

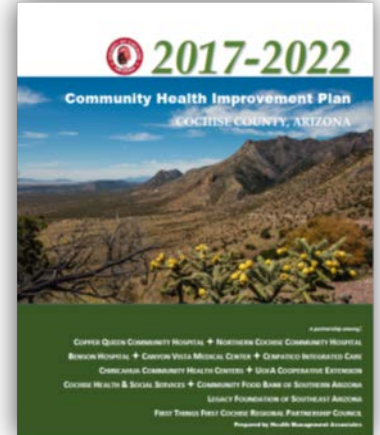
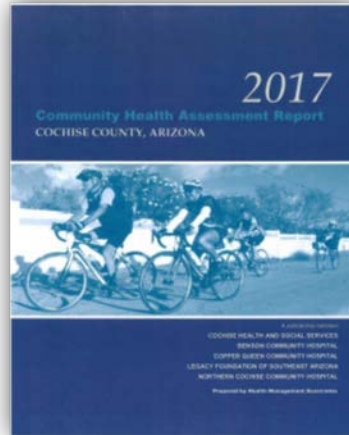
Cochise County Community Health Assessment and Improvement Plan

2018

**UPDATE &
PROGRESS
REPORT**



**Cochise Health
and Social Services**



PARTNERS in the Cochise Healthy Communities Initiative:

*Cochise Health & Social Services
The Legacy Foundation of Southern Arizona
Copper Queen Hospital
Benson Hospital
Northern Cochise Community Hospital
Canyon Vista Medical Center
Chiricahua Community Health Centers
Arizona Complete Health
UofA Cooperative Extension
Community Food Bank of Southern Arizona
First Things First Cochise Region
and many more . . .*



**HEALTHY
COCHISE**

The Cochise Healthy Communities Initiative

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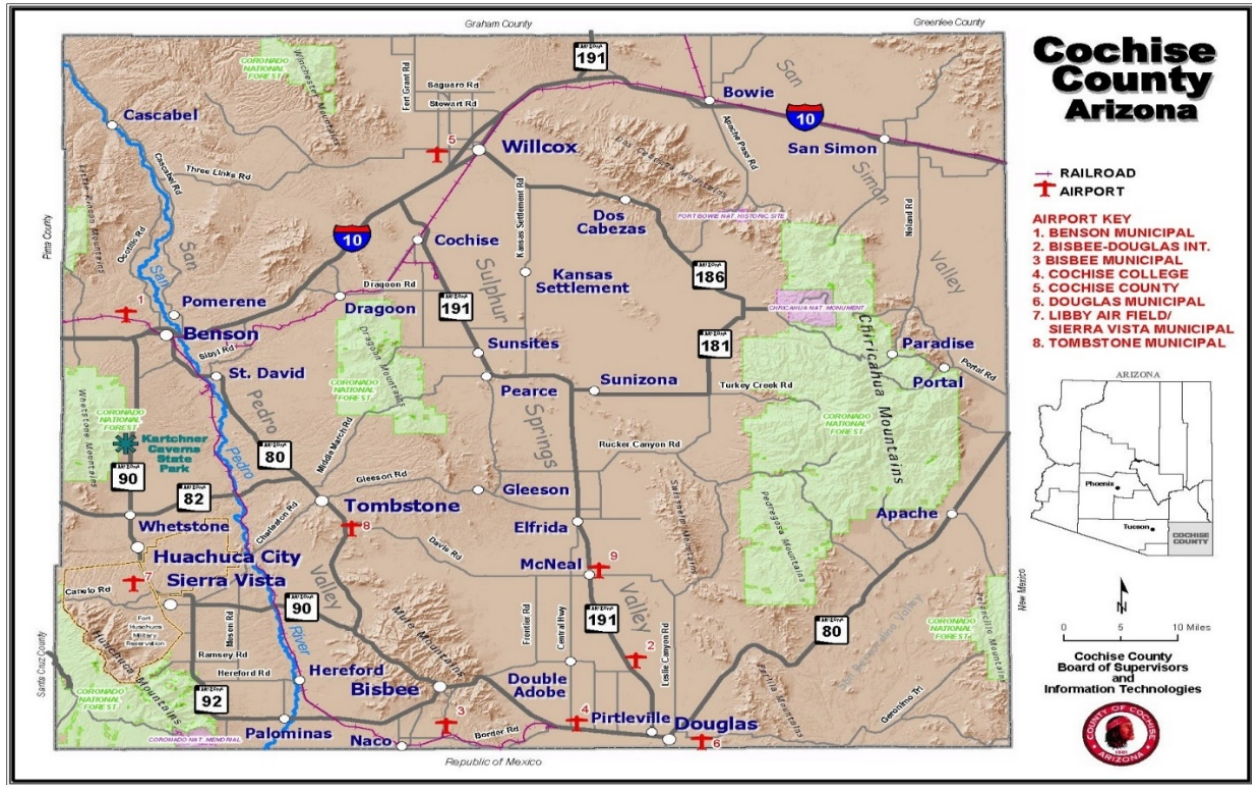
- Progress of partners' collaborative work in the three Priority Areas

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COCHISE COUNTY COMMUNITY BACKGROUND



ZIP CODES in COCHISE COUNTY

(85602) Benson	(85617) McNeal and Double Adobe
(85603) Bisbee	(85620) Naco
(85643) Bonita	(85626) Pirtleville
(85605) Bowie	(85632) Portal and San Simon
(85606) Cochise	(85635, 85636, 85650) Sierra Vista
(85607, 85608) Douglas	(85630) St. David
(85609) Dragoon	(85625) Sunizona, Sunsites, Pearce
(85610) Elfrida	(85638) Tombstone
(85613) Ft. Huachuca	(85616) Whetstone
(85615) Hereford/Palominas	(85643, 85644) Willcox
(85616) Huachuca City	

LOCATION

Cochise County is located in the southeastern corner of Arizona and is part of the U.S.-Mexico border region. Cochise County is a rural area (21.3 people per square mile) comprised of small, widely dispersed communities that consist largely of low-income families. The county encompasses almost four million acres (6219 square miles) and is larger than the states of Connecticut and Rhode Island combined. The area is “high desert” with the elevation increasing as one approaches the Mexican border.



Geographically, the U.S.-Mexico border area is defined as a territory that extends along 1,952 miles from the Gulf of Mexico to the Pacific Ocean and includes 62 miles north and south of the international boundary of each county. The border region includes 48 counties in four U.S. states (Texas, New Mexico, Arizona, and California). The border region has a population of approximately 15 million inhabitants on both sides of the border. Politically, it is important to understand the border region as interdependent sister states and sister cities, with unique social and economic relationships. Nonetheless, they must also be recognized as sovereign entities that are bound by their respective jurisdictional and legal frameworks that play important roles in each of their nations' development.

For Mexican citizens, the border region generally represents the opportunity to secure quality goods, gain employment, and earn higher incomes, especially if employed in the United States. For U.S. citizens, the border region represents a competitive labor market. However, it can also represent an opportunity to cross the border to avail oneself of low cost medical and dental services, pharmaceutical supplies, and medications. Similarly, for U.S. entrepreneurs and other foreign investors, the proximity of the international border represents commercial and economic advantages in locating manufacturing plants on the Mexico side, due to the lower costs for skilled and unskilled labor, and lower transportation costs for developed products.

