

# COMMUNITY HEALTH NEEDS ASSESSMENT & IMPLEMENTATION PLAN



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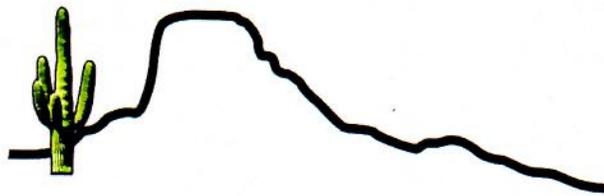
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**Wickenburg Community Hospital & Clinics**

The Wickenburg Community Hospital Board of Directors approved the 2025 Community Health Needs Assessment and Implementation Plan at their meeting on November 25, 2025. The Community Health Needs Assessments (CHNA) Report is widely available to the public, and interested parties can view and download it on the hospital's website <https://wickhosp.com>. Hard copies are available upon request; please contact: Terrie Davidson, Community Relations Manager, [terrie.davidson@wickhosp.com](mailto:terrie.davidson@wickhosp.com), 928-684-3219.

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Wickenburg Community Hospital

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## Executive Summary

Using a mixed-methods approach described below for this assessment, the Georgia Southern University Center for Rural and Public Health Practice and Research (CRPHPR) team gathered community input and secondary data to identify the health needs of the community served by the hospital. This community includes the Arizona cities in the greater Wickenburg area — Wickenburg, Congress, and Yarnell (primary service area) — as well as Morristown, Wittmann, Kirkland, Salome, and Aguila (secondary service area). Collectively, these cities are home to patients who use Wickenburg Community Hospital. Community input was obtained from hospital stakeholders and the general public through surveys and focus group discussions. Recruitment efforts for these surveys and focus groups were tailored to ensure feedback from diverse population groups, including minority and underserved populations. Data from secondary sources used to assess the community's needs were obtained from various community health-related databases. Note that no written comments were received since the previous assessment.

**Secondary data** analysis revealed:

- The service area is a growing but aging population with geographic variations in economic opportunity.
- Geographic disparities exist in the availability of health-promoting resources, the adoption of health-promoting behaviors, and the rates of health service utilization.
- Overall, the service area experiences a higher prevalence of chronic conditions and worse self-reported health outcomes than the state, particularly in areas such as Congress, Salome, and Wickenburg.

**Community input** from the survey and focus groups was generally consistent with the findings of the secondary data analysis. Community members and key stakeholders described the hospital's primary service area as a supportive, welcoming, but aging community that stayed true to its Western values and traditions. Other key themes emerging from these data sources included the following:

- The area is a supportive, friendly community with an older population that stays true to its values and traditions.
- Community challenges mainly stem from economic factors, influenced by an aging and seasonal population.
- Social needs such as food insecurity and limited transportation pose significant barriers to community health and well-being.
- There is a high prevalence of self-reported cardiovascular risk factors, such as high blood pressure, high cholesterol, overweight/obesity, and low adherence to nutritional guidelines.

- Significant barriers to healthcare access include challenges with scheduling appointments, limited testing options, and the limited availability of medical providers (including primary care doctors and specialists), mental health support, and public health programs.
- There is an opportunity to expand hospital services, improve billing processes, and enhance the hospital's reputation and community trust through tailored, multi-modal marketing and community engagement.

Secondary data aligned with survey and focus group findings in several areas of community health challenges. The table below highlights where alignment exists in the data by area of concern.

Theme	Secondary Data	Community Survey	Community Focus Groups
<b>Demographics</b>	Aging population with geographically varied growth	Generally healthy but aging population	Aging, traditional, and welcoming population
<b>Economic &amp; Social Factors</b>	Economic disparities across communities in service area (i.e., sub region)	—	Economic challenges, seasonal workforce
<b>Healthcare Access</b>	Geographic variation in service utilization and health care coverage	Provider shortages, lack of specialist, mental health and substance abuse services; scheduling issues	Limited access due to cost and limited provider availability
<b>Social Needs: Transportation, Food insecurity</b>	High rates of food insecurity hampers health	Transportation and lack of childcare were identified as important barriers	Transportation and food insecurity are major obstacles to health/well-being
<b>Health Outcomes &amp; Behaviors</b>	Poorer health outcomes than state; chronic disease prevalent	High cardiovascular risk and obesity rates	Community health affected by access and economic barriers
<b>Preventive Care &amp; Insurance</b>	Overall utilization of preventive care is similar to state and Maricopa and Yavapai counties, however there are pockets of coverage and preventive care in the subregion	Generally good adherence but gaps remain, especially with cervical cancer screening	Need to improve access to insurance
<b>Hospital Reputation &amp; Partnerships</b>	—	Reputation improvement opportunities	Mixed perceptions; need for partnerships to support community health

Based on these results, the CRPHPR team led an implementation planning process where the steering committee prioritized community health needs to be addressed over the next three years. Key high-priority areas included limited healthcare access, poor health behaviors and health outcomes, high social needs, and opportunities to improve community satisfaction with and trust in the hospital.

For the 2025 CHNA cycle, the steering committee focused on the following areas—considering need, capacity, and feasibility: expanding health care access and enhancing patient and community satisfaction and trust. The final prioritized needs reflected those prioritized by community members. Goals, objectives, and actions to address the priority areas were developed and documented as follows:

**FY 2026-2028 PRIORITY AREAS**

**PRIORITY AREA ONE: HEALTHCARE ACCESS**

**Goal: To enhance access to primary and specialty services within the Greater Wickenburg area.**

**Objective(s):**

- 1. **Primary Care:** Improve access to primary care by doubling the number of open clinic days in Congress from 2 per month to 4 per week.
- 2. **Primary Care:** Increase access to primary care by expanding the mobile unit's operation to more than 10 days of service per month.
- 3. **Specialty Care:** Increase patient visits to the following specialty services (Cardiology, Orthopedics, Urology, and Podiatry) by 5% annually, focusing on decreasing high outmigration rates in our service area by 2028.

**PRIORITY AREA TWO: PATIENT AND COMMUNITY SATISFACTION WITH HOSPITAL SERVICES**

**Goal: To enhance community satisfaction with and trust in the hospital**

**Objective(s):**

- 4. Improve patient satisfaction, reputation, and trust in WCH's billing capabilities by increasing positive feedback about the WCH billing process.

# Report Methodology

## Hospital Steering Committee

The CPHPR project team collaborated with the hospital CHNA steering committee throughout the project to identify the health needs of communities that make up the service area of Wickenburg Community Hospital, including Wickenburg, Congress, Yarnell, Morristown, Wittmann, Kirkland, Salome, and Aguila (thereafter referred to as the greater Wickenburg region). The steering committee helped facilitate the completion of a community survey, recruited community members for focus group discussions, and provided updates on the hospital's activities to address community health needs since the last CHNA was completed in 2022. Efforts were made to obtain input from diverse population subgroups.

## Primary Data Collection

### Community Survey

The online community survey assessed the health priorities and healthcare needs of residents within the greater Wickenburg region. The survey link was shared through the hospital's social media pages and email lists, as well as those of local community partners.

### Focus Groups

Focus group participants represented key stakeholder groups responsible for maintaining the overall health of the greater Wickenburg area, including the local health department. Their insights offered a comprehensive view of life in the community.

## Secondary Data Collection

The secondary data on the community's profile, health care access, and utilization were obtained from multiple publicly available sources, including the US Census Bureau, Census Reporter, the Area Resource File, Centers for Disease Control (CDC) PLACES data, Arizona Economics, Arizona Office of Economic Opportunity, County Health Rankings, Policy Map, and the National Cancer Institute.

The most recent data available from each source was collected at the time of analysis.

Zip code-level data are sparse. Therefore, regional differences are captured using data at the Zip Code Tabulation Areas (ZCTA) level. ZCTA boundaries are defined by the US Census Bureau to approximate zip codes. When available, county and/or state-level benchmarks are provided as references.

Findings from all the above-described data collection efforts informed the identification of community health needs and the development of an implementation plan.

## Data Analysis and Visualization

Quantitative data from the community survey and secondary sources were analyzed using descriptive statistics, including frequencies, means, and standard deviations. Analyses were conducted, and charts and graphs were generated using Microsoft Excel version 16 and the Datawrapper data visualization tool. Spatial variations in selected community health indicator estimates are also presented using data and maps from PolicyMap.

# Hospital & Service Area

## Service Area

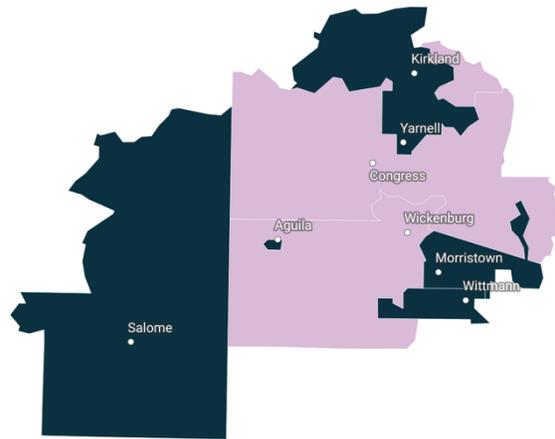
Wickenburg Community Hospital's primary service area includes the zip codes 85390, 85362, and 85332, which encompass the cities of Wickenburg, Congress, and Yarnell, respectively.

The hospital also serves a secondary service area that includes residents of Morristown (zip code 85342), Wittmann (85361), Kirkland (86332), Salome (85348), and Aguila (85320).

The service area is situated in Maricopa and Yavapai counties in southwestern Arizona. The communities covered span a 3,300-square-mile region between Surprise, Arizona, and Prescott Valley, including Highway 93 – a major corridor leading to Las Vegas, Nevada – and extending along Highway 60W to Highway 72.

### WCH Service Area

■ Primary Service Area ■ Secondary Service Area



Map data: © Esri, TomTom North America, Inc., United States Postal Service • Created with Datawrapper

## Area Attributes

The larger Wickenburg area is located in the high Sonoran Desert and is known for its Western heritage. The region is home to many retirees; Wickenburg ranks 18<sup>th</sup> among the 120 best places to retire in Arizona. It also has a sizable seasonal “snowbird” population, including out-of-state residents who temporarily make the city their home during winter.

The retail, construction, service and hospitality, healthcare and social services, and farming and ranching industries drive the regional economy. The area showcases historic buildings and relics, and offers numerous outdoor activities, including hiking, guest ranches, and team roping.

## Hospital Amenities

Wickenburg Community Hospital is a non-profit, 19-bed critical access hospital founded in 1926. Located in Wickenburg, Arizona, it is a designated Level IV Trauma Center, offering a broad range of services, including a 24/7 emergency room, Rural Health Clinics, specialty care clinics, diagnostic imaging, surgical services, and inpatient rehabilitation.



Wickenburg Community Hospital & Clinics

## CHNA Report Organization

This report summarizes the CHNA findings, beginning with the results of the secondary data analysis. Community input from the survey and focus groups is then presented, followed by information on the outcomes of the previous CHNA process. Next, a status update on initiatives from the prior CHNA is provided. An implementation plan and a list of community healthcare resources are included.

# Secondary Data

## Service Area Demographic Context

In 2023, 26,699 residents lived in the hospital’s service area. This included 12,224 residents in the primary service area, covering the cities of Wickenburg, Congress, and Yarnell, and 14,455 residents in the secondary service area, which includes Wittmann, Aguila, Morristown, Salome, and Kirkland. The hospital’s service area has an aging population, with about 3 in 10 residents aged 65 or older. Compared to the secondary service area, a larger proportion of residents in the primary service area are elderly. **The median age in the primary service area exceeds 60 years.**

Most residents in the hospital’s service area are non-Hispanic White (79%). Nearly one in six (16%) residents are Hispanic. Foreign-born residents account for 5.3% of the total population. The hospital’s secondary service area is more racially and ethnically diverse than the primary service area.

### Aggregated Service Area Profile

	Total Service Area	Primary Service Area	Secondary Service Area
<b>Total Population</b>	26,699	12,224	14,455
<b>Number of Households</b>	13,207	6,232	6,975
<b>Age</b>			
<i>Under 18 years</i>	16.4%	16.6%	16.2%
<i>18-64 years</i>	45.8%	41.0%	49.9%
<i>65 years and older</i>	37.8%	42.4%	33.9%
<b>Race</b>			
<i>Non-Hispanic White</i>	78.7%	89.1%	69.9%
<i>Non-Hispanic Other</i>	5.6%	4.5%	6.5%
<i>Hispanic</i>	15.6%	6.4%	23.5%
<b>Percent Foreign-Born</b>	5.3%	2.9%	7.3%
<b>Percent households earning less than \$50,000</b>	37.2%	39.4%	35.3%

Data: Census’ American Community Survey (ACS – 2019-2023); Policy Map based on data from Census (2019-2023)

The table on the following page breaks down the service area’s demographic profile by location.

