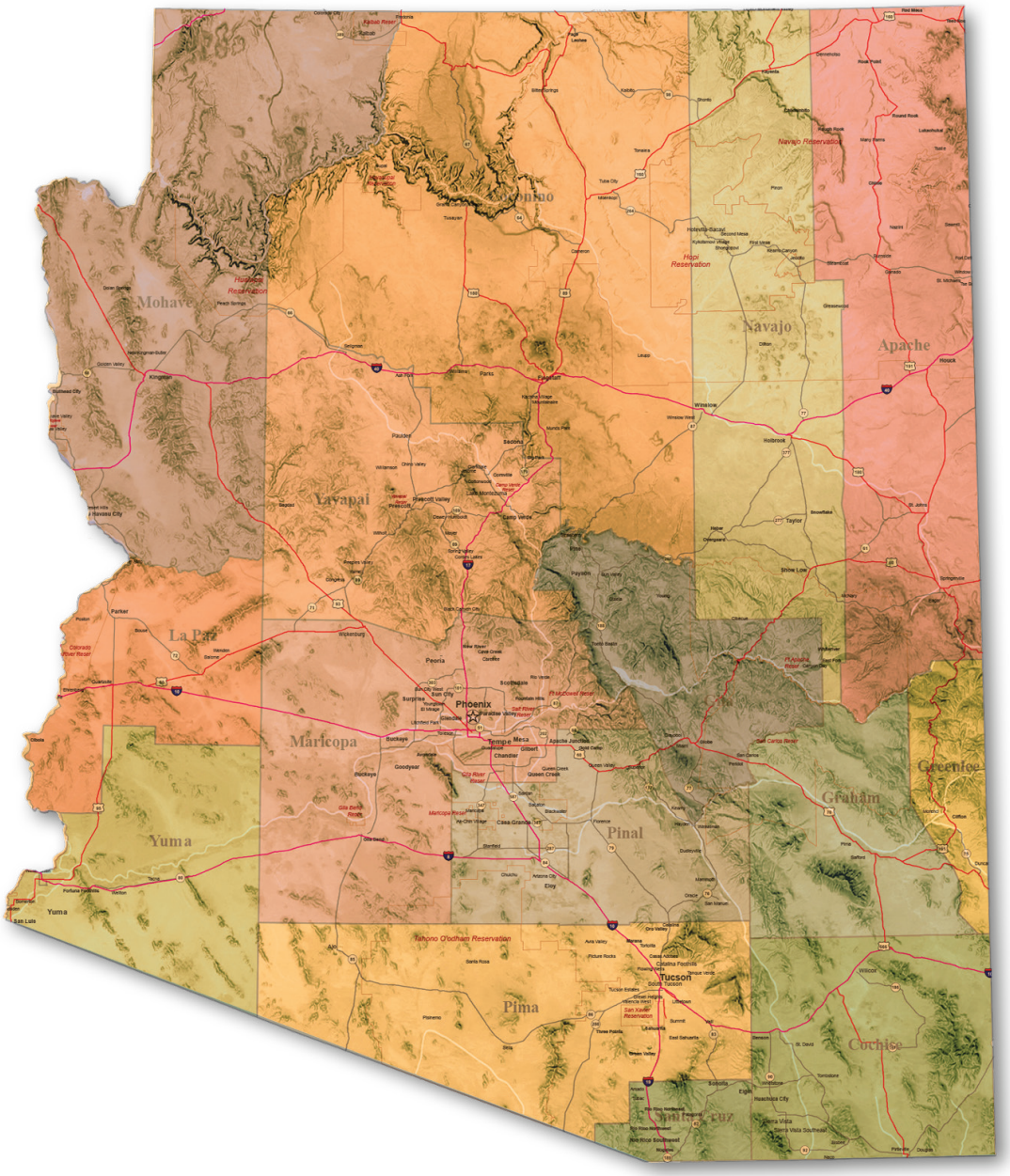
THE UNIVERSITY OF ARIZONA CENTER FOR RURAL HEALTH REPORT

AzCRH 2015 Safety Net Health Care in Arizona Report



Prepared for Arizona AHEC

THE UNIVERSITY OF ARIZONA
MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH
Center for Rural Health

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The University of Arizona Center for Rural Health serves Arizona through its mission to improve the health and wellness of rural and vulnerable populations. AzCRH houses Arizona's State Office of Rural Health (AzSORH), the Rural Hospital Flexibility Program (AzFlex), the Small Rural Hospital Improvement Program (AzSHIP), the Western Region Public Health Training Center (WRPHTC), the AzCRH Navigator Consortium and other programs. [*http://crh.arizona.edu*](http://crh.arizona.edu)

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Executive Summary

The University of Arizona Center for Rural Health ***AzCRH 2015 Safety Net Health Care in Arizona Report*** comes at a time of breathtaking change and upheaval in the nation's and in Arizona's health systems. Safety net providers are those "that organize and deliver a significant level of health care and other health-related services to uninsured, Medicaid and other vulnerable patients."[1]

Arizona's core safety net providers include public, rural, community, teaching and critical access hospitals; rural health clinics; Indian Health Service and Public Law 638 Self Determination hospitals and clinics serving American Indian populations; federally qualified community health centers; public health departments and providers in counties and communities; and other health practitioners "offering services to patients regardless of their ability to pay."[1]

Safety net providers and practitioners face unprecedented opportunities and daunting challenges in carrying out their mission while assuring a healthy fiscal margin.

Three related trends augur well for Arizona's safety net providers:

1) Decrease in uncompensated care and the uninsured in Arizona;
2) Increase in the number and take up rate of those eligible for coverage by the Arizona Health Care Cost Containment System (AHCCCS – Arizona's Medicaid program);
3) Increase in the number and percentage covered by Arizona's Marketplace health insurance plans.

Three trends in Arizona's rural counties are concerning. Arizona's rural counties:

- Have populations with poorer health outcomes, higher rates of uninsured Native Americans and Latinos, and populations without ready access to health services;
- Have lower enrollment rates in those eligible for Medicaid or Marketplace coverage;
- Have safety net provider systems with slim fiscal margins at risk for closure.

The ***AzCRH 2015 Safety Net Health Care in Arizona Report*** provides data and analysis to inform stakeholders, policymakers and interventions at many levels – community, county, state, federal, providers, practitioners, health professional training institutions and others. Many of the newly insured, including those covered by Arizona's 2014 Medicaid restoration and expansion (Arizona Health Care Cost Containment System, AHCCCS) and in Arizona's Marketplace plans, will likely increase demand over time on its health system, including safety net providers.

[1] Institute of Medicine, America's Health Care Safety Net: Intact but Endangered (Washington: National Academies Press, 2000)

1. Introduction

The University of Arizona Center for Rural Health ***AzCRH 2015 Safety Net Health Care in Arizona Report*** comes at a time of breathtaking change and upheaval in the nation's and in Arizona's health systems. Safety net providers are those "that organize and deliver a significant level of health care and other health-related services to uninsured, Medicaid and other vulnerable patients."[2] Further, a community's core safety net providers are characterized by "legal mandate or explicitly adopted mission they maintain an 'open door,' offering access to services to patients regardless of their ability to pay."[1]

Arizona's core safety net providers include public, rural, community, teaching and critical access hospitals; rural health clinics; Indian Health Service and Public Law 638 Self Determination hospitals and clinics serving American Indian populations; federally qualified community health centers; public health departments and providers in counties and communities; and other health practitioners. Safety net providers and practitioners face unprecedented opportunities and daunting challenges in carrying out their mission while assuring a healthy fiscal margin.

The ***AzCRH 2015 Safety Net Health Care in Arizona Report*** provides data and analysis to inform stakeholders, policymakers and interventions at many levels – community, county, state, federal, providers, practitioners, health professional training institutions and others. Many of the newly insured, including those covered by Arizona's 2014 Medicaid restoration and expansion (Arizona Health Care Cost Containment System, AHCCCS) and in Arizona's Marketplace plans, will likely increase demand over time on its health system, including safety net providers.

In addition to data collected and analyzed from publicly available national and state databases, survey data was collected and analyzed from Arizona's Critical Access Hospitals (CAHs), community health centers – including federally designated Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs), and county health departments on their staffing including health care providers, health professional trainee preceptors, and on pharmacists by service site and full-time equivalent (FTE) workers. Additional data was obtained on the number of unduplicated patient encounters, and patients per provider ratios by professional discipline. Data collection, analysis and survey response rates were sufficient to identify trends including opportunities and challenges for Arizona's safety net providers, and how these providers are adapting to the rapidly evolving health system.

1.1 Arizona's Uninsured and Recently Insured

Arizona is the sixth largest state in land area with vast, sparsely populated rural areas (Figure 2) interspersed will large unpopulated areas. County rankings of Health Outcomes and Health Factors (Figure 3) and percent uninsured (Figures 3 and 4; Table 1) can be used to target policy interventions to areas and populations. Health Outcomes rankings, where #1 is the healthiest county, are based on two measures: how long people live and how healthy people feel while alive. Health Factors rankings are based on four measures: health behaviors, clinical care, social and economic, and physical environment factors.[3] Maricopa County consistently ranks in the top four, while Navajo and Apache Counties consistently rank in the bottom four Arizona counties.

