2017

Community Health Assessment Report

COCHISE COUNTY, ARIZONA

A partnership between

COCHISE HEALTH AND SOCIAL SERVICES
BENSON COMMUNITY HOSPITAL
COPPER QUEEN COMMUNITY HOSPITAL
LEGACY FOUNDATION OF SOUTHEAST ARIZONA
NORTHERN COCHISE COMMUNITY HOSPITAL

Prepared by Health Management Associates

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REFLECTIONS FROM THE SPONSORING ORGANIZATIONS

Cochise Health & Social Services

The mission of Cochise Health and Social Services (CHSS) is to "promote health and quality of life for all Cochise County residents through community partnerships, education, service and leadership." There are many factors that impact the health of a community, and all the different communities in Cochise County need to address those factors and challenges in the ways that are meaningful to them. CHSS cannot meet all those challenges alone; thus we see it as our responsibility to lead a collaborative partnership of local residents and community organizations to address priority health issues together. With this community health assessment, our public health system will be better equipped to make choices, set priorities and lead this community-driven effort to develop next steps for action.

– Judith Gilligan, Prevention Services Director, Cochise Health & Social Services

Legacy Foundation of Southeast Arizona

The mission of the Legacy Foundation of Southeast Arizona is to "promote population health and community wellness throughout southeast Arizona." To that end, the Foundation must identify unmet needs and design funding and support strategies to meet these needs. A community scan is an essential element in identifying such community health and wellness needs. It was important to the Foundation that we did not undertake a community scan in isolation; rather, we chose to address the work through partnerships with other organizations seeking answers to similar questions. The Foundation, along with Health Management Associates, our hospital partners and Cochise Health and Social Services, have formed a strong investigative force to answer the question – how can we meet health and wellness needs and best serve our communities?

– Margaret Hepburn, CEO, Legacy Foundation of Southeast Arizona

Copper Queen Community Hospital

The mission of Copper Queen Community Hospital is to maintain and support access to basic primary healthcare throughout southern Cochise County by excelling in leadership, vision and service delivery to address opportunities and challenges to healthcare. It is the vision of Copper Queen Community Hospital to help create a healthier community.

– Jim Dickson, CEO Copper Queen Community Hospital

Northern Cochise Community Hospital

Northern Cochise Community Hospital (NCCH) has served the Northeast corner of Cochise County for the last 49 years. As we near our 50th anniversary, we have come to understand the critical role played by our organization in serving the needs of the residents in this part of the county and state. With a population of approximately 6 people per square mile, and a service area that is roughly the geographic size of the state of Delaware, our mission is as critical today as it was 50 years ago. We are here to ensure the people in Willcox and the communities we serve have access to exceptional patient care that is close to where they live. Because of this, the partnership in which we participate is absolutely essential to gaining the insight and understanding about how we can continue providing the critical care on which the area has come to rely. Additionally, with the insights from this CHA we will be able to collectively move forward as a community in meeting identified needs in a way we could not have achieved on our own.

– Roland Knox, CEO, Northern Cochise Community Hospital

Benson Community Hospital

Benson Hospital serves the healthcare needs of the San Pedro Valley Hospital District, approximately 1100 square miles in northwest Cochise County. In preparing for our future, we have recently completed an updated strategic plan. This planning process has shown us that we will be providing care to patients at home, as well as in the hospital. To understand how we accomplish this will require new partners and some serious thinking. The opportunity to partner with the key organizations of Cochise County will provide a valuable focus and an action plan that will enhance the health of our patients and our community.

– Richard Polheber, CEO, Benson Community Hospital

ACKNOWLEDGEMENTS

The sponsoring organizations wish to thank all of the partners and stakeholders who devoted their leadership, dedication, professional expertise and time to achieve this milestone.

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Copper Queen Community Hospital, Board of Directors

Northern Cochise Community Hospital, Board of Directors

Benson Community Hospital, Board of Directors

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CHA Community Partners

Cenpatico Integated Care
Chiricahua Community Health Centers, Inc.
Community Food Bank of Southern Arizona
Fort Huachuca Community Health Promotion Council
Sierra Vista Be Healthy!
Southeastern Arizona Government Organization
Southeastern Arizona Behavioral Health Services
St Vincent de Paul, Douglas
St Vincent de Paul, Diane McDaniel, Sierra Vista
Rural Accent/Bowie Community Food Pantry
University of Arizona Cooperative Extension

CHA Community Outreach Team & Locations

Benson Hospital
Rotary Club, Benson
St Vincent De Paul, Douglas
Chiricahua Community Health Clinics- Bisbee, Douglas & Elfrida
Bowie Community Center
Coronado Courts, Douglas
Winchester Heights, Willcox
Farm fields - Sulphur Springs Valley
Women's Health Clinic-Douglas (CCHCI)
Elfrida Clinic-(CCHCI)
Coronado Dairy in Kansas Settlement
Bowie Pistachio farms
San Simon FICO farms/BIAD Chili
Child & Family Resources
Willcox Range News
Sierra Vista Herald
County School Superintendents
Tin Town Shelter, Bisbee
Farmer's Market, Bisbee
Safeway Grocery, Bisbee
County Libraries
Naco community
Willcox Healthy Community committee
Willcox Economic Development Council
Strong Families Home Visiting Collaboration
CHSS WIC
CHSS Health Start
Cochise Connections Conference
Cochise Community College
Benson Food Bank
Be Healthy! Sierra Vista
Douglas Town Hall (Turning Point)
Cochise Domestic Violence Coalition
Goar Park Free Lunch
Easter Seals Blake Foundation
Rotary Club, Sierra Vista
Fry District Fire Station
Veteran's Administration Clinic
Cochise County Youth Health Coalition
Carmichael Neighborhood Association
Copper Queen Community Hospital
Cochise TV - KCTR
Christian Fellowship Church
Arizona WORKS
Art Awakenings
Cochise Healthy Communities Summit
Copper Queen Medical Clinic, Bisbee
Copper Queen Urgent Care, Douglas
Pastor's breakfast (Western group)
Community Food Bank – multiple locations
Bisbee Town Hall Meeting
Sunsites/Pearce Fire Department
Douglas Turning Point
St. Vincent de Paul, Sierra Vista,
Willcox Town Hall Meeting
Northern Cochise Community Hospital
Northern Cochise Community Medical Clinic
Sulphur Springs Medical Center
Senior Learning Center – Willcox
Facebook – Cochise County
Facebook - Willcox Shares
Facebook - Willcox Matters
Facebook - Willcox Chit Chat
Facebook-Cochise County Cooperative Extension
Facebook-Education Foundation of Sierra Vista
SEABHS sites – multiple sites
Palominas/Miracle Valley neighborhood
Salvation Army, Sierra Vista Major Bob Schmig
Faith Communities across Cochise County
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EXECUTIVE SUMMARY

In 2013, Cochise Health and Social Services (CHSS) completed their first Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP), with technical and funding support from the Arizona Department of Health Services. Building on the 2012 assessment, CHSS embarked on a collaborative approach to conduct the 2016 assessment, partnering with the Legacy Foundation of Southeast Arizona, Benson Community Hospital, Copper Queen Community Hospital and Northern Cochise Community Hospital to bring together residents and community leaders, nonprofit and social service agencies, governmental institutions, and federally qualified community health centers to harness their collective resources, energy and expertise to identify and prioritize the major issues threatening the health and well-being of Cochise County residents.

Cochise CHA Process

Using the infrastructure created through the Healthy Cochise – The Cochise Healthy Communities Initiative, CHSS and their partners coordinated the five-month CHA process, which was a collaborative, community effort that engaged more than 2,400 county residents through the community needs survey, community meetings and stakeholder engagement. The process relied on Health Management Associates (HMA) and the University of Arizona's Office of Population Health to perform the various components of research and information gathering, and HMA guided CHSS and their partners through a modified Mobilizing through Planning and Partnership (MAPP) framework for the four MAPP assessments:

- Community Themes and Strengths Assessment
- Local Public Health System Assessment
- Forces of Change Assessment
- Community Health Status Assessment

The MAPP assessments were conducted with direction by the CHA Steering committee to meet the following objectives:

- To ensure racial and ethnic minority communities' needs and input were included.
- To ensure broad stakeholder engagement and participation in the assessment.
- To ensure each of the five communities and rural areas within Cochise County were included in the survey and community meetings.
- To the extent possible, obtain, analyze and interpret health data specific to Cochise County.

To achieve these goals, primary and secondary data were collected and reviewed, including county-specific Medicaid utilization data. The community themes and strengths were assessed by conducting a survey of more than 2,400 community residents, health system partners, and other health and social service professionals. To understand the forces of change in Cochise County, a series of webinars was conducted with key informants representing major communities of interest including education leaders, elected officials and health care providers.

A fourth webinar was held for key informants representing vulnerable populations that often experience greater health disparities including the elderly, border health experts, domestic violence advocates and LGBTQ advocates.

Through this assessment and data collection process, three community health priorities surfaced. These priorities are supported by the data, and they were echoed by community members and public health professionals.

Cochise County's Top Health Priorities

1. **Mental Health and Alcohol/Substance Abuse**

Medicaid utilization data revealed that mental health and substance use disorders are a major contributor to the poor health of Cochise County residents. Mental health and physical health are inextricably linked, and research has shown a link between depression and chronic diseases and health conditions, including diabetes and cancer, which are two of the leading causes of death in Cochise County.

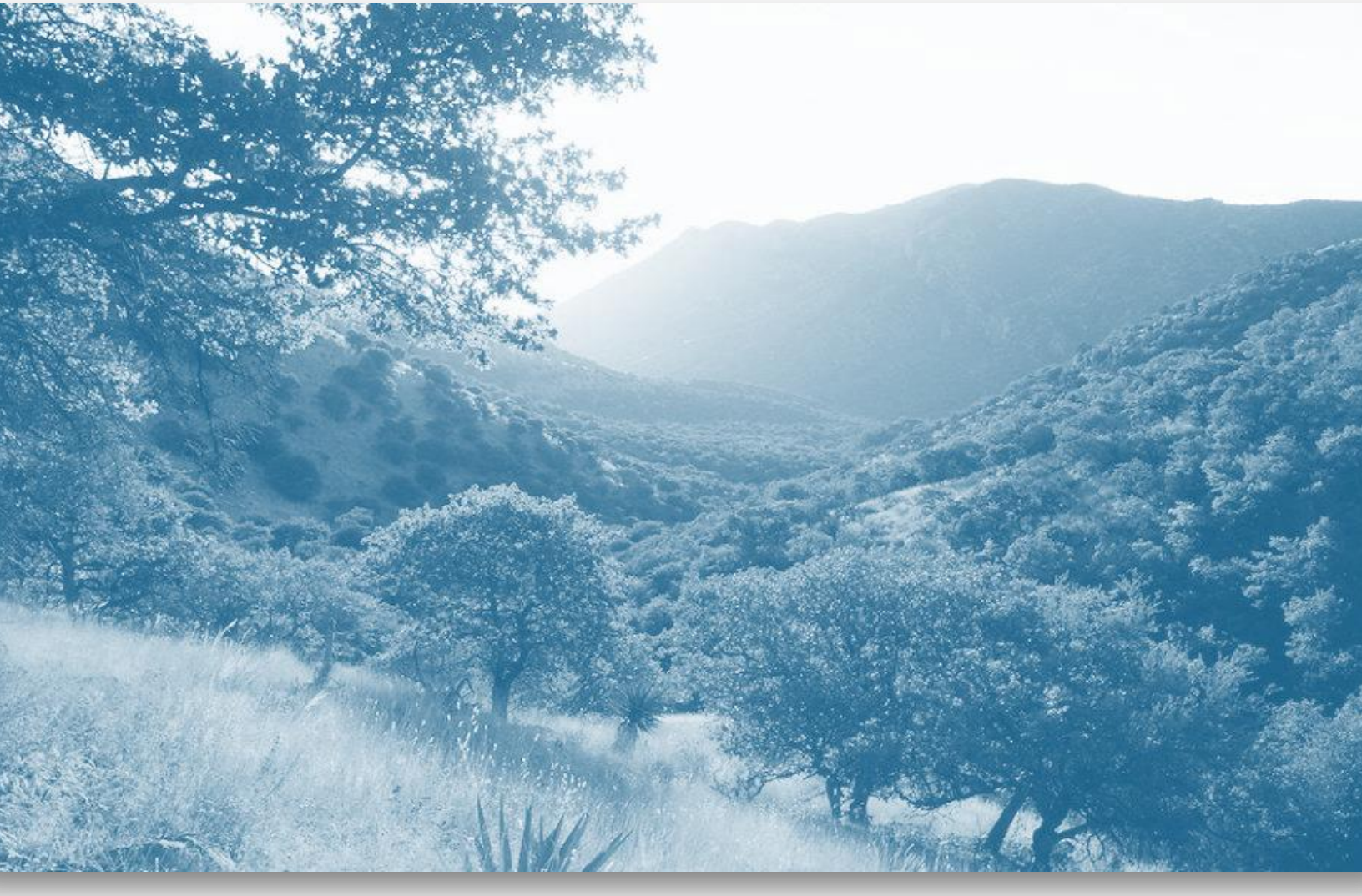
2. **Good Jobs and a Healthy Economy**

Health is influenced by a number of factors including social and economic factors, including where people live. People who live in rural areas are at a higher risk of having poor health. Cochise County is one of two counties in Arizona with a declining census; all other counties are experiencing population growth. In addition, approximately 28 percent of the county's children are living in poverty, which is an indicator for an increased risk of mortality, prevalence of medical conditions and disease incidence, and poor health behaviors.

3. **Healthy Eating and Obesity & Diabetes**

Unhealthful individual behaviors like smoking, lack of physical activity, and poor eating habits are major contributors to the leading chronic diseases. The United States Department of Agriculture (USDA) catalogs who has limited access to healthy food by determining what percentage of low-income residents live close to a grocery store (within 10 miles in rural areas). The lack of healthy food choices, lack of physical activity and obesity all contribute to the county's high rate of diabetes.

In the first half of 2017, CHSS and their partners will host a series of community meetings to engage residents and stakeholders. These meetings will reaffirm the community's health priorities, formulate a series of health improvement strategies, and develop key goals and action plans to improve residents' health outcomes.



ABOUT THIS COMMUNITY HEALTH ASSESSMENT

Cochise County, Arizona

Founded in 1881, 31 years before Arizona achieved statehood, Cochise County has a rich and diverse history. Located in the southeast corner of Arizona and covering more than four million acres, it is larger than the states of Connecticut and Rhode Island combined. The county's namesake, the legendary Apache chief Cochise, waged battle with U.S. Cavalry units in the Dragoon mountains, while Geronimo was pursued deep into the Chiricahuas. The legendary Buffalo Soldiers of the 10th U.S. Cavalry were stationed at Ft. Huachuca, anchoring a tradition of military service that endures to this day. If you know one thing about Cochise County, you know it was home for a time to the legendary lawman Wyatt Earp and was the setting for the kind of old-west boom town adventures that movies are (literally) made of.

Today, Cochise County is home to people of all types of backgrounds, with a variety of social, economic, and healthcare needs. The county is home to diverse cultures and lifestyles, from Tombstone to the copper town-turned artistic community of Bisbee, to Sierra Vista and Fort Huachuca, to the vineyards and farms of Willcox, the natural splendor of the San Pedro Valley, and all the way down to the cross-border bustle in Douglas.

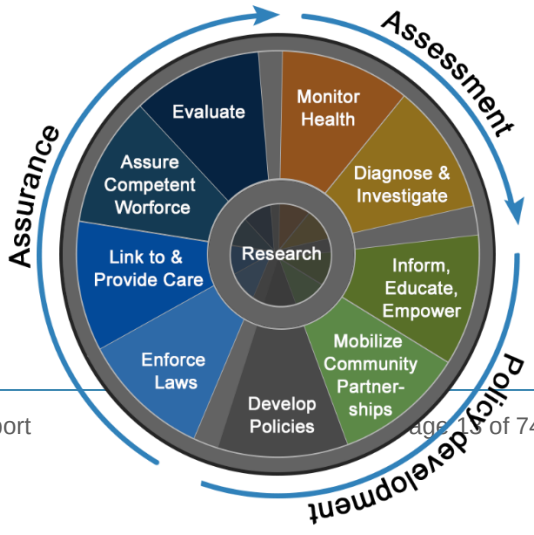
The organization officially responsible for promoting the health and well-being of the 129,112 residents of Cochise County is Cochise Health and Social Services (CHSS), and in 2012, they embarked on a journey to better understand the health needs of county residents. With funding and technical assistance from the Arizona Department of Health Services (ADHS), they conducted the first county-wide Community Health Assessment (CHA). The purpose of the Cochise County CHA was to determine the self-identified current health status of the county's residents, identify the barriers to accessing health care, and determine what types of services residents were using. More importantly, the CHA attempted to gain an understanding of the county's definition of a healthy community and to strategically deploy limited resources throughout the county for the greatest possible effect.

Building on the 2012 assessment, CHSS embarked on a collaborative approach to conduct the 2016 assessment, partnering with the Legacy Foundation of Southeast Arizona, Benson Community Hospital, Copper Queen Community Hospital and Northern Cochise Community Hospital to bring together residents and community leaders, nonprofit and social service agencies, governmental institutions, and federally qualified community health centers to harness their collective resources, energy and expertise to identify and prioritize the major issues threatening the health and well-being of Cochise County residents.

Assessing the Health of Communities

Community Health Assessments for Local Health Departments

State and local health agencies have used various types of health needs assessments for a variety of programs for years. In the last decade, a movement began to set standards in key functional domains for state and local health departments, with the objective of being formally accredited by a national body. These efforts gave rise to the Public Health Accreditation Board (PHAB), and with it, a formal set of twelve domains, which include the elements of the community health assessment (CHA) and community health improvement plan (CHIP). Accreditation is currently voluntary, but health departments benefit tremendously as they improve their service, value, and accountability to the community.



The community health assessment is a tool that can inform the public health department and the community. It can also aid leaders to develop sound policy and assure the health of the

community by helping them learn about the community: learning about the health of the people, understanding the community's attitudes and perceptions about health, uncovering the contributing factors to higher health risks and poorer health outcomes, and identifying community resources that are available to improve everyone's overall health.

An aspirational community health assessment is built through a collaborative process of collecting and analyzing data and information to provide community members a foundation for making decisions and taking action. The collaborative process envisions a broad section of stakeholders including health care providers, community leaders, foundations, business leaders, educators and community members coming together to identify areas for health improvement, identify contributing factors that impact health outcomes, and identify community assets and resources that improve population health. This work is accomplished through the collection and analysis of data and information on demographics, socioeconomic characteristics, quality of life, community resources, behavioral factors, the environment, morbidity (illness) and mortality (death), and a variety of other social determinants of health. When complete, the community health assessment will be the basis for developing the community's health improvement plan.

From the Public Health Accreditation Board (PHAB):

What is Public Health Department Accreditation?

- *The measurement of health department performance against a set of nationally recognized, practice-focused and evidence-based standards.*
- *The issuance of recognition of achievement of accreditation within a specified time frame by a nationally recognized entity.*
- *The continual development, revision, and distribution of public health standards.*

The goal of the voluntary national accreditation program is to improve and protect the health of the public by advancing the quality and performance of Tribal, state, local, and territorial public health departments.

PHAB's public health department accreditation process seeks to advance quality and performance within public health departments. Accreditation standards define the expectations for all public health departments that seek to become accredited. National public health department accreditation has been developed because of the desire to improve service, value, and accountability to stakeholders.

Community Health Needs Assessments for Nonprofit Hospitals

In addition to public health departments formalizing their community health assessments, the Patient Protection and Affordable Healthcare Act of 2010 (ACA) requires nonprofit hospitals to conduct community health needs assessment (CHNA) every three years. These assessments are designed to identify and prioritize the major health needs of the communities they serve; ideally, hospitals would use the results to develop plans to address the health needs identified in their community. The ACA requires that nonprofit hospitals CHNAs:

- Define the community they serve
- Assess the health needs of the community, including soliciting input from persons representing the broad interests of the community, including those with experience in public health
- Identify and prioritize the major health needs
- Identify resources in the community to meet the major health needs
- Evaluate the impact of their actions
- Make the CHNA easily available to the public

In 2014, the Internal Revenue Service issued final regulations listing the requirements for nonprofit or charitable hospitals that are conducting a CHNA. The regulations define a health need as "health needs include requisites for the improvement or maintenance of health status in both the community at large and in particular parts of the community (such as particular neighborhoods or populations experiencing health disparities)."[1] The regulations also describe requirements for improving or maintaining health status, and indicate that these activities "need to address financial and other barriers to care but also the need to prevent illness, to ensure adequate nutrition, or to address social, behavior, and environment factors that influence health in the community"[2] . The regulations also provide nonprofit hospitals the opportunity to build upon their previous CHNAs instead of creating a new CHNA every three years. Ostensibly, the idea is to promote long-term planning to improve community health.

Opportunity for Change

We know that good health is about more than just good healthcare. It is a process that starts at the roots of our communities with basics like healthy food, clean air and water, safe housing and equitable access to care. The responsibility placed on nonprofit hospitals and public health departments to demonstrate that they understand the needs of their community provides an opportunity for partnership.

