

2020

Community Health Needs Assessment



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Executive Summary

On March 23, 2010 the Patient Protection and Affordable Care Act (the ACA), added new requirements for nonprofit hospitals. One of these requirements was the necessity to complete a Community Health Needs Assessment (CHNA) every three years and that a plan must be adopted to help implement the strategies identified. As part of the CHNA, each hospital is required to collect input from individuals in the community including public health experts as well as residents, representatives or leaders of low-income, minority and medically underserved populations.

In 2017 collaborative partners prepared the Cochise County Community Health Needs Assessment (CHNA). Partners included Benson Hospital, Cochise County Health and Social Services (CHSS), Copper Queen Community Hospital (CQCH), Legacy Foundation of Southeast Arizona and Northern Cochise Community Hospital. The assessment report was assembled through a cooperative process of collecting and analyzing data and information to identify and prioritize the major health needs of the community. This CHNA provided a foundation for decision making and development of action plans for improvement.



After the 2017 CHNA process Sierra Vista committees were formed. These committees focus on strengthening local communities throughout Cochise County. Copper Queen Community Hospital is a member of both consortiums. The consortiums are social service and health care agencies and community members dedicated to establishing improvement plans that support Cochise County's top health priorities.

Numerous factors influence a person's health, including the community they reside. It is often said that your zip code rather than your DNA determines how well you live and those who live in rural areas are at a higher risk for poor health. Bisbee, Palominas and Douglas' rural communities have unique strengths, opportunities and challenges in terms of the health of its population.

About Copper Queen Community Hospital

CQCH is a 14-bed licensed hospital located in Cochise County, Arizona. In addition to the hospital CQCH also operates the Douglas (freestanding) Emergency Department along with three rural health clinics located in Douglas, Palominas and Bisbee. The hospital opened in 1884 and has changed to meet the ever changing healthcare needs in Cochise County.

Bisbee's first hospital was not a building but a hole in the mountain. Dr. Thomas Darlington was recruited in 1883 to fight typhoid epidemics that devastated the mining camp every summer. He took over an abandoned explosives tunnel below the Glory Hole on Bucky O'Neill Hill and started treating the sick. After the first year, he asked for a new hospital and two small frame buildings with cardboard walls were built near the base of Sacramento Hill. Called the "Cracker Boxes", they were constantly enlarged and rebuilt until 1900 when the Copper Queen Company replaced them with a larger two-wing, two-floor white building fronted by large columns.

Nearby underground mining destabilized the earth under the hospital and in 1909 the company built a railroad spur and moved the entire structure to Lowell. At the time, the massive move was deemed less costly than starting from scratch. The rebuilt hospital went on serving the community until 1929 when once again digging at the nearby Junction mine made the ground unstable and the company—by now Phelps Dodge—decided to move back up the hill to Bisbee.

Dr. Joseph Saba touched thousands of lives during his tenure (1936 to 1975) with Phelps Dodge Corporation. As a general practitioner and surgeon, Dr. Saba cared tirelessly and selflessly for generations of Bisbee area family members. He was well known as a compassionate healer and good friend. The memories of Dr. Joseph Saba are rich and abundant and will be preserved in the halls of the institution he served so well.

A dispensary-clinic and hospital was constructed on Copper Queen Plaza. The Lowell structure was demolished, though a few columns survived and are still in use today at a small hotel on Tombstone Canyon. The handsome new hospital was state-of-the-art for the times. The dispensary-clinic entrance was on Main Street while the 40-bed hospital occupied the second floor and had its own entrance on Howell Avenue. Stairs connected the two floors. A nurse's residence was built next door. The building at One Copper Queen Plaza was Bisbee's clinic and hospital until 1961 when Phelps Dodge opened a new modern structure in Warren at Bisbee Road and Cole Avenue. The old hospital lives on housing law offices on the first floor and the Covenant Presbyterian Church Annex on the second.

Phelps Dodge continued operating the hospital until mining operations ceased in Bisbee. The fully equipped facility was given to the Cochise County Hospital Association in 1976. County financial difficulties resulted in the formation of the Bisbee Hospital Association in 1977 so that the Copper Queen Community Hospital would remain open.

CQCH in its current state is committed to providing the best and most efficient care possible to our patients. The Emergency Department is staffed 24 hours a day with specialty trained

physicians and healthcare providers. CQCH's state-of-the-art laboratory, radiology, and cardiopulmonary departments support the emergency staff. Below is a small sample of services offered:

- 24/7 Emergency Care (Douglas and Bisbee)
 - Both ED's are Pediatric Prepared and Trauma Level IV Certified
- Radiology (available at all locations)
- Laboratory (available at all locations)
- Primary Care Services (offered in our 3 Rural Health Clinics)
- Surgery (General Surgery and Gynecological Surgery)
- Acute Hospital Care
- Cardiopulmonary Services
- Gastroenterology
- Home Health
- Pediatrics
- Physical Therapy
- Telemedicine
- Occupational Medicine

Physicians Provide Specialty Care Close to Home

At Copper Queen Community Hospital, specialty care physicians **Suzanne Daly, MD, Gastroenterology; Edward Miller, DO, FACOG, Gynecology and Obstetrics; and Roland Snure, MD, General Surgery**, are here to serve our community.



SUZANNE DALY, MD
Board Certified,
Gastroenterology

MEDICAL DEGREE
University of
South Alabama

RESIDENCY
University of Virginia

With more than 15 years of experience in Gastroenterology, Dr. Daly provides quality, advanced comprehensive treatment and management of conditions of the digestive system. Her office also provides important Endoscopy and Colonoscopy screenings.

CQCH Palominas Rural Health Clinic,
10524 E. Highway 92

Warren Plaza, 7 Bisbee Road
COMING SOON

Appointments, call: 520-335-6730
(or contact your primary care physician for a referral)



EDWARD MILLER, DO, FACOG
Board Certified,
Gynecology & Obstetrics

MEDICAL DEGREE
Kirkville College of
Osteopathic Medicine

RESIDENCY
Fitzsimmons Army Medical Center

In addition to providing gynecologic woman's health services, Dr. Miller also is a certified Menopause Clinician. He graduated with honors from Kirkville College Of Osteopathic Medicine in 1982.