Arizona made remarkable progress reducing its uninsured through the Patient Protection and Affordable Care Act (ACA) coverage provisions - expanding Medicaid to over 365,000 in 2014 and 2015, and an additional 205,000 enrolling or re-enrolling in Arizona's Federally Facilitated

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[2] Institute of Medicine, America's Health Care Safety Net: Intact but Endangered (Washington: National Academies Press, 2000)

[3] http://www.countyhealthrankings.org/app/arizona/2015/overview

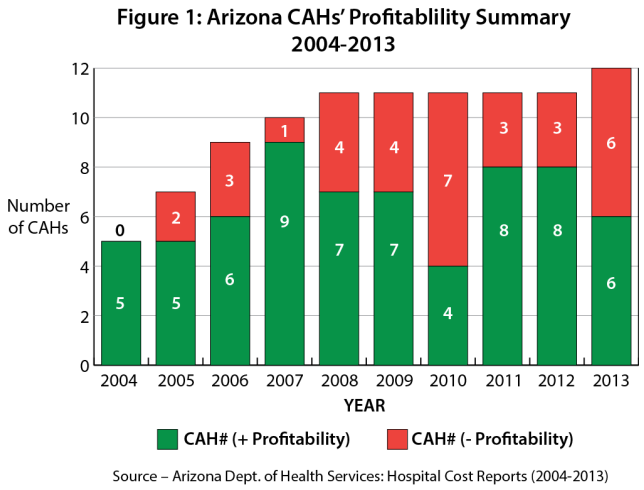
Marketplace (FFM) Qualified Health Plans (QHPs) at the end of the second open enrollment period in January of 2015. Competition among Marketplace insurers was fierce – seven offered 70 QHPs in Arizona's 13 rural counties. Ten insurers offered over 100 QHPs in the two metropolitan counties of Maricopa (Phoenix) and Pima (Tucson) where three-quarters of Arizona's population lives. Robust competition led to the second lowest silver plan premiums in the U.S. in the second open enrollment period (OE-2). The average Arizona Marketplace silver premium dropped 10% from round one (OE-1) in 2014 to round two in 2015 (OE-2).

Of those eligible for Medicaid/AHCCCS who enrolled in Arizona - the participation rate - was 74% from December 2013 to May 2015. Yet, Arizona's FFM participation rate was just 33% (205,000 of 628,000 eligible). In the 423,000 (67%) uninsured eligible who did not sign up, most were hard to reach uninsured Latino (L) and American Indian (AI) populations, Arizonans with disabilities, and those living in the state's rural and inner city underserved areas.

The third round of Arizona Marketplace 90-day open enrollment (OE-3) period began on November 1, 2015 and ran through January 31, 2016. The number of insurers and plans offered decreased between OE-2 and OE-3, especially in rural areas. The premium cost sharing increased in many plans. The number of insurers offering plans in Arizona's Marketplace from OE-2 to OE-3 in Maricopa (Phoenix) and Pima (Tucson) Counties dropped from 10 insurers offering over 100 plans to eight insurers offering 69 plans in Maricopa County and five insurers offering 28 plans in Pima County. In the remaining 13 counties, the number of insurers and plans dropped from seven insurers offering 70 plans to two to three insurers offering 15 to 18 plans between OE-2 and OE-3.

While the preliminary data of those newly covered and those renewing plans on the Arizona Marketplace suggest that more are covered, the data relating to the effectuated enrollment, that is – those that selected a Marketplace plan and paid the first month's premium - after OE-3 was not available for inclusion in this report. Health services demand will grow as more are covered.

Figure 1. Fiscal margins of Arizona's critical access hospitals.



Source – Arizona Dept. of Health Services: Hospital Cost Reports (2004-2013)

Rural safety net health care providers struggle to maintain positive fiscal margins, and keep their doors open to serve their patients and communities. Small Medicare payment, regulatory or reporting changes can push them over the brink. Figure 1 illustrates 12 Arizona Critical Access Hospital fiscal margins at the start of this report's data gathering – half the margins are negative. Diminishing Disproportionate Share Hospital (DSH) payments, fanatical Recovery Audit Contractors (RAC) with fiscal incentives (contingency fees) to deny payment without balancing penalties to extinguish inappropriate and unjustified denials also contribute to the hostile environment that threatens rural hospital survival. The tiered, glacial RAC denial appeal process requires a tenacity and commitment that many rural hospitals cannot sustain.

Figure 2. Population density in Arizona based on Census 2010 block data.

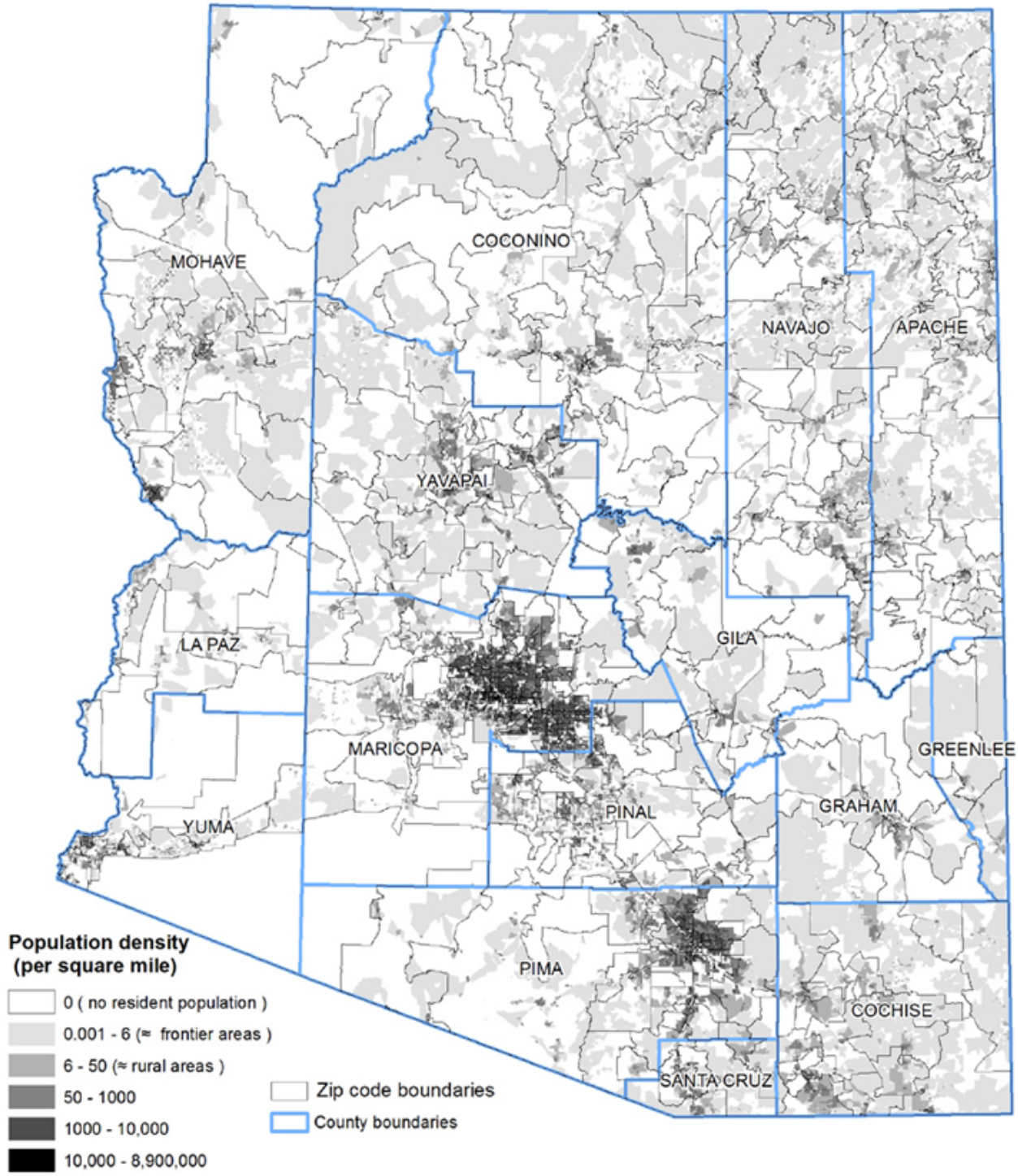
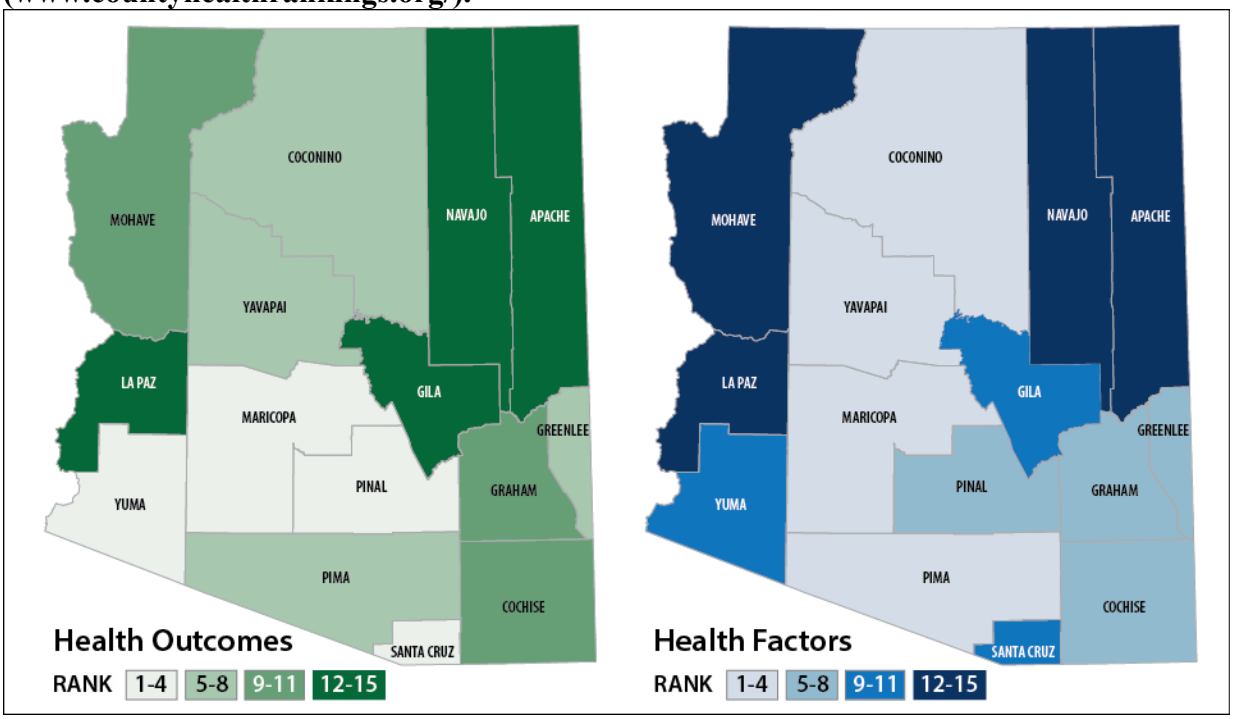


Figure 3. County Rankings of Health Outcomes and Health Factors (www.countyhealthrankings.org/).