Appendix 3a - From: Chiricahua Community Health Centers, Inc. 2018 Community Needs Assessment for Cochise County

OVERVIEW OF POPULATION DATA from 2017 Cochise Community Health Assessment

According to estimates by the U. S. Census Bureau, in 2010 the county was home to 131,346 people. Unlike the majority of counties in Arizona, Cochise County continues to see a decline in population. The U.S. Census Bureau’s 2015 Population estimates indicate that 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%

Approximately 35% of Cochise County’s population identifies as Hispanic/Latino, of any race.

BENSON (85602, 85630)	BISBEE (85603)	DOUGLAS (85607, 85608)	SIERRA VISTA (85635, 85650)	WILLCOX (85643, 85644)
2015 CENSUS POPULATION: 11,770 Median household income: \$40,724.	2015 CENSUS POPULATION: 6,872 Median household income: \$31,736.	2015 CENSUS POPULATION: 13,492 Median household income: \$28,298	2015 CENSUS POPULATION: 44,892 Median household income: \$59,100.	2015 CENSUS POPULATION: 8,902 Median household income: \$41,871
<ul style="list-style-type: none"> 1,602 of Benson area residents are veterans. 28% of residents are enrolled in AHCCCS. 17% of Benson residents are over the age of 60. 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. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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 old 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. 	<ul style="list-style-type: none"> 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.
<p><i>Complete breakdown of population demographics available in the Cochise Health & Social Services 2017 Community Health Assessment.</i></p>				

UPDATE OF COMMUNITY HEALTH ASSESSMENT (CHA) DATA

Overview of 2017 CHA Data: FROM: Cochise Health & Social Services 2017 Community Health Assessment

Leading Causes of Death per 100,000:

- Cancer – 231
- Preventable Injury - 78.5
- Diabetes – 45
- Stroke – 44
- Kidney Disease - 19

Teen birth rate:

- Cochise 49:1000
- AZ 45:1000, US 35:1000

Poverty in Cochise County:

- 28% of children live in poverty
- 30% of residents are enrolled in AHCCCS

AHCCCS Data:

- Primary Dx by Inpatient visit: complications of pregnancy, childbirth, and psychosis.
- Primary Dx by Outpatient visit: mental disorders & substance abuse.
- Drug-related inpatient discharges by type of drug: Opiates increased 100% from 7533 in 2010 to 13,458 in 2014.

Incarceration Data for Arizona:

- 9000 Arizona Medicaid beneficiaries are incarcerated in any given month.
- 2015 – Of 120,000 Arizona individuals transitioned from incarceration into the community, 42,000 were Medicaid beneficiaries.
- *Cenpatico & CHSS estimate that 50% of Cochise County Medicaid beneficiaries had mental health and/or substance abuse disorder.*

PUBLIC PERCEPTION SURVEY 2016

Cochise County's Top Health Priorities

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

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's 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

2018 Health Care System Analysis

Purpose/Intent

The development of a community health assessment involves the systematic collection and analysis of data and information to provide a sound basis for decision-making and action. The ongoing monitoring, refreshing, and adding of data and data analysis on an annual basis enables all partners in community health improvement to contribute to and have access to up-to-date analyses of current key issues to consider for ongoing action. Our intent with the 2018 CHA/CHIP Annual Update is to provide additional data and analysis of socioeconomic conditions affecting access to health care in Cochise County, to better understand health inequities and the factors that create them. This health care system analysis was conducted according to the Public Health Accreditation Board Standards and Measures outlined in Domain 7, Standard 7.1: *Assess Health Care Service Capacity and Access to Health Care Services*.

<http://www.phaboard.org/wp-content/uploads/SM-Version-1.5-Board-adopted-FINAL-01-24-2014.docx.pdf>

Description of the collaborative effort

The Steering Committee of the Healthy Cochise Coalition reviewed the need for this analysis at the August 6, 2018 quarterly meeting and discussed possible approaches including a public survey of access and barriers to care, and submission of shared data by coalition partners. A sub-committee of the Healthy Cochise Coalition met on October 1, 2018 to outline key aspects of lack of access to health care, barriers to health care, and the gaps in our health care system to be addressed through a public survey and assisted with research to create the survey tool. The Steering Committee of the Healthy Cochise Coalition reviewed the plan at the November 5, 2018 quarterly meeting. Appendix 1 – Healthy Cochise Coalition Partnership lists

In addition to the public survey, Healthy Cochise Coalition partners submitted reports and data for compilation within the overall analysis of barriers to access and gaps in health care services. Data was also solicited from the Center for Rural Health (www.crh.arizona.edu) and sourced from Arizona Department of Health Services (www.azdhs.gov) to supplement partner data.

Data contributed from partnership sources that was used to help identify the gaps/barriers

- *Chiricahua Community Health Center, Inc. 2018 Needs Assessment for Cochise County*
- *First Things First Cochise Region 2018 Needs and Assets Report*
- *UofA Cooperative Extension 2018 Nutrition and Physical Activity Annual Report*
- *Emergency Department Discharge Diagnosis data for 2018 – from four local hospitals*

Appendix 2 - Contributed data/reports from partners

As part of the collaborative effort, we also conducted focus groups at the February 4, 2019 Healthy Cochise Coalition Steering Committee and the February 11, 2019 Mental Health Substance Use Workgroup meeting to elicit provider perspectives regarding access to health care: gaps in service, barriers to care, and populations most affected. Results of the focus groups revealed a great similarity to the outcomes revealed from the public survey. Health care providers identified the same gaps in health care services and barriers to receipt of health care as indicated by the public in the public survey. Appendix 3 – Access to Health Care focus groups - compiled responses.

Description of the analysis of data from partnership sources that was used to help identify the gaps/barriers

Data contributed from Healthy Cochise Coalition partners was used to clarify the social determinants of the populations who lack access and/or experience barriers to health care, and to confirm the nature of the gaps in services and barriers to care that were identified in the public survey: (Partner data reports available for review in Appendix 2)

- *Chiricahua Community Health Center, Inc. 2018 Needs Assessment for Cochise County* provided a comprehensive overview of population demographics reflecting the social determinants of health over all the geographic areas of the county and for several special populations as well.
- *First Things First Cochise Region 2018 Needs and Assets Report* provided a specific overview of access to health care for young children and their families.
- *UofA Cooperative Extension 2018 Nutrition and Physical Activity Annual report* confirms health behaviors and conditions leading to the need to access health care and reflects state and federal support for prevention efforts in Cochise County.
- *Emergency Department Discharge Diagnosis data for 2018 from four critical access hospitals* shows the top reasons for accessing emergency health care include: urinary tract infection, chest pain, abdominal pain, primary hypertension and acute upper respiratory infection.

All of the reports listed above supported the indications found in the data provided by Arizona Department of Health Services and University of Arizona Center for Rural Health and reflected similar perspectives and experiences reported in the public survey of access to health care services in Cochise County. (Survey results addressed beginning on page 14 of this report.)

Capacity & distribution of health care providers

Critical Access Hospitals in Cochise County (3) include Benson Hospital in Benson, Copper Queen Community Hospital (CQCH) in Bisbee, and Northern Cochise Community Hospital (NCCH) in Willcox. In Douglas, the Cochise Regional Hospital closed in the summer of 2015 and CQCH opened an Urgent Care facility in Douglas in 2016, and a freestanding Emergency Room in Douglas in 2017 to address urgent needs and emergencies.

