
	American Indian or Alaska Native	851	2	51	101	255	219	141	68	13	1	0
	Asian or Pacific Islander	27	0	0	0	7	9	6	4	1	0	0
	Other/unknown	37	0	2	3	9	9	6	5	3	0	0
Gila	Total	667	3	40	86	251	191	80	44	12	0	0
	White non-Hispanic	316	1	8	31	117	83	48	26	2	0	0
	Hispanic or Latino	147	0	8	22	65	30	9	8	5	0	0
	Black or African American	2	0	0	0	2	0	0	0	0	0	0
	American Indian or Alaska Native	195	2	24	33	65	37	20	10	4	0	0
	Asian or Pacific Islander	2	0	0	0	1	0	1	0	0	0	0
	Other/unknown	5	0	0	0	1	1	2	0	1	0	0
Graham	Total	540	1	38	66	213	130	58	28	6	0	0
	White non-Hispanic	297	0	13	26	123	81	32	21	1	0	0
	Hispanic or Latino	164	0	20	31	62	28	15	4	4	0	0
	Black or African American	9	0	2	0	5	1	1	0	0	0	0
	American Indian or Alaska Native	65	1	3	9	22	19	7	3	1	0	0
	Asian or Pacific Islander	4	0	0	0	1	1	2	0	0	0	0
	Other/unknown	1	0	0	0	0	0	1	0	0	0	0
Greenlee	Total	110	0	3	14	57	19	13	4	1	0	0
	White non-Hispanic	57	0	0	7	35	8	5	1	1	0	0
	Hispanic or Latino	50	0	3	6	21	9	8	3	0	0	0
	Black or African American	2	0	0	1	1	0	0	0	0	0	0
	American Indian or Alaska Native	1	0	0	0	0	1	0	0	0	0	0
	Asian or Pacific Islander	0	0	0	0	0	0	0	0	0	0	0
	Other/unknown	0	0	0	0	0	0	0	0	0	0	0
Maricopa	Total	66,160	112	2,782	5,009	17,326	18,775	13,937	6,803	1,325	89	2
	White non-Hispanic	28,112	10	489	1,300	8,064	8,647	6,986	3,833	735	47	1
	Hispanic or Latino	30,205	89	1,985	3,099	9,279	7,950	5,214	2,149	419	21	0
	Black or African American	2,980	5	147	313	951	764	512	235	48	3	0
	American Indian or Alaska Native	1,990	0	117	231	640	565	286	115	28	1	0
	Asian or Pacific Islander	2,379	1	21	46	269	709	838	403	65	7	0
	Other/unknown	494	1	23	18	103	139	101	68	30	10	1

Appendix B, Table 7

TABLE 5B-11
BIRTHS BY TRIMESTER OF PREGNANCY PRENATAL CARE BEGAN AND MOTHER'S COUNTY OF RESIDENCE, ARIZONA, 2006

	Total		No care		1st trimester		2nd trimester		3rd trimester		Unknown	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
ARIZONA	102,042	100.0	2,401	2.4	79,299	77.7	16,467	16.1	3,797	3.7	78	0.1
Apache	1,189	100.0	28	2.4	737	62.0	320	26.9	101	8.5	3	0.3
Cochise	1,808	100.0	48	2.7	1,494	82.6	219	12.1	45	2.5	2	0.1
Coconino	2,062	100.0	24	1.2	1,634	79.2	322	15.6	74	3.6	8	0.4
Gila	667	100.0	23	3.4	458	68.7	138	20.7	48	7.2	0	0.0
Graham	540	100.0	6	1.1	414	76.7	109	20.2	10	1.9	1	0.2
Greenlee	110	100.0	0	0.0	83	75.5	24	21.8	3	2.7	0	0.0
Maricopa	66,160	100.0	1,382	2.1	53,158	80.3	9,628	14.6	1,949	2.9	43	0.1
Mohave	2,468	100.0	24	1.0	1,921	77.8	441	17.9	78	3.2	4	0.2
Navajo	1,877	100.0	43	2.3	1,262	67.2	451	24.0	120	6.4	1	0.1
Pima	13,929	100.0	424	3.0	10,236	73.5	2,632	18.9	633	4.5	4	0.0
Pinal	4,467	100.0	168	3.8	3,492	78.2	646	14.5	158	3.5	3	0.1
Santa Cruz	753	100.0	17	2.3	513	68.1	162	21.5	61	8.1	0	0.0
Yavapai	2,380	100.0	45	1.9	1,674	70.3	530	22.3	130	5.5	1	0.0
Yuma	3,354	100.0	166	4.9	2,034	60.6	783	23.3	370	11.0	1	0.0
La Paz	229	100.0	3	1.3	157	68.6	53	23.1	14	6.1	2	0.9
Unknown	49	100.0	0	0.0	32	65.3	9	18.4	3	6.1	5	10.2

<http://www.azdhs.gov/plan/report/ahs/ahs2006/pdf/5b11.pdf>

Appendix B, Table 8

TABLE 5B-12
BIRTHS BY NUMBER OF PRENATAL VISITS AND COUNTY OF RESIDENCE, ARIZONA, 2006

	Total		Number of prenatal visits											
			No visits		1-4 visits		5-8 visits		9-12 visits		13+ visits		Unknown	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
ARIZONA	102,042	100.0	2,401	2.4	4,090	4.0	17,436	17.1	49,872	48.9	28,058	27.5	185	0.2
Apache	1,189	100.0	28	2.4	127	10.7	317	26.7	499	42.0	217	18.3	1	0.1
Cochise	1,808	100.0	48	2.7	42	2.3	135	7.5	451	24.9	1,130	62.5	2	0.1
Coconino	2,062	100.0	24	1.2	104	5.0	356	17.3	1,022	49.6	549	26.6	7	0.3
Gila	667	100.0	23	3.4	59	8.8	151	22.6	328	49.2	106	15.9	0	0.0
Graham	540	100.0	6	1.1	55	10.2	193	35.7	234	43.3	50	9.3	2	0.4
Greenlee	110	100.0	0	0.0	11	10.0	44	40.0	47	42.7	8	7.3	0	0.0
Maricopa	66,160	100.0	1,382	2.1	2,287	3.5	10,455	15.8	33,327	50.4	18,576	28.1	133	0.2
Mohave	2,468	100.0	24	1.0	79	3.2	429	17.4	1,331	53.9	593	24.0	12	0.5
Navajo	1,877	100.0	43	2.3	167	8.9	545	29.0	802	42.7	317	16.9	3	0.2
Pima	13,929	100.0	424	3.0	525	3.8	2,516	18.1	6,837	49.1	3,622	26.0	5	0.0
Pinal	4,467	100.0	168	3.8	163	3.6	795	17.8	2,150	48.1	1,188	26.6	3	0.1
Santa Cruz	753	100.0	17	2.3	88	11.7	262	34.8	282	37.5	104	13.8	0	0.0
Yavapai	2,380	100.0	45	1.9	115	4.8	413	17.4	1,060	44.5	744	31.3	3	0.1
Yuma	3,354	100.0	166	4.9	241	7.2	753	22.5	1,419	42.3	772	23.0	3	0.1
La Paz	229	100.0	3	1.3	25	10.9	63	27.5	67	29.3	68	29.7	3	1.3
Unknown	49	100.0	0	0.0	2	4.1	9	18.4	15	32.7	14	28.6	8	16.3

<http://www.azdhs.gov/plan/report/ahs/ahs2006/pdf/5b12.pdf>

Appendix B, Table 9

TABLE 5B-13
BIRTHS BY MOTHER'S EDUCATION AND COUNTY OF RESIDENCE, ARIZONA, 2006

	Total	Mother's education						
		<8	8	9-11	12	13-16	17+	Unknown
ARIZONA	102,042	5,769	2,632	20,746	30,379	33,840	7,609	1,067
Apache	1,189	12	15	257	435	404	56	10
Cochise	1,808	33	39	263	625	722	98	28
Coconino	2,062	75	18	350	640	753	203	23
Gila	667	8	18	185	265	174	12	5
Graham	540	6	8	113	231	161	20	1
Greenlee	110	1	1	16	63	24	5	0
Maricopa	66,160	4,752	1,717	13,226	18,216	22,423	5,154	672
Mohave	2,468	71	90	615	970	543	63	116
Navajo	1,877	27	30	460	739	557	57	7
Pima	13,929	345	314	2,791	4,315	4,775	1,270	119
Pinal	4,467	113	96	920	1,465	1,620	236	17
Santa Cruz	753	16	15	196	288	204	34	0
Yavapai	2,380	134	65	520	736	779	122	22
Yuma	3,354	165	202	765	1,297	651	271	3
La Paz	229	7	4	58	82	33	4	41
Unknown	49	4	0	11	10	17	4	3

<http://www.azdhs.gov/plan/report/ahs/ahs2006/pdf/5b13.pdf>

Appendix B, Table 10

TABLE 5B-14
BIRTHS TO UNWED MOTHERS BY AGE GROUP AND COUNTY OF RESIDENCE, ARIZONA, 2006

	Total	Mother's age group									Unknown
		<15	15-17	18-19	20-24	25-29	30-34	35-39	40-44	45+	
ARIZONA	44,746	167	4,126	6,704	16,596	9,773	4,774	2,065	513	26	2
Apache	817	1	61	119	289	166	105	60	16	0	0
Cochise	664	0	68	89	294	124	60	25	4	0	0
Coconino	1,025	5	88	147	354	225	120	67	16	2	1
Gila	405	3	37	76	166	72	30	17	4	0	0
Graham	223	1	31	47	83	41	14	3	3	0	0
Greenlee	54	0	3	10	29	10	2	0	0	0	0
Maricopa	28,223	110	2,597	4,096	10,244	6,364	3,177	1,300	315	19	1
Mohave	1,167	1	112	195	470	230	106	45	8	0	0
Navajo	1,092	3	115	157	413	221	119	50	14	0	0
Pima	6,215	24	545	944	2,415	1,336	597	285	66	3	0
Pinal	1,903	8	169	334	720	393	169	84	26	0	0
Santa Cruz	335	3	44	55	109	61	44	17	2	0	0
Yavapai	996	4	80	152	408	199	88	47	17	1	0
Yuma	1,470	4	162	264	540	291	128	59	21	1	0
La Paz	147	0	11	18	62	37	13	6	0	0	0
Unknown	10	0	3	1	0	3	2	0	1	0	0

<http://www.azdhs.gov/plan/report/ahs/ahs2006/pdf/5b14.pdf>

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TABLE 58-15
BIRTHS TO UNWED MOTHERS BY RACE/ETHNICITY, EDUCATION, AND COUNTY OF RESIDENCE, ARIZONA, 2006

	Total	Race/ethnicity						Education						
		White non-Hispanic	Hispanic or Latino	Black or African American	American Indian or Alaska Native	Asian or Pacific Islander	Un-known	<8	8	9-11	12	13-16	17+	Un-known
ARIZONA	44,746	11,922	24,669	2,408	4,760	507	280	3,128	1,778	14,541	15,383	8,735	690	491
Apache	817	54	23	0	738	0	2	8	13	221	314	231	23	7
Cochise	664	201	397	38	5	5	18	16	25	172	261	165	7	18
Coconino	1,025	190	192	4	612	8	19	43	16	274	381	270	28	13
Gila	405	150	96	2	154	1	2	7	14	139	174	67	1	3
Graham	223	71	96	6	48	2	0	3	5	84	110	18	2	1
Greenlee	54	23	28	2	1	0	0	0	1	11	37	5	0	0
Maricopa	28,223	7,256	17,102	1,896	1,420	373	176	2,631	1,166	9,200	9,111	5,364	432	319
Mohave	1,167	750	333	10	58	6	10	29	35	398	471	176	13	45
Navajo	1,092	166	101	7	813	3	2	12	22	377	431	236	8	6
Pima	6,215	1,580	3,736	320	474	72	33	177	232	1,984	2,328	1,358	106	30
Pinal	1,903	610	838	84	343	22	6	56	74	675	698	371	19	10
Santa Cruz	335	25	309	0	1	0	0	8	9	130	128	57	3	0
Yavapai	996	575	372	8	26	6	9	59	39	351	316	209	12	10
Yuma	1,470	186	1,219	30	25	9	1	74	124	481	569	185	36	1
La Paz	147	82	23	0	40	0	2	3	3	41	53	20	0	27
Unknown	10	3	4	1	2	0	0	2	0	3	1	3	0	1

<http://www.azdhs.gov/plan/report/ahs/ahs2006/pdf/5b15.pdf>

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TABLE 5B-18
LOW-BIRTHWEIGHT BIRTHS BY MOTHER'S RACE/ETHNICITY AND COUNTY OF RESIDENCE, ARIZONA, 2006

	Total	Mother's race/ethnicity					
		White non Hispanic	Hispanic or Latino	Black or African American	American Indian or Alaska Native	Asian or Pacific Islander	Unknown
ARIZONA	7,266	2,891	3,074	489	473	268	71
Apache	80	14	5	0	60	0	1
Cochise	171	57	87	13	2	7	5
Coconino	175	81	35	2	50	6	1
Gila	59	26	16	0	17	0	0
Graham	46	21	18	0	6	1	0
Greenlee	5	0	5	0	0	0	0
Maricopa	4,638	1,895	1,987	364	156	192	44
Mohave	155	108	36	1	4	4	2
Navajo	152	41	16	0	91	3	1
Pima	1,047	332	534	76	50	45	10
Pinal	298	146	98	21	29	3	1
Santa Cruz	52	2	50	0	0	0	0
Yavapai	171	112	48	3	3	1	4
Yuma	195	43	133	9	2	6	2
La Paz	14	8	3	0	3	0	0
Unknown	8	5	3	0	0	0	0

<http://www.azdhs.gov/plan/report/ahs/ahs2006/pdf/5b18.pdf>

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TABLE 5B-19
LOW-BIRTHWEIGHT BIRTHS BY MOTHER'S AGE GROUP AND COUNTY OF RESIDENCE, ARIZONA, 2006

	Total	Mother's age group								
		<15	15-17	18-19	20-24	25-29	30-34	35-39	40-44	45+
ARIZONA	7,266	21	374	662	1,897	1,820	1,443	845	176	28
Apache	80	0	6	9	27	13	16	7	2	0
Cochise	171	0	13	9	53	44	33	16	3	0
Coconino	175	1	7	17	40	53	28	27	2	0
Gila	59	1	4	8	15	10	13	6	2	0
Graham	46	0	3	6	15	10	8	2	2	0
Greenlee	5	0	0	0	4	0	1	0	0	0
Maricopa	4,638	13	235	400	1,139	1,191	969	544	123	24
Mohave	155	0	7	26	56	30	20	15	1	0
Navajo	152	0	9	15	47	40	22	14	5	0
Pima	1,047	5	49	90	304	246	202	127	23	1
Pinal	298	0	16	38	62	79	53	46	4	0
Santa Cruz	52	0	4	5	7	18	13	3	1	1
Yavapai	171	1	9	13	64	38	22	16	6	2
Yuma	195	0	12	25	55	39	41	21	2	0
La Paz	14	0	0	0	7	5	2	0	0	0
Unknown	8	0	0	1	2	4	0	1	0	0

<http://www.azdhs.gov/plan/report/ahs/ahs2006/pdf/5b19.pdf>

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TABLE 5B-20
TOTAL BIRTHS AND LOW-BIRTHWEIGHT BIRTHS BY THE PARTY PAYING FOR THE DELIVERY AND COUNTY OF RESIDENCE, ARIZONA, 2006

				ARIZONA	Apache	Cochise	Cocconino	Gila	Graham	Greenlee	Maricopa	Mohave	Navajo	Pima	Pinal	Santa Cruz	Yavapai	Yuma	La Paz	Unknown
TOTAL	ALL GROUPS	Weight at birth	<2,500 g	7,266	80	171	175	59	46	5	4,638	155	152	1,047	298	52	171	195	14	6
			2,500+ g	94,764	1,108	1,637	1,885	608	494	105	61,515	2,312	1,725	12,882	4,168	701	2,209	3,159	215	41
			Unknown	12	1	0	2	0	0	0	7	1	0	0	1	0	0	0	0	0
		Total		102,042	1,189	1,808	2,062	667	540	110	66,160	2,468	1,877	13,929	4,467	753	2,380	3,354	229	49
Payee for birth	AHCCCS*	Weight at birth	<2,500 g	3,990	45	92	104	46	27	4	2,454	108	95	585	154	27	127	115	7	0
			2,500+ g	49,127	522	785	913	343	262	52	31,686	1,337	986	6,525	1,761	420	1,388	1,999	148	0
			Unknown	4	1	0	1	0	0	0	2	0	0	0	0	0	0	0	0	0
		Total		53,121	568	877	1,018	389	289	56	34,142	1,445	1,081	7,110	1,915	447	1,515	2,114	155	0
	IHS	Weight at birth	<2,500 g	85	14	1	13	3	5	0	15	0	24	6	3	0	0	1	0	0
			2,500+ g	1,703	398	1	339	133	45	0	237	5	379	106	49	0	3	4	4	0
			Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		Total		1,788	412	2	352	136	50	0	252	5	403	112	52	0	3	5	4	0
	Private insurance	Weight at birth	<2,500 g	2,852	6	67	52	8	14	1	1,991	31	25	407	120	19	39	66	6	0
			2,500+ g	40,273	78	793	583	113	174	48	27,729	593	293	5,695	2,201	207	714	997	55	0
			Unknown	3	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0
		Total		43,128	84	860	635	121	188	49	29,723	624	318	6,102	2,321	226	753	1,063	61	0
	Self	Weight at birth	<2,500 g	265	2	11	1	2	0	0	162	4	4	37	16	6	5	12	1	0
			2,500+ g	2,807	11	43	24	18	6	2	1,657	64	34	461	147	71	89	157	3	0
			Unknown	2	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0
		Total		3,074	13	54	25	20	6	2	1,819	69	38	498	166	77	94	169	4	0
	Unknown	Weight at birth	<2,500 g	74	13	0	5	0	0	0	16	12	4	12	3	0	0	1	0	8
			2,500+ g	854	99	15	26	1	7	3	206	293	33	95	10	3	15	2	5	41
			Unknown	3	0	0	1	0	0	0	2	0	0	0	0	0	0	0	0	0
		Total		931	112	15	32	1	7	3	224	305	37	107	13	3	15	3	5	49

* The Arizona Health Care Containment System (AHCCCS) is the State's Medicaid Program.

<http://www.azdhs.gov/plan/report/ahs/ahs2006/pdf/5b20.pdf>

Appendix B, Table 15

TABLE 5B-21
DISTRIBUTION OF LOW-BIRTHWEIGHT (LBW) BIRTHS AND LBW RISK BY
NUMBER OF PRENATAL VISITS AND COUNTY OF RESIDENCE, ARIZONA, 2006

			Prenatal visits						Total
			No visits	1-4 visits	5-8 visits	9-12 visits	13+ visits	Unknown	
Apache	Births <2,500 grams (LBW)	Count	6	10	29	23	11	1	80
		Share of LBW births*	7.5%	12.5%	36.3%	28.5%	13.8%	1.3%	100.0%
		LBW risk**	21.4%	7.9%	9.1%	4.6%	5.1%	100.0%	6.7%
	Total births	Count	25	127	317	499	217	1	1,189
Cochise	Births <2,500 grams (LBW)	Count	12	11	28	51	68	1	171
		Share of LBW births*	7.0%	6.4%	16.4%	29.8%	39.8%	0.6%	100.0%
		LBW risk**	25.0%	26.2%	20.7%	11.3%	6.0%	50.0%	9.5%
	Total births	Count	45	42	135	451	1,130	2	1,805
Coconino	Births <2,500 grams (LBW)	Count	4	13	40	83	34	1	175
		Share of LBW births*	2.3%	7.4%	22.9%	47.4%	19.4%	0.6%	100.0%
		LBW risk	16.7%	12.5%	11.2%	8.1%	6.2%	14.3%	8.5%
	Total births	Count	24	104	356	1,022	549	7	2,062
Gila	Births <2,500 grams (LBW)	Count	3	9	18	22	7	0	59
		Share of LBW births*	5.1%	15.3%	30.5%	37.3%	11.9%	0.0%	100.0%
		LBW risk**	13.0%	15.3%	11.9%	6.7%	6.6%	0.0%	8.8%
	Total births	Count	23	59	151	325	106	0	667
Graham	Births <2,500 grams (LBW)	Count	2	4	23	15	2	0	46
		Share of LBW births*	4.3%	8.7%	50.0%	32.6%	4.3%	0.0%	100.0%
		LBW risk**	33.3%	7.3%	11.9%	6.4%	4.0%	0.0%	8.5%
	Total births	Count	6	55	193	234	50	2	540
Greenlee	Births <2,500 grams (LBW)	Count	0	1	2	2	0	0	5
		Share of LBW births*	0.0%	20.0%	40.0%	40.0%	0.0%	0.0%	100.0%
		LBW risk**	0.0%	9.1%	4.5%	4.3%	0.0%	0.0%	4.5%
	Total births	Count	0	11	44	47	8	0	110
Maricopa	Births <2,500 grams (LBW)	Count	220	379	1,139	1,774	1,113	13	4,638
		Share of LBW births*	4.7%	8.2%	24.6%	38.2%	24.0%	0.3%	100.0%
		LBW risk**	15.9%	16.6%	10.9%	5.3%	6.0%	9.8%	7.0%
	Total births	Count	1,382	2,287	10,455	33,327	18,576	133	66,160
Mohave	Births <2,500 grams (LBW)	Count	8	10	48	65	24	0	155
		Share of LBW births*	5.2%	6.5%	31.0%	41.9%	15.5%	0.0%	100.0%
		LBW risk**	33.3%	12.7%	11.2%	4.9%	4.0%	0.0%	6.3%
	Total births	Count	24	79	429	1,331	593	12	2,468
Navajo	Births <2,500 grams (LBW)	Count	5	21	46	55	24	0	152
		Share of LBW births*	3.9%	13.8%	30.3%	36.2%	15.8%	0.0%	100.0%
		LBW risk**	14.0%	12.6%	8.4%	6.9%	7.6%	0.0%	8.1%
	Total births	Count	43	167	545	802	317	3	1,877
Pima	Births <2,500 grams (LBW)	Count	53	90	319	399	183	3	1,047
		Share of LBW births*	5.1%	8.6%	30.5%	38.1%	17.5%	0.3%	100.0%
		LBW risk**	12.5%	17.1%	12.7%	5.8%	5.1%	60.0%	7.5%
	Total births	Count	424	525	2,516	6,837	3,622	5	13,929
Pinal	Births <2,500 grams (LBW)	Count	20	22	96	114	46	0	298
		Share of LBW births*	6.7%	7.4%	32.3%	38.3%	15.4%	0.0%	100.0%
		LBW risk**	11.9%	13.5%	12.1%	5.3%	3.9%	0.0%	6.7%
	Total births	Count	168	163	795	2,150	1,188	3	4,467
Santa Cruz	Births <2,500 grams (LBW)	Count	4	9	18	12	9	0	52
		Share of LBW births*	7.7%	17.3%	34.6%	23.1%	17.3%	0.0%	100.0%
		LBW risk**	23.5%	10.2%	6.9%	4.3%	8.7%	0.0%	6.9%
	Total births	Count	17	68	262	282	104	0	733
Yavapai	Births <2,500 grams (LBW)	Count	11	12	47	72	27	2	171
		Share of LBW births*	6.4%	7.0%	27.5%	42.1%	15.8%	1.2%	100.0%
		LBW risk**	24.4%	10.4%	11.4%	6.8%	3.6%	66.7%	7.2%
	Total births	Count	45	115	413	1,060	744	3	2,380
Yuma	Births <2,500 grams (LBW)	Count	5	26	43	74	43	1	195
		Share of LBW births*	4.1%	13.3%	22.1%	37.9%	22.1%	0.5%	100.0%
		LBW risk**	4.5%	10.8%	5.7%	5.2%	5.6%	33.3%	5.8%
	Total births	Count	166	241	753	1,419	772	3	3,354
La Paz	Births <2,500 grams (LBW)	Count	0	2	5	5	2	0	14
		Share of LBW births*	0.0%	14.3%	35.7%	35.7%	14.3%	0.0%	100.0%
		LBW risk**	0.0%	8.0%	7.9%	7.5%	2.9%	0.0%	6.1%
	Total births	Count	3	25	63	67	68	3	229

* Percent distribution of LBW births by number of prenatal visits.

** Number of LBW births per 100 births in specified prenatal care group.

<http://www.azdhs.gov/plan/report/ahs/ahs2006/pdf/5b21.pdf>

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TABLE 5B-22
AVERAGE NUMBER* OF PRENATAL VISITS DURING PREGNANCY ACCORDING TO SELECTED CHARACTERISTICS OF
NEWBORNS AND MOTHERS GIVING BIRTH BY COUNTY OF RESIDENCE, ARIZONA, 2006

	Total	Marital status		Payee for births				Mother's race/ethnicity					Length of gestation				Weight at birth		Newborn intensive care	
		Married	Unmarried	AHCCS	IHS	Private insurance	Self	White non-Hispanic	Hispanic or Latino	Black or African American	American Indian or Alaska Native	Asian or Pacific Islander	<37 weeks	37-41 weeks	42+ weeks	Unknown	<2,500 grams	2,500+ grams	Yes	No
ARIZONA	11.0	11.5	10.3	10.3	8.8	12.0	10.1	11.7	10.9	11.0	9.7	11.5	10.1	11.1	11.2	11.9	10.1	11.0	10.4	11.0
Apache	9.4	10.4	9.0	9.6	9.2	11.0	9.8	10.2	9.1	13.0	9.3	9.3	8.5	9.5	10.5	0.0	8.5	9.5	10.5	9.4
Cochise	13.1	13.3	12.5	12.7	6.0	13.5	10.3	13.2	12.8	14.2	12.2	13.1	11.0	13.3	11.0	23.0	11.4	13.2	10.6	13.1
Coconino	11.0	11.8	10.2	10.8	9.4	12.4	10.8	12.2	10.3	12.6	10.1	11.0	10.2	11.1	9.9	0.0	10.5	11.1	11.1	11.0
Gila	9.6	10.5	9.0	9.5	8.4	10.9	10.4	10.2	9.3	8.5	8.7	12.0	8.0	9.8	10.0	14.0	8.4	9.7	8.5	9.6
Graham	8.6	9.0	8.1	8.5	6.3	9.3	9.4	9.0	8.8	8.6	6.3	8.7	7.3	8.8	8.0	0.0	7.8	8.7	8.3	8.6
Greenlee	8.3	8.8	7.9	8.0	0.0	8.8	9.0	8.5	8.3	5.5	7.0	0.0	7.4	8.4	0.0	0.0	7.4	8.4	6.8	8.4
Maricopa	11.1	11.7	10.4	10.4	8.6	12.0	10.4	11.8	10.6	11.0	10.0	11.6	10.4	11.2	11.8	10.8	10.4	11.2	10.7	11.2
Mohave	10.9	11.2	10.7	10.8	5.6	12.2	10.4	11.1	10.7	10.6	9.9	10.7	10.1	11.0	12.1	0.0	9.6	11.0	8.6	11.2
Navajo	9.4	10.5	8.6	9.3	8.2	11.3	10.1	10.8	9.9	13.3	8.6	9.8	8.6	9.5	9.7	0.0	9.1	9.4	9.7	9.4
Pima	10.8	11.3	10.3	10.4	11.0	11.4	9.8	11.4	10.5	10.6	10.5	10.7	9.5	11.0	11.1	6.5	9.6	10.9	10.2	10.9
Pinal	11.1	11.9	10.0	9.9	8.4	12.3	9.3	11.8	10.0	11.2	10.9	11.2	10.4	11.2	8.7	0.0	9.7	11.2	10.6	11.1
Santa Cruz	8.9	9.2	8.5	8.8	0.0	9.7	6.8	9.8	8.8	0.0	8.0	15.0	8.5	9.0	4.0	0.0	8.5	8.9	10.0	8.9
Yavapai	10.8	11.5	9.9	10.2	11.3	11.9	11.2	11.3	9.7	10.2	9.4	11.5	9.6	10.9	12.9	1.0	9.8	10.9	9.6	10.9
Yuma	10.2	10.9	9.4	9.5	7.3	11.8	7.5	11.7	9.7	11.6	9.8	11.2	9.3	10.3	6.4	0.0	9.7	10.2	9.6	10.3
La Paz	10.2	11.7	9.4	9.7	7.8	11.4	13.0	10.3	11.1	0.0	8.8	11.7	8.9	10.3	20.0	15.0	8.1	10.3	7.4	10.3
Unknown	11.6	14.3	11.5	0.0	0.0	0.0	0.0	13.0	9.1	19.0	8.0	18.0	9.2	12.5	0.0	0.0	9.0	12.1	0.0	12.9

* The arithmetic mean value for the number of prenatal visits in specified group. Excluded are cases with no prenatal care and/or unspecified number of prenatal visits.
The Arizona Health Care Cost Containment System (AHCCCS) is the State's Medicaid program.

