



**COCHISE COUNTY HEALTH & SOCIAL SERVICES
COMMUNITY ASSESSMENT FOR PUBLIC HEALTH EMERGENCY
RESPONSE (CASPER)ING 2022 –FINDING**

EXECUTIVE SUMMARY

Cochise County Health and Social Services (CCHSS) would like to acknowledge and thank its staff, volunteers, and community partners in helping to execute the Cochise County Community Assessment for Public Health Emergency Response (CASPER) in May of 2022.

Thanks to the dedication, time, and resources provided by these individuals, Cochise County was able to collect critical information from a random sampling of residents from across the county, representing a wide variety of household types, income levels, educational backgrounds, and geographic locations. The data collected in this CASPER will be used to further inform public health programming and future pandemic planning to ensure CCHSS can accurately meet the needs of its residents. Finally, CCHSS would like to thank all the residents who participated in the CASPER and contributed valuable data. This Findings Report summarizes both the lessons learned from the implementation of this CASPER, as well as the trends identified within the survey data collected and recommendations for future action.

CASPER Implementation

Cochise County received permission from the Centers for Disease Control and Prevention to conduct the first ever pilot of a virtual CASPER. The methodology used the standard two-stage cluster sampling framework that included all of Cochise County, using 2020 census data. CASPERs typically use this two-stage cluster sampling method to select 210 households throughout the selected community to be surveyed. 29 clusters were randomly selected for Cochise County (30 total, with one cluster selected as a duplicate). In this “virtual” CASPER, canvassing teams used door hangers with information on how to access the CASPER survey online instead of face-to-face interviews. This new methodological approach allowed households an opportunity to complete the survey virtually – either online (via a SurveyMonkey survey link) or over the telephone (using a dedicated technical assistance phone number listed on the door hanger). In addition, respondents were offered a digital gift card worth \$50.00 for a variety of vendors for completing the survey. The survey was provided in English and Spanish and took an average of 18 minutes to complete. The CASPER was advertised actively via press release, social media, websites, and radio advertisements.

Cochise County conducted this pilot virtual CASPER from May 2 – June 3, 2022. Canvassing teams included CCHSS staff and volunteers. These teams were sent out in county vehicles and were wearing visible County Health and Social Services badges and vests in order to clearly delineate their association with the CASPER.

Canvassing teams were given a just-in-time training on April 29, and then were sent out May 2 and May 3 for an initial round of canvassing within the clusters. Teams selected every “nth” household within their assigned clusters and placed a door hanger on 7 households within each cluster. Canvassers were then sent out again on May 19 and 20 to hang reminder door hangers on the doors of those who had not yet responded, out of those 7 households, or to replace if the original unit seemed unoccupied or if the original unit verbally declined to participate.

Response rates were highest during or shortly after canvassing dates. During the first round from May 2 – May 18, a total of 43 responses were collected. During the second round from May 19 – June 2, a total of 30 responses were collected. Respondents were asked to complete the survey within a two-week timeframe. 8 respondents completed the survey over the phone, and there were no requests for languages other than English and Spanish.

There were limitations to this survey design and implementation, including the fact that Cochise County's clusters did not include critical population centers such as Bisbee. Some of the clusters had a large number of rural neighborhoods and a low number of households to participate. Respondents also had to be over the age of 18 and reside in the home selected. Finally, a virtual CASPER does rely on access to a phone or computer/internet. These limitations are described further in the Limitations section of this report.

Overall, the biggest success of this effort was the pilot of a virtual CASPER format and the data collected from a random sample of Cochise County's population. Based on the two-stage cluster sampling method used, the responses collected are from a random sample of the county's population and seemed to represent a diverse spectrum of respondents from demographic background to income level to health beliefs. However, Cochise County was not able to reach the required 80% response rate of the 210 households (168) in order to weigh the data and make it generalizable to the entire County population. This means that the information only applies to those households that responded and we cannot say this information reflects the county as a whole. There were important lessons collected on the overall implementation of a virtual CASPER (described more in the Lessons and Outcomes section), but it is recommended that Cochise County consider implementing a "Phase 2" of the CASPER at a future time using a more comprehensive outreach strategy (see the Recommendations section).

The following sections summarize general findings and outcomes from the 73 survey responses collected from May 2 to June 3, 2022.

Demographics

Most Cochise County households who participated in this survey identify as White (82%), non-Hispanic or Latino (61%), while 35% indicated they were Hispanic or Latino. Additionally, most households identified as English speaking (86%). A smaller percentage of respondents identified as Asian (6%), Black or African American (6%) and American Indian or Alaska Native (3%). All respondents were over the age of 18 (100%) and lived in the home where the door hangers were placed. Most respondents own their place of residence (66%), however 31% are renting their properties. Most work full time (39%); however, the next most common employment status was retired (27%). The two most common salary ranges amongst respondents were between \$40,001 to \$60,000 (21%) and \$20,001 to \$40,000 (20%). Most respondents have completed some college but did not receive a degree (34%), with the next two most common levels of education being a college degree (28%) and a graduate or professional degree (27%). A significant number of respondents also indicated someone in the household experiences impaired vision (17%), impaired hearing (16%) and developmental/cognitive disabilities (8%). English speakers were more likely to not be vaccinated (19%) compared to Spanish speakers (0%).

COVID Status or Beliefs

Most respondents indicated that no one in their household had tested positive for COVID-19 since January 2020 (60%) and do not believe any members of the household had COVID-19 since January 2020 (68%). A majority of households that reported a member had tested positive for COVID-19 since January 2020 believe they were exposed at work (22%), don't know where they were exposed (19%) or think it was contact with a household member who was positive (17%). Most respondents indicated they wear masks while in indoor public places (41%); however, almost as many respondents indicated that they never wear masks in indoor public places (36%). Respondents also indicated that 33% of their household members always wear a mask, 31% sometimes wear a mask, and 29% only wear a mask when required.

Other Health Behaviors

Overall respondents indicated that their general health and that of the members of their household was very good (40%) or good (21%). Additionally, all respondents indicated having some level of health insurance whether they were fully covered (92%) or partially covered (8%). A majority of respondents indicated that they or a member of their household had been diagnosed with a chronic medical condition such as diabetes, high blood pressure, or heart disease (59%). Most respondents and members of their household exercise 1-3 times per week (41%) and did not experience any obstacles to routine exercise (21%). The most common obstacles to routine exercise were lack of time (13%) and chronic medical conditions (9%). The three most important unhealthy behaviors to the respondents and their community were poor eating habits (15%), drug abuse (14%), and smoking (14%). Most respondents indicated that they and members of their household do not smoke cigarettes or electronic/vapor products on a regular basis (69%). Most of those who do smoke cigarettes or electronic varieties smoke between 5-8 cigarettes each day (37%) with the next most common response being 9-12 cigarettes each day (27%).

Impacts of COVID-19

Since the beginning of the pandemic in January of 2020, a quarter of the survey respondents (24%) did report a diagnosis of depression, anxiety, or other mental illness by a healthcare professional. Overall, most respondents were still able to access needed medical care (80%), though some (16%) did report an inability to get needed medical care at one time. Of those who were not able to get care, reasons reported included a lack of insurance (8%), a lack of available or nearby specialists (8%), a lack of transportation (8%), a large copay (9%), a long appointment wait time (21%), or a lack of available appointments and/or facility space due to COVID-19 surge (13%). Similarly, most respondents were able to access necessary mental health services when needed (90%), but some were not (9%) and reported reasons such as fear (15%) and embarrassment (10%), long appointment wait times (15%), high co-pays (5%), lack of access (5%), and a lack of insurance coverage which included mental health services (5%).

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PROJECT OVERVIEW

INTRODUCTION

In May of 2022, public health staff and volunteers from in and around Cochise County piloted a virtual Community Assessment for Public Health Emergency Response (CASPER) by canvassing 30 randomly selected clusters (one cluster was selected twice) to assess community health impacts of the coronavirus pandemic on Cochise County households. Residents were asked to complete an online survey to include questions about their health, their access to resources, their behavior, and the impacts to their household during the pandemic.

The CASPER is an epidemiologic technique designed to provide public health leaders and public health emergency preparedness coordinators with household-based information about a community in the aftermath of a disaster. CASPER uses valid statistical methods to gather information which will help initiate public health action, identify information gaps, facilitate disaster planning/response/recovery, allocate resources, and assess new or changing needs in the community.¹

A CASPER is a type of Rapid Needs Assessment (RNA) traditionally conducted by selecting 30 clusters with a probability proportional to the estimated number of households within the clusters (based on the latest U.S. Census data). Interview teams typically use systematic random sampling to select seven households from each of the selected clusters to visit and conduct an in-person survey. In this pilot of a virtual format, Cochise County used door hangers which were placed at each randomly selected household with a link to a digital survey for respondents to complete, rather than in-person questionnaire delivery. The online survey included a questionnaire aimed at collecting household-level information (as opposed to individual-level information). For this Cochise County CASPER, the clusters were selected with the assistance of the Centers for Disease Control and Prevention (CDC)'s CASPER technical assistance capabilities.

The outcomes of this CASPER should help to identify how COVID-19 has impacted a randomly selected sample of Cochise County residents, and the household's need of additional resources.

OBJECTIVES

The objectives of the Cochise County CASPER included the following:

1. To learn & assess the general health of the Cochise County population
2. To identify contributing factors associated with health risks and health disparities
3. To identify & mobilize community resources to improve the health of the public
4. To assess the impact of COVID pandemic (financial, mental and physical health, vaccine hesitancy)

¹ CDC CASPER Toolkit

5. To assess COVID-19 community awareness, opinions, and concerns
6. To pilot a virtual format of the CASPER

Cochise County - Population Overview

The summary below provides the reader with a brief overview of Cochise County to become more familiar with the jurisdiction. Facts presented are not related to results of the CASPER.

