Dignity Health®

A member of CommonSpirit

2026 Community Health Implementation Strategy and Plan

Adopted October 2026



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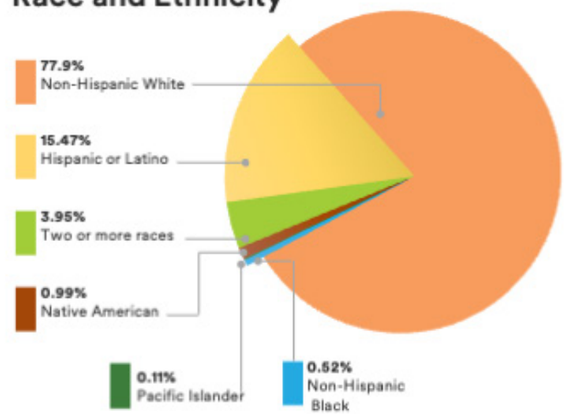
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Community Health Needs Assessment At-a-Glance Summary

Community Snapshot

Race and Ethnicity



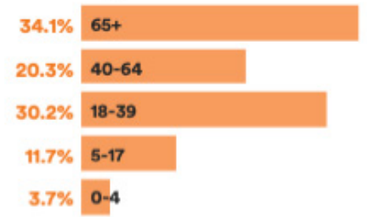
Population

245,480
residents

Percent urban

68.0%

Age



Yavapai County has a significantly higher proportion of adults ages 65 and older compared to state and national averages.

$69,613
Median household income
State Avg $79,964

12.1%
Population living in poverty
State Avg 12.0%

4.3%
Unemployment
State Avg 5.09%

Community Voice & Assessment Process

Nearly **500**
community surveys

4
focus groups

15
stakeholder interviews

Publicly available data from sources like the U.S. Census Bureau American Community Survey and the CDC.

Identified Community Health Needs

Maternal & Child Health

6.5
Infant Mortality
Per 1,000 births

12.7%
Childcare cost burden
% of median family income

20
Childcare availability
children for every childcare slot

Older Adult Health

Important because of county demographics:

- Alzheimer's and dementia identified as top health concern
- Alzheimer's mortality higher than state and national averages

Behavioral Health

Suicide rates higher than Arizona and the U.S. averages

16.8% Adults reporting poor mental health; vs. 14% statewide

Housing

Affordable/safe housing was the top ranked community issue among community survey respondents

20.9% households are housing cost burdened (spend more than 30% of income on housing costs)

14.7% spend more than half their income on housing

Food Access

14.6% Food insecurity

76.6% of households in poverty did not receive SNAP benefits

Access to Care

10.1% Of the population are uninsured

20.7% Hispanic residents uninsured

69.6% Visited doctor for routine checkup in the last year; this is in the lowest 10% nationally

Chronic Disease

Chronic Disease Rates in Yavapai County are higher than state and national averages in:

5.1%	6.2%	11%	22.5%
Coronary heart disease	COPD	Asthma	Arthritis

Screening rates are lower than state and national averages in:

Mammography: **61.4%** Colorectal screening: **53.2%**

Planned resources and collaborators to help address these needs, as well as anticipated impacts of the strategies and programs, are described in the “Strategies and Program Activities by Health Need” section of the document.

This document is publicly available online at the hospital’s website. Written comments on this strategy and plan can be submitted to the YRMC West Campus at 1003 Willow Creek Road Prescott, AZ 86301 or by e-mail to yavapai-mission-and-community-health@commonspirit.org.

Our Hospital and Community Served

Dignity Health and Yavapai Regional Medical Center

About Dignity Health

Founded in 1986 and headquartered in San Francisco, California, Dignity Health is a nonprofit health care organization that operates more than 40 hospitals and 400 care centers, including urgent and occupational care, imaging centers, home health, and primary care clinics. Guided by a mission to provide high-quality, affordable healthcare with compassion, dignity, and respect, our team emphasizes a patient-centered approach, integrating the latest medical technology and practices. As a part of CommonSpirit Health, Dignity Health continues to expand its reach, impacting millions of lives with a commitment to holistic and inclusive care.

Our Mission

As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

Our Vision

A healthier future for all – inspired by faith, driven by innovation and powered by our humanity.

Our Values

Compassion
Care with listening, empathy, and love.
Accompany and comfort those in need of healing.

Inclusion
Celebrate each person’s gifts and voice.
Respect the dignity of all.