<http://www.azdhs.gov/plan/report/ahs/ahs2006/pdf/5b22.pdf>

Appendix B, Table 17

TABLE 5B-23
BIRTHS BY GESTATIONAL AGE AND BIRTHWEIGHT BY MOTHER'S COUNTY OF RESIDENCE, ARIZONA, 2006

	Total			Gestational age							
	Total	Gestational age		Preterm, <37 weeks				37 weeks or more			
		Preterm, <37 weeks	37 weeks or more	Total	<2,500 grams	2,500+ grams	Un-known	Total	<2,500 grams	2,500+ grams	Un-known
ARIZONA	102,042	10,818	91,224	10,818	5,282	5,528	8	91,224	1,984	89,236	4
Apache	1,189	117	1,072	117	53	64	0	1,072	27	1,044	1
Cochise	1,808	185	1,623	185	112	73	0	1,623	59	1,564	0
Coconino	2,062	212	1,850	212	129	81	2	1,850	46	1,804	0
Gila	667	90	577	90	44	46	0	577	15	562	0
Graham	540	76	464	76	37	39	0	464	9	455	0
Greenlee	110	10	100	10	5	5	0	100	0	100	0
Maricopa	66,160	7,248	58,912	7,248	3,394	3,849	5	58,912	1,244	57,666	2
Mohave	2,468	236	2,232	236	99	136	1	2,232	56	2,176	0
Navajo	1,877	165	1,712	165	92	73	0	1,712	60	1,652	0
Pima	13,929	1,400	12,529	1,400	779	621	0	12,529	268	12,261	0
Pinal	4,467	462	4,005	462	220	242	0	4,005	78	3,926	1
Santa Cruz	753	54	699	54	29	25	0	699	23	676	0
Yavapai	2,380	230	2,150	230	122	108	0	2,150	49	2,101	0
Yuma	3,354	292	3,062	292	147	145	0	3,062	48	3,014	0
La Paz	229	28	201	28	12	16	0	201	2	199	0
Unknown	49	13	36	13	8	5	0	36	0	36	0

<http://www.azdhs.gov/plan/report/ahs/ahs2006/pdf/5b23.pdf>

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TABLE 5B-24
NEWBORNS ADMITTED TO NEWBORN INTENSIVE CARE UNITS BY GESTATIONAL AGE, BIRTHWEIGHT AND MOTHER'S
COUNTY OF RESIDENCE, ARIZONA, 2006

	Total			Gestational age							
	Total	Gestational age		Preterm, <37 weeks				37 weeks or more			
		Preterm, <37 weeks	37 weeks or more	Total	<2,500 grams	2,500+ grams	Un-known	Total	<2,500 grams	2,500+ grams	Un-known
ARIZONA	5,214	3,256	1,958	3,256	2,589	666	1	1,958	159	1,797	2
Apache	44	29	15	29	20	9	0	15	2	12	1
Cochise	61	47	14	47	39	8	0	14	1	13	0
Coconino	211	108	103	108	86	22	0	103	6	97	0
Gila	38	22	16	22	17	5	0	15	3	13	0
Graham	25	17	8	17	11	6	0	8	1	7	0
Greenlee	4	0	4	0	0	0	0	4	0	4	0
Maricopa	3,326	2,121	1,205	2,121	1,690	430	1	1,205	93	1,112	0
Mohave	58	40	18	40	33	7	0	18	0	18	0
Navajo	88	50	38	50	40	10	0	38	4	34	0
Pima	701	425	276	425	364	61	0	276	27	249	0
Pinal	208	131	77	131	98	33	0	77	5	71	1
Santa Cruz	31	18	13	18	15	3	0	13	1	12	0
Yavapai	157	97	60	97	69	28	0	60	6	54	0
Yuma	254	144	110	144	102	42	0	110	10	100	0
La Paz	8	7	1	7	5	2	0	1	0	1	0

<http://www.azdhs.gov/plan/report/ahs/ahs2006/pdf/5b24.pdf>

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TABLE 5B-25
MEDICAL AND OTHER RISK FACTORS BY MOTHER'S COUNTY OF RESIDENCE, ARIZONA, 2006

	ARIZONA	Apache	Cochise	Cocconino	Gila	Graham	Greenlee	Maricopa	Mohave	Navajo	Pima	Pinal	Santa Cruz	Yavapai	Yuma	La Paz	Unknown
Births with medical risk factors	27,929	514	577	1,000	246	162	30	14,692	354	866	6,616	1,062	530	940	279	44	17
Medical risk factors																	
Anemia	1,992	87	17	43	45	7	1	1,170	23	38	467	63	6	18	1	5	1
Cardiac disease	191	16	1	3	2	2	1	117	2	21	14	10	0	2	0	0	0
Lung disease	322	25	0	2	4	0	0	144	2	72	14	10	0	49	0	0	0
Diabetes	3,223	83	24	68	27	27	1	2,005	35	105	576	142	9	48	66	4	3
Genital herpes	697	8	12	2	4	7	1	549	15	11	53	19	0	9	3	4	0
Hydramnios	814	30	16	16	7	3	0	451	6	18	201	26	4	18	17	0	1
Hemoglobinopathy	15	0	1	0	1	1	0	9	1	0	0	2	0	0	0	0	0
Chronic hypertension	606	12	9	62	9	28	7	314	8	19	79	28	0	18	11	1	1
Pregnancy associated hypertension	2,934	109	56	73	33	12	5	1,699	25	151	454	129	6	91	81	6	4
Eclampsia	492	4	9	21	3	6	1	208	6	7	173	17	7	19	8	1	2
Previous infant 4000+g	394	29	3	9	3	0	0	226	14	60	7	20	0	22	0	0	1
Previous SGA infant	607	34	6	15	20	0	0	358	23	56	12	36	0	45	0	0	2
Renal disease	157	21	0	0	1	0	0	46	7	70	0	2	0	10	0	0	0
RH sensitization	177	2	5	0	14	0	0	95	2	0	9	15	0	22	13	0	0
Uterine bleeding	399	23	6	4	3	0	0	254	9	49	12	13	0	25	0	0	1
Incompetent cervix	92	1	4	0	2	0	0	70	6	0	2	4	0	1	1	0	1
Other	19,973	250	481	819	142	121	17	9,454	232	601	5,716	682	516	794	107	33	8
Substance use																	
Drinker, nonsmoker	341	10	7	15	5	0	0	192	6	26	62	8	2	5	3	0	0
Smoker, nondrinker	4,931	40	165	86	109	43	16	2,595	340	105	722	322	6	317	50	10	5
Smoker and drinker	294	10	6	8	6	1	0	142	7	15	73	14	0	7	3	1	1
Nonsmoker and nondrinker	96,476	1,129	1,630	1,953	547	496	94	63,231	2,115	1,731	13,072	4,123	745	2,051	3,298	218	43
Total births	102,042	1,189	1,808	2,062	667	540	110	66,160	2,468	1,877	13,929	4,467	753	2,380	3,354	229	49

<http://www.azdhs.gov/plan/report/ahs/ahs2006/pdf/5b25.pdf>

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TABLE 5B-26
OBSTETRIC PROCEDURES AND METHOD OF DELIVERY BY MOTHER'S COUNTY OF RESIDENCE, ARIZONA, 2006

	ARIZONA	Apache	Cochise	Coconino	Gila	Graham	Greenlee	Maricopa	Mohave	Navajo	Pima	Pinal	Santa Cruz	Yavapai	Yuma	La Paz	Unknown
Obstetric procedures																	
Amniocentesis	523	6	4	9	2	15	2	427	5	7	14	15	0	16	0	1	0
Electronic Fetal Monitoring	94,057	1,087	608	1,989	580	116	18	62,181	2,006	1,704	13,600	4,145	162	2,263	3,333	226	39
Induction of labor	16,599	213	268	544	156	11	2	11,184	489	398	2,158	541	20	391	207	7	10
Stimulation of labor	14,231	207	222	583	132	4	1	9,690	206	418	1,959	376	27	372	13	15	6
Tocolysis	796	25	5	10	13	1	0	525	54	57	22	47	1	36	0	0	0
Ultrasound	69,196	731	1,595	499	265	506	107	40,942	1,000	1,220	12,437	3,633	717	2,124	3,289	115	16
Other	4,266	158	34	27	14	445	97	1,972	12	537	769	69	9	116	4	1	2
Method of delivery																	
Vaginal	74,921	926	1,352	1,574	480	372	70	48,171	1,792	1,437	10,707	3,257	526	1,615	2,444	175	23
Vaginal after C-Section	634	34	8	17	1	3	0	399	28	20	64	24	8	9	19	0	0
Primary C-Section	15,265	136	238	264	89	99	25	10,361	353	209	1,765	645	110	452	469	36	14
Repeat C-Section	11,221	93	210	207	97	66	15	7,228	295	211	1,393	541	109	304	422	18	12
Forceps	537	13	3	10	4	1	0	370	5	33	66	22	1	8	1	0	0
Vacuum	3,221	19	103	21	44	56	12	2,167	80	60	320	83	64	131	59	1	1
Total births	102,041	1,189	1,808	2,062	667	540	110	66,159	2,468	1,877	13,929	4,467	753	2,380	3,354	229	49

<http://www.azdhs.gov/plan/report/ahs/ahs2006/pdf/5b26.pdf>

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TABLE 5B-27
COMPLICATIONS OF LABOR AND/OR DELIVERY BY MOTHER'S COUNTY OF RESIDENCE, ARIZONA, 2006

Complications of labor and/or delivery	ARIZONA	Apache	Cochise	Coconino	Gila	Graham	Greenlee	Maricopa	Mohave	Navajo	Pima	Pinal	Santa Cruz	Yavapai	Yuma	La Paz	Unknown
Total	28,199	408	589	518	196	242	53	16,815	365	714	5,045	928	266	1,197	816	30	17
Febrile	1,264	25	6	12	5	0	0	939	11	23	134	81	1	3	20	1	3
Meconium	4,617	58	68	47	31	1	0	3,099	31	79	784	128	37	63	181	7	3
Rupture of membrane	1,670	64	34	27	9	12	0	970	6	63	325	65	0	54	38	0	3
Abruptio placenta	449	5	7	5	4	2	0	309	9	10	69	10	0	14	4	1	0
Placenta previa	294	1	14	4	2	0	0	213	4	2	37	10	1	3	3	0	0
Other excessive bleeding	333	17	11	11	9	1	0	183	37	22	9	20	1	6	5	1	0
Seizures during labor	20	0	0	0	0	0	0	14	0	2	0	2	0	1	1	0	0
Precipitous labor	1,142	25	39	28	30	1	0	750	31	17	64	40	8	57	49	1	2
Prolonged labor	632	23	8	20	4	5	1	423	4	25	80	26	1	3	9	0	0
Dysfunctional labor	975	39	3	35	5	0	0	670	18	73	45	60	1	24	0	1	1
Breech malpresentation	3,191	41	51	68	17	23	6	2,178	65	90	283	122	5	120	114	6	2
Cephalopelvic disproportion	736	8	32	4	5	14	2	534	11	26	32	33	0	26	5	1	1
Cord prolapse	128	2	3	3	1	1	0	74	3	4	16	12	0	4	4	0	1
Anesthetic complications	53	0	0	0	1	0	0	37	1	0	11	3	0	0	0	0	0
Fetal distress	3,127	61	14	30	35	15	6	2,106	32	122	300	142	7	65	188	1	3
Other	15,266	172	381	316	87	207	45	7,816	163	482	3,608	344	218	1,022	388	14	3

<http://www.azdhs.gov/plan/report/ahs/ahs2006/pdf/5b27.pdf>

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TABLE 5B-28
ABNORMAL CONDITIONS OF THE NEWBORN BY MOTHER'S COUNTY OF RESIDENCE, ARIZONA, 2006

Abnormal conditions of the newborn	ARIZONA	Apache	Cochise	Coconino	Gila	Graham	Greenlee	Maricopa	Mohave	Navajo	Pima	Pinal	Santa Cruz	Yavapai	Yuma	La Paz	Unknown
Total	6,361	113	235	58	50	133	29	2,221	208	281	2,033	279	40	457	169	48	7
Anemia	22	1	0	1	2	0	0	12	2	2	2	0	0	0	0	0	0
Birth injury	167	26	0	1	0	0	0	37	2	91	4	2	0	3	1	0	0
Fetal Alcohol Syndrome	4	0	0	2	1	0	0	0	0	1	0	0	0	0	0	0	0
Hyaline membrane disease	215	8	0	2	1	0	0	172	4	7	0	8	0	5	7	0	1
Meconium aspiration	68	5	8	2	0	0	0	30	2	5	1	5	1	3	5	0	1
Assisted vent <30 min	1,266	20	28	13	7	1	0	127	124	34	842	11	11	7	4	36	1
Assisted vent >30 min	462	28	2	4	4	0	0	206	19	58	4	11	0	12	109	1	2
Newborn seizures	88	0	2	1	0	0	0	42	4	4	20	7	0	5	3	0	0
Other	5,582	72	217	38	37	133	29	1,856	79	227	1,994	246	40	443	148	17	4

<http://www.azdhs.gov/plan/report/ahs/ahs2006/pdf/5b28.pdf>

Appendix B, Table 23

TABLE 5B-29
BIRTHS WITH CONGENITAL ANOMALIES MENTIONED ON BIRTH CERTIFICATE BY COUNTY OF RESIDENCE, ARIZONA, 2006

Births with congenital anomalies	ARIZONA	Apache	Cochise	Coconino	Gila	Graham	Greenlee	Maricopa	Mohave	Navajo	Pima	Pinal	Santa Cruz	Yavapai	Yuma	La Paz	Unknown
Total	870	26	41	25	11	36	8	368	27	56	115	64	45	30	17	0	1
Anencephalus	2	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0
Spina bifida/meningocele	10	0	1	1	0	0	0	4	1	0	0	1	0	1	1	0	0
Hydrocephalus	12	0	2	0	0	0	0	7	1	1	1	0	0	0	0	0	0
Microcephalus	4	0	0	0	0	0	0	3	0	0	0	0	0	0	1	0	0
Other CNS anomaly	6	0	0	0	0	0	0	5	1	0	0	0	0	0	0	0	0
Heart malformations	40	2	3	0	0	0	0	28	1	0	4	0	0	2	0	0	0
Other respiratory/circulatory anomalies	124	1	19	4	2	1	0	54	3	12	7	13	0	5	3	0	0
Rectal atresia/stenosis	6	0	0	0	1	0	0	3	0	0	2	0	0	0	0	0	0
Tracheo-esophageal fistula/esophageal atresia	8	0	0	0	0	1	0	4	1	0	0	1	0	1	0	0	0
Omphalocele/gastroschisis	30	2	0	0	0	1	0	19	1	0	3	1	1	0	2	0	0
Other gastrointestinal anomalies	11	0	1	0	0	0	0	7	0	1	1	0	0	0	1	0	0
Malformed genitalia	13	0	0	1	1	0	0	4	4	1	2	0	0	0	0	0	0
Renal agenesis	7	0	0	0	0	0	0	2	1	0	3	0	0	1	0	0	0
Other urogenital anomalies	34	3	2	0	0	0	0	15	1	9	0	2	0	1	1	0	0
Cleft Lip/palate	54	0	3	0	1	1	0	28	2	3	9	4	0	1	2	0	0
Polydactyly/syndactyly/adactyly	21	1	1	0	0	0	0	10	1	4	1	1	0	2	0	0	0
Club foot	28	1	0	2	0	0	0	13	3	1	4	1	0	3	0	0	0
Diaphragmatic hernia	5	0	1	0	0	0	0	1	1	0	1	0	0	1	0	0	0
Other musculoskeletal/integumental anomalies	19	4	0	1	0	0	0	7	2	2	3	0	0	0	0	0	0
Down syndrome	52	0	1	0	0	0	0	37	0	1	7	1	1	0	4	0	0
Other chromosomal anomalies	22	3	1	0	0	0	0	8	0	6	2	1	0	1	0	0	0
Other	457	11	9	19	6	33	8	154	12	25	74	41	42	17	5	0	1

* Note: 965 specific congenital anomalies were identified on 870 birth records.

<http://www.azdhs.gov/plan/report/ahs/ahs2006/pdf/5b29.pdf>

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TABLE 5B-30
RATES OF OCCURRENCE¹ FOR SELECTED CHARACTERISTICS OF NEWBORNS AND MOTHERS GIVING BIRTH
BY COUNTY OF RESIDENCE, ARIZONA, 2006

Characteristics	Total	Apache	Cochise	Coconino	Gila	Graham	Greenlee	Maricopa	Mohave	Navajo	Pima	Pinal	Santa Cruz	Yavapai	Yuma	La Paz
Births with complications of labor and/or delivery reported	27.6	34.3	32.6	25.1	29.4	44.8	48.2	25.4	14.8	38.0	36.2	20.8	35.3	50.3	24.3	13.1
Births with medical risk factors reported	27.4	43.2	31.9	48.5	36.9	30.0	27.3	22.2	14.3	46.1	47.5	23.8	70.4	39.5	8.3	19.2
Preterm births (gestational age <37 weeks)	10.6	9.8	10.2	10.3	13.5	14.1	9.1	11.0	9.6	8.8	10.1	10.3	7.2	9.7	8.7	12.2
Births with abnormal conditions reported	6.2	9.5	13.0	2.8	7.5	24.5	26.4	3.4	8.4	15.0	14.6	6.2	5.3	19.2	5.0	21.0
Low birthweight births (<2,500 grams)	7.1	6.7	9.5	8.5	8.8	8.5	4.5	7.0	6.3	8.1	7.5	6.7	6.9	7.2	5.8	6.1
Very low birthweight births (<1,500 grams)	1.2	1.3	1.2	1.4	1.9	0.7	0.9	1.2	1.1	1.0	1.2	1.2	0.7	1.4	1.2	2.2
Births with congenital anomalies reported	0.9	2.2	2.3	1.2	1.6	6.7	7.3	0.6	1.1	3.0	0.8	1.4	6.0	1.3	0.5	0.0
Tobacco use during pregnancy	5.1	4.2	9.5	4.6	17.2	8.1	14.5	4.1	14.1	6.4	5.7	7.5	0.8	13.6	1.6	4.8
Alcohol use during pregnancy	0.6	1.7	0.7	1.1	1.6	0.2	0.0	0.5	0.5	2.2	1.0	0.5	0.3	0.5	0.2	0.4
Primary and repeat cesarean deliveries	26.0	19.3	24.8	22.8	27.9	30.6	36.4	26.6	26.3	22.4	22.7	26.6	29.1	31.8	26.6	23.6
Infants admitted to newborn intensive care units	5.1	3.7	3.4	10.2	5.7	4.6	3.6	5.0	2.4	4.7	5.0	4.7	4.1	6.6	7.6	3.5
Women giving birth who received prenatal care in the 1 st trimester	77.7	62.0	82.6	79.2	68.7	76.7	75.5	80.3	77.8	67.2	73.5	78.2	68.1	70.3	60.6	68.6
Public sources of payment for birth ²	53.8	82.4	48.6	66.4	78.7	62.8	50.9	52.0	58.8	79.1	51.8	44.0	59.4	63.8	63.2	69.4
Births to unmarried mothers	43.9	68.7	36.7	49.7	60.7	41.3	49.1	42.7	47.3	58.2	44.6	42.6	44.5	41.8	43.8	64.2

¹ Per 100 births.

² The Arizona Health Care Cost Containment System (AHCCCS) or Indian Health Service.

<http://www.azdhs.gov/plan/report/ahs/ahs2006/pdf/5b30.pdf>

Appendix B, Table 25

TABLE 5C-1
PERINATAL DEATHS AND PERINATAL MORTALITY RATES¹ BY COUNTY OF MOTHER'S RESIDENCE, ARIZONA, 2006

	Live births + reportable spontaneous fetal losses of 28 or more weeks of gestation	Number of infant deaths of less than 7 days	Number of reportable spontaneous fetal losses of 28 or more weeks of gestation	Total Perinatal Deaths	
				Count	Rate
ARIZONA	102,301	340	259	599	5.9
Apache	1,192	4	3	7	5.9
Cochise	1,812	9	4	13	7.2
Coconino	2,066	5	4	9	4.4
Gila	673	1	5	7	10.4
Graham	542	2	2	4	7.4
Greenlee	110	0	0	0	0.0
Maricopa	66,327	207	167	374	5.6
Mohave	2,474	12	6	18	7.3
Navajo	1,883	2	6	8	4.2
Pima	13,964	60	35	95	6.8
Pinal	4,476	18	11	29	6.5
Santa Cruz	754	1	1	2	2.7
Yavapai	2,387	9	7	15	6.3
Yuma	3,361	9	7	16	4.8
La Paz	229	1	0	1	4.4

¹The number of perinatal deaths per 1,000 live births + fetal losses at 28 or more weeks of gestat

<http://www.azdhs.gov/plan/report/ahs/ahs2006/pdf/5c1.pdf>

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TABLE 5C-2
REPORTABLE SPONTANEOUS FETAL LOSSES¹ BY GESTATIONAL AGE, WEIGHT IN GRAMS AND
COUNTY OF RESIDENCE, ARIZONA, 2006

	Total	Gestational age ²		Weight in grams					
		20-27 weeks	28+ weeks	<350 grams	350-499	500-2,499	2,500-3,999	4,000+	Unknown
ARIZONA	543	284	259	101	106	223	88	13	12
Apache	4	1	3	0	1	2	1	0	0
Cochise	12	8	4	3	3	3	3	0	0
Coconino	14	10	4	3	2	5	3	0	1
Gila	11	5	6	3	2	4	1	1	0
Graham	2	0	2	0	0	2	0	0	0
Greenlee	0	0	0	0	0	0	0	0	0
Maricopa	351	184	167	67	74	140	54	10	6
Mohave	15	9	6	3	1	9	2	0	0
Navajo	13	7	6	1	3	7	1	0	1
Pima	79	44	35	15	14	33	13	1	3
Pinal	17	6	11	2	2	7	5	0	1
Santa Cruz	3	2	1	1	0	2	0	0	0
Yavapai	10	3	7	1	2	3	4	0	0
Yuma	12	5	7	2	2	6	1	1	0
La Paz	0	0	0	0	0	0	0	0	0

¹Include spontaneous terminations of pregnancy at 20 or more weeks of gestation (or if gestational age is unknown, the deaths of fetuses of at least 350 grams in weight), exclude induced terminations of pregnancy.

²For statistical purposes, fetal deaths are classified according to gestational age. A death that occurs at 20 or more weeks of gestation constitutes a fetal death, and after 28 weeks it is considered a late fetal death.

<http://www.azdhs.gov/plan/report/ahs/ahs2006/pdf/5c2.pdf>

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TABLE 5C-3
REPORTABLE SPONTANEOUS FETAL DEATHS¹ AND FETAL DEATH RATES² BY COUNTY OF MOTHER'S RESIDENCE
AND YEAR, ARIZONA, 2000-2006

	Number of fetal deaths:							Fetal death rates:						
	2000	2001	2002	2003	2004	2005	2006	2000	2001	2002	2003	2004	2005	2006
ARIZONA	532	566	556	539	505	532	543	6.2	6.6	6.3	5.9	5.4	5.5	5.3
Apache	4	9	6	8	5	7	4	3.1	8.3	5.4	6.4	3.7	5.4	3.4
Cochise	12	12	8	15	10	14	12	6.9	7.3	4.7	8.5	5.5	7.9	6.6
Coconino	11	10	14	14	7	9	14	5.9	5.3	7.4	7.2	3.4	4.3	6.8
Gila	7	6	5	1	2	3	11	10.2	9.2	7.1	1.4	3.0	4.6	16.5
Graham	1	4	3	8	2	2	2	2.2	8.9	6.1	18.1	4.4	4.4	3.7
Greenlee	1	0	2	2	1	1	0	9.2	0.0	20.2	22.5	9.6	10.0	0.0
Maricopa	341	354	368	330	339	330	351	6.2	6.3	6.5	5.6	5.6	5.3	5.3
Mohave	7	15	12	10	11	19	15	3.9	8.2	6.0	4.7	5.0	8.4	6.1
Navajo	13	22	10	9	12	15	13	7.7	13.8	6.1	5.2	6.7	7.8	6.9
Pima	84	86	77	80	54	68	79	6.7	7.0	6.1	6.2	4.1	5.2	5.7
Pinal	18	20	19	16	14	21	17	6.9	7.6	6.6	5.5	4.5	5.7	3.8
Santa Cruz	5	3	1	1	4	5	3	6.2	3.9	1.3	1.3	4.9	6.4	4.0
Yavapai	11	11	10	14	15	7	10	6.2	6.3	5.2	7.5	7.4	3.3	4.2
Yuma	15	12	21	30	25	30	12	5.0	4.0	6.8	9.3	7.5	9.0	3.6
La Paz	2	1	1	1	4	0	0	10.8	5.4	4.3	4.6	17.1	0.0	0.0

¹Includes spontaneous terminations of pregnancy at 20 or more weeks of gestation (or if gestational age is unknown, the deaths of fetuses of at least 350 grams in weight), exclude induced terminations of pregnancy.

²Per 1,000 live births plus reportable spontaneous fetal deaths.

Note: The numbers and rates of reportable spontaneous fetal deaths for 2004 were revised and differ from those previously published.

<http://www.azdhs.gov/plan/report/ahs/ahs2006/pdf/5c3.pdf>

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TABLE 5C-4
REPORTABLE SPONTANEOUS FETAL LOSSES¹ BY COUNTY OF RESIDENCE OF MOTHER, RACE AND SEX OF CHILD
ARIZONA, 2006

	All groups*				White non-Hispanic				Hispanic or Latino				Black or African American			American Indian or Alaska Native			Asian or Pacific Islander			Unknown		
	T	M	F	U	T	M	F	U	T	M	F	U	T	M	F	T	M	F	T	M	F	T	M	F
ARIZONA	543	286	252	5	210	105	103	2	244	131	110	3	39	26	13	38	16	22	10	8	2	2	0	2
Apache	4	3	1	0	0	0	0	0	1	1	0	0	0	0	0	3	2	1	0	0	0	0	0	0
Cochise	12	10	2	0	4	4	0	0	6	4	2	0	2	2	0	0	0	0	0	0	0	0	0	0
Coconino	14	8	5	1	6	4	1	1	2	0	2	0	1	1	0	5	3	2	0	0	0	0	0	0
Gila	11	6	5	0	0	0	0	0	5	3	2	0	0	0	0	6	3	3	0	0	0	0	0	0
Graham	2	1	1	0	1	1	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Greenlee	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Maricopa	351	191	158	2	140	74	65	1	166	89	76	1	30	19	11	5	2	3	9	7	2	1	0	1
Mohave	15	10	5	0	7	2	5	0	8	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Navajo	13	3	10	0	3	1	2	0	1	0	1	0	0	0	0	9	2	7	0	0	0	0	0	0
Pima	79	35	42	2	29	10	19	0	37	17	18	2	4	4	0	7	3	4	1	1	0	1	0	1
Pinal	17	5	12	0	10	4	6	0	3	1	2	0	2	0	2	2	0	2	0	0	0	0	0	0
Santa Cruz	3	2	1	0	0	0	0	0	3	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Yavapai	10	5	5	0	7	3	4	0	2	1	1	0	0	0	0	1	1	0	0	0	0	0	0	0
Yuma	12	7	5	0	3	2	1	0	9	5	4	0	0	0	0	0	0	0	0	0	0	0	0	0
La Paz	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

¹Include spontaneous terminations of pregnancy at 20 or more weeks of gestation (or if gestational age is unknown, the deaths of fetuses of at least 350 grams in weight), exclude induced terminations of pregnancy.

T: Total

M: Male

F: Female

U: Unknown

*Includes records with unknown race/ethnicity.

<http://www.azdhs.gov/plan/report/ahs/ahs2006/pdf/5c4.pdf>

Appendix B, Table 29

TABLE 5D-1
RESIDENT ABORTIONS BY COUNTY OF RESIDENCE¹, ARIZONA, 1996-2006

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
ARIZONA¹	10,868	11,056	14,606	10,656	9,631	8,226	10,397	10,154	12,301	10,446	10,506
Apache	16	12	21	10	11	12	15	17	43	46	47
Cochise	203	214	189	122	196	144	201	150	181	136	176
Coconino	396	322	151	172	226	190	239	233	291	266	299
Gila	20	20	12	16	23	29	27	15	29	10	27
Graham	31	23	26	23	21	17	20	18	21	9	15
Greenlee	17	9	15	3	6	8	7	4	4	6	4
Maricopa	6,298	6,186	8,654	6,502	6,082	4,697	6,371	7,027	8,178	6,541	6,496
Mohave	24	11	16	5	6	4	11	5	20	6	16
Navajo	25	91	41	42	46	45	73	54	70	51	47
Pima	2,618	2,877	2,710	1,642	2,394	2,422	2,764	2,080	2,965	3,018	2,636
Pinal	114	104	128	110	106	147	110	83	131	85	277
Santa Cruz	58	45	49	36	52	45	70	45	50	36	81
Yavapai	102	136	86	112	122	132	144	100	190	208	263
Yuma	33	56	55	89	76	84	112	133	119	28	81
La Paz	5	4	8	4	4	8	8	3	9	0	6

¹May include records with unknown county of residence in Arizona.

<http://www.azdhs.gov/plan/report/ahs/ahs2006/pdf/5d1.pdf>

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TABLE 5D-2
NUMBER OF WOMEN HAVING ABORTIONS PER 1,000 WOMEN GIVING BIRTH¹ BY COUNTY OF RESIDENCE,
ARIZONA, 1996-2006

	1996	1997	1999	2000	2001	2002	2003	2004	2005	2006
ARIZONA	144.7	146.3	132.4	113.3	96.5	119.0	111.9	131.7	109.0	103.0
Apache	12.5	9.0	9.1	8.5	11.2	13.5	13.6	32.2	35.9	39.5
Cochise	117.6	129.7	73.1	112.8	88.0	117.5	85.4	100.0	76.9	97.3
Coconino	213.3	178.7	95.3	121.6	101.4	128.0	121.4	143.6	128.5	145.0
Gila	29.8	30.1	23.8	34.0	44.7	117.5	21.7	43.4	15.4	40.5
Graham	65.8	46.8	48.3	45.8	38.4	128.0	41.5	46.6	19.9	27.8
Greenlee	103.7	54.2	21.3	55.6	84.2	38.8	46.0	39.2	60.6	36.4
Maricopa	135.4	131.3	126.2	111.7	84.4	112.5	119.1	135.1	105.1	98.2
Mohave	13.2	6.2	2.9	3.4	2.2	5.5	2.3	9.1	2.7	6.5
Navajo	14.7	54.9	24.0	27.3	28.6	44.7	31.5	39.1	26.8	25.0
Pima	231.9	253.0	138.4	191.3	199.5	221.8	162.5	227.6	232.6	189.2
Pinal	54.0	48.4	45.8	40.7	57.5	40.7	28.4	42.7	23.3	62.0
Santa Cruz	72.8	57.8	47.7	65.2	59.3	91.9	56.8	61.9	46.1	107.6
Yavapai	64.7	88.0	68.8	69.4	75.7	75.1	54.1	95.1	98.3	110.5
Yuma	11.2	19.6	31.3	25.3	28.0	36.5	41.7	35.9	8.5	24.2
La Paz	32.9	20.0	29.6	21.7	43.2	34.8	13.9	39.1	0.0	26.2

¹The number of resident abortions per 1,000 resident live births in specified county.

<http://www.azdhs.gov/plan/report/ahs/ahs2006/pdf/5d2.pdf>

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TABLE 5D-3
ABORTIONS BY COUNTY OF RESIDENCE AND COUNTY OF OCCURRENCE, ARIZONA, 2006

	Total	County of occurrence				
		Coconino	Maricopa	Pima	Yavapai	Out-of-State
ARIZONA	10,506	271	6,987	3,057	152	39
Apache	47	6	13	2	0	26
Cochise	176	1	5	170	0	0
Coconino	299	212	70	10	5	2
Gila	27	0	25	2	0	0
Graham	15	0	3	12	0	0
Greenlee	4	0	1	3	0	0
Maricopa	6,496	3	6,470	15	3	5
Mohave	16	3	10	1	1	1
Navajo	47	10	29	7	0	1
Pima	2,636	0	54	2,582	0	0
Pinal	277	0	125	151	0	1
Santa Cruz	81	0	1	80	0	0
Yavapai	263	35	80	5	142	1
Yuma	81	0	76	4	0	1
La Paz	6	0	4	2	0	0
Unknown	35	1	21	11	1	1

<http://www.azdhs.gov/plan/report/ahs/ahs2006/pdf/5d3.pdf>

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**TABLE 5D-4
ABORTIONS BY COUNTY OF RESIDENCE AND AGE GROUP, ARIZONA, 2006**

	Total	<15	15-17	18-19	20-24	25-29	30-34	35-39	40-44	45+	Unknown
ARIZONA	10,506	69	624	1,226	3,527	2,243	1,380	876	345	101	115
Apache	47	0	3	2	10	8	9	8	5	2	0
Cochise	176	2	10	17	56	44	14	18	11	1	3
Coconino	299	0	15	35	117	53	43	26	8	1	1
Gila	27	0	7	2	8	5	1	3	1	0	0
Graham	15	0	2	1	6	4	0	1	0	1	0
Greenlee	4	0	0	0	0	2	2	0	0	0	0
Maricopa	6,496	42	396	804	2,225	1,403	867	515	178	35	31
Mohave	16	0	0	0	7	4	2	1	2	0	0
Navajo	47	0	8	3	9	8	8	8	3	0	0
Pima	2,636	21	146	283	858	548	331	217	104	56	72
Pinal	277	1	6	23	91	58	49	32	15	2	0
Santa Cruz	81	1	2	7	28	18	10	11	3	1	0
Yavapai	263	1	18	31	77	58	30	28	11	2	7
Yuma	81	1	9	14	25	17	8	4	3	0	0
La Paz	6	0	0	2	1	1	1	1	0	0	0
Unknown	35	0	2	2	9	12	5	3	1	0	1

<http://www.azdhs.gov/plan/report/ahs/ahs2006/pdf/5d4.pdf>

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TABLE 5D-5
ABORTIONS BY COUNTY OF RESIDENCE, RACE/ETHNICITY, MARITAL STATUS AND EDUCATION, ARIZONA, 2006

	Total	Race/ethnicity							Marital status		Education/highest grade completed		
		White non-Hispanic	Hispanic or Latino	Black or African American	American Indian or Alaska Native	Asian or Pacific Islander	Other	Unknown	Married	Unmarried	Primary/Secondary (0-12)	College (1-4 or 5+)	Not stated
ARIZONA	10,506	5,106	3,160	551	342	391	796	130	1,765	8,741	6,226	1,415	2,865
Apache	47	7	5	0	31	2	2	0	9	38	21	10	16
Cochise	176	86	51	13	0	5	17	4	41	135	88	85	3
Coconino	299	195	31	5	54	6	2	6	54	245	152	117	30
Gila	27	15	6	0	6	0	0	0	6	21	19	0	8
Graham	15	7	5	1	1	0	1	0	2	13	8	6	1
Greenlee	4	1	2	1	0	0	0	0	0	4	3	1	0
Maricopa	6,496	3,213	1,802	417	184	287	556	37	1,046	5,450	3,994	33	2,469
Mohave	16	8	4	0	3	0	1	0	2	14	10	3	3
Navajo	47	20	10	0	12	3	0	2	7	40	31	5	11
Pima	2,636	1,166	994	117	36	66	191	66	452	2,184	1,472	980	184
Pinal	277	138	91	17	5	14	11	1	57	220	143	90	44
Santa Cruz	81	17	52	2	1	1	6	2	19	62	39	40	2
Yavapai	263	195	46	3	5	2	3	9	43	220	176	38	49
Yuma	81	21	48	2	2	3	2	3	17	64	60	2	19
La Paz	6	3	3	0	0	0	0	0	3	3	3	2	1
Unknown	35	14	10	3	2	2	4	0	7	28	7	3	25

<http://www.azdhs.gov/plan/report/ahs/ahs2006/pdf/5d5.pdf>

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TABLE 5D-6
ABORTIONS BY WEEK OF GESTATION AND COUNTY OF RESIDENCE, ARIZONA, 2006

	Total	Weeks of gestation:																
		6 weeks or less	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21+	Un-known
ARIZONA	10,506	2,877	2,277	1,649	1,143	752	513	342	245	149	111	80	84	70	62	49	100	3
Apache	47	12	9	3	4	2	5	3	2	2	1	1	1	0	0	0	2	0
Cochise	176	60	20	30	20	16	7	6	6	1	2	4	1	0	2	1	0	0
Coconino	299	110	57	35	41	26	16	3	3	3	0	2	1	1	0	0	1	0
Gila	27	4	2	4	8	2	2	0	1	0	1	0	1	1	1	0	0	0
Graham	15	2	1	3	1	0	1	1	1	2	0	1	0	0	2	0	0	0
Greenlee	4	0	1	1	0	0	0	0	0	1	0	0	0	1	0	0	0	0
Maricopa	6,496	1,482	1,561	1,089	771	443	340	127	127	79	78	38	60	50	43	41	84	0
Mohave	16	4	3	2	1	3	0	2	2	0	0	0	0	0	0	0	1	0
Navajo	47	9	8	8	3	8	5	2	2	0	0	1	1	0	0	0	0	0
Pima	2,636	960	471	351	225	202	95	78	78	46	26	31	13	14	12	6	7	2
Pinal	277	78	40	59	30	21	17	9	9	6	1	2	2	1	0	1	3	0
Santa Cruz	81	29	12	14	10	7	1	2	2	2	0	0	1	0	0	0	0	1
Yavapai	263	101	76	26	10	14	16	6	6	5	0	0	1	1	1	0	2	0
Yuma	81	12	10	19	14	3	7	4	4	1	1	0	2	1	1	0	0	0
La Paz	6	2	1	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Unknown	35	12	5	4	5	5	0	2	2	1	1	0	0	0	0	0	0	0

<http://www.azdhs.gov/plan/report/ahs/ahs2006/pdf/5d6.pdf>

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TABLE 5E-16
INFANT MORTALITY BY COUNTY OF RESIDENCE, ARIZONA, 1996-2006

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
ARIZONA	576	542	592	547	568	587	552	586	622	653	642
Apache	7	8	10	11	16	8	6	6	12	14	6
Cochise	13	10	13	12	11	12	13	19	13	19	17
Coconino	17	17	17	4	16	6	13	11	14	14	10
Gila	6	7	4	6	6	4	8	6	6	7	3
Graham	8	4	2	3	1	4	6	2	1	3	2
Greenlee	1	0	1	1	0	1	1	0	1	1	0
Maricopa	361	345	358	366	356	371	361	369	396	383	406
Mohave	20	17	19	14	16	12	9	21	16	27	18
Navajo	17	12	21	15	11	10	7	15	12	17	9
Pima	74	70	75	64	76	92	90	84	99	109	100
Pinal	12	21	22	18	25	21	16	19	20	30	29
Santa Cruz	3	2	5	3	3	2	4	1	7	4	4
Yavapai	13	8	18	8	12	14	9	8	6	10	19
Yuma	17	9	21	18	16	25	8	23	17	14	18
La Paz	0	5	2	3	3	2	1	2	2	1	1
Unknown	7	7	4	1	0	3	0	0	0	0	0

<http://www.azdhs.gov/plan/report/ahs/ahs2006/pdf/5e16.pdf>

Appendix B, Table 36

TABLE 6B
MONITORING PROGRESS TOWARD ARIZONA AND SELECTED NATIONAL YEAR 2010 OBJECTIVES: 2006 COUNTY PROFILES

Focus areas and selected objectives: (in parentheses are <i>Healthy People 2010</i> objective numbers)	2010 TARGET	RATES, RATIOS OR CASES IN 2006															
		Arizona	Apache	Cochise	Coconino	Gila	Graham	Greenlee	Maricopa	Mohave	Navajo	Pima	Pinal	Santa Cruz	Yavapai	Yuma	La Paz
6B-1. MATERNAL, INFANT AND CHILD HEALTH																	
Reduce fetal deaths at 20 or more weeks of gestation (HP16-1a)	4.1	5.3	3.4	6.6	6.8	16.5	3.7	0.0	5.3	6.1	6.9	5.7	3.8	4.0	4.2	3.6	0.0
Reduce fetal and infant deaths during perinatal period (HP16-1b)	4.5	5.9	5.9	7.2	4.4	10.4	7.4	0.0	5.6	7.3	4.2	6.8	6.5	2.7	6.7	4.8	4.4
• Reduce infant deaths (HP16-1c)	• 6.0	6.3	5.0	9.4	4.8	4.5	3.7	0.0	6.1	7.3	4.8	7.2	6.5	5.3	8.0	5.4	4.4
Reduce neonatal deaths (HP16-1d)	2.9	4.3	4.2	6.6	3.9	1.5	3.7	0.0	4.2	5.3	2.1	5.0	4.5	2.7	5.0	3.9	4.4
Reduce postneonatal deaths (HP16-1e)	1.2	2.0	0.8	2.8	1.0	3.0	0.0	0.0	1.9	2.0	2.7	2.2	2.0	2.7	2.9	1.5	0.0
Increase the proportion of pregnant women who receive prenatal care in the first trimester (HP16-6a)	90.0%	77.7	62.0	82.6	79.2	68.7	76.7	75.5	80.3	77.8	67.2	73.5	78.2	68.1	70.3	60.6	68.6
Reduce low birth weight (LBW) (HP16-10a)	5.0%	7.1	6.7	9.5	8.5	8.8	8.5	4.5	7.0	6.3	8.1	7.5	6.7	6.9	7.2	5.8	6.1
Reduce very low birth weight (VLBW) (HP16-10b)	0.9%	1.2	1.3	1.2	1.4	1.9	0.7	0.9	1.2	1.1	1.0	1.2	1.2	0.7	1.4	1.2	2.2
Reduce preterm births (HP16-11a)	7.6%	10.6	9.8	10.2	10.3	13.5	14.1	9.1	11	9.6	8.8	10.1	10.3	7.2	9.7	8.7	12.2
Increase abstinence from cigarette smoking among pregnant women (HP16-17c)	99.0%	94.9	95.8	90.5	95.4	82.8	91.9	85.5	95.9	85.9	93.6	94.3	92.5	99.2	86.4	96.4	95.2
6B-2. RESPONSIBLE SEXUAL BEHAVIOR																	
• Reduce pregnancies among adolescent females aged 15 to 17 years ^a (HP9-7)	• 25.0	39.0	26.8	30.0	34.6	38.7	42.4	9.8	41.5	32.9	38.2	36.8	34.0	38.4	28.1	43.2	22.7
Reduce gonorrhea infections ^b (HP25-2)	19.1	95.3	64.3	71.2	48.9	69.0	55.8	36.2	106.2	29.2	108.3	80.6	97.4	15.5	17.4	45.0	14.0
Reduce the incidence of primary and secondary syphilis ^b (HP25-3)	0.2	3.3	6.7	0.0	1.5	0.0	0.0	0.0	4.1	1.0	0.0	3.6	0.4	2.2	0.0	0.5	0.0

• Indicates objectives and targets identified in *Healthy Arizona 2010*.

