Children's Health Fund

# Health Access Barriers in Southern Arizona

CHIRICAHUA
COMMUNITY HEALTH CENTERS, INC.
HEALTH FOR ALL

Children's Health Fund

# Health Access Barriers in Southern Arizona

## About Children's Health Fund

Children's Health Fund is committed to ensuring high-quality healthcare for children living in this country's most marginalized communities. We understand the role that racism and systems of oppression play in shaping health and are committed to addressing the root causes that perpetuate inequities. The programs we support bring comprehensive primary care directly to children and families where they live, learn, and play; we partner with communities to create a supportive environment to decrease the impact of trauma on children; and we work to improve the quality of life for families through policy and advocacy efforts that drive systems change. Collectively, these efforts help to advance health equity. We support 25 programs that comprise a National Network of local partners located in 15 states, Puerto Rico, and Washington, D.C.

**Authors:**

Luke Gerber, MA | Kelly Rigney, MPH | Susan Spalding, MD

Publication Date: January 2021 | For more information, contact research@chfund.org

## Acknowledgments

We thank Chiricahua Community Health Centers, Inc. for your continued partnership over the years. To all the healthcare providers, program administrators, and supporting staff at Chiricahua Community Health Centers, Inc., and especially Dr. Darlene Melk and Dr. Jonathan Melk who reviewed drafts of this brief, thank you for all that you do.

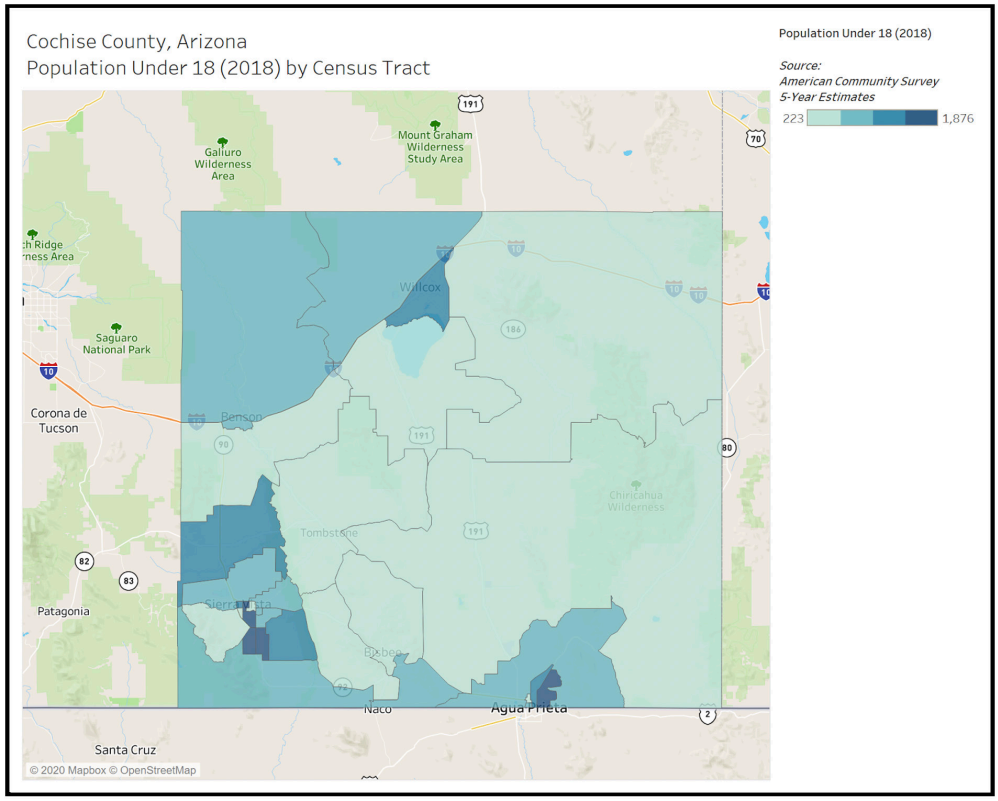
## Introduction

In under-resourced communities across the nation, many children and families are unable to access healthcare due to a multitude of social and structural factors, resulting in poor health outcomes. Rural communities face unique challenges in this regard, with a layered complexity of transportation barriers, healthcare workforce shortages, and deeply rooted economic, social, and racial issues. Given these factors, rural counties rank lower nationally in various measures of overall health outcomes and have worse health outcomes than urban areas.[1,2] Addressing access to care barriers then, particularly in rural communities, is a vital component to advancing health equity.

