

# Cochise County Community Health Needs Assessment

## **Final Report**

December 2023



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Cochise Health and Social Services

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### Acknowledgments:

The evaluation team would like to thank Alexandra Rivera, Beth Robinson, Rachael Rawlings, Barbara Lang, Suzanne Hagle, Rafael Melendez, Sarah Pacheco, Courtney Graminski, Dave Nevins, Aida Garcia, Wendy Conger, Dennis Walto, Najayyah Many Horses, Rosemary Pando and Roxanna Roffey for their efforts and support of this evaluation.

We would also like to thank the following steering committee organizations for their contributions during the survey development process: Arizona Complete Health, Benson Hospital, Canyon Vista Medical Center, Center for the Future of Arizona, Chiricahua Community Health Centers, Inc., Cochise County School Superintendents Office, Cochise County Sheriff's Office, Copper Queen Community Hospital, First Things First, Legacy Foundation of Southeastern Arizona, Northern Cochise Community Hospital, and the University of Arizona Cooperative Extension.

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### About LeCroy & Milligan Associates:

Founded in 1991, LeCroy & Milligan Associates, Inc. is a consulting firm specializing in social services and education program evaluation and training that is comprehensive, research-driven, and useful. Our goal is to provide effective program evaluation and training that enables

stakeholders to document outcomes, provide accountability, and engage in continuous program improvement. With central offices located in Tucson, Arizona, LeCroy & Milligan Associates has worked at the local, state, and national level with a broad spectrum of social services, criminal justice, education, and behavioral health programs.

**Suggested Citation:**

LeCroy & Milligan Associates, Inc. (2023). *Cochise County Community Health Needs Assessment*. Tucson, AZ.

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# EXECUTIVE SUMMARY

LeCroy & Milligan Associates, Inc. (LMA) was contracted by Cochise County Health and Social Services (CCHSS) to conduct primary data collection for their 2023-2026 Community Health Needs Assessment (CHNA) which the County is required to complete every three years.

LMA collaborated with CCHSS and a steering committee comprised of local and state organizations to develop a comprehensive survey. This survey was available online or on paper (by request) and was distributed to over 50,000 households across Cochise County. Survey questions were divided into five topic areas including respondent demographics, physical/mental health, healthcare access, quality of life, and suggestions for improvement. LMA also conducted a series of four focus groups throughout the County, with one occurring in each of 4 defined quadrant areas: Benson, Sierra Vista, Bisbee/Douglas, and Willcox.

**County-Wide:** The majority of survey respondents across the County were aged 60 or older and more than half had an annual income of \$39,000 or under. Individuals were more likely to report their own personal physical and mental health higher than the overall health of their community. Most (86%) indicated they have a primary care physician and nearly two-thirds also reported having a dentist. Additionally, a majority of respondents indicated that they regularly travel more than 45 minutes from their home to access the healthcare services they need while one-third indicated they have used telemedicine services in the last year. Respondents indicated that, depending on the part of the County in which they live, there is a lack of all types of healthcare providers (i.e., primary care, specialists, urgent care clinics) and regardless of where they live there is a lack of certified/licensed behavioral health providers. Some of the most pressing issues that concern residents include a lack of transportation (especially for medical appointments or routine medical care), a lack of affordable housing (especially for seniors), and food insecurity. Over half of respondents reported using a food bank or pantry at least once in the previous 12 months. Many people also reported traveling outside the County to purchase food, thereby diverting tax dollars from their local community. The things that residents appreciate about living in Cochise County include the low crime rates; parks, trails, and other outdoor spaces for recreation; and clean environment.

Survey results were also analyzed by County quadrant to determine what specific things are concerns for residents in each area.

**Benson:** In this quadrant, respondents reported higher rates of mental health issues (e.g., anxiety, depression) compared to the other quadrants. Transportation was also a notable concern for Benson-area residents. Additionally, respondents indicated they would like to see an increase in access to healthy, affordable food and grocery stores in their region.

**Bisbee/Douglas:** Survey respondents in this quadrant indicated they have a very limited number of healthcare specialist practitioners as well as primary care doctors and behavioral health professionals. While the access to aid programs (including food pantries and social service programs) makes this region a good place to live, two areas where they would like to see resources focused are on bringing good jobs to the region and affordable food.



**Sierra Vista:** Respondents located in this quadrant indicated there is a lack of specialty healthcare providers in the area, with many reporting they often travel to Tucson for healthcare services. A notable percent of participants (36%) also indicated good jobs are difficult to find in the Sierra Vista area. Conversely, outdoor spaces and a clean environment were identified as two things that make Sierra Vista a great place in which to live.

**Willcox:** In this quadrant, participants reported food security as a pressing issue, with 60% of survey respondents indicating they did not have enough money to buy food at least one time in the last 12 months. Additionally, 23% of the respondents who did not currently have a specialty healthcare provider or behavioral health care provider indicated they would like to have one. A significant portion of the population in Willcox is uninsured or unable to use insurance due to the high cost. However, similar to Sierra Vista, respondents indicated the outdoor recreation spaces are one of the things that make Willcox a great area in which to live.

Below is a summary of key findings from the survey and focus groups.

# County-Wide Overview of Key Findings

## Physical & Mental Health

- **Health Perceptions:** A majority of respondents rated their personal physical, mental, and social health as good or excellent; however, almost half of respondents rated the health of their community as fair/poor.
- **Chronic Illness:** Just over a quarter of survey respondents indicated the presence of three or more chronic illnesses in themselves or a household member.
- **Mental Health:** Almost one-third of respondents indicated that they experience anxiety and/or depression; 15% of individuals identified loneliness as a top social concern.

## Healthcare Access

- **Travel for Healthcare:** 68% of respondents traveled outside the county to get health care during the past year; more than 25% had to do so five or more times.
- **Advance Directive:** 33% of respondents had an advance directive; 26% of respondents currently without one were interested in getting one.
- **Telemedicine:** 36% of households used this service; among those who did not, the most common reason given was that they did not believe a telemedicine appointment would effectively address their concern(s).
- **Service Access:** 12% of respondents said they currently see a behavioral health provider (BHP); 17% of those who do not currently have a BHP said they would like one.

## Quality of Life & Suggestions for Improvement

- **Difficult to Get:** Good jobs were cited as the most difficult thing to get in Cochise County, followed by affordable food.
- **What Makes Cochise County a Great Place to Live:** Parks, trails, & outdoor spaces; a clean environment; low crime rates.
- **Top Suggestions for Improvement:** Access to good healthcare, availability of good jobs, and access to grocery stores with affordable & healthy food options.



## Benson

- **Participation:** 191 households responded to the survey; 12 individuals participated in the focus group.
- **Demographics:** 63% of respondents were female; 90% were White; 8% Hispanic/Latino/a/x; 66% were 60 years of age or older; 48% were retired; 26% worked full-time or part-time.
- **Chronic Illness:** 78% indicated someone in their household had at least one chronic illness.
- **Health Perceptions:** 49% rated their community's health as good or excellent; 51% rated it as fair or poor.
- **Mental Health:** 51% indicated that someone in the household struggles with a mental health concern; 34% indicated the presence of one or more social concerns such as loneliness or access to transportation.
- **Travel for Healthcare:** 41% indicated they traveled outside the county to get health care 5 or more times in the past year.
- **Difficult to Get:** 41% said good jobs were the hardest thing to get, followed by affordable food (28%), high-speed internet (27%), transportation (26%), and assistance paying for utilities (22%).

## Bisbee/Douglas

- **Participation:** 371 households responded to the survey; 6 individuals participated in the focus group.
- **Demographics:** 62% of respondents were female; 61% were Hispanic/Latino/a/x; 56% were 60 years of age or older; 36% were retired; 36% worked full-time or part-time.
- **Chronic Illness:** 66% indicated someone in their household had at least one chronic illness.
- **Health Perceptions:** 55% of respondents rated their community's health as good or excellent; 45% rated it as fair or poor.
- **Dental Care:** 88% had a dental exam in the past 12 months; 27% received dental care in Mexico.
- **Travel for Healthcare:** 39% indicated they traveled outside of the county to get health services 3 or more times in the past 12 months.
- **Difficult to Get:** 47% said affordable food was the hardest thing to get, followed by good jobs (46%), dental care (27%), high-speed internet (23%), and healthy food (22%).



## Sierra Vista

- **Participation:** 484 households responded to the survey; 9 individuals participated in the focus group.
- **Demographics:** 63% of respondents were female; 74% were White; 13% Hispanic/Latino/a/x; 55% were 60 years of age or older; 42% were retired; 38% worked full-time or part-time.
- **Chronic Illness:** 42% indicated someone in their household had at least one chronic illness.
- **Health Perceptions:** 52% rated their community's health as good or excellent; 47% rated it as fair or poor.
- **Advance Directive:** 26% said they did not have an advance directive but would like to get one.
- **Travel for Healthcare:** 39% indicated they traveled outside of the county to get health care 3 or more times in the past year.
- **Difficult to Get:** 36% said good jobs were the hardest thing to get, followed by high-speed internet (30%), medical care (28%), affordable food (26%), and healthy food (24%).

## Willcox

- **Participation:** 313 households responded to the survey; 12 individuals participated in the focus group.
- **Demographics:** 69% of respondents were female; 50% were White; 43% were Hispanic/Latino/a/x; 50% were 60 years of age or older; 35% were retired; 28% worked full-time or part-time.
- **Chronic Illness:** 69% indicated someone in their household had at least one chronic illness; 42% reported at least one mental health concern.
- **Health Perceptions:** 58% of respondents rated their community's health as good or excellent; 43% rated it as fair or poor.
- **Travel for Healthcare:** 54% indicated they traveled outside of the county to get health care 3 or more times in the past year.
- **Difficult to Get:** 58% said that affordable food was the hardest thing to get, followed by good jobs (45%), dental care (32%), transportation (29%), and high-speed internet, medical care, and assistance paying for utilities (3-way tie at 25%).

# INTRODUCTION

LeCroy & Milligan Associates, Inc. (LMA) was contracted by Cochise County Health and Social Services (CCHSS) to conduct primary data collection for their 2023-2026 Community Health Needs Assessment (CHNA) which they are required to complete every three years. The Centers for Disease Control and Prevention (CDC) defines a community health needs assessment as a process for identifying key health needs and issues through systematic, comprehensive data collection and analysis. A 'community' refers to a state, tribal, local, or territorial health assessment.<sup>1</sup> CHNAs serve as valuable instruments for evaluating the well-being of communities and formulating approaches and policies to tackle social determinants of health (SDOH). Utilizing these assessments can facilitate the implementation of changes within communities based on identified issues and can encourage the involvement of stakeholders in addressing a community's needs. In certain rural regions, collaborative efforts between local public health agencies and hospitals have emerged, pooling resources and expertise to carry out these health assessments. Through this collaborative approach, hospitals and public health agencies can establish common objectives aimed at enhancing health and overall welfare within communities.<sup>2</sup>

This report presents the findings from surveys and focus groups with Cochise County respondents and provides information about County respondents' health needs that can be used by healthcare partners in the various service areas throughout the County. Findings from primary data collection can be utilized to support strategic planning related to the ongoing development of a Community Health Improvement Plan (CHIP). Data collected as part of this CHNA aims to be representative of residents throughout all of Cochise County, therefore the County was broken down into four quadrant areas – Benson, Bisbee/Douglas, Sierra Vista, and Willcox – with a targeted response rate proposed for each area. CCHSS provided LMA with a sampling strategy and estimates based on the population in each quadrant. Data collection activities took place throughout October and November 2023, including an online and mail-in survey, in-person data collection events, and a series of four focus groups (one for each designated quadrant area in the County). Findings are presented for the County as a whole, as well as for each quadrant.

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<sup>1</sup> [CDC - Home - Community Health Assessment - STLT Gateway](https://www.cdc.gov/publichealthgateway/cha/).  
<https://www.cdc.gov/publichealthgateway/cha/>

<sup>2</sup> [Using Community Health Assessments to Find the Social Determinants of Health in a Community - RHIhub Toolkit \(ruralhealthinfo.org\)](https://www.ruralhealthinfo.org/toolkits/sdoh/4/community-health-assessments) <https://www.ruralhealthinfo.org/toolkits/sdoh/4/community-health-assessments>

# METHODOLOGY

This community health needs assessment employed a mixed-methods approach, combining surveys and focus groups as the two primary data collection methods. The goal was to gather comprehensive and nuanced insights into the health needs and priorities of Cochise County residents. This robust methodology aimed to generate a comprehensive and contextually rich assessment of the community's health needs, laying the groundwork for informed interventions and policies.

## Electronic and Paper Survey

A structured survey instrument was developed in both English and Spanish (Appendix A) to quantitatively assess the health-related perceptions, behaviors, and needs of the community members. The survey consisted of a diverse range of questions, covering topics such as access to healthcare services, existing health conditions, lifestyle choices, and awareness of social determinants of health (SDOH), ensuring a broad representation of the population. Details on the steps taken to create the survey are listed in Appendix B. To announce the survey, the team created a postcard in English and Spanish (Appendix B) that was mailed to approximately 55,000 households throughout Cochise County. The postcard contained a QR code with instructions for accessing the online survey, as well as instructions detailing how respondents could request a paper copy of the survey. To supplement survey data collection among populations who may not have used the QR code, the evaluation team conducted five in-person survey collection events throughout the County. The majority of these took place at community food banks and pantries. The first 1,500 respondents had the option to claim a \$15 gift card as a thank you for their participation. Quantitative survey data were analyzed using SPSS 29, employing descriptive statistics to identify trends and patterns.

## Focus Groups

Qualitative data were collected through a series of focus group discussions in each quadrant area of the County. Informational flyers were created in both English and Spanish and shared with the focus group host facilities in advance of each session. LMA staff contact information was included on the flyer so potential participants could register to attend that way as well.

A trained facilitator led each of the focus groups, following a semi-structured guide (Appendix A) designed to explore in-depth experiences, perceptions, and opinions related to community health. Key questions included barriers to healthcare access, social determinants affecting health outcomes, and community-specific factors influencing well-being. Data from focus groups underwent thematic analysis, allowing for the identification of emergent themes and narratives.

## Data Cleaning

Due to the potential of invalid and false responses to electronic surveys, rigorous data cleaning methods were used. Respondent location, Recaptcha technology, and other fraud indicators were used to clean survey data for valid responses.

## Limitations

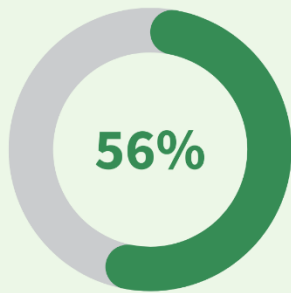
One limitation of this needs assessment was the short, 2-month window for data collection; another limitation was that a large amount of data collected in-person was gathered from food bank distribution events throughout the County. Both factors increase the likelihood of sampling bias and selection bias. For this reason, it is important to take into consideration that the data contained in this CHNA represents a limited cross-section of County residents that may not accurately reflect the diversity in the County's broader population.

Despite the limitations noted, this needs assessment provides a comprehensive analysis of reported health status, healthcare access, and quality of life indicators in Cochise County.

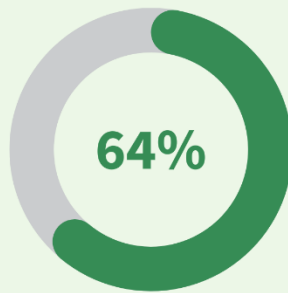


# COUNTY-WIDE FINDINGS

## County-Wide Respondent Demographics at a Glance



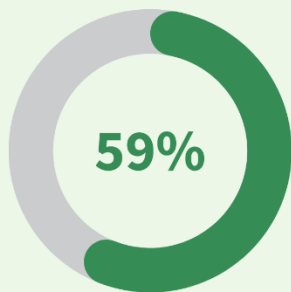
Age 60 or Older



Female

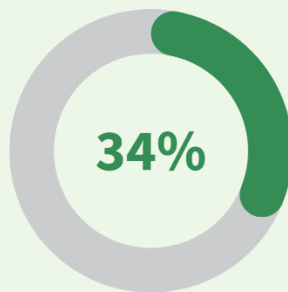


Bachelor's Degree or Higher Level of Education

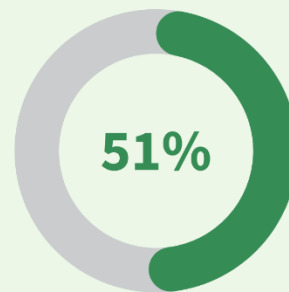


White

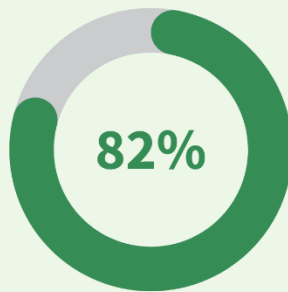
CLICK MARKETING



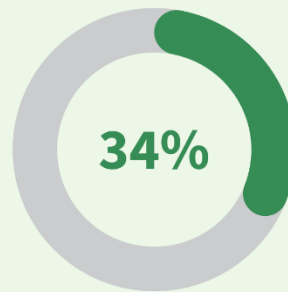
Hispanic or Latino/a/x



Annual Household Income of \$39,000 or Less



Speak English



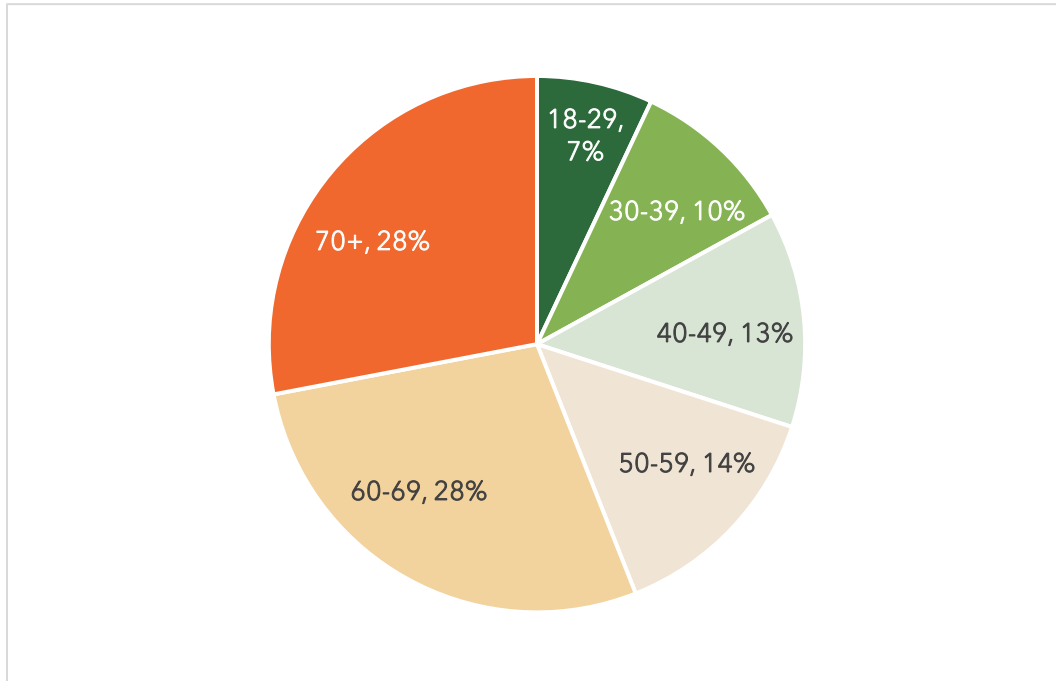
Speak Spanish

## Survey Respondent Demographics

Of the 1,415 surveys completed, a little over half (766) were completed online, and the remaining were completed via paper surveys in public places or through mail. Notably, a large percentage of respondents were age 60 or older (56%), and a little more than two-thirds (39%) reported they were retired.

Among the 1,403 survey respondents, 56% (n=786) were over the age of 60; 27% (n=383) were between 40-59 years of age; and 17% (n=234) were between 18-39 years of age (Exhibit 1).

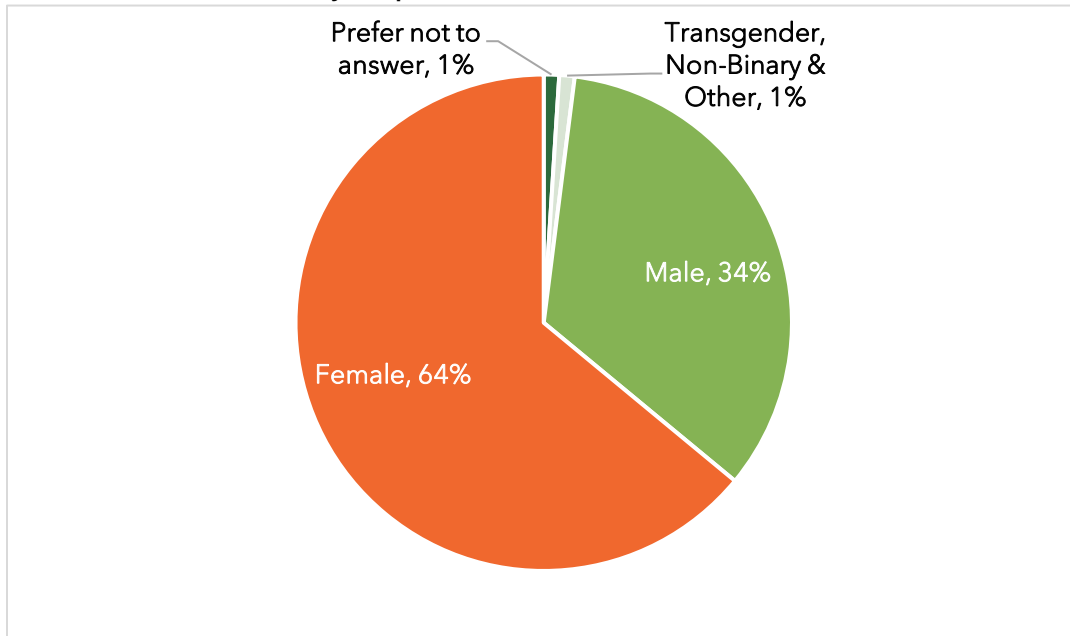
**Exhibit 1. Age of Survey Respondents**



(N=1,403)

Most survey respondents were female (64%, n=870), and 34% (n=461) were male. Less than 1% of respondents indicated that they were either transgender, non-binary, or “other” (Exhibit 2).

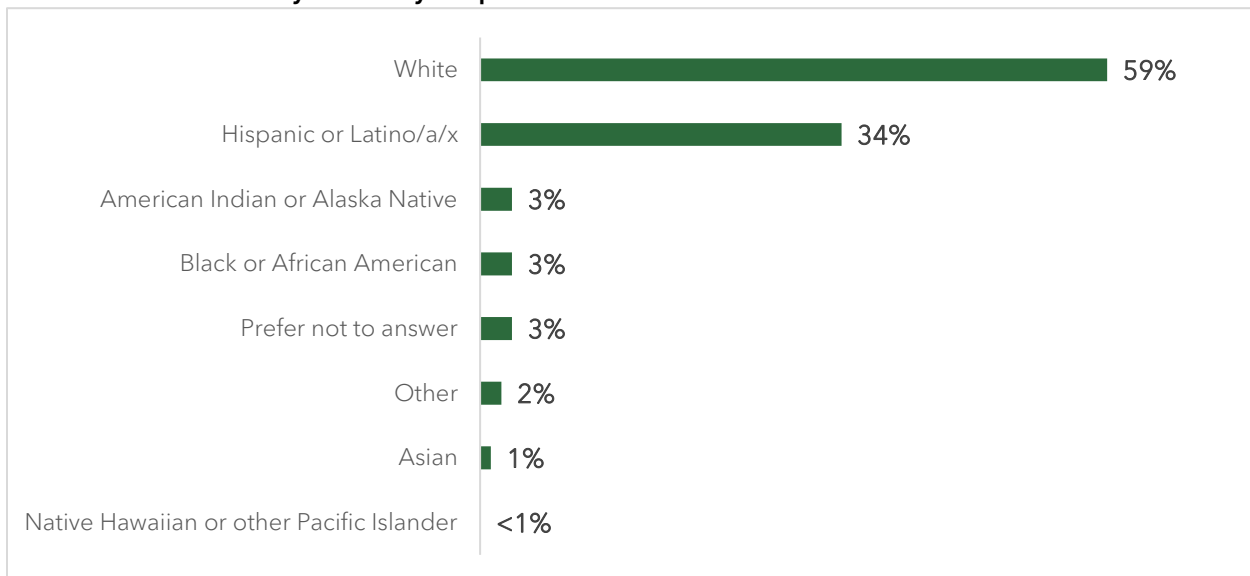
**Exhibit 2. Gender of Survey Respondents**



(N=1,350)

Of those completing the survey, 59% (n=828) reported their race/ethnicity as White, with the next largest group identifying as Hispanic or Latino/a/x (34%, n=474). American Indian/Alaska Native make up 3% (n=47) of the population, as do Black or African American individuals (3%, n=35). For the 2% (n=24) who selected “other” as their race/ethnicity, answers included Biracial, Czech, Scotch-Irish, German, Hebrew, Chicano, Mexican American, and Hebrew (Exhibit 3).

**Exhibit 3. Race/Ethnicity of Survey Respondents**

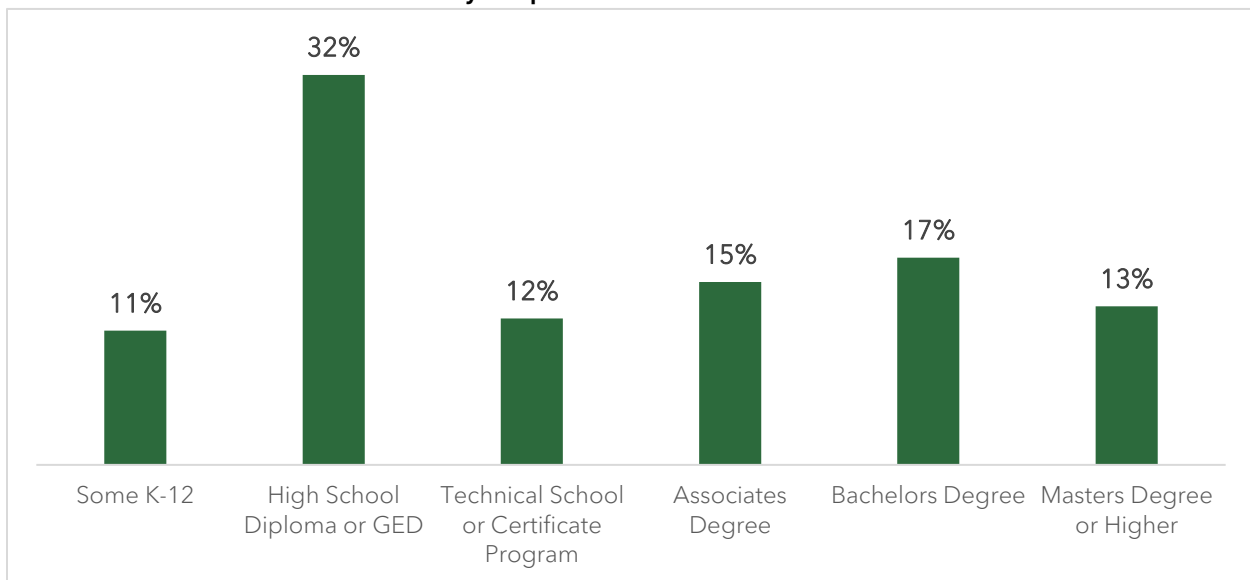


(N=1,415) Respondents could choose to select all categories that applied to them; therefore, percentages do not total to 100%. “Other” responses included Biracial, Czech, Scotch-Irish, German, Hebrew, Chicano, Mexican American, and Hebrew.

