AGENDA
****AMENDED****

Central Arizona Fire and Medical Authority
Central Arizona Fire and Medical Authority Board of Directors
CA Regular Meeting
Thursday, December 22, 2022, 5:00 pm - 6:00 pm
Central Arizona Fire and Medical Authority, Administration, 8603 E. Eastridge Drive, Prescott Valley

NOTICE OF MEETING

Pursuant to A.R.S. § 38-431.02, notice is hereby given to the members of the Central Arizona Fire and Medical Authority Board of Directors and the general public that the **Central Arizona Fire and Medical Authority** will hold a meeting open to the public on **Thursday, December 22, 2022 at 5:00 p.m.** The meeting will be held at **Central Arizona Fire and Medical Authority, Administration, 8603 E. Eastridge Drive, Prescott Valley, Arizona.** The Board may vote to go into Executive Session on any agenda item, pursuant to A.R.S. §38-431.03(A)(3) for discussion and consultation for legal advice with Authority's Attorney on matters as set forth in the agenda item. The following topics and any variables thereto, will be subject to Board consideration, discussion, approval, or other action. All items are set for possible action. Members may attend in person or via remote methods of communication.

1. CALL TO ORDER / ROLL CALL OF BOARD MEMBERS
2. PLEDGE OF ALLEGIANCE
3. NEW BUSINESS
   A. Discussion and Possible Action Regarding Appointment of Fifth Board Member
   B. Swear In and Seat New Board Members
   C. Discussion and Possible Action Regarding Election of Fire Board Chairperson and Board Clerk
4. CORRESPONDENCE AND PRESENTATIONS
   A. County and Town Current Events Summaries
   B. Presentation, Discussion, and Acceptance of FY 2022 Audit Report as Presented by Henry & Horne
   C. Letters from the Public and Board Recognition
5. REPORTS

   Reports are informational only. Any item articulated in the reports is subject to clarification, discussion, and direction by the Board; no action will be taken.

   A. Board Member Reports
   B. Division Reports
6. CALL TO THE PUBLIC

   In accordance with A.R.S. §38-431.01(H) the Central Arizona Fire and Medical Authority Board has decided to allow public comments as time permits. Those wishing to address the

Board regarding an issue within the jurisdiction of this public body may do so by completing a *Call to the Public* form and submitting it to Staff. Speakers are limited to three (3) minutes, but may submit written comments for Board records. Call to the Public shall not exceed 30 minutes per meeting. Board members shall not discuss or take legal action on matters raised during an open call to the public, but may ask Staff to review a matter or may ask that a matter be placed on a future agenda.

7. CONSENT AGENDA

   All matters listed under consent agenda are considered to be routine by the Central Arizona Fire and Medical Authority Board and will be enacted by one motion. There will be no separate discussion on these items. Any item may be removed by a Board member and will be considered separately for motion, discussion, and action.

   A. Approve Regular Session Minutes - November 28, 2022

   B. Approve Executive Session Minutes - November 28, 2022

   C. Approve General Fund Financial Statements

   D. Approve Fire Protection Agreements: Cantu, Simmons (2), Limbacher, and Sollima

8. VOTE TO GO INTO EXECUTIVE SESSION

   A. Legal Advice Pursuant to A.R.S. §38-431.03(A)(4) Regarding the Crown Castle Agreement for the Use of the Communications Tower in Yarnell

   B. Legal Advice Pursuant to A.R.S. §38-431.03(A)(4) Regarding the Town of Prescott Valley Opticom Preemption System Agreement

   C. Legal Advice Pursuant to A.R.S. §38-431.03(A)(4) Regarding Arizona State Forestry Private Sector Office Space Lease

   D. Legal Advice Pursuant to A.R.S. §38-431.03(A)(4) Regarding Priority Ambulance Service Contract

   E. Legal Advice Pursuant to A.R.S. §38-431.03(A)(3) Regarding AMR Communications

9. NEW BUSINESS, CONTINUED

   A. Discussion and Possible Approval of the Crown Castle Agreement for the Use of the Communications Tower in Yarnell

   B. Discussion and Possible Approval of the Town of Prescott Valley Opticom Preemption System Agreement

   C. Discussion and Possible Approval of the Arizona State Forestry Private Sector Office Space Lease

   D. Discussion and Possible Action Regarding Donation of Surplus Vehicle 545 to Ash Fork Volunteer Fire Department

   E. Discussion and Possible Action Regarding Donation of Rescue Vehicle 700 to the City of Prescott Fire Department

   F. Discussion and Possible Adoption of the 2017 Yavapai County Community Health Assessment as a Needs Assessment for CAFMA's Certificate of Necessity Application

   G. Discussion and Possible Adoption of the Yavapai Regional Medical Center 2019 Community Health Needs Assessment as a Needs Assessment for CAFMA's Certificate of Necessity Application

   H. Discussion and Possible Approval of the Budget Development Schedule

10. OLD BUSINESS
    A. Discussion and Possible Action Regarding Priority Ambulance Service Contract
    B. Discussion and Possible Action Regarding AMR Communications
11. ADJOURNMENT

Disabled persons needing reasonable accommodations should call 928-772-7711 prior to the scheduled meeting.

OATH OF OFFICE

STATE OF ARIZONA)
) ss.
County of Yavapai)

I, **_____,** do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution and laws of the State of Arizona, that I will bear true faith and allegiance to the same and defend them against all enemies, foreign and domestic; and I pledge to uphold the mission and policies of the Authority, and will faithfully and impartially discharge the duties of the position of

_____
(Name of Position)

of the Central Arizona Fire and Medical Authority, according to the best of my ability, so help me God (or, so I do affirm).

_____
(Member)

Note: Only signatures of elected officials or appointed members to pension boards must be notarized.

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 2021, by _____.

_____
Notary Public
My commission expires: _____

Arizona Revised Statute § 38-231.

Officers and employees required to take loyalty oath; form; classification; definition

A. In order to ensure the statewide application of this section on a uniform basis, each board, commission, agency and independent office of this state, and of any of its political subdivisions, and of any county, city, town, municipal corporation, school district and public educational institution, shall completely reproduce this section so that the form of written oath or affirmation required in this section contains all of the provisions of this section for use by all officers and employees of all boards, commissions, agencies and independent offices.

B. Any officer or employee who fails to take and subscribe to the oath or affirmation provided by this section within the time limits prescribed by this section is not entitled to any compensation until the officer or employee does so take and subscribe to the form of oath or affirmation prescribed by this section.

C. Any officer or employee having taken the form of oath or affirmation prescribed by this section, and knowingly at the time of subscribing to the oath or affirmation, or at any time thereafter during the officer's or employee's term of office or employment, does commit or aid in the commission of any act to overthrow by force, violence or terrorism as defined in section 13-2301 the government of this state or of any of its political subdivisions, or advocates the overthrow by force, violence or terrorism as defined in section 13-2301 of the government of this state or of any of its political subdivisions, is guilty of a class 4 felony and, on conviction under this section, the officer or employee is deemed discharged from the office or employment and is not entitled to any additional compensation or any other emoluments or benefits which may have been incident or appurtenant to the office or employment.

D. Any of the persons referred to in article XVIII, section 10, Constitution of Arizona, as amended, relating to the employment of aliens, are exempted from any compliance with this section.

E. In addition to any other form of oath or affirmation specifically provided by law for an officer or employee, before any officer or employee enters upon the duties of the office or employment, the officer or employee shall take and subscribe the following oath or affirmation: (See reverse).

F. For the purposes of this section, "officer or employee" means any person elected, appointed or employed, either on a part-time or full-time basis, by this state or any of its political subdivisions or any county, city, town, municipal corporation, school district, public educational institution or any board, commission or agency of any county, city, town, municipal corporation, school district or public educational institution.

Initial: _____ Date: _____

Thank You

Greetings!
In February 2022 the Fire Department and Fire Department EMT came to our home on an emergency call for my dad. And just this week came out again for an emergency call for my mom.
It is my desire that you know how much we appreciate your service to our community!
I sure wish Proposition 310 would have passed!

Thank you again,

Susan [redacted]

From: Cynthia Fields
Sent: Tuesday, November 29, 2022 9:46 PM
To: Scott Freitag
Subject: Thank You Notes From Fields Family

CAFMA fire family,

We cannot thank you all enough, You all have been one of the biggest blessings and support for our family, Thank you all for making sure our family has the support and care we need to get through this tragedy. Your support system has been incredible. My dad truly viewed you all as family. Every one of you was there for him through his hardest moments, and gave him encouragement and strength. You all showed him genuine friendship, and support when he needed it most; but most importantly, honoring him the way he deserves..and carrying on his legacy. All of you have impacted our lives so much and we are forever grateful. Thank you to all of the honor guards, There are no words to thank you, you all are incredible people and we are beyond thankful for every one of you. Thank you all for making sure my family has the counseling, and every resource to get us through this. You all are family to us, and you have been the biggest blessing to us, and we truly can not thank you enough.
With love, Camryn Fields.

Hello Central Yavapai Fire, I wanted to say thank you to everyone who helped honor my dad, Zach Fields, as well as helped take care of me and my family. The fire department really stepped up, and gave him the recognition he deserved, and helped support me and my family through this hard time! I want to say thank you to everyone who helped plan the service as well as find funds for the many expenses. I would like to thank everyone who made sure me and my sister Camryn had everything we needed, and made it possible for us to attend counseling sessions. The fire Department is truly an amazing organization, and I cannot thank everyone who helped out enough!

Rhianna Fields

I'd like to deeply thank our CAFMA family for coming together to give Zach the recognition that he deserved. His is such a gentle, and deeply good heart..as we all know. I know that from where I was, planning anything was far from my ability, and I can only begin to express the gratitude that we feel towards all of you, for coming together and handling all of it. I wouldn't have been able to afford counseling; and we all know how necessary that is. My heart is in deep gratitude to you all, for making consistent counseling available for them. Thank you for coming together like a family..and to support the families of one of your own. And above all, thank you for loving Zach…that's something we all share, and what a deeply beautiful gift. Sending you all, our love..and our deepest, deep appreciation.
With love,
-Cynthia Fields

Chief's Report

By Fire Chief Freitag

It has only been a few weeks since our last meeting, and I was on vacation for part of that time. I know it may be shocking, but my report will be brief.

I attended the 1st Responder Behavioral Health and Wellness Conference in Tempe December 1-2. Emergency responders from Arizona as well as other states shared their personal journeys as they battled PTSD. They discussed their mental breakdowns, increased alcohol consumption, family challenges, and contemplation of suicide. Fortunately, each one reached out for help and dedicated themselves to developing tools to address their PTSD in a healthy way. We also heard from a former police officer-turned-financial-advisor and from a center called Desert Hollow located near Salt Lake City, UT. I came away with good information, as well as some potential additional resources for CAFMA to explore that could enhance services for our members.

We had our first meeting with our Strategic Planning Consultant on December 14. For scheduling purposes, we plan to start working on the engagement piece of the process in December. Engagement will include all CAFMA members, all CYFD, CVFD, and CAFMA Board members, as well as members of the communities we serve. In total, we expect the plan to take approximately 90 days.

I drafted a letter that was sent to YCCA and non-YCCA contractors outlining the challenges we face in the Prevention division over the next few months, as well as our plan to keep things moving. The job posting for the Fire Marshal position went live on December 14 with a close date of January 26. We plan to hold interviews the second week of February. If, during the process, we find a Fire Marshal as well as candidates for the other open positions, we will hire for those vacancies as well. For now, we are executing a contract with an outside third party to ensure plans are reviewed; additionally, we are working with Prescott FD on an MOU to share fire investigators until we have the needed staffing.

Our plan is to obtain a 'registered' status for our accreditation journey in January. We hope to move to 'applicant agency' status in 18-24 months. In staff's opinion, having an outside third-party work with us to develop a validated strategic plan, and have an outside third party evaluate our operations will provide the Board, our members, and the communities we serve, confidence in the direction CAFMA is headed.

On the 29th of December we will celebrate 14 months since we submitted our CON application to the AZ Bureau of EMS. In the interim, we continue to provide the paramedic for transport of critical patients to Lifeline/AMR, as well as transport using our Rescues. Priority is slated to have the units they need in service the first part of January which should help better serve our constituents.

Administration
By Assistant Chief Tharp

We are starting the budget process for Fiscal Year 2024. It seems a bit out of place, given we just completed the fiscal year 2022 audit and are starting the planning process for another Wage and Benefit Study and strategic planning session that will most assuredly lead to priorities of additional staffing, station locations, and employee benefit enhancements. The additional challenge will be incorporating a "zero-based" budget process to fully account for each account and justify taxpayer resources to the public. Revenue is always the issue for addressing so many of the needs of not only staffing, but future growth and services. We will have challenges for the future as tax increases will occur and that usually results in push back from businesses and property owners. However, the alternate is slowly seeing our services diminish, workload fatigue for our personnel and eventual dissatisfaction from our customers, the citizens we serve. We will continue to work innovatively through these challenges, but significant tax increases are on the horizon.

Speaking of taxpayer resources, it is ironic that the State of Arizona is under investigation for misuse and poor accountability for CARES and ARPA funds related to COVID. Even the AZ Department of Education is being scrutinized for all the millions of dollars that were received, but potentially not used for COVID-related expenses. The State of Arizona is now going through any funding request with a microscope – and this is holding up our assigned ARPA funds that were assigned for workers' compensation premium increases and claims that had such a huge impact to the 52 fire districts who participate in the Securis Workers' Compensation Risk Pool. We are working with the OSPB (Office of Strategic Planning and Budgeting) in the Governor's office to move the process forward, as many districts have paid their premiums and assessments but are now facing challenges to meet their everyday expenses because of the commitment of funds. If they are unable to receive a reimbursement of the costs for workers' compensation, many will be in a significant budget shortfall.

Additionally, there will be an opportunity for fire districts to submit for COVID-related expenses from March of 2021 through to date. Keep in mind that most of the COVID-related expenses – including personnel costs for coverage of sick employees – occurred prior to that date when fire districts were excluded from CARES Act funding. We will have some expenses that we can submit for reimbursement, but it will be about a quarter of what we incurred.

In closing, remember to be kind and have a wonderful holiday season with family and friends.

NOVEMBER 2022
RECORDS REQUESTS

Record Type	Received	Pending
EMS	3	0
Environmental	5	0
Fire	3	0
Incident	1	0
Public Record	3	0
Totals	**15**	**0**

LEGAL FEES

Central Arizona Fire and Medical Authority

11/28/2022 Law Offices of Nicolas Cornelius Legal Services Aug. – Nov. $9,304.50

Central Yavapai Fire District

11/28/2022 Law Offices of Nicolas Cornelius Legal Services September $67.50
11/28/2022 Law Offices of Nicolas Cornelius Legal Services ACE Lawsuit $540.00

Chino Valley Fire District

11/28/2022 Law Offices of Nicolas Cornelius Legal Services September $45.00

Operations
By Assistant Chief Feddema

The Firefighter Academy is in its second month and the recruits are doing very well. The academy was extended from nine weeks to 15 weeks because the Arizona State Firefighter I and II requirement was removed from the application process. We feel that this allowed for a larger applicant pool; several of the new recruits do not have their Firefighter I and II. Chief Parra and Captain Merrill have adjusted the Academy and those recruits who do not have their Arizona State Firefighter I and II will be able to test for the certificate at the completion of the first phase of the Academy. We are confident they will do well. The second phase will be focused on CAFMA operations, specifically. We have a significant number of CAFMA firefighters, engineers, and captains who have come in to help train the new recruits to ensure they are prepared for the position. We are grateful for all the support to train these new firefighters.

Following their graduation, they will be assigned a shift and a station. We are looking forward to the support they will bring to Operations as we have lost several individuals this past year that were unplanned. Personnel have had to remain on shift for mandatory overtime because of our current staffing challenges. This is something we try to avoid; however, is necessary to maintain operations when a shift is at a critically low level. Bringing on the new recruits will help alleviate this burden we are currently navigating. We will also be reviewing operations from a strategic perspective to evaluate how we reduce the regularity of this occurrence in the future.

The lack of ambulances is still an issue and so we continue to utilize our Rescues as needed to support this gap in service. There are several areas that we are working on the help improve the situation; however, there are still barriers to overcome. We are working with Priority Ambulance on several concepts to support this issue, including a joint staffing plan for our Rescues. Currently we are dealing with our own staffing challenges because of injuries and several unplanned retirements. CAFMA personnel have done an excellent job filling in the gaps as we move forward in both the staffing challenges and with the lack of staffed ambulances in our area.

EMS Report

By EMS Chief Niemynski

CAFMA transported nine patients in our Rescues during the month of November 2022. The total number of Rescue transports from 07/01/2021 – 12/13/2022 is 256. CAFMA continues to send in our paramedics on BLS AMR ambulances. As of 12/13/2022 we have sent in a paramedic over 2481 times to support a BLS ambulance from AMR, and a small number of Priority ambulances, since 07/01/2021. This is something we will continue to do as it is what is best for our citizens.

We have begun the process to begin our research project with the University of Arizona. This study will help CAFMA improve our continuous quality improvement process. This is a five-year study and I'm looking forward to seeing where this takes us.

I asked our Stryker representative when the two new heart monitors will ship; we ordered them at the beginning of August 2022. She let me know they are thinking June of 2023 is the expected ship date. We will be ordering the next two in July of 2023. This supply chain stuff is real!

Brett Poliakon and I are teaching a CPR/First Aid class for Town of Dewey-Humboldt staff. They're purchasing an Automated External Defibrillator (AED) for their office through our Warehouse purchasing group, so we train the staff for free!

Happy Holidays!

Planning and Logistics
By Assistant Chief Rose

FACILITIES

Station 58 experienced slight delays due to needed materials being on back order. I was just informed, however, that they have arrived, and progress will resume. At this stage they have the store front windows in, roof extension mostly completed, and the new exterior wall studs installed. I expect the remainder of the project to move along fairly quickly.

Station 50's epoxy floors are scheduled for January 23. The plan is to relocate the crew to Station 53 for the week that it will take to complete the project.

The equipment has arrived for the new bay tube heater installs at Stations 53 and 54. They are scheduled to be completed in the next couple weeks.

Station 63's doors are still on back order, and the updated plans for the new tower location are in progress.

The retaining wall repairs at CARTA are underway and are expected to be completed within the next couple weeks. In addition, we were able to get a contractor that will work with us to get the erosion on the back hill repaired along with adding a culvert in the detention pond to help with quicker drainage during the monsoons in the future.

The Spruce Mountain generator upgrade saw a little progress recently. They received the transfer switch earlier than expected and decided to get it installed to reduce the amount of work needing to be done when the generator arrives. It is still expected at some point this month or early next month. Depending on weather, we will decide whether we will hold off until spring or try and wrap it up before the winter weather makes it too difficult to get there.

As always, routine maintenance is ongoing. In addition, we have had about 135 resolved work orders come in since July 1st.

FLEET

Projects:
NEW TYPE 1 ENGINES: The new pumper's schedule of completion has changed to January/ February. Finalized pump panel drawings have been approved and sent off to Pierce for these trucks. Work has been coming along well on these units and a couple of photos have been included further down in this report.

STAFF VEHICLES: One of the new trucks for Fire Prevention has been put in service. We are still waiting for the final camper shell to arrive so that we can put the last of these units in service.

UTV: The new UTV has had its flatbed installed. Mechanic Peckham has been working on the install of the aftermarket items such as winch, windshield, roof, doors, and all other accessories.

OPTICOM: This is a new project for Fleet; Mechanic Kohler has headed this up. The Opticom system is the advisory system for the traffic lights on all major intersections in our area. This system will pre-empt the lights, changing them to green for oncoming emergency vehicles. The system is two-fold in that it requires a unit to be installed at the traffic light intersections, which will be completed by Town of Prescott Valley and ADOT. Chief Rose is heading up that side of the project. The other part involves a GPS transmitter and wiring to be installed on the associated emergency vehicles; Fleet is heading up this install with help from the Tech Services division. The plan is to install the system on all frontline engines first, followed by Battalion chief vehicles and Rescue units. The final install phase will be brush trucks and Type III engines. As of now, Engines 61, 50, 58 and 53 have had the install completed.

Maintenance and Repair: The Fleet division worked with Velocity truck, our Rosenbauer dealer, to get the appropriate door ordered for E-53 which sustained damage to the right rear body door. The first door sent by the builder was incorrect due to their records. The door finally came in and it is again the wrong unit. After the last setback, one of the mechanics was able to repair the damaged door enough to allow it to close safely and keep the engine in service. Due to the cold weather, Fleet has been seeing seasonal issues with things like air system dryers and heaters on numerous trucks. Services are up to date with Engines 62 and 540 scheduled to come in next.

UPDATES: The selection process is over for the Equipment Committee and the selected individuals will be notified shortly. We will then have an informal meet-up to go over the basics of establishing the committee and what we are looking to accomplish. The Committee will be a sub-committee of the Apparatus Committee and will begin meeting regularly in 2023.

For those that have not heard, Mechanic Bryten Burch resigned from his position at Fleet to pursue other endeavors. We wish him the best. The Fleet division will be working with HR to start a hiring process after the new year.

PREVENTION

CAFMA personnel attended the Holiday Light Parade in Prescott November 26th. Two additional holiday parades will be attended in December. Thank you, Engineer Russ Smith, for recruiting drivers for the parades; it's great to see CAFMA represented at these community events. Engineer Smith also brought the Antique Seagraves Engine to an all-day event on December 3rd at the Town of Prescott Valley.

Staff attended the annual fall Hazardous Fuels Mitigation Meeting hosted by Yavapai County Emergency Management; it was a good opportunity for CAFMA and local agencies to discuss projects and updates. The Flying High Turkey Drive took place at Fry's in Prescott Valley. Thank you to all who attended and supported CAFMA, PVPD, and the Prescott Valley Chamber to raise money and food items for the Yavapai County Food Bank.

Two new housing project reviews were attended, and it appears that both projects will be happening. Although interest rates are increasing and the housing market has slowed down, the residential home builders are still developing projects. Fire Marshal Chase spoke to two Fire Science classes taught at the CTEC in Prescott about a career in the Fire Service, including a review of all of CAFMA's divisions. A public education presentation was also given to several folks in the Shadow Mountain Mobile Home Park. The Fire Pals are finishing up the first half of their safety lessons and will be preparing for the second half of the year's lessons. Captain Merrill and Fire Marshal Chase were fire investigators on a fire scene that had two fatalities in Dewey. The B-shift engine crews and Battalion Chief Davis did a great job preventing the fire from spreading to nearby mobile homes. We all worked the scene with PVPD and the Yavapai County Coroner's Office. Our thoughts and prayers are with the families of the two victims.

TECHNICAL SERVICES

Prevention Improvements (cont.) – Last month we reported that we were working on a number of improvements for Prevention. Titus Overmyer received and configured their new devices, and we are scheduled to meet to discuss how things are working on December 12th. Also, we are working on a new electronic plan submission platform that will greatly improve the plan

submission process and lifecycle. We are currently in talks/demos with three different companies.

YCSO Jail (cont.) – Tony Frazier and Dave Legge worked with Prescott Fire Department and Yavapai County representatives to measure some readings at the YCSO jail. While that process will continue in the future due to issues outside of our control, Dave and Tony were able to do a thorough tour of the new jail and do some additional reconnaissance for the new radio system that will be installed in the coming months. Dave and Tony have been working with YCSO closely over the last few months and will continue to do so until the system is installed and functional.

Multi-Factor Authentication (cont.) – As we continue to roll out MFA for our organization, Technical Services has been completing testing with our MFA platform with our email platform. So far tests have been very promising, and we are looking to roll out MFA for external email access (as is required by our cybersecurity insurers) by the beginning of 2023.

Wireless Network Upgrade (cont.) – We have deployed our new wireless solution to 10 of our locations. We anticipate having this process complete by the end of the month.

Phone System Updates – We are working on some consolidation and improvements in our phone system that will bring about some communications savings. This is intended to increase our availability in the event of a network outage, reporting better information to Dispatch if someone were to dial 911 from one of our locations, as well as recovering some resources no longer in use.

WAREHOUSE

The Warehouse division has completed the uniform process for FY 22/23; all orders have been submitted. We have begun seeing some items show up already and are hoping this continues, considering the continuing supply chain issues.

SCBA flow testing has begun and will continue for several months to come. This is a fairly slow process as there are so many SCBA packs in Operations and Training. We are still awaiting parts to repair a handful of packs that have been damaged in the last several months.

The Warehouse division is working on developing a plan to have all the SCBA bottles hydro tested; currently, there are approximately 300 bottles in service. The hydro date due is in 2025. The plan would be to collect several bottles and have them tested, then once we receive them back, swap them out for another series of bottles. This is going to be a possible quarterly rotation. We will continue developing this plan and implement immediately upon completion.

The Warehouse division is still waiting for our hose orders to come in so that we can complete the hose testing for the calendar year. Engine 58 is the last remaining engine.

Training
By Training Chief Parra

The CARTA campus has been very active hosting a number of meetings and training events, including a Propane IQ course. This course was coordinated with WVBFD and the Regional HAZMAT Team and was focused on propane emergencies and ways to mitigate. There were multiple firefighters from CAFMA that attended as well as several others from around Yavapai County. Another course held at CARTA was Modern Fire Attack, a three-day-long course taught by Captain Merrill. The course attracted firefighters from around the state, as well as our new hire academy.

The new hire academy is in week six of a 15 weeklong academy. The cadets are working extremely hard and representing our Agency well. There have been a number of Training Officers dedicating their time to mentor and teach these individuals the CAFMA way. We look forward to their progress and graduation in February.

As we wrap-up 2022, we are working on the training schedule for 2023. There are several challenges moving forward in 2023; one of the challenges is centered on the crews “productive time”. This is the timeframe in which personnel are focused on CAFMA activities. As the organization grows, so too does to competition for this time. There are many other department-related activities that fill up this time, as well as emergency incidents. The challenge is to develop a schedule that meets the needs of the organization and is realistic based on time limitations. The Training division is working diligently to provide our members with opportunities to train and enhance their skills.

December has been a busy month preparing for our busy spring schedule. The focus for this month was to prepare our Company Officer Academy and our new leadership series.

Response Report

By GIS | Records Management Specialist Freeman

Land Area: 369 sq. miles Population: ≈106,500 Fire Stations: 10 Full-Staffed

Responses in District

TOTAL FIRE INCIDENTS	15
STRUCTURE FIRE	1
STRUCTURE FIRE; CONFINED	6
MOBILE HOME/PORTABLE BLDG	0
VEHICLE FIRE	2
BRUSH/GRASS/WILDLAND FIRE	3
TRASH FIRE/OTHER	3
Fire is 1.25% of call volume	
TOTAL RESCUE & EMS	841
EMS is 69.79% of call volume	
OVERPRESSURE / OVERHEAT	0
HAZARDOUS CONDITION	16
SERVICE CALL	209
GOOD INTENT	79
FALSE ALARM/OTHER	45
Other is 28.96% of call volume	
TOTAL INCIDENTS IN DISTRICT	1,205
INCIDENT RESPONSES BY CAFMA	1,333
TYPE-1 UNIT RESPONSES BY CAFMA	1,440

Fire Loss Summary

Residential Fire Loss	$235,090
Commercial Fire Loss	$200
Vehicle Fire Loss	$11,000

Top 5 Call Types

804	EMS
120	Assist Invalid
44	Cancelled en Route
42	Public Service
20	No Incident Found on Arrival

Average total # of calls per day	40.17
Average fire calls per day	0.50
Average EMS calls per day	28.03
Average all other calls per day	11.63

Call Volume at PRCC

	Month	Year-to-Date
PFD	808	9,546
CAFMA	1,205	13,595
GCFD	11	152
OD	8	135
WKFD	1	41

Unit Responses

	Unit	District	Total	Move Up
TYPE-1 ENGINES	E50	146	159	23
	E51	35	175	39
	E53	181	185	12
	E540	24	25	19
	E54	154	157	0
	E57	58	62	2
	E58	178	179	0
	E59	150	157	9
	E61	118	121	3
	E62	141	143	11
	E63	69	72	40
	TR50	2	22	0
	B3	39	42	0
	B6	30	32	0
	Rescues	19	19	0

Calls by Municipality

Calls in Town of Chino Valley	194
Calls in Town of Prescott Valley	619
Calls in Town of Dewey-Humboldt	46
Calls in District, Unincorporated Area	346
Calls Out of District	8

Aid Agreement Summary

Aid Given to Prescott	145
Aid Received from Prescott	54
Aid Given to WVFD	0
Aid Received from WVFD	6
Mutual Aid Given	0
Mutual Aid Received	0

MINUTES

Central Arizona Fire and Medical Authority
Central Arizona Fire and Medical Authority Board of Directors
Regular Meeting
Monday, November 28, 2022, 5:00 pm - 6:00 pm
Central Arizona Fire and Medical Authority, Administration, 8603 E. Eastridge Drive, Prescott Valley

In-Person Attendance

Darlene Packard; Dave Tharp; Kathy Goodman; Lorette Stewart; Matt Zurcher; Rick Anderson; Scott A Freitag; Susanne Dixson

Remote Attendance

Nicolas Cornelius

Not In Attendance

Dave Dobbs

DRAFT

NOTICE OF MEETING

1. CALL TO ORDER / ROLL CALL OF BOARD MEMBERS

   Chair Zurcher called the meeting to order at 5:00 p.m.

2. PLEDGE OF ALLEGIANCE

   Chair Zurcher led the Pledge of Allegiance.

3. CORRESPONDENCE AND PRESENTATIONS

   A. Letters from the Public and Board Recognition

   Chief Freitag highlighted thank you notes received from the Fields' family.

   Chair Zurcher and Chief Freitag presented Clerk Packard with two plaques of appreciation and recognition, one for her service as a Board member on the Central Yavapai Fire Board and one for her service as a Board member on CAFMA's board. Chief Freitag highlighted Clerk Packard's compassion, mentorship, and involvement, especially in the form of ride-alongs that brought her closer to CAFMA employees.

   Yavapai County Supervisors Mary Mallory and James Gregory both thanked Clerk Packard and spotlighted her commendable service and dedication to the Fire Service.

   Local 3066 President and CAFMA Captain, Ben Roché, presented Clerk Packard with a certificate of appreciation and a special t-shirt from the Local 3066.

   Attorney Cornelius also thanked Clerk Packard for her courage, perseverance, and service to the Agency. Incoming Central Yavapai Fire Board member, Gayle

Pickett, and CAFMA Fire Marshal, Rick Chase, each thanked Clerk Packard for her service.

Chair Zurcher presented Don Packard and Roger Kinsinger, Town of Prescott Valley Councilmen, with certificates of appreciation.

4. REPORTS

A. Board Member Reports

Chair Zurcher shared that he participated in his 11th Flying High Turkey Drive; he also completed a ride-along with Station 51, and was able to visit the Prescott Regional Communications Center (PRCC).

B. Division Reports

Chief Freitag reported that November 29th, 2022 is the 13-month anniversary of CAFMA's Certificate of Necessity (CON) application submittal. He also reported that Proposition 310 did not pass, and noted that the question on the ballot was not whether or not Fire Districts needed additional staffing and services to meet demand, but how it would be funded by the taxpayers. In voting against Prop 310, the voters chose property tax increases.

Chief Freitag also stated that he and Chief Rose will be meeting with the Town of Prescott Valley on Wednesday regarding information shared by the Yavapai County Contractors Association (YCCA) at a recent meeting held between the Town and YCCA; CAFMA was not notified of the meeting. He added that YCCA has not reached out to Board members, nor have they attended recent Board meetings; when YCCA has reached out in the past, issues were addressed and positive changes were made where necessary.

5. CALL TO THE PUBLIC

There were no public comments.

6. CONSENT AGENDA

A. Approve Regular Session Minutes - October 24, 2022

B. Approve Executive Session Minutes - October 24, 2022

C. Approve General Fund Financial Statements

D. Approve Fire Protection Agreements: Goyer-Mobley and Hoffman

E. Approve Policy Amendments: 121 Policy Committee, 203 Drug Policy, 403 Leave Benefits, 500 Employee Assistance Program, 501 Critical Stress Debriefing, and 742 Fixed Capital and Non-Capital Assets

Motion to approve the Consent Agenda.

Move: Darlene Packard Second: Rick Anderson Status: Passed

Yes: Darlene Packard, Matt Zurcher, Lorette Stewart, Rick Anderson

7. VOTE TO GO INTO EXECUTIVE SESSION

DRAFT

Motion to go into Executive Session at 5:33 p.m.

Move: Rick Anderson Second: Lorette Stewart Status: Passed

Yes: Darlene Packard, Matt Zurcher, Lorette Stewart, Rick Anderson

A. Legal Advice Pursuant to A.R.S. §38-431.03(A)(4) Regarding Priority Ambulance Service Contract

B. Legal Advice Pursuant to A.R.S. §38-431.03(A)(4) Regarding Priority Ambulance Lease Contract

8. OLD BUSINESS

A. Discussion and Possible Action Regarding Priority Ambulance Service Contract

Reconvened into Open Session at 5:43 p.m.

Chair Zurcher instructed Attorney Cornelius to remove the liquidated damages section from the contract.

Motion to approve the Priority Ambulance Service Contract minus liquidated damages section.

Move: Rick Anderson Second: Lorette Stewart Status: Passed

Yes: Darlene Packard, Matt Zurcher, Lorette Stewart, Rick Anderson

B. Discussion and Possible Action Regarding Priority Ambulance Lease Contract

Motion to approve the Priority Ambulance Lease Contract.

Move: Darlene Packard Second: Lorette Stewart Status: Passed

Yes: Darlene Packard, Matt Zurcher, Lorette Stewart, Rick Anderson

9. NEW BUSINESS

A. Discussion and Possible Action Regarding Engaging Advance Strategy Center to Guide the 2023-2026 Strategic Planning Process in an Amount Not to Exceed $22,500

Chief Freitag provided a brief history of CAFMA's strategic planning process. He added that Advance Strategy Center has recently worked with Prescott, Scottsdale, and Buckeye, and will engage CAFMA members anonymously to request feedback. They will also engage with Board members and community leaders as well.

Chair Zurcher commented that he believes this will assist the Agency in continuing to be a forward-thinking organization.

Motion to approve the expenditure, not to exceed $22,500, of using Advance Strategy Center to guide the 2023-2026 strategic planning process.

Move: Darlene Packard Second: Rick Anderson Status: Passed

Yes: Darlene Packard, Matt Zurcher, Lorette Stewart, Rick Anderson

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B. Discussion and Possible Direction to Staff Regarding December Meeting Date

Direction to Staff is to move the December Board meeting to December 22, 2022, at 5:00 p.m.

10. ADJOURNMENT

Motion to adjourn at 5:49 p.m.

Move: Darlene Packard Second: Rick Anderson Status: Passed

Yes: Darlene Packard, Matt Zurcher, Lorette Stewart, Rick Anderson

DRAFT

The Central Arizona Fire and Medical Authority Board of Directors have reviewed and approved the following financial documents to include Income Statements, Balance Sheets, and Bank Reconciliations with supporting documents, Revenue and Expenditure Graphs, and Cash Flow Projections in compliance with A.R.S. § 48-805, 807.

CAFMA General Fund

_____

Fire Board Chairperson Date

_____

Fire Board Clerk Date

Signature indicating approval on next page

CENTRAL ARIZONA FIRE AND MEDICAL AUTHORITY
GENERAL FUND BANK RECONCILIATION NOVEMBER, 2022

Reconciliation:		
Beginning Balance:	$	995,430.75
Fire District Deposits:	$	891,580.44
Interest Revenue	$	-
Transfer In: Fire Authority Funding	$	11,948,763.55
Disbursements:	$	(2,602,055.82)
Other: American Express Incentive Rebate	$	2,507.90
Other: Cleared Payroll Direct Deposit	$	(408,780.55)
Ending Balance:	**$**	**10,827,446.27**
Difference Between Balances:	**$**	**-**

Bank Statement Balance:		
Balance Per Bank:	$	11,881,735.07
Outstanding Checks:	$	(1,054,288.80)
Outstanding Deposits:	$	-
Outstanding Payroll Direct Deposit:	$	-
Ending Balance:	**$**	**10,827,446.27**
G/L Ending Balance:	**$**	**10,827,446.27**
	$	**10,827,446.27**

Deposits Per Bank Statement:		
Fire District Deposits:	$	891,580.44
Interest Revenue:	$	-
Transfer In: CHINO Fire Authority Funding	$	2,258,118.82
Transfer In: CYFD Fire Authority Funding	$	9,690,644.73
Other: American Express Incentive Rebate	$	2,507.90
Other:	$	-
Ending Balance:	**$**	**12,842,851.89**

Bank Reconciliation Register:		
Checks From Accounts Payable:	$	2,602,055.82
Other:	$	-
Total Checks and Charges:	$	2,602,055.82
Deposits From Accounts Receivable:	$	891,580.44
Other: GL JE for Fire Authority Funding	$	11,948,763.55
Other: American Express Incentive Rebate	$	2,507.90
Ending Balance:	**$**	**12,842,851.89**

Reconciliation Approved By:

Scott Freitag Digitally signed by Scott Freitag Date: 2022.12.15 14:45:55 -07'00'

Scott Freitag, Fire Chief

Reconciliation Reviewed By:

Dave Tharp Digitally signed by Dave Tharp Date: 2022.12.15 12:32:20 -07'00'

David Tharp, Assistant Chief of Administration

Reconciliation Prepared By:

Karen Mauldin Digitally signed by Karen Mauldin Date: 2022.12.13 14:22:43 -07'00'

Karen Mauldin, Finance Manager

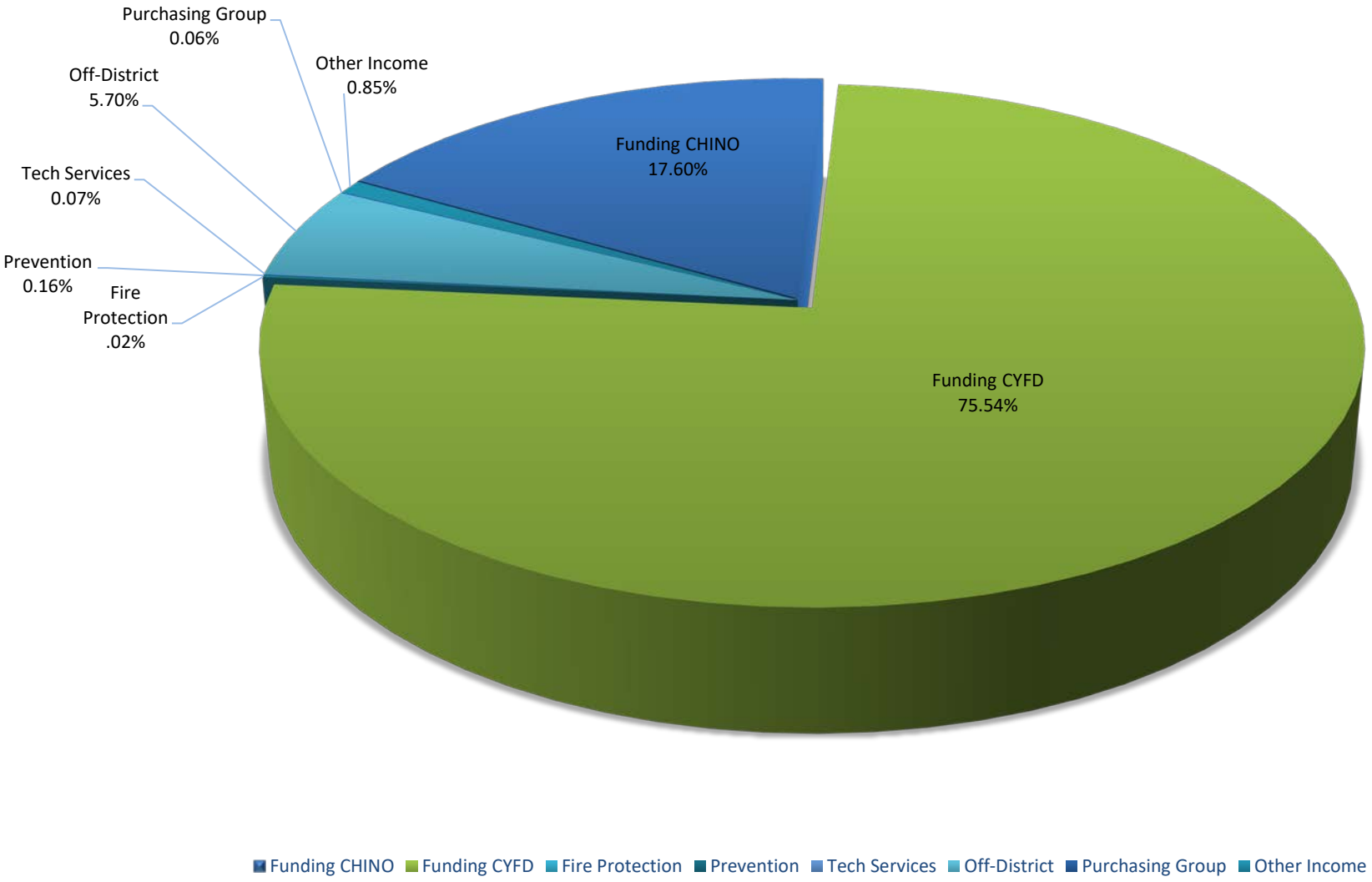
2022 - 2023 Cash Flow by Month : NOVEMBER

	Actual					PROJECTED						
	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	June
Revenues:												
Property Taxes from CYFD/CVFD	474,223	118,921	43,946	316,713	11,948,764	2,406,348	2,406,348	2,406,348	2,406,348	2,406,348	2,406,348	2,406,348
Fire Protection	34,245	4,323	5,672	5,553	2,655	15,000	15,000	15,000	15,000	15,000	15,000	15,000
Fee for Services	76,396	54,961	58,603	41,896	38,341	44,519	44,519	44,519	44,519	44,519	44,519	44,519
Interest Income	-	9,626	26,718	-	-	4,167	4,167	4,167	4,167	4,167	4,167	4,167
Grants	3,814	-	11,900	-	-	73,270	73,270	73,270	73,270	73,270	73,270	73,270
Ambulance	-	-	-	-	-	166,667	166,667	166,667	166,667	166,667	166,667	166,667
Misc. Non Levy	288,794	447,471	47,380	35,791	839,800	50,117	50,117	50,117	50,117	50,117	50,117	50,117
RevenueTotals:	877,471	635,302	194,219	399,953	12,829,560	2,760,086	2,760,086	2,760,086	2,760,086	2,760,086	2,760,086	2,760,086
Expenditures:												
Personnel Costs	1,764,463	1,537,497	1,502,510	1,855,000	2,855,729	2,182,767	2,182,767	2,182,767	2,182,767	2,182,767	2,182,767	2,182,767
Supplies	101,770	223,114	151,482	262,491	125,172	237,810	237,810	237,810	237,810	237,810	237,810	237,810
Utilites	18,611	16,130	17,164	23,421	14,315	22,467	22,467	22,467	22,467	22,467	22,467	22,467
Misc. Service Expenses	221,587	175,929	188,333	261,386	88,059	252,560	252,560	252,560	252,560	252,560	252,560	252,560
Capital Expenses	2,637	300,068	60,358	182,388	263,032	111,324	111,324	111,324	111,324	111,324	111,324	111,324
ExpenditureTotals:	2,109,068	2,252,738	1,919,846	2,584,685	3,346,306	2,806,928	2,806,928	2,806,928	2,806,928	2,806,928	2,806,928	2,806,928
Monthly Net Cash	(1,231,597)	(1,617,436)	(1,725,627)	(2,184,732)	9,483,254	(46,842)	(46,842)	(46,842)	(46,842)	(46,842)	(46,842)	(46,842)
Cumulative Net Cash	381,699	(1,235,737)	(2,961,364)	(5,146,096)	4,337,158							
Cash Balance (Carryover)	1,613,296	(4,140)	(1,729,767)	(3,914,499)	5,568,755							
Capital Reserve	6,026,141	6,030,047	6,042,398	6,042,398	6,042,398							

CENTRAL ARIZONA FIRE AND MEDICAL AUTHORITY
REVENUE GRAPH DATA

				YTD	
		Revenue		**Budget**	**%**
Funding CHINO	$	2,258,119	$	5,575,524	17.60
Funding CYFD	$	9,690,645	$	23,300,649	75.54
Fire Protection	$	2,655	$	180,000	0.02
Fleet	$	-	$	40,000	0.00
CARTA	$	65	$	41,000	0.00
Prevention	$	20,993	$	81,730	0.16
Tech Services	$	9,336	$	185,497	0.07
Interest	$	-	$	50,000	0.00
Off-District	$	730,962	$	50,000	5.70
Purchasing Group	$	7,947	$	210,000	0.06
Ambulance Revenue	$	-	$	2,000,000	0.00
Other Income	$	108,839	$	1,406,635	0.85
TOTALS:	**$**	**12,829,560**	**$**	**33,121,035**	**100.00**

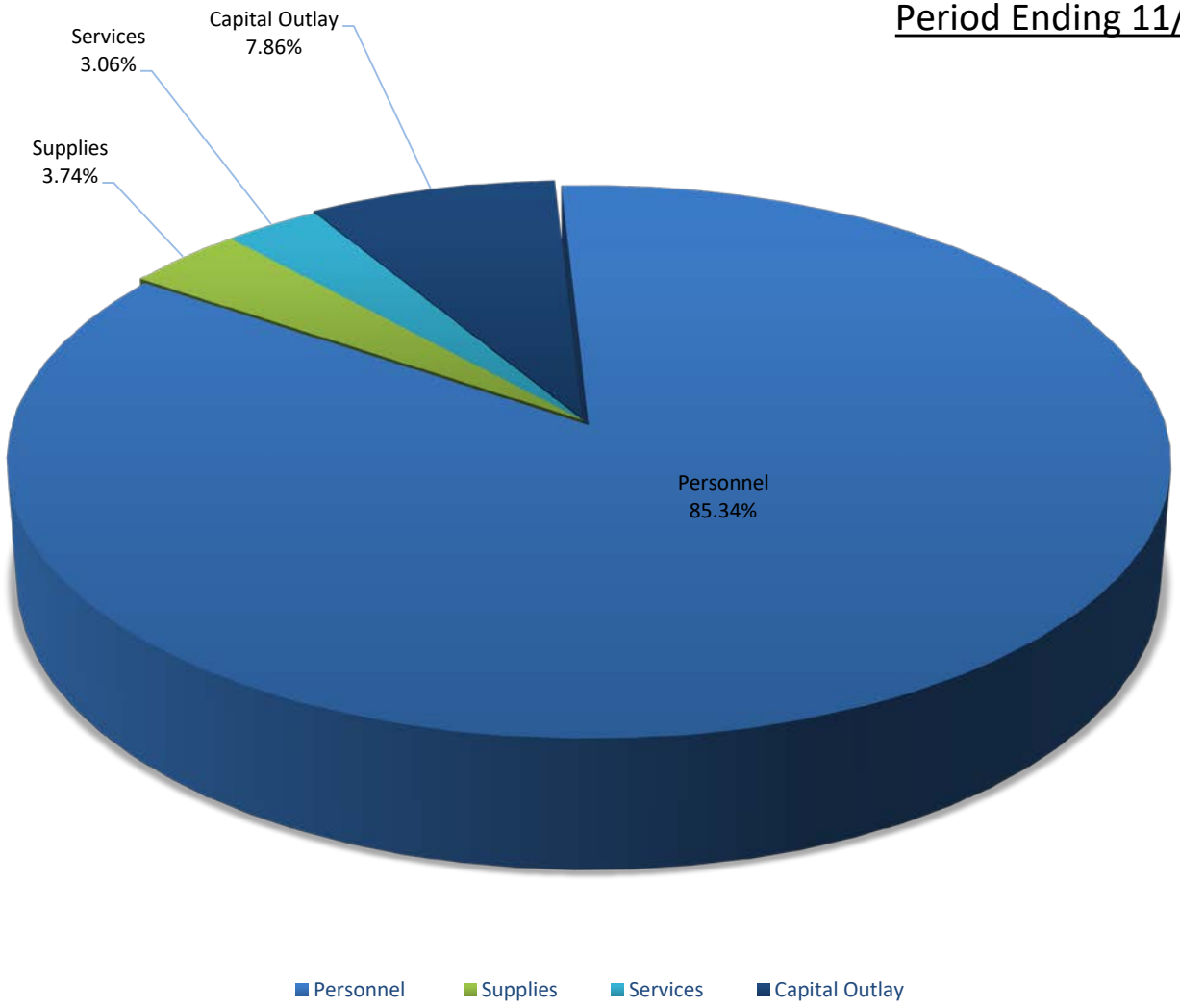
CAFMA
FY 2022 - 2023
General Fund Revenue
Period Ending 11/30/2022



CENTRAL ARIZONA FIRE AND MEDICAL AUTHORITY
EXPENSE GRAPH DATA

				YTD	
		Expense		**Budget**	**%**
Personnel	$	2,855,729	$	26,193,200	85.34
Supplies	$	125,172	$	2,853,724	3.74
Services	$	102,374	$	3,300,318	3.06
Capital Outlay	$	263,032	$	1,335,893	7.86
TOTAL:	**$**	**3,346,306**	**$**	**33,683,135**	**100.00**

CAFMA
FY 2022 - 2023
General Fund Expenditures
Period Ending 11/30/2022



CENTRAL ARIZONA FIRE AND MEDICAL AUTHORITY
GENERAL FUND - NOVEMBER, 2022

Transfer In: Chino Valley Fire District:	$	2,258,118.82
Transfer In: Central Yavapai Fire District:	$	9,690,644.73
Fire District Deposits:	$	891,580.44
Interest Received:	$	-
Other: Temporary Borrowed Funds From Capital Reserve	$	-
Other: American Express Rebate	$	2,507.90
TOTAL	$	12,842,851.89

Yavapai County Treasurer

Monthly Statement

Date Range: 11/1/2022 to 11/30/2022

CAFMA - General Fund
Fund: 6067340500

Yavapai County Treasurer

Monthly Statement

Date Range: 11/1/2022 to 11/30/2022

Account	Period	YTD		
6067340500	**CAFMA-General Fund**			
Begin Balance:	1,901,382.15	8,207,760.60		
Income:	12,842,851.89	15,124,182.10		
LOC Advance:	.00	.00		
Expense:	(2,862,498.97)	(11,450,207.63)	LOC:	.00
LOC Payments:	.00	.00	Warrants Outstanding:	(14,219.56)
Cash Balance:	11,881,735.07	11,881,735.07	End:	11,867,515.51

Monthly Statement Summary

Source Code	Description		MTDAmount	YTDAmount
6067340500 CAFMA-General Fund		**Beginning Balance:**	1,901,382.15	8,207,760.60
37122.0	Fire District Deposit		894,088.34	2,201,529.07
38109.0	Interest on Investments St Treas		.00	18,819.70
38113.0	Interest on Investments-Wells Fargo		.00	1,267.68
7376.0	Transfer in		11,948,763.55	12,902,565.65
91032.0	Warrants Redeemed		(2,862,498.97)	(11,447,707.63)
91707.0	Wire Transfer by County Treasurer		.00	(2,500.00)
		Ending Balance:	**11,881,735.07**	**11,881,735.07**

Yavapai County Treasurer

Monthly Statement

Date Range: 11/1/2022 to 11/30/2022

Monthly Statement Detail

Date	Notes	Doc #	Amount	C/D
6067340500 CAFMA-General Fund			**Beginning Balance: 1,901,382.15**	
37122.0 Fire District Deposit			Source Code Total: 894,088.34	✓
11/03	Various deposits - 11/3/22	0	67,943.03	C
11/03	Various deposits 11/3/22	0	1,770.27	C
11/09	CAFMA	0	1,124.00	C
11/09	CAFMA	0	111,070.53	C
11/17	CAFMA	0	263,122.35	C
11/29	CAFMA	0	432,584.70	C
11/29	CAFMA	0	13,965.56	C
11/30	CAFMA - AMERICAN EXPRESS REIMB	0	2,507.90	C
7376.0 Transfer in			Source Code Total: 11,948,763.55	
11/22	Transfer Request per km	0	9,690,644.73	C ✓
11/22	Transfer Request per km	0	2,258,118.82	C ✓
91032.0 Warrants Redeemed			Source Code Total: (2,862,498.97)	
11/01	Paid Warrants	0	(800,914.46)	D
11/02	Paid Warrants	0	(21,852.00)	D
11/03	Paid Warrants	0	(26,695.00)	D
11/04	Paid Warrants	0	(90,284.45)	D
11/07	Paid Warrants	0	(11,414.61)	D
11/08	Paid Warrants	0	(301,839.98)	D
11/09	Paid Warrants	0	(41,329.08)	D
11/10	Paid Warrants	0	(491.25)	D
11/14	Paid Warrants	0	(917.93)	D
11/15	Paid Warrants	0	(643,172.89)	D
11/17	Paid Warrants	0	(80,883.96)	D
11/18	Paid Warrants	0	(92,783.24)	D
11/21	Paid Warrants	0	(24,721.60)	D
11/22	Paid Warrants	0	(4,867.39)	D
11/23	Paid Warrants	0	(8,855.98)	D
11/28	Paid Warrants	0	(4,475.29)	D
11/29	Paid Warrants	0	(705,152.00)	D
11/30	Paid Warrants	0	(1,847.86)	D
		6067340500 CAFMA-General Fund	**Ending Balance: 11,881,735.07**	

Warrant Detail

Payee Name	Warrant	Amount	Issue Dt	Status Dt	Voucher
6067340500 CAFMA-General Fund				Account Total: 2,876,718.53	
Fund: 5673				Fund Total: 2,876,718.53	
Status: OUTS				Status Total: 14,219.56	
/	0706733900	242.10	11/28/22	12/01/22	

Yavapai County Treasurer

Monthly Statement

Date Range: 11/1/2022 to 11/30/2022

/	0706733904	1,249.20	11/28/22	12/01/22	
/	0706733905	763.70	11/28/22	12/01/22	
/	0706733917	9,304.50	11/28/22	12/01/22	
/	0706733920	357.60	11/28/22	12/01/22	
/	0706733942	221.15	11/28/22	12/01/22	
/	0706733945	1,453.83	11/28/22	12/01/22	
/	0706733947	627.48	11/28/22	12/01/22	
Status: PAID					Status Total: 2,862,498.97
/	0706733037	21,852.00	05/26/22	11/02/22	
/	0706733671	59.30	10/03/22	11/08/22	
/	0706733704	198.00	10/17/22	11/09/22	
/	0706733754	25,750.00	10/17/22	11/01/22	
/	0706733762	140.00	10/31/22	11/17/22	
/	0706733763	1,626.03	10/31/22	11/17/22	
/	0706733764	574.00	10/31/22	11/09/22	
/	0706733765	269.44	10/31/22	11/08/22	
/	0706733766	898.03	10/31/22	11/08/22	
/	0706733767	4,000.00	10/31/22	11/08/22	
/	0706733768	125.46	10/31/22	11/08/22	
/	0706733769	159.98	10/31/22	11/07/22	
/	0706733770	467.73	10/31/22	11/04/22	
/	0706733771	5,716.77	10/31/22	11/08/22	
/	0706733773	250.00	10/31/22	11/07/22	
/	0706733774	620.00	10/31/22	11/03/22	
/	0706733775	45.24	10/31/22	11/08/22	
/	0706733776	55.44	10/31/22	11/01/22	
/	0706733777	1,150.48	10/31/22	11/04/22	
/	0706733778	24.78	10/31/22	11/04/22	
/	0706733779	706.39	10/31/22	11/01/22	
/	0706733780	757,895.56	10/31/22	11/01/22	
/	0706733782	16,507.07	10/31/22	11/01/22	
/	0706733787	57,528.07	10/31/22	11/04/22	
/	0706733788	486.67	10/31/22	11/04/22	
/	0706733789	1,875.00	10/31/22	11/07/22	
/	0706733790	42,930.69	10/31/22	11/08/22	
/	0706733791	4,716.58	10/31/22	11/04/22	
/	0706733792	278.43	10/31/22	11/14/22	
/	0706733793	25,032.61	10/31/22	11/03/22	
/	0706733794	269.95	10/31/22	11/03/22	
/	0706733795	2,932.16	10/31/22	11/07/22	

Yavapai County Treasurer

Monthly Statement

Date Range: 11/1/2022 to 11/30/2022

/	0706733797	276.21	10/31/22	11/07/22
/	0706733798	1,914.86	10/31/22	11/08/22
/	0706733799	100.23	10/31/22	11/08/22
/	0706733800	17,425.00	10/31/22	11/04/22
/	0706733801	491.25	10/31/22	11/10/22
/	0706733802	671.46	10/31/22	11/08/22
/	0706733803	669.00	10/31/22	11/04/22
/	0706733804	324.00	10/31/22	11/07/22
/	0706733805	35.00	10/31/22	11/07/22
/	0706733806	3,250.00	10/31/22	11/07/22
/	0706733807	14,486.50	10/31/22	11/09/22
/	0706733810	129.34	10/31/22	11/07/22
/	0706733811	280.00	10/31/22	11/04/22
/	0706733812	1,716.18	10/31/22	11/04/22
/	0706733813	245,108.50	10/31/22	11/08/22
/	0706733814	1,120.73	10/31/22	11/04/22
/	0706733815	811.21	10/31/22	11/04/22
/	0706733816	1,853.55	10/31/22	11/07/22
/	0706733817	772.44	10/31/22	11/03/22
/	0706733818	3,274.29	10/31/22	11/04/22
/	0706733819	329.37	10/31/22	11/07/22
/	0706733820	264.00	10/31/22	11/04/22
/	0706733821	639.50	10/31/22	11/14/22
/	0706733822	26,070.58	10/31/22	11/09/22
/	0706733823	349.73	10/31/22	11/04/22
/	0706733824	76,650.52	11/14/22	11/18/22
/	0706733825	62,476.20	11/14/22	11/17/22
/	0706733838	593.22	11/14/22	11/22/22
/	0706733839	3,264.21	11/14/22	11/17/22
/	0706733840	3,909.99	11/14/22	11/21/22
/	0706733841	8,855.98	11/14/22	11/23/22
/	0706733843	400.00	11/14/22	11/21/22
/	0706733844	8,446.61	11/14/22	11/18/22
/	0706733845	2,742.52	11/14/22	11/18/22
/	0706733846	146.00	11/14/22	11/21/22
/	0706733847	173.04	11/14/22	11/21/22
/	0706733848	643,172.89	11/14/22	11/15/22
/	0706733850	4,144.00	11/14/22	11/21/22
/	0706733851	624.65	11/14/22	11/21/22
/	0706733852	9,583.07	11/14/22	11/17/22

Yavapai County Treasurer

Monthly Statement

Date Range: 11/1/2022 to 11/30/2022

/	0706733853	3,817.83	11/14/22	11/28/22
/	0706733854	4,475.27	11/14/22	11/21/22
/	0706733855	133.09	11/14/22	11/29/22
/	0706733856	43.52	11/14/22	11/22/22
/	0706733857	45.39	11/14/22	11/21/22
/	0706733858	553.84	11/14/22	11/17/22
/	0706733859	106.37	11/14/22	11/18/22
/	0706733860	269.48	11/14/22	11/22/22
/	0706733862	956.09	11/14/22	11/21/22
/	0706733863	903.99	11/14/22	11/17/22
/	0706733864	1,295.41	11/14/22	11/21/22
/	0706733865	671.46	11/14/22	11/22/22
/	0706733866	794.01	11/14/22	11/21/22
/	0706733869	1,539.89	11/14/22	11/18/22
/	0706733870	905.00	11/14/22	11/22/22
/	0706733871	446.59	11/14/22	11/22/22
/	0706733872	7,581.25	11/14/22	11/21/22
/	0706733873	106.13	11/14/22	11/17/22
/	0706733874	793.08	11/14/22	11/18/22
/	0706733876	280.00	11/14/22	11/18/22
/	0706733877	2,230.49	11/14/22	11/17/22
/	0706733879	657.46	11/14/22	11/28/22
/	0706733880	1,702.05	11/14/22	11/18/22
/	0706733881	1,434.84	11/14/22	11/22/22
/	0706733882	173.28	11/14/22	11/22/22
/	0706733883	176.50	11/14/22	11/21/22
/	0706733884	330.00	11/14/22	11/22/22
/	0706733885	347.20	11/14/22	11/18/22
/	0706733887	175.00	11/14/22	11/18/22
/	0706733909	693,448.28	11/26/22	11/29/22
/	0706733911	11,570.63	11/28/22	11/29/22
/	0706733928	1,847.86	11/28/22	11/30/22

	Count	Amount
Total OUTS:	8	14,219.56
Total PAID:	104	2,862,498.97

CENTRAL ARIZONA FIRE AND MEDICAL AUTHORITY
CAPITAL RESERVE FUND - NOVEMBER, 2022

Interest Received:	$	-
Miscellaneous Adjustments:	$	-
Other:	$	-
TOTAL	$	-

Yavapai County Treasurer

Monthly Statement

Date Range: 11/1/2022 to 11/30/2022

CAFMA-Capital Reserve Fund (CAFMA)

Yavapai County Treasurer

Monthly Statement

Date Range: 11/1/2022 to 11/30/2022

Account	Period	YTD		
6067340200	**CAFMA-Capital Reserve Fund**			
Begin Balance:	6,042,397.88	6,026,141.00		
Income:	.00	16,256.88		
LOC Advance:	.00	.00		
Expense:	.00	.00	LOC:	.00
LOC Payments:	.00	.00	Warrants Outstanding:	.00
Cash Balance:	6,042,397.88	6,042,397.88	End:	6,042,397.88

Monthly Statement Summary

Source Code	Description		MTDAmount	YTDAmount
6067340200 CAFMA-Capital Reserve Fund		**Beginning Balance:**	6,042,397.88	6,026,141.00
38109.0	Interest on Investments St Treas		.00	15,176.69
38113.0	Interest on Investments-Wells Fargo		.00	1,080.19
		Ending Balance:	**6,042,397.88**	**6,042,397.88**

Monthly Statement Detail

Date	Notes	Doc #	Amount	C/D

CENTRAL ARIZONA FIRE AND MEDICAL AUTHORITY

PSPRS CONTINGENCY RESERVE FUND - NOVEMBER, 2022

Transfer In:	$	-
Transfer Out:	$	-
Interest Received:	$	-
TOTAL	$	-

Yavapai County Treasurer

Monthly Statement

Date Range: 11/1/2022 to 11/30/2022

CAFMA
6067340700
PSPRS

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Yavapai County Treasurer

Monthly Statement

Date Range: 11/1/2022 to 11/30/2022

Account	Period	YTD		
6067340700	**CAFMA PSPRS Contingency Reserve Fund**			
Begin Balance:	2,004,099.15	2,000,000.00		
Income:	.00	4,099.15		
LOC Advance:	.00	.00		
Expense:	.00	.00	LOC:	.00
LOC Payments:	.00	.00	Warrants Outstanding:	.00
Cash Balance:	2,004,099.15	2,004,099.15	End:	2,004,099.15

Monthly Statement Summary

Source Code	Description		MTDAmount	YTDAmount
6067340700 CAFMA PSPRS Contingency Reserve Fund		**Beginning Balance:**	2,004,099.15	2,000,000.00
38109.0	Interest on Investments St Treas		.00	3,753.04
38113.0	Interest on Investments-Wells Fargo		.00	346.11
		Ending Balance:	**2,004,099.15**	**2,004,099.15**

Monthly Statement Detail

Date	Notes	Doc #	Amount	C/D

CAFMA-Central Arizona Fire and Medical

Bank Reconciliation Summary

For the Bank Statement ending: 11/30/2022

BANK CONTROL ID: CAFMA - GENERAL FUND		DESC: GENERAL FUND	ACCOUNT NO: 1100
Beginning Balance:	11/01/22		$1,901,382.15
Deposits and Credits:			$12,842,851.89
Checks and Charges:			($2,862,498.97)
Adjustments:			$0.00
Ending Balance Per Reconciliation:			**$11,881,735.07**
Ending Balance Per Bank Statement:	11/30/22		$11,881,735.07
* Outstanding Deposits and Credits:	11/30/22		$0.00
* Outstanding Checks and Charges:	11/30/22		($1,054,288.80)
Ending Book Balance:	**11/30/22**		**$10,827,446.27**

