

Cochise County Arizona Community Health Assessment



Final Report December 2012

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Introduction

Beginning early in 2012, Cochise Health and Social Services (CHSS) received funding and technical assistance from the Arizona Department of Health Services (ADHS) to conduct a comprehensive, county-wide Community Health Assessment (CHA). A Community Health Assessment (CHA) is defined as:

"a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation."

-Public Health Accreditation Board

The purpose of the Cochise County CHA was to determine the self-identified current health status of our residents, what they identified as barriers to accessing health care, what types of services they are currently using, the residents' definition of what would constitute a healthy community, our major health challenges, and what would improve access to health care throughout Cochise County. The results of this CHA will be used to develop a comprehensive Community Health Improvement Plan (CHIP) in collaboration with our community partners and residents.

This project meshed well with the Cochise County's 2011 Strategic Plan. Our **Vision Statement** expresses the ultimate role that county government fulfills: "Cochise County fosters diverse, vibrant and safe communities, planning for the future while honoring our legendary cultural heritage." This vision was adopted by the Board of Supervisors based on the core belief that county leadership should first and foremost encourage every stakeholder to always work toward the betterment of life in Cochise County. Our **Mission Statement** describes in broad terms the actions county government will undertake in order to realize that vision. "Provide regional leadership and effective, high-quality services with personal and professional integrity." This mission was adopted by the Board of Supervisors to acknowledge the county's commitment to being a leading force for progress in the county.

Acknowledgements

We would like to acknowledge our Board of Health, CHSS staff, and community partners for their assistance in the development of this CHA survey and with its distribution. Based upon years of involvement with county residents in various capacities, our community partners provided invaluable and diverse insight into the issues most likely to be relevant to our population. They also assisted greatly in the distribution of our survey to their clients, employees, families, and other contacts throughout our county. We look forward to working with these same partners and expanding our collaborative efforts to include others as we develop our Community Health Improvement Plan.

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Special Thanks

Our special thanks to ADHS Staff members Carol Vack, Pragathi Tummala, Khaleel Hussaini, and Kimberly O'Neill for their technical assistance, support, and guidance in the completion of this CHA. Special thanks also to Maria Mena, the CHSS staff member responsible for translating the survey tool into Spanish.

About Cochise County

History

Cochise County was created on February 1, 1881, out of the eastern portion of Pima County. It took its name from the legendary Chiricahua Apache war chief Cochise. It lies in the southeast corner of the State of Arizona and has a land area of more than 4 million acres, an area larger than the states of Connecticut and Rhode Island combined. This area is one of the most beautiful and diverse areas in the United States. Residents and tourists alike come here for the rich history, open lands and unique cultural mix. Our landscape combines growing urban areas such as Sierra Vista and Benson with thriving rural unincorporated communities such as Palominas and Whetstone and large cattle ranches and agricultural farms passed through generations of southern Arizonans. This unique corner of the state boasts a wealth of scenic and natural resources and a people whose "way of life" has thrived on those resources. Many new property owners move to the unincorporated or "rural" areas for a new life outside of large metropolitan areas without the knowledge that life in a largely rural county is different from life in the city.



The county seat was Tombstone until 1929 when it moved to Bisbee. Cochise County is known as the "Land of Legends" because of legendary figures like Wyatt Earp, Doc Holliday, and historic figures from the Apache Tribe such as Cochise and Geronimo. Mexican Pancho Villa and Spaniard, Francisco Vásquez de Coronado brought the hispanic influence to the county as well as the early

prospectors who settled here. They all lived in what is now called Cochise County and each left a unique mark in the history of the American West.

Native Americans and the Apaches, including their legendary leader Cochise, shaped much of the American Southwest and especially Cochise County. The Apache Indians roamed Cochise County and the land that is now the Chiricahua National

Monument. They called it the "land of the standing up rocks."



Apaches were famously involved in the "Indian Wars" of the 1860's and 1870's. Many believe a simple misunderstanding during the "Bascom Affair" launched clashes with the Apaches. Upon Cochise's death, he was secretly buried in the Dragoon Mountains. The exact location was never revealed. Now part of the Coronado National Forest, Cochise Stronghold, where the fearless leader and more than 200 of his men hid out, is an awe-inspiring series of boulder-filled canyons.



There is a very strong **Mexican/Hispanic influence** on Cochise County as well. Searching for the elusive Seven Cities of Gold, Francisco Vásquez de Coronado set about his quest in 1540. His epic traverse through southern Arizona desert is commemorated at the Coronado National Memorial part of the National Park System. Spain's empire, eager to explore the New World, left its mark with the cultural heritage still evident throughout Arizona and the Southwest U.S. Spanish conquistadors built presidios throughout the area before mining and farming became prosperous. Spanish cultural heritage and influence is still prevalent today, particularly at the San Bernardino Presidio, built in the 1700's, located on the Geronimo Trail. Douglas' neighbor to the south, Agua Prieta, is a bustling and populous shopping area for tourists and southern Arizona residents. Saddlery and boot-making are highlights of the local craftsmanship, along with handmade pottery, blankets and other goods.



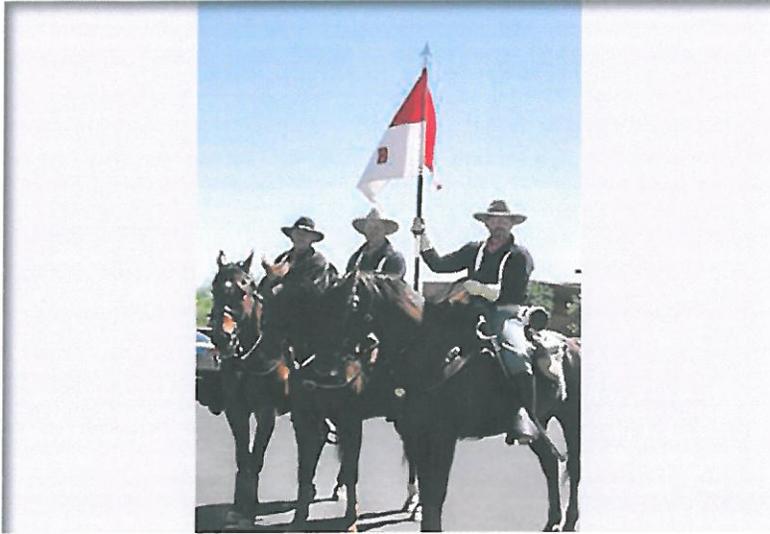
To many, the phrase “**the Old West**” evokes the flurry of action that happened in less than 30 seconds at the O.K. Corral. As celebrated as it is, the real story may never be known. Tombstone’s Old West history is evident, with wooden sidewalks, horse-drawn stagecoaches and daily gunfights, and stories about the legendary Wyatt Earp. Another famous lawman in the Old West was John Slaughter. A cattle rancher and Cochise County sheriff, Slaughter and his ranch, near Douglas, survived many a drought because of a natural spring.



From the late 1800s to 1930, the Willcox depot was a nationwide **ranching and cattle-shipping** area. Both enterprises still flourish; livestock auctions are held every week, and the town is home to the only surviving Southern Pacific Depot in the southern U.S.

Benson’s links to the Old West lie in its role to linking the West with news from the East. The Butterfield Overland Stage began in 1858. The U.S. government awarded a

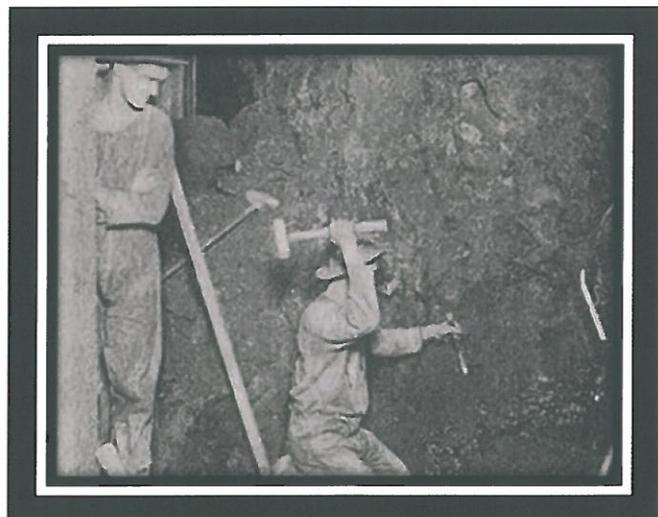
\$600,000 contract to John Butterfield to carry mail from St. Louis to San Francisco twice a week. The stage's southern route promised little snow and ran 100-250 coaches, about 1,000 horses, half as many mules and about 800 employees. The Butterfield Stage ended with the start of the Civil War in 1861. Every year, Benson holds the Butterfield Overland Stage Days. During the event, and for a month following, the U.S. Post Office designs a special cancellation stamp for letters mailed in the area.



Ft. Huachuca in Sierra Vista

is a great example of western military history and a major economic influence today on Cochise County. Home to the venerated Buffalo Soldiers, Fort Huachuca is one of the most important military outposts in the American Southwest. Much of Arizona's history of conflicts and victories can be relived here. Fort Bowie National Historic Site was the staging ground for U.S. soldiers who pursued Geronimo, deep into the hills of the Chiricahuas. At Cochise Stronghold, you can explore the rocky nooks and mountain hideaways of the legendary Apache leader Cochise. The U.S. Cavalry often chased him, and Native American folklore also says he's buried there.

Geology and Mining also played a pivotal role in creating Cochise County and its economy. Prospectors hoped they would in Arizona's deserts.