Latino (L) – in 2014 the U.S. Latino population had the highest percentage of uninsured at 40%. That decreased to 30% in 2015, due to ACA Medicaid and Marketplace coverage provisions. Arizona ranked fourth in Hispanic/Latino share of state populations at 30% (U.S. 17%). Latinos comprised 700,000 of Arizona's 1.2 million uninsured in 2012. After the second enrollment period in 2015, Arizona's overall FFM participation rate was 33%, and less in Latino (24%), AI (0.6%), and rural populations.

American Indian (AI) - Arizona has the third largest AI population with 345,000 or 5.3% of its population (U.S. AI is 1.2%). In 2013, 27% of AI lacked health insurance. There are 22 federally recognized tribes in Arizona; reservation land covers one-quarter of the state. With the permanent reauthorization of the Indian Health Care Improvement Act and other ACA provisions, eligible AIs can enroll in Marketplace plans at any time, with no cost sharing for those less than 300% of the Federal Poverty Level (FPL).

Adults Living with Disabilities - In 2012, 22% of Arizonans had a disability, of which 22% were uninsured in 2012. This population has difficulty accessing information and resources to enroll in QHPs, yet would disproportionately benefit from Marketplace primary and preventive services for preventable hospitalizations, readmissions, and healthcare associated infections.

Geographical disparities – In Arizona's rural and vulnerable populations, health disparities are striking especially for Latinos and American Indian Populations (Figure 4). Eliminating health disparities requires a well-trained and distributed health professions workforce to historically medically underserved, uninsured and underinsured areas and populations. Many AzAHEC regions and rural Arizona counties have major obstacles to improving health outcomes – a shortage of health providers and service sites, and higher rates of uninsured. Health services and health workforce demands will likely rise in these areas as Medicaid and Marketplace enrollment grows (Figure 5 and Table 1), and the newly covered and insured seek health services.

Figure 4. Arizona Uninsured Concentrations – Latino and American Indian Populations.

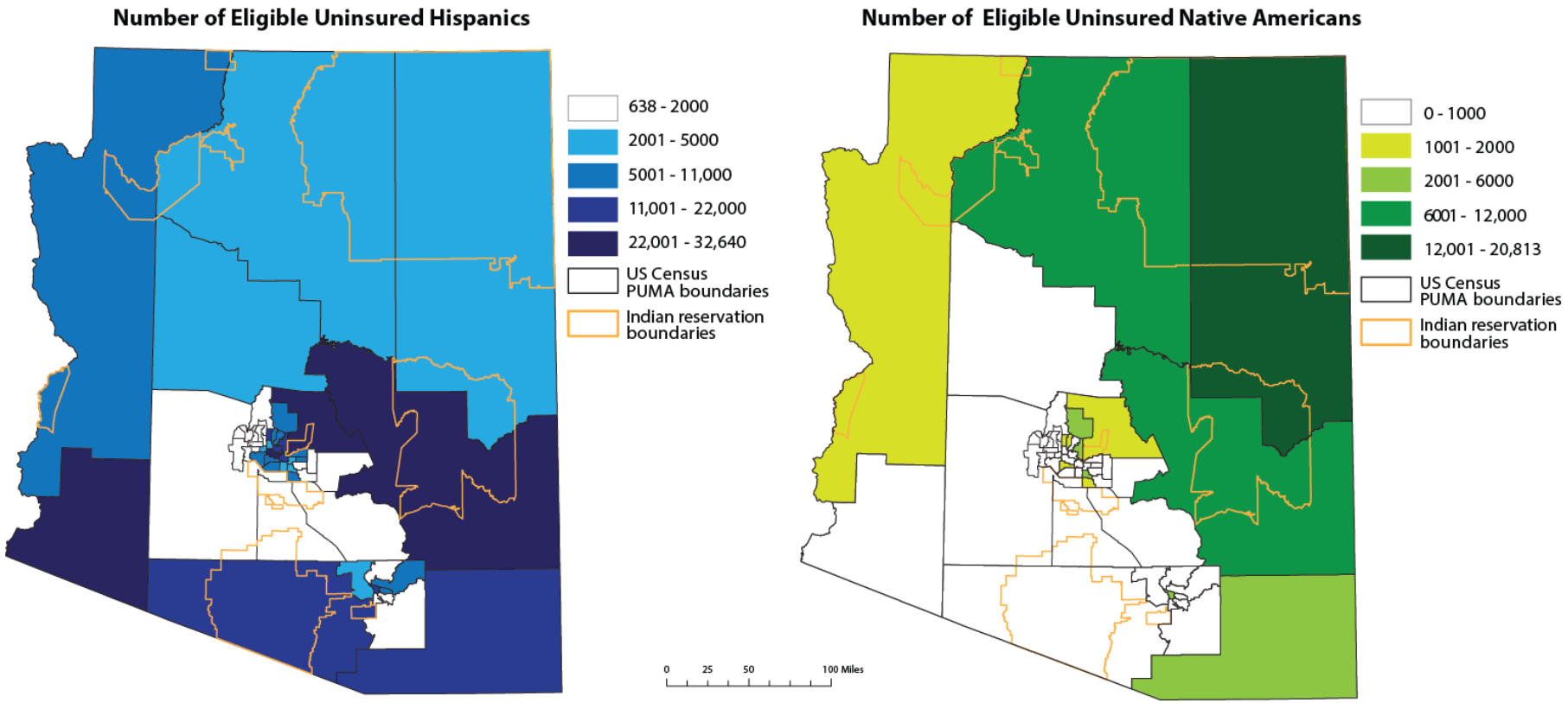


Figure 5. AzAHEC Regions, Uninsured, FFM Enrollment, Medicaid Gain 2013-15

Unisured, FFM Enrollment, Medicaid Gain

WAHEC

	2013 Uninsured	2015 FFM	2014-15↑ AHCCCS
La Paz	3,179	182	1,147
Mojave	32,665	5,915	14,104
Yuma	40,068	4,329	12,884
	75,912	**10,426**	**28,095**

GVAHEC

	2013 Uninsured	2015 FFM	2014-15↑ AHCCCS
Maricopa	**662,474**	**129,185**	**216,137**

Arizona Overall

MEDICAID/AHCCCS

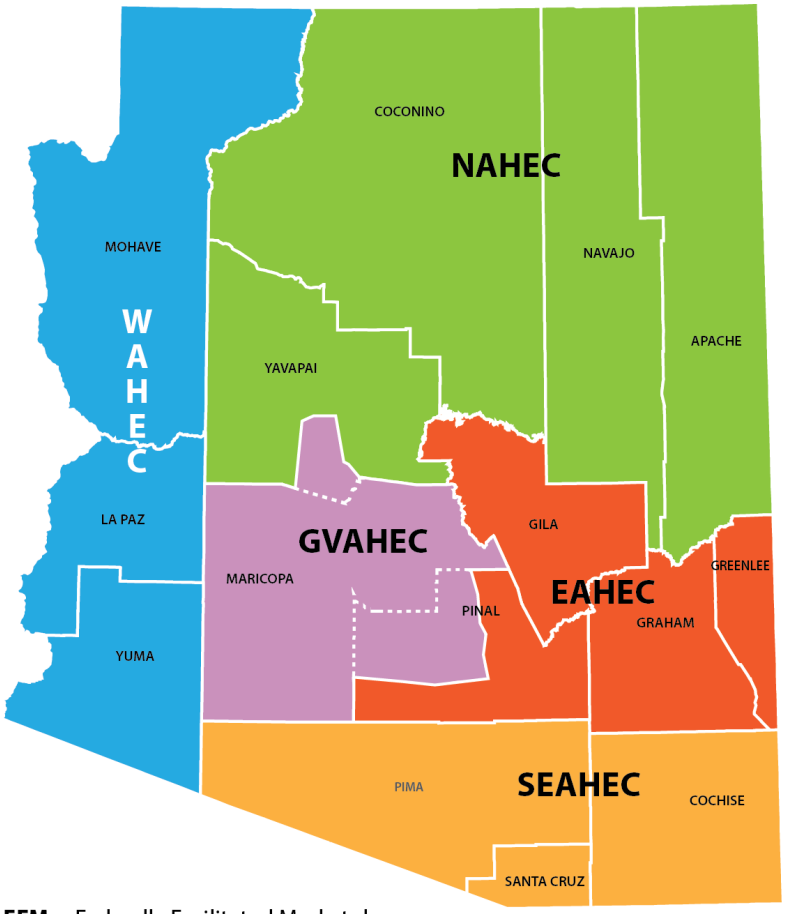
Gain	**365,129**
Eligible	**492,000**

74%
Participation Rate

AZ FFM

AZ Enrolled	**205,000**
FFM Eligible	**628,000**

33%
Participation Rate



NAHEC

	2013 Uninsured	2015 FFM	2014-15↑ AHCCCS
Apache	18,513	346	4,895
Coconino	26,636	3,397	7,020
Navajo	18,696	1,534	5,866
Yavapai	32,444	8,646	11,214
	96,189	**13,923**	**26,995**

EAHEC

	2013 Uninsured	2015 FFM	2014-15↑ AHCCCS
Gila	9,160	1,209	3,010
Graham	5,575	790	1,762
Greenlee	1,247	72	392
Pinal	54,513	9,871	13,321
	70,495	**11,942**	**18,485**

SEAHEC

	2013 Uninsured	2015 FFM	2014-15↑ AHCCCS
Cochise	15,123	2,962	7,559
Pima	143,494	31,540	62,358
Santa Cruz	9,614	2,248	3,500
	168,321	**36,750**	**73,417**

FFM = Federally Facilitated Marketplace
AHCCCS = Arizona Health Care Cost Containment System (Medicaid)
AHEC = Area Health Education Center (West, Greater Valley, East, South, North)

Table 1. Uninsured, FFM Marketplace and Medicaid Coverage by Arizona County.