*** Outstanding amounts are all outstanding credits and charges dated prior or equal to the Reconciliation date.**

CAFMA-Central Arizona Fire and Medical

BR Checks and Charges Cleared

For the Bank Statement ending: 11/30/22

CAFMA **General Fund** **General Fund** **1100**

Date	Document	Description	Module	Company	Amount
05/26/22	756743037	Starkweather Roofing Inc	AP	CAFMA	$21,852.00
10/03/22	756743671	Besonson Tools LLC	AP	CAFMA	$59.30
10/17/22	756743704	Arizona Dept. of Public Safety	AP	CAFMA	$198.00
10/17/22	756743754	PSTrax	AP	CAFMA	$25,750.00
10/31/22	756743762	A1 Water Bulk Delivery Svc LLC	AP	CAFMA	$140.00
10/31/22	756743763	Action Graphics	AP	CAFMA	$1,626.03
10/31/22	756743764	Air Instrumentation of CA	AP	CAFMA	$574.00
10/31/22	756743765	Amsoil Inc	AP	CAFMA	$269.44
10/31/22	756743766	APS	AP	CAFMA	$898.03
10/31/22	756743767	Arizona Woodworkers Supply	AP	CAFMA	$4,000.00
10/31/22	756743768	Auto Trim Plus LLC	AP	CAFMA	$125.46
10/31/22	756743769	Bennett Oil	AP	CAFMA	$159.98
10/31/22	756743770	Best Pick Disposal, Inc	AP	CAFMA	$467.73
10/31/22	756743771	Bound Tree Medical LLC	AP	CAFMA	$5,716.77
10/31/22	756743773	Brookins, Patty	AP	CAFMA	$250.00
10/31/22	756743774	B & W Fire Security Systems	AP	CAFMA	$620.00
10/31/22	756743775	Sparklight	AP	CAFMA	$45.24
10/31/22	756743776	CAFMA Petty Cash	AP	CAFMA	$55.44
10/31/22	756743777	CenturyLink	AP	CAFMA	$1,150.48
10/31/22	756743778	CenturyLink	AP	CAFMA	$24.78
10/31/22	756743779	Chase Bank	AP	CAFMA	$706.39
10/31/22	756743780	Chase Bank	AP	CAFMA	$757,895.56
10/31/22	756743782	Chase Card Services	AP	CAFMA	$16,507.07
10/31/22	756743787	City of Prescott	AP	CAFMA	$57,528.07
10/31/22	756743788	City of Prescott	AP	CAFMA	$486.67
10/31/22	756743789	Crisenbery, Gary	AP	CAFMA	$1,875.00
10/31/22	756743790	Curtis Tools for Heroes	AP	CAFMA	$42,930.69
10/31/22	756743791	Driven Auto Accessories	AP	CAFMA	$4,716.58
10/31/22	756743792	FACTORY MOTOR PARTS	AP	CAFMA	$278.43
10/31/22	756743793	Freightliner of AZ, LLC	AP	CAFMA	$25,032.61
10/31/22	756743794	Galpin Ford, Inc.	AP	CAFMA	$269.95
10/31/22	756743795	Galls LLC	AP	CAFMA	$2,932.16
10/31/22	756743797	Globalstar	AP	CAFMA	$276.21
10/31/22	756743798	Michael M. Golightly & Assoc	AP	CAFMA	$1,914.86
10/31/22	756743799	Interstate Batteries	AP	CAFMA	$100.23
10/31/22	756743800	Manzanita Landscaping, Inc	AP	CAFMA	$17,425.00
10/31/22	756743801	Mercury Medical Inc	AP	CAFMA	$491.25
10/31/22	756743802	Motorola Solutions Inc	AP	CAFMA	$671.46
10/31/22	756743803	NFP Property and Casualty	AP	CAFMA	$669.00
10/31/22	756743804	AZ FIRE SPRINKLERS LLC	AP	CAFMA	$324.00
10/31/22	756743805	Prescott Downtown Partnership	AP	CAFMA	$35.00
10/31/22	756743806	PSG Consulting Inc	AP	CAFMA	$3,250.00
10/31/22	756743807	Public Safety Crisis Solutions	AP	CAFMA	$14,486.50
10/31/22	756743810	Prescott Valley Ace Hardware	AP	CAFMA	$129.34
10/31/22	756743811	Restored By Faith LLC	AP	CAFMA	$280.00
10/31/22	756743812	RWC Group	AP	CAFMA	$1,716.18
10/31/22	756743813	Securis Insurance Pool, Inc	AP	CAFMA	$245,108.50
10/31/22	756743814	Staples Contract & Commerc.Inc	AP	CAFMA	$1,120.73
10/31/22	756743815	D.G.Shoemaker & Associates Inc	AP	CAFMA	$811.21
10/31/22	756743816	Teleflex Funding LLC	AP	CAFMA	$1,853.55
10/31/22	756743817	Town of Prescott Valley	AP	CAFMA	$772.44
10/31/22	756743818	Turbo & Electric Sales & Srvc	AP	CAFMA	$3,274.29
10/31/22	756743819	Unisource Energy Services	AP	CAFMA	$329.37
10/31/22	756743820	United Disposal, Inc	AP	CAFMA	$264.00
10/31/22	756743821	Verizon Wireless	AP	CAFMA	$639.50
10/31/22	756743822	Wex Bank	AP	CAFMA	$26,070.58
10/31/22	756743823	York	AP	CAFMA	$349.73
11/14/22	756743824	Advanced Traffic Products	AP	CAFMA	$76,650.52
11/14/22	756743825	American Express, Inc.	AP	CAFMA	$62,476.20
11/14/22	756743838	Anixter Inc	AP	CAFMA	$593.22
11/14/22	756743839	Bennett Oil	AP	CAFMA	$3,264.21
11/14/22	756743840	BlueAlly	AP	CAFMA	$3,909.99

CAFMA-Central Arizona Fire and Medical

BR Checks and Charges Cleared

For the Bank Statement ending: 11/30/22

CAFMA **General Fund** **General Fund** **1100**

Date	Document	Description	Module	Company	Amount
11/14/22	756743841	Bound Tree Medical LLC	AP	CAFMA	$8,855.98
11/14/22	756743843	Bradshaw Mtn Environmental Inc	AP	CAFMA	$400.00
11/14/22	756743844	Bud Griffin Associates-Arizona	AP	CAFMA	$8,446.61
11/14/22	756743845	B & W Fire Security Systems	AP	CAFMA	$2,742.52
11/14/22	756743846	Sparklight	AP	CAFMA	$146.00
11/14/22	756743847	CenturyLink	AP	CAFMA	$173.04
11/14/22	756743848	Chase Bank	AP	CAFMA	$643,172.89
11/14/22	756743850	ColumbiaSoft Corporation	AP	CAFMA	$4,144.00
11/14/22	756743851	Cummins Sales And Service	AP	CAFMA	$624.65
11/14/22	756743852	CSTOR	AP	CAFMA	$9,583.07
11/14/22	756743853	Curtis Tools for Heroes	AP	CAFMA	$3,817.83
11/14/22	756743854	DELL MARKETING LP	AP	CAFMA	$4,475.27
11/14/22	756743855	Dish Network	AP	CAFMA	$133.09
11/14/22	756743856	FACTORY MOTOR PARTS	AP	CAFMA	$43.52
11/14/22	756743857	FEDEX	AP	CAFMA	$45.39
11/14/22	756743858	Freightliner of AZ, LLC	AP	CAFMA	$553.84
11/14/22	756743859	Galls LLC	AP	CAFMA	$106.37
11/14/22	756743860	W.W. Grainger, Inc	AP	CAFMA	$269.48
11/14/22	756743862	Life Assist Inc	AP	CAFMA	$956.09
11/14/22	756743863	Manzanita Landscaping, Inc	AP	CAFMA	$903.99
11/14/22	756743864	Matheson Tri-Gas, Inc	AP	CAFMA	$1,295.41
11/14/22	756743865	Motorola Solutions Inc	AP	CAFMA	$671.46
11/14/22	756743866	NAPA Auto Parts	AP	CAFMA	$794.01
11/14/22	756743869	Nationwide Retirement Solution	AP	CAFMA	$1,539.89
11/14/22	756743870	Northern AZ Premier Termite	AP	CAFMA	$905.00
11/14/22	756743871	O'Reilly Auto Parts	AP	CAFMA	$446.59
11/14/22	756743872	Provantage LLC	AP	CAFMA	$7,581.25
11/14/22	756743873	Prescott Steel & Welding	AP	CAFMA	$106.13
11/14/22	756743874	Prescott Valley Ace Hardware	AP	CAFMA	$793.08
11/14/22	756743876	Restored By Faith LLC	AP	CAFMA	$280.00
11/14/22	756743877	RWC Group	AP	CAFMA	$2,230.49
11/14/22	756743879	Smart Document Solutions	AP	CAFMA	$657.46
11/14/22	756743880	Staples Contract & Commerc.Inc	AP	CAFMA	$1,702.05
11/14/22	756743881	Teleflex Funding LLC	AP	CAFMA	$1,434.84
11/14/22	756743882	Town of Prescott Valley	AP	CAFMA	$173.28
11/14/22	756743883	Unisource Energy Services	AP	CAFMA	$176.50
11/14/22	756743884	Verified First, LLC	AP	CAFMA	$330.00
11/14/22	756743885	XEROX FINANCIAL SERVICES	AP	CAFMA	$347.20
11/14/22	756743887	ZebraScapes LLC	AP	CAFMA	$175.00
11/28/22	756743909	Chase Bank	AP	CAFMA	$693,448.28
11/28/22	756743911	Chase Card Services	AP	CAFMA	$11,570.63
11/28/22	756743928	Freightliner of AZ, LLC	AP	CAFMA	$1,847.86
				TOTAL CHECKS AND CHARGES CLEARED:	**$2,862,498.97**

CAFMA-Central Arizona Fire and Medical

BR Checks and Charges Outstanding

For the Bank Statement ending: 11/30/22

CAFMA **General Fund** **General Fund** **1100**

Date	Document	Description	Module	Company	Amount
06/27/22	756743120	ACG Systems Inc	AP	CAFMA	$1,059.22
06/27/22	756743140	Cross Connections	AP	CAFMA	$3,682.30
06/27/22	756743170	Anixter Inc	AP	CAFMA	$5,932.19
06/27/22	756743174	Tessco, Inc	AP	CAFMA	$3,751.51
09/19/22	756743572	Adam Croft	AP	CAFMA	$89.37
09/19/22	756743573	Adam Croft	AP	CAFMA	$38.38
10/17/22	756743686	AHS Rescue, LLC	AP	CAFMA	$2,674.19
11/14/22	756743861	Interstate Batteries	AP	CAFMA	$765.46
11/14/22	756743886	Yavapai Fleet Yavapai Machine	AP	CAFMA	$14.88
11/28/22	756743888	A1 Water Bulk Delivery Svc LLC	AP	CAFMA	$140.00
11/28/22	756743889	Able Saw, LLC	AP	CAFMA	$1,501.71
11/28/22	756743890	Advanced Traffic Products	AP	CAFMA	$162,202.68
11/28/22	756743891	AHS Rescue, LLC	AP	CAFMA	$523.29
11/28/22	756743892	APS	AP	CAFMA	$11,382.95
11/28/22	756743894	Arizona Dept. of Public Safety	AP	CAFMA	$22.00
11/28/22	756743895	Arizona Dept. of Public Safety	AP	CAFMA	$44.00
11/28/22	756743896	Arizona Emergency Products	AP	CAFMA	$32.69
11/28/22	756743897	Arizona PPE Recon, Inc	AP	CAFMA	$345.00
11/28/22	756743898	AZ Center for Fire Svc Excel	AP	CAFMA	$275.00
11/28/22	756743899	BACKBOARDS BOOMERANG	AP	CAFMA	$211.00
11/28/22	756743900	Bennett Oil	AP	CAFMA	$242.10
11/28/22	756743901	Bound Tree Medical LLC	AP	CAFMA	$4,265.61
11/28/22	756743903	BREATHING AIR SYSTEMS	AP	CAFMA	$96.06
11/28/22	756743904	Bud Griffin Associates-Arizona	AP	CAFMA	$1,249.20
11/28/22	756743905	B & W Fire Security Systems	AP	CAFMA	$763.70
11/28/22	756743906	Sparklight	AP	CAFMA	$1,033.84
11/28/22	756743907	CenturyLink	AP	CAFMA	$1,161.95
11/28/22	756743908	CenturyLink	AP	CAFMA	$22.29
11/28/22	756743915	City of Prescott	AP	CAFMA	$174.42
11/28/22	756743916	Coppersmith Brockelman PLC	AP	CAFMA	$8,737.50
11/28/22	756743917	Law Off. of Nicolas Cornelius	AP	CAFMA	$9,304.50
11/28/22	756743918	Copper State Supply, Inc	AP	CAFMA	$611.69
11/28/22	756743919	Crisenbery, Gary	AP	CAFMA	$1,875.00
11/28/22	756743920	Cummins Sales And Service	AP	CAFMA	$357.60
11/28/22	756743921	Curtis Tools for Heroes	AP	CAFMA	$6,152.30
11/28/22	756743922	DEERING, ANDREW	AP	CAFMA	$550.00
11/28/22	756743923	Enerspect Medical Solutions	AP	CAFMA	$211.24
11/28/22	756743924	FACTORY MOTOR PARTS	AP	CAFMA	$137.15
11/28/22	756743925	FEDEX	AP	CAFMA	$18.30
11/28/22	756743926	Ferguson Enterprises LLC #3584	AP	CAFMA	$87.23
11/28/22	756743927	FleetPride, Inc	AP	CAFMA	$103.87
11/28/22	756743929	Globalstar	AP	CAFMA	$276.21
11/28/22	756743930	Healthcare Medical Waste Svcs	AP	CAFMA	$79.82
11/28/22	756743931	Henry & Horne LLP	AP	CAFMA	$24,000.00
11/28/22	756743932	Hillyard, Inc-Flagstaff	AP	CAFMA	$989.79
11/28/22	756743933	KAIROS Health Arizona, Inc	AP	CAFMA	$171,401.27
11/28/22	756743934	Matheson Tri-Gas, Inc	AP	CAFMA	$327.21
11/28/22	756743935	Melcher Printing, Inc	AP	CAFMA	$2,440.17
11/28/22	756743936	Municipal Emergency Svcs Inc	AP	CAFMA	$1,231.13
11/28/22	756743937	Neumann High Country Doors	AP	CAFMA	$306.00
11/28/22	756743938	DELGROSSO, ROBERT	AP	CAFMA	$184.86
11/28/22	756743939	MAYHAN, JOHN	AP	CAFMA	$427.14
11/28/22	756743940	OHM, PETER & TERESA	AP	CAFMA	$60.58
11/28/22	756743941	Pinon Painting LLC	AP	CAFMA	$680.00
11/28/22	756743942	Prescott Steel & Welding	AP	CAFMA	$221.15
11/28/22	756743943	Public Safety Crisis Solutions	AP	CAFMA	$1,662.50
11/28/22	756743944	Purple Sage Embroidery & Award	AP	CAFMA	$32.70
11/28/22	756743945	RWC Group	AP	CAFMA	$1,453.83

CAFMA-Central Arizona Fire and Medical

BR Checks and Charges Outstanding

For the Bank Statement ending: 11/30/22

CAFMA **General Fund** **General Fund** **1100**

Date	Document	Description	Module	Company	Amount
11/28/22	756743946	Staples Contract & Commerc.Inc	AP	CAFMA	$117.04
11/28/22	756743947	Town of Prescott Valley	AP	CAFMA	$627.48
11/28/22	756743948	Unisource Energy Services	AP	CAFMA	$401.39
11/28/22	756743949	United Fire Equipment Company	AP	CAFMA	$3,984.67
11/28/22	756743950	United Disposal, Inc	AP	CAFMA	$264.00
11/28/22	756743951	Verizon Wireless	AP	CAFMA	$4,899.91
11/28/22	756743952	XEROX FINANCIAL SERVICES	AP	CAFMA	$823.22
11/28/22	756743953	Yavapai Fleet Yavapai Machine	AP	CAFMA	$93.50
11/28/22	756743954	dba Zions Bank	AP	CAFMA	$605,459.86
				TOTAL CHECKS AND CHARGES OUTSTANDING:	**$1,054,288.80**

CAFMA-Central Arizona Fire and Medical

BR Deposits and Credits Cleared

For the Bank Statement ending: 11/30/22

CAFMA **General Fund** **General Fund** **1100**

Date	Document	Description	Module	Company	Amount
11/03/22	4173	Deposit	AR	CAFMA	$62,993.47
11/03/22	4174	Deposit	AR	CAFMA	$577.27
11/03/22	4176	Deposit	AR	CAFMA	$1,193.00
11/03/22	4177	Deposit	AR	CAFMA	$4,949.56
11/09/22	4175	Deposit	AR	CAFMA	$111,055.53
11/09/22	4179	Deposit	AR	CAFMA	$1,124.00
11/09/22	4180	Deposit	AR	CAFMA	$15.00
11/17/22	4181	Deposit	AR	CAFMA	$259,908.35
11/17/22	4184	Deposit	AR	CAFMA	$3,214.00
11/29/22	4183	Deposit	AR	CAFMA	$3,366.47
11/29/22	4189	Deposit	AR	CAFMA	$5,831.54
11/29/22	4191	Deposit	AR	CAFMA	$10,599.09
11/30/22	4186	Deposit	AR	CAFMA	$426,753.16
11/30/22	Cash With Yav Cty	Fire Authority Funding	GL	CAFMA	$11,948,763.55
11/30/22	Cash With Yav Cty	American Express Incentive Reb	GL	CAFMA	$2,507.90
				TOTAL DEPOSITS AND CREDITS CLEARED:	**$12,842,851.89**

CAFMA-Central Arizona Fire and Medical

BR Deposits and Credits Outstanding

For the Bank Statement ending:

Date	Document	Description	Module	Company	Amount

TOTAL DEPOSITS AND CREDITS OUTSTANDING:

CAFMA-Central Arizona Fire and Medical

Bank Reconciliation Register

Document Number	Date	BR Status	Void?	Description	Date Cleared	Amount
MODULE: CHECKS FROM ACCOUNTS PAYABLE						
BANK CONTROL ID: CAFMA - GENERAL FUND						
756743824	11/14/22	Marked	No	Advanced Traffic Products	12/13/22	$76,650.52
756743825	11/14/22	Marked	No	American Express, Inc.	12/13/22	$62,476.20
756743838	11/14/22	Marked	No	Anixter Inc	12/13/22	$593.22
756743839	11/14/22	Marked	No	Bennett Oil	12/13/22	$3,264.21
756743840	11/14/22	Marked	No	BlueAlly	12/13/22	$3,909.99
756743841	11/14/22	Marked	No	Bound Tree Medical LLC	12/13/22	$8,855.98
756743843	11/14/22	Marked	No	Bradshaw Mtn Environmental Inc	12/13/22	$400.00
756743844	11/14/22	Marked	No	Bud Griffin Associates-Arizona	12/13/22	$8,446.61
756743845	11/14/22	Marked	No	B & W Fire Security Systems	12/13/22	$2,742.52
756743846	11/14/22	Marked	No	Sparklight	12/13/22	$146.00
756743847	11/14/22	Marked	No	CenturyLink	12/13/22	$173.04
756743848	11/14/22	Marked	No	Chase Bank	12/13/22	$643,172.89
756743850	11/14/22	Marked	No	ColumbiaSoft Corporation	12/13/22	$4,144.00
756743851	11/14/22	Marked	No	Cummins Sales And Service	12/13/22	$624.65
756743852	11/14/22	Marked	No	CSTOR	12/13/22	$9,583.07
756743853	11/14/22	Marked	No	Curtis Tools for Heroes	12/13/22	$3,817.83
756743854	11/14/22	Marked	No	DELL MARKETING LP	12/13/22	$4,475.27
756743855	11/14/22	Marked	No	Dish Network	12/13/22	$133.09
756743856	11/14/22	Marked	No	FACTORY MOTOR PARTS	12/13/22	$43.52
756743857	11/14/22	Marked	No	FEDEX	12/13/22	$45.39
756743858	11/14/22	Marked	No	Freightliner of AZ, LLC	12/13/22	$553.84
756743859	11/14/22	Marked	No	Galls LLC	12/13/22	$106.37
756743860	11/14/22	Marked	No	W.W. Grainger, Inc	12/13/22	$269.48
756743861	11/14/22	Retrieved	No	Interstate Batteries		$765.46
756743862	11/14/22	Marked	No	Life Assist Inc	12/13/22	$956.09
756743863	11/14/22	Marked	No	Manzanita Landscaping, Inc	12/13/22	$903.99
756743864	11/14/22	Marked	No	Matheson Tri-Gas, Inc	12/13/22	$1,295.41
756743865	11/14/22	Marked	No	Motorola Solutions Inc	12/13/22	$671.46
756743866	11/14/22	Marked	No	NAPA Auto Parts	12/13/22	$794.01
756743869	11/14/22	Marked	No	Nationwide Retirement Solution	12/13/22	$1,539.89
756743870	11/14/22	Marked	No	Northern AZ Premier Termite	12/13/22	$905.00
756743871	11/14/22	Marked	No	O'Reilly Auto Parts	12/13/22	$446.59
756743872	11/14/22	Marked	No	Provantage LLC	12/13/22	$7,581.25
756743873	11/14/22	Marked	No	Prescott Steel & Welding	12/13/22	$106.13
756743874	11/14/22	Marked	No	Prescott Valley Ace Hardware	12/13/22	$793.08
756743876	11/14/22	Marked	No	Restored By Faith LLC	12/13/22	$280.00
756743877	11/14/22	Marked	No	RWC Group	12/13/22	$2,230.49
756743879	11/14/22	Marked	No	Smart Document Solutions	12/13/22	$657.46
756743880	11/14/22	Marked	No	Staples Contract & Commerc.Inc	12/13/22	$1,702.05
756743881	11/14/22	Marked	No	Teleflex Funding LLC	12/13/22	$1,434.84
756743882	11/14/22	Marked	No	Town of Prescott Valley	12/13/22	$173.28
756743883	11/14/22	Marked	No	Unisource Energy Services	12/13/22	$176.50
756743884	11/14/22	Marked	No	Verified First, LLC	12/13/22	$330.00
756743885	11/14/22	Marked	No	XEROX FINANCIAL SERVICES	12/13/22	$347.20
756743886	11/14/22	Retrieved	No	Yavapai Fleet Yavapai Machine		$14.88
756743887	11/14/22	Marked	No	ZebraScapes LLC	12/13/22	$175.00
756743888	11/28/22	Retrieved	No	A1 Water Bulk Delivery Svc LLC		$140.00
756743889	11/28/22	Retrieved	No	Able Saw, LLC		$1,501.71
756743890	11/28/22	Retrieved	No	Advanced Traffic Products		$162,202.68
756743891	11/28/22	Retrieved	No	AHS Rescue, LLC		$523.29
756743892	11/28/22	Retrieved	No	APS		$11,382.95
756743894	11/28/22	Retrieved	No	Arizona Dept. of Public Safety		$22.00
756743895	11/28/22	Retrieved	No	Arizona Dept. of Public Safety		$44.00
756743896	11/28/22	Retrieved	No	Arizona Emergency Products		$32.69
756743897	11/28/22	Retrieved	No	Arizona PPE Recon, Inc		$345.00
756743898	11/28/22	Retrieved	No	AZ Center for Fire Svc Excel		$275.00
756743899	11/28/22	Retrieved	No	BACKBOARDS BOOMERANG		$211.00
756743900	11/28/22	Retrieved	No	Bennett Oil		$242.10
756743901	11/28/22	Retrieved	No	Bound Tree Medical LLC		$4,265.61
756743903	11/28/22	Retrieved	No	BREATHING AIR SYSTEMS		$96.06
756743904	11/28/22	Retrieved	No	Bud Griffin Associates-Arizona		$1,249.20
756743905	11/28/22	Retrieved	No	B & W Fire Security Systems		$763.70

Document Number	Date	BR Status	Void?	Description	Date Cleared	Amount
MODULE: CHECKS FROM ACCOUNTS PAYABLE						
BANK CONTROL ID: CAFMA - GENERAL FUND						**(CONTINUED)**
756743906	11/28/22	Retrieved	No	Sparklight		$1,033.84
756743907	11/28/22	Retrieved	No	CenturyLink		$1,161.95
756743908	11/28/22	Retrieved	No	CenturyLink		$22.29
756743909	11/28/22	Marked	No	Chase Bank	12/13/22	$693,448.28
756743911	11/28/22	Marked	No	Chase Card Services	12/13/22	$11,570.63
756743915	11/28/22	Retrieved	No	City of Prescott		$174.42
756743916	11/28/22	Retrieved	No	Coppersmith Brockelman PLC		$8,737.50
756743917	11/28/22	Retrieved	No	Law Off. of Nicolas Cornelius		$9,304.50
756743918	11/28/22	Retrieved	No	Copper State Supply, Inc		$611.69
756743919	11/28/22	Retrieved	No	Crisenbery, Gary		$1,875.00
756743920	11/28/22	Retrieved	No	Cummins Sales And Service		$357.60
756743921	11/28/22	Retrieved	No	Curtis Tools for Heroes		$6,152.30
756743922	11/28/22	Retrieved	No	DEERING, ANDREW		$550.00
756743923	11/28/22	Retrieved	No	Enerspect Medical Solutions		$211.24
756743924	11/28/22	Retrieved	No	FACTORY MOTOR PARTS		$137.15
756743925	11/28/22	Retrieved	No	FEDEX		$18.30
756743926	11/28/22	Retrieved	No	Ferguson Enterprises LLC #3584		$87.23
756743927	11/28/22	Retrieved	No	FleetPride, Inc		$103.87
756743928	11/28/22	Marked	No	Freightliner of AZ, LLC	12/13/22	$1,847.86
756743929	11/28/22	Retrieved	No	Globalstar		$276.21
756743930	11/28/22	Retrieved	No	Healthcare Medical Waste Svcs		$79.82
756743931	11/28/22	Retrieved	No	Henry & Horne LLP		$24,000.00
756743932	11/28/22	Retrieved	No	Hillyard, Inc-Flagstaff		$989.79
756743933	11/28/22	Retrieved	No	KAIROS Health Arizona, Inc		$171,401.27
756743934	11/28/22	Retrieved	No	Matheson Tri-Gas, Inc		$327.21
756743935	11/28/22	Retrieved	No	Melcher Printing, Inc		$2,440.17
756743936	11/28/22	Retrieved	No	Municipal Emergency Svcs Inc		$1,231.13
756743937	11/28/22	Retrieved	No	Neumann High Country Doors		$306.00
756743938	11/28/22	Retrieved	No	DELGROSSO, ROBERT		$184.86
756743939	11/28/22	Retrieved	No	MAYHAN, JOHN		$427.14
756743940	11/28/22	Retrieved	No	OHM, PETER & TERESA		$60.58
756743941	11/28/22	Retrieved	No	Pinon Painting LLC		$680.00
756743942	11/28/22	Retrieved	No	Prescott Steel & Welding		$221.15
756743943	11/28/22	Retrieved	No	Public Safety Crisis Solutions		$1,662.50
756743944	11/28/22	Retrieved	No	Purple Sage Embroidery & Award		$32.70
756743945	11/28/22	Retrieved	No	RWC Group		$1,453.83
756743946	11/28/22	Retrieved	No	Staples Contract & Commerc.Inc		$117.04
756743947	11/28/22	Retrieved	No	Town of Prescott Valley		$627.48
756743948	11/28/22	Retrieved	No	Unisource Energy Services		$401.39
756743949	11/28/22	Retrieved	No	United Fire Equipment Company		$3,984.67
756743950	11/28/22	Retrieved	No	United Disposal, Inc		$264.00
756743951	11/28/22	Retrieved	No	Verizon Wireless		$4,899.91
756743952	11/28/22	Retrieved	No	XEROX FINANCIAL SERVICES		$823.22
756743953	11/28/22	Retrieved	No	Yavapai Fleet Yavapai Machine		$93.50
756743954	11/28/22	Retrieved	No	dba Zions Bank		$605,459.86
					SUB TOTAL FOR BANK:	**$2,602,055.82**
					TOTAL FOR MODULE:	**$2,602,055.82**
MODULE: DEPOSITS FROM ACCOUNTS RECEIVABLE						
BANK CONTROL ID: CAFMA - GENERAL FUND						
4173	11/03/22	Marked	No	Deposit	12/13/22	$62,993.47
4174	11/03/22	Marked	No	Deposit	12/13/22	$577.27
4175	11/09/22	Marked	No	Deposit	12/13/22	$111,055.53
4176	11/03/22	Marked	No	Deposit	12/13/22	$1,193.00
4177	11/03/22	Marked	No	Deposit	12/13/22	$4,949.56
4179	11/09/22	Marked	No	Deposit	12/13/22	$1,124.00
4180	11/09/22	Marked	No	Deposit	12/13/22	$15.00
4181	11/17/22	Marked	No	Deposit	12/13/22	$259,908.35
4183	11/29/22	Marked	No	Deposit	12/13/22	$3,366.47
4184	11/17/22	Marked	No	Deposit	12/13/22	$3,214.00
4186	11/30/22	Marked	No	Deposit	12/13/22	$426,753.16

Bank Reconciliation Register

Document Number	Date	BR Status	Void?	Description	Date Cleared	Amount
MODULE: DEPOSITS FROM ACCOUNTS RECEIVABLE						
BANK CONTROL ID: CAFMA - GENERAL FUND						**(CONTINUED)**
4189	11/29/22	Marked	No	Deposit	12/13/22	$5,831.54
4191	11/29/22	Marked	No	Deposit	12/13/22	$10,599.09
					SUB TOTAL FOR BANK:	**$891,580.44**
					TOTAL FOR MODULE:	**$891,580.44**
MODULE: JOURNAL ENTRIES FROM GENERAL LEDGER						
BANK CONTROL ID: CAFMA - GENERAL FUND						
Cash With Yav Cty	11/30/22	Marked	No	Fire Authority Funding	12/13/22	$11,948,763.55
Cash With Yav Cty	11/30/22	Marked	No	American Express Incentive Reb	12/13/22	$2,507.90
					SUB TOTAL FOR BANK:	**$11,951,271.45**
					TOTAL FOR MODULE:	**$11,951,271.45**

CAFMA-Central Arizona Fire and Medical

BR Adjustments Report

For the Bank Statement ending:

Date	Document	Description	GL Account	Offset Amt	Adj. Amt
DOCUMENT:					

ADJUSTMENT DOCUMENT " TOTAL:

TOTAL FOR ALL ADJUSTMENTS:

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CAFMA-Central Arizona Fire and Medical

Income Statement

(Original Budget to Actual Comparison)

For the period of 11/1/2022 Through 11/30/2022

Fund: (10) General Fund

	Account	Current Period Actual	Current Period Budget	Current Period Variance	Current Period %	Year To Date Actual	Year To Date Budget	Year To Date Variance	Year To Date %
Revenues									
CVFD Funding Requirement	10310000000	$2,258,118.82	$0.00	$2,258,118.82	0.0%	$2,463,530.04	$5,575,524.00	$(3,111,993.96)	(55.8)%
CYFD Funding Requirement	10320000000	9,690,644.73	0.00	9,690,644.73	0.0	10,439,035.61	23,300,649.00	(12,861,613.39)	(55.2)
Fire Protection Contracts	10400100000	2,654.76	0.00	2,654.76	0.0	(10,382.21)	180,000.00	(190,382.21)	(105.8)
Outside Agency Work-Vehicle Maint	10430000000	0.00	0.00	0.00	0.0	11,719.78	40,000.00	(28,280.22)	(70.7)
Construction Permits	10440000000	19,273.15	0.00	19,273.15	0.0	72,445.76	51,250.00	21,195.76	41.4
Operational Permits	10442500000	375.00	0.00	375.00	0.0	4,840.99	1,700.00	3,140.99	184.8
Special Events	10443000000	1,345.00	0.00	1,345.00	0.0	5,328.00	2,680.00	2,648.00	98.8
State of AZ/Off-District Fires	10480000000	730,961.57	0.00	730,961.57	0.0	1,209,568.10	50,000.00	1,159,568.10	2319.1
Interest Income-General Fund	10490000000	0.00	0.00	0.00	0.0	20,087.38	50,000.00	(29,912.62)	(59.8)
Interest Income-Cap Rsv Fund	10490100000	0.00	0.00	0.00	0.0	16,256.88	0.00	16,256.88	0.0
Interest Revenue-PSPRS Cont Res Fund	10490200000	0.00	0.00	0.00	0.0	4,099.15	0.00	4,099.15	0.0
Misc. Revenues	10510000000	106,231.01	0.00	106,231.01	0.0	154,825.33	110,900.00	43,925.33	39.6
Ambulance Revenue	10511000000	0.00	0.00	0.00	0.0	0.00	2,000,000.00	(2,000,000.00)	(100.0)
PAWUIC/ Defensible Space Reimbursements	10512531000	0.00	0.00	0.00	0.0	0.00	24,000.00	(24,000.00)	(100.0)
Tech Services Contracting Revenue	10514041000	9,336.42	0.00	9,336.42	0.0	94,805.68	175,497.00	(80,691.32)	(46.0)
Supplies for Outside Agency Work	10514141000	0.00	0.00	0.00	0.0	0.00	10,000.00	(10,000.00)	(100.0)
Smart & Safe Prop 207 Revenue	10530000000	0.00	0.00	0.00	0.0	0.00	410,000.00	(410,000.00)	(100.0)
Rebates/Refunds	10535000000	2,507.90	0.00	2,507.90	0.0	5,656.09	0.00	5,656.09	0.0
Donations	10540000000	100.00	0.00	100.00	0.0	200.00	500.00	(300.00)	(60.0)
Grants-FEMA- SAFER	10543000000	0.00	0.00	0.00	0.0	0.00	855,235.00	(855,235.00)	(100.0)
Grants - Miscellaneous	10543010000	0.00	0.00	0.00	0.0	11,900.00	0.00	11,900.00	0.0
Misc. Prevention	10560000000	0.00	0.00	0.00	0.0	0.00	2,100.00	(2,100.00)	(100.0)
Warehouse Purchasing Group	10570000000	7,946.51	0.00	7,946.51	0.0	66,051.75	210,000.00	(143,948.25)	(68.5)
61 Lease Revenue	10585500000	0.00	0.00	0.00	0.0	6,000.00	30,000.00	(24,000.00)	(80.0)
CARTA Classes	10590000000	0.00	0.00	0.00	0.0	775.00	15,000.00	(14,225.00)	(94.8)
CPR/EMS classes	10590500000	65.00	0.00	65.00	0.0	385.00	26,000.00	(25,615.00)	(98.5)
Net Revenues		**$12,829,559.87**	**$0.00**	**$12,829,559.87**	**0.0 %**	**$14,577,128.33**	**$33,121,035.00**	**$(18,543,906.67)**	**(56.0)%**
Personnel Expenses									
Salaries/Admin	10610010000	$122,388.72	$0.00	$(122,388.72)	0.0%	$410,722.39	$1,048,452.00	$637,729.61	60.8%
Salaries/Prevention	10610020000	45,678.95	0.00	(45,678.95)	0.0	153,540.77	397,193.00	243,652.23	61.3
Salaries/Operations	10610030000	1,046,206.62	0.00	(1,046,206.62)	0.0	3,499,530.99	9,586,425.00	6,086,894.01	63.5
Salaries/Training	10610035000	27,679.56	0.00	(27,679.56)	0.0	93,155.92	256,633.00	163,477.08	63.7
Salaries/Communications	10610041000	50,988.00	0.00	(50,988.00)	0.0	171,257.38	443,843.00	272,585.62	61.4
Salaries/Facilities Maintenance	10610043000	16,483.20	0.00	(16,483.20)	0.0	54,855.08	139,977.00	85,121.92	60.8
Salaries/Fleet Maint	10610048000	44,736.00	0.00	(44,736.00)	0.0	150,838.55	391,395.00	240,556.45	61.5
Salaries/Warehouse	10610049000	20,256.00	0.00	(20,256.00)	0.0	68,133.18	175,153.00	107,019.82	61.1

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CAFMA-Central Arizona Fire and Medical

Income Statement

(Original Budget to Actual Comparison)

For the period of 11/1/2022 Through 11/30/2022

Fund: (10) General Fund

	Account	Current Period Actual	Current Period Budget	Current Period Variance	Current Period %	Year To Date Actual	Year To Date Budget	Year To Date Variance	Year To Date %
Salaries - Ambulance	10610050000	0.00	0.00	0.00	0.0	0.00	761,494.00	761,494.00	100.0
CEO/ Fire Chief	10610110000	21,004.62	0.00	(21,004.62)	0.0	70,953.93	182,039.00	111,085.07	61.0
Special Detail/Prevention	10610320000	140.00	0.00	(140.00)	0.0	140.00	0.00	(140.00)	0.0
Special Detail/Fire Pals	10610320400	1,180.00	0.00	(1,180.00)	0.0	2,560.00	12,600.00	10,040.00	79.7
Special Detail/ Babysitting Classes	10610320402	0.00	0.00	0.00	0.0	0.00	250.00	250.00	100.0
Special Detail/Prev/Spec Ev Assign Pay	10610320403	0.00	0.00	0.00	0.0	190.00	4,500.00	4,310.00	95.8
Special Detail / OPS	10610330000	1,340.00	0.00	(1,340.00)	0.0	1,340.00	0.00	(1,340.00)	0.0
Spec Det/Ops CPR Prgrm Int/Ext	10610330425	240.00	0.00	(240.00)	0.0	2,100.00	5,000.00	2,900.00	58.0
Telestaff Maintenance	10610330426	0.00	0.00	0.00	0.0	0.00	2,000.00	2,000.00	100.0
Spec Det/Ops Emplyee Hlth Immuniz Prgrm	10610330431	0.00	0.00	0.00	0.0	0.00	1,400.00	1,400.00	100.0
Spec Det/Ops CISD Program Shift Peers	10610330435	0.00	0.00	0.00	0.0	0.00	500.00	500.00	100.0
Spec Det/Ops/Tower Work	10610330439	0.00	0.00	0.00	0.0	0.00	6,500.00	6,500.00	100.0
Spec Det/Ops Haz Mat Program	10610330440	0.00	0.00	0.00	0.0	0.00	625.00	625.00	100.0
Spec Det/Ops Hose Program	10610330441	0.00	0.00	0.00	0.0	0.00	500.00	500.00	100.0
Spec Det/Ops SCBA Program	10610330442	0.00	0.00	0.00	0.0	0.00	6,500.00	6,500.00	100.0
Spec Det/Ops Recruit Academy	10610330447	5,020.00	0.00	(5,020.00)	0.0	5,060.00	8,700.00	3,640.00	41.8
Spec Det/Ops Promo Testing	10610330449	0.00	0.00	0.00	0.0	1,580.00	8,250.00	6,670.00	80.8
Spec Det/ Ops Misc.	10610330452	3,150.00	0.00	(3,150.00)	0.0	12,059.22	8,000.00	(4,059.22)	(50.7)
Spec Duty Training	10610335476	0.00	0.00	0.00	0.0	0.00	2,600.00	2,600.00	100.0
Spec Det/Trng Instr CARTA	10610335479	40.00	0.00	(40.00)	0.0	760.00	5,000.00	4,240.00	84.8
Spec Det/ In House EMS Training	10610335482	3,940.00	0.00	(3,940.00)	0.0	5,380.00	25,000.00	19,620.00	78.5
Spec Det/Tower Rescue/Instructor	10610335483	0.00	0.00	0.00	0.0	0.00	1,000.00	1,000.00	100.0
Spec Det/ Warehouse	10610349451	0.00	0.00	0.00	0.0	0.00	5,000.00	5,000.00	100.0
Special Detail - Ambulance	10610350000	0.00	0.00	0.00	0.0	0.00	2,000.00	2,000.00	100.0
Acting Pay - Administration	10610410000	50.00	0.00	(50.00)	0.0	242.64	0.00	(242.64)	0.0
Acting Pay - Prevention	10610420000	40.00	0.00	(40.00)	0.0	71.43	500.00	428.57	85.7
Acting Pay - Ops	10610430000	6,618.00	0.00	(6,618.00)	0.0	19,955.95	52,560.00	32,604.05	62.0
Acting Pay - Fleet Maintenace	10610448000	0.00	0.00	0.00	0.0	80.00	400.00	320.00	80.0
Acting Pay - Warehouse	10610449000	0.00	0.00	0.00	0.0	50.00	0.00	(50.00)	0.0
Supervisory Assignment - Ambulance	10610450000	0.00	0.00	0.00	0.0	0.00	1,000.00	1,000.00	100.0
Vacation/ Sick Leave Buy Back	10610530000	0.00	0.00	0.00	0.0	9,948.58	300,000.00	290,051.42	96.7
O.T. Salaries/Admin	10611010000	316.58	0.00	(316.58)	0.0	335.42	9,000.00	8,664.58	96.3
O.T. Salaries/ Prevention	10611020000	1,528.48	0.00	(1,528.48)	0.0	1,714.42	15,000.00	13,285.58	88.6
Recall O.T./Operations	10611030000	8,185.05	0.00	(8,185.05)	0.0	29,810.17	45,000.00	15,189.83	33.8
SWAT Response / Coverage	10611030250	(1,192.72)	0.00	1,192.72	0.0	(1,502.14)	9,000.00	10,502.14	116.7
O.T. Salaries/CARTA	10611035000	0.00	0.00	0.00	0.0	671.98	2,828.00	2,156.02	76.2
O.T. Salaries/Tech Sevices	10611041000	1,975.05	0.00	(1,975.05)	0.0	18,882.16	25,000.00	6,117.84	24.5
O.T. Salaries/Comm-Outside Agency	10611041561	(1,359.55)	0.00	1,359.55	0.0	(1,359.55)	0.00	1,359.55	0.0

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CAFMA-Central Arizona Fire and Medical

Income Statement

(Original Budget to Actual Comparison)

For the period of 11/1/2022 Through 11/30/2022

Fund: (10) General Fund

	Account	Current Period Actual	Current Period Budget	Current Period Variance	Current Period %	Year To Date Actual	Year To Date Budget	Year To Date Variance	Year To Date %
O.T. Salaries/Facilities Maintenance	10611043000	0.00	0.00	0.00	0.0	0.00	5,000.00	5,000.00	100.0
O.T. Salaries/ Fleet Maintenance	10611048000	787.07	0.00	(787.07)	0.0	4,870.31	23,000.00	18,129.69	78.8
O.T. Salaries/Warehouse	10611049000	0.00	0.00	0.00	0.0	345.78	15,000.00	14,654.22	97.7
Overtime - Ambulance	10611050000	0.00	0.00	0.00	0.0	0.00	38,075.00	38,075.00	100.0
FLSA Pay	10611130000	69,730.76	0.00	(69,730.76)	0.0	240,054.60	718,607.00	478,552.40	66.6
Shift O.T./Operations	10611230000	0.00	0.00	0.00	0.0	977.40	479,321.00	478,343.60	99.8
Shift OT Sal/Ops/Rte Shft Cov(AD,SL,FMLA	10611230200	161,802.64	0.00	(161,802.64)	0.0	314,924.31	0.00	(314,924.31)	0.0
Off District Wildland Fires	10611431000	73,659.14	0.00	(73,659.14)	0.0	436,008.68	50,000.00	(386,008.68)	(772.0)
Training Captain OT	10611535300	3,543.37	0.00	(3,543.37)	0.0	6,383.22	35,200.00	28,816.78	81.9
Trng Cov/Special Duty Pay	10611535304	0.00	0.00	0.00	0.0	0.00	4,950.00	4,950.00	100.0
Trng Cov/EVOC Driver Training Inst Pay	10611535307	0.00	0.00	0.00	0.0	0.00	2,500.00	2,500.00	100.0
Trng Cov/Swift Water Training Officers	10611535380	0.00	0.00	0.00	0.0	0.00	2,500.00	2,500.00	100.0
Trng Cov/Engine Co Training Coverage	10611835326	0.00	0.00	0.00	0.0	0.00	12,600.00	12,600.00	100.0
Trng Cov/OT Eng Co Trng Coverage	10611835330	494.46	0.00	(494.46)	0.0	1,424.34	26,500.00	25,075.66	94.6
Trng Cov/ OT Special Ops Training	10611835336	0.00	0.00	0.00	0.0	0.00	3,000.00	3,000.00	100.0
Trng Cov/Paramedic Upgrade Training	10611835337	0.00	0.00	0.00	0.0	0.00	10,000.00	10,000.00	100.0
Trng Cov/ OT TRT/ HAZ MAT Training	10611835338	0.00	0.00	0.00	0.0	0.00	12,000.00	12,000.00	100.0
ASRS Retirement/Admin	10612910000	11,286.62	0.00	(11,286.62)	0.0	38,231.07	94,896.00	56,664.93	59.7
ASRS Retirement/Prevention	10612920000	3,802.69	0.00	(3,802.69)	0.0	12,763.52	35,557.00	22,793.48	64.1
ASRS Retirement/Training	10612935000	580.08	0.00	(580.08)	0.0	1,981.19	4,874.00	2,892.81	59.4
ASRS Retirement/Tech Services	10612941000	6,845.23	0.00	(6,845.23)	0.0	24,606.78	57,058.00	32,451.22	56.9
ASRS Retirement/Facilities Maintenance	10612943000	2,130.39	0.00	(2,130.39)	0.0	7,089.85	17,644.00	10,554.15	59.8
ASRS Retirement/Fleet Maint	10612948000	4,024.77	0.00	(4,024.77)	0.0	13,826.02	35,987.00	22,160.98	61.6
ASRS Retirement/Warehouse	10612949000	2,542.50	0.00	(2,542.50)	0.0	8,668.33	23,142.00	14,473.67	62.5
ASRS Retirement - Ambulance	10612950000	0.00	0.00	0.00	0.0	0.00	97,673.00	97,673.00	100.0
PSPRS/Admin	10613010000	6,547.41	0.00	(6,547.41)	0.0	22,892.23	157,842.00	134,949.77	85.5
PSPRS/Prevention	10613020000	0.00	0.00	0.00	0.0	50.00	0.00	(50.00)	0.0
PSPRS Operations	10613030000	184,609.38	0.00	(184,609.38)	0.0	586,089.55	4,927,817.00	4,341,727.45	88.1
PSPRS/ CARTA	10613035000	5,648.98	0.00	(5,648.98)	0.0	17,722.63	112,235.00	94,512.37	84.2
PSPRS/ Fleet Maint	10613048000	2,879.45	0.00	(2,879.45)	0.0	9,822.71	67,791.00	57,968.29	85.5
PSPRS/COP - Interest	10613130001	605,459.86	0.00	(605,459.86)	0.0	605,459.86	0.00	(605,459.86)	0.0
401A/Admin	10613210000	0.00	0.00	0.00	0.0	0.00	79,296.00	79,296.00	100.0
401A/ Prevention	10613220000	0.00	0.00	0.00	0.0	0.00	13,787.00	13,787.00	100.0
401A Retirement / Ops	10613230000	45,628.40	0.00	(45,628.40)	0.0	155,491.59	734,559.00	579,067.41	78.8
401A/ Fire Chief	10613310000	5,083.11	0.00	(5,083.11)	0.0	12,696.39	35,716.00	23,019.61	64.5
Worker's Comp Insurance/Admin	10615010000	0.00	0.00	0.00	0.0	836.00	44,951.00	44,115.00	98.1
Worker's Comp/Prevention	10615020000	0.00	0.00	0.00	0.0	0.00	38,270.00	38,270.00	100.0
Worker's Comp / Ops	10615030000	0.00	0.00	0.00	0.0	555,841.00	990,613.00	434,772.00	43.9

CAFMA-Central Arizona Fire and Medical

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Fund: (10) General Fund

	Account	Current Period Actual	Current Period Budget	Current Period Variance	Current Period %	Year To Date Actual	Year To Date Budget	Year To Date Variance	Year To Date %
Worker's Comp/Training	10615035000	0.00	0.00	0.00	0.0	0.00	23,089.00	23,089.00	100.0
Worker's Comp/Comm	10615041000	0.00	0.00	0.00	0.0	459.00	41,722.00	41,263.00	98.9
Worker's Comp/Facilities	10615043000	0.00	0.00	0.00	0.0	400.00	12,902.00	12,502.00	96.9
Worker's Comp/Maint	10615048000	0.00	0.00	0.00	0.0	(81.00)	36,913.00	36,994.00	100.2
Worker's Comp/Warehouse	10615049000	0.00	0.00	0.00	0.0	1,012.00	16,922.00	15,910.00	94.0
Workers Comp Insurance - Ambulance	10615050000	0.00	0.00	0.00	0.0	0.00	67,765.00	67,765.00	100.0
Worker's Comp/Volunteers	10615110000	0.00	0.00	0.00	0.0	0.00	10.00	10.00	100.0
Worker's Comp Wages Reimbursement	10616500000	(388.62)	0.00	388.62	0.0	(3,578.94)	0.00	3,578.94	0.0
Unemployment Insurance/Admin	10617010000	0.00	0.00	0.00	0.0	8.47	3,211.00	3,202.53	99.7
Unemployment/Prevention	10617020000	0.00	0.00	0.00	0.0	0.00	1,284.00	1,284.00	100.0
Unemployment Insurance/Ops	10617030000	16.67	0.00	(16.67)	0.0	16.67	25,901.00	25,884.33	99.9
Unemployment / Training	10617035000	0.00	0.00	0.00	0.0	0.00	642.00	642.00	100.0
Unemployment/Communications	10617041000	0.00	0.00	0.00	0.0	0.00	1,070.00	1,070.00	100.0
Unemployment/Facilities	10617043000	0.00	0.00	0.00	0.0	0.00	428.00	428.00	100.0
Unemployment/Maint	10617048000	0.00	0.00	0.00	0.0	0.00	1,070.00	1,070.00	100.0
Unemployment/Warehouse	10617049000	0.00	0.00	0.00	0.0	0.00	535.00	535.00	100.0
Unemployment Insurance - Ambulance	10617050000	0.00	0.00	0.00	0.0	0.00	2,783.00	2,783.00	100.0
401A-ASRS/Admin	10618010000	5,583.19	0.00	(5,583.19)	0.0	19,074.74	59,631.00	40,556.26	68.0
401A-ASRS/Prevention	10618020000	1,848.23	0.00	(1,848.23)	0.0	6,202.07	16,726.00	10,523.93	62.9
401A-ASRS/Training	10618035000	295.53	0.00	(295.53)	0.0	1,009.29	175.00	(834.29)	(476.7)
401A-ASRS/Communication	10618041000	3,283.72	0.00	(3,283.72)	0.0	11,804.08	29,368.00	17,563.92	59.8
401A-ASRS/Facilities Maint	10618043000	1,021.95	0.00	(1,021.95)	0.0	3,400.99	8,989.00	5,588.01	62.2
401A-ASRS/ Maint	10618048000	1,930.72	0.00	(1,930.72)	0.0	6,632.47	17,645.00	11,012.53	62.4
401A-ASRS/ Warehouse	10618049000	1,255.89	0.00	(1,255.89)	0.0	4,282.95	11,789.00	7,506.05	63.7
401A-ASRS - Ambulance	10618050000	0.00	0.00	0.00	0.0	0.00	49,116.00	49,116.00	100.0
Medicare / Admin	10618110000	2,061.63	0.00	(2,061.63)	0.0	6,971.05	17,973.00	11,001.95	61.2
Medicare Exp/Prevention	10618120000	656.54	0.00	(656.54)	0.0	2,200.93	6,236.00	4,035.07	64.7
Medicare / OPS	10618130000	19,870.84	0.00	(19,870.84)	0.0	65,411.37	165,760.00	100,348.63	60.5
Medicare Exp/CARTA	10618135000	472.57	0.00	(472.57)	0.0	1,703.93	3,762.00	2,058.07	54.7
Medicare Exp/Communications	10618141000	755.45	0.00	(755.45)	0.0	2,703.41	6,898.00	4,194.59	60.8
Medicare Exp/Facilities Maintenance	10618143000	235.83	0.00	(235.83)	0.0	780.86	2,102.00	1,321.14	62.9
Medicare Exp/Maint	10618148000	651.88	0.00	(651.88)	0.0	2,221.40	6,015.00	3,793.60	63.1
Medicare Exp/Warehouse	10618149000	292.47	0.00	(292.47)	0.0	995.92	2,757.00	1,761.08	63.9
Medicare Tax - Ambulance	10618150000	0.00	0.00	0.00	0.0	0.00	11,042.00	11,042.00	100.0
Post Employment Health Plan	10618530000	17,467.05	0.00	(17,467.05)	0.0	57,997.39	132,633.00	74,635.61	56.3
Medical Insurance./Admin	10619010000	11,303.57	0.00	(11,303.57)	0.0	57,441.71	167,040.00	109,598.29	65.6
Medical Insurance/Prevention	10619020000	3,939.20	0.00	(3,939.20)	0.0	19,229.31	57,420.00	38,190.69	66.5
Medical Insurance/OPS	10619030000	90,322.28	0.00	(90,322.28)	0.0	447,901.34	1,273,680.00	825,778.66	64.8

CAFMA-Central Arizona Fire and Medical

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Fund: (10) General Fund

	Account	Current Period Actual	Current Period Budget	Current Period Variance	Current Period %	Year To Date Actual	Year To Date Budget	Year To Date Variance	Year To Date %
Medical Insurance/Training	10619035000	2,322.52	0.00	(2,322.52)	0.0	11,396.61	41,760.00	30,363.39	72.7
Medical Insurance/Comm	10619041000	3,889.52	0.00	(3,889.52)	0.0	18,887.35	57,420.00	38,532.65	67.1
Medical Insurance/Facilities	10619043000	1,575.68	0.00	(1,575.68)	0.0	7,686.84	20,880.00	13,193.16	63.2
Medical Insurance/Maint	10619048000	3,914.36	0.00	(3,914.36)	0.0	19,058.33	54,810.00	35,751.67	65.2
Medical Insurance/Warehouse	10619049000	2,363.52	0.00	(2,363.52)	0.0	11,601.61	31,320.00	19,718.39	63.0
Health Insurance - Ambulance	10619050000	0.00	0.00	0.00	0.0	0.00	135,720.00	135,720.00	100.0
Medical Insurance Assistance/OPS	10619130000	55,068.00	0.00	(55,068.00)	0.0	279,411.25	610,008.00	330,596.75	54.2
Training and Travel - Facilities Mtc	10659043000	0.00	0.00	0.00	0.0	0.00	1,500.00	1,500.00	100.0
Total Personnel Expenses		**$2,855,729.06**	**$0.00**	**$(2,855,729.06)**	**0.0 %**	**$8,926,359.23**	**$26,193,200.00**	**$17,266,840.77**	**65.9 %**
Supply Expenses									
Office Supplies / Admin	10620010000	$(20.00)	$0.00	$20.00	0.0%	$(80.00)	$500.00	$580.00	116.0%
Office Supplies / Tech Services	10620041000	49.58	0.00	(49.58)	0.0	117.22	500.00	382.78	76.6
Office Supplies	10620049000	1,268.68	0.00	(1,268.68)	0.0	3,337.55	12,500.00	9,162.45	73.3
Supplies - Ambulance	10620050000	0.00	0.00	0.00	0.0	0.00	606.00	606.00	100.0
Computer Supplies & Software / Training	10620135000	0.00	0.00	0.00	0.0	346.63	17,200.00	16,853.37	98.0
Computer Supplies & Equipment / Communic	10620141000	26,612.86	0.00	(26,612.86)	0.0	170,911.96	344,065.00	173,153.04	50.3
In House Dupl & Prtg	10620510000	1,827.88	0.00	(1,827.88)	0.0	5,850.37	15,000.00	9,149.63	61.0
In House Dupl & Prtg/ Warehouse	10620549000	0.00	0.00	0.00	0.0	4,964.10	17,250.00	12,285.90	71.2
In House Duplicating - Ambulance	10620550000	0.00	0.00	0.00	0.0	0.00	180.00	180.00	100.0
District Fire Corps Program	10621010000	44.00	0.00	(44.00)	0.0	44.00	500.00	456.00	91.2
District Mapping Program	10621141000	0.00	0.00	0.00	0.0	0.00	8,700.00	8,700.00	100.0
Employee Health & Wellness Supplies	10621230000	0.00	0.00	0.00	0.0	0.00	157.00	157.00	100.0
Medical Supplies	10621530000	11,189.89	0.00	(11,189.89)	0.0	61,188.92	140,499.00	79,310.08	56.4
Medical Supplies-Disposable-Ambulance	10621550000	0.00	0.00	0.00	0.0	0.00	104,340.00	104,340.00	100.0
CPR Supplies & Books	10621630000	0.00	0.00	0.00	0.0	520.24	10,000.00	9,479.76	94.8
Medical Equipment Replacement	10621730000	975.47	0.00	(975.47)	0.0	5,716.19	22,050.00	16,333.81	74.1
Fuel (Diesel & Gas)	10622048000	3,869.09	0.00	(3,869.09)	0.0	139,965.01	359,500.00	219,534.99	61.1
Fuel - Ambulance	10622050000	0.00	0.00	0.00	0.0	0.00	10,341.00	10,341.00	100.0
Oil & Lubr. (Routine)	10622148000	75.66	0.00	(75.66)	0.0	7,620.19	25,000.00	17,379.81	69.5
Vehicle Fluid Supplies - Ambulance	10622150000	0.00	0.00	0.00	0.0	0.00	2,000.00	2,000.00	100.0
Uniforms/Admin	10623010000	0.00	0.00	0.00	0.0	0.00	3,550.00	3,550.00	100.0
Uniforms/Prevention	10623020000	0.00	0.00	0.00	0.0	0.00	3,000.00	3,000.00	100.0
Uniforms/Operations	10623030000	8,126.02	0.00	(8,126.02)	0.0	21,508.21	129,450.00	107,941.79	83.4
Uniforms/Operations - Honor Guard	10623030540	0.00	0.00	0.00	0.0	0.00	4,000.00	4,000.00	100.0
Uniforms - Training	10623035000	0.00	0.00	0.00	0.0	0.00	4,200.00	4,200.00	100.0
Uniforms/Communications	10623041000	0.00	0.00	0.00	0.0	13.10	2,500.00	2,486.90	99.5
Uniforms-Facilities Maintenance	10623043000	51.30	0.00	(51.30)	0.0	51.30	1,000.00	948.70	94.9

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Uniforms-Fleet Maintenance	10623048000	0.00	0.00	0.00	0.0	0.00	2,750.00	2,750.00	100.0
Uniforms/Warehouse	10623049000	0.00	0.00	0.00	0.0	0.00	1,750.00	1,750.00	100.0
Uniforms - Ambulance	10623050000	0.00	0.00	0.00	0.0	785.54	18,000.00	17,214.46	95.6
Protective Clothing	10623130000	15,181.05	0.00	(15,181.05)	0.0	17,976.06	207,510.00	189,533.94	91.3
Station Boots	10623130100	1,088.32	0.00	(1,088.32)	0.0	10,285.00	18,300.00	8,015.00	43.8
Library Reference Materials / Admin	10624010000	0.00	0.00	0.00	0.0	0.00	2,764.00	2,764.00	100.0
Operations Supplies/Routine	10624030000	0.00	0.00	0.00	0.0	0.00	5,550.00	5,550.00	100.0
Library Reference Materials/Tr Ctr	10624035000	323.80	0.00	(323.80)	0.0	2,475.89	6,450.00	3,974.11	61.6
Communications Supplies / Routine	10624041000	32.44	0.00	(32.44)	0.0	145.35	1,000.00	854.65	85.5
Facilities Maint Supplies/Routine	10624043000	0.00	0.00	0.00	0.0	0.00	530.00	530.00	100.0
Supplies/Prevention	10624220000	304.15	0.00	(304.15)	0.0	805.26	2,840.00	2,034.74	71.6
Supplies / Fleet Maintenance	10624248000	343.40	0.00	(343.40)	0.0	3,887.86	13,000.00	9,112.14	70.1
Supplies / Warehouse	10624249000	692.46	0.00	(692.46)	0.0	1,363.97	6,000.00	4,636.03	77.3
Library Reference Materials/Prevention	10624320000	0.00	0.00	0.00	0.0	0.00	2,960.00	2,960.00	100.0
Pub Ed/School Ed/Prevention	10624520000	0.00	0.00	0.00	0.0	8,440.09	12,015.00	3,574.91	29.8
Public Education/EMS	10624530000	0.00	0.00	0.00	0.0	0.00	6,500.00	6,500.00	100.0
Supplies-Warehouse Purchasing Group	10624549000	4,108.51	0.00	(4,108.51)	0.0	61,193.69	200,000.00	138,806.31	69.4
PAWUIC Defensiblw Space Grant	10624920010	0.00	0.00	0.00	0.0	4,591.76	24,000.00	19,408.24	80.9
Vehicle Maint (Routine)	10625048000	7,577.76	0.00	(7,577.76)	0.0	62,077.14	164,000.00	101,922.86	62.1
Vehicle Maintenance - Ambulance	10625050000	0.00	0.00	0.00	0.0	0.00	6,769.00	6,769.00	100.0
Vehicle Maint (Special Prjcts)	10625148000	352.60	0.00	(352.60)	0.0	2,615.32	8,000.00	5,384.68	67.3
FF Equipment Maintenance	10626048000	3,363.09	0.00	(3,363.09)	0.0	6,226.95	21,500.00	15,273.05	71.0
SCBA Supplies & Maint	10626348000	543.70	0.00	(543.70)	0.0	9,193.22	10,000.00	806.78	8.1
SCBA Supplies & Maintenance	10626349000	0.00	0.00	0.00	0.0	0.00	24,500.00	24,500.00	100.0
Tire Replacement	10626548000	0.00	0.00	0.00	0.0	33,628.19	66,000.00	32,371.81	49.0
Tire Repair	10626648000	13.80	0.00	(13.80)	0.0	2,917.68	6,500.00	3,582.32	55.1
Building Maint Supplies	10627043001	1,133.28	0.00	(1,133.28)	0.0	1,907.74	20,500.00	18,592.26	90.7
Building Maint Supplies/Prevention	10627043002	0.00	0.00	0.00	0.0	0.00	2,500.00	2,500.00	100.0
Building Maint Supplies-Administration	10627043011	222.26	0.00	(222.26)	0.0	1,041.60	7,000.00	5,958.40	85.1
Building Maint Supplies/CARTA	10627043035	2,452.29	0.00	(2,452.29)	0.0	5,335.24	13,500.00	8,164.76	60.5
Building Maint Supplies/Comm Building	10627043041	35.61	0.00	(35.61)	0.0	80.26	4,000.00	3,919.74	98.0
Building Maint Supplies/Maint Facility	10627043048	253.92	0.00	(253.92)	0.0	1,683.87	5,000.00	3,316.13	66.3
Building Maint Supplies/Warehouse	10627043049	0.00	0.00	0.00	0.0	0.00	5,000.00	5,000.00	100.0
Building Maint Supplies/Sta 50	10627043050	225.89	0.00	(225.89)	0.0	581.41	4,000.00	3,418.59	85.5
Building Maint Supplies/Sta 51	10627043051	63.49	0.00	(63.49)	0.0	485.27	5,600.00	5,114.73	91.3
Building Maint Supplies/Sta 52	10627043052	0.00	0.00	0.00	0.0	377.03	2,000.00	1,622.97	81.1
Building Maint Supplies/Sta 53	10627043053	73.93	0.00	(73.93)	0.0	309.32	5,000.00	4,690.68	93.8
Building Maint Supplies/Sta 54	10627043054	399.51	0.00	(399.51)	0.0	3,165.03	5,000.00	1,834.97	36.7

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	Account	Current Period Actual	Current Period Budget	Current Period Variance	Current Period %	Year To Date Actual	Year To Date Budget	Year To Date Variance	Year To Date %
Building Maint Supplies/Sta 56	10627043056	0.00	0.00	0.00	0.0	0.00	2,000.00	2,000.00	100.0
Building Maint Supplies/Sta 57	10627043057	0.00	0.00	0.00	0.0	310.46	5,000.00	4,689.54	93.8
Building Maint Supplies/Sta 58	10627043058	280.13	0.00	(280.13)	0.0	782.97	5,000.00	4,217.03	84.3
Building Maint Supplies/Sta 59	10627043059	0.00	0.00	0.00	0.0	1,026.36	5,000.00	3,973.64	79.5
Building Maint Supplies - Station 61	10627043061	298.54	0.00	(298.54)	0.0	1,493.67	9,000.00	7,506.33	83.4
Building Maint Supplies - Station 62	10627043062	294.78	0.00	(294.78)	0.0	822.57	5,000.00	4,177.43	83.5
Building Maint Supplies - Station 63	10627043063	0.00	0.00	0.00	0.0	563.10	5,000.00	4,436.90	88.7
Building Maint Supplies- Large Projects	10627043100	680.00	0.00	(680.00)	0.0	21,524.64	150,000.00	128,475.36	85.7
Furniture & Fixture Replacement	10627143000	1,632.74	0.00	(1,632.74)	0.0	13,458.24	29,200.00	15,741.76	53.9
Furniture & Fixtures / Warehouse	10627149000	0.00	0.00	0.00	0.0	0.00	6,000.00	6,000.00	100.0
Janitorial / All Stations	10627249000	4,981.46	0.00	(4,981.46)	0.0	16,802.67	33,500.00	16,697.33	49.8
Janitorial Supplies - Ambulance	10627250000	0.00	0.00	0.00	0.0	0.00	1,528.00	1,528.00	100.0
Station Supplies-All Stations	10627349000	5,532.94	0.00	(5,532.94)	0.0	11,574.60	15,000.00	3,425.40	22.8
Site / Equip Maint Supplies / Comm	10627441000	274.89	0.00	(274.89)	0.0	9,400.85	25,000.00	15,599.15	62.4
Radio/Pager Maintenance	10628041000	1,813.86	0.00	(1,813.86)	0.0	4,667.09	107,500.00	102,832.91	95.7
Supplies for Outside Agency Work	10628141000	0.00	0.00	0.00	0.0	210.39	10,000.00	9,789.61	97.9
Supplies for Outside Agency Work	10628148000	567.05	0.00	(567.05)	0.0	5,777.33	24,000.00	18,222.67	75.9
Batteries / Communications	10628841000	0.00	0.00	0.00	0.0	0.00	150.00	150.00	100.0
Batteries/ All Stations	10628849000	0.00	0.00	0.00	0.0	333.38	3,170.00	2,836.62	89.5
Firefighter Equipment Replacement	10628930000	13,451.82	0.00	(13,451.82)	0.0	29,032.65	55,600.00	26,567.35	47.8
Firefighting Equipment New Purchases	10629030000	0.00	0.00	0.00	0.0	0.00	80,000.00	80,000.00	100.0
Ambulance Equipment - Routine	10629050000	0.00	0.00	0.00	0.0	0.00	12,800.00	12,800.00	100.0
Haz-Mat Equipment	10629130000	0.00	0.00	0.00	0.0	3,684.77	9,000.00	5,315.23	59.1
Comm/Radio Technician Equipment	10629241000	210.62	0.00	(210.62)	0.0	1,065.49	6,750.00	5,684.51	84.2
Technical Rescue Equipment	10629330000	931.50	0.00	(931.50)	0.0	8,111.33	14,000.00	5,888.67	42.1
Drone Program	10629430000	0.00	0.00	0.00	0.0	175.00	3,500.00	3,325.00	95.0
Wildland Equipment Replacement	10629530000	0.00	0.00	0.00	0.0	18.54	10,000.00	9,981.46	99.8
CARTA Equipment/ Prop Supplies	10629635000	361.80	0.00	(361.80)	0.0	1,455.04	32,000.00	30,544.96	95.5
Exercise Equipment - Ops	10629730000	645.17	0.00	(645.17)	0.0	1,980.02	10,000.00	8,019.98	80.2
Small Tools/Facilities Maintenance	10630043000	358.92	0.00	(358.92)	0.0	1,399.69	11,500.00	10,100.31	87.8
Small Tools / Maintenance	10630048000	0.00	0.00	0.00	0.0	1,648.22	9,000.00	7,351.78	81.7
Small Tools / Warehouse	10630049000	0.00	0.00	0.00	0.0	0.00	900.00	900.00	100.0
Safety Equip & Supplies/Warehouse	10631049000	0.00	0.00	0.00	0.0	0.00	750.00	750.00	100.0
Total Supply Expenses		**$125,171.91**	**$0.00**	**$(125,171.91)**	**0.0 %**	**$802,969.80**	**$2,853,724.00**	**$2,050,754.20**	**71.9 %**
Service Expenses									
Audit & Accounting	10640010000	$24,000.00	$0.00	$(24,000.00)	0.0%	$25,312.50	$36,000.00	$10,687.50	29.7%
Audit & Accounting - Ambulance	10640050000	0.00	0.00	0.00	0.0	0.00	4,320.00	4,320.00	100.0