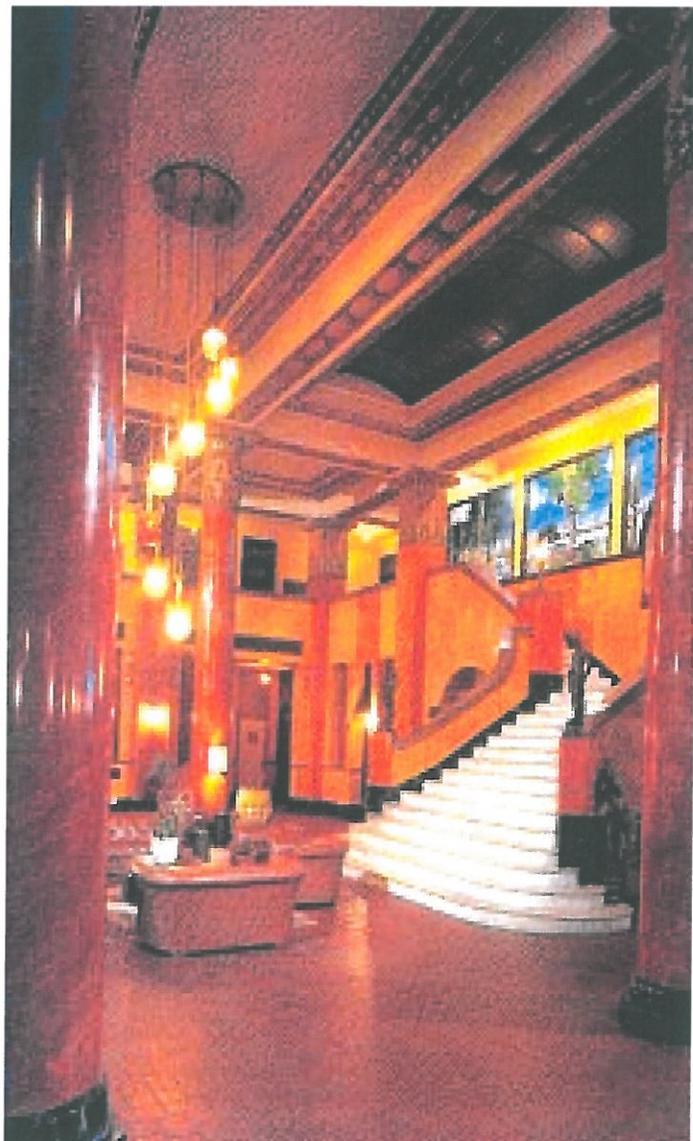


Francisco Vásquez de Coronado of Spain searched southeastern Arizona for the Seven Cities of Gold. The Coronado National Memorial near Sierra Vista pays homage to his quest.

Ed Schieffelin, Tombstone's founder, was ridiculed by his friends. They said he'd find only his death, but soon he unearthed a rich silver vein. Schieffelin named the mine Tombstone. The town later adopted the name.

Hugh Jones was first to discover Bisbee's copper stores, but he left, disappointed it wasn't gold. Savvy prospectors anticipated copper's importance to electricity, and Bisbee grew into a bustling city. The Bisbee Mining & Historical Museum is a Smithsonian Institution affiliate.

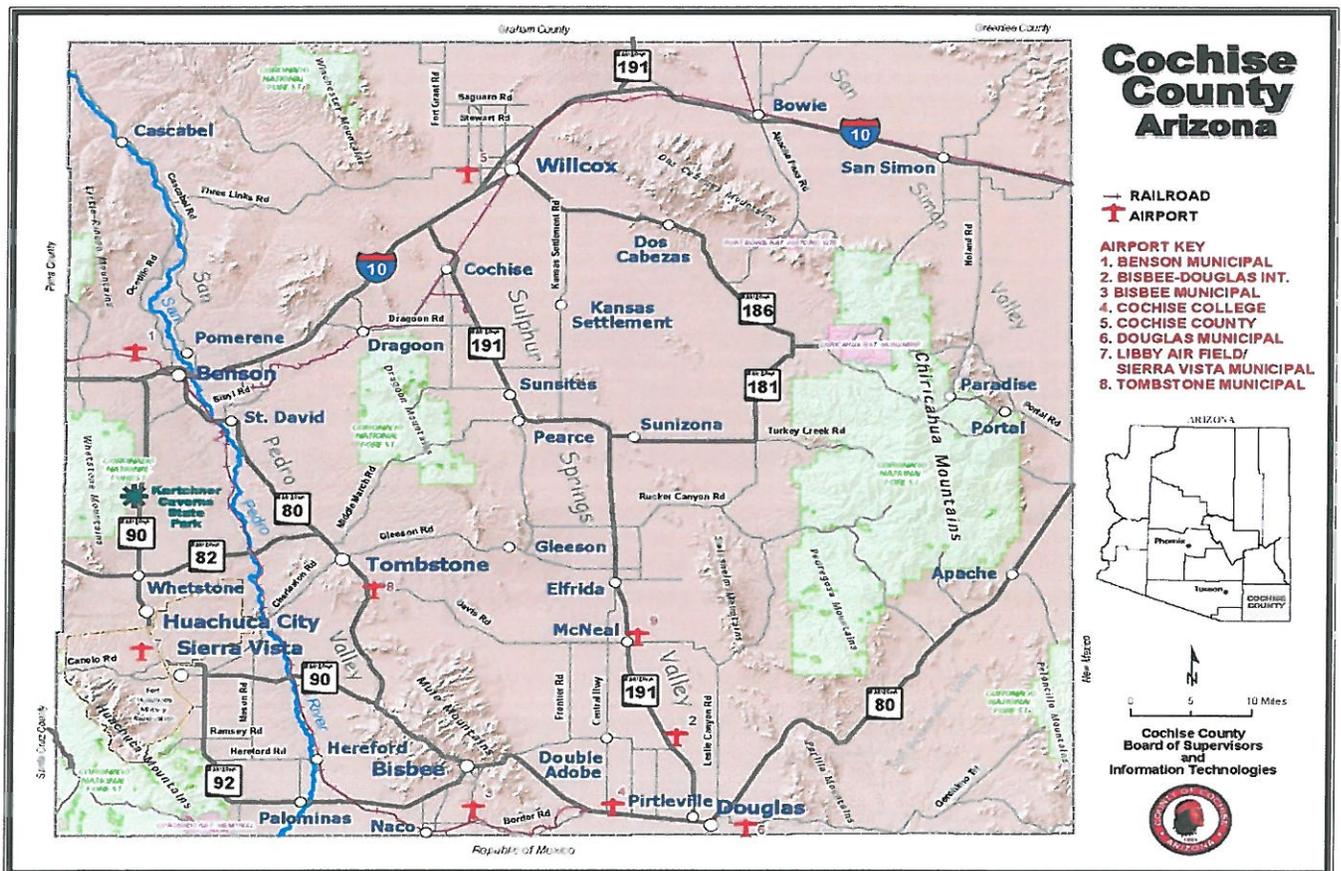
Douglas also had a helping hand in copper mining history. Phelps Dodge established a smelter in Douglas in 1900. Mining executives stayed in comfort at the Gadsden Hotel. Complete with Tiffany-stained glass mural, an impressive stained glass dome and Italian marble stairs, legends say Pancho Villa rode his horse up the Gadsden Hotel's famed stairway.



Geography

According to the 2000 census, Cochise County has a total area of 6,218.77 square miles, of which 6,169.45 square miles (or 99.21%) is land and 49.32 square miles (or 0.79%) is water. As mentioned previously, Cochise County is as big as Rhode Island and Connecticut combined. According to the 2010 census, our population was 131,346 and our 2011 estimated total population was 133,289. Our largest city is Sierra Vista. Population density is estimated at 21 per square mile.

Adjacent jurisdictions are: Agua Prieta, Cananea, Naco, and Santa Cruz, Sonora, Mexico to the south, Santa Cruz County to the southwest, Pima County to the west, Graham county to the north, Greenlee County to the northeast, and Hidalgo County, New Mexico to the east. Major highways include Interstate 10, US Route 191, and State Routes 80, 82, 90, 92, and 186. Please see map below:



Climate

Surprisingly, Cochise County enjoys an extremely comfortable climate year round. Below you'll find month-to-month chart of the average temperatures and rainfall found around the area. Total average annual rainfall is 11.34".

| Month | High Temp | Low Temp | Sunrise/Sunset | Rainfall |
|--------------|------------------|-----------------|-----------------------|-----------------|
| January | 64 | 25 | 7:22am/5:39pm | 0.68" |
| February | 68 | 27 | 7:04am/6:07pm | 0.74" |
| March | 71 | 31 | 6:31am/6:30pm | 0.51" |
| April | 79 | 37 | 5:52am/6:51pm | 0.23" |
| May | 87 | 43 | 5:24am/7:12pm | 0.10" |
| June | 95 | 51 | 5:15am/7:29pm | 0.37" |
| July | 95 | 59 | 5:26am/7:28pm | 2.69" |
| August | 92 | 58 | 5:46am/7:04pm | 2.79" |
| September | 90 | 52 | 6:05am/6:26pm | 1.32" |
| October | 83 | 41 | 6:25am/5:48pm | 0.62" |
| November | 72 | 30 | 6:50am/5:21pm | 0.57" |
| December | 63 | 25 | 7:14am/5:19pm | 0.71" |



Resident Demographics

The charts below display the demographics of Cochise County residents as per the 2010 Census Bureau. Cochise County had a mail-back response/participation rate of 68% to the 2010 Census, the highest participation rate in the nation in 2010 for a rural border county with Mexico. Cochise County increased their response rate by 8% from 2000 to 2010 AND is the third highest southern border county in the nation, with only the more urban areas of San Diego County and Pima County coming in slightly higher.