About 82% (n=1,156) of survey respondents indicated they speak English, 29% (n=415) said they speak Spanish, and individuals who selected “Other” (2%, n=28) indicated they spoke one or more of the following languages in their home: Mandarin Chinese, German, French, Kiowa, Korean, Hebrew, Japanese, Welsh, and American Sign Language.

Respondents’ self-reported education level is shown below in Exhibit 4. About one-third reported having a high school diploma or GED, and 30% reported achieving a bachelor’s degree or higher.

**Exhibit 4. Level of Education of Survey Respondents**



(N=1,238)

For household income, 29% reported having an annual income of \$19,000 or less; 33% have an annual income between \$20,000 – \$49,000; 14% have an annual income between \$50,000 – \$79,000; 15% have an annual income between \$80,000 and \$149,000; and 4% have an annual income of \$150,000 or more.

Among 1,415 survey respondents County-wide, 24% (n=338) reported that they live alone, while 52% (n=729) said they live with a partner. Additionally, 25% (n=355) indicated they have children living in the home. Fifteen percent (n=205) said that they live with someone who is 60 years of age or older, and 7% (n=98) lived with someone who has a physical and/or mental disability.

24% of survey respondents reported that they live alone; 52% said they live with a partner.

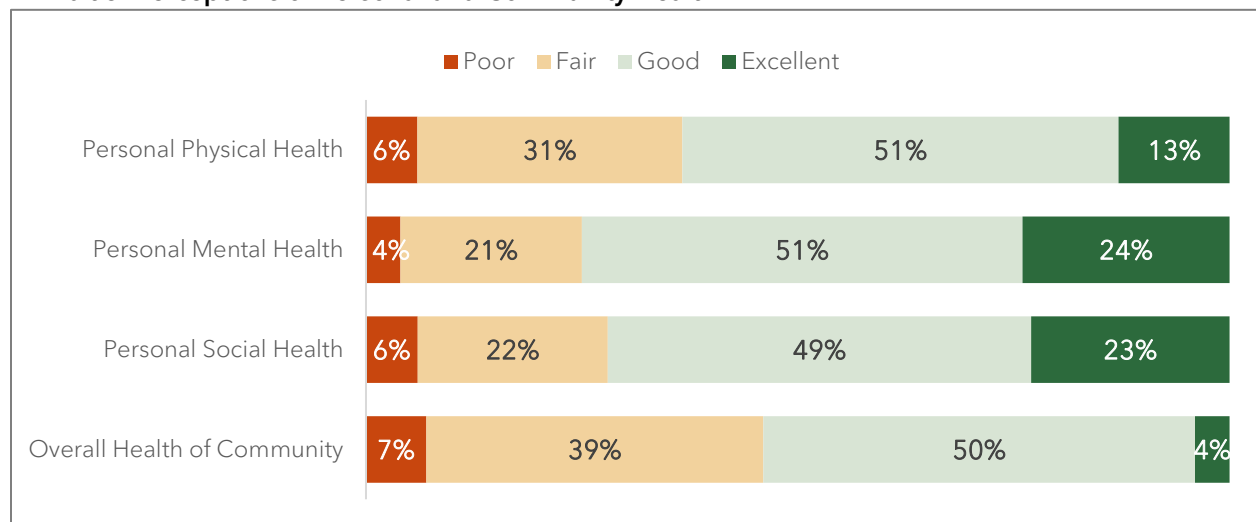
Among all respondents, 24% (n=338) reported being employed full-time, while 9% (n=124) said they are employed part-time. The largest number of respondents were retired, at 39% (n=550); and 12% (n=170) reported having a physical or mental disability. Nine percent (n=122) of

individuals said that they are a caregiver for an elderly person and/or someone with a disability (whether this person lives with them or not).

## Physical and Mental Health

The survey asked about people’s perception of their own health, as well as that of their community. Most respondents County-wide rated their physical, mental, and social health as good or excellent. However, noticeable proportions of the respondents rated their health as being only fair or poor in all those areas, with 37% for physical health, 25% for mental health, and 28% for social health. An even greater proportion of respondents rated the overall health of their community as fair or poor (46%) (Exhibit 5).

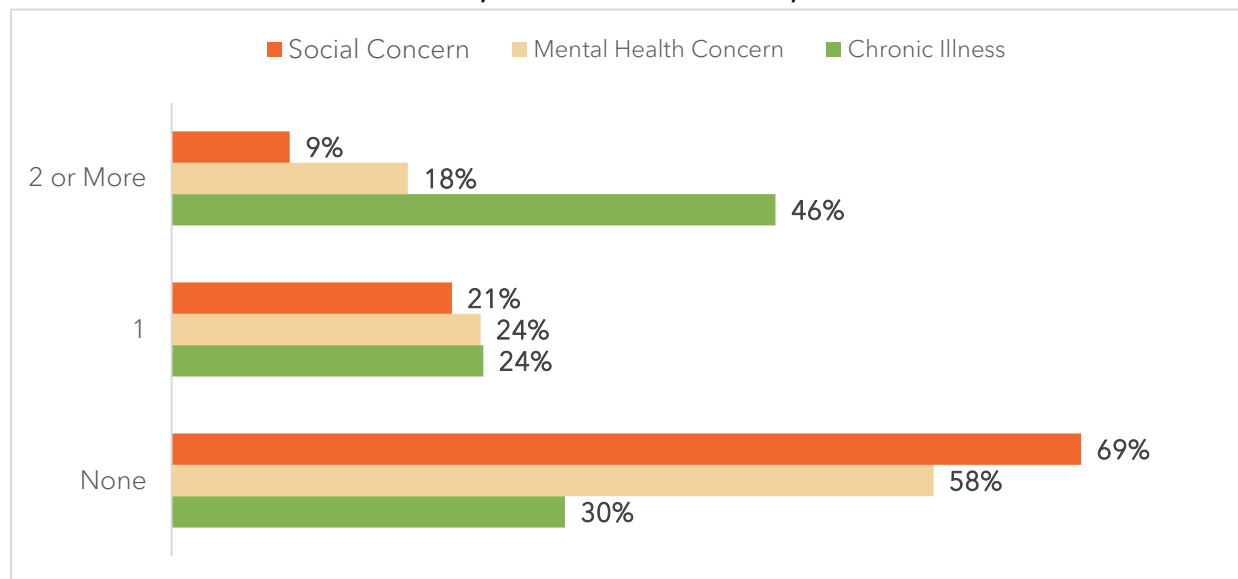
**Exhibit 5. Perceptions of Personal and Community Health**



(N ranges from 1,396-1,407)

Survey respondents were asked about the physical, mental, and social conditions that affect themselves or member(s) of their household. Responses were grouped by categories including chronic illness, mental health concerns, and social concerns; Exhibit 6 shows the percentage of households that noted the presence of one or more of these conditions. About 70% of respondents noted dealing with at least one chronic illness in their household, 42% with at least one mental health concern, and 31% with at least one social concern.

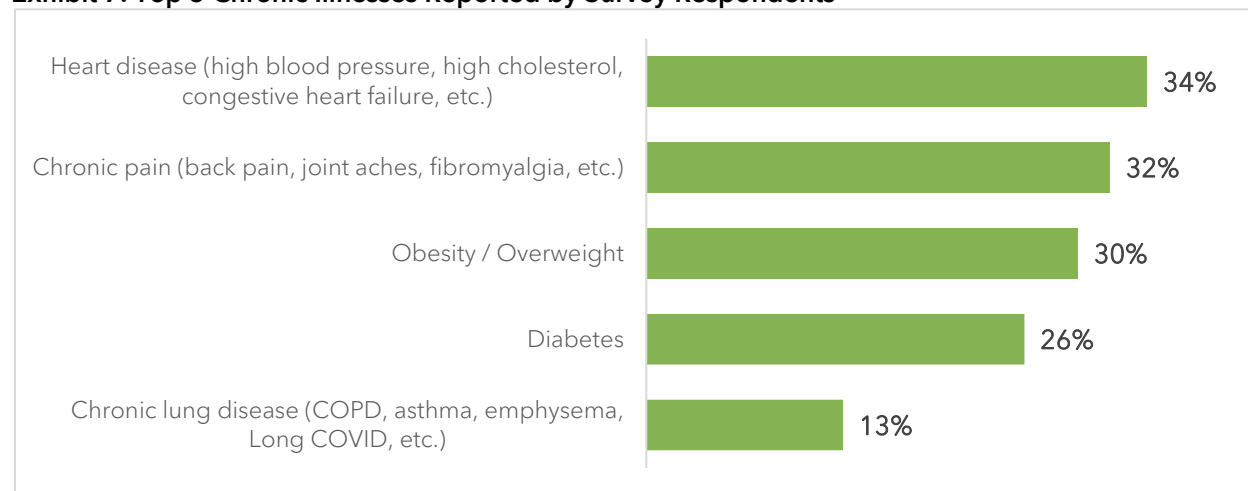
**Exhibit 6: Number of Chronic Illnesses, Mental Health Concerns, or Social Concerns in the Household**



(N=1,415)

Exhibits 7-9 show more detailed information on which conditions were most commonly selected by respondents. Almost one-half of survey respondents indicated the presence of two or more chronic illnesses in either themselves or a household member. Heart disease was the most common chronic health condition of respondents (34%), closely followed by chronic pain (32%), and obesity/being overweight (30%) (Exhibit 7).

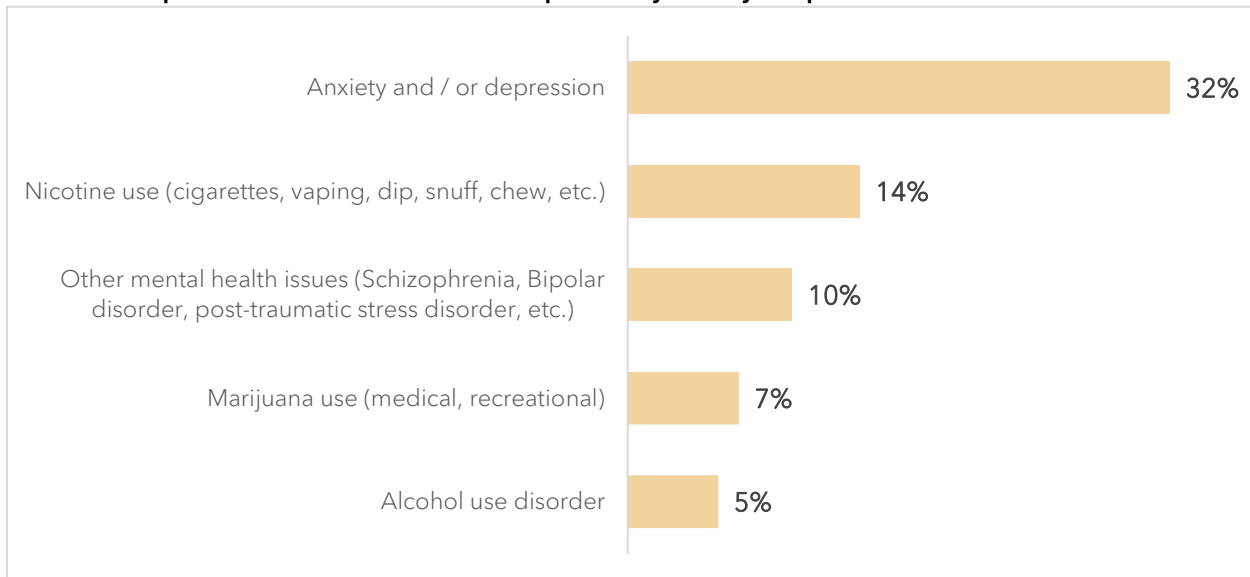
**Exhibit 7. Top 5 Chronic Illnesses Reported by Survey Respondents**



(N=1,415)

Anxiety and/or depression were the most common mental health concerns of respondents by far, with almost a third (32%) reporting experiencing one or both (Exhibit 8).

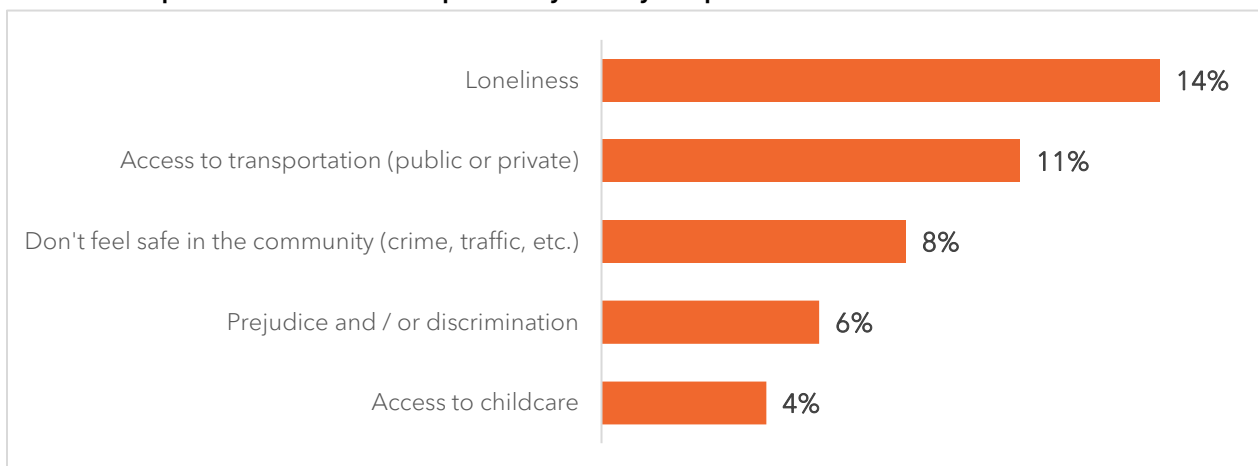
### Exhibit 8: Top 5 Mental Health Concerns Reported by Survey Respondents



(N=1,415)

Relatively smaller proportions of respondents reporting having social concerns, with loneliness being the most cited concern (14%), followed by access to transportation (11%). See Exhibit 9 for details.

### Exhibit 9. Top 5 Social Concerns Reported by Survey Respondents

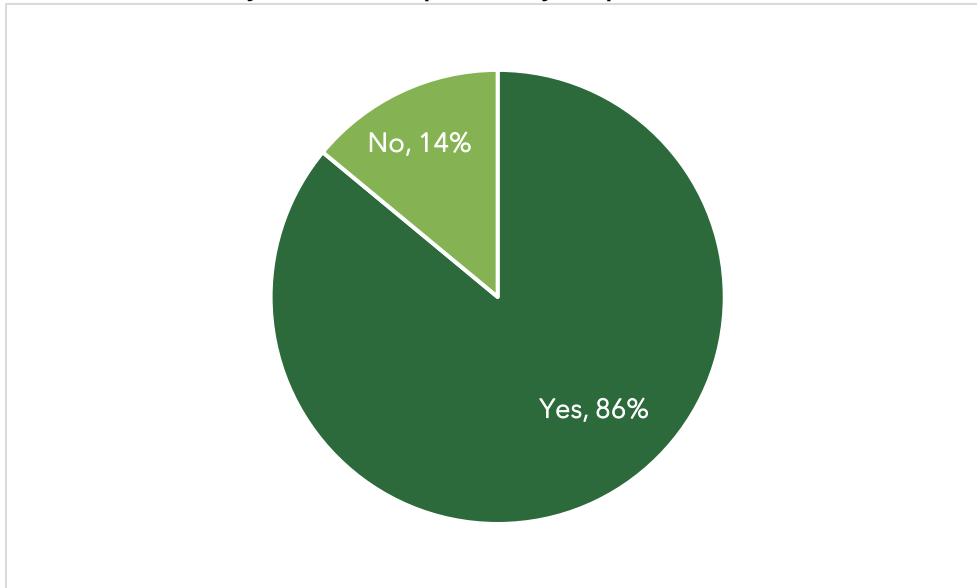


(N=1,415)

Eighty-six percent of survey respondents said they have a primary care provider (PCP), while 14% (n=199) do not (Exhibit 10). Of those who do have a PCP, 93% said that they have seen their provider within the past 12 months. For those who had not seen their doctor in the past year, the most common reason given for this was that they were healthy and did not need to see a doctor.



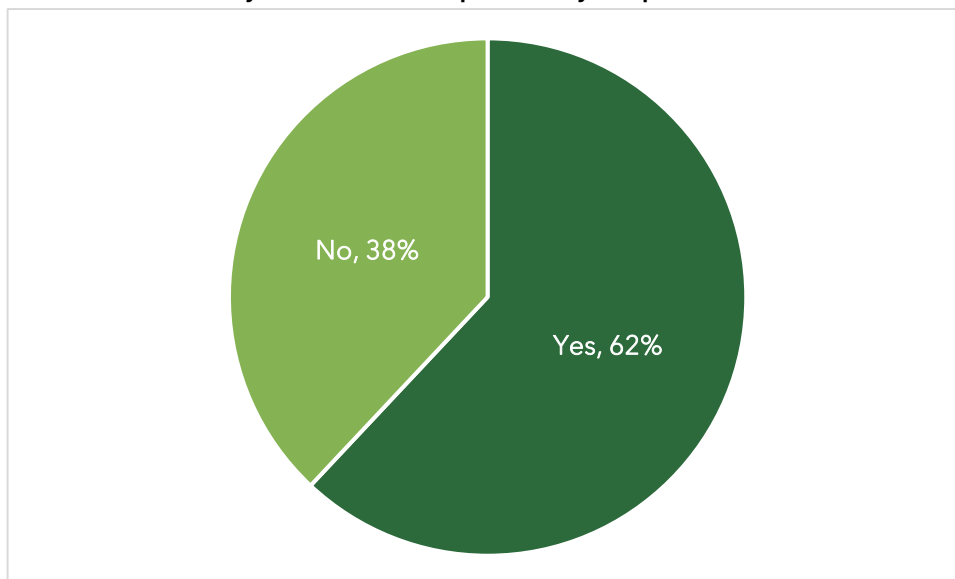
**Exhibit 10: Currently Have a PCP, per Survey Respondents**



(N=1,383)

As shown in Exhibit 11, 62% of survey respondents indicated having a dentist, while 38% said they do not. Of those who reported having a dentist, 87% said they visited them for a checkup sometime in the past 12 months. Of those who did not see their dentist, the most common response was that they could not afford to go, cited by 12% of this group. Other reasons that were most commonly given by respondents for not seeing a dentist included things such as the respondent having dentures, having concerns about COVID, and not having the time to schedule or attend an appointment.

**Exhibit 11. Currently Have a Dentist, per Survey Respondents**



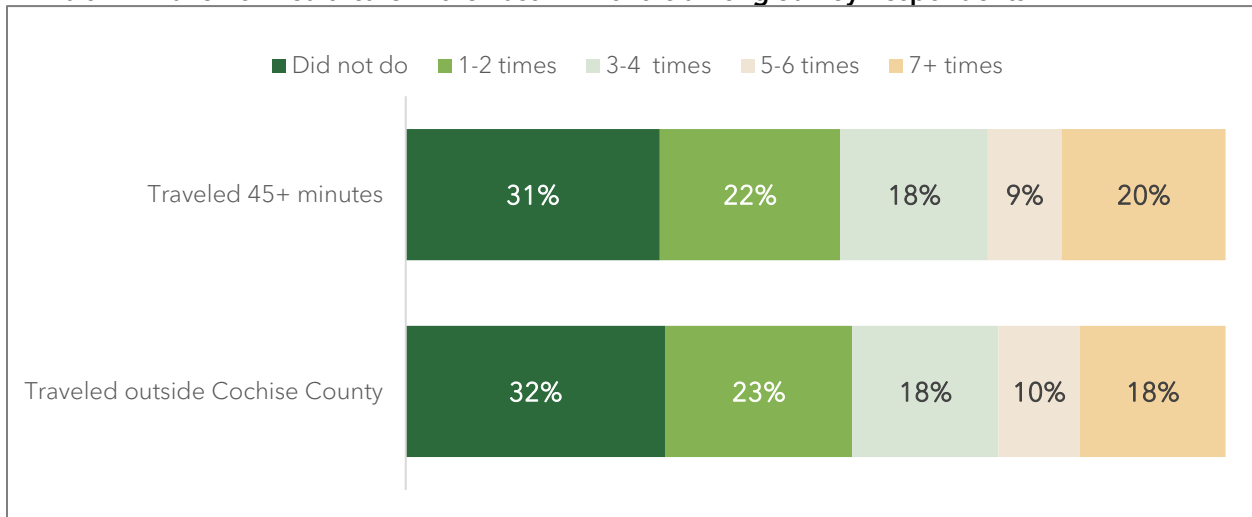
(N=1,395)

## Healthcare Access

About 68% of respondents noted that they traveled outside of the County to receive healthcare services in the past year, with 69% reporting they traveled 45 minutes or more to get that care. More than a quarter of respondents made longer trips and trips outside the County for healthcare five or more times in the past year (Exhibit 12).

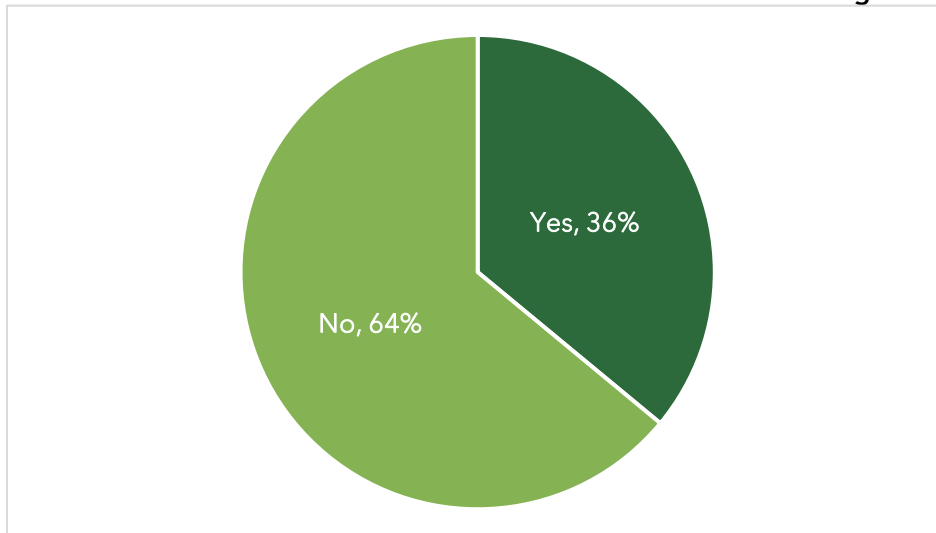
About one-third (36%) of survey respondents reported accessing telemedicine services to be seen by a provider sometime in the past 12 months (Exhibit 13). The reasons most commonly cited for not using telemedicine were beliefs that a remote appointment would be ineffective at addressing a concern, lack of comfort seeing a provider remotely, and not knowing how to access this service (Exhibit 14).

**Exhibit 12. Travel for Healthcare in the Past 12 Months among Survey Respondents**



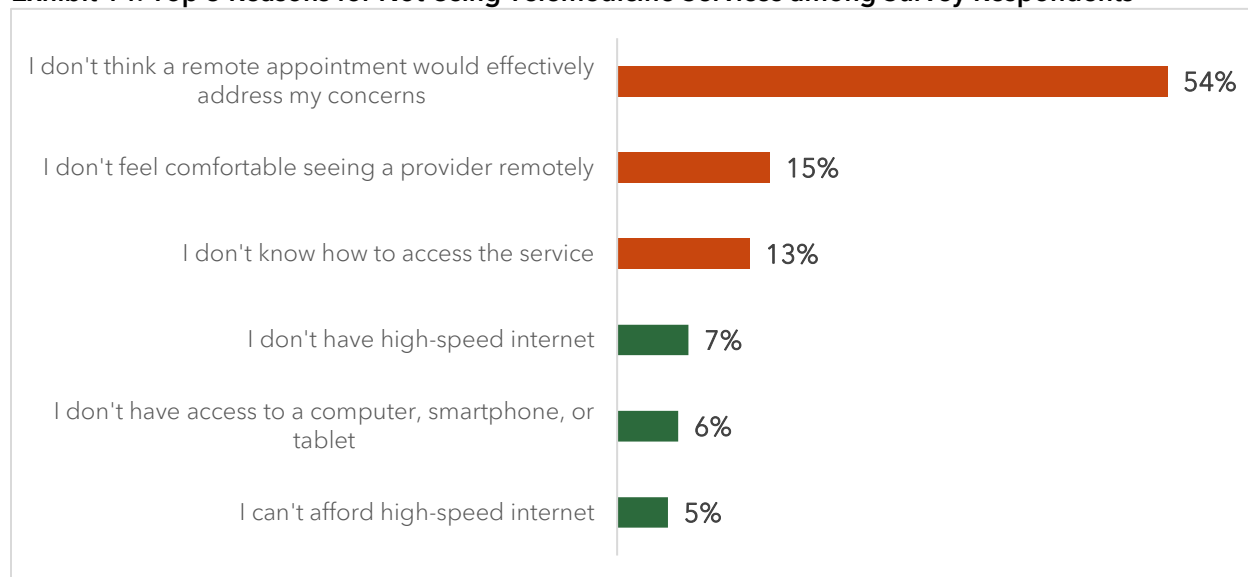
(N ranges from 1,332-1,344)

**Exhibit 13. Use of Telemedicine Services in the Past 12 Months among Survey Respondents**



(N=1,351)

### Exhibit 14. Top 3 Reasons for Not Using Telemedicine Services among Survey Respondents



There were 909 responses to this question, but respondents could choose all reasons that applied to them.

Among focus group participants in all quadrants, most identified the greatest barrier to healthcare as the lack of primary care physicians, specialists, and behavioral health providers located within the County. They said that wait times to see a specialist in Bisbee and Douglas can be many months; in Benson participants said it has taken up to nine months from their initial inquiry to actually meeting with a doctor. Additionally, when communities do get new doctors, they reported high turnover with providers typically only staying a short time before moving away.

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"Any time I need to see a specialist, I don't even try to see someone here...it's just too hard and the wait is sometimes months. I'd rather go to Tucson - they have the equipment if I need tests or anything...everything is right there."