HEALTHY COCHISE - The Cochise Healthy Communities Initiative

Healthy Cochise was born out of relationships built during the 2012 Cochise County community health assessment and improvement planning process. CHSS brought together a dedicated group of community partners to lead, promote, and advance sustainable health by developing strategies and objectives to address identified health priorities through local Healthy Community Committees. The goal of the Healthy Cochise – The Healthy Cochise Communities Initiative is *to motivate and guide the very diverse and unique communities within Cochise County to actively participate in identifying and addressing health concerns in their neighborhood, towns and surrounding communities*.

[1] Federal Register, Vol. 79, No. 250, (Wednesday, December 31, 2014). Department of the Treasury, Internal Revenue Service.

[2] Federal Register, Vol. 79, No. 250, (Wednesday, December 31, 2014). Department of the Treasury, Internal Revenue Service.

Each local Healthy Community Committee serves to facilitate local policy development, engage in prevention activities, identify strategies to improve the quality of health and health care services, and inspire community engagement. The Committees are designed to empower the community to identify health priorities, define objectives and indicators for each priority, assess their capacity to address identified issues and produce measurable outcomes. The Committees also serve as a liaison to communicate with CHSS, local leaders and other community committees. As a sign of their commitment to improving the health of Cochise County residents, CHSS committed staffing resources for the Committees. Staff assists with convening meetings; soliciting membership; developing strategies, goals and objectives; and implementing action plan(s).

The Healthy Cochise Summit

Building on the momentum of the Healthy Communities Initiative, CHSS and their partners came together to host a day-long summit, the Healthy Cochise Summit, on September 29, 2016, to officially kick off the 2016 Cochise County community health assessment. One-hundred and thirty (130) community members from all areas of the county came together to spend a day learning about community health, social determinates of health, and the community health assessment and improvement planning process.

The summit registration included an opportunity for attendees to share their idea of a health community; a number of healthy attributes they identified appear throughout this assessment, including:

- More mental/behavioral health services
- More medical care – primary care and specialists
- Transportation
- Better access to healthier foods
- More services and resources of all kinds
- Greater awareness about resources through education and communication
- More collaboration and working together
- Economic development and diversity

Working together to develop the 2016 Cochise County Community Health Assessment is an opportunity for Cochise Health and Social Services, Benson Community Hospital, Copper Queen Community Hospital, Northern Cochise Community Hospital and the Legacy Foundation of Southeast Arizona to align their resources and leverage their collective strengths and to bring together the community, assess needs, identify resources, and create a plan that delivers results for all of Cochise County.

Approach

There are a number of ways to approach the assessment of a community's health. According to the National Association of County & City Health Officials (NACCHO), a thorough community health assessment should answer the following questions:

- What are the health problems in a community?
- Why do health issues exist in a community?
- What factors create or determine the health problems?
- What resources are available to address the health problems?
- What are the health needs of the community from a population-based perspective?

To answer these questions, the Cochise partnership chose to utilize a framework that included examining a broad range of data, engaging and empowering community members, and gathering resources to comprehensively address the community's health issues.

Mobilizing for Action through Planning and Partnerships (MAPP)

The Cochise partnership elected to use a modified MAPP framework, a process that was developed through published guidance between the National Association of County & City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC), as well as collaboration with key stakeholders, steering committee members and experts from Health Management Associates.

The MAPP framework helps communities apply strategic thinking to effectively solve problems. MAPP empowers the broader community so that they can engage in strategically planning to improve their community's health. MAPP has been implemented nationally by many public health departments and community organizations to facilitate the prioritization of public health issues and identify resources to address them.[3]

MAPP is not an agency-focused assessment tool; rather, it is an interactive process comprised of six phases and four assessments designed to improve the efficiency, effectiveness, and performance of local public health system. The six phases of the MAPP process include:

[3] NACCHO

- Organizing for success and developing partnerships
- Visioning
- Conducting the four MAPP assessments
- Identifying strategic issues
- Formulating goals and strategies
- Taking action (planning, implementation, and evaluation)

The four assessments are:

Community Themes and Strengths Assessment: Provides qualitative information on how communities perceive their health and quality of life as well as their knowledge of community resources and assets.

Local Public Health System Assessment: Measures how well public health system partners collaborate to provide public health services based on a nationally recognized set of performance standards.

Community Health Status Assessment: Provides quantitative data on a broad array of health indicators, including quality of life, behavioral risk factors, and other measures that reflect a broad definition of health.

Forces of Change Assessment: Provides an analysis of the positive and negative external forces that impact the promotion and protection of the public's health.

The findings from this process are highlighted in this report. The Community Health Status Assessment produced a wealth of detailed information that can be found in Appendix A, which along with other related documents, as well as all community presentations, can be found on the following websites:

- Cochise Health and Social Services Department: https://www.cochise.az.gov/health-and-social-services/home
- Benson Community Hospital: www.bensonhospital.org
- Copper Queen Community Hospital: http://cqch.org
- Northern Cochise Community Hospital: www.ncch.com
- Legacy Foundation of Southeast Arizona: www.lfsaz.org

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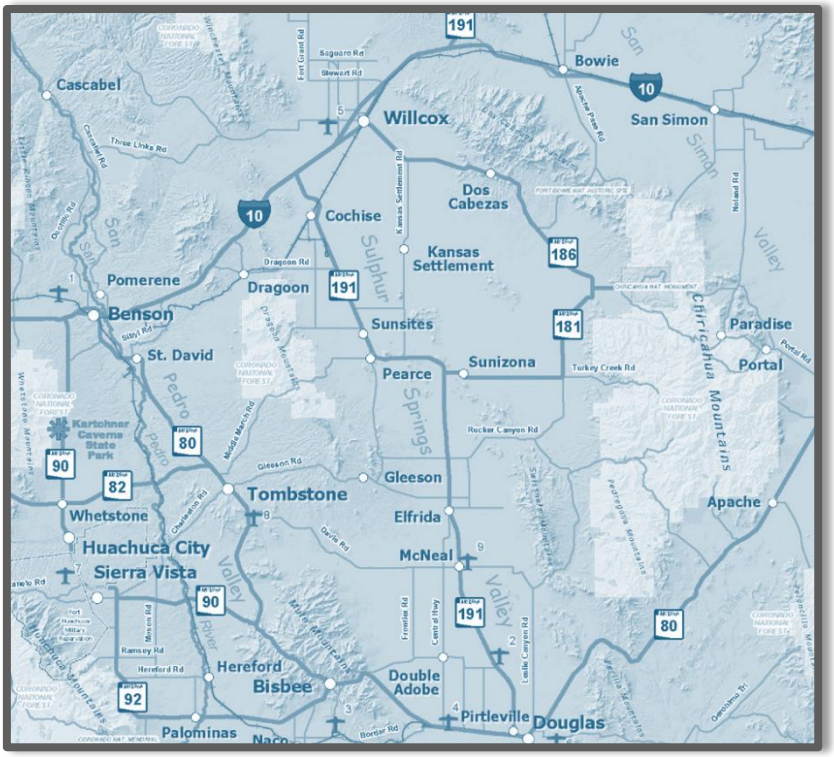
COCHISE COUNTY HEALTH PROFILE

Cochise County Geography & Demographics

Located in the southeast corner of Arizona and covering more than four million acres (6,165 square miles), this county contains an active military base, ranches and farms, sightseeing destinations and it borders the country of Mexico to its South.



According to estimates by the US Census Bureau, in 2010 the county was home to 131,346 people from all types of backgrounds, with a variety of social, economic and healthcare needs. The county's residents come from diverse cultures and lifestyles, from Tombstone to Bisbee, to Sierra Vista and Fort Huachuca, from Willcox to Douglas and all of the rural unincorporated towns in between and along the Mexican border.

Unlike the majority of counties in Arizona, Cochise County continues to see a decline in population. The US Census Bureau's 2015 Population estimates indicate there are now 126,427 residents in the county, the fourth annual decline in the past five years.

POPULATION CHARACTERISTICS HIGHLIGHTS	COCHISE COUNTY	ARIZONA	U.S.
Population estimates, July 1, 2015	126,427	6,828,065	321,418,820
Population, percent change - April 1, 2010 to July 1, 2015	-3.8%	6.8%	4.1%
Veterans, 2011-2015	18,477	505,794	20,108,332
Language other than English spoken at home, 2011-2015	28.5%	26.9%	21.0%
Persons in poverty, percent	16.9%	17.4%	13.5%
Per capita income in past 12 months (in 2015 dollars), 2011-2015	$23,506	$25,848	$28,930
Population per square mile, 2010	21.3	56.3	87.4
With a disability, under age 65 years, percent, 2011-2015	11.1%	8.2%	8.6%

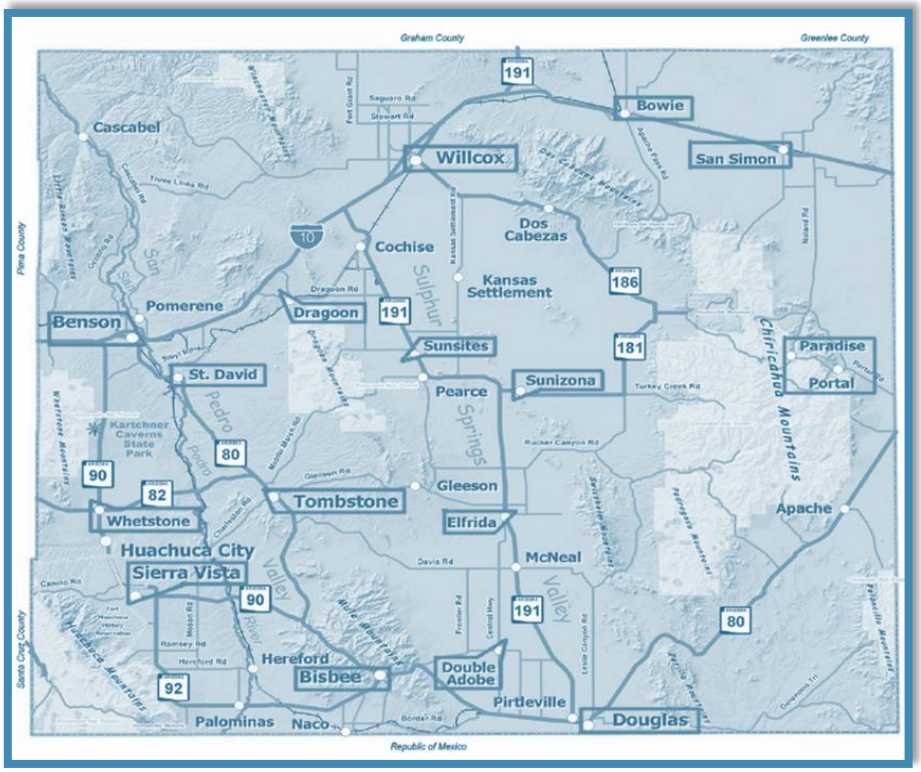
COCHISE COUNTY, ARIZONA DEMOGRAPHICS American Community Survey, US Census	
SEX AND AGE	
Total population	129,647
Male	66,100
Female	63,547
Under 5 years	8,323
18 years and over	100,371
Male	51,235
Female	49,136
65 years and over	24,644
Male	11,791
Female	12,853
RACE	
Total population	129,647
One race	122,116
Two or more races	7,531
ONE RACE	122,116
White	103,744
Black or African American	5,023
American Indian and Alaska Native	1,519
Asian	2,177
Native Hawaiian and Other Pacific Islander	204
Some other race	9,449
Two or more races	7,531
White and Black or African American	1,344
White and American Indian and Alaska Native	1,721
White and Asian	882
Black or African American and American Indian and Alaska Native	90
HISPANIC OR LATINO AND RACE	
Total population	129,647
Hispanic or Latino (of any race)	43,960
Mexican	38,443
Puerto Rican	2,188
Cuban	276
Other Hispanic or Latino	3,053
Not Hispanic or Latino	85,687
CITIZEN, VOTING AGE POPULATION	
Citizen, 18 and over population	93,583
Male	48,180
Female	45,403

SOCIAL CHARACTERISTICS American Community Survey, US Census	COCHISE COUNTY	ARIZONA
HOUSEHOLDS BY TYPE		
Total households	48,825	2,412,212
Family households (families)	32,200	1,581,380
With own children of the householder under 18 years	11,919	677,012
Married-couple family	24,240	1,142,828
With own children of the householder under 18 years	7,724	436,891
Male householder, no wife present, family	2,088	131,803
With own children of the householder under 18 years	818	67,558
Female householder, no husband present, family	5,872	306,749
With own children of the householder under 18 years	3,377	172,563
Nonfamily households	16,625	830,832
Householder living alone	14,124	659,485
65 years and over	6,433	242,076
HOUSEHOLD SIZE		
Average household size	2.42	2.69
Average family size	2.99	3.30
RELATIONSHIP		
Population in households	118,003	6,491,160
Householder	48,825	2,412,212
Spouse	24,169	1,141,965
Child	32,394	1,970,330
Other relatives	7,556	531,709
Nonrelatives	5,059	434,944
MARITAL STATUS		
Males 15 years and over	53,600	2,612,798
Females 15 years and over	51,571	2,683,166
GRANDPARENTS		
Number of grandparents living with own grandchildren under 18 years	3,353	166,232
Number of grandparents responsible for own grandchildren under 18 years	2,231	64,681
SCHOOL ENROLLMENT		
Population 3 years and over enrolled in school	31,939	1,754,549
Nursery school, preschool	1,660	82,906
Kindergarten	1,702	87,639
Elementary school (grades 1-8)	13,347	729,318
High school (grades 9-12)	6,681	368,472
College or graduate school	8,549	486,214
EDUCATIONAL ATTAINMENT		
Population 25 years and over	88,549	4,361,304
Less than 9th grade	5,542	271,415
9th to 12th grade, no diploma	6,298	337,830
High school graduate (includes equivalency)	20,721	1,063,765
Some college, no degree	26,056	1,118,715
Associate's degree	9,679	370,569
Bachelor's degree	12,855	753,425
Graduate or professional degree	7,398	445,585

EMPLOYMENT CHARACTERISTICS American Community Survey, US Census	COCHISE COUNTY	ARIZONA
EMPLOYMENT STATUS		
Population over the age of 16 years	103,453	5,207,123
In labor force	50.6%	59.7%
Civilian labor force	46.4%	59.3%
Employed	42.3%	54%
Unemployed	4%	5.3%
Armed Forces	4.3%	.3%
Not in labor force	49.4%	40.3%
COMMUTING TO WORK		
Workers 16 years and over	47,459	2,777,754
Mean travel time to work (minutes)	19.3	24.8
OCCUPATION		
Civilian employed population 16 years and over	43,776	2,813,406
INDUSTRY		
Civilian employed population 16 years and over	43,776	2,813,406
Agriculture, forestry, fishing and hunting, and mining	1,758	44,908
Construction	2,245	185,028
Manufacturing	1,656	204,240
Wholesale trade	563	67,492
Retail trade	5,060	344,151
Transportation and warehousing, and utilities	1,842	138,155
Information	633	50,115
Finance and insurance, real estate, rental and leasing	1,827	228,065
Professional, scientific, management, administrative, waste management services	4,967	334,219
Educational services, and health care and social assistance	9,612	622,383
Arts, entertainment, and recreation, and accommodation and food services	4,720	304,606
Other services, except public administration	1,702	136,066
Public administration	7,191	153,978
CLASS OF WORKER		
Civilian employed population 16 years and over	43,776	2,813,406
Private wage and salary workers	27,649	2,230,268
Government workers	13,334	411,874
Self-employed in own not incorporated business workers	2,684	166,671
Unpaid family workers	109	4,593
INCOME AND BENEFITS (IN 2015 INFLATION-ADJUSTED DOLLARS)		
Total households	48,825	2,412,212
Less than $10,000	4,643	185,629
$10,000 to $14,999	3,349	125,386
$15,000 to $24,999	5,751	268,065
$25,000 to $34,999	5,976	267,669

EMPLOYMENT CHARACTERISTICS American Community Survey, US Census	COCHISE COUNTY	ARIZONA
$35,000 to $49,999	6,728	352,984
$50,000 to $74,999	8,695	446,513
$75,000 to $99,999	5,512	285,636
$100,000 to $149,999	5,205	288,720
$150,000 to $199,999	1,626	99,975
$200,000 or more	1,340	91,635
INCOME AND BENEFITS BY TYPE (IN 2015 INFLATION-ADJUSTED DOLLARS)		
With earnings	33,327	1,804,676
With Social Security	19,303	771,485
Mean Social Security income (dollars)	$16,744	$18,862
With retirement income	14,698	480,074
Mean retirement income (dollars)	$25,275	$24,807
With Supplemental Security Income	2,683	102,392
Mean Supplemental Security Income (dollars)	$8,827	$9,698
With cash public assistance income	1,520	56,036
Mean cash public assistance income (dollars)	$1,811	$3,188
With Food Stamp/SNAP benefits in the past 12 months	7,714	325,831
FAMILY INCOME		
Families	32,200	1,581,380
Less than $10,000	1,784	87,683
$10,000 to $14,999	1,700	53,424
$15,000 to $24,999	2,957	133,190
$25,000 to $34,999	3,429	159,245
$35,000 to $49,999	4,409	223,084
$50,000 to $74,999	6,741	313,831
$75,000 to $99,999	4,274	216,059
$100,000 to $149,999	4,378	233,503
$150,000 to $199,999	1,448	84,110
$200,000 or more	1,080	77,251
Per capita income (dollars)	$23,506	$25,848
Nonfamily households	16,625	830,832
MEDIAN EARNINGS BY GENDER		
Median earnings for male full-time, year-round workers (dollars)	$41,876	$45,090
Median earnings for female full-time, year-round workers (dollars)	$32,762	$37,264
HEALTH INSURANCE COVERAGE		
Civilian noninstitutionalized population	116,692	6,533,509
With health insurance coverage	103,307	5,551,125
With private health insurance	75,505	3,977,054
With public coverage	50,731	2,324,123
No health insurance coverage	13,385	982,384

Risk Factors



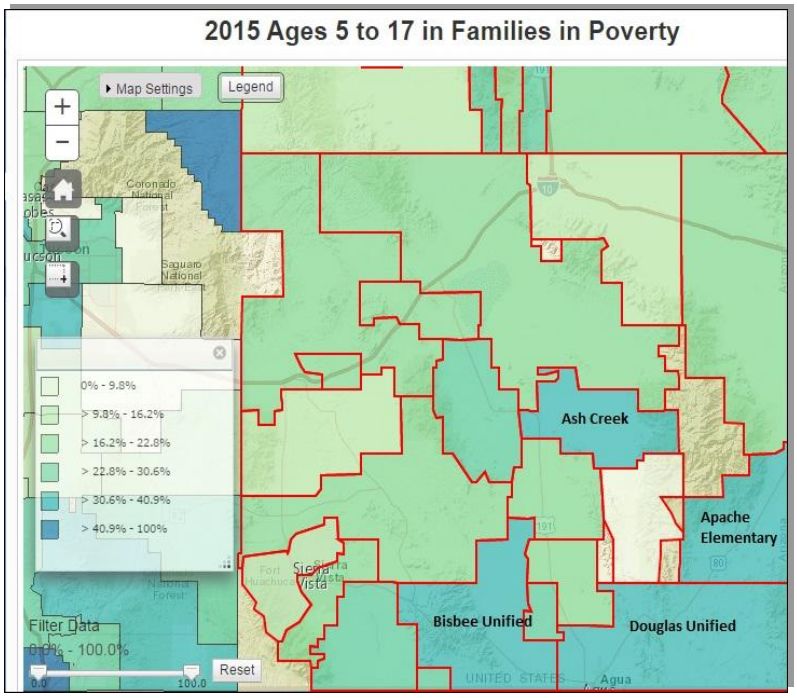
Numerous factors influence a person's health, including the overall health of their community. When a community is able to reduce community-wide health risk factors, a person's ability to improve their health is positively impacted. To allow Cochise County's residents to reduce their health risk factors, this community health assessment examined the percentage of the population living in poverty, the percentage of the population living with a chronic disease, and the percentage of the population living in rural and medically underserved areas. These are all typically indicators of poor health outcomes. To the extent possible, we examined data available at a zip code level in an effort to better understand the respective needs of the five distinct communities and the rural communities that share those zip codes that are within the boundaries of Cochise County.

Rural Communities & Poverty

Health is influenced by biological, social, economic, and environmental factors and their interrelationships. People who live in rural areas are at a higher risk for poor health. The Rural Health Information Hub states "[R]ural risk factors for health disparities include geographic isolation, lower socio-economic status, higher rates of health risk behaviors, and limited job opportunities. Higher rates of chronic illness and poor overall health are found in rural communities when compared to urban populations."[4]

[4] https://www.ruralhealthinfo.org/topics/rural-health-disparities

Research shows that social factors, including educational attainment and poverty, account for over a third of total deaths in the United States in a year.[5] Across the country, the likelihood of premature death increases as a person's income decreases, and lower education levels are directly connected to lower income, higher likelihood of smoking, and a shorter life expectancy. Also, children born to parents who do not obtain a high school diploma are more likely to live in an environment that negatively impacts their health.