Percentages of particular note are: 38% of population is 50+, 32.3% population is Hispanic, 27.5% of households speak a language other than English, and 16.2% of the population live below the poverty level.

| Housing Status(in housing units unless noted) | |
|---------------------------------------------------------|-----------|
| Total | 59,041 |
| Occupied | 50,865 |
| Owner-occupied | 34,711 |
| Population in owner-occupied(number of individuals) | 85,741 |
| Renter-occupied | 16,154 |
| Population in renter-occupied (number of individuals) | 39,334 |
| Households with individuals under 18 | 15,475 |
| Vacant | 8,176 |
| Vacant: for rent | 1,917 |
| Vacant: for sale | 1,142 |
| Median value of owner-occupied housing units, 2007-2011 | \$155,700 |

| Population by Sex/Age | | Percentage |
|--------------------------------------|---------|-------------------|
| Male | 66,977 | 51% |
| Female | 64,369 | 49% |
| Under 18 | 30,250 | 23% |
| 18 & over | 101,096 | 77% |
| 20 - 24 | 8,211 | 6.25% |
| 25 - 34 | 16,479 | 12.5% |
| 35 - 49 | 23,112 | 17.5% |
| 50 - 64 | 26,704 | 20.3% |
| 65 & over | 22,688 | 17.3% |
| Population by Ethnicity | | Percentage |
| Hispanic or Latino | 42,543 | 32.3% |
| Non Hispanic or Latino | 88,803 | 67.6% |
| Population by Race | | |
| White | 103,085 | 78.5% |
| African American | 5,465 | 4.2% |
| Asian | 2,525 | 1.9% |
| American Indian and Alaska Native | 1,589 | 1.2% |
| Native Hawaiian and Pacific Islander | 418 | 0.3% |
| Other | 12,989 | 9.9% |
| Identified by two or more | 5,275 | 4% |
| | | |

Other Notable Demographics

| | |
|-------------------------------------------------------------------------|----------|
| Foreign born persons, percent, 2007-2011 | 12.1% |
| Language other than English spoken at home, percent age 5+, 2007-2011 | 27.5% |
| High school graduate or higher, percent of persons age 25+, 2007-2011 | 85.0% |
| Bachelor's degree or higher, percent of persons age 25+, 2007-2011 | 21.9% |
| Veterans, 2007-2011 | 19,690 |
| Mean travel time to work (minutes), workers age 16+, 2007-2011 | 19.6 min |
| Persons per household, 2007-2011 | 2.53 |
| Per capita money income in the past 12 months (2011 dollars), 2007-2011 | \$23,296 |
| Persons below poverty level, percent, 2007-2011 | 16.2% |
| Median household income, 2007-2011 | \$45,906 |
| Unemployment Percentage | 7.7% |

Economics

The information for this section of the CHA is taken from the Cochise County Quality of Life Index (QOL). The QOL is a project sponsored by the Cochise Community Foundation, the Cochise College Center for Economic Research and Cochise County. It is a summary of weighted indicators used to determine baseline current conditions, benchmark progress over time, compare ourselves with others, educate the public, and develop consensus.

In the fall of 2005, the Cochise Community Foundation approached Cochise College and the Cochise County Board of Supervisors with an idea of creating a Quality of Life Index for Cochise County. Other parts of the country have found that organizing information this way helps to identify emerging issues and community preferences for public investment.

In early 2006, the QOL partner organizations invited community leaders with a wide range of expertise to help develop the Index. Project management responsibilities have been shared among the three project partners as follows: Project Management: Cochise Community Foundation; Survey Instrument & Data Analysis: Cochise College Center for Economic Research; and Meeting Logistics & Website: Cochise County. In the 4th Quarter, 2006, the QOL Model was completed and outreach into the community began. The first QOL report contained six indicators of the economic health of Cochise County at the end of 2005 and are reported below.

Cochise County Unemployment Rate: 4.9%

INDICATOR DESCRIPTION

This indicator measures the annual unemployment rate in Cochise County, as reported by the Arizona Department of Economic Security (DES). DES collects information on the civilian labor force – that is, it

excludes active duty military. Individuals who are at least 16 years old and are employed or actively looking for a job are included here. There is no upper age limit for job seekers.

| COCHISE COUNTY UNEMPLOYMENT RATE | |
|--------------------------------------------------------|--------------------------|
| <i>Year</i> | <i>Unemployment Rate</i> |
| 2005 | 4.9% |
| 2004 | 5.0% |
| 2003 | 5.7% |
| <i>Source: Arizona Department of Economic Security</i> | |

Cochise County Median Annual Wages: \$26,404

INDICATOR DESCRIPTION

This indicator measures changes in the median annual wage in Cochise County as reported by the Arizona Department of Economic Security and adjusted for inflation (i.e., real wage growth). Wage levels for 2005 are used as a baseline, and subsequent year wages are entered in 2005 inflation-adjusted dollars. The median, or midpoint, is used rather than the average wage because the average wage is often pulled upward by a small number of higher-paying jobs.

Wage growth is adjusted for inflation so that it better reflects the change, hopefully an increase, in purchasing power. If wages were not adjusted (nominal wages), and grew at the same rate as inflation, there would be no increase in purchasing power. Wages adjusted for inflation are called “real wages.”

| COCHISE COUNTY MEDIAN ANNUAL WAGES | |
|--------------------------------------------------------|----------------------------|
| <i>Year</i> | <i>Median Annual Wages</i> |
| 2005 | \$26,404 |
| 2004 | \$24,891 |
| 2003 | \$24,262 |
| <i>Source: Arizona Department of Economic Security</i> | |

Cost of Living Index: 94.0%

INDICATOR DESCRIPTION

The ACCRA composite index is based on six components - housing, utilities, grocery items, transportation, health care and miscellaneous goods and services.

It measures regional differences in the cost of consumer goods and services, excluding taxes and non-consumer expenditures, for professional and managerial households in the top 20% by household income. It is based on more than 50,000 prices covering almost 60 different items for which prices are collected quarterly by chambers of commerce, economic development organizations or university applied economic centers in each participating urban area. Approximately 300 areas participate in the index.

The Index uses data collected in the Sierra Vista - Douglas Micropolitan area. This is not as unbalanced

as it may appear since Sierra Vista accounts for approximately two thirds of all retail sales in Cochise County and many residents travel distances to shop.

| ACCRA COST OF LIVING INDEX, SIERRA VISTA-DOUGLAS MICROPOLITAN AREA | |
|---------------------------------------------------------------------------|-----------------------------------------------------------|
| <i>Year</i> | <i>Accra Cost of Living Index, 4th Quarter</i> |
| 2005 | 94.0 |
| 2004 | 100.4 |
| 2003 | 95.5 |
| Source: ACCRA | |

| 4TH QUARTER COST OF LIVING COMPARISONS | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------|----------------|------------------|------------------------|-----------------|-------------|
| | SV-- Douglas Micro Area | Tucson | Phoenix | Flagstaff | Lake Havasu | Prescott | Yuma |
| 2003, 4 th Quarter | 95.5 | 97.3 | 98.5 | 108.7 | 102.2 | * | 100.7 |
| 2004, 4 th Quarter | 100.4 | 94.4 | 98.7 | 109.7 | 109.6 | * | 94.7 |
| 2005, 4 th Quarter | 94.0 | 97.3 | 100.4 | 112.4 | 109.4 | 111.6 | 99.4 |
| * Data not available | | | | | | | |
| <i>Note. The average for all participating places nationwide equals 100. Each participant's index is read as a percentage of the average for all places.</i> | | | | | | | |
| <i>Source: ACCRA Cost of Living Index</i> | | | | | | | |

Community Health Assessment

Definition

As mentioned in the introduction of this document, Community Health Assessment (CHA) is defined by the Public Health Accreditation Board as:

"a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation."

At its best, a CHA is a collaborative process involving as many community stakeholders as possible used to identify the health issues important to the individuals surveyed. Hopefully, the individuals surveyed will represent a cross-section of the population of the community and the priorities identified will be used to create a Community Health Improvement Plan specific to that community.



Process/Methodology

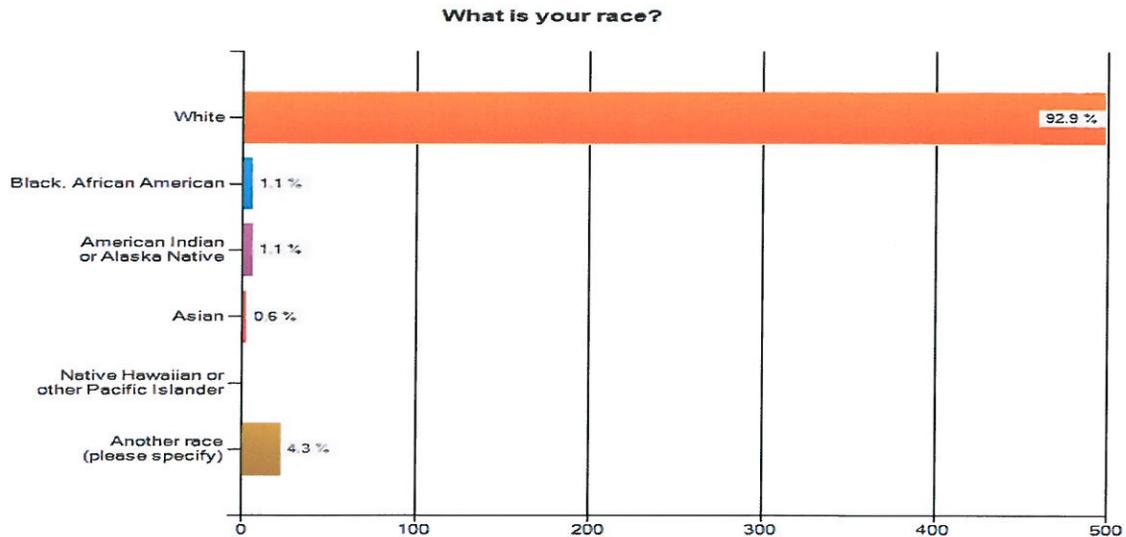
For Cochise County, the CHA process began in early 2012 after receiving funding from the Arizona Department of Health Services (ADHS) for this purpose. An educational meeting was held at ADHS in June, 2012 to describe the details of a CHA, suggest resources that may be helpful, and a presentation about Mobilizing for Action through Planning and Partnerships (MAPP) was given by a representative of the National Association of City and County Health Officials (NACCHO). After that organizational meeting, monthly meetings and/or conference calls were held as we moved through this project. Challenges and successes were shared among the counties at various stages in the CHA process and data and ideas were freely shared on SharePoint.