Notes: Fetal and perinatal death rates were revised in order to include only spontaneous fetal losses and exclude induced terminations of pregnancy. The fetal death rate is per 1,000 live births plus spontaneous fetal losses of 20 or more weeks of gestation. The perinatal death rate is per 1,000 live births plus spontaneous fetal losses of 28 or more weeks of gestation (Perinatal period= 28 weeks of gestation to 7 days after birth). Infant, neonatal, and postneonatal deaths are per 1,000 live births. Source: Arizona Department of Health Services, Bureau of Epidemiology and Disease Control Services, Office of Infectious Disease Service.

^a The pregnancy rates are per 1,000 females 15-17 years old.

^b The incidence rates of gonorrhea and primary and secondary syphilis are per 100,000 population.

All other proportions and ratios are per 100 live births. Preterm births = births prior to 37 completed weeks of gestation.

The rates based on fewer than 10 cases are not statistically reliable. See Tables 5A-1, 5B-16, 5C-1, 5C-3, 5E-16, 5E-21, 5E-23, 5F-1 for the numerators.

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TABLE 7C-1
NUMBER OF EMERGENCY ROOM VISITS* BY FIRST-LISTED DIAGNOSIS AND COUNTY OF RESIDENCE, ARIZONA, 2006

Category of first-listed diagnosis	Total	Apache	Cochise	Cocconino	Gila	Graham	Greenlee	La Paz	Maricopa	Mohave	Navajo	Pima	Pinal	Santa Cruz	Yavapai	Yuma	Unknown
All visits	1,591,881	11,602	55,174	31,181	20,201	15,172	1,665	6,840	905,230	54,499	23,115	265,051	53,743	11,983	67,816	40,072	28,537
Infectious and parasitic diseases	41,270	583	1,510	934	436	646	66	184	22,187	1,409	574	7,531	1,368	376	1,587	1,138	719
Neoplasms	2,039	12	275	29	36	28	9	5	939	109	25	297	91	24	86	51	23
Endocrine nutritional metabolic and immunity diseases	24,682	216	2,056	1,085	281	258	35	151	12,288	725	487	4,156	751	264	762	779	388
Diabetes mellitus	8,380	79	701	164	87	92	14	46	4,361	268	132	1,270	355	92	299	309	111
Mental disorders	48,182	444	1,630	2,344	537	394	69	137	20,713	1,565	1,210	11,646	1,855	509	2,390	1,707	832
Psychoses	9,354	80	470	326	113	80	18	33	3,495	430	198	2,495	353	99	565	407	192
Alcoholic psychoses	1,276	47	24	101	16	5	2	4	604	32	36	261	31	6	73	16	18
Drug psychoses	1,702	6	40	48	29	22	3	7	804	70	23	394	62	21	115	31	27
Schizophrenic disorders	1,498	12	104	37	15	16	4	8	364	55	22	555	67	27	50	130	32
Manic-depressive disorders	2,259	6	153	65	26	13	6	7	620	180	68	662	75	26	171	115	66
Neurotic disorders	38,805	364	1,357	2,017	424	313	51	104	17,212	1,134	1,012	9,141	1,501	410	1,825	1,300	640
Anxiety states	9,039	47	321	180	112	78	6	47	4,722	407	135	1,384	369	151	497	401	182
Depression	6,168	16	355	197	52	60	8	15	2,458	134	100	1,756	293	45	343	226	110
Drug dependence	645	2	19	9	2	7	5	1	182	13	13	319	17	12	26	6	12
Nondependent abuse of drugs	13,445	176	366	1,128	173	87	14	17	5,988	314	592	3,109	488	101	439	255	198
Alcohol dependence syndrome	2,828	73	83	283	27	18	5	3	811	55	77	1,117	36	26	137	51	26
Diseases of the nervous system	93,800	867	3,010	1,681	1,329	1,196	81	593	53,650	3,127	1,484	15,607	2,922	609	3,487	2,485	1,672
Diseases of the circulatory system	34,396	237	2,326	548	744	359	42	274	17,156	1,395	675	5,119	1,640	493	1,791	896	701
Diseases of the respiratory system	169,920	1,727	5,221	3,381	2,484	2,116	198	957	97,353	5,324	2,399	28,251	4,967	993	7,088	4,523	2,938
Acute bronchitis and bronchiolitis	17,480	212	501	335	357	116	15	55	10,110	591	411	2,574	779	87	741	270	326
Pneumonia	18,941	93	478	215	213	163	18	66	12,825	513	240	2,728	627	157	668	454	283
Chronic bronchitis	3,377	22	181	60	68	57	5	32	1,530	237	57	532	63	20	231	204	58

<http://www.azdhs.gov/plan/report/ahs/ahs2006/pdf/7c1.pdf>

Appendix B, Table 38

TABLE 7C-2
NUMBER OF EMERGENCY ROOM VISITS FOR THE LEADING DIAGNOSIS GROUPS* AND COUNTY OF RESIDENCE, ARIZONA, 2006

Leading diagnosis	Total	Apache	Cochise	Cocconino	Gila	Graham	Greenlee	La Paz	Maricopa	Mohave	Navajo	Pima	Pinal	Santa Cruz	Yavapai	Yuma	Unknown
All visits	1,591,661	11,602	55,174	31,181	20,201	15,172	1,665	6,640	905,230	54,499	23,115	265,051	53,743	11,983	67,816	40,072	28,537
Abdominal pain	78,299	306	2,242	940	744	448	80	150	47,680	2,161	716	13,237	2,939	519	2,831	1,679	1,427
Acute upper respiratory infection, excluding pharyngitis	68,963	980	1,822	1,603	1,026	858	72	276	38,929	1,997	1,106	12,127	2,197	326	2,958	1,483	1,201
Contusion with intact skin surface	59,864	602	2,489	1,597	1,058	553	46	234	31,453	2,443	1,344	8,947	2,959	521	3,063	1,629	926
Open wound, excluding head	53,611	508	1,910	1,258	744	503	44	270	30,154	1,930	839	8,659	1,803	430	2,627	1,038	894
Chest pain	51,102	251	2,017	547	562	467	60	124	29,639	1,367	516	8,790	2,035	462	2,183	1,064	1,015
Spinal disorders	48,527	244	1,520	713	536	602	56	168	27,832	1,991	539	8,069	1,633	253	2,218	1,170	983
Mental disorders	48,182	444	1,830	2,344	537	394	69	137	20,713	1,565	1,210	11,646	1,855	509	2,390	1,707	832
Open wound of head	40,788	355	1,042	940	431	307	15	137	25,085	1,122	599	6,087	1,226	325	1,594	898	625
Otitis media and eustachian tube disorders	38,243	431	1,046	735	593	479	24	262	22,625	1,286	547	5,680	1,186	234	1,357	1,143	615
Sprains and strains of neck and back	37,692	231	999	699	606	147	24	181	21,613	1,091	642	6,774	1,258	242	1,745	846	594
Sprains and strains, excluding ankle and back	29,680	296	1,094	754	429	205	16	240	16,116	1,189	646	4,705	996	188	1,381	885	540
Urinary tract infection, site not specified	29,438	287	1,228	383	433	310	36	255	16,037	1,183	423	4,879	1,204	388	930	929	533
Headache	28,962	98	811	336	362	409	27	81	17,646	749	272	4,825	1,116	186	940	585	519
Rheumatism, excluding back	28,786	104	803	472	322	233	33	116	16,877	969	316	4,933	1,042	145	1,194	626	601
Fever	25,806	62	693	155	162	115	18	40	17,317	501	137	4,244	491	218	707	456	492
Acute pharyngitis	24,798	304	968	564	377	328	24	166	14,097	928	333	3,817	660	92	1,032	620	488
Nausea, vomiting	25,713	61	668	216	222	151	17	35	16,255	805	199	3,899	699	178	1,191	387	530
Asthma	22,604	149	733	318	246	228	26	124	13,472	554	259	3,739	695	166	714	831	350
Superficial injuries	19,827	154	710	517	270	243	18	128	10,836	587	270	3,526	529	297	871	520	351
Gastroenteritis and colitis	19,671	294	976	356	244	316	23	135	10,114	687	333	2,958	843	215	943	994	240
Pneumonia	18,941	93	478	215	213	163	18	66	12,025	513	240	2,728	627	157	668	454	283
Chronic and unspecified bronchitis	16,516	71	583	329	256	373	40	126	8,599	777	155	2,964	280	109	959	636	259
Migraine	14,483	137	767	266	166	350	27	112	7,401	448	277	2,929	475	129	437	344	218
Unspecified viral and chlamydial infection	11,949	204	625	252	106	68	12	77	6,384	483	212	1,698	715	156	519	250	188
Heart disease, excluding ischemic	11,452	73	771	191	216	104	13	84	5,843	428	233	1,630	569	169	618	267	243

*Based on first-listed diagnosis.

<http://www.azdhs.gov/plan/report/ahs/ahs2006/pdf/7c2.pdf>

Appendix B, Table 39

TABLE 8C-2
INFANT MORTALITY RATES¹ BY YEAR AND COUNTY OF RESIDENCE, ARIZONA 1950-1995

Year	U.S.	Arizona	Apache	Cochise	Coconino	Gila	Graham	Greenlee	La Paz ²	Maricopa	Mohave	Navajo	Pima	Pinal	Santa Cruz	Yavapai	Yuma
1950	29.2	45.7	106.4	34.0	61.2	49.8	57.1	34.1		37.3	47.8	107.3	28.7	68.9	48.0	38.6	50.5
1951	28.4	49.4	87.7	37.2	79.3	56.5	43.7	45.9		38.4	42.7	99.0	37.2	102	45.3	27.1	49.5
1952	28.4	44.1	78.3	25.5	76.6	63.3	49.1	31.6		34.3	94.8	87.4	33.2	78.5	36.7	32.0	52.1
1953	27.8	48.9	83.0	36.1	107.7	64.1	59.8	33.2		41.0	54.6	103.7	35.9	65.3	24.9	61.2	36.8
1954	26.6	39.4	81.4	27.2	78.8	62.5	38.1	44.6		33.5	76.9	89.9	24.6	47.0	45.8	33.1	32.6
1955	26.4	34.6	60.8	33.6	59.6	49.1	45.2	37.9		27.2	71.9	63.4	30.8	44.8	21.3	33.3	35.6
1956	26.0	32.4	62.8	39.5	43.2	30.8	30.1	29.1		26.8	42.6	58.6	27.3	35.9	29.4	26.9	41.0
1957	26.3	35.9	70.8	43.2	57.6	33.1	36.5	21.9		29.4	34.2	74.6	28.1	56.5	29.7	29.4	31.1
1958	27.1	33.5	80.1	41.4	32.8	38.7	47.2	25.0		27.2	38.0	67.0	27.5	40.1	31.6	26.4	39.6
1959	26.4	33.2	47.0	35.1	44.4	27.9	27.2	13.7		29.7	62.5	46.7	29.5	39.8	36.9	33.8	48.0
1960	26.0	31.8	55.4	26.7	46.1	47.0	44.9	27.5		26.9	21.7	64.4	27.3	38.6	26.1	20.2	32.9
1961	25.3	31.3	51.0	34.4	44.6	54.1	54.3	31.7		26.8	27.8	52.5	25.9	42.6	9.1	28.8	26.3
1962	25.3	29.1	57.5	23.1	34.9	62.2	53.8	34.6		23.9	26.8	46.8	25.1	39.4	16.2	33.1	26.3
1963	25.2	28.9	49.1	26.5	41.3	58.6	32.2	25.8		24.5	24.8	54.1	22.7	38.9	14.9	29.5	21.4
1964	24.8	26.3	34.7	19.7	43.6	48.7	45.1	32.7		22.3	25.2	42.9	22.7	37.6	21.5	24.2	26.4
1965	24.7	25.3	32.5	32.7	44.4	49.0	30.0	23.5		20.9	31.3	45.2	18.4	30.5	21.1	30.7	31.3
1966	23.7	27.4	42.7	24.8	45.4	23.2	19.7	28.7		23.8	36.1	46.6	22.2	35.9	10.9	37.5	31.6
1967	22.4	22.6	36.2	22.2	38.4	30.1	45.6	5.3		20.3	19.8	27.4	21.2	18.6	19.5	13.8	23.5
1968	21.8	22.8	46.4	25.9	40.7	25.1	34.6	17.2		19.2	34.1	36.4	17.7	23.3	25.2	26.1	24.0
1969	20.7	21.3	26.8	22.9	25.0	16.2	31.5	14.0		19.7	25.1	30.6	21.8	21.8	36.2	18.2	17.2
1970	19.8	17.8	26.3	14.1	27.7	15.9	24.3	38.8		15.5	6.5	29.0	17.3	23.2	16.8	14.7	19.4
1971	19.2	18.4	18.2	14.3	24.0	34.8	5.5	19.7		16.8	21.5	36.9	15.9	23.6	8.8	19.5	24.2
1972	19.5	16.7	23.5	17.0	25.7	27.2	10.4	13.2		14.8	11.3	21.3	16.6	21.8	15.4	24.7	13.2
1973	17.7	15.4	29.7	18.1	17.4	17.0	13.8	7.1		14.6	4.2	22.0	12.5	19.5	23.7	20.3	11.0
1974	16.7	14.9	21.5	16.2	24.1	19.7	18.0	10.8		15.4	13.5	24.8	10.8	12.5	11.3	1.6	9.8
1975	16.1	14.6	18.8	15.9	21.6	16.5	18.8	23.5		14.4	11.0	20.2	11.1	18.1	13.8	12.6	15.5
1976	15.2	15.3	16.4	19.4	18.6	26.4	21.0	18.6		14.1	18.6	24.0	12.9	19.0	5.1	12.3	17.6
1977	14.1	13.4	13.6	11.9	21.0	16.1	18.7	6.6		13.3	17.0	20.9	6.8	17.0	10.0	23.8	11.0
1978	13.8	13.1	17.8	13.4	13.6	14.0	16.5	0.0		13.7	17.1	15.8	9.4	11.8	9.1	15.3	14.3
1979	13.1	13.6	21.6	16.6	20.8	14.1	8.4	11.4		13.8	11.1	17.9	10.2	13.9	8.7	12.3	11.9
1980	12.6	12.4	14.1	12.1	10.9	17	15.6	18.3		13.4	20.7	14.2	8.1	9.2	6.0	11.8	14.6
1981	11.9	11.6	14.9	13.4	11.5	6.6	27.5	3.3		12.0	9.0	16.0	9.2	9.0	9.6	15.0	11.3
1982	11.5	9.3	11.4	9.0	9.0	16	8.5	19.5		9.3	12.4	9.6	8.3	9.8	6.1	9.4	8.4
1983	11.2	9.6	11.2	12.8	12.2	7.3	6.9	0.0	33.9	9.2	9.7	12.0	9.2	9.1	6.6	10.7	8.3
1984	10.8	9.5	13.8	14.2	8.8	4.5	15.7	10.3	5.1	8.9	8.1	9.7	9.9	14.6	7.8	11.0	6.9
1985	10.6	9.6	11.9	9.6	10.8	7.8	9.8	18.6	25.6	9.4	7.2	13.7	9.1	8.8	7.6	9.3	9.7
1986	10.4	9.4	9.1	5.2	9.8	12.8	12.7	9.4	0.0	9.6	10.3	6.3	9.0	13.1	7.9	11.5	6.1
1987	10.0	9.4	8.6	6.8	7.5	5.3	9.0	0.0	5.1	10.0	8.5	15.6	7.7	8.9	12.8	9.4	9.1
1988	9.9	9.7	5.3	6.5	11.2	10.6	7.2	18.0	9.3	10.0	12.2	10.7	9.3	7.2	12.0	10.1	7.5
1989	9.7	9.1	7.3	6.9	8.8	4.6	11.2	0.0	9.2	9.2	17.0	15.6	7.2	11.0	11.4	9.6	8.6
1990	9.1	8.7	8.3	7.5	11.2	4	9.4	0.0	18.5	8.9	11.4	11.7	6.1	6.0	10.2	6.6	6.9
1991	8.9	8.6	8.1	10.5	9.7	21.9	9	0.0	21.7	8.3	5.8	7.5	6.7	9.9	6.5	14.7	5.5
1992	8.5	8.3	11.7	5.7	7.5	10.0	9.2	0.0	0.0	8.5	10.6	12.5	7.7	8.3	3.3	7.0	5.0
1993	8.3	7.7	9.3	9.6	10.3	6.0	4.5	12.5	4.5	7.8	7.4	7.0	7.1	5.3	4.9	8.3	5.1
1994	7.9	7.9	8.8	8.8	8.1	8.9	9.6	5.7	4.5	7.9	7.0	7.3	7.7	10.8	3.9	7.3	4.7
1995	7.6	7.6	10.6	12.5	5.7	5.8	12.6	6.4	10.5	7.4	7.6	10.9	7.9	7.4	1.3	7.8	4.6

¹Number of infant deaths per 1,000 live births.

²Included in Yuma County prior to 1983.

Note: The infant mortality rates by county of residence for 1996-2006 are in Table 5E-17.

<http://www.azdhs.gov/plan/report/ahs/ahs2006/pdf/8c2.pdf>

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Table 5
Gastroschisis* - Incidence Rates by County, Arizona, 1986-2000
 (Live Born Cases Per 10,000 Live Births)

COUNTY	CASES 1986-2000	RATE	95% CONFIDENCE INTERVAL
Arizona	417	3.91	3.53 - 4.29
Apache	2	0.89	-0.34 - 2.13
Cochise	9	3.58	1.24 - 5.92
Coconino	9	3.22	1.12 - 5.33
Gila	3	3.00	-0.39 - 6.39
Graham	3	4.49	-0.59 - 9.57
Greenlee	2	9.82	-3.79 - 23.44
La Paz	0	0	0 - 0
Maricopa	244	3.97	3.31 - 4.26
Mohave	17	7.29	3.82 - 10.75
Navajo	4	1.48	0.03 - 2.92
Pima	82	4.82	3.78 - 5.86
Pinal	12	3.72	1.61 - 5.82
Santa Cruz	3	2.69	-0.35 - 5.73
Yavapai	12	5.71	2.48 - 8.95
Yuma	15	3.79	1.87 - 5.71

*See Appendices A and B for a definition of gastroschisis and codes included in this diagnostic category.

<http://www.azdhs.gov/phs/phstats/bdr/reports/2007-06-15--1998-2000ABDMPReport-ForPrint.pdf>

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Table 7
Heart Defects*- Incidence Rates by County, 1986-2000
(Live Born Cases Per 10,000 Live Births)

COUNTY	CASES 1986-2000	RATE	95% CONFIDENCE INTERVAL
Arizona	6914	64.86	63.33 – 66.39
Apache	137	61.07	50.85-71.30
Cochise	147	58.52	49.06-67.98
Coconino	187	66.94	57.34-76.53
Gila	103	102.90	83.03-122.77
Graham	53	79.31	57.95-100.66
Greenlee	6	29.47	5.89-53.05
La Paz	8	29.72	9.12-50.31
Maricopa	4113	63.83	61.88-65.78
Mohave	119	51.00	41.84-60.16
Navajo	206	75.99	65.61-86.36
Pima	1175	69.07	65.12-73.02
Pinal	200	61.98	53.39-70.58
Santa Cruz	75	67.21	52.00-82.42
Yavapai	149	70.94	59.55-82.33
Yuma	236	59.63	52.02-67.24

*Heart defects include truncus arteriosus, transposition of the great arteries, tetralogy of Fallot, ventricular septal defect, atrial septal defect, endocardial cushion defect, pulmonary valve atresia and stenosis, tricuspid valve atresia and stenosis, Ebstein's anomaly, aortic valve stenosis, hypoplastic left heart, and coarctation of aorta. Appendix B lists codes defining each condition.

<http://www.azdhs.gov/phs/phstats/bdr/reports/2007-06-15--1998-2000ABDMPReport-ForPrint.pdf>

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Table 4
Neural Tube Defects* - Incidence Rates by County, Arizona, 1986-2000
 (Live Born Cases Per 10,000 Live Births)

COUNTY	CASES 1986-2000	RATE	95% CONFIDENCE INTERVAL
Arizona	885	8.30	7.75 - 8.85
Apache	18	8.02	4.32-11.73
Cochise	18	7.17	3.86-10.48
Coconino	16	5.73	2.92-8.53
Gila	12	11.99	5.21-18.77
Graham	10	14.96	5.69-24.24
Greenlee	0	0	0
La Paz	4	14.86	0.30-29.42
Maricopa	575	8.92	8.19-9.65
Mohave	17	7.29	3.82-10.75
Navajo	34	12.54	8.33-16.76
Pima	123	8.29	6.92-9.66
Pinal	17	6.82	3.97-9.67
Santa Cruz	5	10.75	4.67-16.84
Yavapai	17	8.09	4.25-11.94
Yuma	19	9.35	6.34-12.36

*Neural tube defects include anencephaly, encephalocele, and spina bifida (see Appendices A and B for definitions).

<http://www.azdhs.gov/phs/phstats/bdr/reports/2007-06-15--1998-2000ABDMPPReport-ForPrint.pdf>

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Table 6
Omphalocele* - Incidence Rates by County, 1986-2000
(Live Born Cases Per 10,000 Live Births)

COUNTY	CASES 1986-2000	RATE	95% CONFIDENCE INTERVAL
Arizona	223	2.09	1.82-2.36
Apache	5	2.23	0.28 - 4.18
Cochise	7	2.79	0.72 - 4.85
Coconino	8	2.86	0.88 - 4.85
Gila	5	5.00	0.62 - 9.37
Graham	0	0	0 - 0
Greenlee	1	4.91	-4.72 - 14.54
La Paz	1	3.71	-3.57 - 11.00
Maricopa	126	1.96	1.61 - 2.30
Mohave	7	3.0	0.78 - 5.22
Navajo	6	2.21	0.44 - 3.98
Pima	41	2.41	1.67 - 3.15
Pinal	5	1.55	0.19 - 2.91
Santa Cruz	2	1.79	-0.69 - 4.28
Yavapai	5	2.38	0.29 - 4.47
Yuma	4	1.01	0.02 - 2.00

*See Appendices A and B for a definition of omphalocele and codes included in this diagnostic category.

<http://www.azdhs.gov/phs/phstats/bdr/reports/2007-06-15--1998-2000ABDMPReport-ForPrint.pdf>

Appendix C: Surveys

As part of our graduate curriculum at the University of Arizona Mel and Enid Zuckerman College of Public Health, we are assessing the health needs of and resources available to the women, adolescents, and children of Yuma County. Your responses are crucial to this effort, and we would appreciate it if you would take the time to complete as much information as possible and return this survey. Please feel free to use the back of this page for any additional comments you may have.

Name _____

Title _____

Organization _____

Services Provided _____

Service Area _____

Target Population _____

Is there a fee for services? ☐ Yes ☐ No Do you accept AHCCCS? ☐ Yes ☐ No

Approximately how many Yuma County Residents do you see each month?

Women (up to 45) _____ Adolescents (13-21) _____ Children (birth-12) _____

Of this population, approximately how many are seeking:

WIC _____ Prenatal Care _____ Family Planning Services _____ Preventive Health Care _____

Acute Illness Treatment _____ Mental Health Services _____ Other _____ (specify) _____

In your community, what are the **three most important health concerns** for the women, adolescents, and children of Yuma County?

- | | |
|--|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sexually Transmitted Disease (STD) |
| <input type="checkbox"/> Dental Problems | <input type="checkbox"/> Lack of access to Contraceptive Methods |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Infections |
| <input type="checkbox"/> Overweight | <input type="checkbox"/> Mental Health Problems |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Alcohol Abuse |
| <input type="checkbox"/> Drug Abuse | <input type="checkbox"/> Tobacco Abuse |
| <input type="checkbox"/> Asthma/Breathing Problems | <input type="checkbox"/> Pregnancy Complications (low birth weight, premature, etc.) |
| <input type="checkbox"/> Lack of Prenatal Care | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Teen Pregnancy | <input type="checkbox"/> Other (explain) _____ |

In your community, what are the **three most common barriers** to health care services in Yuma County?

- | | |
|---|--|
| <input type="checkbox"/> Lack of Child Care | <input type="checkbox"/> Lack of Transportation to Doctor's Office, Clinic, etc. |
| <input type="checkbox"/> Health Insurance Coverage | <input type="checkbox"/> Geographical Distribution of Service Providers |
| <input type="checkbox"/> Lack of Awareness of Services | <input type="checkbox"/> Financial Issues (Can't Afford Services) |
| <input type="checkbox"/> Can't Take Time Off from Work | <input type="checkbox"/> Lack of Services Offered in Native Language |
| <input type="checkbox"/> No One Understands Patient's Problem | <input type="checkbox"/> Lack of Proper Documentation |
| <input type="checkbox"/> Other _____ | |

Do you feel that the state of Arizona and Yuma County are doing enough to help meet the needs of women, adolescents and children in your community? Please explain. _____

What changes would you recommend to better meet the needs of the women, adolescents, and children in your community? _____

Thank you for taking the time to complete this survey. Please return this form by **November 26th**. If you have any questions, please feel free to contact Phoebe Long at pmlong@email.arizona.edu, or 520-207-0505.

We are graduate students at the University of Arizona, and are assessing the health needs of and resources available to the women, adolescents, and children of Yuma County. We would like to have your opinion. Please take a moment to fill out this survey. Your name is not necessary and all of your responses will be confidential. **Thank you for your time!**

What is your age? _____ What is your gender? _____ Do you have children? ☐ Yes ☐ No
If so, how many? _____
What is your ethnicity? ☐ African American ☐ American Indian or Alaska Native ☐ Latino
(optional) ☐ White (Not Latino) ☐ Asian or Pacific Islander ☐ Other: _____

What is your marital status? ☐ Married ☐ Partner ☐ Separated ☐ Single

Do you have health insurance? ☐ Yes ☐ No Do you have AHCCCS? ☐ Yes ☐ No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dental Problems | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Infections |
| <input type="checkbox"/> Overweight | <input type="checkbox"/> Asthma/Breathing Problems | <input type="checkbox"/> Mental Health Problems | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Heavy Alcohol Use | <input type="checkbox"/> Drug Use | <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> No Prenatal Care |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Teen Pregnancy | <input type="checkbox"/> Sexually Transmitted Disease (STD) | |
| <input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.) | | <input type="checkbox"/> Trouble getting birth control | |
| <input type="checkbox"/> Other (explain) _____ | | | |

Does your child currently have, or has he or she had, any of the following health concerns? (check all that apply)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dental Problems | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Infections |
| <input type="checkbox"/> Overweight | <input type="checkbox"/> Asthma/Breathing Problems | <input type="checkbox"/> Mental Health Problems | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Heavy Alcohol Use | <input type="checkbox"/> Drug Use | <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> No Prenatal Care |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Teen Pregnancy | <input type="checkbox"/> Sexually Transmitted Disease (STD) | |
| <input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.) | | <input type="checkbox"/> Trouble getting birth control | |
| <input type="checkbox"/> Other (explain) _____ | | | |

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

- | | | |
|---|--|--|
| <input type="checkbox"/> Emergency Room | <input type="checkbox"/> Community Health Organization | <input type="checkbox"/> WIC Facility |
| <input type="checkbox"/> County Clinic | <input type="checkbox"/> Private Clinic | <input type="checkbox"/> Other (explain) _____ |

Were you satisfied with the service? ☐ Yes ☐ No If not, why? _____

Do you have trouble getting help with your health concerns? ☐ Yes ☐ No If so, why? (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Can't Afford to Get Help | <input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc. | <input type="checkbox"/> No Health Insurance |
| <input type="checkbox"/> Don't Know Where to Go | <input type="checkbox"/> No Doctor/Dentist/Help close to where I live | <input type="checkbox"/> No Child Care |
| <input type="checkbox"/> Can't Take Time Off from Work | <input type="checkbox"/> No One Speaks My Native Language | |
| <input type="checkbox"/> No Proper Documentation | <input type="checkbox"/> No One Understands My Problem | |
| <input type="checkbox"/> Other _____ | | |

What health services would you like to see in your community? _____

Do you know what kinds of services the County Health Department provides? _____

Would you like to receive announcements about public health (on the radio, TV, etc.)? ☐ Yes ☐ No

Thank You!

Somos alumnos de postgrado de la Universidad de Arizona y estamos evaluando las necesidades de salud y los recursos disponibles a las mujeres, los adolescentes y los niños del condado de Yuma. Nos interesa su opinión. Por favor responda a esta encuesta. Su nombre no es necesario y todas sus respuestas serán confidenciales. **¡Gracias por su tiempo!**

¿Cuál es su edad? _____ ¿Cuál es su sexo? _____ ¿Ud. tiene hijos? ☐ Sí ☐ No

¿Cuál es su etnicidad? ☐ Afro-americano ☐ Indígena o nativo de Alaska ☐ Cuántos? _____
 (opcional) ☐ Blanco (No latino) ☐ Asiático o de las Islas Pacíficas ☐ Latino ☐ Otro: _____

¿Cuál es su estatus marital? ☐ Casado/a ☐ Tengo Pareja ☐ Separado/a ☐ Soltero/a

¿Ud. tiene seguro médico? ☐ Sí ☐ No ¿Ud. tiene AHCCCS? ☐ Sí ☐ No

¿Ud. tiene, o ha tenido, alguna de las siguientes condiciones? (marque todas las que correspondan)

☐ Diabetes ☐ Problemas dentales ☐ Hipertensión ☐ Infecciones

☐ Sobrepeso ☐ Asma/Problemas respiratorias ☐ Problemas de salud mental ☐ Problemas del corazón

☐ Uso excesivo de alcohol ☐ Uso de drogas ☐ Uso de tabaco ☐ Tuberculosis

☐ Embarazo adolescente ☐ Embarazo sin cuidado médico ☐ Enfermedad transmitida sexualmente (ETS)

☐ Dificultades en conseguir anticonceptivos ☐ Complicaciones de embarazo (bebé de bajo peso, prematuro, etc.)