This case study highlights the success of the Southern Arizona Children's Health Project (SACHP) which serves rural communities in Cochise County, Arizona. A partnership between the Children's Health Fund and the Chiricahua Community Health Center, Inc., the SACHP works to improve access to care for this rural community through implementing mobile medical clinics, telehealth, and specialty care, while addressing healthcare provider shortages in the area. SACHP utilizes many evidence-based strategies shown to improve access to high quality health care in rural communities, such as rural training in medical education, telemedicine, and federally qualified health centers.[3] This case study reviews the inception of the partnership and the successes of the program over the last decade.

## Chiricahua Community Health Centers, Inc. in Cochise County, Arizona

Chiricahua Community Health Centers, Inc. (CCHCI) is a federally qualified health center (FQHC) that was founded in 1996 to provide medical services for the residents of Cochise County, Arizona. Cochise County stretches for 6,163 square miles across primarily a high desert landscape with 100 miles of border between Arizona and Mexico. This rural county is roughly the size of Rhode Island and Connecticut combined, with a much lower population density. While 4,630,000 people reside in those two states, Cochise County has 126,770 residents.[4] Approximately 25% of children under age 18 in the county live below the federal poverty level, higher than the national average of 20%. This rate is substantially higher in some of the communities that CCHCI serves, like Douglas where the rate is 38%. The population is 50% non-Hispanic White and 35% Hispanic. Twenty-two percent of the population are children.[5]




## The Southern Arizona Children's Health Project

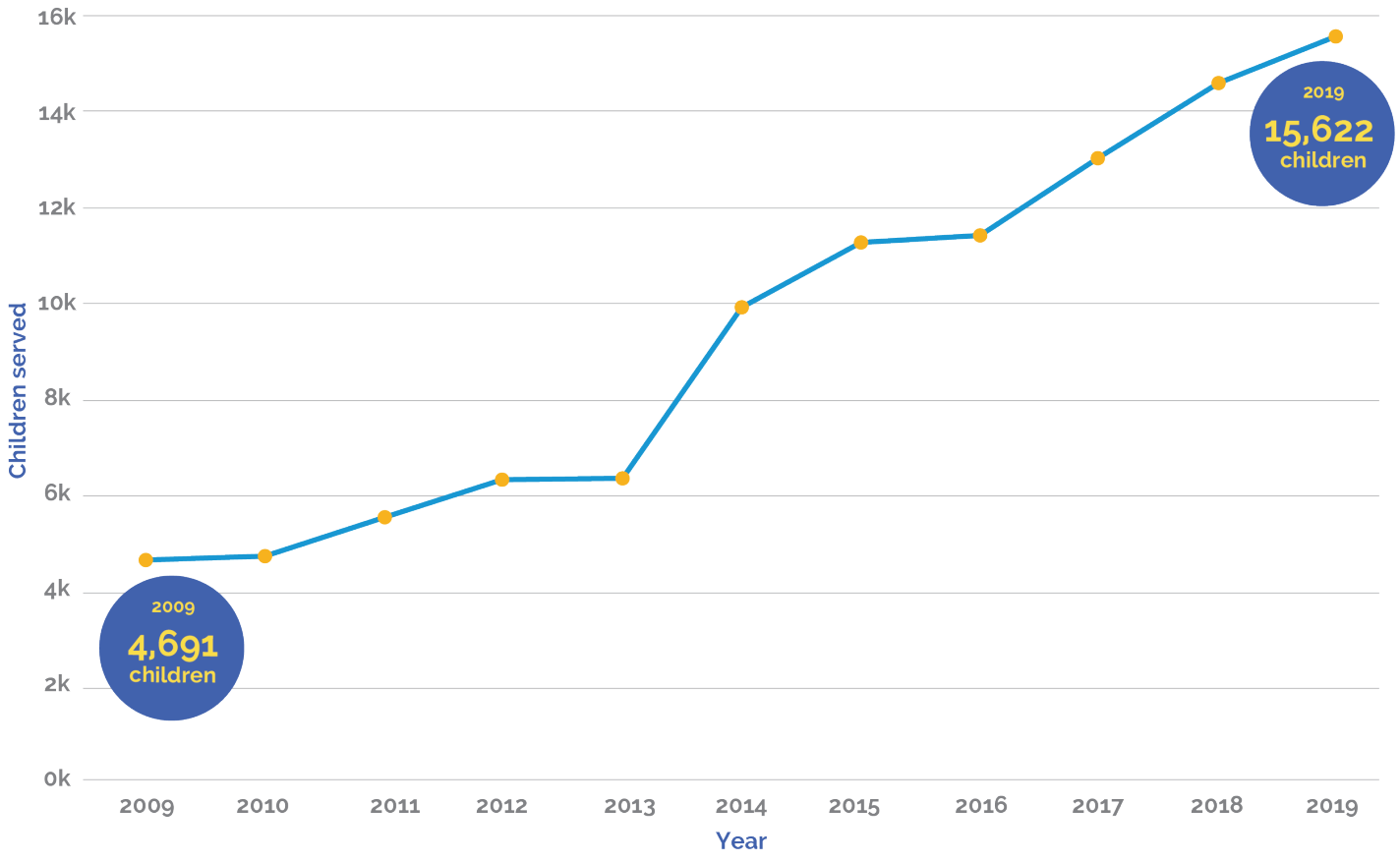
In 2007, CCHCI leadership initiated conversations with CHF to help address goals and new priorities brought forth by their Board of Directors. Although CCHCI had successfully obtained both federal and state grants, scant outside grant dollars were available to address the significant access to care barriers that remained in many areas of the county. At that time the sole pediatrician found himself overwhelmed by a high caseload and isolated from other pediatric colleagues, a situation that would be difficult for any practitioner but especially a new graduate. Unfortunately, such isolation is more often the norm than the exception in rural communities across the country and is an important contributor to primary care provider recruitment and retention issues faced by community health centers in rural America.