Bisbee Rural Health Clinic,
101 Cole Avenue

Douglas Rural Health Clinic,
100 E. Fifth Street

Appointments, call: 520-850-6850



ROLAND SNURE, MD
Board Certified,
General Surgery

MEDICAL DEGREE
University of Arizona,
College of Medicine

RESIDENCY
University of Arizona,
Department of Surgery

Dr. Snure is dedicated to the total care of the surgical patient, from diagnosis to postoperative management. After having served in the United States and abroad, Dr. Snure has returned to Cochise County, where his family has had the Snure Ranch for more than a century.

Bisbee Rural Health Clinic,
101 Cole Avenue

Douglas Rural Health Clinic,
100 E. Fifth Street

Appointments, call: 520-850-6850

Process and Methods Used to Conduct the CHNA

While completing the 2020 CQCH CHNA existing committees were utilized to gain access to key community members and valuable feedback. Key information for this report was compiled from data sources, community interviews and surveys.

- Data sources: Arizona Center for Rural Health, Rural Health Information Hub, 2017 Community Health Assessment Report- Cochise County, Arizona, County Health Ratings and Roadmaps, and Centers for Disease Prevention and Control and the Arizona Department of Health Services Health Status and Vital Statistics Annual Reports.
- Key community interviews: Interviews ranging from 45-90 minutes were conducted with varied community members including physicians, health care providers, social service agencies and local elected officials. All were asked their most important health care and social determinant of health concerns. They identified current and future strengths that can move improvement efforts forward.
- Surveys: Surveys were disseminated to community members and Step Douglas plus Healthy Sierra Vista committee members. These surveys asked questions that helped identify concerns specific to the residents in our service area.

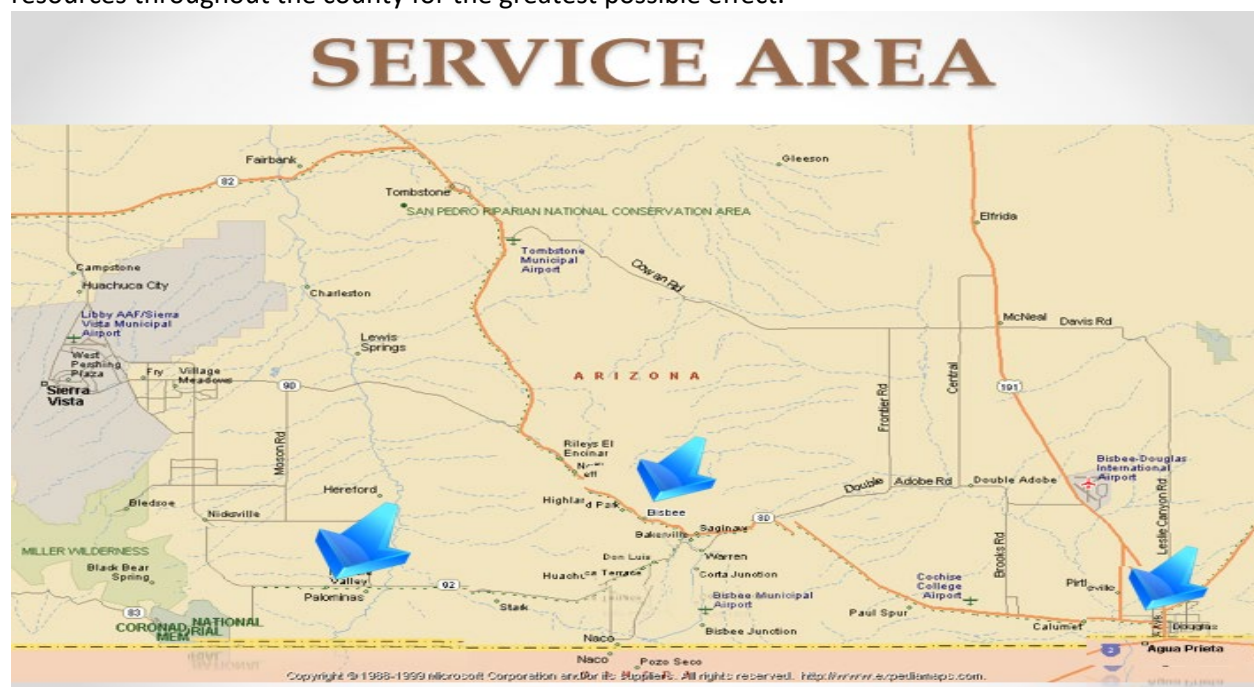
Service Area

Founded in 1881, 31 years before Arizona achieved statehood, Cochise County has a rich and diverse history. Located in the southeast corner of Arizona and covering more than four million acres, it is larger than the states of Connecticut and Rhode Island combined. The county's namesake, the legendary Apache chief Cochise, waged battle with U.S. Cavalry units in the Dragoon Mountains, while Geronimo was pursued deep into the Chiricahua's.

The legendary Buffalo Soldiers of the 10th U.S. Cavalry were stationed at Ft. Huachuca, anchoring a tradition of military service that endures to this day. If you know one thing about Cochise County, you know it was home for a time to the legendary lawman Wyatt Earp and was the setting for the kind of old-west boom town adventures that movies are (literally) made about.