County	Population 2013	Eligible Uninsured 2013*	Marketplace Mar 2015	Medicaid Dec-2013	Medicaid May-2015	Net Gain AHCCCS 2014-2015
Apache	71,867	18,513	346	29,551	34,446	4,895
Cochise	129,744	15,213	2,962	26,735	34,294	7,559
Coconino	136,690	26,636	3,397	25,837	32,857	7,020
Gila	53,063	9,160	1,209	13,980	16,990	3,010
Graham	37,435	5,575	790	7,919	9,681	1,762
Greenlee	8,944	1,247	72	1,077	1,469	392
La Paz	20,331	3,179	182	4,633	5,780	1,147
Maricopa	4,013,164	662,474	129,185	753,367	969,504	216,137
Mohave	202,855	32,665	5,915	46,347	60,451	14,104
Navajo	107,346	18,696	1,534	38,066	43,932	5,866
Pima	998,050	143,494	31,540	195,147	257,505	62,358
Pinal	390,965	54,513	9,871	50,480	63,801	13,321
Santa Cruz	47,121	9,614	2,248	15,714	19,214	3,500
Yavapai	215,389	32,444	8,646	35,968	47,182	11,214
Yuma	202,033	40,068	4,329	52,329	65,173	12,844
AZ Total	6,634,997	1,073,491	205,666	1,297,150	1,662,279	365,129
AZ Total Eligible	6,634,997	1,073,491	628,000			492,000
Participation Rate = % Enrolled of Total Eligible			33% Marketplace			74% Medicaid

AzCRH Analysis of: http://aspe.hhs.gov/health/reports/2015/MarketPlaceEnrollment/Mar2015
Quickfacts.census.gov and Medicaid (AHCCCS) population by AZ County at azahcccs.gov
*An additional 150,000 uninsured in Arizona are not eligible for Medicaid or Marketplace coverage.

1.2 Access to Health Care Services

Safety net provider services take place in rural and critical access hospitals (CAHs),[4] rural health clinics (RHCs), federally qualified health centers (FQHC), county health departments and by other providers and health practitioners. Arizona has 14 federally designated CAHs (including two Indian Health Service and two Public Law 638 Self Determination Sites[5]) and the 17 CAH-affiliated RHCs[6] (Figure 6). CAHs have 25 inpatient beds or less, are 35 miles or more from another facility, and staff a 24-hour/7days per week emergency department. CAHs anchor a community's health care infrastructure, and often support its economic well-being. The percent uninsured in CAH communities range from 11 to 34% (Table 2). CAH-affiliated RHCs are federally certified to receive special Medicare and Medicaid reimbursement.

> "CMS provides advantageous reimbursement as a strategy to increase rural Medicare and Medicaid patients' access to primary care services. RHCs must meet certain conditions to qualify for this reimbursement, as stipulated by Section 330 of the Public Health Service Act.

[4] http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/CritAccessHospfctsht.pdf
[5] 638 sites are autonomous from the Indian Health Services through Public Law 93-638, the Indian Self-Determination and Education Assistance Act, as Amended (25 CFR Part 900).
[6] http://crh.arizona.edu/programs/flex/rhcs-list

The Centers for Medicare and Medicaid Services (CMS) reimburses RHCs differently than it does other facilities."[7]

Table 2. Arizona CAHs by Community Population and Percent Uninsured (2013).

CAH (City)	Pop	Uninsured%
Benson Hospital (Benson)	5,008	10.2%
Copper Queen Community Hospital (Bisbee)	5,163	16.4%
Cochise Regional Hospital (Douglas)	12,696	17.5%
Sage Memorial Hospital (Ganado)	1,169	34.0%
Cobre Valley Regional Medical Center (Globe)	6,993	10.9%
Carondelet Holy Cross Hospital (Nogales)	20,528	25.7%
Page Hospital (Page)	7,310	15.9%
La Paz Regional Medical Center (Parker)	2,886	15.9%
Parker Indian Health Center (Parker)	2,866	15.9%
Hopi Health Care Center (Polacca)	2,094	30.0%
Hu Hu Kam Memorial Hospital (Sacaton)	2,775	22.2%
White Mountain Regional Medical Center (Springerville)	1,855	22.5%
Wickenburg Community Hospital (Wickenburg)	6,542	15.3%
Northern Cochise Community Hospital (Willcox)	3,682	13.7%
Little Colorado Medical Center (Winslow)	8,052	21.7%

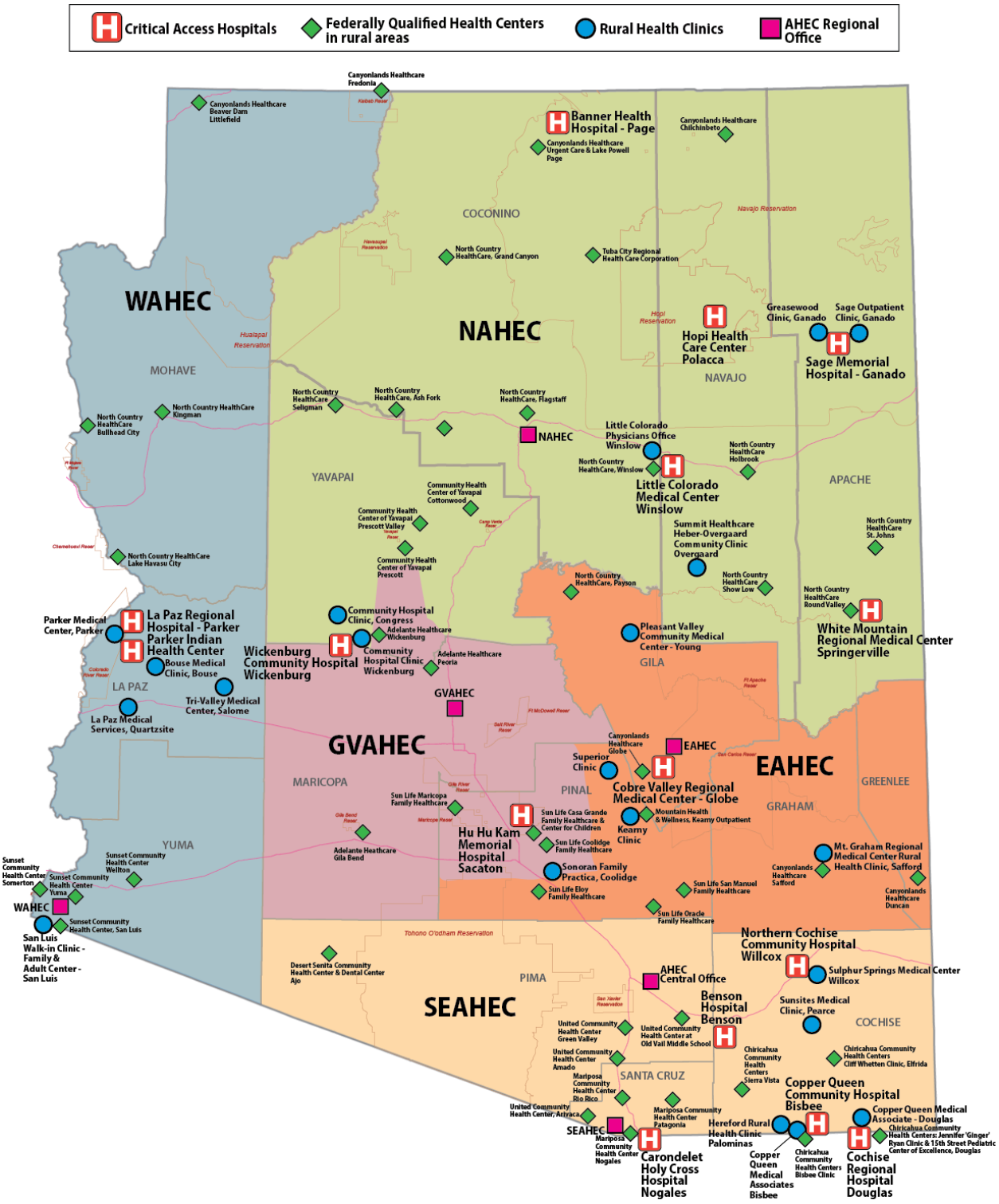
"Federally qualified health centers (FQHCs) include all organizations receiving grants under Section 330 of the Public Health Service Act (PHS). FQHCs qualify for enhanced reimbursement from Medicare and Medicaid, as well as other benefits. FQHCs must serve an underserved area or population, offer a sliding fee scale, provide comprehensive services, have an ongoing quality assurance program, and have a governing board of directors. Certain tribal organizations and FQHC Look-Alikes (an organization that meets PHS Section 330 eligibility requirements, but does not receive grant funding) also may receive special Medicare and Medicaid reimbursement."[8]

There are 111 FQHC locations in Arizona[9] (Figure 6). Health center[10] penetration of low-income populations is low in urban areas and variable in rural Arizona (Figure 7).[11] Strategies to improve access to health services for low-income populations residing in Arizona's rural and urban areas include educating the uninsured about health insurance coverage through Medicaid and the Marketplace, expanding health services, and addressing health workforce shortages. For example, the Eastern Arizona AHEC region has a high percentage of uninsured Latinos (Figure 4), relatively few heath centers (Figure 6) serving low-income residents compared to more services provided by centers in neighboring counties in New Mexico (Figure 7), and counties with fair to poor health outcomes (Figure 3).

