May 10, 2021

Shanneyvie Johnson
CON Application Analyst
Arizona Department of Health Services
Bureau of Emergency Medical Services and Trauma System
150 N. 18th Avenue, Suite 540
Phoenix, AZ 85007

Re: Response to Administratively Incomplete Notice – Control No. 01243

Dear Ms Johnson

Please accept this letter and its attachments as our response to the above referenced Administratively Incomplete Notice. Our response to the requested information/documents is as follows:

1. Pursuant to A.A.C. R9-25-902(A)(1)(a), please provide the legal business or corporate nameincluding any d/b/a.

   Ans. – The legal business name is included on the application. There are no dba's at this time

2. Pursuant to A.A.C. R9-25-902(A)(1)(e), please provide the address and telephone number of each suboperation station located within the proposed service area.

   Ans. – We anticipate having a suboperation station at, or near, West 4th Street and Ocotillo Ave., Benson, AZ. The phone number will be supplied to the Department upon approval of the CON and confirming the exact location.

3. Pursuant to A.A.C. R9-25-902(A)(2)(g), please provide whether an applicant or designatedmanager:

   i. Has ever been convicted of a felony or a misdemeanor involving moral turpitude;

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ii. Has ever had a license or certificate of necessity for a ground ambulance service suspended or revoked by any state or political subdivision; or

iii. Has ever operated a ground ambulance service without the required certification or licensure in this or any other state.

Ans. – Attestations for Edward Van Horne, Glenn Kasprzyk and Jacqueline Evans are attached.

4. Pursuant to A.A.C. R9-25-902(A)(2), please provide a statement on the medical needs of thepopulation within the proposed service area.

Ans. The Needs Assessment for Cochise County performed by Chiricahua Community
Health Centers, Inc. in 2018 is attached.

5. Pursuant to A.A.C. R9-25-902(A)(3), please provide:

i. A projected Ambulance Revenue and Cost Report;
Ans. - A 12-month Proforma ARCR is attached.

ii. Financing agreements for all capital acquisitions exceeding $5,000 if any;

Ans. - There are currently no financing agreements for all capital acquisitions exceeding $5,000.

iii. The source and amount of funding for cash flow from the date the ground ambulance service commences operation until the date cash flow covers monthly expenses. If requesting general public rates, please provide an application packet pursuant to A.A.C. R9-25-1101.

Ans. – American Medical Response through its parent Global Medical Response, Inc. will provide the necessary financial support to sustain operations until the operation generates its own positive cash flow (See attached letter from Bank of American).

iv. The applicant's and designated manager's resume or other description of experience and qualification to operate a ground ambulance service.

Ans. – Resumes for Edward Van Horne, Glenn Kasprzyk and Jacqueline Evans are attached.

6. Pursuant to A.A.C. R9-25-902(B) (l), please provide a current written contract for ALS medical direction.

   Ans. – A administrative medical direction contract with Danniel Stites, MD is attached.

If I can be of any additional assistance with this matter, please do not hesitate to contact me at (602) 696-4489 or James.Roeder@gmr.net.

Sincerely

Jim Roeder
Regulatory Manager

Global Medical Response

6363 S. Fiddlers Green Circle, Ste. 1400
Greenwood Village, CO 80111
www.globalmedicalresponse.com

ATTESTATION OF EDWARD VAN HORNE

Arizona Administrative Code R9-25-902)(A)(2)(g) requires that an applicant provide a signed statement attesting to whether the applicant or designated manager of the ambulance service: (i) Has ever been convicted of a felony or a misdemeanor involving moral turpitude; (ii) Has ever had a license or certificate of necessity for a ground ambulance services suspended or revoked by any state or political subdivision; or (iii) Has ever operated a ground ambulance service without the required certification or licensure in this or any other state.

In support of the Application of Southwest Ambulance of Tucson, Inc. acquiring an initial CON for the service area covered by CON 103 in Pima and Cochise Counties, I, Edward Van Horne, attest that the corporation and I have never:

1. Been convicted of a felony or a misdemeanor involving moral turpitude;
2. Had a license or certificate of necessity for a ground ambulance services suspended or revoked by any state or political subdivision; or
3. Operated a ground ambulance service without the required certification of licensure in this or any other state.

R B. Un

Edward Van Horne
President & CEO

2.25.21

Date

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Global Medical Response

8465 N Pima Road
Scottsdale, AZ 85258
www.globalmedicalresponse.com

ATTESTATION OF GLENN KASPRZYK

Arizona Administrative Code R9-25-902)(A)(2)(g)(i)(ii) requires that a proposed transferee provide a signed statement attesting to whether the applicant or designated manager of the ambulance service: (i) Has ever been convicted of a felony or a misdemeanor involving moral turpitude; (ii) Has ever had a license or certificate of necessity for a ground ambulance services suspended or revoked by any state or political subdivision; or (iii) Has ever operated a ground ambulance service without the required certification or licensure in this or any other state.

In support of the Application of Southwest Ambulance of Tucson, Inc. acquiring an initial CON for the service area covered by CON 103 in Pima and Cochise Counties, I, Glenn Kasprzyk, attest that the corporation and I have never:

1. Been convicted of a felony or a misdemeanor involving moral turpitude;
2. Had a license or certificate of necessity for a ground ambulance services suspended or revoked by any state or political subdivision; or
3. Operated a ground ambulance service without the required certification of licensure in this or any other state.

Glenn Kasprzyk
President – Southwest Region

Date - February 25, 2021

Global Medical Response

8465 N Pima Road
Scottsdale, AZ 85258
www.globalmedicalresponse.com

ATTESTATION OF JACQUELINE EVANS

Arizona Administrative Code R9-25-902)(A)(2)(g)(i)(ii) requires that an applicant provide a signed statement attesting to whether the applicant or designated manager of the ambulance service: (i) Has ever been convicted of a felony or a misdemeanor involving moral turpitude; (ii) Has ever had a license or certificate of necessity for a ground ambulance services suspended or revoked by any state or political subdivision; or (iii) Has ever operated a ground ambulance service without the required certification or licensure in this or any other state.

In support of the Application of Southwest Ambulance of Tucson, Inc. acquiring an initial CON for the service area covered by CON 103 in Pima and Cochise Counties, I, Jacqueline Evans, attest that the corporation and I have never:

1. Been convicted of a felony or a misdemeanor involving moral turpitude;
2. Had a license or certificate of necessity for a ground ambulance services suspended or revoked by any state or political subdivision; or
3. Operated a ground ambulance service without the required certification of licensure in this or any other state.

Jacqueline Evans
Regional Director

11/24/2020
Date

Chiricahua Community Health Center, Inc.

2018 Needs Assessment for Cochise County

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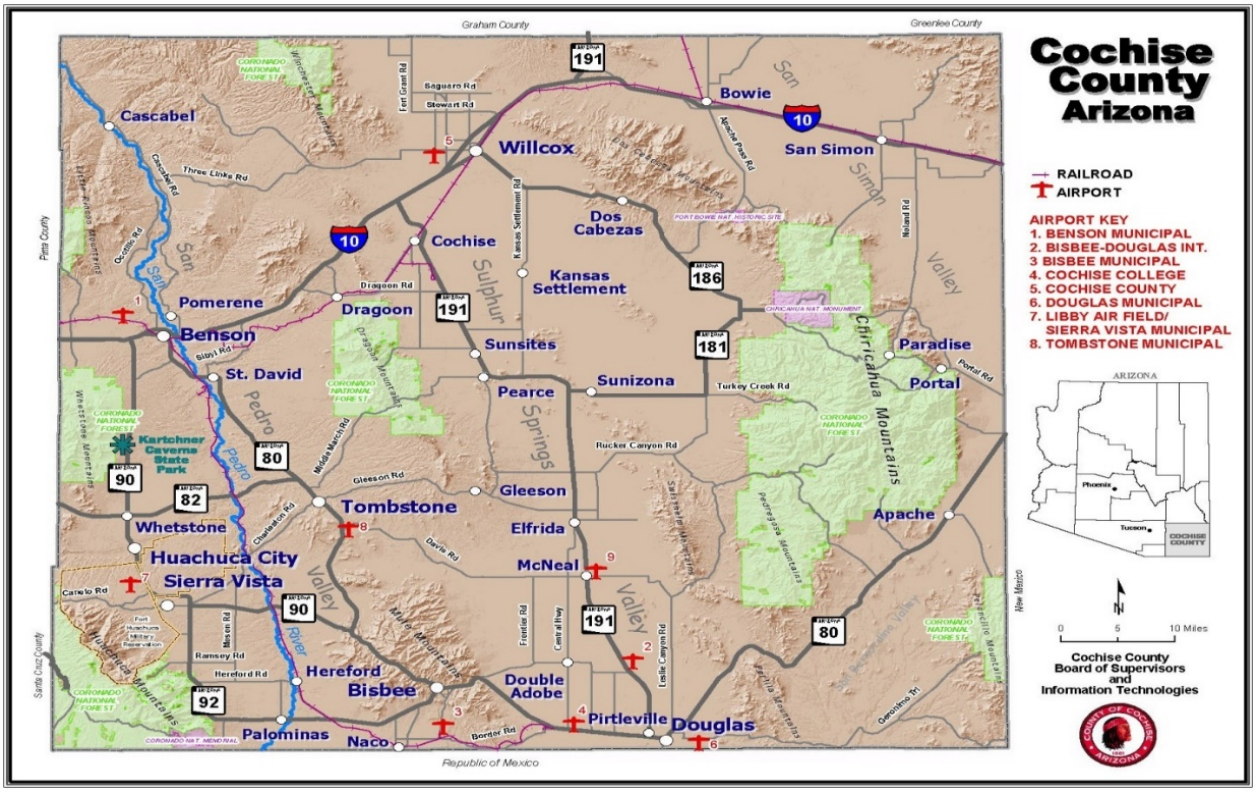
Cochise County Community Background



ZIP CODES in COCHISE COUNTY

(85602) Benson, Cascabel, J Six & Mescal (85630) St. David (85627) Pomerene **(85603) Bisbee** (85620) Naco (85615) Hereford/Palominas **(85607, 85608) Douglas** (85626) Pirtleville (85610) Elfrida (85617) McNeal, Double Adobe	**(85635, 85636, 85650) Sierra Vista** (85613) Ft. Huachuca (85616) Huachuca City & Whetstone (85638) Tombstone (85625) Sunizona, Sunsites, Pearce (85609) Dragoon **(85643, 85644) Willcox** (85605) Bowie (85606) Cochise (85632) Portal, San Simon

LOCATION

Cochise County is located in the southeastern corner of the U.S. in the state of Arizona and is part of the U.S. – Mexican border region. Cochise County is a rural area (21.3 people per square mile) comprised of small, widely dispersed communities that consist largely of low-income families. The county encompasses more than four million acres (6000 square miles) and is larger than the states of Connecticut and Rhode Island combined. The whole county is designated as a Health Professional Shortage Area and a Medically Underserved Area. The area is "high desert" with the elevation increasing as one approaches the Mexican border.

Geographically, the U.S.-Mexico border area is defined as a territory that extends along 3,141 kilometers from the Gulf of Mexico to the Pacific Ocean and includes 100 kilometers north and south of the international boundary of each county. The border region includes 48 counties in four U.S. states (Texas, New Mexico, Arizona, and California). The border region has a population of approximately 15 million inhabitants on both sides of the border.
Politically, it is important to understand the border region as interdependent sister states and sister cities, with unique social and economic relationships. Nonetheless, they should be recognized as sovereign entities that are bound by their respective jurisdictional and legal frameworks and that play important roles in each of their nation's development.

For Mexican citizens, the border region generally represents the opportunity to secure quality goods, gain employment, and earn higher incomes, especially if employed in the United States. In the Case of U.S. citizens, the border region represents a competitive labor market. However it can also represent an opportunity to cross the border to avail themselves to low cost medical and dental services, pharmaceutical supplies and medications.

Similarly, for U.S. entrepreneurs and other foreign investors, the proximity of the international border represents commercial and economic advantages in locating manufacturing plants, known as maquiladoras, on the Mexico side, considering the lower costs for skilled and unskilled labor and lower transportation costs for developed products.

POPULATION DATA

According to estimates by the U. S. Census Bureau, in 2010 the county was home to 131,346 people. Unlike the majority of counties in Arizona, Cochise County continues to see a decline in population. The U.S. Census Bureau's 2015 Population estimates indicate that there are now 126,427 residents in the county, the fourth annual decline in the past five years.

- Population estimates (2015) 126, 427
- Population percent change from 2010 to 2015 -3.8%
- Per capita income $23,506
- Population per square mile (2010) 21.3
- Persons in poverty 16.9%

EMPLOYMENT DATA

2017 unemployment rate for Cochise County was 4.9%.

Cochise County major employers include**:**

Fort Huachuca & contractors	Sierra Vista Unified School District
Cochise County Government	Canyon Vista Medical Center
General Dynamics Information Technology	Arizona State Prison Complex
Nature Sweet Produce	Douglas Unified School District
Walmart Retail & Grocery	United States Customs and Border Protection
Cochise Community College	

POVERTY DATA

According to recent U.S. Census Bureau data, Cochise County's poverty rate over the five-year period from 2010 through 2014 was 17.5 percent. That was lower than the statewide rate of 18.2 percent, but higher than the national rate of 15.6 percent.

Within Cochise County, poverty rates vary widely. Of the seven incorporated areas, Douglas had the highest poverty rate over the five-year period at 31.5 percent. That was followed by Huachuca City (28 percent), Bisbee (25.7 percent), Tombstone (25 percent), Benson (21.3 percent), and Willcox (14.1 percent). Sierra Vista had the lowest poverty rate in Cochise County from 2010 through 2014 at 12.6 percent—considerably below state and national levels.
Three factors stand out as primary influences over whether one will live below the poverty line: family structure, age, and education. In Cochise County, families led by single moms are nearly three times as likely to live in poverty as married-couple families with children.

From 2010 through 2014, more than 40 percent of Cochise County households headed by single mothers lived in poverty. The situation is even worst for single-mother families with small children (those under 5 years old), nearly 60 percent of whom lived in poverty. For married-couple families with children, the poverty rate in Cochise County is 14.3 percent; for married couples with small children it's only 9.1 percent.

Countywide, 24.8 percent of all children live in poverty, compared to 25.9 percent statewide and 21.9 percent nationwide. The highest child poverty rate of Cochise County's incorporated areas is Bisbee at 41 percent. Douglas is second at 38.2 percent, followed by Benson (37 percent), Huachuca City (34.6 percent), Tombstone (30.1 percent), and Willcox (17.1 percent). Sierra Vista has the lowest childhood poverty rate at 16.2 percent.

Sierra Vista and Willcox are the only cities to have childhood poverty rates below the countywide average. The other five incorporated places (Benson, Bisbee, Douglas, Huachuca City, and Tombstone) are above the countywide rate, which is pulled down considerably by the low rate in Sierra Vista—the county's most populous city.

Due to social insurance programs such as Social Security and Medicare, seniors tend to have lower poverty rates than the general population. In Cochise County, 10.9 percent of those ages 65 and up lived below the poverty line from 2010 through 2014. That was the lowest of all age groups. The countywide senior poverty rate, however, was higher than statewide (8.6 percent) and nationwide (9.4 percent).

Of the incorporated places in Cochise County, Tombstone has the highest rate of seniors in poverty at 27.2 percent, followed by Douglas (21 percent), Bisbee (12.4 percent), Willcox (11.3 percent), Benson (10.4 percent), and Huachuca City (8.8 percent). The senior poverty rate is lowest in Sierra Vista, where only 8.2 percent of those ages 65 and over lived in poverty from 2010 through 2014.

Regarding education levels and poverty: Douglas has the highest individual poverty rate in Cochise County and the lowest share of the population with a high school diploma or higher (68.7 percent of the population ages 25 and over). Sierra Vista, which has the lowest poverty rate in the county, has the highest rate of high school graduates at 93 percent of the adult population 25 years old and up.

Douglas also has the lowest share of the population with a bachelor's degree or higher at 9.6 percent (tied with Willcox) while Sierra Vista has the highest (31.4 percent).

Benson has the largest share of its population ages 25 years and up enrolled in college or graduate school at 32.3 percent. Sierra Vista has the second largest share of college or graduate school enrollees at 31.4 percent, followed by Douglas (31 percent), Huachuca City (30.8 percent), Bisbee (25.3 percent), and Tombstone (20.8 percent). The lowest rate of college or graduate school enrollment is Willcox (11.9 percent).

In Cochise County, **23.2% of children live below the poverty level** (2006-2010 American Community Survey). According to the same statistics, the highest rates of childhood poverty are in Miracle Valley (81.1%), Sunizona (70.8%), Douglas (43%), Naco (42.25%) and Bisbee (41.9). Additionally, because our county borders Mexico, approximately 32.4% of the population is Hispanic/Latino which is slightly higher than statewide rates (29.6%) and nearly double the nationwide rates (16.3%) (Indicators of Food Poverty in Cochise and Santa Cruz Counties). Furthermore, this same report describes that the communities with the highest number of Hispanic/Latino residents are Pirtleville (95.3%), Naco (83.9%) and Douglas (82.6%).

The **median household income in Cochise County is $44,876** which is significantly **lower than state and national levels** as of the 2006-2010 American Community Survey. The median household income measures income at the household level, regardless of the size of the household but per capita income measures it at the individual level. In Cochise County the **per capita income of $23,010** is 10.4% lower that the state and 15.8% lower than national levels, again as of the 2006-2010 American Community Survey.

Finally, in Cochise County, **12.5% of households receive food stamp/SNAP assistance**. These rates are **higher than state and national rates** for assistance with the exception of Sierra Vista, Dragoon, Elfrida, Mescal and Palominas (Indicators of Food Poverty in Cochise and Santa Cruz Counties).

OTHER UNIQUE COMMUNITY INDICATORS: ***Poverty, housing & education***

Center for Economic Research Press Release on January 14, 2016:

- By most measures of economic wellbeing, individuals and households in Cochise County were worse off in 2014 than in 2013 and were worse off than they were in 2007—the year before the nationwide Great Recession began.

- **INCOME:** According to recent U.S. Census Bureau data, median household income in Cochise County was $45,688 in 2014—down 3.6 percent from 2013 after adjusting for inflation. After the inflation adjustment, the county's median household income in 2014 was down more than 10 percent from 2007.

- Other measures of income saw similar trends. Median family income, which was $54,167 in 2014, was down 6.3 percent from 2013 and 11.2 percent from 2007, after adjusting for inflation. Per capita income countywide in 2014 was $23,507, down 4 percent from 2013 and 6.1 percent from 2007.
- In 2014, 18.4 percent of Cochise County's population lived below the poverty line. That was down from 19.1 percent in 2013 despite declines in median levels of income, suggesting those at the bottom of the income ladder saw increases. That's due primarily to automatic hikes in minimum wage and may also be attributable to increases in public assistance income.

- **PUBLIC ASSISTANCE:** In 2014, 3.4 percent of Cochise County households received cash public assistance income, up from 3.3 percent in 2013 and 2 percent in 2007.
- Of Cochise County households, 15.2 percent received food stamp assistance in 2014, up marginally from 15.1 percent in 2013, but up significantly from 9.3 percent in 2007.
- Despite the decline in the poverty rate from 2013 to 2014, poverty in Cochise County remained higher that in 2007, before the Great Recession. The poverty rate that year was just 15.5 percent.

- **ELDERLY POVERTY:** The poverty rate for the elderly in Cochise County was 13.8 percent in 2014, up from 13 percent in 2013 and 7.6 percent in 2007. The elderly population is generally less likely to live in poverty due to programs such as Social Security and Medicare.

- **CHILD POVERTY:** On the other hand, children are more likely to live in poverty but slight gains have been made. For children in Cochise County, the poverty rate in 2014 was 24.6 percent, down from 27 percent in 2013 and 26.2 percent in 2007.
- High child poverty rates are driven by single-parent homes, which have the highest rates of poverty. In 2014, 56.1 percent of households in Cochise County that were led by single moms lived below the poverty line, up from 43.5 percent in 2013 but down from 61.1 percent in 2007. Again, the gains since 2007 have been modest.

- **FAMILY POVERTY:** For married-couple families with children, the poverty rate in 2014 was 11.9 percent, which was down from 17.8 percent in 2013 (but higher than the rate of 8.3 percent back in 2007).

- **HEALTH INSURANCE:** In Cochise County, 10.3 percent of the population was without health insurance in 2014. That was down from 12.2 percent in 2013, but up from 9.9 percent in 2009, the first year data were published.
- The uninsured rate for children in Cochise County was 7.7 percent in 2014, down from 11.1 percent in 2013 but up from 6.3 percent in 2009.

- **HOUSING:** One of the signs of financial success and hallmarks of the American Dream is home ownership, which has been on the decline in Cochise County. The home

ownership rate countywide in 2014 was 67.1 percent, down from 70.4 percent in 2013 and 69.8 percent in 2007.

- A home is also the largest investment most people make and the value of that home is the main component of household wealth. The median value of owner-occupied homes in Cochise County in 2014 was $144,800, down from $150,000 in 2013 and $156,100 in 2007—before the housing market crash.
- On the cost side, housing constitutes the largest share of costs for most households. Housing that costs more than 30 percent of gross household income is generally regarded as unaffordable. About 29.7 percent of homeowners with a mortgage in Cochise County paid 30 percent or more of their income toward housing costs in 2014, up from 27.7 percent of homeowners in 2013.
- Housing costs impact renters even more. Nearly 47 percent of renters countywide paid 30 percent or more of their income toward housing costs in 2014. That was down, however, from 52 percent the year prior due to lower rental rates. The median monthly rent in Cochise County in 2014 was $783, which includes utilities—that was down from $802 in 2013.

- **EDUCATION:** One of the most effective pathways out of poverty and to higher income is education. In this area we've seen steady progress. In 2014, 24.8 percent of Cochise County residents had a bachelor's degree or higher, up from 24.5 percent in 2013 and 19.9 percent in 2007.
- In a positive sign looking forward, 27.2 percent of Cochise County residents were enrolled in college or graduate school in 2014, up from 25.2 percent in 2013 and 23 percent in 2007.

HEALTH DISPARITIES

- People who live in rural areas are at a higher risk for poor health disparities due to their geographic isolation, lower socio-economic status, higher rates of health risk behaviors, and limited job opportunities. Higher rates of chronic illness and poor health are found in rural communities compared to urban populations. (2017 Cochise Community Health Assessment Report)

- Per the 2017 Cochise County Community Health Assessment Report the leading causes of death in the county include:
    - Cancer- 231 per 100,000. The 5th highest in the state
    - Stroke – 44 per 100,000. State average is 32 per 100,000
    - Kidney Disease – 19 per 100,000. State average is 5 per 100,000
    - Diabetes – 45 per 100,000. State average is 20 per 100,000
    - Injury – 78.5 per 100,000. State average is 70 per 100,000

- Four of the leading causes of death in Cochise County are from chronic disease.

- Cochise County has higher rates of diabetes, obesity, heart disease, and strokes, substance abuse, fetal deaths, low birth weight babies, injury, suicide and colorectal cancer deaths than state averages.

- Cochise County is identified as both a federal and state medically underserved area and a health professional shortage area.

ACCESS TO SERVICES - TRANSPORTATION

- The Cochise Connection is a public bus service operated by the City of Douglas. Opened in 2017, this service links the public transportation bus routes in the cities of Benson, Sierra Vista, Bisbee and Douglas, in a loop, from Monday through Saturday. Fees range from $3-$6 depending on the distance traveled. No public bus service is available in Willcox or the unincorporated areas of the county at this time.

- Amtrak provides infrequent passenger service from Benson. This service does not accommodate commuter travel to Tucson.

- Interstate 10 and State Route 90 are the primary arterials in the area. I-10 begins on the west coast and continues to Florida. It is a major interstate and international trucking route, and it is common for I-10 to have more than 40% heavy trucks in the traffic stream. The regional and state highway system emanating from Benson makes it a gateway to southeastern Arizona. U.S.

  Highway 80 and State Route 90 originate in Benson and extend south to the principal cities of Cochise County. These highways also provide access to many of the tourist attractions of southeastern Arizona. The Union Pacific Railroad's main line extends through the City of Benson allowing for the shipment of materials and products by rail. The line extends east to El Paso and beyond and west to Tucson, Phoenix, Los Angeles, and San Francisco. In conjunction with I-10, the study area is traversed by two major freight corridors.

  Alternatives for east-west travel in the I-10 corridor are non-existent. If the freeway needs to be closed due to a crash or for other reasons, there would be a detour about 65 miles long, using SR 82. Since there are no alternative routes, bicycles are allowed to use the shoulder of I-10, which is neither safe nor desirable.

ACCESS TO SERVICES – HEALTH CARE

- **330 Grantees:**
  - There are no other 330 grantees in Cochise County. CCHCI is the largest Primary Care Provider in the County. CCHCI offers the only true sliding fee discount services for both medical and dental services.

- **Rural Health Clinics:**
  - Copper Queen Medical Associates are Rural Health Clinics operating under the auspices of the Copper Queen Community Hospital in Bisbee.

- There are three **Critical Access Hospitals** in Cochise County:
  - Benson Hospital in Benson, Arizona
  - Copper Queen Community Hospital in Bisbee, Arizona
  - Northern Cochise Community Hospital in Willcox, Arizona

  *** (Cochise Regional Hospital in Douglas closed in the summer of 2015)*

Location: FQHC's, Rural Health Clinics and Critical Access Hospitals in Cochise County

Cochise County Health Professional Shortage Areas (geographic and population):

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

CCHCI 2018 Health Care Professional Shortage Scores:

- Primary Care: score 17
- Dental: score 20
- Mental Health: score 19

Needs Assessment for Benson Service Area

COMMUNITY BACKGROUND

The Benson region was founded as a mining and transportation center in the late 1800's. It is high desert, with mountains, grasslands and native succulents predominating. Spread over the entire district the population density is about 17 persons/square mile. The City of Benson has a population density of about 120.4 persons/square mile (2015 Census Report). This is a rural setting.

Benson is the fourth largest city in western Cochise County located 45 miles east-southeast of Tucson Benson is situated along several trade routes: Interstate 10, State Route 80, State Route 90 and the main line of the Union Pacific Railroad.

St. David is an unincorporated community in Cochsie County, Arizona. St. David is located approximately 7 miles south of Benson. As of the 2017, population was estimated at 1,699.

Pomerene is an unincorporated community in Cochise County, Arizona, United States. Pomerene is 2 miles north of Benson and has a population of about 1010 (2016 estimate).