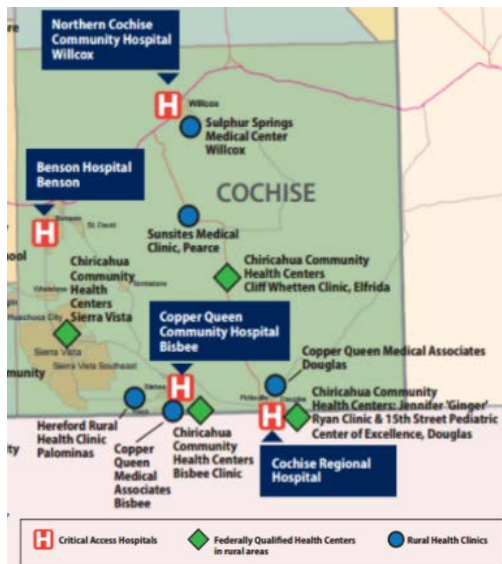
Canyon Vista Medical Center located in Sierra Vista is the largest hospital in Cochise County. It has the only labor and delivery unit in the county, and also the only inpatient mental health facility for Level I care. The facility is a locked psychiatric unit, serving adults, 18 years and older. Individuals must be in an acute psychiatric crisis. CVMC is a screening agency and can make the determination that a patient merits inpatient psychiatric treatment. CVMC is also an evaluation agency for patients who have been involuntarily committed based on statutory guidance. Staffing includes 24/7 nursing care, a psychiatrist, and a psychiatric mental health nurse practitioner. Psychology is also available. Social workers provide individual counseling and coordinate discharge planning. Several therapeutic groups meet throughout the day.

Chiricahua Community Health Center, Inc. (CCHCI) is a Federally Qualified Health Center (FQHC) and the largest primary care provider in Cochise County and the only HRSA 330 grantee within Cochise County. CCHCI has 10 free-standing clinics and 8 mobile health clinic sites throughout Cochise County. These locations are situated in geographically underserved areas.

As Cochise County’s only FQHC, CCHCI also offers the only sliding scale fee discount for both medical and dental services, to meet the needs of the uninsured or underinsured, providing reduced costs on most services for those who qualify. No one is denied access to services at CCHCI as services are offered regardless of insurance status or ability to pay.

Rural Health Clinics include Copper Queen Medical Associates, in Bisbee and Palominas, operating under the umbrella of the Copper Queen Community Hospital in Bisbee, and Sulphur Springs Medical Center, and Sunsites Medical Clinic in the Willcox area, operating under the umbrella of Northern Cochise Community Hospital in Willcox.

Critical Access Hospitals, Federally Qualified Health Center and Rural Health Clinics in Cochise:



Since the publication of this map, CCHCI has opened 5 new sites: an Early Childhood Center of Excellence in Douglas, a free-standing medical clinic in Benson, and mobile sites in Tombstone, Willcox and most recently in Winchester Heights, a migrant farmworker community north of Willcox.

As stated above, Cochise Regional Hospital in Douglas was closed in 2015. Copper Queen Hospital in Bisbee opened an Urgent Care facility in 2016 in Douglas and Emergency Room in 2017, in Douglas.

While the northeastern portion of Cochise County is not well populated, there are still many tiny communities who have no access to health care at all. *Exhibit #1*

Primary and Specialty Care Providers

Throughout the U.S., there are geographic areas, populations, and facilities with too few primary care, dental and mental health providers and services. States collaborate with the Federal Health Resources and Systems Administration (HRSA) to determine which of these should be deemed health professional shortage areas and therefore be eligible to receive certain federal resources. 98% of Cochise County is rated as a Health Professional Shortage Area (HPSA). (Arizona Center for Rural Health, 2018).

Note: these figures are scheduled for update in April, 2019

HPSA Designation	Benson	Bisbee	Douglas – Pirtleville	Sierra Vista	Willcox-Bowie
Primary Care	10	16	15	12	12
Dental	7	17	21	13	15
Mental Health	11	19	21	9	11

Health Professional Shortage Area Designation (HPSA) <https://data.hrsa.gov/>

0-25 for primary care and mental health 0-26 for dental health *higher scores indicating greater need



The health workforce is a major determinant of the access to care and services. Provider supply may not be keeping up with the burgeoning demand for services due to many factors including the aging of the population, increasing coverage through Medicaid and the Marketplace, and rapidly changing economic, technologic, and demographic factors. Timely and reliable health workforce data can inform stakeholders, policymakers, and interventions at many levels - federal and state, health professions training institutions, students in training, professional organizations, and at hospitals, clinics, and health systems.

Health workforce data elements collected by state licensing boards are often incomplete (e.g., do not include clinical full-time equivalents (FTE's) or location of practice), can be outdated, and therefore of limited value. State health professional licensing boards are funded and charged to assure professional competency, and not necessarily by statute, funding or inclination able to gather, analyze, and report health workforce information.

In 2018, Governor Doug Ducey signed into law the HB 2197: Health Professionals; workforce data. This requires specified health professional regulatory boards to collect information for the health professional workforce database from individuals seeking initial or renewal licensure, beginning January 2, 2020. It also requires the Director of ADHS to adopt rules regarding the collection of information.

Health professional shortage areas designations enhance providers' eligibility to qualify for student loan repayment. Having a minimum dataset for all licensing boards will provide a more accurate reflection of truly practicing healthcare professionals.

It should be noted, while Health Professional Shortage Areas Designations include federal prison medical staff, and therefore these staff are able to utilize loan repayment programs through this eligibility category, County Jails are not included, nor do providers and health professional staff working within County Jail operations qualify for HRSA sponsored loan repayment programs.

County jails serve some of the highest needs and vulnerable individuals within our local communities. Further, individuals in the jail have not been convicted and are awaiting trial, sentencing, or, serving local jail time for various offenses. In the Cochise County Community Health Assessment (2017) report, it was determined that over half of individuals in the county jail had a diagnosed mental health condition, and nearly 63% of these individuals were in an open episode of care with their community treatment teams at the time of incarceration. Limitations in loan repayment opportunities make recruitment and retention of qualified health professionals an ongoing challenge for county jails, in an already underserved rural community.

Key Findings from the 2018 Arizona Center for Rural Health – In Arizona there are:

- Fewer health providers per 100,000 population in rural than urban areas.
- Proportionately fewer rural primary care providers (PCPs) age < 50 years than in urban areas.
- Many rural providers age 55 or older: CNMs (54%), NPs (31%), PAs (26%).
- More rural pharmacists age 60 or older (38%) compared to urban areas (23%) (Figure 6).

- Almost one-quarter of Arizona physicians (23.2%) planning to significantly reduce their patient care hours or retire in the next five years.
- County health departments reporting difficulties providing services due to budget cuts, and having problems hiring and retaining health staff primarily due to uncompetitive wages.

Federal resources available to assist with recruitment:

Scholarship and Loan Repayment Programs

Through the National Health Service Corps (NHSC), and other scholarship and loan repayment programs, we increase access to primary care, dental, mental, and behavioral health services. We do this by allowing communities in need to recruit and retain providers using financial incentives. Some designations also help communities recruit foreign physicians through a waiver of certain immigration rules.

Centers for Medicare and Medicaid Services (CMS)

CMS provides millions of dollars annually in bonus payments to providers for services given in certain types of shortage designations.

Rural Health Clinics (RHCs)

These shortage designations allow certain clinics in rural areas to be certified by CMS as Rural Health Clinics (RHCs), providing enhanced reimbursement. These enhanced payments help to make RHCs economically sustainable.