- Focus Group participant

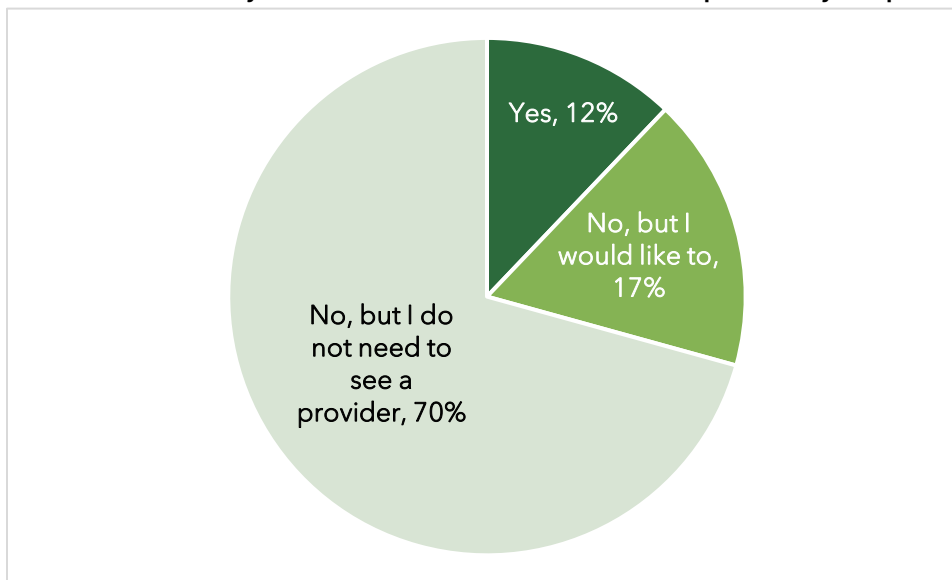
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Respondents said they must regularly travel long distances to get the care they need and end up taking on unforeseen expenses as a result. For example, many local hospitals are unable to offer appropriate treatment and often refer patients to a facility in Tucson. Patients are then responsible for transporting themselves, or they must pay expensive ambulance bills or hire private shuttles. Focus group participants said travel for medical care is often not an option for low-income families, those without a working vehicle, or homebound seniors. Some residents have relocated to Tucson to ensure they get the care they need in a timely manner. Some County residents cross the border into Mexico for quicker or more affordable care, although this is only an option for those with access to transportation and legal documentation. While transport to doctor appointments is available in some places via local volunteer organizations, access to these rides requires scheduling far in advance and comes with restrictions based on the type of medical appointment.

Focus group participants identified another barrier to healthcare as the lack of medical clinics and urgent care facilities in the County. They noted that if patients need to be seen quickly, doctors often recommend that they go to the emergency room, but this results in expensive medical bills that aren't an option for most residents. Lack of health insurance or health insurance with limited coverage can lead people to avoid seeking medical attention or behavioral health services unless absolutely necessary. They mentioned that this situation is particularly true for undocumented workers without social security numbers and agricultural workers who lose insurance when they switch employers.

Only 12% of survey respondents indicated that they currently see a behavioral health provider (BHP), while 17% said they do not currently, but would like to see a provider. 70% said they did not need to see a behavioral health provider for any reason (Exhibit 15).

**Exhibit 15. Currently Have a Behavioral Health Provider, per Survey Respondents**



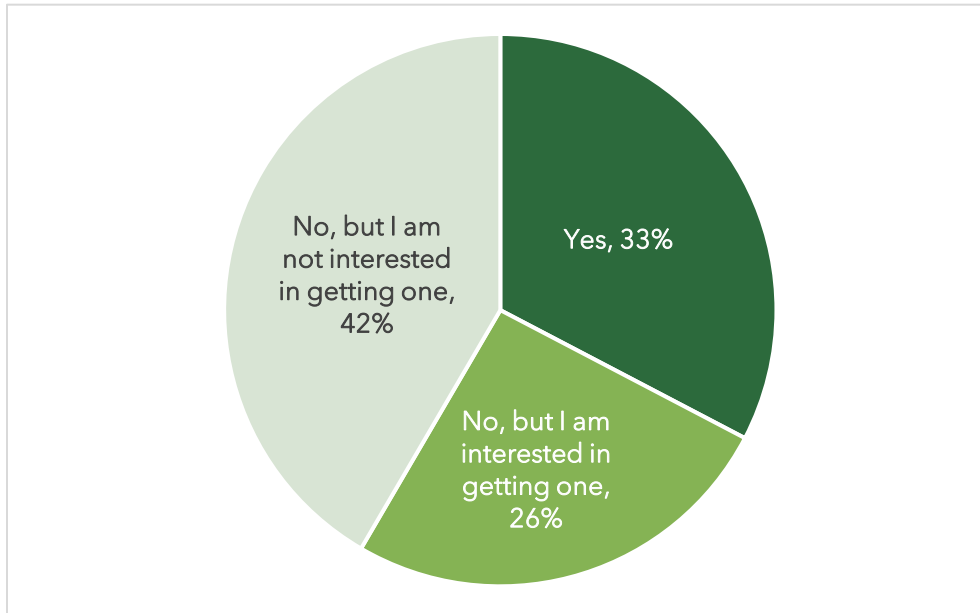
(N=1,363)

According to focus group participants, the key barrier to accessing behavioral health services is the lack of licensed and qualified counselors and therapists available in the County; most participants had the impression that behavioral health service availability is very limited. Some said the only place to get an assessment is the local hospital, but then there is little follow-up, and few referrals ultimately get made. Participants in Benson noted that coordination of care in treatment facilities was “essentially nonexistent.” Participants also noted that many people with serious mental health issues in the County do not have the resources to access care, especially because they lack transportation to the few available treatment facilities (which are often located far away). Telemedicine is often not an option due to slower internet speeds throughout the County and a lack of technological know-how to access these services, especially among the elderly population.

Participants appreciated the County’s efforts to expand free health services and to reach smaller communities. Of note as beneficial are the Chiricahua health clinics that offer a sliding scale fee, the children’s clinics with abundant pediatricians, and the mobile clinic.

Survey respondents were also asked about advanced directives that provide medical instructions when someone is unable to communicate their preferences. One-third said they had an advance directive, and 26% of respondents currently without a directive said they were interested in getting one (Exhibit 16).

**Exhibit 16. Advance Directive Status of Survey Respondents**



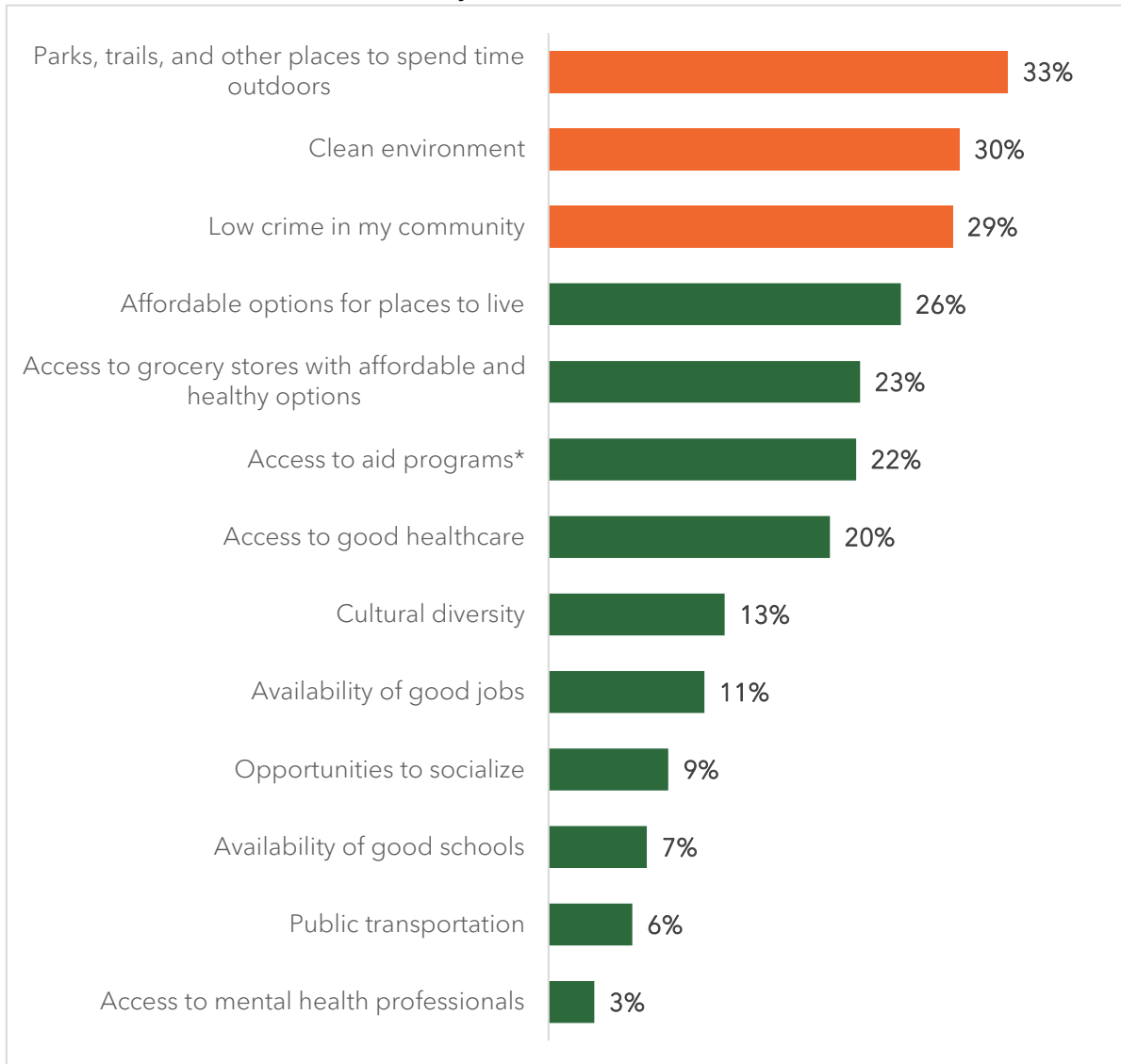
(N=1,316)

## Quality of Life

This section covers a series of survey questions related to quality of life, which included things respondents felt made Cochise County a great place to live, things that respondents felt were hard to get versus easy to get within the County, and the self-reported food security within households.

Survey respondents most commonly identified characteristics of the County’s natural environment as what makes it a great place to live (parks, trails, outdoor spaces, clean environment), as well as low crime rates (Exhibit 17).

### Exhibit 17. What Makes Cochise County a Great Place to Live



(N=1,415) \*Including things such as food pantries and social services programs. Respondents could select all options that applied to them.

Exhibit 18 shows the top responses to items that respondents felt were hard and easy to get where they lived. Good jobs was the most common response for things difficult to get in their town, cited by 41%, followed by affordable food at 39%. Interestingly, the largest percentage (26%) of respondents also rated affordable food as easy to get, followed by high-speed internet (21%) and dental care (20%).

**Exhibit 18. Top Items Respondents Felt Were Hard and Easy to Get in Cochise County**

Hard to Get - Top 5		Easy to Get - Top 5	
Good jobs	41%	Affordable food	26%
Affordable food	39%	High-speed internet	21%
High speed internet service	26%	Dental care	20%
Transportation	23%	Healthy food	18%
Healthy food	23%	Medical care	18%

(N=1,415)

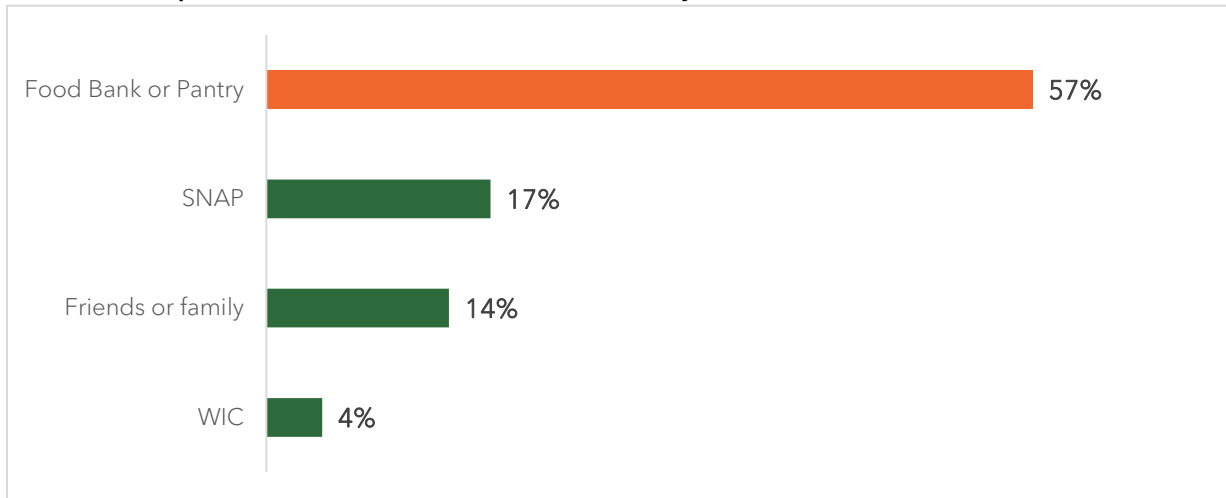
All focus groups participants noted the need for food security throughout the County; they described certain areas as “food deserts.” One concern was that the County lacks places to purchase affordable groceries; some participants attributed the high cost of groceries at local stores to a 10% tax on food. Many residents prefer to drive to Sierra Vista, Tucson, or Safford and purchase two to three weeks of groceries at Walmart or Fry’s. Conversely, lack of car ownership was a major factor in limiting residents’ access to adequate food choices. Outside of urban areas, the only places that offer food products are convenience stores and retail stores such as Dollar General, and choices are limited. Local food banks were identified as important resources for healthy food, cooking classes, and other resources.

More than half (57%) of survey respondents reported using a food bank or food pantry. As shown in Exhibit 20, 17% indicated that they received SNAP benefits, 14% said food assistance from friends or family members, and 4% said they received services from the Women, Infants, & Children (WIC) program (Exhibit 19).

A little more than half (53%) of survey respondents said in the past 12 months they had never run out of food or been unable to afford healthy, balanced meals. However, noticeable proportions of respondents had “sometimes” or “often” experienced each of these food challenges (Exhibit 21).

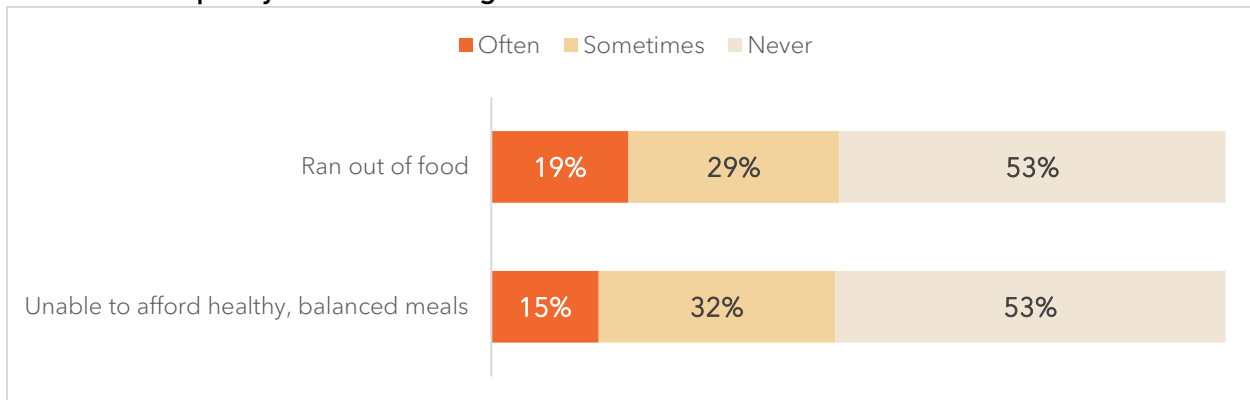


### Exhibit 19. Top 5 Food Services Used in Cochise County



(N=1,415) Note that respondents could select all options that applied to them. Food bank and food pantry counts were combined due to the similarity of these services.

### Exhibit 20. Frequency of Food Challenges in the Past 12 Months



(N ranges from 1,294-1,296)

According to focus group participants, the lack of affordable housing in the County is another big issue that must be addressed. The reasons participants gave include higher housing costs (for both homebuyers and renters) due to high County taxes and outside investors buying up properties; the influx of short-term rentals and Airbnb properties; limited availability of housing units (particularly low-income housing); and barriers to housing access based on credit history.

Focus group discussions also revealed that a lack of access to reliable transportation negatively impacts people’s quality of life, especially for those who live outside of urban areas and don’t have a car. As

mentioned earlier, 11% of survey respondents noted “lack of transportation” as a health-related concern (see Exhibit 10). The County is largely car dependent, and public transportation options

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“If you’re outside of the cities that have the buses, the public transportation, if you’re outside of those little areas, you’re out of luck.”

- Focus Group participant

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are limited. While low-cost or free options are available, too few buses and bus routes lead to crowding. Participants noted that older adults in particular struggle to use public transit and carry their groceries. Travel by bicycle is also limited due to lack of bike lanes.

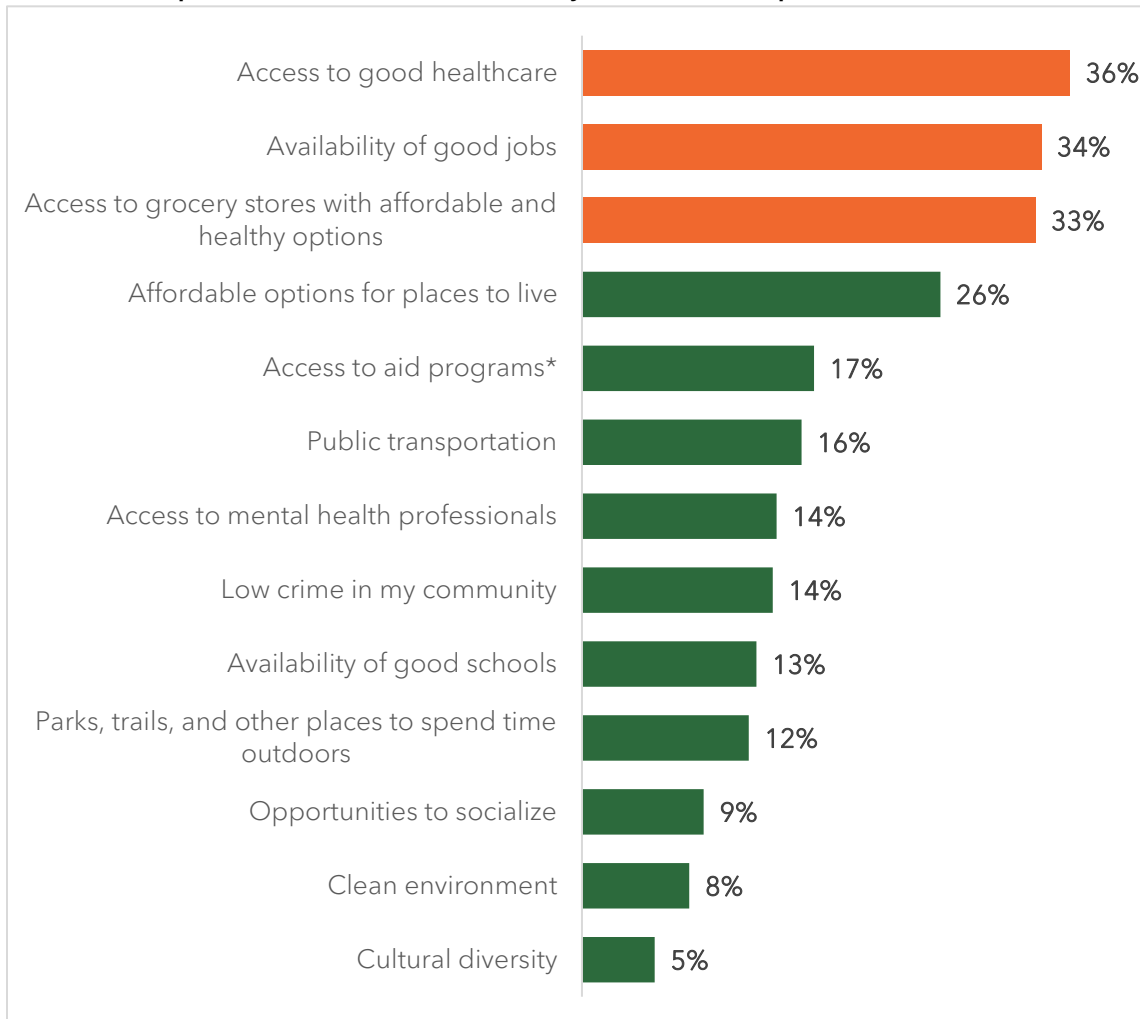
During the focus groups, most participants agreed there are not enough options or facilities available for different age groups to engage in social activities. Among survey respondents, 14% listed “loneliness” as a major concern related to their social health. While a few places were mentioned as offering local programming (such as the library and senior center in Bisbee), respondents said this is nice to have but is not enough. They said there is little in the way of activities or facilities for young children and teenagers to spend time at after school or on the weekends.

Many focus group participants advocated for a healthier local economy and workforce. Some participants noted that good jobs are hard to find and felt that getting hired is based more on who you know than your skillset. Others noted that fluctuations in agricultural work cause a lot of stress; for these workers, job opportunities are limited and usually only pay minimum wage.

## Suggestions for Improvement

More than one-third of respondents endorsed the following three things as those that would improve the County: access to good health care, availability of good jobs, and access to grocery stores with affordable and healthy options (Exhibit 21).

**Exhibit 21. Top 3 Areas Where Cochise County Could Make Improvements**



(N=1,415) \*Including things such as food pantries and social services programs. Respondents could select all options that applied to them.

Focus group participants stressed that the County needs to find ways to attract primary care physicians, specialists, and behavioral health providers – and to offer incentives so these professionals and their families will stay in the area long-term. One way is to make improvements in quality of life. For example, the County could continue to build infrastructure that supports the community such as expanding walking paths and green areas for recreational activities. It could offer tax incentives for builders to develop affordable housing. Vacant buildings could be converted into congregate living facilities for seniors or community centers that offer after school social activities, especially for young children and teens. The County could provide more healthy food options, especially in areas outside of the city, and support local food banks to provide more fruit and vegetables. Additionally, the food banks could partner with the County to develop community gardens in more rural areas. It could expand access to reliable transportation such as offering more buses and bus routes, especially in non-

urban areas. Another transportation idea to consider is providing subsidies or incentives to Uber or Lyft drivers when they provide a medical-specific ride to a County resident.

Some participants stressed the importance of developing a healthy local economy and workforce. They said the County could help small businesses get started by reducing bureaucracy and red tape around zoning; the presence of more local businesses would ensure tax dollars stay in the community. Some group participants also noted the need for more local jobs that offer health insurance and paid time off.

Regarding healthcare, participants hoped the County would continue to find ways to offer free health services or sliding scale fees like what is offered by CCHSS. They suggested the County build more local urgent care centers to make healthcare services more affordable and accessible. They saw mobile clinics and wellness screenings as positive and hoped these clinics could serve more residents in the community.

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“People here need to be educated on what resources are available...a lot of people don’t even know what’s out there.”

- Focus Group participant

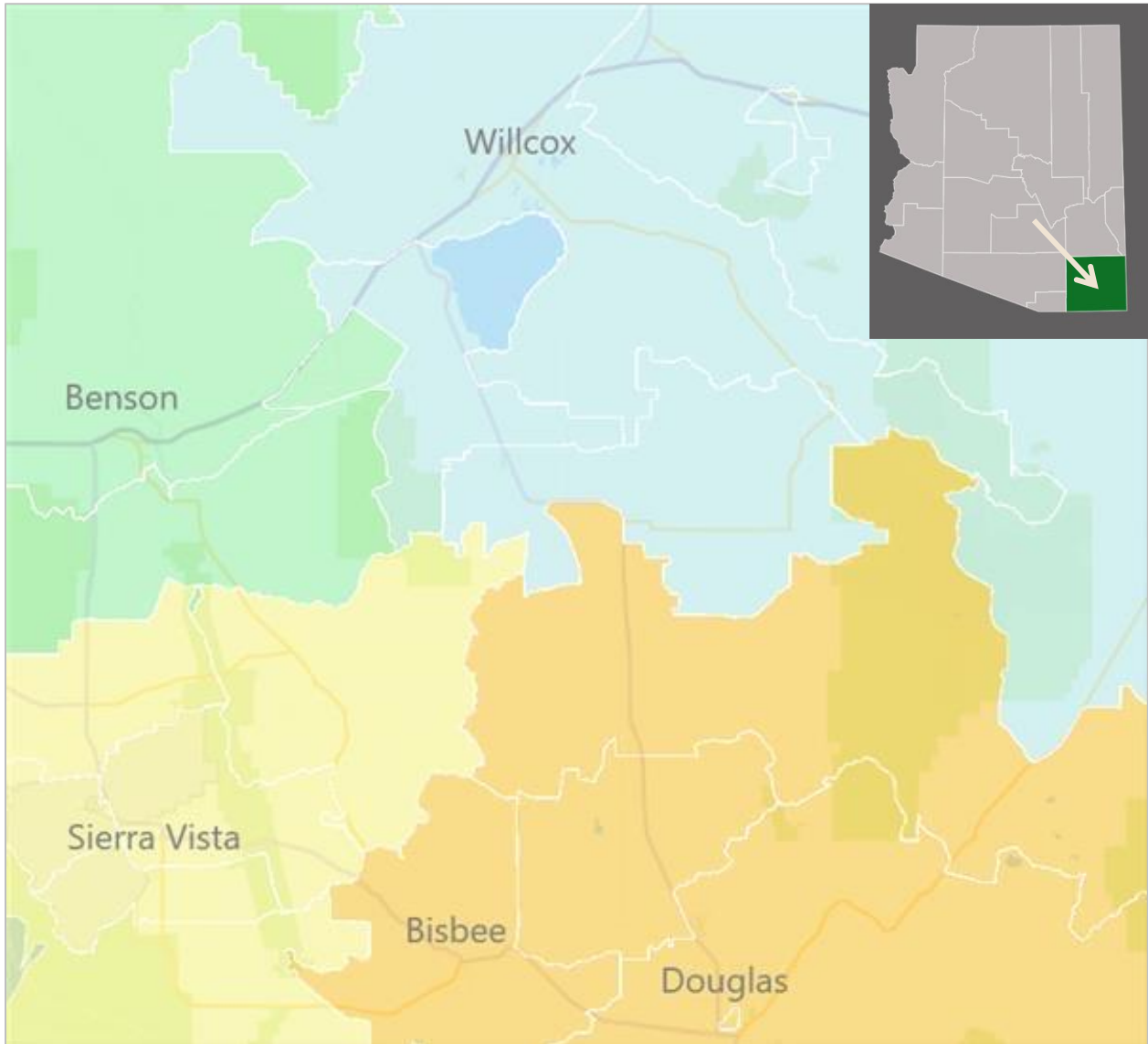
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One way to improve coordination of care is to have more patient advocates or case managers who can help make medical referrals, educate people on available services, and negotiate medical bills. Some participants noted the Legacy Foundation Resource Guide and the Winchester Heights Community Center as good examples of helping people locate and access resources in the County. In addition to better dissemination of health-related issues, residents need more information about how to advocate for change, including County leadership information.

# COUNTY QUADRANT FINDINGS

This section contains survey and focus group findings for each of the four regions of Cochise County, which are shown below in Exhibit 22. These quadrant-specific findings highlight key aspects of respondents' self-reported physical and mental health, healthcare access, quality of life, and suggestions for health-related improvements, and can be used for more localized planning.

**Exhibit 22. Cochise County Quadrant Map**



### Exhibit 23. Zip Codes Associated with Each Quadrant

Quadrant	Associated Zip Codes
Benson	85602, 85609, 85627, 85630
Sierra Vista	85613, 85615, 85616, 85635, 85636, 85638, 85650, 85670, 85671
Bisbee/Douglas	85603, 85607, 85608, 85610, 85617, 85620, 85626, 85655
Willcox	85605, 85606, 85625, 85632, 85643, 85644

(Note that this list contains some zip codes specific to Post Office Boxes)

## Benson

### Survey Respondents

A total of 191 people living in the Benson quadrant of the County responded to the needs assessment survey, with the majority from in-person data collection at the Community Food Pantry of Benson. See Exhibit 24 for respondent characteristics.