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	Account	Current Period Actual	Current Period Budget	Current Period Variance	Current Period %	Year To Date Actual	Year To Date Budget	Year To Date Variance	Year To Date %
Other Prof Services/Admin	10640510000	348.98	0.00	(348.98)	0.0	472.96	44,600.00	44,127.04	98.9
Other Prof Services/Ops	10640530000	1,855.62	0.00	(1,855.62)	0.0	13,784.87	47,951.00	34,166.13	71.3
Other Prof Services/Comm	10640541000	1,875.00	0.00	(1,875.00)	0.0	14,955.52	81,500.00	66,544.48	81.6
Other Prof Services/Facilities	10640543000	13,331.57	0.00	(13,331.57)	0.0	19,073.56	44,450.00	25,376.44	57.1
Other Professional Services-Ambulance	10640550000	0.00	0.00	0.00	0.0	0.00	85,350.00	85,350.00	100.0
Legal Services - Routine	10641010000	9,304.50	0.00	(9,304.50)	0.0	21,354.00	70,000.00	48,646.00	69.5
Legal Services-Non Routine	10641010600	0.00	0.00	0.00	0.0	558.00	7,500.00	6,942.00	92.6
Legal Services - CON Legal & Consulting	10641010605	8,737.50	0.00	(8,737.50)	0.0	25,525.00	75,000.00	49,475.00	66.0
Legal Services - Ambulance	10641050000	0.00	0.00	0.00	0.0	0.00	65,000.00	65,000.00	100.0
Mental Health	10641510000	1,662.50	0.00	(1,662.50)	0.0	27,654.94	89,400.00	61,745.06	69.1
Employee Health / Exams/Ops	10641530000	400.00	0.00	(400.00)	0.0	3,800.00	604,245.00	600,445.00	99.4
Employee Assistance Program	10642010000	0.00	0.00	0.00	0.0	10,490.00	9,200.00	(1,290.00)	(14.0)
Dispatch Services/Ops	10642530000	0.00	0.00	0.00	0.0	175,827.17	1,027,979.00	852,151.83	82.9
Dispatch Services - Ambulance	10642550000	0.00	0.00	0.00	0.0	0.00	100,000.00	100,000.00	100.0
Communications	10643041000	7,696.40	0.00	(7,696.40)	0.0	37,907.72	91,700.00	53,792.28	58.7
Communications - Ambulance	10643050000	0.00	0.00	0.00	0.0	0.00	8,000.00	8,000.00	100.0
Postage/Admin	10643510000	6.00	0.00	(6.00)	0.0	240.16	7,550.00	7,309.84	96.8
Shipping / Warehouse	10643549000	63.69	0.00	(63.69)	0.0	908.33	1,750.00	841.67	48.1
Postage - Ambulance	10643550000	0.00	0.00	0.00	0.0	0.00	225.00	225.00	100.0
Fire Board Expenses	10644110000	32.70	0.00	(32.70)	0.0	131.59	500.00	368.41	73.7
Off District Expenses	10644231000	1,709.24	0.00	(1,709.24)	0.0	89,727.42	20,000.00	(69,727.42)	(348.6)
Newspaper Advertising	10647010000	0.00	0.00	0.00	0.0	0.00	4,000.00	4,000.00	100.0
Outside Duplication & Printing / Admin	10649010000	801.25	0.00	(801.25)	0.0	867.30	1,750.00	882.70	50.4
Outside Dupl & Printing/Prevention	10649020000	182.10	0.00	(182.10)	0.0	730.30	1,400.00	669.70	47.8
Outside Dupl & Printing/Ops	10649030000	1,456.82	0.00	(1,456.82)	0.0	2,382.83	2,800.00	417.17	14.9
Insurance	10650010000	0.00	0.00	0.00	0.0	48,272.00	176,000.00	127,728.00	72.6
Insurance - Ambulance	10650050000	0.00	0.00	0.00	0.0	0.00	6,131.00	6,131.00	100.0
Cable TV	10650843000	149.93	0.00	(149.93)	0.0	749.65	1,575.00	825.35	52.4
Cable TV - Ambulance	10650850000	0.00	0.00	0.00	0.0	0.00	100.00	100.00	100.0
Electricity - Admin	10651010000	0.00	0.00	0.00	0.0	(2,908.89)	0.00	2,908.89	0.0
Electricity - OPS	10651030000	(80.27)	0.00	80.27	0.0	(188.78)	0.00	188.78	0.0
Electric	10651043000	11,382.95	0.00	(11,382.95)	0.0	72,643.93	168,500.00	95,856.07	56.9
Electric - Ambulance	10651050000	0.00	0.00	0.00	0.0	0.00	9,500.00	9,500.00	100.0
Sanitation Charge - Health/Medical Waste	10651230000	79.82	0.00	(79.82)	0.0	79.82	1,000.00	920.18	92.0
Sanitation	10651243000	264.00	0.00	(264.00)	0.0	3,190.92	9,260.00	6,069.08	65.5
Sanitation - Ambulance	10651250000	0.00	0.00	0.00	0.0	0.00	550.00	550.00	100.0
Natural Gas	10652043000	577.89	0.00	(577.89)	0.0	2,280.43	22,150.00	19,869.57	89.7
Natural Gas - Ambulance	10652050000	0.00	0.00	0.00	0.0	0.00	1,250.00	1,250.00	100.0

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LPG	10653043000	0.00	0.00	0.00	0.0	0.00	32,725.00	32,725.00	100.0
LPG - Ambulance	10653050000	0.00	0.00	0.00	0.0	0.00	1,850.00	1,850.00	100.0
Pest Control	10653543000	905.00	0.00	(905.00)	0.0	1,960.00	5,000.00	3,040.00	60.8
Water/Sewer	10654043000	1,115.18	0.00	(1,115.18)	0.0	9,256.64	20,940.00	11,683.36	55.8
Water/Sewer - Ambulance	10654050000	0.00	0.00	0.00	0.0	0.00	1,200.00	1,200.00	100.0
Hydrant Maintenance	10655130000	0.00	0.00	0.00	0.0	94.20	3,000.00	2,905.80	96.9
Repair & Maint Equip/Admin	10658010000	0.00	0.00	0.00	0.0	0.00	500.00	500.00	100.0
Outside Repair Equip/ Prevention	10658020000	0.00	0.00	0.00	0.0	0.00	500.00	500.00	100.0
Outside Repair Equip/Ops	10658030000	0.00	0.00	0.00	0.0	31,529.07	24,305.00	(7,224.07)	(29.7)
Outside Repair Equip/ CARTA	10658035000	0.00	0.00	0.00	0.0	0.00	2,000.00	2,000.00	100.0
Outside Repair Equip/Fac Maint	10658043000	696.29	0.00	(696.29)	0.0	1,378.01	2,700.00	1,321.99	49.0
Outside Repair/Veh Maint Equip	10658048000	322.00	0.00	(322.00)	0.0	9,150.60	22,500.00	13,349.40	59.3
EMS Training	10658735000	22.06	0.00	(22.06)	0.0	22.06	3,110.00	3,087.94	99.3
CARTA Training Classes	10658835000	275.00	0.00	(275.00)	0.0	825.00	15,700.00	14,875.00	94.7
Training & Travel/Admin	10659010000	1,868.72	0.00	(1,868.72)	0.0	9,863.28	24,300.00	14,436.72	59.4
Training & Travel/Prevention	10659020000	133.18	0.00	(133.18)	0.0	1,771.18	9,800.00	8,028.82	81.9
Training & Travel/OPS	10659030000	7,334.02	0.00	(7,334.02)	0.0	36,595.25	47,105.00	10,509.75	22.3
Traning & Travel Conference-Honor Guard	10659030540	0.00	0.00	0.00	0.0	0.00	1,500.00	1,500.00	100.0
Training & Travel - Pipes and Drums	10659030541	0.00	0.00	0.00	0.0	0.00	2,500.00	2,500.00	100.0
Training & Travel/CARTA	10659035000	844.61	0.00	(844.61)	0.0	3,246.01	30,900.00	27,653.99	89.5
Training & Travel/Communications	10659041000	338.75	0.00	(338.75)	0.0	907.99	6,500.00	5,592.01	86.0
Travel & Training / Fleet Maintenance	10659048000	0.00	0.00	0.00	0.0	0.00	4,000.00	4,000.00	100.0
Travel & Training / Warehouse	10659049000	0.00	0.00	0.00	0.0	265.00	1,500.00	1,235.00	82.3
Training & Travel - Ambulance	10659050000	0.00	0.00	0.00	0.0	0.00	9,800.00	9,800.00	100.0
Books & Subscriptions / Training Center/	10659135035	0.00	0.00	0.00	0.0	0.00	1,050.00	1,050.00	100.0
ACLS Upgrade	10659335000	0.00	0.00	0.00	0.0	0.00	21,930.00	21,930.00	100.0
College - Upper and Lower Division	10659435000	1,448.80	0.00	(1,448.80)	0.0	8,901.60	0.00	(8,901.60)	0.0
Awards / Admin	10659510000	550.00	0.00	(550.00)	0.0	647.11	8,200.00	7,552.89	92.1
Awards / Ops	10659530000	0.00	0.00	0.00	0.0	105.79	7,375.00	7,269.21	98.6
College - Upper Lower Div	10659535000	0.00	0.00	0.00	0.0	0.00	20,000.00	20,000.00	100.0
Dues / Admin	10660010000	0.00	0.00	0.00	0.0	625.35	7,635.00	7,009.65	91.8
Dues/Prevention	10660020000	0.00	0.00	0.00	0.0	655.00	1,542.00	887.00	57.5
Dues/Operations	10660030000	0.00	0.00	0.00	0.0	0.00	4,400.00	4,400.00	100.0
Dues/CARTA	10660035000	0.00	0.00	0.00	0.0	0.00	1,635.00	1,635.00	100.0
Dues/Warehouse	10660049000	0.00	0.00	0.00	0.0	0.00	200.00	200.00	100.0
Dues - AZ Ambulance Association	10660050000	0.00	0.00	0.00	0.0	0.00	1,000.00	1,000.00	100.0
Misc/Admin	10661010000	681.76	0.00	(681.76)	0.0	8,995.67	2,500.00	(6,495.67)	(259.8)
Misc/Prevention	10661020000	0.00	0.00	0.00	0.0	0.00	2,880.00	2,880.00	100.0

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Misc/Operations - Routine	10661030490	0.00	0.00	0.00	0.0	0.00	2,250.00	2,250.00	100.0
Misc/Operations - Fire Rehab	10661030491	0.00	0.00	0.00	0.0	141.74	2,250.00	2,108.26	93.7
Misc/Operations	10661030492	0.00	0.00	0.00	0.0	27.00	550.00	523.00	95.1
Misc/Promotional Testing	10661030494	0.00	0.00	0.00	0.0	0.00	2,000.00	2,000.00	100.0
Misc/Captain Promotional Testing	10661030496	0.00	0.00	0.00	0.0	0.00	1,200.00	1,200.00	100.0
Misc/Firefighter Recruitment Supplies	10661030498	0.00	0.00	0.00	0.0	0.00	200.00	200.00	100.0
Miscellaneous - Ambulance	10661050000	0.00	0.00	0.00	0.0	0.00	1,000.00	1,000.00	100.0
Contract Services / Comm & IT	10663041000	0.00	0.00	0.00	0.0	0.00	8,400.00	8,400.00	100.0
Total Service Expenses		**$102,373.56**	**$0.00**	**$(102,373.56)**	**0.0 %**	**$722,786.80**	**$3,300,318.00**	**$2,577,531.20**	**78.1 %**
Capital Expenses									
Allocation to Capital Reserve Account	10770100000	$0.00	$0.00	$0.00	0.0%	$0.00	$100,000.00	$100,000.00	100.0%
Capital Outlay/ Facilities	10772043000	1,227.93	0.00	(1,227.93)	0.0	60,757.74	134,500.00	73,742.26	54.8
Capital Outlay/ Vehicles/ Prevention	10773020000	138.82	0.00	(138.82)	0.0	133,417.81	0.00	(133,417.81)	0.0
Capital Outlay/Vehicles/OPS	10773030000	8,458.76	0.00	(8,458.76)	0.0	132,861.77	445,314.00	312,452.23	70.2
Capital Outlay/ Vehicles/ Tech Services	10773041000	746.25	0.00	(746.25)	0.0	65,516.12	0.00	(65,516.12)	0.0
Capital Outlay/ Vehicles/ Warehouse	10773049000	0.00	0.00	0.00	0.0	79,900.47	0.00	(79,900.47)	0.0
Capital Outlay/ Equip/ Prevention	10774020000	0.00	0.00	0.00	0.0	0.00	120,000.00	120,000.00	100.0
Capital Outlay/ Equip/ OPS	10774030000	0.00	0.00	0.00	0.0	41,487.41	177,265.00	135,777.59	76.6
Capital Outlay/ Equip/ Facilities	10774043000	0.00	0.00	0.00	0.0	5,801.10	0.00	(5,801.10)	0.0
Capital Outlay/ Equip/ Fleet Maintenance	10774048000	0.00	0.00	0.00	0.0	0.00	23,000.00	23,000.00	100.0
Capital Outlay/ Equip/ Warehouse	10774049000	0.00	0.00	0.00	0.0	7,899.21	0.00	(7,899.21)	0.0
Capital Outlay-Equipment-Ambulance	10774050000	0.00	0.00	0.00	0.0	0.00	35,814.00	35,814.00	100.0
Capital Outlay - Comm/IT	10775041000	252,460.11	0.00	(252,460.11)	0.0	278,204.65	300,000.00	21,795.35	7.3
Total Capital Expenses		**$263,031.87**	**$0.00**	**$(263,031.87)**	**0.0 %**	**$805,846.28**	**$1,335,893.00**	**$530,046.72**	**39.7 %**
Total Expenses		**$3,346,306.40**		**$(3,346,306.40)**		**$11,257,962.11**	**$33,683,135.00**	**$22,425,172.89**	**66.6%**
Income (Loss) from Operations		**$9,483,253.47**	**$0.00**	**$9,483,253.47**	**0.0%**	**$3,319,166.22**	**$(562,100.00)**	**$3,881,266.22**	**690.5%**
Contingency									
Funded Contingency/Admin	10780010000	$0.00	$0.00	$0.00	0.0%	$0.00	$(124,350.00)	$124,350.00	100.0%
Funded Contingency/Prevention	10780020000	0.00	0.00	0.00	0.0	0.00	(33,013.00)	33,013.00	100.0
Funded Contingency/OPS	10780030000	0.00	0.00	0.00	0.0	0.00	(1,141,072.00)	1,141,072.00	100.0
Funded Contingency/Training	10780035000	0.00	0.00	0.00	0.0	0.00	(30,004.00)	30,004.00	100.0
Funded Contingency/Tech Serv	10780041000	0.00	0.00	0.00	0.0	0.00	(67,832.00)	67,832.00	100.0
Funded Contingency/Facilities	10780043000	0.00	0.00	0.00	0.0	0.00	(41,203.00)	41,203.00	100.0
Funded Contingency/Warehouse	10780049000	0.00	0.00	0.00	0.0	0.00	(30,319.00)	30,319.00	100.0
Contingency - Ambulance	10780050000	0.00	0.00	0.00	0.0	0.00	(76,964.00)	76,964.00	100.0

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CAFMA-Central Arizona Fire and Medical

Income Statement

(Original Budget to Actual Comparison)

For the period of 11/1/2022 Through 11/30/2022

Fund: (10) General Fund

	Account	Current Period Actual	Current Period Budget	Current Period Variance	Current Period %	Year To Date Actual	Year To Date Budget	Year To Date Variance	Year To Date %
Total Contingency		**$0.00**	**$0.00**	**$0.00**	**0.0 %**	**$0.00**	**$(1,544,757.00)**	**$1,544,757.00**	**100.0 %**
Net Income (Loss)		**$9,483,253.47**	**$0.00**	**$9,483,253.47**	**0.0%**	**$3,319,166.22**	**$(2,106,857.00)**	**$5,426,023.22**	**257.5%**

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CAFMA-Central Arizona Fire and Medical

Balance Sheet

As of 11/30/2022

Assets

Current Assets		
Cash with Yavapai County	$10,827,446.27	
PSPRS Contingency Res Fund Restricted	2,004,099.15	
115 Trust - Restricted	7,501,294.00	
Capital Reserve Fund	6,042,397.88	
Accounts Receivable	235,299.84	
Retiree/Insurance Receivable	3,606.20	
Total Current Assets		$26,614,143.34
Total Assets		$26,614,143.34

Liabilities and Net Assets

Current Liabilities		
Accrued Payroll Expenses	$(403.90)	
Credit Card Payable	(49,690.91)	
PSPRS Payable	250.15	
ASRS Payable	0.14	
Medical Insurance Withheld	(332.77)	
Dental Insurance Withheld	25.00	
Vision Insurance Withheld	24.30	
Supplemental Insurance Withheld	10.93	
PSPRDCRP-PSPRS DC	67.97	
Total Current Liabilities		$(50,049.09)
Total Liabilities		$(50,049.09)
Net Assets		
Fund Balance	$23,345,026.21	
Current Year Net Assets	3,319,166.22	
Total Net Assets		26,664,192.43
Total Liabilities and Net Assets		$26,614,143.34

CAFMA-Central Arizona Fire and Medical

GL Account Ledger - Detail By Period

11/1/2022 through 11/30/2022

Batch	Journal	Entry #	Date	Job	Document	Description	Debits	Credits	Balance
10.1100.0.0.000			**CASH WITH YAVAPAI COUNTY**						**$995,430.75**
2069	PR	1377685	11/01/22		25519	Abel, Todd D. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	4,441.47	990,989.28
2069	PR	1377710	11/01/22		25520	Anglin, Jake J. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	955.99	990,033.29
2069	PR	1377738	11/01/22		25521	Apolinar, Johnathan R. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,797.68	988,235.61
2069	PR	1377765	11/01/22		25522	Aponte, Anthony M. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,473.03	986,762.58
2069	PR	1377788	11/01/22		25523	Baker, Mark A. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,414.69	984,347.89
2069	PR	1377811	11/01/22		25524	Barnum, Josh M. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,208.75	982,139.14
2069	PR	1377842	11/01/22		25525	Basurto-Cancino, Leobardo - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	3,099.84	979,039.30
2069	PR	1377864	11/01/22		25526	Blum, Rodney A. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,861.75	977,177.55
2069	PR	1377889	11/01/22		25527	Breyer, Samuel H. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,090.10	975,087.45
2069	PR	1377911	11/01/22		25528	Brown Jr, Dennis F. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,603.18	972,484.27
2069	PR	1377935	11/01/22		25529	Brunk, Jacob A. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,841.03	970,643.24
2069	PR	1377961	11/01/22		25530	Buchanan, Ben D. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	3,249.21	967,394.03
2069	PR	1377985	11/01/22		25531	Bulters, Scott D. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,444.82	964,949.21
2069	PR	1378010	11/01/22		25532	Buntin, Darrell R. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	3,871.90	961,077.31
2069	PR	1378036	11/01/22		25533	Burch, Brian J. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,797.27	958,280.04
2069	PR	1378060	11/01/22		25534	Burch, Bryten J. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,315.32	956,964.72
2069	PR	1378088	11/01/22		25535	Burch, Caden C. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,725.93	955,238.79
2069	PR	1378110	11/01/22		25536	Bushman, James V. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,337.24	952,901.55
2069	PR	1378136	11/01/22		25537	Butler, Jason - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,797.88	950,103.67
2069	PR	1378165	11/01/22		25538	Butterfield, Jesse D. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,645.66	948,458.01
2069	PR	1378188	11/01/22		25539	Carothers, Robert C. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	6,979.45	941,478.56
2069	PR	1378214	11/01/22		25540	Cazaly, Marshall - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,842.71	939,635.85
2069	PR	1378233	11/01/22		25541	Chase, Rick D. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	3,871.95	935,763.90
2069	PR	1378255	11/01/22		25542	Clark, Shelly - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,133.52	934,630.38
2069	PR	1378285	11/01/22		25543	Collins, Seth M. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,846.96	932,783.42

CAFMA-Central Arizona Fire and Medical

GL Account Ledger - Detail By Period

11/1/2022 through 11/30/2022

Batch	Journal	Entry #	Date	Job	Document	Description	Debits	Credits	Balance
10.1100.0.0.000			**CASH WITH YAVAPAI COUNTY (CONTINUED)**						
2069	PR	1378291	11/01/22		25544	Cook, Charles - Payroll Bi-Weekly-Direct Deposit 11/1/2022	$-	$328.17	$932,455.25
2069	PR	1378317	11/01/22		25545	Copenhaver, Douglas J. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,695.22	929,760.03
2069	PR	1378340	11/01/22		25546	Cox, Phillip C. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	3,162.83	926,597.20
2069	PR	1378367	11/01/22		25547	Croft, Adam J. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,610.64	923,986.56
2069	PR	1378389	11/01/22		25548	Crossman, Eric L. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,277.62	921,708.94
2069	PR	1378414	11/01/22		25549	Cruz, Steven R. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,763.73	918,945.21
2069	PR	1378438	11/01/22		25550	Curry, Robert C. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,432.45	916,512.76
2069	PR	1378464	11/01/22		25551	Davidson, Glenn T. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	4,075.03	912,437.73
2069	PR	1378489	11/01/22		25552	Davis, Bradley M. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	5,923.64	906,514.09
2069	PR	1378513	11/01/22		25553	Deering, Andrew L. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	903.78	905,610.31
2069	PR	1378541	11/01/22		25554	DiVall, Nelson - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,229.83	903,380.48
2069	PR	1378566	11/01/22		25555	Dibble, Gordon L. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,848.63	901,531.85
2069	PR	1378590	11/01/22		25556	Dixson, Susanne M. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,361.45	899,170.40
2069	PR	1378616	11/01/22		25557	Douglas, Ren W. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,355.38	896,815.02
2069	PR	1378637	11/01/22		25558	Dowdy, Charles E. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,065.23	894,749.79
2069	PR	1378662	11/01/22		25559	DuCharme, Zachary J. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,654.16	893,095.63
2069	PR	1378687	11/01/22		25560	Duplessis, Robert A. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	3,186.47	889,909.16
2069	PR	1378716	11/01/22		25561	Eckle, Kellan J. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	6,332.16	883,577.00
2069	PR	1378742	11/01/22		25562	Edwards, David S. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	5,405.80	878,171.20
2069	PR	1378763	11/01/22		25563	Engel, Nicole - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	966.00	877,205.20
2069	PR	1378783	11/01/22		25564	Feddema, John J. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	3,509.64	873,695.56
2069	PR	1378813	11/01/22		25565	Ferris, Ryan M. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	4,774.33	868,921.23
2069	PR	1378838	11/01/22		25566	Fields, Brody J. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	8,117.09	860,804.14
2069	PR	1378868	11/01/22		25567	Fournier, Nick T. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	3,464.86	857,339.28
2069	PR	1378889	11/01/22		25568	Frawley, Teresa A. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,127.13	856,212.15

CAFMA-Central Arizona Fire and Medical

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Batch	Journal	Entry #	Date	Job	Document	Description	Debits	Credits	Balance
10.1100.0.0.000			**CASH WITH YAVAPAI COUNTY (CONTINUED)**						
2069	PR	1378910	11/01/22		25569	Frazier, Antonio - Payroll Bi-Weekly-Direct Deposit 11/1/2022	$-	$2,590.21	$853,621.94
2069	PR	1378931	11/01/22		25570	Freeman, Michael - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,622.29	851,999.65
2069	PR	1378948	11/01/22		25571	Freitag, Scott A. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	4,411.67	847,587.98
2069	PR	1378971	11/01/22		25572	Gallman, Timothy B. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,293.06	845,294.92
2069	PR	1378993	11/01/22		25573	Gardea Chaparro, Ivonne - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,166.15	844,128.77
2069	PR	1379014	11/01/22		25574	Gentle, Isabel - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,094.34	843,034.43
2069	PR	1379039	11/01/22		25575	Gentle, Joshua A. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,293.19	841,741.24
2069	PR	1379064	11/01/22		25576	Gillihan, Jim W. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,653.48	840,087.76
2069	PR	1379091	11/01/22		25577	Ginn, James E. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,692.46	837,395.30
2069	PR	1379114	11/01/22		25578	Goodman, Laurie K. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,145.30	836,250.00
2069	PR	1379148	11/01/22		25579	Gray, JT A. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,081.35	834,168.65
2069	PR	1379178	11/01/22		25580	Guzzo, Nicholas R. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,514.12	832,654.53
2069	PR	1379209	11/01/22		25581	Hall, Jace R. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,745.49	829,909.04
2069	PR	1379235	11/01/22		25582	Harper, Leslie R. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	3,037.18	826,871.86
2069	PR	1379259	11/01/22		25583	Hlavacek, Evan - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,773.57	824,098.29
2069	PR	1379282	11/01/22		25584	Horstman, Stephen W. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	3,027.44	821,070.85
2069	PR	1379306	11/01/22		25585	Huddleston, Michael B. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,680.07	818,390.78
2069	PR	1379336	11/01/22		25586	Hutchison, Ethan K. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,665.76	816,725.02
2069	PR	1379352	11/01/22		25587	Ingrao, Jory - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,102.63	814,622.39
2069	PR	1379377	11/01/22		25588	Jacobson, Terrence L. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,252.25	812,370.14
2069	PR	1379405	11/01/22		25589	Jimenez, Valentin - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,082.71	810,287.43
2069	PR	1379432	11/01/22		25590	Jones, Shaun D. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,152.49	808,134.94
2069	PR	1379453	11/01/22		25591	Jordan, Tessa M. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,175.90	806,959.04
2069	PR	1379479	11/01/22		25592	King, Jeremiah D. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,638.27	804,320.77
2069	PR	1379499	11/01/22		25593	Kohler, Travis W. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,166.59	802,154.18
2069	PR	1379524	11/01/22		25594	Kontz, Andrew M. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,849.40	800,304.78

CAFMA-Central Arizona Fire and Medical

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Batch	Journal	Entry #	Date	Job	Document	Description	Debits	Credits	Balance
10.1100.0.0.000			**CASH WITH YAVAPAI COUNTY (CONTINUED)**						
2069	PR	1379552	11/01/22		25595	Kontz, Michael V. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	$-	$8,790.20	$791,514.58
2069	PR	1379570	11/01/22		25596	Krizo, Denise M. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,050.64	790,463.94
2069	PR	1379594	11/01/22		25597	Kuykendall, Jeffery W. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	3,203.05	787,260.89
2069	PR	1379617	11/01/22		25598	Legge, David B. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,920.29	784,340.60
2069	PR	1379643	11/01/22		25599	Litchfield, Ronald K. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,526.79	781,813.81
2069	PR	1379664	11/01/22		25600	Lopeman, Keith A. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,282.40	779,531.41
2069	PR	1379679	11/01/22		25601	Lovell, Sharon J. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,817.36	777,714.05
2069	PR	1379708	11/01/22		25602	Lund, Kyle L. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,235.82	776,478.23
2069	PR	1379735	11/01/22		25603	Lynch, Peter J. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,183.64	774,294.59
2069	PR	1379761	11/01/22		25604	Lys, Damian P. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,670.89	771,623.70
2069	PR	1379782	11/01/22		25605	Madden, James P. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,517.22	770,106.48
2069	PR	1379802	11/01/22		25606	Mauldin, Karen S. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,105.81	768,000.67
2069	PR	1379828	11/01/22		25607	Mauldin, Mark E. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	3,075.83	764,924.84
2069	PR	1379847	11/01/22		25608	Mayhall, Mathew T. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,495.44	762,429.40
2069	PR	1379868	11/01/22		25609	Mazon, Joshua M. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	3,179.66	759,249.74
2069	PR	1379894	11/01/22		25610	McCarthy, Nicholas A. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,403.28	757,846.46
2069	PR	1379921	11/01/22		25611	McCarty, Daniel L. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	3,300.67	754,545.79
2069	PR	1379947	11/01/22		25612	McFadden, Matthew C. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,404.09	753,141.70
2069	PR	1379976	11/01/22		25613	McFadden, Michael J. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	7,006.68	746,135.02
2069	PR	1380002	11/01/22		25614	McIntire, Jacob V. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,296.10	743,838.92
2069	PR	1380025	11/01/22		25615	Merrill, Eric R. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	4,898.82	738,940.10
2069	PR	1380049	11/01/22		25616	Mills, Brett S. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,528.64	737,411.46
2069	PR	1380076	11/01/22		25617	Moore, Aaron J. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	3,217.50	734,193.96
2069	PR	1380104	11/01/22		25618	Moore, Ryan T. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	5,421.84	728,772.12
2069	PR	1380132	11/01/22		25619	Muniz, Thomas E. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,259.18	726,512.94

CAFMA-Central Arizona Fire and Medical

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Batch	Journal	Entry #	Date	Job	Document	Description	Debits	Credits	Balance
10.1100.0.0.000			**CASH WITH YAVAPAI COUNTY (CONTINUED)**						
2069	PR	1380153	11/01/22		25620	Murphey, Patricia D. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	$-	$3,125.79	$723,387.15
2069	PR	1380181	11/01/22		25621	Nall, William T. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,539.44	721,847.71
2069	PR	1380206	11/01/22		25622	Nelson, Michael J. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,581.30	720,266.41
2069	PR	1380234	11/01/22		25623	Niemynski, Doug T. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	4,066.28	716,200.13
2069	PR	1380262	11/01/22		25624	Nolan, Jason K. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	3,658.42	712,541.71
2069	PR	1380290	11/01/22		25625	Olson, Rick C. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,313.55	710,228.16
2069	PR	1380314	11/01/22		25626	Overmyer, Titus C. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,529.57	708,698.59
2069	PR	1380334	11/01/22		25627	Parra, Dustin A. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,761.89	705,936.70
2069	PR	1380362	11/01/22		25628	Parra, Payton S. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,845.60	704,091.10
2069	PR	1380381	11/01/22		25629	Peckham, Christopher D. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,946.44	702,144.66
2069	PR	1380408	11/01/22		25630	Pena, Christopher D. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,960.71	699,183.95
2069	PR	1380440	11/01/22		25631	Perez, Anthony R. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,356.52	696,827.43
2069	PR	1380468	11/01/22		25632	Perkins, Shane M. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,315.26	695,512.17
2069	PR	1380495	11/01/22		25633	Poliakon, Brett M. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	3,026.83	692,485.34
2069	PR	1380519	11/01/22		25634	Postula, Justin M. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,988.74	690,496.60
2069	PR	1380546	11/01/22		25635	Postula, Karl A. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	3,753.47	686,743.13
2069	PR	1380564	11/01/22		25636	Prange, Ross L. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	3,243.41	683,499.72
2069	PR	1380589	11/01/22		25637	Pruitt, Robert E. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	4,038.69	679,461.03
2069	PR	1380613	11/01/22		25638	Rafters, William C. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,514.97	677,946.06
2069	PR	1380638	11/01/22		25639	Redfern, Joshuah L. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,590.66	676,355.40
2069	PR	1380665	11/01/22		25640	Reeves, Katherine D. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,441.87	674,913.53
2069	PR	1380690	11/01/22		25641	Rendl, Robert A. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	6,927.02	667,986.51
2069	PR	1380717	11/01/22		25642	Reyes, Adam N. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,986.03	666,000.48
2069	PR	1380737	11/01/22		25643	Roberts, Jerry R. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	3,031.43	662,969.05
2069	PR	1380764	11/01/22		25644	Rocha, Edgar O. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,492.32	661,476.73

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10.1100.0.0.000			**CASH WITH YAVAPAI COUNTY (CONTINUED)**						
2069	PR	1380792	11/01/22		25645	Roche, Benjamin H. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	$-	$3,301.39	$658,175.34
2069	PR	1380816	11/01/22		25646	Rose, Cody S. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	3,755.33	654,420.01
2069	PR	1380848	11/01/22		25647	Runo, Kyle E. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,236.64	652,183.37
2069	PR	1380877	11/01/22		25648	Ryan, Keith M. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,336.26	650,847.11
2069	PR	1380898	11/01/22		25649	Scaife, Domenic J. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,964.61	647,882.50
2069	PR	1380922	11/01/22		25650	Schiffmacher, Gerald - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,714.01	646,168.49
2069	PR	1380944	11/01/22		25651	Schuster Jr., Alan J. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	4,780.29	641,388.20
2069	PR	1380969	11/01/22		25652	Seets, James W. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	3,369.15	638,019.05
2069	PR	1380996	11/01/22		25653	Sheldon, Wesley K. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,717.63	636,301.42
2069	PR	1381019	11/01/22		25654	Sims, Lacie J. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,284.06	635,017.36
2069	PR	1381047	11/01/22		25655	Smith, Jacob A. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,297.51	633,719.85
2069	PR	1381075	11/01/22		25656	Smith, Russell - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,331.37	631,388.48
2069	PR	1381099	11/01/22		25657	Smith, Travis L. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,713.93	628,674.55
2069	PR	1381125	11/01/22		25658	Snyder, Timothy E. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	3,321.54	625,353.01
2069	PR	1381148	11/01/22		25659	Stewart, Jeff - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,001.77	623,351.24
2069	PR	1381175	11/01/22		25660	Stooks, Wallace C. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	3,504.01	619,847.23
2069	PR	1381205	11/01/22		25661	Stretton, Garrett M. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,833.84	618,013.39
2069	PR	1381228	11/01/22		25662	Tharp, David S. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	3,377.57	614,635.82
2069	PR	1381255	11/01/22		25663	Thompson, Jacob S. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,877.36	612,758.46
2069	PR	1381284	11/01/22		25664	Tillich, Timothy A. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,556.37	611,202.09
2069	PR	1381309	11/01/22		25665	Trask, Ryan A. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	3,011.20	608,190.89
2069	PR	1381334	11/01/22		25666	Trujillo, Erik J. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,008.01	606,182.88
2069	PR	1381359	11/01/22		25667	Turner, Kenneth R. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,761.46	604,421.42
2069	PR	1381379	11/01/22		25668	VanTuyl, Jonah D. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,901.48	601,519.94
2069	PR	1381404	11/01/22		25669	Vanatta, Justin B. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,658.95	599,860.99

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2069	PR	1381425	11/01/22		25670	Viscardi, Karen W. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	$-	$1,303.67	$598,557.32
2069	PR	1381451	11/01/22		25671	Wagner, Adam D. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,151.87	596,405.45
2069	PR	1381478	11/01/22		25672	Wagoner, Buddy R. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,539.28	594,866.17
2069	PR	1381499	11/01/22		25673	Welch-Cornell, Jaime D. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,540.22	593,325.95
2069	PR	1381523	11/01/22		25674	Wittenberg, David J. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,438.22	590,887.73
2069	PR	1381551	11/01/22		25675	Young, Kevin A. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	1,406.42	589,481.31
2069	PR	1381579	11/01/22		25676	Zazueta, Robert P. - Payroll Bi-Weekly-Direct Deposit 11/1/2022	-	2,831.11	586,650.20
2089	CR	1382445	11/03/22		042	RORICK, NORM -	542.30	-	587,192.50
2089	CR	1382447	11/03/22		0647657	AZ Dept of Forestry & Fire Mgt -	50,961.07	-	638,153.57
2089	CR	1382444	11/03/22		1101028912	ELOY FIRE DISTRICT -	118.37	-	638,271.94
2090	CR	1382475	11/03/22		15995	PLANS REVIEW -	458.00	-	638,729.94
2090	CR	1382477	11/03/22		15996	PLANS REVIEW -	458.00	-	639,187.94
2090	CR	1382476	11/03/22		15997	PLANS REVIEW -	458.00	-	639,645.94
2090	CR	1382478	11/03/22		15998	PLANS REVIEW -	250.00	-	639,895.94
2090	CR	1382479	11/03/22		16000	PLANS REVIEW -	458.00	-	640,353.94
2088	CR	1382438	11/03/22		1946	CAMACHO, ALBERT -	497.00	-	640,850.94
2090	CR	1382474	11/03/22		2288	Fire Prevention Permits -	133.00	-	640,983.94
2089	CR	1382448	11/03/22		28353	RECORDS REQUEST -	20.00	-	641,003.94
2088	CR	1382439	11/03/22		30141943	RUNO, KYLE -	80.27	-	641,084.21
2090	CR	1382481	11/03/22		4000984	Securis Insurance Pool -	1,595.16	-	642,679.37
2090	CR	1382480	11/03/22		4000987	Securis Insurance Pool -	1,139.40	-	643,818.77
2089	CR	1382446	11/03/22		40427476	Yavapai Community Health Svcs -	10,695.97	-	654,514.74
2087	CR	1382433	11/03/22		4934	MISCELLANEOUS INCOME -	350.00	-	654,864.74
2089	CR	1382443	11/03/22		706601201	Yarnell Fire District -	655.76	-	655,520.50
2087	CR	1382432	11/03/22		77731	MISCELLANEOUS INCOME -	833.00	-	656,353.50
2087	CR	1382431	11/03/22		CASH	MISCELLANEOUS INCOME -	10.00	-	656,363.50
2097	CR	1383232	11/09/22		1037	DONATION -	100.00	-	656,463.50
2097	CR	1383235	11/09/22		16002	PLANS REVIEW -	458.00	-	656,921.50
2097	CR	1383234	11/09/22		16003	PLANS REVIEW -	458.00	-	657,379.50
2095	CR	1383071	11/09/22		216039	Bliss, Scott -	260.00	-	657,639.50
2095	CR	1383072	11/09/22		216039	CAMACHO, ALBERT -	260.00	-	657,899.50
2095	CR	1383073	11/09/22		216039	COLE, BRIAN -	84.66	-	657,984.16
2095	CR	1383074	11/09/22		216039	COOK, CHARLES -	84.66	-	658,068.82
2095	CR	1383075	11/09/22		216039	CORDES, GARY -	260.00	-	658,328.82
2095	CR	1383076	11/09/22		216039	CURTIS, DAVID -	41.82	-	658,370.64
2095	CR	1383077	11/09/22		216039	DALE, JACK -	84.66	-	658,455.30
2095	CR	1383078	11/09/22		216039	DIBBLE, STEVE -	84.66	-	658,539.96
2095	CR	1383079	11/09/22		216039	HARRIS, ALLEN -	84.66	-	658,624.62
2095	CR	1383080	11/09/22		216039	INGRAO, JACK -	84.66	-	658,709.28
2095	CR	1383081	11/09/22		216039	KELLEY, JOE -	41.82	-	658,751.10

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10.1100.0.0.000			**CASH WITH YAVAPAI COUNTY (CONTINUED)**						
2095	CR	1383082	11/09/22		216039	LOPEZ, RODNEY -	$84.66	$-	$658,835.76
2095	CR	1383083	11/09/22		216039	MCCONNELL, DAVE -	109.14	-	658,944.90
2095	CR	1383084	11/09/22		216039	MOORE, SCOTT -	84.66	-	659,029.56
2095	CR	1383085	11/09/22		216039	NESS, DANIEL -	41.82	-	659,071.38
2095	CR	1383086	11/09/22		216039	PARRISH, MICHAEL -	41.82	-	659,113.20
2095	CR	1383087	11/09/22		216039	POLACEK, JEFF -	260.00	-	659,373.20
2095	CR	1383088	11/09/22		216039	Reyes, Charlie -	84.66	-	659,457.86
2095	CR	1383089	11/09/22		216039	ROBISON, MICHAEL J. -	84.66	-	659,542.52
2095	CR	1383090	11/09/22		216039	RORICK, NORM -	260.00	-	659,802.52
2095	CR	1383091	11/09/22		216039	Sims, Mike -	109.14	-	659,911.66
2095	CR	1383092	11/09/22		216039	Tarver, Shawn -	84.66	-	659,996.32
2095	CR	1383093	11/09/22		216039	Tucker, Michael -	260.00	-	660,256.32
2095	CR	1383094	11/09/22		216039	Valadez, Armando -	260.00	-	660,516.32
2095	CR	1383095	11/09/22		216039	VANATTA, DAVIN -	150.00	-	660,666.32
2095	CR	1383096	11/09/22		216039	WILHARM, BRIAN -	84.66	-	660,750.98
2095	CR	1383070	11/09/22		216053	Mills, Brett -	260.00	-	661,010.98
2095	CR	1383107	11/09/22		2355	DeJoria, Dana -	688.63	-	661,699.61
2095	CR	1383105	11/09/22		269438	Yavapai Regional Medical Ctr -	100,000.00	-	761,699.61
2095	CR	1383106	11/09/22		27665536	ELSWICK, DENNIS -	76.90	-	761,776.51
2095	CR	1383104	11/09/22		318110	Town of Prescott Valley -	2,764.54	-	764,541.05
2095	CR	1383103	11/09/22		510604437	Tucker, Michael -	275.81	-	764,816.86
2095	CR	1383101	11/09/22		510604438	Valadez, Armando -	474.59	-	765,291.45
2095	CR	1383102	11/09/22		510604439	Sims, Mike -	25.09	-	765,316.54
2095	CR	1383097	11/09/22		66831178	SKYVIEW SCHOOL -	78.41	-	765,394.95
2095	CR	1383099	11/09/22		706103160	VERDE VALLEY FIRE DISTRICT -	418.65	-	765,813.60
2095	CR	1383098	11/09/22		706103176	VERDE VALLEY FIRE DISTRICT -	2,149.33	-	767,962.93
2095	CR	1383100	11/09/22		706601208	Yarnell Fire District -	472.10	-	768,435.03
2097	CR	1383233	11/09/22		866	PLANS REVIEW -	108.00	-	768,543.03
2096	CR	1383230	11/09/22		CASH	CPR CLASS -	15.00	-	768,558.03
2094	CD	1382509	11/14/22		756743824	Advanced Traffic Products - Cash Disbursement ADTRPR	-	76,650.52	691,907.51
2094	CD	1382513	11/14/22		756743825	American Express, Inc. - Cash Disbursement AMEEXP	-	62,476.20	629,431.31
2094	CD	1382731	11/14/22		756743838	Anixter Inc - Cash Disbursement ANIXTE	-	593.22	628,838.09
2094	CD	1382734	11/14/22		756743839	Bennett Oil - Cash Disbursement BENOIL	-	3,264.21	625,573.88
2094	CD	1382738	11/14/22		756743840	BlueAlly - Cash Disbursement BLUALL	-	3,909.99	621,663.89
2094	CD	1382744	11/14/22		756743841	Bound Tree Medical LLC - Cash Disbursement BOTRME	-	8,855.98	612,807.91
2094	CD	1382770	11/14/22		756743843	Bradshaw Mtn Environmental Inc - Cash Disbursement BRMOEN	-	400.00	612,407.91
2094	CD	1382772	11/14/22		756743844	Bud Griffin Associates-Arizona - Cash Disbursement BUGRAS	-	8,446.61	603,961.30
2094	CD	1382777	11/14/22		756743845	B & W Fire Security Systems - Cash Disbursement BWFISE	-	2,742.52	601,218.78
2094	CD	1382784	11/14/22		756743846	Sparklight - Cash Disbursement CABONE	-	146.00	601,072.78
2094	CD	1382790	11/14/22		756743847	CenturyLink - Cash Disbursement CENLIN	-	173.04	600,899.74
2094	CD	1382794	11/14/22		756743848	Chase Bank - Cash Disbursement CHASE	-	643,172.89	(42,273.15)

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2094	CD	1382820	11/14/22		756743850	ColumbiaSoft Corporation - Cash Disbursement COLUMB	$-	$4,144.00	($46,417.15)
2094	CD	1382822	11/14/22		756743851	Cummins Sales And Service - Cash Disbursement CUROMO	-	624.65	(47,041.80)
2094	CD	1382828	11/14/22		756743852	CSTOR - Cash Disbursement CUSSTO	-	9,583.07	(56,624.87)
2094	CD	1382832	11/14/22		756743853	Curtis Tools for Heroes - Cash Disbursement CUTOHE	-	3,817.83	(60,442.70)
2094	CD	1382845	11/14/22		756743854	DELL MARKETING LP - Cash Disbursement DELL	-	4,475.27	(64,917.97)
2094	CD	1382850	11/14/22		756743855	Dish Network - Cash Disbursement DISNET	-	133.09	(65,051.06)
2094	CD	1382852	11/14/22		756743856	FACTORY MOTOR PARTS - Cash Disbursement FAMOPA	-	43.52	(65,094.58)
2094	CD	1382857	11/14/22		756743857	FEDEX - Cash Disbursement FEDEXP	-	45.39	(65,139.97)
2094	CD	1382860	11/14/22		756743858	Freightliner of AZ, LLC - Cash Disbursement FROFAR	-	553.84	(65,693.81)
2094	CD	1382864	11/14/22		756743859	Galls LLC - Cash Disbursement GALLS	-	106.37	(65,800.18)
2094	CD	1382871	11/14/22		756743860	W.W. Grainger, Inc - Cash Disbursement GRAING	-	269.48	(66,069.66)
2094	CD	1382874	11/14/22		756743861	Interstate Batteries - Cash Disbursement INTBAT	-	765.46	(66,835.12)
2094	CD	1382879	11/14/22		756743862	Life Assist Inc - Cash Disbursement LIFASS	-	956.09	(67,791.21)
2094	CD	1382883	11/14/22		756743863	Manzanita Landscaping, Inc - Cash Disbursement MANLAN	-	903.99	(68,695.20)
2094	CD	1382886	11/14/22		756743864	Matheson Tri-Gas, Inc - Cash Disbursement MATTRI	-	1,295.41	(69,990.61)
2094	CD	1382896	11/14/22		756743865	Motorola Solutions Inc - Cash Disbursement MOTSOL	-	671.46	(70,662.07)
2094	CD	1382899	11/14/22		756743866	NAPA Auto Parts - Cash Disbursement NAAUPA	-	794.01	(71,456.08)
2094	CD	1382944	11/14/22		756743869	Nationwide Retirement Solution - Cash Disbursement NATRET	-	1,539.89	(72,995.97)
2094	CD	1382946	11/14/22		756743870	Northern AZ Premier Termite - Cash Disbursement NOAZTE	-	905.00	(73,900.97)
2094	CD	1382949	11/14/22		756743871	O'Reilly Auto Parts - Cash Disbursement ORAUPA	-	446.59	(74,347.56)
2094	CD	1382964	11/14/22		756743872	Provantage LLC - Cash Disbursement PROVAN	-	7,581.25	(81,928.81)
2094	CD	1382971	11/14/22		756743873	Prescott Steel & Welding - Cash Disbursement PRSTWE	-	106.13	(82,034.94)
2094	CD	1382974	11/14/22		756743874	Prescott Valley Ace Hardware - Cash Disbursement PVACHA	-	793.08	(82,828.02)
2094	CD	1383008	11/14/22		756743876	Restored By Faith LLC - Cash Disbursement REBYFA	-	280.00	(83,108.02)
2094	CD	1383010	11/14/22		756743877	RWC Group - Cash Disbursement RWCINT	-	2,230.49	(85,338.51)
2094	CD	1383029	11/14/22		756743879	Smart Document Solutions - Cash Disbursement SMDOSO	-	657.46	(85,995.97)
2094	CD	1383036	11/14/22		756743880	Staples Contract & Commerc.Inc - Cash Disbursement STACOM	-	1,702.05	(87,698.02)
2094	CD	1383048	11/14/22		756743881	Teleflex Funding LLC - Cash Disbursement TELEFL	-	1,434.84	(89,132.86)
2094	CD	1383053	11/14/22		756743882	Town of Prescott Valley - Cash Disbursement TOPRVA	-	173.28	(89,306.14)
2094	CD	1383056	11/14/22		756743883	Unisource Energy Services - Cash Disbursement UNENSE	-	176.50	(89,482.64)
2094	CD	1383060	11/14/22		756743884	Verified First, LLC - Cash Disbursement VEFIBA	-	330.00	(89,812.64)
2094	CD	1383062	11/14/22		756743885	XEROX FINANCIAL SERVICES - Cash Disbursement XEFISE	-	347.20	(90,159.84)
2094	CD	1383065	11/14/22		756743886	Yavapai Fleet Yavapai Machine - Cash Disbursement YAFLIN	-	14.88	(90,174.72)
2094	CD	1383068	11/14/22		756743887	ZebraScapes LLC - Cash Disbursement ZEBRAS	-	175.00	(90,349.72)
2094	CD	1382802	11/14/22		DIR.DEP.PPE.11.5.2	Chase Bank - PR - DIRECT DEPOSIT PPE 11/5/2022	350,372.71	-	260,022.99

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10.1100.0.0.000			**CASH WITH YAVAPAI COUNTY (CONTINUED)**						
2098	PR	1386860	11/15/22		25677	Abel, Todd D. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	$-	$4,008.93	$256,014.06
2098	PR	1386885	11/15/22		25678	Anglin, Jake J. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	955.99	255,058.07
2098	PR	1386912	11/15/22		25679	Apolinar, Johnathan R. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,727.09	253,330.98
2098	PR	1386942	11/15/22		25680	Aponte, Anthony M. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,987.35	251,343.63
2098	PR	1386965	11/15/22		25681	Baker, Mark A. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,377.37	248,966.26
2098	PR	1386988	11/15/22		25682	Barnum, Josh M. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,170.76	246,795.50
2098	PR	1387017	11/15/22		25683	Basurto-Cancino, Leobardo - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	3,482.53	243,312.97
2098	PR	1387038	11/15/22		25684	Blum, Rodney A. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,794.50	241,518.47
2098	PR	1387061	11/15/22		25685	Breyer, Samuel H. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,495.27	240,023.20
2098	PR	1387083	11/15/22		25686	Brown Jr, Dennis F. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	3,309.76	236,713.44
2098	PR	1387108	11/15/22		25687	Brunk, Jacob A. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,381.25	234,332.19
2098	PR	1387133	11/15/22		25688	Buchanan, Ben D. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	3,476.54	230,855.65
2098	PR	1387155	11/15/22		25689	Bulters, Scott D. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,385.58	228,470.07
2098	PR	1387178	11/15/22		25690	Buntin, Darrell R. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,988.10	226,481.97
2098	PR	1387203	11/15/22		25691	Burch, Brian J. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,726.12	223,755.85
2098	PR	1387227	11/15/22		25692	Burch, Bryten J. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,315.32	222,440.53
2098	PR	1387254	11/15/22		25693	Burch, Caden C. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,651.57	220,788.96
2098	PR	1387274	11/15/22		25694	Bushman, James V. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,260.83	218,528.13
2098	PR	1387299	11/15/22		25695	Butler, Jason - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	3,316.09	215,212.04
2098	PR	1387327	11/15/22		25696	Butterfield, Jesse D. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,581.13	213,630.91
2098	PR	1387349	11/15/22		25697	Carothers, Robert C. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	3,882.37	209,748.54
2098	PR	1387374	11/15/22		25698	Cazaly, Marshall - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,507.38	208,241.16
2098	PR	1387393	11/15/22		25699	Chase, Rick D. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	3,871.95	204,369.21
2098	PR	1387415	11/15/22		25700	Clark, Shelly - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,133.52	203,235.69
2098	PR	1387422	11/15/22		25701	Cole, Brian A. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	479.25	202,756.44

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10.1100.0.0.000			**CASH WITH YAVAPAI COUNTY (CONTINUED)**						
2098	PR	1387450	11/15/22		25702	Collins, Seth M. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	$-	$1,512.30	$201,244.14
2098	PR	1387474	11/15/22		25703	Copenhaver, Douglas J. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,149.61	199,094.53
2098	PR	1387496	11/15/22		25704	Cox, Phillip C. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	3,172.30	195,922.23
2098	PR	1387520	11/15/22		25705	Croft, Adam J. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,689.33	194,232.90
2098	PR	1387542	11/15/22		25706	Crossman, Eric L. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,277.62	191,955.28
2098	PR	1387566	11/15/22		25707	Cruz, Steven R. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,369.36	189,585.92
2098	PR	1387589	11/15/22		25708	Curry, Robert C. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,336.12	187,249.80
2098	PR	1387613	11/15/22		25709	Davidson, Glenn T. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,661.75	184,588.05
2098	PR	1387637	11/15/22		25710	Davis, Bradley M. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	4,776.16	179,811.89
2098	PR	1387661	11/15/22		25711	Deering, Andrew L. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	903.78	178,908.11
2098	PR	1387686	11/15/22		25712	DiVall, Nelson - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,366.68	177,541.43
2098	PR	1387710	11/15/22		25713	Dibble, Gordon L. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,784.31	175,757.12
2098	PR	1387734	11/15/22		25714	Dixson, Susanne M. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,361.45	173,395.67
2098	PR	1387758	11/15/22		25715	Douglas, Ren W. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,266.13	171,129.54
2098	PR	1387778	11/15/22		25716	Dowdy, Charles E. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,038.71	169,090.83
2098	PR	1387804	11/15/22		25717	DuCharme, Zachary J. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,609.79	167,481.04
2098	PR	1387827	11/15/22		25718	Duplessis, Robert A. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,762.29	164,718.75
2098	PR	1387855	11/15/22		25719	Eckle, Kellan J. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,440.46	162,278.29
2098	PR	1387877	11/15/22		25720	Edwards, David S. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,545.51	159,732.78
2098	PR	1387898	11/15/22		25721	Engel, Nicole - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	966.00	158,766.78
2098	PR	1387918	11/15/22		25722	Feddema, John J. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	3,509.64	155,257.14
2098	PR	1387946	11/15/22		25723	Ferris, Ryan M. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,181.72	153,075.42
2098	PR	1387970	11/15/22		25724	Fields, Brody J. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,837.94	150,237.48
2098	PR	1387999	11/15/22		25725	Fournier, Nick T. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,338.07	147,899.41
2098	PR	1388020	11/15/22		25726	Frawley, Teresa A. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,127.13	146,772.28

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2098	PR	1388042	11/15/22		25727	Frazier, Antonio - Payroll Bi-Weekly-Direct Deposit 11/15/2022	$-	$3,018.24	$143,754.04
2098	PR	1388064	11/15/22		25728	Freeman, Michael - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,761.04	141,993.00
2098	PR	1388081	11/15/22		25729	Freitag, Scott A. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	4,411.67	137,581.33
2098	PR	1388102	11/15/22		25730	Gallman, Timothy B. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,353.43	136,227.90
2098	PR	1388123	11/15/22		25731	Gardea Chaparro, Ivonne - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,084.37	135,143.53
2098	PR	1388144	11/15/22		25732	Gentle, Isabel - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,094.34	134,049.19
2098	PR	1388169	11/15/22		25733	Gentle, Joshua A. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,293.19	132,756.00
2098	PR	1388194	11/15/22		25734	Gillihan, Jim W. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,600.49	131,155.51
2098	PR	1388218	11/15/22		25735	Ginn, James E. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,178.06	128,977.45
2098	PR	1388241	11/15/22		25736	Goodman, Laurie K. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,145.30	127,832.15
2098	PR	1388272	11/15/22		25737	Gray, JT A. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,003.82	125,828.33
2098	PR	1388301	11/15/22		25738	Guzzo, Nicholas R. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,443.75	124,384.58
2098	PR	1388329	11/15/22		25739	Hall, Jace R. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,911.56	122,473.02
2098	PR	1388353	11/15/22		25740	Harper, Leslie R. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,661.78	119,811.24
2098	PR	1388375	11/15/22		25741	Hlavacek, Evan - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,294.38	117,516.86
2098	PR	1388399	11/15/22		25742	Horstman, Stephen W. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	3,783.84	113,733.02
2098	PR	1388421	11/15/22		25743	Huddleston, Michael B. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,633.62	111,099.40
2098	PR	1388449	11/15/22		25744	Hutchison, Ethan K. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,186.75	109,912.65
2098	PR	1388465	11/15/22		25745	Ingrao, Jory - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,102.63	107,810.02
2098	PR	1388490	11/15/22		25746	Jacobson, Terrence L. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,252.25	105,557.77
2098	PR	1388516	11/15/22		25747	Jimenez, Valentin - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,972.42	103,585.35
2098	PR	1388544	11/15/22		25748	Jones, Shaun D. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,786.06	100,799.29
2098	PR	1388565	11/15/22		25749	Jordan, Tessa M. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,175.90	99,623.39
2098	PR	1388590	11/15/22		25750	King, Jeremiah D. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,569.47	97,053.92
2098	PR	1388611	11/15/22		25751	Kohler, Travis W. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,261.27	94,792.65

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10.1100.0.0.000			**CASH WITH YAVAPAI COUNTY (CONTINUED)**						
2098	PR	1388634	11/15/22		25752	Kontz, Andrew M. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	$-	$1,362.45	$93,430.20
2098	PR	1388661	11/15/22		25753	Kontz, Michael V. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,714.67	90,715.53
2098	PR	1388679	11/15/22		25754	Krizo, Denise M. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,050.64	89,664.89
2098	PR	1388701	11/15/22		25755	Kuykendall, Jeffery W. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,818.03	86,846.86
2098	PR	1388723	11/15/22		25756	Legge, David B. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,629.63	84,217.23
2098	PR	1388748	11/15/22		25757	Litchfield, Ronald K. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	3,460.67	80,756.56
2098	PR	1388768	11/15/22		25758	Lopeman, Keith A. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,216.08	78,540.48
2098	PR	1388796	11/15/22		25759	Lund, Kyle L. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	3,602.84	74,937.64
2098	PR	1388820	11/15/22		25760	Lynch, Peter J. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,626.89	73,310.75
2098	PR	1388846	11/15/22		25761	Lys, Damian P. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	3,439.56	69,871.19
2098	PR	1388867	11/15/22		25762	Madden, James P. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,517.22	68,353.97
2098	PR	1388888	11/15/22		25763	Mauldin, Karen S. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,080.81	66,273.16
2098	PR	1388912	11/15/22		25764	Mauldin, Mark E. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	3,007.57	63,265.59
2098	PR	1388930	11/15/22		25765	Mayhall, Mathew T. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,439.69	60,825.90
2098	PR	1388949	11/15/22		25766	Mazon, Joshua M. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,546.23	58,279.67
2098	PR	1388973	11/15/22		25767	McCarthy, Nicholas A. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,323.14	56,956.53
2098	PR	1388998	11/15/22		25768	McCarty, Daniel L. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	3,148.32	53,808.21
2098	PR	1389023	11/15/22		25769	McFadden, Matthew C. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,316.53	52,491.68
2098	PR	1389051	11/15/22		25770	McFadden, Michael J. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,120.11	50,371.57
2098	PR	1389077	11/15/22		25771	McIntire, Jacob V. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,888.32	48,483.25
2098	PR	1389100	11/15/22		25772	Merrill, Eric R. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	3,513.47	44,969.78
2098	PR	1389123	11/15/22		25773	Mills, Brett S. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,268.64	43,701.14
2098	PR	1389148	11/15/22		25774	Moore, Aaron J. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,271.18	41,429.96
2098	PR	1389173	11/15/22		25775	Moore, Ryan T. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,596.16	39,833.80
2098	PR	1389200	11/15/22		25776	Muniz, Thomas E. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,237.53	37,596.27

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10.1100.0.0.000			**CASH WITH YAVAPAI COUNTY (CONTINUED)**						
2098	PR	1389221	11/15/22		25777	Murphey, Patricia D. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	$-	$3,201.74	$34,394.53
2098	PR	1389249	11/15/22		25778	Nall, William T. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,682.56	32,711.97
2098	PR	1389274	11/15/22		25779	Nelson, Michael J. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,540.62	31,171.35
2098	PR	1389302	11/15/22		25780	Niemynski, Doug T. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	4,469.31	26,702.04
2098	PR	1389328	11/15/22		25781	Nolan, Jason K. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,256.63	24,445.41
2098	PR	1389356	11/15/22		25782	Olson, Rick C. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	3,189.15	21,256.26
2098	PR	1389380	11/15/22		25783	Overmyer, Titus C. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,529.57	19,726.69
2098	PR	1389400	11/15/22		25784	Parra, Dustin A. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,761.89	16,964.80
2098	PR	1389427	11/15/22		25785	Parra, Payton S. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,784.80	15,180.00
2098	PR	1389446	11/15/22		25786	Peckham, Christopher D. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,946.44	13,233.56
2098	PR	1389471	11/15/22		25787	Pena, Christopher D. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,038.46	11,195.10
2098	PR	1389503	11/15/22		25788	Perez, Anthony R. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,770.32	8,424.78
2098	PR	1389530	11/15/22		25789	Perkins, Shane M. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,245.52	7,179.26
2098	PR	1389554	11/15/22		25790	Poliakon, Brett M. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,223.51	4,955.75
2098	PR	1389576	11/15/22		25791	Postula, Justin M. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,213.43	2,742.32
2098	PR	1389599	11/15/22		25792	Postula, Karl A. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,840.61	(98.29)
2098	PR	1389617	11/15/22		25793	Prange, Ross L. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	4,064.35	(4,162.64)
2098	PR	1389640	11/15/22		25794	Pruitt, Robert E. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,308.22	(6,470.86)
2098	PR	1389663	11/15/22		25795	Rafters, William C. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,462.15	(7,933.01)
2098	PR	1389686	11/15/22		25796	Redfern, Joshuah L. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,529.21	(9,462.22)
2098	PR	1389712	11/15/22		25797	Reeves, Katherine D. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,128.27	(10,590.49)
2098	PR	1389737	11/15/22		25798	Rendl, Robert A. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	3,084.25	(13,674.74)
2098	PR	1389762	11/15/22		25799	Reyes, Adam N. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,844.77	(15,519.51)
2098	PR	1389781	11/15/22		25800	Roberts, Jerry R. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,680.42	(18,199.93)
2098	PR	1389807	11/15/22		25801	Rocha, Edgar O. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,414.41	(19,614.34)

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10.1100.0.0.000			**CASH WITH YAVAPAI COUNTY (CONTINUED)**						
2098	PR	1389832	11/15/22		25802	Roche, Benjamin H. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	$-	$1,986.98	($21,601.32)
2098	PR	1389855	11/15/22		25803	Rose, Cody S. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	3,563.33	(25,164.65)
2098	PR	1389885	11/15/22		25804	Runo, Kyle E. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,782.15	(26,946.80)
2098	PR	1389911	11/15/22		25805	Ryan, Keith M. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,375.84	(28,322.64)
2098	PR	1389933	11/15/22		25806	Scaife, Domenic J. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	3,383.55	(31,706.19)
2098	PR	1389957	11/15/22		25807	Schiffmacher, Gerald - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,714.01	(33,420.20)
2098	PR	1389979	11/15/22		25808	Schuster Jr., Alan J. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	4,448.95	(37,869.15)
2098	PR	1390002	11/15/22		25809	Seets, James W. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,397.77	(40,266.92)
2098	PR	1390028	11/15/22		25810	Sheldon, Wesley K. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,675.52	(41,942.44)
2098	PR	1390051	11/15/22		25811	Sims, Lacie J. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,284.06	(43,226.50)
2098	PR	1390076	11/15/22		25812	Smith, Jacob A. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	943.19	(44,169.69)
2098	PR	1390104	11/15/22		25813	Smith, Russell - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	3,255.18	(47,424.87)
2098	PR	1390128	11/15/22		25814	Smith, Travis L. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,780.68	(50,205.55)
2098	PR	1390152	11/15/22		25815	Snyder, Timothy E. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,396.54	(52,602.09)
2098	PR	1390174	11/15/22		25816	Stewart, Jeff - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,924.44	(54,526.53)
2098	PR	1390200	11/15/22		25817	Stooks, Wallace C. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	3,362.88	(57,889.41)
2098	PR	1390228	11/15/22		25818	Stretton, Garrett M. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,589.72	(59,479.13)
2098	PR	1390251	11/15/22		25819	Tharp, David S. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	3,377.57	(62,856.70)
2098	PR	1390278	11/15/22		25820	Thompson, Jacob S. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,092.47	(64,949.17)
2098	PR	1390306	11/15/22		25821	Tillich, Timothy A. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,508.62	(66,457.79)
2098	PR	1390330	11/15/22		25822	Trask, Ryan A. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,398.96	(68,856.75)
2098	PR	1390355	11/15/22		25823	Trujillo, Erik J. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,008.01	(70,864.76)
2098	PR	1390380	11/15/22		25824	Turner, Kenneth R. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,023.75	(72,888.51)
2098	PR	1390400	11/15/22		25825	VanTuyl, Jonah D. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,901.48	(75,789.99)
2098	PR	1390424	11/15/22		25826	Vanatta, Justin B. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,596.26	(77,386.25)