### Demographic Profile of the Hospital's Primary and Secondary Service Area

Area	Population	% Female	Median Age	% Under 18	% 18-64yrs	% 65+ yrs
Wickenburg   85390	9,881	53%	64 years	15%	38%	47%
Congress   85332	1,777	47%	69 years	9%	25%	66%
Yarnell   85362	586	50%	70 years	8%	31%	61%
Wittmann   85361	8,107	51%	41 years	22%	65%	13%
Aguila   85320	315	59%	46 years	29%	35%	36%
Morristown   85342	1,639	53%	56 years	14%	56%	30%
Kirkland   86332	2,193	43%	59 years	12%	54%	34%
Salome   85348	2,201	54%	72 years	3%	20%	77%
Maricopa County	4,585,871	50%	38 years	22%	61%	17%
Yavapai County	249,081	51%	55 years	15%	50%	35%
Arizona	7,431,344	50%	39 years	21%	59%	19%

Data: Census' American Community Survey (ACS – 2019-2023); Census Reporter based on data from Census (2019-2023)  
 Legend: Darker Blue – Significantly higher than region; Pink – Significantly lower than region

## Population Change

The service area continues to grow.

Between 2020 and 2024, the hospital's primary service area grew (10% growth) at a rate faster than Maricopa and Yavapai counties and the state of Arizona. This growth was driven by growth in the cities of Wickenburg and Congress. Population growth in the service area is expected to slow over the next few years (projected growth of 2.8% by 2030).

### Past and Projected Population Growth in the WCH Primary Service Area

Area	Past Population Growth (2020 – 24)		Projected Population Growth (2024-30)	
Wickenburg   85390	13.1%	Significant growth	1.8%	Slight growth
Congress   85332	6.8%	Growth	6.1%	Growth
Yarnell   85362	-6.9%	Decline	6.1%	Growth
Maricopa County	6.5%	Growth	10.0%	Significant growth
Yavapai County	5.0%	Growth	11.4%	Significant
Arizona	3.9%	Growth	11.9 %	Significant growth

Data: Arizona Office of Economic Opportunity; Arizona Economics; Maricopa Association of Governments

## Economic Profile and Education

Within the service area, economic performance varies, with better performance observed in Wittmann and Wickenburg than in other areas.

Household income levels are generally lower in the service area than in the state; 37% of households in the service area report incomes of less than \$50,000, compared to 32% at the state level. Poverty rates were lowest in Wittmann and Salome. High school completion rates are high across the service area. However, except for Wickenburg, a smaller percentage of residents hold college degrees than in the state of Arizona and the counties of Maricopa and Yavapai.

The table on the following page summarizes the economic and educational profile of the service area by location.

### Economic Profile of the Hospital's Primary and Secondary Service Area

Area	Median HHI	% Poverty	% Employed	% HH-Food Stamps	% HS Grad+	% College Grad+
Wickenburg   85390	\$65,985	15%	40%	3%	96%	35%
Congress   85332	\$57,500	17%	21%	5%	97%	19%
Yarnell   85362	\$42,057	9%	22%	7%	93%	9%
Wittmann   85361	\$76,056	3%	64%	14%	88%	17%
Aguila   85320	\$40,208	23%	22%	NA	84%	28%
Morristown   85342	\$53,996	15%	45%	19%	93%	24%
Kirkland   86332	\$46,420	20%	38%	17%	91%	15%
Salome   85348	\$57,340	5%	27%	6%	90%	7%
Maricopa County	\$87,048	11%	63%	8%	90%	37%
Yavapai County	\$67,245	13%	46%	8%	92%	32%
Arizona	\$77,315	13%	58%	10%	89%	34%

Data: Census' American Community Survey (ACS – 2019-2023); Census Reporter based on data from Census (2019-2023)  
 Legend: Darker Blue – Significantly more favorable than region; Pink – Significantly less favorable than region

## Social Needs

The level of social need among adults is higher in areas such as Congress and lower in Wickenburg, Yarnell, and Salome than in both Maricopa and Yavapai counties.

Health-related social needs include factors like food insecurity, housing instability, lack of reliable transportation, utility concerns, and psychosocial and emotional issues that can influence health-seeking behavior and health outcomes.

Within the service area, the level of social need varies. For example, the proportion of adults reporting food insecurity is highest in Congress (18%) and lowest in Wickenburg (10%). In comparison, the food insecurity rates in Maricopa and Yavapai counties are 13% and 12%, respectively. Congress also has the highest percentage of residents reporting social needs like lack of social support (28%), social isolation (35%), transportation (11%), housing (15%), and utility-related challenges (8%) in the service area.

## Lifestyle and Behavior

**Overall, the prevalence of unhealthy lifestyles and behaviors was highest in Congress. In contrast, areas like Wickenburg, Yarnell, and Salome generally reported better lifestyle and health behavior metrics than other parts of the service area.**

In general, lifestyle and behavior patterns among adults in the service area varied by location. For example, binge drinking rates were highest in Wittmann (17%) and Congress (16%), although these rates were generally similar to the state (16%) and rates in Maricopa (18%) and Yavapai (15%).

Smoking rates were also highest in Wittmann (16%) and Congress (16%), higher than in Arizona (10%) and Maricopa County (14%), but lower than in Yavapai County (17%). Notably, the service area had a higher rate of physical inactivity compared to the state (21%) and the counties of Maricopa (22%) and Yavapai (19%). More than 24% of residents in the service area reported being physically inactive.

The tables on the following two pages present a profile of social needs, lifestyle, and behavioral factors by location within the service area.

## Social Needs of Adults in the Hospital's Primary and Secondary Service Area

Area	Lack of social and emotional support (% adults)	Food insecurity in the past 12 months (% adults)	Feeling socially isolated (% adults)	Lack of reliable transportation in the past 12 months (% adults)	Utility services shut off threat in the past 12 months (% adults)	Housing insecurity in the past 12 months (% adults)
Wickenburg   85390	21%	10%	30%	6%	5%	8%
Congress   85332	28%	18%	35%	11%	8%	15%
Yarnell   85362	22%	10%	30%	6%	5%	8%
Wittmann   85361	25%	14%	34%	9%	7%	12%
Aguila   85320	25%	16%	33%	9%	7%	13%
Morristown   85342	24%	11%	32%	7%	6%	9%
Kirkland   86332	24%	10%	32%	7%	6%	9%
Salome   85348	25%	11%	33%	6%	5%	8%
Maricopa County	24%	13%	34%	9%	7%	12%
Yavapai County	24%	12%	33%	8%	6%	10%

Data: CDC PLACES (2021-2022); Legend: Darker Blue – Significantly more favorable than region; Pink – Significantly less favorable than region

## Lifestyle and Behavior Among Adults in the Hospital's Primary and Secondary Service Area

Area	Binge drinking (% adults)	Current cigarette smoking (% adults)	No leisure time/physical activity (% adults)	Short sleep duration (% adults)
Wickenburg   85390	12%	12%	25%	30%
Congress   85332	16%	16%	30%	36%
Yarnell   85362	12%	14%	25%	31%
Wittmann   85361	17%	16%	26%	35%
Aguila   85320	15%	11%	28%	34%
Morristown   85342	15%	14%	25%	33%
Kirkland   86332	14%	15%	24%	32%
Salome   85348	11%	13%	29%	31%
Maricopa County	18%	14%	22%	35%
Yavapai County	15%	17%	19%	34%
Arizona	16%	10%	21%	35%

Data: CDC PLACES (2021-2022); County Health Rankings (2022 data year)

**Legend:**  
 Darker Blue – Significantly more favorable than region  
 Pink – Significantly less favorable than region

## Healthcare Access and Preventive Care Utilization

**Except for Aguila and Congress, uninsured rates in the service area were generally similar to or in some cases better than the state or county rates.**

The lowest uninsurance rates were in Yarnell (8%), Kirkland (9%), and Wickenburg (9%), which were better than the state rate (10%) and the county rates in Maricopa (13%) and Yavapai (11%). The highest uninsured rates were recorded in Aguila, where the rate was almost twice the state rate (18% vs. 10%), and in Congress (17%).

**Overall, preventive care utilization in the service area was comparable to, or in some instances, better than, that in the state and the counties of Maricopa and Yavapai.**

Routine check-up rates in the service area were generally equal to or higher than state and county rates. Compared to the rest of the service area, a larger proportion of adults in Salome (81%), Wickenburg (80%), and Yarnell (80%) report having had a routine check-up with a provider in the past year. These rates surpassed the state rate of 74%, as well as the Maricopa (72%) and Yavapai county rates (75%). The routine check-up rate was lowest in Congress (73%).

A higher proportion of adults in Wickenburg (65%) and Congress (65%) report having at least one dental visit in the past year than in the rest of the service area. Dental utilization was lowest in Yarnell (54%) and Aguila (59%). For comparison, the dental utilization rate in Arizona was 61%, and 62% in Maricopa and Yavapai counties.

About eight out of ten adults with high blood pressure in the service area were taking medication to manage their condition. The highest rates were in Yarnell (83%) and Wickenburg (83%), while the lowest were in Congress (76%) and Wittmann (77%).

Regarding cancer screening, colorectal screening rates in the service area generally exceeded those for the state (56%), Maricopa (61%), and Yavapai (64%) counties. Within the service area, colorectal screening rates were highest in Wickenburg (69%), Morristown (67%), and Congress (67%), and lowest in Wittmann (63%) and Aguila (63%). Similarly, mammogram screening rates in the service area were typically higher than those for the state (69%) and Maricopa (42%) and Yavapai (41%) counties, especially in Wittmann (76%), Morristown (75%), Aguila (74%), and Wickenburg (74%). Mammogram screening rates were lowest in Yarnell (66%) and Kirkland (66%).

The table on the following page presents health insurance coverage and preventative care use statistics by location within the service area.

## Health Care Access and Preventive Care Utilization in the Hospital's Primary and Secondary Service Area

Area	Current lack of health insurance (% adults 18-64 yrs)	Taking medicine to control high blood pressure (% adults with high blood pressure)	Visits to doctor for routine checkup within the past year (% adults)	Colorectal cancer screening among (% adults 45-75 yrs)	Visited dentist or dental clinic in the past year (% adults)	Mammography use (% women 50-74 yrs)
Wickenburg   85390	9%	83%	80%	69%	65%	74%
Congress   85332	17%	76%	73%	67%	65%	73%
Yarnell   85362	8%	83%	80%	64%	54%	66%
Wittmann   85361	12%	77%	74%	63%	60%	76%
Aguila   85320	18%	79%	75%	63%	59%	74%
Morristown   85342	11%	80%	77%	68%	62%	75%
Kirkland   86332	9%	81%	77%	66%	63%	66%
Salome   85348	13%	85%	81%	67%	61%	71%
Maricopa County	13%	73%	72%	61%	62%	75%
Yavapai County	11%	81%	75%	64%	62%	61%
Arizona	13%	Unavailable	73%	72%	62%	77%

Data: CDC PLACES (2021-2022); County Health Rankings (2022 Data Year); BRFSS (2022-2024)

**Legend:**  
 Darker Blue – Significantly more favorable than region  
 Pink – Significantly less favorable than region

## Health Outcomes

### *Disability and Health Status*

**Overall, disability rates and self-reported health status in the service area were worse compared to the state.**

The proportion of adults reporting fair or poor health was highest in Congress (25%) and Salome (24%), both of which significantly exceeded the state rate (16%) and the county averages of Maricopa (15%) and Yavapai (14%). Within the service area, the lowest proportions reporting fair or poor health were in Wickenburg, Morristown, Kirkland, and Yarnell, all at 20%.

Similarly, rates of self-reported physical health distress were generally higher in the service area than in the state (12%) and counties of Maricopa (11%) and Yavapai (11%). Physical health distress rates were highest in Salome (18%), Yarnell (17%), and Congress (17%), and lowest in Aguila, Wickenburg, and Wittmann (all 15%).

Rates of self-reported mental health distress generally varied across the service area. Mental health distress rates were highest in Congress (17%) and Wittmann (17%) and lowest in Salome, Yarnell, and Wickenburg (all 13%). For comparison, the rates of mental health distress in Arizona, Maricopa County, and Yavapai County were 15%, 17% and 18%, respectively.

With respect to disability, adult disability (for any disability) was highest in Yarnell (42%), Congress (35%), and Morristown (33%), and lowest in Aguila (9%) and Wittmann (11%). Across the service area, and with the exception of Aguila and Wittmann, disability rates were higher than or similar to those of the state (14%) and counties of Maricopa (12%) and Yavapai (18%). Adult cognitive disability rates were highest in Congress (14%) and Morristown (11%) and lowest in Salome, Aguila, Wittmann, and Wickenburg (all 3%). For comparison, the cognitive disability rates in Arizona, Maricopa County, and Yavapai County were 5%, 5% and 6%, respectively.

The table on the following page presents health status and disability statistics by location within the service area.