Using a survey developed by Yavapai County as a starting point, the CHSS leadership team developed a draft survey for Cochise County and then met with our community partners to finalize the survey. The final survey questions were posted on Survey Monkey in mid-September and formally launched at the Cochise County Fair on the last weekend of September. Data was collected from 9/25/12 through 12/28/12 and all data was received online via Survey Monkey. Unfortunately, the survey was not translated into Spanish until December and posted on Survey Monkey and no online responses in Spanish have been received to date. The survey was also made available by hard copy, but no completed hard copies were received by 12/28/12. The survey was distributed electronically to all County employees, to all five hospitals in Cochise County, to all RHCs and FQHCs in Cochise County, to Cochise College and several local businesses. All CHSS employees distributed the survey to colleagues, friends and family members and a flyer about the survey with a link to it was distributed widely throughout the County. At the County Fair, four computers were set up at the County booth and fair goers were encouraged to take the 10 – 15 minute survey on the spot. We also set up computers in all lobbies of the Health Department's five service centers with instructions and a link to the survey. Staff members encouraged all clients to take the survey there or take a flyer with the link to their homes to complete at a later time. In all cases and by all methods of distribution, respondents were assured of the

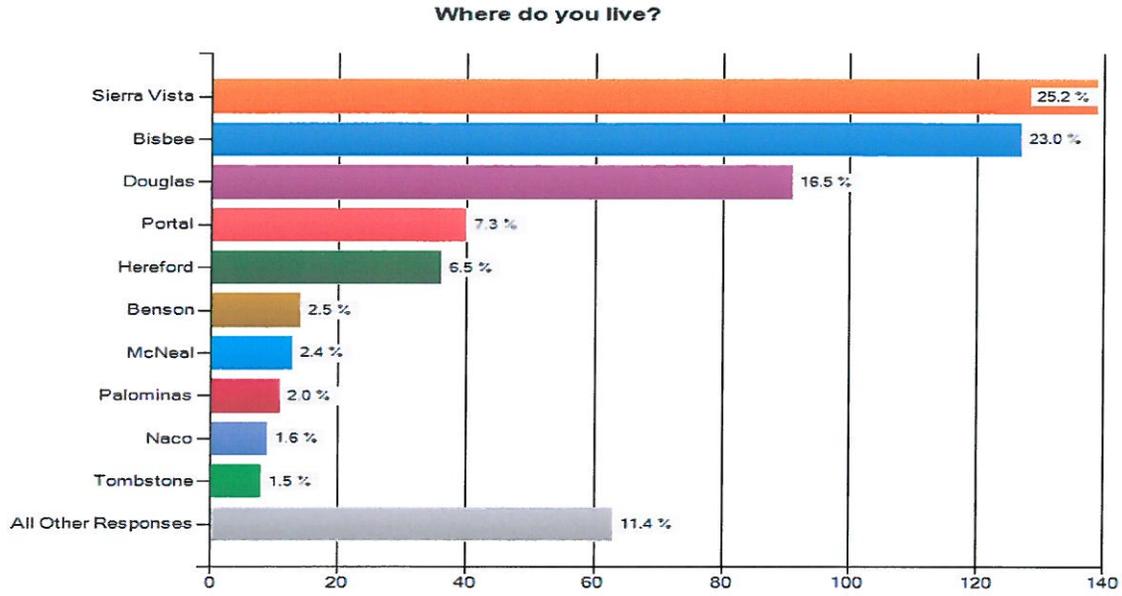
anonymity of their responses and the fact that no personal identifying information was being collected in any manner.

Survey Results

Respondents – a total of 558 surveys were started online in Survey Monkey. Of these, 505 (or 90.5%) were completed. All responses were tabulated, including those received on the incomplete surveys. Just over 68% of those completing the survey were female. This is not representative of the County’s population which is 51% male. Ages of the respondents were as follows: 17 or younger - 2.3%; 18 to 24 – 2.3%; 25 to 34 – 10.5%; 35 to 44 – 14.8%; 45 to 54 – 26.0%; 55 to 64 – 30.0%; 65 to 74 – 11.6%; and 75 or older – 2.5%. Respondents reported as single – 11.7%, unmarried couple – 4.3%, and 61.6% of respondents were married. Of the 547 who responded to this question, 30.3% were of Hispanic, Latino, or Spanish origin and 69.7% reported they were not Hispanic, Latino, or of Spanish origin. Breakdown of respondents by race is reported below:



5.9% of respondents reported that a language other than English is primarily spoken in their homes. Respondents live in the following communities:



Just over 69% of the respondents have lived in Cochise County for at least ten (10) years. Nearly 71% of respondents reported that they were employed full-time, 5.5% employed part-time, and 13.8% are retired. Only 1.8% reported being unemployed. This is not representative of the 2005 QOL Index reported unemployment rate of 4.9%.

Annual Household Income responses on chart below:

| | Family of 1 | Family of 2 | Family of 3 | Family of 4 or more |
|----------------------------|-------------|-------------|-------------|---------------------|
| \$0 - \$11,169 | 6.2% | 0.9% | 1.0% | 0.8% |
| \$11,170 - \$16,759 | 3.7% | 1.8% | 0.0% | 3.1% |
| \$16,760 - \$19,549 | 7.4% | 0.9% | 1.9% | 0.0% |

Cochise County Community Health Assessment – December, 2012

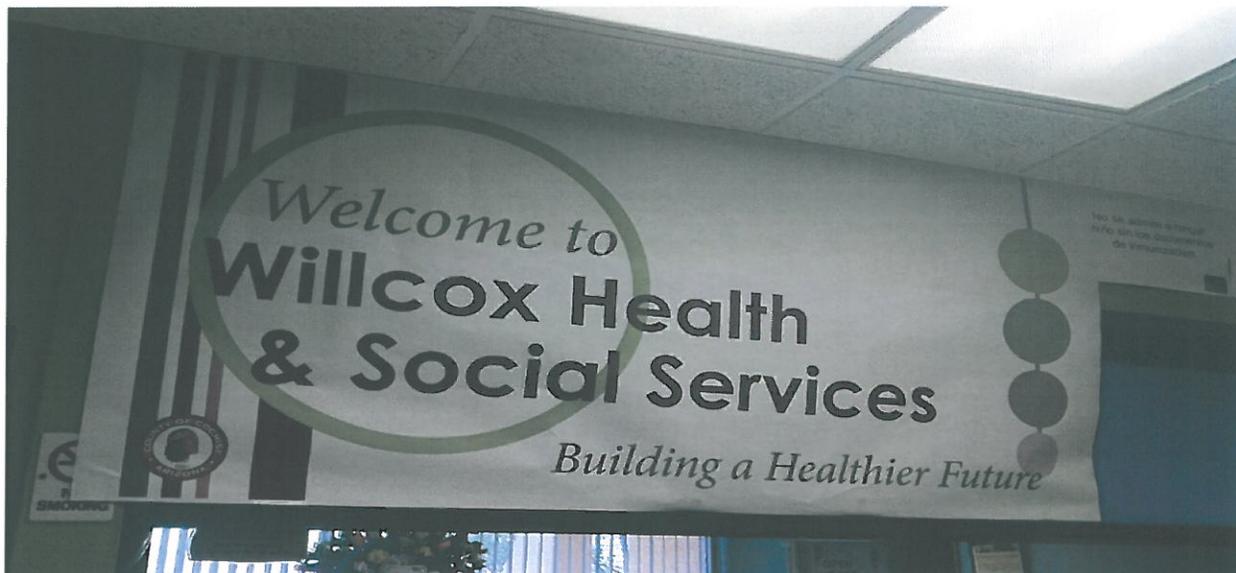
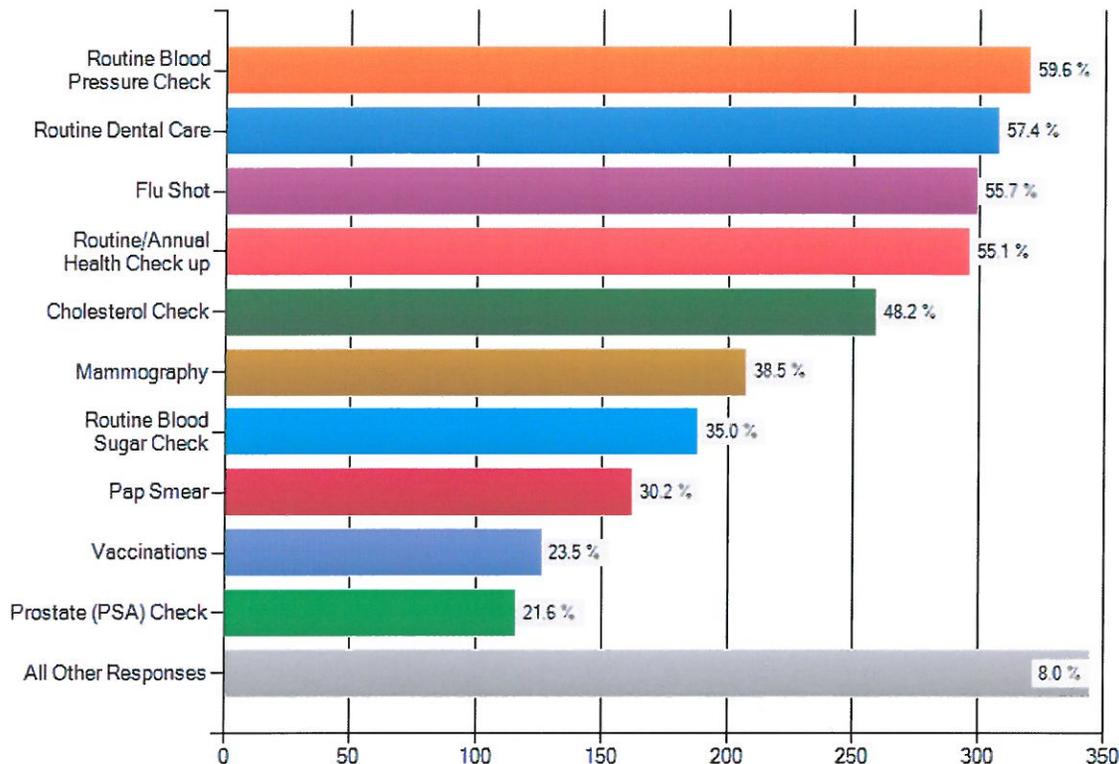
| | | | | |
|---------------------|--------------|--------------|--------------|--------------|
| \$19,550 - \$22,339 | 3.7% | 2.3% | 2.9% | 2.4% |
| \$22,340 - \$27,929 | 16.0% | 4.6% | 10.6% | 12.6% |
| \$27,930 - \$49,999 | 35.8% | 22.4% | 23.1% | 27.6% |
| \$50,000 - \$74,999 | 17.3% | 25.6% | 26.9% | 26.0% |
| \$75,000 - \$99,999 | 4.9% | 20.5% | 15.4% | 16.5% |
| \$100,000 or more | 4.9% | 21.0% | 18.3% | 11.0% |

Average household income county-wide reported in the 2010 Census was \$45,906, so responses seem to be indicative of larger population demographic for this question. Families of two have the highest average household incomes.