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

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



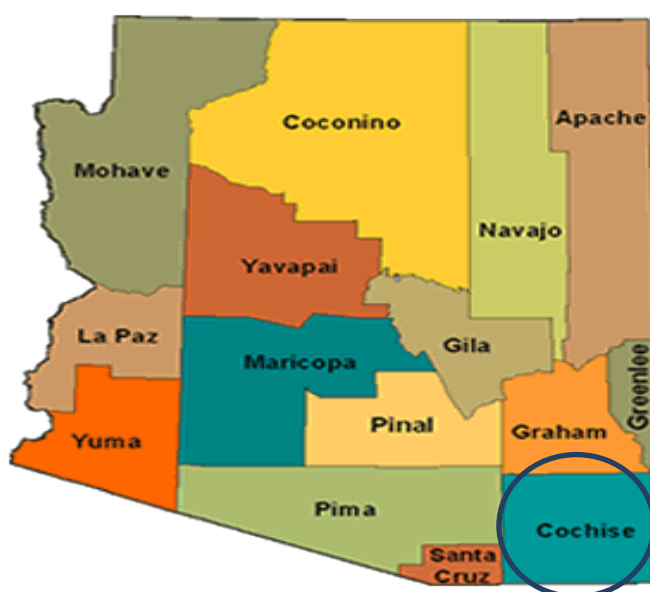
Cochise County Geography & Demographics

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

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

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

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



COCHISE COUNTY, ARIZONA DEMOGRAPHICS
American Community Survey, US Census

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

SOCIAL CHARACTERISTICS American Community Survey, US Census	COCHISE COUNTY	ARIZONA
HOUSEHOLDS BY TYPE		
Total households	48,825	2,412,212
Family households (families)	32,200	1,581,380
With own children of the householder under 18 years	11,919	677,012
Married-couple family	24,240	1,142,828
With own children of the householder under 18 years	7,724	436,891
Male householder, no wife present, family	2,088	131,803
With own children of the householder under 18 years	818	67,558
Female householder, no husband present, family	5,872	306,749
With own children of the householder under 18 years	3,377	172,563
Nonfamily households	16,625	830,832
Householder living alone	14,124	659,485
65 years and over	6,433	242,076
HOUSEHOLD SIZE		
Average household size	2.42	2.69
Average family size	2.99	3.30
RELATIONSHIP		
Population in households	118,003	6,491,160
Householder	48,825	2,412,212
Spouse	24,169	1,141,965
Child	32,394	1,970,330
Other relatives	7,556	531,709
Nonrelatives	5,059	434,944
MARITAL STATUS		
Males 15 years and over	53,600	2,612,798
Females 15 years and over	51,571	2,683,166
GRANDPARENTS		
Number of grandparents living with own grandchildren under 18 years	3,353	166,232
Number of grandparents responsible for own grandchildren under 18 years	2,231	64,681

SCHOOL ENROLLMENT		
Population 3 years and over enrolled in school	31,939	1,754,549
Nursery school, preschool	1,660	82,906
Kindergarten	1,702	87,639
Elementary school (grades 1-8)	13,347	729,318
High school (grades 9-12)	6,681	368,472
College or graduate school	8,549	486,214
EDUCATIONAL ATTAINMENT		
Population 25 years and over	88,549	4,361,304
Less than 9th grade	5,542	271,415
9th to 12th grade, no diploma	6,298	337,830
High school graduate (includes equivalency)	20,721	1,063,765
Some college, no degree	26,056	1,118,715
Associate's degree	9,679	370,569
Bachelor's degree	12,855	753,425
Graduate or professional degree	7,398	445,585

EMPLOYMENT CHARACTERISTICS American Community Survey, US Census	COCHISE COUNTY	ARIZONA
EMPLOYMENT STATUS		
Population over the age of 16 years	103,453	5,207,123
In labor force	50.6%	59.7%
Civilian labor force	46.4%	59.3%
Employed	42.3%	54%
Unemployed	4%	5.3%
Armed Forces	4.3%	.3%
Not in labor force	49.4%	40.3%
COMMUTING TO WORK		
Workers 16 years and over	47,459	2,777,754
Mean travel time to work (minutes)	19.3	24.8
OCCUPATION		
Civilian employed population 16 years and over	43,776	2,813,406
INDUSTRY		
Civilian employed population 16 years and over	43,776	2,813,406
Agriculture, forestry, fishing and hunting, and mining	1,758	44,908

Construction	2,245	185,028
Manufacturing	1,656	204,240
Wholesale trade	563	67,492
Retail trade	5,060	344,151
Transportation and warehousing, and utilities	1,842	138,155
Information	633	50,115
Finance and insurance, real estate, rental and leasing	1,827	228,065
Professional, scientific, management, administrative, waste management services	4,967	334,219
Educational services, and health care and social assistance	9,612	622,383
Arts, entertainment, and recreation, and accommodation and food services	4,720	304,606
Other services, except public administration	1,702	136,066
Public administration	7,191	153,978
CLASS OF WORKER		
Civilian employed population 16 years and over	43,776	2,813,406
Private wage and salary workers	27,649	2,230,268
Government workers	13,334	411,874
Self-employed in own not incorporated business workers	2,684	166,671
Unpaid family workers	109	4,593
INCOME AND BENEFITS (IN 2015 INFLATION-ADJUSTED DOLLARS)		
Total households	48,825	2,412,212
Less than \$10,000	4,643	185,629
\$10,000 to \$14,999	3,349	125,386
\$15,000 to \$24,999	5,751	268,065
\$25,000 to \$34,999	5,976	267,669

EMPLOYMENT CHARACTERISTICS American Community Survey, US Census	COCHISE COUNTY	ARIZONA
\$35,000 to \$49,999	6,728	352,984
\$50,000 to \$74,999	8,695	446,513
\$75,000 to \$99,999	5,512	285,636
\$100,000 to \$149,999	5,205	288,720
\$150,000 to \$199,999	1,626	99,975
\$200,000 or more	1,340	91,635
INCOME AND BENEFITS BY TYPE (IN 2015 INFLATION-ADJUSTED DOLLARS)		
With earnings	33,327	1,804,676
With Social Security	19,303	771,485