County health departments to varying degrees provide services that overlap with primary care (e.g., vaccinations, family planning services, diagnosis and treatment of tuberculosis (TB), Human Immunodeficiency Virus (HIV) and Sexually Transmitted Infection (STI) testing, and cancer screening). Services are often sliding fee scale and dependent on grant funding.

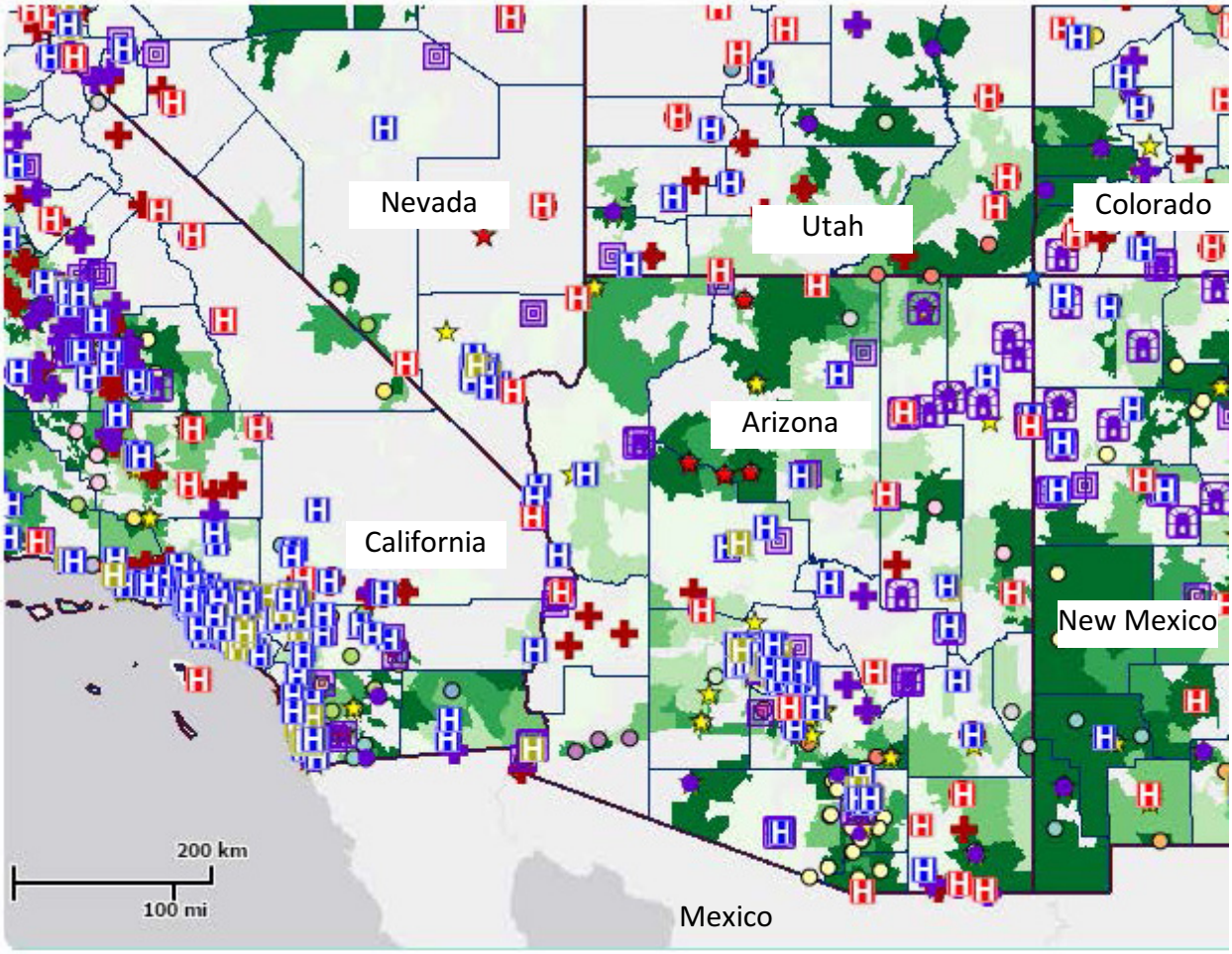
[7] http://www.hrsa.gov/healthit/toolbox/RuralHealthITtoolbox/Introduction/ruralclinics.html
[8] http://www.hrsa.gov/healthit/toolbox/RuralHealthITtoolbox/Introduction/qualified.html
[9] https://npidb.org/organizations/ambulatory_health_care/federally-qualified-health-center-fqhc_261qf0400x/az/
[10] http://bphc.hrsa.gov/about/what-is-a-health-center/index.html
[11] Percent of health center patients from 2013 is divided by the number of low-income residents (<200% (FPL), in the Census ZCTA, similar to Postal Zip Code. Note: many areas classified as <20% penetration do not have a resident population (Figure 2) making the situation in Arizona depicted in Figure 7 appear worse than it is.

Figure 6. Arizona's Area Health Education Centers, Critical Access Hospitals, Rural Health Clinics, Rural Federally Qualified Health Centers (AHECs, CAHs, RHCs, FQHCs)



Note: The 84 FQHCs in Arizona's metropolitan counties (Maricopa, Pima) are not included.

Figure 7. Health center 2013 penetration of low-income populations (UDSmapper.org).



Health services not captured in this report include non-CAH hospitals, quick care clinics, urgent care clinics, clinics associated with drug stores and retail chains, and private physician, nurse practitioner, physician assistant practice sites.

2. Survey Results

Surveys of CAHs, RHCs, FQHCs, and county health departments were designed to provide information on Arizona's core health care safety net provider system. As with many surveys, the participation rate was low. Organizations that completed surveys, did not always answer all questions. The methodology and the survey instruments used are found in Appendices 1-4.

2.1 Critical Access Hospitals

Five of the 15 CAHs responded to the survey: Cochise Regional Hospital, Copper Queen Hospital, Hu Hu Kam Memorial Hospital, Holy Cross Hospital, and Page Hospital. On July 31, 2015 Cochise Regional Hospital closed citing financial insolvency, leaving 14 CAHs in Arizona.

Most hospitals experienced an increase in patient visits from 2014-15, especially in their emergency departments. Some hospitals reported difficulties filling health provider positions, with delays up to five months for a physician opening. Many reported an increase in provider workforce, primarily due to increased demand in their in their market area, by transitioning from temporary (locum tenens providers) to permanent staff. Workforce training and development for the nursing staff was carried out in neighboring colleges or with in-house support. Hospital administrators reported interest in collaborating with academic institutions to provide education and other support to their providers, especially for emergency department residents and in nursing. Respondents expressed interest in distance learning but were constrained by resources.

CAH respondents averaged 3.5 inpatients per day. One hospital reported using a productivity standard to help recruit and retain physicians, paying a bonus for seeing 18 patient visits per day (inpatient + outpatient). Housing and school concerns impair recruiting physicians with families, as did limited work opportunities for their spouses. Obstetric physicians were difficult to recruit because of liability insurance costs, and insufficient patients to defray those costs.

Table 3. Average provider workforce and type of staffing for four critical access hospitals.

	FTE total	Count of professionals						
		Total #	# live in service area	# positions open	# hospital employed	# private medical group	# medical staffing co.	# locum tenens
Physicians Primary Care	11.3	11.3	5.3	3.0	7.0	6.5		0.8
OB/GYN	1.8	1.8	0.8		0.8	1.3		
ER	4.4	7.0	1.3	0.5	0.3		2.5	1.3
Surgeon	0.6	0.6	0.5	0.5	0.6			0.1
Psychiatrists	1.0	1.0						
Other	10.8	9.9	0.8	3.0	9.3	0.3		
Physician assistants	1.8	1.5	1.3		0.3	1.5		
Nurse practitioners	9.0	9.6	2.3	0.8	1.5	6.8	0.5	
Certified nurse midwives								
CRNAs	1.3	1.8	1.0		1.0	0.8		
Clinical nurse specialists								
Psychologists	0.3	0.5	0.3			0.3		
Behavior health counselors	0.8	0.8	0.8			0.8		

Mid-level providers were generally easier for CAHs to recruit. One hospital reported it had an NP working as an RN until a NP position opened. Some rural NPs preferred to work as RNs in rural Arizona, than work in an urban area as an NP.

Some hospital administrators reported a need for behavioral health counselors but lacked the resources to hire them. CAHs often hire workers with multiple skills and the flexibility to work in various modalities. For example, a radiology technologist specialized in sonography might be employable at large hospital but not at a CAH.