On the southeastern side of the state of Arizona, Cochise County spans 6,219 square miles of land and is close to the size of Rhode Island or Connecticut in itself. Cochise County covers a very wide, geographically dispersed area including many rural communities. The population was estimated at around 125,000 in 2019. The county includes the Sierra Vista-Douglas Metropolitan Statistical Area (MSA). The most populous cities include Sierra Vista, Douglas, Bisbee, Benson, and Wilcox.

Based on sampling data from the 2020 census results, there were 126,050 people and 50,917 households in the county.² There were 59,157 housing units. The racial makeup of the county was 87.7% white, 4.5% black or African American, 2.3% Asian, 1.8% American Indian, 0.4% Pacific islander, and 3.3% from two or more races. Those of Hispanic or Latino origin made up 35.7% of the population.

The average household size was 2.34. 90.7% of households had a computer, and 83% had an internet subscription. 88.7% of individuals were a high school graduate or above, and 25.6% had a bachelor's degree or higher. 11.8% of persons under the age of 65 reported a disability, and 11.5% of persons under the age of 65 reported no health insurance coverage. The median income for a household in the county was \$51,505. The per capita income for the county was \$28,021. About 14.6% of the population were below the poverty line.

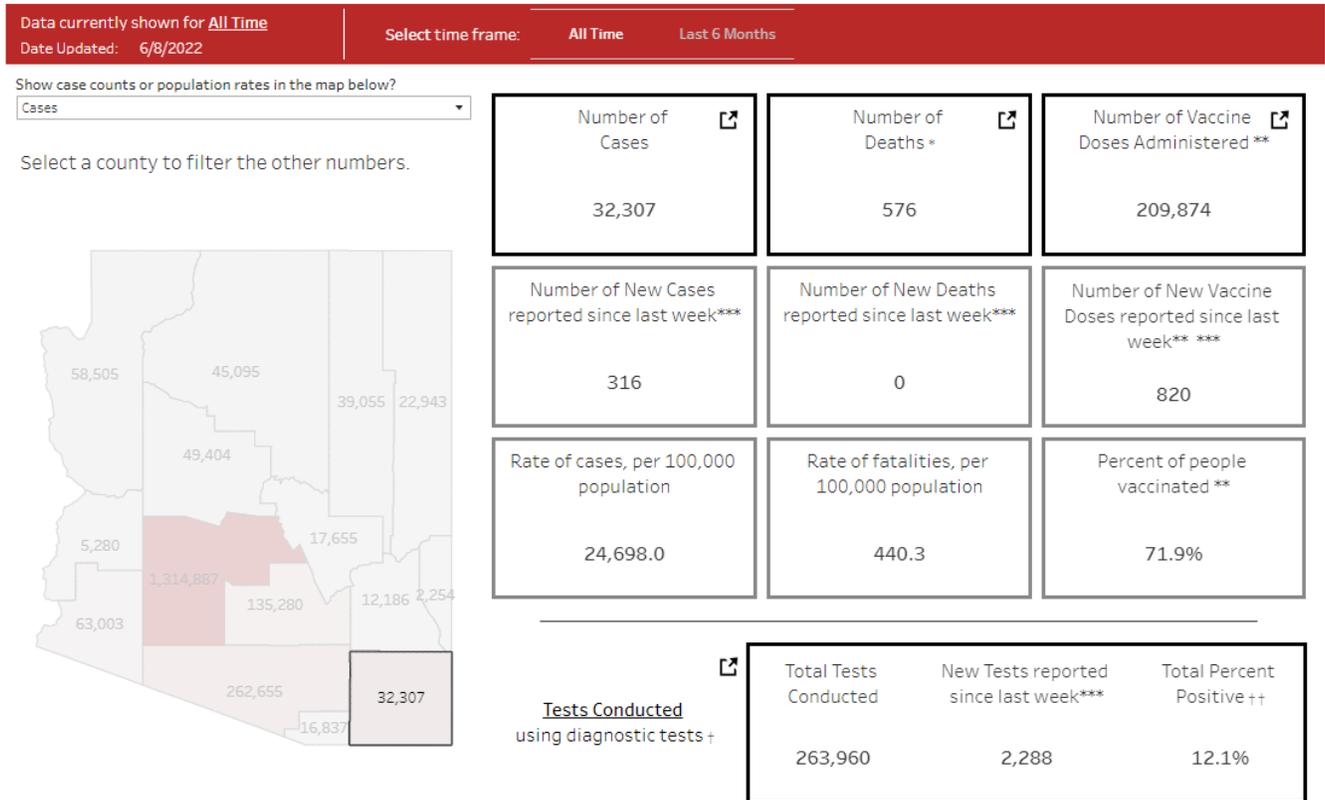
COVID-19 Impacts on Cochise County

As of June 10, 2022, Cochise County has experienced a total of 32,307 COVID-19 cases since January 2020. COVID-19 cases in Cochise County peaked alongside statewide trends during the Delta and Omicron surges in August 2021 and January 2022. As of June 10, 2022, the number of new COVID-19 cases from the previous week sits at 316 cases, an increase from 246 cases in the previous reporting period. The county's vaccination rate is 71.9% with 209,874 doses administered. Vaccination availability remains robust for Cochise County residents, allowing for an additional 820 doses to be administered from the previous reporting period as of June 10, 2022. Four percent of COVID-19 cases in Cochise County were hospitalized, leading to a total of 1,350 residents being hospitalized due to COVID-19 since January 2020. Cochise County has suffered a total 576 deaths due to COVID-19. Cochise County excluded deaths among cases with specimen collection in the past four week to allow for more complete information to be reported.³

² Cochise County, Arizona Census QuickFacts. *United States Census Bureau*, <https://www.census.gov/quickfacts/fact/table/cochisecountyarizona/PST045221>.

³ AZDHS COVID-19 Data. *Arizona Department of Health Services*, <https://azdhs.gov/covid19/data/index.php>.

Graphic 1: Arizona Department of Health Services COVID-19 Data Dashboard - Cochise County (as of 6/8/22)



METHODOLOGY

CASPER SAMPLING METHODOLOGY

Cochise County conducted a CASPER using a two-stage cluster sampling framework that included all of Cochise County, using 2020 census data. CASPERs typically use this two-stage cluster sampling method to select 210 households throughout the selected community to be surveyed.

The first stage, cluster selection, begins with the determination of a sampling frame, or the area from which the sample is selected and to which the data is generalized. This included all of Cochise County. Once the sampling frame was determined, thirty census blocks (termed “clusters”) were randomly selected with assistance from the CDC’s CASPER Technical Assistance program using 2020 census data for Cochise County. The probability of a census block being selected in this framework is proportional to the number of housing units located within it.

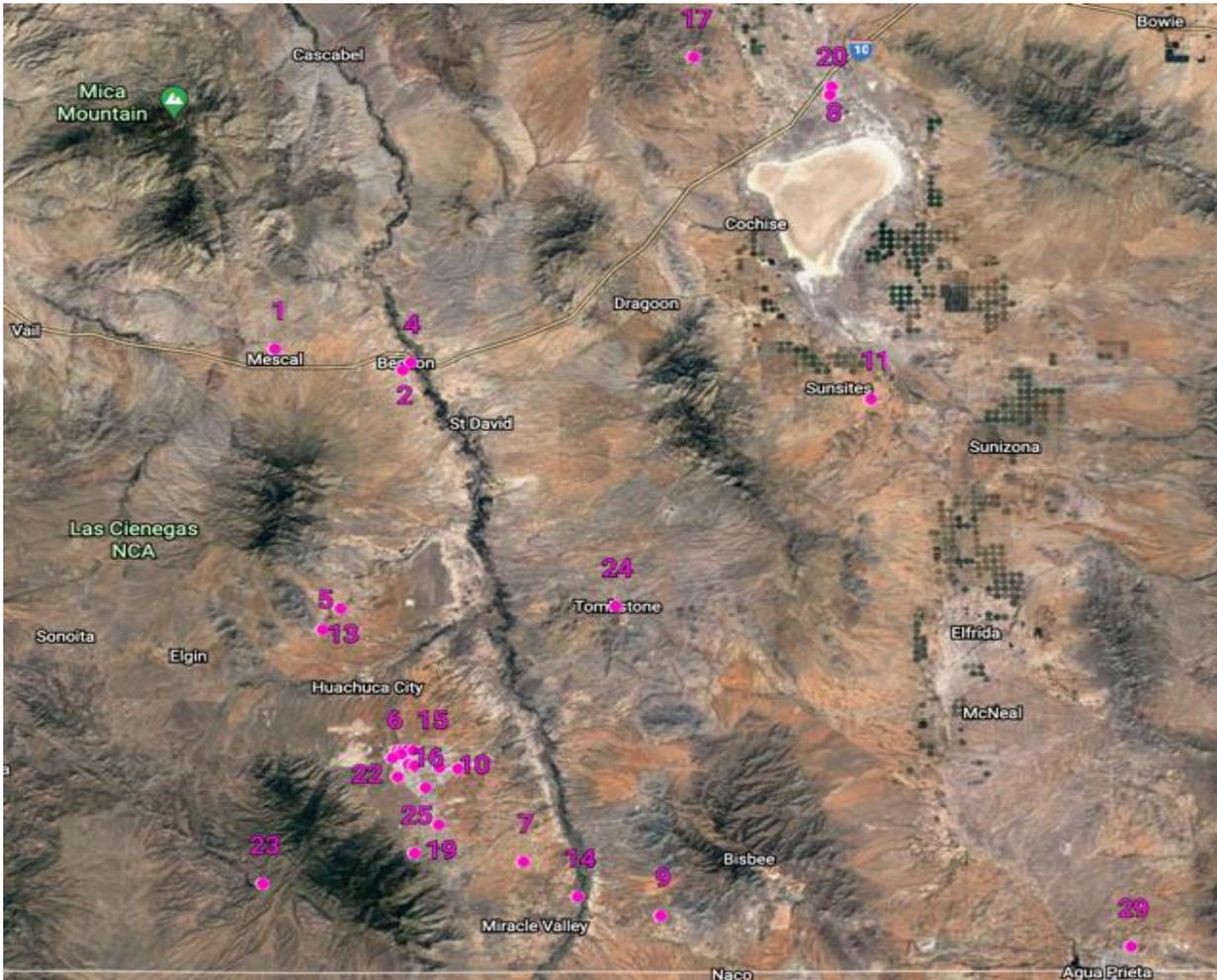
The second sampling stage, household selection, was completed by canvassing teams in the field, with systematic selection of seven households per cluster. Homes were selected by dividing the total number of housing units (total) in the cluster by seven (the target number of surveys per cluster) to determine each cluster’s sequence number (“n”). Canvassing teams then visited every “nth” house to distribute the door knocker with survey information, with an ultimate target of 210 survey responses (30 clusters x 7 surveys per cluster).⁴

All the clusters are chosen without substitution – meaning that clusters originally selected are those that are assessed with no changes or modifications permitted. Any departure from this design (30x7 cluster sampling) is not considered a CASPER. During this CASPER, Cochise County did not change any of the clusters at any time.