## Disability and Health Status in the Hospital's Primary and Secondary Service Areas

Area	Fair or poor self-related health status (% adults)	Frequent mental distress (% adults)	Frequent physical distress (% adults)	Cognitive disability (% adults)	Any disability (% adults)
Wickenburg   85390	20%	13%	15%	3%	18%
Congress   85332	25%	17%	17%	14%	35%
Yarnell   85362	20%	13%	17%	5%	42%
Wittmann   85361	21%	17%	15%	3%	11%
Aguila   85320	22%	15%	15%	3%	9%
Morristown   85342	20%	15%	15%	11%	33%
Kirkland   86332	20%	15%	16%	7%	20%
Salome   85348	24%	13%	18%	3%	22%
Maricopa County	15%	17%	11%	5%	12%
Yavapai County	14%	18%	11%	6%	18%
Arizona	16%	15%	12%	5%	14%

Data: CDC PLACES (2021-2022); County Health Rankings (2022 Data Year)

## ***Chronic Conditions***

**Overall, chronic disease prevalence rates in the service area were higher than the state's.**

Chronic conditions assessed included high blood pressure, cancer, asthma, heart disease, chronic obstructive pulmonary disease (COPD), depression, diabetes, high cholesterol, and obesity. Compared to Maricopa County (29%) and Yavapai County (37%), the prevalence of high blood pressure was higher in Salome (48%), Yarnell (43%), and Wickenburg (42%). Heart disease rates were also higher in Salome (15%) and Yarnell (12%) relative to Maricopa (7%) and Yavapai (10%) counties. Additionally, Salome (13%) and Yarnell (12%) had higher COPD prevalence than Maricopa (6%) and Yavapai (11%).

The rate of depression was highest in Wittmann (22%), slightly above the 21% rates in both Maricopa and Yavapai. On the other hand, asthma rates in the area were generally comparable to those in Maricopa (10%) and Yavapai (11%) counties, with Kirkland and Yarnell each reporting rates of 11%. Diabetes, high cholesterol, and obesity rates were generally higher in the service area. Diabetes rates were highest in Salome (19%), Aguila (16%), and Yarnell (16%), compared to rates of 10%, 10%, and 8% in Arizona, Maricopa, and Yavapai counties, respectively. Similarly, the prevalence of high cholesterol was higher in Salome (45%), Yarnell (44%), and Wickenburg (44%) than in Maricopa (33%) and Yavapai (39%) counties.

Notably, about one in three residents in the service area was classified as obese. Obesity rates were highest in Congress, Aguila, and Wittmann, each at 35%. In comparison, obesity rates in Arizona, Maricopa County, and Yavapai County were 32%, 31%, and 27%, respectively.

The table on the following page presents chronic condition statistics by location within the service area.

## Health Outcomes in the Hospital's Primary and Secondary Service Area

Area	High blood pressure (% adults)	Cancer (non-skin)/melanoma (% adults) among	Current asthma (% adults)	Coronary heart disease (% adults)	Chronic obstructive pulmonary disease (% adults)	Depression (% adults)	Diagnosed diabetes (% adults)	High cholesterol (% adults screened)	Obesity (% adults)
Wickenburg   85390	42%	16%	10%	12%	10%	19%	16%	44%	31%
Congress   85332	35%	9%	11%	9%	10%	21%	15%	38%	36%
Yarnell   85362	43%	16%	11%	12%	12%	20%	16%	44%	28%
Wittmann   85361	35%	10%	11%	8%	9%	22%	14%	38%	35%
Aguila   85320	36%	10%	9%	9%	7%	18%	16%	39%	35%
Morristown   85342	39%	13%	10%	10%	10%	21%	15%	41%	33%
Kirkland   86332	38%	14%	11%	11%	11%	21%	14%	41%	27%
Salome   85348	48%	17%	10%	15%	13%	19%	19%	45%	31%
Maricopa County	29%	8%	10%	7%	6%	21%	10%	33%	31%
Yavapai County	37%	13%	11%	10%	11%	21%	8%	39%	27%
Arizona	33%	9%	11%	7%	5%	19%	11%	39%	33%

Data: CDC PLACES; Kaiser Family Foundation State Health Facts (2024); BRFSS (2024)

## Summary of Key Secondary Data Findings

The following community health strengths, challenges, and opportunities emerged based on health-related data obtained from secondary data sources:

STRENGTHS	CHALLENGES	OPPORTUNITIES
The service area is a growing community	The population is aging and seasonal, impacting economic stability. Within the service area, variations in economic stability exist, with areas like Wickenburg and Wittmann performing better economically than other parts of the service area.	While the prevalence of health-related social needs within the service area is generally comparable to Maricopa and Yavapai counties, there is an opportunity to address social needs in areas such as Congress, where residents experience high social need.
Overall, uptake of preventative care and screening services in the service area is comparable to or higher than Maricopa and Yavapai counties.	Secondary data indicates low rates of physical activity in the service area compared to the state as well as Maricopa and Yavapai counties.	Opportunity to expand dental care services in Yarnell and Aguila; increase mammogram screening uptake in Yarnell and Kirkland; and improve access to health insurance in Congress and Aguila.
	Rates of poor physical health status and disability are generally higher in the service area than in Maricopa and Yavapai counties, especially in areas such as Congress (poor self-reported physical health status), Salome (poor self-reported physical health status), Yarnell (high disability rate) and Morristown (high disability rate).	Opportunity exists for address high prevalence of chronic disease across the service area, targeting interventions based on geographic need, especially in areas such as Salome, Yarnell and Wickenburg where chronic disease prevalence tend to be higher.

# Primary Data

## Community Survey

### Respondent Characteristics

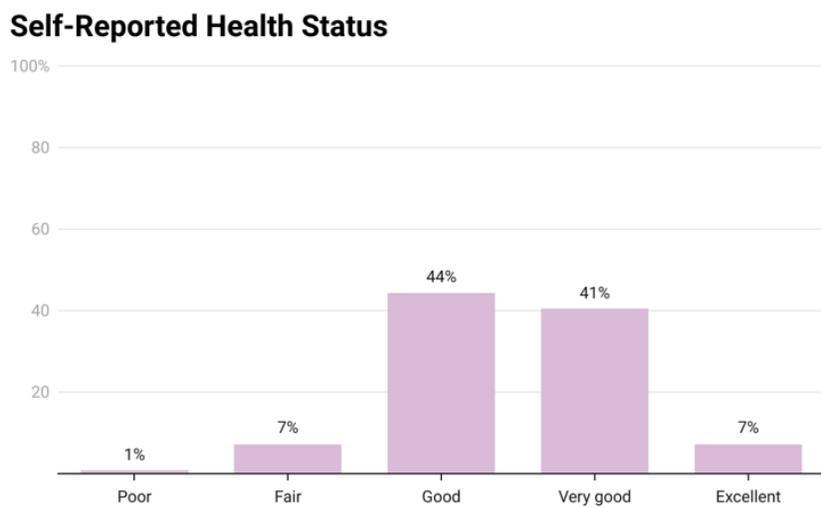
A link to the online survey was shared on the hospital’s website, through the hospital’s social media account, and with community partners for further dissemination. Two hundred ninety-two community members provided complete or partial responses to the online survey. Of these, approximately 78 did not provide any demographic information.

Most survey respondents were female (72%), White (88%), aged 65 years or older (67%), married or partnered (76%), and retired (64%), with at least a bachelor’s degree (49%). The majority reported an annual household income above \$60,000 (58%), reliable transportation (98%), and internet access (100%). Compared with census data for the service area, survey respondents were more likely to be female, older, and college-educated than the overall population. The demographic characteristics of survey respondents are summarized on the next page (Table 1).

### Health Status

Almost half of the survey respondents (48%) described their health as very good or excellent (Figure 1). Among individuals with chronic conditions, the most common chronic conditions included high cholesterol (46%), high blood pressure (42%), and being overweight/obese (39%) (Figure 2).

Figure 1: Self-Reported Health Status



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N=237

Table 1. Demographic Characteristics of Survey Respondents

**Demographic Characteristics of Respondents**

	N	% Respondents
<b>Zipcode (N=205)</b>		
85390	162	79
85342	11	5
85332	6	3
85358	3	2
85332	3	2
85361	3	2
85348	2	1
Other	15	7
<b>Sex (N=214)</b>		
Male	61	29
Female	153	72
<b>Age (years; N=214)</b>		
18-24	2	1
25-34	5	2
35-44	16	8
45-54	10	5
55-64	37	17
65 and older	144	67
<b>Race/Ethnicity (N=203)</b>		
Non-Hispanic (NH) White	178	88
NH Other	10	5
Hispanic	15	7
<b>Marital Status (N=213)</b>		
Married/Partnered	161	76
Divorced/Separated	23	11
Widowed	12	6
Single/Never Married	16	8
Other	1	1

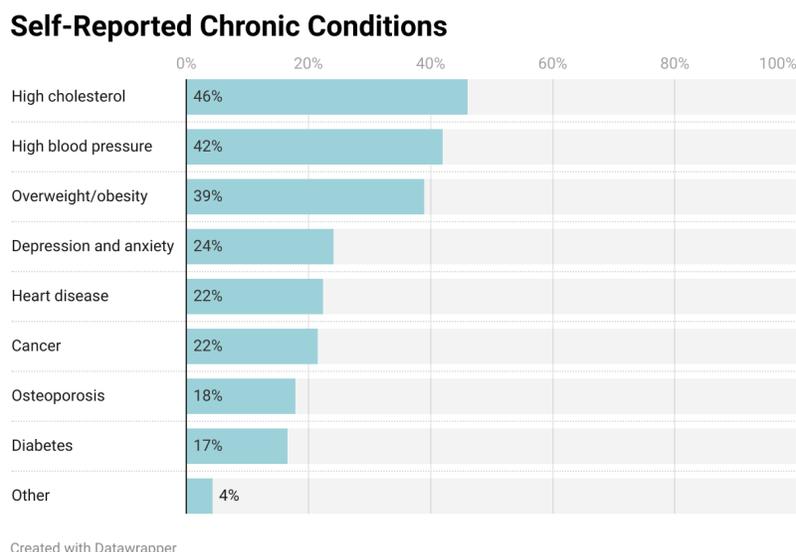
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**Demographic Characteristics of Respondents (Continued)**

	N	% Respondents
<b>Education (N=214)</b>		
High school or GED	34	16
Some college or Associates degree	85	40
Bachelor degree	47	22
Graduate or advanced degree	58	27
<b>Employment</b>		
Employment	214	
Unemployed	2	1
Retired	137	64
Part time	18	8
Full time	57	27
<b>Annual household income (N=209)</b>		
Below \$20k	5	2
\$20,001 - \$40K	13	6
\$40,001 - \$60K	22	11
\$60,001 - \$80K	30	14
\$80,001 - \$100k	31	15
Above \$100K	60	29
Prefer nor to say/ don't know	48	23
<b>Reliable transportation (N=209)</b>		
Yes	209	98
No	4	2
<b>Reliable internet connection (N=210)</b>		
Yes	209	100
No	1	1

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Figure 2: Self-Reported Chronic Conditions



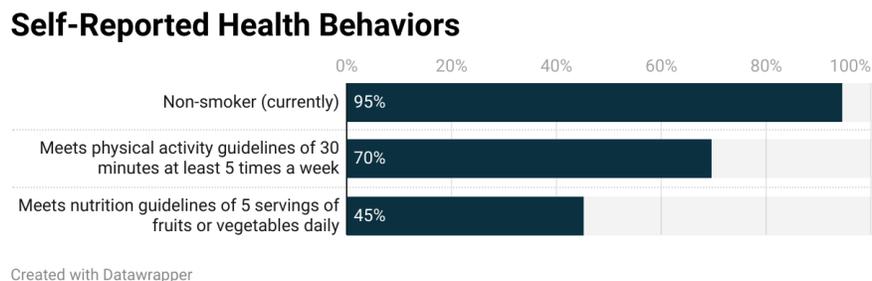
N=237; Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

### Health Behaviors

#### Smoking, Nutrition, and Physical Activity

Among respondents, only five percent reported currently using tobacco products. Seven out of ten (70%) reported meeting physical activity recommendations of at least 30 minutes a day, 5 days a week, while under half (45%) followed the fruit and vegetable intake guidelines of at least five servings daily (Figure 3).