Dragoon is an unincorporated community and census-designated place in Cochise County, Arizona, United States. As of the 2016, population estimated to be 286. Dragoon is 17 miles east-northeast of the city of Benson.

POPULATION DATA

- The population of Benson as of 2015 (Census Report) was 5,013. The city is part of a larger community with a total population of 12,520 (as of Census 2010) including St. David, Mescal, Pomerene, and other nearby unincorporated areas. The population of the area swells considerably from October through April each year with an influx of winter visitors, many of whom reside in RV/travel trailer parks.

- The San Pedro Hospital District Area (SPHDA) has been estimated by the Benson Hospital Strategic Planning Committee to contain approximately 16,500 people. The J-6/Mescal and Cascabel extensions are estimated to add 1,500 people for a total of 18,000. The City of Benson estimates that winter visitors swell the local population by around 30%. Transient traffic on I-10, SR 90 to Sierra Vista and US 80 to Tombstone and Bisbee comprise an unknown impact on the service area population.

- Estimated median household income in 2015 (Census Report): $32,010. Estimated per capita income in 2015 (Census Report): $19,239.

- Poverty rate (2015 Census Report) is 22.1%

- Mean travel time to work (2015 Census Report) 20.6 minutes

- The racial makeup is comprised of 91% White, 12% as Hispanic/Latino. The population is expected to grow approximately 2% per year into the indefinite future. As development of the El Dorado project picks up, population growth in the area may considerably surpass the 2% projection.

- Almost one third of the population is Medicare age, which has implications for health care planning. The median age of the area is approximately 56.1 (2015 Census Report). This is higher than both Cochise County (37), and the State (34).

EMPLOYMENT DATA

Arizona Electric Power Cooperative, Inc., Apache Nitrogen Products, Benson School District and the Benson Hospital are the area's major employers. In addition to retail chain stores, there are several unique specialty shops found on the main 4th Street that offers a variety of goods. Many residents, however, commute to Tucson and Sierra Vista for employment and shopping. The City supports a large retired population and is a winter refuge for visitors from colder climates. Its nearby historic and scenic sites are increasingly popular with tourists.
The unemployment rate in Benson, Arizona, is 7.50%, with job growth of -1.04%. Future job growth over the next ten years is predicted to be 30.40%.

POVERTY DATA

- Benson's overall poverty rate was 22.1 percent from 2010 through 2014.
- Benson's child poverty rate is 37 percent, with seniors in poverty at 10.4 percent.
- Benson has the largest share of Cochise County population ages 25 years and up enrolled in college or graduate school at 32.3 percent.

ACCESS TO SERVICES/COMMUNITY INSTITUTIONS AND PROVIDERS

- **Benson Hospital** was built with Hill Burton funds in the early 1970's. Benson Hospital is a Rural Critical Access Hospital intended to serve the population of the San Pedro Valley Health District (SPVHD. The hospital is licensed to operate 22 acute care beds, all of which are designated as swing beds. In 2007, the emergency room was expanded to 3,000 square feet to include eight beds, secured admitting and an isolation room with separate entrance. The emergency room is continuously staffed with a physician and ancillary personnel. Approximately 23 patients/day are seen in the emergency room. The Emergency Room is certified as a Level IV Trauma Center.

  Benson Hospital includes three local physicians, seven mid-level providers, and specialists in cardiology, podiatry, and renal care. Mammography units visit the hospital. The availability of specialists in various fields varies with economic changes. Benson Hospital houses a full-service medical laboratory, radiology services that include CT, MRI, Ultrasound, Mammography and Densitometry, and rehabilitation services that include Physical Therapy, Occupational Therapy and Speech Therapy.

  Other services include extensive outpatient infusion therapy, wound care, blood transfusions, anticoagulation therapy, antibiotic therapy, therapeutic drug monitoring, skilled nursing swing beds, hospice care, and nutritional counseling. Four of the 22 beds are equipped with cardiac monitors. Benson Hospital has an average inpatient census of 8 patients/day. The Laboratory, Imaging, Rehabilitation, Occupational Medicine, Respiratory Therapy and Outpatient Treatment departments combined see around 90 outpatients/day. Benson Hospital has 145 employees. (Confirmed through verbal interview with CEO, Rich Polheber in April 2018)

  Benson Hospital has a renovated, 5,000 square foot Rehabilitation facility approximately one mile from the hospital at 500 S. Highway 80, Suite B, Benson AZ. This facility is newly furnished and represents over twice the previously available space for rehabilitation services.

- **Community Bridges:** Community Bridges has taken on an expanded role in the community, operating inpatient and outpatient programs out of the old SEABHS/PHF complex adjacent to Benson Hospital. They provide mental health services which include detoxification for inpatients and medication assistance, stabilization and

maintenance for outpatients. CB is dedicated primarily to substance abuse and detoxification with 24 beds, 30 employees and a census of around 15 patients/day.

- **Healthcare Innovations (HCI)** is the local ambulance service located adjacent to the Benson Hospital. This facility houses three fully-equipped ambulance units operated by emergency service technicians, half of whom are Emergency Medical Technician (EMT's) and half paramedics. Each emergency run involves one ambulance with two technicians, typically an EMT and a paramedic. The facility receives over 345 calls/month. About 260 of those calls result in a run. Approximately 67 of the monthly runs are to deliver patients to Benson Hospital's Emergency Room. HCI has 33 employees.

- **Good Samaritan Society-Quibiri Mission Nursing Home:** This is a 60-bed skilled nursing center dedicated to long-term health care and offering supportive medical services to its clients. Such services include inpatient therapy, skilled care, respite care, rehabilitation, memory care, and other modalities. Quibiri Mission has 80 employees and an average census of 50 patients/daily.

- **Cochise County Health Department:** Cochise County operates a health department in Benson intended to serve the local population. The office has services that offer teen pregnancy prevention, health education, tobacco prevention, nutrition, active adult services, Healthy Start, immunizations and nursing. There are four staff members in the Benson office, servicing around eight people per day.

- **Additional ambulance services:** Whetstone Ambulance has 16 employees and conducts around **7**6 runs per month, about eight of which come to Benson Hospital. Elfrida Ambulance has 17 employees and conducts around 29 runs per month, about one of which comes to Benson Hospital. Sunsites Ambulance has 22 employees and conducts around 21 runs per month about two-three of which come to Benson Hospital.

Local area physicians include:

- **Emergency Health Group (Banner South):** Provides ER physicians for the hospital.
- **Progressive Healthcare Group:**
  This practice includes two MDs and one mid-level provider.
- **Tucson Medical Center (TMC) One:**
  This practice includes one MD's and three mid-level providers.
- **Dr. Barbara Hartley:**
  Dr. Hartley practiced in Benson for several years. She now serves as a hospitalist at Benson Hospital approximately two weeks/month.
- **Dr. Thomas Pettinger:**
  Dr. Pettinger is the sole provider in his practice. He sees around 15 patients a day, three days per week. There are three employees at this practice. Dr. Pettinger will retire in May of 2018 and work one day a week at the Benson Hospital.

- **Rex Heaton**:
  Rex Heaton is a Family Nurse Practitioner doing occupational medicine at Benson Hospital. He sees around two to three patients daily and assists in the ER as needed. Rex manages outpatient services, overseeing wound care and IV infusion therapy, and serves as a back-up provider to patients who do not have primary care physicians.

Local Dentists:
Through a verbal interview (2018) with the CEO of the Benson Hospital, Rich Polheber, both dental practices are open only part time and do not see pediatric patients.

- **Benson Dental**: This practice has two dentists, 12 employees and sees about 35 patients/day.
- **Brett Clerc**: This practice has one dentist, five employees and sees about 27 patients/day

HEALTH DISPARITIES

The San Pedro Valley Hospital District (SPVHD) serves residents who are uninsured, low-income and members of minority groups. The demographics of the community identified a significant age distribution, with "almost one third of the population being Medicare age." In the adult population, obesity, cholesterol monitoring, blood pressure, diabetes, substance abuse, and mental health issues are prominent. Among young residents, substance abuse, obesity, mental health issues and sexually related issues are prominent. Among children in the area, child abuse, obesity and mental health issues are prominent. To some extent, dental care issues can impact all ages.

Dr. Barbara Hartley, MD serves as the hospitalist at the Benson Hospital. She is also the Chief of Staff of the Medical Staff at Benson Hospital. Dr. Hartley brings a profound level of experience and understanding of health care to this assessment. She thinks that the health needs assessment process should be looking more to the short-term than long-term. Dr. Hartley observes that several department heads at Benson Hospital are approaching retirement. Of the physicians in practice now in the Benson area, three are in their 60's and will probably not be practicing much longer. This, of course, impacts physician recruiting efforts, and Dr. Hartley observes that Benson Hospital may be the only entity with sufficient resources and motivation to pursue recruitment. The following is a verbatim reproduction of some of Dr. Hartley's recommendations: "A major challenge in continuing to meet the health care needs of this community, and a limiting factor in how much the hospital has to invest in primary care and expansion of its services, is the declining reimbursement from both Medicare and AHCCCS. The majority of the hospital's income comes from these programs, and it remains to be seen how the health care reform issue is going to play out, politically, and what the final landscape looks like."

Dr. Hartley continues: "**As far as the needs of the uninsured, low-income people and minorities, this community is more in need all the time of a true community health center." Dr. Hartley goes on to suggest that the Benson Hospital may wish to align with an existing community health center.**

OTHER UNIQUE COMMUNITY INDICATORS

- In general, the area is poised for economic growth once the state and national economies improve. Developers have long viewed the area as a vital link between Tucson to the west, Sierra Vista/Ft. Huachuca to the south. The availability of land, major transportation corridors (I-10, SR90 and US80), and industrial potential at the Benson Municipal Airport, make the area attractive for both residential and commercial development. The portion of I-10 that traverses through Benson is the most heavily travelled segment of highway in the County.

- Of the county's seven incorporated places, Benson is projected to see the fastest population growth averaging 1.6 percent annually in both the short and long term (to 2020 and 2050, respectively) according to Arizona Office of Employment and Population Statistics. Growth rates may be much higher than projected by EPS depending upon the success of the Villages at Vigneto development planned by El Dorado Holdings. El Dorado expects to build 28,000 homes in Benson in as little as 18 years, transforming the city into a community of nearly 65,000.

- The City of Benson estimates that winter visitors swell the local population by around 30%.

- About one third of the population is of Medicare age.

- Several department heads at Benson Hospital are approaching retirement. Of the physicians in practice now in the Benson area, three are in their 60's.

- Through an internal survey and through an interview with the Benson Hospital CEO, we identified that of the two dental practices in Benson, one accepts limited Medicaid patients and the second practice does not accept Medicaid clients; neither practice is open a full 40 hours a week. Additionally, neither practice offered sedation nor pediatric dentistry.

KEY FINDINGS FROM COMPLETED NEEDS ASSESSMENTS

- Population to one FTE Primary Care Physician 1: 3781 (Ratio). Meets definition for underserved which is 1: 3,500.

- The Benson Hospital, in 2016, identified a deficit of primary care providers. There was also a deficit of specialist with the greatest need in: OB/GYN, general surgery, orthopedic and cardiology.

- Percent of population below 200 percent of poverty was identified as 36.51%.

- Population identified as uninsured was 11.71%.

- Benson Medical Providers are elderly – 3 providers are nearing retirement age.

- In 2016, Benson community members were surveyed as part of the community health assessment. Respondents reported that 71% drove more than 25 miles to see a doctor and 47% did not feel that there was sufficient access to health care services or social services.

- Community perception is that more specialists are needed, specifically cardiac, obstetrics and gynecology, orthopedic, gastroenterology, surgery and pediatrics); more primary care physicians, need for dental/hearing and vision services, senior care and urgent care.

- Benson Hospital ER sees many patient with dental problems. One reason the hospital sees adults with dental problems is that Arizona Health Care Cost Containment System (AHCCCS) will not pay for fillings, only to have teeth pulled."

- The health needs of the SPVHD population predominantly reflect those of a mature demographic. Recalling that the median age is around 50, health needs associated with chronic illness prevail. Health care needs are derived by historic demand, from previous studies and by expert opinion.

- The demographics of the community identified a significant age distribution, with "almost one third of the population being Medicare age." In the adult population, obesity, cholesterol monitoring, blood pressure, diabetes, substance abuse, and mental health issues are prominent. Among young residents, substance abuse, obesity, mental health issues and sexually related issues are prominent. Among children in the area, child abuse, obesity and mental health issues are prominent. To some extent, dental care issues can impact all ages.

- Top three factors to improve the quality of life in Benson as reported in the 2017 Community Health Assessment Report:
  - Good Jobs and Healthy Economy
  - Low Crime and Safe Neighborhoods
  - Good Place to Raise Children

- Top three health priorities for Benson as reported in the 2017 Community Health Assessment Report:
  - Good Jobs, Healthy Economy
  - Drug Abuse
  - Mental Health

ANALYSIS AND RESPONSE

In late 2015 we were approached by United Health Care because no medical providers in Benson were seeing Medicaid patients. They asked for help providing primary care to their Medicaid patients. Our response was a definitive yes and we have been working toward getting mobile services into the area with the eventual goal of opening a "stand alone" clinic in that area that serves both the medical and dental needs of that community. CCHCI received support to move forward with these plans from the community including the Benson Hospital and the primary care providers. In 2017, CCHCI through their investment partner, VAST, purchased land across from the Benson Hospital for a fixed site clinic. The project is expected to be completed in late spring of 2018. The new clinic will offers 20,000 square feet of space for both adult and pediatric services. There are plans to build a dental clinic at a later time to meet the community need and demand.

Needs Assessment for Bisbee Service Area

COMMUNITY BACKGROUND

Bisbee is the third largest of seven incorporated places in Cochise County and is the county seat. The city is at an elevation of 5,350 feet located along State Route 80, approximately 50 miles south of Interstate 10, 95 miles southeast of Tucson, and 205 miles southeast of Phoenix. Bisbee was founded in the 1880s as a mining camp and was once one of the world's richest mineral sites producing copper, silver, gold, zinc, lead, and manganese. Phelps Dodge ceased mining operations in the area in the 1970s. Since then, the city has been known for its mining history and as an artist and retirement community. Bisbee is the county seat for Cochise County.

The city of Bisbee now includes the satellite communities of Warren, Lowell, and San Jose. The Lowell and Warren town sites were consolidated into Bisbee proper during the early part of the twentieth century. There are also smaller neighborhoods interspersed between these larger boroughs, including Galena, Bakerville, Tintown, South Bisbee, Briggs, and Saginaw.

The unincorporated town of **Naco, Arizona** is a small border town that straddles the Arizona/Mexico border and is approximately 7 miles south of Bisbee. Naco was established in the early 1900s after originally having been settled by Nahua and Opata Indians. The name comes from the Opata language. Naco is famous being the only place in the continental US that was ever bombed from the air. Naco is a small residential community with limited commercial

activity. Naco is home to the Turquoise Valley Golf Course (TVGC) and RV Park, a longtime favorite with snowbirds and southern Arizona golfers. TVGC is one of the oldest courses in Arizona and its clubhouse dates to the 1930's.

Until the 1960s, the towns of Naco, Arizona and Naco, Mexico were one, small, united town. When tensions rose between the two nations over illegal immigration, the community was split in two. In 1979, residents from both sides decided to use the rusted fence as a volleyball net and for the last 34 years, they've continued to celebrate the spirit of their community in the face of strict border control and political friction.

Federal agents discovered an underground tunnel crossing the border into Mexico from Naco, Arizona in 2015. Cross-border tunnels continue to be a tried-and-true smuggling method for Mexican drug cartels. Tunnels are notoriously difficult to detect, with as many as half of them found through anonymous tips rather than tunnel detection technology or human sources. In addition to smuggling drugs, the tunnels are also often used for human trafficking.

Palominas means "Place of the Doves". The area is known for its wildlife and outdoor activities. Hundreds of birds and butterflies migrate through this area year round. The entry turnoff to the Coronado National Memorial is located nearby.

Hereford was a common stop for travelers heading from Tombstone, 15 miles northwest, down the San Pedro River en route to Naco, Arizona and thence Mexico, approximately 14 miles away. The original town site was populated until the 1950s, and the last structures disappeared in the early 1960s. Nothing remains of the original town site except for a few concrete foundations and the ballasted rail bed, the rails and ties having been pulled in 2006.

Palominas and **Hereford** are unincorporated communities along the San Pedro Riparian National Conservation Area approximately 19 miles southeast of Sierra Vista, and 18 miles southwest of Bisbee.

POPULATION DATA

Although the population of Bisbee is 5,312 (as of 2016) the Bisbee area includes nearby populated areas that create a community of more than 35,000, including Bisbee, Naco, surrounding unincorporated areas on the U.S. side of the border, and residents of Naco, Sonora, Mexico. While the population of Bisbee declined 8.5 percent from 2000 to 2010, the wider Bisbee Census County Division (U.S. side of the border) grew by 20 percent (from 24,035 to 28,838) reflecting a greater number of residents in nearby areas outside city limits. The population of Naco, Sonora, Mexico grew by 30 percent (from 4,900 to 6,400). (Bisbee Economic Outlook 2017)

As of 2017, there were 1046 people living in Naco, Arizona.
The 2017 Palominas/Hereford population was listed at 5433.

EMPLOYMENT DATA

In Cochise County, the largest threat to labor market improvement in recent years has come from defense budget cuts impacting Fort Huachuca (35 miles northwest of Bisbee). While defense cuts have had a dampening effect on the regional labor market, the current administration's stated interest in increasing defense spending suggests an easing of constraints.

Cochise County and the Bisbee area are also impacted by border security spending and cross-border commerce. Efforts in Washington to increase the number of border patrol agents along the U.S./Mexico border may have a boost on the labor market. The recent expansion of the Brian A. Terry Border Patrol Station, just outside Bisbee city limits, was built to accommodate 450 agents protecting 1,200 square miles, including more than 30 miles of the U.S./Mexico border.

A bright spot for Bisbee in recent years has been a rebound in the tourism industry. The city has placed increased emphasis on promoting conferences and built partnerships with other communities on both sides of the border to promote cultural-heritage and cross-border events. Bisbee Area Top Employers include:

1. Cochise County
2. U.S. Customs and Border Protection
3. Copper Queen Community Hospital
4. Bisbee Unified School District
5. City of Bisbee
6. Freeport-McMoRan
7. Bisbee Hospitality Group
8. Safety

The top four industries in Bisbee include:

1. Educational services and health care/social assistance
2. Arts, entertainment and recreation, and accommodation and food service
3. Retail trade
4. Public administration

The unemployment rate for Bisbee in 2017 was 3.9%, compared to Cochise County unemployment rate of 5.6%, and 5.1% for Arizona, and 4.5% for the entire United States.

POVERTY DATA

- The highest child poverty rate of Cochise County's incorporated areas is Bisbee at 41 percent.
- 12.4 percent of Bisbee seniors live in poverty

ACCESS TO SERVICES/COMMUNITY INSTITUTIONS AND PROVIDERS

- Copper Queen Community Hospital, located in Bisbee, provides a range of inpatient and outpatient services, including 24-hour emergency services, acute care, telemedicine, cardiopulmonary services, diagnostic imaging, laboratory, outpatient surgery, physical therapy, home health, and occupational medicine.

- In 2015, the hospital began offering Magnetic Resonance Imaging (MRI) services. CQCH's telemedicine programs provide real-time video links with hospitals and specialists in Phoenix and Tucson, allowing physicians to work with specialized physicians and staff at other hospitals to assess and treat patients locally or stabilize them for transfer. Programs include Teleburn (with Grossman Burn Center at St. Luke's Medical Center in Phoenix), Telecardiology (Carondelet Health Network in Tucson), Telepediatrics (Banner Health Care - Children's Medical Center in Phoenix), Telepulmonology (Pulmonary Associates of Southern Arizona), and Telestroke and Teleconcussion (Mayo Clinic in Scottsdale), along with CQCH's Home Health Telemedicine program, connecting the hospital with patients in their homes.

- In 2013 and 2014, CQCH doubled the size of its emergency department; underwent extensive renovations to its main entrance and covered drop-off; and relocated and enlarged its helistop. Other improvements included new space for a CT scanner, redesigned nursing station located at the center of patient rooms, and increased space for pharmacy and laboratory facilities. In 2015, the hospital opened a new Physical Therapy Center.

- Also in 2015, CQCH joined with hospitals from Benson, Safford, Tucson, and Willcox to form the nonprofit Southern Arizona Hospital Alliance to foster stronger ties between the hospitals and allow greater efficiencies in purchasing, insurance, and electronic medical records.

- In recent years, CQCH has expanded outreach by operating rural health clinics in Bisbee, Douglas, and Palominas. In 2014 and 2015, the hospital undertook a series of expansions of its Douglas clinic, transforming it into the Douglas Medical Complex. In 2015, following closure of Cochise Regional Hospital in Douglas, CQCH announced it would open a free-standing emergency room in that city (expected to be operational in early 2016).

- Copper Queen also has a rural health clinic in Palominas-Hereford communities which offers family medical care. As of March 2018 providers include: Brian Miles, MD, Family Medicine; Laurie Thomas, MD, Family Medicine; Kathy Griesemer, Physician's Assistant; Bobbie Moore, Family Nurse Practitioner; Brenna Petro, Family Nurse Practitioner; Roland Snure, MD Surgeon; Edward Milly, DO, Gynecology.

- Other social service and health care providers in Bisbee include: Renaissance House for women, and Verhelst Recovery House for men, and Cochise Health and Social Services.

- There is one private dental practices in Bisbee, Dr. Jerrod Long.

- There is now a medical marijuana dispensary in Bisbee which opened in 2013. This is Bisbee's first and Cochise County's second dispensary.

HEALTH DISPARITIES

- The area with the highest number of people earning less than poverty level is Palominas

- Naco has the highest household percentage of families receiving public assistance

- Bisbee has a high rate of seniors living in poverty

- Bisbee has a high rate of children living in poverty

OTHER UNIQUE COMMUNITY INDICATORS

- The most significant opportunity for the short- and long-term economic growth of Cochise County is the planned 28,000-home Villages at Vigneto development in Benson, approximately 50 miles from Bisbee. The development, if successful in achieving and maintaining an ambitious 2,000 residential-unit annual absorption rate from 2020 to 2031 as anticipated by developer El Dorado Holdings, will spur economic activity, business development, and population growth, and potentially eliminate cyclical unemployment, which has burdened the region for the past six years. Even if developers fall far short of their target, the project is likely to give a significant economic boost to the countywide economy in coming years. Bisbee can expect to benefit from potential day visitors from the new development.

- Our CCHCI Bisbee Family Health Center has the largest percentage of insured patients and the oldest (average age is 50) patient population. It is a critical mass of aging baby boomers.

- Bisbee has a significant population of gay, lesbian and transgender individuals.

- In 2017, Bisbee was named "Prettiest City in America" by the "The Daily Meal." Also in 2017, Bisbee was named "Most Picturesque Small Town in Arizona" by USA Today, and placed second in USA Today's "Best Small Towns in the Southwest.

KEY FINDINGS FROM COMPLETED NEEDS ASSESSMENTS

Cochise County Health Assessment Report (2017)

In 2016 community members ranked the following issues as the top three facing Bisbee residents:

1. Alcohol/Substance Abuse
2. Good Jobs/Healthy Economy
3. Obesity and Healthy Lifestyle

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

ANALYSIS AND RESPONSE

The CCHCI clinic in Bisbee has had the largest percentage of insured patients and the oldest patient population. It is a critical mass of aging baby boomers. In Bisbee, the need is for internal medicine and behavioral health and dental services. Efforts have been made to bring mobile medical services to a high needs area in Bisbee to address the substance abuse/opioid crisis. The mobile unit is staffed with a behavioral health specialist as well as a medical provider.

CCHCI participates in community initiatives to address the housing issues in the area.
CCHCI recently received (2016) a HRSA grant to renovate the Bisbee Family Health Center. Renovations will start in mid-2018 and will be completed by the end of 2018. The clinic will be relocated to a temporary site during this construction. There are plans to bring mobile dental services to the Bisbee community after the restoration of the Bisbee Family Health Center. A cement pad is being planned as part of the clinic's renovation efforts to support mobile dental care.

Research supports planning for:

- Building a dental clinic
- Hiring "alternative medicine" practitioner to support Bisbee's culture
- Hiring a gerontologist to support the aging "baby boomer" population

Needs Assessment for Douglas Service Area

COMMUNITY BACKGROUND

The Douglas area was first settled by the Spanish in the 18th century. In 1854, the valley became part of the Gadsden Purchase from Mexico. Douglas was founded as a smelter town for the prosperous copper mines in Bisbee, Arizona. This town is named after the mining pioneer, Dr. James Douglas, and was incorporated in 1902. The area has a history of cattle ranching and agriculture dating back to the 1800's. The region also figures prominently in the history of the old west. Cochise County was home to many famous historical figures such as Cochise, Geronimo, John Slaughter, Wyatt Earp, and Doc Holliday and their stories played out across the grasslands of Cochise County. The Douglas Grand Theater was built in 1919 and was the largest theater between Los Angeles and San Antonio. Ginger Rogers, Anna Pavlova and John Phillip Sousa are some of the famous faces to have graced the theater's state.

In the early days of mining Douglas was a rowdy town like Bisbee, but many residents were determined to make it "clean, modern and healthful," as it would soon boast in 1908. The Arizona Rangers moved their headquarters there from Bisbee in 1902 to join with the Cochise County Sheriff in a war on crime and vice. Peace officers would also be available to break union strikes. Much effort was put into making Douglas a prosperous and comfortable community and that work paid off for generations to come. By the 1920s, there were eight miles of paved streets, 150 miles of drinking water lines, 27 miles of sewer lines, electricity, piped gas, and telephones, three city parks, 10 schools and seven churches.

Relations with Mexico have gone through periods of peace and conflict in southern Arizona. For decades there was no fence along the border with casual access available to both sides. Smelter slag piles extended across the border and when Douglas residents built an international airport in 1928 the runway extended into Mexico. But during the revolutionary period in Mexico from 1910 to 1920 a large number of US troops were stationed at Douglas to protect the border and invade Mexico as the need arose. When quiet returned, Douglas became a tourist destination. Upscale couples could reach Douglas via American Airlines after 1929 and escape both cold weather and prohibition by soaking up the "Douglas sunshine and Agua Prieta moonshine." A transcontinental highway, first called the Bankhead or Bankhead-Borderland Highway and later Highway 80 went from Bisbee through Douglas and on to New Mexico.