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2098	PR	1390445	11/15/22		25827	Viscardi, Karen W. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	$-	$1,303.67	($78,689.92)
2098	PR	1390470	11/15/22		25828	Wagner, Adam D. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,067.76	(80,757.68)
2098	PR	1390495	11/15/22		25829	Wagoner, Buddy R. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,461.55	(82,219.23)
2098	PR	1390516	11/15/22		25830	Welch-Cornell, Jaime D. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,540.22	(83,759.45)
2098	PR	1390538	11/15/22		25831	Wittenberg, David J. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,297.04	(86,056.49)
2098	PR	1390565	11/15/22		25832	Young, Kevin A. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	1,300.25	(87,356.74)
2098	PR	1390593	11/15/22		25833	Zazueta, Robert P. - Payroll Bi-Weekly-Direct Deposit 11/15/2022	-	2,992.98	(90,349.72)
2103	CR	1390965	11/17/22		15904	PLANS REVIEW -	216.00	-	(90,133.72)
2103	CR	1390967	11/17/22		15905	PLANS REVIEW -	125.00	-	(90,008.72)
2103	CR	1390964	11/17/22		16009	PLANS REVIEW -	458.00	-	(89,550.72)
2103	CR	1390959	11/17/22		16011	PLANS REVIEW -	458.00	-	(89,092.72)
2103	CR	1390966	11/17/22		16013	PLANS REVIEW -	458.00	-	(88,634.72)
2103	CR	1390961	11/17/22		16014	PLANS REVIEW -	458.00	-	(88,176.72)
2103	CR	1390962	11/17/22		16015	PLANS REVIEW -	458.00	-	(87,718.72)
2103	CR	1390963	11/17/22		16016	PLANS REVIEW -	125.00	-	(87,593.72)
2103	CR	1390960	11/17/22		16017	PLANS REVIEW -	458.00	-	(87,135.72)
2104	CR	1390979	11/17/22		510604478	Bliss, Scott -	1,419.32	-	(85,716.40)
2104	CR	1390977	11/17/22		5660	Findlay Toyota Center -	1,345.00	-	(84,371.40)
2104	CR	1390980	11/17/22		662217	AZ Dept of Forestry & Fire Mgt -	257,055.40	-	172,684.00
2104	CR	1390978	11/17/22		833000186	Blue Ridge Fire -	88.63	-	172,772.63
2100	CD	1390597	11/28/22		756743888	A1 Water Bulk Delivery Svc LLC - Cash Disbursement A1WADE	-	140.00	172,632.63
2100	CD	1390599	11/28/22		756743889	Able Saw, LLC - Cash Disbursement ABLSAW	-	1,501.71	171,130.92
2100	CD	1390606	11/28/22		756743890	Advanced Traffic Products - Cash Disbursement ADTRPR	-	162,202.68	8,928.24
2100	CD	1390613	11/28/22		756743891	AHS Rescue, LLC - Cash Disbursement AHSRES	-	523.29	8,404.95
2100	CD	1390618	11/28/22		756743892	APS - Cash Disbursement APS	-	11,382.95	(2,978.00)
2100	CD	1390645	11/28/22		756743894	Arizona Dept. of Public Safety - Cash Disbursement ARDEPU	-	22.00	(3,000.00)
2100	CD	1390647	11/28/22		756743895	Arizona Dept. of Public Safety - Cash Disbursement ARDEPU	-	44.00	(3,044.00)
2100	CD	1390650	11/28/22		756743896	Arizona Emergency Products - Cash Disbursement AREMPR	-	32.69	(3,076.69)
2100	CD	1390653	11/28/22		756743897	Arizona PPE Recon, Inc - Cash Disbursement ARPPER	-	345.00	(3,421.69)
2100	CD	1390656	11/28/22		756743898	AZ Center for Fire Svc Excel - Cash Disbursement AZCEFI	-	275.00	(3,696.69)
2100	CD	1390659	11/28/22		756743899	BACKBOARDS BOOMERANG - Cash Disbursement BABOBO	-	211.00	(3,907.69)
2100	CD	1390662	11/28/22		756743900	Bennett Oil - Cash Disbursement BENOIL	-	242.10	(4,149.79)
2100	CD	1390664	11/28/22		756743901	Bound Tree Medical LLC - Cash Disbursement BOTRME	-	4,265.61	(8,415.40)

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10.1100.0.0.000			**CASH WITH YAVAPAI COUNTY (CONTINUED)**						
2100	CD	1390683	11/28/22		756743903	BREATHING AIR SYSTEMS - Cash Disbursement BRAISY	$-	$96.06	($8,511.46)
2100	CD	1390686	11/28/22		756743904	Bud Griffin Associates-Arizona - Cash Disbursement BUGRAS	-	1,249.20	(9,760.66)
2100	CD	1390697	11/28/22		756743905	B & W Fire Security Systems - Cash Disbursement BWFISE	-	763.70	(10,524.36)
2100	CD	1390700	11/28/22		756743906	Sparklight - Cash Disbursement CABONE	-	1,033.84	(11,558.20)
2100	CD	1390703	11/28/22		756743907	CenturyLink - Cash Disbursement CENLIN	-	1,161.95	(12,720.15)
2100	CD	1390710	11/28/22		756743908	CenturyLink - Cash Disbursement CENLIN	-	22.29	(12,742.44)
2100	CD	1390712	11/28/22		756743909	Chase Bank - Cash Disbursement CHASE	-	693,448.28	(706,190.72)
2100	CD	1390737	11/28/22		756743911	Chase Card Services - Cash Disbursement CHCASE	-	11,570.63	(717,761.35)
2100	CD	1390792	11/28/22		756743915	City of Prescott - Cash Disbursement CITPRE	-	174.42	(717,935.77)
2100	CD	1390794	11/28/22		756743916	Coppersmith Brockelman PLC - Cash Disbursement COPBRO	-	8,737.50	(726,673.27)
2100	CD	1390797	11/28/22		756743917	Law Off. of Nicolas Cornelius - Cash Disbursement CORNIC	-	9,304.50	(735,977.77)
2100	CD	1390799	11/28/22		756743918	Copper State Supply, Inc - Cash Disbursement COSTSU	-	611.69	(736,589.46)
2100	CD	1390803	11/28/22		756743919	Crisenbery, Gary - Cash Disbursement CRIGAR	-	1,875.00	(738,464.46)
2100	CD	1390805	11/28/22		756743920	Cummins Sales And Service - Cash Disbursement CUROMO	-	357.60	(738,822.06)
2100	CD	1390809	11/28/22		756743921	Curtis Tools for Heroes - Cash Disbursement CUTOHE	-	6,152.30	(744,974.36)
2100	CD	1390813	11/28/22		756743922	DEERING, ANDREW - Cash Disbursement DEEAND	-	550.00	(745,524.36)
2100	CD	1390815	11/28/22		756743923	Enerspect Medical Solutions - Cash Disbursement ENMESO	-	211.24	(745,735.60)
2100	CD	1390820	11/28/22		756743924	FACTORY MOTOR PARTS - Cash Disbursement FAMOPA	-	137.15	(745,872.75)
2100	CD	1390825	11/28/22		756743925	FEDEX - Cash Disbursement FEDEXP	-	18.30	(745,891.05)
2100	CD	1390827	11/28/22		756743926	Ferguson Enterprises LLC #3584 - Cash Disbursement FERENT	-	87.23	(745,978.28)
2100	CD	1390830	11/28/22		756743927	FleetPride, Inc - Cash Disbursement FLPRTR	-	103.87	(746,082.15)
2100	CD	1390833	11/28/22		756743928	Freightliner of AZ, LLC - Cash Disbursement FROFAR	-	1,847.86	(747,930.01)
2100	CD	1390837	11/28/22		756743929	Globalstar - Cash Disbursement GLOBAL	-	276.21	(748,206.22)
2100	CD	1390839	11/28/22		756743930	Healthcare Medical Waste Svcs - Cash Disbursement HEMEWA	-	79.82	(748,286.04)
2100	CD	1390841	11/28/22		756743931	Henry & Horne LLP - Cash Disbursement HENHOR	-	24,000.00	(772,286.04)
2100	CD	1390843	11/28/22		756743932	Hillyard, Inc-Flagstaff - Cash Disbursement HILLYA	-	989.79	(773,275.83)
2100	CD	1390850	11/28/22		756743933	KAIROS Health Arizona, Inc - Cash Disbursement KAIROS	-	171,401.27	(944,677.10)
2100	CD	1390865	11/28/22		756743934	Matheson Tri-Gas, Inc - Cash Disbursement MATTRI	-	327.21	(945,004.31)
2100	CD	1390868	11/28/22		756743935	Melcher Printing, Inc - Cash Disbursement MELPRI	-	2,440.17	(947,444.48)
2100	CD	1390875	11/28/22		756743936	Municipal Emergency Svcs Inc - Cash Disbursement MES	-	1,231.13	(948,675.61)
2100	CD	1390882	11/28/22		756743937	Neumann High Country Doors - Cash Disbursement NEUHCD	-	306.00	(948,981.61)
2100	CD	1390887	11/28/22		756743938	DELGROSSO, ROBERT - Cash Disbursement ONETIM	-	184.86	(949,166.47)
2100	CD	1390889	11/28/22		756743939	MAYHAN, JOHN - Cash Disbursement ONETIM	-	427.14	(949,593.61)
2100	CD	1390891	11/28/22		756743940	OHM, PETER & TERESA - Cash Disbursement ONETIM	-	60.58	(949,654.19)

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2100	CD	1390893	11/28/22		756743941	Pinon Painting LLC - Cash Disbursement PINPAI	$-	$680.00	($950,334.19)
2100	CD	1390895	11/28/22		756743942	Prescott Steel & Welding - Cash Disbursement PRSTWE	-	221.15	(950,555.34)
2100	CD	1390898	11/28/22		756743943	Public Safety Crisis Solutions - Cash Disbursement PUSACR	-	1,662.50	(952,217.84)
2100	CD	1390902	11/28/22		756743944	Purple Sage Embroidery & Award - Cash Disbursement PUSAEM	-	32.70	(952,250.54)
2100	CD	1390905	11/28/22		756743945	RWC Group - Cash Disbursement RWCINT	-	1,453.83	(953,704.37)
2100	CD	1390917	11/28/22		756743946	Staples Contract & Commerc.Inc - Cash Disbursement STACOM	-	117.04	(953,821.41)
2100	CD	1390923	11/28/22		756743947	Town of Prescott Valley - Cash Disbursement TOPRVA	-	627.48	(954,448.89)
2100	CD	1390929	11/28/22		756743948	Unisource Energy Services - Cash Disbursement UNENSE	-	401.39	(954,850.28)
2100	CD	1390934	11/28/22		756743949	United Fire Equipment Company - Cash Disbursement UNFIEQ	-	3,984.67	(958,834.95)
2100	CD	1390940	11/28/22		756743950	United Disposal, Inc - Cash Disbursement UNIDIS	-	264.00	(959,098.95)
2100	CD	1390942	11/28/22		756743951	Verizon Wireless - Cash Disbursement VERWIR	-	4,899.91	(963,998.86)
2100	CD	1390947	11/28/22		756743952	XEROX FINANCIAL SERVICES - Cash Disbursement XEFISE	-	823.22	(964,822.08)
2100	CD	1390950	11/28/22		756743953	Yavapai Fleet Yavapai Machine - Cash Disbursement YAFLIN	-	93.50	(964,915.58)
2100	CD	1390953	11/28/22		756743954	dba Zions Bank - Cash Disbursement ZIOBAN	-	605,459.86	(1,570,375.44)
2100	CD	1390720	11/28/22		DIR.DEP.PPE.11.19.2	Chase Bank - PR - DIRECT DEPOSIT PPE 11/19/2022	403,799.78	-	(1,166,575.66)
2111	CR	1391103	11/29/22		1493	HALL, DARRELL -	1,209.94	-	(1,165,365.72)
2111	CR	1391106	11/29/22		15903	PLANS REVIEW -	376.88	-	(1,164,988.84)
2109	CR	1391066	11/29/22		15907	PLANS REVIEW -	358.00	-	(1,164,630.84)
2111	CR	1391105	11/29/22		16018	PLANS REVIEW -	458.00	-	(1,164,172.84)
2109	CR	1391070	11/29/22		16021	PLANS REVIEW -	458.00	-	(1,163,714.84)
2109	CR	1391068	11/29/22		16022	PLANS REVIEW -	125.00	-	(1,163,589.84)
2109	CR	1391069	11/29/22		16023	PLANS REVIEW -	125.00	-	(1,163,464.84)
2109	CR	1391067	11/29/22		16025	PLANS REVIEW -	458.00	-	(1,163,006.84)
2111	CR	1391104	11/29/22		164541	MISCELLANEOUS INCOME -	5,000.00	-	(1,158,006.84)
2115	PR	1394301	11/29/22		25834	Abel, Todd D. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	3,353.88	(1,161,360.72)
2115	PR	1394321	11/29/22		25835	Anglin, Jake J. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	992.23	(1,162,352.95)
2115	PR	1394343	11/29/22		25836	Apolinar, Johnathan R. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,205.89	(1,164,558.84)
2115	PR	1394365	11/29/22		25837	Aponte, Anthony M. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,595.62	(1,166,154.46)
2115	PR	1394384	11/29/22		25838	Baker, Mark A. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,626.82	(1,168,781.28)
2115	PR	1394401	11/29/22		25839	Barnum, Josh M. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,426.72	(1,171,208.00)
2115	PR	1394426	11/29/22		25840	Basurto-Cancino, Leobardo - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,652.30	(1,173,860.30)
2115	PR	1394441	11/29/22		25841	Blair, Wyatt L. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,603.61	(1,175,463.91)

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2115	PR	1394458	11/29/22		25842	Blum, Rodney A. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	$-	$1,957.74	($1,177,421.65)
2115	PR	1394477	11/29/22		25843	Breyer, Samuel H. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,722.24	(1,179,143.89)
2115	PR	1394496	11/29/22		25844	Brown Jr, Dennis F. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	4,188.26	(1,183,332.15)
2115	PR	1394516	11/29/22		25845	Brunk, Jacob A. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,971.91	(1,185,304.06)
2115	PR	1394539	11/29/22		25846	Buchanan, Ben D. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	4,194.97	(1,189,499.03)
2115	PR	1394557	11/29/22		25847	Bulters, Scott D. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,479.75	(1,191,978.78)
2115	PR	1394577	11/29/22		25848	Buntin, Darrell R. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,647.29	(1,194,626.07)
2115	PR	1394597	11/29/22		25849	Burch, Brian J. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	3,090.29	(1,197,716.36)
2115	PR	1394616	11/29/22		25850	Burch, Bryten J. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,454.01	(1,199,170.37)
2115	PR	1394638	11/29/22		25851	Burch, Caden C. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,809.05	(1,200,979.42)
2115	PR	1394653	11/29/22		25852	Bushman, James V. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,556.17	(1,203,535.59)
2115	PR	1394676	11/29/22		25853	Butler, Jason - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	4,636.82	(1,208,172.41)
2115	PR	1394698	11/29/22		25854	Butterfield, Jesse D. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,789.15	(1,209,961.56)
2115	PR	1394714	11/29/22		25855	Carothers, Robert C. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	4,165.82	(1,214,127.38)
2115	PR	1394736	11/29/22		25856	Cazaly, Marshall - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,114.26	(1,216,241.64)
2115	PR	1394750	11/29/22		25857	Chase, Rick D. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	4,026.24	(1,220,267.88)
2115	PR	1394766	11/29/22		25858	Clark, Shelly - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,144.32	(1,221,412.20)
2115	PR	1394789	11/29/22		25859	Collins, Seth M. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,940.20	(1,223,352.40)
2115	PR	1394809	11/29/22		25860	Copenhaver, Douglas J. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,538.12	(1,225,890.52)
2115	PR	1394828	11/29/22		25861	Cox, Phillip C. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	4,199.07	(1,230,089.59)
2115	PR	1394848	11/29/22		25862	Croft, Adam J. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,906.42	(1,231,996.01)
2115	PR	1394865	11/29/22		25863	Crossman, Eric L. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,458.64	(1,234,454.65)
2115	PR	1394885	11/29/22		25864	Cruz, Steven R. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	3,037.18	(1,237,491.83)
2115	PR	1394905	11/29/22		25865	Curry, Robert C. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,593.29	(1,240,085.12)
2115	PR	1394915	11/29/22		25866	DalCerro, Matthew R. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,766.45	(1,241,851.57)

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10.1100.0.0.000			**CASH WITH YAVAPAI COUNTY (CONTINUED)**						
2115	PR	1394935	11/29/22		25867	Davidson, Glenn T. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	$-	$2,759.67	($1,244,611.24)
2115	PR	1394955	11/29/22		25868	Davis, Bradley M. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	4,886.89	(1,249,498.13)
2115	PR	1394974	11/29/22		25869	Deering, Andrew L. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	940.49	(1,250,438.62)
2115	PR	1394996	11/29/22		25870	DiVall, Nelson - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,849.27	(1,252,287.89)
2115	PR	1395015	11/29/22		25871	Dibble, Gordon L. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,985.14	(1,254,273.03)
2115	PR	1395033	11/29/22		25872	Dixson, Susanne M. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,381.03	(1,256,654.06)
2115	PR	1395054	11/29/22		25873	Douglas, Ren W. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	8,170.74	(1,264,824.80)
2115	PR	1395069	11/29/22		25874	Dowdy, Charles E. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,153.00	(1,266,977.80)
2115	PR	1395090	11/29/22		25875	DuCharme, Zachary J. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,968.30	(1,268,946.10)
2115	PR	1395108	11/29/22		25876	Duplessis, Robert A. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	3,216.66	(1,272,162.76)
2115	PR	1395119	11/29/22		25877	Dwyer, Jonathan M. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,783.99	(1,273,946.75)
2115	PR	1395139	11/29/22		25878	Eckle, Kellan J. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,963.68	(1,275,910.43)
2115	PR	1395156	11/29/22		25879	Edwards, David S. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,864.47	(1,278,774.90)
2115	PR	1395173	11/29/22		25880	Engel, Nicole - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,041.39	(1,279,816.29)
2115	PR	1395185	11/29/22		25881	Estrada, Emilio C. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,712.11	(1,281,528.40)
2115	PR	1395199	11/29/22		25882	Feddema, John J. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	3,689.46	(1,285,217.86)
2115	PR	1395222	11/29/22		25883	Ferris, Ryan M. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,579.01	(1,286,796.87)
2115	PR	1395242	11/29/22		25884	Fields, Brody J. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	3,373.52	(1,290,170.39)
2115	PR	1395262	11/29/22		25885	Fournier, Nick T. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	3,007.24	(1,293,177.63)
2115	PR	1395278	11/29/22		25886	Frawley, Teresa A. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,177.77	(1,294,355.40)
2115	PR	1395293	11/29/22		25887	Frazier, Antonio - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,735.30	(1,297,090.70)
2115	PR	1395308	11/29/22		25888	Freeman, Michael - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,867.73	(1,298,958.43)
2115	PR	1395320	11/29/22		25889	Freitag, Scott A. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	4,535.42	(1,303,493.85)
2115	PR	1395340	11/29/22		25890	Gallman, Timothy B. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,447.50	(1,304,941.35)
2115	PR	1395358	11/29/22		25891	Gardea Chaparro, Ivonne - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,084.37	(1,306,025.72)

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2115	PR	1395373	11/29/22		25892	Gentle, Isabel - Payroll Bi-Weekly-Direct Deposit 11/29/2022	$-	$1,099.37	($1,307,125.09)
2115	PR	1395392	11/29/22		25893	Gentle, Joshua A. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,298.22	(1,308,423.31)
2115	PR	1395410	11/29/22		25894	Gillihan, Jim W. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,766.83	(1,310,190.14)
2115	PR	1395429	11/29/22		25895	Ginn, James E. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,437.09	(1,312,627.23)
2115	PR	1395445	11/29/22		25896	Goodman, Laurie K. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,190.87	(1,313,818.10)
2115	PR	1395469	11/29/22		25897	Gray, JT A. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,271.57	(1,316,089.67)
2115	PR	1395491	11/29/22		25898	Guzzo, Nicholas R. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,548.71	(1,317,638.38)
2115	PR	1395513	11/29/22		25899	Hall, Jace R. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,246.60	(1,319,884.98)
2115	PR	1395524	11/29/22		25900	Hampton, Daniel A. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,730.93	(1,321,615.91)
2115	PR	1395545	11/29/22		25901	Harper, Leslie R. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,714.39	(1,324,330.30)
2115	PR	1395562	11/29/22		25902	Hlavacek, Evan - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,476.18	(1,326,806.48)
2115	PR	1395581	11/29/22		25903	Horstman, Stephen W. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	3,711.06	(1,330,517.54)
2115	PR	1395600	11/29/22		25904	Huddleston, Michael B. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	3,368.85	(1,333,886.39)
2115	PR	1395625	11/29/22		25905	Hutchison, Ethan K. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,714.20	(1,335,600.59)
2115	PR	1395636	11/29/22		25906	Ingrao, Jory - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,102.63	(1,337,703.22)
2115	PR	1395647	11/29/22		25907	Isbell, Tienna B. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,745.91	(1,339,449.13)
2115	PR	1395665	11/29/22		25908	Jacobson, Terrence L. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,397.06	(1,341,846.19)
2115	PR	1395684	11/29/22		25909	Jimenez, Valentin - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,532.81	(1,343,379.00)
2115	PR	1395706	11/29/22		25910	Jones, Shaun D. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,351.38	(1,345,730.38)
2115	PR	1395723	11/29/22		25911	Jordan, Tessa M. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,286.08	(1,347,016.46)
2115	PR	1395744	11/29/22		25912	King, Jeremiah D. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,818.66	(1,349,835.12)
2115	PR	1395759	11/29/22		25913	Kohler, Travis W. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,207.57	(1,352,042.69)
2115	PR	1395778	11/29/22		25914	Kontz, Andrew M. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,489.74	(1,353,532.43)
2115	PR	1395799	11/29/22		25915	Kontz, Michael V. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,287.36	(1,355,819.79)
2115	PR	1395815	11/29/22		25916	Krizo, Denise M. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,054.56	(1,356,874.35)

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10.1100.0.0.000			**CASH WITH YAVAPAI COUNTY (CONTINUED)**						
2115	PR	1395833	11/29/22		25917	Kuykendall, Jeffery W. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	$-	$3,568.50	($1,360,442.85)
2115	PR	1395844	11/29/22		25918	Lawson, Darrick M. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,763.95	(1,362,206.80)
2115	PR	1395860	11/29/22		25919	Legge, David B. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,684.57	(1,364,891.37)
2115	PR	1395878	11/29/22		25920	Litchfield, Ronald K. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	3,394.86	(1,368,286.23)
2115	PR	1395894	11/29/22		25921	Lopeman, Keith A. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,287.40	(1,370,573.63)
2115	PR	1395905	11/29/22		25922	Lopez, Nelson P. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,763.95	(1,372,337.58)
2115	PR	1395929	11/29/22		25923	Lund, Kyle L. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,668.52	(1,374,006.10)
2115	PR	1395949	11/29/22		25924	Lynch, Peter J. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,692.86	(1,375,698.96)
2115	PR	1395970	11/29/22		25925	Lys, Damian P. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	4,470.09	(1,380,169.05)
2115	PR	1395986	11/29/22		25926	Madden, James P. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,517.22	(1,381,686.27)
2115	PR	1396001	11/29/22		25927	Mauldin, Karen S. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,138.28	(1,383,824.55)
2115	PR	1396021	11/29/22		25928	Mauldin, Mark E. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	3,071.36	(1,386,895.91)
2115	PR	1396035	11/29/22		25929	Mayhall, Mathew T. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,696.42	(1,389,592.33)
2115	PR	1396053	11/29/22		25930	Mazon, Joshua M. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	3,163.19	(1,392,755.52)
2115	PR	1396072	11/29/22		25931	McCarthy, Nicholas A. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,562.11	(1,394,317.63)
2115	PR	1396092	11/29/22		25932	McCarty, Daniel L. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,479.95	(1,396,797.58)
2115	PR	1396115	11/29/22		25933	McFadden, Matthew C. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,959.53	(1,398,757.11)
2115	PR	1396137	11/29/22		25934	McFadden, Michael J. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,237.70	(1,400,994.81)
2115	PR	1396158	11/29/22		25935	McIntire, Jacob V. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,149.62	(1,403,144.43)
2115	PR	1396177	11/29/22		25936	Merrill, Eric R. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	3,425.23	(1,406,569.66)
2115	PR	1396194	11/29/22		25937	Mills, Brett S. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,698.02	(1,408,267.68)
2115	PR	1396219	11/29/22		25938	Moore, Aaron J. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,869.52	(1,411,137.20)
2115	PR	1396240	11/29/22		25939	Moore, Ryan T. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,665.98	(1,412,803.18)
2115	PR	1396258	11/29/22		25940	Muniz, Thomas E. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,852.01	(1,414,655.19)
2115	PR	1396275	11/29/22		25941	Murphey, Patricia D. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	3,120.48	(1,417,775.67)

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2115	PR	1396298	11/29/22		25942	Nall, William T. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	$-	$2,527.75	($1,420,303.42)
2115	PR	1396318	11/29/22		25943	Nelson, Michael J. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,749.84	(1,422,053.26)
2115	PR	1396336	11/29/22		25944	Niemynski, Doug T. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	3,300.57	(1,425,353.83)
2115	PR	1396357	11/29/22		25945	Nolan, Jason K. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	3,141.67	(1,428,495.50)
2115	PR	1396378	11/29/22		25946	Olson, Rick C. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	5,369.35	(1,433,864.85)
2115	PR	1396397	11/29/22		25947	Overmyer, Titus C. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,823.67	(1,435,688.52)
2115	PR	1396412	11/29/22		25948	Parra, Dustin A. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,934.79	(1,438,623.31)
2115	PR	1396434	11/29/22		25949	Parra, Payton S. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,796.92	(1,440,420.23)
2115	PR	1396448	11/29/22		25950	Peckham, Christopher D. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,946.44	(1,442,366.67)
2115	PR	1396469	11/29/22		25951	Pena, Christopher D. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	3,092.90	(1,445,459.57)
2115	PR	1396494	11/29/22		25952	Perez, Anthony R. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,401.14	(1,447,860.71)
2115	PR	1396516	11/29/22		25953	Perkins, Shane M. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,545.62	(1,449,406.33)
2115	PR	1396535	11/29/22		25954	Poliakon, Brett M. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,431.09	(1,451,837.42)
2115	PR	1396546	11/29/22		25955	Pope, Michael V. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,697.80	(1,453,535.22)
2115	PR	1396563	11/29/22		25956	Postula, Justin M. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,424.63	(1,455,959.85)
2115	PR	1396582	11/29/22		25957	Postula, Karl A. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	3,829.60	(1,459,789.45)
2115	PR	1396596	11/29/22		25958	Prange, Ross L. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	3,302.07	(1,463,091.52)
2115	PR	1396616	11/29/22		25959	Pruitt, Robert E. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	4,043.54	(1,467,135.06)
2115	PR	1396636	11/29/22		25960	Rafters, William C. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,796.20	(1,468,931.26)
2115	PR	1396656	11/29/22		25961	Redfern, Joshuah L. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,331.87	(1,471,263.13)
2115	PR	1396675	11/29/22		25962	Reeves, Katherine D. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,262.88	(1,472,526.01)
2115	PR	1396694	11/29/22		25963	Rendl, Robert A. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	3,428.68	(1,475,954.69)
2115	PR	1396714	11/29/22		25964	Reyes, Adam N. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,021.73	(1,477,976.42)
2115	PR	1396729	11/29/22		25965	Roberts, Jerry R. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,741.18	(1,480,717.60)
2115	PR	1396750	11/29/22		25966	Rocha, Edgar O. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,646.23	(1,482,363.83)

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2115	PR	1396771	11/29/22		25967	Roche, Benjamin H. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	$-	$2,225.48	($1,484,589.31)
2115	PR	1396788	11/29/22		25968	Rose, Cody S. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	3,778.21	(1,488,367.52)
2115	PR	1396813	11/29/22		25969	Runo, Kyle E. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	3,115.25	(1,491,482.77)
2115	PR	1396835	11/29/22		25970	Ryan, Keith M. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,591.57	(1,493,074.34)
2115	PR	1396850	11/29/22		25971	Scaife, Domenic J. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,995.02	(1,496,069.36)
2115	PR	1396866	11/29/22		25972	Schiffmacher, Gerald - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,851.84	(1,497,921.20)
2115	PR	1396883	11/29/22		25973	Schuster Jr., Alan J. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,937.90	(1,500,859.10)
2115	PR	1396900	11/29/22		25974	Seets, James W. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,145.74	(1,503,004.84)
2115	PR	1396921	11/29/22		25975	Sheldon, Wesley K. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,494.74	(1,505,499.58)
2115	PR	1396938	11/29/22		25976	Sims, Lacie J. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,485.28	(1,506,984.86)
2115	PR	1396961	11/29/22		25977	Smith, Jacob A. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,403.60	(1,508,388.46)
2115	PR	1396984	11/29/22		25978	Smith, Russell - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	3,795.74	(1,512,184.20)
2115	PR	1397003	11/29/22		25979	Smith, Travis L. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	3,396.34	(1,515,580.54)
2115	PR	1397014	11/29/22		25980	Smith, Kristopher A. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,773.97	(1,517,354.51)
2115	PR	1397034	11/29/22		25981	Snyder, Timothy E. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	3,339.80	(1,520,694.31)
2115	PR	1397053	11/29/22		25982	Stewart, Jeff - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,075.33	(1,522,769.64)
2115	PR	1397070	11/29/22		25983	Stooks, Wallace C. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,957.81	(1,525,727.45)
2115	PR	1397093	11/29/22		25984	Stretton, Garrett M. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,530.82	(1,527,258.27)
2115	PR	1397111	11/29/22		25985	Tharp, David S. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	3,552.73	(1,530,811.00)
2115	PR	1397131	11/29/22		25986	Thompson, Jacob S. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,741.19	(1,532,552.19)
2115	PR	1397154	11/29/22		25987	Tillich, Timothy A. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,578.16	(1,534,130.35)
2115	PR	1397171	11/29/22		25988	Trask, Ryan A. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,592.85	(1,536,723.20)
2115	PR	1397189	11/29/22		25989	Trujillo, Erik J. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,050.11	(1,538,773.31)
2115	PR	1397208	11/29/22		25990	Turner, Kenneth R. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,896.42	(1,540,669.73)
2115	PR	1397224	11/29/22		25991	VanTuyl, Jonah D. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	3,342.51	(1,544,012.24)

CAFMA-Central Arizona Fire and Medical

GL Account Ledger - Detail By Period

11/1/2022 through 11/30/2022

Batch	Journal	Entry #	Date	Job	Document	Description	Debits	Credits	Balance
10.1100.0.0.000			**CASH WITH YAVAPAI COUNTY (CONTINUED)**						
2115	PR	1397244	11/29/22		25992	Vanatta, Justin B. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	$-	$1,824.78	($1,545,837.02)
2115	PR	1397259	11/29/22		25993	Viscardi, Karen W. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,364.95	(1,547,201.97)
2115	PR	1397280	11/29/22		25994	Wagner, Adam D. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,827.12	(1,550,029.09)
2115	PR	1397304	11/29/22		25995	Wagoner, Buddy R. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,968.44	(1,551,997.53)
2115	PR	1397320	11/29/22		25996	Welch-Cornell, Jaime D. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,576.93	(1,553,574.46)
2115	PR	1397339	11/29/22		25997	Wittenberg, David J. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	2,515.22	(1,556,089.68)
2115	PR	1397361	11/29/22		25998	Young, Kevin A. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	1,783.69	(1,557,873.37)
2115	PR	1397384	11/29/22		25999	Zazueta, Robert P. - Payroll Bi-Weekly-Direct Deposit 11/29/2022	-	3,933.25	(1,561,806.62)
2109	CR	1391062	11/29/22		4001009	Securis Insurance Pool -	1,595.16	-	(1,560,211.46)
2109	CR	1391063	11/29/22		4001010	Securis Insurance Pool -	388.62	-	(1,559,822.84)
2109	CR	1391064	11/29/22		4001032	Securis Insurance Pool -	1,595.16	-	(1,558,227.68)
2111	CR	1391102	11/29/22		48668	Brookins, Patty -	250.00	-	(1,557,977.68)
2112	CR	1391127	11/29/22		48668	DeJoria, Dana -	150.00	-	(1,557,827.68)
2112	CR	1391128	11/29/22		48668	RORICK, NORM -	260.00	-	(1,557,567.68)
2112	CR	1391129	11/29/22		48668	Smith, Andrea -	84.66	-	(1,557,483.02)
2112	CR	1391124	11/29/22		510604668	VANATTA, DAVIN -	673.73	-	(1,556,809.29)
2112	CR	1391123	11/29/22		510604678	POLACEK, JEFF -	1,539.89	-	(1,555,269.40)
2111	CR	1391107	11/29/22		7060	PLANS REVIEW -	458.00	-	(1,554,811.40)
2112	CR	1391125	11/29/22		706103202	VERDE VALLEY FIRE DISTRICT -	513.85	-	(1,554,297.55)
2111	CR	1391110	11/29/22		7071	PLANS REVIEW -	737.27	-	(1,553,560.28)
2111	CR	1391111	11/29/22		7074	PLANS REVIEW -	743.00	-	(1,552,817.28)
2109	CR	1391065	11/29/22		7075	PLANS REVIEW -	728.60	-	(1,552,088.68)
2111	CR	1391109	11/29/22		7076	PLANS REVIEW -	683.00	-	(1,551,405.68)
2111	CR	1391108	11/29/22		7077	PLANS REVIEW -	683.00	-	(1,550,722.68)
2112	CR	1391126	11/29/22		833000202	Blue Ridge Fire -	144.34	-	(1,550,578.34)
2110	CR	1391083	11/30/22		1947	CAMACHO, ALBERT -	497.00	-	(1,550,081.34)
2110	CR	1391082	11/30/22		510604693	MOORE, SCOTT -	14.68	-	(1,550,066.66)
2110	CR	1391080	11/30/22		673036	AZ Dept of Forestry & Fire Mgt -	422,945.10	-	(1,127,121.56)
2110	CR	1391084	11/30/22		74643	PAYSON FIRE DEPARTMENT -	163.34	-	(1,126,958.22)
2110	CR	1391081	11/30/22		756723139	COPPER CANYON FIRE & MEDICAL -	3,133.04	-	(1,123,825.18)
2099	GJ	1390594	11/30/22		Cash With Yav Cty	Fire Authority Funding	11,948,763.55	-	10,824,938.37
2102	GJ	1390957	11/30/22		Cash With Yav Cty	American Express Incentive Rebate	2,507.90	-	10,827,446.27
						CASH WITH YAVAPAI COUNTY TOTALS:	**$13,597,024.38**	**$3,765,008.86**	**$10,827,446.27**
						TOTAL OF LEDGER:	**$13,597,024.38**	**$3,765,008.86**	**$10,827,446.27**

CAFMA-Central Arizona Fire and Medical

GL Trial Balance Worksheet

For The Period of 11/1/2022 through 11/30/2022

Account	Description	Balances				Adjustments
		Beginning	Debits	Credits	Ending	
10.1100.0.0.000	Cash with Yavapai County	$995,430.75	$13,597,024.38	$3,765,008.86	$10,827,446.27	
	TOTALS:	$995,430.75	$13,597,024.38	$3,765,008.86	$10,827,446.27	

* Inactive accounts are marked and appear in grey.

CENTRAL ARIZONA FIRE AND MEDICAL AUTHORITY

Capital Projects Fund FY 22-23

GL #1200

Date	Transaction	Debit	Credit	Balance
07/01/22	Fiscal Year 22-23 Beginning Balance			$ 6,026,141.00
08/31/22	Interest Revenue	$3,905.59		$ 6,030,046.59
09/30/22	Interest Revenue	$12,351.29		$ 6,042,397.88

CENTRAL ARIZONA FIRE AND MEDICAL AUTHORITY

PSPRS Contingency Reserve Fund FY 22-23

Date	Transaction	Debit	Credit	Balance
07/01/22	Beginning Balance			$ 2,000,000.00
09/30/22	Interest Revenue - September, 2022	$4,099.15		$ 2,004,099.15

SAMPLE

Central Arizona Fire and Medical Authority

FIRE PROTECTION SERVICES AGREEMENT

This Fire Protection Agreement is made effective _____, between the Central Arizona Fire and Medical Authority, a political subdivision of the State of Arizona, hereinafter referred to as "AGENCY" and _____, hereinafter referred to as the "Applicant." The property under consideration is described as:

Street Address:
Mailing Address:
Contact Phone Number:
Yavapai County Assessor's Parcel Number:

IT IS THEREFORE MUTUALLY UNDERSTOOD AND AGREED AS FOLLOWS:

1) Purpose. AGENCY shall provide fire protection and limited emergency medical services under the terms of this Agreement.

2) Duration and Renewal. The effective term of this Agreement shall be from _____ through **June 30, 2019.** The provisions of this Agreement shall renew automatically on July 1 of each year for consecutive one-year terms, unless either party pursues termination of the Agreement pursuant to Paragraph 11.

3) Services Provided. Fire Suppression, Emergency Rescue, and limited Emergency Medical Services (collectively "Emergency Services") will be provided under this Agreement. Unless the Incident Commander (senior AGENCY Officer present) requests additional help, AGENCY shall provide a standard response as determined by AGENCY dispatch protocols on each emergency call from the Applicant, subject to conditions below.

It is intended that the Emergency Services provided under this Agreement shall be made available to the individuals residing at the property described in the Preamble above (the "Property") or invitees of said residents (collectively, "Service Recipients") in conjunction with the above-referenced Property irrespective of whether the Property is owner-occupied or leased. While the Applicant shall be responsible for all fees assessed under this Agreement, AGENCY also reserves the right to invoice any actual Service Recipient for the services provided under this Agreement, according to the fee schedule adopted by AGENCY, as amended from time to time. Said billing shall be in addition to the service fee charged under this Agreement.

In providing services under this Agreement, AGENCY reserves the right to involve such other jurisdictions and EMS or suppression service providers as it deems necessary, consistent with its then current protocol. No assurances are made as to

SAMPLE

whether, or to what extent, any such third party providers will respond. Applicant and Service Recipients may be responsible for any additional charges assessed by such other service providers.

Applicant herein acknowledges that AGENCY alone will determine its response to any given incident and that AGENCY alone will determine the number of units and personnel responding to such incident. Applicant further acknowledges that such response is subject to, among others and without limitation, any unforeseen circumstance, a major fire, other accidents, conflicting concurrent calls, reduction in force, road closure, poor road conditions, acts of God, or other situations in which there is a shortage of manpower or equipment. Applicant understands that the response time will likely be extended beyond that which might be regularly expected elsewhere within the jurisdictional boundaries of AGENCY by reason of the distance to and isolation of the Applicant's Property, the limited manpower available, access limitations, road conditions, and the other calls within AGENCY that may take priority, and Applicant hereby consents to the same. In addition, Applicant acknowledges and agrees that AGENCY's response and effectiveness may be limited by a lack of adequate water supply.

Applicant acknowledges and agrees that AGENCY may, in its sole discretion, give priority to other emergency calls either within AGENCY's jurisdictional boundaries or outside AGENCY boundaries, potentially causing a delay in response time. Further, Applicant acknowledges and agrees that AGENCY may, in conjunction with any call to the Property, respond with insufficient equipment or manpower on occasion, either by reason of limited manpower, equipment availability, resource allocation, or by reason of the limited information having been made available to AGENCY in conjunction with the determination of the appropriate response.

Applicant hereby acknowledges that no assurances are given or warranties made as to the response time or service level that will be offered, and agrees to hold the AGENCY harmless from and indemnify AGENCY for any and all damages which might be incurred by Applicant, Service Recipient, to Applicant's Property or to any third party's property or person, including that of any Service Recipient, by reason of extended response times, reduced equipment or manpower response, the decision to involve other service providers, failure to involve other jurisdictions or service providers, AGENCY's decision to allocate resources elsewhere either inside or outside of AGENCY's jurisdictional boundaries, the allocation of manpower or equipment, or other operational decisions which might result in delay or additional loss of life or property.

Further, Applicant acknowledges and agrees that AGENCY shall not be liable for the negligent act or omission of any third party service provider. Applicant also agrees that AGENCY is under no obligation to transport any Service Recipient. Applicant acknowledges that AGENCY does not hold a Certificate of Necessity and does NOT provide ambulance or non-emergency transport services, and that transport services are typically provided through a third party. Applicant, Service Recipient, or both, shall be solely responsible for any and all expenses associated with any transport services utilized by either.

SAMPLE

4) Response Time. AGENCY shall make reasonable efforts to respond to Applicant's emergency calls in a manner consistent with then-current agency protocol, subject to the terms and conditions set forth in this Agreement. Applicant hereby acknowledges that response times are subject to variations due to existing weather conditions, road conditions, travel distance, traffic conditions, property identification, conflicting responses, equipment and manpower availability or allocation, and access to Applicant's Property. Applicant acknowledges that because of the substantial distance involved, the minimum response time likely to be experienced by Applicant may exceed that of other recipients within the jurisdictional boundaries of AGENCY, and that no assurances are given by the AGENCY as to what ISO rating might apply to the Applicant's Property.

5) Routing Information. Applicant agrees that it shall provide AGENCY with current routing information to Applicant's Property in a form acceptable to AGENCY Fire Chief, and will endeavor to inform all occupants of subject Property of the proper procedures to follow in case of fire.

6) Access. Applicant hereby specifically acknowledges that standard access roads sufficient to allow AGENCY fire equipment to reach the scenes of emergency calls are a significant factor in AGENCY's ability to respond to emergency calls within a reasonable and expeditious time. If access roadways are not maintained by other public service agencies, the responsibility of providing and maintaining adequate access rests solely with Applicant. Applicant hereby agrees to hold AGENCY harmless from and to fully indemnify AGENCY for any liability or damages arising from any delay which might occur by reason of limited, inadequate or poorly maintained access, inadequate address or access description, or failure of Applicant or the Property to comply with applicable fire codes, building codes, zoning codes or recommendations or requirements made by any agency or AGENCY.

Applicant hereby grants to AGENCY the right of ingress and egress and to enter upon Applicant's Property for purposes of conducting inspections to determine accessibility, and to observe any other matters which may affect AGENCY's ability to provide services under this Agreement. Nothing herein shall be construed as requiring AGENCY to make any such inspection, or to require that AGENCY report to the Property owner in regard to any accessibility issues.

7) Compensation; Calculation; Payment. As consideration for AGENCY's provision of Emergency Services under this Agreement, Applicant shall pay to AGENCY a sum (the "Service Fee") equal to the amount which would be paid if the Applicant's Property was located in and taxable by the respective fire district (either the Central Yavapai Fire District or the Chino Valley Fire District) which would otherwise contract to provide such services to Applicant at that fire district's then current tax rate, any applicable bond debt servicing rates, plus an administrative fee equal to $50.00 as modified from time to time. The Service Fee shall be owed to AGENCY by Applicant even if there is no current county tax assessed on the Property: by reason of the fact that the property is considered to be non-taxable; because no net assessed value has

SAMPLE

been established; or for any other reason. In that event, for the purpose of calculating the Service Fee to be paid by the Applicant, 10% of the full cash value as indicated by the county assessor's office may be used as the assessed value, or if the full cash value is not available, the value of the property shall be established by way of appraisal conducted by a duly-licensed real estate appraiser provided by and solely at the cost of Applicant.

If the property is appraised, the assessed value will be 10% of the appraisal. The then current fire district tax rate shall be applied to said property value, plus any then-applicable bond debt service rates and an administrative fee equal to $50.00. If for some reason the current assessed value information is unavailable, then the Service Fee under this contract, as renewed, will be equal to the Service Fee charged for the immediately preceding service year, plus 10%, until such time as the current property value information becomes available, at which time the fee for the then-current year shall be recalculated and an adjustment to the Service Fee made.

Payment shall be due when this Agreement is signed; alternatively, payment arrangements may be approved in the sole discretion of AGENCY for quarterly payments with the first payment being due and payable simultaneous with the execution of this Agreement and thereafter on the first day of each subsequent quarter. Any payment not received within 30 days of the due date will be considered in default and may result in the termination of this Agreement. For the initial term of the Agreement, the parties agree that the fee shall be **$«F17»**, but that such fee may be prorated (based on 12 months).

In the event of termination of this Agreement due to non-payment by Applicant of the agreed Service Fee within 30 days of due date, Applicant must reapply for Emergency Services pursuant to a new Agreement. In such event, the only option for payment under such new Agreement shall be for payment of all monies due in full at the time of execution of the new Agreement; other payment arrangements will only be considered upon renewal of the Agreement after completion of the initial term of the new Agreement.

The Service Fee paid to AGENCY by Applicant pursuant to this Agreement shall be considered earned by AGENCY when paid, and shall not be conditioned upon or modified by reason of the number of responses made by AGENCY to the Applicant's property during the term of this Agreement. While Applicant shall be responsible for all Service Fees assessed under this Agreement, AGENCY also reserves the right to invoice any actual Service Recipients for the services provided under this Agreement according to the then-current fee schedule adopted by AGENCY, as amended from time to time. Said invoice shall be in addition to any Service Fee due under the terms of this Agreement.

8) Insurance. Applicant shall provide AGENCY with a current certificate of liability and hazard insurance, together with the name and address of insurance agent, name of insurance company providing coverage, and insurance policy number.

SAMPLE

9) Waiver and Disclaimer of Liability. Applicant agrees that AGENCY shall not be liable for any consequential damages to Applicant or any Service Recipient, including but not limited to any lost income or profits suffered by Applicant or any Service Recipient. In consideration of AGENCY's agreement to provide services under the terms of this Agreement, Applicant agrees to hold AGENCY harmless and hereby releases AGENCY from and indemnifies AGENCY for any and all claims, demands, liability and causes of action that may arise as a result of AGENCY providing the services described herein. Applicant specifically agrees to hold AGENCY harmless from, in addition to the foregoing, any claims, demands, liability or causes of action which might arise out of AGENCY's inability to provide, or any delay or limits in providing services, due in whole or in part to the conditions spelled out in Sections 3, 4, 5, and 6 of this Agreement.

10) No Third-Party Beneficiaries. This Agreement will be for the benefit of the parties named herein only and shall not be construed as having been entered into for the benefit of any third party.

11) No Warranties. Nothing herein shall be construed as a warranty by AGENCY against damages, whether to real property or personal property, which may result by way of fire, injury to a person, by accident or any other emergency occurring on Applicant's Property.

12) Limitation of Damages. In the event of breach or non-performance by AGENCY, Applicant's sole remedy shall be limited to the termination of this Agreement and refund of any unearned fees for that current contract year, the parties hereto having agreed that said fees are a reasonable amount of damages. This limitation of damages shall bind, without limitation, Service Recipients, family members, legal representatives, assigns and successors in interest of the Applicant. The waiver, hold harmless and indemnification provisions of this Agreement are for the benefit of AGENCY and shall survive the termination of this Agreement.

13) Termination. Either party may terminate this Agreement by thirty (30) days' written notice of termination delivered to the other party at these addresses:

For AGENCY:

Central Arizona Fire and Medical Authority
8603 E. Eastridge Drive
Prescott Valley, AZ 86314

For Applicant:

_____

_____

SAMPLE

In the event of termination of this Agreement after the Applicant has paid the required payment due for that term, AGENCY shall return funds to the Applicant prorated on a per day basis for the period after the date of termination.

In the event Applicant sells the subject property or otherwise disposes of the same, this Agreement will terminate immediately upon notification from the Applicant of same; provided, however, that the indemnification requirements imposed on Applicant under this Agreement for incidents occurring during the term of this Agreement shall survive the termination hereof. Nothing herein shall prevent AGENCY from negotiating a new emergency services Agreement with the new owner of the subject property.

14) Cancellation Due to Conflict. AGENCY may cancel this Agreement pursuant to the mandates of A.R.S. §38-511.

15) Severability. If any provision of this Agreement shall be held to be unconstitutional, invalid, or unenforceable, it shall be deemed severable; however, the remainder of the Agreement shall not be affected and shall remain in full force and effect.

16) Fire Code Compliance. Applicant hereby specifically acknowledges that all operations and activities, as well as new construction, and remodel of structures when applicable, will be in compliance with AGENCY's adopted Fire Code.

The undersigned warrants to AGENCY that the Applicant has the power to enter into this Agreement and that all necessary acts have been taken to enter into this Agreement.

	CENTRAL ARIZONA FIRE & MEDICAL AUTHORITY
APPLICANT	
By_____	_____
Date	Board Chair Date
	ATTEST:
By_____	_____
Date	Board Clerk Date

SAMPLE

YAVAPAI COUNTY

COMMUNITY HEALTH ASSESSMENT

2017

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ACKNOWLEDGEMENTS

The 2017 Community Health Assessment (CHA) is the result of the collaborative work of community leaders, stakeholders, and residents who shared valuable time, expertise, and input. Collaborative partners included:

- Yavapai County Community Health Services
- Yavapai County Board of Health
- Yavapai County Cities and Towns
- Yavapai Regional Medical Center
- Arizona's Children Association
- Coalition for Compassion and Justice
- Community Legal Services
- Central Yavapai Metropolitan Planning Organization
- Family Involvement Center
- First Things First
- MATForce
- Northern Arizona Council of Governments
- Meals on Wheels
- University of Arizona Cooperative Extension
- Yavapai College
- Catholic Charities
- Cornucopia Community Advocates
- Head Start
- Northern Arizona University
- Spectrum Healthcare
- Verde Valley Medical Center
- Yavapai County Adult Probation
- Yavapai-Apache Nation
- Northern Arizona Health Care

The 2017 Yavapai County Community Health Assessment was implemented, analyzed, and authored by Pinnacle Prevention.

INTRODUCTION

The Community Health Assessment (CHA) describes the health of residents across Yavapai County. In alignment with the Arizona Department of Health Services State Health Assessment (SHA), the CHA is an analysis of both quantitative and qualitative data made in an effort to determine the public health status of the county. The CHA is used to plan and prioritize the use of resources for public health programs and services.

UNDERSTANDING PUBLIC HEALTH

Public health refers to all organized measures (public or private) to prevent disease, promote health, and prolong life among the population as a whole. Public health activities aim to provide conditions in which people can be healthy. Public health efforts focus on entire populations, not on individual patients or diseases.[1] The Centers for Disease Control and Prevention (CDC) defines public health systems as "all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction." This definition recognizes that there are many different agencies and organizations that contribute to the health and well-being of the community. The public health system includes:

- Public health agencies at state and local levels
- Health care providers
- Public safety agencies
- Human service and charity organizations
- Education and youth development organizations
- Recreation and arts-related organizations
- Economic and philanthropic organizations
- Environmental agencies and organizations

The heart of public health activities includes ten essential public health services that all communities should undertake to support community health. These activities include:

1. Monitoring health status to identify and solve community health problems
2. Diagnosing and investigating health problems and health hazards in the community
3. Informing, educating, and empowering people about health issues
4. Mobilizing community partnerships and action to identify and solve health problems
5. Developing policies and plans that support individual and community health efforts
6. Enforcing laws and regulations that protect health and ensure safety
7. Linking people to needed personal health services and assure the provision of health care when otherwise unavailable
8. Ensuring a competent public and personal health care workforce
9. Evaluating effectiveness, accessibility, and quality of personal and population-based health services
10. Searching for new insights and innovative solutions to health problems

[1] World Health Organization (WHO), http://www.who.int/en/.

FIGURE 1. THE TEN ESSENTIAL PUBLIC HEALTH SERVICES

No single agency or organization can make measurable improvements in public health alone; therefore, to achieve a greater impact in improving the health of residents, Yavapai County Community Health Services collaborated with a diverse group of community stakeholders to strengthen the collective impact of the 2017 CHA. This collaborative effort provides shared ownership for improving community health. To identify those health outcomes with the greatest potential for improvement, the CHA collaboration explored the county's population demographics and social and economic realities while capturing community and partner input. The end result is a comprehensive summary of leading health issues affecting Arizonans across Yavapai County.

METHODOLOGY

Yavapai County Community Health Services uses the Mobilizing for Action through Planning and Partnerships (MAPP) methodology for conducting the continuous Community Health Assessment (CHA) and Community Health Improvement Planning (CHIP) cycle.

MAPP emphasizes a shared ownership, community-driven approach and builds on previous experiences and lessons learned from the 2012 Yavapai County Community Health Services CHA. To ensure a comprehensive approach, the 2017 CHA relies on the collection and analysis of secondary, quantitative morbidity and mortality data from forty-four priority health indicators, in alignment with the CDC Community Health Status Indicators (CHSI), as well as primary,

qualitative data collected from community members at large, community stakeholders, and key informants using 1,283 electronic and paper surveys, eight focus groups with seventy-eight participants, and twenty-four key informant interviews. Where available, health status indicators are compared with other peer counties across the United States based on the following variables: population size, population growth, population density, population mobility, percent of children, percent of elderly, percent of foreign born, gender ratios, percent of high school graduates, single-parent households, median home values, housing stress, percent of owner-occupied housing units, median household income, receipt of government income, household income, overall poverty, elderly poverty, and unemployment.

While the CHA illustrates disease rates and individual health behaviors, the selected measures provide a broader analysis of factors that affect people's health. This includes capturing elements of a healthy community and environmental conditions that contribute to health, such as access to healthy foods. The CHA highlights disparities related to health status and community conditions through a data-driven analysis. The criteria used to select priority indicators were based on the following:

- Is the indicator easily understood by both professionals and public residents?
- Are the data readily accessible and publishable?
- Are the data available at the county level and consistently available throughout the entire county?
- Is the data source for the indicator recent, preferably within the last three years?
- Does the indicator mix include the physical and social environment?

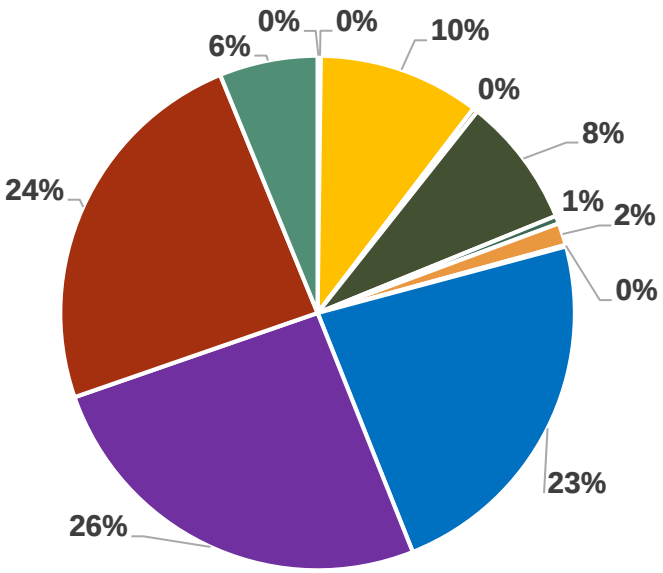
Strategies to address the identified health needs and improve the health of the community will be described in a separate document, the Community Health Improvement Plan (CHIP), which is a five-year strategic plan for improving the health of Yavapai County communities. This document will be developed in conjunction with community partners and will continue with the MAPP process. Both the CHA and CHIP are required for accreditation by the Public Health Accreditation Board (PHAB), which oversees a voluntary accreditation process for local public health departments across the nation.

ABOUT YAVAPAI COUNTY

Yavapai County is home to 225,562 Arizonans. The county is the fourth most populous in Arizona.[2] Yavapai County is located centrally in Arizona covering 8,125 square miles (2.1 million hectares) and bordering Maricopa, Gila, Coconino, Mohave, and La Paz Counties.

Yavapai County is also home to the Yavapai-Prescott and Yavapai-Apache tribal communities. The Yavapai-Prescott tribe spreads across 1,500 acres and consists of 159 members located in Fort McDowell, Camp Verde, and Prescott. The Yavapai-Apache Nation spreads across 2,000 acres in Camp Verde, Middle Verde, Clarkdale, Tunlii, and Rimrock with 2,440 members across the five tribal communities.

FIGURE 2. LAND OWNERSHIP IN YAVAPAI COUNTY (FOUR LARGEST OWNERS BOLDED)



- Arizona Game and Fish
- Arizona State Park
- **Bureau of Land Management**
- Bureau of Reclamation
- Coconino National Forest
- Kaibab National Forest
- National Monuments
- Native American Reservations
- **Prescott National Forest**
- **Private**
- **State Land**
- Tonto National Forest

[2] American FactFinder, 2010 census population estimates, https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml.

The majority of Yavapai County residents reside in the communities of Prescott, Prescott Valley, Verde Village, Cottonwood, and Camp Verde. Approximately 17.8% of the population is under the age of eighteen. Yavapai County continues to experience growth among the elderly and aging population, with 27.2% of the population consisting of adults sixty-five years of age and older (12% greater than the state average for older adults). The gender of the population is 51.1% female and 48.9% male. The ethnicity of the population is 85.9% Non-Hispanic or Latino and 14.1% Hispanic or Latino. With respect to race, 91.6% of the population is White, 1.8% is American Indian, 0.9% is Asian, 0.6% is Black, 2.7% is some other race, and 2.3% is multiracial.[3]

Yavapai County is a federally designated medically underserved area (MUA), with six census tracts within the rural county identified as health professional shortage areas (HPSAs).[4] The incidence of chronic disease and demand for long-term care are expected to increase over the next decade, considering population projections.

Research shows that economic conditions have a significant impact on population health. There is strong evidence that poverty in childhood has long-lasting effects and limits life expectancy, even if social conditions subsequently improve. In addition, the percentage of the population below the federal poverty level, the percentage of the population with no high school diploma, and the percentage of the population with no health insurance are key drivers that, when high, predict poor health outcomes. Median annual household income is $44,748 (lower than the state average by approximately $5,500 per year), and 16.0% of the Yavapai County population lives below the federal poverty level (2% lower than the average for the state of Arizona).[5] The major industries in Yavapai County include health care and social assistance, retail trade, and accommodation and food service. The best-paying industries are utilities, mining, finance, and insurance.[6]

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[3] American FactFinder, 2011–15 American Community Survey five-year estimates, https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml.
[4] Arizona Department of Health Services, Shortage Designations, http://www.azdhs.gov/prevention/health-systems-development/shortage-designation/index.php.
[5] American FactFinder, 2011–15 American Community Survey five-year estimates, https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml.
[6] American FactFinder, 2015 American Community Survey, https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml.

TABLE 1. YAVAPAI COUNTY DEMOGRAPHICS

Yavapai County Demographics		
	Arizona	**Yavapai County**
Population	6,641,928	**215,996**
Percent under eighteen years of age	24.3	**17.8**
Percent sixty-five years of age or older	15.4	**27.2**
Percent White alone (not Hispanic or Latino)	56.5	**81.1**
Percent Black	4.0	**0.6**
Percent American Indian	4.0	**1.6**
Percent Asian	2.9	**0.8**
Percent Native Hawaiian or other Pacific Islander	0.2	**0.0**
Percent Hispanic or Latino	30.3	**14.1**
Percent with less than high school degree	14.0	**10.3**
Percent with bachelor's degree or higher	27.5	**25.6**
Percent below federal poverty level (FPL)	18.2	**16.0**
Percent unemployed	5.3	**4.9**
Percent living with a disability	12.2	**18.2**
Percent under eighteen years of age living with a disability	3.6	**3.7**
Percent eighteen to sixty-four years of age living with a disability	10.1	**16.0**
Percent sixty-five years of age or older living with a disability	34.3	**32.1**
Percent children less than eighteen years of age without health insurance coverage	11.1	**12.1**
Percent adults nineteen to twenty-five years of age without health insurance coverage	26.4	**26.1**
Percent Hispanic or Latino without health insurance coverage	24.5	**26.1**

HEALTH INDICATORS

The following health indicators are used to identify the impact of health concerns in Yavapai County. Each indicator is presented with a brief description and the reason for its inclusion. Comparisons are provided to give each indicator further context and to highlight differences. Peer communities have been identified by the CDC and include those similar to Yavapai County in various characteristics, including population size, population growth, poverty, and unemployment. For the full list of characteristics used in this methodology, please visit the CDC's CHSI website: http://wwwn.cdc.gov/CommunityHealth/home. When peer county information was not available, comparisons were made with the entire state of Arizona or other counties in Arizona. When none of these comparisons was available, a comparison to all other US states was used. This comparison methodology is consistent with the CDC's CHSI and Arizona Health Matters. The following definitions are provided:

- **Incidence** is a measure of disease that allows public health authorities to determine a person's probability of being diagnosed with the disease during a given period of time. Therefore, incidence is the number of newly diagnosed cases of a disease.
- **Prevalence** is a measure of disease that allows public health authorities to determine a person's likelihood of having a disease. Therefore, the number of prevalent cases is the total number of cases of the disease that exist in a population.
- **Morbidity** is another term for illness. A person can have several co-morbidities simultaneously. Therefore, morbidities can include Alzheimer's disease, cancer, and traumatic brain injury. Morbidities are *not* deaths. Prevalence is a measure often used to determine the level of morbidity in a population.
- **Mortality** is another term for death. A mortality rate is the number of deaths due to disease divided by the total population.
- **Age adjusting rate** is a way to improve comparisons between groups with different age distributions. For example, a county having a higher percentage of elderly people may have a higher rate of death or hospitalization than a county with a younger population, merely because the elderly are more likely to die or be hospitalized. Age adjustment allows for better comparison among the different groups.

Key:

Indicators are highlighted as **green for better**, **orange for moderate**, and **red for worse** for comparison purposes with peer counties or the state of Arizona when peer county data are not available.