Arizona resources available to assist with recruitment:

Arizona State Loan Repayment Program (SLRP): The SLRP provides loan repayment incentives for primary care providers, dentists, mental health providers and pharmacists to provide primary care services in urban or rural, public, non-profit practices located in federally designated Health Professional Shortage Areas (HPSAs). Program funds are used to repay qualifying educational loans in return for the provision of primary care services for a minimum of two years. Eligible disciplines include: MDs/DOs, Dentists, PAs, NPs, nurse mid-wives, behavioral health providers, and pharmacists. Eligible specialties include: Family Medicine, Internal Medicine, OB/GYN, Pediatrics, Geriatrics, Psychiatry, Adult Medicine, Women’s Health, Pharmacy, or General Dentistry.

Rural Private Primary Care Provider Loan Repayment Program (RPPCPLRP): The RPPCPLRP provides loan repayment incentives for primary care providers, dentists, mental health providers and pharmacists to provide primary care services in a rural, private practice located in a HPSA or an AzMUA (Arizona Medically Underserved Area). Program funds are used to repay qualifying educational loans in return for the provision of primary care services for a minimum of two years. Eligible disciplines include: MD/DO, Dentists, PAs, NPs, and nurse mid-wives. Eligible specialties include: Family Medicine, Internal Medicine, OB/GYN, Pediatrics, Geriatrics, Psychiatry, Adult Medicine, Women’s Health, Pharmacy or General Dentistry.

National Health Service Corps Program (NHSC): The National Health Services Corps (NHSC) recruits and places primary health care professionals at eligible NHSC certified sites within

federally designated HPSAs. NHSC recruits primary care physicians, nurse practitioners, physician assistants, certified nurse-midwives, dentists, dental hygienists, and mental health professionals. These providers serve in community-based systems of care in return for scholarship or loan repayment assistance.

Arizona J-1 Visa Waiver Program (Conrad 30): The Arizona J-1 Visa Waiver program supports J-1 visa waiver requests on behalf of foreign medical graduates who have obtained a J-1 visa for graduate medical studies in the United States. The program supports up to 30 requests per year for both primary care and specialist services. Program participants are required to serve a minimum of three years in a federally designated Health Professional Shortage Area, Medically Underserved Area or serving a Medically Underserved Population. *Arizona Primary Care Needs Assessment* • • • *Page 25 of 41 Arizona National Interest Waiver Program (NIW):* The Arizona NIW program supports Arizona sponsored J-1 participants who provide primary care or specialty services in underserved areas of Arizona located in a federally designated Health Professional Shortage Area, Medically Underserved Area or serving a Medically Underserved Population. Program participants are required to serve an aggregate service of five years.

Nurse Corps Loan Repayment Program (Nurse Corps LRP): The NURSE Corps LRP assists in the recruitment and retention of professional Registered Nurses (RNs) and advanced practice RNs (i.e., nurse practitioners, certified registered nurse anesthetists, certified nurse midwives, clinical nurse specialists). The program offers substantial financial assistance to eligible RNs to repay a portion of their qualifying nursing educational loans in exchange for full-time service either at a health care facility with a critical shortage of nurses or at an accredited eligible school of nursing in the case of nurse faculty. **Nurse Corps Scholarship Program (Nurse Corps SP):** The NURSE Corps SP enables students accepted or enrolled in a diploma, associate, baccalaureate or graduate nursing programs (including RN to BSN Bridge Program) to receive funding for tuition, fees and other educational costs in exchange for service after graduation working at an eligible Critical Shortage Facility located in a federally designated Health Professional Shortage Area (HPSA) in Arizona.

**None of the above repayment options are available to professionals employed at county jails.*

Availability of types of health care services in Cochise County

Specialty Services

Public survey response indicated the greatest gap in health care services in Cochise County is the lack of specialty services, specifically gastroenterology, obstetrics & gynecology, and vision & dental services. The Provider Database at the University of Arizona Center for Rural Health supports this indication. Lack of specialty care providers results in increased referrals of Cochise County residents to diagnostic services and treatment in Tucson, which increases the burden of distance and transportation.

Obstetrics and Gynecology Services

There are currently three OB/GYN practices who see women for prenatal care: Sierra Medical Associates and Genesis OB/GYN in Sierra Vista, Genesis North in Willcox and Copper Queen

Medical Associates in Bisbee and Douglas. Provider services through the end of the third trimester varies depending upon whether women are experiencing a high-risk pregnancy. Canyon Vista Medical Center in Sierra Vista is the only hospital in Cochise County with a labor and delivery unit. Deliveries under 36 weeks must be transported to Tucson, as the Neonatal Intensive Care Unit (NICU) designation level 1 is needed to properly manage pre-term infants. This results in the need for some pregnant and delivering women to travel to Tucson for OB/GYN care and for labor and delivery. This increases the burden of distance and transportation for pregnant and delivering women in Cochise County.

Vision and Dental Care Services

While there are vision and dental providers located in Cochise County, primarily in Sierra Vista, Douglas, and Bisbee, survey results indicate that many Cochise County residents cannot access vision or dental services because their insurance does not cover this type of care.

Mental Health Services

Canyon Vista Medical Center in Sierra Vista added an inpatient mental health unit when they opened in 2016. It is a 22-bed locked psychiatric unit providing Level I care, focusing on acute crisis situations from a biobehavioral focus (those acutely psychotic, suicidal or homicidal). The capacity for substance use disorders and treatment for such are not fully available.

Community Bridges Inc. (CBI) opened a sixteen-bed short-term inpatient facility in Benson in June, 2018 with law-enforcement drop-off capability which has increased immediate need for assessment and referral services. CBI is available to those experiencing substance use disorder, withdrawal, and acute psychiatric emergencies as well as through law enforcement drop-off.

Primary out-patient mental health providers include Southern Arizona Behavioral Health Services (SEABHS), Community Intervention Associates (CIA) and Community Partners Integrated Health (CPIH) but they cannot meet the range of needs of the entire county. Appendix 4 – Behavioral Health Providers list compiled by Legacy Foundation of SEAZ. Accessibility to private mental health providers has been identified as a challenge in the community survey. Common reasons cited include: lack of insurance coverage or lack of providers accepting certain types of insurance.

Substance Abuse Treatment Services

Hospital Emergency Departments have carried most of the weight of addressing a majority of substance abuse-related emergencies without adequate in-house assessment services and without an adequate array of community referral resources.

However, there has been recent increase of those services in Cochise County. In June 2018, Community Bridges Inc. opened a sixteen-bed short-term inpatient facility in Benson with law-enforcement drop-off capability which has increased immediate need for assessment, detox and referral services.

Three new MAT (Medicaid Assisted Treatment) service providers are projected to begin to offer services in 2019, including: Chiricahua Community Health Centers, Inc. through SEABHS, Community Medical Services and Community Partners Integrated Health. These services are

only provided in Sierra Vista and, as these are new providers in 2019, they will only see a limited number of patients in Cochise County during 2019.

Specific gaps in access to health care services and barriers to receipt of health care services

A sub-committee of the Healthy Cochise Coalition met on October 1, 2018 to outline key aspects of lack of access to health care, barriers to health care and gaps in our health care system which would be addressed through a public survey. Appendix 5: List of research studies reviewed on developing survey tools for access to health care

The survey was created and disseminated December 3, 2018 through December 31, 2018. The survey was created in English and Spanish and made available online (through Survey Monkey) and on paper. All Healthy Cochise Coalition partners participated in distributing the survey to public participants served by their organizations, encouraging participation by their various audiences, making online access available and returning completed paper surveys to the sub-committee for data input. We received 536 responses, 114 (21%) of which were in Spanish.