The city of **Douglas**, Arizona shares a border with Agua Prieta, Sonora, Mexico. Douglas is located near the southeastern corner of Arizona on the U.S.-Mexico border, across from the city of Agua Prieta, Sonora. U.S. Route 191 leads north from Douglas 69 miles (111 km) to Interstate 10 near Willcox. Arizona State Route 80 leads west 26 miles (42 km) to Bisbee and northeast 80 miles (130 km) to Interstate 10 in New Mexico.

Pirtleville is a census-designated place (CDP) located approximately 1 mile north of Douglas and is considered a suburb of Douglas. Typical of Arizona mining communities, before 1950 many Hispanic workers and their families lived separately; that separate community was

Pirtleville. While Douglas incorporated in 1905, today Pirtleville is still unincorporated and without the infrastructure that city government provides. Raul Castro, Arizona's first Hispanic governor, grew up in Pirtleville and graduated from Douglas High School.

The cemetery in Pirtleville was featured in Ripley's "Believe It or Not" because of the custom of choosing to be buried facing the South towards Mexico. (It would be accurate to note that 95% of the people buried in the cemetery came to work in the smelter in Douglas). Owned by the Diocese of Tucson, no one has been buried in the cemetery for over 50 years. The people who are buried in the cemetery are real pioneers of Arizona who lived there when Arizona was still a territory.

POPULATION DATA

Douglas is the **second largest city** in Cochise County. The population of **Douglas as of 2016** was **16,897**. The population of **Pirtleville** was **1,744** at the 2010 census. The City of Douglas is expected to see average annual population growth of 0.3% in both the short and long term. (The city's population figures include the state prison complex. As of Census 2010, approximately 2,600 residents of Douglas were inmates at the prison.) Douglas is part of a larger community with a total population of 19, 772 (as of 2010 Census) on the U.S. side of the border, including Pirtleville and other unincorporated areas near the city. The daytime population is much larger that the census suggests due to the city's proximity to Agua Prieta, Mexico. With thousands of crossings into the United States each day through the Douglas Port of Entry, the city hosts many foreign shoppers, workers and visitors. As of 2010, Agua Prieta's population was just under 80,000. (2017 Bisbee Economic Development)

The racial makeup of the city is approximately 68% white, 2.8% black or African-American, 1.7% American Indian or Alaska Native, 0.5% Asian, 0.1% Native Hawaiian or other Pacific Islander, 27% some other race. 82.6% of the population were Hispanic or Latino of any race. (Census 2010)

There were 4,986 households, out of which 45.9% had children under the age of 18 living with them, 42.9% were headed by married couples living together, 24.0% had a female householder with no husband present, and 26.6% were non-families. 23.5% of all households were made up of individuals, and 11.3% were someone living alone who was 65 years of age or older. The average household size was 2.98, and the average family size was 3.56.

In the city the age distribution of the population was 28.2% under the age of 18, 10.4% from 18 to 24, 28.2% from 25 to 44, 21.7% from 45 to 64, and 11.5% who were 65 years of age or older. The median age was 32.2 years. For every 100 females there were 120.7 males. For every 100 females age 18 and over, there were 127.4 males.

EMPLOYMENT DATA

- There are more than 20 maquiladoras (twin factories with facilities on both sides of the border) in Agua Prieta and Douglas, with Agua Prieta serving as the manufacturing center and Douglas the warehouse distribution center. Major industrial employers in Agua Prieta include Levolor Kirsh, Commercial Vehicle Group, Takata, Velcro USA, Standex International, and Alstyle Apparel & Activewear (which built a 700,000 square-foot manufacturing facility in 2011 that will employ 3,000 workers at full capacity).

- Because of its location along the U.S./Mexico border, international commerce is important to the economy.

- The four largest industries in Douglas include:
  - Educational services, and recreation, and accommodation and food services
  - Public Administration
  - Retail Trade
  - Arts, entertainment, and recreation, and accommodation and food services

- Unemployment rate for Douglas in 2016 was listed at 8.4% (Compared to a 6.3% unemployment rate in Cochise County and 5.2% unemployment rate in Arizona, and 4.9% unemployment in the United States for the same year). (U.S. Bureau of Labor Statistics, Arizona Office of Economic Opportunity)

- 2017 Top 11 Employers in Douglas were:
  1. U. S. Department of Homeland Security
  2. Arizona State Prison Complex-Douglas
  3. Douglas Unified School Districts
  4. Advanced Call Center Technologies
  5. City of Douglas
  6. Cochise College
  7. Chiricahua Community Health Centers, Inc.
  8. Cochise Private Industry Council
  9. Cochise County
  10. Copper Queen Community Hospital
  11. Walmart

POVERTY DATA

- Median household income for Douglas is listed as **$27,975** ((2011-2015 American Community Survey 5- year Estimates).

- The per capita income for the city was **$14,184**. (2011-2015 American Community Survey 5-Year Estimates). About 25.1% of families and 30.2% of the population were below the poverty line, including 36.8% of those under age 18 and 29.0% of those age 65 or over.

- Poverty level is recorded at **32%** for Douglas. (The poverty level for Cochise County is 17.9%, for Arizona 18.2%, and 15.5% for the United States). (2011-2015 American Community Survey 5-Year Estimates).

- Between 80-94% of students in the Douglas Unified School System for the school year 2014 qualified for the free or reduced lunch program. (A school is considered "high needs" if 50% of *its students qualify for the free or reduced lunch program.*

- The Cochise College Center for Economic Research recently released data which revealed that Douglas had the highest rate of poverty within the county over a five-year period through 2010 and 2014.

- Douglas has second highest child poverty rate at 38.2 percent and the second highest rate of seniors in poverty at 21 percent).

- Douglas has the highest individual poverty rate in Cochise County and the lowest share of the population with a high school diploma or higher (68.7 percent of the population ages 25 and over).

- Douglas also has the lowest share of the population with a bachelor's degree or higher at 9.6 percent

ACCESS TO SERVICES/COMMUNITY INSTITUTIONS AND PROVIDERS

- **CCHCI** operates two clinics in Douglas. The Jennifer "Ginger" Ryan Clinic (GRC) primarily serves adults including dental services, behavioral health, insurance eligibility/enrollment, and other support services. The Pediatric Center of Excellence (PCE) serves the younger population for acute and preventative care. In the summer of 2018, the Early Childhood Center of Excellence will open to serve "special needs" children as well as provide preventative health care to children.

- **Copper Queen Medical Associates (CQMA) Douglas Medical Complex.** Douglas Medical Complex (DMC) services include Quickcare (for minor emergencies and illnesses), Coumadin Clinic, laboratory and diagnostic imaging, onsite surgery clinic, physical therapy and telemedicine. The DMC recently completed a multimillion dollar renovation and expansion to enhance diagnostic capabilities and expand physical therapy services. In April of 2017, DMC opened its new, free-standing Douglas

Emergency department. The new facility provides 24-hour emergency services, eight treatment and exam rooms, critical care and trauma room, radiology services, laboratory, computer tomography equipment and a helipad.

- **Douglas Dialysis Center** was recognized and certified in 2007 by Centers for Medicare & Medicaid Services (CMS). Douglas Dialysis Center is located at 99 E 16th St Douglas, AZ 85607.

- **Dental Services**:
  - Douglas Dental employs 3 dentists and 1 dental hygienist
  - Gomez Clinic employs 1 dentist
  - CCHCI Douglas Dental Clinic employs multiple pediatric and adult dentists as well as dental hygienists

- **Behavioral Health**:
  - Cenpatico is the behavioral health provider for the area.

HEALTH DISPARITIES

- Douglas had the highest rate of poverty within the county over a five-year period through 2010 and 2014.

- Douglas has the highest individual poverty rate in Cochise County and the lowest share of the population with a high school diploma or higher (68.7 percent of the population ages 25 and over).

- Douglas also has the lowest share of the population with a bachelor's degree or higher at 9.6 percent.

- Childhood poverty rates for Douglas are above the county average. The highest child poverty rate of Cochise County's incorporated areas is Bisbee at 41 percent; Douglas is second at 38.2 percent.

- Between 80-94% of students in the Douglas Unified School System for the school year 2014 qualified for the free or reduced lunch program. (A school is considered "high needs" if 50% of its students qualify for the free or reduced lunch program.

OTHER UNIQUE COMMUNITY INDICATORS

- A 2008 University of Arizona study indicated 81.6 percent of Mexican residents entering the United States through Douglas did so for the purpose of shopping—highest of all land ports in Arizona.

- The International Border has a huge legal significance for the area. It is a porous border and residents routinely "cross the line" to visit with family and friends, shop and eat. Communicable diseases are shared as are other health related issues. A particular difficult issue occurs when families take tier sick children "over" and they are injected with an unknown medication. They appear at our clinics later and our providers must figure out the safest way to treat them. Many of the elderly combine medication prescribed in Mexico, along with those from the U.S. which are produced in factories with lower manufacturing standards.

KEY FINDINGS FROM COMPLETED NEEDS ASSESSMENTS

2012 SAC Grant Research

In Douglas, quality pediatric care has been lacking. One of our pediatricians has a patient panel of 350 special needs children (normally a pediatrician has 1 or 2). CCHCI, in cooperation with Arizona's First Things First Initiative, has conducted Focus Groups to identify strengths and needs of the health care safety net in Cochise County20. Results of those discussions reveal:

- A lack of widespread health insurance
- A lack of quality child care
- Significant language barriers
- A lack of accessible services for families
- A lack of affordable housing
- A need for services for children with special health care needs
- A need for dental care
- A need for behavioral health services

The issue of services for children throughout Cochise County, especially those from 0 to 5 years of age, comes up over and over again. The need for quality preschools, affordable health care and dental care topped each list. While health care insurance (Medicaid) for the underprivileged is available, many families are ineligible.

2016 Cochise County Community Health Assessment

Douglas community members ranked the following issues as the top three problems facing residents:

- Mental Health, Alcohol/Substance Abuse
- Teen Pregnancy, Birth Control
- Healthy Eating, Diabetes-Obesity

Survey results also reported the following:

- 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 health care services or social services.

ANALYSIS AND RESPONSE

CCHCI opened a Pediatric Center of Excellence (PCE) in 2011 because there was a lack of quality pediatric services in the area. To accommodate the high pediatric demand in Douglas, as well as to offset the needs of our patients, CCHCI offers patients extended hours, weekend hours and holiday hours. Additionally, we have leased a building and have begun construction for an Early Center of Excellence which will be used for our "special needs" children. The 26,000 square foot building is expected to be open in the early summer of 2018.

Plans to integrate both Behavioral Health and Dental Health into the pediatric practices in Douglas are moving forward. We offer Mobile Medical Adolescent Clinics at the Douglas High School two days a week to accommodate the needs of our adolescents which we consider to be a "special population" because of their "high risk" behaviors and their difficulty accessing our services through a "traditional" system of health care. We have hired a "pediatric dentist" to accommodate the oral health needs of our pediatric clients and have a dental clinic that is fully staffed at our Ginger Ryan Clinic and provides weekend and late hour appointments. Future plans include co-locating pediatric dentistry and pediatric medical services into the Early Childhood Center of Excellence.

Four full time adult/family practice providers were hired to staff the Ginger Ryan Clinic in the summer of 2016. Additionally, in the summer of 2016, on-site radiology services became available for patients. Plans are also underway to design a call center in Douglas to triage the high volume of calls received. Future plans for an on-site pharmacy are being developed.

Needs Assessment for Elfrida Service Area

COMMUNITY BACKGROUND

Elfrida is a small unincorporated community and census-designated place in the southeastern part of the U.S. state of Arizona in Cochise County. Elfrida is located on U.S. Route 191, 27 miles (43 km) northwest of Douglas and 6 miles (10 km) north of McNeal.

The ranching industry began in Southern Arizona in 1697 when Father Kino, a Spanish Jesuit priest, brought cattle into the region to supply food for the missions he established. Settlement was encouraged but progressed slowly due to Indian attacks. A policy of Indian appeasement in 1785 lessened hostilities and by 1810 ranches dotted the area and thousands of cattle were on the range. The Mexican Revolution left the northern settlers virtually unprotected and raiding Apaches either stole or ran off their stock; the occupants fled or were killed and by 1840 about all that remained were ruins and scattered herds of wild cattle. The area was virtually deserted when immigrants passed through on their way to California during the Gold Rush.

As the population of California increased so did the demand for beef. The price of cattle rose as high as $300 a head and made an attractive market. It became profitable to drive cattle from Texas to California through Arizona even though many cattle were lost to Apaches. Cattle herds passed through the Sulphur Springs Valley where grass was abundant and there were several springs where the cattle could be watered. The mild winters allowed cattle to remain on the range and the abundance of tall lush grass, 12 to 20 inches high, made the valley appealing to cattle raisers but the menace of Apaches kept them from settling.

After the Civil War several Army Posts were established to control the Indian problem and ranches were established in the Santa Cruz and San Pedro Valleys. But the Sulphur Springs Valley remained unsettled; it was the land of the Chiricahua Apache. The Army Posts were a good market for beef. In 1867 Henry Clay Hooker began delivering cattle to the posts; he and his men drove as many as 15,500 head annually into the valley. Hooker recognized the valley's potential for cattle raising. In 1872 he established Sierra Bonita Ranch in the northern end of the Sulphur Springs Valley becoming its first Anglo-American rancher.

In 1872 the Chiricahua Reservation, encompassing most of what is now Cochise County, was established making most of the Sulphur Springs Valley closed to settlement and not until after 1876 when the Apache were moved to the San Carlos reservation was it reopened. By 1883 white settlers entered the valley in numbers and established ranches. Cattle production in Arizona Territory and the Sulphur Springs Valley reached its peak in 1891 when there were approximately 1.5 million cattle on the open range.

The entire area, but especially the **Kansas Settlement** area is becoming known for its capacity to grow a wide range of high-quality crops which include cotton, milo, field corn, wheat, barley, alfalfa and a variety of vegetables. **Sulphur Springs Valley** has earned a reputation as the best winter raptor location in Southeastern Arizona. Up to 14 species of birds of prey find a niche in the grasslands and farms in what has come to be known as Arizona's "hawk alley." Additionally, approximately 20,000 to 25,000 Sandhill Cranes make the valley their "winter headquarters."

Elfrida is home to Valley Union High School grades 9-12 and Elfrida Elementary School grades K-8. Chiricahua Community Health Centers was founded in Elfrida in 1986. Elfrida Community Center is north of the center crossroads. Elfrida gained a library in March of 2000. The Elfrida Library is part of the Cochise County Library District. The Elfrida Fire Department is south of the center crossroads.

Pearce is best known as a historic ghost town. Sunsites, founded in 1961, adjoins Pearce, and the Sunizona and Richland developments are nearby. All of these communities share the Pearce, Arizona post office and ZIP code, 85625. The Pearce-Sunsites economy is based on retirees and tourism.

Sunizona, Sunsites and Pearce Arizona, are adjacent unincorporated communities in the Sulphur Springs Valley of Cochise County. **Sulphur Springs Valley** is the area west of the Chiricahua Mountains between Bisbee and Douglas to the south, and Willox to the north. **Kansas Settlement** is located in Sulphur Spring Valley south of Willcox.

Double Adobe is located in the southern part of the Sulphur Springs Valley. The name Double Adobe came from two large adobe buildings that stood nearby. The buildings, long gone, were used by army scouts who frequently patrolled the territory. **Double Adobe** is located in the southern part of the Sulphur Springs Valley approximately 22 miles east of Bisbee and 20 miles north of Douglas.

POPULATION DATA

- Elfrida, as of the 2016 American Community Survey had a population of 380
- McNeal, as of the 2016 American Community Survey, had a population of 158
- Double Adobe as of the 2010 Census had a population of 1263
- Sunizona, Sunsites, and Pearce, as of the 2010 census, had a population of 2104

EMPLOYMENT DATA

Largest Employers in Elfrida:

- Elfrida Schools
- Chiricahua Community Health Centers
- Ranching and Farming

POVERTY DATA

- 3.5% unemployed (2016 American Communitiy Survey). (The unemployment rate is 25% lower than the national average.)
- 51.9% of the population are Hispanic or Lation (U.S. Census 2010)
- 18.1% are high school graduates, 35.4% have some college but no degree, and no one has a graduate or profressional degree
- Per Capital Income is $22,484 (2016 American Community Survey). (This is 16% lower than the Arizona average and 25% lower than the national average.)
- Median houshold income is $34,271 (2016 American Community Survey.) (This is 33% lower than the Arizona average and 38% lower than the national average.)
- The poverty rate in Elfrida is 10% which is 36% lower than the national average.

ACCESS TO SERVICES/COMMUNITY INSTITUTIONS AND PROVIDERS

- Our first clinic, the Cliff Whetten Clinic (CWC) is named in honor of CCHCI's founding board member. Serving the rural Sulphur Springs Valley since 1996, the CWC offers medical and dental care for the entire family. Behavioral health, insurance eligibility/enrollment and other support services are also offered.

- Elfrida Fire Department is a mostly volunteer Fire Department. Ambulance services are available. (There is a shortage of paramedics serving the area.)
- Elfrida is in the Northern Cochise Community Hospital District. Distance from Elfrida to Willcox is 47 miles.

HEALTH DISPARITIES

- Roughly 30% of the households in Elfrida are living below the federal poverty level. There are very few jobs and people worry about how they are going to pay their taxes and/or rent from one month to the net. 75-79% of students in the Elfrida Elementary School qualify for the free or reduced lunch program.
- 51.9% of the population are Hispanic or Latino.

OTHER UNIQUE COMMUNITY INDICATORS

- Elfrida is home to farms and ranches and migrant and seasonal farm workers. There is also a relatively large elderly population of "alternative individuals" who migrated to this area because land was cheap. The economic downturn over the last decade has stranded them miles from traditional health care providers. They live on social security and survive with commodity distributions and kindly neighbors.

KEY FINDINGS FROM COMPLETED NEEDS ASSESSMENTS

2012 SAC CCHCI Needs Assessment

Every survey CCHCI has conducted over the years has listed dental care as a major need. Widespread depression and substance abuse is the norm as people self-medicate their issues.

2013 Sulphur Springs Valley Needs Assessment

- There are insufficient number of doctors serving the area.
- Adult population affected by the AHCCCS cuts and delaying care
- AHCCS cuts have forced Northern Cochise Community Hospital to cut programs and staff.
- Lack of transportation prevents people from getting to the doctor.
- Major dental care is being delayed because people are unable to afford this type of care.
- There is a shortage of qualified health care workers. Once workers are trained and certified, they tend to more to areas where there is higher pay.
- Vulnerable seniors without support systems are falling through the cracks.

- People without health insurance use the emergency room.
- There are no orthopedic services located between Willcox and Douglas. People have to go to Sierra Vista if they need these services.
- More than any other issue, the need for public transportation services was considered a major reason why residents are unemployed or underemployed, unable to attend job trainings and secondary education programs, unable to access health care or other services, and why economic development is stagnant in the Sulphur Springs Valley.
- Health priorities listed in this assessment include:
    - Increase the number of persons that are covered by health insurance
    - Affordable dental care
    - Access to pharmacies and affordable prescriptions
    - Reduce use of illegal drugs
    - Greater access to health and human services
    - Reduce teen pregnancy rate
    - Reduce smoking
    - Reduce alcohol abuse
    - Reduce domestic violence
    - Reduce child abuse rates

ANALYSIS AND RESPONSE

In August of 1996 CCHCI opened their first clinic in Elfrida to address the health disparities that existed because of the severely depressed economy and pervasive poverty. Today, the clinic is fully staffed with both medical and dental providers and offers early morning and weekend hour appointments. Affordable dental care is now a real option for patients. A mental health provider provides behavioral health services, part time. We have 1 FTE employee providing Outreach and Enrollment Services with the purpose of increasing the number of people that are covered by health insurance. CCHCI provides transportation to the clinic for medical/dental appointments for patients living within a 30-mile radius of the clinic.

Needs Assessment for Sierra Vista Service Area

COMMUNITY BACKGROUND

Sierra Vista, Spanish for "Mountain Range View," is the largest city in Cochise County, Arizona, at an elevation of 4,633 feet. The founding of the city arose from the establishment of Fort Huachuca in the late 1800's as early ranchers, homesteaders, and business entrepreneurs settled and built around the army encampment. Sierra Vista was incorporated in 1956 and Fort Huachuca was annexed into the city in 1971. In addition to Fort Huachuca, the Sierra Vista area is home to several other government agencies including U.S. Forest Service, Bureau of Land Management, and Department of Homeland Security. In 2017, Sierra Vista was named a "Great American Defense Community" by the Association of Defense Communities. Sierra Vista is located along State Routes 90 and 92, approximately 30 miles south of Interstate 10, 75 miles southeast of Tucson, and 190 miles southeast of Phoenix. Sierra Vista is 35 miles north of the Mexican border; nearby cities include popular tourist destinations Tombstone and Bisbee.

Fort Huachuca, Cochise County's largest employer, is an active U.S. Army installation located in Sierra Vista. The fort provides critical resources and infrastructure for military intelligence, cybersecurity, and unmanned aircraft systems. The fort encompasses more than 100,000 acres and the fort manages 964 square miles of restricted air space. As of September 2016, approximately 2,300 active duty military personnel were assigned to Fort Huachuca. There are also approximately 2,600 military students temporarily assigned to the fort for training on any given day. Fort Huachuca directly employs approximately 3,000 civilian workers with an additional 400 civilians employed by other agencies operating on the installation. The fort also has defense contracts that employ more than 3,300 workers. The resident population of Fort Huachuca was 5,679 as of January 2017. Many military personnel and their families also reside off post in Sierra Vista and surrounding communities. Fort Huachuca is located in Sierra Vista, about 15 miles (24 km) north of the border with Mexico.

Whetstone was often referred to as the "Y" because the intersection of SR 82 and 90 had an east bound lane on 90 and a south bound lane on 82 that created a Y at the intersection. Highway 90 ended a mile or 2 further north and people traveling north had to go via highway 82 east or west and then north on either highway 83 or highway 80. **Whetstone i**s a census-designated place north of Sierra Vista.

Tombstone is a historic western city in Cochise County, Arizona, United States, founded in 1879 by Ed Schieffelin in what was then Pima County, Arizona Territory. It was one of the last wide-open frontier boomtowns in the American Old West. The town prospered from about 1877 to 1890, during which time the town's mines produced US$40 to $85 million in silver bullion, the largest productive silver district in Arizona. Its population grew from 100 to around 14,000 in less than seven years. It is best known as the site of the Gunfight at the O.K. Corral and now draws most of its revenue from tourism. Tombstone sits atop a mesa (elevation 4,539 feet) in the San Pedro River valley between the Huachuca Mountains and Whetstone Mountains to the west, and the Mules and the Dragoon Mountains to the east.

Huachuca City, north of Fort Huachuca, is a community that is rapidly growing as a result of retirees relocating to the area and local tourist attractions. It is located at the north exit of Fort Huachuca.

POPULATION DATA

Sierra Vista and Fort Huachuca's combined populations as of the 2017 was **43,824**; however, as the economic hub of Cochise County, the city's daytime population is much higher. Sierra Vista's retail market serves an estimated population of more than 110,000 from both sides of the U.S. and Mexico border. **The city of Sierra Vista's population includes Fort Huachuca**. The resident population of Fort Huachuca (those residing on post) was 6,066 as of January 2018. As of the 2011-2015 American Community Survey, 28 percent of Sierra Vista's population ages 18 and older are civilian veterans of the military (more than 3 times the national level). That is largely due to the number of Department of the Army civilian positions at Fort Huachuca, as well as defense contracting personnel, many of whom are former members of the military. Many military retirees have also settled in the region due in large part to the presence of the fort and the services and amenities available to military retirees and veterans.

Huachuca City population as of 2017 was reported as 1,853.

Whetstone population as of 2017 was reported as 2,617.

Tombstone population as of 2017 was reported as 1,338.

Racial Composition of Sierra Vista as of the 2010 Census was as follows:

White 74.5%
Black/African American 9%
Asian 4.1%
American Indian/Alaskan Native 1.1%
Native Hawaiian/Pacific Islander 0.6%
Other 10.7%

EMPLOYMENT DATA

- The unemployment rate for Sierra Vista in 2017 was 4.7%.
- Employment data from late 2016 through 2017 suggest Cochise County's labor market hit bottom during 2016. December 2017 was the fifth consecutive month of year-over-year job gains countywide –the longest stretch since 2008.
- A bright spot for Sierra Vista and Cochise County in recent years has been a rebound in the tourism industry
- Sierra Vista is the commercial center for Cochise County and parts of northern Mexico. Retailers such as Lowe's, Home Depot, Walmart, Target, Dillard's, Sears, and Marshalls are located in the community, along with three major supermarkets and

dozens of smaller specialty shops. The Mall at Sierra Vista is a 400,000-square-foot (37,000 m^2) mall located in Sierra Vista.

- Sierra Vista has a substantial employment base due to Fort Huachuca — the community's major employer and primary driving economic force. Because of contracts with the Army, the professional, scientific and technical services sector is unusually large, but nearly half of all jobs in Sierra Vista are in the government sector.
- Sierra Vista Top Employers include:
    - Fort Huachuca
    - Canyon Vista Medical Center
    - City of Sierra Vista
    - Cochise College
    - Cochise County
    - Engility
    - General Dynamics
    - Lawley Automotive Group
    - ManTech
    - Northrop Grumman
    - Raytheon
    - Sierra Vista Unified School District
    - Teleperformance
    - Walmart
- The five largest industries in Sierra Vista (% of total workforce) are:
    - Public Administration
    - Educational Services and Health Care
    - Professional, scientific, and management, and administrative and waste management services
    - Arts, entertainment, and recreation, and accommodation and food services
    - Retail trade

POVERTY DATA

Sierra Vista

Unemployment rate in 2017 was 4.7%
Estimated Median Household Income $59,091
Per Capita Income for Sierra Vista $26,988
Poverty Level for Sierra Vista 12.7%
Hispanic/Latino Population for Sierra Vista 19.4%
Percentage of children who participate in free lunch program (2014):

Charter School 48%
Bella Vista Elementary 50%
Buena High School 29%
Carmichael Elementary 79%
Huachuca Mountain 29%

Huachuca City

Unemployment rate of 7.1%
Estimated Median Household Income $31,250
Per Capita Income $16,717
Poverty Rate 12.7%; children in poverty 34.6%; seniors in poverty 8.8%

Whetstone

Unemployment rate listed at 2%
Estimated Median Household Income $49,735
Per Capita Income $24,027
Poverty Rate 9.5%

Tombstone

Unemployment rate in 2016 was listed at 7.1%
Estimated Median Household Income in 2016 was $31,006
Per Capita Income in 2016 was recorded as $17,737
Poverty rate 21.9%; seniors in poverty 27.2%; children in poverty 30.1%
Percentage of children who participate in free lunch program (2014):
High School 46%
Charter School 70-74%

ACCESS TO SERVICES/COMMUNITY INSTITUTIONS AND PROVIDERS

- Canyon Vista Medical Center (CVMC) is a Joint Commission Accredited, 100-bed hospital serving Sierra Vista, Fort Huachuca, and surrounding communities. The new, 177,000 square foot, facility opened in 2015 when Regional Care Hospital Partners network acquired the former Sierra Vista Regional Health Center.