### Exhibit 24. Demographic Characteristics of Benson Survey Respondents

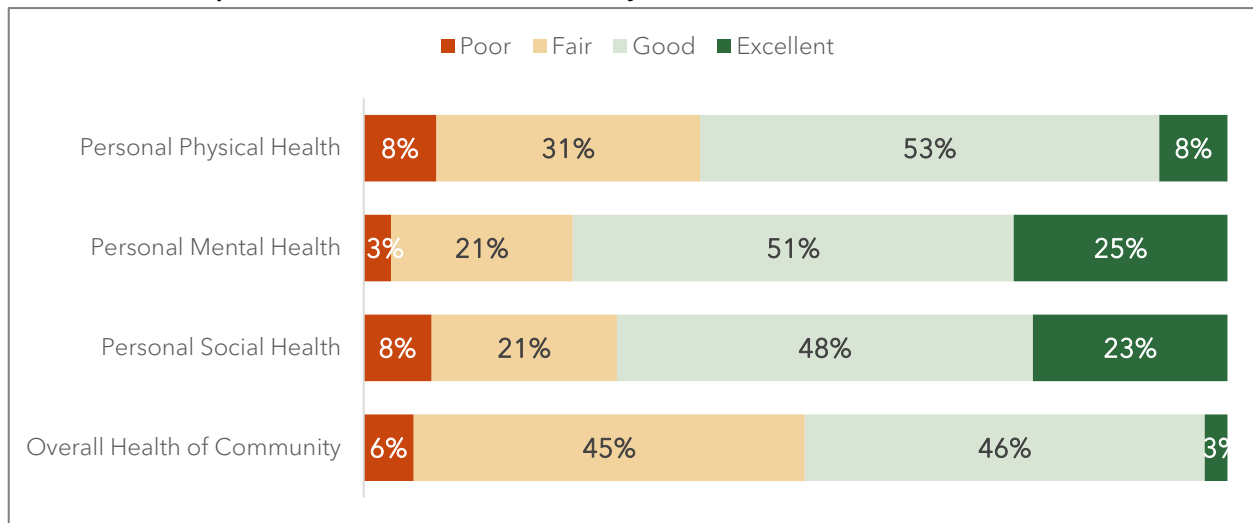
Benson Survey Respondents	
Gender (n=185)	63% female, 32% male
Ethnicity (n=191)	90% White, 8% Hispanic/Latino, 3% Native American, 1% Asian
Age (n=189)	66% aged 60+
Employment (n=191)	48% retired, 26% employed full or part time
Living Arrangements (n=191)	56% live with partner, 24% live alone
Food Security (n=184)	50% did not have enough money to buy food at some point in the past 12 months

(N ranges from 184-191) Percentages may not total 100% due to rounding. For race/ethnicity, employment, and living arrangements, respondents could choose to select all categories that applied to them.

### Physical and Mental Health

Benson survey respondents tended to rate their personal health higher than their rating of the overall health of their community, with over 60% saying their physical, mental, or social health was “good” or “excellent,” and 49% rating the community’s overall health as “good” or “excellent” (Exhibit 25).

**Exhibit 25. Perceptions of Personal and Community Health in Benson**



(N ranges from 190-191)

In Benson, 78% of respondents indicated dealing with a chronic illness in their household, such as heart or lung disease, chronic pain, cancer, or autoimmune disease. This is significant considering that the most common concern among Benson respondents that was discussed during the focus group was a lack of qualified primary care, specialists, and mental health providers in the area. This lack of providers necessitates that residents travel long distances and take on unforeseen health-related expenses; when this is not an option, many residents must forego care altogether. There is also no urgent care facility in Benson, only the hospital/ER. One participant said they presented to the local hospital and were notified that they would need to be transferred to Tucson for the appropriate treatment; staff informed that individual that they could not transport themselves due to the circumstances, which resulted in a costly ambulance bill. In another instance, one participant had a spouse who needed to see a specialist, but the waitlist to see a visiting physician in Benson was booked 9 months out; ultimately, they had to drive to Tucson to be seen sooner.

About half (51%) noted mental health concerns in the household, including anxiety, depression, drug use, or tobacco use. During the focus group, multiple participants expressed their thoughts on the stigma associated with accessing mental health services in a small town. There was consensus among the group that for mental health specifically, there is a “lack of training and competency” among local providers. One person said the only place they could go for a behavioral health assessment was the hospital, and that follow-up and referral to the appropriate services or level of care is rare, with many people “falling through the cracks”. Participants also noted frustration with front office staff in most facilities, saying that coordination of care is “essentially nonexistent”, and that poor customer service is the standard. One participant said that they talked to their doctor about this, but that their concern was dismissed and ignored. For these reasons, many people said that they prefer to travel to Tucson or Sierra Vista to receive care when possible.

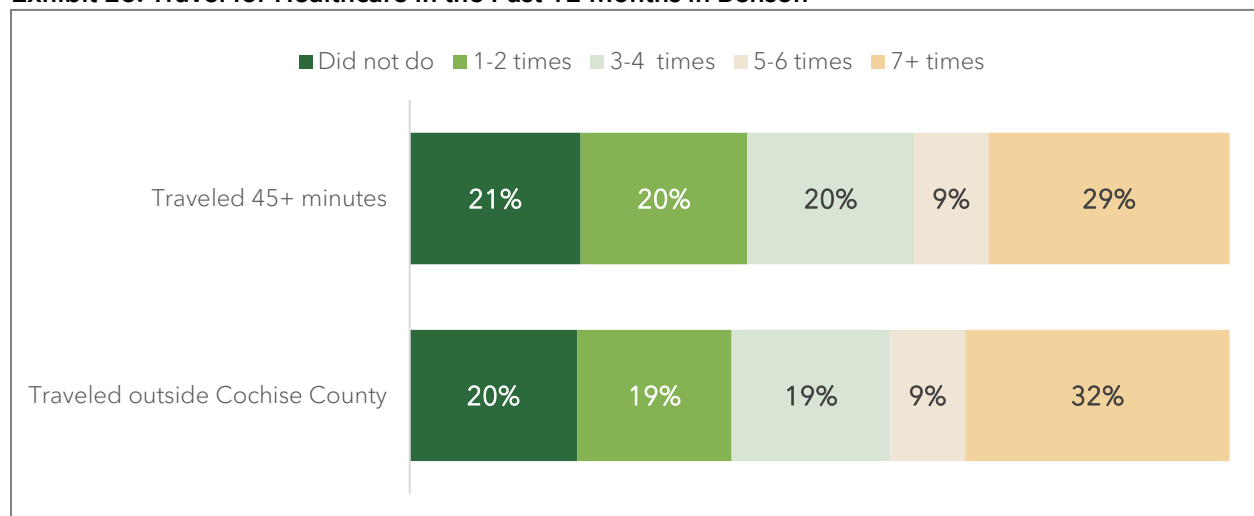
Approximately one-third (34%) of survey respondents said they were affected by social concerns, like loneliness, limited access to transportation, discrimination, or feeling unsafe.

### Healthcare Access

Among survey respondents, 92% said they had a primary care provider, 59% a dentist, 55% a specialty care provider, and 14% a behavioral health care provider. Further, 42% mentioned that their households had used telehealth services in the past year. Most (86%) had a doctor’s visit and about half (51%) had a dental exam in the past year. About 14% indicated interest in getting a behavioral health provider and 9% expressed interest in getting a specialty care provider.

Exhibit 26 shows the extent that Benson area respondents traveled to receive healthcare services in the past year, with the majority saying they traveled more than 45 minutes or outside the County to get care. About one-third of respondents made longer trips and trips outside the County for healthcare access more than six times in the past year.

**Exhibit 26. Travel for Healthcare in the Past 12 Months in Benson**



(N ranges from 186-187)

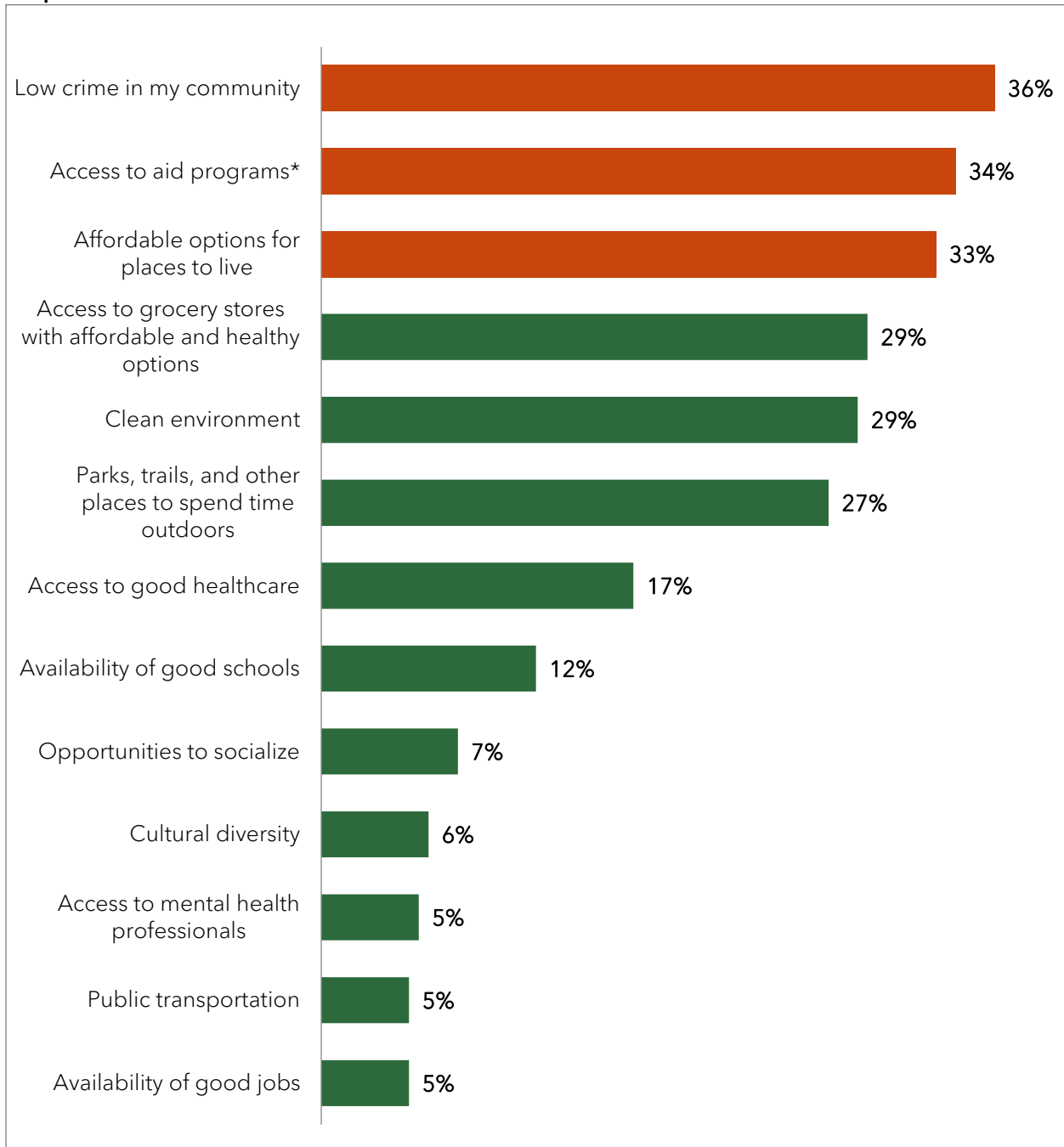
Considering the frequency that respondents must travel long distances to receive healthcare, it is appropriate that the focus group discussion surrounding healthcare access focused on transportation concerns. While some people can drive to a more populous area to visit a provider, this is not an option for many low-income families, those without a working vehicle, or homebound seniors. There is a volunteer-based organization in Benson called Volunteer Interfaith Caregiver Program (VICaP) that can provide transport to doctor appointments, though these rides must be scheduled in advance and often there are restrictions on the kinds of appointments they can provide transport to/from. For example, one participant said they tried to schedule a ride for an outpatient surgical procedure and was told this would not be possible, as that person’s particular operation presented too great a risk for the volunteer-based organization to take on.



## Quality of Life

When asked to choose the top three things that they felt made Cochise County a great place to live, Benson respondents noted low crime, access to social service programs, and affordable places to live (Exhibit 27). In response to the question on what things are hard to get and easy to get where they lived, Benson respondents said “good jobs” was the most difficult thing to get in their town, cited by 41%. Affordable food was rated “easy to get” by the greatest number of respondents, yet while 35% felt affordable food was accessible, 28% rated it “hard to get” (Exhibit 28).

**Exhibit 27. Top 3 Things that Make Cochise County a Great Place to Live According to Benson Respondents**



(N=191) \*Including things such as food pantries and social services programs. Respondents could select all options that applied to them.

**Exhibit 28. Top Items Benson Respondents Felt Were Hard and Easy to Get in Cochise County**

Hard to Get - Top 5		Easy to Get - Top 5	
Good jobs	41%	Affordable food	35%
Affordable food	28%	Medical care	24%
High speed internet service	27%	Dental care	20%
Transportation	26%	Healthy food	18%
Assistance paying for utilities	22%	Behavioral health care	15%

(N=191)

During the Benson focus group, discussion surrounding quality of life also focused on similar concerns, such as access to healthy food, availability of affordable housing, and a healthy local economy and workforce. The local food bank was cited as an important resource for the community to go to for healthy food, but the food bank also provides cooking classes and other resources. One participant said that someone who attended a food bank class was able to get connected to a primary care doctor who was there giving a presentation.

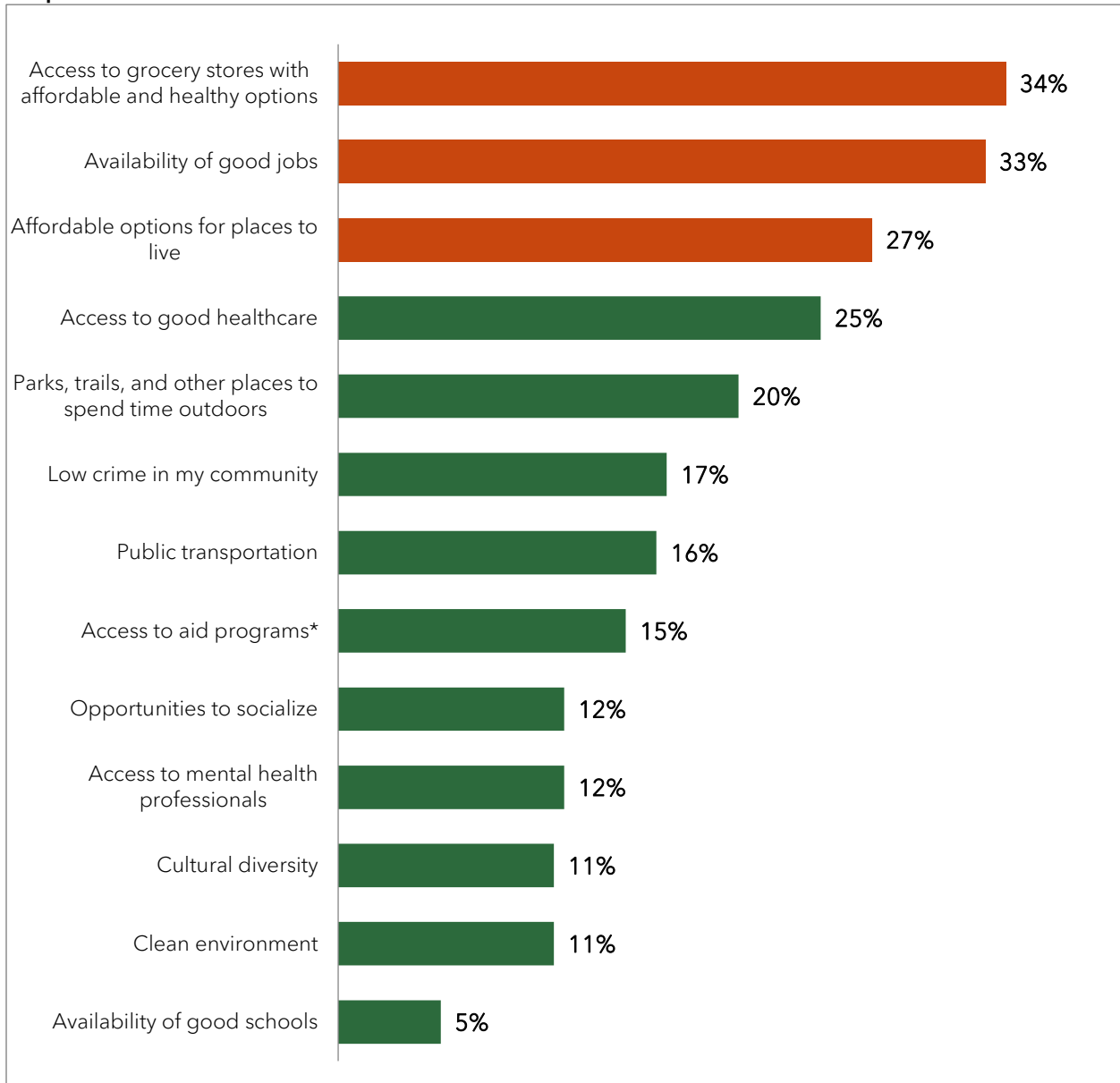
Another concern mentioned in Benson is the low availability of affordable housing. Respondents agreed that there was no low-income housing available, and that the rental properties that are available charge rates that are comparable to larger cities where income is typically higher. Focus group participants said a lack of well-paying jobs in Benson makes it unrealistic for many residents to find suitable housing that is within their budget, and one person offered that “the only way to find housing is if you know someone, or someone dies.” Many people also expressed concern that a lot of outside investors have been coming into town and buying up property in recent years, which has contributed to rising rents. Participants said that Benson has one of the highest tax rates in Cochise County; which causes many respondents to drive to Tucson for large shopping trips; this ultimately diverts much-needed revenue from tax dollars out of Benson, further inhibiting local economic development.

### **Suggestions for Improvement**

When asked about the top three areas where Cochise County could make improvements, survey respondents in Benson cited access to grocery stores with affordable and healthy options, good jobs, and affordable places to live (Exhibit 29).

In contrast, focus group participants said that improvements they would most like to see in the area are more opportunities for small businesses to get up and running, less bureaucracy and red tape in zoning, creation of more recreational options within Benson (such as walking paths), and creation of a space where teens can go and spend time after school.

**Exhibit 29. Top 3 Areas Where Cochise County Could Make Improvements According to Benson Respondents**



(N=191) \*Including things such as food pantries and social services programs. Respondents could select all options that applied to them.

# Bisbee/Douglas

## Survey Respondents

A total of 371 people living in the Bisbee/Douglas quadrant of the County responded to the needs assessment survey. Almost two-thirds of the respondents were female, and the same proportion was Hispanic. More than half (56%) were 60 years of age or older. Fifty-eight percent of the respondents indicated they did not have enough money to buy food at some point in the past 12 months (Exhibit 30).

**Exhibit 30. Demographic Characteristics of Bisbee/Douglas Survey Respondents**

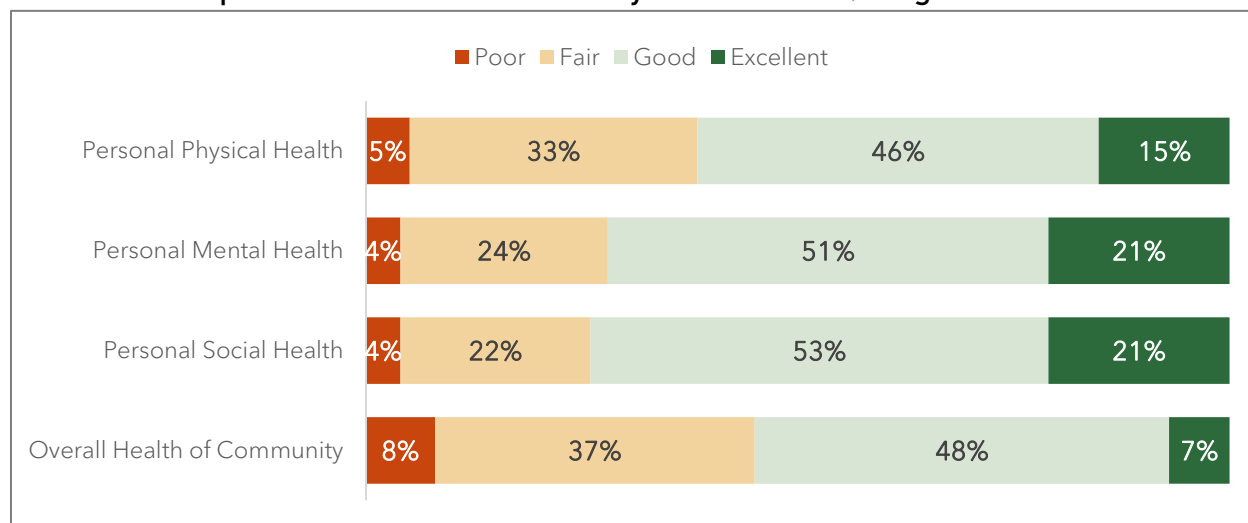
Characteristic	Percentage Breakdown
Gender (n=353)	62% female, 38% male
Race/Ethnicity (n=371)	61% Hispanic/Latino, 33% White
Age (n=369)	56% aged 60+
Employment (n=371)	36% retired, 36% employed full or part time
Living Arrangements (n=371)	46% live with partner, 29% live alone
Food Security (n=325)	58% did not have enough money to buy food at some point in the past 12 months

(N ranges from 325-371) Percentages may not total 100% due to rounding. For race/ethnicity, employment, and living arrangements, respondents could choose to select all categories that applied to them.

## Physical and Mental Health

Most of the Bisbee/Douglas respondents rated their personal physical, mental, and social health as good or excellent although a noticeable percentage (26-38%) gave a poor or fair rating for each. Respondents tended to rate the health of their community low, with 45% giving it only a poor or fair rating (Exhibit 31).

**Exhibit 31. Perceptions of Personal and Community Health in Bisbee/Douglas**



(N ranges from 370-371)

In Bisbee/Douglas, 66% of respondents indicated dealing with at least one chronic illness in their household, such as heart or lung disease, chronic pain, cancer, or autoimmune disease. Thirty-nine percent of respondents reported a mental health concern, such as anxiety or depression; 26% reported a social concern, such as loneliness or transportation struggles.

### Healthcare Access

Among the Bisbee/Douglas survey respondents, 81% said they had a primary care provider, 56% a dentist, 42% a specialty care provider, and 15% a behavioral health care provider. However, 21% of the respondents who did not currently have a specialist and 20% who did not have behavioral health care provider indicated they would like to have one. Most respondents (94%) had a checkup with their primary care physician and 88% had a dental exam within the past year. Twenty-seven percent of the respondents received dental care in Mexico. Additionally, 35% reported that their household had used telehealth services in the past year.

During the Bisbee/Douglas focus group, the six residents who were in attendance expressed frustration regarding the limited number of providers available for primary care, specialist, and behavioral health care services. In terms of pediatric providers, Douglas has an abundance of them with the two Chiricahua children’s clinics that are in town. This is a positive for families with young children, although considering the area has a rapidly ageing population, participants felt there needed to be more doctors available to treat adults as well.

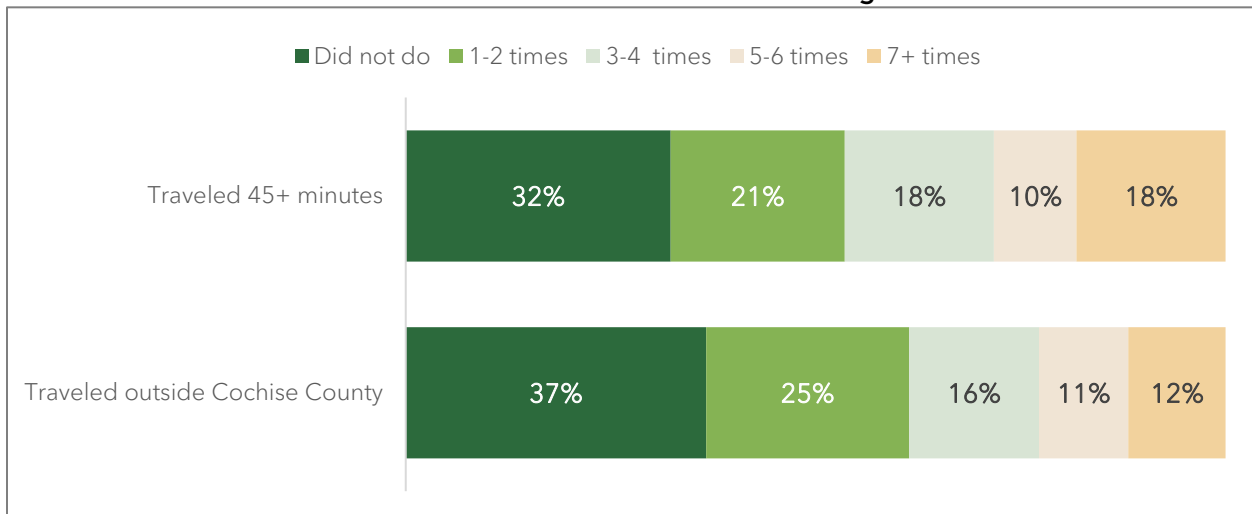
An urgent care clinic opened recently in Douglas but focus group participants said that the facility is not open in the evenings or on weekends and they often end up scheduling appointments in a similar fashion to a regular doctor’s office (so in in practice, it doesn’t function as a typical urgent care facility should). Doctors will often recommend that a patient go to the ER if they need to be seen quickly, though this results in an expensive bill and isn’t an

option for many residents. Some individuals have found care faster by crossing the border into Agua Prieta, and one person said they even managed to find a dentist there that accepted their insurance plan. Specialist appointments are even more difficult to schedule, with wait times often being many months. As expressed in other areas of the County, even if a community gets a new doctor, that provider typically stays for a brief period and then moves away: “When doctors start out here, they’re very good but then they start to leave...especially the good ones. They just don’t stay for various reasons.” Respondents felt that there should be more incentives provided by the County to convince providers to stay in the area long-term.

Similar sentiments were echoed by the group regarding behavioral health providers, and they said there is a real need for more licensed and qualified counselors and therapists, but only a couple to choose from in the immediate area.

Exhibit 32 shows the extent that Bisbee/Douglas area respondents traveled to receive healthcare services in the past year, with about two-thirds saying they traveled more than 45 minutes or outside the County to get care. Approximately one-quarter of respondents made longer trips and trips outside the County for healthcare access five or more times in the past year.