Figure 3: Self-Reported Health Behaviors



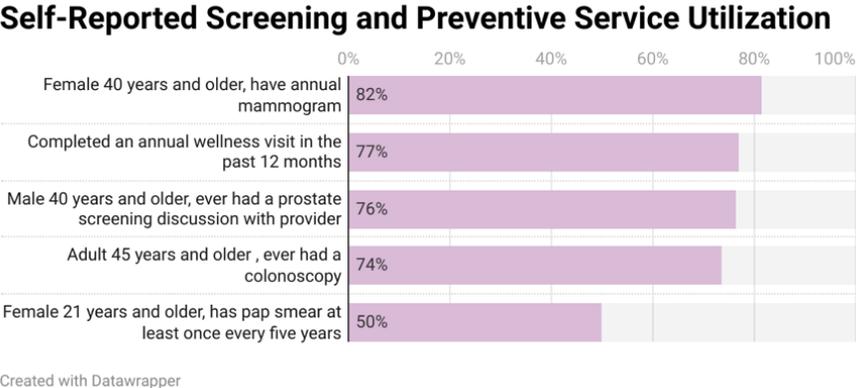
Note: N varied by behavior: N (smoking status) = 238; N (physical activity) = 238; N (nutritional guidelines) = 239

#### Screening and Preventive Care Utilization

Use of screening and preventive services was generally high among respondents. At least three-quarters of the eligible population had received recommended cancer screenings or screening-related provider conversations for colon (74%), prostate (76%), and breast (82%). The screening rate for

cervical cancer was lower at 48%. Three out of four respondents (77%) had completed an annual wellness visit in the past 12 months (Figure 4).

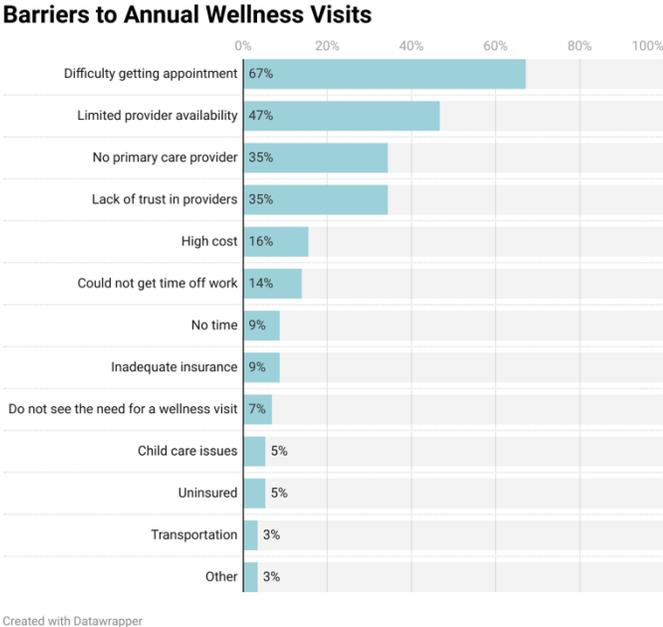
Figure 4: Self-Reported Screening and Preventive Services Utilization



Note: N varied: N (mammogram) =157; N (wellness visit) = 228; N (prostate discussion) = 76; N (colonoscopy) =239; N (pap smear)=161

Among respondents who did not complete annual wellness visits, access-related barriers were the most commonly cited. These included difficulty getting appointments (cited by 67% of participants) and limited provider availability (cited by 47% of participants) (Figure 5).

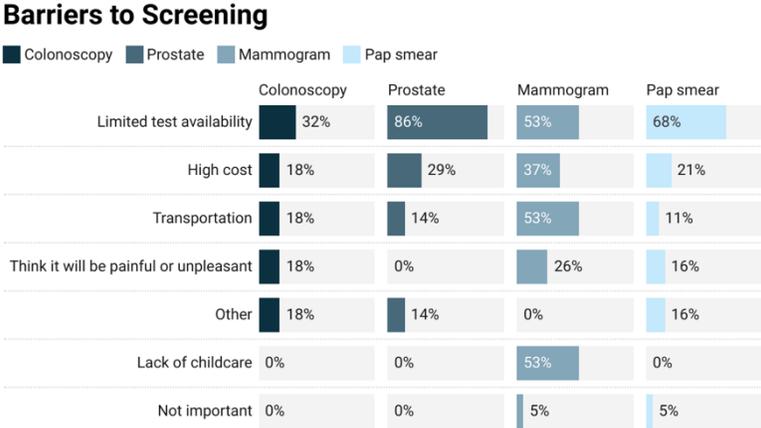
Figure 5: Barriers to Annual Wellness Visits



N=58. Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

Common barriers to cancer screening included limited test availability (#1 barrier for all cancer screening types) and high cost (#2 cited barrier for all but mammograms). Transportation and lack of childcare were identified as important barriers (tied for #1) to mammogram screening among eligible female respondents who reported screening-related barriers. Concern about pain or discomfort was also a commonly cited barrier to screening (Figure 6).

Figure 6: Barriers to Screening



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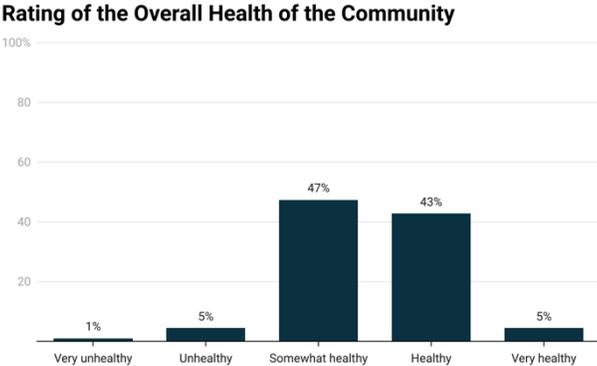
Note: Participants could choose more than one response option. Hence, percentages may not add up to 100. N varied: N (colonoscopy) =22; ; N (prostate discussion) =7; N (mammogram) =19; N (pap smear)=19

Community Perceptions

Community Perception Concerning Overall Community Health

Overall, the survey respondents described the community as generally healthy; only 6% reported it as unhealthy or very unhealthy (Figure 7).

Figure 7: Overall Community Health



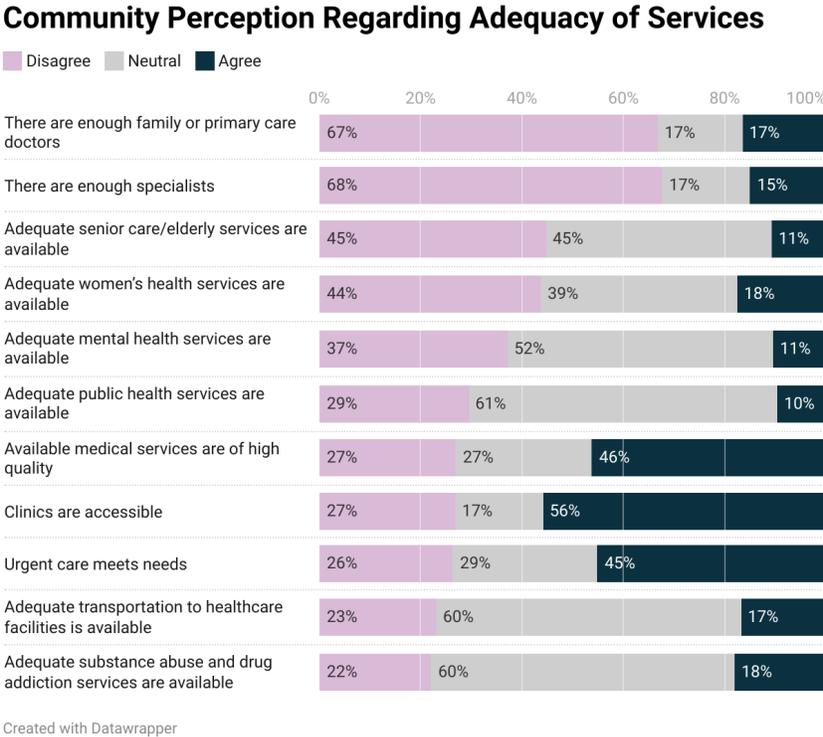
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N=292

*Community Perception Concerning Health Services*

The respondents’ perceptions of the adequacy of medical services in the community were fair to moderate. About half of them reported that high-quality medical services, accessible clinics, and urgent care were available and sufficient. Conversely, fewer than a fifth of respondents said primary care and specialist providers, women’s health services, senior care, public health, mental health, addiction recovery, and medical transportation services were adequate (Figure 8).

**Figure 8: Community Perceptions on the Health Service Adequacy**

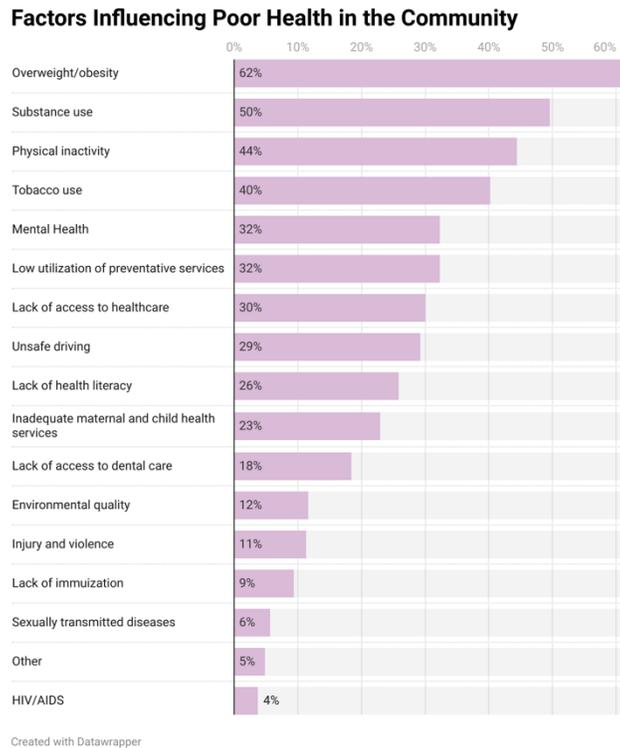


Note: \*average sample size. N varied across services. The average sample size was 267, ranging from a minimum of 264 to 270.

*Community Perception Concerning Community Health and Quality of Life*

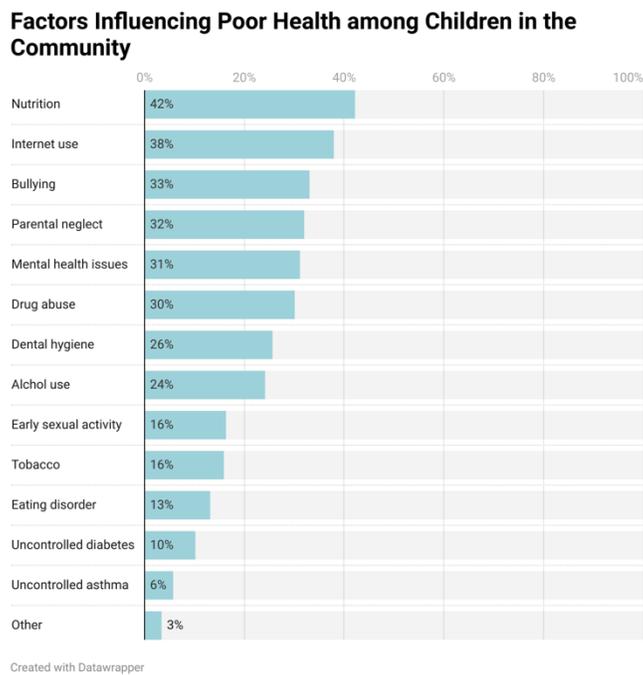
Obesity/overweight, substance use, and physical inactivity were identified as the top three negative factors affecting community health (Figure 9), while poor nutrition, internet use, and bullying were noted as the top three negative influences on children’s health (Figure 10).

Figure 9: Factors Influencing Community Health and Wellness



N=266. Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

Figure 10: Factors Influencing Child Health and Wellness in the Community



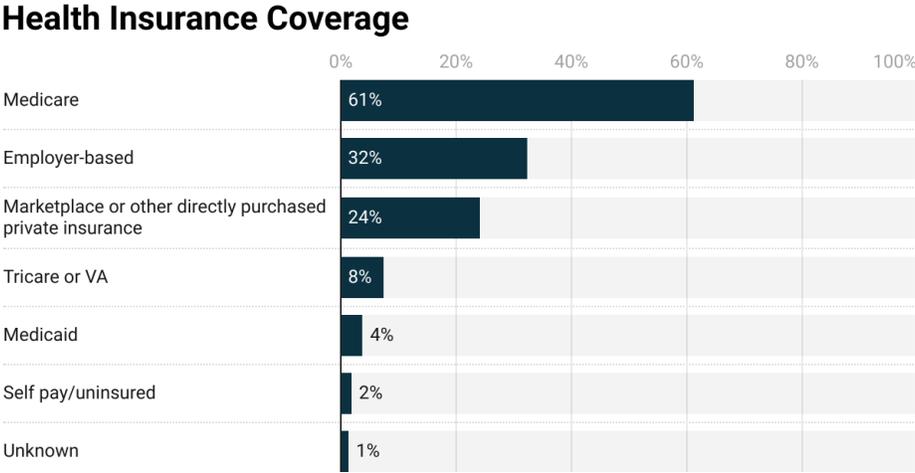
N=266. Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

**Health Care Access**

*Health Care Coverage*

About two-thirds of survey respondents (61%) reported having insurance through Medicare. One out of three was covered through their employers (32%), and about a quarter was covered through other directly purchased private insurance (24%). Four percent had Medicaid coverage, eight percent were covered by Tricare or VA programs, and two percent were uninsured (Figure 11).