- Raymond W. Bliss Army Health Center (RWBAHC) located in Ft. Huachuca provides primary care (all ages), orthopedic clinic and same day procedure, physical therapy, optometry and preventive medicine consultations. RWBAHC does not have EMERGENCY room capability. Emergency Room care is provided by Canyon Vista Medical Center Emergency Room. Access to medical care at RWBAHC is by appointment, unless otherwise stated.

- As of 2016 there are 86 Medical Groups in Sierra Vista based off of an internet search.

- Sierra Vista is supported by a public mass transit system called Vista Transit, operated by the city. There are two highways (SR 90 and SR 92) connecting Sierra Vista with neighboring communities. The city is also served by the Sierra Vista Municipal Airport which is jointly operated by the U.S. Army as Libby Army Airfield. Currently there are no commercial flights arriving to or departing from that airport.

HEALTH DISPARITIES

- High childhood poverty rate (Tombstone and Huachuca City)
- Tombstone has the highest rate of seniors living in poverty

OTHER UNIQUE COMMUNITY INDICATORS

- Residents and health professionals became concerned after observing an elevated number of leukemia and related childhood cancer cases being reported in Sierra Vista since 1995. In 2001, with seven reported cases since 1995, the Arizona Department of Health Services (ADHS) determined the number of cases was statistically elevated over the expected norm. In response, the ADHS launched an environmental review of air, drinking water and soil in the Sierra Vista area to determine if environmental exposure had placed residents at greater risk of childhood leukemia or other cancers. By October 2002, the ADHS in conjunction with the Arizona Cancer Registry, determined that, "No common environmental exposure from drinking water, ambient air or waste sites were identified that might have placed residents of the Sierra Vista area at greater risk of developing leukemia." No further action was recommended at that time.

- In 2003, three more cases of leukemia were reported. The Centers for Disease Control (CDC) was hesitant to investigate in depth, initially leaving the matter to state health departments, but became involved after the ADHS requested their assistance in the spring of 2003. The CDC concluded two formal studies, in 2004 and 2006, with mixed results. They did not discover any environmental causes for the increased incidence of leukemia, but they did note that they only tested four children with leukemia. They cautioned that with such a small number of study participants, "any attempt to measure associations between environmental exposure and disease would be inherently suspect and not statistically appropriate." Biological samples were tested for 128 chemicals, with results showing average or below average levels for all chemicals except tungsten, styrene and PCB-52, which were above average.

- There were no more reported cases in the several years following the CDC reports, bringing the occurrence statistics back in line with national averages. However, with a total of thirteen children diagnosed and another five potentially linked cases being investigated since 1995, some people still have concerns. Families against Cancer and Toxics (FACT) was formed in Southern Arizona in 2003 when parents of children with cancer gathered to encourage continued investigation into the possible causes of childhood leukemia.

KEY FINDINGS FROM COMPLETED NEEDS ASSESSMENTS

Top three factors to improve quality of life for Sierra Vista as reported in the 2016 CHA

- Good Jobs and Healthy Economy
- Low Crime/Safe Neighborhoods
- Good Place to Raise Children

Top three health priorities for Sierra Vista as reported in the 2016 CHA

- Good Jobs/Healthy Economy
- Substance Abuse
- Mental Health

Needs Identified for Sierra Vista Area

CCHCI identified the following needs for Sierra Vista:

- Significant number of families without health insurance
- No sliding-fee scale services for oral health needs in Sierra Vista
- High rates of obesity and other chronic diseases linked to poor diets
- Significant "underserved population" which includes low income housing residents, unemployed farm workers and Veterans
- The existing "provider community" wants insured patients, or those who can pay out of pocket
- About of third of the providers will not accept patients with Medicaid or Medicare (identified by surveying medical providers in the community)
- About a quarter of providers are not taking new patients (identified by surveying medical providers in the community)
- The average waiting time for a new patient appointment is 3-4 weeks (identified by surveying medical providers in the community)
- During community meetings in 2016 that were conducted as part of the Community Health Assessment, residents discussed significant problems with obtaining and retaining health care providers.

ANALYSIS AND RESPONSE

Consolidate our dental practice in Sierra Vista, which is currently a "stand alone" clinic, into our fixed site adult and pediatric clinic which will allow for improved patient flow, integration and access.

Expand adult medical services in Sierra Vista by moving current administrative staff out of potential clinical space.

In 2018, CCHCI opened an on-site pharmacy utilizing the 340B program. The pharmacy is co-located within the pediatric and adult clinic space which allows for better access and decreased barriers for our patients.

Needs Assessment for Willcox Service Area

COMMUNITY BACKGROUND

Willcox is located in northern Cochise County in the Sulphur Springs Valley. Interstate 10 serves the city with three exits and leads 35 miles (56 km) southwest to Benson, Arizona, and 74 miles (119 km) east to Lordsburg, New Mexico. According to the United States Census Bureau, the city has a total area of 6.3 square miles (16.3 km^2), of which 6.1 square miles (15.9 km^2) is land and 0.12 square miles (0.3 km^2), or 2.13%, is water.
Originally known as "Maley", the town was founded in 1880. Willcox had the distinction of being a national leader in cattle production. Agriculture remains important to the local economy, but Interstate 10 has replaced the railroad as the major transportation link, and much of the economy is now tied to the highway, which runs immediately north of the town. Willcox is the birthplace of Rex Allen, known as "The Arizona Cowboy", who wrote and recorded many songs, starred in several Westerns during the early 1950s.

Bowie is named for Fort Bowie, whose ruins are a designated historic site. Bowie came to life in 1880 through the combined efforts of the southern and pacific railroad and frontiersman, James Tevis. Bowie is surrounded by mountain ranges with 300 miles of hiking trails. Bowie lies on Interstate 10, approximately 26 miles east of Willcox, close to the New Mexico border.

San Simon was a station for the Butterfield Overland Mail. It was later a relay station established to provide water and a change of horses for the mail carriers. San Simon is located along Interstate 10, 40 miles east of Willcox.

Portal is a popular location for birding in southeastern Arizona. It is also home to the American Museum of Natural History Southwest Research Station. Often called the Yosemite of Arizona, the rock walled canyon is composed of fused volcanic tuff. Portal is an unincorporated community. It lies 25 miles south/southeast of San Simon on the east side of the Chiricahua Mountains.

Cochise was created alongside the Southern Pacific Railroad in the 1880s. The city was a coal and water stop, needed for trains at the time. At its peak, the town had a population of approximately 3,000 people. Today, only 50 people still live in Cochise. The town is also home to several historic locations. In 1899, Big Nose Kate, the famed sidekick of Doc Holliday, lived in Cochise while she was working at the Cochise Hotel after Holliday's death. Cochise is an unincorporated community located 14 miles southwest of Willcox on Highway 191.

POPULATION

Willcox's population 3,757 as of the 2010 Census
Bowie's population 449 as of the 2010 Census
San Simon's population 165 as of the 2010 Census
Portal's population 1,025 (2012 Report)* Seasonal Population
Cochise's population 50 (multiple data sources)

EMPLOYMENT DATA

Primary industries in Willcox are Agriculture and Cattle

2015 Top Employers in Willcox:

- Sulphur Springs Valley Electric Company
- NatureSweet
- Willcox Unified School District
- Northern Cochise Community Hospital
- Valley TeleCom
- Law Enforcement (Including U.S. Border Patrol)
- AZ State Prison

POVERTY DATA

- Income per capita $18,545 (2016 American Community Survey). The income per capita in Willcox is 38% lower than the national average.
- Median House hold income $43,324 (2016 American Community Survey). The median household income in Willcox is 22% lower than the national average.
- Unemployment rate 4.5% (2016 American Community Survey). The unemployment rate in Willcox is 4% lower than the national average.
- Poverty Level 20.6% (2016 American Community Survey). The poverty level in Willcox is 36% higher than the national average.
- Percentage of children approved for free or reduced-price lunches for School Year 2014:
    - Willcox Elementary 78%
    - Willcox Middle School 75%
    - Willcox High School 48%
    - Bowie Elementary 90-94%
    - Bowie High School 70-79%
    - San Simon 75%

ACCESS TO SERVICES/COMMUNITY INSTITUTIONS AND PROVIDERS

Northern Cochise Community Hospital is a 24 bed Critical Access Hospital that has 24-hour emergency service, including Trauma Level IV certification. Outpatient services are also offered through the hospital including, inpatient and outpatient rehabilitation, laboratory services (with onsite processing for most labs), cardiopulmonary services, and an imaging department that includes: mammography, radiology, a 64 slice CT scanner, Dex-a-Scan, MRI, nuclear med, and ultrasound. Other services include outpatient endoscopy three times per month. Additionally, NCCH operates 2 rural health clinics in the PCA.

Northern Cochise Community Hospital had a transportation program that provided almost 18,000 rides a year in that area. In late 2014, they discontinued the program, so the Willcox

area was left with no transportation. Residents requiring non-emergency transportation to the hospital had to resort to using the Sunsites-Pearce Fire Districts ambulance which strained the resources of that department. In 2016 Southeast Arizona Governments (SEAGO) received $600,000 from the Legacy Foundation of Southeast Arizona to address access to medical-related transportation issues in that area. Four goals were outlined as part of this grant award: expand public transportation within Cochise County in order to give riders access to medical facilities in Sierra Vista, encourage existing volunteer transportation services within the county such as VICap, establish a mini grant program for nonprofit transportation program, and explore other solutions for the transportation needs of Willcox.

In addition to the hospital located in Willcox, there are primary care medical clinics, with one of the providers providing services in Bowie part time. Several dentists and chiropractors have offices, as well as one optometrist's office. There are multiple specialty disciplines that come from Tucson, AZ to provide specialty clinics in this area as well.

Mental health services are administered through a Regional Behavioral Health Authority, Cenpatico. They contract with two mental health agencies to provide those services in the Willcox/Bowie PCA. These agencies are in large part providing services only to patients enrolled in the AHCCCS (Medicaid) program, the seriously (chronically) mentally ill (SMI) population, and to those who are court ordered to receive treatment. Crisis services fall under this umbrella, but are limited in scope. No mental health providers currently serve mental health needs outside the scope defined herein.

Emergent transportation includes a local ambulance company (Health Care Innovations), and Life Net for emergent air transportation. Emergency first responder services include the Willcox Fire Department (volunteer), the Sunsites-Pearce Fire Department, Willcox Police Department, Cochise County Sheriff's Office, Arizona Department of Public Safety (Highway Patrol), and the US Border Patrol.

OTHER UNIQUE COMMUNITY INDICATORS

- Leading causes for morbidity and mortality (as reported in the 2013 Northern Cochise Community Hospital Needs Assessment):
    - Primary Diagnosis: Respiratory/Sup/Chest Symptoms
    - Primary Procedure: Coronary Artery Bypass
    - Leading Cause of death in Adults: Heart Disease
    - Leading Cause of death in children: Vehicle Accidents
    - Leading Cause of death in Infants: Maternal Complications

- The nursing home operated by the hospital closed in October of 2015. Hospital was operating at a loss and the closure of the nursing home was needed to secure the future of the hospital. Community members are seeking to find funding to bring a nursing home back to the community.

KEY FINDINGS FROM COMPLETED NEEDS ASSESSMENTS

Northern Cochise Community Hospital Needs Assessment (2013)

The 2013 needs assessment performed by Northern Cochise Community Hospital (NCCH), located in Willcox, identified transportation and lack of money to pay for medical services as the two strongest barriers to care in their community; immigration concerns were listed as the community's greatest social issue. Other barriers faced include: work schedules, border patrol presence and the travel time to the closest FQHC (CCHCI) located over 45 miles away. The survey reported that only 56% respondents stated their entire family was insured. The report went on to state that **the number one priority of Northern Cochise Community Hospital is to partner with CCHCI to expand services and improve access to care**.

Community Needs Assessment of Sulphur Spring Valley (2013)

A 2013 survey funded by Cochise Community Foundation and awarded to Elfrida Citizens Alliance conducted a comprehensive needs assessment of the Sulphur Springs Valley. Key findings from this report duplicate many of the concerns from the Northern Cochise Community Hospital Assessment. A summary of these findings include: insufficient number of doctors serving the area, lack of a system for people on Medicaid to access prescriptions by mail, lack of transportation prevents people from accessing medical services, delayed dental care for crowns, dentures and periodontal disease because of inability to pay for these services, shortage of health workers – once workers are trained, they move to areas where there is higher pay, vulnerable seniors without support services are falling through the cracks, overutilization of the Emergency Room because of lack of insurance, no critical care services and no orthopedic services between Willcox and Douglas.

Cochise Community Health Assessment (2016)

The 2016 Cochise Health Assessment conducted through a collaborative partnership with key community stakeholders unearths that for Willcox:

- 42% of Willcox residents report that they drive more than 25 miles to see a doctor. Of these, 17% drive more than 75 miles.
- 64% of Willcox respondents do not feel that there is sufficient access to health care or social services.

Top three factors to improve quality of life for Willcox were listed as:

Good Jobs and Healthy Economy
Good Schools
Good Place to Raise Children

The top three problems facing Willcox residents as reported through this survey include:

Aging problems
Mental health
Lack of health food.

ANALYSIS AND RESPONSE

For more than ten years, CCHCI has provided limited medical and dental services to the Willcox-Bowie area—primarily to migrant farm workers and the uninsured—via mobile medical and dental clinics and through outreach efforts utilizing Community Health Workers. As CCHCI's experience working in the Willcox-Bowie area has consistently demonstrated, the needs of uninsured patients remain high and unmet, and expansion of services to this region is a top priority. CCHCI's strategic plan, in addition to increasing services to the area, includes plans to build a stand- alone clinic when federal grant funding becomes available.

To further address the health needs of this community, CCHCI began piloting a "home visitation" program in 2018 where high risk patients and patients who are high utilizers of services will be targeted for a home visit. Case management/care coordination will be offered as part of the visit.

Needs Assessment for Adolescents in Cochise County

COMMUNITY BACKGROUND

Racial and ethnic minority adolescents currently represent 39% of all adolescents in the U.S. Hispanics and Blacks are the largest of that minority groups. (U.S. Census Bureau. 2005 American Community Survey) and together, they represent a third of the adolescent population. (U.S. Census Bureau. Housing and Household Economic Statistics Division.) Compared to Whites, Hispanic and Black adolescents face significant economic disadvantage. They are more than twice as likely as White adolescents to be living in families with incomes below the 200% federal poverty level. (This was $32,180 for a family of 3 in 2005). Additionally, Black and, especially, Hispanic adolescents are more likely than Whites to be without health insurance coverage.

The evidence is clear. Both Hispanic and Black adolescents face the greatest disparities in their health and in their availability to access care. When adolescents have health insurance, their health improves. Comparably, poor health status is related to living in a primarily Spanish – speaking household, low family income and low level of household education. (The National Alliance to Advance Adolescent Health). Understanding these disparities is critical for tailoring solutions.

POPULATION DATA

2013 Cochise County:

Children 1-14	23,374	17.9%
Adolescents 15-19	8,943	6.8%

POVERTY DATA

County

% Children Living in Poverty 24.5%
% Population with Bachelor's Degree or Higher 24.5%
% Population Hispanic 35.5%

Bisbee

% Children Living in Poverty 32.8%
% Population with Bachelor's Degree or Higher 29.6%
% Population Hispanic 40.5%

Douglas

Children Living in Poverty 42.2%
% Population with Bachelor's Degree or Higher 10.9%
% Population Hispanic 77.6%

Sierra Vista

% Children Living in Poverty 13.7%
% Population with Bachelor's Degree or Higher 31.1%
% Population Hispanic 24.5%

Willcox

% Children Living in Poverty 33%
% Population with Bachelor's Degree or Higher 9.8%
% Population Hispanic 50.1%

Benson

% Children Living in Poverty 32.8%
% Population with Bachelor's Degree or Higher 19%
% Population Hispanic 22.6%

HEALTH DISPARITIES

Health disparities result from multiple factors, including:

- Poverty
- Environmental threats
- Inadequate access to health care
- Individual and behavioral factors
- Educational inequalities

Health disparities are also related to inequities in education. Dropping out of school is associated with multiple social and health problems. Overall, individuals with less education are more likely to experience a number of health risks, such as obesity, substance abuse, and intentional and unintentional injury, compared with individuals with more education. Higher levels of education are associated with a longer life and an increased likelihood of obtaining or understanding basic health information and services needed to make appropriate health decisions.

OTHER UNIQUE COMMUNITY INDICATORS

Cochise County Teenage Births (Live births per 1000 females - Arizona Health Matters 2015)
Females age 15-19: 37 (Cochise County) 26.3 (Arizona) 22.3 (National)

The dropout rate for Cochise County is 13% - 2017 American Community Survey data.

KEY FINDINGS FROM COMPLETED NEEDS ASSESSMENTS

In Douglas, quality pediatric care has been lacking. One of our pediatricians has a patient panel of 350 special needs children (normally a pediatrician has 1 or 2). CCHCI, in cooperation with Arizona's First Things First Initiative, has conducted Focus Groups to identify strengths and needs of the health care safety net in Cochise County. Results of those discussions revealed:

- A lack of widespread health insurance.
- A lack of quality child care.
- Significant language barriers.
- A lack of accessible services for families.
- A lack of affordable housing.
- A need for services for children with special health care needs
- A need for dental care.
- A need for behavioral health services.

In 2013 the Sulphur Springs Valley Community Needs Assessment was published. The project was paid for by the Cochise Community Foundation to the Elfrida Citizens Alliance. Findings from this report that are directly related to youth include:

- 95% of students in area receive free or reduced lunches, a key indicator of poverty.
- A lack of pre-K educational opportunities results in a significant percentage of students entering school without basic pre-literacy skills.
- Multiple grades are being taught in the classroom due to funding cuts.
- Difficult in attracting highly qualified staff with Math, Science and Special Ed.
- Lack of school nurses mean that school personnel have to monitor students that need to take medication.
- The drug cartel are recruiting minors to transport drugs. Sufficient recreation programs, after-school programs and economic opportunity are not available to fill this void.
- There are few recreational options for youth that keep them engaged and entertained, and reinforce their ability to resist peer pressure, gangs and substance abuse.
- Youth programs are hampered by lack of funding to pay operating costs including liability insurance and program expenses.
- There are few resources to provide day-care services. Most often, day-care is provided at the home of the day-care provider. There are no sick-child day care programs

ANALYSIS AND RESPONSE

Schools play a critical role in promoting the health and safety of young people and helping them establish lifelong healthy behaviors. Research also has shown that school health programs can reduce the prevalence of health-risk behaviors among young people and have a positive effect on academic achievement.

CCHCI is involved in school health programs for all of the reasons mentioned above.
Adolescent Mobile Medical Services are now offered at the following schools in Cochise County:

Buena High School in Sierra Vista
Full range of adolescent primary and preventive medical services
- Monday 8:30am-4pm

Bisbee High School
Full range of adolescent primary and preventive medical services
- First Tuesday 8am-4pm

Douglas High School
Full range of adolescent primary and preventive medical services
- Monday and Wednesday 8am-4pm

Willcox High School
Full range of adolescent primary and preventive medical services
- Wednesday 9am-4pm

Cochise College Douglas Campus
Full range of adolescent primary and preventive medical services
- Thursday 8am-4pm

Adolescent school health programs are being planned for the communities of Benson and Tombstone

Early Literacy efforts are encouraged at all CCHCI locations by offering a program called “Reach Out and Read.” All of our pediatricians are participants in the program and prescribe books for families to read together.

CCHCI is building an Early Childhood Center of Excellence in Douglas to specifically address children with special needs. The center, when completed in 2018, will offer access to specialist from around the state of Arizona as well as supportive services such as audiology, physical therapy and occupational therapy.

Needs Assessment for Agriculture Workers in Cochise County

COMMUNITY BACKGROUND

Arizona, despite a harsh climate and little rain, produces much of the U.S's lettuce, broccoli, spinach, melons, and animal forage. Arizona provides the majority of lettuce consumed during winter months in the U.S. and also produces cotton, durum, wheat, barley, beef, and dairy. While agriculture exists in each of the 15 counties of Arizona, production is focused in seven counties: Cochise, Graham, La Paz, Maricopa, Pima, Pinal, and Yuma.

Willcox was once one of the largest cattle breeding cities in the nation, and cattle are still important to Willcox's economy and the largest livestock auction in Arizona is held here. The heartland of Arizona, agriculture is Willcox's primary economic driver. Willcox is Arizona's Wine Grape Capital with the area producing more than three quarters of the wine grapes in the state. Willcox Wine Country has wines that have received many honors and awards, rating 88 and higher by Wine Spectator. Northern Cochise County is the world's second largest producer of pistachios. Other specialty crops such as apples, peaches and pecans thrive in the Willcox basin, while row crops such as cotton and small grains are also significant. One of the largest hydroponic tomato green houses in the world with more than 300 acres under glass makes its home in the Willcox area. Many agricultural support and research companies operate near Willcox. The world's foremost chili pepper seed company and research facility is located in northern Sulphur Springs Valley.

LOCATION

The Sulphur Springs Valley is located in the eastern half of Cochise County, Arizona, spanning from the Chiricahua Mountains–Dos Cabezas Mountains on the West, and San Simon Valley on the northeast and San Bernardino Valley on the southeast, forming a large area of flatland. Two water basins serve the area, Willcox Playa (famous for bird watching) in the north half of the Valley and the Yaqui River drainage in the south half that drains into Mexico through Douglas. Although part of the Sonoran Desert, plentiful rains help support wildlife and substantial agricultural activity. The area is rich in American history featuring cowboys, Native American tribes, outlaws and their hideouts, and several battle sites. The north-south highway, U.S. Route 191, serves as the main road through Sulphur Springs Valley, connecting Douglas, AZ through Double Adobe, McNeal, Elfrida, Sunsites-Pearce to Interstate 10 and Willcox. Davis Road provides access east and west across Sulphur Springs Valley.

POPULATION DATA

One of the most common and important questions regarding the agricultural population is how many agricultural workers there really are in a particular region, state or in the nation as a whole. Estimating the size of this population is difficult related to high mobility, language and cultural differences, and varying levels of citizenship status among others.

Farm Labor Estimates for Cochise County 2014

Migrant	248
Seasonal	659
Non-Working Dependents	1,098
Livestock Workers –	(no data)
All Workers	907
All Workers and Dependents	2,006

UDS 2017 Report

Migrant	571
Seasonal	1,662
Total	2,233

Health centers that receive federal funding for serving MSAW patients must file a separate report about all the MSAW patients they served during the year. This data provides basic information about a large number of MSAWS and their dependents who chose to receive care at a health center. Information about individual patients is not reported, but all patient data is aggregated by the Health Center.

MHCs are required to identify MSAWs and their dependent family members, as well as persons who have retired from agricultural work, and classify them as “migratory” or “seasonal.” All patients should be screened for MSAW identification, and identification is not dependent on ethnicity, insurance status, or any other patient characteristics but staff time constraints, lack of training, etc. may limit this practice and may result in an overall undercount of MSAW patients. Such identification is done by Health Center staff, usually through a short series of verbal or written questions as part of the patient registration process. All dependents (adult or child) of the agricultural worker are also recorded as agricultural workers. A migratory agricultural worker is “an individual whose principal employment is in agriculture, who has been so employed within the last 24 months, and who establishes for the purposes of such employment a temporary abode.” Seasonal workers and families are similarly defined but do not establish temporary homes for employment. The definition of agriculture for this group of patients follows the UDS definition of agriculture, which is based on the North American Industrial Classification System and includes all sub-codes within codes 111 (Crop Production), 112 (Animal Production and Aquaculture), 1151 (Support Activities for Crop Production), and 1152 (Support Activities for Animal Production).

The three Health Centers that receive funding for MSFW's in **Arizona** reported in 2014 the following data:

Migratory (25%)
Majority of workers were male (52%)
Hispanics (97%)
Language other than English (75%)
Family Income Below 100% FPL (77%)
Uninsured (slightly more than 50%)

National Center for Farmworker Health (2016) data identifies the following data:

Birthplace/Ethnicity

The majority (70.7%) of all farmworkers were foreign born.
64.1% of all farmworkers were born in Mexico
29.4% were from the U.S and Puerto Rico.
Thirty-one percent of foreign-born farmworkers have spent 20 or more years in the United States. 36% percent have been in the U.S. for 10 to 19 years, and 33% have been here for 9 years or less.
Forty-eight percent of the crop workers were unauthorized, 33% were citizens, and 19% had work visas.

Age/Family and Gender

Farmworkers in the United States on average are 37 years of age.
81% percent are over 25 years of age.
7.9% are between the ages of 22 and 24.
8.9% are between the ages of 18 and 21.
2.3% is between the ages of 14 and 17.
Seventy-one percent of farmworkers were male and 29% were female
Fifty-eight percent of farmworkers surveyed were married, 36% were single and 7% were divorced, separated or widowed
Fifty-four percent of all farmworkers were parents
Eighteen percent of the farmworker's spouses work on farms within the U.S.

Language and Education

30% speak English "a little"
28% could not speak English "at all"
33% speak English "well"
9% speak English "somewhat"
38% cannot read English "at all"
32% can read English "well"
23% can read English "a little"
7% can read English "somewhat"
Sixty-nine percent of the farmworkers interviewed spoke mainly Spanish, while 29% spoke English.

The average level of completed education was the 8th grade: 38% had completed grades 1 to 6
19% completed grades 7 to 9
25% had completed grades 10 to 12

Employment

Farmworkers surveyed had an average of 15 years in U.S. farm experience.
All surveyed had worked an average of 6 years with the same employer
Forty-eight percent of farmworkers are employed year round, while 38% are employed on a seasonal basis
Farmworkers worked an average of 44 hours per week and 93% worked five to seven days a week.
Sixty-three percent of the farmworkers surveyed reported working in the fields, 27% worked in nurseries, 6% in packing houses, and 4% did other types of work.
The breakdown of the primary crops worked is as follows:

29% worked with fruit and nuts
27% worked with vegetables
24% worked in horticulture
17% worked with field crops
2% reported working in miscellaneous or multiple crops

POVERTY DATA

Poverty is pervasive among agriculture workers based on National Center for Farmworker Health (2014) data. Approximately 77% of all patients from the three Health Centers in Arizona that service agriculture workers earned a family income at or below 100% FPL, and slightly more than half were uninsured.