MORTALITY

CANCER DEATHS

The age-adjusted death rate due to cancer in Yavapai County is **161.4 per 100,000** (better when compared to peer counties). This indicator represents overall deaths due to cancer in 2005–11. Cancer is the second-leading cause of death in the United States, and both its incidence and mortality are decreasing. The median of all US states is **185.0 per 100,000,** and the Healthy People 2020 goal is **161.4 per 100,000**. Source: CDC's CHSI

CHRONIC KIDNEY DISEASE DEATHS

The age-adjusted death rate due to chronic kidney disease in Yavapai County is **10.6 per 100,000** (moderate when compared to peer counties). This indicator represents overall deaths due to chronic kidney disease in 2005–11. Chronic kidney disease was the eighth-leading cause of death in the United States in 2010. Almost one-quarter of the US Medicare budget is used to treat chronic kidney disease and end-stage renal disease. The median of all US states is **17.5 per 100,000**. Source: CDC's CHSI

CORONARY HEART DISEASE DEATHS

The age-adjusted death rate due to coronary heart disease in Yavapai County is **100.4 per 100,000** (moderate when compared to other Arizona counties). This indicator represents overall deaths due to coronary heart disease in 2015. In 2010, heart disease and stroke cost the US health care system $500 billion. The Arizona state rate is **104.6 per 100,000,** and the Healthy People 2020 goal is **103.4 per 100,000**. Source: Arizona Health Matters

STROKE DEATHS

The age-adjusted death rate due to stroke in Yavapai County is **36.9 per 100,000** (moderate when compared to peer counties). This indicator represents overall deaths due to stroke in 2005–11. In 2010, heart disease and stroke cost the US health care system $500 billion. The median of all US states is **46.0 per 100,000,** and the Healthy People 2020 goal is **34.8 per 100,000**. Source: CDC's CHSI

ALZHEIMER'S DEATHS

The age-adjusted death rate due to Alzheimer's in Yavapai County is **28.1 per 100,000** (moderate when compared to peer counties). This indicator represents overall deaths due to Alzheimer's disease in 2005–11. Alzheimer's disease is the sixth-leading cause of death in the United States for adults over eighteen. The median of all US states is **27.3 per 100,000**. Source: CDC's CHSI

CHRONIC LOWER RESPIRATORY DISEASE DEATHS

The age-adjusted death rate due to chronic lower respiratory disease in Yavapai County is **46.3 per 100,000** (moderate when compared to peer counties). This indicator represents overall deaths due to chronic lower respiratory disease in 2005–11. Chronic lower respiratory disease was the third-leading cause of death in the United States in 2010. The median of all US states is **49.6 per 100,000**. Source: CDC's CHSI

DIABETES DEATHS

The age-adjusted death rate due to diabetes in Yavapai County is **17.6 per 100,000** (better when compared to other Arizona counties). This indicator represents overall deaths due to diabetes in 2015. Diabetes is the seventh-leading cause of death in the United States and is estimated to lower life expectancy by up to fifteen years. Diabetes increases a person's risk of heart disease by two to four times and is the leading cause of adult-onset blindness, chronic kidney disease, and lower limb amputation. The Arizona state rate is **25.7 per 100,000**. Source: Arizona Health Matters

INFLUENZA AND PNEUMONIA DEATHS

The age-adjusted death rate due to influenza and pneumonia in Yavapai County is **10.1 per 100,000** (worse when compared to the state of Arizona). This indicator represents overall deaths due to influenza and pneumonia in 2015. The Arizona state rate is **9.4 per 100,000**. Source: Arizona Health Matters

MENTAL HEALTH—SUICIDE DEATHS

The age-adjusted death rate due to suicide in Yavapai County is **32.8 per 100,000** (worse when compared to the state of Arizona). This indicator represents the age-adjusted death rate due to suicide in 2015. Suicide is a leading cause of death in the United States, and it is estimated that approximately twenty-five suicide attempts occur for every suicide death. The Arizona state rate is **17.8 per 100,000** and the Healthy People 2020 goal is **10.2 per 100,000**. Source: Arizona Health Matters

INFANT MORTALITY

The infant mortality rate in Yavapai County is **6.9 per 1,000** (worse when compared to the state of Arizona). This indicator represents the number of infant deaths occurring for every 1,000 live births in 2015. Infant mortality is one of the most widely used indicators of the overall health of a community. The Arizona state rate is **5.6 per 1,000** and the Healthy People 2020 goal is **6.0 per 1,000** live births. Source: Arizona Health Matters

PREVENTION AND SAFETY—UNINTENTIONAL INJURY DEATHS

The age-adjusted death rate due to unintentional injury in Yavapai County is **54.2 per 100,000** (worse when compared to peer counties). This indicator represents overall deaths due to unintentional injuries, including motor vehicle collisions, in 2005–11. Unintentional injuries were the fifth-leading cause of death in the United States in 2010. The median of all US states is **50.8 per 100,000,** and the Healthy People 2020 goal is **36.0 per 100,000**. Source: CDC's CHSI

PREVENTION AND SAFETY—FIREARMS DEATHS

The age-adjusted death rate due to firearms in Yavapai County is **19.8 per 100,000** (worse when compared to the state of Arizona). This indicator represents the age-adjusted death rate due to firearms in 2015. Deaths due to firearms includes suicide, intentional use, and unintentional discharge. The Arizona state rate is **13.7 per 100,000** and the Healthy People 2020 goal is **9.3 per 100,000**. Source: Arizona Health Matters

PREVENTION AND SAFETY—MOTOR VEHICLE COLLISION DEATHS

The age-adjusted death rate due to motor vehicle collisions in Yavapai County is **17.5 per 100,000** (worse when compared to peer counties). This indicator represents overall deaths due to motor vehicle collisions in 2005–11. Motor vehicle collisions are the leading cause of death in people aged five to thirty-four years. The median of all US states is **19.2 per 100,000,** and the Healthy People 2020 goal is **12.4 per 100,000**. Source: CDC's CHSI

PREVENTION AND SAFETY—BICYCLIST DEATHS

There were **0** bicyclist deaths in Yavapai County (better when compared to the State of Arizona) in 2013. There have been no bicyclist-related deaths in Yavapai County since 2010 in which there was one death. Source: Arizona Health Matters

PREVENTION AND SAFETY—PEDESTRIAN DEATHS

The annual pedestrian death rate in Yavapai County is **1.4 per 100,000** (worse when compared to the state of Arizona). This indicator represents overall pedestrian deaths in 2011–13. Pedestrian safety is important because walk-friendly neighborhoods promote physical activity. The Arizona state rate is **1.1 per 100,000**. Source: Arizona Health Matters

PREVENTION AND SAFETY—DRUG-INDUCED DEATHS

The drug-induced death rate in Yavapai County is **26.7 per 100,000** (worse when compared to the state of Arizona). This indicator represents overall drug-induced deaths per every 100,000 county residents in 2013. Yavapai County has the third highest death-induced death rate in the state. In Arizona, drug overdoses (including overdoses from opioids, cocaine, meth, marijuana, and other illicit drugs) take more lives than car crashes. The Arizona state rate is **16.9 per 100,000**. Source: Arizona Department of Health Services

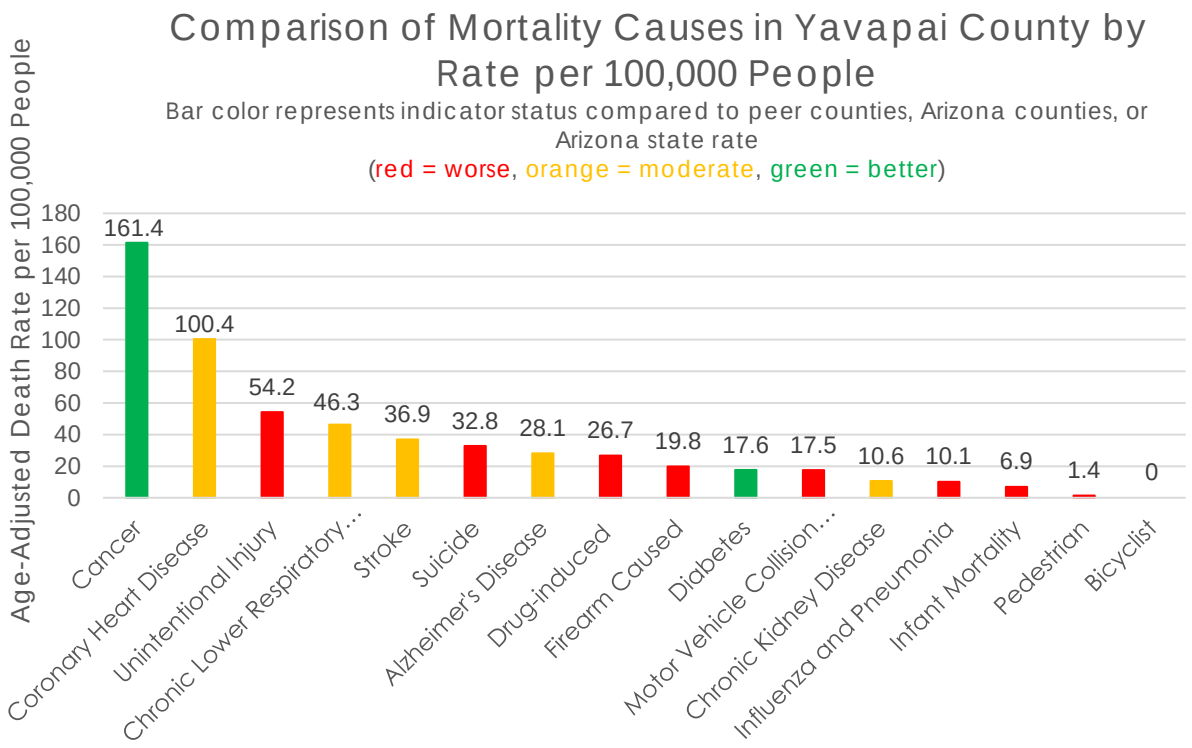
FEMALE LIFE EXPECTANCY

Female life expectancy in Yavapai County is **81.6 years** (moderate when compared to peer counties). This indicator represents the life expectancy of females in 2010. Among peer counties, female life expectancy ranged from 78.5 years to 83.3 years. The median of all US states is **79.8 years.** Source: CDC's CHSI

MALE LIFE EXPECTANCY

Male life expectancy in Yavapai County is **75.7 years** (moderate when compared to peer counties). This indicator represents the life expectancy of males in 2010. Among peer counties, the male life expectancy ranged from 72.2 years to 80.4 years. The median of all US states is **75.0 years.** Source: CDC's CHSI

FIGURE 3. MORTALITY INDICATOR COMPARISON SUMMARY



MORBIDITY

ALZHEIMER'S DISEASE OR DEMENTIA IN THE MEDICARE POPULATION

Of the older adults in Yavapai County, **6.6%** are living with Alzheimer's disease (better when compared to other Arizona counties). This indicator represents the prevalence of Alzheimer's disease and dementia among Medicare fee-for-service beneficiaries in 2015. Dementia and Alzheimer's disease are typically diseases of older adults, and the risk of developing Alzheimer's doubles every five years after the age of sixty-five. The Arizona state rate is **7.1%.** Source: CDC's CHSI

CANCER

The age-adjusted cancer incidence rate in Yavapai County is **388.6 per 100,000** (moderate when compared to other Arizona counties). This indicator represents the age-adjusted cancer incidence rate in 2009–13. There has been a decline in the incidence of cancer and cancer-related death in recent years due to developments in research, detection, and treatment. However, cancer is still the second-leading cause of death in the United States. The Arizona state rate is **386 per 100,000.** Source: Arizona Health Matters

CANCER IN THE MEDICARE POPULATION

The incidence of cancer in the Medicare population of Yavapai County is **7.0%** (moderate when compared to other counties in Arizona). This indicator represents the percentage of Medicare recipients who were treated for cancer in 2015. There has been a decline in the incidence of cancer-related death in recent years due to developments in research, detection, and treatment. However, cancer is still the second-leading cause of death in the United States. The Arizona state rate is **8.3%.** Source: Arizona Health Matters

BLADDER CANCER

The incidence of bladder cancer in Yavapai County is **24.5 per 100,000** (moderate when compared to other US counties). This indicator represents the age-adjusted incidence of bladder cancer in 2009–13. Most types of bladder cancer are three to four times more prevalent in men than in women. The Arizona state rate is **18.9 per 100,000.** Source: Arizona Health Matters

BREAST CANCER

The incidence of breast cancer in Yavapai County is **118.1 per 100,000** (worse when compared to other Arizona counties). This indicator represents the age-adjusted incidence of breast cancer in 2009–13. According to the American Cancer Society, one in eight women will develop breast cancer and one in thirty-six will die from the disease. The Arizona state rate is **111.0 per 100,000.** Source: Arizona Health Matters

CERVICAL CANCER

The incidence of cervical cancer in Yavapai County is **8.2 per 100,000 women** (moderate when compared to other US counties). This indicator represents the age-adjusted incidence of cervical cancer in 2009–13. The American Cancer Society estimates that one in every 147 women will be diagnosed with cervical cancer in her lifetime. The Arizona state rate is **6.7 per 100,000** and the Healthy People 2020 goal is **7.2 per 100,000**. Source: Arizona Health Matters

COLORECTAL CANCER

The incidence of colorectal cancer in Yavapai County is **31.7 per 100,000** (moderate when compared to other Arizona counties). This indicator represents the age-adjusted incidence of colorectal cancer in 2009–13. The CDC estimates that if all adults over the age of fifty had regular screenings, as much as 60% of deaths due to colorectal cancer could be prevented. The Arizona state rate is **34.7 per 100,000** and the Healthy People 2020 goal is **39.9 per 100,000**. Source: Arizona Health Matters

LIVER AND BILE DUCT CANCER

The incidence of liver and bile duct cancer in Yavapai County is **5.9 per 100,000** (better when compared to other US counties). This indicator represents the age-adjusted incidence of liver and bile duct cancer in 2009–13. Liver and bile duct cancer is the sixth-leading cause of cancer-related death in men and the tenth-leading cause of cancer-related death in women. The Arizona state rate is **7.4 per 100,000.** Source: Arizona Health Matters

LUNG AND BRONCHUS CANCER

The incidence of lung and bronchus cancer in Yavapai County is **51.9 per 100,000** (moderate when compared to other Arizona counties). This indicator represents the age-adjusted incidence of lung and bronchus cancer in 2009–13. According to the American Lung Association, more people die from lung cancer every year than any other type of cancer. The Arizona state rate is **51.6 per 100,000.** Source: Arizona Health Matters

MELANOMA

The incidence of melanoma in Yavapai County is **17.4 per 100,000** (better when compared to other US counties). This indicator represents the age-adjusted incidence of melanoma in 2009–13. The percentage of people diagnosed with melanoma has more than doubled in the United States over the last thirty years. The Arizona state rate is **18.3 per 100,000.** Source: Arizona Health Matters

NON-HODGKIN'S LYMPHOMA

The incidence of non-Hodgkin's lymphoma in Yavapai County is **15.8 per 100,000** (better when compared to other US counties). This indicator represents the age-adjusted incidence of non-Hodgkin's lymphoma in 2009–13. Non-Hodgkin's lymphoma is a group of cancers of the

lymphocytes and can occur at any age. The Arizona state rate is **15.9 per 100,000.** Source: Arizona Health Matters

ORAL CAVITY AND PHARYNX CANCER

The incidence of oral cavity and pharynx cancer in Yavapai County is **10.7 per 100,000** (better when compared to other US counties). This indicator represents the age-adjusted incidence of oral cavity and pharynx cancer in 2009–13. The known causes of oral cavity and pharynx cancer include smoking and heavy alcohol consumption. The Arizona state rate is **8.8 per 100,000.** Source: Arizona Health Matters

OVARIAN CANCER

The incidence of ovarian cancer in Yavapai County is **12.1 per 100,000** (moderate when compared to other US counties). This indicator represents the age-adjusted incidence of ovarian cancer in 2009–13. Approximately 90% of women diagnosed with ovarian cancer are over the age of forty. The Arizona state rate is **11.3 per 100,000.** Source: Arizona Health Matters

PROSTATE CANCER

The incidence of prostate cancer in Yavapai County is **85.5 per 100,000** (worse when compared to other Arizona counties). This indicator represents the age-adjusted incidence of prostate cancer in 2009–13. According to the American Cancer Society, one in seven men will be diagnosed with prostate cancer and one in thirty-six will die from the disease. The Arizona state rate is **84.1 per 100,000.** Source: Arizona Health Matters

INFECTIOUS DISEASES—HIV PREVALENCE

The prevalence of persons living with diagnosed HIV in Yavapai County is **82.2 per 100,000** (moderate when compared to peer counties). This indicator represents the incidence of people living with diagnosed HIV per 100,000 in 2011. There are about 56,000 new cases of HIV in the United States every year. The median of all US states is **105.5 per 100,000.** Source: CDC's CHSI

INFECTIOUS DISEASES—HIV INCIDENCE

The incidence of persons diagnosed with HIV in Yavapai County is **2.9 per 100,000** (better when compared to other Arizona counties). This indicator represents the incidence of people newly diagnosed with HIV per 100,000 in 2010–14. There are about 56,000 new cases of HIV in the United States every year. The Arizona state rate is **10.3 per 100,000.** Source: Arizona Health Matters

INFECTIOUS DISEASES—SYPHILIS

The incidence of syphilis in Yavapai County is **0.0 per 100,000** (better when compared to other Arizona counties). This indicator represents the incidence of primary and secondary syphilis in 2013. The CDC estimates that about 24,000 women per year may be left infertile due to

untreated sexually transmitted diseases such as syphilis. The Arizona state rate is **4.4 per 100,000.** Source: Arizona Health Matters

INFECTIOUS DISEASES—GONORRHEA

The incidence of gonorrhea in Yavapai County is **15.7 per 100,000** (better when compared to other Arizona counties). This indicator represents the incidence of gonorrhea in 2015. The CDC estimates that about 24,000 women per year may be left infertile due to untreated sexually transmitted diseases such as gonorrhea. The Arizona state rate is **121.1 per 100,000.** Source: Arizona Health Matters

INFECTIOUS DISEASES—CHLAMYDIA

The incidence of chlamydia in Yavapai County is **197.1 per 100,000** (better when compared to the state of Arizona). This indicator represents the incidence of chlamydia in 2015. Chlamydia is the most frequently reported sexually transmitted disease in the United States. The CDC estimates that about 24,000 women per year may be left infertile due to untreated sexually transmitted diseases such as chlamydia. The Arizona state rate is **476.1 per 100,000.** Source: Arizona Health Matters

INFECTIOUS DISEASES—TUBERCULOSIS

The incidence of tuberculosis (TB) in Yavapai County is **0 per 100,000** (better when compared with the state of Arizona). This indicator represents the incidence of TB in 2013. TB usually affects the lungs, although it is caused by a bacterial infection and so can affect other parts of the body. TB is contagious until the infected person has completed appropriate treatment, which can take weeks. The Arizona state rate is **2.8 per 100,000.** Source: Arizona Health Matters

HEART DISEASE AND STROKE—ATRIAL FIBRILLATION IN THE MEDICARE POPULATION

Treatment for atrial fibrillation was sought by **7.1%** of the Medicare population in Yavapai County (moderate when compared to other Arizona counties). This indicator represents the percentage of Medicare recipients who were treated for atrial fibrillation in 2015. Atrial fibrillation is an irregular heartbeat that can cause more serious problems such as blood clots, stroke, and heart failure. The Arizona state rate is **7.7%.** Source: Arizona Health Matters

HEART DISEASE AND STROKE—HEART FAILURE IN THE MEDICARE POPULATION

Treatment for heart failure was sought by **8.7%** of the Medicare population in Yavapai County (better when compared to other Arizona counties). This indicator represents the percentage of Medicare recipients who were treated for heart failure in 2015. Heart failure occurs when the heart cannot pump enough blood throughout the body, which leads to high blood pressure

and fluid retention. According to the CDC, 5.7 million Americans have heart failure. The Arizona state rate is **9.6%.** Source: Arizona Health Matters

HEART DISEASE AND STROKE—HYPERLIPIDEMIA IN THE MEDICARE POPULATION

Treatment for hyperlipidemia was sought by **46.7%** of the Medicare population in Yavapai County (moderate when compared to other Arizona counties). This indicator represents the percentage of Medicare recipients who were treated for hyperlipidemia in 2015. Hyperlipidemia can lead to atherosclerosis (hardening of the arteries), heart disease, and acute pancreatitis. A healthy diet and regular physical activity can reverse hyperlipidemia. The Arizona state rate is **43.3%.** Source: Arizona Health Matters

HEART DISEASE AND STROKE—HYPERTENSION IN THE MEDICARE POPULATION

Treatment for hypertension was sought by **46.7%** of the Medicare population in Yavapai County (moderate when compared to other Arizona counties). This indicator represents the percentage of Medicare recipients who were treated for hypertension in 2015. Hypertension is the leading cause of stroke and a major cause of heart attacks. According to the Agency for Healthcare Research and Quality, nearly $43 billion was spent in 2010 on the treatment of hypertension. The Arizona state rate is **49.8%.** Source: Arizona Health Matters

HEART DISEASE AND STROKE—STROKE IN THE MEDICARE POPULATION

Treatment for stroke was sought by **3.2%** of the Medicare population in Yavapai County (moderate when compared to other Arizona counties). This indicator represents the percentage of Medicare recipients who were treated for stroke in 2015. Strokes are the fourth-leading cause of death in the United States and cost an estimated $38.6 billion. The Arizona state rate is **3.5%.** Source: Arizona Health Matters

HEART DISEASE AND STROKE—ISCHEMIC HEART DISEASE IN THE MEDICARE POPULATION

Treatment for ischemic heart disease was sought by **22.5%** of the Medicare population in Yavapai County (moderate when compared to other Arizona counties). This indicator represents the percentage of Medicare recipients who were treated for ischemic heart disease in 2015. Ischemic heart disease is caused by narrowed arteries, leading to decreased blood flow and an increase in the risk of heart attack. The Arizona state rate is **23.4%.** Source: Arizona Health Matters

FOOD SAFETY—*E. COLI* INFECTION

The incidence of *E. coli* infection in Yavapai County is **4.6 per 100,000** (worse when compared to the state of Arizona). This indicator represents the incidence of *E. coli* infection per 100,000 people in 2015. *E. coli* infections are commonly transmitted through consumption of

contaminated foods and water or contact with cattle or the feces of infected people. Symptoms are sometimes mild, but infection can lead to kidney failure and death. The Arizona state rate is **1.9 per 100,000.** Source: Arizona Health Matters

FOOD SAFETY—SALMONELLA INFECTION

The incidence of Salmonella infection in Yavapai County is **13.3 per 100,000** (better when compared to other Arizona counties). This indicator represents the incidence of Salmonella infection per 100,000 people in 2015. Salmonella infections are commonly transmitted through consumption of contaminated foods, and symptoms include diarrhea, fever, and abdominal cramps. Most infected people recover without treatment. The Arizona state rate is **16.9 per 100,000** and the Healthy People 2020 goal is **11.4 per 100,000**. Source: Arizona Health Matters

DIABETES—ADULT DIABETES

Diagnosed diabetes affects **6.4%** of adults in Yavapai County (moderate when compared to peer counties). This indicator represents the percentage of adults who report being diagnosed with diabetes in 2005–11. Diabetes is the seventh-leading cause of death in the United States and is estimated to lower life expectancy by up to fifteen years. Diabetes increases a person's risk of heart disease by two to four times and is the leading cause of adult-onset blindness, chronic kidney disease, and lower limb amputations. The median of all US states is **8.1%.** Source: CDC's CHSI

DIABETES IN THE MEDICARE POPULATION

Diagnosed diabetes affects **17.7%** of the Medicare population in Yavapai County (better when compared to other Arizona counties). This indicator represents the percentage of Medicare recipients who were treated for diabetes in 2015. Diabetes is the seventh-leading cause of death in the United States and is estimated to lower life expectancy by up to fifteen years. Diabetes increases a person's risk of heart disease by two to four times and is the leading cause of adult-onset blindness, chronic kidney disease, and lower limb amputations. The Arizona state rate is **22.1%.** Source: Arizona Health Matters

OBESITY—ADULT OBESITY

Obesity affects **25.1%** of adults in Yavapai County (moderate when compared to peer counties). This indicator represents the percentage of adults who report being obese—having a Body Mass Index (BMI) greater than or equal to 30—in 2006–12. In 2008, it was estimated that the annual medical cost of obesity was $146 billion. The median of all US states is **30.4%.** Source: CDC's CHSI

OBESITY—OVERWEIGHT LOW-INCOME CHILDREN AGED TWO TO FIVE PARTICIPATING IN WOMEN, INFANTS, AND CHILDREN (WIC)

The percentage of overweight low-income children aged two to five in WIC in Yavapai County is **12.0%** (better when compared to the state of Arizona). This indicator represents the

percentage of low-income children aged two to five years old in WIC who were overweight in 2016 (between the eighty-fifth and ninety-fifth percentile of the gender-specific BMI for age growth chart). Children over age two who are overweight have a higher risk of obesity and overweight in adulthood as well as high blood pressure, high cholesterol, and glucose intolerance. This can also indicate insufficient physical activity and an excess calorie intake through food. The Arizona state rate for overweight children aged two to five on WIC is **12.8%**. Source: Arizona Department of Health Services

OBESITY—OBESITY IN LOW-INCOME CHILDREN AGED TWO TO FIVE PARTICIPATING IN WIC

The percentage of obese low-income children aged two to five in WIC in Yavapai County is **8.9%** (better when compared to the state of Arizona). This indicator represents the percentage of low-income children aged two to five in WIC who were overweight in 2016 (at the ninety-fifth percentile or higher of the gender-specific BMI for age growth chart). Obesity in children over age two is associated with obesity and overweight in adulthood as well as high blood pressure, high cholesterol, and glucose intolerance. This can also indicate insufficient physical activity and an excess calorie intake through food. The Arizona state rate for obese children aged two to five on WIC is **11.6%**. Source: Arizona Department of Health Services

OVERALL HEALTH STATUS—ADULT OVERALL POOR HEALTH STATUS

Fair or poor health was reported by **17.7%** of adults in Yavapai County (worse when compared to peer counties). This indicator represents the percentage of adults who reported fair or poor health in 2006–12. Self-assessed health status is a good predictor of morbidity and mortality. The median of all US states is **16.5%.** Source: CDC's CHSI

OVERALL HEALTH STATUS—ANEMIA IN LOW-INCOME CHILDREN AGED SIX MONTHS TO FIVE YEARS IN WIC

The percentage of anemic children aged six months to five years participating in WIC in Yavapai County is **4.5%** (better when compared to the state of Arizona). This indicator represents the percentage of low-income children aged six months to five years in WIC who had anemia in 2016 (hemoglobin measurement is at or below the fifth percentile for age and gender). Anemia is an indicator of iron deficiency, which is a risk factor for developmental delays and behavioral problems in children. The Arizona state rate among low-income children in WIC is **12.3%**. Source: Arizona Department of Health Services

MATERNAL–FETAL AND INFANT HEALTH—PRETERM BIRTHS

The percentage of preterm births in Yavapai County is **8.5%** (better when compared to other Arizona counties). This indicator represents the percentage of births that were preterm in 2015. Preterm births are those births that occur before thirty-seven weeks of gestation. This increases the risk of infant death as well as long-term neurological disabilities. The Arizona state rate is **9.0%,** and the Healthy People 2020 goal is **11.4%.** Source: Arizona Health Matters

MATERNAL–FETAL AND INFANT HEALTH—INFANTS WITH LOW BIRTH WEIGHT

The percentage of babies born with low birth weight in Yavapai County is **6.7%** (better when compared to other Arizona counties). This indicator represents the percentage of babies whose birth weight was 2,500 grams/5.5 pounds or less in 2015. Babies born with low birth weight are more likely to need specialized medical care in the neonatal intensive care unit. The Arizona state rate is **7.2%** and the Healthy People 2020 goal is **7.8%**. Source: Arizona Health Matters

MATERNAL–FETAL AND INFANT HEALTH—LOW-INCOME INFANTS WITH HIGH BIRTH WEIGHT PARTICIPATING IN WIC

The percentage of low-income babies born with high birth weight participating in WIC in Yavapai County is **6.1%** (better when compared to the state of Arizona). This indicator represents the percentage of low-income babies in WIC whose birth weight was high (greater than 4,000 grams/8.8 pounds) in 2016. A high birth weight increases the risk of birth injury such as shoulder dystocia. The Arizona state rate for low-income babies participating in WIC is **6.7%**. Source: Arizona Department of Health Services

MATERNAL–FETAL AND INFANT HEALTH—MOTHERS WHO RECEIVED EARLY PRENATAL CARE

The percentage of births to mothers who began prenatal care in their first trimester of pregnancy in Yavapai County is **73.5%** (better when compared to other Arizona counties). This indicator represents the percentage of births to mothers who began their prenatal care in their first trimester in 2015. Early prenatal care helps prevent low birth weight and infant mortality. It also helps improve birth outcomes and decrease health care costs. The Arizona state rate is **67.9%** and the Healthy People 2020 goal is **77.9%**. Source: Arizona Health Matters

MATERNAL–FETAL AND INFANT HEALTH—LOW-INCOME MOTHERS WHOSE PRE-PREGNANCY BMI WAS UNDERWEIGHT PARTICIPATING IN WIC

The percentage of low-income women participating in WIC whose BMI was underweight prior to pregnancy in Yavapai County is **5.5%** (worse when compared to the state of Arizona). This indicator represents the percentage of women in WIC whose self-reported pre-pregnancy weight indicated a BMI less than 18.5 (underweight) in 2016. Low pre-pregnancy weight may indicate malnourishment of the mother and is a risk factor for pregnancy complications, fetal growth restrictions, and delivering an underweight infant. The Arizona state rate for low-income women participating in WIC is **3.9%**. Source: Arizona Department of Health Services

MATERNAL–FETAL AND INFANT HEALTH—LOW-INCOME MOTHERS WHOSE PRE-PREGNANCY BMI WAS OVERWEIGHT PARTICIPATING IN WIC

The percentage of low-income women participating in WIC whose BMI was overweight prior to pregnancy in Yavapai County is **24.5%** (better when compared to the state of Arizona). This indicator represents the percentage of women in WIC whose self-reported pre-pregnancy

weight indicated a BMI between 25 and 29.9 (overweight) in 2016. High pre-pregnancy weight is a risk factor for excess prenatal weight gain and postpartum weight retention. The Arizona state rate for low-income women participating in WIC is **27.2%**. Source: Arizona Department of Health Services

MATERNAL–FETAL AND INFANT HEALTH—LOW-INCOME MOTHERS WHOSE PRE-PREGNANCY BMI WAS OBESE PARTICIPATING IN WIC

The percentage of low-income women participating in WIC whose BMI was obese prior to pregnancy in Yavapai County is **28.5%** (better when compared to the state of Arizona). This indicator represents the percentage of women in WIC whose self-reported pre-pregnancy weight indicated a BMI of 30 or greater (obese) in 2016. Obesity prior to pregnancy is a risk factor for gestational diabetes and complications in delivery. The Arizona state rate for low-income women participating in WIC is **31.6%**. Source: Arizona Department of Health Services

MATERNAL–FETAL AND INFANT HEALTH—LOW-INCOME MOTHERS WHOSE WEIGHT GAIN IN PREGNANCY WAS LESS THAN IDEAL PARTICIPATING IN WIC

The percentage of low-income women participating in WIC who gained less than the recommended amount of weight during pregnancy in Yavapai County is **26.6%** (worse when compared to the state of Arizona). This indicator represents the percentage of women in WIC who gained less than the recommended amount of weight during pregnancy in 2016. The recommended amount of weight gain for a pregnant woman whose pre-pregnancy BMI is in the normal range is twenty-five to thirty-five pounds total. Weight gain lower than the recommended amount is a risk factor for a low birth weight and baby and fetal growth restrictions. The Arizona state rate for low-income women participating in WIC is **26.2%**. Source: Arizona Department of Health Services

MATERNAL–FETAL AND INFANT HEALTH—LOW-INCOME MOTHERS WHOSE WEIGHT GAIN IN PREGNANCY WAS GREATER THAN IDEAL PARTICIPATING IN WIC

The percentage of low-income women participating in WIC who gained more than the recommended amount of weight during pregnancy in Yavapai County is **48.6%** (better when compared to the state of Arizona). This indicator represents the percentage of women in WIC who gained more than the recommended amount of weight during pregnancy in 2016. The recommended amount of weight gain for a pregnant woman whose pre-pregnancy BMI is in the normal range is twenty-five to thirty-five pounds total. Weight gain greater than the recommended amount is a risk factor for a cesarean delivery and neonatal complications. The Arizona state rate for low-income women participating in WIC is **49.5%**. Source: Arizona Department of Health Services

MATERNAL–FETAL AND INFANT HEALTH—BREASTFEEDING INITIATION AMONG LOW-INCOME INFANTS PARTICIPATING IN WIC

The incidence of low-income infants in WIC who were breastfed at least once after birth in Yavapai County is **86.0%** (better when compared to the state of Arizona). This indicator represents the percentage of infants in WIC who were breastfed at least once in 2016. Breast milk is the ideal nutrition for infants, as it provides immune support against viral and bacterial infections and reduces the risk of respiratory diseases. The World Health Organization (WHO) recommends babies be exclusively breastfed until the age of six months and then continue breastfeeding for at least one to two years until both the mother and child are ready to stop. The Arizona state rate for low-income infants participating in WIC is **73.0%**. Source: Arizona Department of Health Services

MATERNAL–FETAL AND INFANT HEALTH—LOW-INCOME INFANTS IN WIC BREASTFED AT LEAST THREE MONTHS

The percentage of low-income infants participating in WIC who were breastfed for at least three months after birth in Yavapai County is **53.0%** (better when compared to the state of Arizona). This indicator represents the percentage of infants in WIC who were breastfed for at least three months in 2016. Breast milk is the ideal nutrition for infants, as it provides immune support against viral and bacterial infections and reduces the risk of respiratory diseases. The WHO recommends babies be exclusively breastfed until the age of six months and then continue breastfeeding for at least one to two years until both the mother and child are ready to stop. The Arizona state rate for low-income infants participating in WIC is **39.0%**. Source: Arizona Department of Health Services

MATERNAL–FETAL AND INFANT HEALTH—LOW-INCOME INFANTS IN WIC BREASTFED AT LEAST SIX MONTHS

The percentage of low-income infants participating in WIC who were breastfed for at least six months after birth in Yavapai County is **39.0%** (better when compared to the state of Arizona). This indicator represents the percentage of infants in WIC who were breastfed for at least six months in 2016. Breast milk is the ideal nutrition for infants, as it provides immune support against viral and bacterial infections and reduces the risk of respiratory diseases. The WHO recommends babies be exclusively breastfed until the age of six months and then continue breastfeeding, while being introduced to other foods, for at least one to two years until both the mother and child are ready to stop. The Arizona state rate for low-income infants participating in WIC is **26.0%**. Source: Arizona Department of Health Services

MATERNAL–FETAL AND INFANT HEALTH—LOW-INCOME INFANTS IN WIC BREASTFED AT LEAST TWELVE MONTHS

The percentage of low-income infants in WIC that were breastfed for at least twelve months after birth in Yavapai County is **20.0%** (better when compared to the state of Arizona). This

indicator represents the percentage of infants in WIC who were breastfed for at least twelve months in 2016. Breast milk is the ideal nutrition for infants, as it provides immune support against viral and bacterial infections and reduces the risk of respiratory diseases. The WHO recommends babies be exclusively breastfed until the age of six months and then continue breastfeeding, while being introduced to other foods, for at least one to two years until both the mother and child are ready to stop. The Arizona state rate for low-income infants participating in WIC is **14.0%**. Source: Arizona Department of Health Services

MATERNAL–FETAL AND INFANT HEALTH—LOW-INCOME INFANTS IN WIC EXCLUSIVELY BREASTFED AT LEAST THREE MONTHS

The percentage of low-income infants participating in WIC that were exclusively breastfed for at least three months after birth in Yavapai County is **29.0%** (better when compared to the state of Arizona). This indicator represents the percentage of infants in WIC who were exclusively breastfed (consumed only breast milk) for at least three months in 2016. Breast milk is the ideal nutrition for infants because it provides immune support against viral and bacterial infections and reduces the risk of respiratory diseases. The WHO recommends babies be exclusively breastfed until the age of six months and then continue breastfeeding, while being introduced to other foods, for at least one to two years until both the mother and child are ready to stop. The Arizona state rate for low-income women participating in WIC is **15.0%**. Source: Arizona Department of Health Services

MATERNAL–FETAL AND INFANT HEALTH—LOW-INCOME INFANTS IN WIC EXCLUSIVELY BREASTFED AT LEAST SIX MONTHS

The percentage of low-income infants participating in WIC that were breastfed exclusively for at least six months after birth in Yavapai County is **5.0%** (the same as the state of Arizona). This indicator represents the percentage of infants in WIC who were exclusively breastfed (consumed only breast milk) for at least six months in 2015. Breast milk is the ideal nutrition for infants, as it provides immune support against viral and bacterial infections and reduces the risk of respiratory diseases. The WHO recommends babies be exclusively breastfed until the age of six months and then continue breastfeeding, while being introduced to other foods, for at least one to two years until both the mother and child are ready to stop. The Arizona state rate for low-income women participating in WIC is **5.0%**. Source: Arizona Department of Health Services

MENTAL HEALTH—DEPRESSION IN THE MEDICARE POPULATION

The percentage of depression in adults in Yavapai County is **11.9%** (moderate when compared to other Arizona counties). This indicator represents the percentage of those with depression among Medicare fee-for-service beneficiaries in 2015. Depression is considered part of the spectrum of affective disorders and can include symptoms such as a sad mood, lack of interest, weight loss or gain, fatigue, difficulty concentrating, recurrent thoughts of death, psychomotor effects, and inappropriate guilt. The Arizona state rate is **12.9%.** Source: Arizona Health Matters

RESPIRATORY DISEASE—OLDER ADULT ASTHMA

The percentage of asthma in older adults in Yavapai County is **8.0%** (worse when compared to other Arizona counties). This indicator represents the percentage of older adults living with asthma among the Medicare fee-for-service beneficiaries in 2015. It is estimated that asthma costs $20.7 billion in health care expenditures annually. The Arizona state rate is **7.7%.** Source: CDC's CHSI

RESPIRATORY DISEASE—HOSPITALIZATION RATE DUE TO ASTHMA

The age-adjusted hospitalization rate due to asthma in Yavapai County is **6.6 per 10,000** (better when compared to other Arizona counties). This indicator represents the average annual age-adjusted hospitalization rate due to asthma per 10,000 people in 2014. Symptoms of asthma—including coughing, wheezing, and tightness in the chest—can usually be managed with long- and short-acting medications. Sometimes symptoms become severe enough that they lead to hospitalization and can even be fatal. The Arizona state rate is **8.6 per 10,000.** Source: Arizona Health Matters

RESPIRATORY DISEASE—COPD IN THE MEDICARE POPULATION

The percentage of chronic obstructive pulmonary disease (COPD) in the Medicare population of Yavapai County is **10.2%** (moderate when compared to other Arizona counties). This indicator represents the percentage of Medicare recipients who were treated for COPD in 2015. COPD restricts airflow into the lungs, constraining breathing, and it does not have a cure. Symptoms can be lessened by medications, surgery, therapy, and smoking cessation. The Arizona state rate is **9.3%.** Source: Arizona Health Matters

OTHER CHRONIC DISEASES—CHRONIC KIDNEY DISEASE IN THE MEDICARE POPULATION

The percentage of chronic kidney disease in the Medicare population of Yavapai County is **15.3%** (better when compared to other Arizona counties). This indicator represents the percentage of Medicare recipients who were treated for chronic kidney disease in 2015. Chronic kidney disease eventually leads to kidney failure, which results in the body being unable to remove wastes and excess water. Kidney failure requires dialysis or a kidney transplant. The Arizona state rate is **18.7%.** Source: Arizona Health Matters

OTHER CHRONIC DISEASES—OSTEOPOROSIS IN THE MEDICARE POPULATION

The percentage of osteoporosis treatment in the Medicare population of Yavapai County is **7.0%** (worse when compared to other Arizona counties). This indicator represents the percentage of Medicare recipients who were treated for osteoporosis in 2015. Osteoporosis causes bones to become extremely fragile and break easily. It is estimated that osteoporosis leads to two million broken bones per year. The Arizona state rate is **6.4%.** Source: Arizona Health Matters

OTHER CHRONIC DISEASES—RHEUMATOID ARTHRITIS OR OSTEOARTHRITIS IN THE MEDICARE POPULATION

The percentage of rheumatoid arthritis or osteoarthritis treatment in the Medicare population of Yavapai County is **29.2%** (moderate when compared to other Arizona counties). This indicator represents the percentage of Medicare recipients who were treated for rheumatoid arthritis or osteoarthritis in 2015. Rheumatoid arthritis is an autoimmune disease that causes systemic inflammation. The Arthritis Foundation estimates that 1.3 million people in the United States have rheumatoid arthritis and 27 million people have osteoarthritis. The Arizona state rate is **29.1%.** Source: Arizona Health Matters

COUNTY HEALTH RANKINGS—HEALTH OUTCOMES

The County Health Rankings compiled by the Robert Wood Johnson Foundation rank Yavapai County **sixth out of fifteen** Arizona counties for health outcomes. This ranking is based on length of life (rank: **tenth out of fifteen**) and quality of life (rank: **third out of fifteen**).

TABLE 2. MORBIDITY INDICATOR SUMMARY

Morbidity Indicator	Rate
Adult overall poor health status	17.7%
Breast cancer	118.1 per 100,000
E. coli infection incidence	4.6 per 100,000
Low-income mothers in WIC whose pre-pregnancy BMI was obese	28.5%
Low-income mothers in WIC whose pre-pregnancy BMI was underweight	5.5%
Low-income mothers in WIC whose weight gain in pregnancy was less than ideal	26.6%
Older adult asthma	8.0%
Osteoporosis in the Medicare population	7.0%
Prostate cancer	85.5 per 100,000
Adult diabetes	6.4%
Adult obesity	25.1%
All cancers	388.6 per 100,000
Atrial fibrillation in the Medicare population	7.1%
Bladder cancer	24.5 per 100,000
Cancer in the Medicare population	7.0%
Cervical cancer	8.2 per 100,000
Colorectal cancer	31.7 per 100,000
COPD in the Medicare population	10.2%

Morbidity Indicator	Rate
Depression in the Medicare population	11.9%
Hyperlipidemia in the Medicare population	46.7%
Hypertension in the Medicare population	46.7%
Ischemic heart disease in the Medicare population	22.5%
Low-income infants in WIC exclusively breastfed at least six months	5.0%
Lung and bronchus cancer	51.9 per 100,000
Ovarian cancer	12.1 per 100,000
Rheumatoid arthritis or osteoarthritis in the Medicare population	29.2%
Stroke in the Medicare population	3.2%
Alzheimer's disease or dementia	6.6%
Anemia in low-income children in WIC ages six months to five years	4.5%
Breastfeeding initiation among low-income infants in WIC	86.0%
Chlamydia incidence	197.1 per 100,000
Chronic kidney disease in the Medicare population	15.3%
Diabetes in the Medicare population	17.7%
Gonorrhea incidence	15.7 per 100,000
Heart failure in the Medicare population	8.7%
HIV incidence	2.9 per 100,000
HIV prevalence	82.2 per 100,000
Hospitalization rate due to asthma	6.6 per 100,000
Infants with low birth weight	6.7%
Liver and bile duct cancer	5.9 per 100,000
Low-income infants in WIC breastfed at least three months	53.0%
Low-income infants in WIC breastfed at least six months	39.0%
Low-income infants in WIC breastfed at least twelve months	20.0%
Low-income infants in WIC exclusively breastfed at least three months	29.0%
Low-income infants in WIC with high birth weight	6.1%
Low-income mothers in WIC whose pre-pregnancy BMI was overweight	24.5%
Low-income mothers in WIC whose weight gain in pregnancy was greater than ideal	48.6%
Melanoma	17.4 per 100,000
Mothers who received early prenatal care	73.5%
Non-Hodgkin's lymphoma	15.8 per 100,000
Obesity in low-income children in WIC ages two to five years	8.9%
Overweight low-income children in WIC ages two to five years	12.0%

Morbidity Indicator	Rate
Oral cavity and pharynx cancer	10.7 per 100,000
Preterm births	8.5%
Salmonella infection incidence	13.3 per 100,000
Syphilis incidence	0 per 100,000
Tuberculosis incidence	0 per 100,000

HEALTH BEHAVIORS

SUBSTANCE ABUSE—ADULT BINGE DRINKING

The percentage of binge drinking in adults of Yavapai County is **15.1%** (moderate when compared to peer counties). This indicator represents the percentage of adults over eighteen who reported binge drinking in the years 2006–12. Excessive drinking, including binge drinking, is the third-leading lifestyle-related cause of death in the United States. The median of all US states is **16.3%.** Source: CDC's CHSI

SUBSTANCE ABUSE—ADULT TOBACCO SMOKING

The percentage of adult smokers in Yavapai County is **23.2%** (worse when compared to peer counties). This indicator represents the percentage of adults over eighteen who reported smoking cigarettes in the years 2006–12. Smoking cigarettes and other tobacco use is the most preventable cause of death and disease in the United States. The median of all US states is **21.7%,** and the Healthy People 2020 goal is **12.0%.** Source: CDC's CHSI

SUBSTANCE ABUSE—OPIOID USE

The rate of opioid use in Yavapai County is **242.8 per 100,000** (worse when compared to the state of Arizona). This indicator represents the rate of opioid usage per 100,000 county residents in 2013. Yavapai County ranks fourth highest in the state for opioid usage. In 2016, 431 million opioid pills were prescribed in Arizona, which is enough to supply every Arizonan with a 2.5 week supply. The Arizona state rate is **219.5 per 100,000 persons.** Source: Arizona Department of Health Services

SUBSTANCE ABUSE—TEENS WHO USE ALCOHOL

The percentage of teens who report using alcohol at least once in the previous thirty days in Yavapai County is **26.6%** (moderate when compared to other Arizona counties). This indicator represents the percentage of teens enrolled in public school in the eighth, tenth, or twelfth grades who reported using alcohol at least once in the previous thirty days in 2014. People who begin using alcohol at a young age are at an increased risk of developing alcohol dependence by the age of twenty-one. Alcohol use can impair judgement and lead to an increase in risky behaviors. The Arizona state rate is **24.1%.** Source: Arizona Health Matters

SUBSTANCE ABUSE—TEENS WHO HAVE SMOKED TOBACCO

The percentage of teens who have smoked in Yavapai County is **32.5%** (moderate when compared to other Arizona counties). This indicator represents the percentage of teens enrolled in public school in the eighth, tenth, or twelfth grades who have smoked cigarettes one or more times in their lives as of 2014. Smoking cigarettes and using other tobacco products is the most preventable cause of death and disease in the United States. The Arizona state rate is **23.4%.** Source: Arizona Health Matters

SUBSTANCE ABUSE—TEENS WHO CURRENTLY SMOKE TOBACCO

The percentage of teens who report smoking at least once in the previous thirty days in Yavapai County is **14.3%** (moderate when compared to other Arizona counties). This indicator represents the percentage of teens enrolled in public school in the eighth, tenth, or twelfth grades who reported smoking at least once in the previous thirty days in 2014. Smoking cigarettes and using other tobacco products is the most preventable cause of death and disease in the United States. The Arizona state rate is **9.4%.** Source: Arizona Health Matters

SUBSTANCE ABUSE—TEENS WHO CURRENTLY USE MARIJUANA

The percentage of teens who report using marijuana at least once in the previous 30 days in Yavapai County is **16.6%** (moderate when compared to the state of Arizona). This indicator represents the percentage of teens enrolled in public school in the eighth, tenth, or twelfth grades who reported using marijuana at least once in the previous thirty days in 2014. Marijuana is the most commonly used illegal drug in the United States and has been shown to have negative effects on learning and memory for days and weeks after the initial acute effects of the drug have worn off. The Arizona state rate is **13.6%.** Source: Arizona Health Matters

SUBSTANCE ABUSE—TEENS WHO CURRENTLY USE PRESCRIPTION MEDICATION

The percentage of teens who report using any prescription medication use at least once in the previous thirty days in Yavapai County is **5.5%** (better when compared to the state of Arizona). This indicator represents the percentage of teens enrolled in public school in the eighth, tenth, or twelfth grades who reported using any prescription medication at least once in the previous thirty days in 2014. Prescription medication use has declined in Yavapai County over recent years; usage was 8.7% in 2012, 11.5% in 2010, and 12.1% in 2008**.** The Arizona state rate is **6.3%.** Source: Arizona Criminal Justice Commission

SUBSTANCE ABUSE—TEENS WHO HAVE USED METHAMPHETAMINES

The percentage of teens who report having ever used methamphetamines in Yavapai County is **1.0%** (worse when compared to the State of Arizona). This indicator represents the percentage of teens enrolled in public school in the eighth, tenth, or twelfth grades who have used methamphetamines one or more times in their life as of 2014. Methamphetamine use and addiction have broad and serious health and social consequences, including violent behavior, anxiety, confusion, extreme weight loss, serious dental problems, psychotic behaviors, homelessness, unemployment, and increased crime. The Arizona state rate is **0.9%.** Source: Arizona Health Matters

WOMEN'S HEALTH—ADULT FEMALE ROUTINE PAP TESTS

The percentage of women in Yavapai County who report having routine Pap tests is **78.3%** (moderate when compared to peer counties). This indicator represents the percentage of women over 18 who reported having a Pap test in the previous three years from 2006–12. Pap

tests are an important screening tool for cervical cancer. The median of all US states is **77.3%,** and the Healthy People 2020 goal is **93.0%.** Source: CDC's CHSI

PHYSICAL ACTIVITY—ADULT PHYSICAL INACTIVITY

The percentage of adults in Yavapai County who report partaking in no leisure-time physical activity is **21.3%** (moderate when compared to peer counties). This indicator represents the percentage of adults over eighteen who reported having no leisure-time physical activity in the years 2006–12. Regular physical activity can improve health and quality of life. The median of all US states is **25.9%,** and the Healthy People 2020 goal is **32.6%.** Source: CDC's CHSI

TEEN BIRTHS

The teen birth rate in Yavapai County is **26.5 per 1,000** (moderate when compared to other Arizona counties). This indicator represents the rate of female teens between the ages of fifteen and nineteen who gave birth per 1,000 female teens between the ages of fifteen and nineteen in 2015. Teen pregnancy and childbearing can have serious social and economic costs for teens and their families. The Arizona state rate is **26.3 per 1,000,** and the Healthy People 2020 goal is **36.2 per 1,000.** Source: Arizona Health Matters

COUNTY HEALTH RANKINGS—HEALTH BEHAVIORS

The County Health Rankings compiled by the Robert Wood Johnson Foundation rank Yavapai County **first out of fifteen** Arizona counties for healthy behaviors. This ranking is based on behaviors and conditions that increase risks to health including smoking, obesity, sexually transmitted illness, and access to exercise opportunities.

TABLE 3. HEALTH BEHAVIORS INDICATORS SUMMARY

Health behaviors indicator	Rate
Adult smoking tobacco	23.2%
Opioid use	242.8 per 100,000
Adult binge drinking	15.1%
Adult physical inactivity	21.3%
Adult women who receive routine Pap tests	78.3%
Teen birth rate	26.5 per 1,000
Teens who currently smoke tobacco	14.3%
Teens who have smoked tobacco	32.5%
Teens who use alcohol	26.6%
Teens who use marijuana	16.6%
Teens who currently use prescription medication	5.5%
Teens who have used methamphetamines	1.0%

ELEMENTS OF A HEALTHY COMMUNITY

The following health indicators are grouped to reflect the elements of a healthy community consistent with the 2017 Year of Healthy Communities/Live Well AZ efforts for Arizona.[7] These elements include access to care, transportation options, social justice, social/cultural cohesion, parks and recreation, community design, food access, environmental quality, educational opportunity, economic opportunity, community safety, and affordable housing, all of which have a great impact on health and well-being. The WHO states that "equality in health means that all people across the life-course, and in all their diversity, have the same conditions and opportunities to realize their full rights and potential to be healthy. Achieving health equity often requires specific measures to mitigate inequities that result in increased risk factors or vulnerability such as gender, ethnicity, poverty, access to and use of health services, experiences in health care settings, and social impacts of ill health."[8]

SOCIAL FACTORS—GENDER IDENTITY

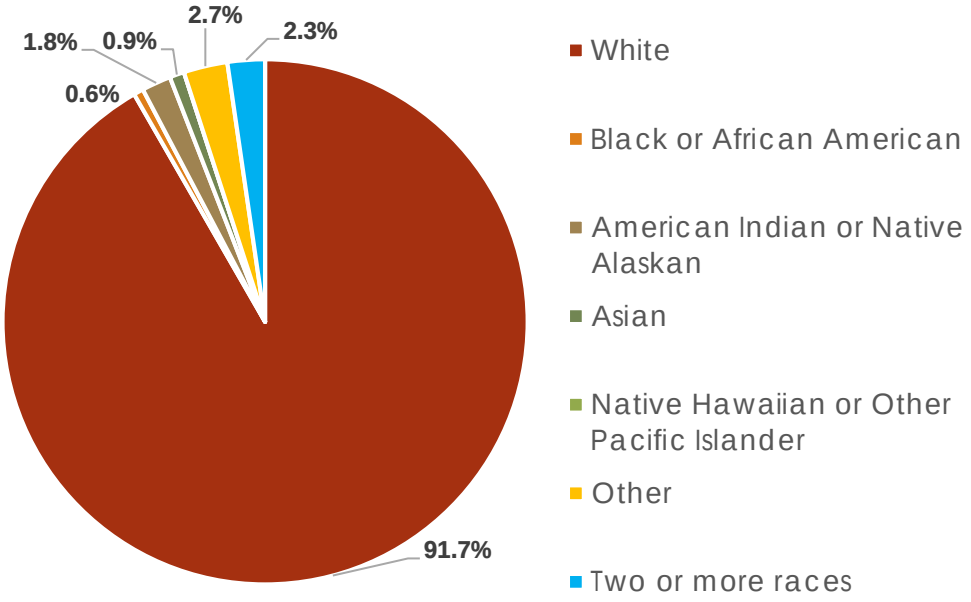
Gender refers to the socially constructed characteristics of women and men, such as the norms, roles, and relationships that exist between them. Gender expectations vary between cultures and can change over time. It is also important to recognize identities that do not fit into the binary male or female sex categories. Gender norms, relations, and roles also affect the health outcomes of people with transgender or intersex identities. **51.1%** of the population in Yavapai County identifies as female and **48.9%** identifies as male. Source: American FactFinder

SOCIAL FACTORS—RACE AND ETHNICITY

Racial health disparities by ethnicity are well documented as affecting overall health outcomes with Hispanic individuals experiencing greater disparities in comparison to Non-Hispanic individuals. **14.1%** of the population in Yavapai County is Hispanic and **85.9%** is not Hispanic. Source: American FactFinder

[7] Live Well Arizona, Year of Healthy Communities, Vitalyst Health Foundation, http://www.livewellaz.org.
[8] World Health Organization, http://www.who.int/en/.

FIGURE 4. RACE AND ETHNICITY



SOCIAL FACTORS—POPULATION OVER SIXTY-FIVE

The percentage of the population of Yavapai County that is over sixty-five years old is **29.1%** (greater than the Arizona state value). This indicator represents the percentage of the population that was over the age of sixty-five in 2015. An older population may have more health care needs. The percentage of the population in the state of Arizona that is over sixty-five years old is **16.4%**. Source: Arizona Health Matters

SOCIAL FACTORS—POPULATION UNDER EIGHTEEN

The percentage of the population of Yavapai County that is under eighteen years old is **17.1%** (less than the Arizona state value). This indicator represents the percentage of the population that was under the age of eighteen years in 2015. A younger population may have more education and child care needs. The percentage of the population in the state of Arizona that is under eighteen years old is **23.8%**. Source: Arizona Health Matters

SOCIAL FACTORS—POPULATION CHANGE

The percentage of population growth in Yavapai County is **5.3%** (less than Arizona state growth). This indicator represents the percentage the population grew or shrank in 2015. The Arizona state rate is **6.8%**. Source: Arizona Health Matters

ECONOMIC OPPORTUNITY—POVERTY

The percentage of Yavapai County residents who live in poverty is **15.1%** (moderate when compared to peer counties). This indicator represents the percentage of individuals who lived below the federal poverty level in 2015. In 2015, the federal poverty level was an income of $11,770 for a single-person household or an income of $28,410 for a household of four people. People living in low-income neighborhoods are less likely to have access to healthy foods and appropriate space for physical activity. Young people who grow up in neighborhoods with high poverty rates are more likely to be victims of violence; use tobacco, alcohol, and other substances; become obese; and participate in risky sexual behaviors. The median of all US states is **16.3%**. Source: US Census Bureau and CDC's CHSI

ECONOMIC OPPORTUNITY—INCOME INEQUALITY

The Gini index of income inequality (measuring wealth distribution) in Yavapai County is **0.435** (moderate when compared to other Arizona counties). This indicator represents the coefficient of income inequality where zero is complete income equality (i.e., everyone has the same income) and one is complete inequality (i.e., one person has all the income and all others have no income) for the years 2011–15. The level of income inequality is a strong predictor of a population's health. The Arizona state rate is **0.465**. Source: Arizona Health Matters

ECONOMIC OPPORTUNITY—MEDIAN HOUSEHOLD INCOME

The median household income in Yavapai County is **$44,748** (moderate when compared to other Arizona counties). This indicator represents the median household income based on all income earned by household members fifteen years and older in a calendar year for the years 2011–15. Median income reflects the affluence of a community. The Arizona state median income is **$50,255**. Source: Arizona Health Matters

ECONOMIC OPPORTUNITY—CHILDREN LIVING BELOW THE POVERTY LEVEL

The percentage of children in Yavapai County living below the poverty level is **23.4%** (better when compared to other Arizona counties). This indicator represents the percentage of children (under the age of eighteen) who lived below the poverty line in 2011–15. Family income is important for a child's health—children who live in poverty are at higher risk of low birth weight, lead poisoning, and behavioral and emotional problems. The Arizona state rate is **26.0%**. Source: Arizona Health Matters

ECONOMIC OPPORTUNITY—FAMILIES LIVING BELOW THE POVERTY LEVEL

The percentage of families in Yavapai County living below the poverty level is **11.1%** (better when compared to other Arizona counties). This indicator represents the percentage of families who lived below the poverty line in 2011–15. A high poverty rate is a sign that there are insufficient job and economic opportunities in the area and can result in lower quality schools due to a smaller tax base. The Arizona state rate is **13.3%**. Source: Arizona Health Matters

ECONOMIC OPPORTUNITY—PEOPLE SIXTY-FIVE YEARS AND OLDER LIVING BELOW THE POVERTY LEVEL

The percentage of people sixty-five years and older in Yavapai County who live below the poverty level is **6.9%** (better when compared to other Arizona counties). This indicator represents the percentage of people sixty-five years and older who live below the poverty line in 2011–15. People over sixty-five years old who live in poverty are especially vulnerable due to possible social isolation, medical problems such as frailty, and other age-related physical limitations. The Arizona state rate is **8.8%**. Source: Arizona Health Matters

ECONOMIC OPPORTUNITY—HOUSEHOLDS WITH CASH PUBLIC INCOME ASSISTANCE

The percentage of households in Yavapai County that receive cash public income assistance is **2.0%** (better when compared to other US counties). This indicator represents the percentage of households that received cash public income assistance—general assistance from Temporary Assistance to Needy Families (TANF) but not noncash benefits like Supplemental Nutrition Assistance Program (SNAP) or WIC—in 2011–15. Communities that have more cash public income assistance are areas of higher poverty. The Arizona state rate is **2.3%**. Source: Arizona Health Matters

ECONOMIC OPPORTUNITY—UNEMPLOYMENT

The unemployment rate in Yavapai County is **4.9%** (better when compared to peer counties). This indicator represents the percentage of the population who were over sixteen and not currently employed but seeking work in February 2017. People who are unemployed have higher illness rates, increased risk of death, and lower access to health insurance and health care. The Arizona state rate is **5.0%**. Source: Arizona Health Matters

EDUCATIONAL OPPORTUNITY—ON-TIME HIGH SCHOOL GRADUATION

The on-time high school graduation rate in Yavapai County is **77.5%** (moderate when compared to peer counties). This indicator represents the percentage of a ninth-grade cohort who go on to graduate in four years based on data from 2010–11. Education and employment have an important impact on health. The median of all US states is **83.3%.** Source: CDC's CHSI

EDUCATIONAL OPPORTUNITY—PEOPLE TWENTY-FIVE YEARS AND OLDER WITH A BACHELOR'S DEGREE OR HIGHER

The percentage of people aged twenty-five years and older in Yavapai County who have a bachelor's degree or higher is **25.6%** (worse when compared to the Arizona state rate). This indicator represents the percentage of the population twenty-five years and older who have earned a bachelor's degree or a higher educational attainment from 2011–15. Having a bachelor's degree improves job opportunities and can have a positive impact on health and well-being. The Arizona state rate is **27.5%.** Source: US Census: American FactFinder

EDUCATIONAL OPPORTUNITY—SCHOOL DROPOUTS

The percentage of students in seventh to twelfth grades in Yavapai County who have dropped out of school during the academic year is **2.9%** (better when compared to other Arizona counties). This indicator represents the percentage of seventh- to twelfth-grade students who dropped out of school during the academic year 2014–15. Education can have an important impact on health and decrease the risk of a person being unemployed, on government assistance, or involved in crime. The Arizona state rate is **3.5%.** Source: Arizona Health Matters

SOCIAL AND CULTURAL COHESION—SINGLE-PARENT HOUSEHOLDS

The percentage of children in Yavapai County who live in single-parent households is **32.7%** (moderate when compared to peer counties). This indicator represents the percentage of children in all family households who lived in a household with a single parent (male or female head of the household) in 2008–12. Children who live in households with two married adults (biological or adoptive parents of all children in the household) are generally healthier and have greater access to health care. The median of all US states is **30.8%**. Source: CDC's CHSI

SOCIAL AND CULTURAL COHESION—LINGUISTIC ISOLATION

The percentage of households in Yavapai County that are in linguistic isolation is **1.6%** (better when compared to other US counties). This indicator represents the percentage of households where every member aged fourteen or older had some difficulty speaking English in the years 2011–15. People living in linguistically isolated households may have difficulty accessing the community services they need, including medical, transportation, social, and educational services. The Arizona state rate is **4.6%**. Source: Arizona Health Matters

SOCIAL AND CULTURAL COHESION—INADEQUATE SOCIAL SUPPORT

The percentage of adults in Yavapai County who report inadequate social support is **17.6%** (moderate when compared to peer counties). This indicator represents the percentage of adults who were over eighteen and who reported not having enough social–emotional support in 2006–12. Social isolation has a negative impact on overall health and well-being. The median of all US states is **19.6%**. Source: CDC's CHSI

SOCIAL AND CULTURAL COHESION—STUDENTS AT HIGH RISK

The percentage of students in Yavapai County at high risk is **27.0% (eighth grade), 27.7% (tenth grade), and 29.5% (twelfth grade)** (worse when compared to Arizona state rates). This indicator represents students who have more than a specified number of risk factors operating in their lives in the areas of community, family, school, peer, and individual risk factors. The Arizona state rates are **24.9% (eighth grade), 23.3% (tenth grade) and 23.6% (twelfth grade)**. Source: Arizona Criminal Justice Commission

COMMUNITY SAFETY—VIOLENT CRIME

The violent crime rate in Yavapai County is **332.3 per 100,000** (moderate when compared to peer counties). This indicator represents the rate of violent crime—including homicide, rape, robbery, and aggravated assault—in 2010–12. Witnessing or being the victim of a violent crime has lifelong consequences on health and well-being. The median of all US states is **199.2 per 100,000.** Source: CDC's CHSI

ENVIRONMENT—TRANSPORTATION—DRIVING ALONE TO WORK

The percentage of the workforce in Yavapai County that drives alone to work is **74.0%** (moderate when compared to the state of Arizona). This indicator represents the percentage of working residents who report usually driving alone to work in 2010–14. Driving alone to work can be used as an indicator of poor public transit infrastructure, low social interactions, and sedentary behaviors. The Arizona state rate is **76.0%.** Source: Robert Wood Johnson Foundation (RWJF) County Health Rankings

ENVIRONMENT—TRANSPORTATION—ACCESS TO PUBLIC TRANSIT

In a 2016 Yavapai County Mobility Health Impact Assessment, conducted by Yavapai County Community Health Services, **75.5%** of survey respondents listed a personal vehicle as their main source of transportation and **24.4%** of respondents reported missing a medical appointment, job interview, or work due to lack of transportation. When asked what they would most likely use public transportation for, **50.1%** of those surveyed listed health care-related services, including medical, dental, and vision, as the reason they most likely would use public transit. Source: Yavapai County Community Health Services

ENVIRONMENT—PARKS AND RECREATION—ACCESS TO PARKS

The percentage of the population in Yavapai County who live within half a mile of a city or town park (not including state parks) is **30.0%** (moderate when compared to peer counties). This indicator represents the percentage of the population who lived within half a mile of a city or town park in 2010. Safe and accessible parks can increase physical activity levels. The median of all US states is **14.0%.** Source: CDC's CHSI

ENVIRONMENT—COMMUNITY DESIGN—LIVING NEAR HIGHWAYS

The percentage of the population in Yavapai County that live near a highway is **0.3%** (better when compared to peer counties). This indicator represents the percentage of the population who lived within 150 meters of a highway in 2010. Traffic-related air pollutants are in higher concentrations near busy roads such as highways, and evidence has shown a link between traffic-related air pollutants and the exacerbation of asthma. The median of all US states is **1.5%.** Source: CDC's CHSI

ENVIRONMENT—COMMUNITY DESIGN—LIQUOR STORE DENSITY

The liquor store density in Yavapai County is **4.1 per 100,000** (better when compared to other US counties, as a lower density is correlated with better outcomes). This indicator represents the number of liquor stores per 100,000 people in 2014. A high density of liquor stores is associated with higher rates of violence. The Arizona state rate is **3.1 per 100,000.** Source: Arizona Health Matters

ENVIRONMENT—FOOD INSECURITY AND FOOD ACCESS—CHILD FOOD INSECURITY

The percentage of children in Yavapai County who are food insecure is **24.7%** (better when compared to other Arizona counties). This indicator represents the percentage of children under eighteen living in households that experienced food insecurity at some point during 2015. Food insecurity is defined as limited or uncertain availability of nutritionally adequate foods. The Arizona state rate is **24.0%.** Source: Arizona Health Matters

ENVIRONMENT—FOOD INSECURITY AND FOOD ACCESS—FOOD INSECURITY

The percentage of the total population in Yavapai County who are food insecure is **16.8%** (moderate when compared to other US counties). This indicator represents the percentage of the population who experienced food insecurity at some point during 2015. Food insecurity is defined as limited or uncertain availability of nutritionally adequate foods. The Arizona state rate is **15.8%.** Source: Arizona Health Matters

ENVIRONMENT—FOOD INSECURITY AND FOOD ACCESS—LIMITED ACCESS TO HEALTHY FOODS

The percentage of individuals in Yavapai County who are low income and do not live close to a grocery store as defined by the North American Industry Classification System (NAICS) is **12.1%** (worse when compared to peer counties). This indicator represents the percentage of the population who were low income and did not live close to a grocery store in 2015. In rural areas, this means living more than ten miles from a grocery store, and in urban areas, this means living more than one mile from a grocery store. Access to healthy foods is important for overall health and well-being. The median of all US states is **6.2%.** Source: NAICS and CDC's CHSI

ENVIRONMENT—FOOD INSECURITY AND FOOD ACCESS—CHILDREN WITH LOW ACCESS TO A GROCERY STORE

The percentage of children in Yavapai County who do not live close to a grocery store is **6.5%** (better when compared to other Arizona counties). This indicator represents the percentage of children who did not live close to a grocery store in 2015. In rural areas, this means living more than ten miles from a grocery store, and in urban areas, this means living more than one mile from a grocery store. Access to healthy foods is important for overall health and well-being. Source: NAICS, CDC's CHSI, and Arizona Health Matters

ENVIRONMENT—FOOD INSECURITY AND FOOD ACCESS—HOUSEHOLDS WITH NO CAR AND LOW ACCESS TO A GROCERY STORE

The percentage of households in Yavapai County that do not have a car and are not close to a grocery store is **2.3%** (moderate when compared to other Arizona counties). This indicator represents the percentage of households that did not have a car and were not close to a grocery store in 2015. In rural areas, this means a household more than ten miles from a grocery store, and in urban areas, this means a household more than one mile from a grocery store. Access to healthy foods is important for overall health and well-being. Source: NAICS, CDC's CHSI, and Arizona Health Matters

ENVIRONMENT—FOOD INSECURITY AND FOOD ACCESS—PEOPLE SIXTY-FIVE AND OLDER WITH LOW ACCESS TO A GROCERY STORE

The percentage of individuals over the age of sixty-five in Yavapai County who do not live close to a grocery store is **8.3%** (worse when compared to other US counties). This indicator represents the percentage of the population who were over sixty-five years old and who did not live close to a grocery store in 2015. In rural areas, this means living more than ten miles from a grocery store, and in urban areas, this means living more than one mile from a grocery store. Access to healthy foods is important for overall health and well-being. Source: NAICS, CDC's CHSI, and Arizona Health Matters

ENVIRONMENT—FOOD INSECURITY AND FOOD ACCESS—FARMING LAND

There are **940 farms** across **824,506 acres (29% of the land)** in Yavapai County. A total of **96%** of the farm land in Yavapai County is dedicated to pastureland, and **4%** is dedicated to other uses. Crop items produced include grass silage, corn for silage, harvested vegetables, grapes, and pecans. The average age of principal farm operators in Yavapai County is **62.9 years of age**. Source: United States Department of Agriculture (USDA) 2012 Census of Agriculture, Yavapai County, and Arizona Health Matters

ENVIRONMENT—AFFORDABLE QUALITY HOUSING—HIGH HOUSING COSTS

The percentage of individuals in Yavapai County who face high housing costs is **37.4%** (moderate when compared to peer counties). This indicator represents the percentage of people who lived in housing where 30% or more of the household income went toward housing costs in 2008–13. Access to affordable housing has a positive impact on the health and well-being of populations. The median of all US states is **27.3%.** Source: CDC's CHSI

ENVIRONMENT—AFFORDABLE QUALITY HOUSING—HOME OWNERSHIP

The percentage of houses in Yavapai County occupied by homeowners is **57.7%** (better when compared to other Arizona counties). This indicator represents the percentage of houses occupied by homeowners in 2011–15. Homeowners are more likely to be involved in civic matters and improve their homes. The Arizona state rate is **52.4%.** Source: Arizona Health Matters

ENVIRONMENT—AFFORDABLE QUALITY HOUSING—RENTERS SPENDING 30% OR MORE OF HOUSEHOLD INCOME ON RENT

The percentage of renters in Yavapai County who spent 30% or more of household income on rent is **52.4%** (worse when compared to other US counties). This indicator represents the percentage of renters who spent 30% or more of their household income on rent for housing in 2011–15. The Arizona state rate is **50.1%.** Source: Arizona Health Matters

ENVIRONMENT—AFFORDABLE QUALITY HOUSING—HOUSING STRESS

The percentage of housing in Yavapai County defined as stressed is **38.4%** (moderate when compared to peer counties). This indicator represents the percentage of housing that met at least one definition of stressed housing in the years 2007–11: housing unit lacks complete plumbing, lacks complete kitchen, is overcrowded, and/or is cost burdened. Quality housing that is not stressed is associated with improved health and well-being. The median percentage of housing stress of all US states is **28.1%.** Source: CDC's CHSI

ENVIRONMENTAL QUALITY—DRINKING WATER VIOLATIONS

Yavapai County has had at least **one** health-based drinking water violation (worse when compared to top-performing US counties). This indicator represents the presence or absence of health-based drinking water violations in counties served by community water systems from 2013–14. Health-based violations include maximum contaminant level, maximum residual disinfectant level, and treatment technique violations. Source: RWJF County Health Rankings

ENVIRONMENTAL QUALITY—ANNUAL PARTICLE POLLUTION (PM2.5 CONCENTRATION)

The annual average concentration of PM2.5, or particle pollution (also called particulate matter), in Yavapai County is **10.7 $\mu g/m^3$** (worse when compared to the state of Arizona). This indicator represents annual average PM2.5 concentrations in 2011. High levels of air pollution are associated with asthma, bronchitis, and poor lung function. The average concentration in the state of Arizona is **10.1 $\mu g/m^3$.** Source: RWJF County Health Rankings

ENVIRONMENTAL QUALITY—RECOGNIZED CARCINOGENS RELEASED INTO AIR

The amount of recognized carcinogens released into the air in Yavapai County is **2,089 pounds** (less in comparison to previous years' values). This indicator represents the amount of known carcinogens released into the air in pounds in 2015. These included compounds with strong evidence of causing cancer. This is not a measure of the degree to which people were exposed to these compounds, only how much was released into the air. Source: Arizona Health Matters

ACCESS TO CARE—OLDER ADULT PREVENTABLE HOSPITALIZATIONS

The incidence of preventable hospitalizations in older adults of Yavapai County is **25.0 per 1,000** (better when compared to peer counties). This indicator represents the proportion of preventable hospitalizations of older adult Medicare enrollees in 2013. Preventable hospitalizations are an indication that adequate outpatient care was not provided. The Arizona state incidence is **40.0.** Source: RWJF County Health Rankings

ACCESS TO CARE—COST BARRIER TO CARE

The percentage of adults in Yavapai County who do not see a doctor due to cost is **20.0%** (worse when compared to peer counties). This indicator represents the percentage of adults over eighteen who needed to see a doctor but did not due to the cost in 2006–12. Access to quality health care is key to achieving health equity and increasing the health of the community. The median of all US states is **15.6%** and the Healthy People 2020 goal is **9.0%.** Source: CDC's CHSI

ACCESS TO CARE—PRIMARY CARE PROVIDER ACCESS

The ratio of population to primary care providers in Yavapai County is **1,537 to 1** (moderate when compared to the Arizona state ratio). This indicator represents the ratio of the population to primary care providers in Yavapai County in 2013. Having a primary care provider increases the likelihood that a patient will receive appropriate care and will have greater trust in and communication with their health care provider. The Arizona state ratio is **1,510 to 1**. Source: RWJF County Health Rankings

ACCESS TO CARE—DENTAL CARE PROVIDER ACCESS

The ratio of population to dentists in Yavapai County is **1,633 to 1** (better when compared to the Arizona state ratio). This indicator represents the number of people in the population for every dentist providing services in the community in 2014. The Arizona state ratio is **1,700 to 1**. Source: RWJF County Health Rankings

ACCESS TO CARE—MENTAL HEALTH CARE PROVIDER ACCESS

The ratio of population to mental health care providers in Yavapai County is **682 to 1** (better when compared to the Arizona state ratio). This indicator represents the number of people in the population for every mental health care provider offering services in the community in 2015. The Arizona state ratio is **880 to 1**. Source: RWJF County Health Rankings

ACCESS TO CARE—UNINSURED

The percentage of people in Yavapai County who do not have health insurance is **22.0%** (moderate when compared to the state of Arizona). This indicator represents the percentage of people under age sixty-five who did not have health insurance coverage in 2013. A lack of health insurance coverage increases the risk that a person may not visit a doctor when needed

due to the cost. The percentage in the state of Arizona is **20%.** Source: RWJF County Health Rankings

COUNTY HEALTH RANKINGS

ACCESS TO CLINICAL CARE FACTORS

The County Health Rankings compiled by the Robert Wood Johnson Foundation rank Yavapai County **third out of fifteen** Arizona counties for clinical care. This ranking is based on insurance, care providers, and services available.