Integrity
Inspire trust through honesty.
Demonstrate courage in the face of inequity.

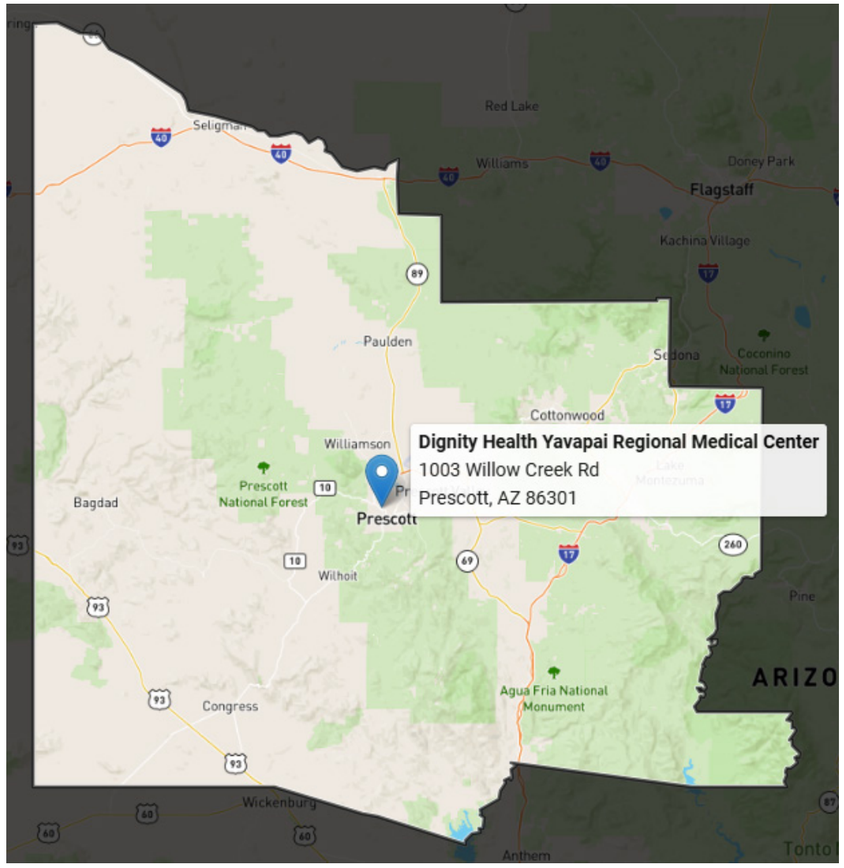
Excellence
Serve with fullest passion, creativity, and stewardship.
Exceed expectations of others and ourselves.

Collaboration
Commit to the power of working together.
Build and nurture meaningful relationships.

About Yavapai Regional Medical Center

The evolution of healthcare in the Prescott and Yavapai region began in 1864 with the first medical services provided at Fort Whipple for soldiers, miners, and settlers. In 1878, the Sisters of St. Joseph established an early hospital, followed by the Sisters of Mercy in 1893, who managed a small cottage hospital that later expanded into Prescott Mercy Hospital after a mining disaster highlighted the need for greater capacity. Growth continued through partnerships such as the 1903 Santa Fe Railroad agreement, major facility and chapel expansions in 1915, and the hospital's critical response during the 1918 influenza epidemic. After a devastating fire in 1940, the community rebuilt services by converting Jefferson Elementary School into Prescott Community Hospital in 1943. In 1964, Yavapai Community Hospital opened at its current location, later becoming Yavapai Regional Medical Center in 1984 to reflect its expanding regional role. Additional growth included the opening of YRMC East in Prescott Valley in 2006, and in 2020 the organization affiliated with Dignity Health, reconnecting the hospital system to its historical Sisters of Mercy roots.

Dignity Health Yavapai Regional Medical Center serves the community of Yavapai County, Arizona. During FY2025, Dignity Health Yavapai Regional Medical Center reported a total of 84,473 (Acute/ Hospitals only) unique patients. Of those patients, 95.4% resided within Yavapai County zip codes.