Based on the clusters selected for Cochise County, one cluster was randomly selected twice. As a result, Cochise County canvassing teams targeted 14 households in this duplicate cluster. As such, there were 29 clusters identified for Cochise County. Cluster Maps and total # of households within each cluster are listed in the Appendices.

⁴ CDC CASPER Toolkit

Figure 1: 29 Clusters Selected for Cochise County (Cluster Maps available in the Appendices)



PILOT VIRTUAL FRAMEWORK

Originally in the fall of 2021, Cochise County had planned to conduct a traditional CASPER using volunteers and county staff. The traditional method has canvassers go door-to-door within the selected clusters to conduct interviews with household representatives and collect survey responses in-person.

However, as the CASPER was planned to take place during the ongoing COVID-19 pandemic, there were concerns about possible exposure risks for both interview teams and household members during the interviews. In addition, public health did not want to contradict any local guidance or messaging about limiting gatherings or events by simultaneously gathering volunteers and other large groups of people for the CASPER activities.

Cochise County consulted with the CDC to determine next steps and options to modify the CASPER methodology to limit risk. Modifications to the traditional CASPER design can be made, with consultation from the CDC. The CDC supported Cochise County in their decision to pilot a “virtual” CASPER, in which canvassing teams used door hangers instead of face-to-face interviews to offer households an opportunity to complete the survey virtually – either online (via a SurveyMonkey survey link) or over the phone (using a dedicated technical assistance phone number listed on the door hanger).

The door hangers featured a space for the canvassing teams to include a unique identifier code assigned to each household (a copy of the door hanger can be found in the appendices). At the time of selection, the canvassing team would assign the household a code based on the cluster # and the household # (out of 7). The code would be written on the door hanger as well as the canvassing team’s tracking forms. Survey respondents were asked to input the code when they began the survey. This allowed the data analysis team to track how many and which households had responded from each cluster without collecting address data.

- Door Hanger Example:
 - Cluster 16, House 3
 - Unique ID Code: C16:H3
- Door Hanger Example for Apartment Complex Unit:
 - Cluster 16, Unit B203
 - Unique ID Code: C16:UB203

In addition, respondents were offered a digital gift card worth \$50.00 towards a variety of vendors (e.g., Amazon, Walmart, CVS, Starbucks, Target, etc.) for completing the survey. The end of the survey included an option to add an email address for receiving the gift card. Respondents were advised that they did need to provide an email address in order to receive the gift card. The gift cards were provided through a third-party application (AppyReward) attached to the SurveyMonkey account which could track survey completion and send an email with the gift card information to respondents. A community partner donated the funds for the incentive.

There were two online survey links – one in English and one in Spanish. Both were listed on the door hangers. One side of the door knocker was fully in English and the other side fully in Spanish. Respondents could also request another language by contacting the phone line listed on the door hanger.

Questionnaire / Survey

The Cochise County CASPER questionnaire/survey was developed by epidemiologists at CCHSS using prior CASPER surveys. All questions were worded to collect household-level data since CASPER is a household level survey technique. The questionnaire/survey and the materials were translated to Spanish, with additional guidance on how to request other language translations and access.

A copy of the survey has been included in Appendix A for reference.

PUBLIC MESSAGING AND COMMUNICATION

Numerous methods were utilized to notify the public of the COVID-19 CASPER, including a Cochise County Health & Social Services press release, communication with elected officials, Cochise County social media postings (e.g., Twitter, NextDoor, Facebook, Instagram), and through radio advertisements. Anecdotally, some of the canvassing teams reported hearing individuals in the community comment on the fact that they had “heard about the CASPER on the radio.”

Screenshots of some of the public notification material has been included in the appendices.

IMPLEMENTATION

Cochise County conducted this pilot virtual CASPER from May 2 – June 3, 2022. Canvassing teams included County Health and Social Services staff and volunteers. These teams were sent out in county vehicles and were wearing visible County Health and Social Services badges and vests in order to clearly delineate their association with the CASPER.

Canvassing teams were given a just-in-time training on April 29, and then were sent out May 2 and May 3 for an initial round of canvassing within the clusters. Teams selected every “nth” household within their assigned clusters and placed a door hanger on 7 households within each cluster. These teams used a group text chat to monitor and report cluster canvassing status and any incidents or issues experienced along the way.

Canvassers were sent out again on May 19 and 20th to hang reminder door hangers on the doors of those who had not yet responded, out of those 7 households, or to replace if the original unit seemed unoccupied or if the original unit verbally declined to participate.

Table 1: Response Rates by Date

Response Rates by Date			
Date	# of English Survey Responses	# of Spanish Survey Responses	Total
5/2/2022	17	2	19
*Canvassing Date			
5/3/2022	13	0	13
*Canvassing Date			
5/4/2022	3	0	3
5/5/2022	1	0	1
5/6/2022	0	1	1

Response Rates by Date			
Date	# of English Survey Responses	# of Spanish Survey Responses	Total
5/7/2022	1	0	1
5/8/2022	2	0	2
5/9/2022	1	0	1
5/10/2022	1	0	1
5/11/2022	0	0	0
5/12/2022	1	0	1
5/13/2022	0	0	0
5/14/2022	0	0	0
5/15/2022	0	0	0
5/16/2022	0	0	0
5/17/2022	0	0	0
5/18/2022	0	0	0
5/19/2022	8	0	8
*Canvassing Date			
5/20/2022	8	0	8
*Canvassing Date			
5/21/2022	0	0	0
5/22/2022	2	0	2
5/23/2022	2	0	2
5/24/2022	2	0	2
5/25/2022	1	0	1
5/26/2022	2	0	2
5/27/2022	0	0	0

Response Rates by Date			
Date	# of English Survey Responses	# of Spanish Survey Responses	Total
5/28/2022	1	0	1
5/29/2022	2	1	3
5/30/2022	0	0	0
5/31/2022	0	0	0
6/1/2022	0	0	0
6/2/2022	1	0	1
Total:			73

As depicted in the table above, response rates were highest during or shortly after canvassing dates. During the first round from May 2 – May 18, a total of 43 responses were collected. During the second round from May 19 – June 2, a total of 30 responses were collected. Respondents were asked to complete the survey within a two-week timeframe.

There were no requests for additional languages other than English or Spanish by those who responded. There were 8 respondents who completed the survey over the phone through the technical assistance team. Other calls were received to the designated phone number to provide feedback on the CASPER or to request assistance accessing the gift cards.

Limitations

There were several limitations to the design and implementation of this virtual CASPER which will impact the data analysis and should be highlighted. These include:

- Respondents were required to be 18 years or over to complete the survey. The first question on the survey asked if they were 18 years or over. If they indicated “no,” they were brought to a page that reminded them of the age requirement and asked them to select another individual within the household to complete the survey. However, with a digital survey methodology, there was no visual way to confirm the age of the respondent and respondents may have been incentivized by the gift card to complete the survey and lie about their age.
- Respondents also were required to live in the home where the door hanger was placed in order to complete the survey. Once again, the second question on the survey asked them to confirm their residence in the home. If they selected “no,” they were asked to redirect to another individual who resided in the home. However, with a digital survey methodology, there was no way to confirm the

respondent's residential status and they may have been incentivized by the gift card to complete the survey despite not living in the home. However, these limitations are similarly present in an in-person survey design.

- A virtual CASPER methodology relies on access to a computer and internet to complete the survey online, or a phone and phone service to call the telephone line. Demographically and based on 2020 preliminary census data, 90.7% of households in Cochise County had a computer, and 83% had an internet subscription. However, there still may have been households who received the door hanger but were unable to access either the online survey or the phone number due to a lack of access.
- The cluster selection method did leave out critical population centers within Cochise County and may have misrepresented the diversity of the county as a whole. 29 clusters were selected within the county; however, none of these clusters included Bisbee, for example, which is one of the largest and most diverse towns within the county.
- Cochise County's clusters included a large number of rural neighborhoods with a limited number of households within the cluster, which made it difficult to reach the total household number of "7." One cluster only had 5 households within the cluster according to census data. This made it even more difficult for the county to collect all 7 households' worth of responses for each cluster.

LESSONS AND OUTCOMES

Overall, the biggest success of this effort was the pilot of a virtual CASPER format and the data collected from a random sample of Cochise County's population. Based on the two-stage cluster sampling method used, the responses collected are from a random sample of the county's population and seemed to represent a diverse spectrum of responses from demographic background to income level to health beliefs.