Appendix 6: Survey tool created & used for this analysis

OVERVIEW OF SURVEY RESULTS

Appendix 7: Access to Health Care Survey 2018 compiled data and analysis

Survey analysis revealed the largest gap in services to be lack of specialty care providers, specifically gastroenterology, obstetrics & gynecology, and vision & dental services, as well as mental health and substance abuse treatment services.

The greatest barrier to care was identified as lack of transportation and/or distance to health care providers. The most significant combination of gaps and barriers, reflected in survey category choices as well as comments, was the relationship between lack of specialists and lack of or increased cost of transportation:

Quote from survey: “The primary care physicians in Cochise do accept AHCCCS, but not a single specialist in Cochise does. My son and myself have severe medical problems that requires to see lots of specialists. For all of these doctors, we have to drive all the way to Tucson.”

The high cost of insurance and lack of adequate insurance coverage was cited in the compilation of survey results as the second greatest barrier to care. High cost includes premiums, deductibles, and co-pays, as well as out of pocket expenses for services not covered by network. Lack of coverage includes vision & dental, medication, mental health & substance abuse treatment services, and even transportation.

Finally, lack of health care providers’ willingness and/or ability to listen to the patient was rated the third highest barrier to care.

Populations who lack access and/or experience barriers to health care

Survey dissemination attempted to focus on the more vulnerable, at risk populations in our communities. “Boots on the ground” outreach was provided to the following populations and

neighborhoods: low income, non-English speaking, migrant farm workers, homeless, elderly, disabled, and veterans.

General overview of demographic breakdown of survey respondents:

Survey demographics full breakdown is shown in Appendix 4.

- There was a broad response from all rural areas and zip codes
- 75% female and 23% male
- 65% White and 26% Hispanic
- 31% High School education and 28% Bachelor's degree
- 42% have a full-time job with benefits or are retired
- 23% have no job or are not working
- 30% own their own home with mortgage and 27% rent a home or apartment
- almost 20% are homeless or live in a vulnerable situation that is not their own home
- 46% of all respondents to this survey are surviving on less than \$20,000 per year income

It was noted during the data entry process that the majority of comments describing lack of access to care and barriers to care were made by older people experiencing multiple health issues. The majority of comments indicating no difficulty with accessibility, affordability or quality of care were made by younger people, without multiple health issues. Those with mental health issues seem to experience greater barriers and/or lack of access as well.

We also discovered from the analysis of the comments in each topic area that populations who lack access or experience barriers to care are often those who have certain conditions for which they seek treatment:

Quotes from survey:

- *"Weight" & "By the way I look"*
- *"The hospital doesn't like to help me because of my past drug use."*

Assessment of the causes of gaps in services and barriers to access to care

The biggest cause of the lack of specialty providers in Cochise County is not uniquely contributed to a specific geographic area, as it is the difficulty in recruiting and retaining specialty care providers to live and work in rural Cochise County. Difficulties include the perception that Cochise County schools are not good enough, lack of housing stock, the lack of family-related goods and services (shopping, entertainment, etc), and finally the commonly held myth that immediate access to the US/Mexico border creates an unsafe/high crime environment in Cochise County. Additionally, poor reimbursement rates for health care providers due to lack of insurance providers covering this area is a deterrent to physicians choosing to practice here.

Quote from survey: *"The state needs to give more money to Cochise County so we can have better schools and communities to attract younger practitioners."*

The most significant barrier to care in Cochise County is distance to services and/or lack of transportation to get there. It is related to the specialty gap in services as many Cochise County residents are referred to providers in Tucson because their services are not available here. Our

small population (124,756 in 2017 per <https://www.census.gov/quickfacts/cochisecountyarizona>) spreads over a large geographic area which has limited transportation infrastructure and residents with limited income to finance longer trips. This results in a significant barrier to care experienced by all, not just the low-income or un/under insured.

Quotes from survey:

- *“The providers are so very far away and I don't have reliable transportation of my own. Some of the required procedures also require an overnight visit, which is also prohibitive.”*
- *“Having lupus with a damaged heart and lungs, and an autistic son, having to run to Tucson all time. Very frustrating. I have even cancelled appointments because when my illness flares up, I'm in too much pain to drive that far.”*

According to the survey, the second largest barrier to access to care, after transportation, was unaffordability, mostly related to lack of adequate insurance coverage. This included such issues as: many services are not covered and/or all costs are not covered, as well as poor selection of plans and many providers who do not accept insurance plans or do not participate in certain plans, and/or are not covered by all plans.

These issues were cited across all types of insurance including AHCCCS, Medicare and Medicare supplement plans, Marketplace insurance, and employer-provided insurance. And finally, those people who do not qualify for Medicaid or Medicare, and do not have employer-provided insurance, generally cannot afford to purchase Marketplace insurance.

Quotes from survey:

- *“My husband has no health insurance. We would have to pay \$1000 monthly for ACA and he didn't qualify for Medicaid.”*
- *“My insurance deductible is too high, \$6,500. I don't go to my PCP or ED.”*
- *“No dental or vision through Medicare. Prescription drugs are expensive, and plans don't pay much of the cost.”*

According to the survey, the third largest barrier to access to care, after transportation and insurance, was respondents' perception that health care providers do not listen to their needs and concerns. Some of those reasons for poor listening, identified by survey respondents, included:

1. Discrimination based on the patient's condition
2. Not enough time to spend with patient in short appointments due to poor insurance reimbursement
3. Not speaking the patient's language

Quotes from survey:

- *“Doctors need to not dismiss someone for needing pain medication. They treat everyone as an addict.” “They assume a person is drug seeking when they are truly hurting and mis-diagnose because of that presumption.”*
- *“Doctors do not listen to what I would like to happen in my health care.” “Not listening and respecting my wants and desires.”*
- *“Doctors seem to have too many patients to really be thorough in addressing many issues.” “Getting healthcare professionals to LISTEN instead of typing on their keyboards. Hard to do since they get paid very little by Medicare and must see a LOT of patients to cover their overhead.”*

One of the difficulties in analyzing the causes of barriers to care is aptly described in one response to survey Question #7:

Question 7. QUALITY - When receiving health care services, have you ever been treated unfairly, disrespectfully or been denied health care because of your:

**Age, Gender, Race/Ethnicity,
Education, Income/Social Status,
Physical Disability, Intellectual Disability,
Mental Health Status,
Chronic/Long-Term Condition,
Lack of Health Insurance,
Religious Beliefs,
or Sexual Orientation?**

Quote from survey: "I think this is a very stupid question. I have been treated rudely, but I think it's because many of those in reception are not schooled in respectful listening and responding. Was I treated rudely because I am black? female? old? medium income? How would I know that unless they said something to indicate that? I don't know what's in their heads. Young people do not embody customer service and are rude, have no diction, get impatient with people who are hard of hearing, but will go into an ENT or Hearing clinic and whisper a last name once and then get bent out of shape and shame someone for not stepping up when their name was whispered. Many lack critical thinking skills and common sense."

HEALTH CARE SYSTEM ANALYSIS SUMMARY

Cochise County faces significant geographic, cultural and economic challenges. Spread over 6219 square miles, the population of less than 129,000 reflects a high percentage of those who experience vulnerabilities in social determinants of health including: over 30% of persons identifying as Hispanic, low median incomes in 4 of the 5 primary communities, high rates of senior citizens and veterans, 28% of all children live in poverty, 30% of residents are enrolled in Medicaid and 50% of Cochise County Medicaid beneficiaries have a mental health and/or substance abuse disorder.