Medical Care/Health Services – respondents reported that they learn about available health services primarily by word of mouth (30%) and or the internet/websites (19.8%); 87.4% had a primary care provider; 62.7% of respondents traveled 20 miles or less to receive health care services; 15.8% travel more than 50 miles for care; 88.1% reported that they were somewhat satisfied (21.6%), satisfied (36.2%), or very satisfied (30.3%) with the health care they have received in the last year; 13.6% report that they do go to Mexico for health care services. Of those who do get services in Mexico, the type of services are: medical care – 43.8%; dental care – 82.2%; and 56.2% receive prescription medications in Mexico.

The table below shows the types of preventive testing and services respondents received in the last year:

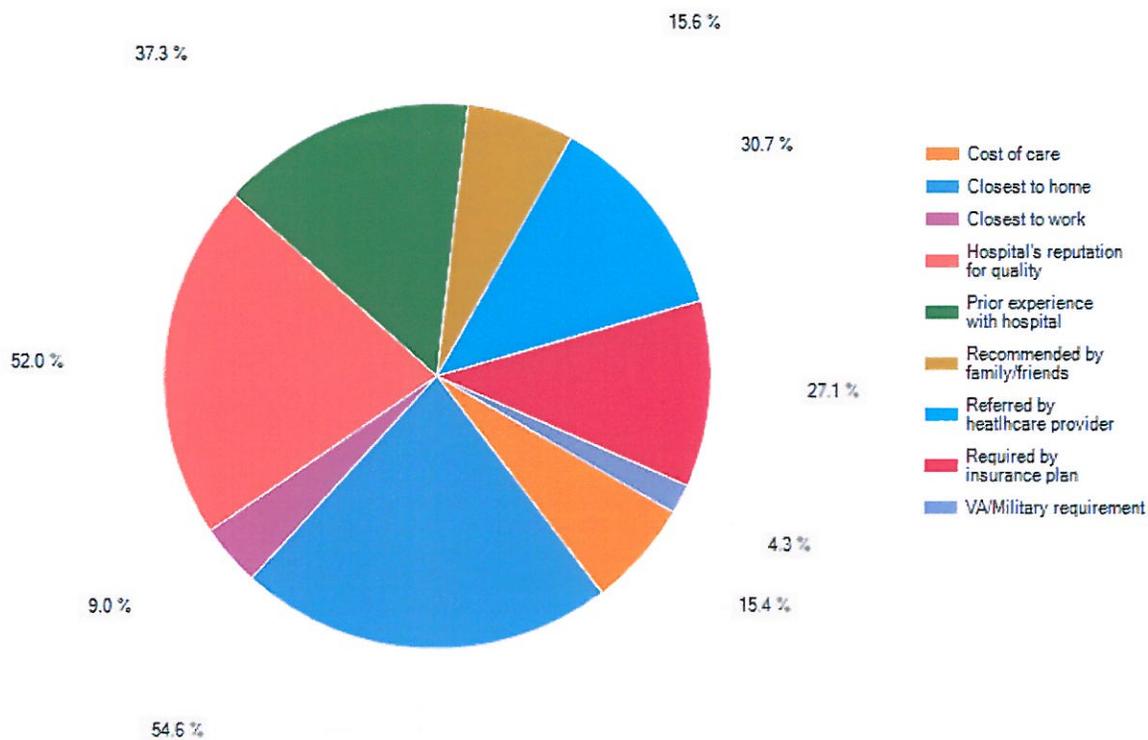
Which of the following services have you or a member of your family used in the past 12 months? Check all that apply.



Respondents indicated that in the past 12 months, 55.8% of them have personally or had a member of your family received care in a hospital. This question included examples such as hospitalized overnight, emergency room, day surgery, obstetrical

care, rehabilitation, radiology, labs, etc. When asked about the reasons they chose the hospital that they did/or would use:

Thinking about the hospital you use or would use most frequently, what are the three (3) most important reasons for selecting that hospital?

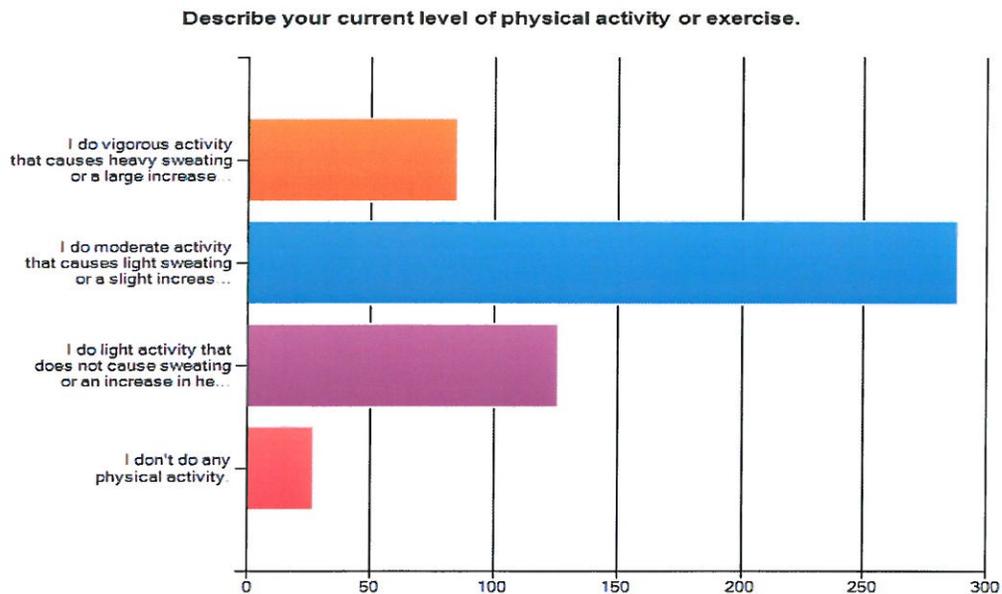


48% of respondents said that they would choose a hospital in Tucson for services needed in the future. 43.4% had utilized a hospital emergency room in the last year with 59.9% of these visits for a serious illness or injury; 16% did not know where else to get care and 13.2% were directed to the ER by their primary care provider. 14.6% had used the ER two or more times in the last year.

Health Insurance - 56.5% of respondents had health insurance covering everyone in their household; 22.4% had personal coverage only; 1.7% had coverage for spouse/significant other only; 11.8% for self and spouse; 2.2% for children only; and 5.5% reported having no insurance or answered the question "Other". For 32.9% of

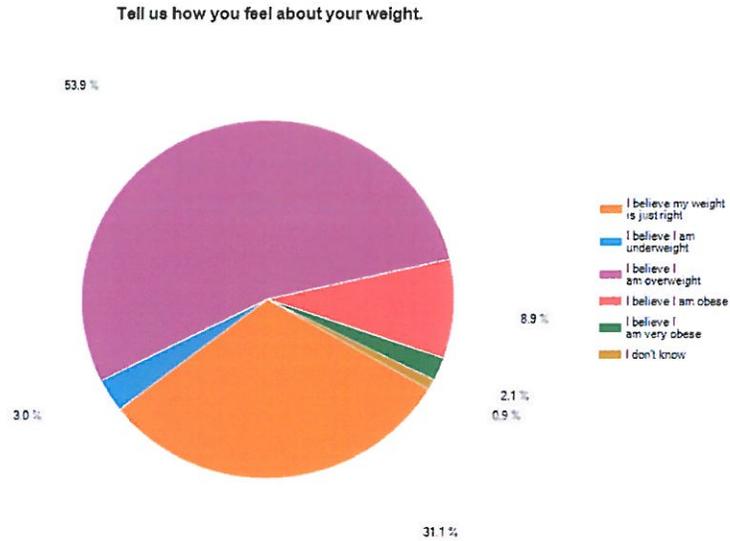
those with insurance, their employer paid the premium; 36.7% share the cost of the premium with their employer; and 15.7% pay the premiums themselves. Nearly 80% had insurance that covered the cost of their prescriptions. Approximately 69% had received dental care in the last year and have dental insurance.

Self-reported health status – 25.3% rate their general overall health as very good, 55.3% good, 17.8% fair, only 1.3% poor, and 0.2% very poor. Nearly 30% reported having no chronic health conditions and the most often reported chronic conditions were back/neck pain (33.3%) and hypertension (29.2%). When asked about the overall health of County residents, 1.4% felt was very good, 31.5% good, 54.9% fair, 11.2% poor, and 1.0% very poor. Physical activity was reported as follows:



Nearly 46% reported exercising 3 – 5 times/wk and just over 63% report exercising at least 16 – 60 minutes/session.

Weight and Nutrition – 31% felt their weight was just right and only 31.6% know their BMI.