Map 1: Cochise County School Districts & Families in Poverty

According to the 2016 *County Health Rankings & Roadmaps*, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, 36.3 percent of Cochise County residents live in a rural area compared to 10.2 percent statewide. This makes the county Arizona's second most rural county, behind Apache County, with a rural population of 74.1 percent. (RWJ Foundation & the Univ of WI Population Health Institute, 2016)

While the US Census indicates that 17.9 percent of Cochise County residents live in poverty (U.S. Census Bureau, 2011-2015), the Census' *Small Area Income and Poverty Estimates (SAIPE) Center* indicates that almost 28 percent of children in Cochise County live in poverty. The high poverty level of children is reflected in data related to health risk factors and social determinates of health examined for this report:

- 42 percent of Cochise County's Medicaid enrollment is comprised of children between the ages of 0-18.[6]
- 40 percent of school-age children in the Douglas Unified and the Ash Creek school districts live in poverty.
- 31 percent of school age children in the Bisbee Unified school district live in poverty.[7]

Map 1, generated by SAIPE, illustrates the proportion of children in Cochise County, ages 5 – 17, by school district who are living in poverty. The numbers are as follows:

- Douglas: 1,682 out of 4,248 (39.6%)
- Sierra Vista: 1,346 out of 7,101 (19%)

[5] Sandro Galea et al., "Estimated Deaths Attributable to Social Factors in the United States" American Journal of Public Health 101, no. 8 (August 2011):1456–1465, doi:10.2105/AJPH.2010.300086.

[6] Arizona State University, Center for Health Information and Research

[7] Small Area Income and Poverty Estimates, 2015

- Palominas: 397 out of 1,618 (24.5%)
- Willcox: 262 out of 1,468 (17.8%)
- Bisbee: 238 out of 772 (30.8%)
- Ash Creek: 19 out of 48 (39.6%)
- Double Adobe: 23 out of 82 (28%)
- Pearce: 28 out of 113 (24.8%)

Additionally, 26 percent of Medicaid visits in 2014 and 2015[8] in Cochise county by the four service types – dental, pharmacy, outpatient care and inpatient care – are attributed to children. The 26 percent or 423,692 visits are distributed as follows:

- 67,524 dental visits
- 101,937 pharmacy visits
- 252,074 outpatient visits
- 2157 inpatient visits

[8] Arizona Medicaid utilization data provided by Arizona State University, Center for Health Information and Research

Health Outcomes

Leading Causes of Death: Chronic Disease & Injury

Health researchers and health care professionals have determined that where people live directly impacts their health. In fact, it is common to hear a health professional say "your ZIP code, more than your DNA, determines how long and how well you will live." This is, of course, a shorthand way of saying that healthful behaviors, family structures, income levels, education, and access to good care, along with other determinants of health outcomes, vary among geographic locations.

Almost 200 unique measures were examined to understand the health status of Cochise County residents. We included health indicators that have a county-level, hospital, Primary Care Area, or Geographic Service Area measurement, and, where available, we included state and national level indicators for comparison. The full data file categorizes the numerous metrics into health indicator areas and includes statewide numbers and rates of vital events, land population-based data on pregnancies, abortions, marriages, divorces, reportable diseases, and hospital discharges (Appendix A: Population Health Data Sources.) Table 2 on page 33 is comprised of the measures that indicate poor health outcomes or risk factors in Cochise county.

Four of the leading causes of death in Cochise County are chronic disease. The US National Center for Health Statistics defines a chronic disease as a health condition lasting three months or longer that generally cannot be prevented by vaccines and does not "get better" or disappear on its own. According to the CDC, "chronic diseases such as heart disease, stroke, cancer, type 2 diabetes, obesity, and arthritis are among the most common, costly, and preventable of all health problems."[9] Several studies demonstrate the nationwide severity of chronic disease:

- As of 2012, about half of all adults—117 million people—had one or more chronic health conditions. One of four adults had two or more chronic health conditions.[10]
- Seven of the top 10 causes of death in 2010 were chronic diseases. Two of these chronic diseases—heart disease and cancer—together accounted for nearly 48% of all deaths.[11]
- During 2009–2010, more than one-third of adults, or about 78 million people, were obese and nearly one of five youths aged 2–19 years was obese.[12]
- Diabetes is the leading cause of kidney failure, lower-limb amputations other than those caused by traumatic injury, and new cases of blindness in adults.[13]

[9] www.cdc.gov/chronicdisease/overview/

[10] Ward BW, Schiller JS, Goodman RA. Multiple chronic conditions among US adults: a 2012 update. *Prev Chronic Dis.* 2014;11:130389. DOI: http://dx.doi.org/10.5888/pcd11.130389

[11] Centers for Disease Control and Prevention. Death and Mortality. NCHS FastStats Web site. http://www.cdc.gov/nchs/fastats/deaths.htm. Accessed December 20, 2013.

[12] Centers for Disease Control and Prevention. NCHS Obesity Data. http://www.cdc.gov/nchs/data/factsheets/factsheet_obesity.htm. Accessed December 20, 2013.

Individual behaviors like smoking, lack of physical activity, and poor eating habits are the major contributors to the leading chronic diseases. According to the 2016 *County Health Rankings & Roadmaps*, Cochise County residents are in-line with the national trends for smoking, lack of physical activity and obesity. Unfortunately, as illustrated above, the national trends aren't positive. Therefore, it was not surprising to learn that four out of the top five causes of death in Cochise County are from chronic disease.

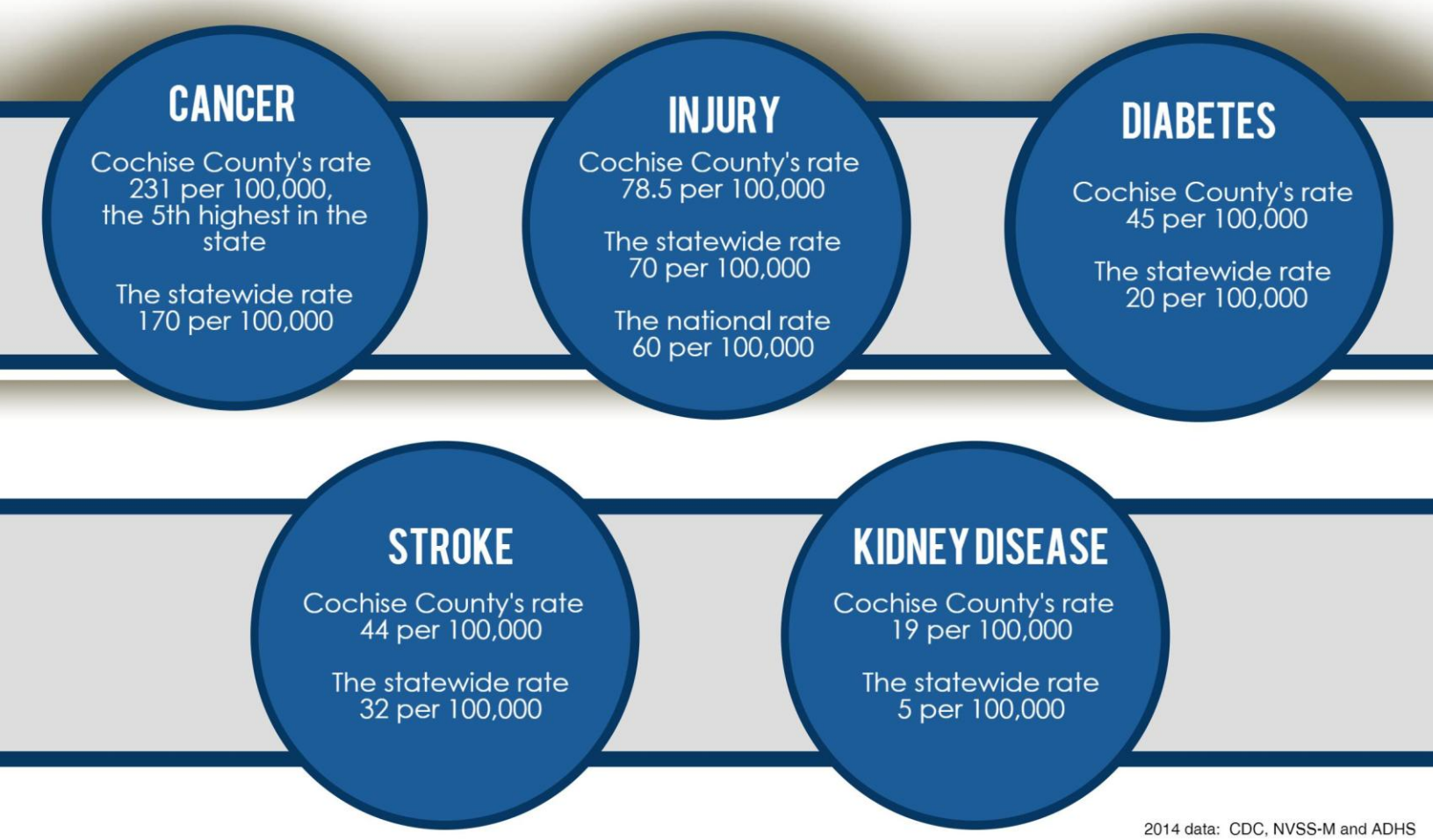
Only one leading cause of death in Cochise County is not related to a chronic disease – death by injury. Death by injury includes unintentional injuries and violence-related injuries. These can be caused by a number of events, including motor vehicle crashes, firearms, unintentional drug overdose, domestic violence and child abuse. Unintentional injuries are one of the top 15 killers of Americans of all ages and, according to the CDC, are the leading cause of death for Americans from birth to age 44.

In addition to being a leading cause of death, unintentional injuries are responsible for more than 29 million emergency department visits nationwide and are a leading cause of disability – both physical and emotional. Unintentional injury affects family members, friends, coworkers, employers and communities. Mental health and medical professionals have linked witnessing or being a victim of violence to lifelong negative physical, emotional, and social consequences.[14] The good news, however, is that many injuries, both unintentional and intentional, are preventable.

[13] Centers for Disease Control and Prevention. National Diabetes Fact Sheet, 2011. Atlanta, GA: Centers for Disease Control and Prevention, US Dept. of Health and Human Services; 2011. http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pd Accessed December 20, 2013.

[14] Springer, Kristen W et al. "The Long-Term Health Outcomes of Childhood Abuse: An Overview and a Call to Action." *Journal of General Internal Medicine* 18.10 (2003): 864–870. *PMC*. Web. 9 Jan. 2017.

LEADING CAUSES OF DEATH



2014 data: CDC, NVSS-M and ADHS

Cochise County Disease Burden							
Category	Measure Description	Data Element	Cochise	Arizona	US	Year	Source
			Value	Value	Value		
Cancer	Rate of deaths due to cancer (ICD-10 codes C00-C97).	Rate per 100,000	**230.7**	170.2	185.6	2014	CDC, Census
Flu Vaccination	Adults receiving the flu shot or spray in the past 12 months	percentage	**31.76%**	33.76%	N/A	2014	BRFSS
Diabetes	Morbidity per 100,000 persons	Rate per 100,000 persons	**45**	20.1	N/A	2014	ADHS
Injury Deaths	Number of deaths due to injury per 100,000 population	Rate per 100,000	**78.5**	72.8	60	2014	CDC WONDER
Kidney Disease Deaths	Rate of kidney disease (Nephritis, nephrotic syndrome, and nephrosis) deaths per 100,000	Rate per 100,000	**18.8**	4.8	15.1	2014	NVSS-M
Septicemia Deaths	Number of deaths per 100,000 due to septicemia (ICD-10 codes A40-A41)	Rate per 100,000	**16.5**	5.5	12.2	2014	CDC/NCHS
Stroke Deaths	Number of stroke deaths (ICD-10 codes I60-I69) per 100,000 persons	Rate per 100,000	**43.9**	33.2	41.7	2014	NVSS-M
Violence	Number of reported violent crime offenses per 100,000 population	Rate per 100,000	**608**	416	392	2010-2012	Uniform Crime Reporting - FBI

Table 2

Maternal, Infant & Child Health

Health outcomes for pregnant women, infants and children are related to social, environmental, and physical factors including race and ethnicity, age, and socioeconomic status. Ensuring a woman receives appropriate prenatal care is one opportunity to positively influence the woman's health and the health of her baby and improve long-term outcomes and quality of life in a systematic way. Prenatal care helps to identify individual behaviors such as a mother's smoking, drinking alcohol and taking drugs that can cause premature delivery. Babies whose mothers do not receive prenatal care in the first trimester of pregnancy are more likely to have a low birth weight than those whose mothers do receive prenatal care, potentially increasing healthcare costs and presenting challenges for the child immediately from birth.

Poor long-term health outcomes are also well documented for both teens who give birth and their babies. Teen mothers and their children tend to exhibit adverse outcomes later in life, including poor educational attainment, poverty, and involvement with the criminal justice system. In addition, teen births can have harmful effects on a teenager's social, mental and physical health.

When examining the data related to Cochise County's teen birth rates, preterm births, and infant mortality rate, we found that overall the county has a slightly lower percentage of infant mortality and preterm births than the state. The county also has a significantly higher rate of women who do not receive early prenatal care. In addition, the county's teen birth rate is higher than the state average (49:1000 versus 45:1000), and significantly higher than the national average (35:1000).[15]

Communicable and Infectious Disease

Sexually Transmitted Diseases and HIV/AIDS

It is important to track rates of sexually transmitted diseases (STDs) and to address ways to prevent infection through public health initiatives. HIV, syphilis, gonorrhea and chlamydia can be spread in many ways, including sexual contact, contact with bodily fluids of an infected person, and via air droplets. Even though scientists know that certain groups such as persons who inject drugs are more likely to be affected, we know less about the connections between people that result in the spread of these infections.

According to the CDC, understanding these connections is critical to stopping the spread of disease, and unfortunately 2015 was the second year in a row in which increases were seen in all three nationally reported STDs.[16] Cochise County's trend matches the national trend for gonorrhea and chlamydia, but there has not been a rise in syphilis cases.

[15] http://www.cdc.gov/nchs/

[16] Arizona Department of Health Services, 2014 Arizona Health Matters Dashboard http://azdhs.gov/preparedness/public-health-statistics/profiles/index.php

Sexually Transmitted Diseases, Cochise County, Arizona, and U.S., Incidence per 100,000, 2014 and Prior Years					
Indicator*	Cochise 2014	Cochise 2013	Arizona	US	Cochise 2014 vs 2013
Gonorrhea**	52.6	37.8	112.7	110.7	Worse
Chlamydia**	387.6	342.9	471.7	456.1	Worse
HIV/AIDS**	5.5	4.9	9.8	n/a	Worse

*Source: 2014 ADHS Arizona Health Matters Dashboard,

Community Specific Data

Medicaid (AHCCCS) In Cochise County

Arizona's Medicaid program, commonly referred to as AHCCCS (Arizona Health Care Cost Containment System) is almost completely managed care – meaning individuals that are Medicaid-eligible are enrolled in a health insurance plan that is responsible for managing the person's health care. Cochise County is served by two managed care plans: United Healthcare and University Family Care.

Countywide, 30 percent of residents are enrolled in Medicaid, and as stated earlier, 42 percent of enrollees are children. Additionally, the largest number of enrollees are found in two zip codes – 85607 and 85635. The largest area, Douglas (85607), has the highest percentage of residents (71 percent) enrolled in Medicaid.

As part of this health assessment, we worked closely with the state to obtain Cochise County's disaggregated, de-identified Medicaid utilization data, by zip code, in order to examine and understand which medical diagnoses are most prevalent and how they match up with the health issues identified as the most problematic by residents who completed the community survey.

Medicaid Utilization Data – 2014 & 2015

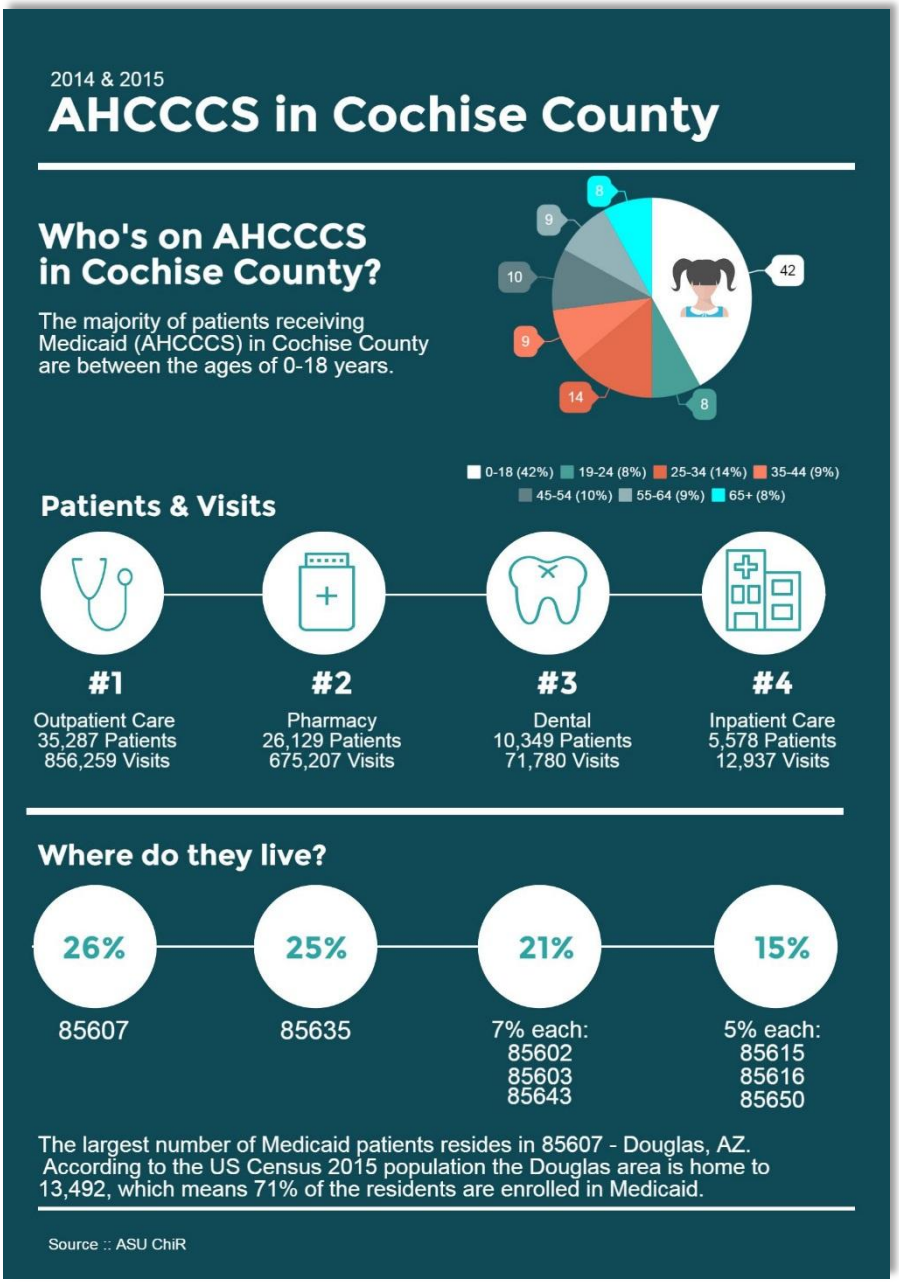
To give a more detailed picture of the health of Cochise County residents, we examined inpatient and outpatient utilization data for the county's Medicaid recipients in 2014 and 2015. It is important to note that Medicaid utilization represents only a portion of the health care services used by county residents – it does not include Medicare or commercial health insurance utilization. While the Medicaid utilization data is not the full picture, it does provide important information and "spotlights" issues that the community has indicated warrant further study because of potential disparities in access to, or quality of, care.

Trends in utilization can also be helpful when projecting future health care needs, forecasting future health care expenditures, or for projecting personnel, training or supply needs.

As discussed in the health risk factors section, children make up a majority of Cochise County residents who receive their health care coverage from Medicaid.