Income, Benefits and Public Assistance

- The average individual farmworker income ranged from $15,000 to $17,499 and the average total family income ranged from $17,500 to $19,999.
- 2% of all farmworkers had total family incomes below the U.S. government's poverty guidelines.
- Eighty-five percent of farmworkers were paid hourly and 15% were paid either by the piece or a combination of hourly-piece or by salary.
- Only 47% of farmworkers reported being covered by unemployment insurance, 51% said they were not, and 3% did not know.
- A mere 22% of farmworkers reported being covered by employer-provided health insurance.
- Fifty-seven percent of workers did not receive any type of need-based or contribution-based public assistance, while 43% did.

OTHER UNIQUE COMMUNITY INDICATORS

There are approximately 1065 farms in the county, with a total acreage of around 825,000 acres. Most of the growth of the number of farms occurred in small farms, 180 acres and less. The market value of products sold in the last few years in the area of $117 million.

The severity and intensity of the current drought in the southwestern United States cannot be understated – it is the worst drought the region has seen in over 1,200 years. Water, and the lack thereof, is the biggest issue that Arizona agriculture will face in the coming years.

A U.S. Geological Survey study years ago found that the aquifer contains 25 million acre feet of water down to 1,200 feet deep. In the past few years, well levels have dropped at an average of 1.2 feet a year, which they say means the water supply could last hundreds of years. Proponents of the limits on new irrigation note that wells directly under existing farmlands are dropping much more rapidly. But they see an influx of future farmers as the bigger problem. The state released a computer model which predicts that, at current pumping rates, the water table would drop by 2115 to a maximum of 615 feet in the Bowie area and 441 feet in the San Simon area. If it keeps dropping at the current rate, it will become too expensive to pump any deeper.

Senate Bill 1070 has dramatically impacted the agricultural workforce in Arizona. SB 1070 passed in 2010 and is commonly known as the "show me your papers" bill, and has been criticized as being highly discriminatory and unconstitutional (American Civil Liberties Union). The passage of the bill also requires employer participation in E-verify, which makes it extremely difficult to find work in the state without legal documentation to work in the U.S.

ACCESS TO CARE

According to a 2015 report from the National Agricultural Worker Survey (NAWS) the following information was obtained:

- Sixty-one percent of NAWS respondents had used health care services in the U.S in the last 2 years.
- Eight percent had used health care services in a country other than the U.S. at some point in the last two years.
- For their last visit with a health care provider
  - 41% of respondents received care from a private provider;
  - 31% of respondents received care at a federally-qualified health center;
  - 14% received care at a dentist's office; and
  - 12% went to the hospital or emergency room.
- The majority of respondents reported paying for their own health care at their last health care visit. Forty-six percent paid for health care services out-of-pocket and 12% paid for the visit through their personal or family insurance plan. Just 14% of respondents used an employer provided health plan to pay for their last medical visit,

9% used Medicaid or Medicare and 9% were not charged for the services. The remaining 10% reported utilizing some other type of insurance plan (7%), a combination of payment sources (1%), or workers' compensation (1%). Only 1% of respondents were billed but have not paid.

- Sixty-eight percent of NAWS respondents reported that if he or she was injured at work or got sick as a result of work, his or her employer provided or would provide workers' compensation. Fourteen percent of respondents reported that no coverage existed and 17% of respondents did not know. Only 56% of respondents stated that their employer provided lost wages benefits for a work-related injury or illness, and 24% did not know.
- Thirty-two percent of NAWS respondents had health insurance. However, 82% of NAWs respondents reported that all or some of their children had health insurance. Within the last two years, 34% of respondents or someone in their household were covered through Medicaid.
- The most prevalent barriers to obtaining health care reported by respondents were:
  Cost of health care is too expensive: 30%
  Language barriers: 3%
  Not treated well because "undocumented"/ "no papers": 1%
  Lack of transportation/Health care is too far away: 1%
  Needed services are not offered: 1%

KEY FINDINGS FROM COMPLETED NEEDS ASSESSMENTS

2012 Service Area Competition Grant

The needs assessment performed for the 2012 SAC Grant application looked at the needs for both Cochise County and the Migrant and Seasonal Farm Workers. Information was gathered through satisfaction surveys, focus groups, telephone surveys, field research and a "secret shopper." The following is a summary of the needs identified as a result of this research:

1. Geographic and transportation barriers
   a. No wide spread transportation services
   b. High desert and mountain passes

2. Unemployment, low income and low level of education
   a. Higher unemployment rates than national averages with low levels of income and education

3. Health disparities
   a. Higher rates of diabetes, obesity, heart disease, and strokes, substance abuse, fetal deaths, low birth weight babies, injury, suicide and colorectal cancer deaths than state averages.
   b. Cochise County is identified as both a federal and state medically underserved area and a health professional shortage area.

2018 CCHCI AGRICULTURE WORKERS NEEDS ASSESSMENT

A written survey was distributed to agriculture workers at the beginning of January 2018. 49 surveys were returned and the results were tabulated in Survey Monkey. A summary of the assessment is as follows:

1. Demographics
    a. 71% of people surveyed were women
    b. 53% of those surveyed did not complete high school and the other 20% had some high school education. 20% graduated from High School or equivalent and 6% reported some college or technical school training.
    c. 68% of those surveyed were 35 years of age and older
    d. Approximately 47% were out of work for more than a year
    e. 63% surveyed identified themselves as Hispanic/Latino
    f. Respondents of survey lived primarily in Douglas (17%), Benson (18%), Willcox (35%)

2. Transportation
    a. 63% responded that they did not have good access to public transportation

3. Health Insurance
    a. 39% reported they did not have health insurance
    b. Of those with insurance, 76% had Medicaid, 12% Medicare, 9% insurance from spouse's employment or from their employment
4. Safety
    a. 12% reported their life situation to be "unsafe"

5. Overall Health
    a. 33% identified their overall health as average or good, 43% as average, and 16% as fair, 6% as poor

6. Chiricahua Patients
    a. 65% reported they were an established CCHCI patient

7. Number of times seen by a medical provider in a year
    a. 47% had been examined by a medical doctor 1-2 times in the last year
    b. 33% had been examined by a medical doctor 3-4 times in the last year
    c. 16% had been examined by a medical doctor 5 or more times in the last year

8. Mobile Services
    a. Almost 67% surveyed were aware of our mobile medical services
    b. Only 16% were aware that we had mobile dental services
    c. Only 17% were aware of our Outreach mobile services

9. Information Regarding Health
    a. Over 63% report that they “turned to” Outreach staff for information regarding their health

10. Chronic Conditions
    a. 85% surveyed reported a history of hypertension
    b. 73% reported high cholesterol
    c. 33% reported diabetes (Type 1)
    d. 69% reported diabetes (Type 2)
    e. 33% reported heart attack
    f. 33% reported stroke

11. Limitations due to a health problem
    a. 30% reported that they, or someone in their household had activity limitations due to their health

12. Health Education Services
    a. Diabetes (20 %)
    b. Drug and Alcohol Care (20 %)
    c. Diet and Exercise (14 %)
    d. Heart Disease (8 %)
    e. Teen Sex Education (8 %)
    f. Cancer Screening and Treatment (8 %)
    g. Child Abuse/Family Violence (6 %)

13. Health Education Services for Youth
    a. After school Programs (54 %)
    b. Alcohol and Substance Abuse (33 %)

14. Biggest Health Problem in Community (top three problems)
    a. Alcohol/Drug Abuse (35 %)
    b. Mental Health Issues (16 %)
    c. Access to Health Care (10 %)
    d. Lack of Transportation (10 %)
    e. Cost of Health Care (8 %)
    f. Cost of Insurance (8 %)
    g. Cancer (8 %)

15. Current hours of services meeting needs of farm workers:
    a. Yes (70%)
    b. No (30%)

16. Smokers
    a. Nonsmokers were reported at (92 %)

17. Type of Services people would like to see provided
    a. Counseling and Mental Health (53 %)
    b. Alcohol and Drug Abuse Treatment (46 %)
    c. Diabetes Care (43 %)
    d. Crisis Intervention (41 %)
    e. Services for Victims of Domestic Violence (35 %)
    f. Health Education Services (35 %)
    g. Cancer Treatment and Care (35 %)
    h. Rehabilitation Services (33 %)
    i. Elder Care Specialist (31 %)
    j. Adult Primary Care (29%)
    k. Home Health Nursing Services (27 %)
    l. Pediatric Services (23 %)
    m. Well Women Services (15 %)

ANALYSIS AND RESPONSE

Future plans include building a fixed permanent clinic in Willcox for medical and dental services.

Until that time, Mobile Medical and Dental Services are needed in the Willcox area. Since 2012, CCHCI has systematically increased services to the Willcox/Bowie area. As of 2016, Mobile Medical services are available at the high school in Willcox one day a week; primarily Migrant Ed students are seen on that day. The Mobile Medical Clinic travels to an agricultural area, north of Willcox, one day a week to serve primarily agriculture workers and their dependents. Mobile Dental services are provided in that community twice a month. Our Outreach Team, led by a RN, works closely with the mobile staff to support services and referrals to these clinics.

In 2018, our Outreach staff began piloting a home visitation program, focusing on migrant and seasonal farmworkers, who were “at risk” or “high risk” for serious health complications.

Needs Assessment for Homeless in Cochise County

COMMUNITY BACKGROUND

The Bisbee Coalition for the Homeless was incorporated in 1996 and serves those who are homeless, on the verge of homelessness, in need of food, in need of advocacy. Up until 2016 the program served only men, however, in July of 2016 a new building was constructed which allowed the shelter to serve women and families with kids as well as men. Clients no longer are required to leave the property during the day; instead they are encouraged to perform jobs at the shelter. Clients are required to engage with Behavioral Health for counseling, seek employment, and seek permanent housing.

Forgach House Domestic Violence Shelter in Sierra Vista provides telephone crisis intervention and shelter for women and children who are victims of domestic violence. Includes advocacy, groups, parenting classes, and transportation to needed social and legal services. Length of stay: 45 days. Participants may be eligible for up to three months of transitional shelter. Also provides weekly groups for survivors of domestic violence who are not in the shelter.

Good Neighbor Alliance was started because there was a gap in the safety net in Sierra Vista assisting homeless men, women and families with children. Pastor J. David Barkley and the members of Sierra Vista United Methodist Church identified this gap and organized GNA to help this undeserved population. GNA was incorporated as a 501c3 non-profit organization in September 1998.

House of Hope is a shelter for abused women and children (including boys under the age of 18) with their mothers. This program provides shelter, food, clothing, transportation to appointments, support groups, advocacy and referrals to other community agencies. The House of Hope is a non-profit organization operating under the Catholic Community Services of Southeastern Arizona.

Verhelst Recovery House, in Bisbee, offers a 6 month residential program helping men learn how to live without alcohol or drugs. Recovery is guided through a 12-Step program, including setting personal goals and working in the community.

Women's Transition House (WTP**) or Renaissance House:** This is a Non-Profit Organization that provides Transitional Housing. WTP provides substance abuse treatment, temporary housing, job training, and housing placement services to underserved, rural, low-income women and their children in Southeastern Arizona. Renaissance House is a Level 2 behavioral health facility that serves homeless women in recovery from drug and alcohol dependence, victims of domestic violence, women getting out of jail or prison, women with mental illness, and women who are working to reunite their families. Renaissance House provides residents food, shelter, clothing, transportation, and childcare while offering a comprehensive array of services, treatment and training.

LOCATIONS - Homeless Shelters in Cochise County:

Sierra Vista

Good Neighbor Alliance
420 N. 7th Street
520-439-0776

Forgach House Domestic Crisis Center
Location confidential
(520) 458-9096

Bisbee

Bisbee (Coalition for) Homeless Shelter
509 Romero St
(520) 432-7839

Women's Transition Project
240 O'Hara Ave
(520) 432-1771

Verhelst House
936 Tovreaville Rd.
(520) 432-3764

Douglas

House of Hope
2105 N Washington Ave
(520) 364-2465

POPULATION DATA

1. 82,000 Arizonans are receiving emergency food boxes a week in Arizona.
2. More than 14,000 Arizonans experience homelessness each day.
3. 30% of Arizona's homeless population are children and teens.
4. In one year, the working poor in Arizona have seen a 10% increase in costs to maintain basic living necessities such as food, shelter and clothing.
5. Almost 50% of the homeless are women, children or families.
6. The fastest growing segment of the homeless population is families with children.
7. 43% of children living in homeless families are under the age of 6.
8. 16% of single adults suffer from some form of severe or persistent mental illness.
9. At least 40% of the adult homeless population has an addiction disorder.
10. 23% of homeless men are US veterans.

POVERTY DATA

Rural homelessness is even more complex to understand, in part, because there are fewer shelters in rural areas and because the demographics are largely different than urban homeless. Research shows that families, single mothers, and children make up the largest group of people who are homeless in rural areas. Additionally, homelessness amongst migrant workers and Native Americans is largely a rural phenomenon. Cochise County is particularly vulnerable to homelessness because our economy is largely based on agriculture and, to a smaller extent, mining. These type of industries are "boom or bust" industries that often don't support sustainable employment.

The causes of rural homelessness, much like urban homelessness, is the result of poverty and lack of affordable housing. A high poverty county is defined as having a poverty rate of 20% or higher. As of the 2012-2016 American Community Survey, the rates of individuals in poverty in Cochise County was recorded at 18.9%. Additionally, the highest rates of poverty in Cochise County were:

Miracle Valley (58%), Douglas (34.3%), Sunizona (28.7%), Bowie (26.5%), Naco (26.4%), Bisbee (23.4%), Tombstone (22.7%), St. David (20%), Willcox (19.3%), McNeal (18.6%), Benson (17.1%), and Pirtleville (17.1%).

Furthermore, the rate of children living in poverty tends to be higher than the rate of ndividuals in poverty because larger families, with more children, tend to be vulnerable to poverty (Center for Economic Research, Cochise College). Again, the American Community Survey, states the rates of children (under 18 years) living in poverty in Cochise County were higher than statewide and nationwide averages. In Cochise County, 23.2% of children live below the poverty level. The highest rates of childhood poverty in Cochise County were:

Miracle Valley (81.1%), Sunizona (70.8%), Douglas (43%), Naco (42.25), Bisbee (41.9%), Tombstone (35.8%), Bowie (34.9%), McNeal (30%), St David (28.6%), Willcox (23.5%), and Benson (23.1%).

ACCESS TO SERVICES/COMMUNITY INSTITUTIONS AND PROVIDERS

In Cochise County we have three communities (Sierra Vista, Douglas, and Bisbee) that provide emergency shelter for the homeless. The total number of domestic shelters and crisis shelters in the county are **six. There are no shelters in the eastern part of Cochise County (Willcox, Bowie and San Simon). Sierra Vista** provides both a **Domestic Violence Shelter** as well as a **Crisis Shelte**r. In **Douglas**, Catholic Social Services operates a **Domestic Violence Shelter** and in **Bisbee** there are **two "transition houses" for women and men** who are reentering society after incarceration as well as a **homeless shelter**. The homeless shelter, as of the summer of 2016, expanded services to include women and children and families.
CCHCI has clinics in all three communities where shelters exist.

HEALTH DISPARITIES

Homelessness, a phenomenon with complex causes and potential for tragic consequences, is a public health and societal problem in cities, towns and rural areas worldwide. Men, women and children — be they refugees in Eastern Europe, street children in Uganda or what the developed world thinks of as ”the homeless” — make up a growing vulnerable population that is at an unacceptably high risk for preventable disease, progressive morbidity and premature death.

In the developed world homelessness and poverty are inextricably linked. The working poor live on a precipice that can tumble them into homelessness any time. An illness, or an unexpected layoff, brings missed paychecks, which leads to skipped utility or rent payments, which snowballs into penalties, which ends in shutoffs or eviction. That leaves a Hobson’s choice between no place at all or city-run homeless shelters, which often are dirty, noisy and unsafe.

Subgroups of people who live in poverty are at particularly high risk for becoming homeless. They include people with mental disability or post-traumatic stress syndrome, people who have been victimized, especially through domestic violence, people with drug and alcohol addiction and people who lack sufficient social support to tide them over during potentially long, or repeated, periods of crisis.

Into the mix of poverty and these other “co-morbidities,” homeless people are also plagued by multiple internal and external barriers to obtaining effective primary care. Internal barriers include the denial of health problems and the intense pressure to fulfill competing needs, such as obtaining food, clothing and shelter and maintaining safety.

External barriers include unavailable or fragmented health care services, and misconceptions, prejudices and frustrations on the part of health care professionals who care for homeless people.

KEY FINDINGS FROM COMPLETED NEEDS ASSESSMENTS

Research for Expanded Services Grant (2015)

Rural homelessness is even more complex to understand, in part, because there are fewer shelters in rural areas and because the demographics are largely different than urban homeless. Research shows that families, single mothers, and children make up the largest group of people who are homeless in rural areas. Additionally, homelessness amongst migrant workers and Native Americans is largely a rural phenomenon. Cochise County is particularly vulnerable to homelessness because our economy is largely based on agriculture and, to a smaller extent, mining. These type of industries are “boom or bust” industries that often don’t support sustainable employment.

Notes from one homeless advocate in Bisbee (2015)

"For ten years between 2005 and 2014 I coordinated the sharing of food on Saturday and Sunday evenings, through a program called Bisbee Food Not Bombs. We ministered to the needs, comfort and encouragement of Bisbee's poor and homeless. We also collected donated food and delivered it to the Tintown Shelter. I have spent three years homeless between 2001 and 2008. What I want you to take away with you is that, both morally and legally, you can't criminalize homelessness because to do so is to criminalize existence, to criminalize life. Nor can you criminalize the people who help the homeless with food, as it is essential to life.
I speak today to present a ten-point proposal for policing procedure reform to decriminalize homelessness. I have borrowed from the Black Lives Matter Movement's ten-point plan to curb police violence, however, all ten points of this proposal are my own. After drafting this proposal, I discovered that several of my own points corresponded with those of the Black Lives Matter plan. This does not surprise me since African Americans have the highest poverty rate of 27.4 percent, followed by Hispanics at 26.6 percent. Where there were enhancements I have incorporated them into my proposal.

I call:

- For less police presence in Old Bisbee to help rebuild trust between citizens and police.
- For the dismantling of the Bisbee Arizona Rangers to ensure uniform policing based on Bisbee Police Department procedures.
- For passage of a city ordinance making the formation of all broken windows based or problem-oriented community groups, such as neighborhood watch groups and businessmen's associations unlawful. These groups lack the training and knowledge to act in place of the police. Current active watch groups should be trained to comply with efforts to not make homelessness criminal. Broken windows policing of minor crimes and activities of the homeless needs to also be curtailed. Policing should focus on real, serious crime rather than token crime.
- For the elimination of Quota systems, limits on fines for low income people, and for police to investigate complaints of the poor with the same attention they give to complaints against the poor.
- For police demilitarization in training, procedure and weapons. And for a formal commitment of the police to remain demilitarized.
- For body cameras and a secure safeguard. I suggest creation of a position in the city government, outside of the police department, for the transfer and storage of recorded data. All citizens should be guaranteed the right to video record all interactions and police should not have the right to confiscate the recording device.
- For no permit requirements to share food with the hungry. International human rights law considers the access to adequate food to be a basic human right.

- For police policies that are supportive of persons who are aiding the poor with food. Hungry people should not fear that the police are a threat to their ability to obtain food, nor should humanitarianism be a crime.
- For sensitivity training for police interactions with the mentally ill and training to eliminate the profiling of the poor and homeless.
- For the establishment of a system of thorough, ongoing training of the police on the issues and concerns of the poor and homeless. Police should also be training on the causes of poverty and homelessness, both in Bisbee and nationwide.

Bisbee residents are the poorest in the state. 20.7 percent live below the poverty line. Anyone below the poverty line is at risk of homelessness. One in five people that the police are called to serve live below this line. This taskforce has the ability to see that this demographic is policed fairly, properly and with dignity.

On August 6, 2015 the Department of Justice filed a motion against the city of Boise, Idaho. The D.O.J. states that, "criminalizing public sleeping in a city without adequate shelter space constitutes criminalizing homelessness itself, in violation of the eighth amendment." The federal government has found the treatment of homelessness as a crime unconstitutional. In practice, criminalizing homelessness is not a solution, creating instead questions of enforcement. Do you take away someone's freedom or ability to sustain life? Do you take away life itself?"

ANALYSIS AND RESPONSE

Through an "expanded service grant" in 2015, CCHCI now has our Mobile Medical Clinic on site at the Bisbee Coalition for the Homeless on the fourth Monday of every month. Additionally, our Outreach staff provide preventative screenings at several shelters located in Cochise County. Outreach services include health checks and referrals to primary care. Domestic Violence education and advocacy were offered in Douglas and in Bisbee, at the sites serving women clients, until grant funding ended in October of 2017.

Needs Assessment for Low Income Housing in Cochise County

COMMUNITY BACKGROUND

Voucher Section 8 Housing Locations in Cochise County: (* denotes apartments that CCHCI provides preventive services/outreach)

Benson (85602)
Villa del Sol (40 units)
*Ramona Morales Memorial Apartments (31 units)
San Pedro Terrace (48 units)
Cochise Apartments (24 units)
La Habra (48 units)

Bisbee (85603)
Bisbee Apartments Copper City (36 units)
Copper City Villa (36units)
Esperanza Senior (20 units)
Esperanza Family (24 units)
San Jose (24 units)

Douglas (85607)
Peppertree (24 units)
Rancho Perilla (80 units)
Arizona (11 units)
Summer Crossing (40 units)
Sonora Vista (65 units)
Cochise Canyon (24 units)
Douglas Villas (36 units)
Casa de Oro (24 units)
Sundance (24 units)
*Pioneer Village (28 units)
*Coronado Courts (145 units)

Huachuaca City (85616)
Huachuca Triangle Apartments (24 units)
Vista Del Norte (64 units)

Tombstone (85638)
Casa Loma Triangle Housing (21 units)

Sierra Vista (85635)
Oasis (184 units)
San Pedro (76 units)
Santa Fe Springs (48 units)
Sun Crest (80 units)
Crystal Creek (89 units)
*Mountain View (60 units)
Las Palomas Village (88 units)
Sierra Vista Alzheimer's Care (21 units)
Bonita Vista (100 units)
Casa del Sol (88 units)
Port Royale (208 units)
Ida of Sierra Vista (20 units)

Willcox (85643)
Willcox Villa (24 units)
Willcox Senior Apartments (30 units)
Willcox Townhouse (40 units)
Willcox Farmhouse Apartments (40 units)

According to a 2018 Arizona Housing Coalition report, Arizona has a housing shortage of 159,599 affordable and available rentals for extremely low income renter households. In addition, 75% of Arizona's affordable rental housing for the lowest income renters are severely housing cost burdened, meaning they are spending more than half of their limited monthly incomes on housing costs and utilities. Also, 38% of Arizona's extremely low income renter households are seniors or people with disabilities. This means without assistance, many are not able to afford rent without having to sacrifice daily necessities and much-needed health care.

The Housing Authority of Cochise County (HACC) was established by the Cochise County Board of Supervisors and is governed by a Board of Commissioners appointed from the local community. HACC's mission is to expand affordable housing options, promote home ownership and improve the quality of housing in Cochise County.

The Housing Authority of Cochise County will open its waiting list in April of 2018 to local residents who need help with home rental costs. The federally-funded Section 8 Housing Choice Voucher program, administered by the County, is restricted to just **493** households. (Section 8 is a program that helps people with low-income pay for housing. It can help you get an apartment or buy a home. If on the voucher program, people pay about 30% of their monthly household income for rent. The federal government pays the rest.) Rental assistance is provided based upon low income criteria but, due to the number of people requesting aid, there is a permanent waiting list, which is also limited. Applicants can be on the waiting list for years.

POPULATION DATA

The vast majority of Arizona's lowest income renters are seniors, people with disabilities, or individuals who are working, enrolled in school, or caring for a young child or for someone with a disability.

To be eligible for Section 8, you must:

- Have a low household income (low income limit for a family of four in 2017 was $44,700 according to Arizona Department of Housing guidelines.
- Be a U.S. citizen or an eligible immigrant. Eligible immigrants include permanent legal residents, refugees, asylum-seekers, and lawful temporary residents.
- Not have had problems in the past with federally-funded housing programs, such as being evicted or committing fraud.

HEALTH DISPARITIES

Families who pay more than 30 percent of their income for housing are considered cost burdened and may have difficulty affording necessities such as food, clothing, transportation and medical care. An estimated 12 million renter and homeowner households now pay more than 50 percent of their annual incomes for housing. A family with one full-time worker earning the minimum wage cannot afford the local fair-market rent for a two-bedroom apartment anywhere in the United States.

Housing is well understood to be an important social determinant of physical and mental health and well-being. In the context of ongoing national and state efforts to reform health care, it is important for policymakers to understand the various pathways through which housing affects health. Affordable housing alleviates crowding and makes more household resources available to pay for health care and healthy food, which leads to better health outcomes. High quality housing limits exposure to environmental toxins that impact health. Stable and affordable housing also supports mental health by limiting stressors related to financial burden or frequent moves, or by offering an escape from an abusive home environment. Affordable homeownership can have mental health benefits by offering homeowners control over their environment. Affordable housing can also serve as a platform for providing supportive services to improve the health of vulnerable populations, including the elderly, people with disabilities, and homeless individuals and families. Safe, decent, and affordable housing in neighborhoods of opportunity can also offer health benefits to low income households.

KEY FINDINGS FROM COMPLETED NEEDS ASSESSMENTS

A Community Needs Assessment for Sulphur Springs Valley was published in 2013. Housing concerns were a key finding in the assessment. Listed below are some key highlights from that assessment.