To address these issues, CCHCI and Children's Health Fund partnered to create the Southern Arizona Children's Health Project in June 2008. CHF committed to seeking new funding for expansion of pediatric services, bringing otherwise unavailable funding sources to CCHCI. The partnership aimed to expand services by increasing the number of children served through more visits and less wait time for an appointment, and by broadening the array of services to include behavioral health, dentistry, home visiting and nutrition amongst others. CHF additionally brought the support of a National Network built of similarly-situated providers across the country. The value of collaborating with colleagues who share the same mission, struggle with lack of resources, toil tirelessly on behalf of their patients and who share best practices to increase access for marginalized communities is immeasurable.

## Successes of the Partnership

The goal of the SACHP partnership, not unlike CCHCI's overall mission is to provide access to high quality healthcare for children who otherwise would not have received it and to create healthy communities throughout Cochise County. There are many components that contributed to the growth and success of SACHP over the past ten years: innovation, flexibility, community engagement, dedicated staff, committed patients and families, strategic visioning, evidence-based practices and risk taking to name only a few. ***As a result, CCHCI serves over 3 times as many children each year than it did a decade ago.*** In 2009, CCHCI served 4,691 unique children (defined as under age 18), while in 2019, it served 15,622 children. During 2019, CCHCI served more than half of the children living in the county. Below are key illustrative examples of their journey.