Mean Social Security income (dollars)	\$16,744	\$18,862
With retirement income	14,698	480,074
Mean retirement income (dollars)	\$25,275	\$24,807
With Supplemental Security Income	2,683	102,392
Mean Supplemental Security Income (dollars)	\$8,827	\$9,698
With cash public assistance income	1,520	56,036
Mean cash public assistance income (dollars)	\$1,811	\$3,188
With Food Stamp/SNAP benefits in the past 12 months	7,714	325,831
FAMILY INCOME		
Families	32,200	1,581,380
Less than \$10,000	1,784	87,683
\$10,000 to \$14,999	1,700	53,424
\$15,000 to \$24,999	2,957	133,190
\$25,000 to \$34,999	3,429	159,245
\$35,000 to \$49,999	4,409	223,084
\$50,000 to \$74,999	6,741	313,831
\$75,000 to \$99,999	4,274	216,059
\$100,000 to \$149,999	4,378	233,503
\$150,000 to \$199,999	1,448	84,110
\$200,000 or more	1,080	77,251
Per capita income (dollars)	\$23,506	\$25,848
Nonfamily households	16,625	830,832
MEDIAN EARNINGS BY GENDER		
Median earnings for male full-time, year-round workers (dollars)	\$41,876	\$45,090
Median earnings for female full-time, year-round workers (dollars)	\$32,762	\$37,264
HEALTH INSURANCE COVERAGE		
Civilian noninstitutionalized population	116,692	6,533,509
With health insurance coverage	103,307	5,551,125
With private health insurance	75,505	3,977,054
With public coverage	50,731	2,324,123
No health insurance coverage	13,385	982,384

Risk Factors

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

Rural Communities & Poverty

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

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

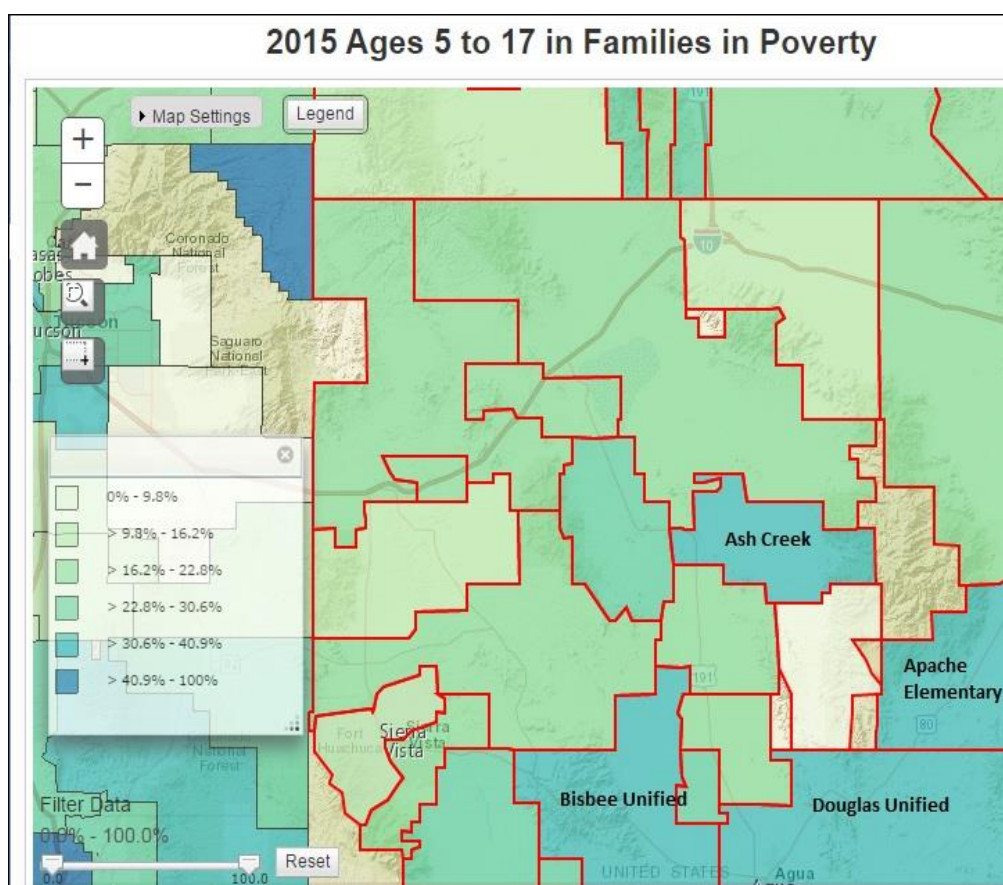
According to the 2016 *County Health Rankings & Roadmaps*, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, 36.3 percent of Cochise County residents live in a rural area compared to 10.2 percent statewide. This makes the county Arizona's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