**Figure 11: Health Insurance Coverage**



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N=210. Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

*Specialist Access*

Among respondents who reported perceptions of specialist availability, 8 out of 10 (84%) noted shortages of health specialists (Figure 12). Less than half of respondents (47%) were willing to use concierge medicine if the hospital offered those services (Figure 13).

Among respondents reporting inadequacy in specialist availability, the specialists they most commonly reported seeing were dermatology (77%), primary care (family or internal medicine; 75%), ophthalmology (69%), and cardiology (58%). Overall, outmigration rates for medical specialty care were high, with the highest rates recorded for hematology (87%), psychiatry (84%), and rheumatology (71%). The outmigration rates for these frequently seen specialties were at least 30%: dermatology (41%), family or internal medicine (30%), ophthalmology (49%), and cardiology (55%). This may indicate an opportunity to expand specialty services in the service area (Figure 14).

Figure 12: Specialist Access (N=225)

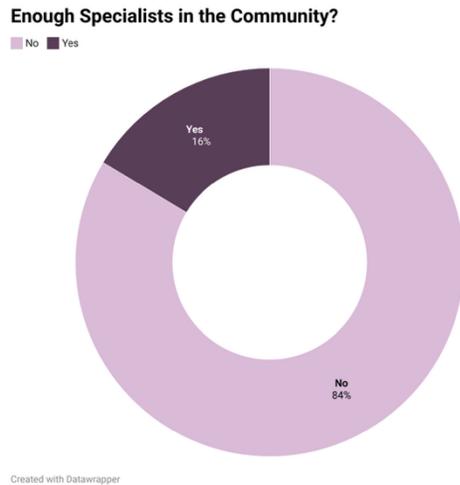


Figure 13: Concierge Medicine (N=177)

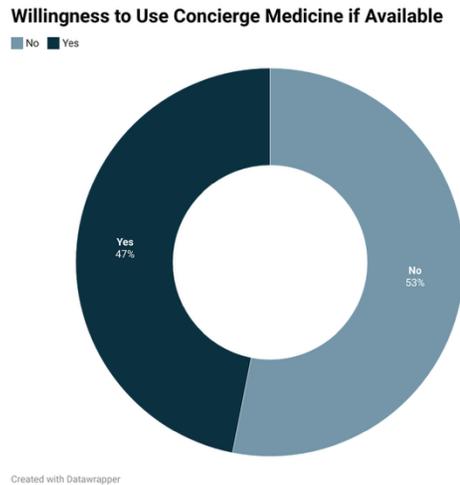
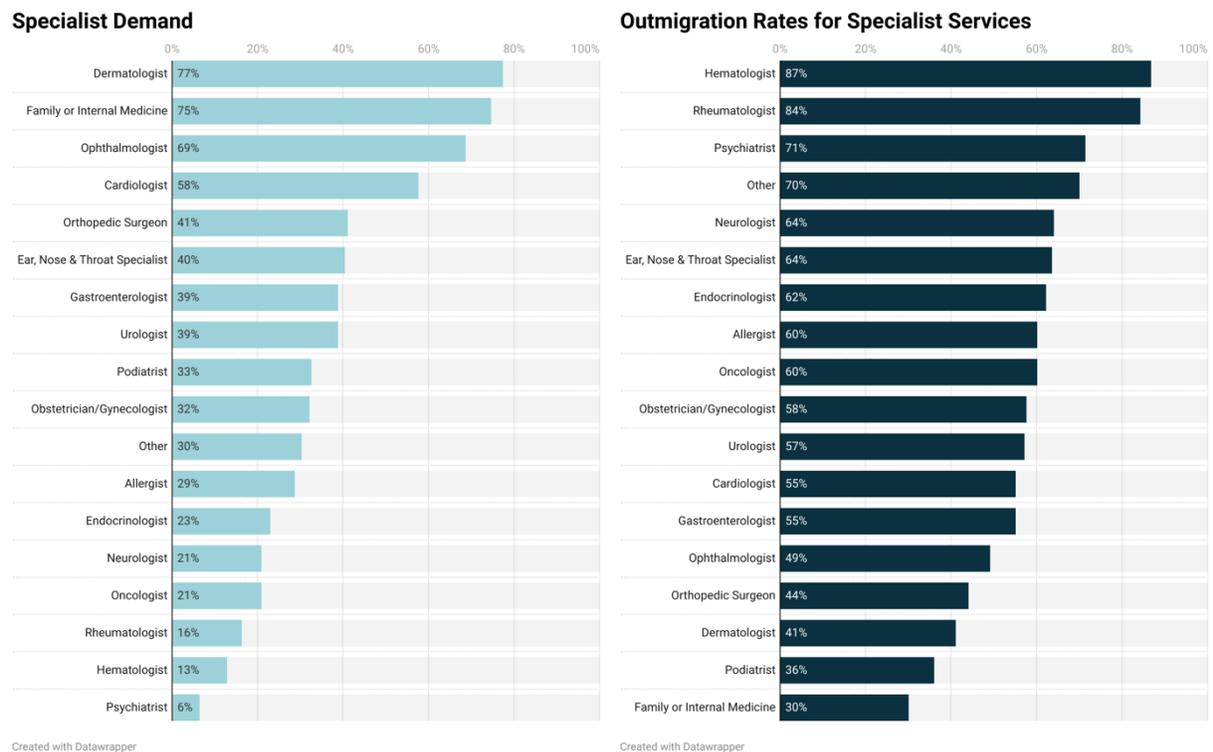


Figure 14: Specialist Demand and Outmigration Rates

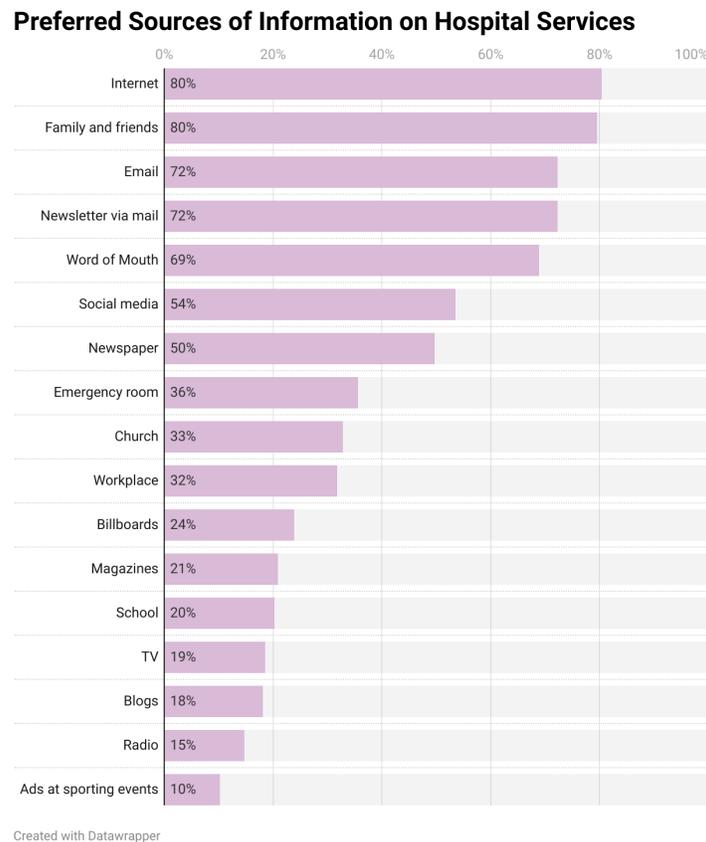


Note: 188 respondents indicated that there were not enough specialists in the community. Participants could choose more than one response option. Hence, percentages may not add up to 100.

### Health Information

Respondents most frequently cited the internet (80%), family and friends (8%), email (72%), mail newsletters (72%), and word of mouth (69%) as their preferred channels for obtaining information on hospital services (Figure 15).

Figure 15: Preferred Channels for Obtaining Information on Hospital Services



Note: \*average sample size. N varied across response options. The average sample size was 140, ranging from 124 to 159. Participants could choose more than one response option. Hence, percentages may not add up to 100.

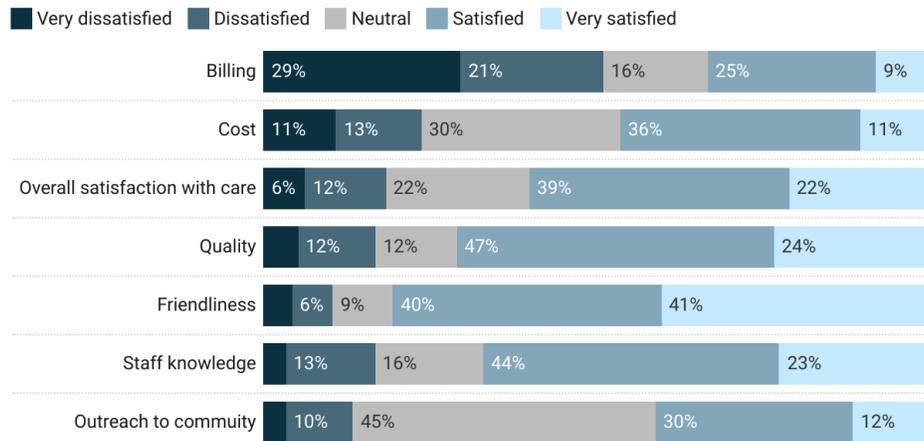
### Hospital Services

#### Satisfaction with Hospital Services

About two-thirds of respondents (61%) were satisfied or very satisfied overall with the care provided at the WCH. Respondents were especially satisfied with staff friendliness (81%), the quality of care (71%), and staff knowledge (67%). Conversely, half (50%) expressed dissatisfaction with the hospital's billing processes (Figure 16).

Figure 16: Satisfaction with Aspects of Care at Hospital

### Satisfaction with Aspects of Care Delivery at Local Hospital



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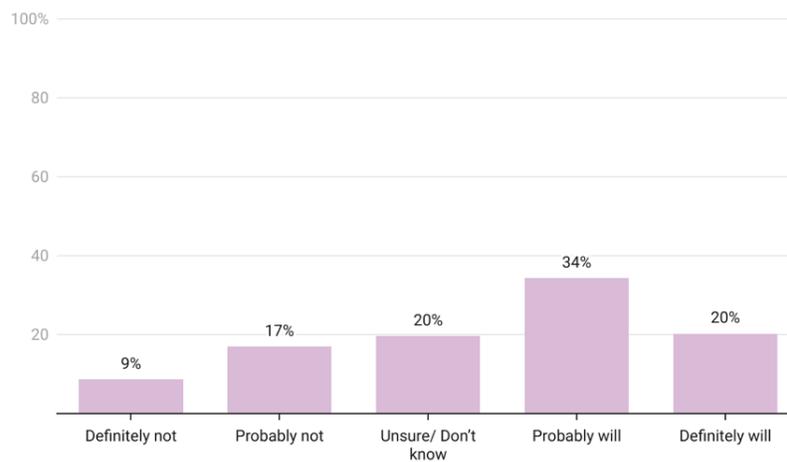
Note: \*average sample size. N varied across response options. The average sample size was 211, ranging from 209 to 215.

### Intent to Use Hospital Services

54% of respondents indicated an intent to use WCH in the future. About a quarter (26%) indicated that they will probably or definitely not use the hospital in the future (Figure 17).

Figure 17: Intent to Use Hospital in the Future

### Intent to Use Local Hospital in the Future



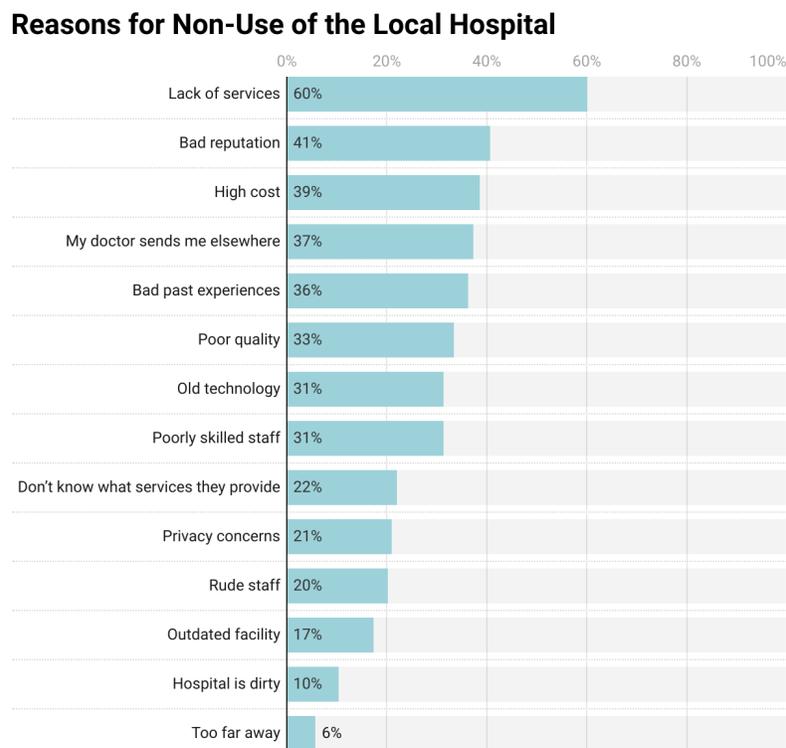
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N=218

### Reasons for Non-Use of Hospital Services

The most commonly cited reasons for non-use of the hospital included the lack of services (60%), bad reputation (41%), bad past experiences (39%), high cost (39%), and doctors sending patients elsewhere (37%) (Figure 18).