### CCHCI Children Served by Year



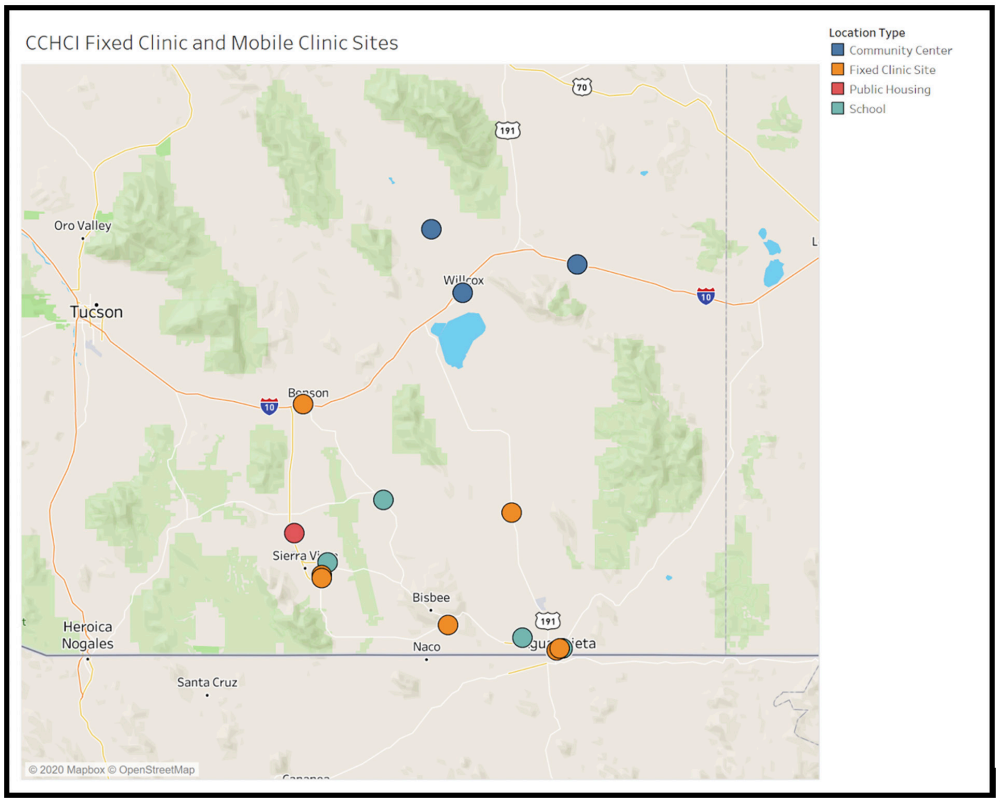
## Success 1: Expanding the Workforce

With roughly 30,000 children living in the county the first priority was to grow from a single pediatrician into a department of pediatrics to meet the needs of the community. Recruitment and retention is a constant challenge for rural health centers and hospitals, despite important programs like the National Health Services Corps. CCHCI didn't simply want to recruit providers, they wanted to recruit competitively for the most compassionate and skilled providers to create an environment where the highest quality was the standard. This mindset has been successful as now there are a total of 25 pediatric primary care providers. This success in staffing allowed the creation of four new pediatric clinics to increase access for the children in the county. It also allowed for the expansion of hours to evenings and weekends to meet the needs of the community. Below are some of the successful strategies SACHP uses to aid in recruitment and retention.

- ***Support Services***
  A CHF grant allowed the SACHP to pilot care coordination. The leadership understood that medical providers were frustrated that they spent valuable time coordinating services, such as subspecialty referrals, school accommodations, requests for durable medical equipment, and public entitlement applications for their patients. By training Care Coordinators to make appointments, follow-up with patients and their families, and help with paperwork, the entire team worked more efficiently and effectively. This model was well received by staff and is now the standard of care in all the CCHCI clinics.

- ***Student and Resident Training***
  Incorporating student and resident training into their model of care not only helps the trainee but benefits the SACHP in several ways. First, teaching contributes to overall job satisfaction for many medical providers. Second, excellent teachers work to stay abreast of current trends and best practices. And third, students can become future members of the clinic workforce. A partnership with local high schools allows students who are interested in healthcare to spend a semester observing in the clinic and working with mentor providers, contributing to the local health workforce pipeline. Offering teaching opportunities attracts additional provider applicants.

- ***Provider Designed Public Health Programming***
  Allowing providers the administrative and clinical time to follow their passions and implement programs they design encourages the development of innovative programs built from the ground up and improves morale. At SACHP, providers are given time to create programs that they are passionate about. Some examples include the following: a home visiting program that sends a pediatric provider to the home for infant check-ups; shared medical appointments for same age children's check-ups; telehealth; diabetes support groups; and nutrition classes. The partnership with CHF facilitated the development of these initiatives, as CHF identified grants for several of these projects. This programming not only improved provider and patient satisfaction but enhanced the quality of care provided.




## Success 2: Increased Access to Primary Care Through Mobile Medical Clinics

SACHP works with their Board of Directors, community members and local partner agencies to identify and address barriers to individuals accessing needed healthcare. These partnerships aim to improve the health of the community, not just the patients who walk through the clinic door. For these reasons, SACHP utilizes mobile medical clinics (MMCs) to reach underserved communities and populations, and eliminate barriers to individuals accessing the care that they need. MMCs were instrumental in increasing access to care in the following ways:

- ***Rural Geography***

  The large geographic size of Cochise County and the lack of public transportation are the most significant hurdles that individuals face in accessing care in the county. At the beginning of this partnership, fixed site clinics served the southern part of the county while the northern part had no clinics. To address this issue, SACHP launched MMCs to provide primary care in the more northern towns of Sierra Vista and Benson. By developing a patient base in those towns, the MMCs provided enough data to establish the need for fixed site clinics there. CCHCI subsequently opened clinics in Sierra Vista and Benson to meet the communities' needs, through securing a federal expansion grant and a low interest loan. For even smaller communities that do not have the population base to support a bricks and mortar clinic, the mobile clinics continue to provide needed primary care services.