2013 Sulphur Spring Needs Assessment:

- Housing stock is deteriorating due to disinvestment, vacant and substandard housing, and the inability of low-income persons to meet their housing needs.
- Decent and affordable housing for low income persons is insufficient to meet the needs.
- More homes are being offered for rent because sellers can't sell their homes, but it is difficult to find qualified, stable renters and difficult to secure qualified property management services at a reasonable cost.
- Need homes for large families and inter-generational families to rent.
- Rental properties that offer subsidized housing have a low vacancy and turn-over rate, and long waiting lists. There are no Section 202, Section 811 or Low-income Housing Tax Credit projects located in the Sulphur Springs Valley.
- USDA funded rental housing projects provide 330 rental units in Cochise County. 312 units offer subsidized rents. There are no projects of this nature in the Sulphur Springs Valley.
- Cochise County Housing Authority offers Section 8 Vouches, Tenant-Based Rental Assistance and Supportive Housing program opportunities but there are insufficient to meet the need.
- There are few other subsidized rental opportunities outside of the more populated urban areas. The poor condition of housing in Sulphur Springs Valley makes it difficult to find properties that meet Section 8 Housing Quality Standards.
- Only three sites in Cochise County offer emergency housing for homeless individuals. None are located in the Sulphur Springs Valley.
- Funds for emergency utility and rental assistance are not sufficient to meet the need.
- There is insufficient accessible housing available to meet the needs of elderly and disabled persons.
- Low income, elderly and disabled persons need assistance making accessibility improvements and home repairs.
- Services that support aging-in place are needed.
- Services are needed to provide "call reassurance checks" for elderly/disabled are need.
- HUD Housing counseling funds have been reduced and Housing Counseling staff have been decreased. One person covers a four-county area making resources difficult to access.

In 2014 CCHCI worked with Alex Lehr O'Connell, Director of Community Health Partners for Sustainability regarding whether or not our county had HRSA project based housing. Extensive research was done by both CCHCI and Mr. Lehr O'Connell and we determined that we did not have housing of this nature in our county.

In the first quarter of 2018, CCHCI performed their own "wellness survey". A summary of the results of that survey are as follows:

1. Demographics
    a. 71% of people surveyed were women

b. 53% of those surveyed did not complete high school and the other 20% had some high school education. 20% graduated from High School or equivalent and 6% reported some college or technical school training.
c. 68% of those surveyed were 35 years of age and older
d. Approximately 47% were out of work for more than a year
e. 63% surveyed identified themselves as Hispanic/Latino
f. Respondents of survey lived primarily in Douglas (17%), Benson (18%), Willcox (35%)

2. Transportation
    a. 63% responded that they did not have good access to public transportation

3. Health Insurance
    a. 39% reported they did not have health insurance
    b. Of those with insurance, 76% had Medicaid, 12% Medicare, 9% insurance from spouse's employment or from their employment

4. Safety
    a. 12% reported their life situation to be "unsafe"

5. Overall Health
    a. 33% identified their overall health as average or good, 43% as average, and 16% as fair, 6% as poor

6. Chiricahua Patients
    a. 65% reported they were an established CCHCI patient

7. Number of times seen by a medical provider in a year
    a. 47% had been examined by a medical doctor 1-2 times in the last year
    b. 33% had been examined by a medical doctor 3-4 times in the last year
    c. 16% had been examined by a medical doctor 5 or more times in the last year

8. Mobile Services
    a. Almost 67% surveyed were aware of our mobile medical services
    b. Only 16% were aware that we had mobile dental services
    c. Only 17% were aware of our Outreach mobile services

9. Chronic Conditions
    a. 85% surveyed reported a history of hypertension
    b. 73% reported high cholesterol
    c. 33% reported diabetes (Type 1)
    d. 69% reported diabetes (Type 2)
    e. 33% reported heart attack
    f. 33% reported stroke

10. Information Regarding Health
    a. Over 63% report that they “turned to” Outreach staff for information regarding their health

11. Limitations due to a health problem
    a. 30% reported that they, or someone in their household had activity limitations due to their health

12. Health Education Services
    a. Diabetes (20 %)
    b. Drug and Alcohol Care (20 %)
    c. Diet and Exercise (14 %)
    d. Heart Disease (8 %)
    e. Teen Sex Education (8 %)
    f. Cancer Screening and Treatment (8 %)
    g. Child Abuse/Family Violence (6 %)

13. Biggest Health Problem in Community (top three problems)
    a. Alcohol/Drug Abuse (35 %)
    b. Mental Health Issues (16 %)
    c. Access to Health Care (10 %)
    d. Lack of Transportation (10 %)
    e. Cost of Health Care (8 %)
    f. Cost of Insurance (8 %)
    g. Cancer (8 %)

14. Type of Services people would like to see provided
    a. Counseling and Mental Health (53 %)
    b. Alcohol and Drug Abuse Treatment (46 %)
    c. Diabetes Care (43 %)
    d. Crisis Intervention (41 %)
    e. Services for Victims of Domestic Violence (35 %)
    f. Health Education Services (35 %)
    g. Cancer Treatment and Care (35 %)
    h. Rehabilitation Services (33 %)
    i. Elder Care Specialist (31 %)
    j. Adult Primary Care (29%)
    k. Home Health Nursing Services (27 %)
    l. Pediatric Services (23 %)
    m. Well Women Services (15 %)

15. Smokers
    a. Nonsmokers were reported at (92 %)

16. Health Education Services for Youth
    a. After school Programs (54 %)
    b. Alcohol and Substance Abuse (33 %)

17. Current Hours of Services Meeting Need:
    a. Yes (70%)
    b. No (30%)

2016 Cochise County Community Health Assessment

At least one community, Bisbee, identified affordable housing as a concern and felt that it was linked to mental illness and poverty. The residents felt that housing rental prices in Bisbee were higher than other places in the county and that the housing stock was of lower quality than housing stock in Sierra Vista.

ANALYSIS AND RESPONSE

Section 8 (voucher and project based) programs do **not** count as Public Housing for HRSA. Cochise County has multiple housing of both types located in Bisbee, Benson, Huachuca City, Sierra Vista, Willcox and Tombstone. Project based voucher programs, however, **that are not Section 8**, do meet the HRSA definition. Cochise County has no housing of this type.
Our project officer was notified of this when we determined that our county does not have HRSA qualified "project" based housing. We have since moved forward with a decision to continue to work with the Section 8 project based housing that we do have in our county. Our Outreach staff is presently working to bring in services (nutrition, screening, financial literacy, group support) to our Douglas sites (Coronado and Pioneer) as well as apartments in Sierra Vista (Bonita Vista and Mountain View), and Benson (Ramona Morales Apartments)

CCHCI County-Wide Analysis and Response

CCHCI response to analyzed disparities

Due to the large, often remote and rural nature of our service area and because of the limited transportation options that exist for many of our rural poor, CCHCI has partnered with multiple organizations to address these barriers to care. Examples of arrangements that have been developed to address health needs include:

- **Expansion:** CCHCI is currently **updating and expanding our current fixed sites** (Douglas, Sierra Vista, Bisbee) to more efficiently meet growing patient demand, as well as adding additional sites on in both current and new communities (Douglas, Sierra Vista and Benson). The **addition of a new fixed-site facility in Benson** will in particular not only better serve approximately the one thousand current CCHCI patients residing in this region, but will likely provide access to thousands of new patients. All of these facilities seek to encourage the type of teamwork and collaboration necessary to truly implement the Patient Centered Medical Home.

- **Diagnostic Screening Arrangements:** CCHCI seeks to eliminate barriers to cancer screenings through an arrangement with a regionally based mobile digital x-ray company for mammography and ultrasound screenings. This arrangement allows our Douglas-area patients to access well woman screenings without having to leave the community.

- **Integration with Community Partners:** CCHCI works to integrate our medical services with other community partners. For instance, we provide space for our local health department to co-house WIC services within our two pediatric centers (Pediatric Center in Douglas and Vista Pediatrics in Sierra Vista). This allows "one stop" shopping for young families, in which WIC services can be accessed at the same time as a health visit. Additionally, through collaboration with our health department, adult vaccines are now offered by health department employees at select CCHCI clinics. This arrangement resulted in a financial savings for CCHCI and increased immunization rate for our patients. Lastly, **CCHCI has integrated our medical and dietetic services under the same roof as a predominant regional behavioral health provider**.

- **Specialty Care:** CCHCI has multiple arrangements with specialists to provide specialty services within our clinics. For many years, specialty care, especially for our "special needs" pediatric patients necessitated a trip to Tucson (125 miles one way if traveling from Douglas). Specialists who practice on our sites not only eliminate the need for this travel, but also ensure access to specialty care to patients participating in the Sliding Fee Discount Program.

- **Substance Abuse Prevention & Outreach:** CCHCI received HRSA 2017 Supplemental AIMS funding to support expansion of mental health and substance abuse services. One-time funding will be used to participate in a centralized, statewide Population Health Data Management Tool (called Azara) which will support our transition to value based models of care in a clinically integrated network hosted by Arizona's Primary Care Association**.** Ongoing funding will be used to hire one full time equivalent Licensed Clinical Social Worker who will focus efforts in Bisbee, where CCHCI has been invited by local authorities to assist with this community's significant challenges with substance abuse issue.

- **Funding Relationships with other Funding Non-Profits:** CCHCI has a close relationship with the New York-based non-profit 'Children's Health Fund'. The Children's Health Fund provides operational funding for ongoing mobile medical services, as well as unique and cutting-edge care initiatives. Current initiatives include funding reliable primary care to special populations, including adolescents, homeless and remote populations. CCHCI will address the challenge of limited pediatric dental services, especially for our Medicaid population and uninsured, through a collaborative arrangement with the Ronald McDonald House Charities in Tucson. This new partnership is funding an additional mobile dental unit that will provide a full range of pediatric dental services to be brought to "high needs" schools in rural areas. This will allow for services to be completed during school hours, without parents having to take time off from work to travel to a CCHCI clinic for services.

- **Outreach:** CCHCI utilizes the Community Health Worker (CHW) model to reach our migrant and seasonal farm workers as well as residents of low income housing, domestic violence victims and Mexican Nationals. A team of workers goes into the communities that these "populations" live and work to educate, screen and connect to services and resources.

- **Integration of Primary Care Services within CCHCI:** In general, CCHCI seeks to integrate primary care and even specialty services whenever possible. For instance, integration of pediatric medical, dental, behavioral health, lab, radiology, WIC and care coordination allows a child to complete all of these services during a single visit if appropriate.

- **Home Visitation:** Considering the future, CCHCI recently applied for foundation grants to identify people with the highest medical costs and the greatest needs within our service area, and develop a system to deliver better health outcomes by rendering primary care directly in patients' homes. The program will be coordinated by a Community Health Worker. Soon, many of our most vulnerable, ill and expensive patients will not have to travel to any of our seven clinics for services; rather, we will go to them.

Community Health Improvement Plan Implementation

Chiricahua Community Health Centers, Inc., acted as a full partner and collaborator during the 2016 Community Health Assessment and the development of the 2017 Community Health Improvement Plan. Highlighted below are CCHCI's activities and achievements contributed to the county-wide implementation in each of the CHIP priority areas:

Mental Health and Substance Abuse

GOAL #1: To affect state, county and local policy changes that allow and implement diversion from jail and/or prison for individuals diagnosed with mental illness and/or substance abuse.

Objective: Reduce incidence of incarceration for mental health/substance abuse and increased incidence in participation in community programs

Strategy 1: Complete a community capacity assessment.

Strategy 2: Develop a training program for law enforcement and first responders regarded a comprehensive approach to diversion. *CCHCI staff on task force, Cochise Addiction and Recovery Partnership (CARP) addressing this issue.*

Strategy 3: Develop a communication structure among law enforcement and providers who are involved in mental health and substance abuse. *CCHCI staff involved in these discussions through Cochise Addiction and Recovery* Partnership.

GOAL #2: Promote and expand mental health wellness and substance use disorder resources across the lifespan for all in Cochise County.

Objective: Increased incidence of participation by individuals affected by mental health and substance abuse in community programs.

Strategy 1: Develop a systemic and sustainable communication and advertising structure to increase shared understanding among all organization about access to resources and systems. *CCHCI AIMS Grant working to address this issue.*

Strategy 2: Initiate a formal process to engage stakeholders on the creation of community based infrastructure for mental health and substance abuse acute treatment and resources. *MMC services located in a high needs area of Bisbee to provide increased access to care.*

Strategy 3: Develop a county-wide approach to reduce opioid addiction and deaths. Support local municipalities in individualized approaches. *CCHCI staff involved in piloting efforts through community partnerships.*

Healthy Eating, Diabetes and Obesity

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

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

Strategy 1: Develop a "Healthy Cochise" App.

Strategy 2: Develop a county-wide, coordinated communication and marketing plan to promote healthy living activities with a single point of contact.

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

Strategy 1: Research workplace wellness policies and develop a toolkit for area businesses. *CCHCI applying for Platinum Award through the Healthy Arizona Work Place Program for efforts made to address employee wellness.*

Strategy 2: Research policies for alternative use public space. *CCHCI staff looking at grants that address creating outdoor space into "learning centers".*

Strategy 3: Research best practices for increased physical activity in schools.

Strategy 4: Research best practices for health care providers to prescribe healthy foods. *CCHCI staff working with regional food bank to discuss a collaboration of this nature.*

Strategy 5: Research best practices for health care providers to promote healthy eating and physical activities with patients.

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

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

Strategy 1: Develop healthy living education resources that are culturally responsive to the population. *CCHCI offers support groups for diabetic patients to address resources, and life style changes.*

Strategy 2: Implement culturally responsive community education that explains the benefits of healthy living. *CCHCI staff at area high schools providing education and instruction on healthy lifestyles. CCHCI frequently asked to provide community presentations on subjects affecting communities' health.*

Good Jobs and a Healthy Economy

GOAL #1: Promote business growth and job opportunities throughout Cochise County.

Objective #1: Compile a comprehensive list of all assessments of needs and challenges that impact growing and sustaining businesses and jobs in Cochise County.

Strategy 1: Compile a list of assessments of needs and challenges facing Cochise businesses.

Strategy 2: Develop a report summarizing the findings from the assessments of needs and challenges facing businesses.

Strategy 3: Compile a list of assessments of needs and challenges facing Cochise County job seekers.

Strategy 4: Develop a report summarizing the findings from the assessments of the needs and challenges facing job seekers.

Objective #2: Support the collaboration and partnership of all Cochise County economic development plans and projects to maintain a county-wide focus

Strategy 1: Increase communication, cooperation and collaboration among all the economic development efforts in Cochise County

Strategy 2: Identify a Healthy Cochise Coalition member to attend all city and county economic development group meetings to exchange information about development strategies and projects county-wide.

GOAL #2: Support and promote all tourism efforts in Cochise County including eco-tourism, historic tourism and agri-tourism.

Objective: Key partners, efforts, trends and groups working on economic development throughout Cochise County are connected.

Strategy 1: Support all efforts to develop a county-wide plan to promote all types of tourism. *CCHCI staff and Board of Directors involved in local efforts to support tourism.*

Strategy 2: Support all efforts to assess all Cochise County cross-border businesses and partnerships and efforts to identify opportunities.

Transportation and Resource Communication

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

Strategy 1: Support SEAGO's plans to expand intercity transportation to Benson and to set up public transportation in Willcox. *CCHCI has provided care coordination staff with information of intercity services.*

Strategy 2: Support development of VICAP transportation services in all areas where there is no public transportation. *CCHCI care coordination staff trained on VICAP services for our patients.*

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

Strategy 1: Support the Legacy Foundation to expand and maintain/update the Resource Directory. *CCHCI key staff have been given copies of the Resource Directory.*

Strategy 2: Support the Legacy Foundations to market the combination of all directories into one directory. *CCCHI has Resource Directory on our web site.*

APPENDIX

Cochise County Resource List

- U.S. Census Bureau, 2010 & 2015
- 2015 Cochise Economic Outlook
- Center for Economic Research Press Release January 14, 2016
- 2017 Cochise County Community Health Assessment Report
- 2017 Cochise County Community Health Improvement Plan
- 2018 Health Professional Shortage Area Scores
- American Community Survey
- Indicators of Food Poverty in Cochise and Santa Cruz County
- Healthy Border 2020

Benson Resource List

- Interviews (phone & in-person) with Benson Hospital Staff
- Bisbee Economic Outlook
- Benson Hospital Needs Assessment 2014
- Benson Hospital Strategic, Financial, and Operational Assessment for 2016
- Interview with CEO, Rich Polheber (April 2018)

Bisbee Resource List

- 2017 Bisbee Economic Outlook

Douglas Resource List

- Douglas Economic Outlook 2017
- Douglas Dispatch
- Arizona First Things First Focus Group
- 2011-2015 American Community Survey 5-Year Estimates
- Arizona 1912-2012

Elfrida Resource List

- 2016 American Community Survey
- 2014 Cochise County stats
- 2013 Community Needs Assessment of Sulphur Springs Valley

Sierra Vista Resource List

- Sierra Vista Economic Outlook 2017 and 2018
- Cochise County Health Department - Review of cluster studies; Updated January 2010

Willcox Resource List

- 2013 Northern Cochise Community Hospital Needs Assessment
- 2013 Community Needs Assessment of Sulphur Springs Valley

Adolescent Resource List

- Robert Wood Johnson Foundation (RWJ), County Health Rankings & Roadmaps, 2014
- U.S. Census
- AZ Health Matters
- American Community Survey
- 2013 Community Needs Assessment of Sulphur Springs Valley
- 2010 U.S. Census
- The National Alliance to Advance Adolescent Health

Agricultural Workers Resource List

- 2018 Service Area Competition Grant (HRSA)
- 2018 Internal Survey conducted by Community Health Workers
- 2017 UDS report CCHCI
- 2015 CCHCI Agriculture Needs Assessment
- 2015 National Agricultural Worker Survey Report
- Agricultural Worker Population Estimates State of Arizona 2014
- Alice Larsen Enumeration Study 2008

Homeless Resource List

- Notes from Bisbee Task Force on Homelessness
- Phoenix Rescue Mission – "10 Facts About Homelessness in Arizona" February 2009
- Morrison Institute Survey on Homelessness 2013
- Article from Canadian Medical Association Journal on "Homelessness: reducing health disparities" CMAJ. 2000 Jul 25; 163(2): 172–173.
- Center for Economic Research Cochise College
- 2006-2010 American Community Survey

Low Income Housing Resource List

- 2018 Internal Survey Conducted by Community Health Workers
- 2018 Arizona Housing Coalition report
- Community Health Partners for Sustainability
- HUD
- Wellness Survey Conducted by CCHCI in 2016
- 2016 Cochise County Community Health Assessment
- Center for Housing Policy 2015 "Insights"
- Arizona Department of Housing Income Guidelines for Section 8 Housing (2017)
- 2013 Community Needs Assessment for Sulphur Springs Valley

LONG REPORT - completed annually by: For-Profit Companies and Larger Ambulance Organizations
- completed by all applicants for a General Rate Increase

12-month Proforma

AMBULANCE REVENUE and COST REPORT

GENERAL INFORMATION and CERTIFICATION

Legal Name of Company: **Southwest Ambulane of Tucson, Inc.** *CON No.* _____

D.B.A. (Doing Business As): _____ *Business Phone:* **480-257-1351**

Financial Records Address: **6363 S Fiddler's Green Circle, 14th Floor** *City:* **Greenwood Village** Zip Code: **80111**

Mailing Address (If Different): _____ *City:* _____ Zip Code: _____

Owner / Manager: **President - Glenn Kasprzyk**

Report Contact Person: **President - Glenn Kasprzyk** *Business Phone:* **480-257-1351** Ext. _____

Report for Period From: *From:* **Projected First Year** *To:* _____

Method of Valuing Inventory: *LIFO:* _____ *FIFO:* **(x)** *Other (Explain):* _____

Please attach a list of all affiliated organizations (parents/subsidiaries) that exhibit at least 5% ownership/vesting.
American Medical Response, Inc., Envision Healthcare Holdings, Inc.

I hereby verify that I have directed the preparation of the enclosed annual report in accordance with the reporting requirements of the State of Arizona.

I have read this report and hereby verify that the information provided is true and correct to the best of my knowledge.

This report has been prepared using the accrual basis of accounting.

Authorized Signature: _____
Howard Gordon

Title: **Vice President, Finance** Date: **January 4, 2021**

Mail to:

Department of Health Services
Bureau of Emergency Medical Services
Certificate of Necessity and Rates Section
150 North 18th Avenue, Suite 540
Phoenix, AZ 85007-3248
Telephone: (602) 364-3150
Fax: (602) 364-3567

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: **Southwest Ambulane of Tucson, Inc.**

FOR THE PERIOD **Projected First Year** **TO:**

STATISTICAL SUPPORT DATA

Line No.	DESCRIPTION	(1) SUBSCRIPTION SERVICE TRANSPORTS	(2)** TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) TOTALS
1	Number of ALS Billable Transports:			958	958
2	Number of BLS Billable Transports:			722	722
3	Number of Loaded Billable Miles:			55,434	55,434
4	Waiting Time (Hr. & Min.):				-
5	Canceled (Non-Billable) Runs:				302
					Number
	Volunteer Services: (OPTIONAL)				**Donated Hours**
6	Paramedic and IEMT				
7	Emergency Medical Technician - B				
8	Other Ambulance Attendants				
9	Total Volunteer Hours				-

** This column reports only those runs where a contracted discount rate was applied. See Page 7 to provide additional information regarding discounted contract runs.

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: **Southwest Ambulane of Tucson, Inc.**

FOR THE PERIOD **Projected First Year** **TO:**

STATISTICAL SUPPORT DATA

Line No.	Type of Service	(1) SUBSIDIZED PATIENTS	(2) NON-SUBSIDIZED PATIENTS	(3) TOTALS
1	Number of ALS Billable Transports:		958	958
2	Number of BLS Billable Transports:		722	722
3	Number of Loaded Billable Miles:		55,434	55,434
4	Waiting Time (Hr. & Min.):		-	-
5	Canceled (Non-Billable) Runs:		302	302

	Volunteer Services: (OPTIONAL)		Donated Hours
6	Paramedic and IEMT	.....	
7	Emergency Medical Technician - B	.....	
8	Other Ambulance Attendants	.....	
9	Total Volunteer Hours	.....	-

Note: This page and page 3.1, Routine Operating Revenue, are only for those governmental agencies that apply subsidy to patient billings.

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: **Southwest Ambulane of Tucson, Inc.**

FOR THE PERIOD **FROM:** **Projected First Year** **TO:**

STATEMENT OF INCOME

Line No.	DESCRIPTION	FROM			
	Operating Revenues:				
1	Ambulance Service Routine Operating Revenue	Page 3, Line 10 & Page 3.1, Line 10			$ 3,899,562
	Less:				
2	AHCCCS Settlement	Page 3.1, Line 11		473,889	
3	Medicare Settlement	Page 3.1, Line 12		1,522,860	
4	Contractual Discounts	Page 7, Line 32		163,500	
5	Subscription Service Settlement	Page 8, Line 4		-	
6	Other (Attach Schedule)	Page 3.1, Line 13		-	
7	Total		Sum of Lines 2 through 6		2,160,249
8	Net Revenue from Ambulance Runs		Line 1, minus Line 7		1,739,313
9	Sales of Subscription Service Contracts	Page 8, Line 8			-
10	Total Operating Revenue		Line 8, plus Line 9		$ 1,739,313
	Ambulance Operating Expenses:				
11	Bad Debt (Includes Subscription Services Bad Debt)			132,216	
12	Wages, Payroll Taxes, and Employee Benefits	Page 4, Line 22		820,461	
13	General and Administrative Expenses	Page 5, Line 20		85,514	
14	Cost of Goods Sold	Page 3, Line 15		39,893	
15	Other Operating Expense	Page 6, Line 28		336,359	
16	Interest Expense (Attach Schedule IV)	Page 14, Line 15, Column 4 & 5		-	
17	Subscription Service Direct Selling	Page 8, Line 23		-	
18	Total Operating Expense		Sum of Lines 11 through 17		1,414,444
19	Ambulance Service Income (Loss)		Line 10, minus Line 18		324,869
	Other Revenue / Expenses:				
20	Other Operating Revenue and Expense	Page 9, Line 17		-	
21	Non-Operating Revenue and Expense			-	
22	Non-Deductible Expenses (Attach Schedule)			-	
23	Total Other Revenues / Expenses		Sum of Lines 20 & 21		-
24	Ambulance Service Income (Loss) - Before Income Taxes		Sum of Line 19, plus Line 23		324,869
	Provision for Income Taxes:				
25	Federal Income Tax			71,471	
26	State Income Tax			34,111	
27	Total Income Tax		Lines 25, plus Line 26		105,583
28	**Ambulance Service Net Income (Loss)**		Line 24, minus Line 27		219,287

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: **Southwest Ambulane of Tucson, Inc.**

FOR THE PERIOD **FROM:** **Projected First Year** **TO:**

ROUTINE OPERATING REVENUE

Line No.	DESCRIPTION							
	Ambulance Service Routine Operating Revenue:							
1	ALS Base Rate Amount	Rate	$ 1,689.05	x	No. of Runs	957.50	=	$ 1,617,273
		Rate		x	No. of Runs		=	
2	BLS Base Rate Amount	Rate	1,689.05	x	No. of Runs	722.33	=	1,220,048
		Rate		x	No. of Runs		=	
3	Mileage Rate Amount	Rate	18.60	x	No. of Billable Miles	55,434.46	=	1,031,081
		Rate		x	No. of Billable Miles		=	
4	Waiting Charge Amount	Rate	80.87	x	No. of Hours	-	=	0
		Rate		x	No. of Hours		=	
5	Medical Supplies (Gross Charges to patients)							31,160.88
6	Nurses Charges							0
7	Total							3,899,562
8	Standby Revenue (Attach Schedule)							0
9	Other Ambulance Service Revenue (Attach Schedule)							-
10	**Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1)**							$ 3,899,562
	Cost of Goods Sold: (Medical Supplies)							
11	Inventory at Beginning of Year					-		
12	Plus Purchases					43,882		
13	Plus Other Costs					-		
14	Less Inventory at End of Year					3,989		
15	**Cost of Goods Sold (To Page 2, Line 14)**							$ 39,893

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: **Southwest Ambulane of Tucson, Inc.**

FOR THE PERIOD **From : Projected First Year** **TO:**

ROUTINE OPERATING REVENUE Identified by subsidized and non-subsidized patients

Line No.	DESCRIPTION		(1) SUBSIDIZED PATIENTS	(2) NON-SUBSIDIZED PATIENTS	(3) TOTALS
	AMBULANCE SERVICE OPERATING REVENUE				
1	ALS Base Rate ……..		$	$ 1,617,273	$ 1,617,273
2	BLS Base Rate ……			1,220,048	1,220,048
3	Mileage Charge ……			1,031,081	1,031,081
4	Waiting Charge ……			-	-
5	Medical Supplies ……..	(Gross Charges) ….		31,160.88	31,160.88
6	Nurses' Charges ……			0	0
7	**Total**		$ -	$ 3,899,562	$ 3,899,562
	Plus:				
8	Standby Revenue ……..	(Attach Schedule) ……			0
9	Other Ambulance Service Revenue	(Attach Schedule) ……			-
10	**Total Ambulance Service Routine Operating Revenue**		(Post to Pg 2, Line 1) …….		$ 3,899,562
	Less:				
11	AHCCCS Settlement	(Post total to Pg 2, Line 2)	$	$ 473,889	$ 473,889
12	Medicare Settlement	(Post total to Pg 2, Line 3)		1,522,860	1,522,860
13	Subsidy	(Post total to Pg 2, Line 6)		-	-
14	Other	(Attach Schedule)		201,688	201,688
15	**Total Settlements**	(Post to Pg 2, Line 7)	$	$ 2,198,437	$ 2,198,437

Note: This page and page 1.1, are only for those governmental agencies that apply subsidy to patient billings.