In 2014 and 2015,[17] 26 percent of Medicaid visits in Cochise county by the four service types are attributed to children. The 26 percent or 423,692 visits are distributed as follows:

- 67,524 dental visits
- 101,937 pharmacy visits
- 252,074 outpatient visits
- 2157 inpatient visits



[17] Arizona Medicaid utilization data provided by Arizona State University, Center for Health Information and Research

Medicaid Inpatient & Outpatient Data Visualization

The following two graphics "visualize" the main inpatient and outpatient diagnosis (condition, disease or disorder) instead of displaying numbers in a spreadsheet.[18]

The intent of the two area based visualizations is to easily convey use of health care services by Medicaid patients. This data visualization is a tool to identify areas that need attention or improvement and to highlight which factors influence patients' behavior. The size of each box is proportional to the diagnosis prevalence – i.e., the larger the box, the greater the use of that diagnostic code. Data in both charts excludes "Other numeric (re-assign)" and "Other (E/V code, incorrect code, etc.)," which totals 23.4% of all visits.*

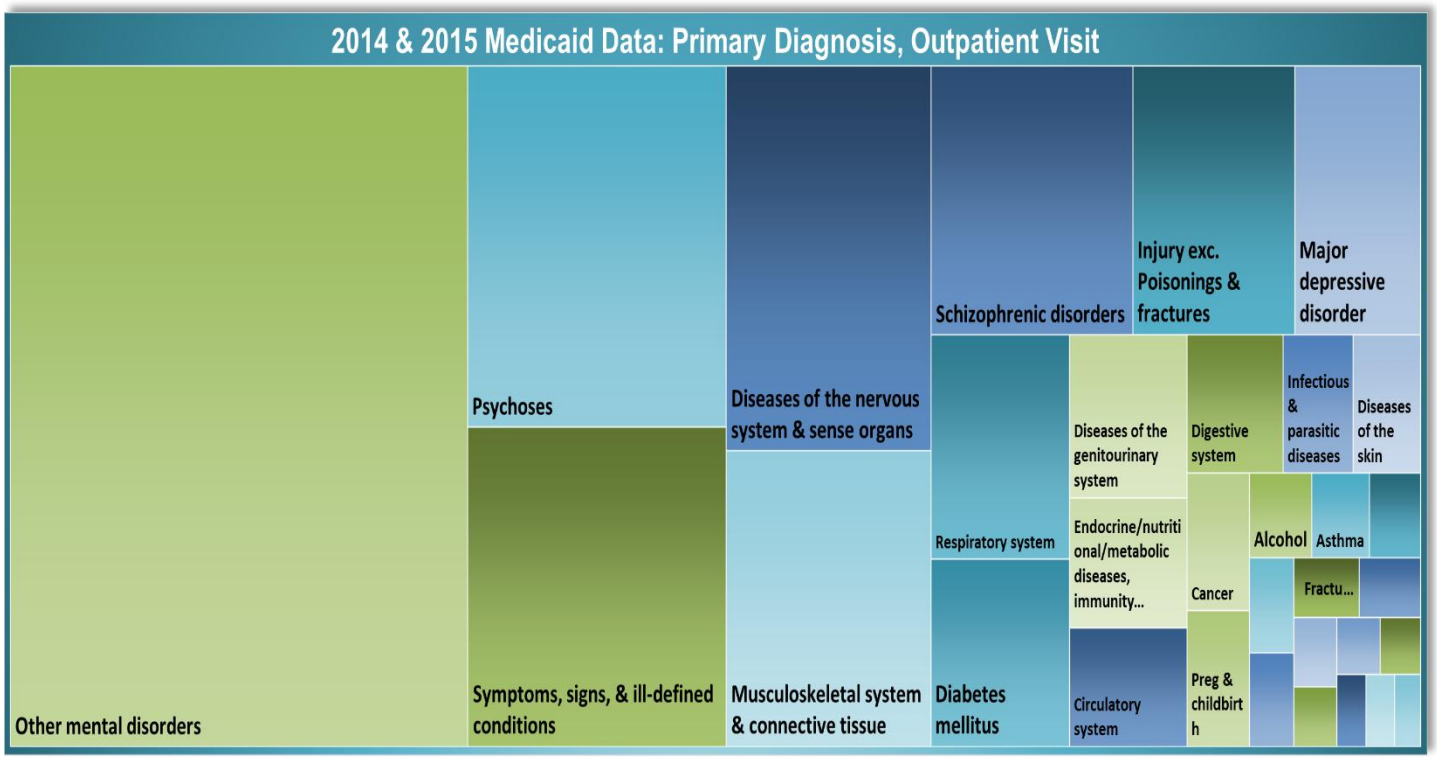
The top ten diagnosis out of 8,614 inpatient visits by Medicaid patients in 2014 and 2015 are:

- Complications of pregnancy, childbirth, and the puerperium (13% or1152 visits)
- Other psychoses (No Schizophrenic or Major depressive disorder) (7.6% or 660 visits)
- Diseases of the nervous system and sense organs (7% or 604 visits)
- Diseases of the musculoskeletal system and connective tissue (5.5% or 475 visits)
- Symptoms, signs, and ill-defined conditions (5.1% or 445 visits)
- Other diseases of the digestive system (4.7% or 409 visits)
- Diabetes mellitus (4.3% or 373 visits)
- Other mental disorders exc. psychoses and alcohol dependence (4.3% or 373 visits)

The top ten diagnosis out of 657,029 outpatients visits by Medicaid patients in 2014 and 2015 are:

- Other mental disorders (32% or 211,529 visits)
- Psychoses (9.6% or 63,369 visits)
- Symptoms, signs, and ill-defined conditions (8.6% or 56,123 visits)
- Diseases of the nervous system and sense organs (8.1% or 53,570 visits)
- Musculoskeletal system and connective tissue (6.2% or 41,109 visits)
- Schizophrenic disorders (5.6% or 36,866 visits)
- Injury exc. Poisonings and fractures (4.4% or 29,566 visits)
- Major depressive disorder (3.4% or 22,985 visits)
- Respiratory system (3.2% or 21,129 visits)
- Diseases of the genitourinary system (3.9% or 340 visits)

[18] The calculation excludes *Other (E/V code, incorrect code, etc.)* and *Other numeric (re-assign)* codes. These codes are used for circumstances other than a disease or injury resulting in an encounter or are recorded by providers as problems or factors that influence care; are mis-identified codes or mis-classified ICD-10 codes, or are issues in the classification system, or may be coding issues.


2014 & 2015 Medicaid Data: Primary Diagnosis, Outpatient Visit
Other mental disorders
Psychoses
Symptoms, signs, & ill-defined conditions
Diseases of the nervous system & sense organs
Musculoskeletal system & connective tissue
Schizophrenic disorders
Injury exc. Poisonings & fractures
Major depressive disorder
Respiratory system
Diabetes mellitus
Diseases of the genitourinary system
Endocrine/nutritional/metabolic diseases, immunity...
Circulatory system
Digestive system
Infectious & parasitic diseases
Diseases of the skin
Cancer
Preg & childbirth
Alcohol
Asthma
Fractu...

Mental Health & Substance Use Disorder

The Medicaid utilization data revealed what many community members and health care providers already know: mental health and substance use disorders are a major contributor to the poor health of Cochise County residents. In this respect, Cochise County is no different from the rest of the nation. The Government Accountability Office found in a 2015 report that over half of Medicaid-only enrollees nationwide in the top 5 percent of expenditures also had a mental health condition, and one-fifth had a substance use disorder.[19]

Like social determinates and physical health, mental health and physical health are inextricably linked. Research has shown "depression is strongly associated with the risk, occurrence, management, progression, and outcome of serious chronic diseases and health conditions, including diabetes, hypertension, stroke, heart disease and cancer."[20] [21] [22] [23] The cycle created by the co-occurrence of mental health issues and chronic disease seems to decrease a person's ability to participate in or adhere to their treatment plan, making recovery very difficult and less likely, and further degrading the quality and longevity of life.

Mental illness is not confined to particular populations, and it affects adults and children alike. According to the CDC, approximately 20 percent of children and adolescents are affected by mental health disorders, and an estimated 26 percent of Americans age 18 and older are living with a mental health disorder in any given year, and 46 percent will have a mental health disorder over the course of their lifetime.[24]

Additionally, a significant proportion of people with mental illness suffer from a co-occurring substance use disorder. While it is difficult to determine the exact magnitude of mental illness and substance use in Cochise County, in addition to Medicaid utilization data there are data sources that can help us better understand the prevalence of substance use and abuse. To that end, we examined statewide hospital discharges related to substance use (pg. 39) and the number of Cochise County Adult Detention Center bookings with a detainee who also had a relationship to the mental health system (pg.40).

[19] General Accounting Office (GAO). A Small Share of Enrollees Consistently Accounted for a Large Share of Expenditures. GAO 15-460 May 2015.

[20] Reeves WC, Strine TW, Pratt LA, et al. Mental illness surveillance among adults in the United States. MMWR. 2011;60(3):1–32. Atlanta, GA: Centers for Disease Control and Prevention. Available from http://www.cdc.gov/mmwr/preview/mmwrhtml/su6003a1.htm?s_cid=su6003a1_w

[21] Jonas BS, Franks P, Ingram DD. Are symptoms of anxiety and depression risk factors for hypertension? Arch Fam Med. 1997;6:43–49.

[22] onas BS, Mussolino ME. Symptoms of depression as a prospective risk factor for stroke. Psychosom Med. 2000;62:463–471.

[23] Division of Adult and Community Health, Centers for Disease Control and Prevention. Public Health Action Plan To Integrate Mental Health Promotion and Mental Illness Prevention with Chronic Disease Prevention, 2011–2015. Atlanta, GA: 2011. Available from http://www.cdc.gov/mentalhealth/docs/11_220990_Sturgis_MHMIActionPlan_FI... [PDF - 829KB]

[24] Reeves WC, Strine TW, Pratt LA, et al. Mental illness surveillance among adults in the United States. MMWR. 2011;60(3):1–32. Atlanta, GA: Centers for Disease Control and Prevention.

Hospital Discharge Data

We examined statewide hospital discharges with a diagnosis of poisoning by misuse of, abuse of, or dependence on drugs – not including alcohol or tobacco. The primary diagnosis is used to identify the discharges with drug-poisoning diagnosis. Any ICD-p/10-CM codes related to drug use, misuse, or abuse in up to nine diagnostic fields are used to identify the *drug-related* discharges. Arizona's hospital discharge data shows a steady increase in the number of discharges related to drug use and, like the rest of the country, the state has experienced a significant rise in opioid-related discharges over the last five years.

Currently, Arizona ranks 12th highest in the nation for rates of prescription drug misuse and abuse for individuals over 12 years old, as well as 12th highest in the nation for opioid-related overdose deaths. In response to the increasing rates of prescription drug misuse and opioid overdoses, the governor's office created the Arizona Rx Drug Misuse and Abuse Initiative.

Drug-related inpatient discharges by category, type of drug, and year, Arizona, 2006-2014[25]

CATEGORY Any mention of:	2006	2007	2008	2009	2010	2011	2012	2013	2014
Drug dependence and drug abuse[a]	25,091	24,934	23,197	23,693	25,543	34,514	36,030	36,366	38,275
Noxious influences affecting the fetus	1,399	1,206	1,065	990	1,035	1,078	1,185	1,386	1,506
Poisoning by drugs	5,936	6,433	7,171	7,377	7,704	7,774	7,901	7,294	7,090
SELECTED TYPES OF DRUGS Any mention of:	2006	2007	2008	2009	2010	2011	2012	2013	2014
Amphetamines and other psychostimulants	6,300	5,607	4,335	4,594	5,000	6,187	6,851	7,959	9,016
Rate per 10,000 population	10.1	8.7	6.6	7.0	7.8	9.6	10.5	12.1	13.5
Cocaine	6,414	6,260	4,801	3,783	3,488	3,570	3,152	2,754	2,608
Rate per 10,000 population	10.3	9.7	7.4	5.7	5.5	5.5	4.9	4.2	3.9
Opiates (heroin, morphine, methadone, opium; synthetics with morphine like effects)	5,516	5,748	6,119	6,736	7,533	11,465	12,902	12,891	13,458
Rate per 10,000 population	8.8	8.9	9.4	10.2	11.8	17.8	19.9	19.6	20.2

Notes: [a] Includes drug psychoses, drug dependence and nondependent abuse of drugs; [b] More than one type of drug and/or more than one diagnostic category can be identified on a discharge record.

[25] Source: Arizona Department of Health Services, Statewide Hospital Discharges

Cochise County Detention Center Data

According to AHCCCS, "[O]n average, 9,000 Arizona Medicaid beneficiaries are incarcerated in a given month. In fiscal year 2015, of the approximately 120,000 individuals that transitioned from incarceration into the community, approximately 42,000 were enrolled (or re-enrolled if eligibility was suspended) in AHCCCS."[26] This is significant because many incarcerated individuals may have a chronic illness, an undiagnosed or underdiagnosed mental health issue and potentially, a co-occurring substance use disorder.

Currently, Cochise County Adult Detention and the Health & Social Services department are working with Cenpatico Integrated Care to identify detainees who were Cenpatico members at the time of their booking. The state contracts with Cenpatico Integrated Care to manage the behavioral health care services for individuals who are AHCCCS eligible and to manage the physical health care and behavioral health care services for adults with serious mental illness (SMI) in southern Arizona counties, including Cochise.

While preliminary, the data[27] suggests that majority of adults in the Cochise County Detention Center have some form of mental illness. Between March 1, 2016, and September 30, 2016, over half (59 percent) of the bookings were attributed to a Cenpatico member. Of these, 16 percent were in an "open episode" of care, and the remaining 84 percent were not actively receiving care for their mental health or substance use disorder. This preliminary data supports the idea that a large number of incarcerated individuals have a co-occurring mental illness and substance use disorder. We know that the inability to access mental health services and treatment for substance use disorder is a contributing factor to recidivism and has significant fiscal and social impacts on the community.

[26] DSRIP Final Concept Paper, AHCCCS, July, 15,2016

[27] To review the preliminary data a formal request must be submitted to Cenpatico Integrated Care.

Cochise County Resources and Assets

A variety of services and programs to assist the residents of Cochise County are offered by a network of both large and small providers. Cochise Health and Social Services provides access to an on-line resource guide to give residents easy access or to a community provider list.

As a service to the community, the resource guide is regularly updated by Cenpatico Integrated Care, the local regional behavioral health agency; it can be found here: Cochise County Resource Guide. In addition, they host a list serve to notify residents about current events, trainings, vital information and other resources through the Cochise County Networking Coalition (CCNC) & Cochise Listserv. Below are examples of the types of resources available in the county:

Health Care & Behavioral Health Care Services

Arizona Counseling and Treatment Center
Benson Community Hospital
Canyon Vista Medical Center / Behavioral Health Unit
Canyon Vista Medical Center / Postpartum Wellness Women & Children
Canyon Vista Medical Center Wellness Depot in the Sierra Vista Mall
Cenpatico Integrated Care
Chiricahua Community Health Centers
Cochise Health & Social Services
Copper Queen Community Hospital
Corazón Integrated Healthcare Services
Northern Cochise Community Hospital
Sonora Behavioral Health (BH Military & Substance Abuse Services)
Southern Arizona Behavioral Health Services
NAMI Southeastern Arizona

Food and Clothing Assistance

Arizona Association of Food Banks - Cochise
Borderlands Food Bank - POWWOW - Produce On Wheels – With Out Waste
Ft. Huachuca Community Thrift Shop
The Good Samaritan Center
Goodwill Industries of Southern Arizona
Habitat for Humanity Restore

KEY INFORMANT

Describe community strengths that can be leveraged to improve the economy, schools and community safety:

"*In some communities a regard for others through support and donations to help communities fill needs.*

Strong leadership.

An interest in improving the opportunities for walkability and health related courses."

Candace Weingart, Key Informant

"This community has recognized the need to engage youth in supervised activities to prevent crimes and drug abuse that is so often associated with boredom but they receive limited financial support to encourage these type of programs from continuing. Both Willcox and Douglas have a strong sense of community and they have developed informal support networks to "patch together" solutions to problems."

Susan Lange, Chiricahua Community Health Centers

The Salvation Army
St. Vincent de Paul

Shelter & Housing Related Assistance

Bisbee Coalition for the Homeless
Forgash House (CCS) – Domestic Crisis Shelter/Sierra Vista
Good Neighbor Alliance
House of Hope (CCS) – Domestic Crisis Shelter/Douglas
Women's Transition Project
HUD Housing
Willcox Apartments

Other Social Services

Arizona Children's Association
Cochise Area Network of Therapeutic Equestrian Resources (CANTER)
Easter Seals Blake Foundation
Cochise Parents As Teachers
New Visions for Families
Newborn Intensive Care Program (NICP)
Parent-Tot Playgroup
Quality First
Cochise Serving Veterans
Echoing Hope Ranch
First Things First (FTF)
Fort Huachuca Army Community Service (ACS)
Prescription MedReturn Boxes
Raising Special Kids
Retired Senior Volunteer Program (RSVP)
Sacred Heart Thrift Store

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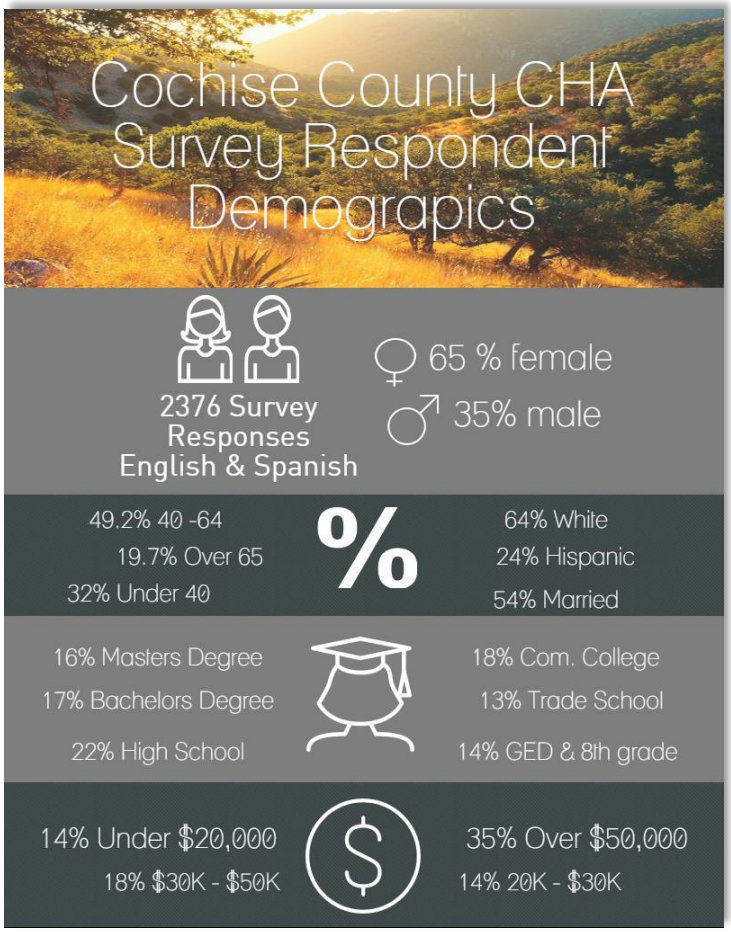
Community Needs Survey

The 2016 community needs survey was designed to assess community members' perspectives, attitudes and feelings about:

- Needs in their community, neighborhood or group
- Issues they perceive as a community problem
- Their definitions of "personal health" and "community health"

The survey was deployed in both English and Spanish and was composed of twenty-two questions; six of the questions collected the following demographic information:

- Zip code
- Age
- Gender
- Ethnicity
- Income
- Marital Status
- Education
- Health Insurance coverage



The steering committee was particularly interested in collecting respondents' primary residence zip code to better understand the variations in priorities by community and to compare community perspectives to their health outcomes. It is important to note that despite the intensive outreach efforts, responses were not obtained from every zip code in the county.

Disseminating the Survey

The steering committee set four goals for the 2016 community survey:

- Double the number of responses received in 2012
- Deploy the survey in English and Spanish
- Deploy the survey in both electronic format and paper format
- Obtain survey responses from each of the five communities and rural areas within Cochise County

The earlier 2012 survey received 558 total responses; it was not initially available in Spanish. According to the US Census 2015,[28] the largest number of Cochise County residents who speak a language other than English were those who spoke Spanish. Approximately 24% of Cochise

[28] (U.S. Census Bureau, 2011-2015)

County residents speak Spanish; of those, 34% speak English less than very well. Therefore, the steering committee prioritized translating the survey into Spanish and engaged bilingual community leaders in promoting and disseminating the survey.

The steering committee far exceeded their own goals and expectations! After nine weeks of hard work:

- 2376 surveys were collected.
- Over 300 surveys were completed in Spanish.
- Over 1000 paper surveys were disseminated and collected by community partners.
- Survey results were collected from every community in Cochise County.

The successful deployment of the community survey is attributed to a highly effective grassroots effort that included:

- Community partners from the Healthy Cochise Summit posting the survey on their websites and Facebook pages, and re-announcing/re-posting weekly
- Attending already scheduled community meetings to promote the survey
- Hospital partners promoting the survey to employees and patients by making it available on their intranet and website
- Foundation board members taking surveys to their community meetings
- Local papers and radio announcing the survey and promoting the survey
- CHSS WIC and Health Start and nursing staff giving the survey to interested customers
- Providing computers at all five CHSS sites for customers to access the survey
- Local libraries advertising and announcing access to the survey
- Community partners, agencies, social services and educational outreach disseminating surveys to employees, clients and program participants, and walking underrepresented area of Cochise County to collect surveys

Survey Summary

The next section of the report contains an overview of the community's aggregated responses to survey questions one, two and three. These three questions attempt to understand (1) which factors community members feel are the most important to improve their overall quality of life, (2) identify community members' opinions of the three major health problems facing the community, and (3) identify community members' opinions of the three "riskiest" behaviors in the community. Each of these questions required the respondents to choose their top three from a list of attributes, behaviors or health factors.