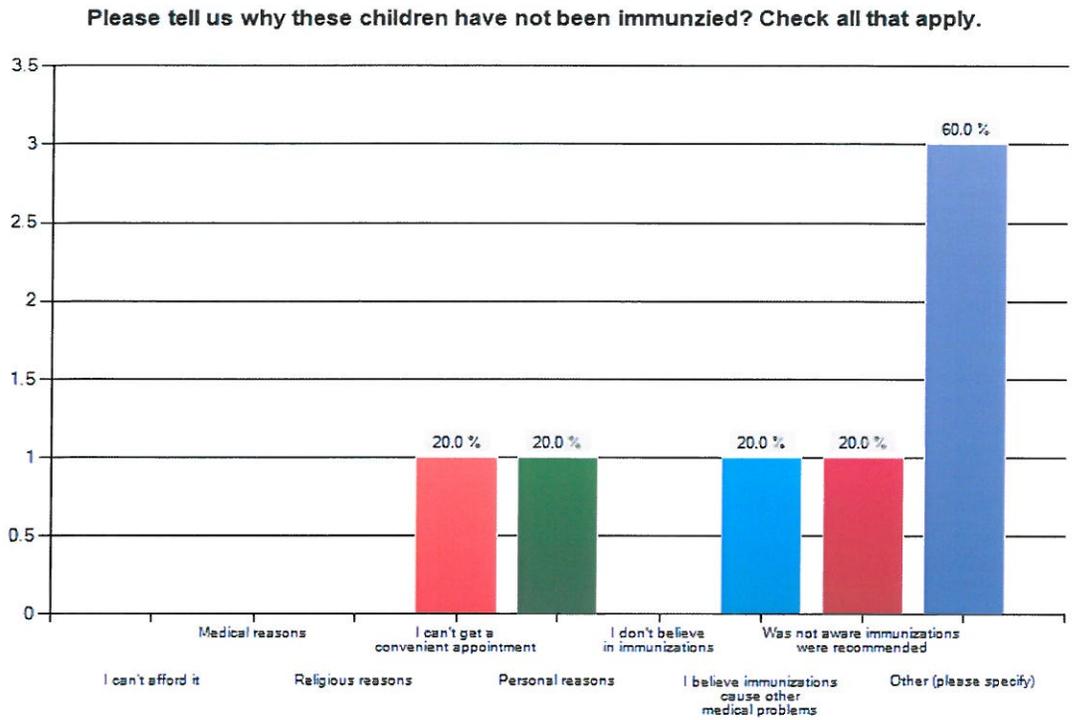
In terms of availability of food, over 16% of respondents do not always have enough money for food, 56.5% live within 5 miles of a grocery store, and 54.3% eat fast food or food from a convenience store 1 – 2 times/week.

Tobacco Use – 16.8% smoke or use smokeless tobacco, 76.4% of those have done so for more than ten years, and only 19.1% report that they do NOT want to quit.

Hypertension and High Cholesterol – 42.7% of respondents have been told that they are hypertensive and 35.4% have been prescribed medication to treat. 39.5% of respondents have been told that they have high cholesterol, 25% have had medication prescribed to treat, and only 18% are taking that medication as prescribed.

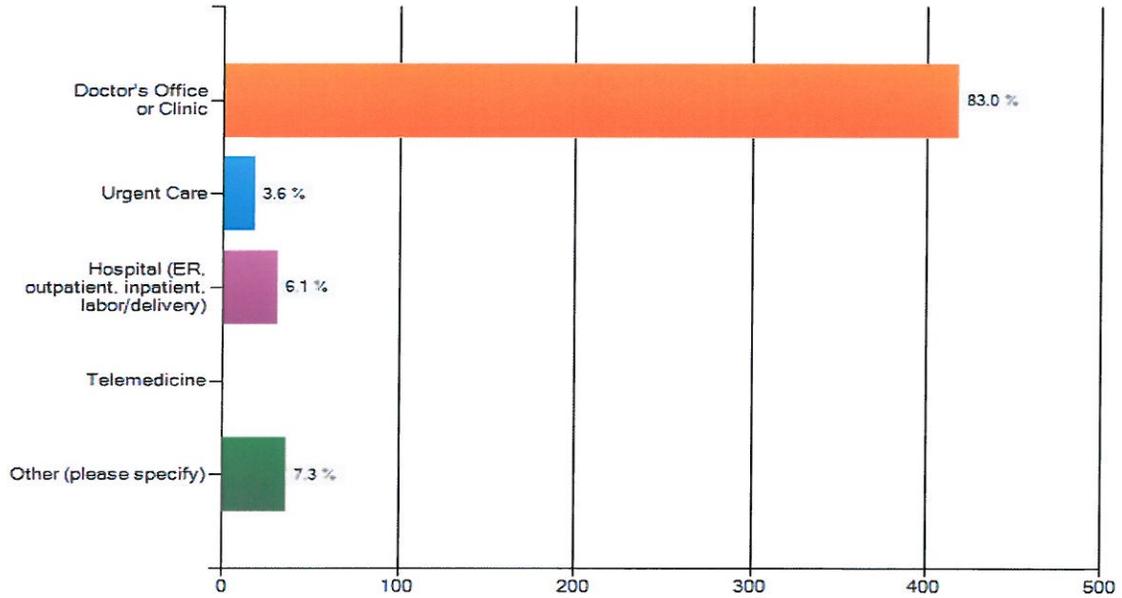
Diabetes – only 13.4% of respondents have been told that they have diabetes and 10.7% have been prescribed medication to treat. Only 8.6% of those are taking medication as prescribed.

Children and Immunizations – only 7.3% of respondents lived with children who are under three years of age and of those, 97.4% have received immunizations, and nearly 90% are current with immunization schedule. Reasons given for not immunizing are displayed below:

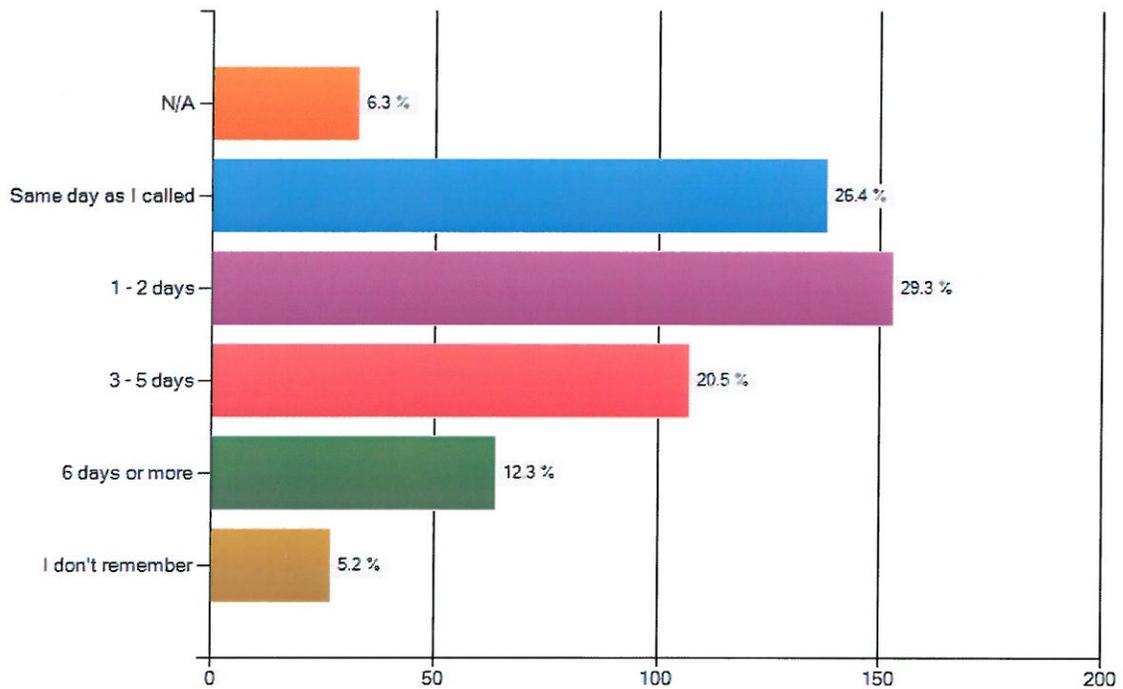


About Your Medical Care – the following responses were given regarding accessibility of care:

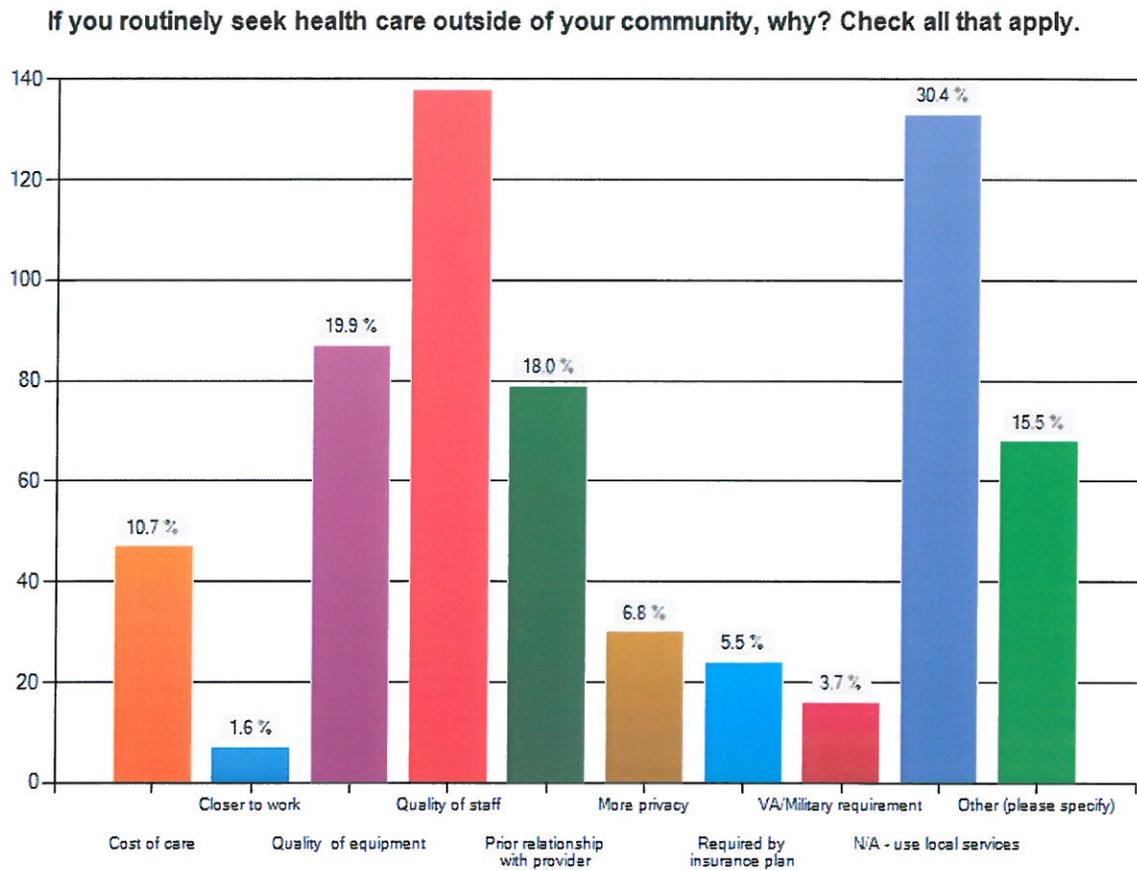
In the last 12 months, where have you gone to get medical care for yourself or your family?