**Exhibit 32. Travel for Healthcare in the Past 12 Months in Bisbee/Douglas**



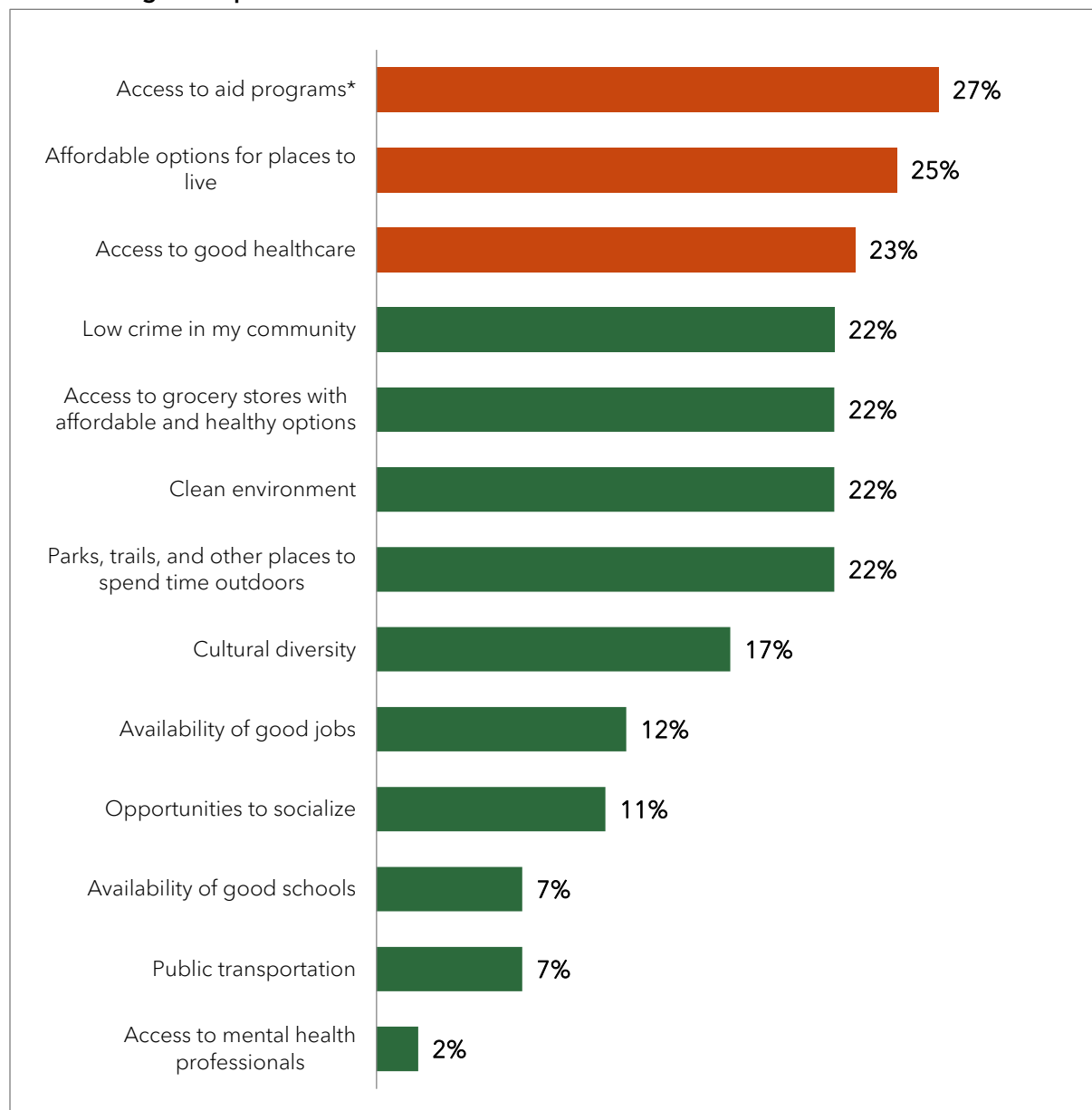
(N ranges from 337-350)

## Quality of Life

When asked to choose the top three things that they felt made Cochise County a great place to live, Bisbee/Douglas survey respondents selected access to social service programs, affordable options for places to live, and access to good healthcare (Exhibit 33).



**Exhibit 33. Top 3 Things that Make Cochise County a Great Place to Live According to Bisbee/Douglas Respondents**



(N=371) \*Including things such as food pantries and social services programs. Respondents could select all options that applied to them.

Exhibit 34 shows the top responses to items that Bisbee/Douglas respondents felt were hard and easy to get where they lived. Affordable food was the most common response for things difficult to get in their town, cited by 47%, followed by good jobs at 46%. Interestingly, the largest percentage (22%) of Bisbee/Douglas respondents also rated affordable food as easy to get, followed by medical care (17%) and high-speed internet service (17%).

**Exhibit 34. Top Items Bisbee/Douglas Respondents Felt Were Hard and Easy to Get in Cochise County**

Hard to Get - Top 5		Easy to Get - Top 5	
Affordable Food	47%	Affordable Food	22%
Good Jobs	46%	Medical Care	17%
Dental Care	27%	High-Speed Internet	17%
High-Speed Internet	23%	Transportation	16%
Healthy Food	22%	Assistance Paying for Utilities	14%

(N=371)

Much like survey respondents, focus group participants shared that there are limited options in the area for places to purchase affordable groceries. Participants agreed that prices are inflated in Bisbee/Douglas, therefore many people prefer to make a long-distance drive to visit the Walmart Supercenter or Frys in Sierra Vista for their purchases. It is important to keep in mind that this is only an option for a portion of the area’s population, as many low-income households and homebound seniors cannot leave town as easily as others.

Participants also complained that rental rates in the area have been steadily increasing, due in part to a lack of available housing. In recent years residents have seen an increase in the number of short-term rentals and Airbnb properties, which has contributed to the decrease in housing supply and high rental rates. A couple of participants mentioned that it is getting harder for seniors to find suitable housing, especially since many of them are living on fixed incomes. One participant also mentioned that many Border Patrol agents who work in Douglas choose to live in Sierra Vista or Tucson and commute since those areas have more housing options.

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“There doesn’t seem to be collective awareness that the aging population in Cochise County is increasing, and the younger population is decreasing. That’s a central component to consider if this County is going to remain viable.”

- Focus Group participant

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Focus group participants mentioned that there are very few lucrative job opportunities in Bisbee/Douglas, which is in alignment with survey respondents (46% noted that good jobs are “hard to get”). Some participants felt that it is often “more about who you know than what you know” when it comes to finding a job.

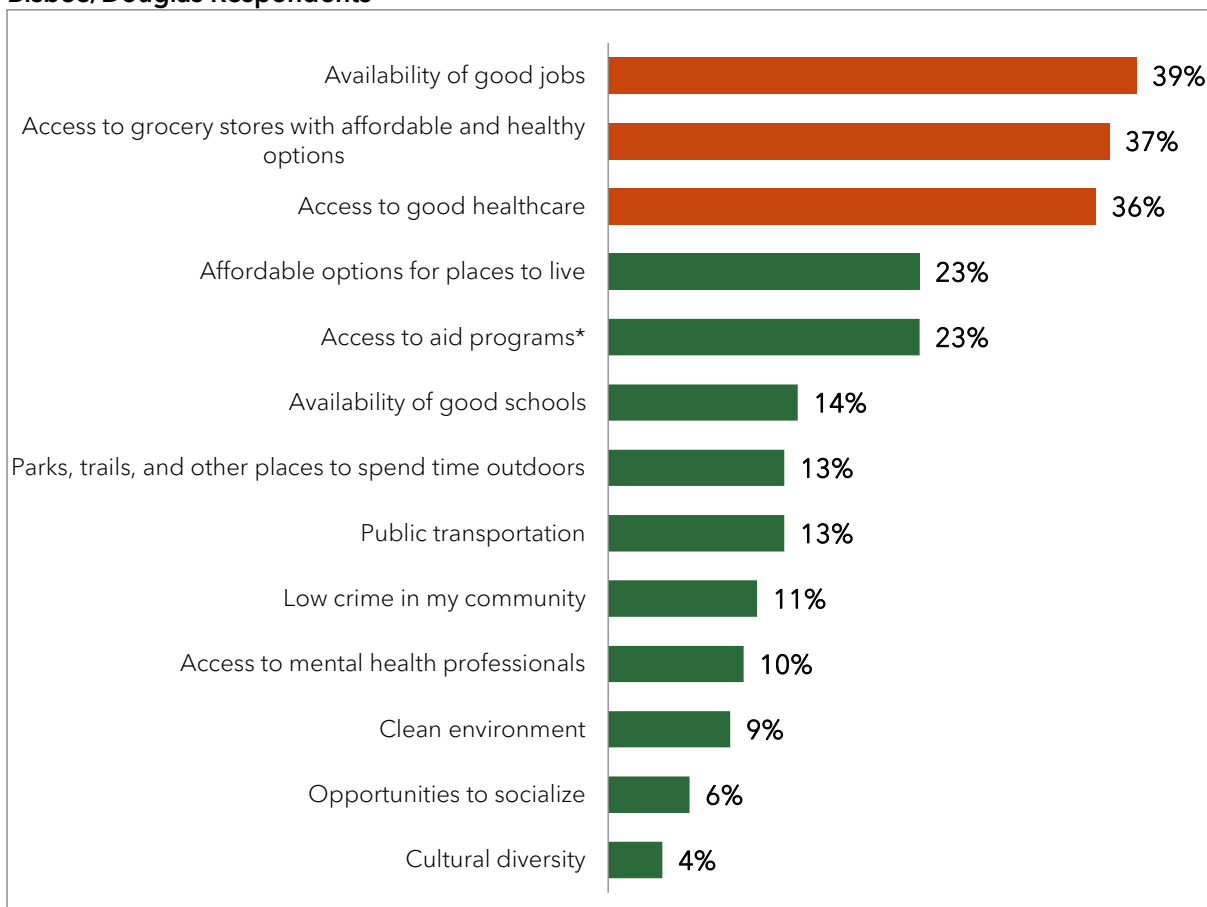
Focus group participants said the area also suffers from an insufficient public transit system; while there are options that are low-cost or free for those who qualify, space on the buses is often an issue. One participant said they often see seniors trying to use the bus to bring home

large grocery bags, but it is a struggle for so many of them to get on and off the bus, especially during peak times of use. More buses and more routes would help alleviate some of this crowding. Travel by bicycle is not as common due to a lack of bike lanes and fears of getting injured.

### Suggestions for Improvement

When asked about the top three areas where Cochise County could make improvements, Bisbee/Douglas survey respondents cited the availability of good jobs, access to grocery stores with affordable and healthy food options, and access to good healthcare (Exhibit 35).

**Exhibit 35. Top 3 Areas Where Cochise County Could Make Improvements According to Bisbee/Douglas Respondents**



(N=371) \*Including things such as food pantries and social services programs. Respondents could select all options that applied to them.

Food security was also cited as one of the top priorities by focus group participants when asked what improvements the County should focus on in the coming years. Affordable housing as well as an increase in available housing units is also something that many people in Bisbee/Douglas said must be addressed; one suggestion was that the County do something with the large number of vacant buildings in downtown Douglas by turning them into affordable housing or congregate living facilities for seniors.

Another common complaint among focus group participants is that there aren't enough options or facilities available for different age groups to engage in social activities. A vacant property could also be converted into a community center where people can socialize. Respondents did say that in recent years the library in Bisbee has started offering some good programs (computer classes, chess club, etc.), but said this is not enough. Bisbee used to have a public pool that participants said was shut down some time ago due to health department violations and never reopened. Bisbee has one senior center, but it is only open during the day. They felt there are not many social or recreational options for young children, and nothing for teenagers. According to one participant, "there's nothing for kids to do...no teen center or anything. When kids don't have anything to do they end up getting into trouble."

Ultimately, participants recognized that for improvements to be made, there need to be more grassroots efforts as well as organization and campaigning by local citizens who want to see progress within their communities.

# Sierra Vista

## Survey Respondents

A total of 484 people living in the Sierra Vista quadrant of the County responded to the needs assessment survey, although the number that answered a question varied. Almost two-thirds of the respondents (69%) were female, and just under three-fourths (74%) were White. Several demographic characteristics of the quadrant appear to be related - 55% were 60 years of age or older, 42% were retired, and 57% lived with a partner. Additionally, 27% of the respondents did not have enough money to buy food at some point in the previous 12 months (Exhibit 36).

**Exhibit 36. Demographic Characteristics of Sierra Vista Survey Respondents**

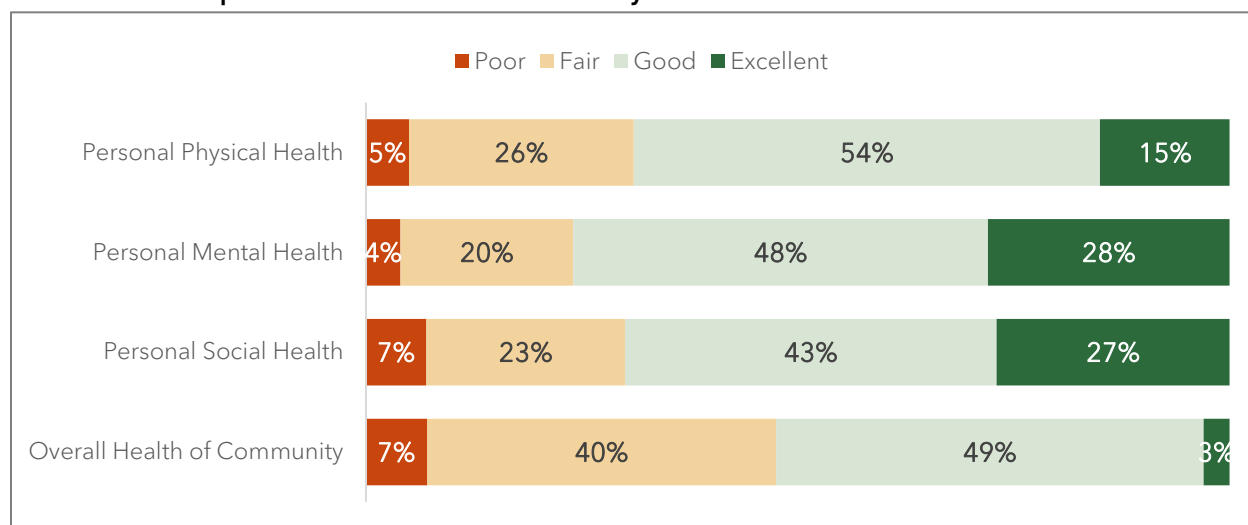
Characteristics	Percentage Breakdown
Gender (n=460)	63% female, 35% male
Race/Ethnicity (n=484)	74% White, 13% Hispanic/Latino, 5% Black or African American, 3% American Indian/Alaska Native
Age (n=483)	55% aged 60+
Employment (n=484)	42% retired, 38% employed full or part time
Living Arrangements (n=484)	57% live with partner, 24% live alone
Food Security (n=458)	27% did not have enough money to buy food at some point in the past 12 months

(N ranges from 458-484) Percentages may not total 100% due to rounding. For race/ethnicity, employment, and living arrangements, respondents could choose to select all categories that applied to them.

## Physical and Mental Health

A majority of the Sierra Vista respondents rated their personal physical, mental, and social health as good or excellent but a noticeable percentage (24-31%) gave each a poor or fair rating. Almost half (47%) of the respondents rated the health of their community low, giving it only a poor or fair rating (Exhibit 37).

**Exhibit 37. Perceptions of Personal and Community Health in Sierra Vista**



(N ranges from 480-484)

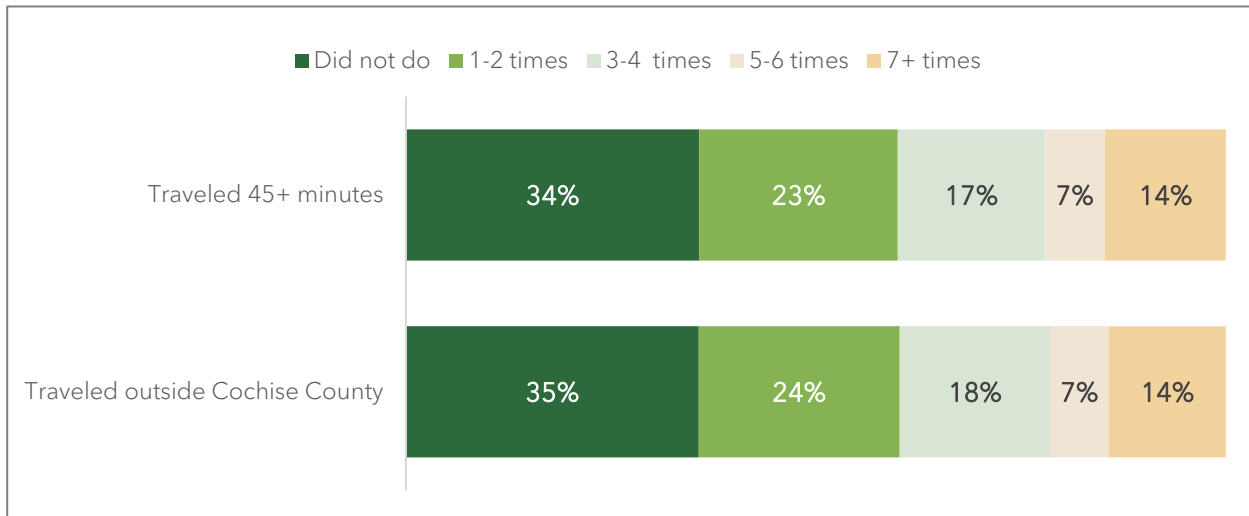
In Sierra Vista, 71% of respondents indicated dealing with at least one chronic illness in their household, such as heart or lung disease, chronic pain, cancer, or autoimmune disease. Forty-two percent of respondents reported a mental health concern, such as anxiety or depression; 36% reported a social concern, such as loneliness or transportation struggles.

### Healthcare Access

Large proportions of Sierra Vista survey respondents reported using various types of health care providers, possibly reflective of the older age demographic of the quadrant. Almost all (92%) said they had a primary care provider, 76% a dentist, 50% a specialty care provider, and 12% a behavioral health care provider. Eleven percent of the respondents who didn't currently have a specialist and 13% of those who didn't have a behavioral health care provider indicated they would like to have one. Most respondents (93%) had a checkup with their primary care physician and almost the same proportion (88%) had a dental exam within the past year. Only 8% percent had received dental care in Mexico. When asked about telehealth, 38% of respondents mentioned that their household had used such services in the past year. It is also worth noting that while 43% of respondents reported they or a household member currently had an advance directive, 26% who did not have a directive were interested in getting one.

Regarding transportation to obtain healthcare, approximately one-fifth (21%) of Sierra Vista area survey respondents reported they traveled more than 45 minutes or outside Cochise County five times or more a year to get necessary health care (Exhibit 38).

**Exhibit 38. Travel for Healthcare in the Past 12 Months in Sierra Vista**



(N=465)

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They don't have a pulmonologist [in Sierra Vista]. That's why I had to go to Tucson, to get my cancer therapy.

- Focus Group participant

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Focus group participants most commonly identified the lack of specialty medical providers as being the greatest barrier to health care in Sierra Vista. More concerning to participants were provider specialties for which no care was available in the County at all, as a few participants recounted the need to go to Tucson regularly to get certain specialty care. One participant shared that his wife had been staying in Tucson for years to be able to get regular treatment for a serious

medical condition. Another participant described a series of care access issues in Sierra Vista that resulted in her husband having to relocate to Tucson to ensure he could get routine scans to monitor his cancer. A third participant also recounted challenges with the CT scans she had to have to monitor her cancer – it took two weeks for scans done in Sierra Vista to reach her doctor in Tucson.

Participants also mentioned broader issues to accessing health care. One noted that a neighbor depended on a private shuttle to take them to medical appointments in Tucson. Another noted that he has insurance through the Affordable Care Act (ACA) and his plan has a deductible of just over \$9,000 and offers little in the way of preventative services.

Most of what participants shared regarding mental health care was based on general observations or what they'd heard rather than personal experience. One participant who worked in an outdoor job that involved contact with large numbers of the public indicated he sees many people with serious mental health issues who lack the resources to access care. A few participants highlighted the fact that veterans make up a notable portion of those in need of mental health care in Sierra Vista. Some were aware of a volunteer-run site for veterans which



interfaces with state social service agencies called the Warrior Healing Center, which one participant characterized as a “shoestring operation, but a good place.” Nevertheless, the participant who knew the most about the center indicated that it was not a place that offered direct services such as mental health care or housing. Another mental health resource in Sierra Vista that was mentioned was a branch office of Southeastern Arizona Behavioral Health Services (SEABHS). However, almost no participants reported personal experience with having gotten information about or accessing mental health services through the facility. One participant suggested that the mental health providers in Sierra Vista were “not generally respected” but did not provide any further details to explain this.

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The biggest barrier I’ve seen [to getting care] is socioeconomic status. I deal with a lot of young men that are homeless, have substance abuse disorders...and they’re not able to get care because there’s virtually no outreach for someone who can’t afford it.

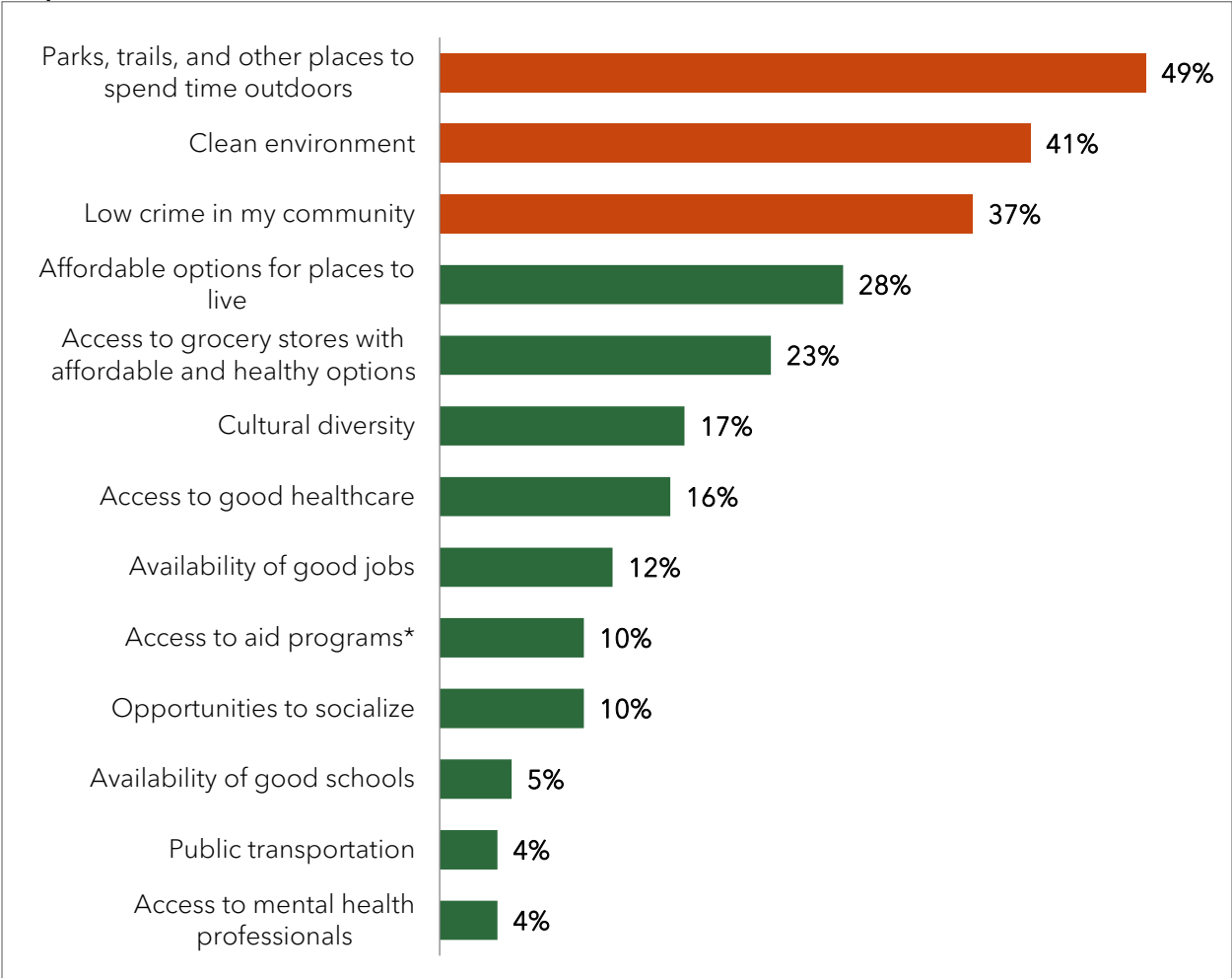
- Focus Group participant

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## Quality of Life

When asked to choose the top three things that they felt made Cochise County a great place to live, the largest proportion (49%) of Sierra Vista respondents selected the presence of parks, other outdoor spaces and recreational opportunities. This was followed by a clean environment (41%) and low crime in the community (37%) (Exhibit 39).

**Exhibit 39. Top 3 Things That Make Cochise County a Great Place to Live According to Sierra Vista Respondents**



(N=484) \*Including things such as food pantries and social services programs. Respondents could select all options that applied to them.

Exhibit 40 shows the top responses to items that Sierra Vista respondents felt were hard and easy to get where they lived. As was true in other quadrants, good jobs was the most common response for things difficult to get in their town, selected by 36%, followed by high-speed internet at 30%. Medical care and affordable and healthy food rounded out the five hard things to get in the area. For easy-to-get items, the largest percentage (33%) of respondents identified dental care, with almost the same proportion (32%) selecting affordable food. It is likely that both high-speed internet and affordable food may have shown up on both top five lists based on where a respondent lived - either in an urban center or rural part of the area.

**Exhibit 40. Top Items Sierra Vista Respondents Felt Were Hard and Easy to Get in Cochise County**

Hard to Get - Top 5		Easy to Get - Top 5	
Good Jobs	36%	Dental Care	33%
High-Speed Internet	30%	Affordable Food	32%
Medical Care	28%	High-Speed Internet	26%
Affordable Food	26%	Healthy Food	25%
Healthy Food	24%	Medical Care	17%

Among Sierra Vista focus group participants, the most common observation related to quality of life was the increasing cost of housing in the area. One participant generally cited two reasons for the increase: people moving from states with high real estate valuation after selling their house there, and the large number of members of the armed forces who are always looking for off-base housing. A participant who lived just outside of Sierra Vista indicated that the high cost of housing is particularly challenging for people living on disability payments, and that she could only manage by moving in with her elderly mother. One participant indicated that another issue is that a small number of companies control the development of new housing in the area.

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“People in other states who are making a fortune on the houses they’re selling; they can afford to outbid everybody. And the military raised what they’re paying in certain areas for off-base housing. The though is, ‘So if the soldiers are getting this much money, this is what we can get out of them.’”

- Focus Group participant

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Participants reported that access to reliable transportation negatively impacted people’s quality of life in the County in two contexts: when a person who lacks reliable transportation has an injury or health condition but still needs to get around, and more generally for people who live outside of Sierra Vista where there is limited public transportation. One participant who lives in Hereford gave the example of trying to arrange a ride with a Sierra Vista organization that does medical transportation when she broke her ankle and couldn’t drive. She found it was too difficult to get assistance from the organization due to the long advance notice needed as well as other requirements. In the end she enlisted her aged mother to drive her, which was

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“Fortunately, I have very supportive neighbors. And when I had my hip replaced, they made sure they did my shopping for me. I didn’t have to ask anyone to do anything, they were there to do it. But I’m really lucky.”