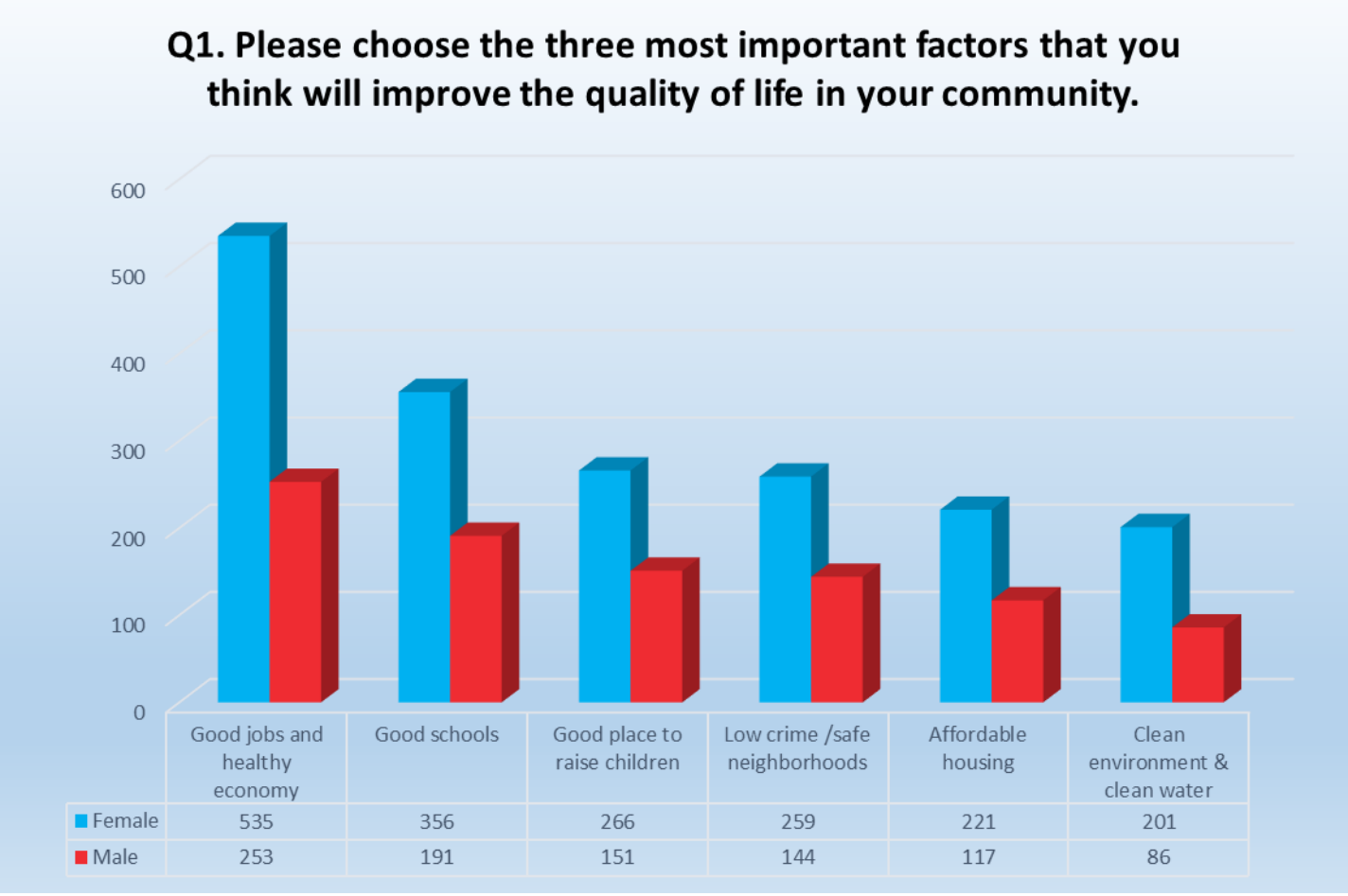
It is important to note that not all 2376 responses are reflected in the following charts. Some respondents did not answer every question, and almost 100 respondents did not include their zip code, or they provided a primary residence zip code outside of Cochise County. In these instances, we did not include their responses in the overall rankings.

This same data is provided by the zip codes for each of the five Cochise County communities in the community specific section of this report. In addition, the survey questions, along with the aggregated responses to all 12 questions, can be found in Appendix B.

2016 Community Survey Response: Questions Q1 to Q3

Question 1 (Q1): Factors Impacting Quality of Life

To learn what matters most to people in regards to achieving a high quality of life Question 1 (Q1) asked respondents to select three factors from a list of 21 options. Regardless of the community, the factor most commonly cited, by 36% of respondents, was a thriving economy and good jobs. Of the 2,276 viable surveys, 788 residents indicated that good jobs and healthy economy were their priority. Good school was selected as the second most important factor by 547 residents, and the third most important factor, selected by 471, is a good place to raise children.

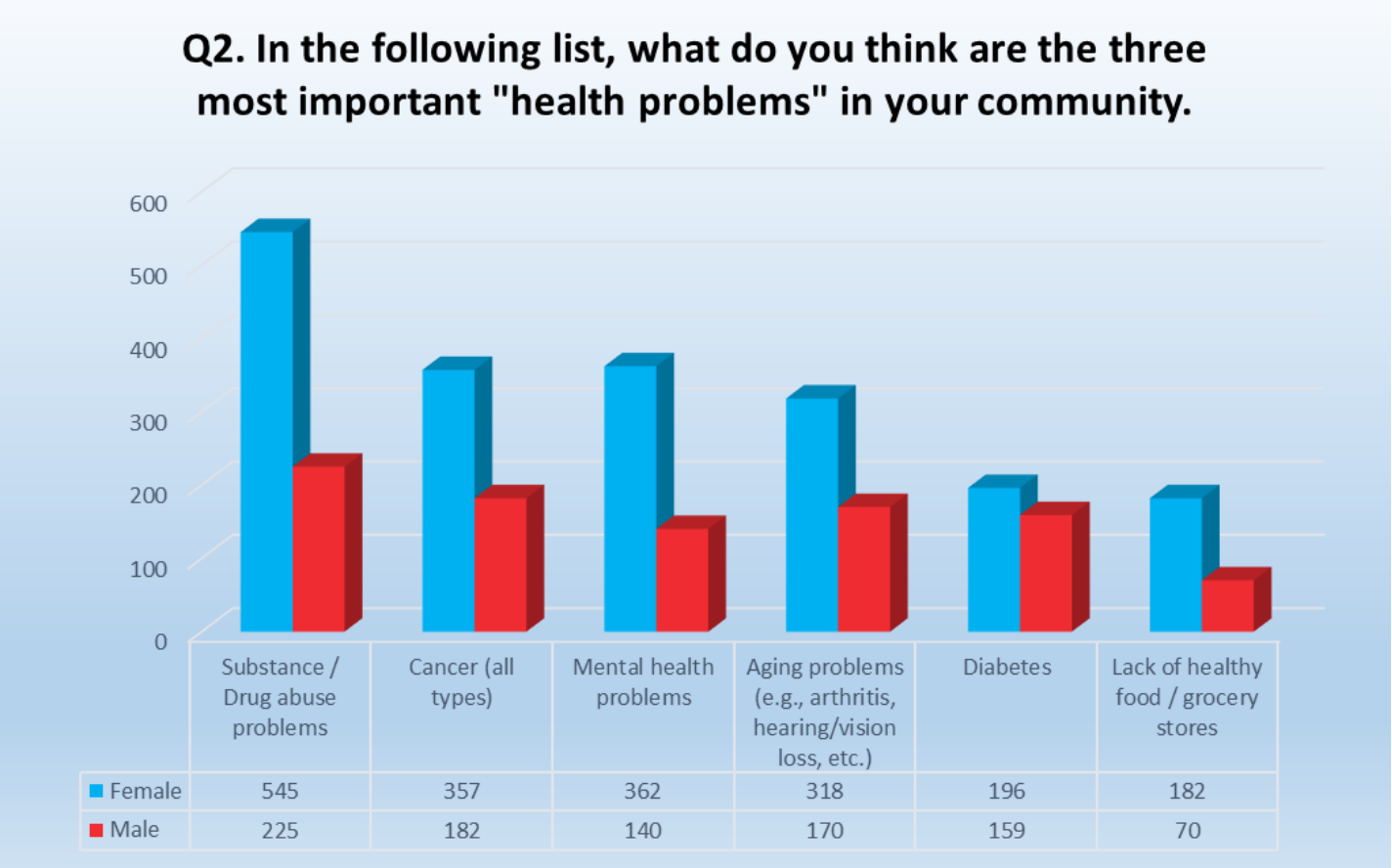


	Good jobs and healthy economy	Good schools	Good place to raise children	Low crime /safe neighborhoods	Affordable housing	Clean environment & clean water
Female	535	356	266	259	221	201
Male	253	191	151	144	117	86

Question 2 (Q2): Identifying Major Health Problems

Quantitative data analysis provides us one perspective of the major health problems facing the residents of Cochise County. However, if we are interested in improving the community's health, we need community members to be part of the solution. People and communities have an intrinsic ability to succeed when they feel empowered and have a sense of responsibility. Asking people to tell us their three most pressing concerns is the first step in engaging the community.

Countywide, from a list of 25 health concerns, the number one concern, selected by 770 residents, is substance/drug abuse, which is in the top six for each of the five county communities but is not number one in every community. The second "biggest" health concern, selected by 539 residents, is cancer, and third is mental health, selected by 502 residents.

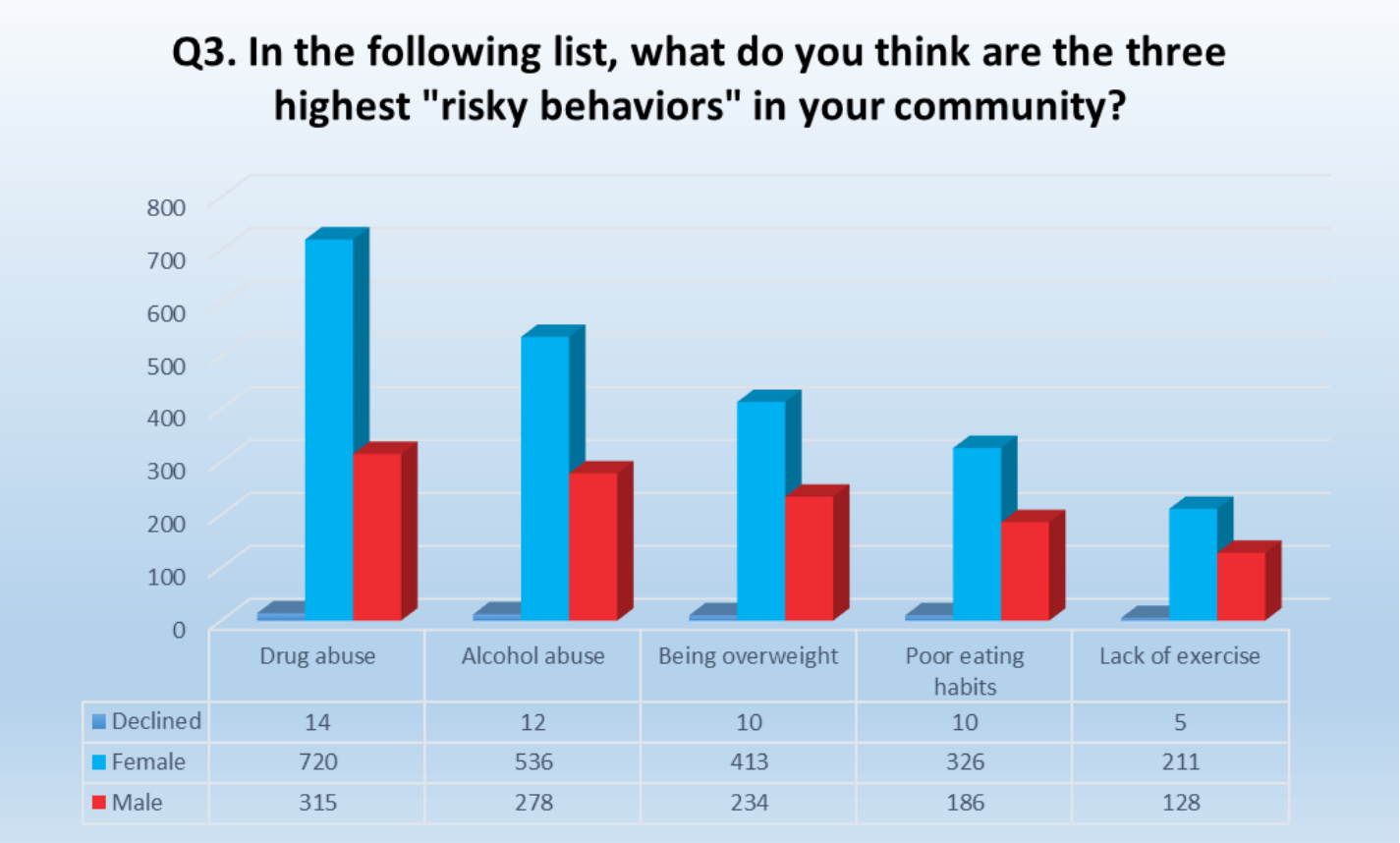


	Substance / Drug abuse problems	Cancer (all types)	Mental health problems	Aging problems (e.g., arthritis, hearing/vision loss, etc.)	Diabetes	Lack of healthy food / grocery stores
Female	545	357	362	318	196	182
Male	225	182	140	170	159	70

Question 3 (Q3): Identifying Risky Behavior

By defining risky behavior, we are attempting to identify a lifestyle or an activity (or activities) that puts a person in jeopardy of suffering from a health condition, illness, injury or death. Question three is designed to give respondents the opportunity to identify high risk behaviors they witness in their community and to consider which of these behaviors have the most significant impact.

Countywide, from a list of 15 options, 1,035 residents identify drug abuse as the number one high risk behavior. Like Q2, this remains in the top six for each of the five county communities but is not number one in every community. The second highest risky behavior, selected by 814 residents, is alcohol abuse followed by being overweight, which was selected by 647 residents.



	Drug abuse	Alcohol abuse	Being overweight	Poor eating habits	Lack of exercise
Declined	14	12	10	10	5
Female	720	536	413	326	211
Male	315	278	234	186	128

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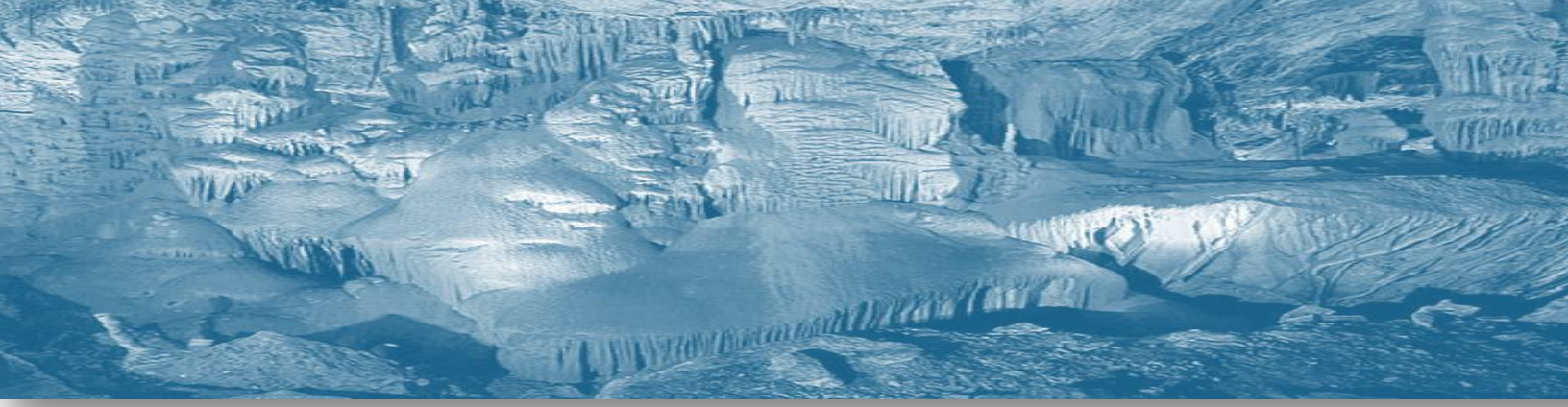
INDIVIDUAL COMMUNITY HEALTH PROFILES AND SURVEY RESULTS

Cochise County Community Profiles:

Benson & St. David
Bisbee
Douglas
Sierra Vista
Willcox

The following section presents a profile and reports the results of the community survey for the communities that responded to the survey.



Benson & St. David, Arizona

Benson, located in the picturesque San Pedro Valley, is home to the breathtaking splendor of Kartchner Caverns state park. Benson was originally established as the Ohnesorgen Stage Station, a stop for the Butterfield Overland Stagecoach route that carried the mail. In 1880, it became a stop on the Southern Pacific Railroad, and was named Benson, after Judge William S. Benson, a judge in California who was a friend of Charles Crocker, president of the Southern Pacific Railroad. Benson became the railroad hub of southern Arizona, a heritage of which it remains proud.

Today, Benson and the St. David area (85602, 85630) are home to about 11,770 residents, with a median household income of around $40,724. Approximately 1,602 residents are veterans.

Benson (85602, 85630) Demographics

2015 Census: Population – 11,770

- Median household income - $40,724.
- 1,602 of Benson area residents are veterans.
- 28% of residents are enrolled in AHCCCS.
- 54.5 is the median age for residents in 85602.
- 49.2 is the median age for residents in 85630.
- 47.5% of Benson residents are female.
- 91% of Benson residents identify as White and 12% identify as Hispanic or Latino.

Benson Survey Summary

2016 Community Survey Results

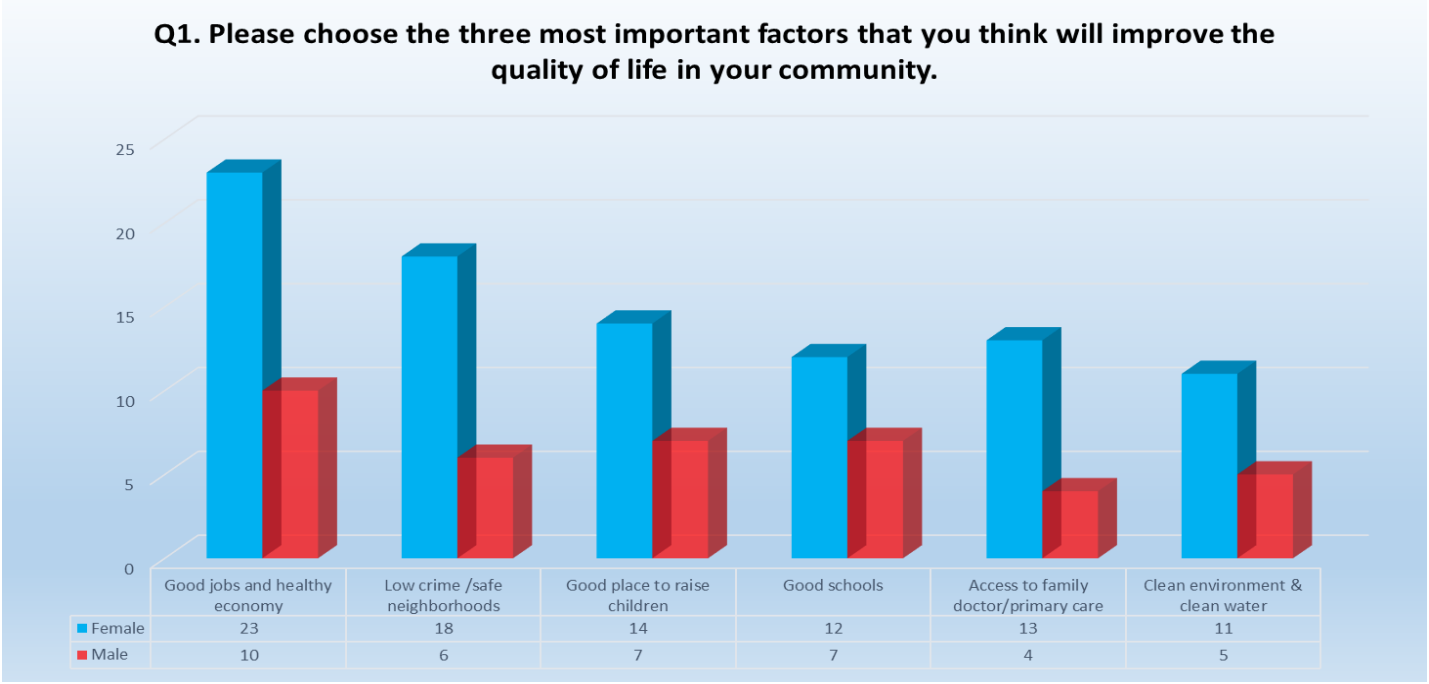
- 74 residents responded, 53 were female.
- 91% of the people rate their own health as Somewhat to Very healthy.
- 74% of the people rate the community's health as Somewhat to Very healthy.
- 71% of Benson respondents drive more than 25 miles to see a doctor.
- 47% of Benson respondents do not feel that there is sufficient access to health care services or social services.