SOCIAL AND ECONOMIC FACTORS

The County Health Rankings compiled by the Robert Wood Johnson Foundation rank Yavapai County **third out of fifteen** Arizona counties for social and economic factors. This ranking is based on education, employment, poverty, social associations, violent crime, and injury deaths.

PHYSICAL ENVIRONMENT FACTORS

The County Health Rankings compiled by the Robert Wood Johnson Foundation rank Yavapai County **fifth out of fifteen** Arizona counties for physical environment. This ranking is based on air and water quality, housing, and commute to work.

TABLE 4. ELEMENTS OF A HEALTHY COMMUNITY INDICATOR SUMMARY

Social/cultural cohesion indicator	Rate
Gender: female	51.1%
Gender: male	48.9%
Population over sixty-five years old	29.1%
Population under eighteen years old	17.1%
People living in poverty	15.7%
Children living below the poverty level	23.4%
Inadequate social support	17.6%
Violent crime	332.3 per 100,000
Median household income	$44,748
People twenty-five years and older with a bachelor's degree or higher	25.6%
Unemployment	4.9%
Students at high risk in eighth grade	27.0%
Students at high risk in tenth grade	27.7%
Students at high risk in twelfth grade	29.5%
Single-parent households	32.7%
Linguistic isolation	1.6%
Families living below the poverty level	11.1%
Households with cash public assistance	2.0%
On-time high school graduation	77.5%
School dropouts	2.9%
Income inequality index	0.435
People sixty-five years and older living below the poverty level	6.9%
Physical environment indicator	**Rate**
Annual particle pollution (PM2.5)	10.7 µg/m^3
Drinking water violations	YES
Limited access to healthy foods	12.1%
People sixty-five years and older with low access to a grocery store	8.3%
Renters spending 30% or more of household income on rent	52.4%
Driving alone to work	74.0%
Food insecurity	16.8%
Households with no car and low access to a grocery store	2.3%
Individuals facing high housing costs	37.4%
People living in stressed housing	38.4%
People who live within half a mile of a park	30.0%
Child food insecurity	24.7%
Children with low access to a grocery store	6.5%
Home ownership	57.7%
Liquor store density	4.1 per 100,000
People living near highways	0.3%
Recognized carcinogens released into air	2,089 pounds
Access to care indicator	**Rate**
Cost barrier to care	20.0%
Primary care provider access	59.9 per 100,000 / 1,537 to 1
Uninsured	19.1% / 22.0%
Dental care provider access	1,633:1
Mental health care provider access	682:1
Older adult preventable hospitalizations	30.7 per 1,000 / 25.0 per 1,000

STAKEHOLDER INPUT

The 2017 Yavapai County Community Health Survey (YCCHS) Community Health Assessment included a multi-method approach for gathering input and primary data collection from a range of residents and stakeholders.

COMMUNITY SURVEY METHODOLOGY AND FINDINGS

The Yavapai County Community Health Survey was a survey developed by the Health Improvement Team to learn more about health and quality of life from the perspective of Yavapai County residents. **1288** Yavapai County residents completed the survey including 933 electronic submissions and 355 paper submissions from March through April of 2017. The survey was available in both English and Spanish and 9% of the surveys received were completed in Spanish. Survey respondent demographics are summarized as follows with bolded responses indicating the majority for that category:

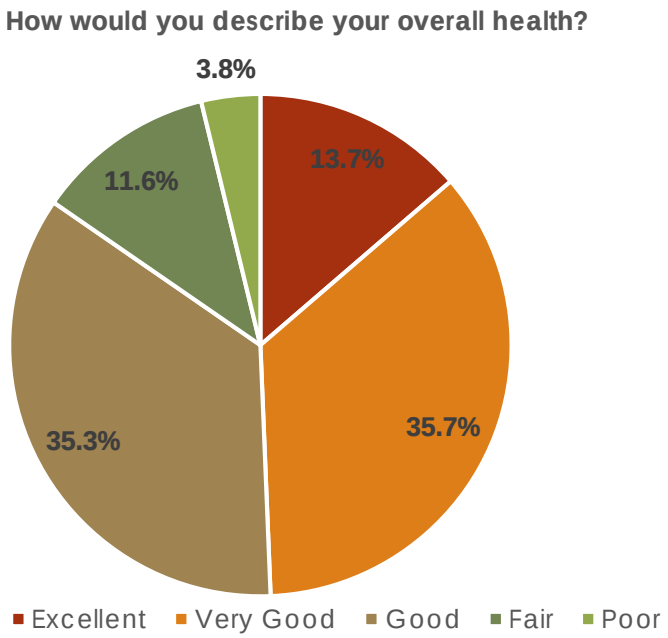
TABLE 5. COMMUNITY SURVEY DEMOGRAPHIC SUMMARY

Demographic category		Percent
Gender	**Female**	**74.8%**
	Male	24.6%
	Transgender	0.4%
	Not specified	0.3%
Age	17 years old or younger	0.6%
	18–24 years old	5.4%
	25–34 years old	14.1%
	35–44 years old	12.6%
	45–54 years old	15.7%
	55–64 years old	**24.6%**
	65–74 years old	18.8%
	75 years old or older	8.3%
	Not specified	0.3%
Race or Ethnicity	American Indian/Alaskan Native	2.1%
	Asian/Pacific Islander	0.3%
	Black/African American	0.3%
	Hispanic	9.1%
	White/Caucasian	**85.6%**
	Other	3.6%
	Not specified	0.3%

Demographic category		Percent
Highest Level of Education	Less than high school	3.8%
	High school degree or equivalent (GED)	13.6%
	Some college but no degree	**27.6%**
	Associate degree	12.0%
	Bachelor degree	22.3%
	Graduate degree	20.6%
	Not specified	0.4%
City or Town of Residence	**Prescott**	**37.7%**
	Prescott Valley	21.7%
	Camp Verde	4.1%
	Chino Valley	4.5%
	Cottonwood	9.3%
	Clarkdale	2.5%
	Dewey-Humboldt	3.3%
	Mayer	1.4%
	Jerome	0.4%
	Ashfork	0.4%
	Sedona	5.6%
	Bagdad	0.1%
	Congress	0.5%
	Yarnell	0.3%
	Rimrock	0.8%
	Cornville	2.0%

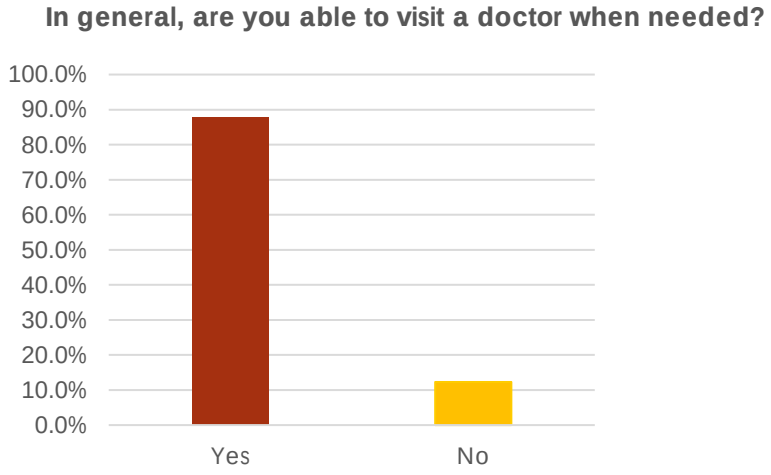
When asked to describe their overall health **35.7%** of survey respondents describe their health as "very good," **35.3%** describe their health as "good," and **13.7%** describe their health as "excellent."

FIGURE 5. PERCEIVED HEALTH STATUS



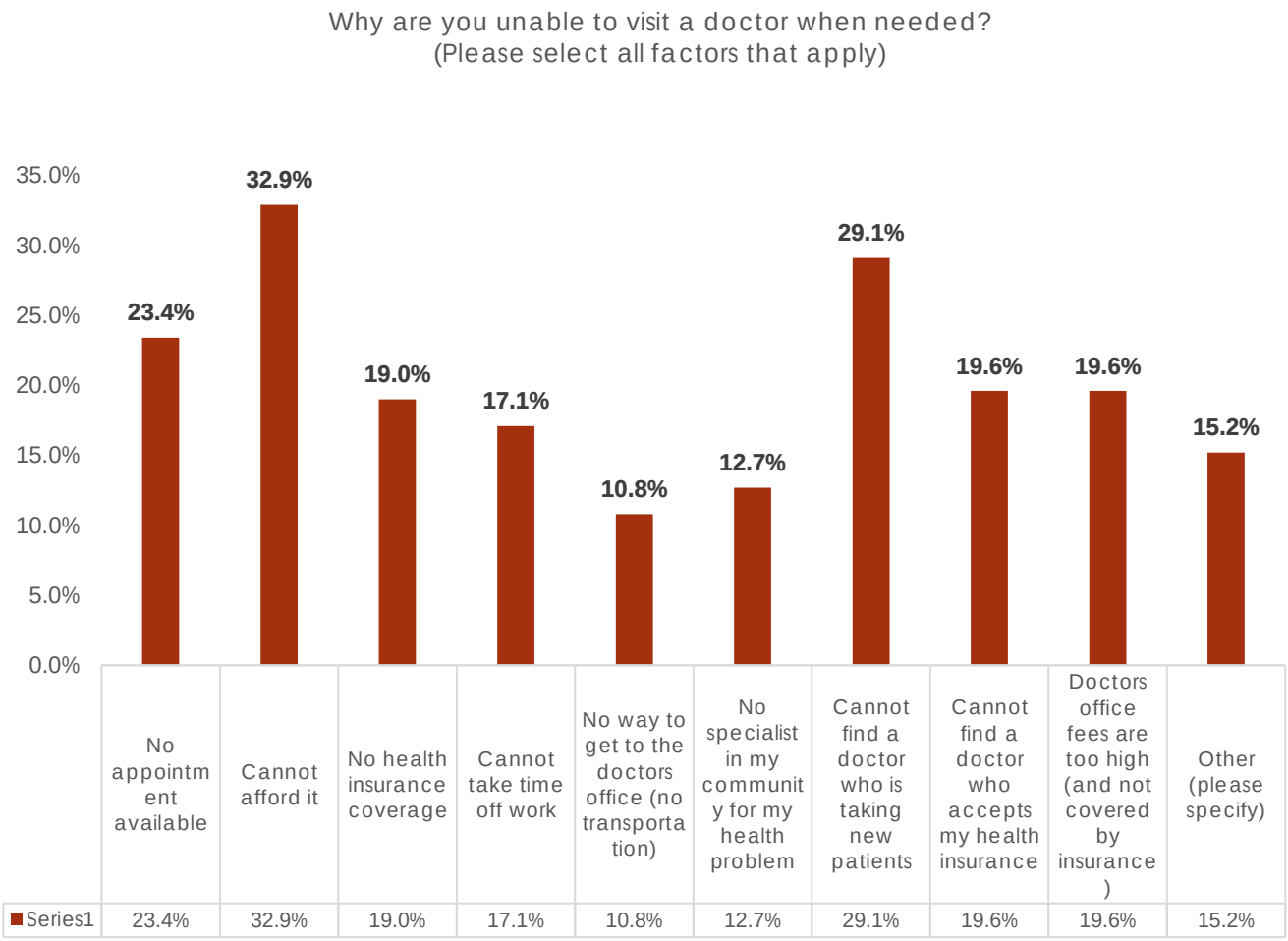
87.7% of survey respondents in Yavapai County report being able to see a doctor when needed.

FIGURE 6. ACCESS TO HEALTHCARE



Of the **12.3%** of respondents that are unable to see a doctor when needed, **32.9%** state it is because they cannot afford to see the doctor.

FIGURE 7. REASONS FOR NOT BEING ABLE TO SEE A DOCTOR

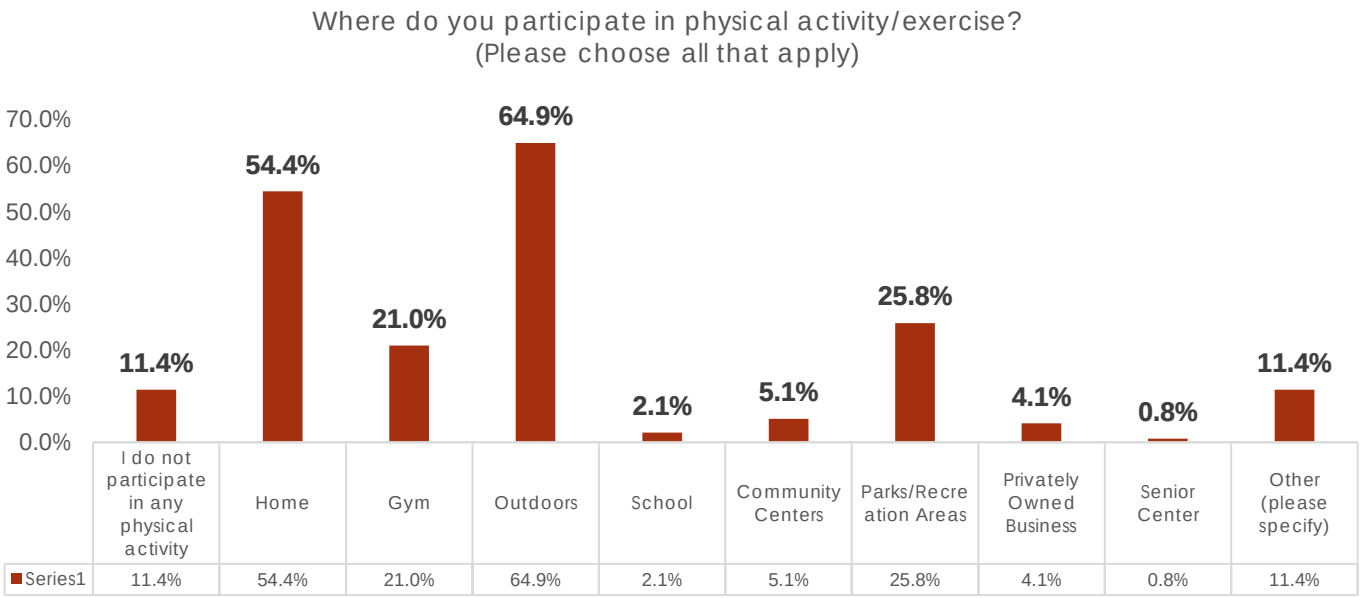


The following table shows the percentage of residents who agreed that a specific statement applied to them. For example, **77.9%** of Yavapai residents indicated that they feel safe in their community.

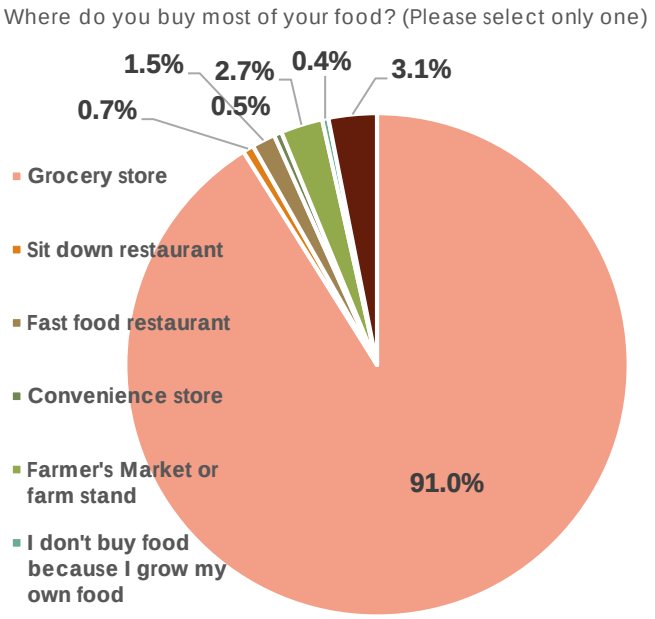
TABLE 6. HEALTH BEHAVIORS

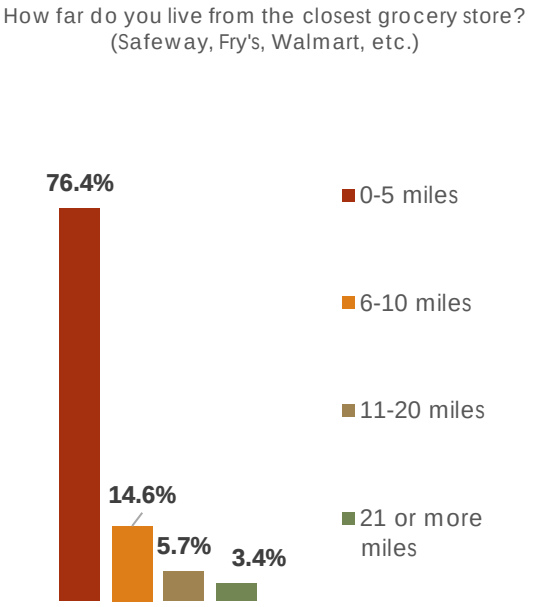
Statement	Percent in Agreement
I feel safe in my community	**77.90%**
There are enough people I feel close to	**60.30%**
I have a really close friend who I talk to regularly	**60.00%**
I exercise for thirty minutes or more at least three times per week	**54.00%**
I get a flu shot every year	**43.20%**
I eat at least five servings of fruits and vegetables on most days	**39.60%**
I use sunscreen or sunblock whenever I go outside for more than one hour on a sunny day	**36.20%**
I seem to have a lot of friends	**31.10%**
I have fallen in the past twelve months	**15.30%**
I smoke cigarettes on most days	**12.90%**
I feel nervous, anxious, or on edge on most days	**11.50%**
I worry about falling	**10.20%**
I feel down, depressed, or helpless on most days	**9.40%**
I am not able to control my worrying or stop worrying on most days	**8.60%**
I feel unsteady when standing or walking	**8.40%**
I have no one to lean on in times of trouble	**5.00%**
In the past twelve months I have used illegal drugs	**3.30%**
In the past twelve months I have used prescription drugs without a doctor's prescription	**2.10%**
I consume more than four alcoholic drinks on most days	**1.90%**
I chew tobacco on most days	**0.90%**
None of the above apply to me	**1.60%**

The majority of survey respondents report participating in physical activity or exercise outdoors (**64.9%**) with **11.4%** reporting not participating in any physical activity at all.

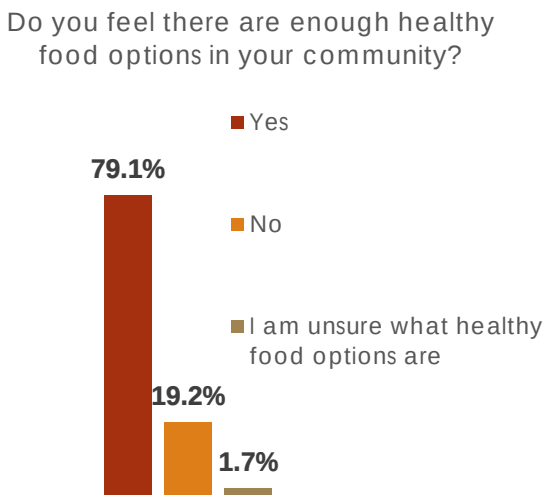


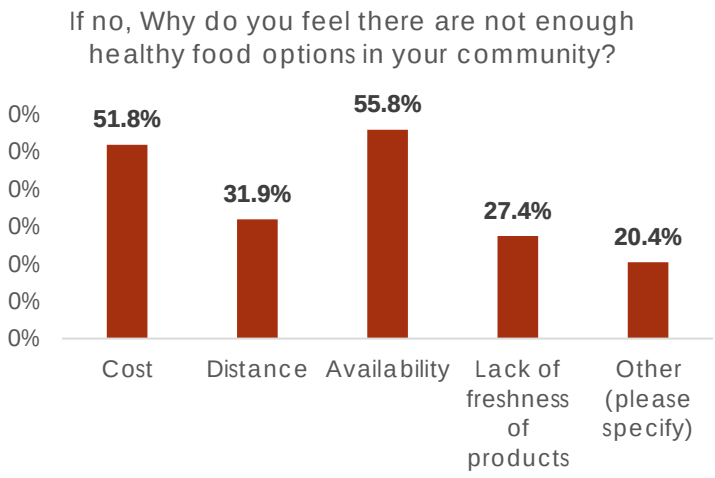
The survey found **91%** of respondents report buying most of their food from a grocery store, and **76.4%** of respondents live within 0–5 miles of a grocery store.





The survey found that **79.1%** of respondents feel that there are enough healthy food options available in their community. Of the **19.2%** of respondents that feel there are not enough healthy food options, over half report availability **(55.8%)** and cost **(51.8%)** as the greatest reasons they feel that there are not enough healthy options.





When asked to select the top health challenge respondents personally face, overweight and/or obesity ranked as the greatest health challenge at **18.8%**.

TABLE 7. PERSONAL HEALTH CHALLENGES

Top personal health challenge	Percent (ranked greatest challenge to lowest challenge)
Overweight/obesity	**18.80%**
I do not have any health challenges	**17.60%**
Other	**11.30%**
Back pain	**10.10%**
Joint pain	**9.70%**
Mental health	**6.70%**
High blood pressure	**5.60%**
Diabetes	**4.60%**
Heart disease	**4.10%**
Asthma	**3.30%**
Cancer	**3.00%**
Lung disease	**1.60%**
Drug addiction	**1.30%**
Alcohol overuse	**0.90%**
Stroke	**0.70%**
Alzheimer's/dementia	**0.60%**

When asked to select the top three (most prevalent) health issues for Yavapai County as a whole, respondents ranked the following:

1. Drug addiction **(55.5%)**
2. Overweight and obesity **(46.2%)**
3. Mental health **(40.0%)**

TABLE 8. PERCEIVED TOP THREE (MOST PREVALENT) HEALTH ISSUES FOR YAVAPAI COUNTY

Top three health issues for Yavapai County	Percentage
Drug addiction	**55.50%**
Overweight/obesity	**46.20%**
Mental health	**40.00%**
Alcohol overuse	30.50%
Diabetes	25.00%
Heart disease	20.70%
High blood pressure	19.70%
Cancer	17.40%
Alzheimer's/dementia	12.20%
Back pain	7.20%
Joint pain	6.30%
Asthma	4.40%
Lung disease	3.10%
Stroke	2.60%

Survey respondents with children less than eighteen years of age were asked to select the top three health challenges faced by children in Yavapai County:

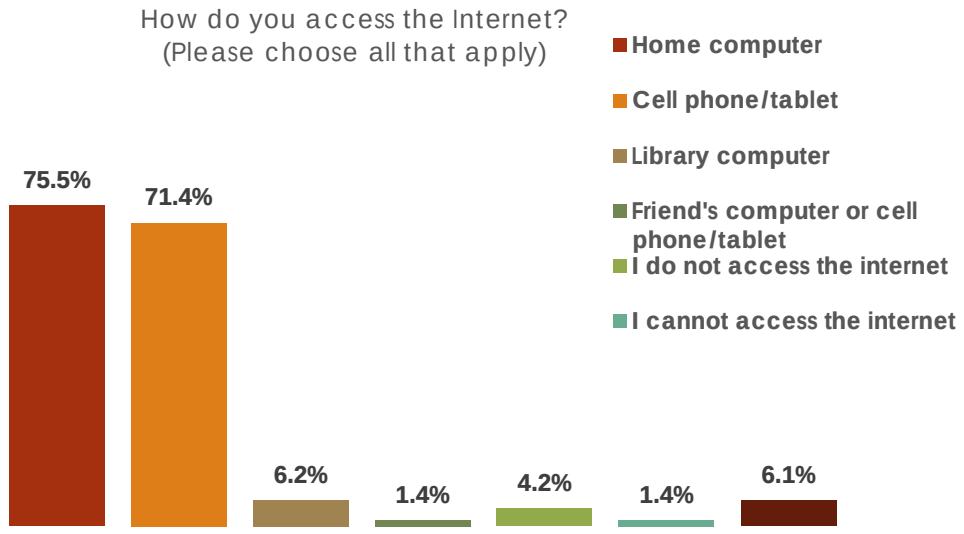
1. Not enough play or physical activity **(63.6%)**
2. Bullying **(42.7%)**
3. Overweight and obesity **(41.7%)**

TABLE 9. PERCEIVED TOP THREE (MOST PREVALENT) HEALTH CHALLENGES FACED BY CHILDREN

Top three health challenges faced by children	Percentage
Not enough play/physical activity	**63.60%**
Bullying	**42.70%**
Overweight/obesity	**41.70%**
Cold and flu	24.90%
Physical or emotional abuse	24.00%
Drug addiction	23.70%
Mental health	22.10%
Asthma	13.10%
Developmental delays	11.20%
Alcohol overuse	7.20%
Other (please specify)	6.50%
Diabetes	5.90%
Cancer	0.60%
Food poisoning	0.60%

When survey respondents were asked how they access the Internet, **75.5%** use a home computer or laptop and **71.4%** use a cell phone or tablet. **1.4%** of respondents report that they cannot access the Internet.

FIGURE 13. INTERNET ACCESS



Survey results are reflective of self-reported behaviors, attitudes, and perceptions. The results are intended to inform Yavapai County leaders and health improvement stakeholders on resident-reported needs when weighed in comparison to qualitative focus group data and secondary data sources. No single data source should weigh greater than another, but rather data should be critically analyzed collectively for health improvement planning when prioritizing goals and strategies to address the identified health needs.

FOCUS GROUP METHODOLOGY AND FINDINGS

Upon conclusion of the community survey, eight focus groups were conducted in Yavapai County between March 31 and April 25 of 2017. The goal of these focus groups was to gain a deeper understanding of Yavapai County residents' perceptions of health and health care services. Focus groups were held in Camp Verde, Chino Valley, Cottonwood, Prescott, and Prescott Valley as these were the most populated cities. Focus groups contained six to thirteen participants per session, for a total sample size of seventy-six (n = 76). Focus groups lasted approximately one hour. Discussions from each session were transcribed and analyzed using an inductive content analysis approach. Categories were derived based on concepts from interview questions and included pressing health concerns of the community, community assets and barriers, and visions for health improvement planning. Open coding was used to determine key emerging themes within each category. Emerging themes within each category are summarized below. Findings from focus groups are presented collectively to protect the identities of focus group participants. While discussions were primarily analyzed to find shared perceptions and experiences throughout the county, key differences in perceptions are highlighted.

TABLE 10. FOCUS GROUP PARTICIPATION BY LOCATION

City	Location	Spanish/ English	Number of participants
Camp Verde	Camp Verde Community Library	English	7
Chino Valley	Chino Valley Public Library	English	11
Cottonwood	Cottonwood Recreation Center	English	7
Cottonwood	Cottonwood Recreation Center	Spanish	9
Prescott	Prescott Public Library	English	11
Prescott	Sacred Heart Catholic Church	Spanish	11
Prescott Valley	Prescott Valley Public Library	English	8
Prescott Valley	Prescott Valley Public Library	Spanish	12

COMMUNITY HEALTH ASSETS

In all focus groups, participants stated the strong sense of community as a major asset to living in Yavapai County, often describing the friendliness and helpfulness neighbors and community members. Participants often compared their communities in Yavapai County to previous places they had lived, expressing that their current communities are more welcoming and benevolent.

> *"We've got very good neighbors. When a new neighbor comes, we introduce ourselves and offer to help. That is what I like."*
>
> **Prescott Participant**

Participants stated that they felt safe in their neighborhoods and believed that their communities were good places in which to raise families. They often described the area as peaceful and quiet, with lots of open spaces. They expressed their enjoyment of getting to experience all four seasons throughout the year, and liked the location of the county, which is close enough to major cities, yet far enough away to appreciate fresh air, minimal traffic, and the local, small-town charm. Though some stated they were unaware of particular services, many participants discussed having easy access to resources and services within their communities.

KEY HEALTH CONCERNS AND CHALLENGES OF FOCUS GROUP PARTICIPANTS

Substance abuse, mental health, and chronic diseases are pressing health concerns throughout the county

By an overwhelming majority, drug abuse was the most frequently cited health concern in every focus group. Heroin and opiates were the most common drugs discussed. Participants were particularly concerned about how easily accessible drugs were in their communities and described teenagers as the most vulnerable population for substance abuse issues. One participant, a high school teacher, shared that she has noticed an increase in drug use among her students in recent years. Another participant, who recently moved from California, noted that drug use in Prescott Valley seemed higher than in her city in California. When asked about their perceptions of the reasons teenagers become involved with drugs, participants related the problem to a lack of activities and programs for children and young adults as well as a lack of anti-drug education programs in schools. Participants also expressed concern about the impact family dynamics have on drug abuse and addiction. Residents felt that teens often lack proper supervision and engagement at home because many have parents who work long hours and others live in single-parent households or with relatives due to parents' struggling with drug addiction themselves. Isolation was both identified as a cause for drug use and barrier to addressing the issue.

> *"Small town syndrome, nothing to do, so it's drugs and alcohol."*
>
> **Prescott Valley Participant**

Mental health was discussed in two major contexts among focus group participants. First, mental health issues were discussed in relation to drug abuse, both drugs as a cause of mental health conditions and children's being born to parents with substance abuse issues. The second context was in reference to depression. Depression was mentioned primarily in Spanish-speaking focus groups. Participants often linked feelings of depression to a lack of social interaction and an inability to effectively communicate with health providers and school administrators due to language barriers. Participants shared that the lack of bilingual providers made it difficult to explain health concerns and symptoms and understand provider recommendations.

Focus group participants also shared concerns related to diabetes, obesity, cancer, and heart disease. Obesity was primarily discussed in relation to children and younger generations, and participants listed limited opportunities for physical activity and increased screen time as primary causes. Participants often shared stores of their own battles with cancer or the battles of close loved ones. In many cases, those who had a close experience with managing chronic disease described their advocacy efforts within their communities to encourage residents to participate in primary and secondary prevention efforts, such as exercising regularly and receiving regular check-ups and exams. Participants also discussed their concerns about risk factors related to heart disease, including high cholesterol and high blood pressure levels among community members.

Limited access to health care, costly services, and poor patient care

When describing some of the health and health care challenges within the county, participants most frequently described issues in accessing health care services. Participants often described long wait times for care, both in scheduling appointments and while waiting to see a physician at their time of appointment. Additionally, accessing specialists is often challenging for residents as there are limited clinics available and the ones that are have long waiting lists. Participants described having to drive to larger metro areas, such as Phoenix, to access specialty care services. Access to care seemed to be the most challenging for residents who did not have health insurance as there are fewer providers that will see patients without insurance. Participants felt that mental health services and dental services, particularly for individuals without insurance, were the most underrepresented specialty services within their communities and were typically the most costly.

> *"If you move here for medical reasons, it is very difficult to see a doctor. [Providers] are overwhelmed, and they [schedule] you three months out."*
>
> **Cottonwood Participant**

Cost of health care was discussed at length in all focus groups. Some participants discussed a sliding pay scale option offered by some medical facilities, which are designed to charge patients for services based on their monthly income; however, many focus group participants felt that the cost of care even on a sliding scale was still unaffordable. Several participants shared stories of medical facilities that turned them in to collection agencies when they were unable to pay their medical bills. Others expressed frustration that they are often referred to hospitals because local clinics, such as urgent care centers, lack the equipment needed for exams. Residents stated that the testing and services provided in the hospital or emergency room settings are often more costly for patients.

Finally, in almost every focus group, participants shared stories of the poor care they or someone close to them had experienced. Participants were more likely to describe providers as neglectful than helpful, feeling that they were often misdiagnosed, sent for testing that was costly and unnecessary, or received very little time with a physician. When sharing their health issues, participants perceived the health care system to be "broken" and frequently stated that they had to see multiple physicians before they could receive a proper diagnosis.

Transportation

Issues related to transportation were discussed in each of the communities where focus groups were held. Residents in these communities perceived the lack of adequate public transportation as a major barrier to accessing health services and sufficient job opportunities. While participants were able to list some of the transportation services available in their communities, such as taxis and local bus services, they noted inefficiencies within existing programs, such as very limited schedules. For example, some of the bus systems only run three days per week, while other transportation services only run in the afternoon or on the hour. One participant shared a story of a woman she knew who walked over an hour to and from work each day because she did not own a vehicle and her work schedule was not compatible with the local bus schedule. Seniors, individuals with medical conditions, and individuals who could not afford a vehicle were of particular concern among focus group participants.

> *"In Prescott and the square, things are generally accessible, especially with the new grocery stores that are in walking distance. Once you move outside of that little vicinity, you are in a transportation desert."*
>
> **Prescott Participant**

Homelessness and high housing costs

Some participants noted seeing homeless community members in town, while others stated they had not seen many. In some focus groups, the challenges associated with high housing costs were mentioned by several participants, particularly in Prescott and Prescott Valley. Some

participants shared experiences of coworkers living in cars or on the streets. Some participants shared their current status as homeless and challenges with affording apartments, despite full-time employment. One of these participants described how she and her partner were living in her car. Others discussed previous challenges with homelessness and arrangements to live with parents or challenges they face with affording rent as a single head of a household. Some discussed tourism as a factor in increasing housing costs.

RECOMMENDATIONS FOR IMPROVING COMMUNITY HEALTH

More providers, specialty services, and affordable health care options

A greater number of providers, specialty services, and health facilities were the most frequent recommendations among focus group participants. Due to the long wait times for appointments, there is a great demand for more providers throughout Yavapai County. More specialists would also allow residents to remain in the county for care. Many participants stated that they would like to see more mental health services throughout the county, including experienced and qualified counselors and reintegration programs for individuals recovering from addiction. Family counseling and family planning services were also mentioned by a number of participants. Some participants also expressed a need for more caretakers due to the large proportion of older adults within the county.

> *"We know that when we have an emergency, we have to go to the hospital. There should be some type of clinic that has affordable prices."*
>
> **Cottonwood Participant**

Many participants in Chino Valley would like to have an additional medical facility, such as an urgent care, which would keep residents from having to go to the emergency room. Having additional facilities other than emergency rooms was expressed by participants in other focus groups as well, mostly due to the high cost of emergency room visits. Finally, participants expressed a need for more affordable health care services in terms of providers, facilities, and insurance options.

A need for activities and programs that are low cost, family friendly, and geared toward youth and teens

"A community center, where people can be friendly and get to know one another. Basketball, golf, skate park, little things where people get to know one another. And

As participants were greatly concerned with substance abuse issues plaguing the communities in which they live, they would like to see an increase in programs and activities for younger generations to address isolation and keep them engaged and less likely to turn to drugs and alcohol. Community members stated they would like to see more after-school programs, recreation leagues, parks, trails, and outdoor and indoor facilities available for children and teenagers. Participants also felt that there should be more programs that entire families could participate in, which would help improve family engagement and relationships. Many participants expressed that such services and programs would be most beneficial if they were offered at low or no cost to residents to target the children and families that are most in need of such services. It was felt that a greater number of community centers throughout the county could increase the number of activities and programs available to children and families. Many participants saw community centers as a way to keep communities connected and involved.

Stronger community cohesion

"We need more community interaction and social interaction and more focus on community conversations."

Cottonwood Participant

While focus group participants frequently listed a strong sense of community as a major asset of Yavapai County, they saw a disconnect between community residents and community leaders. Many participants shared that they felt as if their opinions were not sought before leaders made decisions that affected their communities. Participants recommended that community leaders spend more time with community members to gain a deeper understanding of the health challenges facing county residents. Additionally, some residents admitted to not knowing who their community leaders and elected officials were.

Similarly, focus group participants expressed a need for residents to get more involved within their local communities. Increasing community participation could help improve the health of residents by increasing social interactions and volunteer engagement in various health causes and services. Some members shared a desire to volunteer but lacked the resources and direction to get involved. Though many participants expressed frustration at perceived low levels of parent engagement and responsibility, there were some residents who felt increasing community participation and volunteer programs may help parents overcome barriers to

participation. Participants want to preserve the small-town feel and welcoming nature that makes people want to be part of Yavapai County.

Investment in education and job training programs

Focus group participants would like to see more training programs geared toward trade jobs and apprenticeship programs to create more job opportunities for future generations. Participants also described a need for professional development programs, such as workshops that teach individuals how to build a résumé or how to navigate a job interview to help overcome poverty. Participants felt that such programs and services could help residents recovering from substance abuse reintegrate into society and help the county retain young skilled professions who often migrate to larger metropolitan areas such a Flagstaff or Phoenix upon graduation due to better workforce opportunities.

"You can't see far enough ahead. Give us a skill, like a car to build, a skill to take out of high school. [We] aren't going to grow up to be doctors or lawyers, but mechanics and in a trade. Create a school that teaches [us] a new trade other than the drug trade. We can make a living and have a family and support them."

Prescott Participant

KEY INFORMANT INTERVIEWS METHODOLOGY AND FINDINGS

The assessment team conducted key informant interviews (n = 24) with stakeholders from a variety of sectors and disciplines on subjects including health care, economic opportunity, educational attainment, housing, transportation, food access, community safety, environmental quality, community design, parks and recreation, social cohesion, and social justice. Key informants consisted of community leaders and service providers representing various geographies and populations across Yavapai County. Key informants were selected, with guidance from YCCHS and CHIP members, based on sector, target population, leadership or elected position, and CHIP membership. Twenty-five key informants were invited to complete an interview and twenty-four were interviewed via telephone using an in-depth, semi-structured interview protocol. Interviews lasted between approximately twenty and forty-five minutes. The goals for the key informant interviews were:

- To determine an organization's or leader's unique perception of the health strengths and needs in Yavapai County;
- To explore how, through collective efforts, health issues can be addressed in the future; and
- To identify the gaps, challenges, and opportunities for addressing community needs more effectively.

TABLE 11. KEY INFORMANT INTERVIEWS BY ORGANIZATION

	Organization
1	Yavapai County Board of Supervisors (N=4)
2	Town of Prescott Valley
3	City of Prescott
4	Town of Chino Valley
5	City of Cottonwood
6	Northern Arizona Council of Governments
7	Yavapai County Board of Health
8	Yavapai County Regional Medical Center
9	Central Yavapai Metropolitan Planning Organization
10	Yavapai Regional Transit, Inc.
11	West Yavapai Guidance Center
12	MATFORCE
13	Yavapai Food Policy Council
14	Prescott Meals on Wheels
15	Coalition for Compassion and Justice
16	Verde Valley Caregivers
17	Catholic Charities
18	Buena Vista Children's Services
19	First Things First
20	Northern Arizona University Department of Dental Hygiene

Consistent with the methodology used for focus group analysis, key informant interviews were transcribed and analyzed using an inductive content-analysis approach. Categories were derived based on concepts from interview questions and included health concerns of the community, assets and challenges to achieving optimal health, and visions for health improvement planning. Emerging themes within each category are summarized below.

COMMUNITY ASSETS TO ACHIEVE OPTIMAL HEALTH

A supportive natural environment and a strong sense of community

Key informants identified a wealth of natural resources that promote health and well-being within Yavapai County, including clean air, clean water, large parks and open spaces, an extensive trail system, and a climate conducive to year-round outdoor recreation activities. There are unlimited opportunities for community members to stay active through hiking, biking, kayaking, swimming, and organized recreational leagues for both children and adults. These natural resources help contribute to mental and physical well-being among members of the community.

> *"One of the best opportunities we have to living healthy is the environment we live in."*

Similar to focus group participants, key informants identified a collaborative spirit and a connected community as assets that help residents achieve optimal health. Not only is Yavapai County a community where neighbors engage and interact with one another, but it is also one that has a motivated group of community leaders and an expansive base of volunteers that work collectively to solve community problems, including pressing health issues.

HEALTH CONCERNS AND CHALLENGES THAT CONTRIBUTE TO HEALTH

During interviews, key stakeholders were asked to describe the health of the populations they served as well as the most pressing health concerns among residents. Key health issues are summarized below.

Lack of access to health care

Inadequate access to health care was discussed most frequently among key informants and in a variety of contexts. From a workforce perspective, key informants felt that there are not enough health providers and clinics to meet the needs of the population. Yavapai County has a large proportion of adults over the age of sixty-five, which puts a greater stress on health services and providers that are available, resulting in long wait periods for appointments. Additionally, residents often must commute to surrounding counties to access health care, mainly Maricopa

"We do not have enough doctors out here. Our residents in Chino Valley have to travel thirteen to fifteen miles to reach a primary care physician or a specialist for their health care."

County or Coconino County, due to lack of specialty services within Yavapai County. From a geographic perspective, residents often have to travel long distances to see primary care physicians and to access care within the community. Finally, from a financial standpoint, informants stated that the cost of health care is unaffordable for certain populations, particularly the working poor who are not eligible for the Arizona Health Care Cost Containment System (AHCCCS) program, who do not receive health insurance from their employer, or who cannot afford to pay for private health care services. Participants listed less competitive wage offerings compared to surrounding counties and lack of employment opportunities for spouses as challenges to recruiting providers.

Substance abuse and mental health

Another frequently cited health concern among community leaders was drug and alcohol abuse. There are community organizations, such as MATFORCE, that are working to address health issues related to substance abuse, including opioid addiction; however, it remains a top health concern within Yavapai County. Key informants identified teenagers and young adults as populations most vulnerable to drug- and alcohol-related dependencies. Treatment also remains challenging for individuals who do not have private insurance and who are unable to pay for treatment out of pocket.

Mental health concerns were also frequently reported among key informants, often related to substance abuse. Depression and loneliness due to lack of social interaction also influences the mental well-being of the community. One key informant discussed the high suicide rate among elderly populations, attributing it to depression and seclusion, and added that it affects younger age groups too. Finally, key informants were concerned about the emotional well-being of children who live in unstable environments and may suffer from abuse and neglect.

Other health concerns mentioned among key information included obesity and chronic disease, food insecurity, oral health, flu and other infectious diseases, and the health challenges that accompany a large aging population, such as cognitive issues and declining mobility.

Lack of transportation and affordable housing

Key informants recognized transportation as part of the arterial system that allows for health and wellness to develop within communities. Transportation connects people to essential services including health care facilities, recreation centers, food resources, senior centers, and public assistance offices. Lack of transportation creates barriers along the care spectrum, from attending appointments to fulfilling prescriptions. Transportation also connects people to income and the ability to pay for health care services. Lack of reliable transportation is often listed as the top barrier to gainful employment.

"Quality of life is dependent not only on the transportation system but the transportation services that move people to essential services."

"We have a huge housing crisis which directly affects someone's access [to] and maintenance of health. When you are struggling to pay rent you have a challenge to maintaining a healthy lifestyle."

The high demand for affordable housing was frequently listed as a barrier to optimal health among key informants. Expensive housing and low vacancy rates throughout Yavapai County make it difficult for community members to pay for health services, including adequate nutrition and treatment for substance abuse. Some key informants discussed transportation and housing as interrelated issues as affordable housing is often located a significant distance from essential services. Residents with transportation challenges who wish to move closer to services are unable to do so because housing near services is either unaffordable or unavailable.

Lack of knowledge of available resources

While there is a variety of health-related facilities, services, and resources available within communities, educating residents about such opportunities continues to be a challenge for community leaders. Low literacy and education were often discussed among key informants as barriers to residents' awareness of resources. For example, many seniors in the community are either unaware or do not realize they are eligible for SNAP benefits.

VISIONS FOR THE FUTURE AND THREE-TO-FIVE YEAR PRIORITIES

The key informants were asked about their vision for the future and what needs they believed should be a priority for a healthy community and health improvement planning. The following key themes emerged from these discussions:

Invest in a robust transportation system

While there is a growing number of transportation resources and services available in Yavapai County, transportation continues to be listed as a key issue in community needs assessments and general community plans. Currently, there is a network of individual providers dedicated to meeting transportation needs of their individual client bases, which often goes to network on elderly and disabled populations. Key informants expressed a need to break down transportation silos and look for strategies that leverage transportation resources and use such resources for a robust system that could meet the needs of all members of the community. Participants also expressed a need to focus on more sustainable funding sources for transportation. Participants shared that the county is currently applying for and receiving most transportation funding from federal grants. If funding sources dry up, the model is unstainable. Additionally, the funding received from federal and state grants is not enough to implement a robust public transit system.

> *"We feel if there were a more robust public transit system, [it could] be both a help for people who are transportation disadvantaged and ... part of economic development because it would give us the option to move more people to work on a reliable basis and to basic services and retail establishments."*

Improve access to care

Recruiting and retaining medical professionals was another priority discussed among participants. As mentioned among focus group participants, there is a strong a need for more primary care clinics and specialty services throughout the county. As the population in Yavapai County increases, the demand for health care services and facilities will also increase. Finding strategies to help residents in more rural areas will also be important. Participants included examples such as small or mobile health clinics and prevention screening services. In conjunction with making health care more accessible, finding solutions to make health care more affordable, particularly for low-income populations, should also be a priority. Key informants also discussed a need for a more integrated health care system, including mental, physical, and emotional health. Lastly, strategies to help improve the continuum of care are also needed. Bringing multiple service providers together in a common geographic area would help to create a more comprehensive and cohesive level of care for residents.

Educate communities about health and resources

Key informants discussed the need to invest in community outreach and education about the services and programs that are available to Yavapai County residents. A variety of communication channels is needed to meet the needs of the diverse population. Specific attention is needed to address how individuals can access primary care providers and specialists as well as transportation options for getting to and from appointments and amenities. Participants also discussed a general need for education on heathy eating and physical activity practices. Education and outreach should target low-socio economic status (SES) populations and populations with low health-literacy levels. School-based programs should also be designed to empower children to develop healthy behaviors that will allow them to grow into healthy adults.

"I do think that the layers of public, private, and nonprofit sectors all interface in a manner that provides support to health."

Find opportunities for collective action

Several opportunities and examples were discussed regarding collaborations to tackle pressing health issues and barriers throughout Yavapai County. Key informants frequently stated that CHIP meetings are an effective way to learn about programs and services within the county and to find opportunities for collaboration. Participants described the successful collaboration efforts that have been made between MATFORCE, the County Sheriff's Department, detention centers, and mental health services to reduce incarceration related to substance abuse issues. Similar collaborations can be made with transportation services. There are a multiple transportation services available in the community, including nonprofit, private organizations, and services provided through AHCCCS, allowing for opportunities to collaborate, combine resources, and address unmet needs.

There are also opportunities for collective action between the county and cities and towns. Key informants expressed the need for individual cities to help the county disseminate health information and services to residents. The county can also empower and provide training to nontraditional sectors to help them see their work through a public health lens. For example, the YCCHS previously provided training for planning departments, which helped them to recognize how their work affects the health of the community.

Involve all levels of the community and connect with elected officials

In terms of who should be involved in advancing the health priorities of the county, key informants offered a wide range of suggestions, including the Yavapai County Health Department, Yavapai County Regional Medical Center, policy makers, policy advocates, local businesses, schools, and consumers. Key informants recognized the critical role that local, regional, and state elected officials play in creating the infrastructure and policies that support healthy communities. It was felt that strong legislative leadership is needed to secure the necessary resources to improve the health and well-being of Yavapai County residents.

KEY FINDINGS AND CONCLUSIONS

The 2017 CHA for Yavapai County set out to gain a more comprehensive picture of health issues and needs facing Yavapai County residents. Through a systematic analysis of secondary data and primary quantitative and qualitative research through community engagement, the following key findings were identified across all or most sources of data:

Strengths

- Yavapai County has a strong network of community health improvement partners and existing collaborations addressing health needs across the social determinants of health.
- The region has expansive parklands that provide ample opportunities for free or low-cost outdoor recreation and physical activity. Most Yavapai County residents report the outdoors as where they seek out physical activity.
- Yavapai County ranks first out of fifteen Arizona counties for health behaviors. This ranking is based on behaviors and conditions that increase risks to health including smoking, obesity, sexually transmitted illness, and access to exercise opportunities.
- Overall, Yavapai County has lower incidences of mortality related to cancer and diabetes than do peer counties. The county also has better maternal and fetal health outcomes among low-income mothers and their children than state averages.
- With consideration for elements of a healthy community, Yavapai has better economic opportunities overall than do other Arizona counties.

Alarming health trends

- Yavapai County has higher suicide death rates than do the state and peer counties. The suicide death rate is almost twice the state rate and triple the Healthy People 2020 goal. This coincides with the recognized increased need for mental health services across the county identified in both focus groups and among key informants.
- Yavapai County has higher rates of drug-induced deaths than do the state and peer counties and currently has the third highest rate of all Arizona counties. This coincides with Yavapai County's having the fourth highest opioid misuse and abuse rate of all Arizona counties.
- Yavapai County residents overwhelming report an increased need for mental health services across the county.

Existing social determinants of poor health

- Yavapai County residents have relatively low access to and options for public transportation to support access to medical care, jobs, and social connection.
- Yavapai County is performing worse than peer counties and the state with respect to environmental quality in affordable quality housing, drinking water violations, and air quality.

- A higher percentage of high school-age students are high risk and lacking social and community cohesion in the areas of community, family, school, and peer and individual risk factors.

Opportunities for improvement as identified by community input

- The community stated high needs when it comes to access to specialty care services and primary care providers. This includes not only more available providers, but also increased access to existing providers in the county.
- Yavapai residents desire access to quality substance abuse and mental health services across the region including reintegration programs for those completing treatment programs.
- Overall, Yavapai residents are passionate and committed to making Yavapai County a healthy, thriving community for all. Residents recognize a need to build stronger cohesion and want opportunities to engage with local officials in decision-making that affects their well-being. The community wants to know what resources are available, and individuals want to connect friends and neighbors to those resources.

NEXT STEPS

As part of the continuous community health needs assessment and health improvement process the CHA findings will be used to develop a multi-year Community Health Improvement Plan (CHIP) for Yavapai County and provide solutions for improving these issues. The CHIPs will continue to be tailored to regional needs.

2017 HEALTH STATUS OF YAVAPAI COUNTY

ABOUT THE COMMUNITY:

27.2% of the population are older adults

16% live below the Federal Poverty Level

26.1% of adults and

21.1% of children

Do not have health insurance coverage.

LIFE EXPECTANCY (YEARS):

81.6 75.7

COUNTY STRENGTHS:

- Strong network of partners and collaborations
- Expansive parklands for outdoor physical activity
- Yavapai County ranks 1st out of 15 Arizona Counties for health behaviors
- Lower incidences of mortality related to cancer and diabetes
- Good economic opportunities

CONCERNING HEALTH TRENDS:

- Suicide death rate almost twice the state rate
- Higher rates of drug-induced deaths, currently the 3rd highest rate of all Arizona counties
- Residents overwhelming report an increased need for mental health services across the county

SOCIAL FACTORS IMPACTING HEALTH:

- Residents have lower access to public transportation to support access to medical care, jobs, and social connection.
- Performing worse than peer counties and the state with respect to environmental quality in the areas of affordable quality housing, drinking water violations, and air quality.
- A higher percentage of high school age students are high risk and lacking social and community cohesion with respect to the areas of community, family, school and peer & individual risk factors.

THE COMMUNITY WANTS AND NEEDS:

- High needs when it comes to access to specialty care services and primary care providers.
- Wants quality substance abuse and mental health services across the region including attention to reintegration programs for those completing treatment programs.
- Residents recognize a need to build stronger cohesion and want opportunities to engage with local officials in decision-making that impacts their well-being.
- The community wants to know what resources are available and connect their friends and neighbors to those resources.

For more information visit http://www.yavapaihealth.com/

APPENDICES

- Community Survey (English and Spanish)
- Focus Group Discussion Guide
- Key Informant Interview Guide

Yavapai County Community Health Survey

Introduction

Yavapai County Community Health Services is conducting a survey to learn more about your health and quality of life in Yavapai County. The results of this survey will help health professionals address the county's major health and community issues. The survey is completely voluntary and confidential. The information you give us will not be linked to you in any way. The survey consists of a total of 19 questions and should take no longer than 10 minutes to complete. Thank you for participating. Your feedback is important.

General Health Questions

1. How would you describe your overall health?
   - ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

2. In general, are you able to visit a doctor when needed?
   - ☐ Yes ☐ No

3. **Answer Only if You Answered No to Question 2**, Why are you unable to visit a doctor when needed? (Please choose all that apply)
   - ☐ No appointment available
   - ☐ Cannot afford it
   - ☐ No health insurance coverage
   - ☐ Cannot take time off work
   - ☐ No way to get to the doctor's office (no transportation)
   - ☐ No specialist in my community for my health problem
   - ☐ Cannot find a doctor who is taking new patients
   - ☐ Cannot find a doctor who accepts my health insurance
   - ☐ Doctors office fees are too high (and not covered by insurance)
   - ☐ Other (please specify) _____

4. Which statements below describe you? (Please choose all that apply)
   - ☐ I exercise for 30 minutes or more, at least three times per week
   - ☐ I eat at least five servings of fruits and vegetables on most days
   - ☐ I smoke cigarettes on most days
   - ☐ I chew tobacco on most days
   - ☐ In the past 12 months I have used illegal drugs
   - ☐ In the past 12 months I have used prescription drugs without a doctor's prescription
   - ☐ I consume more than four alcoholic drinks on most days
   - ☐ I use sunscreen or sunblock whenever I go outside for more than one hour on a sunny day
   - ☐ I get a flu shot every year
   - ☐ I feel safe in my community
   - ☐ I feel down, depressed, or helpless on most days
   - ☐ I feel nervous, anxious, or on edge on most days
   - ☐ I am not able to control my worrying or stop worrying on most days
   - ☐ I have fallen in the past 12 months
   - ☐ I feel unsteady when standing or walking
   - ☐ I worry about falling
   - ☐ I have a really close friend who I talk to regularly
   - ☐ There are enough people I feel close to
   - ☐ I have no one to lean on in times of trouble
   - ☐ I seem to have a lot of friends
   - ☐ None of the above apply to me

5. Where do you participate in physical activity/exercise? (Please choose all that apply)
   - ☐ I do not participate in any physical activity
   - ☐ Home
   - ☐ Gym
   - ☐ Outdoors
   - ☐ School
   - ☐ Community Centers
   - ☐ Parks/Recreation Areas
   - ☐ Privately Owned Business
   - ☐ Senior Center
   - ☐ Other (please specify) _____

6. Where do you buy most of your food? (Please select only one)
   - ☐ Grocery store
   - ☐ Fast food restaurant
   - ☐ Farmer's Market or farm stand
   - ☐ Other (please specify) _____
   - ☐ Sit down restaurant
   - ☐ Convenience store
   - ☐ I don't buy food because I grow my own food

7. How far do you live from the closest grocery store? (Safeway, Fry's, Walmart, etc.)
   - ☐ 0-5 miles
   - ☐ 6-10 miles
   - ☐ 11-20 miles
   - ☐ 21 or more miles

8. Do you feel there are enough healthy food options in your community?
   - ☐ Yes
   - ☐ No
   - ☐ I am unsure what healthy food options are

9. **Answer Only if You Answered No to Question 8**, Why do you feel there are not enough healthy food options in your community? (Please choose all that apply)
   - ☐ Cost
   - ☐ Distance
   - ☐ Availability
   - ☐ Lack of freshness of products
   - ☐ Other (please specify) _____

10. Please select the **one** top health challenge you feel that you face: **(Please select only 1)**
    - ☐ Cancer
    - ☐ Diabetes
    - ☐ Overweight/Obesity
    - ☐ Lung Disease
    - ☐ High Blood Pressure
    - ☐ Stroke
    - ☐ Heart Disease
    - ☐ Joint Pain
    - ☐ Back Pain
    - ☐ Asthma
    - ☐ Mental Health
    - ☐ Alcohol overuse
    - ☐ Drug Addiction
    - ☐ Alzheimer's/Dementia
    - ☐ I do not have any health challenges
    - ☐ Other (please specify) _____

11. What do you think are the top **3** health issues for Yavapai County residents? **(Please select only 3)**
    - ☐ Cancer
    - ☐ Diabetes
    - ☐ Overweight/Obesity
    - ☐ Lung Disease
    - ☐ High Blood Pressure
    - ☐ Stroke
    - ☐ Heart Disease
    - ☐ Joint Pain
    - ☐ Back Pain
    - ☐ Asthma
    - ☐ Mental Health
    - ☐ Alcohol overuse
    - ☐ Drug Addiction
    - ☐ Alzheimer's/Dementia

12. Do you have children less than 18 years old?
    - ☐ Yes
    - ☐ No

13. What do you think are the top **3** health challenges faced by children who are less than 18 years old who live in Yavapai County? **Please select only 3)**
    - ☐ Cancer
    - ☐ Diabetes
    - ☐ Overweight/Obesity
    - ☐ Asthma
    - ☐ Mental Health
    - ☐ Alcohol overuse
    - ☐ Drug Addiction
    - ☐ Not enough play/physical activity
    - ☐ Cold and Flu
    - ☐ Food poisoning
    - ☐ Bullying
    - ☐ Physical or emotional abuse
    - ☐ Developmental delays
    - ☐ Other (please specify) _____

Tell Us About You

14. How do you access the internet? (Please choose all that apply)
    - ☐ Home computer
    - ☐ Cell phone/tablet
    - ☐ Library computer
    - ☐ Friend's computer or cell phone/tablet
    - ☐ I do not access the internet
    - ☐ I cannot access the internet
    - ☐ Other (please specify) _____

15. What is your gender?
    - ☐ Female
    - ☐ Male
    - ☐ Transgender
    - ☐ Other

16. What town or city do you live in?
    - ☐ Prescott
    - ☐ Prescott Valley
    - ☐ Camp Verde
    - ☐ Chino Valley
    - ☐ Cottonwood
    - ☐ Clarkdale
    - ☐ Dewey-Humboldt
    - ☐ Mayer
    - ☐ Jerome
    - ☐ Ashfork
    - ☐ Sedona
    - ☐ Bagdad
    - ☐ Congress
    - ☐ Yarnell
    - ☐ Rimrock
    - ☐ Cornville
    - ☐ Lake Montezuma
    - ☐ Other (please specify) _____

17. What is your age?
    - ☐ 17 or younger
    - ☐ 18 to 24
    - ☐ 25 to 34
    - ☐ 35 to 44
    - ☐ 45 to 54
    - ☐ 55 to 64
    - ☐ 65 to 74
    - ☐ 75 or older

18. Which race/ethnicity best describes you? (Please choose only one)
    - ☐ American Indian or Alaskan Native
    - ☐ Asian / Pacific Islander
    - ☐ Black or African American
    - ☐ Hispanic
    - ☐ White / Caucasian
    - ☐ Multiple race/ethnicity / Other (please specify) _____

19. What is the highest level of school you have completed or the highest degree you have received?
    - ☐ Less than high school degree
    - ☐ High school degree or equivalent (e.g., GED)
    - ☐ Some college but no degree
    - ☐ Associate degree
    - ☐ Bachelor degree
    - ☐ Graduate degree

Encuesta de salud comunitaria del Condado de Yavapai

Introducción

Los servicios de salud comunitarios del Condado de Yavapai están realizando una encuesta para conocer más acerca de la salud y la calidad de vida de los habitantes del de dicho condado. Los resultados de esta encuesta ayudarán a los profesionales de la salud para hacer frente a los principales problemas comunitarios y de la salud. La encuesta es completamente voluntaria y confidencial. La información que nos proporcione no se vinculará con usted de ninguna manera. La encuesta consta de un total de 19 preguntas y completarla no debe tomarle más de 10 minutos. Gracias por participar. Su retroalimentación es importante.