Capacity & distribution of health care providers includes three critical access hospitals, one regional medical center, one federally qualified community health care organization (with 10 free-standing clinics and 8 mobile health clinic sites and the only sliding-fee scale payment option in the county) and four rural health clinics. 98% of Cochise County holds a Health Care Provider Shortage area designation.

A survey to clarify the public's experience with gaps in health care services and barriers to health care, received 536 responses, and supported the data indicating that lack of providers is a key gap/barrier to health care in Cochise County. Survey analysis revealed the following:

- The largest gap in services is identified as lack of specialty care providers, specifically: gastroenterology, obstetrics & gynecology and vision & dental services, as well as mental health and substance abuse treatment services;
- The greatest barrier to care is identified as lack of transportation and/or distance to health care providers as many specialty services require out-of-county travel;
- 2nd & 3rd greatest barriers to care were identified as: lack of adequate insurance coverage and lack of health care providers' willingness and/or ability to listen to the patient (respectively).

The most significant combination of gaps and barriers, reflected in survey category choices as well as comments, was the relationship between lack of specialists in Cochise County and the increased need for/cost of transportation to receive specialist care outside Cochise County.

Quote from survey: “High co-pays for specialists, plus travel costs to Tucson and high co-pays makes total visit an expensive trip.”

The combined results of two focus groups conducted with local health care providers supported the data findings and revealed a great similarity to the outcomes of the public survey. Health care providers identified the same gaps in health care services and barriers to receipt of health care as indicated by the public and by the data.

Plan for follow-up

All Healthy Cochise partners agreed to or already have addressed various health care access issues described in this report, in their organizational implementation plans.

Canyon Vista Medical Center: Strategic Objectives directly related to the health care access issues described in this report: 1.) Hire, develop and retain the best caregivers; 3.) Expand physician services and service lines; 4.) Improve and sustain the patient experience. Appendix 8 – 2018 Implementation Plan

Benson, Copper Queen & Northern Cochise Hospitals: *Implementation Plans for 2019 Community Health Needs Assessments are not yet completed and will be appended to this report at a later date.*

Chiricahua Community Health Centers Inc: Recruitment and retention of qualified primary health care providers. Appendix 9 – Recruitment and Retention Plan

First Things First Cochise Region: The Care Coordination Medical Home strategy embeds a care coordinator into a medical practice to assist under-served populations (ex: low-income families, children with special medical needs, children ineligible for AzEIP services) navigate the complex health care and social service systems in the region. Appendix 2B

UofA Cooperative Extension: Strategic program goals focus on prevention:

- **Short-**increase knowledge of participants leading to improvements in food/nutrition practices.
- **Medium-**School/early childhood educators produce child behavior change of increased consumption of fruits and vegetables and increases structured physical activity time.
- **Long-**Cochise County citizens will experience a reduction of chronic illness and reduced healthcare costs per individual. Appendix 2C

Legacy Foundation:

- Mental Health & Substance Abuse treatment services – a.) convening mental health crisis services to discuss the issues and b.) facilitating a Parents of Addicted Loved Ones (PAL) Educational/Support group in Sierra Vista
- Transportation – Funds an active grant with SEAGO for transportation services

CHSS: Complete the SAMSHA model Community Capacity Assessment for ongoing planning and resource development. https://www.cdc.gov/pcd/issues/2016/16_0190.htm

UPDATE of COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

Implementation Progress in 2018

After the Community Health Assessment and Improvement Plan were published in late 2017, the Healthy Cochise Coalition restructured itself to better guide and implement the CHIP.

Key stakeholders in health care, public health and community health agreed to serve as the Steering Committee for the Healthy Cochise Initiative and the implementation of the CHIP. Quarterly Steering Committee meetings were set up for 2018, at rotating locations in the county.

Healthy Cochise Coalition Steering Committee meetings in 2017 & 2018 were held:

- September 27, 2017 at Legacy Foundation of SEAZ in Sierra Vista
- November 6, 2017 at Northern Cochise Community Hospital in Willcox
- February 5, 2018 at Chiricahua Community Health Center ECCE in Douglas
- May 7, 2018 at Copper Queen Community Hospital in Bisbee
- August 6, 2018 at Benson Hospital in Benson
- November 5, 2018 at Canyon Vista Medical Center in Sierra Vista

Steering Committee membership includes Cochise Health & Social Services, Chiricahua Community Health Centers, Inc., Copper Queen Community Hospital, Canyon Vista Medical Center, Benson Hospital, Northern Cochise Community Hospital, University of Arizona Cooperative Extension, Arizona Complete Health (previously Cenpatico Integrated Care), First Things First Cochise Regional Partnership Council, Community Food Bank of Southern Arizona, and Cochise County Superintendent of Schools. Appendix 1: Healthy Cochise Coalition Partnership list

Progress on CHIP goals & strategies in each of the Priority Areas were supported and/or completed by Workgroups convened by CHSS, facilitated by Healthy Cochise Coalition partners and made up of multiple community partners and other persons and organizations of interest.

Coalition members agreed to join at least one of three Priority Area Workgroups to implement the goals and strategies of the CHIP: 1.) Mental Health & Substance Abuse 2.) Good Jobs and a Healthy Economy 3.) Healthy Eating, Obesity & Diabetes. Each Workgroup identified a facilitator, and CHSS staff were assigned as support for each workgroup. Workgroups recruited additional community members to serve in those areas of interest or expertise. Workgroups met monthly throughout 2018 and updates were provided and reviewed by the Steering Committee.

Priority Area Workgroups met monthly throughout the latter part of 2017 and all of 2018:

- 1.) Mental Health, Alcohol & Substance Abuse – facilitator *Carrie Langley, County Health Director*
- 2.) Good Jobs & Healthy Economy – facilitator *Judith Gilligan, County Health Prevention Services*
- 3.) Healthy Eating, Obesity & Diabetes – facilitator *Evelyn Whitmer, UofA Cooperative Extension*

Following is a description of the progress made addressing the CHIP Goals & Strategies:

MENTAL HEALTH, ALCOHOL & SUBSTANCE ABUSE			
<p>GOAL #1: To affect state, county and local policy changes that allow and implement diversion from jail and/or prison for individuals diagnosed with mental illness and/or substance use disorder (SUD).</p> <p>Objective: Reduced incidence of incarceration for MH/SUD and increased incidence in participation in community programs.</p>			
<p>Strategy 1</p> <p>Complete a community capacity assessment: Identify and map all existing resources and gaps (including eligibility, access and coverage) for MH and SAD in Cochise County.</p>	<p>Strategy 2</p> <p>Develop a broad-based education and training program on MH/SUD for law enforcement, first responders, community providers and volunteers regarding a comprehensive approach to diversion.</p>	<p>Strategy 3</p> <p>Develop a systematic and sustainable communication structure among law enforcement, judicial, resources and providers who are involved with MH/SUD.</p>	<p>Strategy 4</p> <p>Ensure Cochise County is engaged and involved in all statewide resources, regulations and initiatives for MH/SUD, including the opioid crisis.</p>
<p>GOAL #2: Promote and expand mental health wellness and substance use disorder resources across the lifespan for all in Cochise County.</p> <p>Objective: Increased incidence of participation by individuals affected by MH and/or SUD in community programs.</p>			
<p>Strategy 1</p> <p>Develop a systematic and sustainable communication and advertising structure to increase shared understanding among all organizations, agencies and residents about access to resources and systems.</p>	<p>Strategy 2</p> <p>Initiate a formal process to engage stakeholders on the creation of community-based infrastructure for MH/SUD acute treatment and resource center.</p>	<p>Strategy 3</p> <p>Develop a county-wide approach to reduce opioid addiction and deaths. Support local municipalities in individualized approaches.</p>	