Table 4. Physician recruitment issues in four critical access hospitals

	Physician recruitment issues	Effect on physician recruitment			
		Constraint	Benefit	Not Significant	Not Relevant
Geographic	Access to larger community	2	2		
	Demographics/patient mix (underserved)		3	1	
	Social networking	1		2	1
	Recreational opportunities	1	2	1	
	Spousal satisfaction	4			
	Schools	3		1	
	Shopping and other services	3	1		
	Religious/cultural opportunities		2	2	
	Climate		4		
	Perception of community			4	
	Other				
Economic	Employment status		3		
	Part-time opportunities		3		
	Loan repayment		4		
	Income guarantee		3		1
	Signing bonus		2	1	1
	Moving allowance		3	1	
	Start-up/marketing costs		3		1
	Revenue flow		2	1	1
	Payor mix	1		1	2
	Competition	1	1	2	
	Retirement package		4		
	Salary (amount)		2	2	
	Production incentive		2	2	
	Other				
Scope of practice	Obstetrics		3		1
	Caesarean section		2		2
	Emergency room coverage		3		1
	Endoscopy/surgery		2		2
	Nursing home			1	3
	Inpatient care		3	1	
	Mental health	1	2		1
	Mid-level supervision	1	1	1	1
	Teaching	1	1	1	1
	Administration duties	1	1		2
	Office GYN procedures		1	2	1
	Other				

Table 4. Physician recruitment issues in four critical access hospitals

	Physician recruitment issues	Effect on physician recruitment			
		Constraint	Benefit	Not Significant	Not Relevant
Medical support	Perception of quality		4		
	Stability of physician workforce		4		
	Specialist availability	1	1	1	1
	Transfer arrangements		4		
	Nursing workforce		3	1	
	Allied mental health workforce	1	1	1	1
	Mid-level provider workforce		3		1
	Ancillary staff workforce		3	1	
	Emergency medical services		3	1	
	Call/practice coverage	1	3		
	Physician workforce stability		3	1	
	Other				
Hospital and community support	Physical plant and equipment	1	2	1	
	Plans for capital investment	1	2		1
	Electronic medical records		2	1	1
	Hospital leadership		4		
	Internet access		3	1	
	Tele-video support		2	2	
	Hospital sponsored CME		3	1	
	Community need/support of physician		4		
	Community volunteer opportunities			3	1
	Welcome and recruitment program		3	1	
	Perceived fiscal stability	1	2		
	Other				

2.2 Community Health Centers

The Arizona Alliance for Community Health Centers[12] provided staffing information on 19 FQHCs[13] - Adelante Healthcare Inc., Canyonlands Community Health Care, Chiricahua Community Health Centers Inc., Community Health Centers of West Yavapai, Desert Senita Community Health Center, El Rio Health Center, Marana Health Center Inc., Maricopa County Health Care for the Homeless, Maricopa Integrated Health Systems Clinics, Mountain Park Health Center, Native Health, Neighborhood Outreach Action for Health, North Country HealthCare, Sun Life Family Health Center, Sunset Community Health Center, Tuba City Regional Health Care Corporation, United Community Health Center Inc., and Wesley Community Center from 2010 to 2013 (Table 5). Nearly all FQHCs employ family medicine physicians, nurse practitioners, and dentists. A variety of health services are provided to the medically underserved and uninsured (Table 6).

Table 5. Average staffing in full time equivalents FTE of 19 Arizona FQHCs, FQHC Number (N) by staff type, and [minimum and maximum] staffing levels from 2010-13.

Staff type	2010 FTE (N) [min-max]	2011 FTE (N) [min-max]	2012 FTE (N) [min-max]	2013 FTE (N) [min-max]
Family Practice	5.9 (16) [1.0-16.7]	7.3 (17) [1.0-20.5]	7.0 (18) [1.1-22.7]	7.5 (18) [1.0-23.8]
General Practice	1.1 (4) [0.6-2.0]	1.3 (3) [0.9-1.9]	0.5 (3) [0.1-1.0]	1.1 (1) [1.1-1.1]
Internist	4.1 (9) [0.8-12.5]	4.6 (9) [0.3-12.2]	5.4 (9) [1.0-14.2]	5.2 (9) [1.0-13.6]
Ob/Gyn	2.8 (12) [0.0-9.4]	3.0 (13) [0.0-9.6]	3.3 (13) [0.4-9.2]	3.8 (12) [0.3-9.3]
Pediatrics	4.8 (11) [1.0-14.7]	5.5 (11) [1.0-15.4]	4.7 (14) [0.2-16.2]	5.6 (13) [0.4-16.8]
Other Specialty	0.8 (1) [0.8-0.8]	0.1 (1) [0.1-0.1]	0.2 (2) [0.1-0.2]	0.1 (2) [0.0-0.2]
Nurse Practitioner	4.9 (16) [0.1-22.0]	5.7 (15) [0.2-16.6]	6.2 (18) [0.3-19.4]	7.3 (18) [0.1-20.4]
Physician Assistant	3.3 (13) [0.0-13.7]	2.9 (14) [0.1-9.0]	2.9 (14) [0.1-9.8]	2.7 (14) [0.0-10.5]
Certified Midwife	5.0 (5) [0.1-12.4]	4.2 (5) [1.0-12.9]	4.0 (6) [0.1-13.1]	4.2 (4) [0.1-13.0]
Dentist	3.2 (14) [0.2-15.9]	3.9 (15) [0.2-15.5]	3.8 (16) [0.1-16.9]	3.9 (18) [0.1-18.3]
Psychiatrist	0.4 (5) [0.1-1.0]	2.5 (4) [0.2-8.8]	0.3 (9) [0.0-0.8]	0.3 (7) [0.0-0.8]
Psychologists	1.0 (1) [1.0-1.0]	0.7 (2) [0.4-1.0]	3.0 (2) [1.0-5.0]	3.1 (2) [0.1-6.0]
Social Worker	1.8 (4) [0.1-3.6]	1.9 (5) [0.5-4.7]	1.8 (9) [0.6-4.4]	2.0 (9) [0.6-4.8]
Other Licensed Behavioral Health	2.7 (8) [0.7-7.0]	2.5 (8) [0.3-7.8]	1.8 (11) [0.2-7.9]	
Substance Abuse	1.0 (3) [1.0-1.0]		1.3 (2) [1.0-1.6]	
Ophthalmologist	0.1 (1) [0.1-0.1]	0.1 (1) [0.1-0.1]	0.1 (1) [0.1-0.1]	
Optometrist	0.1 (2) [0.1-0.2]	0.1 (2) [0.1-0.2]	0.1 (2) [0.1-0.2]	
Pharmacy	12.6 (9) [1.0-45.0]		14.5 (9) [1.0-50.8]	14.3 (10) [0.1-57.5]

[12] http://www.aachc.org/ AACHC is Arizona's primary care association "committed to serving as resource for organizations providing primary health care to the underserved" including FQHCs, RHCs and Tribal organizations.
[13] https://www.azahcccs.gov/commercial/FQHC-RHC.aspx

Table 6. Services provided by community health centers in Arizona.

		Adelante Healthcare	Canyonlands Healthcare	Chiricahua CHCs, Inc.	CHC of Yavapai	Desert Senita CHC	El Rio CHC	Maricopa Co. Health Care for the Homeless	Maricopa Integrated Health System	Mariposa CHC	MHC Healthcare	Mountain Health & Wellness	Mountain Park Health Center	Native Health	Neighborhood Outreach Access to Health	North Country HealthCare	Sun Life Family Health Center	Sunset CHC	Tuba City Regional Health Care Corporation	United CHC – Maria Auxiliadora, Inc.	Wesley Health Center
Behavioral health	Type not specified			X	X	X	X	X	X	X	X	X		X	X	X	X				X
	Anger management											X									
	Art therapy											X									
	Crisis services											X									
	Domestic violence											X									
	Employment services											X									
	Group therapy and counseling											X									
	Individual therapy and counseling											X									
	Inpatient services (adults)											X									
	Peer services											X									
	Psychiatry/medication management											X									
	Referrals																		X		
	Residential services																				
	Serious mental illness (SMI)											X									
	Substance abuse		X					X				X									
Dental	General Dental Svs	X	X	X	X	X	X		X	X	X		X	X	X	X	X	X		X	
	Exams																		X		
	Fluoride treatments																		X		
	Orthodontics																X				
	Restorative care																		X		
	Sealants																		X		
	X-rays																		X		
Education	General Education		X						X			X			X	X		X			X
	Breastfeeding		X																		
	Diabetes educator													X							
	Health Start program for new mothers													X							
	Nutrition counseling							X													
	Pre-natal and parenting education		X																		

Table 6. Services provided by community health centers in Arizona.

		Adelante Healthcare	Canyonlands Healthcare	Chiricahua CHCs, Inc.	CHC of Yavapai	Desert Senita CHC	El Rio CHC	Maricopa Co. Health Care for the Homeless	Maricopa Integrated Health System	Mariposa CHC	MHC Healthcare	Mountain Health & Wellness	Mountain Park Health Center	Native Health	Neighborhood Outreach Access to Health	North Country HealthCare	Sun Life Family Health Center	Sunset CHC	Tuba City Regional Health Care Corporation	United CHC – Maria Auxiliadora, Inc.	Wesley Health Center
Laboratory services	General Lab Services	X	X	X			X		X	X				X			X	X	X	X	X
	Radiation Exposure Screening															X					
Medicine	Primary care	X	X		X	X	X	X	X		X	X		X	X	X	X		X	X	X
	Pediatrics	X		X	X		X		X	X	X		X		X	X		X	X	X	
	OB/GYN		X				X		X	X						X	X	X			X
	Internal medicine	X							X									X			
	Cardiology					X					X										
	Dermatology																				X
	Integrative medicine						X									X					
	Occupational health		X																		
	Oncology										X										
	Opthalmology										X										
	Optometry						X		X					X							
	Orthopedics										X										
	Pharmacy	X	X			X	X		X	X	X	X	X			X	X	X	X		
	Pharmacy 340B Discount Program																			X	
	Podiatry					X			X					X							
	Adult									X			X								
	Cancer screenings											X			X	X					X
	Diabetes														X	X					
	Disease management, acute													X							
	Disease management, chronic			X								X		X							X
	HIV testing													X							
	HIV/AIDS Ryan White Program Part A															X	X				
	HIV/AIDS treatment, education, and intervention						X														
	Homeless						X														
	Immunizations		X				X					X		X	X				X		X
	Mammography									X											X
	Nurse midwivery services						X														

Table 6. Services provided by community health centers in Arizona.