Cochise County was not able to reach the required 80% response rate of the 210 households (168) in order to weigh the data and make it generalizable to the entire county population. Even with additional rounds of canvassing, based on the dwindling response rates over time, Cochise County did not believe they would reach 210 without adjusting the methodology or investing a significantly larger number of resources (logistics and staff) over a long period of time. Even so, survey and messaging fatigue within the community may still have made it difficult to achieve the response rates desired.

After further consultation with the CDC and with the CCHSS team, a decision was made to close the survey and report on the findings. A total of 73 survey responses were collected, including 2 incomplete responses which represent a random sample of the county's population overall. Findings from only the 71 completed survey responses is presented in the Data Analysis and subsequent sections of this report. This data can still be used to inform public health policy and practice and evaluate the impacts of COVID-19 on county residents.

There were important lessons collected on the overall implementation of a virtual CASPER as well. While overall response rates were low, the completion rate of the surveys was extremely high. Of those who began the survey online, only two individuals did not complete the survey (these two were self-eliminated by the over 18 and

residence in the home selected questions). All others fully completed the entire survey, resulting in a total of 71 completed responses to analyze.

The virtual CASPER also required significantly less staff resources and time to execute than a verbal, face-to-face interview. Canvassers were able to rely on hanging door hangers rather than completing each survey. This made it an ideal framework for a small, low-resourced rural jurisdiction with a limited number of staff and volunteers to contribute to canvassing teams.

The group text format worked well for communicating to and from canvassing teams out in the field and should be repeated in future CASPER implementations. The technical assistance phone line on the door hangers was also successful in collecting additional survey completions and providing a forum for public feedback. Additionally, the unique identifier code was successfully implemented and helped Cochise County to track completion by cluster.

The radio ads seemed to be the most effective public messaging strategy used to inform community members about the CASPER, based anecdotally on comments from members of the public encountered by the canvassing teams. These should be replicated in future CASPER implementations if possible.

There were additional lessons learned in between the first and second round of canvassing. First, many of the more rural clusters required four-wheel drive to adequately reach. Some of the drivers going to those clusters were able to request more appropriate county vehicles for the second round. In addition, the gift cards were not actively advertised in the CASPER's public messaging (out of a fear that it would encourage individuals to 'steal' door hangers from other homes), but this may have minimized the incentives.

During the second round of canvassing, the teams tried to make contact with individuals within the home by knocking and telling them about the door hanger and the incentive. This seems to have helped a little.

Interestingly enough, only 45 out of the 73 respondents accessed the gift card incentives. At least 16 individuals chose not to provide an email address (21%). Another 14 received an email for the gift card but had not cashed them in as of the date of writing. The incentive may not have been as critical in encouraging completion as originally thought.

Survey completion time does not appear to have been a barrier. The survey took an average of 18 minutes to complete, and every participant completed the survey other than two who self-eliminated due to the age and/or residency questions.

Overall, the biggest issue in the execution of the pilot virtual CASPER was the low response rate. After further consultation with the CDC's technical assistance team, another possible method for a future virtual CASPER was identified. In this alternative method, the county could place door hangers on all doors within a selected cluster. Then, data analysts would hand select only the first 7 respondents from each cluster or incorporate a trigger into the survey in which only the first 7 from each cluster are able to complete the survey. However, this would require reconfiguring the incentive program. This method would require significantly more resources for execution, as canvassers would need to spend more time in each cluster, and materials would need to be provided to every household in each cluster.

DATA ANALYSIS

PREPARING DATA

In order to conduct analysis on the data collected from the survey, the English and Spanish survey results were consolidated into a single Excel spreadsheet where pivot tables and charts were used to identify and visualize the findings. The four Spanish survey results were translated to English to discover the results of the 73 CASPER survey responses (71 total completed responses). Data from the consolidated survey results was used to calculate the contact, cooperation, and completion response rates below:

- The **contact rate** is the percentage of households at which contact was attempted and the households successfully completed an interview. This indicates the representativeness of the sample to the population within the sampling frame. Cochise County was able to receive 73 responses of the 210 target households contacted. The contact rate of the survey was 35%.
- The **cooperation rate** is the percentage of households at which contact was made and the household agreed to complete an interview. This represents the willingness and eligibility of the sampling frame to complete the CASPER survey.
- The **completion rate** is the number of completed interviews out of the goal number of completed interviews. This represents how close interview teams came to collecting full and complete survey responses. While overall response rates were low, the completion rate of the surveys was extremely high. Of those who began the survey online, only two individuals did not complete the survey (these two were self-eliminated by the over 18 and residence in the home selected questions). All others fully completed the entire survey. The completion rate of the survey was 97%.

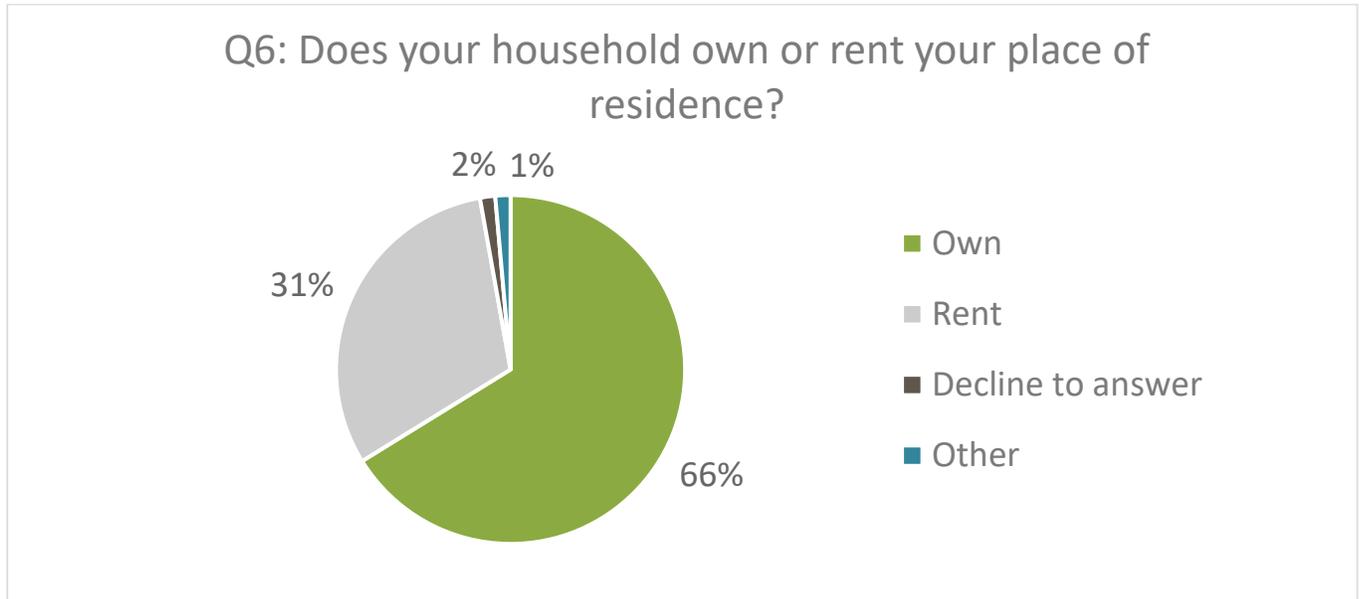
RESULTS

The following represents an overall analysis of the 71 complete responses to the survey questions based on four overall categories: Demographics, COVID-19 Status/Beliefs, Other Health Behaviors, and Impacts of COVID-19.