Figure 18: Reasons for Non-Use of the Hospital



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Note: Note: \*average sample size. N varied across response options. The average sample size was 159, ranging from 141 to 171. Participants could choose more than one response option. Hence, percentages may not add up to 100.

## Summary of Key Survey Findings

The following community health strengths, challenges, and opportunities emerged based on responses from community residents who were primarily female, older, educated, health-insured, and reported good health:

STRENGTHS	CHALLENGES	OPPORTUNITIES
Described as a generally healthy community	High prevalence of self-reported cardiovascular risk factors (e.g., high blood pressure, high cholesterol, and overweight/obesity), and low adherence to nutritional guidelines	Opportunity exists to address high prevalence of overweight/obesity, substance use, bullying among children, poor nutrition and internet use among children to improve overall community health and wellness
Moderate to high self-reported adherence to preventative care and screening guidelines	Low self-reported uptake of cervical cancer screening services among eligible females	Opportunity exists to expand access to specialist and primary care services, as well as mental health and substance use services within the community
	Use of preventive and screening services limited by access issues such as difficulties getting appointments and test availability	Opportunity to expand hospital services, improve hospital billing processes, and enhance hospital reputation and community trust through tailored and multi-modal marketing and community engagement and outreach efforts
	In general, limited availability of medical (including primary care and specialists), mental health, public health and health-promoting services (such as transportation)	

## Community Focus Groups

Three focus groups were conducted in 2025, which included nine participants representing various sectors of the community, including public health.

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### Emerging themes

- The Greater Wickenburg Area is a supportive, friendly community with an older population that stays true to its Western values and traditions.
- Community challenges primarily arise from economic factors, shaped by an aging and seasonal population.
- Food insecurity, housing instability, and limited transportation pose significant challenges to community health and wellness.
- Community members face challenges accessing healthcare, including high insurance and medical costs, as well as limited availability of primary care, specialists, and mental health services.
- Perceptions regarding the hospital's reputation are mixed.
- Hospital-community partnerships should be used to tackle community health priorities, including improving access to health insurance and healthcare services, and addressing social needs.

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### Overall Community Perception

*The Greater Wickenburg Area is a supportive, friendly community with an older population that stays true to its Western values and traditions.*

The focus group participants described the expansive nature of the greater Wickenburg area, highlighting its geographic extent across several distinct communities, including Wickenburg, Aguila, Morristown, and Wittmann. They portrayed the area as an aging desert community with a strong sense of Western values, traditions, and culture.

*“Our average age now, the last I heard, which was several months ago, is 64.5 years old. We're an aging community”.*

*“It's an active adult community. Wickenburg, in general, is a Western town. There are a lot of horses. There's a lot of that attraction to the outdoors and the activities, whether you have horses or you*

*want to explore the desert on trails or whatever. I think the people, even in the community I live in, that's what draws them here."*

*"It's a Western community. It always has been. I think it'll always maintain that way. There's a lot of commitment to that lifestyle, that tradition, and those values. I still think that's more prevalent than any of the outside influences coming in. I still think there's a lot of that value-based"*

Participants described residents as supportive and willing to help others and the community at large. They noted that this selflessness created a safe, friendly atmosphere in the community.

*"Wickenburg is a very special place to live. The community rallies around each other, and it rallies around people who need help. Abundantly. [If someone] posts something on a Wickenburg Facebook page that they need help, there's no shortage of people willing to jump in and do what is necessary to help those people out. It's pretty extraordinary that way."*

*"Wickenburg is a very special place, mainly because of the people. People are caring. We have a very, very caring and generous community to help when there are needs"*

They described the area as safe and beautiful, offering access to natural resources and numerous outdoor activities that promote health and wellness, such as horseback riding and hiking. Participants also spoke proudly of the community's amenities, including an award-winning museum and a local hospital, along with supportive services like the Senior Adult Center and the Community Action Program, which provides food and financial assistance.

*"Our desert here, a lot of people may not realize it, but it's safe. It's beautiful. Also, we have some organizations that try to keep things clean."*

*"There are a lot of opportunities for hiking. There are trails, [and] park systems. I think it's a healthy - If you want to get out."*

*"There's always something to do here. There are so many different, diverse things to do. We have museums. We do all different kinds of events. Everything here, I really like in Wickenburg."*

*"You can take the tunnel and walk downtown. We do have a lot of people in this area who walk downtown, walk on the sidewalks, and walk over there, actually, toward the hospital, early in the morning. They can walk up toward the rodeo grounds. They walk up toward Remuda. We're in a location where you can walk. Our park is really big. They'll walk around the park and that kind of"*

*stuff a lot...We don't have to worry about anything like that, air pollution, or anything like that over in this area."*

*"For a town the size that we have, [we] have the Del Webb Center for the Performing Arts, to have the Western Museum, which this year was voted the best Western museum in the nation by the readers of True West magazine."*

*"They are underway for the museum with fundraising to build another museum downtown, and the first phase is \$27 million. To have such wonderful amenities is great. Then the hospital itself is just a great amenity."*

*"What we are very fortunate about is that we are so lucky to have a couple of organizations here in town, like the Community Action Program, the Senior Adult Center, and some of the other ones that they do help support the ones that can't afford maybe something all the time."*

They noted that the community draws snowbirds and ropers who visit during winter. As a result, from May to October, the area sees a decline in its population and economy.

*"It's... it's... Very small town living. The summertime, particularly,...all the snowbirds leave, and the ropers leave, and there's not a lot of us left... The restaurants close down and stuff, so that makes it a little bit more difficult in the summer. But then it all picks back up in the wintertime, because we go from roughly 7,000 full-time residents to about 15,000 in the wintertime. And, you know, it gets a lot busier here in the winter. But, it's just a wonderful little town to live in."*

## Community Challenges

***Community challenges primarily arise from economic factors, influenced by an aging and seasonal population.***

The focus group participants described the challenges of the Wickenburg area as being heavily influenced by its unique features, including its reputation as a popular winter destination, which raises the cost of living, especially for many native (i.e., full-time) families and younger residents. The aging population and the summer departure of “snowbirds” negatively affect the local economy. As a result, participants noted that this has created an economic divide in the community, with some groups of people wealthy while a large portion struggles financially.

*“There are a lot of people who came for this to be their winter residence, and we still have a lot of winter residents, but there are a lot of them who have transitioned into full-time residents. There’s a tremendous amount of wealth as well, and many of those are extremely generous, and we’re very grateful for that.”*

*“That’s what really does hurt the economy in Wickenburg, because we don’t have that many people here in the summertime, because I guess they think it’s just too hot to stay here or something. That’s my comment. In the winter, they’re very productive. People are busy. There are all kinds of money being spent, at least over in this area. There are still a lot of people who are hurting, but the people who are here do help a lot of other people in the town, too.”*

*“There’s a big disparity in income because there are some very high-income people in Wickenburg, people who’ve done well in their lives and retired in Wickenburg or lived their whole life in Wickenburg. Then there are people who have trouble finding jobs, and housing is outrageously expensive and actually just not available. It’s a little bit different. We often lose employees, a lot, because of housing, mostly because of housing. It’s not available. It’s not affordable.”*

*“There are a lot of retired people who live here. But it’s very difficult to get people to work, particularly in the hospitality industry. Because the wages that are paid in restaurants and hotels and things like that are not sufficient to live here in town, they need to drive from Surprise, or down in the Valley a little further, to come up here to work. So, it is difficult for the small businesses up here to get staff, because they can’t afford to live here. There seems to be very little middle ground. It’s either people who can’t afford to live in town and are struggling, or people who are very comfortable living in town.”*

Participants also noted limited “youth- or young adult-friendly” amenities and entertainment in the community.

*“Wickenburg doesn't have a lot of that stuff to offer, entertainment factor after hours or when you're not working kind of thing.”*

*“We typically lose employees because of the lack of services, entertainment, those kinds of things in Wickenburg. [Although] there are a lot of us that love the fact that there's not a whole lot of nightlife.”*

## Health-Related Social Needs

### ***Housing instability, food insecurity and limited transportation pose significant challenges to community health and wellness.***

Participants noted the high cost of housing in the area, making it unaffordable for most families.

*“The cost of living and cost of houses has really made it so it's difficult for the people who work here, actually, to live here and spend money in Wickenburg, too. I would say it seems as though that is getting better, the more affordable houses are starting to get, and the more we're looking at affordable houses, but that it's always been a challenge for the folks who work here to be able to actually live here.”*

Participants described limited access to affordable groceries as a challenge, especially for community members with limited transportation or income, noting significantly higher grocery costs than in the ‘Valley’. They also identified transportation as another critical yet limited factor affecting access to social amenities and healthcare. Participants highlighted the difficulties faced by those who cannot afford transportation or are no longer able to drive.

*“We find a lot of people getting in our food bank because they're just having a hard time affording their essentials, including food. It makes it really difficult for families with young children, or if the mom's not working, to meet those basic needs. That's a huge challenge here in Wickenburg. Then a lot of the people who can't commute to a Sam's Club or a WinCo, or whatever, to get groceries are forced to shop at our higher grocery rates here in Wickenburg.”*

*“We do have a lot of seniors, absolutely, but they have the same issues too with the groceries, and they don't often commute to the Valley. We see a lot of our seniors also accessing the food bank. Luckily, we do have a lot of very supportive and giving members of our community, because as our demand has grown a lot in our food bank, so have our donations, thank goodness.”*

Participants highlighted the effect of unreliable transportation on community access to health care, especially when it came to reaching specialty care located miles away.

*“I'm going to say...is the need for medical transportation because we do have a surgery center here, as you know, but it's very limited in what they do. If you need surgery down in the valley, all follow-up appointments are down there, and many people are having trouble getting down there. That is a huge need. There is a church that purchased a van that, my understanding, has a place for four wheelchairs and four regular seats. I believe that they're going to try to help fill that gap a little bit.”*

They, however, recognized hospital efforts to address transportation issues and enhance local access to healthcare.

*“The hospital has started taking the medical bus to Wittmann. They are planning to go up the hill, like Yarnell, and Our People's Valley. They're planning to have a day in Salome... Aguila. They're planning to hit some of the more rural areas, which is really going to help. Certainly, the people who live in those areas, but it's going to help the hospital as well. We're really excited about that fantastic opportunity that's now available”.*

## **Access to Healthcare**

***Community members experience challenges accessing healthcare, including high insurance and medical costs, and limited availability of primary care, specialists, and mental health services.***

Besides transportation, participants highlighted challenges in accessing healthcare within the community, including high costs of health insurance and medical care.

*“I think that there are people who, after an accident or a fall at home, or not feeling good, or feeling really sick, they don't want to go. They don't want to be transported to the hospital because of the cost. They just don't have the insurance coverage”.*

*“I don't think all of our families have access to health insurance. I do know we've had a couple of instances, accidents at school and stuff, and come to find out the child's family did not have health insurance, and they had not navigated the access process so they can get health insurance through the state.”*

Other identified health care access issues included limited access to mental health, primary care, and specialists, as well as capacity constraints at the local hospital, especially during winter when seasonal residents arrive.

*“[A]s far as the mental health care... that just seems to be lacking, unless you're willing to do it over.”*

*“I think my biggest-- there's not-- I don't want to say there's none. The options for primary care or urgent care are a real hindrance to me. It's probably good because I probably haven't gone to the*

*doctor as much. You get something and you-- I know telehealth is, but sometimes I don't want to just get a prescription over somebody."*

*"What I've seen with some of the doctors is that they'll come two days a week, and then the other three days they're in Scottsdale or whatever the case may be. I just don't think that the hospital has enough to employ them for the full 40 hours anyway, or enough clientele or for specialists and things of that nature."*

*"Specialists, and there seems to be a lot of turnover, particularly at the clinic. But, you know, the... I don't know, and I don't know the reason for that. But you'll have one doctor, and then they're gone."*

*"You really can't even have a baby in Wickenburg. It's a long way to go to a pediatrician or an obstetrician."*

*"[M]ost [of] the retired people are going to be on Medicare, and obviously can use Medicare at the hospital. In the wintertime, it's harder to get an appointment because there are so many people here and not as many providers. In the summertime, it's great. You can usually get right in, but not necessarily in the wintertime. I don't know if it's a possibility for them to staff up a bit when there are more people here."*

They noted that urgent care and EMS services are filling primary care gaps within the community.