- Focus Group participant

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challenging for her mother. In contrast, an older participant who lived in Sierra Vista was easily able to get help from her neighbors when she had a hip replaced. In addition to the participant from Hereford who had transportation challenges due to an injury, other participants more generally described transportation as being a challenge for people who live in rural parts of the County and who don’t own a car. A participant who lived in a community near Sierra Vista noted that his community and others in the County are impoverished yet car dependent. He described the transportation options for people

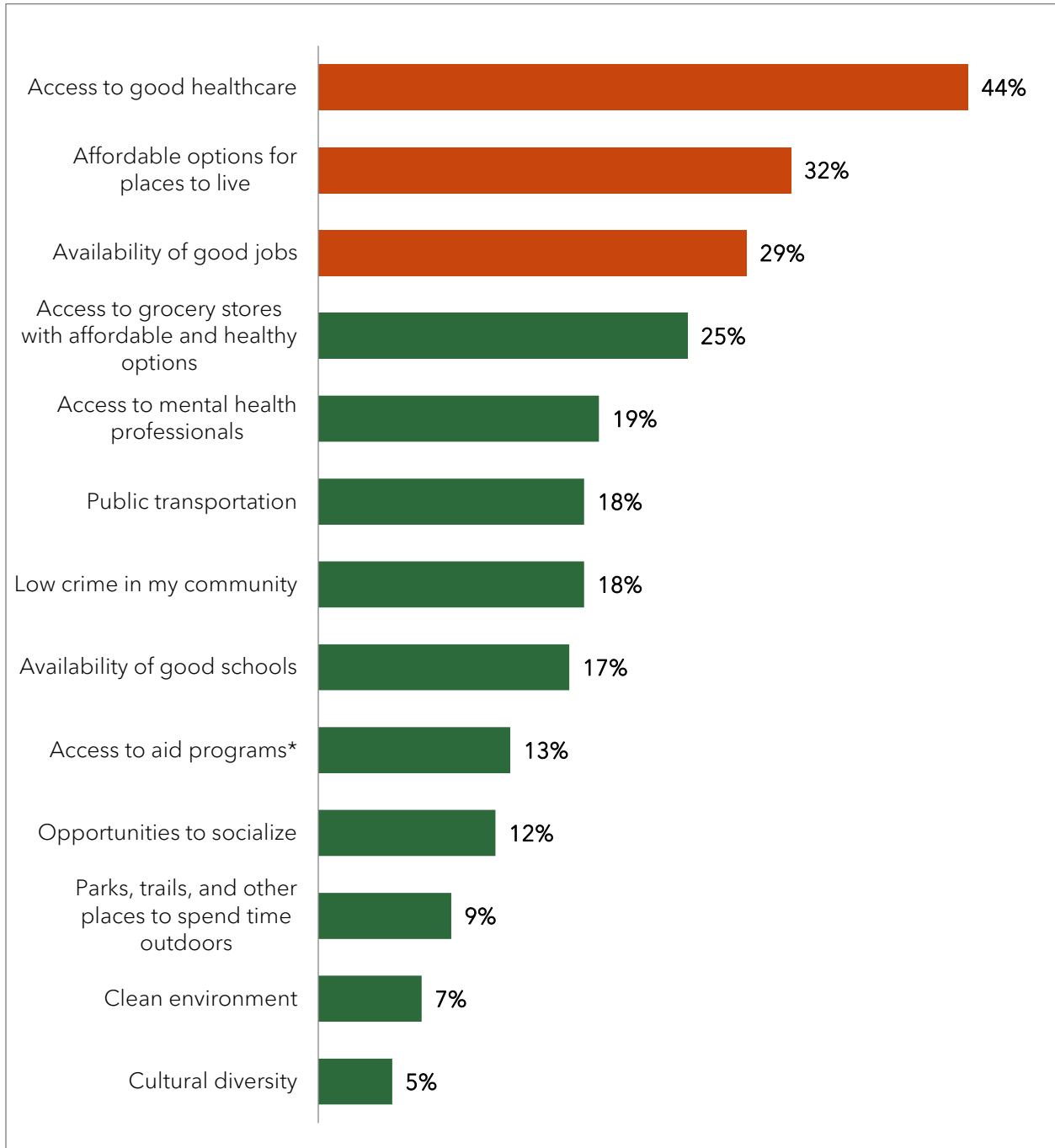
without a car who live in such areas as being “totally inadequate.” Another participant added that many seniors are in this situation. One retired participant mentioned another way in which people who live in non-urban areas of the County are impacted by transportation challenges; she reported that sometimes when she picks up her grandchildren at school, she has found the children of people she knows who live in Hereford “stranded” there. Although she lives in Sierra Vista, on those occasions (and with the permission of the children’s parents) she has driven their children home.

A few participants also described a person’s lack of car ownership as being a factor that limits their access to adequate options for healthy food. Outside of urban areas, people only have access to food sold at convenience stores and chain retail stores such as Dollar General, which have a limited selection of food products and are often overpriced.

### Suggestions for Improvement

When asked about the top three areas where Cochise County could make improvements, one response stood out above all others offered in a list – access to good health care (44%). The other two responses selected most often were affordable options for places to live (32%) and availability of good jobs (29%) (Exhibit 41).

**Exhibit 41. Top 3 Areas Where Cochise County Could Make Improvements According to Sierra Vista Respondents**



(N=484) \*Including things such as food pantries and social services programs. Respondents could select all options that applied to them.

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“The City of Sierra Vista is at least trying. They spent a lot of money putting sidewalks in with plans to make some parks and stuff there. They’re trying to revitalize the west end and when they do, that’ll be a thing. You know, it’s less car centric, but it’s not going to be an overnight fix.”

- Focus Group participant

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Regarding factors that affect respondents’ quality of life, focus group participants most commonly identified facilities available, County infrastructure, and the natural environment as being what worked to promote residents’ health. The expansion of walking paths in Sierra Vista has been a positive thing for the city, as they are a popular spot for people to jog and walk their dogs on the weekends. The growing popularity of pickle ball in the city was also cited as a health-promoting trend. Other participants highlighted residents’ access to the greenery within the city or wildlands not far from it as being beneficial to their health. One participant cited the mobile wellness screenings conducted around the County as

being a positive, although they are only available to those employed by an entity that is part of the Cochise Combined Trust. Community health programs funded by the Legacy Foundation also came up during the discussion, although none of those who knew of the foundation’s work mentioned any specific programs.

A couple of participants did, however, express that there was a lack of things for children to do in the city.

Participants offered a range of suggestions for improving community health in Sierra Vista, with many mirroring concerns expressed at different points during the focus group. One participant mentioned the need to recruit more specialists for the County, with another suggesting the need to make the County an attractive place to live for doctors with families.

Others spoke about the need for more healthy food options in areas outside of the city. One participant spoke of the need for more jobs to offer health insurance and paid time off, and a couple of participants felt that information about health-related issues and events could be better disseminated throughout the city.

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“If the area in general has appealing services and benefits, more doctors would be willing to move their family here. But if there’s nothing for their kids to do, they don’t stick around.”

- Focus Group participant

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# Willcox

## Survey Respondents

A total of 313 people living in the Willcox quadrant of the County responded to the needs assessment survey, although the number that answered a question varied. More than two-thirds of the respondents (69%) were female, 43% were Hispanic, and 50% were 60 years of age or older. Around one third were retired, and 28% reported they were employed either full-time or part-time. Sixty percent said they did not have enough money to buy food at some point during the past 12 months (Exhibit 42).

**Exhibit 42. Demographic Characteristics of Willcox Survey Respondents**

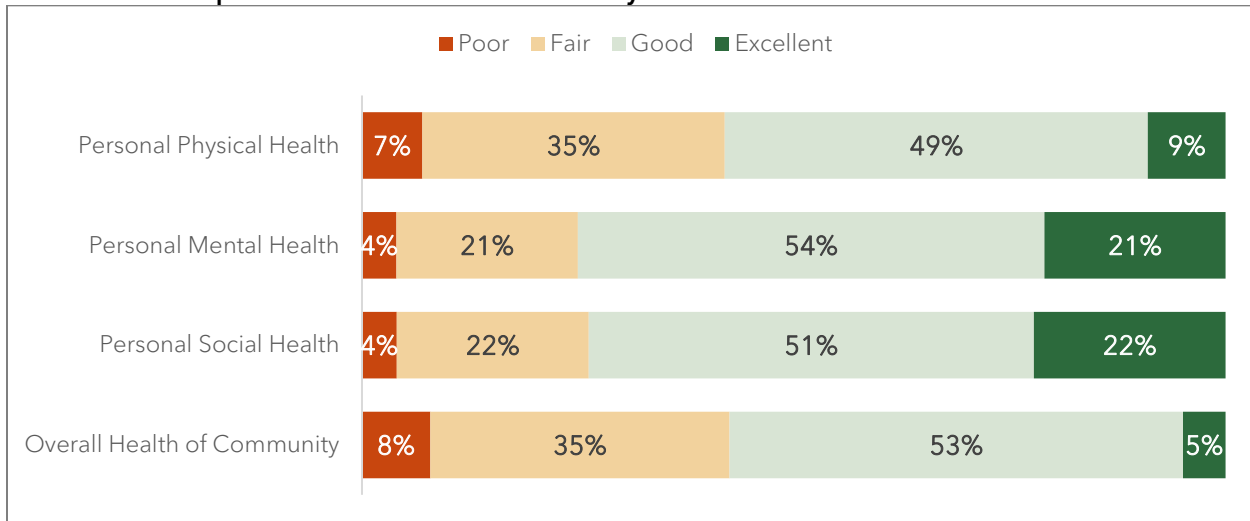
Characteristics	Percentage Breakdown
Gender (n=298)	69% female, 30% male
Race/Ethnicity (n=313)	50% White, 43% Hispanic/Latino, 4% Native American
Age (n=313)	50% aged 60+
Employment (n=313)	35% retired, 28% employed full or part-time
Living Arrangements (n=313)	50% live with a partner, 19% live alone
Food Security (n=292)	60% did not have enough money to buy food at some point in the past 12 months

(N ranges from 292-313) Percentages may not total 100% due to rounding. For race/ethnicity, employment, and living arrangements, respondents could choose to select all categories that applied to them.

## Physical and Mental Health

Willcox survey respondents tended to rate their personal mental health and social health higher than their physical health, with over 70% saying their mental or social health was good or excellent but only 58% rating their physical health at those levels (Exhibit 43). More than 20% of respondents rated their personal mental or social health as excellent, larger percentages than did so for personal physical health or the overall health of their community.

**Exhibit 43. Perceptions of Personal and Community Health in Willcox**



(N ranges from 310-313)

In Willcox, 69% of respondents reported that they or another member of their household had one or more chronic illnesses such as heart or lung disease, chronic pain, cancer, or autoimmune disease. Forty-two percent reported at least one mental health concern in their household, such as anxiety or depression; 28% indicated one or more social concerns, such as loneliness or transportation struggles.

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“Aquí hay personas que son mayores de edad que usan oxígeno. Todas las personas, niños, y adolescentes tienen síntomas de asma o asma.”

“Here there are people who are elderly who use oxygen. Everyone, children, and teenagers have symptoms of asthma or asthma.”

- Focus Group participant

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During the focus group, several participants shared that their community has many agricultural workers who experience more chronic illnesses and work-related injuries; asthma and other breathing problems are common among community members of all ages due to windy conditions that create dust storms in the area.

Forty-two percent of survey respondents indicated that someone in their household had a mental health concern such as anxiety, depression, or substance use. In contrast, focus group participants did not share much about their community’s overall mental health, but a couple noted there is no stigma within their

community related to receiving mental health services. Approximately one-fourth (28%) of survey respondents said that they or a household member were affected by social concerns like loneliness, limited access to transportation, discrimination, or feeling unsafe.



## Healthcare Access

Among the Willcox survey respondents, 79% said they had a primary care provider, 50% a dentist, 39% a specialty care provider, and 8% a behavioral health care provider. However, 23% of the respondents who did not currently have a specialist or behavioral health care provider indicated they would like to have one. Most respondents (90%) had a checkup with their primary care physician and almost the same proportion (86%) had a dental exam within the past year. Twenty percent of the respondents reported having a dental exam in Mexico. Additionally, 30% mentioned that their household had used telehealth services in the past year.

Like other parts of Cochise County, Willcox has limited specialists and mental health providers. However, focus group participants shared that there are sufficient providers in the County who speak their language and/or understand their cultural background. They named several facilities that have bilingual medical staff and translators available, including CCHCI, Walker Family Medicine Clinic, and the Cochise County Hospital.

Participants noted that their primary barriers to healthcare were limited specialists, lack of insurance coverage, and expensive healthcare-related costs. For instance, many individuals shared that they must drive long distances to see specialists in Tucson or Safford. One participant mentioned that the local nursing home closed, and now she must drive to Douglas to see her mother. Some County residents cross the border into Mexico for more affordable care, but they must have transportation and the legal status to cross and reenter. Several participants shared that they avoid seeking medical attention due to a lack of insurance coverage; when care is necessary, they are often left with expensive medical bills as a result. One participant recounted taking her daughter to the emergency room after she crushed her fingernail at school, and due to not having insurance, she paid \$1,500 for the visit. Others noted that even with health insurance, many costs are still not covered, and they are often left with high medical bills after seeing a provider.

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“We’re rural people - we’re not making the money to afford [healthcare], even with insurance. Insurance doesn’t cover a lot. So, you have to decide, do you eat or do you pay the doctor? That’s very ridiculous, the high prices of medicine, hospitals, and insurance.”

- Focus Group participant

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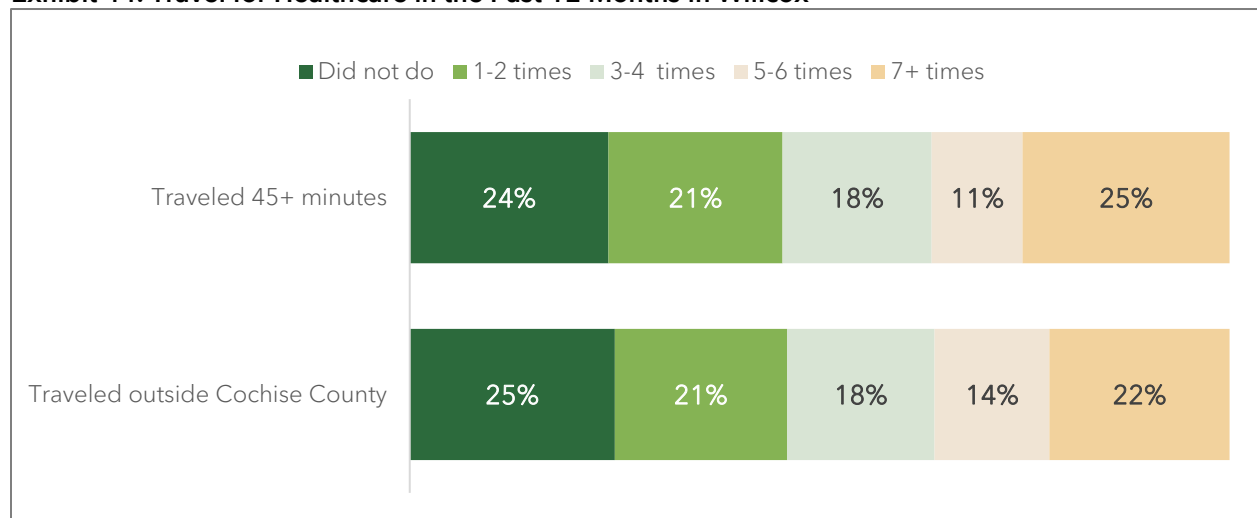
Specific to the community of Winchester Heights, participants shared insurance considerations as rural agricultural workers: they often lose health insurance coverage after switching employers and are also at risk due to being classified and paid as subcontractors. One farm owner shared that she cannot afford to pay employees' health insurance premiums, and said that many are on AHCCCS, while others do not have coverage at all. Several participants agreed with the statement that AHCCCS has restrictive qualifications for coverage; one

participant shared that he was denied AHCCCS due to making \$1.25 above the limit to qualify for coverage.

As for mental health treatment, the majority of participants agreed there are very few mental health professionals in Cochise County, and they are often far away from Willcox. Participants noted there is help for substance use for youth and adults in Douglas, though this is over an hour's drive one-way from Willcox. CCHCI has a mobile unit that visits the Winchester Heights Community Center every Wednesday to offer medical treatment and information about the mental health services they provide, though these mental health services would need to be accessed remotely via telemedicine unless residents drive longer distances to be seen in-person. Consequently, many residents shared that lack of transportation is a primary barrier to receiving mental health treatment. One participant also shared that legal status can be another barrier to receiving mental health treatment, as many undocumented individuals lack a social security number (which is required to get services from many providers). Another participant mentioned that there are mental health providers that do serve undocumented individuals, but they are located much further away.

Regarding transportation, three-fourths of Willcox area survey respondents said they traveled more than 45 minutes or outside Cochise County to get necessary health care; more than one-third of respondents made longer trips, as well as trips outside the County five or more times in the past year (Exhibit 44).

**Exhibit 44. Travel for Healthcare in the Past 12 Months in Willcox**



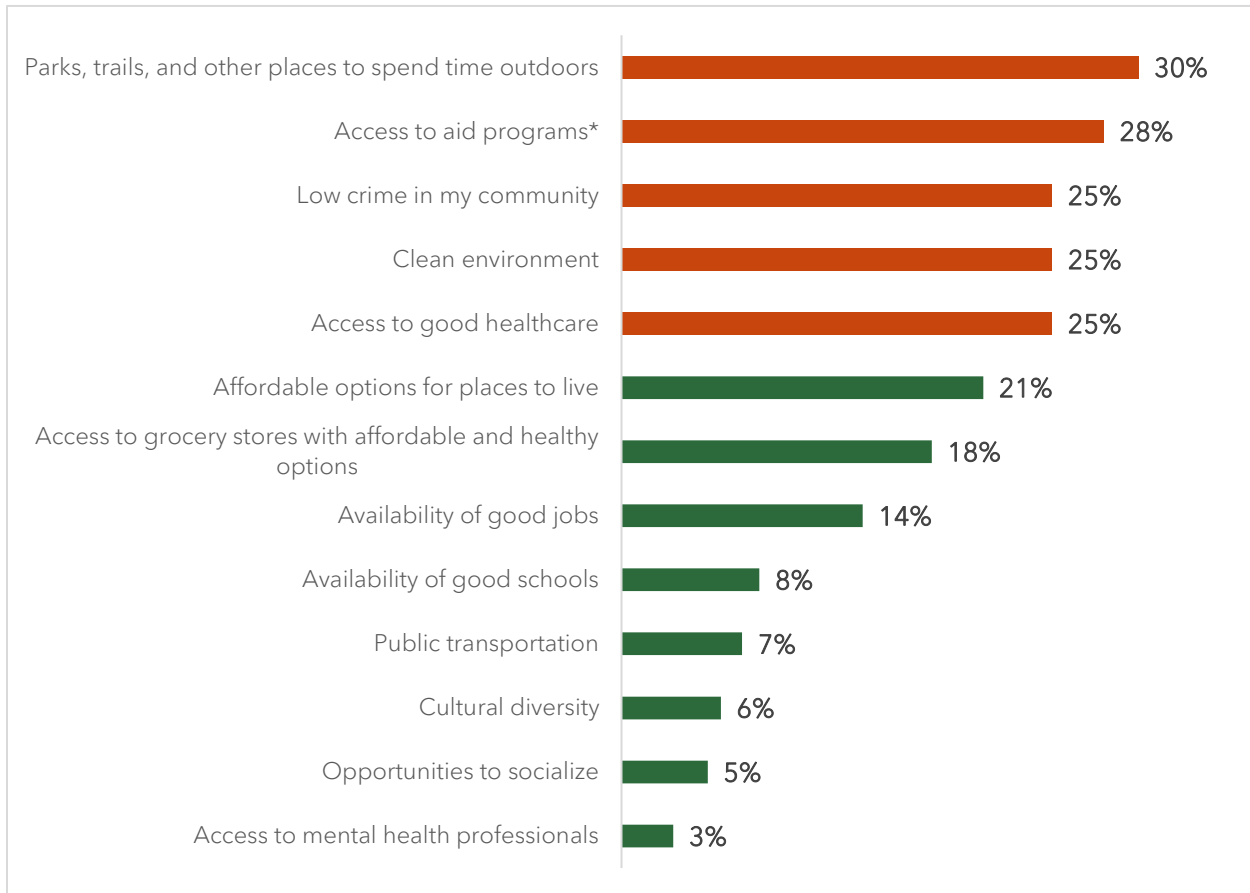
(N ranges from 294-295)

## Quality of Life

When asked to choose the top three things that they felt made Cochise County a great place to live, Willcox respondents selected the presence of parks, other outdoor spaces and recreational

opportunities, followed by access to social service programs. Three characteristics of the County were tied for third – low crime, a clean environment, and access to good healthcare (Exhibit 45).

**Exhibit 45. Top 3 Things That Make Cochise County a Great Place to Live According to Willcox Respondents**



(N=313) \*Including things such as food pantries and social services programs. Respondents could select all options that applied to them.

Exhibit 46 shows the top responses to items that Willcox respondents felt were hard and easy to get where they lived. Affordable food was the most common response for things difficult to get in their town, cited by 58%, followed by good jobs at 45%. In contrast, the largest percentage (22%) of Willcox respondents rated high-speed internet service as easy to get, with 18% identifying medical care and 17% affordable food in the same way.

**Exhibit 46. Top Items Willcox Respondents Felt were Hard and Easy to Get in Cochise County**

Hard to Get - Top 5		Easy to Get - Top 5	
Affordable food	58%	High-speed internet service	22%
Good jobs	45%	Medical care	18%
Dental care	32%	Affordable food	17%
Transportation	29%	Healthy food	14%
High speed internet service	25%	Preschool education	13%
Medical care	25%		
Assistance paying for utilities	25%		

(N=313)

Similarly, focus group participants shared that one of their primary stressors comes from the fluctuation in agricultural work and a general lack of job opportunities. When there is work available, it often pays minimum wage. Participants also mentioned the high cost of groceries as a big concern for respondents, with one participant noting that several areas across Cochise County are considered to be food deserts (any area that has limited access to affordable and nutritious food). Many agreed that the local grocery stores are too expensive (also citing a 10% sales tax on food), and they often choose to drive to Tucson and Safford for affordable groceries, purchasing 2-3 weeks' worth of food at a time. Similar to other areas of the County, these purchasing behaviors divert much-needed tax revenue outside of the Willcox area.

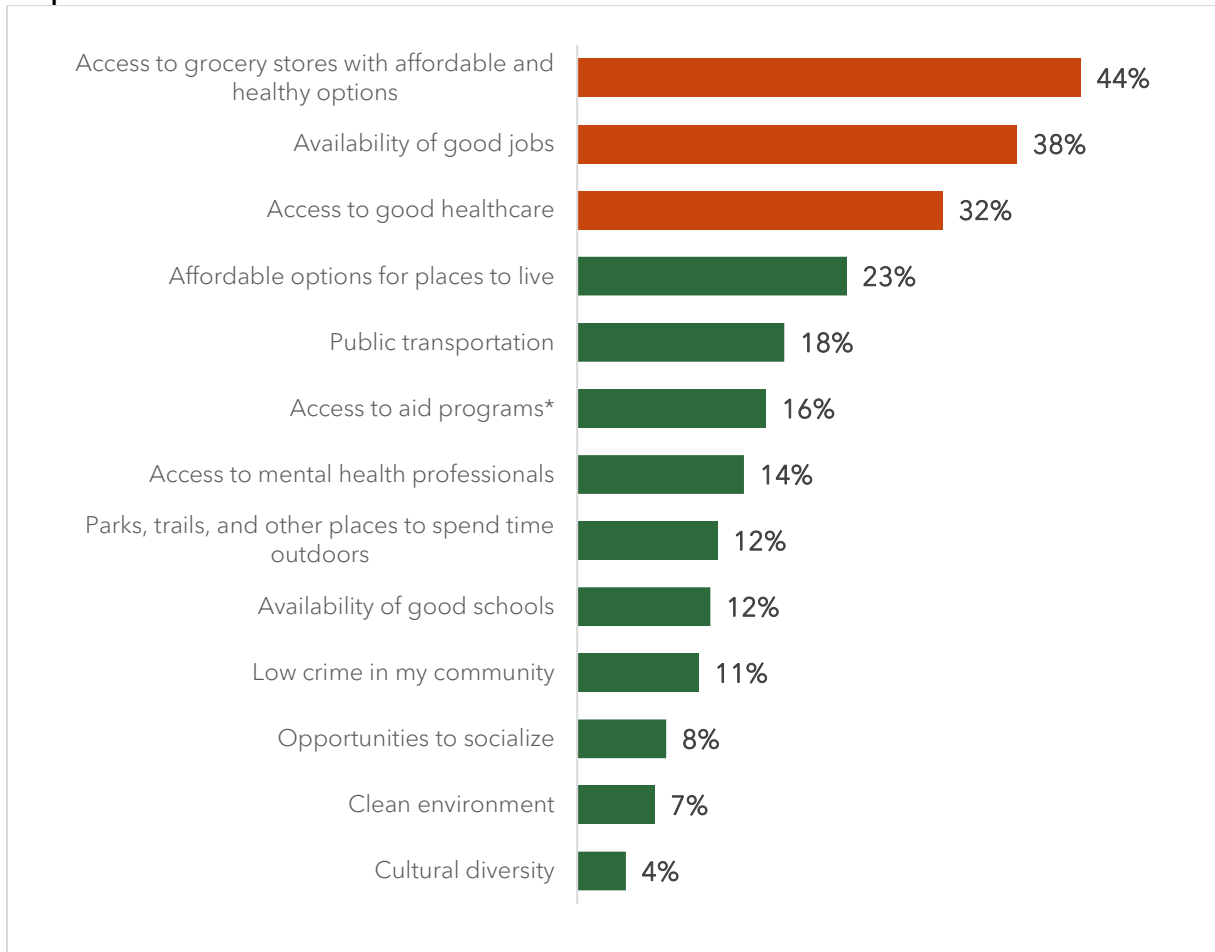
Participants in Winchester Heights had limited housing concerns, saying that most people in the immediate area own their homes, but there are high rental costs and limited units available for people who live in nearby Willcox. One individual indicated that credit history is a barrier to housing and emphasized high credit scores are also required to rent as opposed to only being required when purchasing a home.

Focus group participants agreed that the Winchester Heights Community Center has had a positive effect on their community, as residents often gather there to learn about and obtain resources. They also found the CCHCI mobile clinic beneficial and shared excitement for the health center's upcoming expansion into the Willcox community. Group participants noted CCHSS' efforts to reach smaller communities and said they are grateful that the County has worked to develop more free, preventive health services. A couple of participants also stated that the local hospital was recently bought by another hospital system, and they feel it has become more organized as a result.

## Suggestions for Improvement

When asked about the top three areas where Cochise County could make improvements, Willcox survey respondents cited access to grocery stores with affordable and healthy food options, availability of good jobs, and access to good healthcare (Exhibit 47).

**Exhibit 47. Top 3 Areas Where Cochise County Could Make Improvements According to Willcox Respondents**



(N=313) \*Including things such as food pantries and social services programs. Respondents could select all options that applied to them.

Willcox focus group participants had several suggestions for improvements the County could make. In regard to physical health, most individuals said that the County should finish paving local roads in and around Winchester Heights to minimize dust and enhance the quality of air so residents have fewer breathing problems. Some people noted that the County has fixed most of the roads, but a few have shifted from being County-maintained to being the responsibility of

the local community, which residents said happened after they called the County and made complaints about upkeep.