☐ Otro (explique) _____

¿Tiene su hijo, o ha tenido, alguna de las siguientes condiciones? (marque todas las que correspondan)

☐ Diabetes ☐ Problemas dentales ☐ Hipertensión ☐ Infecciones

☐ Sobrepeso ☐ Asma/Problemas respiratorias ☐ Problemas de salud mental ☐ Problemas del corazón

☐ Uso excesivo de alcohol ☐ Uso de drogas ☐ Uso de tabaco ☐ Tuberculosis

☐ Embarazo adolescente ☐ Embarazo sin cuidado médico ☐ Enfermedad transmitida sexualmente (ETS)

☐ Dificultades en conseguir anticonceptivos ☐ Complicaciones de embarazo (bebé de bajo peso, prematuro, etc.)

☐ Otro (explique) _____

¿Cuáles servicios de salud ha usado Ud. (o las mujeres, los adolescentes, o los niños de su familia) en los últimos 6 meses?

☐ Sala de emergencia ☐ Organización comunitaria de salud ☐ Clínica de WIC

☐ Clínica del condado ☐ Clínica privada ☐ Otro (explique) _____

¿Estuvo Ud. satisfecho/a con el servicio que recibió? ☐ Sí ☐ No Si no, ¿por qué no? _____

¿Tiene Ud. dificultades consiguiendo ayuda para sus preocupaciones de salud? ☐ Sí ☐ No ¿Cuáles son?
 (marque todas las que correspondan)

☐ No tengo transporte a la clínica ☐ No tengo dinero para pagar el servicio ☐ No tengo seguro médico

☐ No sé a donde ir ☐ No hay médico/dentista cerca de donde vivo ☐ No puedo faltar al trabajo

☐ Nadie habla mi idioma nativa ☐ No tengo con quien dejar los niños ☐ No tengo documentos

☐ Nadie entiende mi problema ☐ Otro _____

¿Cuáles servicios de salud le gustaría tener en su comunidad? _____

¿Qué tipo de servicios ofrece el Departamento de Salud del Condado de Yuma? _____

¿Le gustaría recibir anuncios acerca de la salud pública (en la radio, la televisión, etc.)? ☐ Sí ☐ No

¡Gracias!

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What is your age? _____ What is your gender? _____ Do you have children? Yes No
If so, how many? _____

What is your ethnicity? (optional) _____ American Indian or Alaska Native _____ African American _____ Latino
_____ Pacific Islander _____ White (Not Latino) _____ Other: _____

What is your marital status? _____ Married _____ Partner _____ Separated _____ Single

Do you have health insurance? Yes No Do you have AHCCCS? Yes No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

Does your child currently have or might your child someday have any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Community Health Organization
<input type="checkbox"/> WIC facility	<input type="checkbox"/> Public Clinic
<input type="checkbox"/> Private Clinic	<input type="checkbox"/> Other (explain) _____

Were you satisfied with the service? Yes No If not, why? _____

Do you have trouble getting help with your health concerns? Yes No If so, why? (check all that apply)

<input type="checkbox"/> No Child Care	<input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc.
<input type="checkbox"/> No Health Insurance	<input type="checkbox"/> No Doctor/Dentist/Help close to where you live
<input type="checkbox"/> Don't Know Where to Go	<input type="checkbox"/> Can't Afford to Get Help
<input type="checkbox"/> Can't Take Time Off from Work	<input type="checkbox"/> No One Speaks Your Native Language
<input type="checkbox"/> No One Understands Your Problem	<input type="checkbox"/> No Proper Documentation
<input type="checkbox"/> Other _____	

Yuma County Providers Who Submitted Surveys

Rachael Baker	RN, BSN, PHN	Yuma County Health Department
Michelle Ramos	Center Administrator	Planned Parenthood of Arizona
Dora Lopez	Program Coordinator	Campeños sin Fronteras
Margaret Hewitt	PHD	Yuma County Health Department
Vikki Armes	RN, PHN	Yuma County Health Department
Mary Thomas	Public Health Nurse	Yuma County Public Health Services
Jim Miller	Injury Prevention Prog. Coord	District
Deborah Scovil	Health Educator	Yuma County Health/SAFE KIDS
Karen Martin	Health Advisor	Health-Tobacco Prevention Program
		Health Start/Yuma Co. Health Dept.

List of Yuma County Providers Who Did Not Return Surveys

Provider Group	Contact Person	Phone	Fax	Email
Associates for Women's Health	Rachna	928.341.4650	928.341.9779	
Foothills Walk-in Medical PC	Jenny Nunez	928.345.2150	928.345.2151	
Horizon Health Services	Steve Lopez, MD	928.317.5023	928.329.8950	
Pinnacle Medical Group	Tami Harmon	928.341.4544	928.341.4514	
Planned Parenthood — Southern Arizona	Carol Bafaloukos	928.343.3012		cbafaloukos@ppaz.org
Primecare Central Urgent Care	Victoria	928.341.4563	928.344.2055	
Sunset Community Health Center — Pediatrics	Eve	928.344.5112	928.344.5766	
Sunset Community Health Center — San Luis	Rosalie	928.627.3822	928.627.3989	
Sunset Community Health Center — Somerton	Vera	928.627.2051	928.627.3857	
Sunset Community Health Center — Wellton	Isabel	928.785.3256	928.785.3258	
Sunset Women's Medical Group	Sonia	928.726.5950	928.726.3797	
Yuma Regional Medical Center	Machele Headington	928.336.2000		mheadington@yumaregional.org

Provider Surveys Returned

As part of our graduate curriculum at the University of Arizona Mel and Enid Zuckerman College of Public Health, we are assessing the health needs of and resources available to the women, adolescents, and children of Yuma County. Your responses are crucial to this effort, and we would appreciate it if you would take the time to complete as much information as possible and return this survey. Please feel free to use the back of this page for any additional comments you may have.

Name Rachael Baker

Title RN, BSN, PHN

Organization Yuma County Health District

Services Provided Public Health Nsg, high risk infants/children, immunizations

Service Area Yuma County

Target Population program specific

Is there a fee for services? Yes ☐ No ☒ Do you accept AHCCCS? Yes ☐ No ☐

Approximately how many Yuma County Residents do you see each month?

Women (up to 45) _____ Adolescents (13-21) _____ Children (birth-12) _____

Of this population, approximately how many are seeking:

WIC _____ Prenatal Care _____ Family Planning Services _____ Preventive Health Care _____

Acute Illness Treatment _____ Mental Health Services _____ Other _____ (please specify) _____

In your community, what are the **three most important health concerns** for the following groups in Yuma County?

- | | |
|---|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sexually Transmitted Disease (STD) |
| <input type="checkbox"/> Dental Problems | <input type="checkbox"/> Lack of access to Contraceptive Methods |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Infections |
| <input type="checkbox"/> Overweight | <input checked="" type="checkbox"/> 3 Mental Health Problems |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Alcohol Abuse |
| <input type="checkbox"/> Drug Abuse | <input type="checkbox"/> Tobacco Abuse |
| <input type="checkbox"/> Asthma Breathing Problems | <input type="checkbox"/> Pregnancy Complications (low birth weight, premature, etc.) |
| <input checked="" type="checkbox"/> 2 Lack of Prenatal Care | <input checked="" type="checkbox"/> 1 Teen Pregnancy |
| <input type="checkbox"/> Other (explain) _____ | |

In your community, what are the **three most common barriers** to health care services in Yuma County?

- | | |
|--|--|
| <input type="checkbox"/> Lack of Child Care | <input type="checkbox"/> Lack of Transportation to Doctor's Office, Clinic, etc. |
| <input type="checkbox"/> Health Insurance Coverage | <input checked="" type="checkbox"/> 1 Geographical Distribution of Service Providers |
| <input checked="" type="checkbox"/> 3 Public Lack of Awareness of Services | <input checked="" type="checkbox"/> 2 Financial Issues (Can't Afford Services) |
| <input type="checkbox"/> Can't Take Time Off from Work | <input type="checkbox"/> Lack of Services Offered in Native Language |
| <input type="checkbox"/> No One Understands Your Problem | <input type="checkbox"/> Lack of Proper Documentation |
| <input type="checkbox"/> Other _____ | |

Do you feel that the state of Arizona and Yuma County are doing enough to help meet the needs of women, adolescents and children in your community? Please explain. lacking in some areas.

What changes would you recommend to better meet the needs of the women, adolescents, and children in your community?
better net-working strategies - more bridge builders, less gate keepers

As part of our graduate curriculum at the University of Arizona Mel and Enid Zuckerman College of Public Health, we are assessing the health needs of and resources available to the women, adolescents, and children of Yuma County. Your responses are crucial to this effort, and we would appreciate it if you would take the time to complete as much information as possible and return this survey. Please feel free to use the back of this page for any additional comments you may have.

Name MICHELLE RAMOS
 Title Center Administrator
 Organization PLANNED PARENTHOOD OF ARIZONA
 Services Provided Reproductive Health / family planning
 Service Area _____
 Target Population 250+ males / females - seeking education / reproductive health
 Is there a fee for services? Yes ☒ No ☐ Do you accept AHCCCS? Yes ☒ No ☐
 Approximately how many Yuma County Residents do you see each month?
 Women (up to 45) _____ Adolescents (13-21) _____ Children (birth-12) NA
 Of this population, approximately how many are seeking: 250 people / MO
 WIC _____ Prenatal Care _____ Family Planning Services ☒ Preventive Health Care ☒
 Acute Illness Treatment _____ Mental Health Services _____ Other ☒ (please specify) family planning

In your community, what are the **three most important health concerns** for the following groups in Yuma County?

<input type="checkbox"/> Diabetes	<input checked="" type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input checked="" type="checkbox"/> Lack of access to Contraceptive Methods
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health Problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Alcohol Abuse
<input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Tobacco Abuse
<input type="checkbox"/> Asthma/Breathing Problems	<input checked="" type="checkbox"/> Pregnancy Complications (low birth weight, premature, etc.)
<input type="checkbox"/> Lack of Prenatal Care	<input checked="" type="checkbox"/> Teen Pregnancy
<input type="checkbox"/> Other (explain) _____	

In your community, what are the **three most common barriers** to health care services in Yuma County?

<input type="checkbox"/> Lack of Child Care	<input type="checkbox"/> Lack of Transportation to Doctor's Office, Clinic, etc.
<input type="checkbox"/> Health Insurance Coverage	<input type="checkbox"/> Geographical Distribution of Service Providers
<input checked="" type="checkbox"/> Public Lack of Awareness of Services	<input type="checkbox"/> Financial Issues (Can't Afford Services)
<input type="checkbox"/> Can't Take Time Off from Work	<input type="checkbox"/> Lack of Services Offered in Native Language
<input type="checkbox"/> No One Understands Your Problem	<input type="checkbox"/> Lack of Proper Documentation
<input type="checkbox"/> Other _____	

Do you feel that the state of Arizona and Yuma County are doing enough to help meet the needs of women, adolescents and children in your community? Please explain. _____

What changes would you recommend to better meet the needs of the women, adolescents, and children in your community? _____

Thank you for taking the time to complete this survey. Please return this form in the enclosed envelope by November 12th. If you have any questions, please feel free to contact Phoebe Long at pmlong@email.arizona.edu, or 520-207-0505.

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Name Dora Lopez

Title Program Coordinator

Organization Campeños Sin Fronteras

Services Provided Health Education

Service Area Somerton, San Luis Az, Gadsden, Yuma

Target Population Hispanics teens & pre-teens

Is there a fee for services? Yes No Do you accept AHCCCS? Yes No

Approximately how many Yuma County Residents do you see each month?

Women (up to 45) 50 Adolescents (13-21) 50 Children (birth-12)

Of this population, approximately how many are seeking:

WIC Prenatal Care Family Planning Services Preventive Health Care

Acute Illness Treatment Mental Health Services Other ☒ (please specify) Sex Education

In your community, what are the **three most important health concerns** for the following groups in Yuma County?

- | | |
|--|--|
| <input type="checkbox"/> Diabetes | <input checked="" type="checkbox"/> Sexually Transmitted Disease (STD) |
| <input type="checkbox"/> Dental Problems | <input type="checkbox"/> Lack of access to Contraceptive Methods |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Infections |
| <input type="checkbox"/> Overweight | <input type="checkbox"/> Mental Health Problems |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Alcohol Abuse |
| <input checked="" type="checkbox"/> Drug Abuse | <input type="checkbox"/> Tobacco Abuse |
| <input type="checkbox"/> Asthma/Breathing Problems | <input type="checkbox"/> Pregnancy Complications (low birth weight, premature, etc.) |
| <input type="checkbox"/> Lack of Prenatal Care | <input checked="" type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Other (explain) <u> </u> | |

In your community, what are the **three most common barriers** to health care services in Yuma County?

- | | |
|--|--|
| <input type="checkbox"/> Lack of Child Care | <input type="checkbox"/> Lack of Transportation to Doctor's Office, Clinic, etc. |
| <input checked="" type="checkbox"/> Health Insurance Coverage | <input type="checkbox"/> Geographical Distribution of Service Providers |
| <input checked="" type="checkbox"/> Public Lack of Awareness of Services | <input checked="" type="checkbox"/> Financial Issues (Can't Afford Services) |
| <input type="checkbox"/> Can't Take Time Off from Work | <input type="checkbox"/> Lack of Services Offered in Native Language |
| <input type="checkbox"/> No One Understands Your Problem | <input type="checkbox"/> Lack of Proper Documentation |
| <input type="checkbox"/> Other <u> </u> | |

Do you feel that the state of Arizona and Yuma County are doing enough to help meet the needs of women, adolescents and children in your community? Please explain. I see more & more commercials that

bring awareness.

What changes would you recommend to better meet the needs of the women, adolescents, and children in your community?

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Name Margaret Hewitt
Title FTHD
Organization YCHD
Services Provided _____
Service Area _____
Target Population _____

Is there a fee for services? ☒ Yes ☐ No Do you accept AHCCCS? ☐ Yes ☐ No

Approximately how many Yuma County Residents do you see each month?

Women (up to 45) _____ Adolescents (13-21) ☒ Children (birth-12) ☒

Of this population, approximately how many are seeking:

WIC _____ Prenatal Care _____ Family Planning Services _____ Preventive Health Care _____

Acute Illness Treatment _____ Mental Health Services _____ Other _____ (please specify) _____

In your community, what are the **three most important health concerns** for the following groups in Yuma County?

<input checked="" type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Lack of access to Contraceptive Methods
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health Problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Alcohol Abuse
<input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Tobacco Abuse
<input type="checkbox"/> Asthma/Breathing Problems	<input type="checkbox"/> Pregnancy Complications (low birth weight, premature, etc.)
<input checked="" type="checkbox"/> Lack of Prenatal Care	<input checked="" type="checkbox"/> Teen Pregnancy
<input type="checkbox"/> Other (explain) _____	

In your community, what are the **three most common barrier** to health care services in Yuma County?

<input type="checkbox"/> Lack of Child Care	<input type="checkbox"/> Lack of Transportation to Doctor's Office, Clinic, etc.
<input checked="" type="checkbox"/> Health Insurance Coverage	<input type="checkbox"/> Geographical Distribution of Service Providers
<input type="checkbox"/> Public Lack of Awareness of Services	<input checked="" type="checkbox"/> Financial Issues (Can't Afford Services)
<input type="checkbox"/> Can't Take Time Off from Work	<input type="checkbox"/> Lack of Services Offered in Native Language
<input type="checkbox"/> No One Understands Your Problem	<input checked="" type="checkbox"/> Lack of Proper Documentation
<input type="checkbox"/> Other _____	

Do you feel that the state of Arizona and Yuma County are doing enough to help meet the needs of women, adolescents and children in your community? Please explain. _____

What changes would you recommend to better meet the needs of the women, adolescents, and children in your community? _____

Thank you for taking the time to complete this survey. Please return this form in the enclosed envelope by November 12th. If you have any questions, please feel free to contact Phoebe Long at pmlong@email.arizona.edu, or 520-207-0505.

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Name Vikki Armer
 Title RN PAN
 Organization YUCHD
 Services Provided Medica, TMR, Immigration
 Service Area North District
 Target Population teen, newborns, & young adults
 Is there a fee for services? Yes ☐ No ☐ Do you accept AHCCCS? Yes ☐ No ☐
 Approximately how many Yuma County Residents do you see each month?
 Women (up to 45) Adolescents (13-21) 7 Children (birth-12) 12

Of this population, approximately how many are seeking:

WIC ☒ Prenatal Care ☒ Family Planning Services ☐ Preventive Health Care ☐
 Acute Illness Treatment ☐ Mental Health Services ☐ Other ☐ (please specify)

In your community, what are the **three most important health concerns** for the following groups in Yuma County?

3 Diabetes ☐ Sexually Transmitted Disease (STD)
☐ Dental Problems ☐ Lack of access to Contraceptive Methods
☐ High Blood Pressure ☐ Infections
☐ Overweight ☐ Mental Health Problems
☐ Heart Disease ☐ Alcohol Abuse
☐ Drug Abuse ☐ Tobacco Abuse
☐ Asthma/Breathing Problems 2 Pregnancy Complications (low birth weight, premature, etc.)
☐ Lack of Prenatal Care 1 Teen Pregnancy
☐ Other (explain)

In your community, what are the **three most common barriers** to health care services in Yuma County?

☐ Lack of Child Care ☐ Lack of Transportation to Doctor's Office, Clinic, etc.
1 Health Insurance Coverage ☐ Geographical Distribution of Service Providers
☐ Public Lack of Awareness of Services ☐ Financial Issues (Can't Afford Services)
☐ Can't Take Time Off from Work ☐ Lack of Services Offered in Native Language
☐ No One Understands Your Problem ☐ Lack of Proper Documentation
☐ Other

Do you feel that the state of Arizona and Yuma County are doing enough to help meet the needs of women, adolescents and children in your community? Please explain. program for undocumented who has

no funds to pay their part (when on emergency)

What changes would you recommend to better meet the needs of the women, adolescents, and children in your community?

Thank you for taking the time to complete this survey. Please return this form in the enclosed envelope by November 12th. If you have any questions, please feel free to contact Phoebe Long at pmlong@email.arizona.edu, or 520-207-0505.

As part of our graduate curriculum at the University of Arizona Mel and Enid Zuckerman College of Public Health, we are assessing the health needs of and resources available to the women, adolescents, and children of Yuma County. Your responses are crucial to this effort, and we would appreciate it if you would take the time to complete as much information as possible and return this survey. Please feel free to use the back of this page for any additional comments you may have.

Name Mary Thomas
Title Public Health Nurse (assigned to programs listed below)
Organization Yuma County Public Health Services District
Services Provided Public Health Nursing: NICU High Risk Infant, Teen prenatal case management, Immunization
Service Area Yuma County Family Planning, Communicable Disease, TB.
Target Population program specific
Is there a fee for services? program specific Yes No Do you accept AHCCCS? Yes No
Approximately how many Yuma County Residents do you see each month? some co-pays, fees apply
Women (up to 45) 1 Adolescents (13-21) 1 Children (birth-12) 10

Of this population, approximately how many are seeking:

WIC Prenatal Care Family Planning Services 30 Preventive Health Care
Acute Illness Treatment Mental Health Services Other 10 (please specify) NICU/High Risk Infant

In your community, what are the **three most important health concerns** for the following groups in Yuma County?

<input checked="" type="checkbox"/> Diabetes	<input checked="" type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input checked="" type="checkbox"/> Lack of access to Contraceptive Methods
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health Problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Alcohol Abuse
<input checked="" type="checkbox"/> Drug Abuse	<input type="checkbox"/> Tobacco Abuse
<input type="checkbox"/> Asthma/Breathing Problems	<input type="checkbox"/> Pregnancy Complications (low birth weight, premature, etc.)
<input type="checkbox"/> Lack of Prenatal Care	<input checked="" type="checkbox"/> Teen Pregnancy
<input checked="" type="checkbox"/> Other (explain) <u>lack of primary health care (for uninsured clients)</u>	

In your community, what are the **three most common barriers** to health care services in Yuma County?

<input type="checkbox"/> Lack of Child Care	<input type="checkbox"/> Lack of Transportation to Doctor's Office, Clinic, etc.
<input checked="" type="checkbox"/> Health Insurance Coverage	<input type="checkbox"/> Geographical Distribution of Service Providers
<input type="checkbox"/> Public Lack of Awareness of Services	<input checked="" type="checkbox"/> Financial Issues (Can't Afford Services)
<input type="checkbox"/> Can't Take Time Off from Work	<input type="checkbox"/> Lack of Services Offered in Native Language
<input type="checkbox"/> No One Understands Your Problem	<input checked="" type="checkbox"/> Lack of Proper Documentation
<input type="checkbox"/> Other <u> </u>	

Do you feel that the state of Arizona and Yuma County are doing enough to help meet the needs of women, adolescents and children in your community? Please explain. No!

High teen pregnancy rate, high percentage of uninsured receiving little or no healthcare services, limited access to Family planning services. Rural/border issues, poor performing schools, ↑ unemployment.

What changes would you recommend to better meet the needs of the women, adolescents, and children in your community?

Change attitudes; elect public officials who care about women, teens, children. Fund programs. Change policies.

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Name Jim Miller
 Title Injury Prevention Prgm. Coord.
 Organization Yuma County Health / SAFE KIDS
 Services Provided Car seat training, Bike helmet safety
 Service Area Yuma County
 Target Population Parents, Parents-to-be
 Is there a fee for services? Yes ☐ No ☒ Do you accept AHCCCS? Yes ☐ No ☒

Approximately how many Yuma County Residents do you see each month?

Women (up to 45) 20 Adolescents (13-21) Children (birth-12) 10

Of this population, approximately how many are seeking:

WIC 90% Prenatal Care 90% Family Planning Services Preventive Health Care
 Acute Illness Treatment Mental Health Services Other (please specify)

In your community, what are the **three most important health concerns** for the following groups in Yuma County?

<u> </u> Diabetes	<u> </u> Sexually Transmitted Disease (STD)
<u> </u> Dental Problems	<u> </u> Lack of access to Contraceptive Methods
<u> </u> High Blood Pressure	<u> </u> Infections
<u>2</u> Overweight	<u> </u> Mental Health Problems
<u> </u> Heart Disease	<u> </u> Alcohol Abuse
<u> </u> Drug Abuse	<u> </u> Tobacco Abuse
<u> </u> Asthma/Breathing Problems	<u> </u> Pregnancy Complications (low birth weight, premature, etc.)
<u> </u> Lack of Prenatal Care	<u>1</u> Teen Pregnancy

3 Other (explain) car crashes involving children

In your community, what are the **three most common barriers** to health care services in Yuma County?

<u> </u> Lack of Child Care	<u> </u> Lack of Transportation to Doctor's Office, Clinic, etc.
<u> </u> Health Insurance Coverage	<u> </u> Geographical Distribution of Service Providers
<u> </u> Public Lack of Awareness of Services	<u>3</u> Financial Issues (Can't Afford Services)
<u>2</u> Can't Take Time Off from Work	<u> </u> Lack of Services Offered in Native Language
<u>1</u> No One Understands Your Problem	<u> </u> Lack of Proper Documentation
<u> </u> Other <u> </u>	

Do you feel that the state of Arizona and Yuma County are doing enough to help meet the needs of women, adolescents and children in your community? Please explain. NO. DES DOESN'T UNDERSTAND THAT

GIVING AWAY SOMETHING FOR FREE DOES NOT INSURE PROPER USE
AND IN FACT, CAUSES THEM TO NOT VALUE IT.

What changes would you recommend to better meet the needs of the women, adolescents, and children in your community?

As part of our graduate curriculum at the University of Arizona Mel and Enid Zuckerman College of Public Health, we are assessing the health needs of and resources available to the women, adolescents, and children of Yuma County. Your responses are crucial to this effort, and we would appreciate it if you would take the time to complete as much information as possible and return this survey. Please feel free to use the back of this page for any additional comments you may have.

Name Deborah Scovil
Title Health Educator
Organization Health- Tobacco Prevention Program
Services Provided Smoking Cessation, Prevention education, Smoke Free Edu
Service Area Health Dept, & all in the community
Target Population all of Yuma County

Is there a fee for services? Yes ☐ No ☒ Do you accept AHCCCS? Yes ☐ No ☐

Approximately how many Yuma County Residents do you see each month?

Women (up to 45) 50 Adolescents (13-21) 25 Children (birth-12) 200

Of this population, approximately how many are seeking:

WIC ☐ Prenatal Care ☐ Family Planning Services ☐ Preventive Health Care 200

Acute Illness Treatment ☐ Mental Health Services ☐ Other 75 (please specify) quit smoking

In your community, what are the **three most important health concerns** for the following groups in Yuma County?

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Lack of access to Contraceptive Methods
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health Problems
<input checked="" type="checkbox"/> Heart Disease	<input type="checkbox"/> Alcohol Abuse
<input checked="" type="checkbox"/> Drug Abuse	<input checked="" type="checkbox"/> Tobacco Abuse
<input type="checkbox"/> Asthma/Breathing Problems	<input type="checkbox"/> Pregnancy Complications (low birth weight, premature, etc.)
<input type="checkbox"/> Lack of Prenatal Care	<input type="checkbox"/> Teen Pregnancy
<input type="checkbox"/> Other (explain) _____	

In your community, what are the **three most common barriers** to health care services in Yuma County?

<input type="checkbox"/> Lack of Child Care	<input checked="" type="checkbox"/> Lack of Transportation to Doctor's Office, Clinic, etc.
<input checked="" type="checkbox"/> Health Insurance Coverage	<input type="checkbox"/> Geographical Distribution of Service Providers
<input type="checkbox"/> Public Lack of Awareness of Services	<input type="checkbox"/> Financial Issues (Can't Afford Services)
<input type="checkbox"/> Can't Take Time Off from Work	<input type="checkbox"/> Lack of Services Offered in Native Language
<input type="checkbox"/> No One Understands Your Problem	<input type="checkbox"/> Lack of Proper Documentation
<input checked="" type="checkbox"/> Other <u>can't afford the NRT</u>	

Do you feel that the state of Arizona and Yuma County are doing enough to help meet the needs of women, adolescents and children in your community? Please explain. NO, not enough staff to handle all of Yuma County.

What changes would you recommend to better meet the needs of the women, adolescents, and children in your community?
get more funding & hire more people

Thank you for taking the time to complete this survey. Please return this form in the enclosed envelope by November 12th. If you have any questions, please feel free to contact Phoebe Long at pmlong@email.arizona.edu, or 520-207-0505.

As part of our graduate curriculum at the University of Arizona Mel and Enid Zuckerman College of Public Health, we are assessing the health needs of and resources available to the women, adolescents, and children of Yuma County. Your responses are crucial to this effort, and we would appreciate it if you would take the time to complete as much information as possible and return this survey. Please feel free to use the back of this page for any additional comments you may have.

Name Karen Martin

Title Health Advisor

Organization Health Start / Yuma Co. Health Dept

Services Provided Prenatal Information

Service Area Yuma Co.

Target Population pregnant women

Is there a fee for services? Yes ☐ No ☒ Do you accept AHCCCS? Yes ☐ No ☐

Approximately how many Yuma County Residents do you see each month?

Women (up to 45) 10 Adolescents (13-21) 25 Children (birth-12)

Of this population, approximately how many are seeking:

WIC 302 Prenatal Care 952 Family Planning Services Preventive Health Care

Acute Illness Treatment Mental Health Services Other (please specify)

In your community, what are the **three most important health concerns** for the following groups in Yuma County?

<input checked="" type="checkbox"/> Diabetes	<u> </u> Sexually Transmitted Disease (STD)
<u> </u> Dental Problems	<u> </u> Lack of access to Contraceptive Methods
<u> </u> High Blood Pressure	<u> </u> Infections
<u> </u> Overweight	<u> </u> Mental Health Problems
<u> </u> Heart Disease	<u> </u> Alcohol Abuse
<input checked="" type="checkbox"/> Drug Abuse	<u> </u> Tobacco Abuse
<u> </u> Asthma/Breathing Problems	<u> </u> Pregnancy Complications (low birth weight, premature, etc.)
<input checked="" type="checkbox"/> Lack of Prenatal Care	<u> </u> Teen Pregnancy
<u> </u> Other (explain) <u> </u>	

In your community, what are the **three most common barriers** to health care services in Yuma County?

<u> </u> Lack of Child Care	<input checked="" type="checkbox"/> Lack of Transportation to Doctor's Office, Clinic, etc.
<u> </u> Health Insurance Coverage	<input checked="" type="checkbox"/> Geographical Distribution of Service Providers
<u> </u> Public Lack of Awareness of Services	<input checked="" type="checkbox"/> Financial Issues (Can't Afford Services)
<u> </u> Can't Take Time Off from Work	<u> </u> Lack of Services Offered in Native Language
<u> </u> No One Understands Your Problem	<u> </u> Lack of Proper Documentation
<u> </u> Other <u> </u>	

Do you feel that the state of Arizona and Yuma County are doing enough to help meet the needs of women, adolescents and children in your community? Please explain. No - there are VERY FEW

Services in East Yuma County

What changes would you recommend to better meet the needs of the women, adolescents, and children in your community?

include East County as part of the
rest of Yuma Co.

Thank you for taking the time to complete this survey. Please return this form in the enclosed envelope by November 12th. If you have any questions, please feel free to contact Phoebe Long at pmlong@email.arizona.edu, or 520-207-0505.

Resident Surveys Returned

We are graduate students at the University of Arizona, and are assessing the health needs of and resources available to the women, adolescents, and children of Yuma County. We would like to have your opinion. Please take a moment to fill out this survey. Your name is not necessary and all of your responses will be confidential. **Thank you for your time!**

What is your age? 25 What is your gender? Female Do you have children? ☐ Yes ☒ No
If so, how many? _____
What is your ethnicity? ☐ African American ☐ American Indian or Alaska Native ☒ Latino
(optional) ☒ White (Not Latino) ☐ Asian or Pacific Islander ☒ Other: White Mexican

What is your marital status? ☒ Married ☐ Partner ☐ Separated ☐ Single

Do you have health insurance? ☐ Yes ☐ No Do you have AHCCCS? ☐ Yes ☐ No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

- ☐ Diabetes ☐ Dental Problems ☐ High Blood Pressure ☐ Infections
☐ Overweight ☐ Asthma/Breathing Problems ☐ Mental Health Problems ☐ Heart Disease
☐ Heavy Alcohol Use ☐ Drug Use ☐ Tobacco Use ☐ No Prenatal Care
☐ Tuberculosis ☐ Teen Pregnancy ☐ Sexually Transmitted Disease (STD)
☐ Pregnancy complications (low birth weight, premature, etc.) ☐ Trouble getting birth control
☐ Other (explain) NA

Does your child currently have, or has he or she had, any of the following health concerns? (check all that apply)

- ☐ Diabetes ☐ Dental Problems ☐ High Blood Pressure ☐ Infections
☐ Overweight ☐ Asthma/Breathing Problems ☐ Mental Health Problems ☐ Heart Disease
☐ Heavy Alcohol Use ☐ Drug Use ☐ Tobacco Use ☐ No Prenatal Care
☐ Tuberculosis ☐ Teen Pregnancy ☐ Sexually Transmitted Disease (STD)
☐ Pregnancy complications (low birth weight, premature, etc.) ☐ Trouble getting birth control
☐ Other (explain) NA

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

- ☐ Emergency Room ☐ Community Health Organization ☐ WIC Facility
☐ County Clinic ☐ Private Clinic ☐ Other (explain) _____

Were you satisfied with the service? ☐ Yes ☐ No If not, why? _____

Do you have trouble getting help with your health concerns? ☐ Yes ☒ No If so, why? (check all that apply)

- ☐ Can't Afford to Get Help ☐ No Transportation to Doctor's Office, Clinic, etc. ☐ No Health Insurance
☐ Don't Know Where to Go ☐ No Doctor/Dentist/Help close to where I live ☐ No Child Care
☐ Can't Take Time Off from Work ☐ No One Speaks My Native Language
☐ No Proper Documentation ☐ No One Understands My Problem
☐ Other _____

What health services would you like to see in your community? more physicians to choose from

Do you know what kinds of services the County Health Department provides? _____

Would you like to receive announcements about public health (on the radio, TV, etc.)? ☒ Yes ☐ No

Thank You!

We are graduate students at the University of Arizona, and are assessing the health needs of and resources available to the women, adolescents, and children of Yuma County. We would like to have your opinion. Please take a moment to fill out this survey. Your name is not necessary and all of your responses will be confidential. **Thank you for your time!**

What is your age? 20 What is your gender? F Do you have children? ☒ Yes ☐ No
If so, how many? 4
What is your ethnicity? ☐ African American ☐ American Indian or Alaska Native ☐ Latino
(optional) ☒ White (Not Latino) ☐ Asian or Pacific Islander ☐ Other: _____

What is your marital status? ☒ Married ☐ Partner ☐ Separated ☐ Single

Do you have health insurance? ☒ Yes ☐ No Do you have AHCCCS? ☒ Yes ☐ No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dental Problems | <input type="checkbox"/> High Blood Pressure | <input checked="" type="checkbox"/> Infections |
| <input type="checkbox"/> Overweight | <input type="checkbox"/> Asthma/Breathing Problems | <input type="checkbox"/> Mental Health Problems | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Heavy Alcohol Use | <input type="checkbox"/> Drug Use | <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> No Prenatal Care |
| <input type="checkbox"/> Tuberculosis | <input checked="" type="checkbox"/> Teen Pregnancy | <input type="checkbox"/> Sexually Transmitted Disease (STD) | |
| <input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.) | | <input type="checkbox"/> Trouble getting birth control | |
| <input type="checkbox"/> Other (explain) _____ | | | |

Does your child currently have, or has he or she had, any of the following health concerns? (check all that apply)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dental Problems | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Infections |
| <input type="checkbox"/> Overweight | <input type="checkbox"/> Asthma/Breathing Problems | <input type="checkbox"/> Mental Health Problems | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Heavy Alcohol Use | <input type="checkbox"/> Drug Use | <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> No Prenatal Care |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Teen Pregnancy | <input type="checkbox"/> Sexually Transmitted Disease (STD) | |
| <input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.) | | <input type="checkbox"/> Trouble getting birth control | |
| <input type="checkbox"/> Other (explain) _____ | | | |

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Emergency Room | <input type="checkbox"/> Community Health Organization | <input checked="" type="checkbox"/> WIC Facility |
| <input checked="" type="checkbox"/> County Clinic | <input type="checkbox"/> Private Clinic | <input type="checkbox"/> Other (explain) _____ |

Were you satisfied with the service? ☒ Yes ☐ No If not, why? _____

Do you have trouble getting help with your health concerns? ☐ Yes ☒ No If so, why? (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Can't Afford to Get Help | <input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc. | <input type="checkbox"/> No Health Insurance |
| <input type="checkbox"/> Don't Know Where to Go | <input type="checkbox"/> No Doctor/Dentist/Help close to where I live | <input type="checkbox"/> No Child Care |
| <input type="checkbox"/> Can't Take Time Off from Work | <input type="checkbox"/> No One Speaks My Native Language | |
| <input type="checkbox"/> No Proper Documentation | <input type="checkbox"/> No One Understands My Problem | |
| <input type="checkbox"/> Other _____ | | |

What health services would you like to see in your community? more dermatologist, infectious disease doctor.