Preguntas acerca de la salud en general

1. ¿Cómo describiría su estado de salud en general?
   - ☐ Excelente
   - ☐ Bueno
   - ☐ Deficiente
   - ☐ Muy bueno
   - ☐ Aceptable

2. En general, ¿puede usted asistir con un médico cuando lo necesita?
   - ☐ Si
   - ☐ No

3. ¿Solamente No pregunta 2, Por qué no puede asistir con un médico cuando lo necesita? (Elija las opciones que apliquen en su caso)
   - ☐ No hay citas disponibles
   - ☐ No puedo pagarlo
   - ☐ No tengo cobertura de seguro de salud
   - ☐ No puedo tomar tiempo libre del trabajo
   - ☐ No me es posible llegar al consultorio médico (no tengo cómo transportarme)
   - ☐ No existe un especialista en mi comunidad para atender mi problema de salud
   - ☐ No he podido encontrar a un médico que atienda a pacientes nuevos
   - ☐ No he podido encontrar a un médico que acepte mi seguro de salud
   - ☐ Los honorarios de las consultas médicas son muy altos (y no los cubre el seguro)
   - ☐ Otro (favor de especificar) _____

4. ¿Cuáles de las siguientes afirmaciones lo pueden describir? (Elija todas las opciones que apliquen en su caso)
   - ☐ Hago ejercicio por 30 minutos o más, por lo menos tres veces por semana
   - ☐ En mi alimentación, casi todos los días, hay por lo menos con cinco porciones de frutas y verduras
   - ☐ Fumo cigarrillos casi todos los días
   - ☐ Mastico tabaco casi todos los días
   - ☐ En los últimos 12 meses he consumido drogas ilegales
   - ☐ En los últimos 12 meses he consumido medicamentos recetados sin prescripción médica
   - ☐ Consumo más de cuatro bebidas alcohólicas casi todos los días
   - ☐ Uso filtro o protector solar siempre que salgo por más de una hora en un día soleado
   - ☐ Me vacunan contra la gripe cada año
   - ☐ Me siento seguro en mi comunidad
   - ☐ Casi todos los días me siento triste, deprimido, o indefenso
   - ☐ Casi todos los días me siento nervioso, ansioso o al límite
   - ☐ Casi todos los días no soy capaz de controlar mi preocupación o de dejar de preocuparme
   - ☐ Me he caído en los últimos 12 meses
   - ☐ Me siento inseguro cuando estoy parado o caminando
   - ☐ Me preocupa caerme
   - ☐ Tengo un amigo realmente cercano con el que hablo regularmente
   - ☐ Me siento cercano a mucha gente
   - ☐ No cuento con nadie en quien apoyarme cuando tengo problemas
   - ☐ Al parecer tengo muchos amigos
   - ☐ Ninguna de las afirmaciones anteriores aplica en mi caso

5. ¿Dónde participa para hacer ejercicio o realizar alguna actividad física? (Elija todas las opciones que apliquen en su caso)
   - ☐ No participo en ninguna actividad física
   - ☐ Al aire libre
   - ☐ Negocio de propiedad privada
   - ☐ Escuela
   - ☐ Centro para personas mayores

- ☐ Casa
- ☐ Gimnasio
- ☐ Centros comunitarios
- ☐ Parques/Áreas recreativas
- ☐ Otro (favor de especificar) _____

6. ¿Dónde compra la mayoría de sus alimentos? (Elija sólo una opción)
   - ☐ Supermercado
   - ☐ Como en un restaurante
   - ☐ Restaurante de comida rápida
   - ☐ Tienda de conveniencia
   - ☐ Mercado de agricultores o stand de granja
   - ☐ No compro comida porque cultivo mis propios alimentos
   - ☐ Otro (favor de especificar) _____

7. ¿Qué tan retirado vive del supermercado más cercano? Safeway, Fry's, Walmart, etc.)
   - ☐ 0-5 millas
   - ☐ 6-10 millas
   - ☐ 11-20 millas
   - ☐ 21 o más millas

8. ¿Piensa que existen suficientes opciones de comida saludable en su comunidad?
   - ☐ Si
   - ☐ No
   - ☐ No estoy seguro de las opciones de comida saludable que existen

9. ¿Solamente No pregunta 8, Por qué siente que no existen suficientes opciones de comida saludable en su comunidad? (Elija todas las opciones que apliquen en su caso)
   - ☐ Costo
   - ☐ Distancia
   - ☐ Disponibilidad
   - ☐ Falta de frescura en los productos
   - ☐ Otro (favor de especificar) _____

10. Por favor, seleccione el mayor problema de salud al que se enfrenta:
    - ☐ Cáncer
    - ☐ Diabetes
    - ☐ Sobrepeso/Obesidad
    - ☐ Enfermedad pulmonar
    - ☐ Hipertensión
    - ☐ Apoplejía
    - ☐ Cardiopatía
    - ☐ Dolor en las articulaciones (artralgia)
    - ☐ Dolor de espalda
    - ☐ Asma
    - ☐ Salud mental
    - ☐ Uso excesivo de alcohol
    - ☐ Adicción a las drogas
    - ☐ Alzheimer/Demencia
    - ☐ No tengo problemas de salud
    - ☐ Otro (favor de especificar) _____

11. ¿Cuáles considera que son los 3 principales problemas de salud para el Condado de Yavapai? (Elija únicamente 3)
    - ☐ Cáncer
    - ☐ Diabetes
    - ☐ Sobrepeso/Obesidad
    - ☐ Enfermedad pulmonar
    - ☐ Hipertensión
    - ☐ Apoplejía
    - ☐ Cardiopatía
    - ☐ Dolor en las articulaciones (artralgia)
    - ☐ Dolor de espalda
    - ☐ Asma
    - ☐ Salud mental
    - ☐ Uso excesivo de alcohol
    - ☐ Adicción a las drogas
    - ☐ Alzheimer/ Demencia

12. ¿Tiene hijos menores de 18 años?
    - ☐ Si
    - ☐ No

13. ¿Cuáles considera que son los tres principales problemas de salud que enfrentan los niños menores de 18 años que viven en el Condado de Yavapai?
    - ☐ Cáncer
    - ☐ Diabetes
    - ☐ Sobrepeso/Obesidad
    - ☐ Asma
    - ☐ Salud mental
    - ☐ Uso excesivo de alcohol
    - ☐ Adicción a las drogas
    - ☐ No cuentan con suficiente tiempo para jugar/realizar una actividad física
    - ☐ Resfriado y gripe
    - ☐ Intoxicación alimentaria
    - ☐ Bullying
    - ☐ Abuso físico o emocional
    - ☐ Retraso en el desarrollo
    - ☐ Otro (favor de especificar) _____

Háblenos de usted

14. ¿De qué manera tiene acceso a Internet? (Elija todas las opciones que apliquen en su caso)
    Computadora en casa

- ☐ Teléfono celular/tablet
- ☐ Computadora de la biblioteca
- ☐ Teléfono celular/tablet de un amigo
- ☐ No tengo acceso a Internet
- ☐ No puedo tener acceso a Internet
- ☐ Otro (favor de especificar) _____

15. ¿Cuál es su género?
    - ☐ Mujer
    - ☐ Hombre
    - ☐ Transgénero
    - ☐ Otro

16. ¿En qué ciudad o población vive?
    - ☐ Prescott
    - ☐ Prescott Valley
    - ☐ Camp Verde
    - ☐ Chino Valley
    - ☐ Cottonwood
    - ☐ Clarkdale
    - ☐ Dewey-Humboldt
    - ☐ Mayer
    - ☐ Jerome
    - ☐ Ashfork
    - ☐ Sedona
    - ☐ Bagdad
    - ☐ Congress
    - ☐ Yarnell
    - ☐ Rimrock
    - ☐ Cornville
    - ☐ Lake Montezuma
    - ☐ Otro (favor de especificar) _____

17. ¿Qué edad tiene?
    - ☐ 17 o menos
    - ☐ 18 a 24
    - ☐ 25 a 34
    - ☐ 35 a 44
    - ☐ 45 a 54
    - ☐ 55 a 64
    - ☐ 65 a 74
    - ☐ 75 o mayor

18. ¿Qué raza/etnicidad lo describe mejor? (Elija sólo una)
    - ☐ Indio americano o nativo de Alaska
    - ☐ Asiático/de las islas del Pacífico
    - ☐ Negro o afroamericano
    - ☐ Hispano
    - ☐ Blanco/caucásico
    - ☐ Raza/origen étnico múltiple / Otro (favor de especificar)_____

19. ¿Cuál es su nivel máximo de estudios o el título más alto que ha recibido?
    - ☐ Menor que la escuela secundaria
    - ☐ Certificado de escuela secundaria o equivalente (p/ej., Desarrollo Educativo General)
    - ☐ Algunos estudios universitarios, pero sin título
    - ☐ Título universitario de dos años
    - ☐ Licenciatura
    - ☐ Posgrado

Yavapai County Community Health Services (YCCHS)

Community Health Assessment (CHA) Focus Group Discussion Guide

Introduction: *Hello, my name is [name] and I work on behalf of Yavapai County Community Health Services. We are partnering with many community organizations and residents to understand the health needs of Yavapai County as a whole through a process called a Health Needs Assessment and a big piece of this project is to understand the opinions, needs and wants of residents like you.*

Have any of you ever participated in a Focus Group or heard of a Focus Group? There are no right or wrong answers. This conversation is about what you think and about your experiences or those of your family members or neighbors. When we talk in a group like this, it allows for people to agree or disagree depending on their personal beliefs or experiences. This is a good thing so it is important that we respect each other and any differences.

Goals: *The goal of today's conversation is to understand the strengths and needs of the community when it comes to health, knowing that healthcare influences our health, but also that where we live, work, play and pray all have an impact on our health and wellbeing. Another goal is to identify ways public health, health care, and community organizations might do a better job addressing those health issues that are most important to you.*

The results will be written in a Community Health Assessment Report. This will be posted on the Yavapai County Community Health Services website at the end of this process this summer. The health department and their partners will then use this report to create an action plan for improving health based on the needs that you have shared with us. This plan will also be available online if you are interested in seeing how the results were used and that should be completed by November of this year. The health department will continue to do this assessment and planning every 5 years so you might hear about it again in the future. The hope is that by looking at health data and talking more with residents like this, we can work better together and improve our services.

Informed Consent: *We won't be asking very sensitive questions today, but you don't have to share anything that you don't feel comfortable sharing. We would like to record this conversation with your permission to make sure that we accurately capture your important feedback. We will not write your name on anything and we will destroy this sign in sheet so I won't have any record of*

anyone's last name. Nothing that you say can be connected to you. Is everyone OK with this conversation being recorded?

This is my team member [name] and she will be taking notes as a reminder for us of things that were most important to the group. Feel free to get up to use the restroom or attend to anything you need to. But I ask that you refrain from using your phones in the group. We are scheduled to be together for no more than 60 minutes today. Are there any questions or concerns before we begin?

Strengths/Assets: ***To get us warmed up - Thinking about the community that you live in, let's say that someone wants to move here to [name community], what would you say are the biggest strengths or the best things about [name community]?***

Possible Probes: *Tell me more about [X]?*

When you say [X], why do you feel that is important?

Do others agree with [X]?

General Challenges: ***What are some of the biggest problems in [name community] that might make someone not want to move here?***

Possible Probes: *Tell me more about [X]?*

When you say [X], why do you feel that is important?

Do others agree with [X]?

Top Health Issues: ***When you think about yourself, your family, friends, coworkers or just the community as a whole, what are the most pressing health concerns or health problems people face today?***

Possible Probes: *Do others agree with [X]?*

Are there any other major health issues that you see in your community?

Causes and Impacts: [focus on one or two issues/topics area that seems to resonate with most in the group. They may already start discussing causes and impacts. You may need to focus on one issue at a time, maybe not. In other words, you may say X and X for each question if you want to explore two issues]

Many of you have mentioned that [X] is a major concern, what do you think caused [X] to become such a problem?

How have you seen [X] affecting your community?

What is currently being done to address/improve [X]?

Potential Solutions: ***What do you think that the community and leaders should do differently to address [X]?***

Possible Probes: *Do others agree with [X]?*

When you say [A, B, and C], what would that look like?

Who do you think needs to be involved in [X]?

IF issue is **mental health or substance abuse** related:

When IF we think about someone who is dealing with [X], have you ever heard them say that they feel uncomfortable or afraid to get help? **[If yes]** ***Why do think that is?***

IF issue is **healthcare access and quality** related in regards to scheduling appointments, patient records, communication with providers, or lack of specialists:

Many of you have mentioned issues related to [A, B, and/or C], how might we use technology, like smart phones, computers and the internet to address [A, B, and/or C]?

Possible Probes: *Tell me more about [X]?*

When you say [A, B, and C], what would that look like?

Who do you think needs to be involved in [X]?

Who in the community might not want to or not be able to use [A, B, and C] to [do X, Y and Z]?

Vision: ***Now I would like to you to pretend it is 5 years in the future and [name community] has become a healthier place to live, learn, work and play.***

Picture what this community would look like and how it would be. [pause to give time to reflect] What is it about this future [name community] that makes it easier for you, your family, friends, coworkers or your neighbors to be healthy?

Possible Probes: *Tell me more about [X]?*

Do others feel the same way?

What are some totally different ideas on what makes this future healthier?

Closing: ***Thank you so much for taking the time to be here today and sharing your important feedback with me. Your thoughts and opinions are very important. That is it for my questions. Is there anything else that you would like to mention that we didn't discuss today?***

Yavapai CHA/CHIP

Key Informant Interview Guide

Interviewer:

Key Informant:

Sector: (fill this out for the sector you believe the key informant best fits – can be completed at the end of the interview)

☐**Healthcare**	☐ **Food**	☐ **Parks and Recreation**
☐ **Economic Opportunity**	☐ **Community Safety**	☐ **Social Cohesion**
☐ **Educational Attainment**	☐ **Environmental Quality**	☐ **Social Justice**
☐ **Housing**		
☐ **Transportation**	☐ **Community Design**	

Introduction

- Good afternoon. My name is (*Insert Interviewer Name*). I am contacting you on behalf of Yavapai County Community Health Services to ask you some questions about the health of the county.
- We are completing a health needs assessment for Yavapai County Community Health Services and your input is incredibly valuable to us. We are currently conducting focus groups with residents and have collected community surveys.
- Now, we are looking for perspective from leaders such as yourself. The information gathered today will help us understand your perspective and priorities for the health needs and wants for residents living in Yavapai County.
- The interview contains will take about 30 minutes of your time.
- There are no right or wrong answers. This is just to learn more about your role and work in the community.
- If there is anything you don't feel comfortable answering or do not know the answer to don't hesitate to just let me know or skip that question. Just answer to the best of your knowledge and from your personal experience.
- Please note, your feedback will remain anonymous and summarized in the County Health Assessment that will be published this summer.
- Do you have any questions before we start?

Discussion Questions

Goals of the Key Informant Interview:

- To determine organization's unique perceptions of the health strengths and needs.
- To explore how, through collective efforts, these issues can be addressed in the future.
- To identify the gaps, challenges, and opportunities for addressing community needs more effectively.

Questions

General Organizational Perspective

1) *Tell me a little about your organization/role in the community* (optional/if necessary)

2) *(If not discussed in above response) Tell me something your proud of when it comes to your organization or community?*

3) *Optional: How do you/your organization contribute to the health of the community?*

Major Health Issues

1) *Tell me about the health of the residents/employees/people you serve.*

OR

Probe: Recognizing that where we live, learn, work, and play affects health, what do you think are the most pressing health concerns that you see in your organization/role. Why?

2) *Who do you consider to be the populations in the community most vulnerable or at risk for the challenges you identified?*

3) *During our focus groups, community members identified ___fill in with any need or asset from sector_____. Can you help me understand this need?*

Existing Assets and Barriers

1) *From your perspective, what are the biggest strengths when it comes to health in your community?*
    a. *Probe: What keeps the community healthy?*

2) *From your perspective, what are the challenges when it comes to staying healthy in your community?*

3) *What services, groups or policies are you aware of in the community that currently focus on these health issues?*

Opportunities for Collective Action

1) *You have mentioned X,Y and Z, do you see any opportunities for organizations in Yavapai County to collaborate and work together to address these issues (AND/OR) build upon existing strengths? If so, please describe these opportunities*

2) *What health-related programs, services, or policies are currently not available that you think should be?*

Visions for Health Improvement Planning

When you think about the community 3-5 years from now, what do you see as the priorities for a healthy community?

OR

I'd like you to think ahead 3-5 years, what is your vision for the future related to people's health in the community?

PROBES

What do you think needs to happen in the community to make this vision a reality

Who do you think needs to be involved in these efforts?

For more information, visit

http://www.yavapaihealth.com/

Community Health Needs Assessment 2019

YAVAPAI REGIONAL MEDICAL CENTER

Proudly Caring for Western Yavapai County

BKD

CPAs & Advisors

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Consultants' Report

Ms. Robbie Nicol
Executive Director
Yavapai Community Hospital Association

On behalf of Yavapai Regional Medical Center (Medical Center), we have assisted in conducting a Community Health Needs Assessment (CHNA) consistent with the scope of services outlined in our engagement letter dated August 20, 2018. The purpose of our engagement was to assist the Medical Center in meeting the requirements of Internal Revenue Code §501(r)(3) and Regulations thereunder. We also relied on certain information provided by the Medical Center, specifically certain utilization data, geographic HPSA information and existing community health care resources.

Based upon the assessment procedures performed, it appears the Medical Center is in compliance with the provisions of §501(r)(3). Please note that, we were not engaged to, and did not, conduct an examination, the objective of which would be the expression of an opinion on compliance with the specified requirements. Accordingly, we do not express such an opinion.

We used and relied upon information furnished by the Medical Center, its employees and representatives and on information available from generally recognized public sources. We are not responsible for the accuracy and completeness of the information and are not responsible to investigate or verify it.

These findings and recommendations are based on the facts as stated and existing laws and regulations as of the date of this report. Our assessment could change as a result of changes in the applicable laws and regulations. We are under no obligation to update this report if such changes occur. Regulatory authorities may interpret circumstances differently than we do. Our services do not include interpretation of legal matters.

BKD, LLP

December 17, 2019

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Introduction

Internal Revenue Code (IRC) Section 501(r) requires health care organizations to assess the health needs of their communities and adopt implementation strategies to address identified needs. Per IRC Section 501(r), a byproduct of the *Affordable Care Act*, to comply with federal tax-exemption requirements, a tax-exempt hospital facility must:

- ✓ Conduct a Community Health Needs Assessment every three years.
- ✓ Adopt an implementation strategy to meet the community health needs identified through the assessment.
- ✓ Report how it is addressing the needs identified in the Community Health Needs Assessment and a description of needs that are not being addressed with the reasons why such needs are not being addressed.

The Community Health Needs Assessment must take into account input from persons who represent the broad interest of the community served by the medical center, including those with special knowledge of or expertise in public health. The Medical Center must make the Community Health Needs Assessment widely available to the public.

This Community Health Needs Assessment, which describes both a process and a document, is intended to document Yavapai Regional Medical Center's (Medical Center) compliance with IRC Section 501(r). Health needs of the community have been identified and prioritized so that the Medical Center may adopt an implementation strategy to address specific needs of the community.

The process involved:

- ✓ An evaluation of the implementation strategy for the previous needs assessment which was adopted by the Medical Center Board of Directors in 2016.
- ✓ Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics and health care resources.
- ✓ Obtaining community input through:
  - o Interviews with key informants who represent a) persons with specialized knowledge in public health, b) populations in need or c) broad interest of the community.

This document is a summary of all the available evidence collected during the Community Health Needs Assessment conducted in tax year 2019. It will serve as a compliance document as well as a resource until the next assessment cycle. Both the process and document serve as the basis for prioritizing the community's health needs and will aid in planning to meet those needs.

Summary of Community Health Needs Assessment

The purpose of the Community Health Needs Assessment is to understand the unique health needs of the community served by the Medical Center and to document compliance with new federal laws outlined above.

The Medical Center engaged **BKD, LLP** to conduct a formal community health needs assessment. **BKD, LLP** is one of the largest CPA and advisory firms in the United States, with approximately 2,700 partners and employees in 40 offices. BKD serves more than 1,000 hospitals and health care systems across the country. The Community Health Needs Assessment was conducted during 2019.

Based on current literature and other guidance from the treasury and the IRS, the following steps were conducted as part of the Medical Center's community health needs assessment:

- ✓ An evaluation of the impact of actions taken to address the significant health needs identified in the tax year 2016 Community Health Needs Assessment was completed and an implementation strategy scorecard was prepared to understand the effectiveness of the Medical Center's current strategies and programs.
- ✓ The "community" served by the Medical Center was defined by utilizing inpatient and outpatient data regarding patient origin. This process is further described in Community Served by the Medical Center.
- ✓ Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties (see references in Appendices). The health status of the community was then reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by CountyHealthrankings.org. Health factors with significant opportunity for improvement were noted.
- ✓ Community input was provided through key stakeholder interviews of 61 stakeholders. Results and findings are described in the Key Stakeholder section of this report.
- ✓ Information gathered in the steps above was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and minority groups and the community as a whole. Health needs were ranked utilizing a weighting method that weighs: 1) the size of the problem (how many people are affected by the issue), 2) the seriousness of the problem (what are the consequences of not addressing the issue), 3) the impact on vulnerable populations and 4) the prevalence of common themes.
- ✓ An inventory of health care facilities and other community resources potentially available to address the significant health needs identified through the CHNA was prepared and collaborative efforts were identified.

Health needs were then prioritized taking into account the impact on overall health for the community. Information gaps identified during the prioritization process have been reported.

General Description of Medical Center

Yavapai Regional Medical Center is a locally owned and operated, not-for-profit healthcare provider located in Yavapai County, Arizona. YRMC has two main campuses, YRMC West (located in Prescott, Arizona) and YRMC East (located in Prescott Valley, Arizona). YRMC West, the original campus, has 134 inpatient beds, and YRMC East, which opened on May 15, 2006, has 72 inpatient beds. These two campuses house the James Family Heart Center, The Breast Care Center and the Family Birthing Center. Additionally, YRMC has an outpatient clinic, wellness centers and physician clinics located throughout Yavapai County.

This CHNA is prepared from an integrated health care system perspective and the two licensed hospital facilities described above are collaborating on this CHNA to identify community needs and allocate resources most effectively.

Mission Statement

To provide comprehensive, high-quality healthcare consistent with our communities' needs.

Vision Statement

Creating a Total Healing Environment—an environment in which the people of YRMC work in partnership with patients and their families to provide peace of mind and peace of heart, as well as physical cure and comfort, because we understand the indivisible relationship that exists between body, mind and the human spirit.

Values

RESPECT – behaving in a way that honors self and others
INTEGRITY – being consistent and honest in word and deed
QUALITY – providing service excellence in meeting others' expectations
COMMITMENT – demonstrating dedication to one's work, personal development, the organization and our Mission and Vision
ACCOUNTABILITY – following through and being answerable for one's performance

Evaluation of Prior Implementation Strategy

Yavapai Regional Medical Center (YRMC) includes two hospital campuses located in the adjacent towns of Prescott and Prescott Valley, Arizona. The hospital facilities are approximately 12 miles from one another and both hospitals provide care for the same service area which covers 5,500 square miles. In part, the reason the East Campus was built in Prescott Valley in 2006 was due to the fact that the West Campus in Prescott was over capacity and serving a rapidly growing community. The two hospital campuses file a joint IRS 990 return.

In addition to the inpatient care facilities, YRMC also has more than 15 physician clinics that provide primary and specialty care. Those clinics are located in Prescott, Prescott Valley and Chino Valley. Clinics are expanding on an ongoing basis and will continue to do so. YRMC also has outpatient imaging services located in Prescott and in Prescott Valley.

The governance for the two campuses and outpatient facilities involves one single Senior Management Team for both hospitals. There is also a single operating Board for both campuses. The hospital Board and Senior Management Team have responsibility for both campuses. The Community Benefit function for YRMC is also a single department function that covers both campuses and the surrounding service area.

In 2012, YRMC initiated an engagement with Dixon Hughes Goodman LLP (DHG) to conduct the previous Community Health Needs Assessment (CHNA) which was completed in 2013. In 2016, YRMC sought assistance from **BKD, LLP** to conduct an updated CHNA.

The CHNA and this Implementation Plan were developed to understand and address community health needs as appropriate for YRMC's Mission and resources. The CHNA is a companion document to the Implementation Plan and includes in-depth information regarding needs of people living in YRMC's service area. The CHNA covers findings from extensive secondary research as well as primary research and electronic surveys. Also included were individual interviews with the Yavapai Prescott Indian Tribe, the Yavapai County Community Health Services (YCCHS) and the West Yavapai Guidance Clinic (WYGC).

The CHNA identified the top twelve needs in our region and YRMC has selected the top five of those needs to address in the next three years. Some of the health needs that were identified were outside the realm of YRMC's expertise and resources. For example, Transportation is a prominent theme in community needs. However, YRMC is best suited to focus on direct health needs such as addressing the need for primary care physicians and helping people choose healthy behaviors and positive lifestyle changes.

YRMC has a critical role in providing health care services for its community. The work outlined in the Implementation Plan is focused on the health needs identified in the CHNA. However, there are numerous other essential health programs provided by YRMC that will continue for the underserved outside the purview of this Implementation Plan.

2016 Community Health Needs Assessment Summary

YRMC's 2016 Community Health Needs Assessment was conducted between January and September 2016 with the assistance of **BKD, LLP**. Multiple sources were explored to gain the best possible knowledge of the health needs of YRMC's service area.

Definition of the Community Served:

YRMC's service area is composed of 5,500 square miles in western Yavapai County. The majority of the population is centered in Prescott, Prescott Valley, Chino Valley and the Dewey/Humboldt area. There are also a number of people living in much more sparsely populated areas surrounding these towns. By virtue of the distance involved in covering our service area, transportation can be a challenge for those who do not have ready access to their own personal vehicle. While there are several agencies working on the issue of transportation, it has been a frequent theme when discussing needs.

YRMC's service area demographics include a predominant retirement community. In fact, more than 26 percent of Prescott's population is composed of people over the age of 65. The surrounding areas are also filled with retirees but with a greater mix of younger families. The local economy is heavily dependent on the service industry: tourism, retail, food service and hotels, etc. This often translates into challenges for professionals to find good paying jobs in their choice of careers. The local service-based economy also means there is a predominance of minimum wage earners in non-benefited work which contributes to an underserved population due to financial limitations.

The 2016 CHNA identified twelve significant health needs in the community. Those needs are listed below in decreasing order of the intensity of the need as indicated from secondary and primary research.

1. Lack of Primary Care Physicians

The national primary care physician (PCP) shortage is especially pronounced in YRMC's service area. If a physician's spouse wishes to be employed, this can be a challenge given the local economy and industry base. Another element that exacerbates the need for PCPs is the fact that the local population is skewed towards more seniors and this is the segment that requires more frequent physician encounters.

2. Healthy Behaviors/Lifestyle Changes

Although YRMC has provided a wide range of health education programs for decades, there is more work to be done. The underserved are often working several jobs and may have children to support, leaving little time to make healthy choices in food preparation and exercise as examples. A lack of focus on leading a healthy lifestyle can also be a learned behavior or it can be the result of other more pressing priorities for an individual or families.

3. Lack of Health Knowledge

Health literacy is a national issue and it also affects our local population. The rapidly changing world of health and healthcare engenders a plethora of new terminology that can be confusing. The complexity of healthcare also contributes to the confusion. Patients may be puzzled about the medications they're taking or be confused and uncertain about how to take them. People are often unaware of their own physiology which is a reflection on the decreased emphasis on the importance and funding of overall education. Arizona ranks 49th in the nation in funding for education so this is most likely a contributing factor to the low level of health knowledge in our region.

4. Physical Inactivity

This region and its moderate climate lend themselves to enjoying the outdoors. However, if people are trying to make ends meet and hold down several jobs as well as taking care of family, physical exercise can slip down their list of priorities. Another issue is the frail elderly who are limited in their ability to move and exercise. And it can sometimes be human nature to leave daily exercise out of one's schedule.

5. Lack of Mental Health Providers

Compared to the rest of the nation, Arizona ranks at the very bottom in terms of funding for mental health services. One of the results of this underfunding is a demand for care that far exceeds our community's capacity. The local providers that do provide services do their best to meet needs. However, the needs are far greater than the resources available to meet them. One of the fallouts from this situation is that YRMC's Emergency Departments become a holding space for mentally ill patients until a suitable care facility is located and accepts the patient. YRMC has had emergency mental health patients ranging in age from seven years to more than 90 years old. Some patients have had to wait in the Emergency Department for as many as 10 or 12 days before placement can be arranged. It is not unusual for these patients to ultimately be placed in communities as far away as Las Vegas, Nevada or Albuquerque, New Mexico. This is far from ideal for the mental health patient or for YRMC's medical patients who need care.

6. High Cost of Health Care

The high cost of healthcare is a national problem and affects YRMC's service area as well. Healthcare costs include pharmaceutical costs, insurance costs, the cost of extended care, hospital costs, etc. This is a very complex issue that has evolved over the decades and involves far more than the hospital industry itself. While YRMC is not in a position to fully address the high cost of health care, this organization is very proud of the many ways it provides care for the underserved. YRMC provides many services at no cost to the recipient or services may be provided at a financial loss, underlining YRMC's commitment to the community.

7. Poverty/Children in Poverty/Lack of Financial Resources

As is true in many communities across the country, there are major discrepancies in the financial status of people living in the YRMC service area. Many people come to this region with plentiful resources while others struggle to find food to eat and to pay for housing. This diversity in financial status of YRMC patients is a major consideration in YRMC's Patient Assistance Program, enabling people to receive care no matter their ability to pay.

8. Transportation, especially in Rural Areas

Because of the vast area of ranchland and undeveloped space, there are some areas in the greater community that are as many as 30 miles from any basic services. Coupled with the divergent income levels that can add more challenges to transportation, there are some portions of YRMC's service area that are less accessible than others. This is a challenge for people who need to buy groceries, find employment, see a doctor, go to school, etc. There are several local agencies working to address this issue.

9. Uninsured

With the implementation of the *Affordable Care Act*, there has been some movement on the scale of uninsured numbers. However, many of the insurance policies that are affordable have extremely high deductibles which put families at risk. YRMC has hosted several seminars to help people sign up for insurance, whether it is private insurance or Arizona Health Care Cost Containment System (AHCCCS), Arizona's brand of Medicaid. But the uninsured and underinsured continue to receive care at YRMC.

10. Aging Population

As has been mentioned previously, the Prescott community has a larger percentage of people over the age of 65 than the rest of Arizona and the nation. With the graying of America, Prescott is a peek into the future of our country. Many of the retirees moving to the Prescott area are vital and active. However, there are some retirees who have lived here for many years and who face challenges of aging, failing health and lack of family support nearby. YRMC cares for all people from our service area and we see a predominance of people over the age of 65, especially since that age range typically is in greater need of health care services.

11. Limited Access to Healthy Foods

The sheer size of this region and its wide open spaces create food deserts, areas where there are no grocery stores available. This is especially true in the periphery of our service area. One community only has a Circle K store for food. Other smaller communities have no food sources at all because they lack the population density to support a grocery store.

12. Adult Obesity

This issue can certainly be attributed to three of the items listed above: Healthy Behaviors, Physical Inactivity and Limited Access to Healthy Foods. YRMC offers outstanding exercise programs for people of all ages and also provides top-notch food preparation and cooking classes, "Your Healthy Kitchen." Obesity can be another complex challenge that is generated from a variety of challenges people may face.

<u>Significant Health Needs YRMC Will Address</u>

The implementation strategy outlines the top community health needs described in the 2016 CHNA that YRMC plans to address in whole or in part. YRMC has selected the top five priorities of the 12 health needs that were identified in the CHNA. The selection was based on priority ranking as well as resource availability and appropriateness to YRMC's areas of expertise. This implementation strategy may be modified as conditions change and as appropriate over the course of the next three years.

For each health need that YRMC plans to address, the strategy describes:

- Actions YRMC intends to take, including programs and resources it plans to commit
- Anticipated impact of these actions
- Planned collaboration between YRMC and other organizations

1. Lack of Primary Care Physicians

The 2013 CHNA identified a need for specialists as well as primary care. Since that time, extraordinary efforts have been successful in recruiting physicians and now we have filled many specialties for our community. We still see a need for primary care and plan to address this need accordingly. It is anticipated that more primary care providers will be available for our community.

- YRMC recently hired a physician recruiter and one of her priorities will be to seek and recruit primary care providers.
- YRMC will use advanced practice providers (Nurse Practitioners and Physician Assistants) to augment the need for primary care.
- Needs for suitable office space to accommodate additional physicians will be met based primarily on YRMC's Master Facilities Plan and taking advantage of space in our communities that may become available.
- Explore feasibility of options such as walk-in clinic, satellite offices and extended hours for YRMC PC, etc.
- In collaboration with local schools, YRMC will continue to provide free primary care to uninsured and underinsured school children and their younger siblings through the Partners for Healthy Students program, staffed by Nurse Practitioners and led by a Medical Director.
- YRMC will explore with the Yavapai County Community Health Services the feasibility of providing public health nurses in easily accessible facilities such as the local libraries.
- YRMC will continue to collaborate with the Arizona Sonshine organization that provides free healthcare in our region for several days annually to help meet the needs of the underserved.

Accomplishments

- YRMC has increased the Medical Staff membership from 219 to 443 which includes primary care physicians, specialists, nurse practitioners and physician assistants.
- Physician office space was expanded in Prescott Valley, Prescott and also Chino Valley to accommodate growing needs.
- YRMC continues to operate the Partners for Healthy Students program offering free primary care to uninsured/underinsured school children and their younger siblings. YRMC is especially proud to add behavioral health care to the array of free services in August 2019 due to generous community support.
- YRMC has continued to help support Arizona Sonshine in its efforts to provide free healthcare for our community.

2. Healthy Behaviors/Lifestyle Changes

YRMC has successfully provided wellness and health promotion programs for decades. These popular programs will provide the foundation for community outreach in the area of healthy behaviors and lifestyles. We anticipate an increase in the number of community members who actively make healthier choices.

- Social media will continue to expand to help meet information needs surrounding good health choices
- Continue Pendleton Centers' programs on the West Campus and the East Campus that adapt exercise suitable for the age and physical condition of individual participants, e.g., chair exercises for those with limited physical capacity
- Explore collaborating with the Yavapai County Community Health Services and the local schools for in-school programs to promote healthy behaviors and educate children on the importance of maintaining their health
- Explore collaborating with local churches/synagogues for opportunities to provide wellness programs for their congregations
- In collaboration with subject matter experts, continue the utilization of the widely popular YRMC Speakers Bureau to include the topic of healthy behaviors

Accomplishments

- YRMC's social media efforts have proven very successful with nearly 60,000 connections via its blog, HealthConnect. YRMC's Facebook community has more than 2,000,000 connections and YRMC Twitter has more than 52,000 connections.
- Pendleton Center programs continue to serve their participants with a variety of exercise and wellness activities.
- YRMC provides all local schools with GoNoodle Student Fitness program that had nearly 4,000 student participants. YRMC also hosted more than 1,000 school children at the 2019 Health Expo that included exhibits by 72 local health-related organizations and 36 YRMC departments/services. There were also giant inflatable walk-through body parts that were enjoyed by children and adults alike.
- YRMC's Speakers Bureau continues to be in huge demand by offering skilled speakers that cover 140 various topics. Nearly 200 presentations are provided to the community annually.

3. Lack of Health Knowledge

Health literacy is defined as a person's ability to read, understand, evaluate and act upon health information. Low health literacy is linked to poorer health status and more emergency room visits and hospitalizations. An estimated 75 million English-speaking adults in the United States have limited health literacy, making it difficult for them to understand and use basic health information. (Source: Agency for Healthcare Research and Quality). YRMC's efforts are expected to improve health literacy in our community.

- YRMC will continue to use social media and other electronic methods of reaching out to the community and educating people about health and health care
- YRMC will continue to provide "Healthwise Handbooks" and "Healthwise for Those Fifty and Better" to help provide sound health information regularly vetted by a medical board for community residents of all ages. Challenges as of 2019: Unfortunately, budget constraints have made it impossible for YRMC to continue providing the Healthwise Handbooks and the Healthwise for Those Fifty and Better books.
- Explore utilizing the YRMC Speakers Bureau for providing health information for the community
- Explore other health literacy programs nationwide and, if feasible, adapt one or more of these programs to the YRMC market
- Explore the potential for off-the-shelf materials that could be purchased to assist with improving health literacy. Challenges as of 2019: Unfortunately, budget constraints have limited the amount of off-the-shelf material YRMC has been able to provide but we have a few flyers for general topics. We had a robust selection of health guides but that is limited now.

Accomplishments

- Social media has been an excellent tool for helping increase health literacy and its popularity is apparent in the numbers cited above.
- Speakers Bureau is very popular and those numbers are cited above.

4. Physical Inactivity

Cardiovascular disease is the leading cause of death in the U.S. (Source: American Family Physician, 2016). Thirty-five percent of cardiovascular disease is due to physical inactivity. Approximately 60 percent of Americans 18 years and older report physical inactivity. The American Heart Association recommends 30 – 60 minutes of aerobic exercise three to four times a week. As mentioned in the introductory portion of this implementation plan and strategy, our local demographics and economic realities pose some interesting challenges in helping our community recognize the issue and, most importantly, make efforts to improve their activity levels. However, we anticipate an improvement in levels of physical activity as a result of this Implementation Plan.

- Collaborate with the Yavapai County Community Health Services and YRMC's own Employee Health Program, if appropriate, to create more education about the importance of physical activity.
- Collaborate with local schools (many of whom no longer offer free physical education classes or sports opportunities) to include program ideas for brief physical activity within the classroom throughout the day as breaks for children.
- Explore potential of bringing the school-based activity ideas home with children for the rest of their family to participate.
- Explore YRMC sponsored hikes/walks for the community and promote them accordingly.
- Educate the community about the health benefits of domestic activities such as gardening, etc.
- Explore further collaboration with groups such as Silver Sneakers for the Pendleton Centers for Health and Wellness and promote such programs and their benefits.
- Explore the value of participants from the Pendleton Programs to provide testimonials on social media and other outlets regarding how staying physically active has improved their lives.

Accomplishments

- YRMC participates regularly in the Community Health Improvement Partnership sponsored by Yavapai County Community Health Services.
- YRMC provides GoNoodle physical activity program for local schools which is especially important now that many reductions have been made in school budgets that have negatively impacted the availability of sports and physical education programs.
- Testimonials on social media have been very well-received for Pendleton Programs as well as other YRMC services.

5. Lack of Mental Health Providers

YRMC has worked closely with local mental health providers, especially the West Yavapai Guidance Clinic (WYGC), a non-profit organization that has been providing mental health care for many years. WYGC regularly comes to assess patients in YRMC's Emergency Departments to determine mental health status. Because of the proliferation of mental health and substance abuse problems in our community, YRMC also collaborates closely with local law enforcement agencies. Many patients are brought into the Emergency Departments by law enforcement, especially those exhibiting combative, violent behavior and/or those who are homeless or otherwise without family support.

- Continue collaborating with WYGC in community presentations to help educate the public about mental health and the fact that it doesn't deserve to be stigmatized
- Continue collaboration with WYGC in creation of new programs for mental health topics
- Continue support of WYGC with financial assistance for the planned Triage Crisis Center being developed
- Evaluate other partnership opportunities with WYGC as they become available
- Explore with local law enforcement and mental health providers for possible alternatives to YRMC's EDs as a "holding" resource when no medical need is apparent
- Explore with the Yavapai County Community Health Services regarding mental health service potential from their areas of expertise

Accomplishments

- YRMC purchases Naloxone for local law enforcement agencies.
- We have collaborated with local agencies in community presentations regarding mental health.
- YRMC provided some financial support for the Crisis Stabilization Unit (CSU) at the West Yavapai Guidance Clinic. The CSU has had a very positive impact on reducing ER visits by people in crisis and that saves YRMC money.
- YRMC's Partners for Healthy Students collaborated with local behavioral health resources to provide free mental health services for children in need thanks to very generous community support that makes this possible.
- YRMC is exploring further collaboration with local behavioral health resources to enable greater accessibility to these services for our community. These collaborative efforts would also save YRMC money.

Summary of 2019 Needs Assessment Findings

The following health needs were identified based on the information gathered and analyzed through the Community Health Needs Assessment conducted by the Medical Center. These needs have been prioritized based on information gathered through the Community Health Needs Assessment.

Identified Community Health Needs

- ✓ Healthy Behaviors/Lifestyle Changes
- ✓ Lack of Primary Care Physicians
- ✓ Transportation, Especially in Rural Areas
- ✓ Aging Population
- ✓ Lack of Health Knowledge
- ✓ Physical Inactivity
- ✓ High Cost of Health Care
- ✓ Lack of Mental Health Providers
- ✓ Poverty/Children in Poverty/Lack of Financial Resources
- ✓ Uninsured

These identified community health needs are discussed in greater detail later in this report.

Community Served by the Medical Center

YRMC's two medical centers are located in western Yavapai County. As a regional medical center facility, the Medical Center serves residents in and around Yavapai County.

Defined Community

A community is defined as the geographic area from which a significant number of the patients utilizing the Medical Center services reside. While the CHNA considers other types of health care providers, the Medical Center is the single largest provider of acute care services. For this reason, the utilization of services provides the clearest definition of the community.

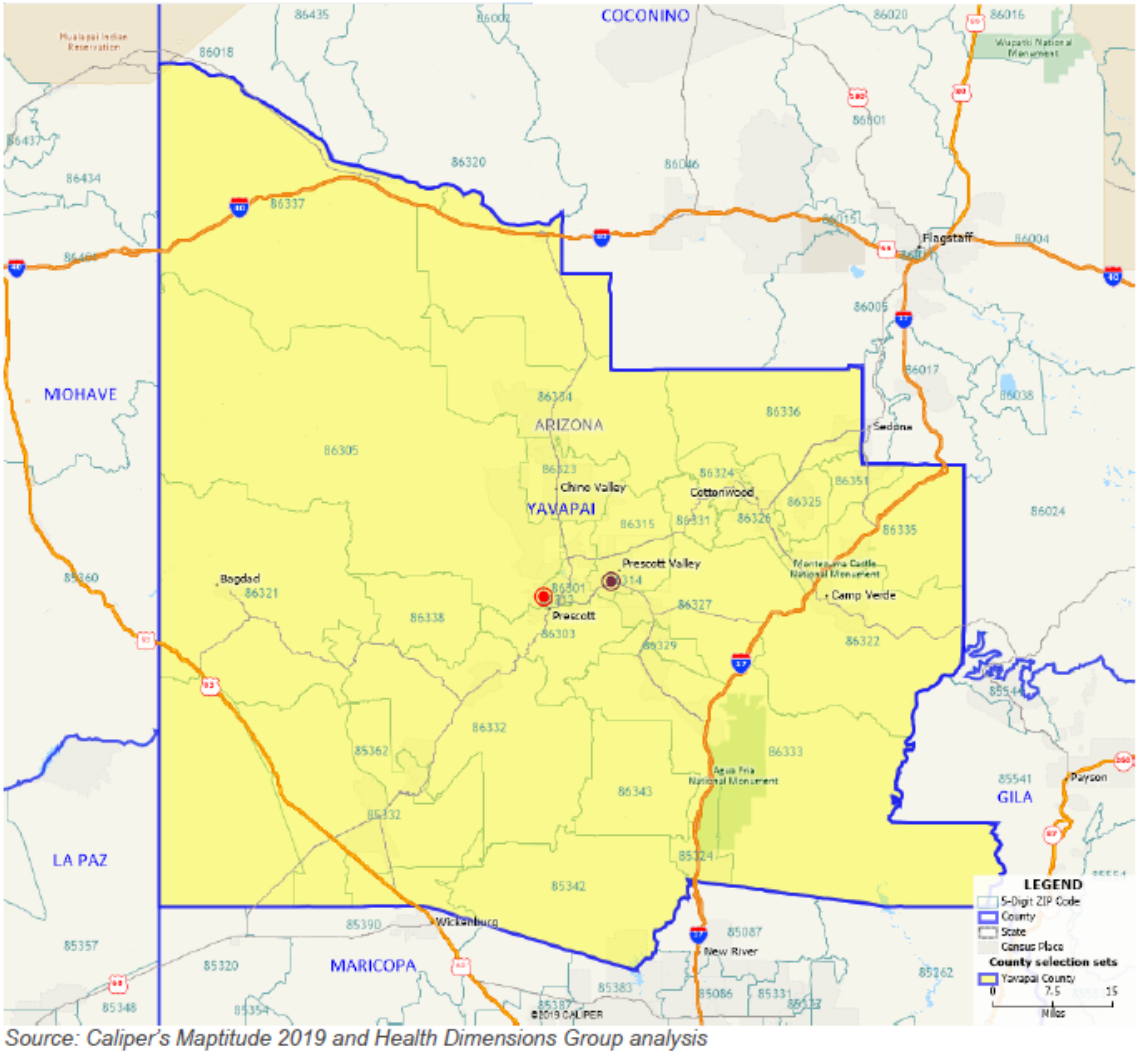
According to Health Dimensions Group 2019 *Market Snapshot Analysis Report*, a review of Medicare claims data from January to September 2018 indicated 92.7 percent of YRMC's Medicare Fee-for-Service (MMFS) inpatients originated from Yavapai County. Based on the patient origin of acute care inpatient discharges, management has identified Yavapai County as the defined CHNA community. The CHNA will utilize data and input from this county, as well as the top five cities within Yavapai County, to analyze health needs for the community.

Community Details

Identification and Description of Geographical Community

The geographic area of the defined community, based on the identified zip codes, includes Yavapai County. The following map geographically illustrates the Medical Center's community. As shown on *Figure 1*, YRMC's hospital facilities are centrally located in western Yavapai County. YRMC-East is represented with a maroon target symbol and YRMC-West is represented with a red target symbol. The map below displays the Medical Center's geographic relationship to the community, as well as significant roads and highways.

Figure 1: Yavapai County
Yavapai Regional Medical Center's Primary Market Area



Source: Caliper's Maptitude 2019 and Health Dimensions Group analysis

Community Population and Demographics

The U.S. Bureau of Census compiled population and demographic data. *Exhibit 2* below shows the total population of the community. It also provides the breakout of the community between male and female population, age distribution and race/ethnicity.

Exhibit 2

Demographic Snapshot

Yavapai Regional Medical Center

DEMOGRAPHIC CHARACTERISTICS (as of 2016)

Total Population		Population by Gender		
County	Population	County	Male	Female
Yavapai County	228,168	**Yavapai County**	111,901	116,267
Arizona	7,016,270	**Arizona**	3,487,722	3,528,548
United States	325,719,178	**United States**	160,402,504	165,316,674

Age Distribution

Age Group	Yavapai County	% of Total	Arizona	% of Total	United States	% of Total
0 -4	9,202	4.0%	435,041	6.2%	19,795,159	6.1%
5 - 19	33,185	14.5%	1,394,415	19.9%	62,723,881	19.3%
20 - 24	9,852	4.3%	475,452	6.8%	21,950,055	6.7%
25 - 34	21,016	9.2%	953,327	13.6%	44,965,735	13.8%
35 - 44	20,243	8.9%	859,457	12.2%	41,117,905	12.6%
45 - 54	24,557	10.8%	850,441	12.1%	42,330,955	13.0%
55 - 64	39,835	17.5%	847,287	12.1%	42,019,776	12.9%
65+	70,278	30.8%	1,200,850	17.1%	50,815,712	15.6%
Total	**228,168**	**100.0%**	**7,016,270**	**100.0%**	**325,719,178**	**100.0%**

County	White	Black	Asian	All Other	Total Non-Hispanic	Hispanic
Yavapai County	183,748	1,314	2,666	7,268	194,996	33,172
Percentage	80.53%	0.58%	1.17%	3.19%	85.46%	14.54%
Arizona	3,836,639	290,379	225,810	461,269	4,814,097	2,202,173
Percentage	54.68%	4.14%	3.22%	6.57%	68.61%	31.39%
United States	197,285,202	40,129,593	17,999,846	11,458,403	266,873,044	58,846,134
% of Community	60.57%	12.32%	5.53%	3.52%	81.93%	18.07%

Source: US Census Bureau, American Community Survey. 2017.

While the relative age of the community population can impact community health needs, so can the ethnicity and race of a population. The population of the community by race and ethnicity illustrates different categories of race such as: white, black, Asian, other and multiple races. White non-Hispanics make up nearly 80.53 percent of the community.

Another significant population within Yavapai County is the Native American population. There are three primary groups of the Yavapai Native American tribe, two of which are located within Yavapai County.

The community is also comprised of a higher percentage of seniors compared to the state and national percentages. The percentage of persons 65 years of age and older in Yavapai County is nearly twice that of Arizona and the United States. The percentage of persons aged 55–64 is significantly higher than state and national percentages as well.

Table 1 below, compiled as part of a *Market Snapshot Analysis Report* completed by Health Dimensions Group in 2019, presents population data and trends for Yavapai County. The table indicates that the total population of Yavapai County is projected to increase by 6 percent from 2019 to 2024. The projected increases for the elderly population, 65+ years, 75+ years and 85+ years, are among the highest projected increases for the time period when looking at all age groups.

Table 1: Yavapai County
Elderly Population by Age Cohort – 2010, 2019, and 2024

Age Cohort	2010 Actual	2019 Estimate	Percent Change 2010–2019	2024 Projection	Percent Change 2019–2024
0–4 Years	10,468	10,023	-4.3%	10,754	7.3%
5–9 Years	10,915	10,319	-5.5%	10,636	3.1%
10–14 Years	11,743	10,980	-6.5%	10,994	0.1%
15–17 Years	7,143	7,166	0.3%	7,444	3.9%
18–20 Years	6,997	7,124	1.8%	7,605	6.8%
21–24 Years	7,943	8,950	12.7%	10,026	12.0%
25–34 Years	18,552	21,223	14.4%	22,780	7.3%
35–44 Years	20,458	20,323	-0.7%	21,937	7.9%
45–54 Years	29,810	23,894	-19.8%	21,985	-8.0%
55–64 Years	36,237	39,879	10.1%	38,826	-2.6%
65–74 Years	28,925	44,515	53.9%	52,538	18.0%
75–84 Years	15,996	20,909	30.7%	22,689	8.5%
85+ Years	5,846	7,831	34.0%	8,829	12.7%
Total	**211,033**	**233,136**	**10.5%**	**247,043**	**6.0%**
65+ Years	50,767	73,255	44.3%	84,056	14.7%
75+ Years	21,842	28,740	31.6%	31,518	9.7%
85+ Years	5,846	7,831	34.0%	8,829	12.7%

Source: Environics Analytics and Health Dimensions Group analysis of Claritas data

Table 2 presents additional analysis on elderly households data and trends for Yavapai County. Households with head of household age 65 to 74 are projected to increase substantially over the next five years.

Table 2: Yavapai County
Elderly Households – 2000, 2019, and 2024

Age of Head of Household	2000 Actual	2019 Estimate	Percent Change 2000–2019	2024 Projection	Percent Change 2019–2024
45–54 Years	13,071	12,389	-5.2%	11,406	-7.9%
55–64 Years	12,159	22,135	82.0%	21,494	-2.9%
65–74 Years	12,463	26,684	114.1%	31,415	17.7%
75–84 Years	8,378	13,713	63.7%	14,845	8.3%
85+ Years	2,549	5,069	98.9%	5,693	12.3%
65+ Years	23,390	45,466	94.4%	51,953	14.3%
75+ Years	10,927	18,782	71.9%	20,538	9.3%
85+ Years	2,549	5,069	98.9%	5,693	12.3%

Source: Environics Analytics and Health Dimensions Group analysis of Claritas data

Exhibit 3 reports the percentage of the population living in urban and rural areas. Urban areas are identified using population density, count and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban. This table could help to understand why transportation, although not a high need, may be considered a need within the community, especially within the rural and outlying populations.

Exhibit 3
Yavapai Regional Medical Center
Urban/Rural Population

County	Percent Urban	Percent Rural
Yavapai County	66.8%	33.2%
Prescott	89.2%	10.8%
Prescott Valley	95.7%	4.3%
Chino Valley	76.0%	24.0%
Dewey	0.0%	100.0%
Mayer	0.0%	100.0%
Arizona	89.8%	10.2%
United States	80.7%	19.3%

Source: US Census Bureau, American Community Survey. 2017.

Socioeconomic Characteristics of the Community

The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. The economic status of an area may be assessed by examining multiple variables within the community. The following exhibits are a compilation of data that includes household per capita income, unemployment rates, uninsured population, poverty and educational attainment for the community. These standard measures will be used to compare the socioeconomic status of the community to Arizona and the United States.

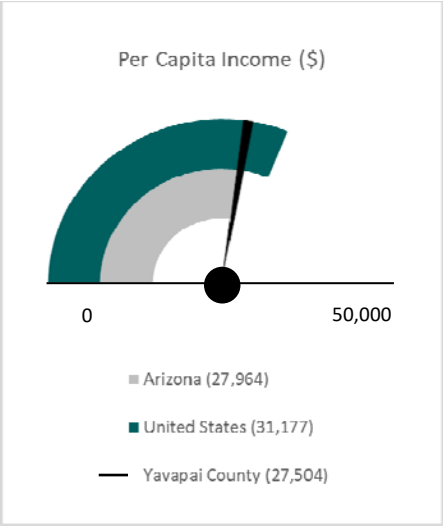
Income and Employment

Exhibit 4 presents the per capita income for the CHNA community. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement and other sources. The per capita income in this exhibit is the average (mean) income computed for every man, woman and child in the specified area. The per capita income of Yavapai County is below both the state of Arizona and the United States.

Exhibit 4
Per Capita Income
(In 2017 Inflation Adjusted USD)

	Total Population		Aggregate Household Income ($)		Per Capita Income ($)
Yavapai County	215,104	$	5,916,223,300	$	27,504
Prescott	40,307	$	1,275,662,100	$	31,649
Prescott Valley	40,956	$	926,659,900	$	22,626
Chino Valley	10,957	$	289,079,100	$	26,383
Dewey	3,747	$	92,124,500	$	24,584
Mayer	1,775	$	37,025,300	$	20,859
Other Yavapai County Cities	128,301	$	3,295,672,400	$	25,687
Arizona	6,545,275	$	183,032,057,800	$	27,964
United States	309,794,891	$	9,658,475,311,300	$	31,177

Source: US Census Bureau, American Community Survey. 2017.



According to research of the community area, Yavapai County is supported by major industries which include local federal, state and local government. *Exhibit 5* summarizes employment by major industry for the community.

Exhibit 5
Yavapai Regional Medical Center
Employment by Major Industry
2017 Annual Average (In Thousands)

Major Industries	Yavapai County	%	Arizona %	United States %
Government				
Federal Government	1,587	2.5%	2.0%	1.9%
State Government	615	1.0%	2.4%	3.2%
Local Government	8,567	13.6%	9.6%	9.8%
Goods-producing				
Natural resources and mining	1,351	2.1%	1.4%	1.3%
Construction	4,200	6.7%	5.3%	4.8%
Manufacturing	3,771	6.0%	5.9%	8.6%
Service-providing				
Trade, transportation and utilities	12,466	19.8%	18.9%	18.9%
Information	586	0.9%	1.6%	1.9%
Financial activities	1,864	3.0%	7.5%	5.6%
Professional and business services	3,624	5.8%	15.2%	14.1%
Education and health services	12,260	19.5%	15.3%	15.4%
Leisure and hospitality	9,882	15.7%	11.5%	11.1%
Other services	1,683	2.7%	2.6%	3.1%
Unclassified	496	0.8%	0.7%	0.2%
Total	62,952	100%	100%	100%

Source: U.S. Department of Labor, Bureau of Labor Statistics. 2017.

Unemployment Rate

Exhibits 6 and 7 present the average annual resident unemployment rate from 2007 to 2016 for Yavapai County, as well as the trend for Arizona and the United States. Since hitting a high rate of 10.7 in 2010, the community's unemployment rate has declined to 4.9 by 2016.

Exhibit 6

Yavapai Regional Medical Center

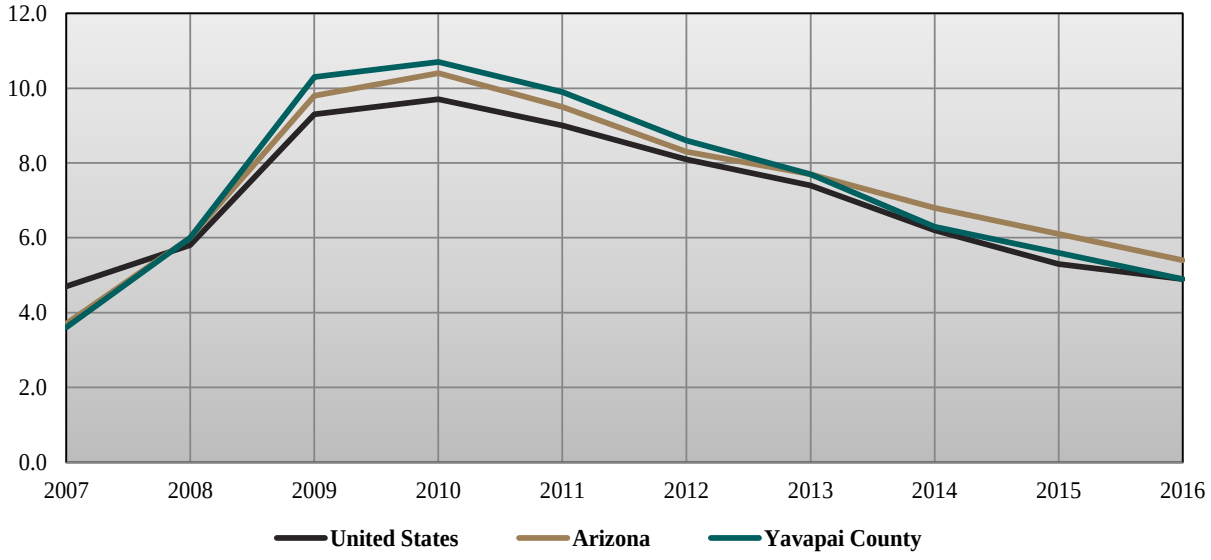
Average Annual Unemployment Rate (%)

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Yavapai County	3.6	6.0	10.3	10.7	9.9	8.6	7.7	6.3	5.6	4.9
Prescott	3.3	5.5	9.3	10.1	10.0	9.1	8.1	6.9	6.3	5.5
Prescott Valley	3.8	6.3	10.6	10.3	9.5	8.7	7.4	5.8	5	4.4
Chino Valley	3.7	6.2	10.5	10.7	9.9	8.6	7.7	6.3	5.6	4.9
Dewey	3.7	6.2	10.5	10.7	9.9	8.6	7.7	6.3	5.6	4.9
Mayer	3.7	6.2	10.5	10.7	9.9	8.6	7.7	6.3	5.6	4.9
Arizona	3.7	6.0	9.8	10.4	9.5	8.3	7.7	6.8	6.1	5.4
United States	4.7	5.8	9.3	9.7	9.0	8.1	7.4	6.2	5.3	4.9

Data Source: US Department of Labor, Bureau of Labor Statistics

Exhibit 7

Average Annual Unemployment Rate 2007 – 2016



Data Source: US Department of Labor, Bureau of Labor Statistics

Poverty

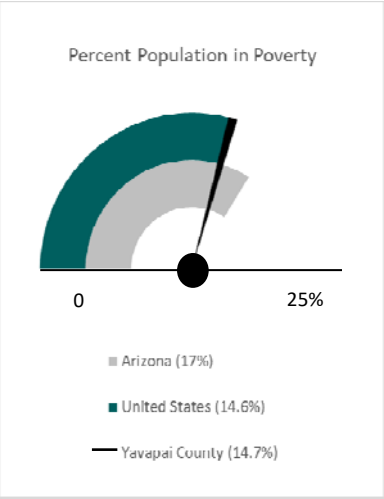
Exhibit 8 presents the percentage of total population below 100 percent Federal Poverty Level (FPL) for Yavapai County, Arizona and the United States. Poverty is a key driver of health status and is relevant because poverty creates barriers to access including health services, healthy food and other necessities that contribute to poor health.

Low-income residents often postpone seeking medical attention until health problems become aggravated, creating a greater demand on a given community's medical resources. This includes reliance upon emergency room services for otherwise routine primary care. Often uninsured, the low-income demographics' inability to pay for services further strains the medical network. Low-income residents are also less mobile, requiring medical services in localized population centers, placing additional pressure on those providers already in high demand.

Exhibit 8
Yavapai Regional Medical Center
Population Below 100% Federal Poverty Line (FPL)

	Population (for Whom Poverty Status is Determined)	Population below FPL	Percent in Poverty
Yavapai County	216,664	31,859	14.7%
Prescott	39,579	5,500	13.9%
Prescott Valley	41,685	6,243	15.0%
Chino Valley	11,083	1,450	13.1%
Dewey	3,962	433	10.9%
Mayer	1,948	367	18.8%
Other Yavapai County Cities	118,407	17,866	15.1%
Arizona	6,654,096	1,128,046	17.0%
United States	313,048,563	45,650,345	14.6%

Source: US Census Bureau, American Community Survey. 2017.



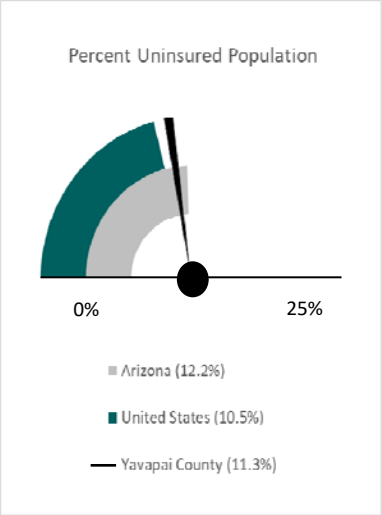
Uninsured

Exhibit 9 reports the percentage of the total civilian noninstitutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to health care access, including regular primary care, specialty care and other health services that contributes to poor health status. The lack of health insurance is considered a key driver of health status.

Exhibit 9
Yavapai Regional Medical Center
Health Insurance Coverage Status

	Population (Civilian Noninstitutionalized)	Total Uninsured	Percent Uninsured
Yavapai County	219,401	24,789	11.3%
Prescott	40,891	2,876	7.0%
Prescott Valley	41,825	5,446	13.0%
Chino Valley	11,126	1,521	13.7%
Dewey	3,986	348	8.7%
Mayer	1,948	27	1.4%
Other Yavapai County Cities	119,625	14,571	12.2%
Arizona	6,701,990	814,408	12.2%
United States	316,027,641	33,177,146	10.5%

Source: US Census Bureau, American Community Survey. 2017.



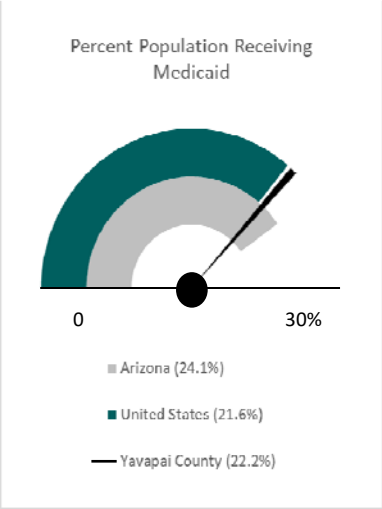
Medicaid

Exhibit 10 reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This is relevant because it assesses vulnerable populations, which are more likely to have multiple health access, health status and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment. *Exhibit 10* shows that the community ranks favorably compared to the state of Arizona but not the United States.

Exhibit 10
Yavapai Regional Medical Center
Medicaid – Tested Public Coverage

	Total Population (For Whom Insurance Status is Determined)	Population With Any Health Insurance	Population Receiving Medicaid	Percent of Total Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Yavapai County	217,066	189,183	42,043	19.4%	22.2%
Arizona	6,620,233	5,718,154	1,376,734	20.8%	24.1%
United States	313,576,137	276,875,891	59,874,221	19.1%	21.6%

Source: US Census Bureau, American Community Survey. 2012-16.



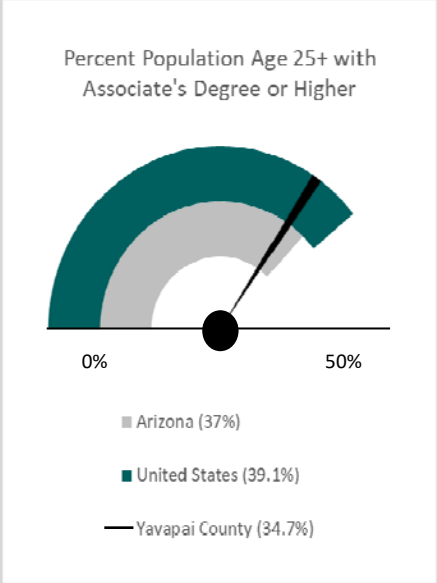
Education

Exhibit 11 presents the population with an Associate's degree or higher in Yavapai County versus Arizona and the United States. Education levels obtained by community residents may impact the local economy. Higher levels of education generally lead to higher wages, less unemployment and job stability. These factors may indirectly influence community health. As noted in *Exhibit 11*, the percent of residents within the community obtaining an Associate's degree or higher is below the state and national percentages.

Exhibit 11
Yavapai Regional Medical Center
Educational Attainment of Population Age 25 and Older

	Total Population Age 25 and Older	Population with Associate's Degree or Higher	Percent with Associate's Degree or Higher
Yavapai County	168,134	58,333	34.7%
Prescott	32,177	15,558	48.4%
Prescott Valley	29,700	8,401	28.3%
Chino Valley	8,512	2,075	24.4%
Dewey	3,009	1,014	33.7%
Mayer	1,325	370	27.9%
Other Yavapai County Cities	93,411	30,915	33.1%
Arizona	4,516,175	1,671,634	37.0%
United States	216,271,644	84,505,084	39.1%

Source: US Census Bureau, American Community Survey. 2017.



Physical Environment of the Community

A community's health also is affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health. This section will touch on a few of the elements that relate to some needs mentioned throughout the report.

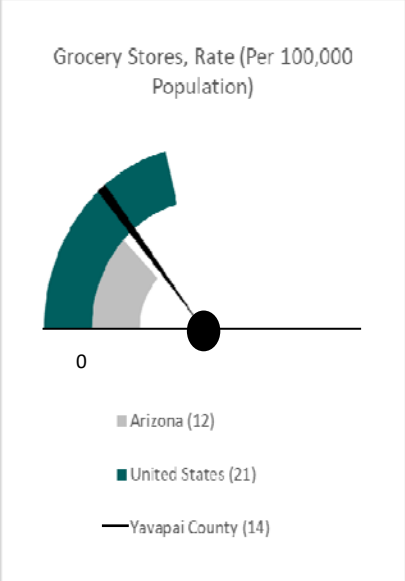
Grocery Store Access

Exhibit 12 reports the number of grocery stores per 100,000-population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables and fresh and prepared meats, fish and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores are excluded. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Exhibit 12
Yavapai Regional Medical Center
Grocery Store Access

	Total Population	Number of Establishments	Establishments Rate per 100,000
Yavapai County	211,033	29	13.7
Arizona	6,392,017	786	12.3
United States	308,745,538	65,399	21.2

Data Source: US Census Bureau, County Business Patterns
Additional data analysis by CARES. 2016.



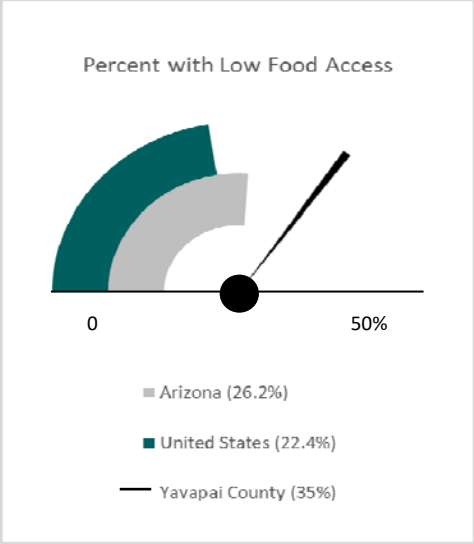
Food Access/Food Deserts

Exhibit 13 reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery store. This is relevant because it highlights populations and geographies facing food insecurity.

Exhibit 13
Yavapai Regional Medical Center
Population with Low Food Access

	Total Population	Population with Low Food Access	Percent with Low Food Access
Yavapai County	211,033	73,882	35.0%
Arizona	6,392,017	1,675,205	26.2%
United States	308,745,538	69,266,771	22.4%

Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2015.



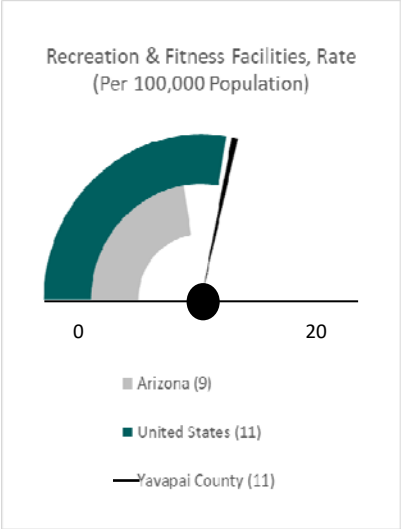
Recreation and Fitness Access

Exhibit 14 reports the number per 100,000-population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. It is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors. As noted in *Exhibit 14*, the community has more fitness establishments available to the residents than Arizona and the United States.