The last time you needed to see your regular doctor or healthcare provider "as soon as possible," how soon were you able to get an appointment?



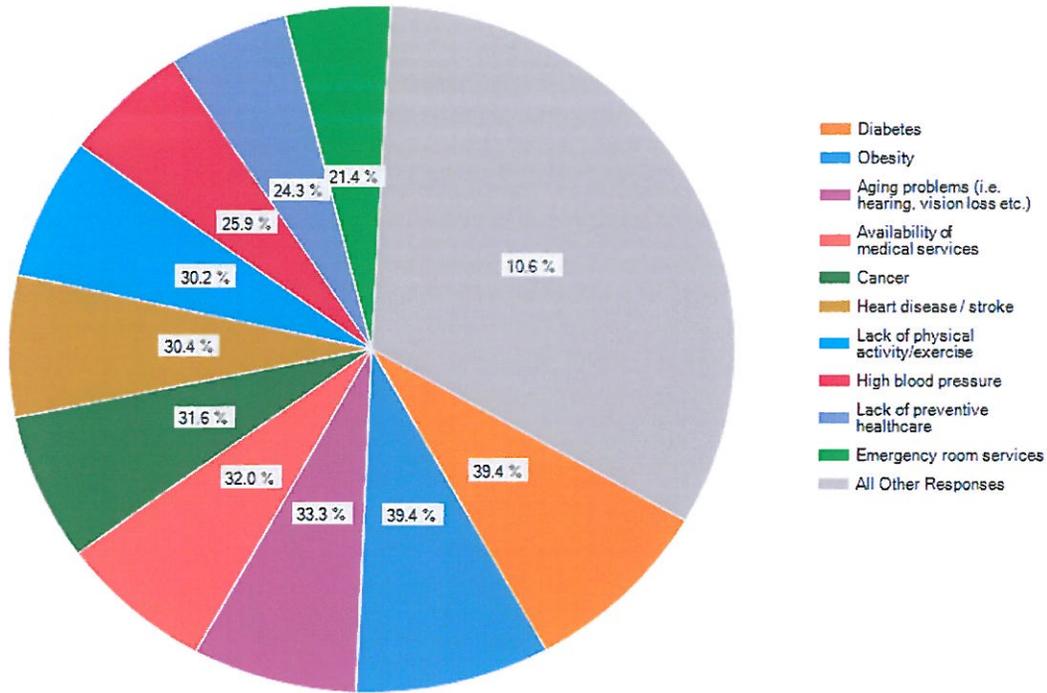
Over 77% of respondents reported that they had delayed care because they were unable to pay for it. Reasons given for seeking care outside of Cochise County include:



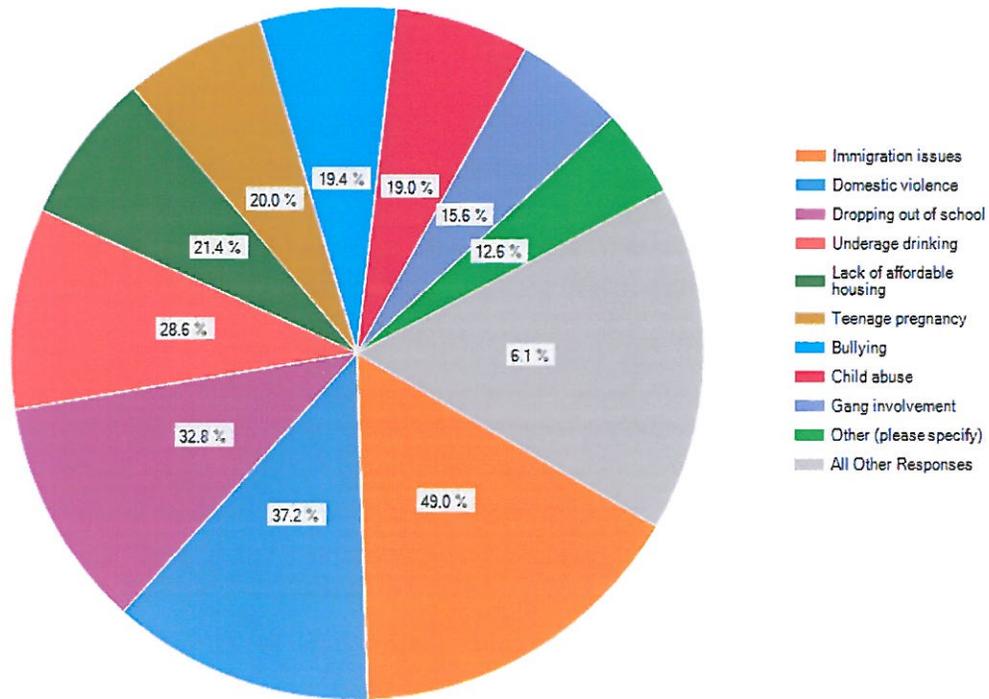
Behavioral Health – 11.8% of respondents had interaction with the mental health community in the last year and respondents felt the three biggest areas of concern in this area are drug abuse (illegal and/or prescription), depression, and alcohol abuse in that order.

Issues Important to Respondents – all responses are reported below:

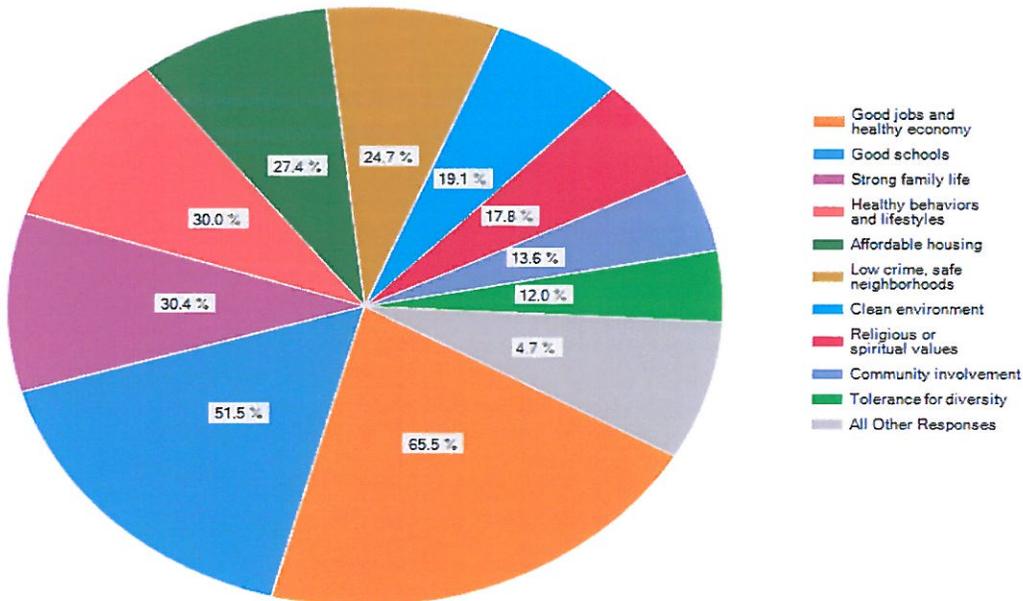
Please tell us which five (5) of the following are the most serious health concerns in Cochise County.



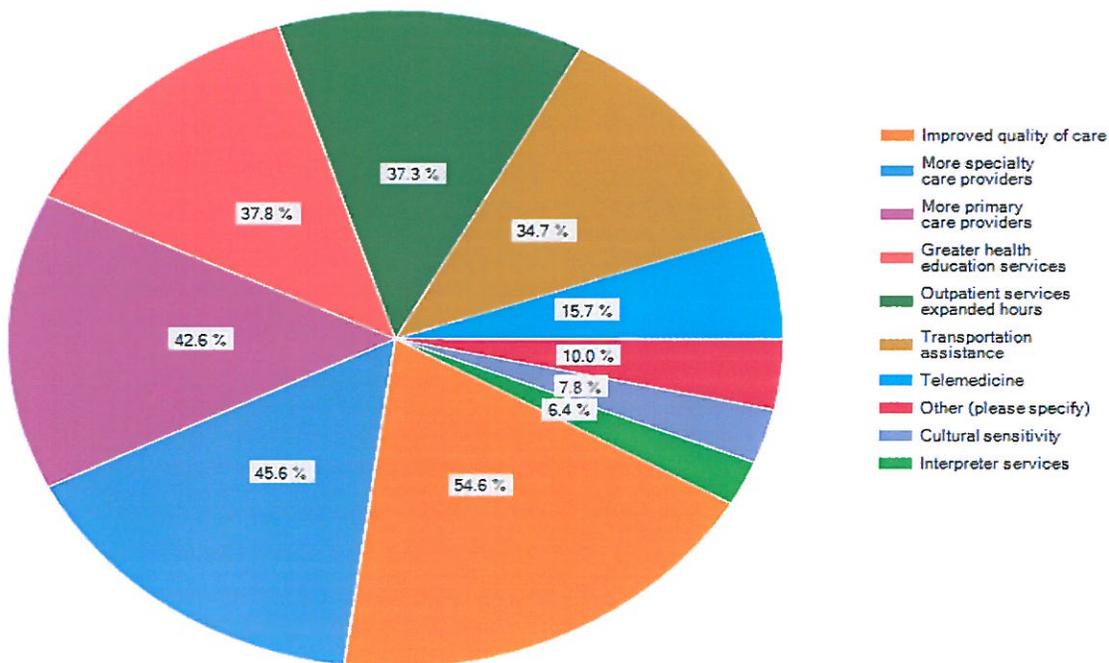
Please tell us which three (3) of the following social issues are of most concern in Cochise County.