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

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

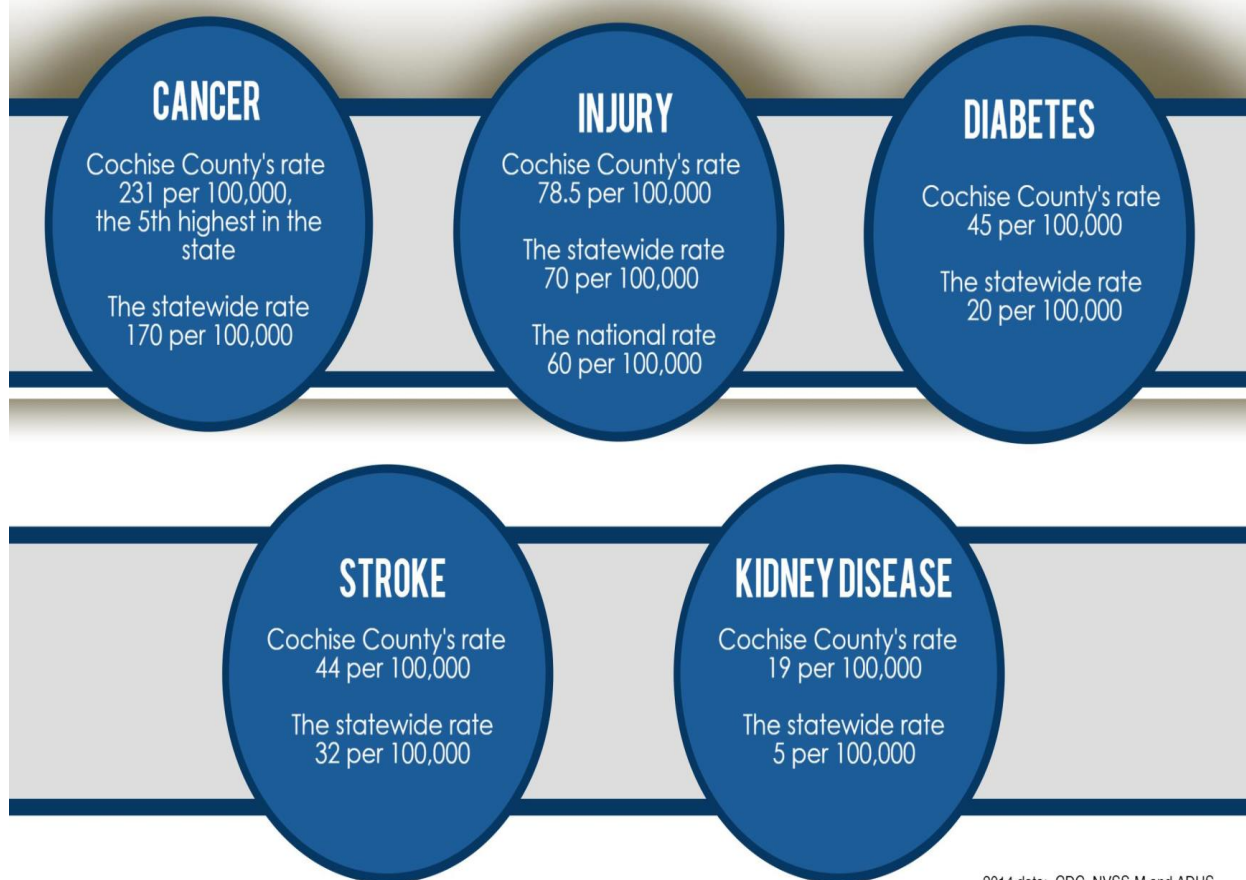
Map 1, generated by SAIPE, illustrates the proportion of children in Cochise County, ages 5 – 17, by school district who are living in poverty. The numbers are as follows:

- Douglas: 1,682 out of 4,248 (39.6%)
- Sierra Vista: 1,346 out of 7,101 (19%)
- Palominas: 397 out of 1,618 (24.5%)
- Willcox: 262 out of 1,468 (17.8%)
- Bisbee: 238 out of 772 (30.8%)
- Ash Creek: 19 out of 48 (39.6%)



Map 1: Cochise County School Districts & Families in Poverty

LEADING CAUSES OF DEATH



2014 data: CDC, NVSS-M and ADHS

Cochise County Disease Burden							
Category	Measure Description	Data Element	Cochise Value	Arizona Value	US Value	Year	Source
Cancer	Rate of deaths due to cancer (ICD-10 codes C00-C97).	Rate per 100,000	230.7	170.2	185.6	2014	CDC, Census
Flu Vaccination	Adults receiving the flu shot or spray in the past 12 months	percentage	31.76%	33.78%	N/A	2014	BRFSS
Diabetes	Morbidity per 100,000 persons	Rate per 100,000 persons	45	20.1	N/A	2014	ADHS
Injury Deaths	Number of deaths due to injury per 100,000 population	Rate per 100,000	78.5	72.8	60	2014	CDC WONDER
Kidney Disease Deaths	Rate of kidney disease (Nephritis, nephrotic syndrome, and nephrosis) deaths per 100,000	Rate per 100,000	18.8	4.8	15.1	2014	NVSS-M
Septicemia Deaths	Number of deaths per 100,000 due to septicemia (ICD-10 codes A40-A41)	Rate per 100,000	16.5	5.5	12.2	2014	CDC/NCHS
Stroke Deaths	Number of stroke deaths (ICD-10 codes I60-I69) per 100,000 persons	Rate per 100,000	43.9	33.2	41.7	2014	NVSS-M
Violence	Number of reported violent crime offenses per 100,000 population	Rate per 100,000	608	416	392	2010-2012	Uniform Crime Reporting - FBI