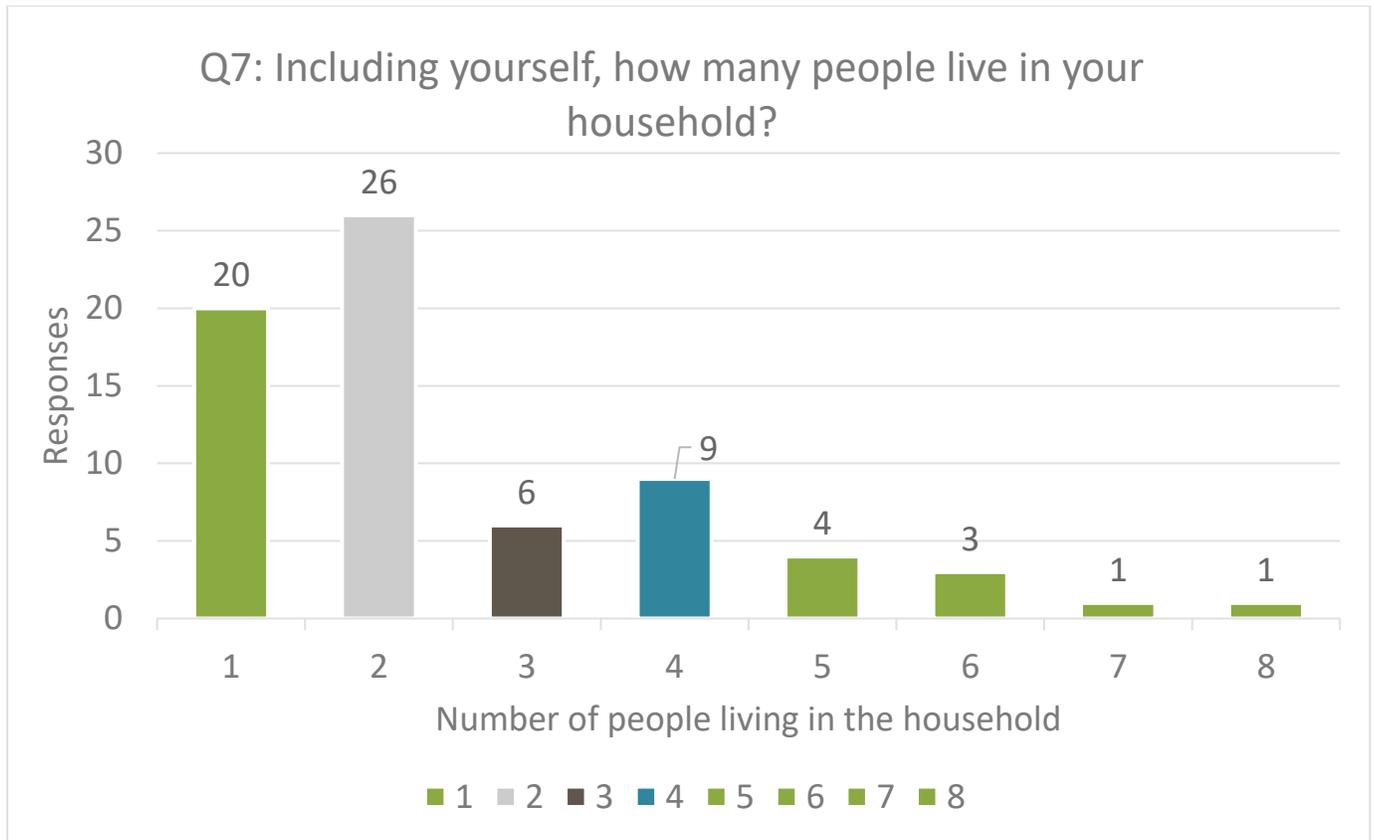
Demographics

Most Cochise County households who participated in this survey identify as White (82%), non-Hispanic or Latino (61%), while 35% indicated they were Hispanic or Latino. Additionally, most households identified as English speaking (86%). A smaller percentage of respondents identified as Asian (6%), Black or African American (6%) and American Indian or Alaska Native (3%). All respondents were over the age of 18 (100%) and lived in the home where the door hangers were placed. Most respondents own their place of residence (66%), however 31% are renting their properties. Most work full time (39%); however, the next most common employment status was retired (27%). The two most common salary ranges amongst respondents were between \$40,001 to \$60,000 (21%) and \$20,001 to \$40,000 (20%). Most respondents have completed some college but did not receive a degree (34%), with the next two most common levels of education being a college degree (28%) and a graduate or

professional degree (27%). A significant number of respondents also indicated they experience impaired vision (17%), impaired hearing (16%) and developmental/cognitive disabilities (8%). English speakers were more likely to not be vaccinated (19%) compared to Spanish speakers (0%).

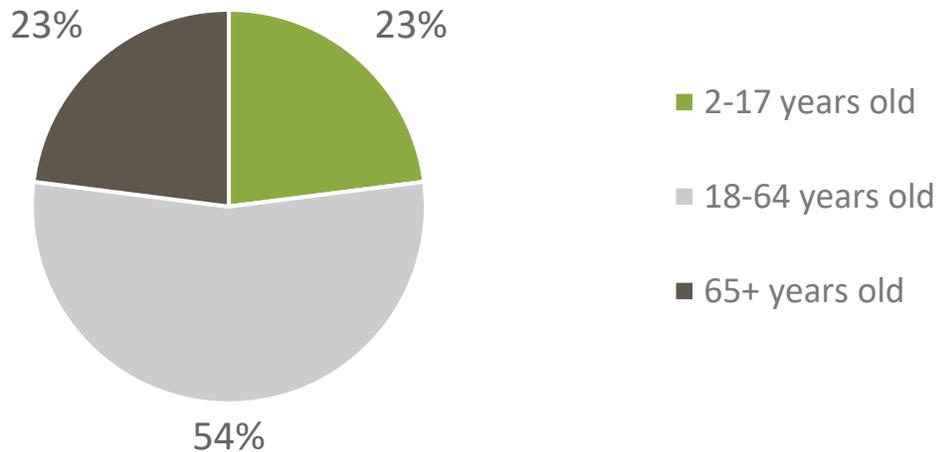


Q6: Does your household own or rent your place of residence?		
Answer Choices	Responses	Percentage
Own	47	66%
Rent	22	31%
Decline to answer	1	2%
Other	1	1%



Q7: Including yourself, how many people live in your household?		
Answer Choices	Responses	Percentage
2	26	37%
1	20	29%
4	9	13%
3	6	9%
5	4	6%
6	3	4%
7	1	1%
8	1	1%

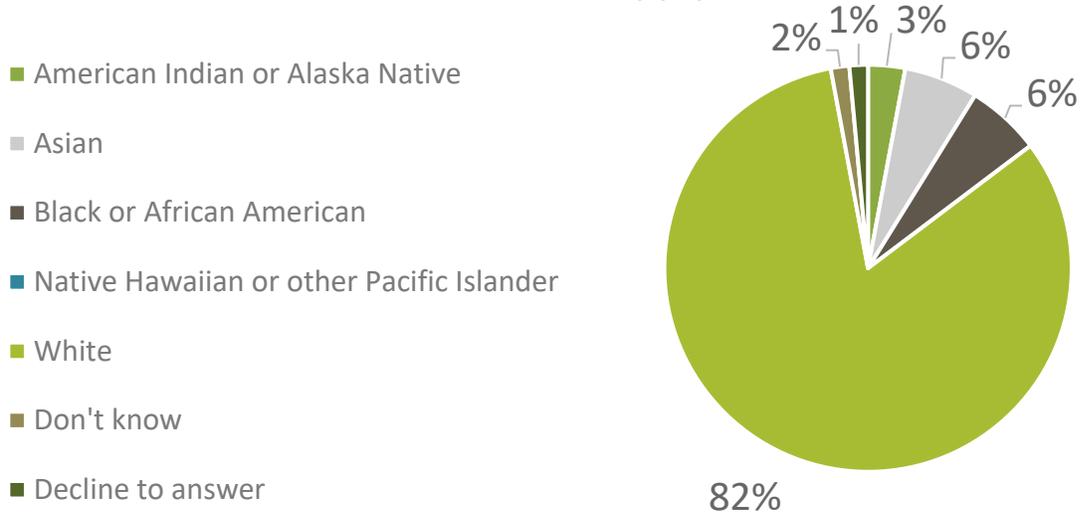
Q8: Including yourself, how many people live in your household? (2-17 years old, 18-64 years old, 65+ years old) (Multiple Answers Allowed)



Q8: Including yourself, how many people live in your household? (2-17 years old, 18-64 years old, 65+ years old) (Multiple Answers Allowed)

Answer Choices	Responses	Percentage
18-64 years old	94	54%
2-17 years old	40	23%
65+ years old	40	23%

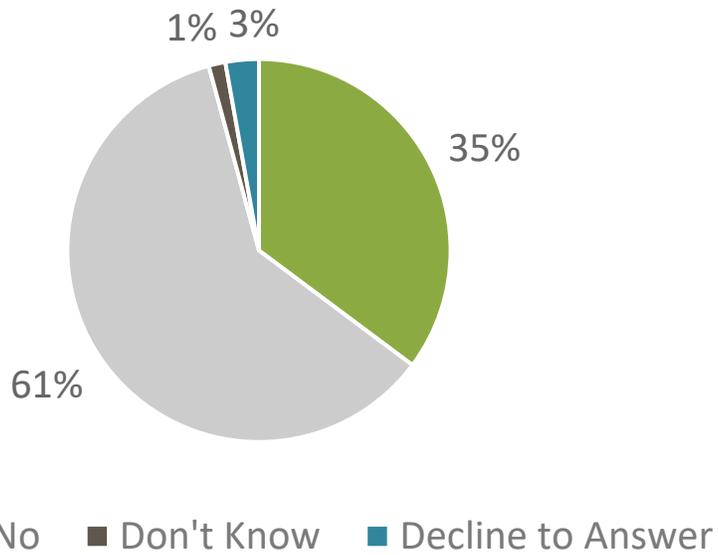
Q9: What race(s) does your household identify with?
 (Check all that apply)



Q9: What race(s) does your household identify with? (Check all that apply)

Answer Choices	Responses	Percentage
White	56	82%
Asian	4	6%
Black or African American	4	6%
American Indian or Alaska Native	2	3%
Don't know	1	2%
Decline to answer	1	1%
Native Hawaiian or other Pacific Islander	0	0%

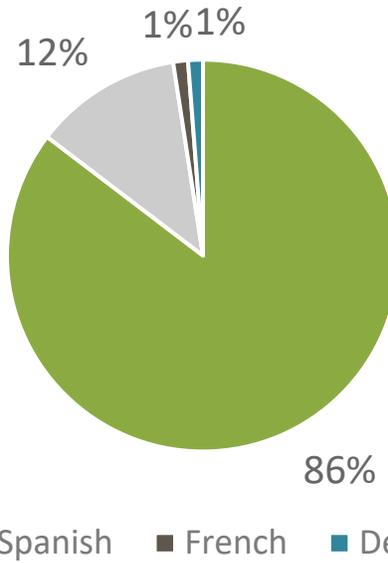
Q10: Do you or any members of your household identify as Hispanic or Latino?



Q10: Do you or any members of your household identify as Hispanic or Latino?