Do you know what kinds of services the County Health Department provides? yes

Would you like to receive announcements about public health (on the radio, TV, etc.)? ☒ Yes ☐ No

Thank You!

We are graduate students at the University of Arizona, and are assessing the health needs of and resources available to the women, adolescents, and children of Yuma County. We would like to have your opinion. Please take a moment to fill out this survey. Your name is not necessary and all of your responses will be confidential. **Thank you for your time!**

What is your age? 31 What is your gender? F Do you have children? ☒ Yes ☐ No
If so, how many? 4
What is your ethnicity? ☐ African American ☐ American Indian or Alaska Native ☐ Latino
(optional) ☐ White (Not Latino) ☐ Asian or Pacific Islander ☐ Other: _____

What is your marital status? ☒ Married ☐ Partner ☐ Separated ☐ Single

Do you have health insurance? ☒ Yes ☐ No Do you have AHCCCS? ☐ Yes ☒ No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dental Problems | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Infections |
| <input type="checkbox"/> Overweight | <input type="checkbox"/> Asthma/Breathing Problems | <input type="checkbox"/> Mental Health Problems | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Heavy Alcohol Use | <input type="checkbox"/> Drug Use | <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> No Prenatal Care |
| <input type="checkbox"/> Tuberculosis | <input checked="" type="checkbox"/> Teen Pregnancy | <input type="checkbox"/> Sexually Transmitted Disease (STD) | |
| <input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.) | | <input type="checkbox"/> Trouble getting birth control | |
| <input type="checkbox"/> Other (explain) _____ | | | |

Does your child currently have, or has he or she had, any of the following health concerns? (check all that apply)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dental Problems | <input type="checkbox"/> High Blood Pressure | <input checked="" type="checkbox"/> Infections |
| <input type="checkbox"/> Overweight | <input type="checkbox"/> Asthma/Breathing Problems | <input type="checkbox"/> Mental Health Problems | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Heavy Alcohol Use | <input type="checkbox"/> Drug Use | <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> No Prenatal Care |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Teen Pregnancy | <input type="checkbox"/> Sexually Transmitted Disease (STD) | |
| <input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.) | | <input type="checkbox"/> Trouble getting birth control | |
| <input type="checkbox"/> Other (explain) _____ | | | |

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

- | | | |
|---|--|--|
| <input type="checkbox"/> Emergency Room | <input type="checkbox"/> Community Health Organization | <input type="checkbox"/> WIC Facility |
| <input type="checkbox"/> County Clinic | <input type="checkbox"/> Private Clinic | <input type="checkbox"/> Other (explain) _____ |

Were you satisfied with the service? ☐ Yes ☐ No If not, why? _____

Do you have trouble getting help with your health concerns? ☐ Yes ☒ No If so, why? (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Can't Afford to Get Help | <input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc. | <input type="checkbox"/> No Health Insurance |
| <input type="checkbox"/> Don't Know Where to Go | <input type="checkbox"/> No Doctor/Dentist/Help close to where I live | <input type="checkbox"/> No Child Care |
| <input type="checkbox"/> Can't Take Time Off from Work | <input type="checkbox"/> No One Speaks My Native Language | |
| <input type="checkbox"/> No Proper Documentation | <input type="checkbox"/> No One Understands My Problem | |
| <input type="checkbox"/> Other _____ | | |

What health services would you like to see in your community? _____

Do you know what kinds of services the County Health Department provides? _____

Would you like to receive announcements about public health (on the radio, TV, etc.)? ☒ Yes ☐ No

Thank You!

We are graduate students at the University of Arizona, and are assessing the health needs of and resources available to the women, adolescents, and children of Yuma County. We would like to have your opinion. Please take a moment to fill out this survey. Your name is not necessary and all of your responses will be confidential. **Thank you for your time!**

What is your age? 25 What is your gender? F Do you have children? ☒ Yes ☐ No
If so, how many? 2
What is your ethnicity? ☐ African American ☐ American Indian or Alaska Native ☒ Latino
(optional) ☐ White (Not Latino) ☐ Asian or Pacific Islander ☐ Other: _____

What is your marital status? ☐ Married ☐ Partner ☐ Separated ☒ Single

Do you have health insurance? ☒ Yes ☐ No Do you have AHCCCS? ☒ Yes ☐ No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

☐ Diabetes ☒ Dental Problems ☐ High Blood Pressure ☐ Infections
☒ Overweight ☒ Asthma/Breathing Problems ☐ Mental Health Problems ☐ Heart Disease
☐ Heavy Alcohol Use ☐ Drug Use ☐ Tobacco Use ☐ No Prenatal Care
☐ Tuberculosis ☐ Teen Pregnancy ☐ Sexually Transmitted Disease (STD)
☐ Pregnancy complications (low birth weight, premature, etc.) ☐ Trouble getting birth control
☐ Other (explain) _____

Does your child currently have, or has he or she had, any of the following health concerns? (check all that apply)

☐ Diabetes ☐ Dental Problems ☐ High Blood Pressure ☒ Infections
☐ Overweight ☒ Asthma/Breathing Problems ☐ Mental Health Problems ☐ Heart Disease
☐ Heavy Alcohol Use ☐ Drug Use ☐ Tobacco Use ☐ No Prenatal Care
☐ Tuberculosis ☐ Teen Pregnancy ☐ Sexually Transmitted Disease (STD)
☐ Pregnancy complications (low birth weight, premature, etc.) ☐ Trouble getting birth control
☐ Other (explain) _____

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

☐ Emergency Room ☐ Community Health Organization ☐ WIC Facility
☐ County Clinic ☒ Private Clinic ☐ Other (explain) _____

Were you satisfied with the service? ☒ Yes ☐ No If not, why? _____

Do you have trouble getting help with your health concerns? ☒ Yes ☐ No If so, why? (check all that apply)

☐ Can't Afford to Get Help ☐ No Transportation to Doctor's Office, Clinic, etc. ☐ No Health Insurance
☐ Don't Know Where to Go ☐ No Doctor/Dentist/Help close to where I live ☐ No Child Care
☐ Can't Take Time Off from Work ☐ No One Speaks My Native Language
☐ No Proper Documentation ☐ No One Understands My Problem

☒ Other need for referrals & problems = getting appts PC-P

What health services would you like to see in your community? 24^{hr} clinic that
accepts HMOs

Do you know what kinds of services the County Health Department provides? Some

Would you like to receive announcements about public health (on the radio, TV, etc.)? ☒ Yes ☐ No

Thank You!

We are graduate students at the University of Arizona, and are assessing the health needs of and resources available to the women, adolescents, and children of Yuma County. We would like to have your opinion. Please take a moment to fill out this survey. Your name is not necessary and all of your responses will be confidential. **Thank you for your time!**

What is your age? 37 What is your gender? M Do you have children? ☐ Yes ☒ No
If so, how many? _____
What is your ethnicity? ☐ African American ☐ American Indian or Alaska Native ☐ Latino
(optional) ☐ White (Not Latino) ☒ Asian or Pacific Islander ☐ Other: _____

What is your marital status? ☒ Married ☐ Partner ☐ Separated ☐ Single

Do you have health insurance? ☒ Yes ☐ No Do you have AHCCCS? ☐ Yes ☐ No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

- ☐ Diabetes ☐ Dental Problems ☐ High Blood Pressure ☐ Infections
☐ Overweight ☐ Asthma/Breathing Problems ☐ Mental Health Problems ☐ Heart Disease
☐ Heavy Alcohol Use ☐ Drug Use ☐ Tobacco Use ☐ No Prenatal Care
☐ Tuberculosis ☐ Teen Pregnancy ☐ Sexually Transmitted Disease (STD)
☐ Pregnancy complications (low birth weight, premature, etc.) ☐ Trouble getting birth control
☒ Other (explain) Back problem 2 bulging discs

Does your child currently have, or has he or she had, any of the following health concerns? (check all that apply)

- ☐ Diabetes ☐ Dental Problems ☐ High Blood Pressure ☐ Infections
☐ Overweight ☐ Asthma/Breathing Problems ☐ Mental Health Problems ☐ Heart Disease
☐ Heavy Alcohol Use ☐ Drug Use ☐ Tobacco Use ☐ No Prenatal Care
☐ Tuberculosis ☐ Teen Pregnancy ☐ Sexually Transmitted Disease (STD)
☐ Pregnancy complications (low birth weight, premature, etc.) ☐ Trouble getting birth control
☐ Other (explain) _____

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

- ☐ Emergency Room ☐ Community Health Organization ☐ WIC Facility
☐ County Clinic ☐ Private Clinic ☒ Other (explain) Primary Care

Were you satisfied with the service? ☒ Yes ☐ No If not, why? _____

Do you have trouble getting help with your health concerns? ☐ Yes ☒ No If so, why? (check all that apply)

- ☐ Can't Afford to Get Help ☐ No Transportation to Doctor's Office, Clinic, etc. ☐ No Health Insurance
☐ Don't Know Where to Go ☐ No Doctor/Dentist/Help close to where I live ☐ No Child Care
☐ Can't Take Time Off from Work ☐ No One Speaks My Native Language
☐ No Proper Documentation ☐ No One Understands My Problem
☐ Other _____

What health services would you like to see in your community? health fair - drug fairs - emergency/dx drugs - teenage

Do you know what kinds of services the County Health Department provides? some but not all

Would you like to receive announcements about public health (on the radio, TV, etc.)? ☒ Yes ☐ No

Thank You!

We are graduate students at the University of Arizona, and are assessing the health needs of and resources available to the women, adolescents, and children of Yuma County. We would like to have your opinion. Please take a moment to fill out this survey. Your name is not necessary and all of your responses will be confidential. **Thank you for your time!**

What is your age? 31 What is your gender? F Do you have children? ☒ Yes ☐ No
If so, how many? 1
What is your ethnicity? ☐ African American ☐ American Indian or Alaska Native ☒ Latino
(optional) ☐ White (Not Latino) ☐ Asian or Pacific Islander ☐ Other: _____

What is your marital status? ☐ Married ☐ Partner ☒ Separated ☐ Single

Do you have health insurance? ☒ Yes ☐ No Do you have AHCCCS? ☐ Yes ☒ No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dental Problems | <input checked="" type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Infections |
| <input checked="" type="checkbox"/> Overweight | <input type="checkbox"/> Asthma/Breathing Problems | <input type="checkbox"/> Mental Health Problems | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Heavy Alcohol Use | <input type="checkbox"/> Drug Use | <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> No Prenatal Care |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Teen Pregnancy | <input type="checkbox"/> Sexually Transmitted Disease (STD) | |
| <input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.) | | <input type="checkbox"/> Trouble getting birth control | |
| <input type="checkbox"/> Other (explain) _____ | | | |

Does your child currently have, or has he or she had, any of the following health concerns? (check all that apply)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dental Problems | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Infections |
| <input checked="" type="checkbox"/> Overweight | <input type="checkbox"/> Asthma/Breathing Problems | <input type="checkbox"/> Mental Health Problems | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Heavy Alcohol Use | <input type="checkbox"/> Drug Use | <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> No Prenatal Care |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Teen Pregnancy | <input type="checkbox"/> Sexually Transmitted Disease (STD) | |
| <input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.) | | <input type="checkbox"/> Trouble getting birth control | |
| <input type="checkbox"/> Other (explain) _____ | | | |

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

- | | | |
|---|--|--|
| <input type="checkbox"/> Emergency Room | <input type="checkbox"/> Community Health Organization | <input type="checkbox"/> WIC Facility |
| <input type="checkbox"/> County Clinic | <input type="checkbox"/> Private Clinic | <input checked="" type="checkbox"/> Other (explain) <u>Urgent Care</u> |

Were you satisfied with the service? ☒ Yes ☐ No If not, why? _____

Do you have trouble getting help with your health concerns? ☒ Yes ☐ No If so, why? (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Can't Afford to Get Help | <input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc. | <input type="checkbox"/> No Health Insurance |
| <input type="checkbox"/> Don't Know Where to Go | <input type="checkbox"/> No Doctor/Dentist/Help close to where I live | <input type="checkbox"/> No Child Care |
| <input type="checkbox"/> Can't Take Time Off from Work | <input type="checkbox"/> No One Speaks My Native Language | |
| <input type="checkbox"/> No Proper Documentation | <input type="checkbox"/> No One Understands My Problem | |
| <input checked="" type="checkbox"/> Other <u>No Doctor available</u> | | |

What health services would you like to see in your community? more Doctors with less pt's and available Appts for urgent care

Do you know what kinds of services the County Health Department provides? NO

Would you like to receive announcements about public health (on the radio, TV, etc.)? ☒ Yes ☐ No

Thank You!

We are graduate students at the University of Arizona, and are assessing the health needs of and resources available to the women, adolescents, and children of Yuma County. We would like to have your opinion. Please take a moment to fill out this survey. Your name is not necessary and all of your responses will be confidential. **Thank you for your time!**

What is your age? 32 What is your gender? F Do you have children? ☒ Yes ☐ No If so, how many? 3
What is your ethnicity? ☒ African American ☐ American Indian or Alaska Native ☐ Latino
(optional) ☐ White (Not Latino) ☐ Asian or Pacific Islander ☐ Other: _____

What is your marital status? ☒ Married ☐ Partner ☐ Separated ☐ Single

Do you have health insurance? ☒ Yes ☐ No Do you have AHCCCS? ☒ Yes ☐ No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dental Problems | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Infections |
| <input type="checkbox"/> Overweight | <input type="checkbox"/> Asthma/Breathing Problems | <input type="checkbox"/> Mental Health Problems | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Heavy Alcohol Use | <input type="checkbox"/> Drug Use | <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> No Prenatal Care |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Teen Pregnancy | <input type="checkbox"/> Sexually Transmitted Disease (STD) | |
| <input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.) | | <input type="checkbox"/> Trouble getting birth control | |
| <input type="checkbox"/> Other (explain) _____ | | | |

Does your child currently have, or has he or she had, any of the following health concerns? (check all that apply)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dental Problems | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Infections |
| <input type="checkbox"/> Overweight | <input checked="" type="checkbox"/> Asthma/Breathing Problems | <input type="checkbox"/> Mental Health Problems | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Heavy Alcohol Use | <input type="checkbox"/> Drug Use | <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> No Prenatal Care |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Teen Pregnancy | <input type="checkbox"/> Sexually Transmitted Disease (STD) | |
| <input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.) | | <input type="checkbox"/> Trouble getting birth control | |
| <input type="checkbox"/> Other (explain) _____ | | | |

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

- | | | |
|---|--|--|
| <input type="checkbox"/> Emergency Room | <input type="checkbox"/> Community Health Organization | <input type="checkbox"/> WIC Facility |
| <input type="checkbox"/> County Clinic | <input checked="" type="checkbox"/> Private Clinic | <input type="checkbox"/> Other (explain) _____ |

Were you satisfied with the service? ☒ Yes ☐ No If not, why? _____

Do you have trouble getting help with your health concerns? ☐ Yes ☒ No If so, why? (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Can't Afford to Get Help | <input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc. | <input type="checkbox"/> No Health Insurance |
| <input type="checkbox"/> Don't Know Where to Go | <input type="checkbox"/> No Doctor/Dentist/Help close to where I live | <input type="checkbox"/> No Child Care |
| <input type="checkbox"/> Can't Take Time Off from Work | <input type="checkbox"/> No One Speaks My Native Language | |
| <input type="checkbox"/> No Proper Documentation | <input type="checkbox"/> No One Understands My Problem | |
| <input type="checkbox"/> Other _____ | | |

What health services would you like to see in your community? immunization clinics
for children

Do you know what kinds of services the County Health Department provides? yes

Would you like to receive announcements about public health (on the radio, TV, etc.)? ☒ Yes ☐ No

Thank You!

We are graduate students at the University of Arizona, and are assessing the health needs of and resources available to the women, adolescents, and children of Yuma County. We would like to have your opinion. Please take a moment to fill out this survey. Your name is not necessary and all of your responses will be confidential. **Thank you for your time!**

What is your age? 41 What is your gender? F Do you have children? ☒ Yes ☐ No
If so, how many? _____
What is your ethnicity? ☐ African American ☐ American Indian or Alaska Native ☐ Latino
(optional) ☒ White (Not Latino) ☐ Asian or Pacific Islander ☐ Other: _____

What is your marital status? ☒ Married ☐ Partner ☐ Separated ☐ Single

Do you have health insurance? ☒ Yes ☐ No Do you have AHCCCS? ☐ Yes ☒ No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dental Problems | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Infections |
| <input type="checkbox"/> Overweight | <input type="checkbox"/> Asthma/Breathing Problems | <input type="checkbox"/> Mental Health Problems | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Heavy Alcohol Use | <input type="checkbox"/> Drug Use | <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> No Prenatal Care |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Teen Pregnancy | <input type="checkbox"/> Sexually Transmitted Disease (STD) | |
| <input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.) | | <input type="checkbox"/> Trouble getting birth control | |
| <input type="checkbox"/> Other (explain) _____ | | | |

Does your child currently have, or has he or she had, any of the following health concerns? (check all that apply)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dental Problems | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Infections |
| <input type="checkbox"/> Overweight | <input type="checkbox"/> Asthma/Breathing Problems | <input type="checkbox"/> Mental Health Problems | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Heavy Alcohol Use | <input type="checkbox"/> Drug Use | <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> No Prenatal Care |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Teen Pregnancy | <input type="checkbox"/> Sexually Transmitted Disease (STD) | |
| <input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.) | | <input type="checkbox"/> Trouble getting birth control | |
| <input type="checkbox"/> Other (explain) _____ | | | |

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

- | | | |
|---|--|--|
| <input type="checkbox"/> Emergency Room | <input type="checkbox"/> Community Health Organization | <input type="checkbox"/> WIC Facility |
| <input type="checkbox"/> County Clinic | <input checked="" type="checkbox"/> Private Clinic | <input type="checkbox"/> Other (explain) _____ |

Were you satisfied with the service? ☒ Yes ☐ No If not, why? _____

Do you have trouble getting help with your health concerns? ☐ Yes ☒ No If so, why? (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Can't Afford to Get Help | <input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc. | <input type="checkbox"/> No Health Insurance |
| <input type="checkbox"/> Don't Know Where to Go | <input type="checkbox"/> No Doctor/Dentist/Help close to where I live | <input type="checkbox"/> No Child Care |
| <input type="checkbox"/> Can't Take Time Off from Work | <input type="checkbox"/> No One Speaks My Native Language | |
| <input type="checkbox"/> No Proper Documentation | <input type="checkbox"/> No One Understands My Problem | |
| <input type="checkbox"/> Other _____ | | |

What health services would you like to see in your community? _____

Do you know what kinds of services the County Health Department provides? _____

Would you like to receive announcements about public health (on the radio, TV, etc.)? ☒ Yes ☐ No

Thank You!

We are graduate students at the University of Arizona, and are assessing the health needs of and resources available to the women, adolescents, and children of Yuma County. We would like to have your opinion. Please take a moment to fill out this survey. Your name is not necessary and all of your responses will be confidential. **Thank you for your time!**

What is your age? 24 What is your gender? Male Do you have children? ☐ Yes ☒ No
If so, how many? _____
What is your ethnicity? ☐ African American ☐ American Indian or Alaska Native ☒ Latino
(optional) ☐ White (Not Latino) ☐ Asian or Pacific Islander ☐ Other: _____

What is your marital status? ☐ Married ☐ Partner ☐ Separated ☒ Single

Do you have health insurance? ☐ Yes ☒ No Do you have AHCCCS? ☒ Yes ☐ No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dental Problems | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Infections |
| <input type="checkbox"/> Overweight | <input type="checkbox"/> Asthma/Breathing Problems | <input type="checkbox"/> Mental Health Problems | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Heavy Alcohol Use | <input type="checkbox"/> Drug Use | <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> No Prenatal Care |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Teen Pregnancy | <input type="checkbox"/> Sexually Transmitted Disease (STD) | |
| <input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.) | | <input type="checkbox"/> Trouble getting birth control | |
| <input type="checkbox"/> Other (explain) _____ | | | |

Does your child currently have, or has he or she had, any of the following health concerns? (check all that apply)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dental Problems | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Infections |
| <input type="checkbox"/> Overweight | <input type="checkbox"/> Asthma/Breathing Problems | <input type="checkbox"/> Mental Health Problems | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Heavy Alcohol Use | <input type="checkbox"/> Drug Use | <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> No Prenatal Care |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Teen Pregnancy | <input type="checkbox"/> Sexually Transmitted Disease (STD) | |
| <input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.) | | <input type="checkbox"/> Trouble getting birth control | |
| <input type="checkbox"/> Other (explain) _____ | | | |

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

- | | | |
|---|--|--|
| <input type="checkbox"/> Emergency Room | <input type="checkbox"/> Community Health Organization | <input type="checkbox"/> WIC Facility |
| <input type="checkbox"/> County Clinic | <input type="checkbox"/> Private Clinic | <input type="checkbox"/> Other (explain) _____ |

Were you satisfied with the service? ☐ Yes ☐ No If not, why? _____

Do you have trouble getting help with your health concerns? ☐ Yes ☒ No If so, why? (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Can't Afford to Get Help | <input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc. | <input type="checkbox"/> No Health Insurance |
| <input type="checkbox"/> Don't Know Where to Go | <input type="checkbox"/> No Doctor/Dentist/Help close to where I live | <input type="checkbox"/> No Child Care |
| <input type="checkbox"/> Can't Take Time Off from Work | <input type="checkbox"/> No One Speaks My Native Language | |
| <input type="checkbox"/> No Proper Documentation | <input type="checkbox"/> No One Understands My Problem | |
| <input type="checkbox"/> Other _____ | | |

What health services would you like to see in your community? More hospitals, more
physicians

Do you know what kinds of services the County Health Department provides? Yes

Would you like to receive announcements about public health (on the radio, TV, etc.)? ☒ Yes ☐ No

Thank You!

We are graduate students at the University of Arizona, and are assessing the health needs of and resources available to the women, adolescents, and children of Yuma County. We would like to have your opinion. Please take a moment to fill out this survey. Your name is not necessary and all of your responses will be confidential. **Thank you for your time!**

What is your age? 20 What is your gender? F Do you have children? ☐ Yes ☒ No
If so, how many? _____
What is your ethnicity? ☐ African American ☐ American Indian or Alaska Native ☐ Latino
(optional) ☒ White (Not Latino) ☐ Asian or Pacific Islander ☐ Other: _____

What is your marital status? ☐ Married ☐ Partner ☐ Separated ☒ Single

Do you have health insurance? ☐ Yes ☒ No Do you have AHCCCS? ☐ Yes ☒ No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dental Problems | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Infections |
| <input type="checkbox"/> Overweight | <input type="checkbox"/> Asthma/Breathing Problems | <input type="checkbox"/> Mental Health Problems | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Heavy Alcohol Use | <input type="checkbox"/> Drug Use | <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> No Prenatal Care |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Teen Pregnancy | <input type="checkbox"/> Sexually Transmitted Disease (STD) | |
| <input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.) | | <input type="checkbox"/> Trouble getting birth control | |
| <input type="checkbox"/> Other (explain) _____ | | | |

Does your child currently have, or has he or she had, any of the following health concerns? (check all that apply)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dental Problems | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Infections |
| <input type="checkbox"/> Overweight | <input type="checkbox"/> Asthma/Breathing Problems | <input type="checkbox"/> Mental Health Problems | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Heavy Alcohol Use | <input type="checkbox"/> Drug Use | <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> No Prenatal Care |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Teen Pregnancy | <input type="checkbox"/> Sexually Transmitted Disease (STD) | |
| <input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.) | | <input type="checkbox"/> Trouble getting birth control | |
| <input type="checkbox"/> Other (explain) _____ | | | |

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

- | | | |
|---|--|--|
| <input type="checkbox"/> Emergency Room | <input type="checkbox"/> Community Health Organization | <input type="checkbox"/> WIC Facility |
| <input checked="" type="checkbox"/> County Clinic | <input type="checkbox"/> Private Clinic | <input type="checkbox"/> Other (explain) _____ |

Were you satisfied with the service? ☒ Yes ☐ No If not, why? _____

Do you have trouble getting help with your health concerns? ☒ Yes ☐ No If so, why? (check all that apply)

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Can't Afford to Get Help | <input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc. | <input type="checkbox"/> No Health Insurance |
| <input type="checkbox"/> Don't Know Where to Go | <input type="checkbox"/> No Doctor/Dentist/Help close to where I live | <input type="checkbox"/> No Child Care |
| <input type="checkbox"/> Can't Take Time Off from Work | <input type="checkbox"/> No One Speaks My Native Language | |
| <input type="checkbox"/> No Proper Documentation | <input type="checkbox"/> No One Understands My Problem | |
| <input type="checkbox"/> Other _____ | | |

What health services would you like to see in your community? _____

Do you know what kinds of services the County Health Department provides? ☒ Yes ☐ No

Would you like to receive announcements about public health (on the radio, TV, etc.)? ☐ Yes ☒ No

Thank You!

We are graduate students at the University of Arizona, and are assessing the health needs of and resources available to the women, adolescents, and children of Yuma County. We would like to have your opinion. Please take a moment to fill out this survey. Your name is not necessary and all of your responses will be confidential. **Thank you for your time!**

What is your age? 35 What is your gender? F Do you have children? ☒ Yes ☐ No
If so, how many? _____
What is your ethnicity? ☐ African American ☐ American Indian or Alaska Native ☐ Latino
(optional) ☐ White (Not Latino) ☒ Asian or Pacific Islander ☐ Other: _____

What is your marital status? ☒ Married ☐ Partner ☐ Separated ☐ Single

Do you have health insurance? ☐ Yes ☒ No Do you have AHCCCS? ☐ Yes ☐ No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dental Problems | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Infections |
| <input type="checkbox"/> Overweight | <input type="checkbox"/> Asthma/Breathing Problems | <input type="checkbox"/> Mental Health Problems | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Heavy Alcohol Use | <input type="checkbox"/> Drug Use | <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> No Prenatal Care |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Teen Pregnancy | <input type="checkbox"/> Sexually Transmitted Disease (STD) | |
| <input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.) | | <input type="checkbox"/> Trouble getting birth control | |
| <input type="checkbox"/> Other (explain) <u>N/A</u> | | | |

Does your child currently have, or has he or she had, any of the following health concerns? (check all that apply)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dental Problems | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Infections |
| <input type="checkbox"/> Overweight | <input type="checkbox"/> Asthma/Breathing Problems | <input type="checkbox"/> Mental Health Problems | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Heavy Alcohol Use | <input type="checkbox"/> Drug Use | <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> No Prenatal Care |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Teen Pregnancy | <input type="checkbox"/> Sexually Transmitted Disease (STD) | |
| <input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.) | | <input type="checkbox"/> Trouble getting birth control | |
| <input type="checkbox"/> Other (explain) <u>NO</u> | | | |

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

- | | | |
|---|--|--|
| <input type="checkbox"/> Emergency Room | <input type="checkbox"/> Community Health Organization | <input type="checkbox"/> WIC Facility |
| <input type="checkbox"/> County Clinic | <input checked="" type="checkbox"/> Private Clinic | <input type="checkbox"/> Other (explain) _____ |

Were you satisfied with the service? ☒ Yes ☐ No If not, why? _____

Do you have trouble getting help with your health concerns? ☐ Yes ☒ No If so, why? (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Can't Afford to Get Help | <input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc. | <input type="checkbox"/> No Health Insurance |
| <input type="checkbox"/> Don't Know Where to Go | <input type="checkbox"/> No Doctor/Dentist/Help close to where I live | <input type="checkbox"/> No Child Care |
| <input type="checkbox"/> Can't Take Time Off from Work | <input type="checkbox"/> No One Speaks My Native Language | |
| <input type="checkbox"/> No Proper Documentation | <input type="checkbox"/> No One Understands My Problem | |
| <input type="checkbox"/> Other _____ | | |

What health services would you like to see in your community? as follows

Do you know what kinds of services the County Health Department provides? NOT totally

Would you like to receive announcements about public health (on the radio, TV, etc.)? ☒ Yes ☐ No

Thank You!

We are graduate students at the University of Arizona, and are assessing the health needs of and resources available to the women, adolescents, and children of Yuma County. We would like to have your opinion. Please take a moment to fill out this survey. Your name is not necessary and all of your responses will be confidential. **Thank you for your time!**

What is your age? 31 What is your gender? Female Do you have children? ☒ Yes ☐ No
If so, how many? _____
What is your ethnicity? ☐ African American ☐ American Indian or Alaska Native ☒ Latino
(optional) ☐ White (Not Latino) ☐ Asian or Pacific Islander ☐ Other: _____

What is your marital status? ☒ Married ☐ Partner ☐ Separated ☐ Single

Do you have health insurance? ☐ Yes ☐ No Do you have AHCCCS? ☐ Yes ☐ No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dental Problems | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Infections |
| <input type="checkbox"/> Overweight | <input type="checkbox"/> Asthma/Breathing Problems | <input type="checkbox"/> Mental Health Problems | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Heavy Alcohol Use | <input type="checkbox"/> Drug Use | <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> No Prenatal Care |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Teen Pregnancy | <input type="checkbox"/> Sexually Transmitted Disease (STD) | |
| <input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.) | | <input type="checkbox"/> Trouble getting birth control | |
| <input type="checkbox"/> Other (explain) _____ | | | |

Does your child currently have, or has he or she had, any of the following health concerns? (check all that apply)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dental Problems | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Infections |
| <input type="checkbox"/> Overweight | <input type="checkbox"/> Asthma/Breathing Problems | <input type="checkbox"/> Mental Health Problems | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Heavy Alcohol Use | <input type="checkbox"/> Drug Use | <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> No Prenatal Care |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Teen Pregnancy | <input type="checkbox"/> Sexually Transmitted Disease (STD) | |
| <input checked="" type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.) | | <input type="checkbox"/> Trouble getting birth control | |
| <input type="checkbox"/> Other (explain) _____ | | | |

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

- | | | |
|---|--|--|
| <input type="checkbox"/> Emergency Room | <input type="checkbox"/> Community Health Organization | <input type="checkbox"/> WIC Facility |
| <input type="checkbox"/> County Clinic | <input type="checkbox"/> Private Clinic | <input type="checkbox"/> Other (explain) _____ |

Were you satisfied with the service? ☐ Yes ☐ No If not, why? _____

Do you have trouble getting help with your health concerns? ☐ Yes ☒ No If so, why? (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Can't Afford to Get Help | <input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc. | <input type="checkbox"/> No Health Insurance |
| <input type="checkbox"/> Don't Know Where to Go | <input type="checkbox"/> No Doctor/Dentist/Help close to where I live | <input type="checkbox"/> No Child Care |
| <input type="checkbox"/> Can't Take Time Off from Work | <input type="checkbox"/> No One Speaks My Native Language | |
| <input type="checkbox"/> No Proper Documentation | <input type="checkbox"/> No One Understands My Problem | |
| <input type="checkbox"/> Other _____ | | |

What health services would you like to see in your community? _____

Do you know what kinds of services the County Health Department provides? _____

Would you like to receive announcements about public health (on the radio, TV, etc.)? ☐ Yes ☐ No

Thank You!