Table 2

Maternal, Infant & Child Health

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

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

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

Medicaid (AHCCCS) In Cochise County

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

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

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

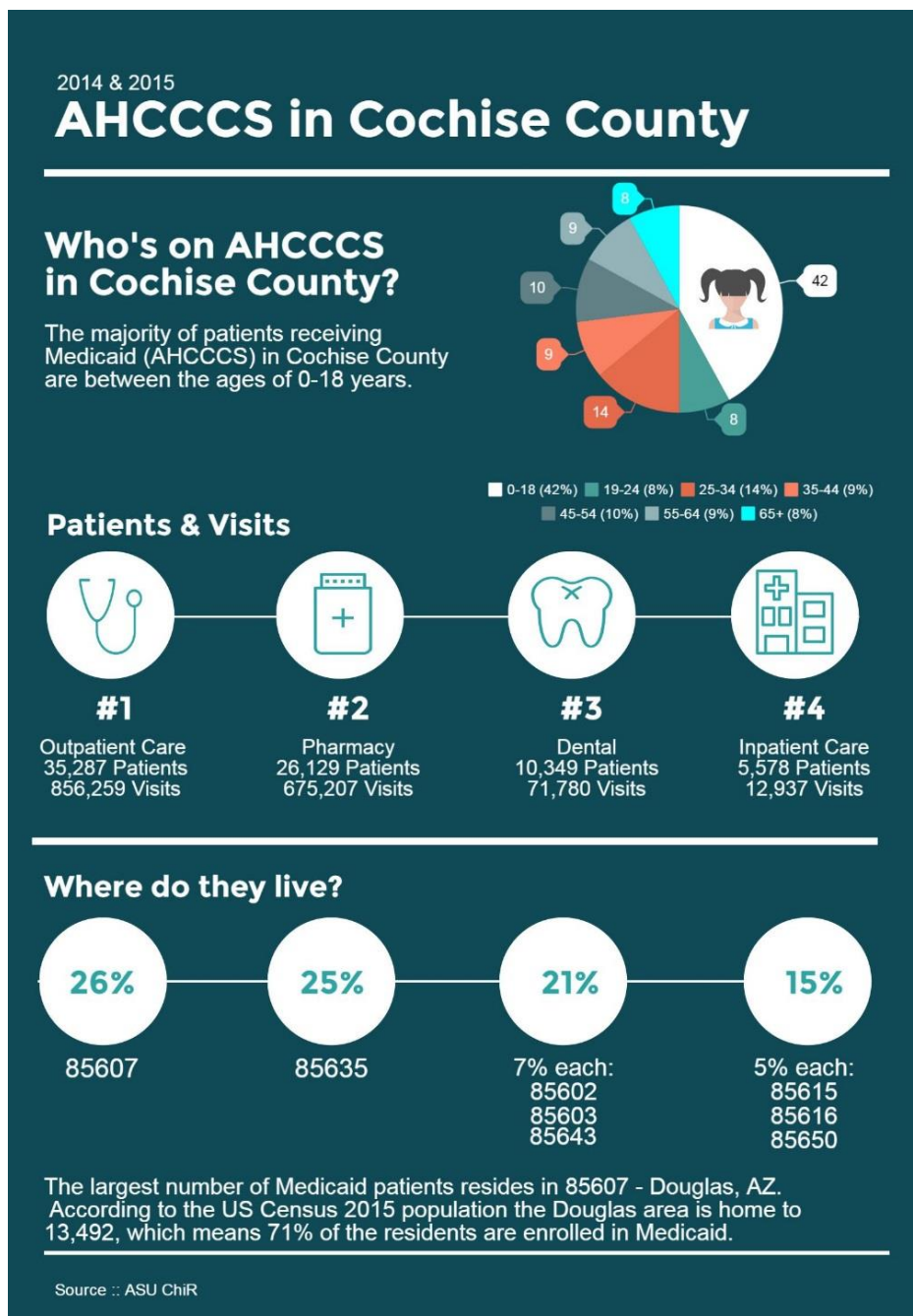
Medicaid Utilization Data – 2014 & 2015

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

Trends in utilization can also be helpful when projecting future health care needs, forecasting future health care expenditures, or for projecting personnel, training or supply needs. As discussed in the health risk factors section, children make up a majority of Cochise County residents who receive their health care coverage from Medicaid.

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

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



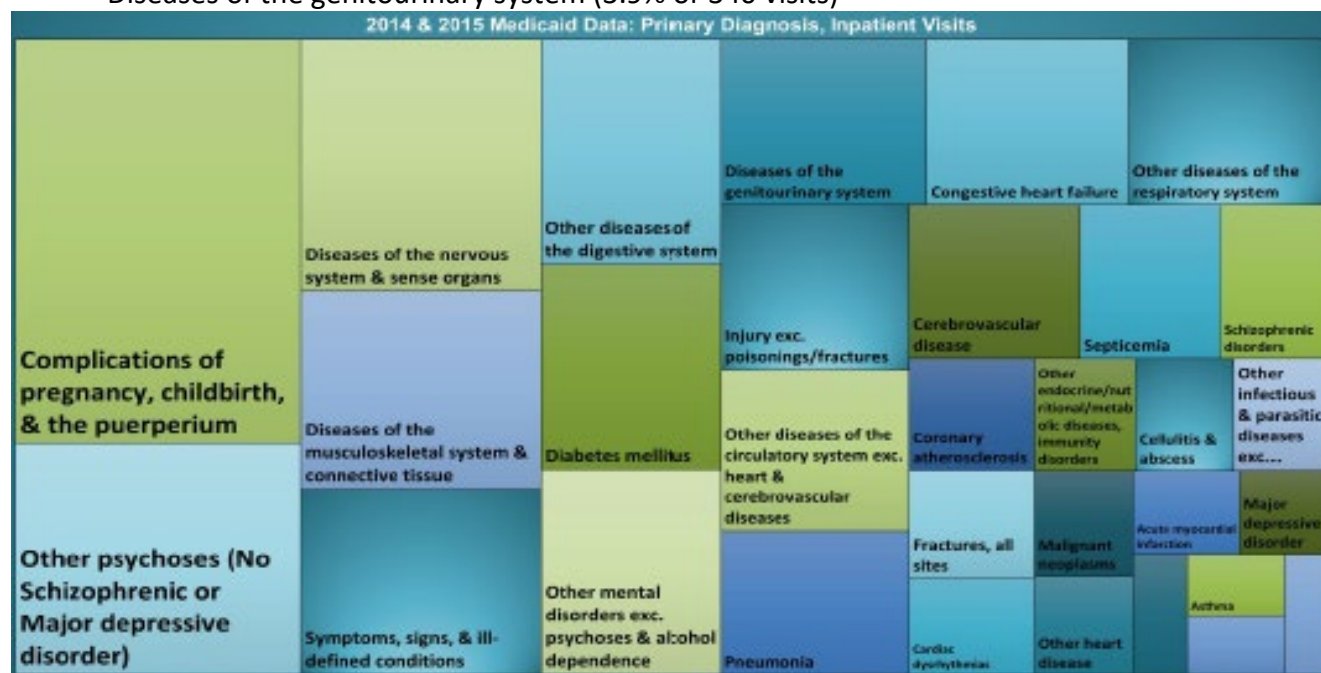
Medicaid Inpatient & Outpatient Data Visualization