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: **Southwest Ambulane of Tucson, Inc.**

FOR THE PERIOD **FROM:** **Projected First Year** **TO:** _____

WAGES, PAYROLL TAXES, and EMPLOYEE BENEFITS

Line No.	DESCRIPTION				No. of *F.T.E.	AMOUNT
	OFFICERS / OWNERS	(Attach Schedule 1, Wage Category; Pg 10, Line 7)				
1	**Gross Wages**	…….			-	$ -
2	Payroll Taxes	……				-
3	Employee Fringe Benefits	……..				-
4	Total	……..			-	-
	MANAGEMENT	(Attach Schedule II, Wage Detail; Pg 11)				
5	**Gross Wages**	…….			0.5	93,533
6	Payroll Taxes	……				8,418
7	Employee Fringe Benefits	……..				9,651
8	Total	……..			0.5	111,602
	AMBULANCE PERSONNEL	(Attach Schedule II, Wage Detail; Pg :	** Casual Labor	Wages		
	Gross Wages					
9	Paramedics and IEMT	……..	$ -	$ 341,626	5.0	341,626
10	Emergency Medical Technician (EMT)	…….		252,462	5.0	252,462
11	Nurses	……..		-	-	-
12	Payroll Taxes	…….				47,527
13	Employee Fringe Benefits	……..				67,244
14	Total	……			10.0	708,859
	OTHER PERSONNEL	(Attach Schedule II, Wage Detail; Pg 11)				
	Gross Wages					
15	Dispatch	……..			-	-
16	Mechanics	…….			-	-
17	Office and Clerical	……..			-	-
18	Other	…….			-	-
19	Payroll Taxes	……				-
20	Employee Fringe Benefits	……				-
21	Total	……			-	-
22	**Total F.T.E., Wages, Payroll Taxes, & Employee Benefits**	(Post to Pg 2, line 12) …..			10.5	$ 820,461

* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080.

** The sum of Casual Labor (wages paid on a per run basis) plus Wages paid is entered in Column 2 by line item. However when calculating F.T.E.s, do not include casual labor hours worked or expenses incurred.

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: **Southwest Ambulane of Tucson, Inc.**

FOR THE PERIOD **FROM:** **Projected First Year** **TO:**

ALLOCATION OF WAGES, PAYROLL TAXES, and EMPLOYEE BENEFITS

Line No.	DESCRIPTION				(1) No. of *F.T.E.	(2) Total Expenditure	(3) Allocation Percentage	(4) Ambulance Amount
	MANAGEMENT							
1	**Gross Wages**	(Attach Schedule II)			0.5	93,533	100%	93,533
2	Payroll Taxes					8,418	100%	8,418
3	Employee Fringe Benefits					9,651	100%	9,651
4	Total				0.5	111,602		111,602
	AMBULANCE PERSONNEL		** Contractual	Wages				
	Gross Wages	(Attach Schedule I	Labor					
5	Paramedics and IEMT			$	5.0	341,626	100%	341,626
6	Emergency Medical Technician (EMT)				5.0	252,462	100%	252,462
7	Nurses				0.0	-	100%	-
8	Drivers				0.0	-	100%	-
9	Payroll Taxes					47,527	100%	47,527
10	Employee Fringe Benefits					67,244	100%	67,244
11	Total				10.0	708,859		708,859
	OTHER PERSONNEL							
	Gross Wages	(Attach Schedule II)						
12	Dispatch				0.0	-	100%	-
13	Mechanics				0.0	-	100%	-
14	Office and Clerical				0.0	-	100%	-
15	Other				0.0	-	100%	-
16	Payroll Taxes					-	100%	-
17	Employee Fringe Benefits					-	100%	-
18	Total				0.0	-		-
19	**TOTAL F.T.E., WAGES, PAYROLL TAXES & EMPLOYEE BENEFITS**	(Post to Pg 2, line 12)			10.5	820,461		$ 820,461

* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080.

** The sum of Casual Labor (wages paid on a per run basis) plus Wages paid is entered in Column 2 by line item. However, when calculating F.T.E's, do not include casual labor hours worked or expenses incurred.

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: **Southwest Ambulane of Tucson, Inc.**

FOR THE PERIOD **FROM:** **Projected First Year** **TO:**

BASIS OF ALLOCATIONS OF WAGES, PAYROLL et al.

Line No.	DESCRIPTION	Basis of Allocations	
			Wages
1	**Gross Wages - MANAGEMENT**	All personnel are 100% dedicated to ambulance services.	
2	Payroll Taxes	100% ambulance services	
3	Employee Fringe Benefits	100% ambulance services	
4	Total	100% ambulance services	
		Contractual	
	Gross Wages - AMBULANCE PERSONNEL		
5	Paramedics and IEMT		100% ambulance services
6	Emergency Medical Technician (EMT)		100% ambulance services
7	Nurses		100% ambulance services
8	Drivers		100% ambulance services
9	Payroll Taxes		100% ambulance services
10	Employee Fringe Benefits		100% ambulance services
11	Total		100% ambulance services
	Gross Wages - OTHER PERSONNEL		
12	Dispatch	100% ambulance services	
13	Mechanics	100% ambulance services	
14	Office and Clerical	100% ambulance services	
15	Other	100% ambulance services	
16	Payroll Taxes	100% ambulance services	
17	Employee Fringe Benefits	100% ambulance services	
18	Total	100% ambulance services	

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: **Southwest Ambulane of Tucson, Inc.**

FOR THE PERIOD **FROM:** **Projected First Year** **TO:**

GENERAL and ADMINISTRATIVE EXPENSES

Line No.	DESCRIPTION			
	Professional Service:			
1	Legal Fees		$ -	
2	Collection Fees		7,747	
3	Accounting and Auditing			
4	Data Processing Fees		-	
5	Other (Attach Schedule)		12,000	
6	Total			$ 19,747
	Travel and Entertainment:			
7	Meals and Entertainment		1,205	
8	Transportation - Other Company Vehicles		-	
9	Travel		1,645	
10	Other (Attach Schedule)		-	
11	Total			2,851
	Other General and Administrative:			
12	Office Supplies		914	
13	Postage		95	
14	Telephone		-	
15	Advertising		52	
16	General Liability Insurance		7,124	
17	Workers Comp		20,052	
18	Other (Attach Schedule)		34,680	
19	Total			62,917
20	**Total General and Administrative Expenses**	(Post to Page 2, Line 13)		$ 85,514

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: **Southwest Ambulane of Tucson, Inc.**

FOR THE PERIOD **FROM:** **Projected First Year** **TO:**

GENERAL and ADMINISTRATIVE EXPENSES

Line No.	DESCRIPTION		
	Professional Service:		
1	Consulting	$ -	
2	Medical Director	12,000	
3	Temp Staffing	-	
4	Other Professional Fees		
5		-	
6	Total		$ 12,000
	Travel and Entertainment:		
7		-	
8		-	
9		-	
10		-	
11	Total		-
	Other General and Administrative:		
12	Employee Relations & Training	885	
13	Lobbying & Political	-	
14	Printing	44	
15	Software Licenses & Maintenance	-	
16	Recruiting	-	
17	Sales & Use Tax	-	
18	Fines and Penalties	-	
19	Misc. G&A	10,234	
20	Dues & Subscriptions	-	
21	Allocated Shared Support Services	23,518	
22	Total		34,680

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulane of Tucson, Inc.

FOR THE PERIOD FROM: Projected First Year TO: _____

ALLOCATION of GENERAL and ADMINISTRATIVE EXPENSES

Line No.	DESCRIPTION		(1) Total Expenditure	(2) Allocation Percentage	(3) Ambulance Amount
	Professional Service:				
1	Legal Fees	.....	$ -	100%	$ -
2	Collection Fees	.....	7,747	100%	7,747
3	Accounting and Auditing	.....	-	100%	-
4	Data Processing Fees	.....	-	100%	-
5	Other (Attach Schedule)	.....	12,000	100%	12,000
6	Total	.....	19,747		19,747
	Travel and Entertainment:				
7	Meals and Entertainment	.....	1,205	100%	1,205
8	Transportation - Other Company Vehicles	.....	-	100%	-
9	Travel	.....	1,645	100%	1,645
10	Other (Attach Schedule)	.....	-	100%	-
11	Total	.....	2,851		2,851
	Other General and Administrative:				
12	Office Supplies	.....	914	100%	914
13	Postage	.....	95	100%	95
14	Telephone	.....	-	100%	-
15	Advertising	.....	52	100%	52
16	Professional Liability Insurance	.....	7,124	100%	7,124
17	Dues and Subscriptions	.....	20,052	100%	20,052
18	Other (Attach Schedule)	.....	34,680	100%	34,680
19	Total	.....	62,917		62,917
20	**Total General and Administrative Expenses**	(Post to Page 2, Line 13)	$ 85,514		85,514

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulane of Tucson, Inc.

FOR THE PERIOD **FROM:** Projected First Year **TO:** _____

BASIS of ALLOCATION OF GENERAL and ADMINISTRATIVE EXPENSES

Line No.	DESCRIPTION	Basis of Allocation
	Professional Service:	
1	Legal Fees	100% Ambulance Services
2	Collection Fees	100% Ambulance Services
3	Accounting and Auditing	100% Ambulance Services
4	Data Processing Fees	100% Ambulance Services
5	Other (Attach Schedule)	100% Ambulance Services
6	Total	
	Travel and Entertainment:	
7	Meals and Entertainment	100% Ambulance Services
8	Transportation - Other Company Vehicles	100% Ambulance Services
9	Travel	100% Ambulance Services
10	Other (Attach Schedule)	100% Ambulance Services
		100% Ambulance Services
11	Total	
	Other General and Administrative:	
12	Office Supplies	100% Ambulance Services
13	Postage	100% Ambulance Services
14	Telephone	100% Ambulance Services
15	Advertising	100% Ambulance Services
16	Professional Liability Insurance	100% Ambulance Services
17	Dues and Subscriptions	100% Ambulance Services
18	Other (Attach Schedule)	100% Ambulance Services
19	Total	

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: **Southwest Ambulane of Tucson, Inc.**

FOR THE PERIOD **FROM:** **Projected First Year** **TO:**

OTHER OPERATING EXPENSES

Line No.	DESCRIPTION			
	Depreciation and Amortization:			
1	Depreciation (Attach Schedule III)	(From Pg 13, Line 20, Col I)	$ 127,078	
2	Amortization		-	
3	Total			$ 127,078
4	Rent / Lease (Attach Schedule III)	(From Pg 13, Line 20, Col K)		36,000
	Building / Station Expense:			
5	Building and Cleaning Supplies	.....	3,675	
6	Utilities	.....	17,632	
7	Property Taxes	.....	5,175	
8	Property Insurance	.....	-	
9	Repairs and Maintenance	.....	8,550	
10	Other (Attach Schedule)	.....	-	
11	Total	.....		35,033
	Vehicle Expense - Ambulance Units:			
12	License / Registration	.....	875	
13	Fuel	.....	39,821	
14	General Vehicle & Equip Service and Maint	.....	3,117	
15	Major Repairs	.....	4,853	
16	Insurance - Service Vehicles	.....	22,760	
17	Other (Attach Schedule)	.....	3,517	
18	Total	.....		74,944
	Other Expenses:			
19	Dispatch	.....	56,917	
20	Education / Training	.....		
21	Uniforms and Uniform Cleaning	.....	5,625	
22	Meals and Travel for Ambulance personnel	.....	-	
23	Maintenance Contracts	.....	-	
24	Minor Equipment - Not Capitalized	.....	-	
25	Ambulance Supplies - Nonchargeable	.....	-	
26	Other (Attach Schedule)	.....	763	
27	Total	.....		63,305
28	**Total Other Operating Expenses**	(Post to Page 2, Line 15)		$ 336,359

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: **Southwest Ambulane of Tucson, Inc.**

FOR THE PERIOD **FROM:** **Projected First Year** **TO:**

OTHER OPERATING EXPENSES

Line No.	DESCRIPTION			
	Building / Station Expense Other:			
1	Other building/station expenses	.....	-	
2		.....		
3		.....		
4		.....		
5		.....		
6		.....		
7	Total	.....		-
	Vehicle Expense - Ambulance Units Other:			
8	Tires	.....	-	
9		.....		
10		.....		
11		.....		
12		.....		
13		.....		
14	Total	.....		-
	Other Expenses:			
15	Other Operating Expense	.....	762.89	
16		.....		
17		.....	-	
18		.....		
19		.....		
20		.....		
21		.....		
22		.....		
23	Total	.....		762.89

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulane of Tucson, Inc.

FOR THE PERIOD **FROM:** Projected First Year **TO:**

ALLOCATION of OTHER OPERATING EXPENSES

Line No.	DESCRIPTION		(1) Total Expenditure	(2) Allocation Percentage	(3) Ambulance Amount
	Depreciation and Amortization:				
1	Depreciation (Attach Schedule III)	(From Pg 13, Line 20, Col I)	$ 127,078	100%	$ 127,078
2	Amortization		0	100%	0
3	Total		127,078		127,078
4	Rent / Lease (Attach Schedule III)	(From Pg 13, Line 20, Col K)	36,000	100%	36,000
	Building / Station Expense:				
5	Building and Cleaning Supplies		3,675	100%	3,675
6	Utilities		17,632	100%	17,632
7	Property Taxes		5,175	100%	5,175
8	Property Insurance		0	100%	0
9	Repairs and Maintenance		8,550	100%	8,550
10	Other (Attach Schedule)		0	100%	0
11	Total		35,033		35,033
	Vehicle Expense - Ambulance Units:				
12	License / Registration		875	100%	875
13	Fuel		39,821	100%	39,821
14	General Vehicle Service and Maintenance		3,117	100%	3,117
15	Major Repairs		4,853	100%	4,853
16	Insurance - Service Vehicles		22,760	100%	22,760
17	Other (Attach Schedule)		3,517	100%	3,517
18	Total		74,944		74,944
	Other Expenses:				
19	Dispatch		56,917	100%	56,917
20	Education / Training		0	100%	0
21	Uniforms and Uniform Cleaning		5,625	100%	5,625
22	Meals and Travel - Ambulance Personnel		0	100%	0
23	Maintenance Contracts		0	100%	0
24	Minor Equipment - Not Capitalized		0	100%	0
25	Ambulance Supplies - Nonchargeable		0	100%	0
26	Other (Attach Schedule)		763	100%	763
27	Total		63,305		63,305
28	Total Other Operating Expenses	(Post to Page 2, Line 15)	$ 336,359		$ 336,359

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: **Southwest Ambulane of Tucson, Inc.**

FOR THE PERIOD **FROM:** **Projected First Year** **TO:** _____

BASIS of ALLOCATION OF OTHER EXPENSES

Line No.	DESCRIPTION	Basis of Allocation
	Depreciation and Amortization:	
1	Depreciation	100% Ambulance Services
2	Amortization	100% Ambulance Services
3	Total	100% Ambulance Services
4	Rent / Lease	100% Ambulance Services
	Building / Station Expense:	
5	Building and Cleaning Supplies	100% Ambulance Services
6	Utilities	100% Ambulance Services
7	Property Taxes	100% Ambulance Services
8	Property Insurance	100% Ambulance Services
9	Repairs and Maintenance	100% Ambulance Services
10	Other	100% Ambulance Services
11	Total	100% Ambulance Services
	Vehicle Expense - Ambulance Units:	
12	License / Registration	100% Ambulance Services
13	Fuel	100% Ambulance Services
14	General Vehicle Service and Maintenance	100% Ambulance Services
15	Major Repairs	100% Ambulance Services
16	Insurance - Service Vehicles	100% Ambulance Services
17	Other	100% Ambulance Services
18	Total	100% Ambulance Services
	Other Expenses:	
19	Dispatch	100% Ambulance Services
20	Education / Training	100% Ambulance Services
21	Uniforms and Uniform Cleaning	100% Ambulance Services
22	Meals and Travel for Ambulance personnel	100% Ambulance Services
23	Maintenance Contracts	100% Ambulance Services
24	Minor Equipment - Not Capitalized	100% Ambulance Services
25	Ambulance Supplies - Nonchargeable	100% Ambulance Services
26	Other (Attach Schedule)	100% Ambulance Services
27	Total	100% Ambulance Services

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: **Southwest Ambulane of Tucson, Inc.**

FOR THE PERIOD **FROM:** **Projected First Year** **TO:**

DETAIL OF CONTRACTUAL ALLOWANCES

Line No.	Name of Contracting Entity	Total Billable Runs	Gross Billing	Percent Discount	Allowance
1	BCBS of AZ	55	$ 165,000	10%	$ 16,500
2	Aetna	25	$ 75,000	25%	$ 18,750
3	UHC Community Plan	25	$ 75,000	30%	$ 22,500
4	United Healthcare	20	$ 60,000	25%	$ 15,000
5	Healthnet Tricare West	55	$ 165,000	55%	$ 90,750
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32	(Post Total to Page 2, Line 4)	180	$ 540,000		$ 163,500

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: **Southwest Ambulane of Tucson, Inc.**

FOR THE PERIOD **FROM:** **Projected First Year** **TO:** _____

SUBSCRIPTION SERVICE REVENUE AND DIRECT SELLING EXPENSES

Line No.	Description		
1	Billings at Fully Established Rate		$ -
	Less:		
2	AHCCCS Settlement	$ -	
3	Medicare Settlement	-	
4	Subscription Service Settlement ..... (Post to Pg 2, Line 5) ...	-	
5	Subscription Service Bad Debt	-	
6	Total		-
	Plus:		
7	Net Revenue from Subscription Service Runs		-
8	Sales of Subscription Service ..... (Post to Pg 2, Line 9)		-
9	Other Revenue ..... (attach schedule)		-
10	Total Subscription Service Revenue ..... (total of Lines 7, 8 and 9)		-
	Direct Expenses Incurred Selling Subscription Contracts		
11	Salaries / Wages		
12	Payroll Taxes		
13	Employee Fringe Benefits		
14	Professional Services		
15	Contract Labor		
16	Travel		
17	Other General & Administrative Expenses		
18	Depreciation / Amortization		
19	Rent / Lease		
20	Building / Station Expense		
21	Transportation / Vehicles		
22	Other: _____ (attach schedule)		
23	Total Subscription Service Expenses ..... (Post to Pg 2, Line 17)		$ -

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: **Southwest Ambulane of Tucson, Inc.**

FOR THE PERIOD **FROM:** **Projected First Yea** **TO:** _____

OTHER OPERATING REVENUES & EXPENSES

Line No.	Description			
	Other Operating Revenues:			
1	Supportive Funding - Local	(attach schedule)	$	
2	Grant Funds - State	(attach schedule)		
3	Grant Funds - Federal	(attach schedule)		
4	Grant Funds - Other	(attach schedule)		
5	Patient Finance Charges			
6	Patient Late Payment Charges			
7	Interest Earned - Related Person / Organization			
8	Interest Earned - Other			
9	Gain on Sale of Operating Property			
10	Other: _____			-
11	Other: _____			
12	Total Other Operating Revenues			$ -
	Other Operating Expenses:			
13	Loss on Sale of Operating Property			
14	Other: Interest Expense			
15	Other: _____			
16	Total Other Operating Expenses			-
17	Net Other Operating Revenues and Expenses	(Post to Pg 2, Line 20)		$ -

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulane of Tucson, Inc.

FOR THE PERIOD **FROM:** Projected First Year **TO:** _____

Schedule I
DETAIL OF SALARIES / WAGES
Officers / Owners

Line No.	Name	Title	% of Ownership	Management	*FTE	CEP IEMT EMT	*FTE	OFFICE	*FTE	OTHER	*FTE	WAGES PAID TO OWNERS	*FTE
1				$		$		$		$		$	
2													
3													
4													
5													
6													
7	TOTAL			$		$		$		$		$	

* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2080

Post Total to Pg 4, Column 2, Line 1

Post Total to Pg 4, Column 1, Line 1

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: **Southwest Ambulane of Tucson, Inc.**

FOR THE PERIOD **FROM:** **Projected First Year** **TO:**

Schedule II
DETAIL of SALARIES / WAGES
Management, Ambulance Personnel, Other Personnel

Line No. **Detail of Salaries / Wages - Other Than Officers / Owners**

1 **MANAGEMENT:**

Certification and / or Title	Scheduled Shifts (no. of hours worked each week)	Hourly Wage	Annual Salary	$ Per Run or Shift
Operational Managers	20+ week		Varies	

2 **AMBULANCE PERSONNEL:**

CEP/EMT Full time	56 hrs/week	Varies		
Field Supervisor	56 hrs/week	Varies		
EMT Full time	56 hrs/week	Varies		

3 **OTHER PERSONNEL:**

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: **Southwest Ambulane of Tucson, Inc.**

FOR THE PERIOD **FROM:** **Projected First Year** **TO:**

Schedule III
DEPRECIATION and/or RENT / LEASE EXPENSE
AMBULANCE VEHICLES & ACCESSORIAL EQUIPMENT ONLY

Line No.	A Description of Property	B Date Placed in Service	C Cost or Other Basis	D Business Use Percent	E Basis for Depreciation	F Method "straight line" Depreciation	G Recovery Period (in years)	H Depreciation Prior Years	I Current Year Depreciation	J Remaining Basis	K Rent / Lease Amounts *
1	Vehicle - Ambulance	Various	472,000	100%	472,000	SL	Various	-	67,429	404,571	
2											
3	Equipment - Ambulance	Various	258,246	100%	258,246	SL	Various	-	51,649	206,597	
4											
5	Equipment Rental										-
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20	**SUBTOTAL**		730,246		730,246				119,078	611,168	-

* Complete Description of property, date placed in service, and rent/lease amount only.

Post to Pg 13, Line 19, Column I

Post to Pg 13, Line 19, Column K

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: **Southwest Ambulane of Tucson, Inc.**

FOR THE PERIOD **FROM:** **Projected First Year** **TO:**

Schedule III
DEPRECIATION and/or RENT / LEASE EXPENSE
ALL OTHER ITEMS

Line No.	A Description of Property	B Date Placed in Service	C Cost or Other Basis	D Business Use Percent	E Basis for Depreciation	F Method "straight line" Depreciation	G Recovery Period (in years)	H Depreciation Prior Years	I Current Year Depreciation	J Remaining Basis	K Rent / Lease Amounts *
1	Land	Various	-	100%	-	SL	Various	-	-	-	
2	Buildings	Various	-	100%	-	SL	Various	-	-	-	
3	LHI	Various	-	100%	-	SL	Various	-	-	-	
4	Vehicle - Other	Various	-	100%	-	SL	Various	-	-	-	
5	Equipment - Computer	Various	18,000	100%	18,000	SL	Various	-	6,000	12,000	
6	Computer Software	Various	-	100%	-	SL	Various	-	-	-	
7	Office Furn/Equip	Various	10,000	100%	10,000	SL	Various	-	2,000	8,000	
8	Equipment - Fleet Maint	Various	-	100%	-	SL	Various	-	-	-	
9	Rented Real Estate										36,000
10											
11											
12											
13											
14											
15											
16											
17											
18	SUBTOTAL above		28,000		28,000				8,000	20,000	36,000.00
19	SUBTOTAL from Page 12, Line 20		730,246		730,246				119,078	611,168	-
									Post from Pg 12, Line 20 Column I		Post from Pg 12, Line 20 Column K
20	**SUM of Line 18 & 19**		758,246		758,246				127,078	631,168	36,000.00
									Post to Pg 6, Line 1		Post to Pg 6, Line 4

* Complete Description of property, date placed in service, and rent/lease amount only.