		Adelante Healthcare	Canyonlands Healthcare	Chiricahua CHCs, Inc.	CHC of Yavapai	Desert Senita CHC	El Rio CHC	Maricopa Co Health Care for the Homeless	Maricopa Integrated Health System	Mariposa CHC	MHC Healthcare	Mountain Health & Wellness	Mountain Park Health Center	Native Health	Neighborhood Outreach Access to Health	North Country HealthCare	Sun Life Family Health Center	Sunset CHC	Tuba City Regional Health Care Corporation	United CHC – Maria Auxiliadora, Inc.	Wesley Health Center
Medicine (cont.)	Physical therapy										X					X					
	Prenatal care			X										X	X					X	X
	Radiology		X			X	X			X	X						X	X	X		X
	Screenings														X						
	Telemedicine											X				X					
	Ultrasound					X				X											X
	Urgent care		X																		X
	Visiting specialists					X															
	Well child exams											X							X		X
	Wellness exams													X							
	Women's health	X		X	X						X	X	X								
Other Services	Health insurance navigator	X	X		X		X	X			X	X		X		X	X	X			X
	Car seat inspections													X							
	Case management							X				X									X
	Case Management, ALTCS Tribal													X							
	Employment assistance							X													
	Extended hours			X																	
	Family planning		X	X	X									X							X
	Financial Services												X								
	Group medical programs															X					
	Health & wellness services									X											
	Home visiting program for Native American families with children under 5 residing off reservation													X							
	Housing, emergency, transitional, and permanent							X													
	Medical legal partnership															X					
	Outreach & education		X			X					X	X			X						
	Patient assistance prescription medication program			X																	
	Patient case management																		X		

Table 6. Services provided by community health centers in Arizona.

		Adelante Healthcare	Canyonlands Healthcare	Chiricahua CHCs, Inc.	CHC of Yavapai	Desert Senita CHC	El Rio CHC	Maricopa Co Health Care for the Homeless	Maricopa Integrated Health System	Mariposa CHC	MHC Healthcare	Mountain Health & Wellness	Mountain Park Health Center	Native Health	Neighborhood Outreach Access to Health	North Country HealthCare	Sun Life Family Health Center	Sunset CHC	Tuba City Regional Health Care Corporation	United CHC – Maria Auxiliadora, Inc.	Wesley Health Center
Other Services (cont.)	Physicals, adult											X									
	Physicals, CDL			X																	
	Physicals, general			X																	
	Physicals, school											X		X							
	Physicals, sports											X		X							
	Pregnancy testing													X							
	Reading program														X						
	Referrals for additional social services							X													
	Risk assessments														X						
	School based health services										X	X				X		X		X	
	Translation services		X									X									
	Transportation			X			X			X	X			X							
	WIC/Nutrition	X									X		X	X		X					

2.3 County Health Departments

Ten of Arizona's 15 county health departments[14] participated in the survey. Ninety percent of the reporting health departments provide clinics and/or services to their communities. Most report providing some free services and fee or sliding scales. Services (Table 7) and fees charged depend on outside funding through grants and state supported programs.

[14] http://www.azdhs.gov/diro/liaison/county-health-departments.htm

Table 7. Services Provided by County Health Departments in Arizona.

County	Service
Coconino	WIC, dental clinic, prevention and reproductive services (website has full listing). Fees charged depend on grant funding.
Gila	STI & TB services, flu shots, and vaccines provided on a fee basis.
Graham	Family Planning Services Immunizations TB Control Services and TB skin tests Pregnancy Testing HIV Education and Prevention Onsite Wastewater Inspections (fee) Food Safety, Mobile Home Park, Public Swimming Pool and Septic Pumper Truck Inspections (fee) Septic location requests (fee) Vital Records (fee) Environmental Nuisance Complaint Investigations Public Fiduciary Services (fee) WIC Services including nutrition Education and Food Vouchers Teen Pregnancy Prevention Services Healthy Arizona Population Initiative Services Community Health Assessment Public Health Emergency Preparedness Services County Emergency Management Services County Human Resources Detention Medical Services for County Jail and Juvenile Detention Center
La Paz	Immunization clinic- some free or fee (based on insurance) Family planning- grant funded based on age TB clinic – free Environmental services/inspections- fees
Maricopa	Health Care for the Homeless: Free STI/HIV Clinic: Fee TB Clinic: Active and Latent TB diagnosis and treatment – Free; Health Card (TB Clearance Card) – Fee Refugee Screening Clinic: Fee Adult Immunization/Foreign Travel: Fee Hansen's Clinic: Free Childhood Immunizations - Free Oral Health Dental Sealant - Free
Mohave	WIC – free Breastfeeding Peer Counseling – free AzNN – free Reproductive Health – free or sliding fee scale TB testing – fee Immunizations – free or insurance billing Health Start – free Tobacco and Chronic Disease – free NICP – free STI – free or sliding fee scale HIV Testing – fee Teen Pregnancy Prevention – free Senior Programs, Nutrition – free/donation Environmental Health – fee Vital Records - fee

Table 7. Services Provided by County Health Departments in Arizona.

County	Service
Navajo	Vital Records-fee Health Education/WIC-free International Travel-fee Donations or bill insurance for: Immunization Family Planning TB STI HIV Dental Sealants Fluoride Varnish
Pima	See website for extensive listings
Pinal	WIC CSFT food boxes Immunizations Family Planning Reproductive Health STI treatment Cancer Screening
Santa Cruz	None but refers to a community program

3. Conclusions

Arizona's healthcare safety net needs can be estimated by direct and indirect metrics, and tracked for progress by monitoring variables including the percent and number of uninsured, socioeconomic variables, percent and number with Medicaid / AHCCCS coverage, those enrolled in the state's Marketplace plans by family or individual income (e.g. 138 to 200% FPL, 201-300% FPL, 301 to 400% FPL) and other variables. These estimates are reported at public use microdata areas (PUMA) resolution by the U.S. Department of Health and Human Services (HHS), Assistant Secretary for Planning and Evaluation (ASPE). Other data sources that can be used to understand and act on unmet health needs can be drawn from the Centers for Medicare and Medicaid Services (CMS), from the U.S. Census Bureau, the Kaiser Family Foundation, the Commonwealth Foundation and additional government, foundation, and other sources.

Certain populations, and particularly Latino, American Indian, rural and certain special populations (e.g., those with disabilities), have lower take up rates – that is those eligible for coverage who enroll. Improved education using the National Standards for Culturally and Linguistically Appropriate Services[15] regarding health insurance products and accessing healthcare services would likely increase the take up rate in those eligible for coverage, reduce the financial burden on health care safety net providers, and potentially enable safety net providers, hospitals and clinics to expand their sites of service to improve access.

There are many challenges. Latinos in Arizona's Gila and Graham Counties in the Eastern AHEC region continue to have a high percentage of uninsured (Figure 4), limited health care safety net sites (Figures 5 and 6), and poorer health outcomes relative to Arizona's other counties (Figure 3). The high percentage of uninsured Latinos may be due to workers without employer sponsored or offered health insurance benefits (e.g., contract workers in the mining industry).

[15] Accessible at: https://www.thinkculturalhealth.hhs.gov/content/clas.asp

Native Americans in northern Arizona's Navajo and Apache Counties in the Northern AHEC region also have a high percentage of uninsured (Figure 4), limited health care safety net sites (Figures 5 and 6), and poorer health outcomes relative to Arizona's other counties (Figure 3). The barriers to coverage, providers and services in these counties are likely to be similar to Gila and Graham Counties.

Yuma County in the Western AHEC region has a high percentage of uninsured Latinos but fares better in other metrics assessing the adequacy of the healthcare safety net. Improving insurance enrollment in Yuma County will reduce uncompensated care, improve the finances of the safety net infrastructure, and potentially improve health care services.

Appendices

Appendix 1: Methodology

The ***AzCRH 2015 Safety Net Health Care in Arizona Report*** data collection began July 1, 2013. Following development of safety net survey instruments and Institutional Review Board approval, recruitment began in May of 2014 after workforce surveys of physicians and pharmacists were near completion. The safety net surveys consisted of semi-structured telephone questionnaires and an emailed document of tables that requested quantitative and qualitative information about an organization's workforce.

The target safety net organizations were Arizona's 15 critical access hospitals (Benson Hospital, Carondelet Holy Cross Hospital, Cobre Valley Regional Medical Center, Cochise Regional Hospital, Copper Queen Community Hospital, Hopi Health Care Center, Hu Hu Kam Memorial Hospital, La Paz Regional Medical Center, Little Colorado Medical Center, Northern Cochise Community Hospital, Page Hospital, Parker Indian Health Center, Sage Memorial Hospital, White Mountain Regional Medical Center, and Wickenburg Community Hospital), selected federally qualified community health centers and rural health clinics (Adelante Healthcare, Canyonlands Healthcare, Community Health Center of Yavapai, Chiricahua Community Health Centers Inc., Copper Queen Medical Associates, El Rio Community Health Center, Maricopa County Health Care for The Homeless, Maricopa Integrated Health System, Mariposa Community Health Center, MHC Healthcare, Mountain Park Health Center, Native Health, Neighborhood Outreach Access to Health, North Country Healthcare, Sun Life Family Health Center, Sunset Community Health Center, Tuba City Regional Health Care Corporation, United Community Health Center – Maria Auxiliadora Inc., and Wesley Health Center), and the 15 county health departments.