Benson & St. David - Survey Results & Community Meeting

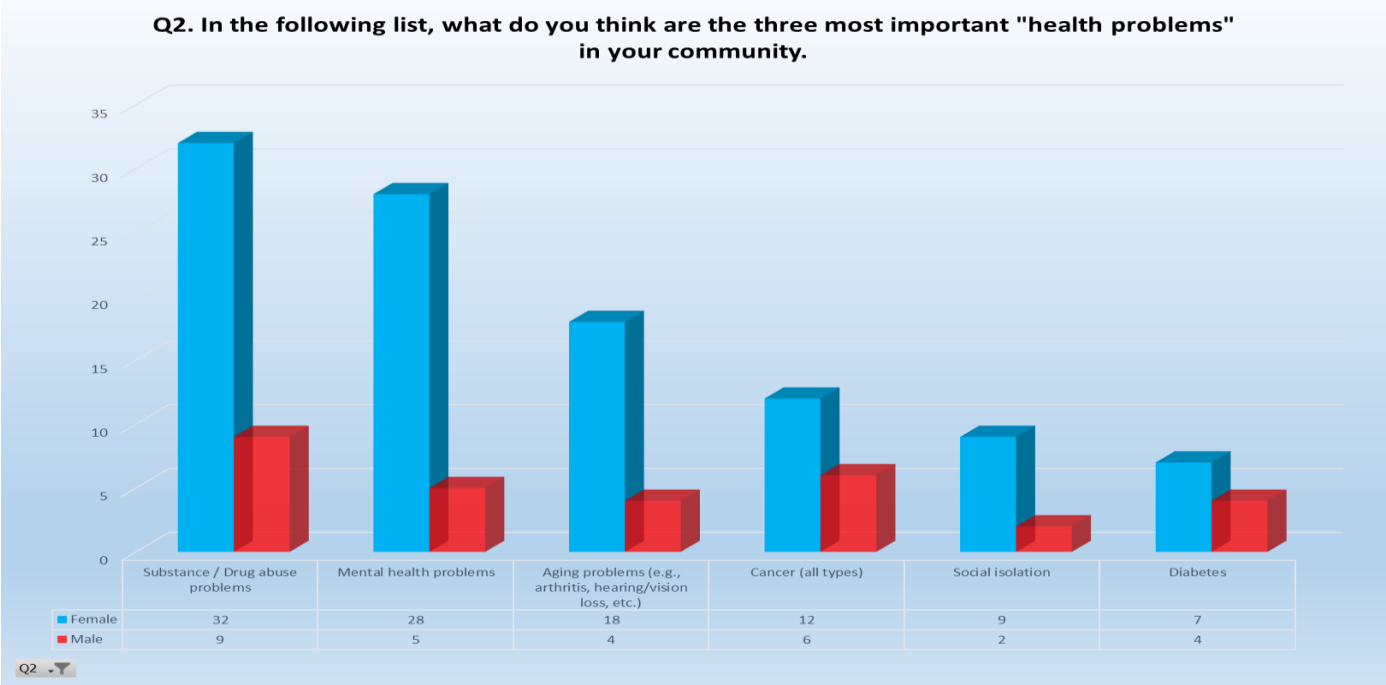
The purpose of the community needs survey was to ask community members about needs in their community or group, issues that they perceive as a community problem, and their definition of personal "health" and community "health." Following are the responses from Cochise County residents who listed their primary residence as Benson, St David, Pomerene, Cascabel, Mescal, or Redington (85602, 85627, 85630).

To learn what matters most to people in regards to achieving a high quality of life Question 1 (Q1) asked respondents to select three factors from a list of 21 options. From Benson & St. David residents the three most important factors in improving the quality of life in their communities are:

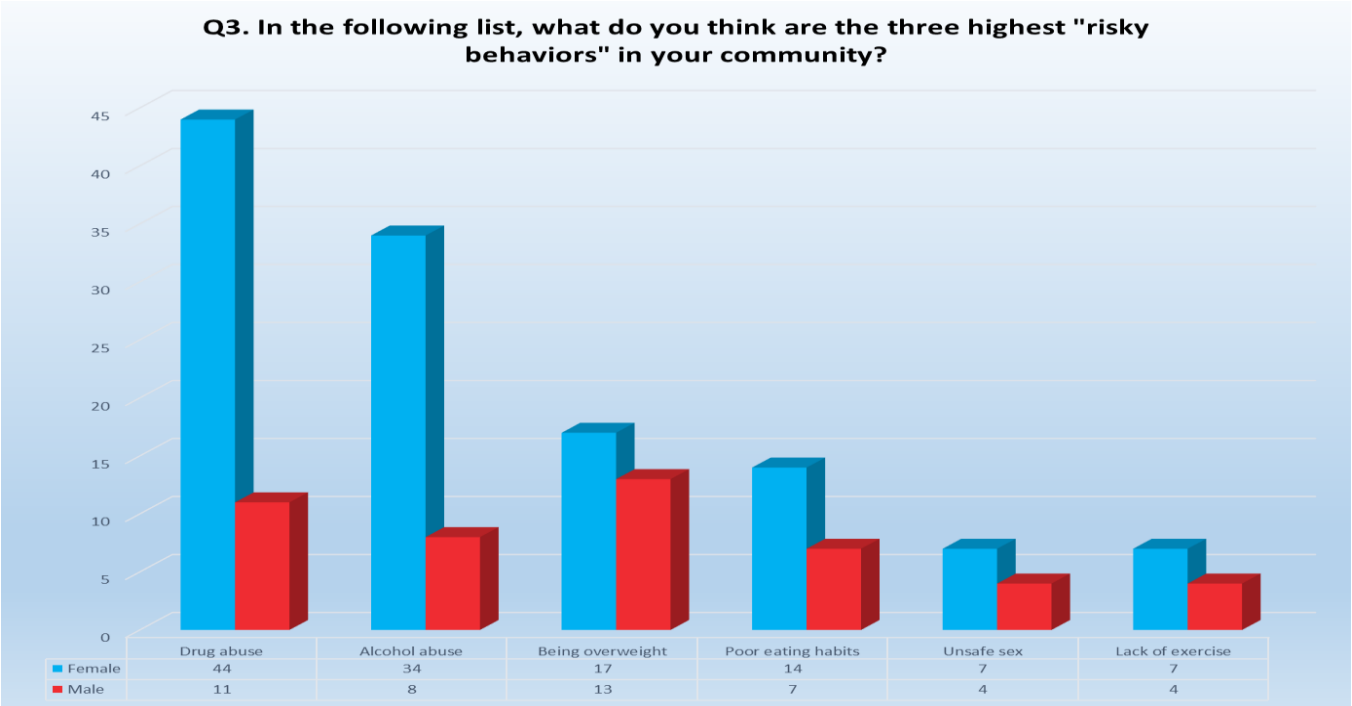
- Good jobs and healthy economy (33)
- Low crime/safe neighborhoods (24)
- Good place to raise children (21)



Question two (Q2, next page) asked residents to identify from a list of 25 health concerns the biggest health problems in the community. The top three health problems selected by residents responding to the survey are: substance/drug abuse (41), mental health problems (33) and aging problems (22).



Question three (Q3) asked residents to select from a list of 15 options the top three risky behaviors in their community. Residents who responded to the survey selected: drug abuse (55), alcohol abuse (42) and being overweight (30).



Community Meeting & Priority Ranking

The Benson & St. David community meeting was held on Tuesday, November 29, 2016, in the Benson School District meeting room. Eleven community members were in attendance for the presentation of Cochise County community health data and the midpoint survey results for the county and Benson and St. David area.

After hearing the presentation and discussing the county health data and survey results, the community members ranked the following issues as the top three problems facing Benson residents:

1. Good Jobs/Healthy Economy
2. Drug Abuse
3. Mental Health

In addition, residents identified the community's biggest asset as their strong faith-based community.

Bisbee, Arizona

The town of Bisbee began in 1877 when the first mining claim was staked after a group of Army scouts chasing Apaches through the mountains spotted promising signs of minerals beneath the rock. In fact, there were about 8 billion pounds of copper, along with gold, lead, and zinc, a concentration that let Bisbee to become a true mining boomtown by 1900. The copper boom brought many sophisticated people to Bisbee, along with plenty of colorful characters. Bisbee has a long history of culture, art, and learning, as well as less virtuous activities.

By 1974, the copper had dried up, and as the miners moved out, the free spirits of the 1970's moved in, building on Bisbee's history of culture and acceptance of all types to turn it into the whimsical, eclectic place that it is today.

Bisbee currently has a population of about 6,872 and a median household income of about $31,736. About 808 residents are veterans.

Bisbee (85603) Demographics

2015 Census: Population – 6,872

- Median household income - $31,736.
- 808 of Bisbee area residents are veterans.
- 38% of residents are enrolled in AHCCCS.
- 34% of Bisbee residents are over the age of 60 years and 20% are under the age of 19.
- 52% of Bisbee residents are female.
- 83% of Bisbee residents identify as White and 41% identify as Hispanic or Latino.
- Out of 1,656 family households, 42% have children under the age of 18.

Bisbee Survey Summary

2016 Community Survey Results

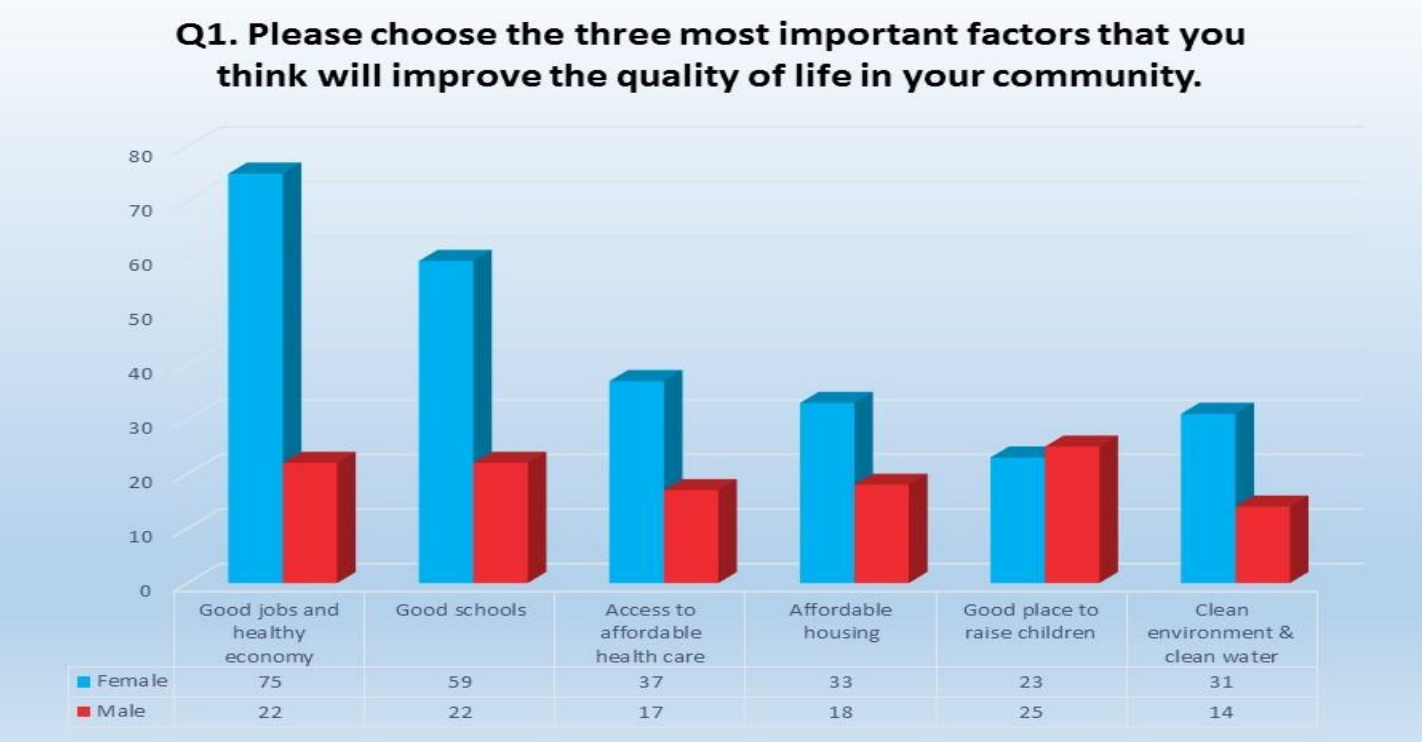
- 229 residents responded, 153 were female.
- 78% of the people rate their own health as Somewhat to Very healthy.
- 72% of the people rate the community's health as Somewhat to Very healthy.
- 42% of Bisbee respondents drive more than 25 miles to see a doctor. Of these respondents, 17% drive more than 75 miles.
- 64% of Bisbee respondents do not feel that there is sufficient access to health care services or social services.

Bisbee - Survey Results & Community Meeting

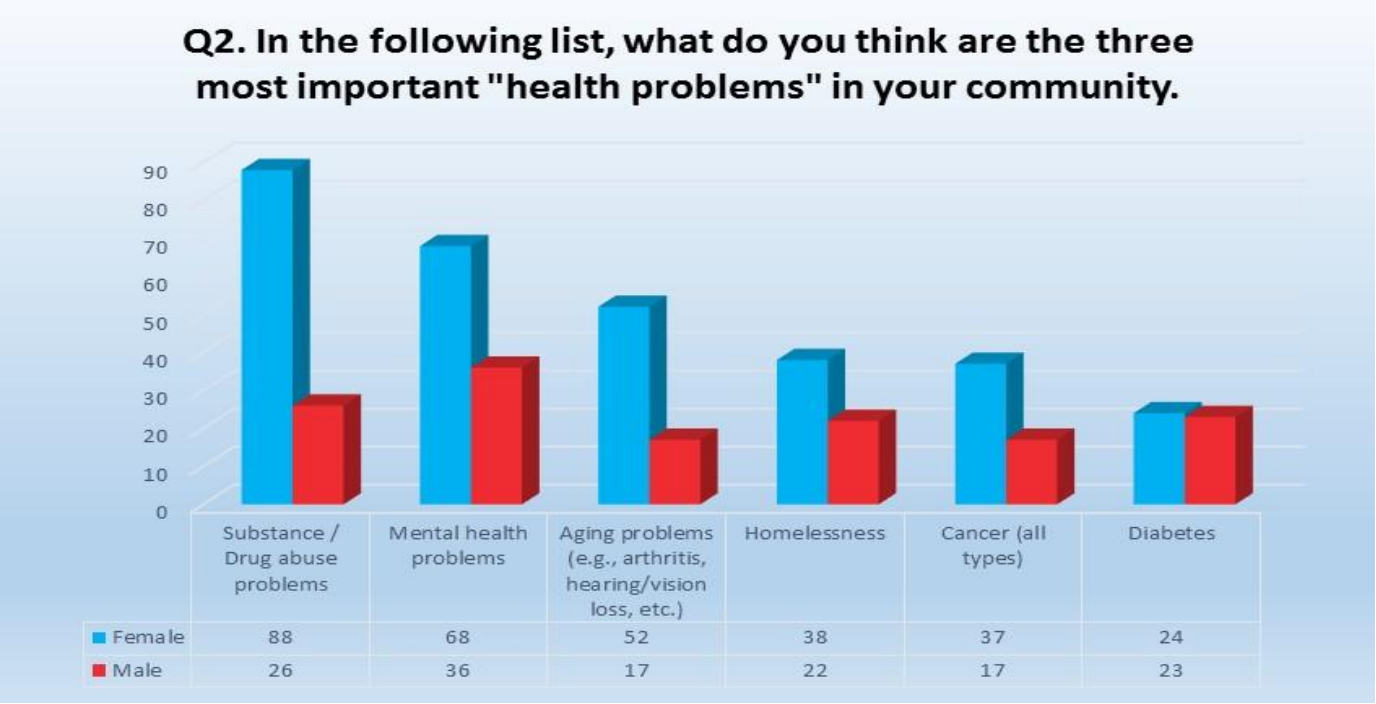
The purpose of the community needs survey was to ask community members about needs in their community or group, issues that they perceive as a community problem, and their definition of personal "health" and community "health." Following are the responses from Cochise County residents who listed their primary residence as Bisbee and the surrounding communities of Bisbee Junction, Copper Queen, Lowell, South Bisbee, Sunset Acres, Tintown, Warren, Winwood and Naco (85603).

To learn what matters most to people in regards to achieving a high quality of life Question 1 (Q1) asked respondents to select three factors from a list of 21 options. From the Bisbee area residents, the three most important factors in improving their quality of life in their community are:

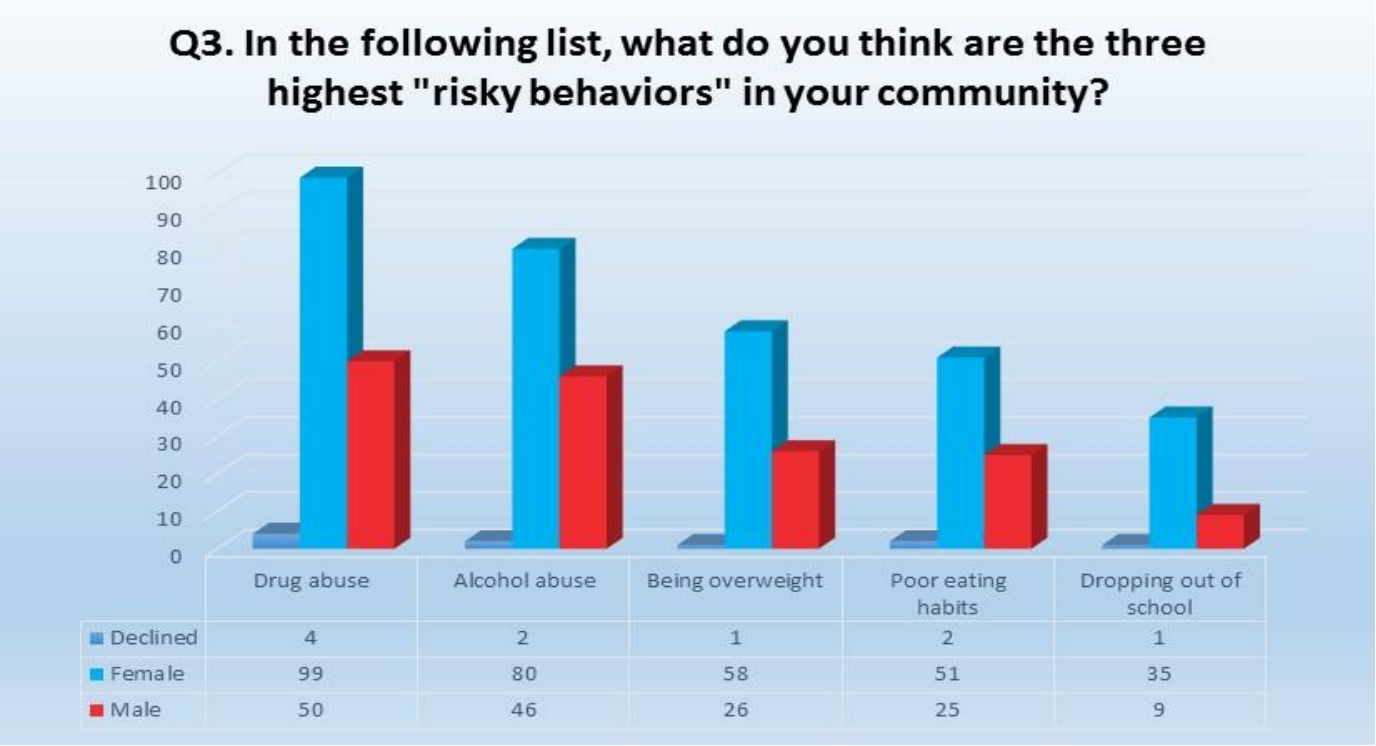
- Good jobs and healthy economy (97)
- Good schools (81)
- Access to affordable health care (34)



Question two (Q2, next page) asked residents to identify from a list of 25 health concerns the biggest health problems in the community. The top three health problems selected by residents responding to the survey are: substance/drug abuse (114), mental health (104) and aging problems (69).



Question three (Q3) asked residents to select from a list of 15 options the top three risky behaviors in their community. Residents who responded to the survey selected: drug abuse (149), alcohol abuse (126) and being overweight (84).



Community Meeting & Priority Ranking

The Bisbee community meeting was held on Wednesday, November 30, 2016, in the Cochise County Board of Supervisor's Hearing Room. Approximately thirty community members were in attendance for the presentation of Cochise County community health data and the midpoint survey results for the county and Bisbee area.

After hearing the presentation and discussing the county health data and survey results. the community members ranked the following issues as the top three problems facing Bisbee residents:

1. Alcohol/Substance Abuse
2. Good Jobs/Healthy Economy
3. Obesity & Healthy Lifestyles

In addition, residents discussed the lack of mental health care services and felt that improving access to mental health services would improve the quality of life. Affordable housing was also a concern and linked to mental illness and poverty. Many residents feel that housing rental prices are higher in Bisbee even though the housing stock is lower quality than housing stock in Sierra Vista.

Douglas

Douglas has its roots in mining and cattle ranching. In the late 1800's, what would become Douglas was a preferred site for cattle roundups for the region's cattle ranchers, owing to its large open, grassy areas. In 1901, it was formally founded as a site for smelting ore from the mines in nearby Bisbee. Present-day Douglas is also close to the San Bernardino presidio established by Spanish *conquistaores* in the 1700s.

The town is located on the border with Mexico, directly opposite Agua Prieta, Sonora, and continues to serve as one of Arizona's main gateways to Mexico, facilitating cross-border trade and contributing to a rich culture with both American and Mexican influences.

Douglas is home to 13,492 residents, with a median household income of $28,298. About 550 of Douglas' residents are veterans.