Zip codes included in Yavapai County are listed below:

85324 (Black Canyon City, AZ)
85332 (Congress, AZ)
85342 (Surprise, AZ)
85362 (Yarnell, AZ)
85390 (Wickenburg, AZ)
86301 (Prescott, AZ)
86303 (Prescott, AZ)
86305 (Williamson, AZ)
86313 (Prescott, AZ)
86314 (Prescott Valley, AZ)
86315 (Prescott Valley, AZ)
86320 (Kaibab Estates West, AZ)
86321 (Bagdad, AZ)
86322 (Camp Verde, AZ)
86323 (Chino Valley, AZ)
86324 (Clarkdale, AZ)
86325 (Cornville, AZ)
86326 (Cottonwood (Yavapai County), AZ)
86327 (Dewey-Humboldt, AZ)
86329 (Dewey-Humboldt, AZ)
86331 (Jerome, AZ)
86332 (Wilhoit, AZ)
86333 (Mayer, AZ)
86334 (Paulden, AZ)
86335 (Lake Montezuma, AZ)
86336 (Oak Creek Canyon, AZ)
86337 (Seligman, AZ)
86338 (Wilhoit, AZ)
86343
86351 (Village of Oak Creek (Big Park), AZ)
86434 (Grand Canyon West, AZ)

Financial Assistance for Medically Necessary Care

It is the policy of CommonSpirit Health to provide, without discrimination, emergency medical care and medically necessary care in CommonSpirit hospital facilities to all patients, without regard to a patient's financial ability to pay.

This hospital has a financial assistance policy that describes the assistance provided to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for such care, and who meet the eligibility criteria for such assistance. The financial assistance policy, a plain language summary and related materials are available in multiple languages on the hospital's website.



Community Assessment and Significant Needs

In 2026, Dignity Health Yavapai Regional Medical Center completed their most recent Community Health Needs Assessment (CHNA). The CHNA used a mixed-methods approach, combining nearly 500 community surveys (weighted to reflect county demographics), four focus groups, and fifteen in-depth interviews to gather both quantitative and qualitative insights on key issues such as access to care, behavioral health, maternal and child health, and socioeconomic factors. These primary data sources were complemented by secondary data from the Metopio data platform, which includes curated public and proprietary datasets on health outcomes, risks, and social drivers of health. Together, these methods provided a comprehensive understanding of community needs and priorities.

2025 Dignity Health Yavapai Regional Medical Center Survey Results

The table below reports the percentage of 2025 Dignity Health Yavapai Regional Medical Center survey respondents who experienced or perceived various health-related conditions, including access to medical, dental, vision, and behavioral health services; mental health status; substance use behaviors; food access and nutrition; maternal and sexual health services; and social determinants of health such as housing affordability, employment opportunities, transportation, internet access, and neighborhood safety.

Health Need Category	Survey Measure	Percentage of Survey Respondents
Access to Care	Received routine medical care	75.48
	Needed but did not receive routine medical care	7.75
	Received specialist medical care	34.08
	Needed but did not receive specialist medical care	13.51
	Received vision services	65.09
	Needed but did not receive vision services	14.96
	Received dental services	61.51
	Needed but did not receive dental services	17.83
	Delayed receiving prescriptions due to cost	16.12
	Can act on doctor recommendations	82.39
	Satisfied with healthcare in their community	8.89

Behavioral Health (Mental Health & Substance Use)	Anxious respondents	20.51
	Worried respondents	18.94
	Received mental health services	17.02
	Needed but did not receive mental health services	11.46
	Receiving social and emotional support	58.99
	Received substance use counseling/treatment	0.62
	Needed but did not receive substance use counseling/treatment	3.95
	Used marijuana in the last month	11.49
	Smoked in the last month	5.79
	Used electronic cigarettes in the last month	8.03
	Used smokeless tobacco in the last month	3.51
	Used other drugs in the last year	1.13
	Taken prescription pain medication in the last year	11.97
	Misused prescription pain medication in the last year	0.43
Food Access & Nutrition	Eat at least 3 servings of fruits and vegetables daily	38.83
	Have eaten less because they could not afford more food	14.45
	Believe healthy food options are available nearby	60.63
Maternal & Sexual Health	Received STI testing	1.91
	Needed but did not receive STI testing	3.34
Social Determinants of Health (SDOH)	Struggled to pay bills	26.71
	Believe there are enough well-paying jobs in the community	7.98
	Believe there are affordable places to live in the community	12.10
	Lack transportation	8.07
	Approve of transportation options	20.71
	Believe anyone can access reliable internet	28.66
	Believe individuals know where to access resources	21.68
	Approve of neighborhood safety	78.94
	Good self-reported community health	69.37

The following needs were identified (listed in alphabetical order):