We are graduate students at the University of Arizona, and are assessing the health needs of and resources available to the women, adolescents, and children of Yuma County. We would like to have your opinion. Please take a moment to fill out this survey. Your name is not necessary and all of your responses will be confidential. **Thank you for your time!**

What is your age? 34 What is your gender? M Do you have children? ☒ Yes ☐ No
If so, how many? 1
What is your ethnicity? ☐ African American ☐ American Indian or Alaska Native ☒ Latino
(optional) ☐ White (Not Latino) ☐ Asian or Pacific Islander ☐ Other: _____

What is your marital status? ☒ Married ☐ Partner ☐ Separated ☐ Single

Do you have health insurance? ☐ Yes ☒ No Do you have AHCCCS? ☐ Yes ☒ No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dental Problems | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Infections |
| <input type="checkbox"/> Overweight | <input type="checkbox"/> Asthma/Breathing Problems | <input type="checkbox"/> Mental Health Problems | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Heavy Alcohol Use | <input type="checkbox"/> Drug Use | <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> No Prenatal Care |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Teen Pregnancy | <input type="checkbox"/> Sexually Transmitted Disease (STD) | |
| <input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.) | | <input checked="" type="checkbox"/> Trouble getting birth control | |
| <input type="checkbox"/> Other (explain) _____ | | | |

Does your child currently have, or has he or she had, any of the following health concerns? (check all that apply)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dental Problems | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Infections |
| <input type="checkbox"/> Overweight | <input type="checkbox"/> Asthma/Breathing Problems | <input type="checkbox"/> Mental Health Problems | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Heavy Alcohol Use | <input type="checkbox"/> Drug Use | <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> No Prenatal Care |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Teen Pregnancy | <input type="checkbox"/> Sexually Transmitted Disease (STD) | |
| <input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.) | | <input type="checkbox"/> Trouble getting birth control | |
| <input type="checkbox"/> Other (explain) _____ | | | |

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

- | | | |
|---|---|--|
| <input type="checkbox"/> Emergency Room | <input checked="" type="checkbox"/> Community Health Organization | <input type="checkbox"/> WIC Facility |
| <input checked="" type="checkbox"/> County Clinic | <input checked="" type="checkbox"/> Private Clinic | <input type="checkbox"/> Other (explain) _____ |

Were you satisfied with the service? ☐ Yes ☒ No If not, why? Waiting times, trouble getting appointments

Do you have trouble getting help with your health concerns? ☒ Yes ☐ No If so, why? (check all that apply)

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Can't Afford to Get Help | <input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc. | <input checked="" type="checkbox"/> No Health Insurance |
| <input type="checkbox"/> Don't Know Where to Go | <input type="checkbox"/> No Doctor/Dentist/Help close to where I live | <input type="checkbox"/> No Child Care |
| <input type="checkbox"/> Can't Take Time Off from Work | <input type="checkbox"/> No One Speaks My Native Language | |
| <input type="checkbox"/> No Proper Documentation | <input type="checkbox"/> No One Understands My Problem | |
| <input type="checkbox"/> Other _____ | | |

What health services would you like to see in your community? _____

Do you know what kinds of services the County Health Department provides? Yes

Would you like to receive announcements about public health (on the radio, TV, etc.)? ☒ Yes ☐ No

Thank You!

We are graduate students at the University of Arizona, and are assessing the health needs of and resources available to the women, adolescents, and children of Yuma County. We would like to have your opinion. Please take a moment to fill out this survey. Your name is not necessary and all of your responses will be confidential. **Thank you for your time!**

What is your age? 23 What is your gender? F Do you have children? ☐ Yes ☒ No
If so, how many? _____
What is your ethnicity? ☐ African American ☐ American Indian or Alaska Native ☒ Latino
(optional) ☐ White (Not Latino) ☐ Asian or Pacific Islander ☐ Other: _____

What is your marital status? ☒ Married ☐ Partner ☐ Separated ☐ Single

Do you have health insurance? ☐ Yes ☒ No Do you have AHCCCS? ☐ Yes ☒ No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

☐ Diabetes ☒ Dental Problems ☐ High Blood Pressure ☐ Infections
☒ Overweight ☐ Asthma/Breathing Problems ☐ Mental Health Problems ☐ Heart Disease
☐ Heavy Alcohol Use ☐ Drug Use ☐ Tobacco Use ☐ No Prenatal Care
☐ Tuberculosis ☐ Teen Pregnancy ☐ Sexually Transmitted Disease (STD)
☐ Pregnancy complications (low birth weight, premature, etc.) ☐ Trouble getting birth control
☐ Other (explain) _____

Does your child currently have, or has he or she had, any of the following health concerns? (check all that apply)

☐ Diabetes ☐ Dental Problems ☐ High Blood Pressure ☐ Infections
☐ Overweight ☐ Asthma/Breathing Problems ☐ Mental Health Problems ☐ Heart Disease
☐ Heavy Alcohol Use ☐ Drug Use ☐ Tobacco Use ☐ No Prenatal Care
☐ Tuberculosis ☐ Teen Pregnancy ☐ Sexually Transmitted Disease (STD)
☐ Pregnancy complications (low birth weight, premature, etc.) ☐ Trouble getting birth control
☒ Other (explain) n/a (no children)

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

☒ Emergency Room ☐ Community Health Organization ☐ WIC Facility
☐ County Clinic ☐ Private Clinic ☐ Other (explain) _____

Were you satisfied with the service? ☐ Yes ☒ No If not, why? We did not receive any education, the treatment was not effective, & cost was very T

Do you have trouble getting help with your health concerns? ☒ Yes ☐ No If so, why? (check all that apply)

☒ Can't Afford to Get Help ☐ No Transportation to Doctor's Office, Clinic, etc. ☐ No Health Insurance
☐ Don't Know Where to Go ☐ No Doctor/Dentist/Help close to where I live ☐ No Child Care
☐ Can't Take Time Off from Work ☐ No One Speaks My Native Language
☐ No Proper Documentation ☐ No One Understands My Problem
☐ Other _____

What health services would you like to see in your community? I believe our community has the services to care for the community, the issue is just a cost for health insurance

Do you know what kinds of services the County Health Department provides? Prevention, wic, health cards, TB shots (& other shots), STD education, Health fairs,

Would you like to receive announcements about public health (on the radio, TV, etc.)? ☒ Yes ☐ No

Thank You!

We are graduate students at the University of Arizona, and are assessing the health needs of and resources available to the women, adolescents, and children of Yuma County. We would like to have your opinion. Please take a moment to fill out this survey. Your name is not necessary and all of your responses will be confidential. **Thank you for your time!**

What is your age? 32 What is your gender? F Do you have children? ☐ Yes ☒ No
If so, how many? 1
What is your ethnicity? ☐ African American ☐ American Indian or Alaska Native ☒ Latino
(optional) ☐ White (Not Latino) ☐ Asian or Pacific Islander ☐ Other: _____

What is your marital status? ☒ Married ☐ Partner ☐ Separated ☐ Single

Do you have health insurance? ☒ Yes ☐ No Do you have AHCCCS? ☐ Yes ☒ No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dental Problems | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Infections |
| <input type="checkbox"/> Overweight | <input type="checkbox"/> Asthma/Breathing Problems | <input type="checkbox"/> Mental Health Problems | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Heavy Alcohol Use | <input type="checkbox"/> Drug Use | <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> No Prenatal Care |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Teen Pregnancy | <input type="checkbox"/> Sexually Transmitted Disease (STD) | |
| <input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.) | | <input type="checkbox"/> Trouble getting birth control | |
| <input type="checkbox"/> Other (explain) _____ | | | |

Does your child currently have, or has he or she had, any of the following health concerns? (check all that apply)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dental Problems | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Infections |
| <input type="checkbox"/> Overweight | <input type="checkbox"/> Asthma/Breathing Problems | <input type="checkbox"/> Mental Health Problems | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Heavy Alcohol Use | <input type="checkbox"/> Drug Use | <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> No Prenatal Care |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Teen Pregnancy | <input type="checkbox"/> Sexually Transmitted Disease (STD) | |
| <input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.) | | <input type="checkbox"/> Trouble getting birth control | |
| <input type="checkbox"/> Other (explain) _____ | | | |

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

- | | | |
|---|--|--|
| <input type="checkbox"/> Emergency Room | <input type="checkbox"/> Community Health Organization | <input type="checkbox"/> WIC Facility |
| <input type="checkbox"/> County Clinic | <input checked="" type="checkbox"/> Private Clinic | <input type="checkbox"/> Other (explain) _____ |

Were you satisfied with the service? ☒ Yes ☐ No If not, why? _____

Do you have trouble getting help with your health concerns? ☐ Yes ☒ No If so, why? (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Can't Afford to Get Help | <input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc. | <input type="checkbox"/> No Health Insurance |
| <input type="checkbox"/> Don't Know Where to Go | <input type="checkbox"/> No Doctor/Dentist/Help close to where I live | <input type="checkbox"/> No Child Care |
| <input type="checkbox"/> Can't Take Time Off from Work | <input type="checkbox"/> No One Speaks My Native Language | |
| <input type="checkbox"/> No Proper Documentation | <input type="checkbox"/> No One Understands My Problem | |
| <input type="checkbox"/> Other _____ | | |

What health services would you like to see in your community? _____

Do you know what kinds of services the County Health Department provides? _____

Would you like to receive announcements about public health (on the radio, TV, etc.)? ☐ Yes ☐ No

Thank You!

We are graduate students at the University of Arizona, and are assessing the health needs of and resources available to the women, adolescents, and children of Yuma County. We would like to have your opinion. Please take a moment to fill out this survey. Your name is not necessary and all of your responses will be confidential. **Thank you for your time!**

What is your age? 21 What is your gender? F Do you have children? ☐ Yes ☒ No
If so, how many? 1
What is your ethnicity? ☐ African American ☐ American Indian or Alaska Native ☒ Latino
(optional) ☐ White (Not Latino) ☐ Asian or Pacific Islander ☐ Other: _____

What is your marital status? ☐ Married ☐ Partner ☐ Separated ☒ Single

Do you have health insurance? ☒ Yes ☐ No Do you have AHCCCS? ☐ Yes ☒ No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dental Problems | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Infections |
| <input checked="" type="checkbox"/> Overweight | <input type="checkbox"/> Asthma/Breathing Problems | <input type="checkbox"/> Mental Health Problems | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Heavy Alcohol Use | <input type="checkbox"/> Drug Use | <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> No Prenatal Care |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Teen Pregnancy | <input type="checkbox"/> Sexually Transmitted Disease (STD) | |
| <input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.) | | <input type="checkbox"/> Trouble getting birth control | |
| <input type="checkbox"/> Other (explain) _____ | | | |

Does your child currently have, or has he or she had, any of the following health concerns? (check all that apply)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dental Problems | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Infections |
| <input type="checkbox"/> Overweight | <input type="checkbox"/> Asthma/Breathing Problems | <input type="checkbox"/> Mental Health Problems | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Heavy Alcohol Use | <input type="checkbox"/> Drug Use | <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> No Prenatal Care |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Teen Pregnancy | <input type="checkbox"/> Sexually Transmitted Disease (STD) | |
| <input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.) | | <input type="checkbox"/> Trouble getting birth control | |
| <input type="checkbox"/> Other (explain) _____ | | | |

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

- | | | |
|---|--|--|
| <input type="checkbox"/> Emergency Room | <input type="checkbox"/> Community Health Organization | <input type="checkbox"/> WIC Facility |
| <input type="checkbox"/> County Clinic | <input type="checkbox"/> Private Clinic | <input type="checkbox"/> Other (explain) _____ |

Were you satisfied with the service? ☐ Yes ☐ No If not, why? _____

Do you have trouble getting help with your health concerns? ☐ Yes ☒ No If so, why? (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Can't Afford to Get Help | <input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc. | <input type="checkbox"/> No Health Insurance |
| <input type="checkbox"/> Don't Know Where to Go | <input type="checkbox"/> No Doctor/Dentist/Help close to where I live | <input type="checkbox"/> No Child Care |
| <input type="checkbox"/> Can't Take Time Off from Work | <input type="checkbox"/> No One Speaks My Native Language | |
| <input type="checkbox"/> No Proper Documentation | <input type="checkbox"/> No One Understands My Problem | |
| <input type="checkbox"/> Other _____ | | |

What health services would you like to see in your community? _____

Do you know what kinds of services the County Health Department provides? _____

Would you like to receive announcements about public health (on the radio, TV, etc.)? ☒ Yes ☐ No

Thank You!

We are graduate students at the University of Arizona, and are assessing the health needs of and resources available to the women, adolescents, and children of Yuma County. We would like to have your opinion. Please take a moment to fill out this survey. Your name is not necessary and all of your responses will be confidential. **Thank you for your time!**

What is your age? 34 What is your gender? F Do you have children? ☒ Yes ☐ No
If so, how many? 2
What is your ethnicity? ☐ African American ☐ American Indian or Alaska Native ☒ Latino
(optional) ☐ White (Not Latino) ☐ Asian or Pacific Islander ☐ Other: _____

What is your marital status? ☒ Married ☐ Partner ☐ Separated ☐ Single

Do you have health insurance? ☒ Yes ☐ No Do you have AHCCCS? ☐ Yes ☐ No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

☐ Diabetes ☒ Dental Problems ☐ High Blood Pressure ☐ Infections
☒ Overweight ☐ Asthma/Breathing Problems ☐ Mental Health Problems ☐ Heart Disease
☐ Heavy Alcohol Use ☐ Drug Use ☐ Tobacco Use ☐ No Prenatal Care
☐ Tuberculosis ☐ Teen Pregnancy ☐ Sexually Transmitted Disease (STD)
☐ Pregnancy complications (low birth weight, premature, etc.) ☐ Trouble getting birth control
☐ Other (explain) _____

Does your child currently have, or has he or she had, any of the following health concerns? (check all that apply)

☐ Diabetes ☐ Dental Problems ☐ High Blood Pressure ☒ Infections
☒ Overweight ☐ Asthma/Breathing Problems ☐ Mental Health Problems ☐ Heart Disease
☐ Heavy Alcohol Use ☐ Drug Use ☐ Tobacco Use ☐ No Prenatal Care
☐ Tuberculosis ☐ Teen Pregnancy ☐ Sexually Transmitted Disease (STD)
☐ Pregnancy complications (low birth weight, premature, etc.) ☐ Trouble getting birth control
☐ Other (explain) _____

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

☐ Emergency Room ☐ Community Health Organization ☐ WIC Facility
☐ County Clinic ☒ Private Clinic ☐ Other (explain) _____

Were you satisfied with the service? ☒ Yes ☐ No If not, why? _____

Do you have trouble getting help with your health concerns? ☐ Yes ☒ No If so, why? (check all that apply)

☐ Can't Afford to Get Help ☐ No Transportation to Doctor's Office, Clinic, etc. ☐ No Health Insurance
☐ Don't Know Where to Go ☐ No Doctor/Dentist/Help close to where I live ☐ No Child Care
☐ Can't Take Time Off from Work ☐ No One Speaks My Native Language
☐ No Proper Documentation ☐ No One Understands My Problem
☐ Other _____

What health services would you like to see in your community? _____

Do you know what kinds of services the County Health Department provides? yes

Would you like to receive announcements about public health (on the radio, TV, etc.)? ☒ Yes ☐ No

Thank You!

We are graduate students at the University of Arizona, and are assessing the health needs of and resources available to the women, adolescents, and children of Yuma County. We would like to have your opinion. Please take a moment to fill out this survey. All of your responses will be confidential, and your name is not necessary. **Thank you for your time!**

What is your age? 39 What is your gender? F Do you have children? Yes No
If so, how many? 2

What is your ethnicity? (optional) American Indian or Alaska Native African American ☒ Latino
Pacific Islander White (Not Latino) Other:

What is your marital status? ☒ Married Partner Separated Single

Do you have health insurance? ☒ Yes No Do you have AHCCCS? Yes No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input checked="" type="checkbox"/> <u>High Blood Pressure</u>	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

Does your child currently have or might your child someday have any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input checked="" type="checkbox"/> <u>High Blood Pressure</u>	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

<input checked="" type="checkbox"/> <u>Emergency Room</u>	<input type="checkbox"/> Community Health Organization
<input checked="" type="checkbox"/> <u>WIC facility</u>	<input type="checkbox"/> Public Clinic
<input checked="" type="checkbox"/> <u>Private Clinic</u>	<input type="checkbox"/> Other (explain) _____

Were you satisfied with the service? ☒ Yes No If not, why? _____

Do you have trouble getting help with your health concerns? Yes No If so, why? (check all that apply)

<input type="checkbox"/> No Child Care	<input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc.
<input type="checkbox"/> No Health Insurance	<input type="checkbox"/> No Doctor/Dentist/Help close to where you live
<input type="checkbox"/> Don't Know Where to Go	<input type="checkbox"/> Can't Afford to Get Help
<input checked="" type="checkbox"/> <u>Can't Take Time Off from Work</u>	<input type="checkbox"/> No One Speaks Your Native Language
<input type="checkbox"/> No One Understands Your Problem	<input type="checkbox"/> No Proper Documentation
<input type="checkbox"/> Other _____	

We are graduate students at the University of Arizona, and are assessing the health needs of and resources available to the women, adolescents, and children of Yuma County. We would like to have your opinion. Please take a moment to fill out this survey. All of your responses will be confidential, and your name is not necessary. **Thank you for your time!**

What is your age? 38 What is your gender? F Do you have children? Yes No
If so, how many? 2

What is your ethnicity? (optional) ☐ American Indian or Alaska Native ☐ African American ☐ Latino
☐ Pacific Islander ☒ White (Not Latino) ☐ Other: _____

What is your marital status? ☒ Married ☐ Partner ☐ Separated ☐ Single

Do you have health insurance? ☒ Yes ☐ No Do you have AHCCCS? Yes ☐ No ☒

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input checked="" type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

Does your child currently have or might your child someday have any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Community Health Organization
<input type="checkbox"/> WIC facility	<input checked="" type="checkbox"/> Public Clinic
<input checked="" type="checkbox"/> Private Clinic	<input type="checkbox"/> Other (explain) _____

Were you satisfied with the service? ☒ Yes ☐ No If not, why? _____

Do you have trouble getting help with your health concerns? Yes ☐ No ☒ If so, why? (check all that apply)

<input type="checkbox"/> No Child Care	<input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc.
<input type="checkbox"/> No Health Insurance	<input type="checkbox"/> No Doctor/Dentist/Help close to where you live
<input type="checkbox"/> Don't Know Where to Go	<input type="checkbox"/> Can't Afford to Get Help
<input type="checkbox"/> Can't Take Time Off from Work	<input type="checkbox"/> No One Speaks Your Native Language
<input type="checkbox"/> No One Understands Your Problem	<input type="checkbox"/> No Proper Documentation
<input type="checkbox"/> Other _____	

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What is your age? 53 What is your gender? F Do you have children? ☒ Yes ☐ No
If so, how many? 2

What is your ethnicity? (optional) ☐ American Indian or Alaska Native ☐ African American ☐ Latino
☐ Pacific Islander ☒ White (Not Latino) ☐ Other: _____

What is your marital status? ☐ Married ☐ Partner ☐ Separated ☐ Single Married

Do you have health insurance? ☒ Yes ☐ No Do you have AHCCCS? Yes ☐ No ☒ No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

<input checked="" type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input checked="" type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input checked="" type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

Does your child currently have or might your child someday have any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) <u>children are grown</u>

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

<input checked="" type="checkbox"/> Emergency Room	<input type="checkbox"/> Community Health Organization
<input type="checkbox"/> WIC facility	<input type="checkbox"/> Public Clinic
<input type="checkbox"/> Private Clinic	<input checked="" type="checkbox"/> Other (explain) <u>PCP</u>

Were you satisfied with the service? Yes ☐ No ☐ If not, why? yes

Do you have trouble getting help with your health concerns? Yes ☐ No ☒ If so, why? (check all that apply)

<input type="checkbox"/> No Child Care	<input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc.
<input type="checkbox"/> No Health Insurance	<input type="checkbox"/> No Doctor/Dentist/Help close to where you live
<input type="checkbox"/> Don't Know Where to Go	<input type="checkbox"/> Can't Afford to Get Help
<input type="checkbox"/> Can't Take Time Off from Work	<input type="checkbox"/> No One Speaks Your Native Language
<input type="checkbox"/> No One Understands Your Problem	<input type="checkbox"/> No Proper Documentation
<input type="checkbox"/> Other _____	

We are graduate students at the University of Arizona, and are assessing the health needs of and resources available to the women, adolescents, and children of Yuma County. We would like to have your opinion. Please take a moment to fill out this survey. All of your responses will be confidential, and your name is not necessary. **Thank you for your time!**

What is your age? 59

What is your gender? F

Do you have children? Yes
If so, how many? 5

What is your ethnicity? (optional) ☐ American Indian or Alaska Native ☐ African American ☐ Latino
☐ Pacific Islander ☒ White (Not Latino) ☐ Other: _____

What is your marital status? ☒ Married ☐ Partner ☐ Separated ☐ Single

Do you have health insurance? ☒ Yes ☐ No

Do you have AHCCCS? Yes ☐ No ☒

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

<input checked="" type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input checked="" type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input checked="" type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input checked="" type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input checked="" type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

Does your child currently have or might your child someday have any of the following health concerns? (check all that apply)

<input checked="" type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input checked="" type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input checked="" type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input checked="" type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Community Health Organization
<input type="checkbox"/> WIC facility	<input type="checkbox"/> Public Clinic
<input checked="" type="checkbox"/> Private Clinic	<input type="checkbox"/> Other (explain) _____

Were you satisfied with the service? ☒ Yes ☐ No If not, why? _____

Do you have trouble getting help with your health concerns? Yes ☐ No ☒ If so, why? (check all that apply)

<input type="checkbox"/> No Child Care	<input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc.
<input type="checkbox"/> No Health Insurance	<input type="checkbox"/> No Doctor/Dentist/Help close to where you live
<input type="checkbox"/> Don't Know Where to Go	<input type="checkbox"/> Can't Afford to Get Help
<input type="checkbox"/> Can't Take Time Off from Work	<input type="checkbox"/> No One Speaks Your Native Language
<input type="checkbox"/> No One Understands Your Problem	<input type="checkbox"/> No Proper Documentation
<input type="checkbox"/> Other _____	

We are graduate students at the University of Arizona, and are assessing the health needs of and resources available to the women, adolescents, and children of Yuma County. We would like to have your opinion. Please take a moment to fill out this survey. All of your responses will be confidential, and your name is not necessary. **Thank you for your time!**

What is your age? 28

What is your gender? F

Do you have children? Yes ☐ No ☒
If so, how many? _____

What is your ethnicity? (optional) ☐ American Indian or Alaska Native ☐ African American ☐ Latino
☐ Pacific Islander ☒ White (Not Latino) ☐ Other: _____

What is your marital status? ☐ Married ☐ Partner ☐ Separated ☒ Single

Do you have health insurance? ☒ Yes ☐ No

Do you have AHCCCS? Yes ☐ No ☒

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sexually Transmitted Disease (STD) |
| <input type="checkbox"/> Dental Problems | <input type="checkbox"/> Trouble getting birth control if you need or want it |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Infections |
| <input checked="" type="checkbox"/> Overweight | <input type="checkbox"/> Mental Health problems |
| <input type="checkbox"/> Heart Disease | <input checked="" type="checkbox"/> Heavy Alcohol Use |
| <input type="checkbox"/> Drug Use | <input checked="" type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Asthma/Breathing problems | <input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.) |
| <input type="checkbox"/> No Prenatal Care | <input type="checkbox"/> Other (explain) _____ |

Does your child currently have or might your child someday have any of the following health concerns? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sexually Transmitted Disease (STD) |
| <input type="checkbox"/> Dental Problems | <input type="checkbox"/> Trouble getting birth control if you need or want it |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Infections |
| <input type="checkbox"/> Overweight | <input type="checkbox"/> Mental Health problems |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Heavy Alcohol Use |
| <input type="checkbox"/> Drug Use | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Asthma/Breathing problems | <input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.) |
| <input type="checkbox"/> No Prenatal Care | <input type="checkbox"/> Other (explain) _____ |
- N/A*

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

- | | |
|---|--|
| <input type="checkbox"/> Emergency Room | <input type="checkbox"/> Community Health Organization |
| <input type="checkbox"/> WIC facility | <input type="checkbox"/> Public Clinic |
| <input type="checkbox"/> Private Clinic | <input type="checkbox"/> Other (explain) _____ |
- N/A*

Were you satisfied with the service? Yes ☐ No ☐ If not, why? _____

Do you have trouble getting help with your health concerns? Yes ☐ No ☒ If so, why? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> No Child Care | <input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc. |
| <input type="checkbox"/> No Health Insurance | <input type="checkbox"/> No Doctor/Dentist/Help close to where you live |
| <input type="checkbox"/> Don't Know Where to Go | <input type="checkbox"/> Can't Afford to Get Help |
| <input type="checkbox"/> Can't Take Time Off from Work | <input type="checkbox"/> No One Speaks Your Native Language |
| <input type="checkbox"/> No One Understands Your Problem | <input type="checkbox"/> No Proper Documentation |
| <input type="checkbox"/> Other _____ | |

We are graduate students at the University of Arizona, and are assessing the health needs of and resources available to the women, adolescents, and children of Yuma County. We would like to have your opinion. Please take a moment to fill out this survey. All of your responses will be confidential, and your name is not necessary. **Thank you for your time!**

What is your age? 46 What is your gender? F Do you have children? Yes No
If so, how many? _____

What is your ethnicity? (optional) ☐ American Indian or Alaska Native ☐ African American ☒ Latino
☐ Pacific Islander ☐ White (Not Latino) ☐ Other: _____

What is your marital status? ☒ Married ☐ Partner ☐ Separated ☐ Single

Do you have health insurance? ☒ Yes ☐ No Do you have AHCCCS? Yes ☐ No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input checked="" type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

Does your child currently have or might your child someday have any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input checked="" type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Community Health Organization
<input type="checkbox"/> WIC facility	<input type="checkbox"/> Public Clinic
<input checked="" type="checkbox"/> Private Clinic	<input type="checkbox"/> Other (explain) _____

Were you satisfied with the service? ☒ Yes ☐ No If not, why? _____

Do you have trouble getting help with your health concerns? Yes ☐ No ☒ If so, why? (check all that apply)

<input type="checkbox"/> No Child Care	<input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc.
<input type="checkbox"/> No Health Insurance	<input type="checkbox"/> No Doctor/Dentist/Help close to where you live
<input type="checkbox"/> Don't Know Where to Go	<input type="checkbox"/> Can't Afford to Get Help
<input type="checkbox"/> Can't Take Time Off from Work	<input type="checkbox"/> No One Speaks Your Native Language
<input type="checkbox"/> No One Understands Your Problem	<input type="checkbox"/> No Proper Documentation
<input type="checkbox"/> Other _____	

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What is your age? 26

What is your gender? F

Do you have children? Yes No
If so, how many? _____

What is your ethnicity? (optional) American Indian or Alaska Native African American Latino
Pacific Islander ☒ White (Not Latino) Other: _____

What is your marital status? Married Partner Separated ☒ Single

Do you have health insurance? ☒ Yes ☐ No

Do you have AHCCCS? Yes ☒ No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

Does your child currently have or might your child someday have any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Community Health Organization
<input type="checkbox"/> WIC facility	<input checked="" type="checkbox"/> Public Clinic
<input type="checkbox"/> Private Clinic	<input type="checkbox"/> Other (explain) _____

Were you satisfied with the service? ☒ Yes ☐ No If not, why? _____

Do you have trouble getting help with your health concerns? Yes ☒ No If so, why? (check all that apply)

<input type="checkbox"/> No Child Care	<input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc.
<input type="checkbox"/> No Health Insurance	<input type="checkbox"/> No Doctor/Dentist/Help close to where you live
<input type="checkbox"/> Don't Know Where to Go	<input type="checkbox"/> Can't Afford to Get Help
<input type="checkbox"/> Can't Take Time Off from Work	<input type="checkbox"/> No One Speaks Your Native Language
<input type="checkbox"/> No One Understands Your Problem	<input type="checkbox"/> No Proper Documentation
<input type="checkbox"/> Other _____	

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What is your age? 29 What is your gender? _____ Do you have children? Yes No
If so, how many? _____

What is your ethnicity? (optional) _____ American Indian or Alaska Native _____ African American ☒ Latino
_____ Pacific Islander _____ White (Not Latino) _____ Other: _____

What is your marital status? ☒ Married _____ Partner _____ Separated _____ Single

Do you have health insurance? ☒ Yes No Do you have AHCCCS? ☒ Yes No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input checked="" type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

Does your child currently have or might your child someday have any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input checked="" type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

<input checked="" type="checkbox"/> Emergency Room	<input type="checkbox"/> Community Health Organization
<input checked="" type="checkbox"/> WIC facility	<input checked="" type="checkbox"/> Public Clinic
<input type="checkbox"/> Private Clinic	<input type="checkbox"/> Other (explain) _____

Were you satisfied with the service? ☒ Yes No If not, why? _____

Do you have trouble getting help with your health concerns? Yes ☒ No If so, why? (check all that apply)

<input type="checkbox"/> No Child Care	<input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc.
<input type="checkbox"/> No Health Insurance	<input type="checkbox"/> No Doctor/Dentist/Help close to where you live
<input type="checkbox"/> Don't Know Where to Go	<input type="checkbox"/> Can't Afford to Get Help
<input type="checkbox"/> Can't Take Time Off from Work	<input type="checkbox"/> No One Speaks Your Native Language
<input type="checkbox"/> No One Understands Your Problem	<input type="checkbox"/> No Proper Documentation
<input type="checkbox"/> Other _____	

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What is your age? 33 What is your gender? F Do you have children? Yes No
If so, how many? 1

What is your ethnicity? (optional) American Indian or Alaska Native African American Latino
Pacific Islander X White (Not Latino) Other:

What is your marital status? X Married Partner Separated Single

Do you have health insurance? Yes No Do you have AHCCCS? Yes No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

<u>Diabetes</u>	<u>Sexually Transmitted Disease (STD)</u>
<u>X</u> <u>Dental Problems</u>	<u>Trouble getting birth control if you need or want it</u>
<u>X</u> <u>High Blood Pressure</u>	<u>Infections</u>
<u>Overweight</u>	<u>Mental Health problems</u>
<u>Heart Disease</u>	<u>Heavy Alcohol Use</u>
<u>Drug Use</u>	<u>Tobacco Use</u>
<u>Asthma/Breathing problems</u>	<u>Pregnancy complications (low birth weight, premature, etc.)</u>
<u>No Prenatal Care</u>	<u>Other (explain)</u>

Does your child currently have or might your child someday have any of the following health concerns? (check all that apply)

<u>Diabetes</u>	<u>Sexually Transmitted Disease (STD)</u>
<u>Dental Problems</u>	<u>Trouble getting birth control if you need or want it</u>
<u>High Blood Pressure</u>	<u>Infections</u>
<u>Overweight</u>	<u>Mental Health problems</u>
<u>Heart Disease</u>	<u>Heavy Alcohol Use</u>
<u>Drug Use</u>	<u>Tobacco Use</u>
<u>Asthma/Breathing problems</u>	<u>Pregnancy complications (low birth weight, premature, etc.)</u>
<u>No Prenatal Care</u>	<u>Other (explain)</u>

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

<u>Emergency Room</u>	<u>Community Health Organization</u>
<u>WIC facility</u>	<u>Public Clinic</u>
<u>X</u> <u>Private Clinic</u>	<u>Other (explain)</u>

Were you satisfied with the service? Yes No If not, why? Mis diagnosed.