Exhibit 14
Yavapai Regional Medical Center
Recreation and Fitness Facility Access

	Total Population	Number of Establishments	Establishments Rate per 100,000
Yavapai County	211,033	24	11.4
Arizona	6,392,017	574	9.0
United States	308,745,538	33,980	11.0

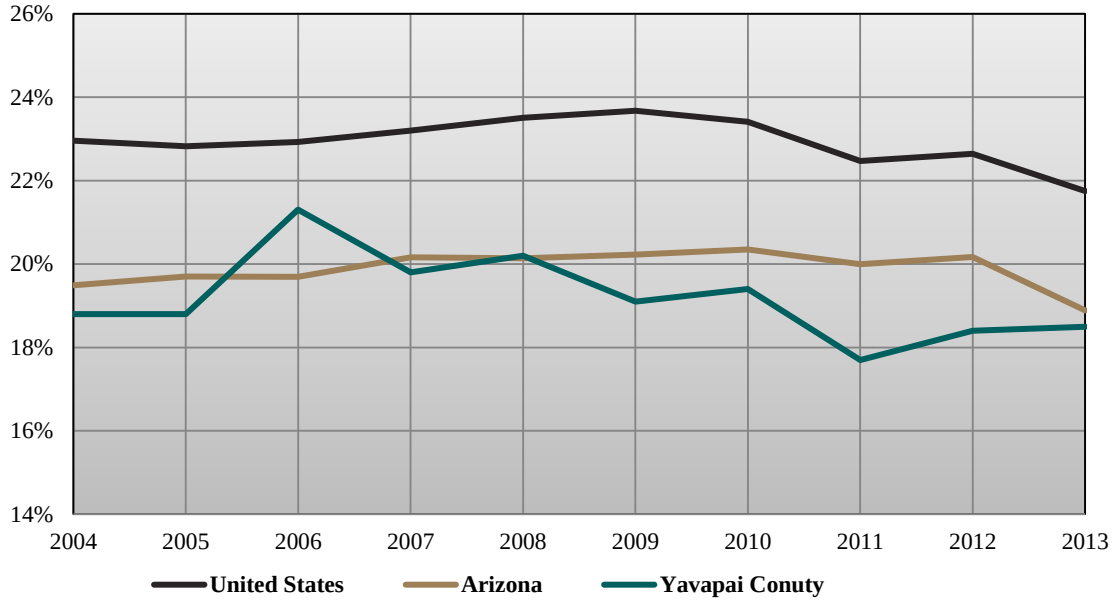
Data Source: US Census Bureau, County Business Patterns
Additional data analysis by CARES. 2016.



The trend graph below (*Exhibit 15*) shows the percent of adults who are physically inactive by year for the community and compared to the state of Arizona and the United States. Since 2008, the CHNA community has had a lower percentage of adults who are physically inactive compared to both the state of Arizona and the United States. As of 2012, the percentage of adults physically inactive within the community had a gentle incline into 2013 opposite both the state of Arizona and the United States.

Exhibit 15

Percent Adults Physically Inactive by Year, 2004 – 2013



Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion

Clinical Care of the Community

A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsurance, financial hardship, transportation barriers, cultural competency and coverage limitations affect access.

Rates of morbidity, mortality and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.

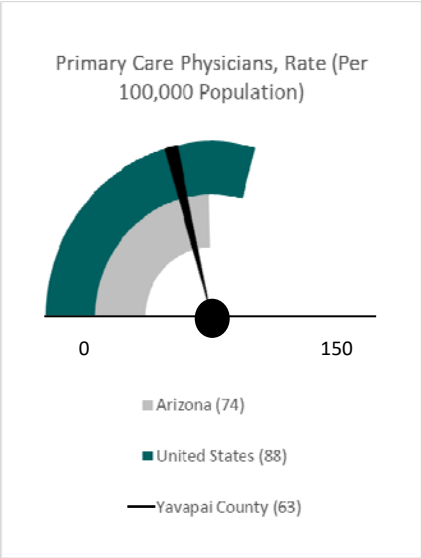
Access to Primary Care

Exhibit 16 reports the number of primary care physicians per 100,000-population. Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing subspecialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Exhibit 16
Yavapai Regional Medical Center
Access to Primary Care

	Total Population 2014	Primary Care Physicians 2014	Primary Care Physicians Rate per 100,000
Yavapai County	218,844	138	63.1
Arizona	6,731,484	4,961	73.7
United States	318,857,056	279,871	87.8

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2014.



Lack of a Consistent Source of Primary Care

Exhibit 17 reports the percentage of adults aged 18 and older who self-report that they do not have at least one person who they think of as their personal doctor or health care provider. This indicator is relevant because access to regular primary care is important to preventing major health issues and emergency department visits.

Exhibit 17
Yavapai Regional Medical Center
Lack of a Consistent Source of Primary Care

	Survey Population Age 18 and Older	Total Adults without Regular Doctor	Percent without Regular Doctor
Yavapai County	144,483	35,689	24.7%
Arizona	4,772,064	1,222,072	25.6%
United States	236,884,668	52,290,932	22.1%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-2012.

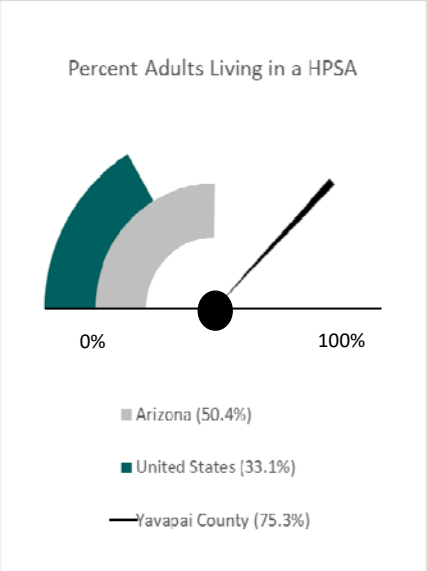
Population Living in a Health Professional Shortage Area

Exhibit 18 reports the percentage of the population that is living in a geographic area designated as a "Health Professional Shortage Area" (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. As seen below, 75.3 percent of the residents within the community are living in a health professional shortage area.

Exhibit 18
Yavapai Regional Medical Center
Population Living in a Health Professional Shortage Area (HPSA)

	Total Population	Population Living in an HPSA	Percent Living in an HPSA
Yavapai County	211,033	158,980	75.3%
Arizona	6,392,017	3,221,513	50.4%
United States	308,745,538	102,289,607	33.1%

Data Source: US Department of Health Human Services, Health Resources and Services Administration, Health Resources and Services Administration. April 2016



Preventable Medical Center Events

Exhibit 19 reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes and other conditions, which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible "return on investment" from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources.

Exhibit 19
Yavapai Regional Medical Center
Preventable Hospital Events

	Total Medicare Part A Enrollees	ACS Conditions Hospital Discharges	ACS Conditions Discharges Rate
Yavapai County	43,681	1,145	26.2
Arizona	573,451	21,198	37.0
United States	29,649,023	1,479,545	49.9

Data Source: Dartmouth College Institute for Health Policy Clinical Practice, Dartmouth Atlas of Health Care. 2014.

Health Status of the Community

This section of the assessment reviews the health status of Yavapai County residents. As in the previous section, comparisons are provided with the state of Arizona and the United States. This in-depth assessment of the mortality and morbidity data, health outcomes, health factors and mental health indicators of the county residents that make up the community will enable the Medical Center to identify priority health issues related to the health status of its residents.

Good health can be defined as a state of physical, mental and social well-being, rather than the absence of disease or infirmity. According to *Healthy People 2020*, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work and play, is profoundly affected by the collective behaviors, attitudes and beliefs of everyone who lives in the community. Healthy people are among a community's most essential resources.

Numerous factors have a significant impact on an individual's health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate health care and medical services. Some examples of lifestyle/behavior and related health care problems include the following:

Lifestyle	Primary Disease Factor
Smoking	Lung cancer Cardiovascular disease Emphysema Chronic bronchitis
Alcohol/drug abuse	Cirrhosis of liver Motor vehicle crashes Unintentional injuries Malnutrition Suicide Homicide Mental illness
Poor nutrition	Obesity Digestive disease Depression
Driving at excessive speeds	Trauma Motor vehicle crashes
Lack of exercise	Cardiovascular disease Depression
Overstressed	Mental illness Alcohol/drug abuse Cardiovascular disease

Studies by the American Society of Internal Medicine conclude that up to 70 percent of an individual's health status is directly attributable to personal lifestyle decisions and attitudes. Persons who do not smoke, who drink in moderation (if at all), use automobile seat belts (car seats for infants and small children), maintain a nutritious low-fat, high-fiber diet, reduce excess stress in daily living and exercise regularly have a significantly greater potential of avoiding debilitating diseases, infirmities and premature death.

The interrelationship among lifestyle/behavior, personal health attitude and poor health status is gaining recognition and acceptance by both the general public and health care providers.

Health problems should be examined in terms of morbidity as well as mortality. Morbidity is defined as the incidence of illness or injury and mortality is defined as the incidence of death. Such information provides useful indicators of health status trends and permits an assessment of the impact of changes in health services on a resident population during an established period of time. Community attention and health care resources may then be directed to those areas of greatest impact and concern.

Due to limited morbidity data, this health status report relies heavily on death and death rate statistics for leading causes in death in the CHNA community, along with the state of Arizona. Such information provides useful indicators of health status trends and permits an assessment of the impact of changes in health services on a resident population during an established period of time. Community attention and health care resources may then be directed to those areas of greatest impact and concern.

Leading Causes of Death

Exhibit 20 reflects the leading causes of death for the CHNA community and compares the rates, per hundred thousand, to the state of Arizona and the United States.

Exhibit 20

Yavapai Regional Medical Center

Selected Causes of Resident Deaths: Crude Death Rate

(Crude rates per 100,000 population)

	Yavapai County	Arizona	United States
	Rate	Rate	Rate
Heart Disease^	270.4	165.3	194.2
Cancer	297.7	170.9	185.3
Coronary Heart Disease^	177.1	110.6	115.3
Lung Disease	105.7	51.8	47.0
Unintentional Injury	76.2	51.2	44.1
Stroke	61.6	34.6	42.2
Drug Poisoning	28.7	18.5	15.6
Suicide	34.2	18.2	13.4

^Coronary Heart Disease is a subset of Heart Disease

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System.

Accessed via CDC WONDER. 2012-16.

Health Outcomes and Factors

An analysis of various health outcomes and factors for a particular community can, if improved, help make that community a healthier place to live, learn, work and play. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment. This portion of the Community Health Needs Assessment utilizes information from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

The County Health Rankings model is grounded in the belief that programs and policies implemented at the local, state and federal levels have an impact on the variety of factors that, in turn, determine the health outcomes for communities across the nation. The model provides a ranking method that ranks all 50 states and the counties within each state, based on the measurement of two types of health outcomes for each county: how long people live (mortality) and how healthy people feel (morbidity). These outcomes are the result of a collection of health factors and are influenced by programs and policies at the local, state and federal levels.

Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, *e.g.* 1 or 2, are considered to be the "healthiest." Counties are ranked relative to the health of other counties in the same state on the following summary measures:

- Health Outcomes – rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
- Health Factors – rankings are based on weighted scores of four types of factors:
    - Health behaviors (six measures)
    - Clinical care (five measures)
    - Social and economic (seven measures)
    - Physical environment (four measures)

A more detailed discussion about the ranking system, data sources and measures, data quality and calculating scores and ranks can be found at the website for County Health Rankings (www.countyhealthrankings.org).

The relative health status of the CHNA community will be compared to the state of Arizona as well as to a national benchmark. The current year information is compared to the health outcomes reported on the prior CHNA and the change in measures is indicated. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment. *Exhibit 21* that follows shows Yavapai County's mortality and morbidity rankings. Overall, Yavapai saw morbidity improvement from the prior CHNA; however, the overall mortality ranking declined.

Exhibit 21

Yavapai Regional Medical Center

County Health Rankings - Health Outcomes

	Yavapai County 2015	Yavapai County 2018	Increase/ Decrease	Arizona 2018	Top US Performers 2018
Mortality*	**8**	**10**	↑		
Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted)	7,737	8,500	↑	6,800	5,300
Morbidity*	**9**	**3**	↓		
Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted)	18%	14%	↓	18%	12%
Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.2	3.7	↓	4.0	3.0
Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (Age Adjusted)	4.1	3.8	↓	3.9	3.1
Low birth weight - Percent of live births with low birth weight (<2500 grams)	7.3%	7.0%	↓	7.0%	6.0%

* Rank out of 15 Arizona counties
Source: Countyhealthrankings.org

YAVAPAI COUNTY

Yavapai Regional Medical Center

County Health Rankings - Health Factors

	Yavapai County 2015	Yavapai County 2018		Arizona 2018	Top US Performers 2018
*Health Behaviors**	5	1	↓		
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	19%	15%	↓	15%	14%
Adult obesity - Percent of adults that report a BMI >= 30	26%	23%	↓	27%	26%
Food environment index^ - Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	6.3	6.6	↑	6.4	8.6
Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity	20%	22%	↑	20%	20%
Access to exercise opportunities^ - Percentage of population with adequate access to locations for physical activity	90%	88%	↓	86%	91%
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	14%	16%	↑	17%	13%
Alcohol-impaired driving deaths - % of motor vehicle crash deaths with alcohol involvement	23%	21%	↓	27%	13%
Sexually transmitted infections - Chlamydia rate per 100K population	178.0	200.1	↑	481.1	145.1
Teen births - female population, ages 15-19	46	31	↓	33	15
*Clinical Care**	2	2	–		
Uninsured adults - Percent of population under age 65 without health insurance	22%	13%	↓	13%	6%
Primary care physicians - Number of population for every one primary care physician	1,575	1,680	↑	1,520	1,030
Dentists- Number of population for every one dentist	1,655	1,600	↓	1,660	1,280
Mental health providers - Number of population for every one mental health provider	624	600	↓	820	330
Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	28	23	↓	36	35
Diabetic screening^ - Percent of diabetic Medicare enrollees that receive HbA1c screening	81%	83%	↑	80%	91%
Mammography screening^ - Percent of female Medicare enrollees that receive mammography screening	68%	66%	↓	64%	71%

YAVAPAI COUNTY

Yavapai Regional Medical Center

County Health Rankings - Health Factors

	Yavapai County 2015	Yavapai County 2018		Arizona 2018	Top US Performers 2018
*Social & Economic Factors**	2	2	–		
High school graduation^ - Percent of ninth grade cohort that graduates in 4 years	78%	79%	↑	78%	95%
Some college^ - Percent of adults aged 25-44 years with some post-secondary education	61%	60%	↓	63%	72%
Unemployment - Percent of population age 16+ unemployed but seeking work	8.0%	4.9%	↓	5.3%	3.2%
Children in poverty - Percent of children under age 18 in poverty	24%	20%	↓	24%	12%
Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile	4.1	4.1	–	4.6	3.7
Children in single-parent households - Percent of children that live in household headed by single parent	32%	31%	↓	36%	20%
Social associations^ - Number of membership associations per 10,000 population	9.5	9.1	↓	5.6	22.1
Violent Crime Rate - Violent crime rate per 100,000 population (age-adjusted)	332	289	↓	415	62
Injury deaths - Number of deaths due to injury per 100,000 population	104	122	↑	78	55
*Physical Environment**	10	5	↓		
Air pollution-particulate matter days -Average daily measure of fine particulate matter in micrograms per cubic meter	10.7	5.9	↓	6.0	6.7
Drinking Water Violations - Percentage of population exposed to water exceeding a violation limit during the past year	N/A	N/A	–	N/A	N/A
Severe housing problems - Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	20%	19%	↓	20%	9%
Driving alone to work - Percentage of workforce that drives alone to work	74%	74%	–	77%	72%
Long commute, driving alone - Among workers who commute in their car alone, the percentage that commute more than 30 minutes	27%	26%	↓	35%	15%

Note: N/A Indicates Missing Data

* Rank out of 15 Arizona counties

^ Opposite Indicator signifying that an increase is a positive outcome and a decrease is a negative.

Source: Countyhealthrankings.org

A number of different health factors shape a community's health outcomes. The County Health Rankings model includes four types of health factors: health behaviors, clinical care, social and economic and the physical environment. The following summary shows some of the major improvements from the prior Community Health Needs Assessment to current year and challenges faced by Yavapai County. The improvements/challenges shown below in *Exhibit 22* were determined using a process of comparing the rankings of Yavapai County's health outcomes in the current year to the rankings in the prior CHNA. If the current year rankings showed a significant improvement or decline, they were included in the charts below.

Exhibit 22
Yavapai Regional Medical Center
Yavapai County Improvements and Challenges

Improvements	Challenges
Adult Smoking – % of adults smoking at least 100 cigarettes and currently smoking decreased from 19% to 15%	Physical Activity – Percent of adults age 20 and over reporting no leisure time/physical activity increased from 20% to 22%
Children In Poverty – % of children under age 18 in poverty decreased from 24% to 20%	Sexually transmitted infections – Chlamydia rate per 100k population increased from 178 to 200
Uninsured Adults – % of population under age 65 without insurance decreased from 22% to 13%	Excessive Drinking – Percent of adults that report excessive drinking in the past 30 days increased from 14% to 16%
Teen Births – decreased from 46 to 31	Injury Deaths – # of deaths due to injury increased from 104 to 122
Unemployment – decreased from 8% to 4.9%	

As can be seen from the summarized table above, there are several areas that have challenges and room for improvement; however, there were significant improvements made within the CHNA community from the prior report.

The following exhibits show a more detailed view of certain health outcomes and factors. The percentages for Yavapai County are compared to the state of Arizona and also the United States.

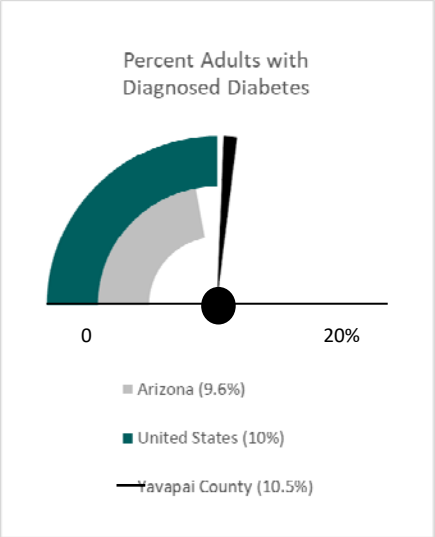
Diabetes (Adult)

Exhibit 23 reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. The CHNA community's percentage is higher than both the state of Arizona and the United States.

Exhibit 23
Yavapai Regional Medical Center
Population with Diagnosed Diabetes

	Total Population Age 20 and Older	Population with Diagnosed Diabetes	Percent with Diagnosed Diabetes
Yavapai County	172,114	18,072	10.5%
Arizona	4,837,470	464,589	9.6%
United States	236,919,508	23,685,417	10.0%

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013.



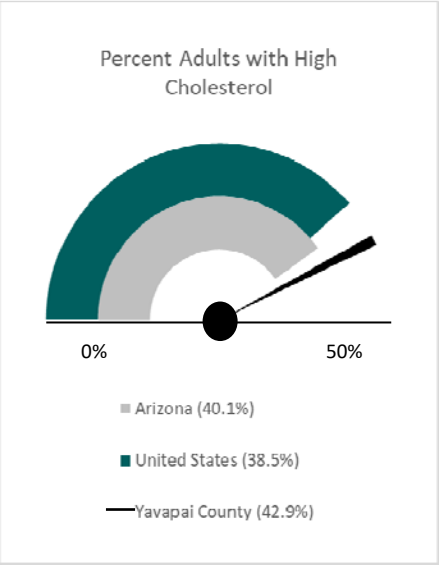
High Cholesterol (Adult)

Exhibit 24 reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse or other health professional that they had high blood cholesterol. The CHNA community's percentage is higher than both the state of Arizona and the United States.

Exhibit 24
Yavapai Regional Medical Center
Population with High Cholesterol

	Survey Population Age 18 and Older	Population with High Cholesterol	Percent with High Cholesterol
Yavapai County	117,426	50,326	42.9%
Arizona	3,574,797	1,434,477	40.1%
United States	180,861,326	69,662,357	38.5%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.



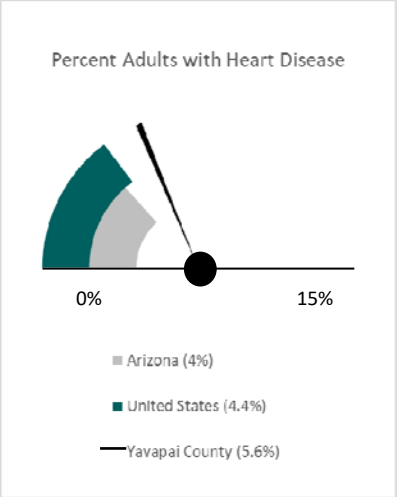
Heart Disease (Adult)

Exhibit 25 reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse or other health professional that they have coronary heart disease or angina. This indicator is relevant because coronary heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol and heart attacks. The community has a percentage higher than both the United States and the state of Arizona.

Exhibit 25
Yavapai Regional Medical Center
Population with Heart Disease

	Survey Population Age 18 and Older	Population with Heart Disease	Percent with Heart Disease
Yavapai County	143,702	8,045	5.6%
Arizona	4,756,743	188,990	4.0%
United States	236,406,904	10,407,185	4.4%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.



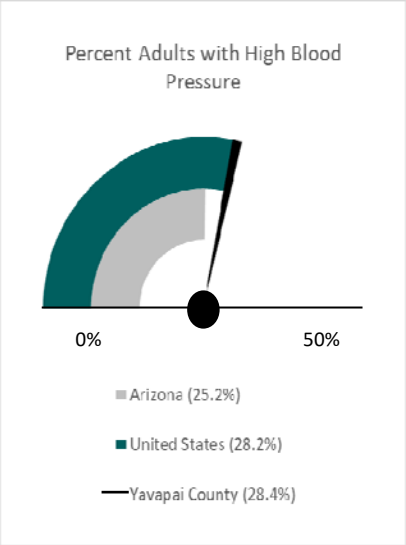
High Blood Pressure (Adult)

Exhibit 26 reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse or other health professional that they had high blood pressure. The community has a percentage higher than both the state of Arizona and the United States.

Exhibit 26
Yavapai Regional Medical Center
Population with High Blood Pressure

	Survey Population Age 18 and Older	Population with High Blood Pressure	Percent with High Blood Pressure
Yavapai County	170,035	48,290	28.4%
Arizona	4,714,129	1,187,961	25.2%
United States	232,556,016	65,476,522	28.2%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-12.



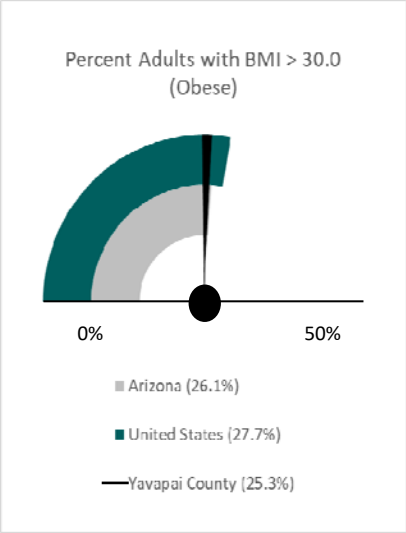
Obesity

Exhibit 27 reports the percentage of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese). Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. The community has a BMI percentage lower than both Arizona and the United States.

Exhibit 27
Yavapai Regional Medical Center
Population with Obesity

	Survey Population Age 20 and Older	Population with BMI > 30.0 (Obese)	Percent with BMI > 30.0 (Obese)
Yavapai County	172,316	43,596	25.3%
Arizona	4,837,328	1,262,003	26.1%
United States	234,188,203	64,884,915	27.7%

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013.



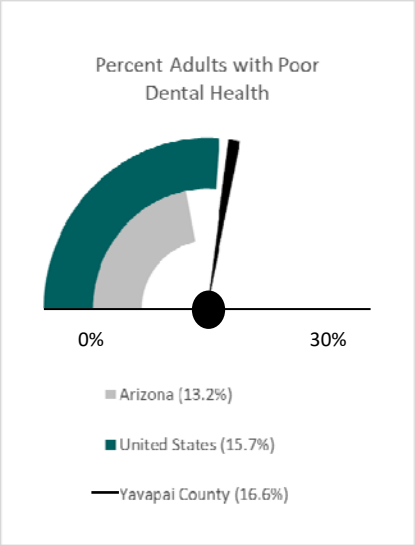
Poor Dental Health

Exhibit 28 reports the percentage of adults aged 18 and older who self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease or infection. This indicator is relevant because it indicates lack of access to dental care and/or social barriers to utilization of dental services. As noted below, the total community has a greater percentage of adults with poor dental health than that of Arizona and the United States.

Exhibit 28
Yavapai Regional Medical Center
Population with Poor Dental Health

	Survey Population Age 18 and Older	Population with Poor Dental Health	Percent with Poor Dental Health
Yavapai County	168,095	27,828	16.6%
Arizona	4,714,129	623,759	13.2%
United States	235,375,690	36,842,620	15.7%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10.



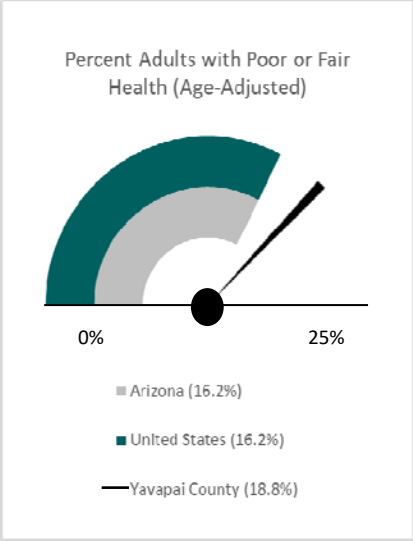
Poor General Health

Exhibit 29 reports the percentage of adults aged 18 and older self-report having poor or fair health in response to the question "Would you say that in general your health is excellent, very good, good, fair or poor?" This indicator is relevant because it is a measure of general poor health status. The community has a greater percentage of adults with poor general health than that of the state of Arizona and the United States.

Exhibit 29
Yavapai Regional Medical Center
Population with Poor General Health

	Survey Population Age 18 and Older	Population with Poor General Health	Percent with Poor General Health
Yavapai County	170,035	31,967	18.8%
Arizona	4,714,129	763,689	16.2%
United States	232,556,016	37,766,703	16.2%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-12.



Low Birth Weight

Exhibit 30 reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Exhibit 30
Yavapai Regional Medical Center
Births with Low Birth Weight (under 2500g)

	Total Live Births	Low Weight Births	Percent Low Weight Births
Yavapai County	15,078	1,101	7.3%
Arizona	678,482	48,172	7.1%
United States	29,300,495	2,402,641	8.2%

Data Source: US Department of Health Human Services, Health Indicators Warehouse Centers for Disease Control and Prevention. Accessed via CDC WONDER. 2012-16.

Key Stakeholder Surveys/Interviews

Interviewing key stakeholders is a technique employed to assess public perceptions of the county's health status and unmet needs. These interviews are intended to ascertain opinions among individuals likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the community.

Methodology

Electronic surveys were distributed to stakeholders representing Yavapai County. Stakeholders were determined based on a) their specialized knowledge or expertise in public health, b) their involvement with underserved and minority populations or c) their affiliation with local government, schools and industry. Additionally, face-to-face interviews were conducted with two key stakeholders.

A total of 61 stakeholders provided input on the following issues:

- ✓ Health and quality of life for residents of the primary community
- ✓ Barriers to improving health and quality of life for residents of the primary community
- ✓ Underserved populations and communities of need
- ✓ Opinions regarding the important health issues that affect community residents and the types of services that are important for addressing these issues

Key Stakeholder Profiles

Key stakeholders who were asked to provide input (see *Appendix D* for a list of key stakeholders) worked for the following types of organizations and agencies:

- ✓ Yavapai Regional Medical Center
- ✓ Social service agencies
- ✓ Local school systems and universities
- ✓ Other medical providers
- ✓ Local elected officials and governmental agencies
- ✓ Local businesses
- ✓ Public health agencies
- ✓ Yavapai-Prescott Indian Tribe

Key Stakeholder Survey Results

The questions on the survey were grouped into four major categories. A summary of the stakeholders' responses by each of the categories follows. Paraphrased quotes are included to reflect some commonly held opinions and direct quotes are employed to emphasize strong feelings associated with the statements. This section of the report summarizes what the key stakeholders said without assessing the credibility of their comments.

1. General opinions regarding health and quality of life in the community

The key stakeholders were asked to rate the health and quality of life in Yavapai County. They were also asked to provide their opinion on whether the health and quality of life had improved, declined or stayed the same over the past few years. Lastly, key stakeholders were asked to provide support for their answers.

On a scale of one to ten (with ten being the highest), the average response to the health of quality and life in Yavapai County was rated as seven. Less than 10 percent (6 out of 61) of respondents rated the average health of quality and life as five or less. Almost 15 percent (9 out of 61) of respondents rated the quality of life as an 8 or higher.

When asked whether the health and quality of life had improved, declined or stayed the same, 23 percent of those that responded to this question felt the health and quality of life had improved over the last three years. Over the last three years, 28 percent of community stakeholders felt that the health and quality of life had declined, while 49 percent of respondents felt the health and quality of life had stayed the same. When asked why the health of the community has remained the same or decreased, key stakeholders repeatedly noted the impact of health issues associated with an aging population as the top reason for the decline in the health and quality of life in Yavapai County. Multiple key stakeholders noted that the health and quality of life has improved due to an increase in providers and specialists in the area, but that due to the growth of the region and aging population, services could still be added or expanded. Other key stakeholders noted that there are more activities in the community and people continue to become more active, contributing to an improved quality of life.

"We are in a retirement community and although we are sustaining a lot of growth, the overall health of the retirees within the community doesn't appear to have changed much."

"There are more organized activities available for all ages. Also, those who have moved in have come from places that have a larger focus on individual health."

"In many cases it is the aging population experiencing health issues, but services have improved greatly here to address them."

"I see individuals trying now to improve their quality of life by eating healthier & not drinking like they used to. Even though this affected them when they were young they are persuading their younger children and grandchildren to eat and drink healthy items."

"Providers numbers have increased over the past three years but so has market growth. Access to care remains an issue due to market growth"

2. Underserved populations and communities of need

Key stakeholders were asked to provide their opinions regarding specific populations or groups of people whose health or quality of life may not be as good as others. They were also asked to provide their opinions as to why they thought these populations were underserved or in need. Each key stakeholder was asked to consider the specific populations they serve or those with which they usually work.

The majority of the key stakeholders identified persons living with low incomes or in poverty, including homeless persons, as most likely to be underserved due to lack of access to services. Lack of financial resources prevents persons with low-income from seeking medical care and receiving the resources they need. It also leads to people being uninsured and underinsured. In addition many providers do not accept certain forms of insurance, including plans issued under the *Affordable Care Act* which limits access to primary care for persons living with low-income. As a result, people skip routine screenings that could identify problems early. Often, persons living with low income also have less access to reliable transportation.

The elderly were also identified as a population that is faced with challenges accessing care due to limited transportation and fixed incomes, as well as rising health care costs. Many seniors in the community live alone and do not have assistance to drive them to appointments, which can lead to missed doctor's visits.

Stakeholders also mentioned that people living in rural areas are at a disadvantage due to lack of offices and transportation. People have to travel long distances to receive health care and the region lacks a public transit system. Many people in the area do not have cars and this prevents them from getting medical attention when needed. Health care facilities in rural areas are so dispersed that when individuals are able to make it to a physician office they face long wait times.

People suffering from mental illness were another group identified as an underserved population. This is due to lack of medical providers as well as a lack of available social services. The limited mental health service options in the region mean people have to travel without reliable means of transportation. Mental health needs are often long term needs that are complicated to serve, meaning more mental health specialists need to be added to the community to help better serve this population. Additionally the stigma surrounding mental illness prevents people from getting the help they need.

Key stakeholders were then asked to provide opinions regarding actions that should be taken to respond to the identified needs above.

Stakeholders repeatedly mentioned access to healthy food is limited. A lack of means of transportation to access healthy food, results in many people eating unhealthy meals. Many mentioned food deserts around the county; these deserts can lead to individuals needing to travel significant distances to have access to healthy foods. The limited access to healthy food leads to groups suffering from malnutrition. The lack of access to healthy foods impacts all the groups above, but is particularly hard on the rural community members as well as those living on low or fixed incomes. Stakeholders noted that by expanding the public transit system people would be able to have more access to healthier food options.

Expanding public transportation was often mentioned as a way to serve the rural community, as well as a way to serve the elderly, mentally ill and low income populations. Developing an affordable and reliable public transit system would expand offerings to many underserved groups by allowing them better access to health care and the opportunity to take preventive health measures in their life.

Stakeholders also mentioned that increasing access to specialized health providers is needed in the community. In order to better serve the elderly and mentally ill, as well as those suffering from substance abuse, stakeholders believe access to specialized health services providers needs to be expanded. This would also help reduce long wait times for patients at appointments.

Most stakeholders believe underserved populations could be helped by efforts to address the issues of health insurance and health plans not servicing certain areas, as well as providers not accepting certain insurance. Improving affordable health insurance options was mentioned as a way to help serve all groups mentioned above.

"We have a high percentage of people in food deserts, who do not have access to healthy foods, nor the transportation to get to healthy foods. Having a public transit system for people to get to health care providers is necessary, it is a huge barrier for rural areas. Meeting people where they are in rural areas with health care, perhaps with mobile units."

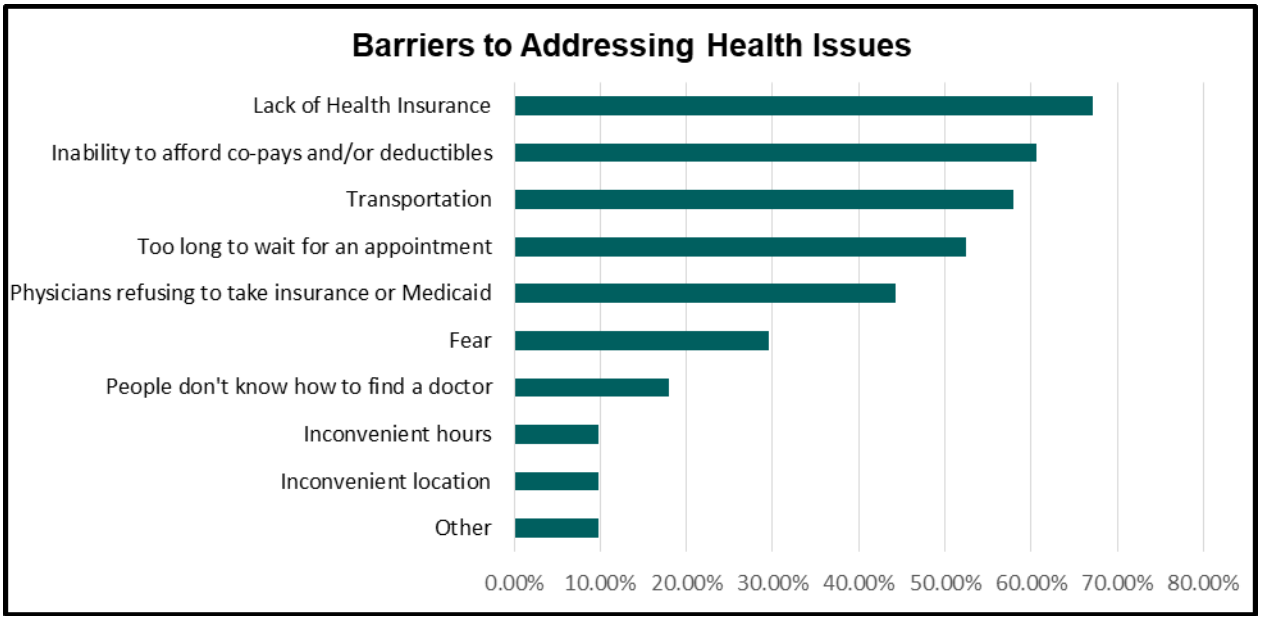
"The population of individuals in poverty and those with substance use disorder experience a lower quality of life here due to the preponderance of "TAU" treatment as usual."

"People without transportation; people having to live further away from health care providers due to high cost of living in the incorporated area."

"Access to adequate transportation including public transportation is essential for access to medical services, prescriptions, and staying active."

3. Barriers

The survey included an assessment of community perceptions of major barriers to addressing health issues. The majority of responses for barriers to addressing health issues center around health insurance and cost. Lack of health insurance (67.21 percent), inability to afford co-pays and deductibles (60.66 percent), and physicians refusing to take insurance or Medicaid (44.26 percent) were all reported as large barriers to addressing health issues. Other major barriers included transportation (57.88 percent) and long wait times (52.46 percent).

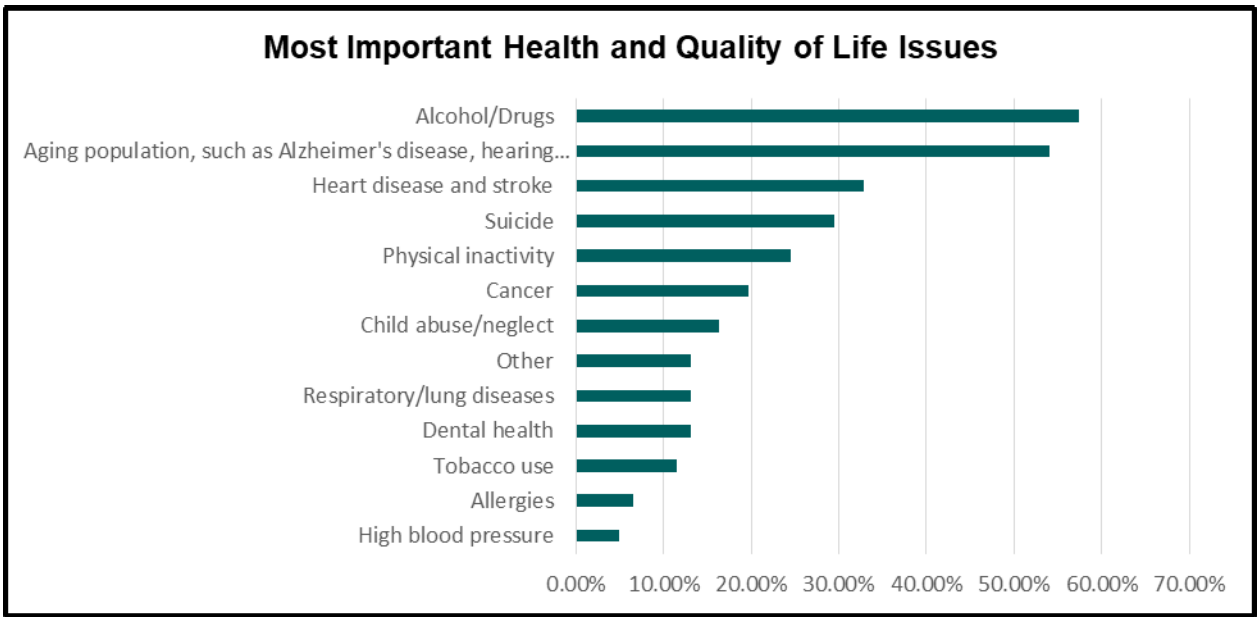


Key stakeholders identified the following as the main reasons why people are not able to access health services:

1. Lack of health insurance
2. Inability to afford co-pays and/or deductibles
3. Transportation
4. Too long to wait for an appointment
5. Physicians refusing insurance or Medicaid

4. Most important health and quality of life issues

The survey solicited input from participants regarding health problems of the community. Key stakeholders were asked to identify the three most important health and quality of life issues the community faces. Alcohol/Drugs, Aging Population and Heart Disease/Stroke were identified as the biggest health and quality of life issues in the community.



"Improve transportation, prevention education, caregiver support, increased affordable independent and assisted living option for older adults, increased behavioral health care providers who accept Medicare, gerontologists."

"Education for community members & healthcare professionals. Reduction of bias and stigma surrounding specific populations."

Key stakeholders were also asked what could be done to help address these critical issues. The most common responses to addressing these needs were transportation, education, increasing specialized service offerings and collaboration with other community resources and agencies.

Many key stakeholders indicated that improved public transportation would be vital in addressing the most important needs of the community. Improved public transportation would allow travel to behavioral health and substance abuse centers, assist the aging population with getting needed medical care, help patients access the specialists they need and allow individuals the opportunity to access healthy food options.

Increased education is another way many key stakeholders believe these critical issues could be addressed. Key stakeholders recommended education in a number of areas. Many stakeholders believe people would benefit from education related to health insurance. There is also a great need for more education related to drug and alcohol abuse considering this was identified as one of the top issues by over 50 percent of respondents. Stakeholders recommended this education begin in schools, and additional outreach programs could be added throughout the community.

The aging population of the community is another top concern for many stakeholders. The overwhelming recommendation to meet this need is increasing specialized service providers. Treating the elderly presents unique challenges. Patients can become isolated for a variety of reasons. Securing access to reliable transportation can be difficult for the aging population, which can be a barrier to receiving treatment when specialists are dispersed through the region. Due to the chronic health issues they face, finding specialists that can help them develop a comprehensive health plan is a top priority.

Another theme many key stakeholders noted is collaboration throughout the community. Multiple stakeholders mentioned joining agencies together to help educate and build the community. Collaboration may provide more access to health care by sharing resources and knowledge.

Key Stakeholder Interview Results

YRMC staff conducted two personal interviews in conjunction with the CHNA process. The first interview was with Leslie Horton, Director of Yavapai County Community Health Services (YCCHS). The other interview was with several representatives from the Yavapai Prescott Indian Tribe which is located within the service area covered by YRMC.

YCCHS facilitates collaborative efforts throughout the County by coordinating the Community Health Improvement Partnership (CHIP). The expanse of Yavapai County is such that there are two segments for CHIP: one located in Cottonwood for the eastern portion of the county and the other located in Prescott for the western portion of the county. YRMC participates in the CHIP meetings in Prescott.

Ms. Horton, Director of YCCHS, discussed an in-depth perspective of health in our region. She recognizes that YRMC purchases Naloxone for local law enforcement agencies, we provide referral resources for patients seeking assistance with drug or alcohol dependency and our providers work with patients who manage chronic pain in an effort to reduce opioid use.

Mental health continues to be an area of concern for our region and although we've had some progress, there remains much work to be done. Suicide continues to be a major issue for the area which is consistent with findings in past CHNAs.

Transportation continues to be a barrier for many people and obesity, especially childhood obesity, is of concern as well. Our rapidly-expanding population is dealing with Alzheimers' Disease at an increasing rate and heart disease is also a growing concern.

Ms. Horton also mentioned that vaccination rates for western Yavapai County are of concern. Incidentally, YRMC's Partners for Healthy Students Program (PHS) works in collaboration with YCCHS to provide free vaccinations for schoolchildren and their younger siblings. PHS is a free primary care program for school aged children and their young siblings. It's staffed by pediatric nurse practitioners and has a pediatrician as medical director.

The other personal interview conducted by YRMC staff was with six representatives of the Yavapai Prescott Indian Tribe (YPIT) including Linda Ogo, Culture Research Department Director. This dialogue was also very informative and, among other things, we discussed YPIT's wellness programs. The variety of programs offered by the Tribe is very impressive. YRMC has worked with the Tribe regarding diabetes education and we are happy to provide speakers for any of their wellness programs and activities.

There was discussion regarding some glitches with Tribal members and the Benefits staff having challenges identifying the appropriate contact person(s) at YRMC to answer questions and to maintain a consistent dialog to minimize the need to start over with a different YRMC Patient Financial Services staff member. YRMC is remedying that situation for your Tribal neighbors and their Benefits staff.

Health Issues of Vulnerable Populations

According to Dignity Health's Community Need Index (See *Appendix C*), the Medical Center's community has a moderate level of need. The CNI score is an average of five different barrier scores that measure socioeconomic indicators of each community (income, cultural, education, insurance and housing). The zip codes in the community that have the highest need in the community are listed in *Exhibit 32*.

Exhibit 32
Yavapai Regional Medical Center
Zip Codes with Highest Community Need Index

Zip Code	CNI Score*	Population	City	County
86314	4.0	37,060	Prescott Valley	Yavapai
86320	4.0	1,090	Ash Fork	Yavapai
86322	3.8	12,170	Camp Verde	Yavapai
86326	3.8	23,593	Cottonwood	Yavapai
86333	3.8	6,406	Mayer	Yavapai
86334	3.8	5,397	Paulden	Yavapai
85324	3.4	3,444	Black Canyon City	Yavapai
86332	3.4	3,015	Kirkland	Yavapai
86335	3.4	5,653	Rimrock	Yavapai
86331	3.2	616	Jerome	Yavapai
86301	3.0	22,137	Prescott	Yavapai
86303	3.0	17,753	Prescott	Yavapai

* Scale of 1 (Lowest Need) to 5 (Highest Need)
Source: Dignity Health Community Need Index

Information Gaps

This assessment was designed to provide a comprehensive and broad picture of the health in the overall community served by the Medical Center; however, there may be a number of medical conditions that are not specifically addressed in this report due to various factors, including but not limited to, publically available information or limited community input.

In addition, certain population groups might not be identifiable or might not be represented in numbers sufficient for independent analysis. Examples include homeless, institutionalized persons, undocumented residents and members of certain ethnic groups who do not speak English or Spanish. Efforts were made to obtain input from these specific populations through key stakeholder interviews.

Prioritization of Identified Health Needs

Priority setting is a required step in the community benefit planning process. The IRS regulations indicate that the CHNA must provide a prioritized description of the community health needs identified through the CHNA and include a description of the process and criteria used in prioritizing the health needs.

Using findings obtained through the collection of primary and secondary data, the Medical Center completed an analysis of these inputs (see *Appendices)* to identify community health needs. The following data was analyzed to identify health needs for the community:

Leading Causes of Death

Leading causes of death for the community and the death rates for the leading causes of death for each county within the Medical Center's CHNA community were compared to U.S. adjusted death rates. Causes of death in which the county rate compared unfavorably to the U.S. adjusted death rate resulted in a health need for the Medical Center CHNA community.

Health Outcomes and Factors

An analysis of the County Health Rankings health outcomes and factors data was prepared by Yavapai County. County rates and measurements for health behaviors, clinical care, social and economic factors and the physical environment were compared to state benchmarks. County rankings in which the county rate compared unfavorably (by greater than 30 percent of the national benchmark) resulted in an identified health need.

Primary Data

Health needs identified through key informant interviews were included as health needs. Needs for vulnerable populations were separately reported on the analysis in order to facilitate the prioritization process.

Health Needs of Vulnerable Populations

Health needs of vulnerable populations were included for ranking purposes.

To facilitate prioritization of identified health needs, a ranking process was used. Health needs were ranked based on the following four factors. Each factor received a score between 0 and 5.

1. **How many people are affected by the issue or size of the issue?**

   For this factor, ratings were based on the percentage of the community who are impacted by the identified need. The following scale was utilized:

   i. >25% of the community = 5
   ii. >15% and <25% = 4
   iii. >10% and <15% = 3
   iv. >5% and <10% = 2
   v. <5% = 1

2. **What are the consequences of not addressing this problem?**

   Identified health needs, which have a high death rate or have a high impact on chronic diseases, received a higher rating.

3. **What is the impact on vulnerable populations?**

   The rating for this factor used information obtained from key stakeholder interviews to identify vulnerable populations and determine the impact of the health need on these populations.

4. **Prevalence of common themes.**

   The rating for this factor was determined by how many sources of data (Leading Causes of Death, Primary Causes for Inpatient Medical Centerization, Health Outcomes and Factors and Primary Data) identified the need.

Each need was ranked based on the four prioritization metrics. As a result, the following summary list of needs was identified:

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Exhibit 33
Yavapai Regional Medical Center
Ranking of Community Health Needs

Health Problem	How many people are affected by the issue?	What are the consequences of not addressing this problem?	What is the impact on vulnerable populations?	Prevalence of common themes	Total Score
Healthy Behaviors/Lifestyle Changes	5	5	5	3	18
Lack of Primary Care Physicians	4	5	5	3	17
Transportation, Especially in Rural Areas	4	3	5	5	17
Aging Population	4	3	5	5	17
Lack of Health Knowledge	4	4	5	3	16
Physical Inactivity	4	5	4	3	16
High Cost of Health Care	4	4	5	3	16
Lack of Mental Health Providers	3	4	5	3	15
Poverty/Children in Poverty/Lack of Financial Resources	3	4	4	3	14
Uninsured	3	4	3	3	13
Limited Access to Healthy Foods	3	3	3	3	12
Adult Obesity	3	4	2	1	10
Children in Single-Parent Households	3	2	1	3	9
Adult Smoking	3	3	1	1	8
Lung Disease	2	3	1	1	7
Lack of Agency Collaboration	3	2	1	1	7
Unintentional Injury	1	2	1	3	7
Sexually Transmitted Infections	1	2	1	3	7
Poor Dental Health	2	2	1	1	6
Adult Asthma	2	2	1	1	6
Alcohol Impaired Driving Deaths	2	2	1	1	6
Teen Birth Rate	1	2	1	1	5
Pre-term births/Low birth weight	1	2	1	1	5
Violent Crime Rate	1	2	1	1	5

Management's Prioritization Process

For the health needs prioritization process, the Medical Center engaged a leadership team to review the most significant health needs reported in the prior CHNA, as well as in *Exhibit 33* using the following criteria:

- ✓ Current area of Medical Center focus.
- ✓ Established relationships with community partners to address the health need.
- ✓ Organizational capacity and existing infrastructure to address the health need.

Based on the criteria outlined above, any health need that scored a 13 or more (out of a possible 20) was identified as a priority area that would be addressed through Yavapai Regional Medical Center's Implementation Strategy for fiscal year 2020 through 2022. These include:

- ✓ Healthy Behaviors/Lifestyle Changes
- ✓ Lack of Primary Care Physicians
- ✓ Transportation, Especially in Rural Areas
- ✓ Aging Population
- ✓ Lack of Health Knowledge
- ✓ Physical Inactivity
- ✓ High Cost of Health Care
- ✓ Lack of Mental Health Providers
- ✓ Poverty/Children in Poverty/Lack of Financial Resources
- ✓ Uninsured

Resources Available to Address Significant Health Needs

Health Care Resources

The availability of health resources is a critical component to the health of a county's residents and a measure of the soundness of the area's health care delivery system. An adequate number of health care facilities and health care providers is vital for sustaining a community's health status. Fewer health care facilities and health care providers can impact the timely delivery of services. A limited supply of health resources, especially providers, results in the limited capacity of the health care delivery system to absorb charity and indigent care as there are fewer providers upon which to distribute the burden of indigent care.

Hospitals and Health Centers

The Medical Center has 206 beds. Residents of the community also take advantage of services provided by hospitals in neighboring counties, as well as services offered by other facilities and providers. *Exhibit 34* summarizes acute care hospital services available:

Exhibit 34
Yavapai Regional Medical Center
Summary of Acute Care Hospitals

Facility	Yavapai Regional Medical Center	Yavapai Regional Medical Center-East	Verde Valley Medical Center
Address	1003 Willow Creek Road Prescott, AZ 86301-1168	7700 East Florentine Road	269 South Candy Lane Cottonwood, AZ 86326-4170
County	Yavapai	Yavapai	Yavapai
Miles from Prescott, AZ	1.6	8.5	28.3
Beds*	206	56	93
Facility Type	Short Term Acute Care	Short Term Acute Care	Short Term Acute Care

* Includes subprovider beds, excludes skilled nursing facility beds
Source: US Hospital Finder - http://www.ushospitalfinder.com/

Other Health Care Facilities and Providers

Short-term acute care hospital services are not the only health services available to members of the Medical Center's community. *Exhibit 35* provides a listing of community health centers and rural health clinics within the Medical Center's community.

Exhibit 35
Yavapai Regional Medical Center
Summary of Other Health Care Facilities

Facility	Address	County	Facility Type
Prescott	1090 Commerce Dr. Prescott, AZ 86305-3700	Yavapai	Community Health Center
Prescott Valley	3212 N Windsong Dr. Prescott Valley, AZ 86314-2255	Yavapai	Community Health Center
Cottonwood	51 S Brian Mickelsen Pkwy Cottonwood, AZ 86326-3610	Yavapai	Community Health Center

* Primary Health Network
Source: Find A Health Center - https://www.findahealthcenter.hrsa.gov/

Health Departments

Yavapai County Community Health Services offers a variety of amenities to the residents of Yavapai County and has three locations – Prescott, Prescott Valley and Cottonwood.

The Health Services Department offers numerous public health services including: vital records, preparedness and response, environmental health, nutrition services, immunizations, health education, disease prevention and primary care.

Yavapai County Community Health Services is also offering free one-on-one enrollment assistance meetings to anyone living in Yavapai County that doesn't currently have insurance, is not happy with the health insurance coverage they have or just wants to know more about how the new *Healthcare Reform Act* and if the *Affordable Care Act* will affect them personally.

APPENDICES

APPENDIX A

ANALYSIS OF DATA

Yavapai Regional Medical Center
Analysis of CHNA Data
Analysis of Health Status-Leading Causes of Death (2018)

	U.S. Crude Rates	Arizona Crude Rates	(A) County Crude Rate	(B) 10% Increase of Arizona Crude Rate	If County Rate is Greater Than 10% over Arizona Rate, (A) > (B), then "Health Need"
Yavapai County					
Heart Disease	194.2	165.3	270.4	181.8	Health Need
Cancer	185.3	170.9	297.7	188.0	Health Need
Ischaemic Heart Disease	115.3	110.6	177.1	121.7	Health Need
Lung Disease	47.0	51.8	105.7	57.0	Health Need
Stroke	42.2	34.6	61.3	38.1	Health Need

The crude rate is shown per 100,000 residents. Refer to Exhibit 20 for more information

Yavapai Regional Medical Center
Analysis of CHNA Data
Analysis of Health Outcomes and Factors (2018)

	U.S. Crude Rates	Arizona Crude Rates	(A) County Crude Rate	(B) 10% Increase of Arizona Crude Rate	If County Rate is Greater Than 10% over Arizona Rate, (A) > (B), then "Health Need"
Yavapai County					
Adult Smoking	14.0%	15.0%	15.0%	16.5%	
Adult Obesity	26.0%	27.0%	23.0%	29.7%	
Food Environment Index^	8.6	6.4	6.6	7.0	Health Need
Physical Inactivity	20.0%	20.0%	22.0%	22.0%	
Access to Exercise Opportunities^	91.0%	86.0%	88.0%	94.6%	Health Need
Excessive Drinking	13.0%	17.0%	16.0%	18.7%	
Alcohol-Impaired Driving Deaths	13.0%	27.0%	21.0%	29.7%	
Sexually Transmitted Infections	145	481	200	529	
Teen Birth Rate	15	33	31	36	
Uninsured	6.0%	13.0%	13.0%	14.3%	
Primary Care Physicians	1,030	1,520	1,680	1,672	Health Need
Dentists	1,280	1,660	1,600	1,826	
Mental Health Providers	330	820	600	902	
Preventable Hospital Stays	35	36	23	40	
Diabetic Screen Rate^	91.0%	80.0%	83.0%	88.0%	Health Need
Mammography Screening^	71.0%	64.0%	66.0%	70.4%	Health Need
Children in Poverty	12%	24%	20%	26%	
Children in Single-Parent Households	20.0%	36.0%	31.0%	39.6%	
Violent Crime Rate	62	415	289	457	

^ Opposite Indicator signifying that lower amount is unfavorable rate

APPENDIX B

SOURCES

DATA TYPE	SOURCE	YEAR(S)
Discharges by Zip Code	Health Dimensions Group; *Market Snapshot Analysis Report, 2019*	2019
Community Details: Population & Demographics	U.S. Census Bureau, American Community Survey http://factfinder.census.gov	2017
Community Details: Urban/Rural Population	U.S. Census Bureau, 2010 Census http://factfinder.census.gov	2010
Socioeconomic Characteristics: Income	U.S. Census Bureau, American Community Survey http://factfinder.census.gov	2017
Socioeconomic Characteristics: Employment by Major Industry	US Department of Labor , Bureau of Labor Statistics http://www.bls.gov/cew/datatoc.htm	2017
Socioeconomic Characteristics: Unemployment	Community Commons via US Department of Labor, Bureau of Labor Statistics http://www.communitycommons.org/	2018
Socioeconomic Characteristics: Poverty	U.S. Census Bureau, American Community Survey http://factfinder.census.gov	2017
Socioeconomic Characteristics: Uninsured	U.S. Census Bureau, American Community Survey http://factfinder.census.gov	2017
Socioeconomic Characteristics: Medicaid	Community Commons via U.S. Census Bureau, American Community Survey http://www.communitycommons.org/	2012 - 2016
Socioeconomic Characteristics: Education	U.S. Census Bureau, American Community Survey http://factfinder.census.gov	2012 - 2016
Physical Environment: Grocery Store Access	U.S. Census Bureau, County Business Patterns http://www.communitycommons.org/	2016
Physical Environment: Food Access/Food Deserts	Community Commons via US Department of Agriculture http://www.communitycommons.org/	2015
Physical Environment: Recreation/Fitness Access	Community Commons via U.S. Census Bureau, County Business Patterns http://www.communitycommons.org/	2016
Physical Environment: Physical Inactivity	Community Commons via Centers for Disease Control & Prevention http://www.communitycommons.org/	2013
Clinical Care: Access to Primary Care	Community Commons via US Department of Health & Human Services http://www.communitycommons.org/	2014
Clinical Care: Lack of Source to Primary Care	Community Commons via Centers for Disease Control & Prevention http://www.communitycommons.org/	2011 - 2012
Clinical Care: Professional Shortage Area	Community Commons via US Department of Health & Human Services http://www.communitycommons.org/	2016
Critical Care: Preventable Hospital Events	Community Commons via Dartmouth College Institute for Health Policy http://www.communitycommons.org/	2014
Leading Causes of Death	Community Commons via Centers for Disease Control and Prevention http://www.communitycommons.org/	2012-2016
Health Outcomes and Factors	County Health Rankings http://www.countyhealthrankings.org/	2015 & 2018
Health Outcome Details	Community Commons http://www.communitycommons.org/	2006 - 2013
Zip Codes with Highest CNI	Dignity Health Community Needs Index http://cni.chw-interactive.org/	2018
Health Care Resources: Hospitals	US Hospital Finder http://www.ushospitalfinder.com/	2018
Health Care Resources: Hospitals Cost Reports	Cost Report Data https://www.costreportdata.com/	2018
Health Care Resources: Community Health Centers	Find A Health Center https://www.findahealthcenter.hrsa.gov/	2018

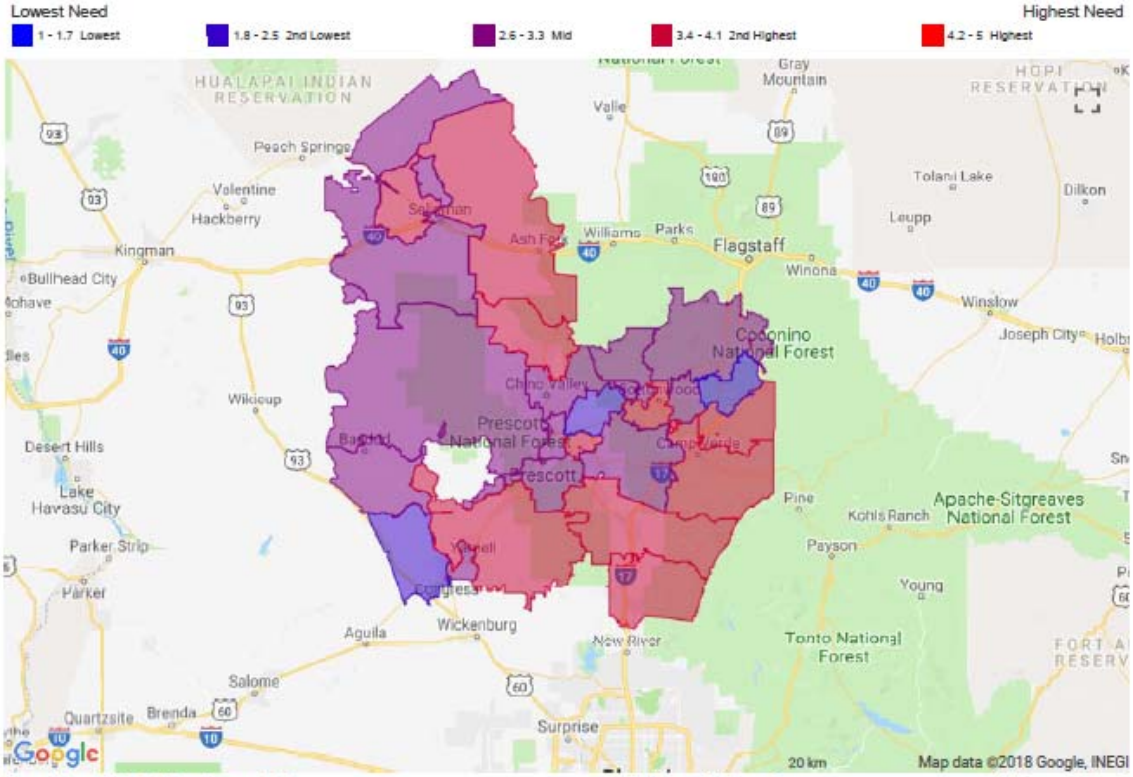
APPENDIX C

DIGNITY HEALTH COMMUNITY NEED INDEX

(CNI) REPORT

Yavapai County

Dignity Health.



Mean(zipcode): 3.2 / Mean(person): 3.3 CNI Score Median: 3 CNI Score Mode: 3

Zip Code	CNI Score	Population	City	County	State
85324	3.4	3444	Black Canyon City	Yavapai	Arizona
85332	2.4	2312	Congress	Yavapai	Arizona
85362	2.8	50	Yarnell	Yavapai	Arizona
86301	3	22137	Prescott	Yavapai	Arizona
86303	3	17753	Prescott	Yavapai	Arizona
86305	2.6	20299	Prescott	Yavapai	Arizona
86314	4	37060	Prescott Valley	Yavapai	Arizona
86315	2.2	8693	Prescott Valley	Yavapai	Arizona
86320	4	1090	Ash Fork	Yavapai	Arizona
86321	3	2002	Bagdad	Yavapai	Arizona
86322	3.8	12170	Camp Verde	Yavapai	Arizona
86323	3	18316	Chino Valley	Yavapai	Arizona
86324	3	5456	Clarkdale	Yavapai	Arizona
86325	2.8	5694	Cornville	Yavapai	Arizona
86326	3.8	23593	Cottonwood	Yavapai	Arizona
86327	3	11687	Dewey	Yavapai	Arizona
86331	3.2	616	Jerome	Yavapai	Arizona
86332	3.4	3015	Kirkland	Yavapai	Arizona
86333	3.8	6406	Mayer	Yavapai	Arizona
86334	3.8	5397	Paulden	Yavapai	Arizona
86335	3.4	5653	Rimrock	Yavapai	Arizona
86336	3	11703	Sedona	Yavapai	Arizona
86337	3	1501	Seligman	Yavapai	Arizona
86351	2.4	6671	Sedona	Yavapai	Arizona

APPENDIX D

KEY STAKEHOLDER SURVEY PROTOCOL

Key Stakeholder Survey

Yavapai Regional Medical Center is gathering information as part of developing a plan to improve health and quality of life in the community it serves. Community input is essential to this process. This survey is being used to engage community members. You have been selected to complete the survey below because of your knowledge, insight, and familiarity with the community (including vulnerable populations) and the services provided by Yavapai Regional Medical Center. The survey consists of 9 questions. Some of the following survey questions are open-ended. In these instances, we are trying to gather your thoughts and opinions. There are no right or wrong answers. The themes that emerge from these questions will be summarized and made available to the public; however, your identity will be kept strictly confidential.

In general, how would you rate the health and quality of life in Yavapai County?

1. Very Good
2. Average
3. Below Average
4. Poor

In your opinion has the health and quality of life in Yavapai County improved, declined, or stayed the same over the past few years? Please provide what factors influence your answer and describe why you feel it has improved, declined or stayed the same.

What are the most significant barriers to addressing health issues in Yavapai County?

Are there populations of people in Yavapai County whose health or quality of life may not be as good as others? If yes, in your opinion, who are these persons or groups?

Please explain why the populations identified in the previous question have lower health and quality of life? Also, provide input as to what assistance is needed to assist these individuals.

In your opinion, what are the three most important health and quality of life issues in Yavapai County? Please mark three.

1. Aging Population, such as Alzheimer's disease, hearing loss, memory loss or arthritis
2. Alcohol/Drugs
3. Allergies
4. Cancers
5. Child Abuse/Neglect
6. Dental Health
7. Dropping Out of High School
8. Diabetes
9. Environmental Pollution
10. Heart Disease and Stroke
11. High Blood Pressure

12. Infant Mortality
13. Mental Health Issues
14. Not Seeing Doctor for Routine Checkups
15. Obesity
16. Physical Inactivity
17. Respiratory/Lung Disease
18. Sexually Transmitted Diseases
19. Suicide
20. Teenage Pregnancy
21. Tobacco Use
22. Unhealthy Eating/Food Insecurity
23. Other _____

What needs to be done to address the critical health and quality of life issues identified in the previous question?

In your opinion, what is the reason why people are not able to access health services (medical, dental, mental health)?

1. Lack of Health Insurance
2. Inability to afford co-pays and/or deductibles
3. Transportation
4. Physicians refuse to take insurance or Medicaid
5. People don't know how to find a doctor.
6. Fear
7. Too long to wait for an appointment
8. Inconvenient hours/locations
9. Other

What is the most important issue that Yavapai Regional Medical Center should address in the next 3-5 years to help improve the health of the community? Also, please describe what Yavapai Regional Medical Center can do to better serve the health and wellness needs of the community, including improving access to health services.

CENTRAL ARIZONA FIRE

2023 – 2024 FISCAL YEAR

BUDGET DEVELOPMENT SCHEDULE

December	22	1600 hrs.	Establish Budget Schedule – CVFD, CYFD, CAFMA
January	20	1700 hrs.	All Base Budget forms submitted to Appropriate Chiefs with written justifications
January	27	1700 hrs.	All Base Budget changes to Assistant Chief Admin
February	06	1000 hrs.	Senior Staff Discuss Base Budget's
February	09	0900 hrs.	Wage & Benefit Committee Meeting – discuss requests
February	14		Obtain Final Assessed Value from Yavapai County
February	24	1700 hrs.	PIR's / special requests must be submitted to Assistant Chiefs with written justifications
February	27	1600 hrs.	Board Meeting – Discuss Budget Guidelines/ Fiscal Projections
March	06	1000 hrs.	Senior Staff Discuss Base Budgets and PIR's / special requests
March	07	0900 hrs.	Labor/ Management Meeting – wage/ benefit requests
March	16	0900 hrs.	Wage & Benefit Committee Meeting – discuss requests
March	27	1600 hrs.	Board Meeting – Budget Progress Report
April		TBD	Fire Board Special Budget Workshop – Labor Presentation
April	24	1600 hrs.	Board Meeting – Present Draft Budget
May	22	1600 hrs.	Board Meeting – Approve Tentative Budget
May	23		Publish and Post Tentative Budget (website & 3 public locations)
June	26	1600 hrs.	Board Meeting - ***Public Hearing & Final Budget Adoption***
June	27	ASAP	Deliver Budget to Yavapai County (Due August 1st)
July	01		Beginning of New Budget and Fiscal Year
August	01		Tax Rate Set by Yavapai County Board of Supervisors