- Access to Care
- Behavioral Health
- Chronic Disease
- Food Access
- Housing
- Maternal and Child Health
- Older Adult Health

On May 22, 2026, the Dignity Health Yavapai Regional Medical Center Community Health Advisory Council reviewed the Community Health Needs Assessment results and collaboratively determined the significant health issues for the implementation strategy. The session began with a presentation outlining the health needs identified through both quantitative and qualitative data collection. Following the presentation, participants engaged in discussion regarding the presented data, and were asked to rank the health needs using an online survey. The following factors were considered during ranking:

- Seriousness and Impact: How does the identified need impact health and quality of life?
- Consequences of Inaction: What impact would inaction have on individuals and the
- community?
- Magnitude and Inequity: How many people in the community are or will be impacted? Who is
- most impacted?
- Feasibility of Influencing: What assets or capacity currently exist to address the need?
- Trend: How has the need changed over time?

After ranking, each health need was assigned a score from 1-100, with higher scores indicating a higher need. The results are shown below:

Prioritization Results		
Ranking	**Health Need**	**Score**
1	Housing	87
2	Access to Care	75
3	Food Access	53
4	Behavioral Health	43
5	Chronic Disease	40
6	Maternal and Child Health	32
7	Older Adult Health	22

The CHNA identified the significant needs in the table below, which also indicates which needs the hospital intends to address.

Significant Health Need	Description	Intend to Address?
Access to Care	Access to care includes the ability to obtain needed healthcare services, and includes provider access, geographic distribution of services, wait times, affordability, insurance, and the ability to get to medical appointments. Yavapai County has fewer primary care providers per capita compared to the state and nation, and the county ranks in the lowest 10% nationally for the percentage of adults who report visiting a doctor for a routine checkup in the past year.	X
Behavioral Health	Behavioral Health includes mental health and Substance Use Disorders. This was prioritized due to the high prevalence of mental health disorders in Yavapai County, and community input on challenges accessing Behavioral Health services.	X
Social Determinants of Health including Food Access and Housing	Access to healthy, affordable food is a key part of overall health and well-being, and preventing chronic disease. Housing is a critical component of community health, influencing residents' physical and mental well-being. Affordable housing was the top ranked health concern by community members, and nearly fifteen percent of survey respondents reported eating less than they felt they should because they could not afford more food.	X

These findings shaped the following strategies, fostering equity-driven initiatives and strengthening local partnerships to improve health outcomes across the community.

2026 Implementation Strategy and Plan

This section presents strategies and program activities the hospital intends to deliver, fund or collaborate with others to address significant community health needs over the next three years, including resources for and anticipated impacts of these activities. Planned activities are consistent with current significant needs and the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant, such as changes in community needs or resources to address them.

Creating the Implementation Strategy

The hospital is dedicated to improving community health and delivering community benefit with the engagement of its staff, clinicians and board, and in collaboration with community partners.

The hospital is dedicated to improving community health and delivering meaningful community benefit through the engagement of its staff, clinicians, and board, and in collaboration with community partners. Programs and strategies were selected based on findings from the Community Health Needs Assessment (CHNA), input from community stakeholders, and identified community health priorities. The hospital also reviewed existing internal programs and services to identify opportunities to leverage and strengthen current efforts. In addition, research and evidence-based practices were reviewed to inform the selection and development of strategies with demonstrated potential to improve health outcomes. Available resources, organizational capacity, and opportunities for collaboration with community partners were also considered in developing the implementation strategy.

Community Health Core Strategies

The hospital believes that program activities to help address significant community health needs should reflect a strategic use of resources. CommonSpirit Health has established three core strategies for community health improvement activities. These strategies help to ensure that program activities overall address strategic aims while meeting locally-identified needs.

Core Strategy 1: Extend the care continuum by aligning and integrating clinical and community-based interventions.

Core Strategy 2: Implement and sustain evidence-informed health improvement strategies and programs.

Core Strategy 3: Strengthen community capacity to achieve equitable health and well-being.

Strategies and Program Activities by Health Need

Health Need: Access to Care

Population of Focus: Uninsured and underinsured individuals, medically underserved residents, children and families experiencing limited access to pediatric and primary care, rural residents, and individuals facing financial or logistical barriers to care.

Impact: The hospital's initiatives to address access to care are anticipated to result in increased health care for the medically underserved and reduced barriers to care.