To improve healthcare access, participants said it would be beneficial to have an urgent care clinic in the area so there is a more affordable option for accessing care. A couple of participants suggested having healthcare advocates available who can assist residents with negotiating medical bills, as well as a phone number individuals can call for medical cost transparency.

Participants also felt that the County should create more tax incentives for housing developers, as there is currently a lack of affordable housing County-wide. To address the issue of food deserts, one person suggested that the County do more to support local food banks by providing more fruits and vegetables in food boxes.

Lastly, several focus group participants felt that residents need more information about who to contact so they can do more to advocate for change within Cochise County, whether they are local elected leaders or County-level leaders. A couple of participants added that if additional resources are created, more boots-on-the-ground efforts will be needed to increase awareness so residents can access them.

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“One of the main things we need to have is like a phone number you can call. It’s better to know the price [of healthcare] before you even go there, just to be safe that you can afford it.”

- Focus Group participant

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# CONCLUSIONS AND RECOMMENDATIONS

The Community Health Needs Assessment (CHNA) conducted in Cochise County provided valuable insights into the status of community members’ health and identified challenges and opportunities that can be addressed in the County’s forthcoming Community Health Improvement Plan (CHIP). Cochise County is a predominantly rural area of Arizona, and as such, faces unique health disparities and socioeconomic challenges which require targeted and collaborative interventions to address health inequities. Throughout the data collection process, respondents and focus group participants identified several areas where they felt the County could intervene to make improvements.

When the County conducted their previous CHNA in 2017, results showed that for the entire County, the top three identified priorities for improvement were mental health/substance abuse, good jobs/a healthy economy, and healthy eating/obesity & diabetes. Results from the present CHNA indicate that these priorities continue to be areas where the County should focus their efforts (Exhibit 48).

**Exhibit 48. Top 3 Areas for Improvement Identified by Survey Respondents**

2017	→	2023
1) Mental Health/Substance Abuse		1) Access to Good Healthcare
2) Goods Jobs/Healthy Economy		2) Availability of Good Jobs
3) Healthy Eating/Obesity & Diabetes		3) Access to Affordable and Healthy Food

**Physical & Mental Health:** County-wide, respondents were more likely to rate their own personal physical and mental health higher than the overall health of their community. Most (86%) indicated they do have a primary care physician and nearly two-thirds reported having a

Overall, respondents tended to rate their individual health higher than that of their community.

dentist. Just over one-quarter of respondents indicated the presence of three or more chronic illnesses in themselves or a household member. About one-third of respondents indicated they or a household member experience a mental health concern such as anxiety or depression, and 15% of respondents noted that loneliness is a major social concern for them. It is important to note that of those respondents who indicated they do not currently receive services from a behavioral health provider, 17% indicated they would like to.

**Healthcare Access:** Many respondents indicated that the County is still lacking a sufficient number of primary care providers in some areas, as well as an overall lack of specialists and behavioral health providers County-wide. Sixty-eight percent of respondents reported traveling outside of Cochise County to get necessary healthcare services at some point in the previous year, and one-quarter of respondents did so five or more times throughout a 12-month period.

When providers do come to the County to practice, focus group participants said many only stay for a short period of time. While there are federal and state programs in place to entice more providers to come to rural counties to practice, shorter-term solutions could also be considered.

It may be beneficial for the County to work closely with local hospitals and clinics to create a more robust network of traveling physicians and other specialists so that residents are able to receive necessary services without having to travel long distances. Since insufficient transportation is a concern for many County residents, this would go a long way in helping to address some of the health inequities that are created when one group of people can access a service that others cannot. An additional transportation consideration would be to provide subsidies or incentives for medical-specific Uber or Lyft rides.

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26% of survey respondents who do not currently have an advance directive indicated they would like to get one.

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Telemedicine is another way to increase access to healthcare, especially for services like primary care and behavioral health counseling/therapy. While 38% of respondents indicated they have used telemedicine services sometime during the past year, the 62% who did not utilize this service most often identified the following reasons for not doing so: they do not believe a remote appointment would address their concern(s) effectively, they do not feel comfortable seeing a provider remotely, or they do not know how to access the service. The County could address this lack of confidence and knowledge by partnering with healthcare organizations to provide more education on the benefits of using remote appointments where appropriate. An educational campaign on how to access remote services may be beneficial as well. This could extend to behavioral health services given that any behavioral health clinician licensed in the state of Arizona can provide services to a resident through telehealth or telephone, and many choose to do so to expand availability of these services to rural residents.

**Quality of Life:** Survey results indicated that 39% of respondents felt affordable food was hard to get in the County. Almost half of all survey respondents reported that sometime during the past year, they ran out of food and did not have enough money to buy more, or they were unable to afford to eat healthy, balanced meals. Goals and objectives from the previous CHIP were more focused on finding ways to disseminate information around the County on healthy eating and having an active lifestyle, but current results indicate that some resources could also



be directed towards distributing healthy food to more parts of the County, as well as bolstering events like farmer’s markets. Another way to potentially increase fruit and vegetable consumption would be to have community gardens across the County.

Focus group participants indicated that another concern they have is the local tax rate on food – they reported it is as high as 10% in some parts of the County. They noted that residents with the ability to drive out of the County for shopping trips often choose to do so as a money-saving measure, but that this diverts much-needed revenue from the County, furthering problems within the local economy.

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County-wide, respondents indicated that good jobs and affordable food were the hardest things to get.

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Availability of good jobs is another area that continues to be a top priority residents would like to see the County address. During the focus groups, participants across the County said that their downtown areas are filled with vacant buildings that could be put to better use, whether that be a local business venture or converting an unused space into affordable or senior housing. Participants noted that bureaucracy and zoning laws are major roadblocks to progress in this area, so the County could also explore options that make it easier for local businesses to get started.

Overall, survey respondents reported that the things they appreciate the most about living in Cochise County are the low crime rates, recreational amenities like parks and trails, and a clean environment.

**Quadrant-Specific:** The Benson quadrant had higher reported rates of mental health issues, such as anxiety and depression, compared to others. Transportation was a notable concern, and residents expressed a desire for increased access to healthy, affordable food and grocery stores.

Respondents in the Bisbee/Douglas quadrant reported a limited number of healthcare specialists, primary care doctors, and behavioral health professionals. While access to aid programs made the region a desirable place to live, residents expressed a desire for bringing more good jobs and affordable food to the area.

In Sierra Vista, respondents highlighted a shortage of specialty healthcare providers, often necessitating travel to Tucson for services. A significant percentage (36%) mentioned difficulty finding good jobs in the Sierra Vista area. On the positive side, outdoor spaces and a clean environment were recognized as appealing aspects of living in Sierra Vista.

In the Willcox area, food security emerged as a pressing issue, with 60% of respondents indicating they lacked enough money to buy food at least once during the past year. A substantial portion of the population was uninsured or unable to use insurance due to

prohibitively high costs. Despite these challenges, respondents appreciated outdoor recreation spaces, identifying them as one of the factors that make Willcox a great place to live.

Moving forward, these identified needs and priorities can inform Cochise County's Community Health Improvement Plan. The success of these initiatives will rely on the commitment and collaboration of various stakeholders, including residents, healthcare providers, local government, and community organizations. This CHNA serves as a foundational document to guide future health planning efforts and inspire positive change in the pursuit of optimal well-being for all community members.

# APPENDIX A: DATA COLLECTION INSTRUMENTS



Cochise County  
Health and Social Services

## Community Health Needs Assessment 2023

The purpose of this survey is to gather information related to your healthcare service experiences as a resident of Cochise County. We want to see how well current resources are meeting your household's needs, and what things the County can potentially improve. Your answers, along with other answers from residents throughout the County, will help us learn how to improve these services, and determine the best ways to use funds.

Your answers will be kept **confidential** and **no identifying information will be collected** as part of this process. When we report on our findings, we may say something like, "40% of Cochise County residents describe their physical health as fair."

Some questions will ask about characteristics of yourself and your household. This information will be used to ensure that the whole community is represented and will **not** be used for discriminatory purposes. Please remember your answers will be kept **confidential** and your **information will remain private and secure.**

Thank you for participating in this survey and supporting your community!

### Instructions:

- 1) Please answer all questions to the best of your knowledge.
- 2) Some questions will only allow you to select one answer, and those options will have a circle (o) next to them. Some questions will allow you to select multiple answers, and those options will have a square (☐) next to them with directions to "check all that apply". You may complete the survey in pen or pencil, but please make sure your responses are easy to read!

<p>1. What zip code do you live in within Cochise County?</p> <div style="border: 1px solid black; width: 150px; height: 25px; margin-left: 20px;"></div>
<p>2. What is your age? (If you are under 18, please do not take this survey)</p> <p> <input type="radio"/> 18-29  <input type="radio"/> 30-39  <input type="radio"/> 40-49  <input type="radio"/> 50-59  <input type="radio"/> 60-69  <input type="radio"/> 70+ </p>
<p>3. How would you describe your <b>physical health</b>? (This may include physical activity, nutrition, and sleep)</p> <p> <input type="radio"/> Excellent  <input type="radio"/> Good  <input type="radio"/> Fair  <input type="radio"/> Poor </p>
<p>4. How would you describe your <b>mental or emotional health</b>? (This may include coping effectively with stress and life transitions)</p> <p> <input type="radio"/> Excellent  <input type="radio"/> Good  <input type="radio"/> Fair  <input type="radio"/> Poor </p>
<p>5. How would you describe your <b>social health</b>? (This may include a sense of connection, belonging, and a well-developed support system)</p> <p> <input type="radio"/> Excellent  <input type="radio"/> Good  <input type="radio"/> Fair  <input type="radio"/> Poor </p>
<p>6. How many <b>days per week</b> do you engage in moderate to strenuous exercise? (This may include a brisk walk or any activity that increases your heart rate for an extended period)  <b><u>Please enter a number between 0 and 7 in the box below.</u></b></p> <div style="border: 1px solid black; width: 100px; height: 35px; margin-left: 20px;"></div>
<p>7. How would you describe the <b>overall health</b> of your community?</p> <p> <input type="radio"/> Excellent  <input type="radio"/> Good  <input type="radio"/> Fair  <input type="radio"/> Poor </p>

8. Do any of the following **chronic illnesses** affect yours or a household member's daily life?

**Check all that apply.**

- Autoimmune disease
- Cancer
- Chronic kidney disease
- Chronic lung disease (i.e., chronic obstructive pulmonary disease (COPD), asthma, emphysema, Long COVID, etc.)
- Chronic pain (i.e., back pain, joint aches, fibromyalgia, etc.)
- Dementia/Alzheimer's disease
- Diabetes
- Heart disease (i.e., high blood pressure, high cholesterol, congestive heart failure (CHF), etc.)
- Obesity/Overweight
- Stroke
- None of the above

9. Do any of the following **mental health and substance use concerns** affect yours or a household member's daily life? **Check all that apply.**

- Alcohol use disorder
- Anxiety and/or Depression
- Marijuana use (i.e., medical, recreational)
- Nicotine use (i.e., cigarettes, vaping, dip, snuff, chew, etc.)
- Opioid use (i.e., fentanyl, heroin, prescription pain meds)
- Other mental health issues (i.e., Schizophrenia, Bipolar disorder, post-traumatic stress disorder-PTSD, etc.)
- Other Substance use (prescribed, recreational, illegal)
- Thoughts of suicide or self-harm
- None of the above

10. Do any of the following **social concerns** affect yours or a household member's daily life?

**Check all that apply.**

- Access to childcare
- Access to transportation (public or private)
- Don't feel safe at home (i.e., domestic violence, injury, sexual abuse, substance use, etc.)
- Don't feel safe in the community (i.e., crime, traffic, etc.)
- Loneliness
- Prejudice and/or discrimination
- None of the above

11. Please share any other health concerns that impact the daily life of you or anyone in your household?

<p><b>12. Do you have a primary care provider?</b></p> <p><input type="radio"/> Yes --- If Yes, go to <b>question 12a</b></p> <p><input type="radio"/> No --- If No, go to <b>question 12b</b></p>
<p>→12a. When was the last time you saw your primary care doctor for an annual checkup?</p> <p><input type="radio"/> Within the past 6 months</p> <p><input type="radio"/> Between 6 months to 1 year ago</p> <p><input type="radio"/> I have not seen my doctor in the past year (If selected, go to question 12c)</p>
<p>→12b. If not, what has kept you from getting a primary care doctor? <b>Check all that apply.</b></p> <p><input type="checkbox"/> I don't need to see a doctor for any reason</p> <p><input type="checkbox"/> I only see a doctor at an urgent care facility when I am sick</p> <p><input type="checkbox"/> I can't afford to go</p> <p><input type="checkbox"/> I don't have health insurance</p> <p><input type="checkbox"/> I don't have a way to get there</p> <p><input type="checkbox"/> It is too far away</p> <p><input type="checkbox"/> I don't trust doctors</p> <p><input type="checkbox"/> I can't get an appointment at a time that works for me</p> <p><input type="checkbox"/> Other, please explain</p> <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>
<p>→12c. Why have you not seen your primary care doctor in the past year? <b>Check all that apply.</b></p> <p><input type="checkbox"/> I'm healthy and I don't need to see a doctor</p> <p><input type="checkbox"/> I can't afford to go</p> <p><input type="checkbox"/> I don't have health insurance</p> <p><input type="checkbox"/> I don't have a way to get there</p> <p><input type="checkbox"/> It is too far away</p> <p><input type="checkbox"/> I don't trust doctors</p> <p><input type="checkbox"/> I can't get an appointment at a time that works for me</p> <p><input type="checkbox"/> Other, please explain</p> <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>
<p><b>13. Do you have a dentist?</b></p> <p><input type="radio"/> Yes --- If Yes, go to <b>question 13a</b></p> <p><input type="radio"/> No --- If No, go to <b>question 13b</b></p>
<p>→13a. When was the last time you saw them for an exam?</p> <p><input type="radio"/> Within the past 6 months --- If selected, go to <b>question 13d</b></p> <p><input type="radio"/> Between 6 months to 1 year ago --- If selected, go to <b>question 13d</b></p> <p><input type="radio"/> I have not seen my dentist in the past year --- If selected, go to <b>question 13c</b></p>

<p>→13b. If not, what has kept you from seeing a dentist? <b>Check all that apply.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I don't need to see a dentist for any reason</li> <li><input type="checkbox"/> I only see a dentist for emergencies</li> <li><input type="checkbox"/> I can't afford to go</li> <li><input type="checkbox"/> I don't have dental insurance</li> <li><input type="checkbox"/> I don't have a way to get there</li> <li><input type="checkbox"/> It is too far away</li> <li><input type="checkbox"/> I don't trust dentists</li> <li><input type="checkbox"/> I can't get an appointment at a time that works for me</li> </ul> <div style="border: 1px solid black; height: 30px; width: 50%; margin: 5px 0;"></div> <ul style="list-style-type: none"> <li><input type="checkbox"/> Other, please explain</li> </ul>
<p>→13c. Why have you not seen your dentist in the past year? <b>Check all that apply.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> My teeth are healthy and I don't need to see a dentist</li> <li><input type="checkbox"/> I can't afford to go</li> <li><input type="checkbox"/> I don't have dental insurance</li> <li><input type="checkbox"/> I don't have a way to get there</li> <li><input type="checkbox"/> It is too far away</li> <li><input type="checkbox"/> I don't trust dentists</li> <li><input type="checkbox"/> I can't get an appointment at a time that works for me</li> <li><input type="checkbox"/> Other, please explain</li> </ul> <div style="border: 1px solid black; height: 30px; width: 50%; margin: 5px 0;"></div>
<p>→13d. Did you receive dental care in Mexico?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>
<p>14. Do you currently see any <b>specialty care providers</b>? (This may include heart, cancer, brain (neurology), lung (pulmonary), bone/joint doctors or surgeons)</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes --- If Yes, go to <b>question 14a</b></li> <li><input type="radio"/> No, but I would like to</li> <li><input type="radio"/> No, but I do not need to see a specialist</li> </ul>
<p>→14a. When was the last time you saw a specialist?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Within the past 6 months</li> <li><input type="radio"/> Between 6 months to 1 year ago</li> <li><input type="radio"/> More than 1 year ago</li> </ul>
<p>15. Do you currently see a <b>behavioral health provider</b>? (This may include behavioral health care includes psychologists, psychiatrists, counselors, and others who deal with behavioral health needs)</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes --- If Yes, go to <b>question 15a</b></li> <li><input type="radio"/> No, but I would like to</li> <li><input type="radio"/> No, but I do not need to see a specialist</li> </ul>



<p>→15a. When was the last time you saw a behavioral health provider?</p> <p><input type="radio"/> Within the past 6 months</p> <p><input type="radio"/> Between 6 months to 1 year ago</p> <p><input type="radio"/> More than 1 year ago</p>
<p>16. In the past 12 months, have you or a household member received crisis services for a behavioral health concern? (This may include mobile services at your residence or out in the community)</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No, but I would have liked to</p> <p><input type="radio"/> No, but I did not need crisis services</p>
<p>17. Do you or a household member currently have an advance directive? (This is a legal document that provides guidance for medical and healthcare decisions in the event the named person is unable to make decisions for themselves)</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No, but I am interested in getting an advance directive</p> <p><input type="radio"/> No, but I am <b>not interested</b> in getting an advance directive</p>
<p>18. In the past 12 months, have you or a member of your household seen any type of provider remotely via telemedicine? (using your computer, tablet, phone, etc.)</p> <p><input type="radio"/> Yes --- If Yes, go to <b>question 18a</b></p> <p><input type="radio"/> No --- If No, go to <b>question 18b</b></p>
<p>→18a. What type of provider did you see? <b>Check all that apply.</b></p> <p><input type="checkbox"/> Primary care doctor</p> <p><input type="checkbox"/> Urgent care provider (walk-in clinic, minor emergency clinic)</p> <p><input type="checkbox"/> Specialist</p> <p><input type="checkbox"/> Counselor or therapist</p> <p><input type="checkbox"/> Psychiatrist</p>
<p>→18b. What has kept you from seeing a provider via telemedicine? <b>Check all that apply.</b></p> <p><input type="checkbox"/> I don't have access to a smart-phone or computer</p> <p><input type="checkbox"/> I don't have high-speed internet in my home</p> <p><input type="checkbox"/> I can't afford high-speed internet</p> <p><input type="checkbox"/> I don't know how to access the service</p> <p><input type="checkbox"/> I don't feel comfortable seeing a provider remotely</p> <p><input type="checkbox"/> I don't think a remote appointment would be effective in addressing my issue(s) or concern(s)</p>
<p>19. In the past 12 months, how often did you or anyone in your household have to travel <u>more than 45 minutes</u> to get healthcare services?</p> <p><input type="radio"/> 1-2 times</p> <p><input type="radio"/> 3-4 times</p> <p><input type="radio"/> 5-6 times</p> <p><input type="radio"/> More than 6 times</p> <p><input type="radio"/> I did not have to travel more than 45 minutes to see a provide</p>



20. In the past 12 months, how often did you travel outside of Cochise County to get healthcare services? (This may include travel to places such as Tucson, Phoenix, Mexico, etc.)

- 1-2 times
- 3-4 times
- 5-6 times
- More than 6 times
- I did not travel outside of the County to get healthcare services

21. If you had to choose the **top three** things that make Cochise County a great place to live, what would you choose? **Please select three.**

- Access to aid programs such as food pantries and social service programs
- Access to good healthcare
- Access to grocery stores with affordable and healthy options
- Access to mental health professionals
- Affordable options for places to live
- Availability of good jobs
- Availability of good schools
- Clean environment
- Cultural diversity
- Low crime in my community
- Opportunities to socialize
- Parks, trails, and other places to spend time outdoors
- Public transportation

22. If you had to choose the **top three** things where Cochise County could make improvements, what would those be? **Please select three.**

- Access to aid programs such as food pantries and social service programs
- Access to good healthcare
- Access to grocery stores with affordable and healthy options
- Access to mental health professionals
- Affordable options for places to live
- Availability of good jobs
- Availability of good schools
- Clean environment
- Crime rates
- Cultural diversity
- Opportunities to socialize
- Parks, trails, and other places to spend time outdoors
- Public transportation

23. What are the things that are **hard** to get in your town? Check all that apply.

- Affordable food
- Assistance paying for rent or mortgage
- Assistance paying for utilities such as water, trash, or electricity
- Behavioral health care
- Childcare
- Dental care
- Family planning services
- Good jobs
- Healthy food
- Help escaping violence at home
- Help escaping violence in a relationship
- Help for addiction
- High speed internet service
- Information on available resources
- Legal aid
- Medical care
- Parenting classes
- Preschool education
- Transportation
- Other

24. What are the things that are **easy** to get in your town? Check all that apply.

- Affordable food
- Assistance paying for rent or mortgage
- Assistance paying for utilities such as water, trash, or electricity
- Behavioral health care
- Childcare
- Dental care
- Family planning services
- Good jobs
- Healthy food
- Help escaping violence at home
- Help escaping violence in a relationship
- Help for addiction
- High speed internet service
- Information on available resources
- Legal aid
- Medical care
- Parenting classes
- Preschool education
- Transportation
- Other

25. If you needed help, where would you go to find resources? Check all that apply.

- County Government
- City Government
- Doctor
- Family, friends, or coworkers
- Fire District
- Hotline (i.e. Arizona 2-1-1)
- Internet search
- Legacy Foundation Resource Guide
- Library
- Phone book
- Place of worship
- Public advertising (i.e. bus stops, billboards)
- School
- I don't know

26. In the past 12 months, how often did you or members of your household run out of money to buy food?

- Often
- Sometimes
- Never
- I don't know

27. In the past 12 months, how often were you or members of your household unable to afford to eat balanced meals?

- Often
- Sometimes
- Never
- I don't know

28. In the past 12 months, which of these services have you or your household used for help with getting enough food to eat? Check all that apply.

- Food bank
- Food pantry
- SNAP
- Senior center meals
- Home-delivered meals
- WIC
- Friends or family
- Other, please specify

- My household has not used any of these services

29. Do you or your family own your home?

- Yes
- No

30. In the past 12 months, have you been at risk of losing your housing?

- Yes --- If Yes, go to question 30a
- No
- I don't know

→30a. Why have you been at risk of losing your housing? **Check all that apply.**

- It was too expensive, even with my income
- Eviction for non-financial reasons
- Lost job and/or income
- Physical illness
- Mental illness
- Language barrier
- Other, please explain

31. Are you a member of any of the following groups? **Check all that apply.**

- Active military/Veteran
- Adult with children over the age of 18 living in the same home
- Adult with children under the age of 18 living in the same home
- Caregiver for an elderly or disabled person
- Disabled or living with a special healthcare need
- Formerly incarcerated
- Homebound
- Homeless
- Immigrant
- LGBTQ+
- Senior living in a congregate setting
- Single adult
- Single parent
- None of the above

32. Who do you live with? **Check all that apply.**

- I live alone
- My partner (spouse, boyfriend, girlfriend, etc.)
- Roommates
- Children
- Parents
- Grandparents
- Multiple families
- Multiple generations
- At least one person that is 60 years or older
- One or more persons with a physical or mental disability

33. What is your current employment status? **Check all that apply.**

- Full-time with benefits
- Full-time without benefits
- Part-time
- Stay-at-home parent or caregiver
- Student
- Retired
- Seasonal or migrant farmworker
- Disabled
- Unemployed and currently looking for work
- Unemployed and not currently looking for work

34. What is the highest level of education you have completed?

- Some K-12
- High school diploma or GED
- Technical school or certificate program
- Associate's degree
- Bachelor's degree
- Master's degree or higher
- Prefer not to answer

35. What is your current annual household income?

- Less than \$10,000
- \$10,000 – \$19,999
- \$20,000 – \$29,999
- \$30,000 – \$39,999
- \$40,000 – \$49,999
- \$50,000 – \$59,999
- \$60,000 – \$69,999
- \$70,000 – \$79,999
- \$80,000 – \$89,999
- \$90,000 – \$99,999
- \$100,000 - \$149,999
- More than \$150,000
- I don't know
- Prefer not to answer

36. How would you describe your gender?

- Male
- Female
- Transgender
- Non-binary
- Other
- Prefer not to answer

37. What language(s) are spoken in your home? Check all that apply.

- English
- Spanish
- Other, please specify

38. What race/ethnicity describes you? Check all that apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino/a/x
- Native Hawaiian or Other Pacific Islander
- White
- Other, please specify

- Prefer not to answer

**Thank you for taking the time to complete our survey - please return it to us in the included envelope. No postage is required!**



## Cochise County Health and Social Services

### Evaluación de Necesidades de Salud de la Comunidad 2023

*El propósito de esta encuesta es para recolectar información relacionada a la experiencia de los servicios de salud como residente del Condado Cochise. Queremos ver que tan bien los recursos actuales están cumpliendo con las necesidades de su hogar y cuales cosas puede el condado potencialmente mejorar. Sus respuestas junto con las respuestas de otros residentes del Condado, nos ayudara aprender cómo mejorar estos servicios, y determinar mejores formas de utilizar los fondos.*

*Su información se mantendrá confidencial y ninguna Información identificable personal será recolectada como parte de este proceso. Cuando reportemos nuestros resultados, se reportaría como, "40% de los residentes del Condado Cochise describen su salud física como buena."*

*Algunas preguntas le preguntaran sobre algunas características tuyas y de su hogar. Esta información será usada para asegurar que toda la comunidad esté representada y no será usada para propósitos de discriminación. Por favor recuerde que todas sus respuestas se mantendrán confidencial y su información se mantendrá privada y segura.*

¡Gracias por participar en esta encuesta y apoyar a su comunidad!

#### Instrucciones:

- 1) Por favor conteste toda las preguntas a lo mejor de su conocimiento.
- 2) Algunas preguntas solamente permiten que seleccione una respuesta, y esas opciones tendrán un círculo(o) junto a ellas. Algunas preguntas dejan que seleccione múltiples de respuestas, y esas opciones tendrán un cuadro (☐) junto a ellas con direcciones que "marque todo lo que corresponda." Usted puede completar la encuesta con pluma o lápiz. Pedimos por favor de asegurar que las respuestas son fáciles para leer!