PROGRESS:

- **April 2017** – Cochise Addiction Recovery Partnership was established with 20 partners. The goal was to implement the Arizona Angel Initiative in Cochise County to enable law enforcement to transport users to treatment without legal ramifications.
- **May 2017**- CHSS received grant funding to share the Opioid Rx toolkit with health care providers
- **October 2017** – Southern Arizona Opioid Consortium was established with 30 partners who conducted community networking meetings and produced an updated Opioid Resources Guide for four counties, including Cochise.
- **October 2017** – CHSS received a SAMSHA Opioid Prevention Services grant to provide a Fatality Review Team for all of Cochise County, a Public Health Social Worker to help address opioid issues within the criminal justice and incarceration system, and additional opioid prevention community outreach and health care provider education.
- **January 2018** – SAMSHA Community Capacity Assessment began with consultant Health Management Associates.
- **February & March 2018** – Two consecutive round tables were conducted consisting of healthcare providers of opioid-related services, where each organization shared an overview of their services. A written summary of all opioid related projects & services in Cochise County was provided to partners. *News article attached.*
- **March 2018** – Community Bridges opened in-patient substance abuse treatment services in Benson, AZ.

- **December 2018** – Three community partners (Chiricahua Community Health Centers, Inc., Community Medical Services and Community Partners for Integrated Health) opened outpatient Medication Assisted Treatment (MAT) clinics in Sierra Vista, AZ.

GOOD JOBS & HEALTHY ECONOMY			
<p>GOAL #1: Promote business growth and job opportunities throughout Cochise County.</p> <p>Objective #1: Compile a comprehensive list of all assessments of the needs and challenges that impact growing and sustaining businesses and jobs in Cochise County.</p>			
<p>Strategy 1</p> <p>Compile a list of assessments of needs & challenges facing Cochise County businesses.</p>	<p>Strategy 2</p> <p>Develop a report summarizing the findings from the assessments of needs and challenges facing businesses.</p>	<p>Strategy 3</p> <p>Compile a list of assessments of needs & challenges facing Cochise County job seekers.</p>	<p>Strategy 4</p> <p>Develop a report summarizing the findings from the assessments of the needs & challenges facing job seekers.</p>
<p>Objective #2: Support the collaboration and partnership of all Cochise County economic development plans & projects to maintain a county-wide focus.</p>			
<p>Strategy 1</p> <p>Increase communication, cooperation and collaboration among all the economic development efforts in Cochise County.</p>		<p>Strategy 2</p> <p>Identify a Healthy Cochise Coalition member to attend all city & county economic development group meetings to exchange information about economic development strategies and projects, county-wide.</p>	
<p>GOAL #2: Support and promote all tourism efforts in Cochise County including eco-tourism, historic tourism & agri-tourism.</p> <p>Objective: Key partners, efforts, trends and groups working on economic development throughout Cochise County are connected.</p>			
<p>Strategy 1</p> <p>Support all efforts to develop a county-wide plan to promote all types of tourism.</p>		<p>Strategy 2</p> <p>Support all efforts to assess all Cochise County cross-border businesses and partnerships and efforts to identify opportunities.</p>	

PROGRESS:

- CHSS developed a complete list of all economic development groups, projects, events and meetings throughout Cochise County, with input from all partners in this workgroup.
- Supported SonoraFest 2018, a bi-national business festival, which started in 2017, with over 5000 attendees, by hosting a health services vendor table at the event.
- Supported both Willcox and Douglas to conduct/begin an Area Sector Analysis Process (ASAP) to identify likely businesses to recruit for residency in Cochise County, with support of University of Nevada and UofA Cooperative Extension.
- Assigned a dedicated CHSS staff person and Healthy Cochise member to complete Goal 1, Objective 2, Strategy 2, with the goal to create/support more interactive efforts.

HEALTHY EATING, DIABETES & OBESITY

GOAL #1: Build & strengthen community-based infrastructure that provides options for healthy eating & active living.

Objective #1: Cochise County population can easily access information about available healthy living activities.

Strategy 1

Develop a “Healthy Cochise” App (built from Maricopa Health App concept)

Strategy 2

Develop a county-wide, coordinated communication & marketing plan to promote healthy living activities, with a single point of contact.

Objective #2: Cochise County workplaces can easily access information about best practices for healthy living policies & practices.

Strategy 1

Research workplace wellness policies and develop a toolkit for Cochise County businesses.

Strategy 2

Research policies for alternative use of public spaces (i.e. Joint use agreements for school facilities to be used by community after school hours).

Strategy 3

Research best practices for increased physical activity in schools.

Strategy 4

Research best practices for health care providers to prescribe healthy foods (CMS – “food as medicine”).

Strategy 5

Research best practices for health care providers to promote healthy eating and physical activities with patients.

Objective #3: Cochise County population can easily access healthy living activities in areas where we live, learn, work, play and pray.

Strategy 1

Develop a plan for hydration education and access throughout Cochise County.

Strategy 2

Develop a plan to assist grocery stores to label and market “healthy” foods for easier identification by consumers.

PROGRESS:

- Legacy Foundation of SEAZ awarded \$2million in strategic funds to a 3-year partnership to address Goal 1 of the Healthy Eating Priority. Partners include: UofA Cooperative Extension (lead), Cochise Health & Social Services, Cochise County School Superintendent’s Office, Community Food Bank of SAZ and First Things First Cochise Regional Partnership Council.

The *Building Healthy Communities* project consists of 6 full-time staff positions specializing in supporting food access in local communities through school gardens and pantries, and other policy, systems, and environmental change to increase healthy food access in all communities, including developing community leadership in order to sustain systemic changes. *News article attached.*

- The HEAL (Healthy Eating Active Living) Workgroup launched the “Water Wins” campaign, including funding for Hydration Stations for three schools, two municipalities and one Boys & Girls Club.

HEALTHY EATING, DIABETES & OBESITY

GOAL #2: Change cultural expectations about the definition of a good and healthy life.

Objective #1: Cochise County business and community leaders are involved in developing and implementing healthy living policies and programs.

Strategy 1

Influence how Cochise County businesses view their responsibility to facilitate healthy living.

Strategy 2

Promote and/or create worksite wellness programs for various types of Cochise County businesses.

Objective #2: Healthy living educational resources are available for all ethnic, social and organizational groups.

Strategy 1

Develop healthy living educational resources that are culturally responsive to the population of Cochise County.

Strategy 2

Implement culturally responsive community education that explains the benefits of healthy living.

PROGRESS:

CHSS Health In Arizona Policy Initiative:

- Assisted five worksites through the Healthy Arizona Worksite Program (HAWP), all of which were awarded either Silver, Gold, or Platinum status.
- Coordinated the 3rd Annual HAWP training sessions from which three additional worksites were engaged to complete the HAWP process in 2019
- Currently facilitating Cochise County Government through the Platinum HAWP process

CHSS & UACE:

- Provided policy development assistance to 11 school districts.
- Developed 12 School Health Advisory Councils (SHAC) within the above school districts.
- Engaged 23 School Health Wellness Coordinators to coordinate the SHACs.

TRANSPORTATION & RESOURCE COMMUNICATION

GOAL #1: Support all efforts to expand transportation access throughout Cochise County.