Partners: Yavapai County Community Health Services, school and school districts, health care clinics and community-based organizations, Yavapai Regional Medical Group (YRMG).

Resources: The hospital will provide health care providers, financial assistance and enrollment counselors, mobile clinic, pediatric nurse practitioner, medical assistant, cash grants and in-kind donations, outreach communications, and program management support for these initiatives.

Strategy	Description	Metrics
Financial assistance for the uninsured or underinsured	Provides financial assistance to those who have health care needs and are uninsured, underinsured, ineligible for a government program or otherwise unable to pay.	• Number and value of financial assistance awards • Number of patients served
Health insurance enrollment assistance	Assists with enrollment in low cost or no cost health insurance programs.	• Number of enrollment events • Number of individuals receiving enrollment assistance
Recruitment of primary care providers	Implements strategies for recruiting primary care physicians to underserved areas.	• Number of providers recruited • Number of vacancies filled
Partners for Healthy Students (PHS)	Supports health and learning with PHS school-based and mobile pediatric clinics. Provides primary, preventive, vision and other health care services to students and their siblings from qualifying families in the Chino Valley, Humboldt and Prescott Unified School Districts, as well as charter schools. Using a Mobile Health Clinic, PHS reaches students and their siblings from schools in Kirkland, Hillside, Mayer, Paulden, Yarnell and Wilhoit. PHS coordinates care with school nurses or health aides. *** lack of pediatric providers in the community, so PHS sees insured, uninsured, underinsured, kids due to appointment availability.	• Number of patient visits • Number of vaccinations • Patient visits by type • Number of children provided no cost medication for acute and chronic illness • Number of patients referred to specialty care • Number of patients referred no cost acute dental care
Northern Arizona Falls Prevention Coalition	The Northern Arizona Falls Prevention Coalition brings together healthcare providers, community organizations, and other local partners to promote falls prevention and reduce fall-related injuries among older adults. The coalition supports community education, awareness, and evidence-based falls prevention activities that help older adults identify and reduce fall risks, improve strength and balance, and maintain independence.	• Number of community events promoting falls prevention • Number of community partners engaged in falls prevention activities • Number of falls prevention education sessions provided
Community Health Worker Program	Integrates Community Health Workers to directly expand access to care by bridging clinical settings and community resources. The program streamlines navigation to services, resolves social and logistical barriers, and connects vulnerable populations to essential primary and specialty care.	• Number of patients successfully linked to primary or specialty care • Reduction in barriers to accessing care • Successful referral closures • Rate of connection to community health resources
Healthy Families Arizona & First Steps	HFAz is an evidence-based home visitation model (accredited by Healthy Families America) that supports high-risk families prenatally through the first years of life. First Steps provides universal information, support, and resource connection for families within the Family Birthing Center. Both programs reduce barriers by connecting families to medical homes, insurance, and long-term support.	• Total number of individuals and families served
Diabetes Clinic	The Dignity Health Yavapai Regional Medical Center Outpatient Diabetes Education Program is a physician-referred program designed to help individuals with diabetes develop the knowledge and skills needed for effective self-management. The program offers group diabetes self-management education, individualized nutrition counseling, registered nurse diabetes management appointments, and training in insulin administration, insulin pumps, and continuous glucose monitoring. The program also provides education on prediabetes, including lifestyle strategies to help prevent or manage diabetes. The program is recognized by the American Diabetes Association for quality diabetes self-management education and may be reimbursed by Medicare for eligible participants.	• Number of patients served through diabetes education • Average education hours provided per patient
Community Lunch and Learn	Provides informative educational sessions featuring clinical experts and health specialists to engage community members, promote preventive care, share practical health insights, and highlight advanced care options available locally.	• Number of sessions hosted • Total community attendance and participant engagement • Post-session feedback and satisfaction rates
Community Health Improvement Grants Program	Offers grants to nonprofit community organizations that provide health care access programs and services.	• Number of organizations funded • Number of community members reached through funded programs

Community Outreach	Provides community outreach through participation in local events and activities to increase awareness of hospital services, connect community members to available resources, and promote healthy lifestyle behaviors. This initiative supports improved access to care by helping community members better understand available healthcare services and how to access them.	• Number of community events attended • Number of community participant encounters
YRMC North Campus	Expand access to healthcare through the development of YRMC North Campus in the Deep Well Ranch community, including the addition of outpatient medical services. This initiative aims to improve access to essential healthcare services, address the needs of a growing community, and strengthen the availability of care across the region.	• Number of additional outpatient medical services established at YRMC North Campus



Health Need: Behavioral Health (Mental Health and Substance Use)

Population of Focus: Individuals experiencing substance use or mental health concerns, including those presenting in emergency care settings; adolescents and youth; and individuals who face barriers to timely, affordable, culturally responsive behavioral health services.