<p>1. ¿En cuál código postal vive dentro del Condado de Cochise?</p> <p><input type="text"/></p>
<p>2. ¿Cuál es su edad? (Si tiene menos de 18, por favor de no tomar esta encuesta)</p> <p><input type="radio"/> 18-29</p> <p><input type="radio"/> 30-39</p> <p><input type="radio"/> 40-49</p> <p><input type="radio"/> 50-59</p> <p><input type="radio"/> 60-69</p> <p><input type="radio"/> 70+</p>
<p>3. ¿Como describiría usted su <b>salud física</b>? (Esto puede incluir actividad física, nutrición, y el sueño)</p> <p><input type="radio"/> Excelente</p> <p><input type="radio"/> Buena</p> <p><input type="radio"/> Pasable</p> <p><input type="radio"/> Mala</p>
<p>4. ¿Como describiría usted su <b>salud mental o emocional</b>? (Esto puede incluir afrontarse efectivamente con el estrés y transiciones de vida)</p> <p><input type="radio"/> Excelente</p> <p><input type="radio"/> Buena</p> <p><input type="radio"/> Pasable</p> <p><input type="radio"/> Mala</p>
<p>5. ¿Como describiría usted su <b>salud social</b>? (Esto puede incluir un sentido de conexión, de pertenencia, y un sistema de apoyo que está bien desarrollado)</p> <p><input type="radio"/> Excelente</p> <p><input type="radio"/> Buena</p> <p><input type="radio"/> Pasable</p> <p><input type="radio"/> Mala</p>
<p>6. ¿Cuántos <b>días por semana</b> se dedica a hacer ejercicios de intensidad moderada o vigorosa? (Esto puede incluir caminar enérgicamente, o cualquier actividad que le suba el ritmo cardíaco por un tiempo largo)</p> <p><input type="text"/></p>
<p>7. ¿Como describiría la salud total de su comunidad?</p> <p><input type="radio"/> Excelente</p> <p><input type="radio"/> Buena</p> <p><input type="radio"/> Pasable</p> <p><input type="radio"/> Mala</p>



8. ¿Algunas de estas **enfermedades crónicas** afectan su vida diaria o la vida de otro miembro de su hogar? **Marque todo lo que corresponda.**

- Enfermedad Autoinmune
- Cáncer
- Enfermedad Crónica de los riñones
- Enfermedad Crónica de los pulmones (i.e., enfermedad pulmonar obstructiva crónica (COPD), asma, enfisema, COVID persistente, etc.)
- Dolor crónico (i.e., dolor de espalda, dolor de coyunturas, fibromialgia, etc.)
- Demencia/Enfermedad de Alzheimer
- Diabetes
- Enfermedad del corazón (i.e., presión arterial alta, colesterol alto, insuficiencia cardiaca congestiva (CHF), etc.)
- Obesidad/Sobrepeso
- Derrame Cerebral
- Ninguna de las anteriores

9. ¿Algunas de las siguientes preocupaciones sobre la **salud mental** o el uso de sustancias le afecta la vida diaria de usted o a un miembro de su hogar? **Marque todo lo que corresponda.**

- Trastorno por consumo de alcohol
- Ansiedad y/o Depresión
- Uso de marihuana (i.e., medicinal, recreativo)
- Uso de nicotina (i.e., cigarrillos, vapeo, dip, rapé, mascar, etc.)
- Uso de Opioides (i.e., fentanilo, heroína, medicina recetada para el dolor)
- Otros asuntos de la salud mental (i.e., Esquizofrenia, Trastorno bipolar, trastorno de estrés postraumático-PTSD, etc.)
- Uso de otras sustancias (recetadas, recreativas, ilegal)
- Pensamientos de suicidio o autolesiones
- Ninguna de las anteriores

10. ¿Algunas de las siguientes **preocupaciones sociales** le afectan la vida diaria de usted o algún otro miembro de su familia? **Marque todos lo que corresponda.**

- Acceso al cuidado de niños
- Acceso a la transportación (pública o privada)
- No me siento segura(o) en la casa. (i.e., violencia doméstica, lesiones, abuso sexual, consumo de sustancias, etc.)
- No me siento segura (o) en la comunidad (i.e., crimen, trafico, etc.)
- Soledad
- Prejuicio y/o discriminación
- Ningunas de las anteriores

11. Por favor de compartir cualquier otra preocupación de salud que impacta la vida diaria de usted o cualquier otra persona en su hogar.

<p><b>12. ¿Tiene un proveedor de cuidado primario?</b></p> <p><input type="radio"/> Sí --- Si Sí, siga a la <b>pregunta 12a</b></p> <p><input type="radio"/> No --- Si No, siga a la <b>pregunta 12b</b></p>
<p>→12a. ¿Cuándo fue la última vez que usted vio a su doctor para un chequeo médico anual?</p> <p><input type="radio"/> Dentro de los últimos 6 meses</p> <p><input type="radio"/> Dentro de 6 meses a 1 año</p> <p><input type="radio"/> No he visto mi doctor en el último año --- Si elegido siga a la pregunta 12c</p>
<p>→12b. Si no, ¿que la(o) ha prevenido de obtener un doctor de cuidado primario? <b>Marque todos lo que corresponda.</b></p> <p><input type="checkbox"/> Yo no necesito ver a un doctor por ninguna razón.</p> <p><input type="checkbox"/> Yo solamente veo a un doctor en una facilidad de cuidado urgente cuando estoy enferma(o)</p> <p><input type="checkbox"/> Yo no puedo permitirme a ir.</p> <p><input type="checkbox"/> Yo no tengo Seguro médico.</p> <p><input type="checkbox"/> Yo no tengo modo de como ir para allá.</p> <p><input type="checkbox"/> Está muy lejos.</p> <p><input type="checkbox"/> Yo no les tengo confianza a los doctores.</p> <p><input type="checkbox"/> Yo no puedo obtener una cita a la hora que es mejor para mí.</p> <p><input type="checkbox"/> Otro, por favor explique:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<p>→12c. ¿Por qué no ha visto a su doctor de cuidado primario en el año pasado? <b>Marque todos lo que corresponda.</b></p> <p><input type="checkbox"/> Estoy saludable y no necesito ver al doctor.</p> <p><input type="checkbox"/> Yo no puedo permitirme a ir.</p> <p><input type="checkbox"/> Yo no tengo Seguro médico.</p> <p><input type="checkbox"/> Yo no tengo modo para ir allá.</p> <p><input type="checkbox"/> Está muy lejos.</p> <p><input type="checkbox"/> Yo no les tengo confianza a los doctores.</p> <p><input type="checkbox"/> Yo no puedo obtener una cita a la hora que es mejor para mí</p> <p><input type="checkbox"/> Otro, por favor explique:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<p><b>13. ¿Tiene un dentista?</b></p> <p><input type="radio"/> Sí --- Si Sí siga a la pregunta 13a</p> <p><input type="radio"/> No --- Si No, siga a la pregunta 13b</p>
<p>→13a. ¿Cuándo fue la última vez que usted lo vio para un examen?</p> <p><input type="radio"/> Dentro de los últimos 6 meses --- Si elegido, siga a la pregunta 13d</p> <p><input type="radio"/> Dentro de 6 meses a 1 año --- Si elegido a la pregunta 13d</p> <p><input type="radio"/> No he visto mi dentista en el último año --- Si elegido siga a la pregunta 13c</p>

→13b. Si no, ¿que la(o) ha prevenido de ver un dentista? **Marque todos lo que corresponda.**

- Yo no necesito ver a un dentista por ninguna razón.
- Yo nada más veo a un dentista en caso de emergencia.
- Yo no puedo permitirme a ir.
- Yo no tengo seguro dental.
- Yo no tengo modo de como ir para allá
- Está muy lejos
- Yo no les tengo confianza a los dentistas.
- Yo no puedo obtener una cita a la hora que es mejor para mí.
- Otro, por favor explique:

→13c. ¿Por qué no ha visto a su dentista en el último año? **Marque todos lo que corresponda.**

- Mis dientes están saludables y no necesito de ver a un dentista.
- No puedo permitirme a ir.
- Yo no tengo Seguro dental.
- Yo no tengo modo de como ir para allá.
- Está muy lejos.
- Yo no les tengo confianza a los dentistas.
- Yo no puedo obtener una cita a la hora que es mejor para mí.
- Otro, por favor explique.

→13d. ¿Recibió servicios dentales en México?

- Sí
- No

14. ¿Actualmente ve usted un proveedor de atención especializada? (Esto puede incluir doctores o cirujanos del corazón, cáncer, cerebro (neurología, pulmones (pulmonar), huesos/coyunturas)

- Sí --- Si Sí, siga a la pregunta 14a
- No, pero me gustaría
- No, pero yo no necesito ver a un especialista

→14a. ¿Cuándo fue la última vez que usted vio a un especialista?

- Dentro de los últimos 6 meses
- Dentro de 6 meses a 1 año
- Hace más de un año

15. ¿Actualmente ve usted a un proveedor de salud conductual? (Esto puede incluir psicólogos, psiquiatras, consejeros y otros quienes tratan a personas con necesidades de la salud conductual)

- Sí --- Si Sí, siga a la pregunta 15a
- No, pero me gustaría.
- No, pero yo no necesito ver a proveedor de salud conductual

<p>→15a. ¿Cuándo fue la última vez que usted vio un proveedor de salud conductual?</p> <p><input type="radio"/> Dentro de los últimos 6 meses</p> <p><input type="radio"/> Dentro de 6 meses a 1 año</p> <p><input type="radio"/> Hace más de un año</p>
<p>16. <b>¿En los últimos 12 meses</b>, han recibido usted o un miembro de su hogar servicios para una crisis por una preocupación de la salud conductual? (Esto puede incluir servicios móviles en su residencia o en la comunidad)</p> <p><input type="radio"/> Sí</p> <p><input type="radio"/> No, pero me hubiera gustado</p> <p><input type="radio"/> No, pero yo no necesite los servicios de crisis</p>
<p>17. ¿Tienen actualmente usted o un miembro de su hogar una declaración de voluntad anticipada? (Esto es un documento legal que provee guía para decisiones médicas y de la atención medica en el evento de que la persona nombrada no pueda hacer decisiones por sí mismo)</p> <p><input type="radio"/> Sí</p> <p><input type="radio"/> No, pero me interesa obtener una declaración de voluntad anticipada</p> <p><input type="radio"/> No, pero <b>no me interesa</b> obtener una declaración de voluntad anticipada</p>
<p>18. <b>¿En los últimos 12 meses</b>, usted o un miembro de su hogar han visto cualquier tipo de proveedor a distancia por telemedicina? (usando su computadora, tableta, teléfono, etc.)</p> <p><input type="radio"/> Sí --- Si Sí, siga a la pregunta <b>18a</b></p> <p><input type="radio"/> No --- Si No, siga a la pregunta <b>18b</b></p>
<p>→18a. ¿Qué tipo de proveedor vio usted? <b>Marque todos los que apliquen.</b></p> <p><input type="checkbox"/> Doctor de cuidados primarios</p> <p><input type="checkbox"/> Proveedor de cuidado Urgente</p> <p><input type="checkbox"/> (clínica ambulatoria, clínica de emergencias menores)</p> <p><input type="checkbox"/> Especialista</p> <p><input type="checkbox"/> Consejero o terapeuta</p> <p><input type="checkbox"/> Psiquiatra</p>
<p>→18b. ¿Que la(o) ha detenido de ver a un proveedor por telemedicina? <b>Marque todo lo que corresponda.</b></p> <p><input type="checkbox"/> Yo no tengo acceso a un teléfono inteligente o computadora</p> <p><input type="checkbox"/> Yo no tengo internet de alta velocidad internet en mi casa</p> <p><input type="checkbox"/> Yo no puedo permitirme internet de alta velocidad</p> <p><input type="checkbox"/> Yo no sé cómo acceder el servicio</p> <p><input type="checkbox"/> Yo no me siento cómoda(o) viendo un proveedor a distancia</p> <p><input type="checkbox"/> Yo no pienso que una cita a la distancia será efectiva en abordar mi(s) asunto(s) o preocupación(es)</p>
<p>19. <b>¿En los últimos 12 meses</b>, que tan seguido usted o alguien de su hogar tuvo que viajar más de 45 minutos para recibir servicios de salud?</p> <p><input type="radio"/> 1-2 veces</p> <p><input type="radio"/> 3-4 veces</p> <p><input type="radio"/> 5-6 veces</p> <p><input type="radio"/> Mas de 6 veces</p> <p><input type="radio"/> Yo no tengo que viajar más de 45 minutos para ver a un proveedor</p>

20. **¿En los últimos 12 meses**, que tan seguido viajó fuera del Condado de Cochise para recibir servicios de salud? (Esto puede incluir viajar a lugares como Tucson, Phoenix, etc.)

- 1-2 veces
- 3-4 veces
- 5-6 veces
- Mas de 6 veces
- Yo no viajé fuera del Condado para recibir servicios de salud

21. Si usted tuviera que elegir las **tres cosas principales** que hacen el Condado de Cochise un lugar sensacional para vivir, ¿cuáles elegiría? Por favor elija tres.

- Acceso a programas de ayuda como el almacén de alimentos y programas de servicios sociales
- Acceso a buen cuidado de salud
- Acceso a supermercados con opciones saludables y económicas
- Acceso a profesionales de salud mental
- Opciones económicas de lugares donde vivir
- La disponibilidad de buenos trabajos
- La disponibilidad de buenas escuelas
- Un medioambiente limpio
- Diversidad de Cultura
- Baja criminalidad en mi comunidad
- Oportunidades para socializar
- Parques, senderos, y otros lugares para pasar el tiempo al aire libre
- Transportación publica

22. Si usted tuviera que elegir las **tres cosas principales** donde el Condado de Cochise pudiera mejorar, ¿cuáles serían? Por favor elija tres.

- Acceso a programas de ayuda como el almacén de alimentos y programas de servicios sociales
- Acceso a buen cuidado de salud
- Acceso a supermercados con opciones saludables y económicas
- Acceso a profesionales de salud mental
- Opciones económicas de lugares donde vivir
- La disponibilidad de buenos trabajos
- La disponibilidad de buenas escuelas
- Un medioambiente limpio
- Diversidad de Cultura
- Baja criminalidad en mi comunidad
- Oportunidades para socializar
- Parques, senderos, y otros lugares para pasar el tiempo al aire libre
- Transportación publica



23. ¿Cuáles son las cosas que son **difíciles** de obtener en su pueblo? Marque todo lo que corresponda.

- Comida económica
- Asistencia para pagar el alquiler o la hipoteca
- Asistencia para pagar los servicios públicos como el agua, la basura, o la electricidad
- Cuidado de la Salud conductual
- Cuidado de niños
- Cuidado dental
- Servicios de la planificación familiar
- Buenos trabajos
- Comida saludable
- Ayuda a escapar violencia en la casa
- Ayuda a escapar la violencia en una relación
- Ayuda con la adicción
- Servicios de internet de alta velocidad
- Información de recursos disponibles
- Asistencia legal
- Cuidado medico
- Clases de crianza de niños
- Educación Preescolar
- Transportación
- Otro

24. ¿Cuáles son las cosas que son **fácil** de obtener en su pueblo? Marque todo lo que corresponda.

- Comida económica
- Asistencia para pagar el alquiler o la hipoteca
- Asistencia para pagar los servicios públicos como el agua, la basura, o la electricidad
- Cuidado de la Salud conductual
- Cuidado de niños
- Cuidado dental
- Servicios de la planificación familiar
- Buenos trabajos
- Comida saludable
- Ayuda a escapar violencia en la casa
- Ayuda a escapar la violencia en una relación
- Ayuda con la adicción
- Servicios de internet de alta velocidad
- Información de recursos disponibles
- Asistencia legal
- Cuidado medico
- Clases de crianza de niños
- Educación Preescolar
- Transportación
- Otro

25. ¿Si necesita ayuda, a donde iría a buscar los recursos? **Marque todo lo que corresponda.**

- Gobierno del Condado
- Gobierno de la ciudad
- El Doctor
- Familia, amigos, o compañeros
- Distrito de bomberos
- Línea Directa (i.e. Arizona 2-1-1)
- Búsqueda del Internet
- Guía de recursos de la Legacy Foundation
- Biblioteca
- Directorio telefónico
- Lugar de adoración
- Publicidad pública (i.e. paradas de autobús, carteleras)
- La escuela
- No lo se

26. **En los últimos 12 meses**, ¿qué tan no alcanza el dinero en su hogar para poder comprar comida?

- Frecuentemente
- A veces
- Nunca
- No se

27. **En los últimos 12 meses**, ¿qué tan seguido usted o miembros de su hogar no pudieron permitirse a comer comidas balanceadas?

- Frecuentemente
- A veces
- Nunca
- No se

28. **En los últimos 12 meses**, ¿cuáles de estos servicios han usado usted o alguien de su hogar para ayuda con obtener suficiente comida para comer? **Marque todo lo que corresponda.**

- Banco de comida
- Almacén de distribución de alimentos
- SNAP
- Comidas en un Centro para personas mayores
- Comidas a domicilio
- WIC
- Amigos o familia
- Otro, por favor especifique:

- Mi hogar no ha usado ningunos de estos servicios

29. ¿Usted o su familia son dueños de su casa?

- Sí
- No

30. **En los últimos 12 meses**, ¿ha estado a riesgo de perder su casa?

- Sí --- Si Sí, siga a la pregunta 30a
- No
- No se

→30a. ¿Por qué ha estado a riesgo de perder su casa? **Marque todo lo que corresponda.**

- Era muy caro, hasta con mis ingresos
- Desahucio por razones no financieras
- Perdí mi trabajo y/o mis ingresos
- Enfermedad física
- Enfermedad mental
- Barrera del lenguaje
- Otro, por favor explique.

31. ¿Es usted miembro de unos de los siguiente grupos? **Marque todo lo que corresponda.**

- Activo en las fuerzas armadas/Veterano
- Adulto con niños sobre la edad de 18 viviendo en la misma casa
- Adulto con niños menos de 18 viviendo en la misma casa
- Cuidador(a) para una persona mayor o deshabilitada
- Deshabilitado(a) o viviendo con una necesidad especial de atención medica
- Anteriormente encarcelado(a)
- Confinado en casa
- Sin hogar
- Inmigrante
- LGBTQ+
- Persona mayor viviendo en un entorno congregado
- Adulto soltero
- Padre soltero
- Ninguna de las anteriores



32. ¿Con quién vive? **Marque todo lo que corresponda.**

- Vivo solo(a)
- Mi pareja (cónyuge, novio, novia, etc.)
- Compañeros
- Niños
- Padres
- Abuelos
- Múltiples familias
- Múltiples generaciones
- A lo menos una persona quien tiene 60 años o más.
- Una o más personas con una deshabilitad física o mental.

33. ¿Cuál es su situación laboral actual? **Marque todo lo que corresponda.**

- Tiempo completo con beneficios
- Tiempo completo sin beneficios
- Tiempo medio
- Padre que se queda en casa o es un(a) cuidador(a)
- Estudiante
- Jubilado
- Estacional o trabajador migrante de agrícola
- Deshabilitado(a)
- Desempleado y actualmente buscando trabajo
- Desempleado y actualmente no buscando trabajo

34. ¿Cuál es el nivel más alto de educación que usted ha completado?

- Alguna (Kinder-12 grado)
- Diploma de escuela secundaria o GED
- Escuela Técnica o programa de certificación
- Grado asociado
- Licenciatura
- Maestría o más alto
- Prefiero no responder

35. ¿Cuál es su ingreso actual de familia por año?

- Menos de \$10,000
- \$10,000 – \$19,999
- \$20,000 – \$29,999
- \$30,000 – \$39,999
- \$40,000 – \$49,999
- \$50,000 – \$59,999
- \$60,000 – \$69,999
- \$70,000 – \$79,999
- \$80,000 – \$89,999
- \$90,000 – \$99,999
- \$100,000 - \$149,999
- Mas de \$150,000
- No se
- Prefiero no contestar

36. ¿Como describiría su género?

- Masculino
- Femenino
- Transgénero
- No binario(a)
- Otro
- Prefiero no contestar

37. ¿Qué idioma(s) se habla(n) en su hogar? **Marque todo lo que corresponda.**

- Inglés
- Español
- Otro, por favor especifique

38. ¿Qué raza/etnicidad lo(a) describe? **Marque todo lo que corresponda.**

- Nativo Americano o Nativo de Alaska
- Asiático
- Negro o afroamericano
- Hispano o Latino/a/x
- Nativo de Hawái u otro isleño del Pacífico
- Blanco
- Otro, por favor especifique
- Prefiero no responder

**Gracias por tomar el tiempo para completar nuestra encuesta – por favor de regresárnosla en el sobre incluido. ¡No se requiere gastos de envío!**

## Cochise County Health Needs Assessment

### Fall 2023 Focus Group Protocol

Thank you for agreeing to participate in this focus group. We hope to learn more about your experiences, thoughts, and feelings regarding different areas of healthcare in Cochise County. This includes social health, physical health, mental/behavioral health, and community health. Your answers will be reported in aggregate; in other words, what you say will not be linked directly to you, so please be honest. If you have any questions, feel free to ask them at any time.

**BASIC GUIDELINES – OKAY TO SHARE DIFFERING VIEWS, WE WANT TO KEEP A COMFORTABLE ENVIRONMENT OF RESPECT, ONLY ONE PERSON SPEAKING AT A TIME, WE’S LIKE EVERYONE TO PARTICIPATE – EVERYONE HAS SOMETHING USEFUL TO SHARE – LEAVE SPACE FOR EVERYONE, PLEASE SHUT OFF PHONES OR PUT ON BUZZ, FEEL FREE TO GO OUTSIDE TO TAKE AN IMPORTANT CALL OR USE THE RESTROOM AT ANY TIME.**

Do you have any questions before we begin?

#### **Healthcare Access Questions**

1. We're curious to know about your experiences accessing certain healthcare services. We know sometimes this can be a challenge.
  - a. Do you think there are sufficient healthcare providers in Cochise County who speak your primary language and/or understand your cultural background?
  - b. What do you think are some of the barriers to accessing different types of healthcare where you live and in Cochise County overall?
    - i. How can these be removed/improved?
  
2. We are also curious to know more about how people hear about and access mental health services. This could include seeing a therapist, a counselor, or a psychiatrist (in person or through telehealth), attending group therapy or a support group, inpatient behavioral/mental health treatment, etc.
  - a. Have you or anyone you know accessed any of these types of things?
    - i. If you have, what was that experience like?
      1. How easy was it to get information about services available?
      2. How much help was needed to determine what kind(s) of service provider to see and what kind(s) of services were needed?
    - ii. What do you think are some of the barriers to accessing behavioral healthcare?
      1. How can these be removed/improved?

#### **Quality of Life Questions**

1. A big area of concern for many people these days is the availability and cost of housing.

- a. How much of an issue do you think this is for people in Cochise County?
  - b. Have you ever been worried you will not be able to pay for housing?
  - c. Are there other barriers that you personally or someone you know have experienced to getting housing previously (for example, information is not provided in your language, you have a hard time proving a rental history, credit score requirements, lack of available units)?
  - d. Do you have suggestions or ideas about how to address this issue in Cochise County?
2. We've heard transportation can be a challenge in Cochise County, for various ways and reasons.
  - a. How do you see this affecting the quality of life in the County? (For example, Have you ever been unable to get to an appointment or service you needed because of unreliable public transportation or maybe your household shares one car among multiple people who need to drive it.)
3. What are the health-related things you think are going well in Cochise County?
  - a. Are there improvements you've noticed over the last several years in the County?
4. Do you think there are environmental things like walking trails, community centers, green spaces, etc. that should be improved or added in Cochise County?
5. What do you believe are the most important things to address to improve the overall health of your community?
  - a. What do you worry about the most when you think about your health and healthcare in general?
6. Is there anything else you want the County to hear as part of doing this health assessment?

# APPENDIX B: DATA COLLECTION PROCESS

## Survey Development Process



## In-Person Data Collection

Data collection activities included a series of in-person events to increase the response rate for certain quadrants, as well as to reach different demographic groups. Staff attended several locations and events throughout Cochise County to get completed surveys and pass out incentives, including: Willcox Library, Bisbee Coalition for the Homeless, Chiricahua Community Health Center (Sierra Vista & Douglas campuses), Willcox Food Bank Distribution, Benson Food Bank Distribution, Douglas Food Bank Distribution, and Bisbee Food Bank Distribution.

## Focus Groups

Respondents could express their interest in being part of a focus group by answering two additional questions on the survey incentive request form, and LMA staff contacted individuals afterward to share details on the date and time of each group and confirm participant interest/availability. Locations for the focus groups were chosen with the help of the CCHSS team, and the times of each group varied so the team could also accommodate individuals who

worked during normal business hours. Locations and dates/times for each group are listed in the table below. Up to 12 individuals could attend each focus group session, and at the end they had the option to receive a \$30 gift card (one per household) as a thank you for participating.

Quadrant	Location	Date/Time
Sierra Vista	AZ Regional Economic Development Foundation, 100 S 7 <sup>th</sup> St., Sierra Vista, 85635	October 17 <sup>th</sup> , 2023 12:00 - 1:30PM
Benson	Benson Hospital, 450 S Ocotillo Dr., Benson, 85602	October 19 <sup>th</sup> , 2023 11:00AM - 12:30PM
Willcox	Winchester Heights Community Center, 5815 W Cameron Dr., Willcox, 85643	October 24 <sup>th</sup> , 2023 6:00 - 7:30PM
Bisbee/Douglas	Douglas Visitor Center, 345 16 <sup>th</sup> St., Douglas, 85607	October 26 <sup>th</sup> , 2023 5:30 - 7:00PM

## Outreach: Postcard & Flyers



**Hello, Neighbor!**  
Cochise County is gathering information to better understand our community's health needs. We want to hear from YOU!

**¡Hola, Vecino!**  
El Condado de Cochise está recolectando información para mejor comprender las necesidades de salud de nuestra comunidad. ¡Queremos escuchar de USTED!



Address Line 1  
Address Line 2  
City, State Zip



**Scan QR for Survey! ¡Escanee el código QR para la encuesta!**  
**Be one of the first 1,500 respondents and receive a \$15 gift card!**  
**¡Sea uno de los primeros 1,500 participantes y reciba una tarjeta de regalo de \$15!**

**How to Participate:**  
1. **Scan the QR Code** to take our online survey as soon as possible!  
2. Be one of the **first 1,500 respondents** and receive a **\$15 gift card!** Your input is vital to create a healthier community for all. Let's make a difference together!

**Cómo Participar:**  
1. **¡Escanee el código QR** para realizar nuestra encuesta en línea lo más pronto posible!  
2. **¡Sea uno de los primeros 1,500 participantes** y reciba una **tarjeta de regalo de \$15!** Su participación es esencial para nosotros para poder crear una comunidad más saludable para todos. ¡Hagamos la diferencia juntos!



**Cochise County**  
Health and Social Services



To request a paper copy of the survey, call:  
Para una copia impresa de la encuesta, llame al: **520-488-0167**





# Cochise County Health and Social Services wants your feedback!



Cochise County  
Health and Social Services

**We are hosting four focus groups throughout Cochise County during the month of October!** Sessions will be around **90 minutes** long, and we will be asking participants to share their thoughts on important health matters that affect County residents.

**As a thank you for participating in the focus group, you will receive a \$30 gift card. Space is limited; sign up now!**

If you are interested in participating, please email Liz at [Elizabeth@lecroymilligan.com](mailto:Elizabeth@lecroymilligan.com), or call (520) 789-6049.

**Contact:**

[elizabeth@lecroymilligan.com](mailto:elizabeth@lecroymilligan.com)

**(520) 789-6049**



LeCroy & Milligan  
ASSOCIATES, INC.

**\$30.00  
Gift Card!**



**¡El Departamento de Salud y Servicios Social del Condado de Cochise quiere sus comentarios!**



Cochise County  
Health and Social Services

**¡Vamos a organizar cuatro grupos focales en todo el Condado de Cochise durante el mes de octubre! Las sesiones duran aproximadamente 90 minutos, y le pediremos a los participantes que compartan sus opiniones sobre asuntos de salud importantes cuales afectan los residentes del Condado.**



**Como agradecimiento por participar en el grupo focal, usted recibirá una tarjeta de regalo de \$30. ¡El espacio está limitado; inscríbese hoy!**

Si está interesado(a) en participar, por favor de mandar un correo electrónico a [Elizabeth@lecroymilligan.com](mailto:Elizabeth@lecroymilligan.com) o llame al (520) 789-6049.

**Contact:**

[elizabeth@lecroymilligan.com](mailto:elizabeth@lecroymilligan.com)

**(520) 789-6049**



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ASSOCIATES, INC.

**\$30.00**  
**Tarjeta de**  
**Regalo!**