These surveys complemented the workforce study. The workforce study results are separately reported. Numerous solicitations to participate in the survey were made by telephone and email.

Limitations of the Survey Data - The participation rate was low. Data was presented as averages without further statistical analysis. Information was reported in the aggregate.

Secondary data, information and analyses were collected and reported to complement survey responses. Publically available secondary information and data specific to Arizona safety net provider organizations were included as cited in the ***AzCRH 2015 Safety Net Health Care in Arizona Report***.

Appendix 2: Critical Access Hospital, Community and Rural Health Clinic Questionnaires

Telephone interview questions

Are you experiencing noticeable changes in number of patients since January 1, 2104? If so how are you adapting? Do you believe the change is due to ACA and Medicaid expansion?

Who make up your health workforce? (Please fill out and return "provider workforce" matrix sheet before interview)

Do you have any difficulty filling openings? Any difficulty retaining employees? (please fill out and return "Physician recruitment issues" matrix before the interview)

Is there an increase or a reduction in your provider workforce based on the past 3 years? What are the reasons?

Do you foresee any reduction in your provider workforce in the next 2-3 years? What are the reasons (retirement, benefits reduced, budgets cut, etc)?

Do you have any type of workforce development or training programs? Who are they for and what are they?

Would your organization be interested in collaborating with an academic institution (like University of Arizona) to support your service delivery and patient care (educational or other supportive resources)? If so, what?

Are there any other supportive services or education that would be helpful in your efforts to provide excellent patient care? If so, what?

Provider workforce

	FTE total	Count of professionals				Type of professional staffing					
		Total #	# board certified	# that lives within service area	# positions open	# that are hospital employees	# employed by IHS	# private medical group	# medical staffing company	# independent locum tenens	# other
Physicians Primary Care											
OB/GYN											
ER											
Surgeon											
Psychiatrists											
Other											
Physician assistants											
Nurse practitioners											
Certified nurse midwives											
Certified Registered Nurse Anesthetists											
Clinical nurse specialists											
Psychologists											
Behavior health counselors											

Site constraints and benefits for physician recruitment

		Effect on physician recruitment			
	Physician recruitment issues	**Constraint**	**Benefit**	**Not Significant**	**Not Relevant**
Geographic	Access to larger community				
	Demographics/patient mix (underserved)				
	Social networking				
	Recreational opportunities				
	Spousal satisfaction				
	Schools				
	Shopping and other services				
	Religious/cultural opportunities				
	Climate				
	Perception of community				
	Other				
Economic	Employment status				
	Part-time opportunities				
	Loan repayment				
	Income guarantee				
	Signing bonus				
	Moving allowance				
	Start-up/marketing costs				
	Revenue flow				
	Payor mix				
	Competition				
	Retirement package				
	Salary (amount)				
	Production incentive				
	Other				
Scope of practice	Obstetrics				
	Caesarean section				
	Emergency room coverage				
	Endoscopy/surgery				
	Nursing home				
	Inpatient care				
	Mental health				
	Mid-level supervision				
	Teaching				
	Administration duties				
	Office GYN procedures				
	Other				

	Physician recruitment issues	Effect on physician recruitment			
		Constraint	Benefit	Not Significant	Not Relevant
Medical support	Perception of quality				
	Stability of physician workforce				
	Specialist availability				
	Transfer arrangements				
	Nursing workforce				
	Allied mental health workforce				
	Mid-level provider workforce				
	Ancillary staff workforce				
	Emergency medical services				
	Call/practice coverage				
	Physician workforce stability				
	Other				
Hospital and community support	Physical plant and equipment				
	Plans for capital investment				
	Electronic medical records				
	Hospital leadership				
	Internet access				
	Tele-video support				
	Hospital sponsored CME				
	Community need/support of physician				
	Community volunteer opportunities				
	Welcome and recruitment program				
	Perceived fiscal stability				
	Other				

Appendix 3: Site specific staffing questions

Clinic name: _____

Workforce composition	FTE total	Count of professionals		Type of professional staffing				
		Total #	# positions open	# of clinic employees	# employed by IHS	# staffing company	# independent locum tenens	# other
Physicians: Primary Care								
OB/GYN								
ER								
Surgeon								
Psychiatrists								
Other								
Physician assistants								
Nurse practitioners								
Certified nurse midwives								
Nurse Anesthetists								
Clinical nurse specialists								
Registered nurses								
Licensed practical nurses								
Cert. nursing assistants								
Psychologists								
Behavior health counselors								
Physical therapists								
Occupational therapists								
Speech therapists								
Radiology technicians								
Respiratory therapists								
Dietitians (RDs)								
Nutritionists (RDNs)								
Other nutrition counselors								
Dentists								
Dental hygienists								
Pharmacists								

Services provided at this clinic. Note: each clinic site surveyed received a list of the services they offer as displayed on the Arizona Alliance for Community Health Centers (AACHC) website (http://www.aachc.org) for verification, additions, deletions or changes in services to update this table.

Please update if needed

Yes	Services

Client visits and demographics

Please enter as much detail as you can and indicate time period, per year, calendar year to date, last month, etc.

Time period ____	Total Visits	Total clients	White, non-Hispanic clients	Hispanic clients	Native American clients	Other clients	Male clients			Female clients		
							Total	Adults (18+)	Children (<18)	Total	Adults (18+)	Children (<18)
Total												
Medicare												
AHCCCS												
Private insurance												
Cash, sliding fee												
Free/unpaid												

Site constraints and benefits for organization's workforce recruitment

		Effect on workforce recruitment			
	Workforce recruitment issues (summary of all clinics within system)	**Constraint**	**Benefit**	**Not Significant**	**Not Relevant**
Geographic	Access to larger community				
	Demographics/patient mix (underserved)				
	Social networking				
	Recreational opportunities				
	Spousal satisfaction				
	Schools				
	Shopping and other services				
	Religious/cultural opportunities				
	Climate				
	Perception of community				
	Other				
Economic	Employment status				
	Part-time opportunities				
	Loan repayment				
	Income guarantee				
	Signing bonus				
	Moving allowance				
	Start-up/marketing costs				
	Revenue flow				
	Payor mix				
	Competition				
	Retirement package				
	Salary (amount)				
	Production incentive				
	Other				
Scope of practice	Primary care				
	Internal medicine				
	OB/GYN				
	Pediatrics				
	Optometry				
	Radiology				
	Mental / behavioral health				
	Nurse midwivery				
	Mid-level supervision				
	Teaching				
	Administration duties				
	Other				

		Effect on workforce recruitment			
	Workforce recruitment issues (summary of all clinics within system)	**Constraint**	**Benefit**	**Not Significant**	**Not Relevant**
Medical support	Perception of quality				
	Stability of physician workforce				
	Specialist availability				
	Transfer arrangements				
	Nursing workforce				
	Allied mental health workforce				
	Mid-level provider workforce				
	Ancillary staff workforce				
	Medical services				
	Call/practice coverage				
	Workforce stability				
	Other				
Clinic and community support	Physical plant and equipment				
	Plans for capital investment				
	Electronic medical records				
	Clinic leadership				
	Internet access				
	Tele-video support				
	Clinic sponsored CME				
	Community need/support of workers				
	Community volunteer opportunities				
	Welcome and recruitment program				
	Perceived fiscal stability				
	Other				

Appendix 4: County Health Departments

Semi-structured telephone questionnaire (*responses and website information used in this report)

Who make up your workforce (job description)? (Use sheet of prompts if needed)

How many employees do you have currently? How does this translate into full time equivalents (FTEs)?

Do you have any current job openings? How many? Which positions?

Do you have any difficulty filling openings? Any difficulty retaining employees?

Is this an increase or a reduction in your workforce based on the past 3 years? What are the reasons?

Do you foresee any reduction in your workforce in the next 2-3 years? What are the reasons (retirement, benefits reduced, budgets cut, etc)?

*What services/clinics do you currently provide and are they free or fee?

Do you have any type of workforce development or training programs? Who are they for and what are they?

Would you be interested in any (web-based/in-person) training through the University of Arizona?

Prompt sheet of public health workforce

- ☐ Administrative or clerical personnel
- ☐ Public Relations
- ☐ Public Information
- ☐ Health Communications
- ☐ Media Specialist
- ☐ Registered Nurse
- ☐ Nursing Aide/Home Health Aide
- ☐ Environmental Health Worker/Sanitarian
- ☐ Environmental Engineer/Technician/Scientist/Specialist
- ☐ Public Health Manager
- ☐ Emergency Preparedness Staff
- ☐ Health Educator
- ☐ Nutritionist
- ☐ Public Health Physician
- ☐ Community Health Worker/Promotora
- ☐ Epidemiologist
- ☐ Information Systems Specialist
- ☐ Laboratory Worker/Scientist/Technician
- ☐ LPN/LVN
- ☐ Public Information Specialist
- ☐ Behavioral Health Professional
- ☐ Mental Health/Substance Abuse Social Worker/Counselor
- ☐ Psychologist, Mental Health Provider/Counselor
- ☐ Occupational Safety and Health Specialist/Technician
- ☐ Oral Health Care Professional/Dentist/Hygienist/Assistant
- ☐ Animal Control Worker
- ☐ Public Health Veterinarian
- ☐ Public Health Pharmacist
- ☐ Public Health Policy Analyst
- ☐ Public Health Attorney or Hearing Officer
- ☐ Biostatistician
- ☐ Other

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