Impact: Improve access to timely, affordable, and culturally responsive behavioral health services for community residents.

Partners: Family Resource Center, Polara Health, Southwest Behavioral Health
Resources: The hospital will provide Behavioral Health providers, Community Health workers, navigators, cash grants and in-kind donations, and program management support for these initiatives.

Strategy	Description	Metrics
Community Health Improvement Grants Program	Offers grants to nonprofit community organizations that provide health care access programs and services.	• Number of organizations funded • Number of community members reached through funded programs
Substance Use Disorder Initiative	Dignity Health Yavapai Regional Medical Center (YRMC) has developed a coordinated approach to substance use disorder (SUD) care that connects prevention, lifesaving interventions, evidence-based treatment, care navigation, and recovery support. The initiative creates a pathway from the emergency department to ongoing community-based care for individuals experiencing substance use challenges. Key components include Medication for Opioid Use Disorder (MOUD) in the Emergency Department, Community Health Worker navigation and connection to community resources, expanded access to naloxone, and anti-stigma education for healthcare professionals. Through collaboration with healthcare providers, behavioral health organizations, treatment providers, first responders, and community partners, the initiative aims to reduce barriers to treatment, improve continuity of care, prevent overdose deaths, and ensure individuals experiencing substance use disorder are met with dignity, compassion, and evidence-based care.	• Number of patients screened for SUD/OUD • Number of patients initiated on MOUD • Number of patients connected to ongoing SUD treatment • Number of patients receiving Community Health Worker navigation • Number of community resource connections • Number of Narcan distributed
Healthy Families Arizona & First Steps	HFAz is an evidence-based home visitation model (accredited by Healthy Families America) that supports high-risk families prenatally through the first years of life. First Steps provides universal information, support, and resource connection for families within the Family Birthing Center. Both programs reduce barriers by connecting families to medical homes, insurance, and long-term support.	• Total number of individuals and families served

Teen Mental Health First Aid	Teen Mental Health First Aid (tMHFA) is an early-intervention and prevention program that equips teens with the knowledge and skills to recognize mental health and substance-use concerns in their peers, respond appropriately, reduce stigma, and connect peers to trusted adults and community resources.	• Number of youth participants trained • Number of tMHFA courses delivered • Number of community organizations served • Number of certified tMHFA instructors • Percentage of participants completing the program
Partners for Healthy Students	Screen all patients for all mental health/behavioral health issues and refer to Polara or Southwest Behavioral Health.	• Number of referred patients to Behavioral Health resources



Health Need: Social Determinants of Health (Food Access and Housing)

Population of Focus: Individuals and families experiencing food insecurity or housing instability, patients with identified health-related social needs, rural residents, and individuals experiencing multiple barriers to health and well-being. Support will also be provided to breast cancer patients experiencing food insecurity during treatment.

Impact:

- Improve housing stability and reduce barriers to safe, affordable, and healthy housing
- Improve equitable access to affordable, nutritious, and culturally appropriate foods across the community

Partners: Prescott Farmers Market, Compassion Coalition and Justice, Prescott Community Cupboard

Resources: The hospital will provide Community Health workers, cash grants and in-kind donations, food vouchers, Community Health Worker training and certifications and program management support for these initiatives.

Strategy	Description	Metrics
Community Health Improvement Grants Program	Offers grants to nonprofit community organizations that provide health care access programs and services.	• Number of organizations funded • Number of community members reached through funded programs
Community Health Worker Program	Integrates Community Health Workers (CHWs) to connect patients with essential community resources, specifically targeting health-related social needs such as food security, housing stability, and other SDOH barriers. CHWs conduct comprehensive assessments, address diverse social barriers, and facilitate closed-loop referrals to local organizations to support vulnerable populations.	• Number of individuals evaluated for health-related social needs • Number of closed-loop referrals completed for food and housing assistance • Volume of connections made to community resources • Percentage reduction in documented social barriers to care
MISSION Health Equity	M.I.S.S.I.O.N. Health Equity is a collaborative initiative between Northern Arizona University, Arizona State University, and Dignity Health Yavapai Regional Medical Center to strengthen the Community Health Worker (CHW) workforce across Yavapai County. The initiative provides CHW training and certification, supports integration into healthcare and community organizations, and strengthens care navigation and referrals. By connecting individuals to healthcare and community resources, CHWs help reduce barriers to care, improve access to services, and advance health equity across rural Yavapai County.	• Number of CHWs trained and certified