Do you have trouble getting help with your health concerns? Yes No If so, why? (check all that apply)

<u>No Child Care</u>	<u>No Transportation to Doctor's Office, Clinic, etc.</u>
<u>No Health Insurance</u>	<u>No Doctor/Dentist/Help close to where you live</u>
<u>Don't Know Where to Go</u>	<u>Can't Afford to Get Help</u>
<u>Can't Take Time Off from Work</u>	<u>No One Speaks Your Native Language</u>
<u>No One Understands Your Problem</u>	<u>No Proper Documentation</u>
<u>Other</u> <u>Providers don't listen !!</u>	

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What is your age? 53 What is your gender? F Do you have children? Yes No
If so, how many? 2

What is your ethnicity? (optional) American Indian or Alaska Native African American Latino
Pacific Islander ☒ White (Not Latino) Other: _____

What is your marital status? ☒ Married Partner Separated Single

Do you have health insurance? ☒ Yes No Do you have AHCCCS? Yes ☒ No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input checked="" type="checkbox"/> <u>High Blood Pressure</u>	<input type="checkbox"/> Infections
<input checked="" type="checkbox"/> <u>Overweight</u>	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

Does your child currently have or might your child someday have any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input checked="" type="checkbox"/> <u>Overweight</u>	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input checked="" type="checkbox"/> <u>Other (explain) allergies</u>

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

<input checked="" type="checkbox"/> <u>Emergency Room</u>	<input type="checkbox"/> Community Health Organization
<input type="checkbox"/> WIC facility	<input type="checkbox"/> Public Clinic
<input type="checkbox"/> Private Clinic	<input type="checkbox"/> Other (explain) _____

Were you satisfied with the service? Yes ☒ No If not, why? too long of a wait - the ER is overloo

Do you have trouble getting help with your health concerns? ☒ Yes No If so, why? (check all that apply)

<input type="checkbox"/> No Child Care	<input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc.
<input type="checkbox"/> No Health Insurance	<input type="checkbox"/> No Doctor/Dentist/Help close to where you live
<input type="checkbox"/> Don't Know Where to Go	<input type="checkbox"/> Can't Afford to Get Help
<input type="checkbox"/> Can't Take Time Off from Work	<input type="checkbox"/> No One Speaks Your Native Language
<input checked="" type="checkbox"/> <u>No One Understands Your Problem</u>	<input type="checkbox"/> No Proper Documentation
<input type="checkbox"/> Other _____	

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What is your age? 28 What is your gender? m Do you have children? Yes No
If so, how many? _____

What is your ethnicity? (optional) _____ American Indian or Alaska Native _____ African American _____ Latino
_____ Pacific Islander ☒ White (Not Latino) _____ Other: _____

What is your marital status? ☒ Married _____ Partner _____ Separated _____ Single

Do you have health insurance? ☒ Yes No Do you have AHCCCS? Yes ☒ No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

Does your child currently have or might your child someday have any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Community Health Organization
<input type="checkbox"/> WIC facility	<input checked="" type="checkbox"/> Public Clinic
<input type="checkbox"/> Private Clinic	<input type="checkbox"/> Other (explain) _____

Were you satisfied with the service? ☒ Yes No If not, why? _____

Do you have trouble getting help with your health concerns? Yes ☒ No If so, why? (check all that apply)

<input type="checkbox"/> No Child Care	<input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc.
<input type="checkbox"/> No Health Insurance	<input type="checkbox"/> No Doctor/Dentist/Help close to where you live
<input type="checkbox"/> Don't Know Where to Go	<input type="checkbox"/> Can't Afford to Get Help
<input type="checkbox"/> Can't Take Time Off from Work	<input type="checkbox"/> No One Speaks Your Native Language
<input type="checkbox"/> No One Understands Your Problem	<input type="checkbox"/> No Proper Documentation
<input type="checkbox"/> Other _____	

We are graduate students at the University of Arizona, and are assessing the health needs of and resources available to the women, adolescents, and children of Yuma County. We would like to have your opinion. Please take a moment to fill out this survey. All of your responses will be confidential, and your name is not necessary. **Thank you for your time!**

What is your age? 72

What is your gender? F

Do you have children? Yes No
If so, how many? 2

What is your ethnicity? (optional) ☐ American Indian or Alaska Native ☐ African American ☐ Latino
☐ Pacific Islander ☐ White (Not Latino) ☒ Other: ✓

What is your marital status? ☐ Married ☐ Partner ☐ Separated ☒ Single

Do you have health insurance? Yes No

Do you have AHCCCS? Yes No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input checked="" type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

Does your child currently have or might your child someday have any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Community Health Organization
<input type="checkbox"/> WIC facility	<input type="checkbox"/> Public Clinic
<input type="checkbox"/> Private Clinic	<input type="checkbox"/> Other (explain) _____

Were you satisfied with the service? Yes No If not, why? _____

Do you have trouble getting help with your health concerns? Yes No If so, why? (check all that apply)

<input type="checkbox"/> No Child Care	<input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc.
<input type="checkbox"/> No Health Insurance	<input type="checkbox"/> No Doctor/Dentist/Help close to where you live
<input type="checkbox"/> Don't Know Where to Go	<input type="checkbox"/> Can't Afford to Get Help
<input type="checkbox"/> Can't Take Time Off from Work	<input type="checkbox"/> No One Speaks Your Native Language
<input type="checkbox"/> No One Understands Your Problem	<input type="checkbox"/> No Proper Documentation
<input type="checkbox"/> Other _____	

flu shot

We are graduate students at the University of Arizona, and are assessing the health needs of and resources available to the women, adolescents, and children of Yuma County. We would like to have your opinion. Please take a moment to fill out this survey. All of your responses will be confidential, and your name is not necessary. **Thank you for your time!**

What is your age? 48 What is your gender? F Do you have children? Yes No
If so, how many? _____

What is your ethnicity? (optional) American Indian or Alaska Native African American Latino
Pacific Islander White (Not Latino) Other: _____

What is your marital status? Married Partner Separated Single

Do you have health insurance? Yes No Do you have AHCCCS? Yes No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

Does your child currently have or might your child someday have any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Community Health Organization
<input type="checkbox"/> WIC facility	<input type="checkbox"/> Public Clinic
<input type="checkbox"/> Private Clinic	<input type="checkbox"/> Other (explain) <u>None</u>

Were you satisfied with the service? Yes No If not, why? _____

Do you have trouble getting help with your health concerns? Yes No If so, why? (check all that apply)

<input type="checkbox"/> No Child Care	<input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc.
<input type="checkbox"/> No Health Insurance	<input type="checkbox"/> No Doctor/Dentist/Help close to where you live
<input type="checkbox"/> Don't Know Where to Go	<input type="checkbox"/> Can't Afford to Get Help
<input checked="" type="checkbox"/> Can't Take Time Off from Work	<input type="checkbox"/> No One Speaks Your Native Language
<input type="checkbox"/> No One Understands Your Problem	<input type="checkbox"/> No Proper Documentation
<input type="checkbox"/> Other _____	

We are graduate students at the University of Arizona, and are assessing the health needs of and resources available to the women, adolescents, and children of Yuma County. We would like to have your opinion. Please take a moment to fill out this survey. All of your responses will be confidential, and your name is not necessary. **Thank you for your time!**

What is your age? 15

What is your gender? F

Do you have children? Yes No
If so, how many? 3

What is your ethnicity? (optional) ☐ American Indian or Alaska Native ☐ African American ☐ Latino
☐ Pacific Islander ☒ White (Not Latino) ☐ Other: _____

What is your marital status? ☐ Married ☐ Partner ☐ Separated ☐ Single

Do you have health insurance? ☒ Yes ☐ No

Do you have AHCCCS? ☐ Yes ☒ No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input checked="" type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

Does your child currently have or might your child someday have any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Community Health Organization
<input type="checkbox"/> WIC facility	<input type="checkbox"/> Public Clinic
<input type="checkbox"/> Private Clinic	<input type="checkbox"/> Other (explain) _____

Were you satisfied with the service? ☐ Yes ☐ No If not, why? _____

Do you have trouble getting help with your health concerns? ☐ Yes ☒ No If so, why? (check all that apply)

<input type="checkbox"/> No Child Care	<input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc.
<input type="checkbox"/> No Health Insurance	<input type="checkbox"/> No Doctor/Dentist/Help close to where you live
<input type="checkbox"/> Don't Know Where to Go	<input type="checkbox"/> Can't Afford to Get Help
<input type="checkbox"/> Can't Take Time Off from Work	<input type="checkbox"/> No One Speaks Your Native Language
<input type="checkbox"/> No One Understands Your Problem	<input type="checkbox"/> No Proper Documentation
<input type="checkbox"/> Other _____	

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What is your age? 45 What is your gender? M Do you have children? ☒ Yes ☐ No 4
If so, how many? 4
What is your ethnicity? ☐ African American ☐ American Indian or Alaska Native ☒ Latino
(optional) ☐ White (Not Latino) ☐ Asian or Pacific Islander ☐ Other: _____

What is your marital status? ☒ Married ☐ Partner ☐ Separated ☐ Single

Do you have health insurance? ☒ Yes ☐ No Do you have AHCCCS? ☐ Yes ☒ No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dental Problems | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Infections |
| <input type="checkbox"/> Overweight | <input type="checkbox"/> Asthma/Breathing Problems | <input type="checkbox"/> Mental Health Problems | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Heavy Alcohol Use | <input type="checkbox"/> Drug Use | <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> No Prenatal Care |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Teen Pregnancy | <input type="checkbox"/> Sexually Transmitted Disease (STD) | |
| <input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.) | | <input type="checkbox"/> Trouble getting birth control | |
| <input type="checkbox"/> Other (explain) _____ | | | |

Does your child currently have, or has he or she had, any of the following health concerns? (check all that apply)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dental Problems | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Infections |
| <input type="checkbox"/> Overweight | <input type="checkbox"/> Asthma/Breathing Problems | <input type="checkbox"/> Mental Health Problems | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Heavy Alcohol Use | <input type="checkbox"/> Drug Use | <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> No Prenatal Care |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Teen Pregnancy | <input type="checkbox"/> Sexually Transmitted Disease (STD) | |
| <input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.) | | <input type="checkbox"/> Trouble getting birth control | |
| <input type="checkbox"/> Other (explain) _____ | | | |

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Emergency Room | <input type="checkbox"/> Community Health Organization | <input type="checkbox"/> WIC Facility |
| <input type="checkbox"/> County Clinic | <input type="checkbox"/> Private Clinic | <input type="checkbox"/> Other (explain) _____ |

Were you satisfied with the service? ☒ Yes ☐ No If not, why? _____

Do you have trouble getting help with your health concerns? ☐ Yes ☒ No If so, why? (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Can't Afford to Get Help | <input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc. | <input type="checkbox"/> No Health Insurance |
| <input type="checkbox"/> Don't Know Where to Go | <input type="checkbox"/> No Doctor/Dentist/Help close to where I live | <input type="checkbox"/> No Child Care |
| <input type="checkbox"/> Can't Take Time Off from Work | <input type="checkbox"/> No One Speaks My Native Language | |
| <input type="checkbox"/> No Proper Documentation | <input type="checkbox"/> No One Understands My Problem | |
| <input type="checkbox"/> Other _____ | | |

What health services would you like to see in your community? Home Health For AHCCCS

patients

Do you know what kinds of services the County Health Department provides? yes

Would you like to receive announcements about public health (on the radio, TV, etc.)? ☒ Yes ☐ No

Thank You!

We are graduate students at the University of Arizona, and are assessing the health needs of and resources available to the women, adolescents, and children of Yuma County. We would like to have your opinion. Please take a moment to fill out this survey. All of your responses will be confidential, and your name is not necessary. **Thank you for your time!**

What is your age? 81

What is your gender? M

Do you have children? Yes No
If so, how many? 2

What is your ethnicity? (optional) American Indian or Alaska Native African American Latino
Pacific Islander X White (Not Latino) Other: _____

What is your marital status? X Married Partner Separated Single

Do you have health insurance? Yes No

Do you have AHCCCS? Yes No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

<u>Diabetes</u>	<u>Sexually Transmitted Disease (STD)</u>
<u>Dental Problems</u>	<u>Trouble getting birth control if you need or want it</u>
<u>X</u> <u>High Blood Pressure</u>	<u>Infections</u>
<u>Overweight</u>	<u>Mental Health problems</u>
<u>X</u> <u>Heart Disease</u>	<u>Heavy Alcohol Use</u>
<u>Drug Use</u>	<u>Tobacco Use</u>
<u>Asthma/Breathing problems</u>	<u>Pregnancy complications (low birth weight, premature, etc.)</u>
<u>No Prenatal Care</u>	<u>Other (explain) _____</u>

Does your child currently have or might your child someday have any of the following health concerns? (check all that apply)

<u>Diabetes</u>	<u>Sexually Transmitted Disease (STD)</u>
<u>Dental Problems</u>	<u>Trouble getting birth control if you need or want it</u>
<u>High Blood Pressure</u>	<u>Infections</u>
<u>Overweight</u>	<u>Mental Health problems</u>
<u>Heart Disease</u>	<u>Heavy Alcohol Use</u>
<u>Drug Use</u>	<u>Tobacco Use</u>
<u>Asthma/Breathing problems</u>	<u>Pregnancy complications (low birth weight, premature, etc.)</u>
<u>No Prenatal Care</u>	<u>Other (explain) _____</u>

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

<u>Emergency Room</u>	<u>Community Health Organization</u>
<u>WIC facility</u>	<u>Public Clinic</u>
<u>X</u> <u>Private Clinic</u>	<u>Other (explain) _____</u>

Were you satisfied with the service? Yes No If not, why? _____

Do you have trouble getting help with your health concerns? Yes No If so, why? (check all that apply)

<u>No Child Care</u>	<u>No Transportation to Doctor's Office, Clinic, etc.</u>
<u>No Health Insurance</u>	<u>No Doctor/Dentist/Help close to where you live</u>
<u>Don't Know Where to Go</u>	<u>Can't Afford to Get Help</u>
<u>Can't Take Time Off from Work</u>	<u>No One Speaks Your Native Language</u>
<u>No One Understands Your Problem</u>	<u>No Proper Documentation</u>
<u>Other</u> _____	

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What is your age? 70

What is your gender? F

Do you have children? Yes No
If so, how many?

What is your ethnicity? (optional) ☐ American Indian or Alaska Native ☐ African American ☐ Latino
☐ Pacific Islander ☒ White (Not Latino) ☐ Other:

What is your marital status? ☒ Married ☐ Partner ☐ Separated ☐ Single

Do you have health insurance? ☒ Yes ☐ No

Do you have AHCCCS? ☐ Yes ☐ No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input checked="" type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input checked="" type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) <u> </u>

Does your child currently have or might your child someday have any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) <u> </u>

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Community Health Organization
<input type="checkbox"/> WIC facility	<input type="checkbox"/> Public Clinic
<input checked="" type="checkbox"/> Private Clinic	<input type="checkbox"/> Other (explain) <u> </u>

Were you satisfied with the service? ☐ Yes ☐ No If not, why?

Do you have trouble getting help with your health concerns? ☐ Yes ☒ No If so, why? (check all that apply)

<input type="checkbox"/> No Child Care	<input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc.
<input type="checkbox"/> No Health Insurance	<input type="checkbox"/> No Doctor/Dentist/Help close to where you live
<input type="checkbox"/> Don't Know Where to Go	<input type="checkbox"/> Can't Afford to Get Help
<input type="checkbox"/> Can't Take Time Off from Work	<input type="checkbox"/> No One Speaks Your Native Language
<input type="checkbox"/> No One Understands Your Problem	<input type="checkbox"/> No Proper Documentation
<input type="checkbox"/> Other <u> </u>	

We are graduate students at the University of Arizona, and are assessing the health needs of and resources available to the women, adolescents, and children of Yuma County. We would like to have your opinion. Please take a moment to fill out this survey. All of your responses will be confidential, and your name is not necessary. **Thank you for your time!**

What is your age? 48 What is your gender? F Do you have children? Yes No
If so, how many? _____

What is your ethnicity? (optional) _____ American Indian or Alaska Native _____ African American _____ Latino
_____ Pacific Islander X White (Not Latino) _____ Other: _____

What is your marital status? _____ Married _____ Partner _____ Separated X Single

Do you have health insurance? Yes No Do you have AHCCCS? Yes No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<u>X</u> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<u>X</u> High Blood Pressure	<input type="checkbox"/> Infections
<u>X</u> Overweight	<u>X</u> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<u>X</u> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

Does your child currently have or might your child someday have any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

<u>X</u> Emergency Room	<input type="checkbox"/> Community Health Organization
<input type="checkbox"/> WIC facility	<input type="checkbox"/> Public Clinic
<u>X</u> Private Clinic	<input type="checkbox"/> Other (explain) _____

Were you satisfied with the service? Yes No If not, why? _____

Do you have trouble getting help with your health concerns? Yes No If so, why? (check all that apply)

<input type="checkbox"/> No Child Care	<input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc.
<input type="checkbox"/> No Health Insurance	<input type="checkbox"/> No Doctor/Dentist/Help close to where you live
<input type="checkbox"/> Don't Know Where to Go	<input type="checkbox"/> Can't Afford to Get Help
<input type="checkbox"/> Can't Take Time Off from Work	<input type="checkbox"/> No One Speaks Your Native Language
<input type="checkbox"/> No One Understands Your Problem	<input type="checkbox"/> No Proper Documentation
<input type="checkbox"/> Other _____	

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What is your age? 60

What is your gender? F

Do you have children? Yes No
If so, how many? 2

What is your ethnicity? (optional) ☐ American Indian or Alaska Native ☐ African American ☐ Latino
☐ Pacific Islander ☒ White (Not Latino) ☐ Other: _____

What is your marital status? ☐ Married ☒ Partner ☐ Separated ☐ Single

Do you have health insurance? ☒ Yes ☐ No

Do you have AHCCCS? Yes ☒ No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input checked="" type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input checked="" type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

Does your child currently have or might your child someday have any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Community Health Organization
<input type="checkbox"/> WIC facility	<input type="checkbox"/> Public Clinic
<input type="checkbox"/> Private Clinic	<input type="checkbox"/> Other (explain) _____

Were you satisfied with the service? Yes ☐ No ☐ If not, why? _____

Do you have trouble getting help with your health concerns? Yes ☒ No ☐ If so, why? (check all that apply)

<input type="checkbox"/> No Child Care	<input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc.
<input type="checkbox"/> No Health Insurance	<input type="checkbox"/> No Doctor/Dentist/Help close to where you live
<input type="checkbox"/> Don't Know Where to Go	<input type="checkbox"/> Can't Afford to Get Help
<input type="checkbox"/> Can't Take Time Off from Work	<input type="checkbox"/> No One Speaks Your Native Language
<input type="checkbox"/> No One Understands Your Problem	<input type="checkbox"/> No Proper Documentation
<input type="checkbox"/> Other _____	

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What is your age? 67 What is your gender? F Do you have children? Yes No
If so, how many? 2

What is your ethnicity? (optional) ☐ American Indian or Alaska Native ☐ African American ☐ Latino
☐ Pacific Islander ☒ White (Not Latino) ☐ Other: _____

What is your marital status? ☒ Married ☐ Partner ☐ Separated ☐ Single

Do you have health insurance? Yes No Do you have AHCCCS? Yes No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input checked="" type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input checked="" type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

Does your child currently have or might your child someday have any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Community Health Organization
<input type="checkbox"/> WIC facility	<input type="checkbox"/> Public Clinic
<input type="checkbox"/> Private Clinic	<input type="checkbox"/> Other (explain) _____

Were you satisfied with the service? Yes No If not, why? _____

Do you have trouble getting help with your health concerns? Yes No If so, why? (check all that apply)

<input type="checkbox"/> No Child Care	<input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc.
<input type="checkbox"/> No Health Insurance	<input type="checkbox"/> No Doctor/Dentist/Help close to where you live
<input type="checkbox"/> Don't Know Where to Go	<input type="checkbox"/> Can't Afford to Get Help
<input type="checkbox"/> Can't Take Time Off from Work	<input type="checkbox"/> No One Speaks Your Native Language
<input type="checkbox"/> No One Understands Your Problem	<input type="checkbox"/> No Proper Documentation
<input type="checkbox"/> Other _____	

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What is your age? 79 What is your gender? F Do you have children? Yes No
If so, how many? 2

What is your ethnicity? (optional) ☐ American Indian or Alaska Native ☐ African American ☐ Latino
☐ Pacific Islander ☒ White (Not Latino) ☐ Other: _____

What is your marital status? ☒ Married ☐ Partner ☐ Separated ☐ Single

Do you have health insurance? ☒ Yes ☐ No Do you have AHCCCS? Yes ☐ No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input checked="" type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input checked="" type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

Does your child currently have or might your child someday have any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Community Health Organization
<input type="checkbox"/> WIC facility	<input type="checkbox"/> Public Clinic
<input type="checkbox"/> Private Clinic	<input type="checkbox"/> Other (explain) _____

Were you satisfied with the service? Yes ☐ No ☐ If not, why? _____

Do you have trouble getting help with your health concerns? Yes ☐ No ☐ If so, why? (check all that apply)

<input type="checkbox"/> No Child Care	<input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc.
<input type="checkbox"/> No Health Insurance	<input type="checkbox"/> No Doctor/Dentist/Help close to where you live
<input type="checkbox"/> Don't Know Where to Go	<input type="checkbox"/> Can't Afford to Get Help
<input type="checkbox"/> Can't Take Time Off from Work	<input type="checkbox"/> No One Speaks Your Native Language
<input type="checkbox"/> No One Understands Your Problem	<input type="checkbox"/> No Proper Documentation
<input type="checkbox"/> Other _____	

We are graduate students at the University of Arizona, and are assessing the health needs of and resources available to the women, adolescents, and children of Yuma County. We would like to have your opinion. Please take a moment to fill out this survey. All of your responses will be confidential, and your name is not necessary. **Thank you for your time!**

What is your age? 61

What is your gender? F.

Do you have children? Yes No
If so, how many? 1

What is your ethnicity? (optional) American Indian or Alaska Native African American Latino
Pacific Islander White (Not Latino) Other: _____

What is your marital status? Married Partner Separated X Single

Do you have health insurance? Yes No

Do you have AHCCCS? Yes No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sexually Transmitted Disease (STD) |
| <u>X</u> Dental Problems | <input type="checkbox"/> Trouble getting birth control if you need or want it |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Infections |
| <input type="checkbox"/> Overweight | <input type="checkbox"/> Mental Health problems |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Heavy Alcohol Use |
| <input type="checkbox"/> Drug Use | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Asthma/Breathing problems | <u>X</u> Pregnancy complications (low birth weight, premature, etc.) |
| <input type="checkbox"/> No Prenatal Care | <input type="checkbox"/> Other (explain) _____ |

Does your child currently have or might your child someday have any of the following health concerns? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sexually Transmitted Disease (STD) |
| <u>X</u> Dental Problems | <input type="checkbox"/> Trouble getting birth control if you need or want it |
| <input type="checkbox"/> High Blood Pressure | <u>X</u> Infections |
| <u>X</u> Overweight | <input type="checkbox"/> Mental Health problems |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Heavy Alcohol Use |
| <input type="checkbox"/> Drug Use | <input type="checkbox"/> Tobacco Use |
| <u>X</u> Asthma/Breathing problems | <u>X</u> Pregnancy complications (low birth weight, premature, etc.) |
| <input type="checkbox"/> No Prenatal Care | <input type="checkbox"/> Other (explain) _____ |

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

- | | |
|---|--|
| <input type="checkbox"/> Emergency Room | <input type="checkbox"/> Community Health Organization |
| <input type="checkbox"/> WIC facility | <input type="checkbox"/> Public Clinic |
| <u>X</u> Private Clinic | Other (explain) _____ |

Were you satisfied with the service? Yes No If not, why? _____

Do you have trouble getting help with your health concerns? Yes No If so, why? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> No Child Care | <input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc. |
| <input type="checkbox"/> No Health Insurance | <input type="checkbox"/> No Doctor/Dentist/Help close to where you live |
| <input type="checkbox"/> Don't Know Where to Go | <u>X</u> Can't Afford to Get Help |
| <input type="checkbox"/> Can't Take Time Off from Work | <input type="checkbox"/> No One Speaks Your Native Language |
| <input type="checkbox"/> No One Understands Your Problem | <input type="checkbox"/> No Proper Documentation |

Other

NO DENTAL FOR DISABLED SENIORS

We are graduate students at the University of Arizona, and are assessing the health needs of and resources available to the women, adolescents, and children of Yuma County. We would like to have your opinion. Please take a moment to fill out this survey. All of your responses will be confidential, and your name is not necessary. **Thank you for your time!**

What is your age? 84 What is your gender? F Do you have children? Yes No
If so, how many? 12

What is your ethnicity? (optional) ☐ American Indian or Alaska Native ☐ African American ☒ Latino
☐ Pacific Islander ☐ White (Not Latino) ☐ Other: _____

What is your marital status? ☐ Married ☐ Partner ☐ Separated ☒ Single

Do you have health insurance? Yes No Do you have AHCCCS? Yes No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

Does your child currently have or might your child someday have any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Community Health Organization
<input type="checkbox"/> WIC facility	<input type="checkbox"/> Public Clinic
<input type="checkbox"/> Private Clinic	<input type="checkbox"/> Other (explain) _____

Were you satisfied with the service? Yes No If not, why? _____

Do you have trouble getting help with your health concerns? Yes No If so, why? (check all that apply)

<input type="checkbox"/> No Child Care	<input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc.
<input type="checkbox"/> No Health Insurance	<input type="checkbox"/> No Doctor/Dentist/Help close to where you live
<input type="checkbox"/> Don't Know Where to Go	<input type="checkbox"/> Can't Afford to Get Help
<input type="checkbox"/> Can't Take Time Off from Work	<input type="checkbox"/> No One Speaks Your Native Language
<input type="checkbox"/> No One Understands Your Problem	<input type="checkbox"/> No Proper Documentation
<input type="checkbox"/> Other _____	

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What is your age? 166 What is your gender? F Do you have children? Yes No
If so, how many? 1

What is your ethnicity? (optional) ☐ American Indian or Alaska Native ☐ African American ☐ Latino
☐ Pacific Islander ☒ White (Not Latino) ☐ Other: _____

What is your marital status? ☒ Married ☐ Partner ☐ Separated ☐ Single

Do you have health insurance? ☒ Yes ☐ No Do you have AHCCCS? Yes ☒ No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

Does your child currently have or might your child someday have any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input checked="" type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Community Health Organization
<input type="checkbox"/> WIC facility	<input type="checkbox"/> Public Clinic
<input type="checkbox"/> Private Clinic	<input type="checkbox"/> Other (explain) _____

Were you satisfied with the service? Yes ☐ No ☐ If not, why? _____

Do you have trouble getting help with your health concerns? Yes ☒ No ☐ If so, why? (check all that apply)

<input type="checkbox"/> No Child Care	<input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc.
<input type="checkbox"/> No Health Insurance	<input type="checkbox"/> No Doctor/Dentist/Help close to where you live
<input type="checkbox"/> Don't Know Where to Go	<input type="checkbox"/> Can't Afford to Get Help
<input type="checkbox"/> Can't Take Time Off from Work	<input type="checkbox"/> No One Speaks Your Native Language
<input type="checkbox"/> No One Understands Your Problem	<input type="checkbox"/> No Proper Documentation
<input type="checkbox"/> Other _____	

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What is your age? 65 What is your gender? M Do you have children? Yes No
If so, how many? 6

What is your ethnicity? (optional) ☐ American Indian or Alaska Native ☐ African American ☒ Latino
☐ Pacific Islander ☐ White (Not Latino) ☐ Other: _____

What is your marital status? ☒ Married ☐ Partner ☐ Separated ☐ Single

Do you have health insurance? Yes No Do you have AHCCCS? Yes No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

Does your child currently have or might your child someday have any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Community Health Organization
<input type="checkbox"/> WIC facility	<input type="checkbox"/> Public Clinic
<input type="checkbox"/> Private Clinic	<input type="checkbox"/> Other (explain) <u>Surgical Center</u>

Were you satisfied with the service? Yes No If not, why? _____

Do you have trouble getting help with your health concerns? Yes No If so, why? (check all that apply)

<input type="checkbox"/> No Child Care	<input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc.
<input type="checkbox"/> No Health Insurance	<input type="checkbox"/> No Doctor/Dentist/Help close to where you live
<input type="checkbox"/> Don't Know Where to Go	<input type="checkbox"/> Can't Afford to Get Help
<input type="checkbox"/> Can't Take Time Off from Work	<input type="checkbox"/> No One Speaks Your Native Language
<input type="checkbox"/> No One Understands Your Problem	<input type="checkbox"/> No Proper Documentation
<input type="checkbox"/> Other _____	

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What is your age? 48

What is your gender? M

Do you have children? Yes No
If so, how many? _____

What is your ethnicity? (optional) _____ American Indian or Alaska Native _____ African American ☒ Latino
_____ Pacific Islander _____ White (Not Latino) _____ Other: _____

What is your marital status? _____ Married _____ Partner _____ Separated ☒ Single

Do you have health insurance? ☒ Yes No Do you have AHCCCS? ☒ Yes No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

<input checked="" type="checkbox"/> Diabetes	_____ Sexually Transmitted Disease (STD)
_____ Dental Problems	_____ Trouble getting birth control if you need or want it
_____ High Blood Pressure	_____ Infections
<input checked="" type="checkbox"/> Overweight	_____ Mental Health problems
_____ Heart Disease	_____ Heavy Alcohol Use
_____ Drug Use	_____ Tobacco Use
_____ Asthma/Breathing problems	_____ Pregnancy complications (low birth weight, premature, etc.)
_____ No Prenatal Care	_____ Other (explain) _____

Does your child currently have or might your child someday have any of the following health concerns? (check all that apply)

_____ Diabetes	_____ Sexually Transmitted Disease (STD)
_____ Dental Problems	_____ Trouble getting birth control if you need or want it
_____ High Blood Pressure	_____ Infections
_____ Overweight	_____ Mental Health problems
_____ Heart Disease	_____ Heavy Alcohol Use
_____ Drug Use	_____ Tobacco Use
_____ Asthma/Breathing problems	_____ Pregnancy complications (low birth weight, premature, etc.)
_____ No Prenatal Care	_____ Other (explain) _____

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

<input checked="" type="checkbox"/> Emergency Room	_____ Community Health Organization
_____ WIC facility	_____ Public Clinic
<input checked="" type="checkbox"/> Private Clinic	_____ Other (explain) _____

Were you satisfied with the service? ☒ Yes No If not, why? _____

Do you have trouble getting help with your health concerns? Yes No If so, why? (check all that apply)

_____ No Child Care	_____ No Transportation to Doctor's Office, Clinic, etc.
_____ No Health Insurance	_____ No Doctor/Dentist/Help close to where you live
_____ Don't Know Where to Go	_____ Can't Afford to Get Help
_____ Can't Take Time Off from Work	_____ No One Speaks Your Native Language
_____ No One Understands Your Problem	_____ No Proper Documentation
_____ Other _____	

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What is your age? 24

What is your gender? F

Do you have children? Yes ☐ No ☒
If so, how many? _____

What is your ethnicity? (optional) ☐ American Indian or Alaska Native ☐ African American ☒ Latino
☐ Pacific Islander ☐ White (Not Latino) ☐ Other: _____

What is your marital status? ☐ Married ☐ Partner ☐ Separated ☒ Single

Do you have health insurance? Yes ☐ No ☒ Do you have AHCCCS? Yes ☐ No ☒

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

Does your child currently have or might your child someday have any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Community Health Organization
<input type="checkbox"/> WIC facility	<input type="checkbox"/> Public Clinic
<input type="checkbox"/> Private Clinic	<input type="checkbox"/> Other (explain) <u>NONE</u>

Were you satisfied with the service? Yes ☐ No ☐ If not, why? _____

Do you have trouble getting help with your health concerns? Yes ☐ No ☒ If so, why? (check all that apply)

<input type="checkbox"/> No Child Care	<input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc.
<input type="checkbox"/> No Health Insurance	<input type="checkbox"/> No Doctor/Dentist/Help close to where you live
<input type="checkbox"/> Don't Know Where to Go	<input type="checkbox"/> Can't Afford to Get Help
<input type="checkbox"/> Can't Take Time Off from Work	<input type="checkbox"/> No One Speaks Your Native Language
<input type="checkbox"/> No One Understands Your Problem	<input type="checkbox"/> No Proper Documentation
<input type="checkbox"/> Other _____	

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What is your age? 63 What is your gender? F Do you have children? Yes No
If so, how many? 3

What is your ethnicity? (optional) ☐ American Indian or Alaska Native ☐ African American ☐ Latino
☐ Pacific Islander ☒ White (Not Latino) ☐ Other: _____

What is your marital status? ☒ Married ☐ Partner ☐ Separated ☐ Single

Do you have health insurance? ☒ Yes No Do you have AHCCCS? Yes ☒ No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sexually Transmitted Disease (STD) |
| <input checked="" type="checkbox"/> Dental Problems | <input type="checkbox"/> Trouble getting birth control if you need or want it |
| <input checked="" type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Infections |
| <input checked="" type="checkbox"/> Overweight | <input type="checkbox"/> Mental Health problems |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Heavy Alcohol Use |
| <input type="checkbox"/> Drug Use | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Asthma/Breathing problems | <input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.) |
| <input type="checkbox"/> No Prenatal Care | <input type="checkbox"/> Other (explain) _____ |

Does your child currently have or might your child someday have any of the following health concerns? (check all that apply)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Diabetes | <input type="checkbox"/> Sexually Transmitted Disease (STD) |
| <input checked="" type="checkbox"/> Dental Problems | <input type="checkbox"/> Trouble getting birth control if you need or want it |
| <input checked="" type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Infections |
| <input checked="" type="checkbox"/> Overweight | <input type="checkbox"/> Mental Health problems |
| <input checked="" type="checkbox"/> Heart Disease | <input type="checkbox"/> Heavy Alcohol Use |
| <input type="checkbox"/> Drug Use | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Asthma/Breathing problems | <input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.) |
| <input type="checkbox"/> No Prenatal Care | <input type="checkbox"/> Other (explain) _____ |

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

- | | |
|--|--|
| <input type="checkbox"/> Emergency Room | <input type="checkbox"/> Community Health Organization |
| <input type="checkbox"/> WIC facility | <input type="checkbox"/> Public Clinic |
| <input checked="" type="checkbox"/> Private Clinic | <input type="checkbox"/> Other (explain) _____ |

Were you satisfied with the service? ☒ Yes No If not, why? _____

Do you have trouble getting help with your health concerns? Yes ☒ No If so, why? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> No Child Care | <input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc. |
| <input type="checkbox"/> No Health Insurance | <input type="checkbox"/> No Doctor/Dentist/Help close to where you live |
| <input type="checkbox"/> Don't Know Where to Go | <input type="checkbox"/> Can't Afford to Get Help |
| <input type="checkbox"/> Can't Take Time Off from Work | <input type="checkbox"/> No One Speaks Your Native Language |
| <input type="checkbox"/> No One Understands Your Problem | <input type="checkbox"/> No Proper Documentation |
| <input type="checkbox"/> Other _____ | |

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What is your age? 61

What is your gender? M

Do you have children? Yes No
If so, how many? 1

What is your ethnicity? (optional) American Indian or Alaska Native African American Latino
Pacific Islander White (Not Latino) Other:

What is your marital status? Married Partner Separated Single

Do you have health insurance? Yes No Do you have AHCCCS? Yes No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

Does your child currently have or might your child someday have any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

<input type="checkbox"/> Emergency Room	<input checked="" type="checkbox"/> Community Health Organization
<input type="checkbox"/> WIC facility	<input type="checkbox"/> Public Clinic
<input type="checkbox"/> Private Clinic	<input type="checkbox"/> Other (explain) _____

Were you satisfied with the service? Yes No If not, why? _____

Do you have trouble getting help with your health concerns? Yes No If so, why? (check all that apply)

<input type="checkbox"/> No Child Care	<input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc.
<input type="checkbox"/> No Health Insurance	<input type="checkbox"/> No Doctor/Dentist/Help close to where you live
<input type="checkbox"/> Don't Know Where to Go	<input type="checkbox"/> Can't Afford to Get Help
<input type="checkbox"/> Can't Take Time Off from Work	<input type="checkbox"/> No One Speaks Your Native Language
<input type="checkbox"/> No One Understands Your Problem	<input type="checkbox"/> No Proper Documentation
<input type="checkbox"/> Other _____	

We are graduate students at the University of Arizona, and are assessing the health needs of and resources available to the women, adolescents, and children of Yuma County. We would like to have your opinion. Please take a moment to fill out this survey. All of your responses will be confidential, and your name is not necessary. **Thank you for your time!**

What is your age? 63 What is your gender? M Do you have children? Yes No
If so, how many? _____

What is your ethnicity? (optional) _____ American Indian or Alaska Native _____ African American _____ Latino
_____ Pacific Islander ✓ White (Not Latino) _____ Other: _____

What is your marital status? ✓ Married _____ Partner _____ Separated _____ Single

Do you have health insurance? Yes No Do you have AHCCCS? Yes No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<u>✓</u> <input checked="" type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

Does your child currently have or might your child someday have any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Community Health Organization
<input type="checkbox"/> WIC facility	<input type="checkbox"/> Public Clinic
<input type="checkbox"/> Private Clinic	<input type="checkbox"/> Other (explain) _____

Were you satisfied with the service? Yes No If not, why? _____

Do you have trouble getting help with your health concerns? Yes No If so, why? (check all that apply)

<input type="checkbox"/> No Child Care	<input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc.
<input type="checkbox"/> No Health Insurance	<input type="checkbox"/> No Doctor/Dentist/Help close to where you live
<input type="checkbox"/> Don't Know Where to Go	<input type="checkbox"/> Can't Afford to Get Help
<input type="checkbox"/> Can't Take Time Off from Work	<input type="checkbox"/> No One Speaks Your Native Language
<input type="checkbox"/> No One Understands Your Problem	<input type="checkbox"/> No Proper Documentation
<input type="checkbox"/> Other _____	

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What is your age? 27

What is your gender? F

Do you have children? Yes No
If so, how many? 1

What is your ethnicity? (optional) ☐ American Indian or Alaska Native ☐ African American ☒ Latino
☐ Pacific Islander ☐ White (Not Latino) ☐ Other: _____

What is your marital status? ☒ Married ☐ Partner ☐ Separated ☐ Single

Do you have health insurance? ☒ Yes ☐ No

Do you have AHCCCS? ☒ Yes ☐ No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) <u>NONE.</u>

Does your child currently have or might your child someday have any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input checked="" type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

<input checked="" type="checkbox"/> Emergency Room	<input type="checkbox"/> Community Health Organization
<input checked="" type="checkbox"/> WIC facility	<input type="checkbox"/> Public Clinic
<input type="checkbox"/> Private Clinic	<input type="checkbox"/> Other (explain) _____

Were you satisfied with the service? Yes ☐ No ☐ If not, why? _____

Do you have trouble getting help with your health concerns? ☒ Yes ☐ No If so, why? (check all that apply)

<input type="checkbox"/> No Child Care	<input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc.
<input type="checkbox"/> No Health Insurance	<input type="checkbox"/> No Doctor/Dentist/Help close to where you live
<input type="checkbox"/> Don't Know Where to Go	<input type="checkbox"/> Can't Afford to Get Help
<input type="checkbox"/> Can't Take Time Off from Work	<input type="checkbox"/> No One Speaks Your Native Language
<input type="checkbox"/> No One Understands Your Problem	<input type="checkbox"/> No Proper Documentation
<input type="checkbox"/> Other _____	

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What is your age? 54 What is your gender? M Do you have children? Yes No
If so, how many? 3

What is your ethnicity? (optional) American Indian or Alaska Native African American Latino
Pacific Islander ☒ White (Not Latino) Other: _____

What is your marital status? ☒ Married Partner Separated Single

Do you have health insurance? ☒ Yes No Do you have AHCCCS? Yes ☒ No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input checked="" type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input checked="" type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input checked="" type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

Does your child currently have or might your child someday have any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) <u>0</u>

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Community Health Organization
<input type="checkbox"/> WIC facility	<input type="checkbox"/> Public Clinic
<input type="checkbox"/> Private Clinic	<input type="checkbox"/> Other (explain) <u>0</u>

Were you satisfied with the service? Yes No If not, why? _____

Do you have trouble getting help with your health concerns? Yes ☒ No If so, why? (check all that apply)

<input type="checkbox"/> No Child Care	<input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc.
<input type="checkbox"/> No Health Insurance	<input type="checkbox"/> No Doctor/Dentist/Help close to where you live
<input type="checkbox"/> Don't Know Where to Go	<input type="checkbox"/> Can't Afford to Get Help
<input type="checkbox"/> Can't Take Time Off from Work	<input type="checkbox"/> No One Speaks Your Native Language
<input type="checkbox"/> No One Understands Your Problem	<input type="checkbox"/> No Proper Documentation
<input type="checkbox"/> Other _____	

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What is your age? 66

What is your gender? F

Do you have children? Yes 3 No
If so, how many?