*"With the lower-income folks becoming a bigger population, what we're seeing on our end, and I'm sure the hospital is seeing as well, is a lot of those folks will use us, the 911 service, and the emergency department as their primary care staff because of the cost of healthcare and everything else going up."*

*"I am thankful we have urgent care next door, because I don't think we should just be using the emergency room to try to check something out, because we can't get into urgent care, or we can't get into our physician".*

## Perceptions of the Local Hospital

### *Perceptions regarding the hospital's reputation are mixed.*

Participants expressed perceptions of the hospital were mixed, which appeared to impact their utilization of the hospital. While some reported positive experiences and noted service expansion, others described inconsistent care at the local hospital, as well as customer service and quality issues.

*"The doctors and nurses and nurse practitioners that I've seen there have been wonderful. And they are starting to bring more doctors up here. From the valley, they come up and work. You know, one or two days a month, or something like that, so that we don't have to travel down there as much for specialists."*

*"Actually, the hospital did a great job at the emergency room, but I had to be transported to the Valley. That worked out fine, but it was a little frightening not to have anything close by."*

*"...For colonoscopies and things like that, we had to go down [to the Valley], but we don't have to do that now and go down the valley for that".*

*"We do have the helicopter that's here. They assess and move out quickly and go to the hospitals that do have that. Very, very grateful for that because it sits here. It's ready to go."*

*"People could come a long way away to get their medical treatment here. I'm not sure what all the barriers are. I do think staffing is one of them, but I also think there might be some things – reputation and consistency – that might help with that. I do not get my healthcare here at Wickenburg unless it's an emergency. If I can get a test done here, I will, but I don't".*

*"[The] hospital not having someone at the phone sometimes...I think with the senior population, having a person on the other line is very important, just because of the technology and navigating the internet for seniors and all that. That would be helpful to have an advocate."*

*"I don't want to speak for every one of them, but I can tell you that is a pretty high sentiment that we hear in the field of, 'Why don't you just take me to Del Webb or take me to Banner or take me to Thunderbird? I'm going to get there anyway, and I'm going to be treated the same.'"*

*"It makes you wonder, is this all working together? That disorganization just gives you a feeling of distrust, I think, in what they're doing. I know that not every person at the front desk is going to know*

*everything, but you would think some of these generalized things that they would know. That always makes me wonder, like, "Should I go here or should I not?"*

Participants also noted gaps in communication between the hospital and other health care providers in the continuum of care.

*"The communication between the two...because the urgent care told me they did X-rays right there at the urgent care, that they didn't have to send you over to the hospital. Then, when I went over to the hospital, she's like, 'Oh, they must have switched that recently because that's why they're not sending people over here.' Then I was like, "How would you not know that?" I ended up sticking with urgent care and just staying there because we were already checked in there. They take him back, and they're like, "Okay, we're going to do the X-rays. We just got to get someone from the hospital to come over and do them."*

*"Get feedback from some of the specialist providers, particularly down in the valley. They say that it's difficult when they send you there for some specific tests or whatever. They say it's difficult for them to get the results in a timely manner".*

*"I love the specialty clinic, I keep saying that in that prompter, but they have got to increase the communication between the two entities...Each specialist brings their own staff. That's something the clinic could maybe insist upon. I don't know who works for which doctor. If I go to somebody who's working for another doctor—the foot doctor who happens to be there the day my cardiologist is there—they have absolutely no idea who to ask or how to get my question answered. It is like talking to a wall".*

## Advancing Community Health

***Hospital-community partnerships should be used to tackle community health priorities, including expanding access to health insurance and health care services and addressing social needs.***

The focus group participants recommended forming hospital-community partnerships to promote health education and screening programs, community paramedicine, and school health.

*“Some type of community paramedicine partnership with the fire department and the hospital would probably greatly benefit the community. The reason being more so than anything is just that we see the folks that are in the highest need of healthcare because we're the first line that sees them, and we can meet them where they are, where it doesn't always necessarily mean in the emergency room”.*

*“It'd be great if Wickenburg, a community organization, or the city, participates in putting sites on the heat map so people know where to go as a cooling center or offer a hydration center”.*

*“I think in the past there was a relationship between the school district and the hospital, or at least the clinic somewhere in there that we were able to partner with them to get our students, our athletes, their annual physicals. We just haven't been able to navigate that”.*

*“We have a lot of kids here, too, so maybe something that did something to educate families and children, or something, but it would be nice”.*

*Summary of Key Focus Group Findings*

The following community health strengths, challenges, and opportunities emerged based on feedback from focus group participants:

STRENGTHS	CHALLENGES	OPPORTUNITIES
The community is described as a supportive, friendly community that stays true to its values and traditions.	An aging and seasonal population poses economic challenges.	Hospital-community partnerships can be used to address community health issues, including improving access to health insurance and healthcare services, and addressing social needs.
The community rally to address community issues.	Community residents experience health-related social needs including food insecurity and limited access to transportation.	Opportunity exists to improve community perceptions regarding the hospital through tailored and multimodal marketing and community engagement strategies.
	Community members face challenges accessing healthcare, including high insurance and medical costs, along with limited availability of primary care, specialists, and mental health services.	Opportunity exists to improve communication between the hospital and other health care providers in the continuum of care.

## Prioritization & Implementation Plan

### Progress on Previous Implementation Plan

In the previous CHNA, the hospitals identified the following priority areas: health status, barriers to accessing healthcare (financial), community awareness about health services, major health challenges (aging), and improving access to care. The progress made in each priority area is documented in the table below:

CHNA 2022 Plan	Progress Update
<b>HEALTH STATUS</b>	
Work closely with specialties to provide quality Physical and Occupational Therapy services to increase mobility and weight and pain management.	<ul style="list-style-type: none"> <li>WCH has brought on Brian Siegel, MD and Lee L. Webber, CRNA, DNAP to provide interventional pain management care.</li> <li>WCH has a more robust orthopedic practice with six surgeons who specialize in hand care, podiatry, joint pain and sports medicine.</li> </ul>
Continue to provide registered dietitian nutritional services to support healthy weight management.	<ul style="list-style-type: none"> <li>Due to low usage of our registered dietitian nutritionist, WCH now only provides this care for inpatient stays, and our primary care providers provide support and referrals as needed for nutritional care.</li> </ul>
Increase the accessibility of immediate cardiac services for the community through telecardiology.	<ul style="list-style-type: none"> <li>Rural Physicians Group (RPG) has partnered with WCH to provide additional specialty care enabling patients to avoid being transferred to another hospital for specialty care. The COMPASS Telehealth system allows these specialists to round with WCH providers for the following specialties:               <ul style="list-style-type: none"> <li>Cardiac</li> <li>Pulmonology/Critical Care</li> <li>Nephrology</li> <li>Infectious Disease</li> </ul> </li> </ul>
Provide comprehensive cancer care services in Wickenburg.	<ul style="list-style-type: none"> <li>WCH continues to partner with City of Hope, formerly known as Cancer Treatment Centers of America, to provide comprehensive cancer care services in Wickenburg. Patients can now receive most of their cancer care close to home.</li> </ul>

CHNA 2022 Plan	Progress Update
<b>Addressing Barriers to Accessing Healthcare</b>	
<p>Collaborate with Wickenburg Community Hospital Foundation to explore the creation of a patient financial support fund, which could be used to cover medical expenses including but not limited to co-pays, deductibles, medical fees, medical equipment and healthcare related travel expenses.</p>	<ul style="list-style-type: none"> <li>The Wickenburg Community Hospital Foundation is exploring the creation of a patient financial support fund. The establishment of policy/protocols for usage terms must be confirmed. The fund will rely entirely on donations to remain active.</li> </ul>
<b>Community Awareness about Health Services</b>	
<p>Inform the community of where and how to access the care they need in the early stages of symptom development by tapping into the top five identified channels to inform the community of hospital services: word of mouth, website/internet, healthcare provider, Search Engines (Google, Bing, etc.) and the local newspaper.</p>	<ul style="list-style-type: none"> <li>To facilitate positive word-of-mouth testimonials, WCH has actively focused on improving the patient experience, with individual managers of each department taking on more ownership of patient experience.</li> <li>WCH is actively working with the TTAP team on a patient journey mapping process, where 19 initiatives have been activated to improve the patient journey through our healthcare system. Current focus is on access to care, "Increase the overall access Topbox score to 74% Medical Practice &amp; Outpatient surveys."</li> <li>WCH has developed strong relationships with the Chamber of Commerce, Wickenburg Rotary Club and a new group known as the Aguila Collaborative Group to spread awareness throughout the community.</li> <li>The hospital's website was redesigned in May of 2024, with strong search engine optimization and a smoother user flow of information.</li> <li>WCH has also invested in pay-per-click campaigns with Google to reach more community members directly.</li> <li>The community awareness team is working with WCH's new surgical care chairman to initiate a podcast where our providers will take turns being featured, providing free community education about improving health and wellness.</li> <li>The hospital continues to place awareness pieces on services available as well as public health information in the form of newspaper articles.</li> </ul>

CHNA 2022 Plan	Progress Update
<b>Aging</b>	
Support healthy aging in the community through access to senior services	<ul style="list-style-type: none"> <li>WCH continues to sponsor the annual Dementia Education Seminar facilitated by Hospice of the Vally in Wickenburg to help educate community members about services available in this area and help them provide care needed. In addition to providing primary care to our local assisted living facility, Rustic Ranch.</li> </ul>
Secure funding and partnerships, to build a senior living community with Memory Care units and Assisted Living apartments	<ul style="list-style-type: none"> <li>This project has been placed on hold as the federal grants that were available for funding such projects have been frozen, with no identified time frame of becoming available for applications.</li> </ul>
Partner with Eagle Telehealth telecardiology services in the Emergency Department and Acute Care Units to provide immediate access to virtual Cardiologists.	<ul style="list-style-type: none"> <li>Rural Physicians Group (RPG) provides this service.</li> </ul>
<b>Expanding Access to Care</b>	
Expand primary care access within the community through expanded hours at Wittmann Clinic.	<ul style="list-style-type: none"> <li>The plan to open the Wittmann Clinic 7-days a week has been postponed due to staffing shortages of licensed providers (PCPs &amp; MAs). In addition, the current clinic is on school property and will not allow certain drugs on campus making it difficult to provide a wide enough spectrum of care. Thus, WCH is activity working on plans to relocate the clinic to another Wittman site for expanded care. WCH has acquired land adjacent to HWY 60 and have begun working with a developer to build a new healthcare center. In the meantime, the Wittmann Clinic is open two days a week, and our mobile clinic is providing care on our vacant land lot two additional days a week. This provides primary care four days a week for the Wittmann community.</li> </ul>
Expand primary care access within the community through accessible urgent care services.	<ul style="list-style-type: none"> <li>The Urgent Care Clinic is open seven days a week 7am to 5pm all winter, and six days a week through the summer. The UC Clinic has been relocated to a more prominent location just off of HWY 60 / Wickenburg Way. This is more visible to the community for easy access.</li> </ul>
Improve patients' ease of accessing care by making online appointment scheduling available.	<ul style="list-style-type: none"> <li>The ability for patients to actually schedule their own appointments has been reconsidered due to difficulties it creates within our patient access EMR &amp;</li> </ul>

CHNA 2022 Plan	Progress Update
	Scheduling flow. This process for online request will stay as is until a more efficient electronic process is identified.
Improve all modes of patient communication, including, but not limited to, telephone communication, electronic messaging via the patient portal, and texting.	<ul style="list-style-type: none"> <li>• Telephone communication has been improved dramatically, the automated answering attendant was replaced with a live agent who can direct patient calls into our clinics for increase accuracy of communication from patients into the clinics.</li> <li>• WCH has a communication team that meets weekly to review any patient concerns regarding communication and identify any areas for improvement. This team approach has decreased call wait times and increased staff response rates.</li> </ul>
Implement a mobile medical clinic to provide healthcare in the more remote areas of its 3,300 square mile service area.	<ul style="list-style-type: none"> <li>• The WickCare Mobile Clinic was launched on March 27th, 2025 after a long production delay due to post COVID supply chain issues. The clinic has started by providing care support to our Wittmann Clinic weekly, free of the school campus drug regulations, and is traveling to Aguila and Yarnell monthly. The updated route can be found at <a href="https://wickhosp.com/mobile/">https://wickhosp.com/mobile/</a>.</li> </ul>

## 2026-2028 Implementation Plan

A modified nominal group strategy was employed to prioritize community health needs. This approach involved a brainstorming session, discussion, and ranking of potential priority areas. Emerging areas of health and health-related needs included limited access to health care (including primary, specialty, and behavioral health services), poor health behaviors and health outcomes, high social need, and opportunities to improve patient satisfaction and community trust in the hospital. For the 2025 CHNA cycle (i.e., FY2026-28), the steering committee prioritized the following areas—considering need, feasibility, and past successes: expanding access to primary and specialty care and enhancing patient satisfaction and community trust.