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

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

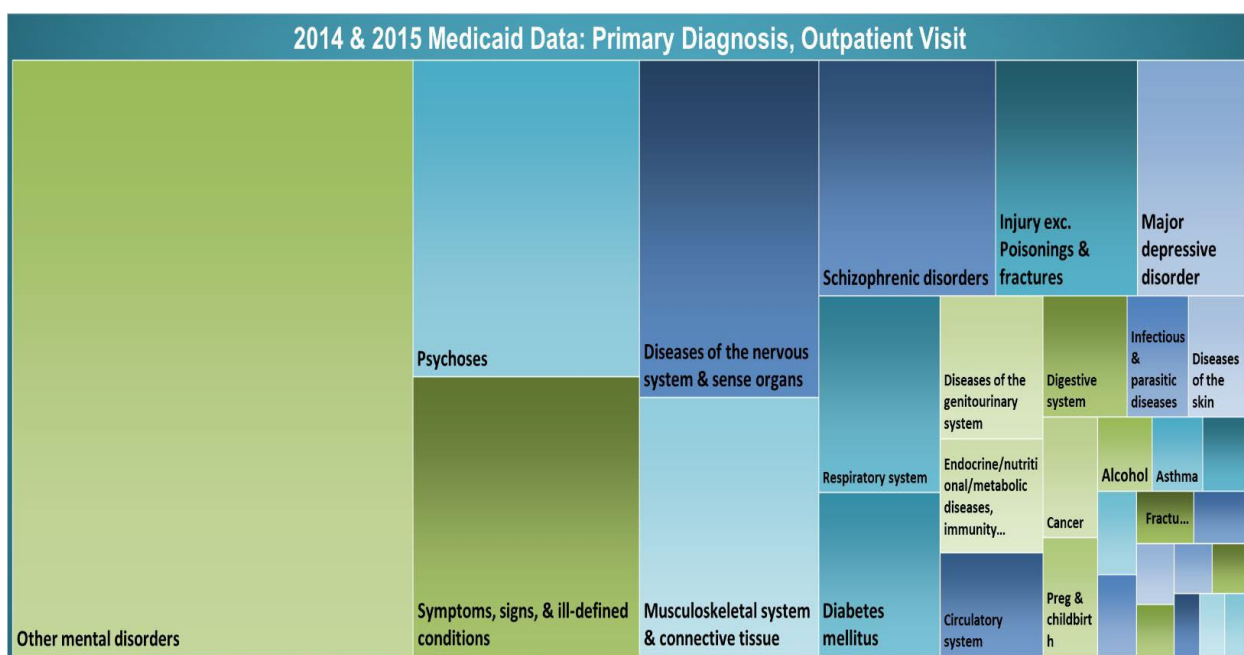
The top ten diagnosis out of 8,614 inpatient visits by Medicaid patients in 2014 and 2015 are:

- Complications of pregnancy, childbirth, and the puerperium (13% or 1152 visits)
- Other psychoses (No Schizophrenic or Major depressive disorder) (7.6% or 660 visits)
- Diseases of the nervous system and sense organs (7% or 604 visits)
- Diseases of the musculoskeletal system and connective tissue (5.5% or 475 visits)
- Symptoms, signs, and ill-defined conditions (5.1% or 445 visits)
- Other diseases of the digestive system (4.7% or 409 visits)
- Diabetes mellitus (4.3% or 373 visits)
- Other mental disorders exc. psychoses and alcohol dependence (4.3% or 373 visits)
- Diseases of the genitourinary system (3.9% or 340 visits)



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

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





Bisbee

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

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

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

Bisbee (85603) Demographics	Bisbee Survey Summary
<p>2015 Census: Population – 6,872</p> <ul style="list-style-type: none"> ▪ Median household income - \$31,736. ▪ 808 of Bisbee area residents are veterans. ▪ 38% of residents are enrolled in AHCCCS. ▪ 34% of Bisbee residents are over the age of 60 years and 20% are under the age of 19. ▪ 52% of Bisbee residents are female. ▪ 83% of Bisbee residents identify as White and 41% identify as Hispanic or Latino. ▪ Out of 1,656 family households, 42% have children under the age of 18. 	<p>2020 Community Survey Results</p> <ul style="list-style-type: none"> ▪ 22 residents responded, 19 were female. ▪ 78% of the people rate their own health as Somewhat to Very healthy. ▪ 72% of the people rate the community's health as Somewhat to Very healthy. ▪ 42% of Bisbee respondents drive more than 25 miles to see a doctor. Of these respondents, 17% drive more than 75 miles. ▪ 64% of Bisbee respondents do not feel that there is sufficient access to health care services or social services.

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

Bisbee Survey Results

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

- Good jobs and healthy economy
- Good schools
- Access to affordable health care

Question two asked residents to identify from a list of 25 health concerns the biggest health problems in the community. The top three health problems selected by residents responding to the survey are:

- Substance/drug abuse
- Mental health
- Aging problems

Question three (Q3) asked residents to select from a list of 15 options the top three risky behaviors in their community. Residents who responded to the survey selected:

- Drug abuse
- Alcohol abuse
- Being overweight



Douglas

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

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

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

Douglas (85607) Demographics	Douglas & Surrounding Community Survey Summary
<p>2015 Census: Population – 13,492</p> <ul style="list-style-type: none"> Median household income - \$28,298. 550 of Douglas area residents are veterans. 71% of residents in 85607 are enrolled in AHCCCS. 17% of Douglas residents are over the age of 60 years and 35% are under the age of 19. 66.3% of residents earned a high school diploma. 51% of Douglas residents identify as White and 85% identify as Hispanic or Latino. Out of 3,400 family households, 54% have children under the age of 18. 	<p>2020 Community Survey Results</p> <ul style="list-style-type: none"> 48 residents responded, 28 were female. 87% of the people rate their own health as Somewhat to Very healthy. 63% of the people rate the community's health as Somewhat to Very healthy. 47% of Douglas respondents drive more than 25 miles to see a doctor. Of these respondents, 16% drive more than 75 miles. 36% of Douglas respondents do not feel that there is sufficient access to health care services or social services.