Strategy 1

Support SEAGO's plans to expand intercity transportation to Benson and to set up public transportation in Willcox.

Strategy 2

Support development of VICAP transportation services in all areas where there is no public transportation.

GOAL #2: Support all efforts to consolidate and market a comprehensive one-stop, county wide Resource Directory.

Strategy 1

Support the Legacy Foundation to expand and maintain/update the Cochise Resource Directory.

Strategy 2

Support the Legacy Foundation to market the combination of all directories into one.

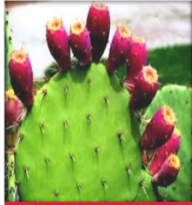
PROGRESS:

The Legacy Foundation of SEAZ chose to sponsor the **Cochise County Resources Guide**, assigning the updating, maintenance and advertising to a paid staff person on the Legacy Foundation team and posting it on their website. Partners support the sustainability of this resource guide by pushing it out to the community as the most comprehensive and up-to-date resource guide for Cochise County. *Link and copies of home page and email distribution example attached.*



In August 2017 – SEAGO opened **Cochise Connection**, an expansion of public transportation in four cities - Douglas, Bisbee, Sierra Vista and Benson – to connect each city in a daily loop. *News article attached.*





The Cochise Healthy Communities Initiative

The MISSION of the Cochise Healthy Communities Initiative is to motivate and guide the diverse and unique communities within Cochise County to actively participate in identifying and addressing health concerns in their neighborhood, towns and surrounding areas. Addressing health, social and economic factors, community committees throughout the county afford residents the opportunity to directly participate in improving local quality of life.

HEALTHY COMMUNITY COMMITTEES *Beginning in 2016, the Cochise County Health Department created a full-time position to support the development of “healthy community committees” throughout Cochise County. The focus of each committee is to identify and address health concerns specific to their neighborhoods, towns, and surrounding areas, and to assist the Healthy Cochise Coalition to implement CHIP goals and strategies within their communities. In the spring of 2016 there were three existing HCCs – Sierra Vista, Fort Huachuca, and Willcox. With position support, there are now nine committees including: Tombstone (2016), Bisbee and Benson (2017), and Douglas, Huachuca City, and Bowie (2018). Elfrida and Cascabel are scheduled to start meeting in 2019. Additionally, county involvement in the Winchester Heights HCC will be starting in 2019.*

Be Healthy! Sierra Vista was initially convened in 2014, with a mission to “lead, promote, and advance sustainable health initiatives in the Sierra Vista area”. In early 2016 the committee, through its partnership with the Sierra Vista Metropolitan Planning Organization, and the Sierra Vista School District, was able to influence the City Council to install a new crosswalk near an elementary school in Sierra Vista. Since then, activities have focused on raising awareness about healthy living activities and engaging the community through events. They support “active transportation” through handing out pedometers at events and holding large scale bicycle events, such as Tour de Vista. The committee has recently gone under new leadership and is working through a new round of strategic planning where transportation and food access have been identified as their top priorities.

Fort Huachuca Community Ready and Resilient Council (CR2C) convened in 2014 and has achieved or continues to address the following:

- Established lactation room availability secured through policy in all worksites for breastfeeding mothers.
- Promoted workplace wellness coordinators.
- Advocated for an exercise program and a flextime policy.
- Assessed food services that provide healthy eating choices and market healthy options.
- Expansion of the multi-use path that connects the city of Sierra Vista to the Fort to develop activity options and active transportation for workers on post.
- Developed a tobacco-free living policy, which established designated tobacco use areas that are 50 ft from all public egresses – leading to a tobacco free installation by 2025 per Surgeon General's health goals.

The CR2C has membership on the Be Healthy! Sierra Vista council to continue programs in the community as the membership overlaps with the installation.

Willcox Healthy Community Committee was formed in 2015 and immediately decided to focus on public transportation. SEAGO is a strong partner and has been instrumental in bringing VICAP (an on-call volunteer transportation service) to Willcox and assisting the City of Willcox with its ADOT application for public transportation. This group has also worked on other projects: expanding and



supporting the existing school gardens at Willcox schools, supporting the activities of Willcox Against Substance Abuse, bringing a new nursing home to Willcox and successfully building a new playground in a city park. This committee is currently working through a new round of strategic planning and have identified increasing access to healthy food for Willcox residents as their number one priority.

Healthy Tombstone was convened in late 2016 through the intrepid leadership of a single community champion. Initial brainstorming resulted in a focus on three issues: access to emergency care, access to transportation, and increased access to healthy foods. This group has provided helicopter insurance for \$65 per month per household to partially address access to emergency care. They brought VICaP (an on-call volunteer transportation service) to Tombstone to provide some transportation assistance and are currently partnering with a food access consultant to assist in a process to bring a food shuttle service to Tombstone. Healthy Tombstone has established itself as a nonprofit and is awaiting application to the Internal Revenue Service for its 501(c)(3) status.

Bisbee Healthy Community Committee was formed in early 2017, with a core from the concluded Bisbee Coalition for the Homeless. This group is focused on increasing the number of affordable housing units in the greater Bisbee area. There are several projects including cooperative housing rehab for low-income home ownership, a tiny homes development, rehabbing an old apartment building, and a concerted effort to learn more about Low Income Housing Tax Credits and Community Development Fund financing to construct a new low-income housing complex in the San Jose area.



Benson Healthy Community Committee

(Formerly Benson Community Resource Council or BCRC) was established in late 2017 through the sponsorship of Benson Hospital using an AmeriCorps VISTA volunteer.

The Benson HCC is currently going through leadership change, a new round of strategic planning, vision focus, and a name change! More to come in 2019.

Douglas Healthy Community Committee in its infancy, having met only a few times in 2018. Membership is growing, and the strategic planning process has begun and is ongoing. Active living, community engagement, and increased access to healthier foods emerged as the top priorities they would like to address in Douglas.

Bowie has been running has a combination HCC and SHAC (School Health Advisory Council) lead by the Bowie Superintendent. This group has high attendance of members of the community, parents, students, teachers, firefighters, police, sheriff, local businesses, and alumni. They are focusing on increasing their school rating and attendance, as well as infrastructure to increase safety.

Healthy Huachuca City has very recently formed the newest Healthy Community Committee and is excited at the prospect of growing membership and strategic planning to address key community health issues in this small community. This group is striving to increase access to healthier food and transportation and to advocate for community engagement in Huachuca City. Healthy Huachuca City will soon be electing officers to become eligible for 501(c)(3) status in the future.

APPENDICES

Appendix 1 Healthy Cochise Coalition - Partnership list

Appendix 2 Contributed data/reports from partners:

- 2A. Chiricahua Community Health Center, Inc. 2018 Needs Assessment
- 2B. First Things First Cochise Region 2018 Needs & Assets Report
- 2C. UofA Cooperative Extension 2018 Nutrition & Physical Activity Report
- 2D. Hospital Emergency Department Discharge Diagnoses for 2018

Appendix 3 Access to Health Care Focus Groups

Appendix 4 Behavioral Health Provider List

Appendix 5 Reference list for research of survey design

Appendix 6 Survey tool created & used for this analysis

- 6A. Survey tool in English
- 6B. Survey tool in Spanish

Appendix 7 Access to Health Care Survey 2018 compiled data

Appendix 8 Canyon Vista Medical Center Implementation Plan

Appendix 9 Chiricahua Community Health Centers, Inc.
Recruitment and Retention Plan for health care providers