Areas of opportunity not being comprehensively addressed by WCH during this CHNA cycle include the following:

- A) Health Behaviors: High prevalence of overweight/obesity, substance use among adults, and poor nutrition, internet use, and bullying among children to improve overall community health and wellness.
  - These are not feasible for the hospital to comprehensively and directly impact at this time. **However, the hospital will continue health and wellness promotion efforts through its social media platforms, and offering free health education articles published in the local newspaper weekly.**
- B) Behavioral Health: Need to expand access to mental health and substance use services within the community.
  - WCH already offers mental health services via telehealth through the primary care clinic in Wickenburg. **The hospital will keep promoting these services to the community.** However, expanding these services is not feasible at this time.
- C) Hospital-community partnerships to address community health issues, including improving access to health insurance and healthcare services, and addressing social needs. Partnerships at the scale needed to create lasting population health improvements require intentional planning, coordination, and support from all involved parties. Although not a focus during this CHNA cycle, WCH is dedicated to developing these collaborations for long-term impact. In the meantime, **WCH will continue ongoing efforts to address social needs as outlined below:**
  - Providing financial assistance for medically necessary services in a fair, consistent, respectful, and objective manner to the underserved population. WCH employs a Financial Counselor who assists patients with Medicaid and financial assistance applications to determine the level of financial assistance available to them.

- Participating in the federal 340B Drug Pricing Program. This program allows WCH to stretch limited federal resources to reduce the price of outpatient pharmaceuticals for patients and expand health services to the patients and communities they serve.
- Supporting & connecting those in need with the Pink Ribbon Angels, a nonprofit organization created to help residents of the Wickenburg area cover uninsured expenses associated with the diagnosis of breast cancer.

The final selected priority areas align with the priority needs identified through community input. The goals, objectives, and activities developed under each priority area build on initiatives in the previous CHNA to improve community health.

### **PRIORITY AREA ONE: HEALTHCARE ACCESS**

**Goal: To enhance access to primary and specialty services within the Greater Wickenburg area.**

**Objective(s):**

5. **Primary Care:** Improve access to primary care by doubling the number of open clinic days in Congress from 2 per month to 4 per week.
6. **Primary Care:** Increase access to primary care by expanding the mobile unit's operation to more than 10 days of service per month.
7. **Specialty Care:** Increase patient visits to the following specialty services (Cardiology, Orthopedics, Urology, and Podiatry) by 5% annually, focusing on decreasing high outmigration rates in our service area by 2028.

### **PRIORITY AREA TWO: PATIENT AND COMMUNITY SATISFACTION WITH HOSPITAL SERVICES**

**Goal: To enhance community satisfaction with and trust in the hospital**

**Objective(s):**

8. Improve patient satisfaction, reputation, and trust in WCH's billing capabilities by increasing positive feedback about the WCH billing process.

**Implementation Plan.** An implementation plan is outlined below for each priority area. Wickenburg Community Hospital will involve its internal and external stakeholders to help ensure the successful execution of this plan. Terrie Davidson, Community Relations Manager, will lead efforts to ensure its completion.

## WCH IMPLEMENTATION PLAN: 2026-2028

### Priority Area: Healthcare Access

**Goal: To enhance access to primary and specialty services within the Greater Wickenburg area.**

#### *Primary care*

**Objective 1:** Improve access to primary care by doubling the number of open clinic days in Congress from 2 per month to 4 per week.

**Objective 2:** Increase access to primary care by expanding the mobile unit's operation to more than 10 days of service per month.

**ACTION STEP:** Onboard two additional primary care providers by the end of the first quarter of 2026 to increase provider availability.

1. Fill a position that has been vacant at the Congress Clinic to reopen the clinic four days a week instead of the current status of two days a month. This will increase the number of available primary care visits for the Congress community members.
2. Add a provider to expand healthcare services utilizing the Mobile Clinic.

**Objective 3:** Increase patient visits to the following specialty services (Cardiology, Orthopedics, Urology, and Podiatry) by 5% annually, focusing on decreasing high outmigration rates in our service area by 2028.

**ACTION STEP:** Increase community awareness of the availability of specialist services in cardiology, orthopedics, urology, and podiatry through a multi-pronged marketing and community outreach strategy:

1. Digital & print advertising of each specialty to the community
2. Outreach events providing in-person and/or virtual education directly to community members, led by the specialists
3. Educate WCH providers and monitor internal referrals
4. Educate external providers of specialty services offered

### Priority Area: Patient and Community Satisfaction with Hospital Services

**Goal: To enhance community satisfaction with and trust of the hospital**

**Objective 4:** Improve patient satisfaction, reputation, and trust in WCH's billing capabilities by increasing positive feedback about the WCH billing process.

**ACTION STEP:** Listen to the community and incorporate their concerns into improvements to billing processes.

1. Perform value stream mapping of WCH's billing processes and workflows to identify initiatives to improve effectiveness and patient satisfaction.

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2. Continue to monitor patient and community feedback from public reviews, social media comments, and patient satisfaction surveys, among others, and incorporate this input to improve the billing experience.

## Community Health Resource Listing

Organization	Location	Phone	Web Address
<b>Abuse and Domestic Violence</b>			
Eve's Place Community Services	10448 W Coggins Dr., Sun City, AZ 85351	623-537-5380	evesplace.org
<b>Child and Youth Services</b>			
Kids Can Succeed Foundation Inc	12630 N 103rd Ave Suite 213, Sun City, AZ 85351	602-535-2289	<a href="http://kidsacanhope.org/">http://kidsacanhope.org/</a>
<b>Disability Services</b>			
Wickenburg Community Services Corporation	466 W Wickenburg Way, Wickenburg	928-231-8911	<a href="https://www.wcscwickenburgaz.org/">https://www.wcscwickenburgaz.org/</a>
The Benevilla Helping Partners Life Enrichment Program	14601 N Del Webb Blvd, Sun City, AZ 85351Com	623-584-4999	
Arizona Mentor	4020 W Industrial Rd #109, Wickenburg, AZ 85390		<a href="http://az-mentor.com/">http://az-mentor.com/</a>
AllThrive365	466 W Wickenburg Way, Wickenburg, AZ 85390	928-684-7894	<a href="https://allthrive365.org/connection/community-resource-centers-wickenburg/">https://allthrive365.org/connection/community-resource-centers-wickenburg/</a>
<b>Food and Housing Resources</b>			
Maricopa County Community Action	255 N Washington St, Wickenburg	928-684-7894	
Wickenburg Food Bank Distribution	466 W Wickenburg Way, Wickenburg	928-684-7894	<a href="https://wickenburgaz.gov/">https://wickenburgaz.gov/</a>
Saguaro Jane's	21802 W. Wilson Ave Wittman, AZ - 85361	623-388-2683	<a href="https://saguarojane.org/">https://saguarojane.org/</a>
Yarnell Senior Center	22302 Broadway Yarnell, AZ - 85362	928-427-6347	<a href="https://www.yarnellrcc.org/">https://www.yarnellrcc.org/</a>

Organization	Location	Phone	Web Address
First Southern Baptist Church	360 W. Yavapai Street Wickenburg, AZ - 85390	928-684-2756	
Wickenburg Social Services	255 N. Washington Street, Wickenburg, AZ 85390	928-684-7894	
Project Salt	73 S. Tegner St. Wickenburg, AZ 85390	928-985-0165	<a href="https://projectsaltwickenburg.com/">https://projectsaltwickenburg.com/</a>
<b>Health and Human Services</b>			
Arizona Department of Health Services	150 N 18th Ave, Phoenix, AZ 85007	602-542-1025	<a href="http://azdhs.gov">azdhs.gov</a>
Maricopa County Human Services	234 N Central Ave Suite 3000, Phoenix, AZ 85004	602-506-0589	<a href="http://maricopa.gov">maricopa.gov</a>
Yavapai County Community Health Services	1090 Commerce Dr, Prescott, AZ 86305	928-771-3122	<a href="http://yavapaiaz.gov">yavapaiaz.gov</a>
Maricopa County Department of Public Health Administration	110 W Main St A, Payson, AZ 85541	928-474-1210	<a href="http://gilacountyaz.gov">gilacountyaz.gov</a>
Arizona Health Care Cost Containment System (AHCCCS)	150 N 18th Ave, Phoenix, AZ 85007	602-417-4000	<a href="http://azahcccs.gov">azahcccs.gov</a>
Habitat for Humanity Wickenburg	370 W. Center Street , Wickenburg, AZ 85390	928-684-2220	<a href="https://www.habitat.org/az/wickenburg/wickenburg-area-habitat-humanity">https://www.habitat.org/az/wickenburg/wickenburg-area-habitat-humanity</a>

Organization	Location	Phone	Web Address
<b>Healthcare Providers</b>			
Wickenburg Community Hospital	520 Rose Ln, Wickenburg, AZ 85390	928-684-5421	<a href="https://wickhosp.com/">https://wickhosp.com/</a>
Community Hospital Clinic	26750 B Sante Fe Rd, Congress	928-668-1833	<a href="https://wickhosp.com/congress/">https://wickhosp.com/congress/</a>
Community First Home Health Care	472 E Wickenburg Way Ste 103, Wickenburg	928-684-4984	<a href="https://www.communityfirstaz.info">https://www.communityfirstaz.info</a>
Truly Well Family Care	38 N Jefferson St. Wickenburg, AZ 85390	928-668-6083	<a href="https://trulywell.health/">https://trulywell.health/</a>
Adelante Healthcare	811 N. Tegner, Ste. 113	480-964-2273	<a href="https://adelantehealthcare.com/">https://adelantehealthcare.com/</a>
Gila Health Resources-Bagdad	12 Hope Dr, Bagdad, AZ 86321	928-633-6733	<a href="http://gilahealth.com">gilahealth.com</a>
<b>Medical and Dental Services</b>			
Dental Excellence	821 W Wickenburg Way, Wickenburg	928-684-1000	<a href="https://thegooddentistwickenburg.com/thank-you/">https://thegooddentistwickenburg.com/thank-you/</a>
<b>Mental and Behavioral Health</b>			
The Meadows	1655 N Tegner St, Wickenburg	866-331-5931	<a href="https://www.themeadows.com/">https://www.themeadows.com/</a>
Breaking Free Christian Counseling	315 W Apache St. Wickenburg	928-232-9280	<a href="https://godlycounseling.com/">https://godlycounseling.com/</a>
The Meadows Adolescent Center	28331 W Rocking Horse Lane, Morristown, AZ	833-729-4896	<a href="https://meadowsadolescent.com/">https://meadowsadolescent.com/</a>
<b>Transportation</b>			
AZ Health Transport	17408 N Cassi Dr, Surprise, AZ 85374	623-299-0863	
Transportation Department	600 E Wickenburg Way #B, Wickenburg, AZ 85390	928-684-2131	<a href="https://azdot.gov/">https://azdot.gov/</a>

Organization	Location	Phone	Web Address
A Wickenburg Shuttle	318 N Madison St, Wickenburg	928-684-1500	
Life Line Station 41	1155 N Tegner St, Wickenburg	928-684-7911	<a href="https://lifelineambulance.net/">https://lifelineambulance.net/</a>
<b>Utility Services</b>			
Town of Wickenburg	155 N Tegner St, Wickenburg	928-684-5451	<a href="https://wickenburgaz.gov/">https://wickenburgaz.gov/</a>
CR&R Environmental Services of Wickenburg	4081 N Industrial Blvd Wickenburg	928-684-0303	<a href="https://crrwasteservices.com/">https://crrwasteservices.com/</a>
<b>Financial Services</b>			
American National Insurance	579 W Wickenburg Way Ste 3 Wickenburg	928-684-5115	<a href="https://www.americannational.com">https://www.americannational.com</a>
National Bank of Arizona	540 W Wickenburg Way, Wickenburg, AZ 85390	928-684-0177	<a href="https://www.nbarizona.com/personal/individual-branch/?branchID=239">https://www.nbarizona.com/personal/individual-branch/?branchID=239</a>
Financial Security Group of AZ, Inc	10001 W Bell Rd #148, Sun City, AZ 85351	623-561-2323	<a href="http://yourfsg.com/">http://yourfsg.com/</a>
Haven Financial Group SunCity, AZ	10451 W Palmeras Dr Ste 220, Sun City, AZ 85373	623-343-2412	<a href="http://havenfg.com/">http://havenfg.com/</a>

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520 Rose Lane  
Wickenburg, AZ, 85390