Answer Choices	Responses	Percentage
No	43	61%
Yes	25	35%
Decline to answer	2	3%
Don't know	1	1%

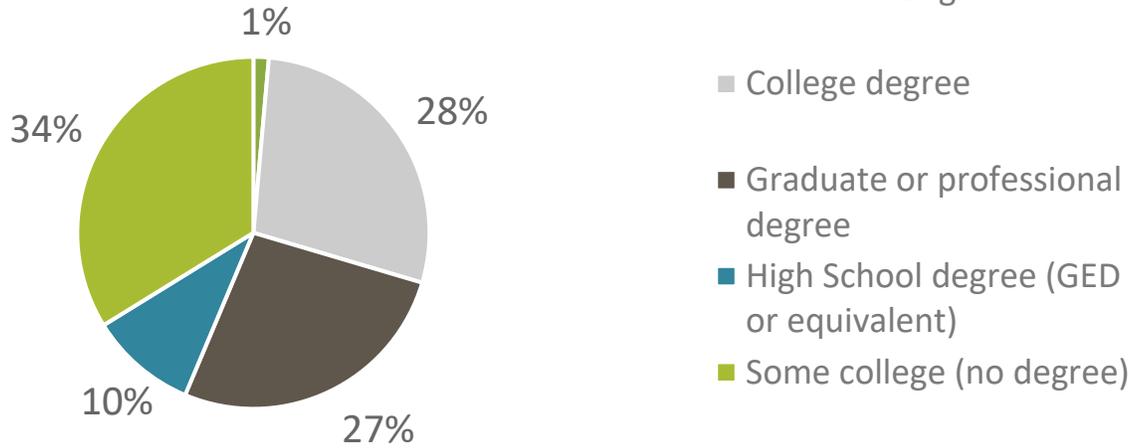
Q11: What languages are spoken/read in your household?
 (Check all that apply)



Q11: What languages are spoken/read in your household? (Check all that apply)

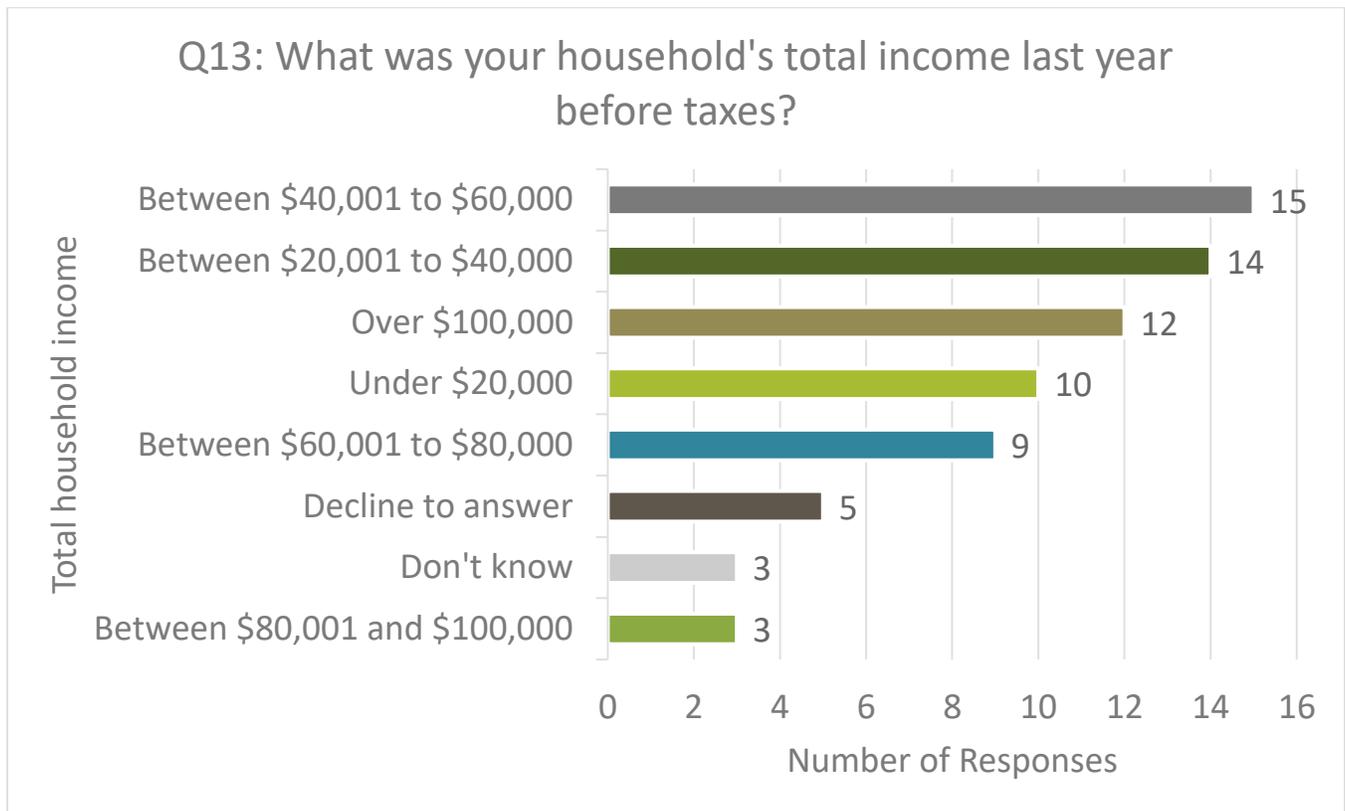
Answer Choices	Responses	Percentage
English	70	86%
Spanish	10	12%
French	1	1%
Decline to answer	1	1%

Q12: What is the highest level of education in your household?



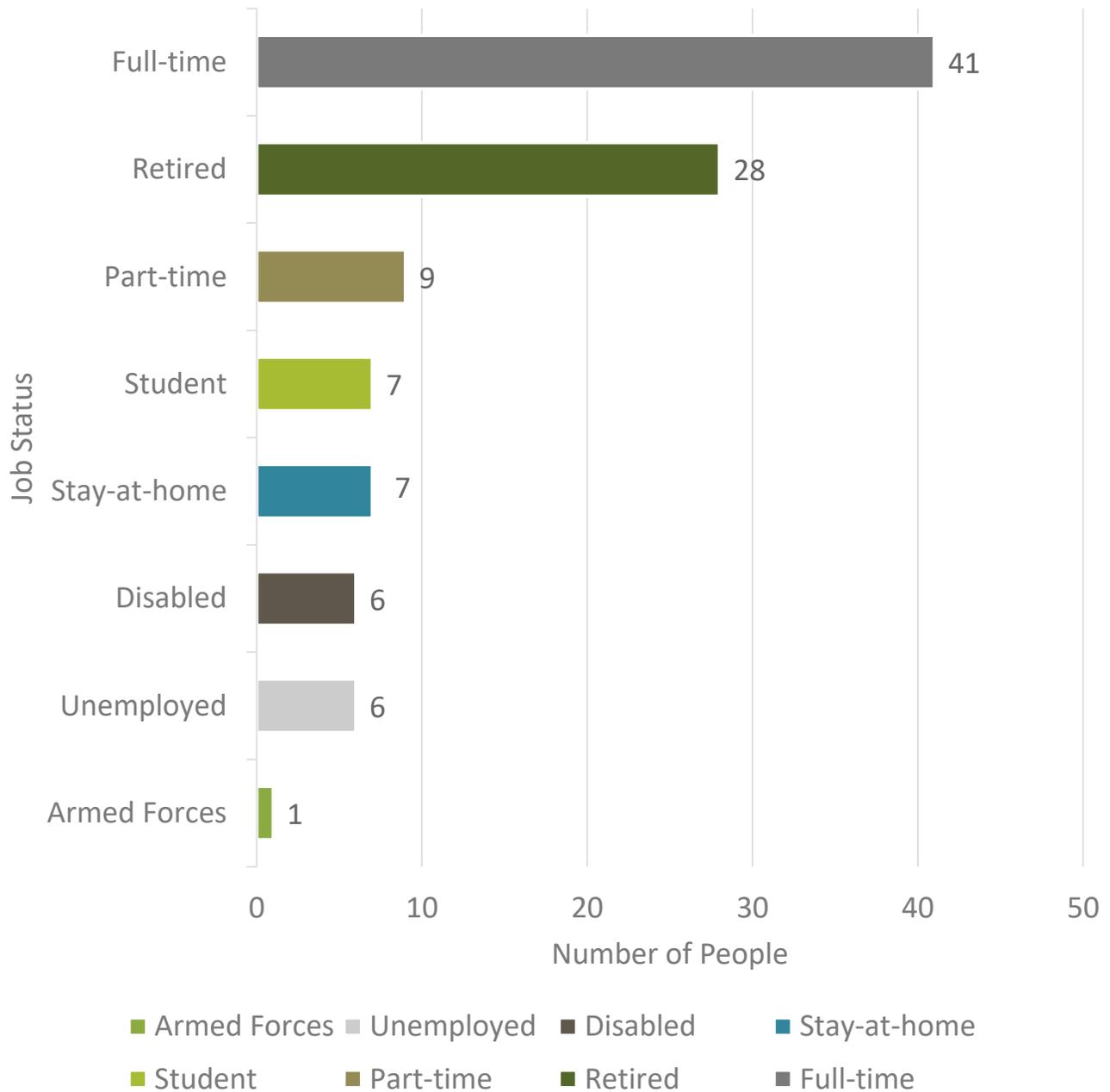
Q12: What is the highest level of education in your household?