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: **Southwest Ambulane of Tucson, Inc.**

FOR THE PERIOD **FROM:** **Projected First Year** **TO:**

Schedule IV
DETAIL OF INTEREST

Line No.	Description	(1) Interest Rate	(2) Principal Balance Beginning of Period	(3) Principal Balance End of Period	(4) Interest Expense Related Persons or Organizations	(5) Interest Expense Other
	Service Vehicles & Accessorial Equipment Name of Payee:					
1		%	$	$	$	$
2						
3						
4						
	Communication Equipment Name of Payee:					
5						
6						
7						
	Other Property and Equipment Name of Payee:					
8						
9						
10						
	Working Capital Name of Payee:					
11						
12						
13						
	Other Name of Payee:					
14		%				
15	TOTAL		$ -	$ -	$ -	$ -

Post totals of Column 4 & 5 to Pg 2, Line 16

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: **Southwest Ambulane of Tucson, Inc.**

FOR THE PERIOD **FROM:** **Projected First Year** **TO:**

BALANCE SHEET

ASSETS

	CURRENT ASSETS			
1	Cash	$ -		
2	Accounts Receivable	487,445		
3	Less: Allowance for Doubtful Accounts	(270,031)		
4	Inventory	3,989		
5	Prepaid Expenses	-		
6	Other Current Assets	-		
7	TOTAL CURRENT ASSETS		$	221,403
9	PROPERTY & EQUIPMENT			758,246
10	Less: Accumulated Depreciation			(127,078)
11	OTHER NON CURRENT ASSETS			
12	TOTAL ASSETS		$	852,572

LIABILITIES & EQUITY

	CURRENT LIABILITIES			
13	Accounts Payable	$ 57,571		
14	Current Portion of Notes Payable	-		
15	Current Portion of Long-Term Debt	-		
16	Deferred Subscription Income	-		
17	Accrued Expenses and Other	-		
18				
19				
20	TOTAL CURRENT LIABILITIES		$	57,571
21	NOTES PAYABLE	-		
22	LONG-TERM DEBT OTHER	-		
23	TOTAL LONG-TERM DEBT			-
	EQUITY & OTHER CREDITS			
	Paid-In Capital:			
24	Common Stock			
25	Paid-In Capital in Excess of Par Value			
26	Contributed Capital			
27	Retained Earnings	219,287		
28	Intercompany Payable to Parent	575,714		
29				
30	Fund Balance			
31	TOTAL EQUITY			795,001
32	TOTAL LIABILITIES & EQUITY		$	852,572

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: **Southwest Ambulane of Tucson, Inc.**

FOR THE PERIOD **FROM:** **Projected First Year** **TO:**

STATEMENT OF CASH FLOWS

	OPERATING ACTIVITIES:			
1	Net (loss) Income		$ 219,287	
	Adjustments to Reconcile Net Income to Net Cash			
	Provided by Operating Activities:	Note: a increase in these accounts improves cash flow		
2	Depreciation & Amortization E		127,078	
3	Deferred Income Tax		-	
4	Loss (gain) on Disposal of Property & Equipment		-	
	(Increase) Decrease in:	Note: a decrease in these accounts improves cash flow		
5	Accounts Receivable		(217,414)	
6	Inventories		(3,989)	
7	Prepaid Expenses		-	
	Increase (Decrease) in:	Note: a increase in these accounts improves cash flow		
8	Accounts Payable		57,571	
9	Accrued Expenses		-	
10	Deferred Subscription Income		-	
11	NET CASH PROVIDED (Used) BY OPERATING ACTIVITIES			$ 182,532
	INVESTING ACTIVITIES:			
12	Purchases of Property & Equipment		(758,246)	
13	Proceeds from Disposal of Property & Equipment			
14	Purchases of Investments			
15	Proceeds from Disposal of Investments			
16	Loans Made			
17	Collections on Loans			
18	Net Working capital payments from/(to) Parent		575,714	
19	NET CASH PROVIDED (Used) BY INVESTING ACTIVITIES			(182,532)
	FINANCING ACTIVITIES:			
	New Borrowings:			
20	Long-Term			
21	Short-Term			
	Debt Reduction:			
22	Long-Term			
23	Short-Term			
24	Capital Contributions			
25	Dividends Paid		$	
26	NET CASH PROVIDED (Used) BY FINANCING ACTIVITIES			
27	NET INCREASE (Decrease) IN CASH			-
28	CASH AT BEGINNING OF YEAR			-
29	CASH AT END OF YEAR			-
	SUPPLEMENTAL DISCLOSURES:			
	Non-cash Investing and Financing Transactions:			
30				
31				
32				
33	Interest Paid (Net of Amounts Capitalized)			-
34	Income Taxes Paid			$ 105,583

BANK OF AMERICA

CONFIDENTIAL

December 1, 2020

Arizona Department of Health Services
Bureau of Emergency Medical Services & Trauma System
150 N. 18th Ave, Suite 540
Phoenix, AZ 85007

RE: Global Medical Response, Inc. and its subsidiaries, including but not limited to, American Medical Response, Inc., and AMR Holdco. ("Customer")

Ladies and Gentlemen:

Please accept this letter as confirmation that the captioned Customer has been a client of Bank of America, N.A. ("Bank") since 2010. During this period, the Customer has satisfactorily fulfilled its obligations to the Bank.

The Bank is the administrative agent with respect to the Customer's mid-nine figure multi-lender credit facility ("Credit Facility"). The amount outstanding under the Credit Facility is currently in the low nine figure range. The availability of funds under the Credit Facility is subject to certain terms, conditions and covenants set forth in the Credit Facility.

This letter is being provided as a matter of courtesy at the request of the Customer. Please note that the information provided by the Bank in this letter is given as of the date of this letter and is subject to change without notice, and is provided in strict confidence to you for your own use only, without any responsibility, guarantee, representation, warranty (expressed or implied), commitment or liability on the part of the Bank, its parents, subsidiaries or affiliates or any of its or their directors, officers or employees to you or any third party, and none of them assumes any duties or obligations to you in connection herewith or any transaction between you or your affiliates and the Customer. This letter is not to be quoted or referred to without the Bank's prior written consent. The Bank cannot provide any opinions of the creditworthiness of the Customer or any of its affiliates, and the above information does not constitute an opinion of the Bank of the ability of the Customer to successfully perform its obligations under any agreement it may enter into with you, the Bank or any other person or entity.

The Bank has no duty and undertakes no responsibility to update or supplement the information set forth in this letter.

Very truly yours,

Tanner J. Pump
Senior Vice President

Edward B. Van Horne
Global Medical Response (GMR) – Chief Operating Officer

Professional Bio

Mr. Van Horne is well known throughout the industry for his leadership in clinical excellence and his diverse, innovative approach to emergency medical services system design - from implementation and transition to the maintenance of efficient and cost-effective operations. As Chief Operating Officer (COO) of GMR, Mr. Van Horne oversees all Group Presidents (U.S. & International), business development, marketing and operating financial performance of the company. Operations include Air Ambulance, Ground Ambulance, Fire operations, Non-Medical Transportation, and the national Membership program. Prior to being named COO, Mr. Van Horne served as the CEO of American Medical Response where he directed operations across the United States. He holds a Bachelor of Science in Health Systems Administration from the Rochester Institute of Technology and earned his MBA in 2001. He received his Paramedic certification from Western New York EMS Training Institute, Buffalo, NY.

Qualifications:

- More than 30 years of EMS Management experience, including financial management (profit and loss, budgeting) and employee supervision.
- Over 20 years' experience in accounting and accounts receivables with increasing responsibilities in management and policy development.
- More than 10 years' ambulance experience in many different departments, i.e. billing, operations, business development, and communications.
- Proficient in managing multiple priorities and projects within tight deadlines.
- Possess very strong analytical, innovation, detail/follow-through and problem solving skills.
- Leads and is responsible for GMR operations nationwide including, air operations, ground operations, Federal Emergency Management Agency response (National Ambulance Contract) and strategic innovation through multiple state and national disaster responses including the COVID-19 pandemic.

Education:

1999 - 2002 Masters of Business Administration
University of Phoenix
Tucson, Arizona

1988 – 1994 Bachelor of Science
Rochester Institute of Technology, Rochester, NY
Department of Health Systems Administration
New York State Certificate of Business Management
Industrial Design

Experience:

2018 – Current **Board of Directors,** Global Medical Respone

2018 – Current **Board of Directors,** All Clear Foundation

2018 – Current **Chief Operating Officer** - Global Medical Response– Greenwood Village, Colorado

- Responsible for operating and financial performance for all Group Presidents which includes all Air, Ground & Fire Operations across the U.S & International.
- Direct oversight of department heads for Strategic Innovation, Managed Transportation, Marketing & Communications, Business Development, and National Membership program.

2013 – 2018 **President & CEO**– American Medical Response, Greenwood Village, Colorado

- Led the $620 millin acquisition, integration and legislative components of Rural/Metro Corporation (2015) transaction.
- Responsible for leading the successful implementation of AMR's strategic and operational initiatives nationwide.
- Direct reports include AMR's regional chief executive officers and other key AMR executive and support staff.
- Served as the liaison and executive leader between AMR and its parent company, Envision Healthcare.
- Achieved significant year-over-year EBITDA improvement with increased focus on executing strategies using well defined operating metrics and more integrated cross functional solutions.

2006 – 2013 **Chief Executive Officer, South Region** – American Medical Response, Arlington Texas

- Participated in the formulation of EBITDA performance expectations for the South Division, overseeing 50 business units in thirteen (13) states.
- Developed operating and capital budgets and re-allocated resources on an ongoing basis to optimize use of available resources
- Ensured optimal service levels to patients, agencies, hospitals and the medical community. Analyzed information regarding customer satisfaction; modified processes and directs employees to ensure high levels of patient care and customer service

2005 – 2006 **Vice President Business Development West Region** – American Medical Response

- Responsible for market expansions, new business growth, 9-1-1 Request for Proposals in all states west of the Mississippi. Primary focus on markets and opportunities not currently in business footprint. Responsible for 22% growth during this period.

2002 – 2005 **Director of Operations & Paramedic** – American Medical Response, San Bernardino CA

- Participated in the formulation of EBITDA performance expectations for the county ambulance contract.
- Ensured optimal service levels to patients, agencies, hospitals and the medical community. Analyzesd information regarding customer satisfaction; modified processes and directs employees to ensure high levels of patient care and customer service
- Directed high performance 9-1-1 operation, 110 ambulances in combined urban/suburban population.
- Implemented communication center upgrade and technology improvement roll-out.

- Medical & Transportation sector lead for Inland Counties Emergency Medical Authority during the 2003 California Wildfires and subsequent evacuations.
- Command Center and Strike Team leader during Hurricane Rita, deployed to San Antonio and Galveston, Texas immediately after landfall. Coordinated evacuation of area medical centers and worked closely with area 9-1-1 providers to assure ambulance system integrity.

2000-current **Owner, Arizona Ambulance of Douglas, Inc**. – Sierra Vista, Arizona

- Owner of Arizona Ambulance of Douglas, Inc. AZ CON # 120, providing critical and advanced life support to communities within Cochise County, Arizona. Operations focus on high acuity and long distance transportation for patients requiring higher and long-term care.

2006 - Current **Owner, AmbiServ –**Sierra Vista, Arizona

- Owner of medical billing services that provides billing and administrative services for municipal fire departments and private ambulance services.

Glenn R. Kasprzyk

1111 East Missouri Avenue • Unit 17 • Phoenix, AZ 85014
(928) 308-5692
Email: glenn.kasprzyk@gmr.net

PROFILE

Dedicated pre-hospital industry leader with over twenty-five years of proven achievement in emergency medical services. Core philosophy of working collaboratively and honestly with others regardless of background or experience, earn trust and effectively build consensus to produce measurable outcomes.

PROFESSIONAL EXPERIENCE

AMERICAN MEDICAL RESPONSE (AMR), Scottsdale, Arizona 2020-Present

President – Southwest Region – Arizona, Nevada and New Mexico

- Perform ongoing strategic market analysis, air and ground integration and synergies of pre-hospital EMS services for enhanced service delivery.
- Develop and implement strategies to sustain and grow business across all service lines.
- Interact with key public and private community stakeholders to ensure a high level of service delivery and customer service expectations are met.
- Work with business unit directors to meet budget expectations, operational metrics and goals for each of their respective operations.
- Direct reporting to West Group CEO

AMERICAN MEDICAL RESPONSE (AMR), Scottsdale, Arizona 2015-2020

Vice President of Operations / Regional COO – Arizona and New Mexico

- Ongoing market analysis, integration and planning of out-of-hospital EMS services to encompass ambulance service and mobile integrated healthcare.
- Monitor continuous quality improvement metrics for all operational departments and local regulators.
- Negotiate contracts with community partners; governmental and private.
- Plan, control and monitor operating budgets.
- Establish goals and objectives for all operational departments and ensure alignment with corporate initiatives.
- Direct reporting to Regional President.

LIFE LINE AMBULANCE SERVICE (AMR), Prescott, Arizona 2006-2015

Chief Operations Officer

- Responsible for direct budget management of operational departments.
- Monitor operational and quality assurance data to ensure maximum system efficiency.
- Process analysis to ensure data collection, compliance and review between all departments.
- Direct reporting and accountability to Chief Executive Officer.

PROFESSIONAL INVOLVEMENT

Member of Arizona Emergency Medical Services (EMS) Council; Vice Chair
Member of Governor's Council on Infectious Disease Preparedness and Response
Board Member – Central AZ Partnership, AZ Chamber of Commerce and Mesa Chamber of Commerce
Registered Lobbyist - Arizona

EDUCATION and PROFESSIONAL DEVELOPMENT

NAED – Advanced Emergency Medical Dispatcher
National Academy of Ambulance Coding – Certified Ambulance Coder
NYS Certified Paramedic – Western New York EMS Training Institute - June 1994
Business concentration credits earned towards a degree – Erie Community College - May 1994
Continuous professional development through educational courses, seminars, speaking engagements, and workshops.

References available upon request

Jacqueline Evans

(520) 820-0897
Jacqueline.Evans@GMR.net

PROFILE:

Professional and dedicated individual with 25 plus years in the EMS industry. Proven experience in developing and solidifying relationships with Fire Departments and Facilities. Team player to achieve corporate goals and initiatives.

WORK HISTORY:

July 2002 – present **American Medical Response/Global Medical Response**

Jan 2020-present	**Regional Director**
Oct 2005 – Jan 2020	**Operations Manager (Tucson and Salt Lake City)**
July 2002 – October 2005	**Training Manager**

Regional Director:

Highlight of accomplishment:

- Provide overall strategic direction and management of Global Medical Response business units
- Meet financial objectives and support business goals of an assigned area and region
- Ensure internal and external customer satisfaction
- Develop/retain profitable market share, increasing revenue growth
- Coordinates and monitors overall system performance to ensure highest standards of service, customer satisfaction, and contract compliance
- Foster an environment of teamwork and good communication among associates
- Assures a collaborative working relationship between GMR air and ground operations and assists in identifying opportunities of both air and ground in the assigned areas

Operations Manager:

Highlight of accomplishments:

- Build and maintain relationships with key partners within hospitals and fire departments
- Participation and attendance at key meetings and events to ensure that GMR is visible and participate in key initiatives within Southern Arizona
- Ensure that promotion and hiring fosters diversity in the workplace
- Work collaboratively with internal and external partners and ensure that others within the team work together including the fire and air integration
- Coordination of the COPA initiative for AMR, RMFD and LifeLine to ensure objectives and deadlines are met
- Effectively communicated GMR business objectives to employees through transparency and open communication
- Continuous monitoring and making necessary changes to 911 and inter-facility system performance and meeting customer needs

- Support and facilitate as necessary to ensure employee mental health needs are met
- Profitable EBITDA margin and knowledge to adjust unit hours, staffing and expense control to meet the desired EBITDA expectations
- Budgetary knowledge and ability to optimize available resources
- Negotiated fire contracts and inter-facility contracts
- Member of the management team to negotiate the union collective bargaining agreement
- Build and maintain a positive working relationship with the labor union to ensure both groups are working towards the same goals; to ensure the longevity of GMR within the market and employee retention
- Review and develop ambulance response modes

Training Manager:

Highlight of accomplishments:

- Built ADHS ALS and BLS training programs
- Responsible for New Employee Orientation Program and Field Training
- Instruction and oversight for yearly OSHA and ensuring compliance
- Develop paramedic curriculum and instructed in-house paramedic program, paramedic refresher courses and continuing education classes
- Develop EMT-Basic curriculum and instructed in-house EMT-Basic academies, EMT-Basic refresher courses and continuing education
- Worked with local Fire Departments and hospitals to obtain vehicular and clinical contracts for the ADHS training programs
- Assisted the operations department with protocol review to ensure quality patient care through quality assurance and quality improvement
- Established working relationship with Medical Directors

Nov 1994-July 2001 **ASARCO, Inc Hayden Smelter and Concentrator, Ray Mine and Concentrator**
1997-2001 Training Coordinator/Safety Department
1994-1997 Laborer, Powder Loader, Haul Truck Driver

- Developed an inhouse EMS Program to ensure there were EMT's staffed 24 hours a day at all 3 ASARCO locations
- Instructor to ASARCO personnel to become First Responder's and EMTs
- Developed a Confined Space Rescue Team and TRT teams for ASARCO smelter, concentrator and mine
- Developed a Hearing Conservation Program to satisfy MSHA regulations
- Quarterly safety tours with Local unions to address safety concerns and provide information to OSHA and MSHA (dependent on location)

AMERICAN MEDICAL RESPONSE®

MEDICAL DIRECTOR AGREEMENT

THIS AGREEMENT is made between the American Medical Response company ("AMR") and the physician (the "Medical Director") set out on the signature page of this Agreement. This Agreement is effective as of **AUGUST 1, 2015** ("Effective Date").

WHEREAS, the Medical Director is duly qualified and licensed to practice medicine in the state and approved to act as a medical director;

WHEREAS, the Medical Director acknowledges expertise in the field of medicine, emergency medical services, emergency medical services oversight and administration;

WHEREAS, AMR provides emergency medical services and other related services and desires to obtain the services of a medical director;

WHEREAS, the Medical Director is willing to provide the services of a medical director to AMR for its operations in **Prescott, AZ at Life Line Ambulance Service, Inc.**;

NOW THEREFORE, in consideration of the foregoing and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties incorporate the above recitals and agree as follows:

1. **Medical Director Services**. The Medical Director shall provide the following services to AMR:

   a. Supervise clinical services delivered by AMR's emergency medical services personnel;

   b. Provide medical oversight and guidance for AMR's quality leadership activities through serving as a liaison between AMR and the local medical community, collaborating with local quality councils to define quality standards, identify metrics, review performance data, identify opportunities for improvement, test new processes, and ultimately to adopt best practices.

   c. Review quality improvement and performance reports, provided by AMR and identify deficiencies in patient care and make recommendations for improvement;

   d. Review recorded medical command conversations (if available) to assure appropriate orders or requests for orders;

   e. Review and respond to requests to review high priority clinical cases within twenty-four (24) hours of being notified;

   f. Make or direct the making of such reports and records relating to patient care as may be required by AMR and/or regulatory bodies, whether public or private;

   g. Advise and assist in the development and enforcement of requirements for designation of clinical privileges of AMR's emergency medical services personnel;

   h. Advise, assist, and/or participate in initial, ongoing and remedial education of emergency medical services personnel in accordance with AMR's policies;

   i. Instruct and inform AMR management and governmental boards or agencies to summarily limit, suspend, or withdraw clinical privileges of emergency medical service personnel;

   j. Advise and assist in the organization and implementation of an effective utilization review program for AMR and perform utilization review services;

   k. Assist in the design and development of protocols, guidelines, patient information forms, medical record forms, and consent forms for use in the field or for AMR purposes;

   l. Undertake activities, as reasonably requested by AMR, including but not limited to professional contacts with physicians, hospitals, public health agencies, paramedic associations, nursing associations, governmental agencies, and state and local medical societies in order to apprise such individuals and groups of the nature and availability of facilities and services of AMR and facilitate the exchange of information on patient care, administration, medical policy, and utilization review;

   m. Use best effort to elevate the standing of AMR in the fields of emergency medicine and emergency medical services;

n. Give technical advice and assistance as may be requested to facilitate the evaluation, acquisition, implementation and utilization of medical equipment, expansion of AMR services, as well as general strategic planning and collaborative efforts with other healthcare systems;

o. Fulfill all Medical Director Functions including protocol development, education and performance review associated with the operation of any AMR communications centers within the area;

p. Fulfill all Medical Director Functions associated with the operation of any AMR Inter-facility, Specialty or Critical Care Transport operations;

q. Perform any other reasonable functions associated with the role of a medical director as may be requested by AMR;

r. Participate in all required activities associated with local and/or national accreditation processes;

s. Participate in sanctioned research activities, as available.

2. **Time Commitment.** The Medical Director shall be expected to provide a minimum of **10 (Ten)** hours per month to the above duties.

3. **Compensation.** As payment for the services rendered by Medical Director, AMR shall pay to Medical Director the amount **$2500.00** per calendar month. Any services over the **10 (Ten)** hour minimum shall be billed at $150 per hour. The amount will be pro-rated for any partial calendar month. AMR will make payment to Medical Director within thirty (30) days after the end of the calendar month in which the services were rendered.

4. **Term.** The term of this Agreement shall commence on the Effective Date and shall be for one (1) year. This Agreement shall automatically renew for subsequent one-year periods thereafter, subject to the termination rights herein. The initial term and all renewal periods shall be cumulatively referred to as the "Term".

5. **Termination.** This agreement may be terminated prior to the expiration of its Term as follows:

   a. Immediately by AMR upon the suspension, revocation or restriction of Medical Director's license to practice medicine or dispense medications;

   b. Immediately by AMR if it determines in its reasonable discretion that continued provision of services by the Medical Director will jeopardize health or safety; or

   c. With or without cause by either party by providing written notice of intent to terminate. Such termination shall become effective and the agreement shall be terminated in its entirety on the 30th calendar day following receipt of the written notice of terms herein described.

6. **Relationship.** In the performance of services under this Agreement, Medical Director and AMR shall at all times be acting and performing as independent contractors. Nothing contained herein shall be deemed or construed to create any agency, partnership, joint venture, or employer-employee relationship between Medical Director and AMR. Medical Director is an independent contractor and not liable for any claim, injury, damage, lawsuit, cause of action, liability or loss, which is alleged to have resulted from any act, omission or fault on the part of AMR. AMR shall not have direct supervision over the manner in which Medical Director performs medical direction services pursuant to this Agreement. AMR shall not be responsible for the payment of any applicable taxes or withholdings related to Medical Director's services. AMR and Medical Director agree that all services provided hereunder shall be provided in accordance with the terms and conditions of standard medical protocols in the state where the services are provided.

7. **Right to Engage in Other Activities.** Except where a conflict of interest may exist (e.g., working for a competitor of AMR or working for a governmental agency involved in emergency medical ground transport services), nothing contained herein shall be deemed to restrict or prevent Medical Director from engaging in consultation services or in any other business at such times, places, and in such manner as Medical Director shall determine in its discretion during the Term of this Agreement and thereafter so long as Medical Director is able to carry out the provisions of this Agreement.

8. **Standard of Care.** Medical Director shall render services in compliance with the accepted medical standard of care in the community and profession.

9. **Compliance with Laws.** The parties will comply in all material respects with all applicable federal and state laws and regulations including, the federal Anti-kickback statute. Medical Director shall also maintain all licenses,

certifications or accreditations necessary to provide Services hereunder.

10. **Maintenance of Records.** As applicable, each party will retain books and records respecting services rendered to patients for the time periods required under all applicable laws (including the requirements of the Secretary of Health and Human Services ("HHS")) and allow access to such books and records by duly authorized agents of the Secretary of HHS, the Comptroller General and others to the extent required by law. Run reports and patient care records shall be maintained in accordance with the requirements of AMR and Medical Director and shall be treated as confidential so as to comply with all federal and state laws and regulations regarding the confidentiality of patient records. Each of the parties shall have the right to obtain copies of relevant portions of patient records maintained by the other party to the extent necessary to defend against legal actions taken against such party or its physicians or employees involved in the care of a patient.

11. **Insurance.** AMR's professional liability insurance covers Medical Director for services that are provided under this Agreement as a medical director. AMR will provide a certificate of insurance reflecting such coverage prior to the commencement of this Agreement. AMR is to provide 30 days' prior written notice to Dr. Stites of any cancellation of said policy.

12. **Indemnity.** Each party will defend, indemnify and hold the other party harmless from and against all liability, claims and costs resulting from or alleged to result from any negligence or willful misconduct of the indemnifying party related to the performance of this Agreement. In the event of any such claim, the party to be indemnified shall provide notice to the other party as soon as reasonably possible but no later than thirty (30) days after receipt of a claim (except for good cause shown).

13. **HIPAA.** Each party shall comply with the privacy provisions of the *Health Insurance Portability and Accountability Act of 1996* and the regulations thereunder ("HIPAA"), and with such other requirements of HIPAA that may become effective during the Term. Each party acknowledges and agrees that it is considered a covered entity under HIPAA. Accordingly, both parties are permitted to use and disclose Protected Health Information in accordance with HIPAA without an additional written authorization of the patient as long as both parties have a direct relationship with the patient. All patient medical records shall be treated as confidential so as to comply with all state and federal laws.

14. **Notices.** Any notice required or permitted by this Agreement shall be in writing and shall be delivered as follows, with notice deemed given as indicated: (a) by personal delivery, when delivered personally; (b) by overnight courier, upon written verification of receipt; (c) by facsimile transmission, upon acknowledgment of receipt of electronic transmission; or (d) by certified or registered mail, return receipt requested, upon verification of receipt. Notice shall be sent to the following addresses:

If to Medical Director:

Danniel Stites, M.D.
10255 North 43rd Street
Phoenix, Arizona 85028

If to AMR:

General Manager
Life Line Ambulance Service, Inc.
1099 W. Iron Springs Road
Prescott, AZ 86305

With Mandatory Copy to:

Legal Department
American Medical Response, Inc.
6200 South Syracuse Way, Suite 200
Greenwood Village, Colorado 80111

15. **Confidentiality.** All information with respect to the operations and business of a party (including the rates charged hereunder) and any other information considered to be and treated as confidential by that party gained during the negotiation or Term of this Agreement will be held in confidence by the other party and will not be divulged to any unauthorized person without prior written consent of the other party, except for access required by law, regulation and third party reimbursement agreements.

16. **Compliance Program and Code of Conduct.** AMR has made available to the Facility a copy of its Code of Conduct, Anti-kickback policies and other compliance policies, as may be changed from time-to-time, at AMR's web site, located at: www.amr.net, and the Facility acknowledges receipt of such documents. AMR warrants that its personnel shall comply with AMR's compliance policies, including training related to the Anti-kickback Statute.

17. **Non-Exclusion.** Each party represents and certifies that neither it nor any practitioner who orders or provide Services on its behalf hereunder

has been convicted of any conduct that constitutes grounds for mandatory exclusion as identified in 42 U.S.C.§ 1320a-7(a). Each party further represents and certifies that it is not ineligible to participate in Federal health care programs or in any other state or federal government payment program. Each party agrees that if DHHS/OIG excludes it, or any of its practitioners or employees who order or provide Services, from participation in Federal health care programs, the party must notify the other party within five (5) days of knowledge of such fact, and the other party may immediately terminate this Agreement, unless the excluded party is a practitioner or employee who immediately discontinues ordering or providing Services hereunder.

18. **Miscellaneous.** This Agreement (including the Schedules hereto): (a) constitutes the entire agreement between the parties with respect to the subject matter hereof, superseding all prior oral or written agreements with respect thereto; (b) may be amended only by written instrument executed by both parties; (c) may not be assigned by either party without the written consent of the other party, such consent not to be unreasonably withheld; (d) shall be binding on and inure to the benefit of the parties hereto and their respective successors and permitted assigns; (e) shall be interpreted and enforced in accordance with the laws of the state where the services are rendered, without regard to the conflict of laws provisions thereof, and the federal laws of the United States applicable therein; (f) this Agreement may be executed in several counterparts (including by facsimile), each of which shall constitute an original and all of which, when taken together, shall constitute one agreement; and (g) this Agreement shall not be effective until executed by both parties. In the event of a disagreement between this Agreement and any Schedule hereto, the terms of this Agreement shall govern.

19. Should any provision of this Agreement or application therefore be held invalid or unenforceable, the remainder of this Agreement shall not be affected and shall continue to be valid and enforceable to the fullest extent permitted by law unless to do so would defeat the purposes of this Agreement.

IN WITNESS WHEREOF, the parties have hereto executed this Agreement.

Life Line Ambulance Service, Inc.

By:_____
Glenn Kasprzyk, General Manager

Danniel Stites

By:_____