Please select the three (3) items below that you believe are most important for a healthy community.



What would improve our community's access to healthcare?
Check all that apply.



Secondary Data

Secondary data provided by ADHS was used as part of this analysis. The Behavioral Risk Factor Surveillance System (BRFSS) data were used to compare Cochise County results with Arizona as a whole for those indicators that matched the questions in our CHA. The following variations are noteworthy:

| Indicator | Cochise | Statewide | CHA Response |
|------------------------------------------|----------------|------------------|---------------------|
| Adults under 65 with no health insurance | 17.21% | 18.57% | Not asked this way |
| No doctor/health care provider | 22.08% | 22.3% | 12.6% |
| Could not see a doctor because of cost | 7.86% | 13.34% | 22.3% |
| Ever told they have pre-diabetes | 8.02% | 6.09% | 13.4% |
| Ever told they have high blood pressure | 30.43% | 25.02% | 42.7% |
| Ever told they have high cholesterol | 42.14% | 40.90% | 39.5% |
| Smokers | 20.42% | 15.65% | 16.8% |
| Report poor health | 5.58% | 3.81% | 1.5% |
| Report being overweight or obese | 58.57% | 61.89% | 64.9% |

Other secondary data of interest comes from ADHS Border Region Health Profile, Office of Border Health regarding the leading causes of death in Arizona and in Cochise County.

| Cause of Death in 2008 | Arizona | Cochise County |
|-------------------------------|----------------|-----------------------|
| Diseases of the heart | 10,052 | 290 |

| | | |
|-------------------------------------|-------|-----|
| Malignant neoplasms | 9,941 | 279 |
| Chronic lower respiratory | 2,896 | 59 |
| Accidents (unintentional injuries) | 2,548 | 63 |
| Alzheimer’s disease | 2,080 | 37 |
| Cerebrovascular diseases | 2,077 | 75 |
| Diabetes | 1,147 | 32 |
| Influenza and pneumonia | 1,060 | 29 |
| Suicide | 876 | 21 |
| Chronic liver disease and cirrhosis | 760 | 12 |

Leading Causes of Death in Cochise County in 2008

| Cause of Death | Incidence |
|-------------------------------------------|------------------|
| Diseases of the heart | 290 |
| Malignant neoplasms | 279 |
| Cerebrovascular diseases | 75 |
| Accidents (unintentional injuries) | 63 |
| Chronic lower respiratory | 59 |
| Alzheimer’s disease | 37 |
| Septicemia | 34 |
| Diabetes | 32 |
| Nephritis, nephritic syndrome & nephrosis | 32 |
| Influenza and pneumonia | 29 |

Analysis of Findings

The findings of this CHA and the secondary data presented above will be analyzed in the same order as the actual survey questions.

Respondents – the relatively small number of respondents (558) compared to the population of the County (131,346) is of concern. The demographics of the respondents were not reflective of the population according to the 2010 Census figures as follows:

| Statistic | 2010 Census | CHA Respondents |
|----------------------------------------|-------------|-----------------|
| Population 50 y/o and older | 38.0% | 57.1% |
| Hispanic | 32.3% | 30.3% |
| Households speaking other than English | 27.5% | 5.9%* |
| Male | 51% | 32% |
| Unemployed | 7.7% | 1.8% |

* survey instrument was not available in Spanish until near the end of the data collection period.

Medical Care/Health Services – nearly 50% of respondents learn about health care services by word of mouth or internet/websites. Also of concern is that 15.8% of respondents travel more than 50 miles for health care services. Also of concern is that a full 48% of respondents said that they would choose a hospital in Tucson for services needed in the future, even though 88.1% reported that they were somewhat satisfied, satisfied or very satisfied with the care they received in the last year. Not surprisingly considering our proximity to the border, 13.6% of respondents report receiving care in Mexico. We were happily surprised that only 6.7% of respondents had received **no** prevention testing or services at all in the last year. The responses about use of emergency room indicate a need for education about other service options.

Health Insurance – we were surprised that 56.5% of respondents had health insurance covering everyone in their households. However, in what seems to be a contradictory response, over 77% of respondents reported that they had delayed care because they were unable to pay for it.

Self-reported health status – another unanticipated response was that only 1.3% rate their own overall health as poor and only 0.2% as very poor. We expected these numbers to be higher. Another unexpected response was that 30% of respondents reported having no chronic health conditions at all. This does not seem possible given the fact that 57.1% of respondents were 50 years of age or older. Hypertension was reported at 29.2% when the question was asked about chronic health conditions; however, this is contradictory with the specific question about hypertension to which 42.7% of respondents reported being told that they have hypertension and 35.4% report taking prescription medications to treat. These discrepancies could be attributed to the fact that respondents do not consider hypertension a “chronic disease” and/or that there are a significant number of county residents who have undiagnosed hypertension. This also indicates that even among those who have been diagnosed, they are not taking medications as prescribed.

Weight and Nutrition – only 31% of respondents felt their weight was just right and only 31.6% knew their BMI. Also of concern is that over 16% of respondents do not always have enough money for food for their families.

Tobacco Use – responses indicate that tobacco use in Cochise County is higher than statewide averages and a relatively high percentage (19.1%) report that they do not want to quit.

Hypertension and High Cholesterol – please see Self-Reported Health status section above. Specific responses about high cholesterol were similar to those for hypertension – respondents do not seem to identify high cholesterol as a chronic health condition and even for those who have been diagnosed, they are not taking prescribed medications to treat.

Diabetes – as with other chronic disease conditions, respondents are not taking medication as prescribed and do not identify diabetes as a chronic health condition. Diabetes rates reported by respondents (13.4%) are higher than ADHS data dashboard rates (8.9%).

Children and Immunizations – due to the small percentage of respondents living with young children, it is hard to feel good about the high rate of immunization reported (97.4%) as well as the responses that almost 90% are current with immunization schedule.

About Your Medical Care – concerns with these responses include the fact that 77% of respondents say they had delayed getting care because they were unable to pay for it. There are two RHCs and four FQHCs in Cochise County and the FQHC has a mobile unit that travels to the more rural and medically underserved areas of the County. All of these facilities offer sliding fee schedule or free services based upon income, but apparently a high percentage of respondents are not aware of this option for health care. As noted above and also of concern is that a full 48% of respondents said that they would choose a hospital in Tucson for services needed in the future, even though 88.1% reported that they were somewhat satisfied, satisfied or very satisfied with the care they received in the last year.

Behavioral Health – a relatively low percentage (11.8%) of respondents had interacted with the mental health service providers in the last year. Those who responded to this question (449) identified drug abuse, depression and alcohol abuse as the biggest behavioral or mental health issues facing Cochise County.

Issues Important to Respondents – the top five **serious health concerns** are diabetes (39.4%), obesity (39.4%), aging problems (33.3%), availability of medical services (32.0%), and cancer (31.6%). Of these, the only two in the top ten leading causes of death in Cochise County in 2008 are cancer (rank #2) and diabetes (rank #8). Heart disease/stroke received 30.4% and this would correspond with the number 1 and 3 causes of death in Cochise County. It is interesting that diabetes ranks as the number one serious health concern in this CHA and is the eighth leading cause of death in Cochise, yet only 13.4% of respondents report having been diagnosed with diabetes and in the secondary data, BRFSS data indicate 8.02% of County residents have been told they have “pre-diabetes”.

The top three **social issues** identified were immigration (49.0%), domestic violence (37.2%), and dropping out of school (32.8%).

The top three items **most important for a healthy community** were good jobs and healthy economy (65.5%), good schools (51.5%), and strong family life (30.4%). Health behaviors and lifestyles received 30.0% rating, just slightly below strong family life.

The top six items that would **improve our community's access to healthcare** were improved quality of care (54.6%), more specialty providers (45.6%), more primary care providers (42.6%), greater health education services (37.8%), outpatient services expanded hours (37.3%), and transportation assistance (34.7%).

Next Steps

- Continue data collection in general with focus on demographics that were under-represented in respondents to date. Specific targeted populations would be males, Hispanics (especially in households speaking other than English), and population under 50 years of age. Distribution of surveys in Spanish should be priority.
- Share current report with community partners and ask for input about distribution methodology.
- Keep in mind that online and word of mouth communications seem to be preferred methods for outreach. Explore ways to increase use of social media for distribution of surveys and outreach opportunities.
- Education is needed about chronic disease self-management and the importance of early detection and treatment. Need to explore self-reporting of diabetes specifically since incidence and morbidity do not seem to match the high level of importance respondents give diabetes as the most serious health issue facing Cochise County.

- Need to compare CHA responses to questions about childhood immunizations with data from PMMIS to determine if CHA respondents are typical of population in general.
- Population needs education about availability of RHCs and FQHCs throughout County.
- In this CHA process, we discovered that the Benson Hospital, Sierra Vista Regional Health Center, and the University of Arizona Extension office have also completed CHAs in the recent past. We need to review the results of those CHAs compare with our results, and use to shape our CHIP.

Health Priorities

Based upon the issues identified by the respondents, the ADHS report on the leading causes of death in Cochise, and on the 2010 BRFSS data, the following health priorities will be addressed in the development of our CHIP:

- 1) Distribute data from CHA with community partners and county-wide. Begin educational efforts regarding availability of health care services and chronic disease self-management programs offered. For chronic disease, focus efforts on diabetes, cardiovascular disease, and obesity. For availability of health care services, focus on promotion of local FQHCs and RHCs.
- 2) Engage local Border Patrol, Immigration, and Law Enforcement in steering committee for CHIP based upon the overwhelming number of respondents (49.0%) identifying immigration issues as the top social concern in Cochise County.
- 3) Focus on promotion of healthy behaviors and lifestyles as a crucial ingredient for a healthy community. CHSS Prevention Services staff will take a lead role in this effort.
- 4) Develop framework for formulation of CHIP.