Answer Choices	Responses	Percentage
Some college (no degree)	24	34%
College degree	20	28%
Graduate or professional degree	19	27%
High School degree (GED or equivalent)	7	10%
Associate Degree	1	1%



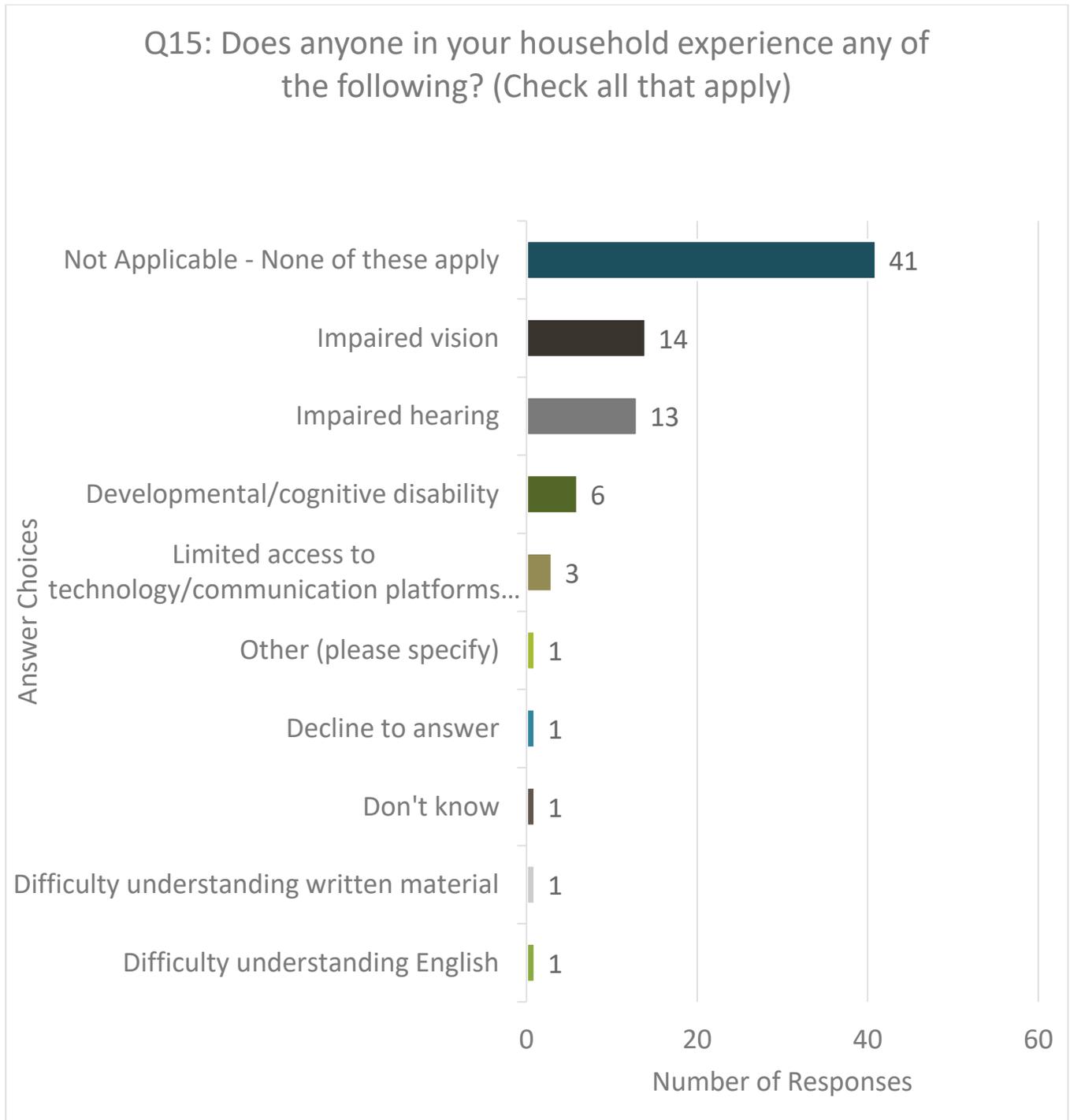
Q13: What was your household's total income last year before taxes?		
Answer Choices	Responses	Percentage
Between \$40,001 to \$60,000	15	21%
Between \$20,001 to \$40,000	14	20%
Over \$100,000	12	17%
Under \$20,000	10	14%
Between \$60,001 to \$80,000	9	13%
Decline to answer	5	7%
Between \$80,001 and \$100,000	3	4%
Don't know	3	4%

Q14: What is the job status of everyone in the household over the age of 18? (check any that apply to at least one member of the household)



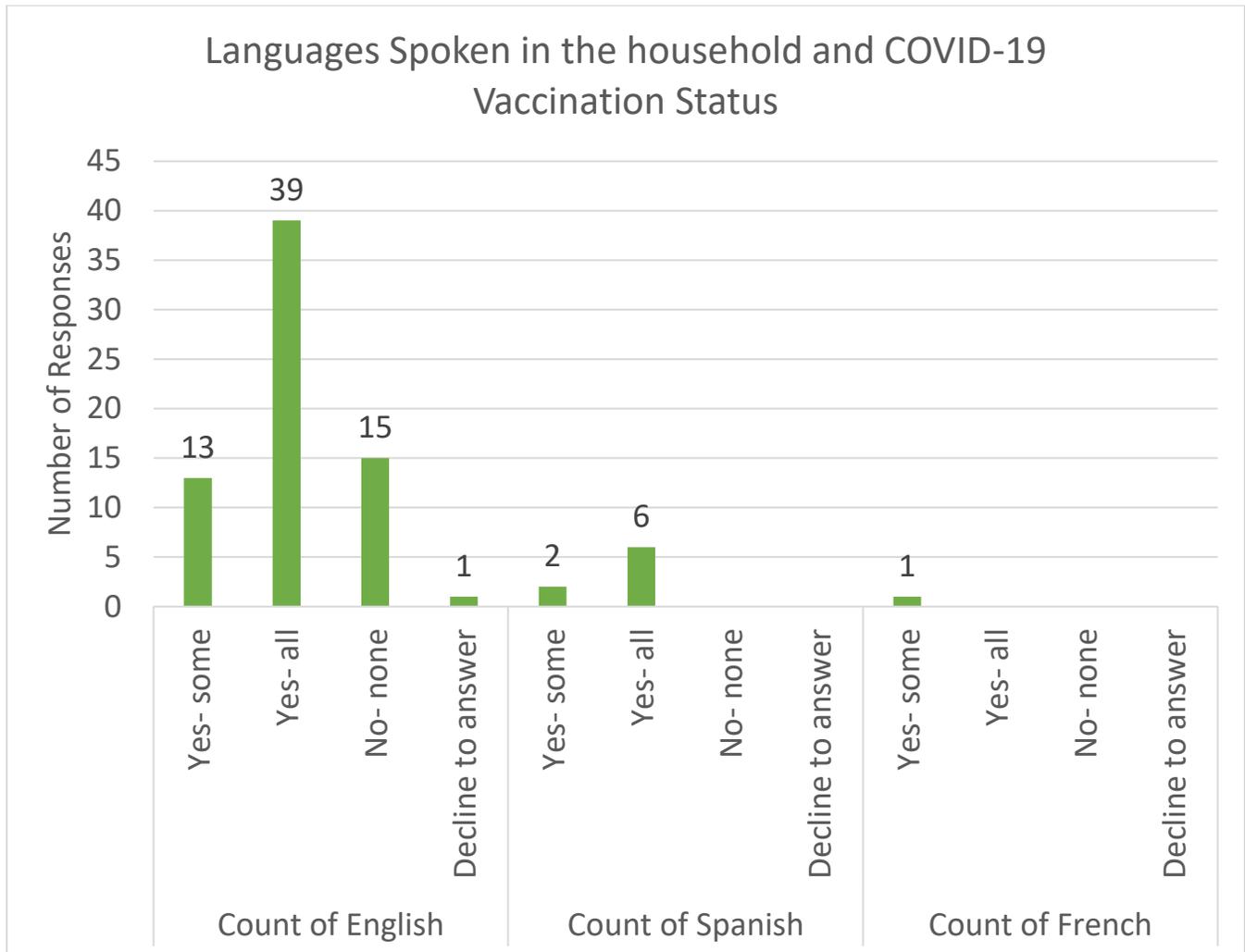
Q14: What is the job status of everyone in the household over the age of 18? (check any that apply to at least one member of the household)

Answer Choices	Responses	Percentage
Full-time	41	39%
Retired	28	27%
Part-time	9	8%
Student	7	7%
Unemployed	6	6%
Stay-at-home	7	6%
Disabled	6	6%
Armed Forces	1	1%



Q15: Does anyone in your household experience any of the following? (Check all that apply)

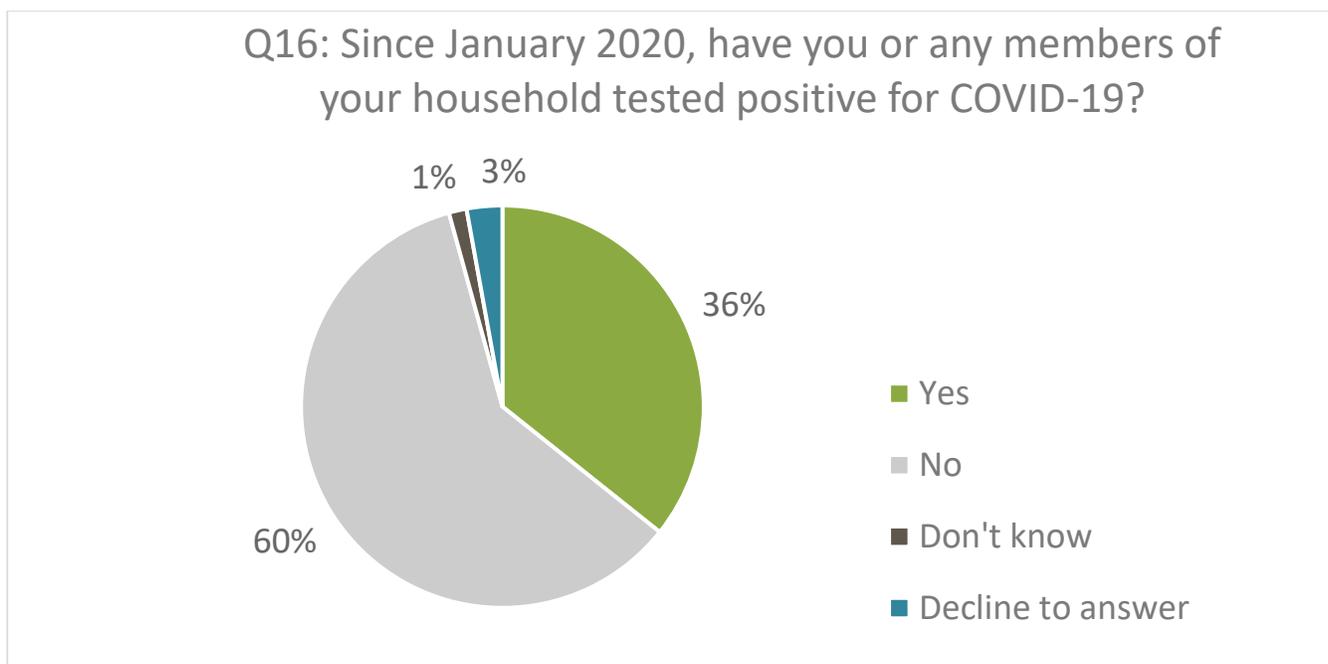
Answer Choices	Responses	Percentage
Not Applicable - None of these apply	41	50%
Impaired vision	14	17%
Impaired hearing	13	16%
Developmental/cognitive disability	6	8%
Limited access to technology/communication platforms (internet, phone, media)	3	4%
Difficulty understanding English	1	1%
Difficulty understanding written material	1	1%