Pink Partners Program	Provides food vouchers for the Prescott Farmers Market to support breast cancer patients during treatment. If broader health-related social needs are identified, Community Health Workers assist with navigation and linkage to additional food assistance and housing resources.	• Number of food vouchers distributed and redeemed • Number of breast cancer patients served • Number of patients screened for social needs and connected to housing or additional food resources
C.H.A.M.P. Committee	C.H.A.M.P. Committee (Community Health Advocacy Mobilization and Planning) engages employees in quarterly volunteer opportunities that address food insecurity and housing needs in the community. Through partnerships with local organizations, including B Organic Farm, the committee supports access to fresh produce and food resources. The committee also partners with Stepping Stones in Prescott Valley, which provides safe housing and support for women and children affected by domestic violence. The annual Winter Warmth event further supports individuals experiencing homelessness by providing winter clothing, meals, and connections to community resources.	• Number of employee volunteer opportunities hosted • Number of employees participating • Number of community members served
UniteUs	Serves as a closed-loop referral platform connecting healthcare providers and community partners to streamline closed-loop referrals for social determinants of health (SDOH), with a targeted focus on food security and housing stability.	• Number of referrals sent and closed • Platform adoption rate across network partners • Resolution rate for food security and housing need

Note: Plans to address selected CHNA priorities are dependent upon resources and may be adjusted on an annual basis to best address the health needs of our community.



Continued Commitment to Community Health

This Community Health Implementation Strategy focuses on priority health needs selected by Yavapai Regional Medical Center (YRMC) based on community input, available resources, and organizational capacity. The CHNA also identified additional needs, including chronic disease, maternal and child health, and older adult health. While these needs were not selected as priorities for this strategy, they continue to be addressed through YRMC's existing healthcare services as part of its ongoing commitment to meeting the healthcare needs of the community.

Chronic Disease

Cardiac Rehabilitation Program

The Cardiac Rehabilitation Program provides personalized, evidence-based support for individuals recovering from heart-related conditions and managing cardiovascular disease. The program combines supervised exercise, health education, lifestyle counseling, and individualized support to help patients improve cardiovascular fitness, manage risk factors, and develop sustainable healthy habits. Through a coordinated approach involving patients, physicians, and the cardiac rehabilitation team, the program promotes recovery, self-management, and long-term heart health.

Outpatient Diabetes Clinic

The Outpatient Diabetes Clinic provides comprehensive education, clinical support, and self-management resources for individuals living with diabetes or prediabetes. Services include diabetes self-management education, individualized nutrition counseling, support with medication and blood glucose monitoring, and education on physical activity and healthy lifestyle changes. The program helps patients build the knowledge and skills needed to better manage their condition, prevent complications, and improve long-term health outcomes.

Maternal and Child Health

Family Resource Center

Family Resource Center is an evidence-based home visitation model (accredited by Healthy Families America) that supports high risk families prenatally through the first years of life. First Steps provides universal information, support, and resource connection for families within the Family Birthing Center. Both programs reduce barriers by connecting families to medical homes, insurance, and long-term support.

Older Adult Health

Cunningham Center for Compassionate Aging

Promote healthy aging and improve quality of life through comprehensive geriatric, palliative, and dementia care services at the Cunningham Center for Compassionate Aging. Through a multidisciplinary approach, the Center supports older adults managing chronic conditions, enhances independence and well-being, and provides resources for caregivers. Participation in the CMS GUIDE Model further strengthens coordinated dementia care, caregiver education, and support services to help older adults age with dignity.

Approval and Contact Information

This Community Health Implementation Strategy was adopted by the Dignity Health Yavapai Regional Medical Center Board of Directors on October 26, 2026. The report is widely available to the public on the hospital's website, and a paper copy is available for inspection upon request at YRMC West Campus at 1003 Willow Creek Road Prescott, AZ 86301. Written comments on this report can be submitted to the YRMC West Campus at 1003 Willow Creek Road Prescott, AZ 86301 or by e-mail to yavapai-mission-and-community-health@commonspirit.org.





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