Douglas (85607) Demographics

2015 Census: Population – 13,492

- Median household income - $28,298.
- 550 of Douglas area residents are veterans.
- 71% of residents in 85607 are enrolled in AHCCCS.
- 17% of Douglas residents are over the age of 60 years and 35% are under the age of 19.
- 66.3% of residents earned a high school diploma.
- 51% of Douglas residents identify as White and 85% identify as Hispanic or Latino.
- Out of 3,400 family households, 54% have children under the age of 18.

Douglas & Surrounding Community Survey Summary

2016 Community Survey Results

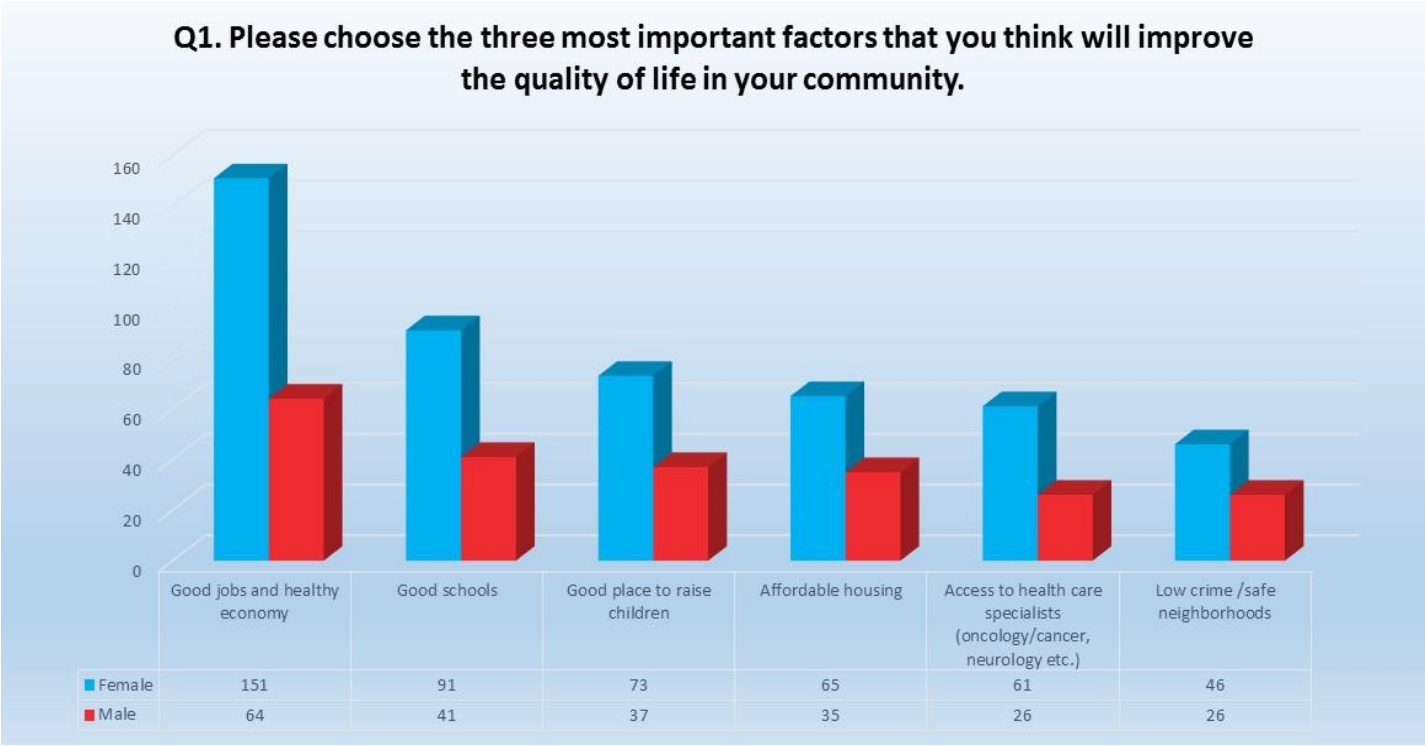
- 408 residents responded, 282 were female.
- 87% of the people rate their own health as Somewhat to Very healthy.
- 63% of the people rate the community's health as Somewhat to Very healthy.
- 47% of Douglas respondents drive more than 25 miles to see a doctor. Of these respondents, 16% drive more than 75 miles.
- 36% of Douglas respondents do not feel that there is sufficient access to health care services or social services.

Douglas - Survey Results & Community Meeting

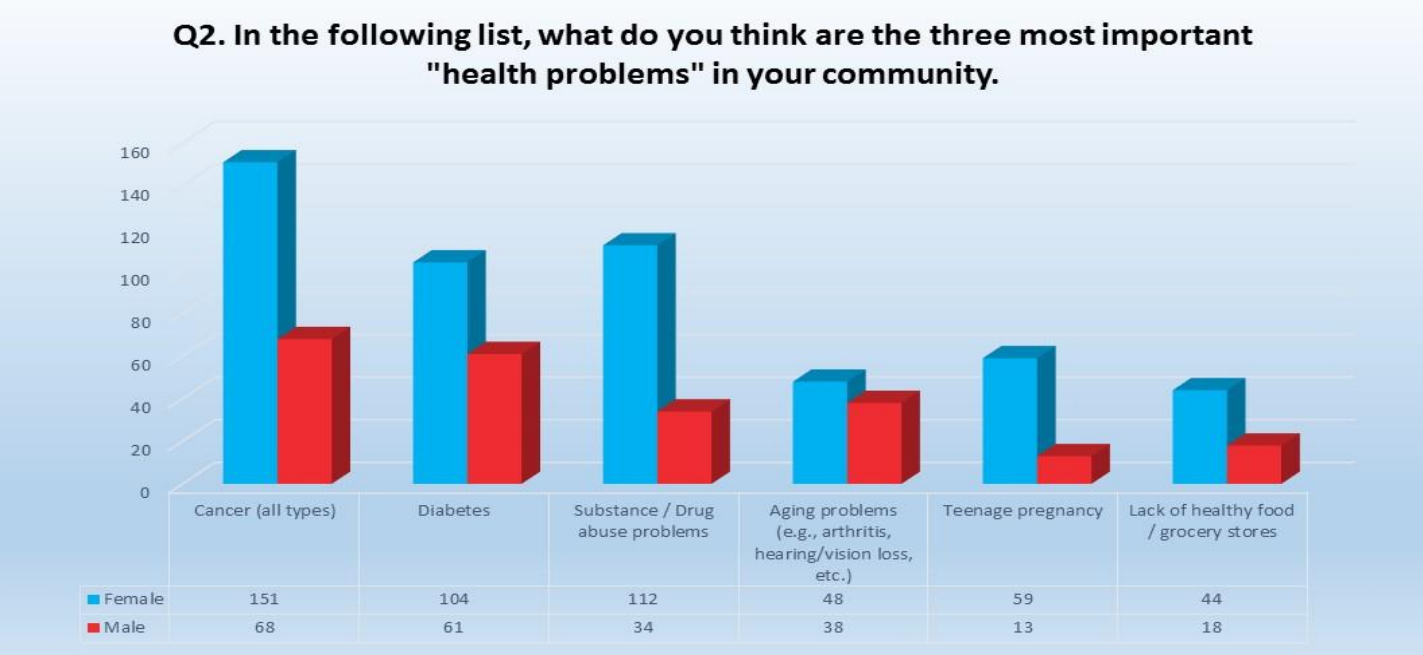
The purpose of the community needs survey was to ask community members about needs in their community or group, issues that they perceive as a community problem, and their definition of personal "health" and community "health." Following are the responses from Cochise County residents who listed their primary residence as Douglas (85607) and the surrounding communities of Pirtleville, Bay Acres and Paul Spur (85626, 85608, 85655).

To learn what matters most to people in regards to achieving a high quality of life Question 1 (Q1) asked respondents to select three factors from a list of 21 options. From the Douglas residents the three most important factors in improving their quality of life in their community are:

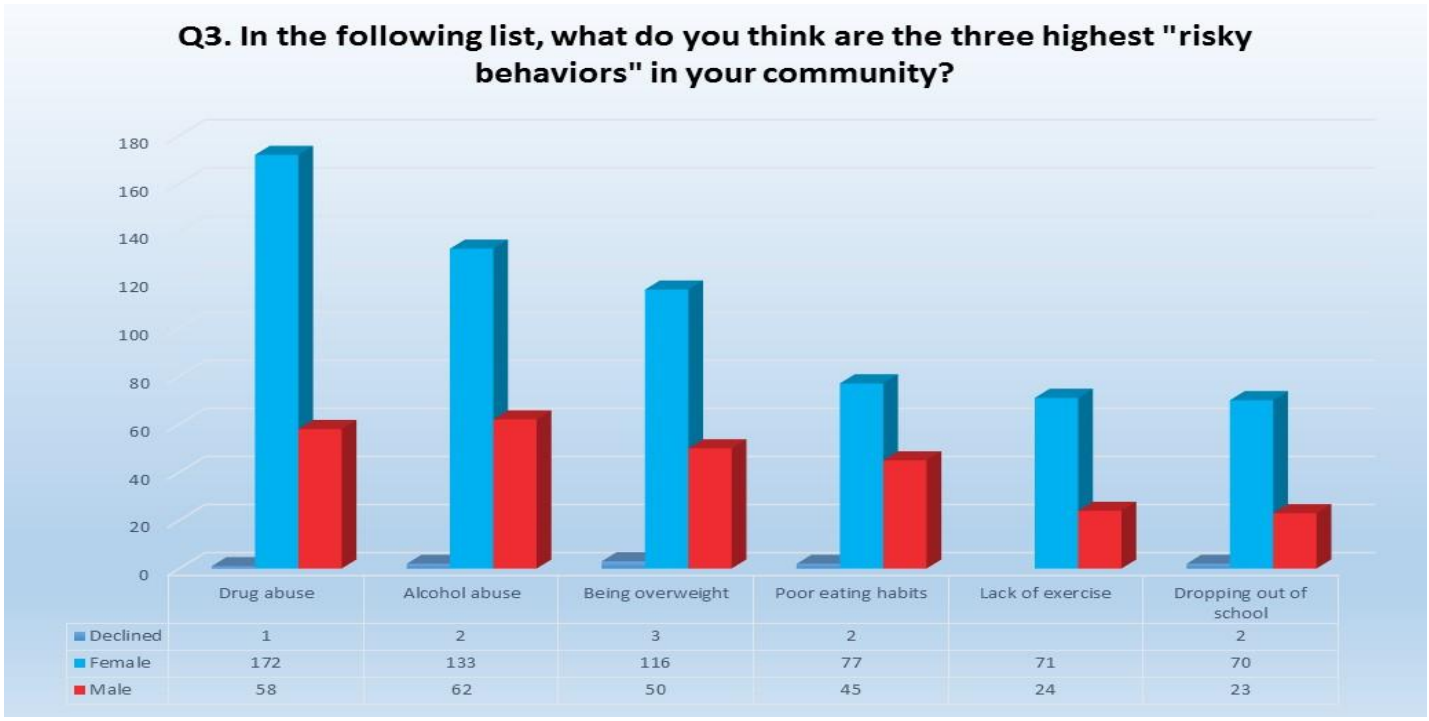
- Good jobs and healthy economy (215)
- Low crime/safe neighborhoods (132)
- Good place to raise children (110)



Question two (Q2, next page) asked residents to identify from a list of 25 health concerns the biggest health problems in the community. The top three health problems selected by residents responding to the survey are: cancer (217), diabetes (165) and substance/drug abuse (146).



Question three (Q3) asked residents to select from a list of 15 options the top three risky behaviors in their community. Residents who responded to the survey selected: drug abuse (240), alcohol abuse (195) and being overweight (166).



Community Meeting & Priority Ranking

The Douglas community meeting was held on Wednesday, November 30, 2016, in the Douglas Government Building. Approximately 25 community members were in attendance for the presentation of Cochise County community health data and the midpoint survey results for the county and Douglas area.

After hearing the presentation and discussing the county health data and survey results, the community members ranked the following issues as the top three problems facing Douglas residents:

1. Mental Health/ Drug Abuse
2. Teen Pregnancy/Birth Control
3. Healthy Eating/Diabetes- Obesity

In addition, residents identified the community's biggest assets as the strong family supports but also discussed how the cultural norms also contribute to high number of teens having babies.

Sierra Vista, Arizona

Sierra Vista, Cochise County's most populous city, was not officially incorporated until 1956. However, the first people to arrive after the Chiricahua Apaches were the 6th U.S. Cavalry, who in 1877 established an outpost that would later become Ft. Huachuca.

The fort served as the headquarters for military units pursuing Geronimo in the surrounding mountains, and later, for the Buffalo Soldiers of the 10th U.S. Cavalry, who rode into Mexico in an attempt to capture Francisco "Pancho" Villa.

Sierra Vista began as a small village outside the gates of Ft. Huachuca but today has grown to over 44,892 people, with a median household income of nearly $59,100. Sierra Vista's surrounding communities include Fort Huachuca, Hereford, Fry, Whetstone, Huachuca City, Miracle Valley, Nicksville, Palominas, Parker Lake. The area is home to about 7,829 veterans.

Sierra Vista (85635 & 85650) Demographics

2015 Census: Population – 44,892

Median household income - $59,100.

- 7,829 of Sierra Vista area residents are veterans.
- 25% of residents are enrolled in AHCCCS.
- 20% of Sierra Vista residents are over the age of 60 years and 30% are under the age of 19.
- 52% of Sierra Vista residents are female.
- 74% of Sierra Vista residents identify as White and 27% identify as Hispanic or Latino.
- Out of 11,146 households, 48% have children under the age of 18.

Sierra Vista & Surrounding Communities Survey Summary

2016 Community Survey Results

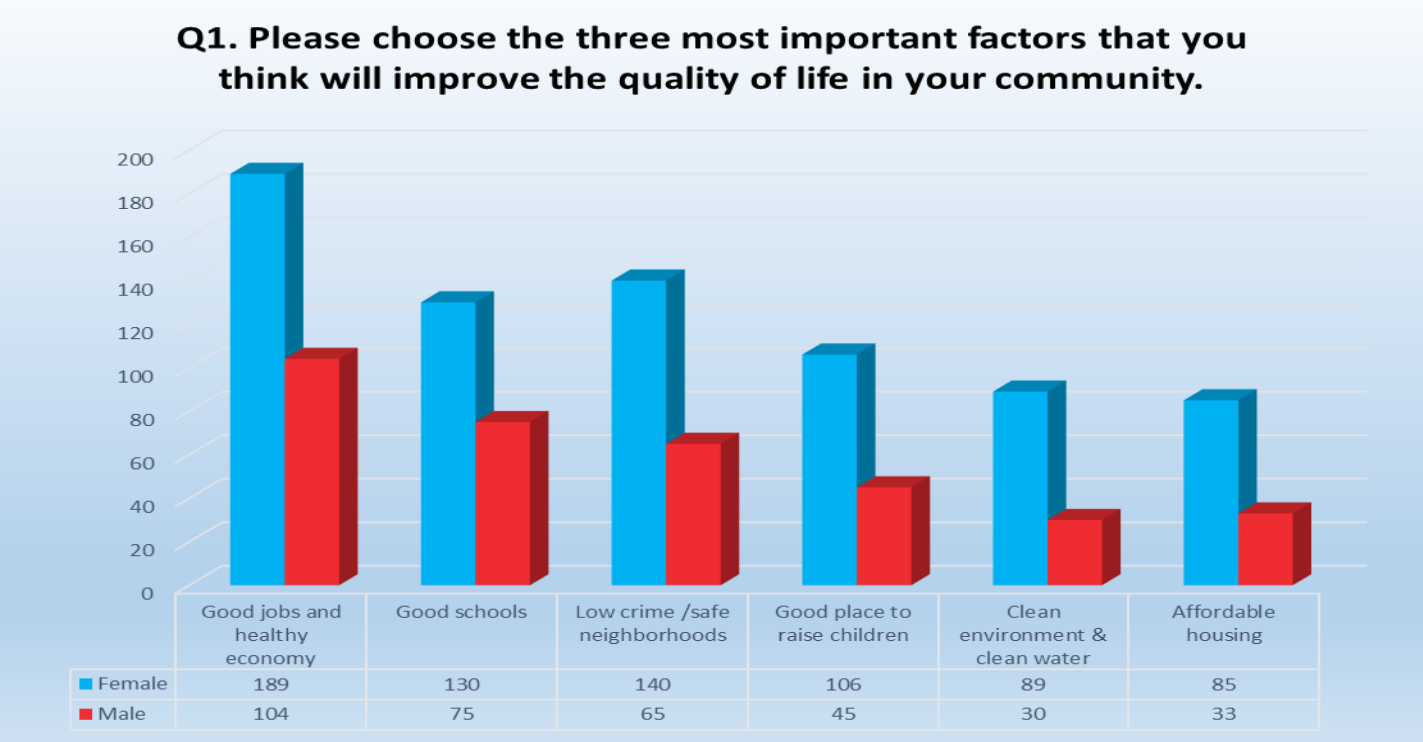
- 638 residents responded, 428 were female.
- 93% of the people rate their own health as Somewhat to Very healthy.
- 84% of the people rate the community's health as Somewhat to Very healthy.
- 10% of Sierra Vista respondents drive more than 25 miles to see a doctor. Of these respondents, 17% drive more than 75 miles.
- 67% of Sierra Vista respondents do not feel that there is sufficient access to health care services or social services.

Sierra Vista - Survey Results & Community Meeting

The purpose of the community needs survey was to ask community members about needs in their community or group, issues that they perceive as a community problem, and their definition of personal "health" and community "health." Following are the responses from Cochise County residents who listed their primary residence as Sierra Vista and the surrounding communities (85613, 85615, 85616, 85635, 85636, 85650, 85670, 85671).

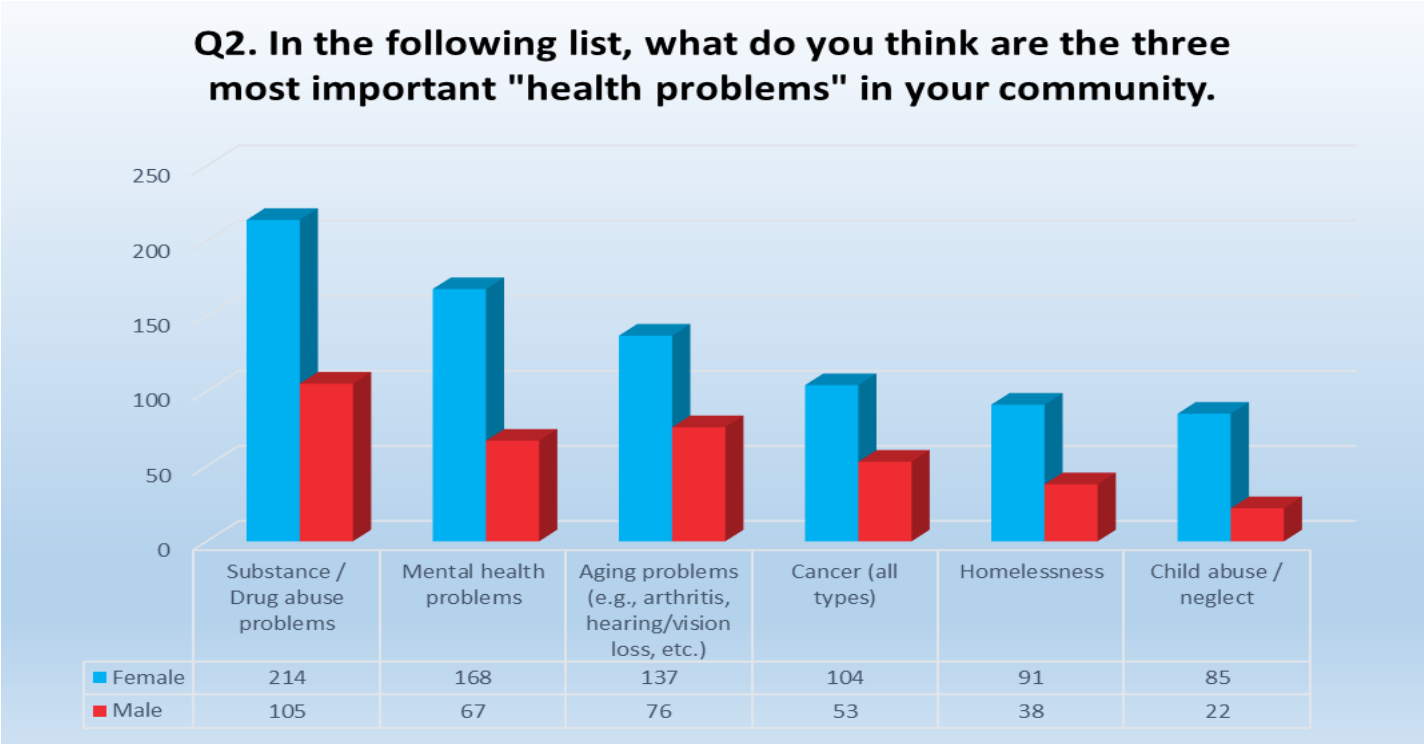
To learn what matters most to people in regards to achieving a high quality of life Question 1 (Q1) asked respondents to select three factors from a list of 21 options. From the Sierra Vista residents and surrounding communities' residents the three most important factors in improving their quality of life in their community are:

- Good jobs and healthy economy (215)
- Low crime/safe neighborhoods (132)
- Good place to raise children (110)

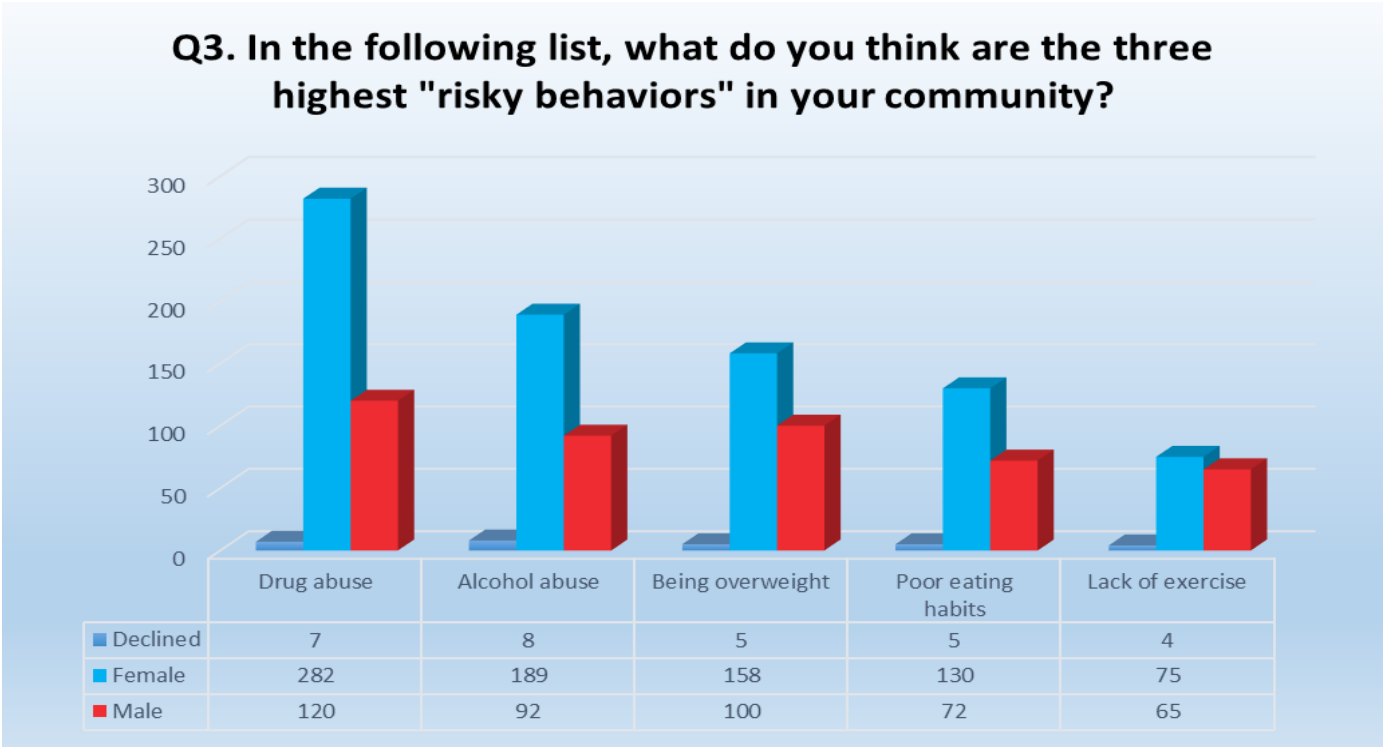


	Good jobs and healthy economy	Good schools	Low crime /safe neighborhoods	Good place to raise children	Clean environment & clean water	Affordable housing
Female	189	130	140	106	89	85
Male	104	75	65	45	30	33

Question two (Q2, next page) asked residents to identify from a list of 25 health concerns the biggest health problems in the community. The top three health problems selected by residents responding to the survey are: substance/drug abuse (319), mental health (235) and aging problems (213).



Question three (Q3) asked residents to select from a list of 15 options the top three risky behaviors in their community. Residents who responded to the survey selected: drug abuse (402), alcohol abuse (281) and being overweight (258).



Community Meeting & Priority Ranking

The Sierra Vista community meeting was held on Monday, November 28, 2016, in Cochise College's community room. Approximately 25 community members were in attendance for the presentation of Cochise County community health data and the midpoint survey results for the county and Sierra Vista area.

After hearing the presentation and discussing the county health data and survey results, the community members were sent an on-line link and asked to rank the top three problems facing Sierra Vista residents. Residents who responded to the survey ranked the top three issues facing Sierra Vista as follows:

1. Good Jobs/Healthy Economy
2. Substance Abuse
3. Mental Health

In addition, residents discussed issues with obtaining and retaining health care providers; how to create more of a "community" with Ft. Huachuca; optimizing the good weather and geography by making the city both walkable and bike-able; and balancing the idea of honoring the past as we plan for the future.

Willcox, Arizona

In addition to being well-known for its cattle ranching roots, Willcox is probably best known as the hometown of the “singing cowboy,” Rex Allen.

Allen was born on a ranch in Mud Springs Canyon, about 40 miles from Willcox, which, in cattle ranching terms, is right next door. Willcox was also established as a stop on the Southern Pacific Railroad but also proved to be fertile ground for raising both animals and plants. In addition to a tradition in ranching, Willcox today is home to all types of agriculture, including wine grapes and pistachios.

Willcox (85643) Demographics

2015 Census: Population – 8,902

- Median household income - $41,871.
- 897 of Willcox area residents are veterans.
- 27% of residents are enrolled in AHCCCS.
- 24.6% of Willcox residents are over the age of 60 years and 25.1% are under the age of 18.
- 47.5% of Willcox residents are female.
- 78.9% of Willcox residents identify as White and 47.3% identify as Hispanic or Latino.
- Out of 2,869 households, 38.2% have children under the age of 18.

Willcox Survey Summary

2016 Community Survey Results

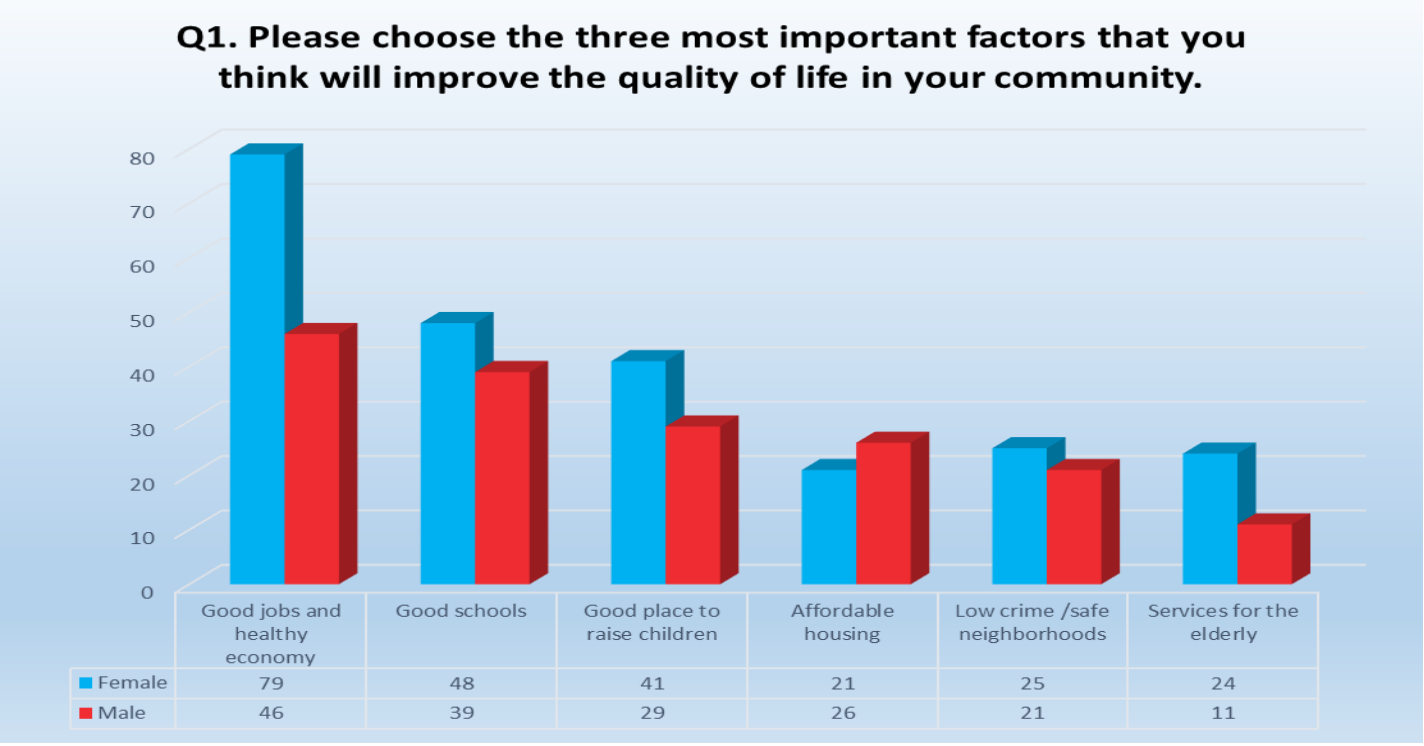
- 220 residents responded, 129 were female.
- 78% of the people rate their own health as Somewhat to Very healthy.
- 72% of the people rate the community’s health as Somewhat to Very healthy.
- 42% of Willcox respondents drive more than 25 miles to see a doctor. Of these respondents, 17% drive more than 75 miles.
- 64% of Willcox respondents do not feel that there is sufficient access to health care services or social services.

Willcox - Survey Results & Community Meeting

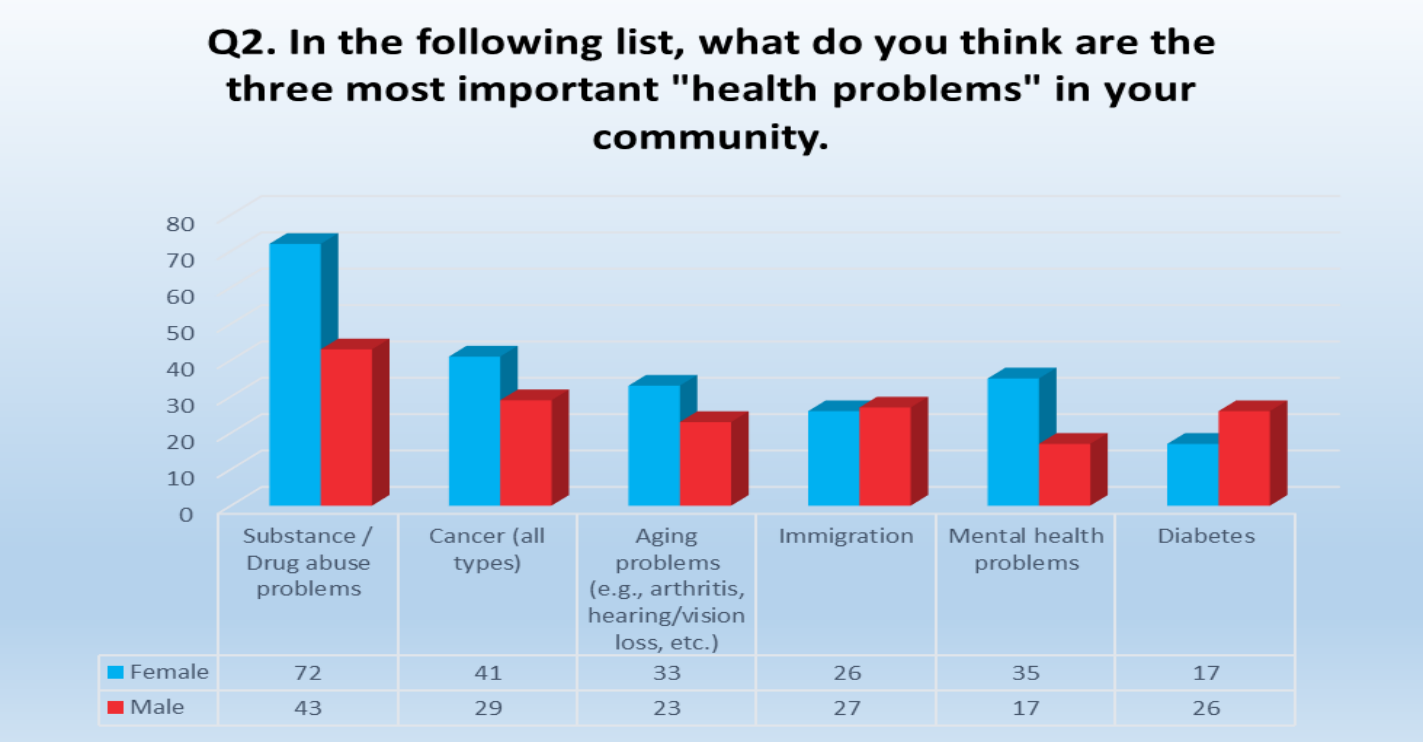
The purpose of the community needs survey was to ask community members about needs in their community or group, issues that they perceive as a community problem, and their definition of personal "health" and community "health." Following are the responses from Cochise County residents who listed their primary residence as Willcox and the surrounding communities of Bonita, Chiricahua Nat'l Monument, Dos Cabezas, Fort Grant, Kansas Settlement, Klondyke, Rucker, Sierra Bonita, Sunset, and Turkey Creek (85643, 85644).

To learn what matters most to people in regards to achieving a high quality of life Question 1 (Q1) asked respondents to select three factors from a list of 21 options. From the Willcox residents and surrounding communities' residents the three most important factors in improving their quality of life in their community are:

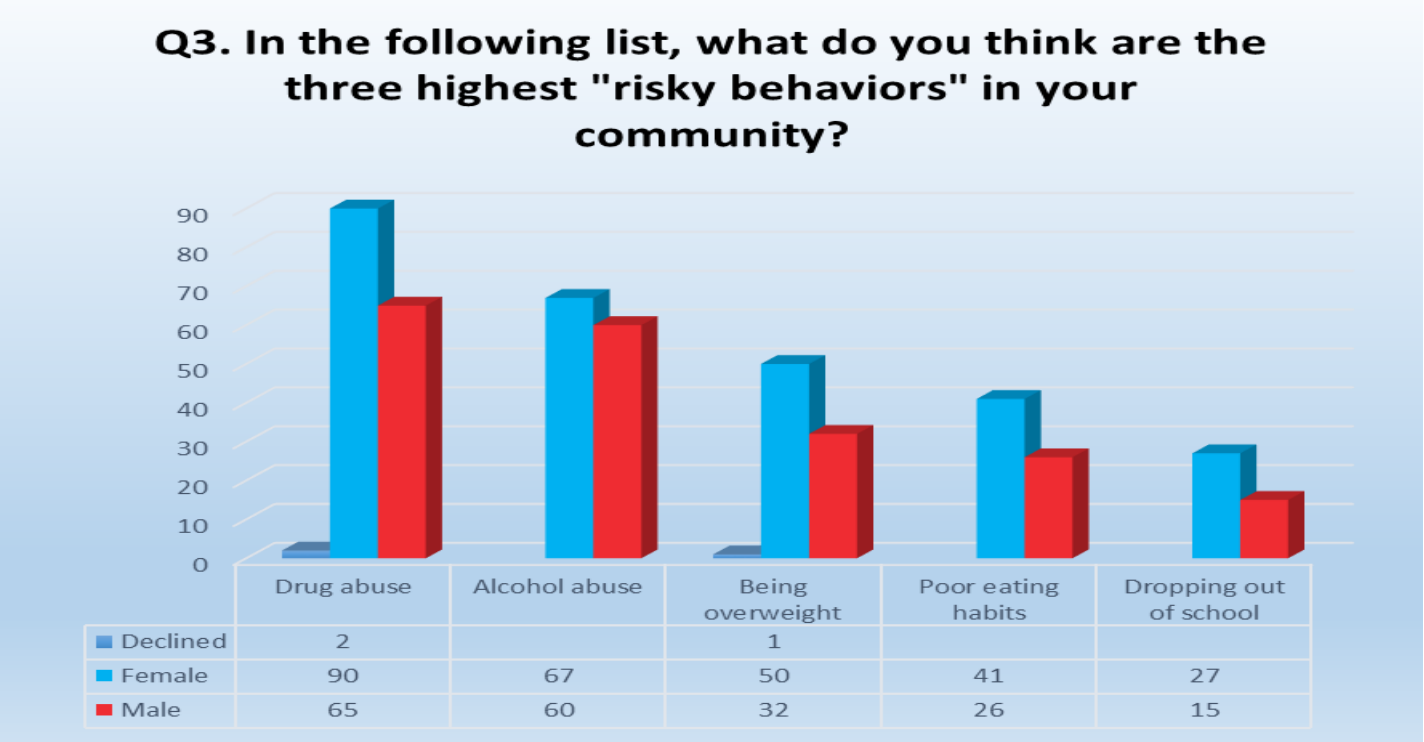
- Good jobs and healthy economy (125)
- Good schools (86)
- Good place to raise children (70)



Question two (Q2, next page) asked residents to identify from a list of 25 health concerns the biggest health problems in the community. The top three health problems selected by residents responding to the survey are: substance/drug abuse (115), cancer (70) and aging problems (56).



Question three (Q3) asked residents to select from a list of 15 options the top three risky behaviors in their community. Residents who responded to the survey selected: drug abuse (115), alcohol abuse (127) and being overweight (82).



Community Meeting & Priority Ranking

The Willcox community meeting was held on Thursday, December 1, 2016, in the historic Willcox theater. Twelve community members were in attendance for the presentation of Cochise County community health data and the midpoint survey results for the county and Willcox area.

After hearing the presentation and discussing the county health data and survey results, the community members ranked the following issues as the top three problems facing Willcox residents:

1. Aging problems
2. Mental Health
3. Lack of healthy food

In addition, residents identified the community's biggest assets as Northern Cochise Community Hospital and the "small town" atmosphere.

COMMUNITY HEALTH PRIORITIES AND HEALTH IMPROVEMENT PLANNING

Cochise County's Health Priorities

To develop the county's initial set of priorities, and those of communities within the county, the assessment team deployed multiple outreach strategies, many of which are mentioned in the engagement section and the individual community profiles. These strategies allowed the team to gather valuable inputs from the community to complete major components of MAPP's four assessments: Community Themes & Strengths Assessment, Forces of Change Assessment, Local Public Health System Assessment and the Community Health Status Assessment.

Through the use of (1) surveys to gauge baseline concerns, interests and barriers, (2) webinars to provide health information and (3) community meetings to engage with stakeholders around significant health concerns and initial priority-setting, the assessment team was able to better understand the community's primary areas of focus and share more detailed information around their specific concerns and broad health-related data and information about the community's health. Surveys and webinars yielded significant insight into concerns from community members and key informants about community strengths, system gaps and influencers.

The assessment team and the CHA partners felt strongly that in-person meetings needed to be held in the five population centers within the county - Benson, Bisbee, Douglas, Sierra Vista and Willcox. To that end, the assessment team held five community meetings during November and December 2016 to share survey findings and health status data, as well as information about the long-term role they can play in the Cochise County Community Health Assessment and Health Improvement Planning project. Following the presentation and discussion, meeting participants in each community were then asked to develop their list of priority issues. Discussion was facilitated and stakeholder priorities were noted by members of the assessment team. A follow-up survey was distributed to meeting participants asking them to again provide their community health priorities, provided in the Individual Community Priorities table.

Individual Community Priorities
Benson's Top Health Priorities
1. Good Jobs, Healthy Economy
2. Drug Abuse
3. Mental Health
Bisbee's Top Health Priorities
1. Alcohol/Substance Abuse
2. Good jobs, Healthy Economy
3. Obesity & Healthy Lifestyles
Douglas' Top Health Priorities
1. Mental health, Alcohol/Substance Abuse
2. Teen Pregnancy, Birth Control
3. Healthy Eating, Diabetes-Obesity
Sierra Vista's Top Health Priorities
1. Good Jobs/Healthy Economy
2. Substance Abuse
3. Mental Health
Willcox's Top Health Priorities
1. Aging Problems
2. Mental Health
3. Healthy Foods

Cochise County's Top Health Priorities

Findings from the five community meetings, as well as survey results, were aggregated to develop the overall county health priorities—each community having a set of concerns that also contributed to county-wide priorities. The result of that effort was identification of the following top health priorities:

1. **Mental Health and Alcohol/Substance Abuse**
2. **Good Jobs and a Healthy Economy**
3. **Healthy Eating and Obesity & Diabetes**

Coming Soon: Community Health Improvement Plan (CHIP)

The Community Health Assessment and its related engagement activities are only the beginning of Cochise's roadmap to better health. In the first half of 2017, CHSS, their partners and the Healthy Cochise Coalition will be holding another round of community meetings and engaging residents and stakeholders in a variety of ways. The key goals for 2017 are to reaffirm the community's health priorities, develop key goals and action plans, improve health outcomes, and determine the roles each person and/or organization will play.

Stay tuned!

To find out about HEALTHY COCHISE project updates, please visit the Cochise Health and Social Services' website at:

https://www.cochise.az.gov/health-and-social-services/healthy-cochise

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Note: All report appendices are available by contacting

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