What is your ethnicity? (optional) ☐ American Indian or Alaska Native ☐ African American ☐ Latino
☐ Pacific Islander ☒ White (Not Latino) ☐ Other: _____

What is your marital status? ☐ Married ☐ Partner ☐ Separated ☒ Single

Do you have health insurance? ☒ Yes ☐ No

Do you have AHCCCS? Yes ☒ No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sexually Transmitted Disease (STD) |
| <input type="checkbox"/> Dental Problems | <input type="checkbox"/> Trouble getting birth control if you need or want it |
| <input checked="" type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Infections |
| <input checked="" type="checkbox"/> Overweight | <input type="checkbox"/> Mental Health problems |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Heavy Alcohol Use |
| <input type="checkbox"/> Drug Use | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Asthma/Breathing problems | <input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.) |
| <input type="checkbox"/> No Prenatal Care | <input type="checkbox"/> Other (explain) _____ |

Does your child currently have or might your child someday have any of the following health concerns? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sexually Transmitted Disease (STD) |
| <input type="checkbox"/> Dental Problems | <input type="checkbox"/> Trouble getting birth control if you need or want it |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Infections |
| <input type="checkbox"/> Overweight | <input type="checkbox"/> Mental Health problems |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Heavy Alcohol Use |
| <input type="checkbox"/> Drug Use | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Asthma/Breathing problems | <input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.) |
| <input type="checkbox"/> No Prenatal Care | <input type="checkbox"/> Other (explain) _____ |

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

- | | |
|---|--|
| <input type="checkbox"/> Emergency Room | <input type="checkbox"/> Community Health Organization |
| <input type="checkbox"/> WIC facility | <input type="checkbox"/> Public Clinic |
| <input type="checkbox"/> Private Clinic | <input type="checkbox"/> Other (explain) _____ |

Were you satisfied with the service? Yes ☐ No ☐ If not, why? _____

Do you have trouble getting help with your health concerns? Yes ☐ No ☒ If so, why? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> No Child Care | <input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc. |
| <input type="checkbox"/> No Health Insurance | <input type="checkbox"/> No Doctor/Dentist/Help close to where you live |
| <input type="checkbox"/> Don't Know Where to Go | <input type="checkbox"/> Can't Afford to Get Help |
| <input type="checkbox"/> Can't Take Time Off from Work | <input type="checkbox"/> No One Speaks Your Native Language |
| <input type="checkbox"/> No One Understands Your Problem | <input type="checkbox"/> No Proper Documentation |
| <input type="checkbox"/> Other _____ | |

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What is your age? 72 What is your gender? F Do you have children? Yes No
If so, how many? _____

What is your ethnicity? (optional) _____ American Indian or Alaska Native _____ African American _____ Latino
_____ Pacific Islander X White (Not Latino) _____ Other: _____

What is your marital status? X Married _____ Partner _____ Separated _____ Single

Do you have health insurance? Yes No Do you have AHCCCS? Yes No

all grown

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<u>X</u> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

Does your child currently have or might your child someday have any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Community Health Organization
<input type="checkbox"/> WIC facility	<input type="checkbox"/> Public Clinic
<input type="checkbox"/> Private Clinic	<input type="checkbox"/> Other (explain) _____

Were you satisfied with the service? Yes No If not, why? _____

Do you have trouble getting help with your health concerns? Yes No If so, why? (check all that apply)

<input type="checkbox"/> No Child Care	<input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc.
<input type="checkbox"/> No Health Insurance	<input type="checkbox"/> No Doctor/Dentist/Help close to where you live
<input type="checkbox"/> Don't Know Where to Go	<input type="checkbox"/> Can't Afford to Get Help
<input type="checkbox"/> Can't Take Time Off from Work	<input type="checkbox"/> No One Speaks Your Native Language
<input type="checkbox"/> No One Understands Your Problem	<input type="checkbox"/> No Proper Documentation
<input type="checkbox"/> Other _____	

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What is your age? 68 What is your gender? F Do you have children? Yes No
If so, how many? _____

What is your ethnicity? (optional) _____ American Indian or Alaska Native _____ African American _____ Latino
_____ Pacific Islander X White (Not Latino) _____ Other: _____

What is your marital status? X Married _____ Partner _____ Separated _____ Single

Do you have health insurance? Yes No Do you have AHCCCS? Yes No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

Does your child currently have or might your child someday have any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Community Health Organization
<input type="checkbox"/> WIC facility	<input type="checkbox"/> Public Clinic
<input type="checkbox"/> Private Clinic	<input type="checkbox"/> Other (explain) _____

Were you satisfied with the service? Yes No If not, why? _____

Do you have trouble getting help with your health concerns? Yes No If so, why? (check all that apply)

<input type="checkbox"/> No Child Care	<input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc.
<input type="checkbox"/> No Health Insurance	<input type="checkbox"/> No Doctor/Dentist/Help close to where you live
<input type="checkbox"/> Don't Know Where to Go	<input type="checkbox"/> Can't Afford to Get Help
<input type="checkbox"/> Can't Take Time Off from Work	<input type="checkbox"/> No One Speaks Your Native Language
<input type="checkbox"/> No One Understands Your Problem	<input type="checkbox"/> No Proper Documentation
<input type="checkbox"/> Other _____	

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What is your age? 67 What is your gender? F Do you have children? Yes No
If so, how many? 5

What is your ethnicity? (optional) American Indian or Alaska Native African American Latino
Pacific Islander White (Not Latino) Other:

What is your marital status? Married Partner Separated Single

Do you have health insurance? Yes No Do you have AHCCCS? Yes No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

<u>Diabetes</u>	<u>Sexually Transmitted Disease (STD)</u>
<u>Dental Problems</u>	<u>Trouble getting birth control if you need or want it</u>
<u>High Blood Pressure</u>	<u>Infections</u>
<u>Overweight</u>	<u>Mental Health problems</u>
<u>Heart Disease</u>	<u>Heavy Alcohol Use</u>
<u>Drug Use</u>	<u>Tobacco Use</u>
<u>Asthma/Breathing problems</u>	<u>Pregnancy complications (low birth weight, premature, etc.)</u>
<u>No Prenatal Care</u>	<u>Other (explain)</u>

Does your child currently have or might your child someday have any of the following health concerns? (check all that apply)

<u>Diabetes</u>	<u>Sexually Transmitted Disease (STD)</u>
<u>Dental Problems</u>	<u>Trouble getting birth control if you need or want it</u>
<u>High Blood Pressure</u>	<u>Infections</u>
<u>Overweight</u>	<u>Mental Health problems</u>
<u>Heart Disease</u>	<u>Heavy Alcohol Use</u>
<u>Drug Use</u>	<u>Tobacco Use</u>
<u>Asthma/Breathing problems</u>	<u>Pregnancy complications (low birth weight, premature, etc.)</u>
<u>No Prenatal Care</u>	<u>Other (explain)</u>

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

<u>Emergency Room</u>	<u>Community Health Organization</u>
<u>WIC facility</u>	<u>Public Clinic</u>
<u>Private Clinic</u>	<u>Other (explain)</u> <u>URGENT CARE</u>

Were you satisfied with the service? Yes No If not, why? THEY would not bill my secondary INS,

Do you have trouble getting help with your health concerns? Yes No If so, why? (check all that apply)

<u>No Child Care</u>	<u>No Transportation to Doctor's Office, Clinic, etc.</u>
<u>No Health Insurance</u>	<u>No Doctor/Dentist/Help close to where you live</u>
<u>Don't Know Where to Go</u>	<u>Can't Afford to Get Help</u>
<u>Can't Take Time Off from Work</u>	<u>No One Speaks Your Native Language</u>
<u>No One Understands Your Problem</u>	<u>No Proper Documentation</u>
<u>Other</u>	

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What is your age? 71 What is your gender? M Do you have children? Yes No
If so, how many? _____

What is your ethnicity? (optional) _____ American Indian or Alaska Native _____ African American _____ Latino
_____ Pacific Islander X White (Not Latino) _____ Other: _____

What is your marital status? X Married _____ Partner _____ Separated _____ Single

Do you have health insurance? Yes No Do you have AHCCCS? Yes No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<u>X</u> High Blood Pressure	<input type="checkbox"/> Infections
<u>X</u> Overweight	<input type="checkbox"/> Mental Health problems
<u>X</u> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

Does your child currently have or might your child someday have any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Community Health Organization
<input type="checkbox"/> WIC facility	<input type="checkbox"/> Public Clinic
<u>X</u> Private Clinic	<input type="checkbox"/> Other (explain) _____

Were you satisfied with the service? Yes No If not, why? _____

Do you have trouble getting help with your health concerns? Yes No If so, why? (check all that apply)

<input type="checkbox"/> No Child Care	<input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc.
<input type="checkbox"/> No Health Insurance	<input type="checkbox"/> No Doctor/Dentist/Help close to where you live
<input type="checkbox"/> Don't Know Where to Go	<input type="checkbox"/> Can't Afford to Get Help
<input type="checkbox"/> Can't Take Time Off from Work	<input type="checkbox"/> No One Speaks Your Native Language
<input type="checkbox"/> No One Understands Your Problem	<input type="checkbox"/> No Proper Documentation
<input type="checkbox"/> Other _____	

We are graduate students at the University of Arizona, and are assessing the health needs of and resources available to the women, adolescents, and children of Yuma County. We would like to have your opinion. Please take a moment to fill out this survey. All of your responses will be confidential, and your name is not necessary. **Thank you for your time!**

What is your age? 167 What is your gender? F Do you have children? Yes No
If so, how many? 3

What is your ethnicity? (optional) American Indian or Alaska Native African American Latino
Pacific Islander X White (Not Latino) Other: _____

What is your marital status? X Married Partner Separated Single

Do you have health insurance? Yes No Do you have AHCCCS? Yes No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

<u>Diabetes</u>	<u>Sexually Transmitted Disease (STD)</u>
<u>✓</u> <u>Dental Problems</u>	<u>Trouble getting birth control if you need or want it</u>
<u>✓</u> <u>High Blood Pressure</u>	<u>Infections</u>
<u>✓</u> <u>Overweight</u>	<u>Mental Health problems</u>
<u>Heart Disease</u>	<u>Heavy Alcohol Use</u>
<u>Drug Use</u>	<u>Tobacco Use</u>
<u>✓</u> <u>Asthma/Breathing problems</u>	<u>Pregnancy complications (low birth weight, premature, etc.)</u>
<u>No Prenatal Care</u>	<u>✓</u> <u>Other (explain)</u> <u>FIBROMYALGIA</u>

Does your child currently have or might your child someday have any of the following health concerns? (check all that apply)

<u>Diabetes</u>	<u>Sexually Transmitted Disease (STD)</u>
<u>Dental Problems</u>	<u>Trouble getting birth control if you need or want it</u>
<u>High Blood Pressure</u>	<u>Infections</u>
<u>Overweight</u>	<u>Mental Health problems</u>
<u>Heart Disease</u>	<u>Heavy Alcohol Use</u>
<u>Drug Use</u>	<u>Tobacco Use</u>
<u>Asthma/Breathing problems</u>	<u>Pregnancy complications (low birth weight, premature, etc.)</u>
<u>No Prenatal Care</u>	<u>Other (explain)</u> _____

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

<u>Emergency Room</u>	<u>Community Health Organization</u>
<u>WIC facility</u>	<u>Public Clinic</u>
<u>X</u> <u>Private Clinic</u>	<u>Other (explain)</u> _____

Were you satisfied with the service? Yes No If not, why? _____

Do you have trouble getting help with your health concerns? Yes No If so, why? (check all that apply)

<u>No Child Care</u>	<u>No Transportation to Doctor's Office, Clinic, etc.</u>
<u>No Health Insurance</u>	<u>No Doctor/Dentist/Help close to where you live</u>
<u>Don't Know Where to Go</u>	<u>Can't Afford to Get Help</u>
<u>Can't Take Time Off from Work</u>	<u>No One Speaks Your Native Language</u>
<u>No One Understands Your Problem</u>	<u>No Proper Documentation</u>
<u>Other</u> _____	

We are graduate students at the University of Arizona, and are assessing the health needs of and resources available to the women, adolescents, and children of Yuma County. We would like to have your opinion. Please take a moment to fill out this survey. All of your responses will be confidential, and your name is not necessary. **Thank you for your time!**

What is your age? 63

What is your gender? F

Do you have children? Yes No
If so, how many? 6

What is your ethnicity? (optional) ☐ American Indian or Alaska Native ☐ African American ☐ Latino
☐ Pacific Islander ☐ White (Not Latino) ☐ Other: _____

What is your marital status? ☒ Married ☐ Partner ☐ Separated ☐ Single

Do you have health insurance? ☒ Yes ☐ No

Do you have AHCCCS? Yes ☐ No ☐

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input checked="" type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

Does your child currently have or might your child someday have any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

<input checked="" type="checkbox"/> Emergency Room	<input type="checkbox"/> Community Health Organization
<input type="checkbox"/> WIC facility	<input type="checkbox"/> Public Clinic
<input checked="" type="checkbox"/> Private Clinic	<input type="checkbox"/> Other (explain) _____

Were you satisfied with the service? ☒ Yes ☐ No If not, why? _____

Do you have trouble getting help with your health concerns? Yes ☐ No ☒ If so, why? (check all that apply)

<input type="checkbox"/> No Child Care	<input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc.
<input type="checkbox"/> No Health Insurance	<input type="checkbox"/> No Doctor/Dentist/Help close to where you live
<input type="checkbox"/> Don't Know Where to Go	<input type="checkbox"/> Can't Afford to Get Help
<input type="checkbox"/> Can't Take Time Off from Work	<input type="checkbox"/> No One Speaks Your Native Language
<input type="checkbox"/> No One Understands Your Problem	<input type="checkbox"/> No Proper Documentation
<input type="checkbox"/> Other _____	

We are graduate students at the University of Arizona, and are assessing the health needs of and resources available to the women, adolescents, and children of Yuma County. We would like to have your opinion. Please take a moment to fill out this survey. All of your responses will be confidential, and your name is not necessary. **Thank you for your time!**

What is your age? 3 What is your gender? F Do you have children? Yes No
If so, how many? 2

What is your ethnicity? (optional) ☐ American Indian or Alaska Native ☐ African American ☒ Latino
☐ Pacific Islander ☐ White (Not Latino) ☐ Other: _____

What is your marital status? ☒ Married ☐ Partner ☐ Separated ☐ Single

Do you have health insurance? Yes No Do you have AHCCCS? Yes No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input checked="" type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

Does your child currently have or might your child someday have any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input checked="" type="checkbox"/> Other (explain) <u>Liver Disease</u>

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Community Health Organization
<input type="checkbox"/> WIC facility	<input type="checkbox"/> Public Clinic
<input checked="" type="checkbox"/> Private Clinic	<input type="checkbox"/> Other (explain) _____

Were you satisfied with the service? Yes No If not, why? _____

Do you have trouble getting help with your health concerns? Yes No If so, why? (check all that apply)

<input type="checkbox"/> No Child Care	<input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc.
<input type="checkbox"/> No Health Insurance	<input type="checkbox"/> No Doctor/Dentist/Help close to where you live
<input type="checkbox"/> Don't Know Where to Go	<input type="checkbox"/> Can't Afford to Get Help
<input type="checkbox"/> Can't Take Time Off from Work	<input type="checkbox"/> No One Speaks Your Native Language
<input type="checkbox"/> No One Understands Your Problem	<input type="checkbox"/> No Proper Documentation
<input type="checkbox"/> Other _____	

We are graduate students at the University of Arizona, and are assessing the health needs of and resources available to the women, adolescents, and children of Yuma County. We would like to have your opinion. Please take a moment to fill out this survey. All of your responses will be confidential, and your name is not necessary. **Thank you for your time!**

What is your age? 52 What is your gender? F Do you have children? Yes No
If so, how many? _____

What is your ethnicity? (optional) _____ American Indian or Alaska Native _____ African American _____ Latino
_____ Pacific Islander X White (Not Latino) _____ Other: _____

What is your marital status? _____ Married _____ Partner _____ Separated X Single

Do you have health insurance? Yes No Do you have AHCCCS? Yes No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

Does your child currently have or might your child someday have any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Community Health Organization
<input type="checkbox"/> WIC facility	<input type="checkbox"/> Public Clinic
<u>X</u> Private Clinic	<input type="checkbox"/> Other (explain) _____

Were you satisfied with the service? Yes No If not, why? _____

Do you have trouble getting help with your health concerns? Yes No If so, why? (check all that apply)

<input type="checkbox"/> No Child Care	<input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc.
<input type="checkbox"/> No Health Insurance	<input type="checkbox"/> No Doctor/Dentist/Help close to where you live
<input type="checkbox"/> Don't Know Where to Go	<input type="checkbox"/> Can't Afford to Get Help
<input type="checkbox"/> Can't Take Time Off from Work	<input type="checkbox"/> No One Speaks Your Native Language
<input type="checkbox"/> No One Understands Your Problem	<input type="checkbox"/> No Proper Documentation
<input type="checkbox"/> Other _____	

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What is your age? 77

What is your gender? MAF

Do you have children? Yes No
If so, how many? 4

What is your ethnicity? (optional) American Indian or Alaska Native African American Latino
 Pacific Islander X White (Not Latino) Other:

What is your marital status? Married Partner Separated Single

Do you have health insurance? Yes No Do you have AHCCCS? Yes No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

<u> </u> Diabetes	<u> </u> Sexually Transmitted Disease (STD)
<u> </u> Dental Problems	<u> </u> Trouble getting birth control if you need or want it
<u> </u> High Blood Pressure	<u> </u> Infections
<u> </u> Overweight	<u> </u> Mental Health problems
<u> </u> Heart Disease	<u> </u> Heavy Alcohol Use
<u> </u> Drug Use	<u> </u> Tobacco Use
<u> </u> Asthma/Breathing problems	<u> </u> Pregnancy complications (low birth weight, premature, etc.)
<u>X</u> No Prenatal Care	<u> </u> Other (explain) <u> </u>

Does your child currently have or might your child someday have any of the following health concerns? (check all that apply)

<u> </u> Diabetes	<u> </u> Sexually Transmitted Disease (STD)
<u> </u> Dental Problems	<u> </u> Trouble getting birth control if you need or want it
<u> </u> High Blood Pressure	<u> </u> Infections
<u> </u> Overweight	<u> </u> Mental Health problems
<u> </u> Heart Disease	<u> </u> Heavy Alcohol Use
<u> </u> Drug Use	<u> </u> Tobacco Use
<u> </u> Asthma/Breathing problems	<u> </u> Pregnancy complications (low birth weight, premature, etc.)
<u> </u> No Prenatal Care	<u> </u> Other (explain) <u> </u>

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

<u> </u> Emergency Room	<u> </u> Community Health Organization
<u> </u> WIC facility	<u> </u> Public Clinic
<u> </u> Private Clinic	<u> </u> Other (explain) <u>CORE CENTER</u>

Were you satisfied with the service? Yes No If not, why?

Do you have trouble getting help with your health concerns? Yes No If so, why? (check all that apply)

<u> </u> No Child Care	<u> </u> No Transportation to Doctor's Office, Clinic, etc.
<u> </u> No Health Insurance	<u> </u> No Doctor/Dentist/Help close to where you live
<u> </u> Don't Know Where to Go	<u> </u> Can't Afford to Get Help
<u> </u> Can't Take Time Off from Work	<u> </u> No One Speaks Your Native Language
<u> </u> No One Understands Your Problem	<u> </u> No Proper Documentation
<u> </u> Other <u> </u>	

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What is your age? 80

What is your gender? M

Do you have children? Yes No
If so, how many? 4

What is your ethnicity? (optional) American Indian or Alaska Native African American Latino
Pacific Islander ☒ White (Not Latino) Other: _____

What is your marital status? ☒ Married Partner Separated Single

Do you have health insurance? ☒ Yes No Do you have AHCCCS? Yes No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

<input checked="" type="checkbox"/> <u>Diabetes</u>	<u>Sexually Transmitted Disease (STD)</u>
<u>Dental Problems</u>	<u>Trouble getting birth control if you need or want it</u>
<u>High Blood Pressure</u>	<u>Infections</u>
<u>Overweight</u>	<u>Mental Health problems</u>
<input checked="" type="checkbox"/> <u>Heart Disease</u>	<u>Heavy Alcohol Use</u>
<u>Drug Use</u>	<u>Tobacco Use</u>
<u>Asthma/Breathing problems</u>	<u>Pregnancy complications (low birth weight, premature, etc.)</u>
<u>No Prenatal Care</u>	<u>Other (explain) _____</u>

Does your child currently have or might your child someday have any of the following health concerns? (check all that apply)

<u>Diabetes</u>	<u>Sexually Transmitted Disease (STD)</u>
<u>Dental Problems</u>	<u>Trouble getting birth control if you need or want it</u>
<u>High Blood Pressure</u>	<u>Infections</u>
<u>Overweight</u>	<u>Mental Health problems</u>
<u>Heart Disease</u>	<u>Heavy Alcohol Use</u>
<u>Drug Use</u>	<u>Tobacco Use</u>
<u>Asthma/Breathing problems</u>	<u>Pregnancy complications (low birth weight, premature, etc.)</u>
<u>No Prenatal Care</u>	<u>Other (explain) _____</u>

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

<u>Emergency Room</u>	<u>Community Health Organization</u>
<u>WIC facility</u>	<u>Public Clinic</u>
<input checked="" type="checkbox"/> <u>Private Clinic</u>	<u>Other (explain) _____</u>

Were you satisfied with the service? ☒ Yes No If not, why? _____

Do you have trouble getting help with your health concerns? Yes ☒ No If so, why? (check all that apply)

<u>No Child Care</u>	<u>No Transportation to Doctor's Office, Clinic, etc.</u>
<u>No Health Insurance</u>	<u>No Doctor/Dentist/Help close to where you live</u>
<u>Don't Know Where to Go</u>	<u>Can't Afford to Get Help</u>
<u>Can't Take Time Off from Work</u>	<u>No One Speaks Your Native Language</u>
<u>No One Understands Your Problem</u>	<u>No Proper Documentation</u>
<u>Other</u> _____	

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What is your age? 34

What is your gender? M.

Do you have children? Yes No
If so, how many? 1

What is your ethnicity? (optional) ☐ American Indian or Alaska Native ☐ African American ☐ Latino
☐ Pacific Islander ☐ White (Not Latino) ☐ Other: _____

What is your marital status? ☐ Married ☐ Partner ☐ Separated ☒ Single

Do you have health insurance? ☒ Yes ☐ No

Do you have AHCCCS? Yes ☒ No

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input checked="" type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

Does your child currently have or might your child someday have any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

<input checked="" type="checkbox"/> Emergency Room	<input type="checkbox"/> Community Health Organization
<input type="checkbox"/> WIC facility	<input type="checkbox"/> Public Clinic
<input checked="" type="checkbox"/> Private Clinic	<input type="checkbox"/> Other (explain) _____

Were you satisfied with the service? ☒ Yes ☐ No If not, why? _____

Do you have trouble getting help with your health concerns? Yes ☒ No If so, why? (check all that apply)

<input type="checkbox"/> No Child Care	<input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc.
<input type="checkbox"/> No Health Insurance	<input type="checkbox"/> No Doctor/Dentist/Help close to where you live
<input type="checkbox"/> Don't Know Where to Go	<input type="checkbox"/> Can't Afford to Get Help
<input type="checkbox"/> Can't Take Time Off from Work	<input type="checkbox"/> No One Speaks Your Native Language
<input type="checkbox"/> No One Understands Your Problem	<input type="checkbox"/> No Proper Documentation
<input type="checkbox"/> Other _____	

Somos alumnos de postgrado de la Universidad de Arizona y estamos evaluando las necesidades de salud y los recursos disponibles a las mujeres, los adolescentes y los niños del condado de Yuma. Nos interesa su opinión. Por favor responda a esta encuesta. Su nombre no es necesario y todas sus respuestas serán confidenciales. **¡Gracias por su tiempo!**

¿Cuál es su edad? 48 ¿Cuál es su sexo? _____ ¿Ud. tiene hijos? ☒ Sí ☐ No
 ¿Cuál es su etnicidad? ☐ Afro-americano ☐ Indígena o nativo de Alaska ¿Cuántos? _____
 (opcional) ☐ Blanco (No latino) ☐ Asiático o de las Islas Pacíficas ☒ Latino
☐ Otro: _____

¿Cuál es su estatus marital? ☐ Casado/a ☐ Tengo Pareja ☒ Separado/a ☐ Soltero/a

¿Ud. tiene seguro médico? ☒ Sí ☐ No ¿Ud. tiene AHCCCS? ☒ Sí ☐ No

¿Ud. tiene, o ha tenido, alguna de las siguientes condiciones? (marque todas las que correspondan)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Problemas dentales | <input type="checkbox"/> Hipertensión | <input type="checkbox"/> Infecciones |
| <input type="checkbox"/> Sobrepeso | <input type="checkbox"/> Asma/Problemas respiratorias | <input type="checkbox"/> Problemas de salud mental | <input type="checkbox"/> Problemas del corazón |
| <input type="checkbox"/> Uso excesivo de alcohol | <input type="checkbox"/> Uso de drogas | <input type="checkbox"/> Uso de tabaco | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Embarazo adolescente | <input type="checkbox"/> Embarazo sin cuidado médico | <input type="checkbox"/> Enfermedad transmitida sexualmente (ETS) | |
| <input type="checkbox"/> Dificultades en conseguir anticonceptivos | | <input type="checkbox"/> Complicaciones de embarazo (bebé de bajo peso, prematuro, etc.) | |
| <input type="checkbox"/> Otro (explique) _____ | | | |

¿Tiene su hijo, o ha tenido, alguna de las siguientes condiciones? (marque todas las que correspondan)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Problemas dentales | <input type="checkbox"/> Hipertensión | <input type="checkbox"/> Infecciones |
| <input type="checkbox"/> Sobrepeso | <input type="checkbox"/> Asma/Problemas respiratorias | <input type="checkbox"/> Problemas de salud mental | <input type="checkbox"/> Problemas del corazón |
| <input type="checkbox"/> Uso excesivo de alcohol | <input type="checkbox"/> Uso de drogas | <input type="checkbox"/> Uso de tabaco | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Embarazo adolescente | <input type="checkbox"/> Embarazo sin cuidado médico | <input type="checkbox"/> Enfermedad transmitida sexualmente (ETS) | |
| <input type="checkbox"/> Dificultades en conseguir anticonceptivos | | <input type="checkbox"/> Complicaciones de embarazo (bebé de bajo peso, prematuro, etc.) | |
| <input type="checkbox"/> Otro (explique) _____ | | | |

¿Cuáles servicios de salud ha usado Ud. (o las mujeres, los adolescentes, o los niños de su familia) en los últimos 6 meses?

- | | | |
|--|--|--|
| <input type="checkbox"/> Sala de emergencia | <input type="checkbox"/> Organización comunitaria de salud | <input type="checkbox"/> Clínica de WIC |
| <input type="checkbox"/> Clínica del condado | <input type="checkbox"/> Clínica privada | <input type="checkbox"/> Otro (explique) _____ |

¿Estuvo Ud. satisfecho/a con el servicio que recibió? ☒ Sí ☐ No Si no, ¿por qué no? _____

¿Tiene Ud. dificultades consiguiendo ayuda para sus preocupaciones de salud? ☐ Sí ☒ No ¿Cuáles son?
 (marque todas las que correspondan)

- | | | |
|---|---|---|
| <input type="checkbox"/> No tengo transporte a la clínica | <input type="checkbox"/> No tengo dinero para pagar el servicio | <input type="checkbox"/> No tengo seguro médico |
| <input type="checkbox"/> No sé a donde ir | <input type="checkbox"/> No hay médico/dentista cerca de donde vivo | <input type="checkbox"/> No puedo faltar al trabajo |
| <input type="checkbox"/> Nadie habla mi idioma nativa | <input type="checkbox"/> No tengo con quien dejar los niños | <input type="checkbox"/> No tengo documentos |
| <input type="checkbox"/> Nadie entiende mi problema | <input type="checkbox"/> Otro _____ | |

¿Cuáles servicios de salud le gustaría tener en su comunidad? _____

¿Qué tipo de servicios ofrece el Departamento de Salud del Condado de Yuma? _____

¿Le gustaría recibir anuncios acerca de la salud pública (en la radio, la televisión, etc.)? ☒ Sí ☐ No

¡Gracias!

We are graduate students at the University of Arizona, and are assessing the health needs of and resources available to the women, adolescents, and children of Yuma County. We would like to have your opinion. Please take a moment to fill out this survey. All of your responses will be confidential, and your name is not necessary. **Thank you for your time!**

What is your age? 51 What is your gender? F Do you have children? Yes No
If so, how many? 2

What is your ethnicity? (optional) ☐ American Indian or Alaska Native ☐ African American ☐ Latino
☐ Pacific Islander ☐ White (Not Latino) ☐ Other: _____

What is your marital status? ☐ Married ☐ Partner ☒ Separated ☐ Single

Do you have health insurance? Yes ☒ No ☐ Do you have AHCCCS? Yes ☒ No ☐

Do you currently have, or have you had, any of the following health concerns? (check all that apply)

<input checked="" type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input checked="" type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input checked="" type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input checked="" type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

Does your child currently have or might your child someday have any of the following health concerns? (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Trouble getting birth control if you need or want it
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Infections
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Heavy Alcohol Use
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Asthma/Breathing problems	<input type="checkbox"/> Pregnancy complications (low birth weight, premature, etc.)
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> Other (explain) _____

What health care services have you (or the women, adolescents, or children in your family) used in the past 6 months?

<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Community Health Organization
<input checked="" type="checkbox"/> WIC facility	<input type="checkbox"/> Public Clinic
<input type="checkbox"/> Private Clinic	<input type="checkbox"/> Other (explain) _____

Were you satisfied with the service? Yes No If not, why? _____

Do you have trouble getting help with your health concerns? Yes No If so, why? (check all that apply)

<input type="checkbox"/> No Child Care	<input type="checkbox"/> No Transportation to Doctor's Office, Clinic, etc.
<input type="checkbox"/> No Health Insurance	<input type="checkbox"/> No Doctor/Dentist/Help close to where you live
<input type="checkbox"/> Don't Know Where to Go	<input type="checkbox"/> Can't Afford to Get Help
<input type="checkbox"/> Can't Take Time Off from Work	<input type="checkbox"/> No One Speaks Your Native Language
<input type="checkbox"/> No One Understands Your Problem	<input type="checkbox"/> No Proper Documentation
<input type="checkbox"/> Other _____	