Douglas Survey Results

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

- Good jobs and healthy economy
- Low crime/safe neighborhoods
- Good place to raise children

Question two (Q2) asked residents to identify from a list of 25 health concerns the biggest health problems in the community. The top three health problems selected by residents responding to the survey are:

- Cancer
- Diabetes
- Drug abuse

Question three (Q3) asked residents to select from a list of 15 options the top three risky behaviors in their community. Residents who responded to the survey selected:

- Drug abuse
- Alcohol abuse
- Being overweight



Palominas-Hereford

The name Palominas means "Place of the Doves". It is from the name "Palominas de San Pedro, a name that Father Kino gave to an Indian village located by the river in what is now Mexico. Palominas is a census-designated location along the San Pedro River in the southern portion of Cochise County in the state of Arizona. Palominas is located very close to the community of Miracle Valley along Arizona State Highway 92. The population of Palominas as of the 2010 U.S. Census was 212.

Hereford was founded in 1878, the community was named after Frank Hereford, who was a friend of the town's founder, and a distinguished local attorney. It was where cowboys Frank McLaury and Tom McLaury first met and became associated with Ike Clanton, in 1878. The two brothers would later be killed during the Gunfight at the O.K. Corral, in Tombstone, Arizona, with Ike Clanton being at the center of that dispute with the Earp faction. Johnny Ringo and Curly Bill lived nearby and grew up with the Clanton's. John Slaughter's ranch was just under two miles south of Hereford, and was a favorite for cattle stealing raids by the Clanton Ranch. Hereford has the ZIP Code of 85615; in 2000, the population of the 85615 ZCTA was 6,537.

Palominas Survey Results

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

- Good place to raise children
- Good jobs and healthy economy
- Low crime/safe neighborhoods

Question two (Q2) asked residents to identify from a list of 25 health concerns the biggest health problems in the community. The top three health problems selected by residents responding to the survey are:

- Mental health
- Diabetes
- Drug abuse

Question three (Q3) asked residents to select from a list of 15 options the top three risky behaviors in their community. Residents who responded to the survey selected:

- Drug abuse
- Alcohol abuse
- Being overweight

Areas of Opportunity

Similar to 2017, survey results trended similarly. Top 2020 health priorities for the Bisbee, Douglas and Palominas communities:

1. Good jobs and a healthy economy
2. Mental health and alcohol/substance abuse
3. Healthy eating, obesity and diabetes

Health Priority Area 1 - Good jobs and healthy economy:

Strong foundations and infrastructures including good schools, healthy lifestyle options, access to healthcare providers and social agencies all influence a healthy economy.

Key survey findings:

- 58% value and endorse healthy lifestyles
- 42% identify access to health care as their top priority
- 57% say their health care needs are currently met

CQCH values community members are hosts health fairs in Douglas, Bisbee and Palominas annually. These health fairs give community members access to social service agencies, community based organizations and provides medical knowledge. Additionally, CQCH is working on a Diabetes and population health management program. With these classes area residents will have access to better care and better health outcomes.

Defining a “good job” is a measurement of income and job satisfaction. According to the 2018 Census ACS 1-year survey the median household income for Arizona was \$56,581 and \$47,847 for the whole of Cochise County. During the interviews conducted there were two common themes: 1) A two-income household is necessary to meet basic needs 2) job satisfaction is high.

According to residents primary care needs are often met within 10 miles of where they live. However there is a desire to have more visiting specialists within a 30 minute drive. Many residents who live in the Palominas-Hereford area see that driving to Douglas for specialized care is a barrier and prefer to drive to a more populous area for that care. Several residents did note that if specialty care was provided closer to home they would be interested in seeking care at the closer facility.

Health Priority Area 2 – Mental health and alcohol/substance abuse

Current State:

Arizona ranks in the lowest quartile of states for adults with any mental illness who are not receiving treatment. Suicide, alcohol and drug related deaths continue to be higher than the national average. The defining link between mental health and alcohol and drug abuse indicates that roughly 50% of individuals with severe mental disorders are affected by substance and or alcohol abuse.

CQCH is working closely with local resources to create a behavioral health program. This program will offer access to behavioral health providers within a reasonable driving distance. In addition this will help the Hospitals' Emergency Departments deal with patient who are currently undergoing a crisis. There are local deficiencies in access to Medicated-Assisted Treatment (MAT) centers however CQCH is dedicated to working closely with EMS providers to find an appropriate solution.

On June 5, 2017, Governor Doug Ducey declared a public health emergency to address the increase in opioid deaths in Arizona. Rules were introduced for opioid treatment within health care institutions, prescribing guidelines and law enforcement protocols for administering naloxone in overdose situations. Hospitals are required to have policies that align with specific guidelines around opioids prescribing and discharge summaries. Physicians are required to report all opioid prescribing which is then monitored by the state. Prior to the public health emergency CQCH instituted prescribing guidelines and monitors all medical staff closely.

Health Priority Area 3 - Healthy eating, obesity and diabetes

Current State:

27% of Cochise County adults are obese.

8.4% of Cochise County adults have type 2 diabetes.

Obesity-related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer that are some of the leading causes of preventable, premature death.

CQCH is an active partner in promoting healthy lifestyles that reduce the risks of obesity and related conditions. Early education and awareness are key to reducing obesity and diabetes. Several primary care providers at CQCH are working on a set of diabetes management and prevention educational classes.

CQCH's Douglas Rural health Clinic is also formulating a Case Management program to better patient outcomes. An RN is following this set of patients, making sure they follow appropriate protocols and are receiving proper care. In addition the Dietician for CQCH is working with dietary staff to create a diabetic friendly menu and meal plan for patients.

At the request of local residents CQCH's is working to end hunger in its service area. Available monthly at the Douglas RHC and Palominss RHC is fresh, free produce. This healthy food is provided by Arizona based Produce on Wheels without Waste – P.O.W.W.O.W.