- ***Data Driven Outreach to Special Populations***

  In looking at their data, CCHCI knew that there were pockets of the community who were not accessing care in their clinics. For example, adolescent patients were not coming in to get their annual well-child exams, which are critical to optimal development and building healthy habits. Teens, CCHCI discovered, want to be sure that their privacy will be upheld if they access services, but that can be difficult to find, especially for those who live in small towns.

  The mobile clinic travels to high schools in the community so that students can access confidential services on their own. While adolescents do not always prioritize getting annual exams, many do prioritize sports physicals to be able to participate in school activities. In thinking creatively about how to reach adolescents, CCHCI began using the mobile clinic to provide very low cost sports physicals as a recruitment tool hoping that once the patient meets the staff and begins to develop a relationship, they will come back for regular care. As a result of these strategies, the percentage of adolescents in the community who have identified CCHCI as their primary care provider but were not accessing care in their clinics declined, and the percentage of adolescents enrolled in their care who received a well visit in the last 12 months increased to over 70%.

- ***Community Partnerships***

  There are many community and government agencies in Cochise County that share the goal of a healthy community. CCHCI develops partnerships to leverage existing resources and further these joint goals. Executive leadership attends community and local government meetings in towns where CCHCI has a presence, and staff members participate in local committees and on advisory boards. CCHCI invited community agencies such as WIC to co-locate. MMCs have allowed SACHP to respond to the needs of community partners and to serve many hard to reach populations. SACHP providers see patients at shelters, public housing, homeless encampments, and detention facilities.

### Success 3: Access to Subspecialty Care

The closest pediatric specialists are located in Tucson, AZ, more than a two hour drive for a large portion of the county's residents. Many patients have tenuous access to transportation, but even for those with access, it is not often possible for parents to take the full day off from work, frequently without pay, to bring their child to a clinic to get the needed care. Two approaches to limited subspecialty care in a rural area are described below.

- ***Subspecialists Travel to Primary Care Clinics***

  When SACHP expanded pediatric services and built new clinics, they designed space to accommodate visiting subspecialists. To further this approach they developed close professional relationships with several pediatric subspecialists that matched the greatest needs of their patients. Now they refer and schedule the patients to be seen by the subspecialist in the same clinic where the patient gets primary care. The specialist travels to them, uses SACHP clinical space without charge, and is able to bill for their services.

- ***Telehealth***

  For some subspecialties, there is not sufficient patient need or availability on the part of the subspecialist to warrant driving to southern Arizona. And, traveling the distance to Tucson or Phoenix may not be possible for the family. Telehealth can fill this gap. One example is endocrinology care for insulin dependent diabetics who require at least quarterly visits. CHF secured a grant that supported the development of a partnership with a University of Arizona pediatric endocrinologist. Together they conduct weekly half-day telehealth sessions which minimizes patients' time away from school and parents' time away from work. The pediatric provider facilitates the session and thus learns directly from the endocrinologist who is treating the child.

## What's Next

This case study shares a brief overview of a long and deeply impactful relationship between Children's Health Fund and Chiricahua Community Health Center, Inc. Both organizations have grown and learned through the decade-long collaboration. CCHCI provides more care to more community members than ever before. They have created a vibrant, skilled and engaged workforce, overcoming a significant challenge for rural healthcare providers; and, they have developed powerful and respectful partnerships with community agencies and leaders. CHF continues to use the lessons learned and innovations from this partnership to inform the rest of the National Network programs. CHF is replicating these best practices in other rural communities and modifying them for urban locales, scaling the successful strategies produced in this partnership across the National Network.

## Notes

1. University of Wisconsin Population Health Institute. What Works? Strategies to Improve Rural Health. July 2016.

2. Moy E, Garcia MC, Bastian B, et al. Leading Causes of Death in Nonmetropolitan and Metropolitan Areas — United States, 1999–2014. MMWR Surveill Summ 2017;66(No. SS-1):1–8. DOI: http://dx.doi.org/10.15585/mmwr.ss6601a1external icon.

3. University of Wisconsin Population Health Institute. What Works? Strategies to Improve Rural Health. July 2016.

4. U.S. Census Bureau, Population Estimates Program, Vintage 2018.

5. Unless otherwise noted, statistics in this paragraph come from the U.S. Census Bureau American Community Survey 5-Year Estimates, 2018.