Languages Spoken in the household and COVID-19 Vaccination Status								
Have you and/or members of your household over 5 years old received 1 or more COVID-19 vaccinations?	Yes- some		Yes- all		No- none		Decline to Answer	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
English	13	17%	39	51%	15	19%	1	1%
Spanish	2	3%	6	8%	0	0%	0	0%
French	1	1%	0	0%	0	0%	0	0%

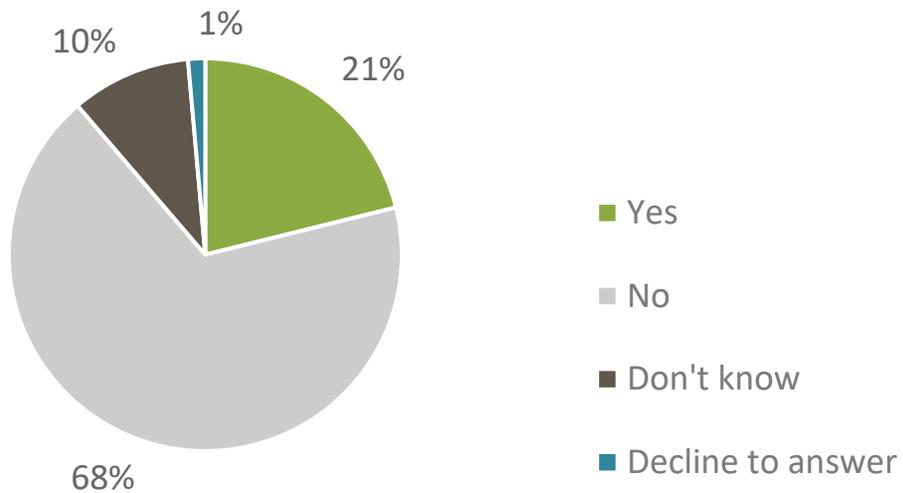
COVID Status or Beliefs

Most respondents indicated that they and the members of their household have not tested positive for COVID-19 since January 2020 (60%) and do not believe they've had COVID-19 since January 2020 (68%). A majority of those who have tested positive for COVID-19 since January 2020 believe they were exposed at work (22%), don't know where they were exposed (19%) or think it was contact with a household member who was positive (17%). Most respondents indicated they wear masks while in indoor public places (41%); however, almost as many respondents indicated that they never wear masks in indoor public places (36%). Respondents also indicated that 33% of their household members always wear a mask, 31% sometimes wear a mask, and 29% only wear a mask when required.



Q16: Since January 2020, have you or any members of your household tested positive for COVID-19?		
Answer Choices	Responses	Percentage
No	42	60%
Yes	25	36%
Decline to answer	2	3%
Don't know	1	1%

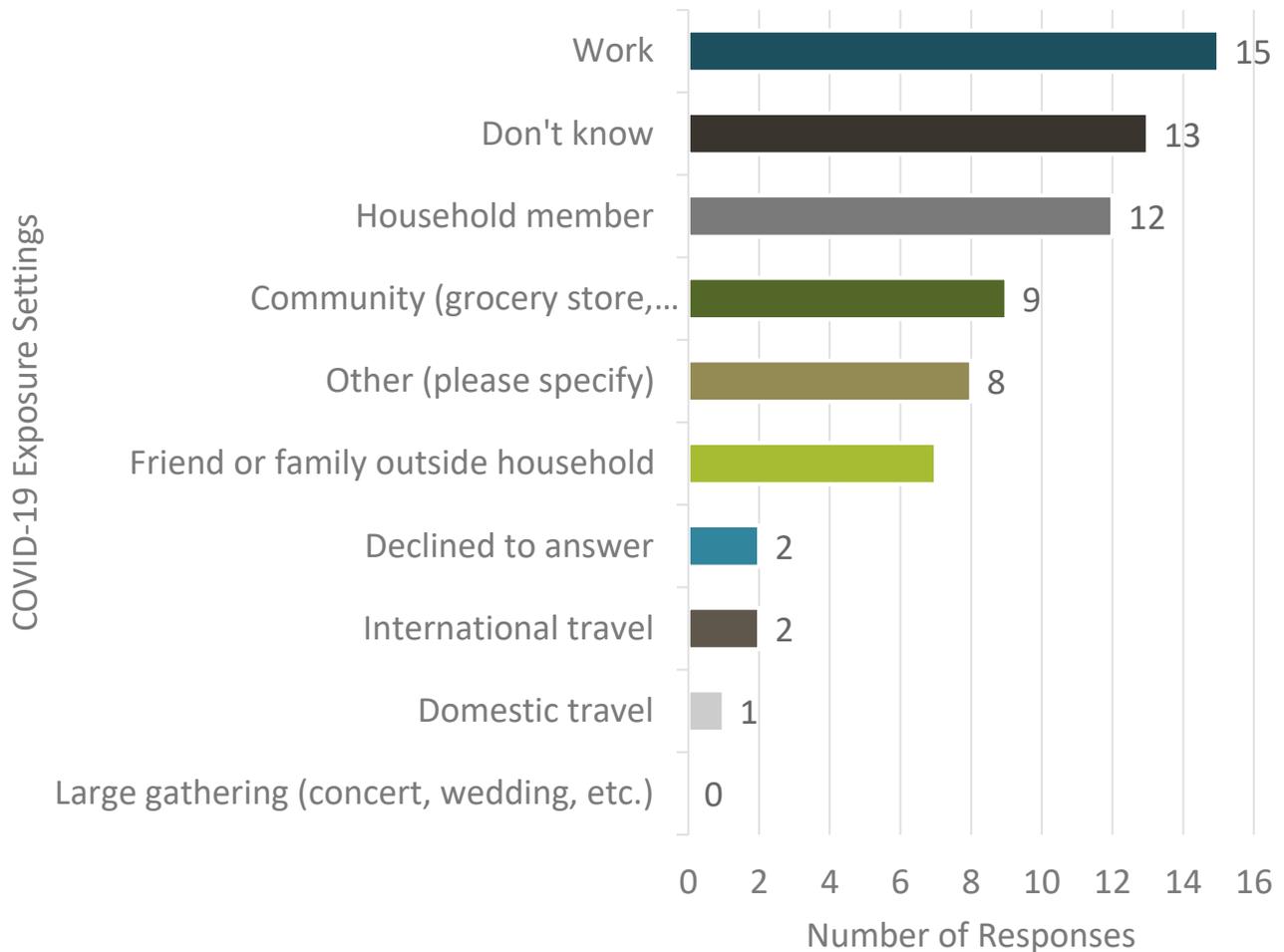
Q17: Since January 2020, do you or any members of your household believe they've had COVID-19, but this was not confirmed via testing?



Q17: Since January 2020, do you or any members of your household believe they've had COVID-19, but this was not confirmed via testing?

Answer Choices	Responses	Percentage
No	48	68%
Yes	15	21%
Don't know	7	10%
Decline to answer	1	1%

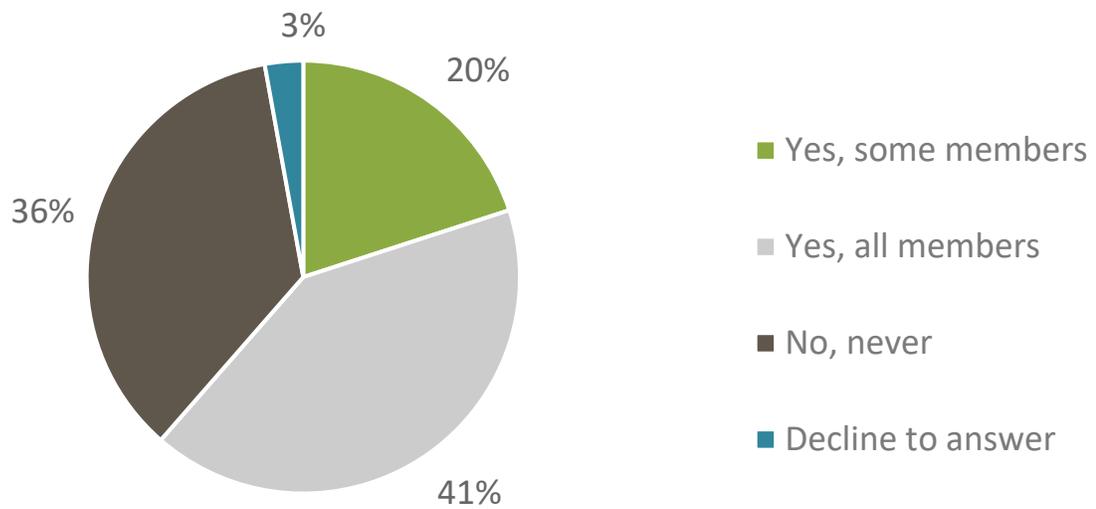
Q18: If you or any members of your household tested positive for COVID-19 or believe they've had COVID-19, how/where do you or your household members think you became exposed? (Check all that apply)



Q18: If you or any members of your household tested positive for COVID-19 or believe they've had COVID-19, how/where do you or your household members think you became exposed? (Check all that apply)

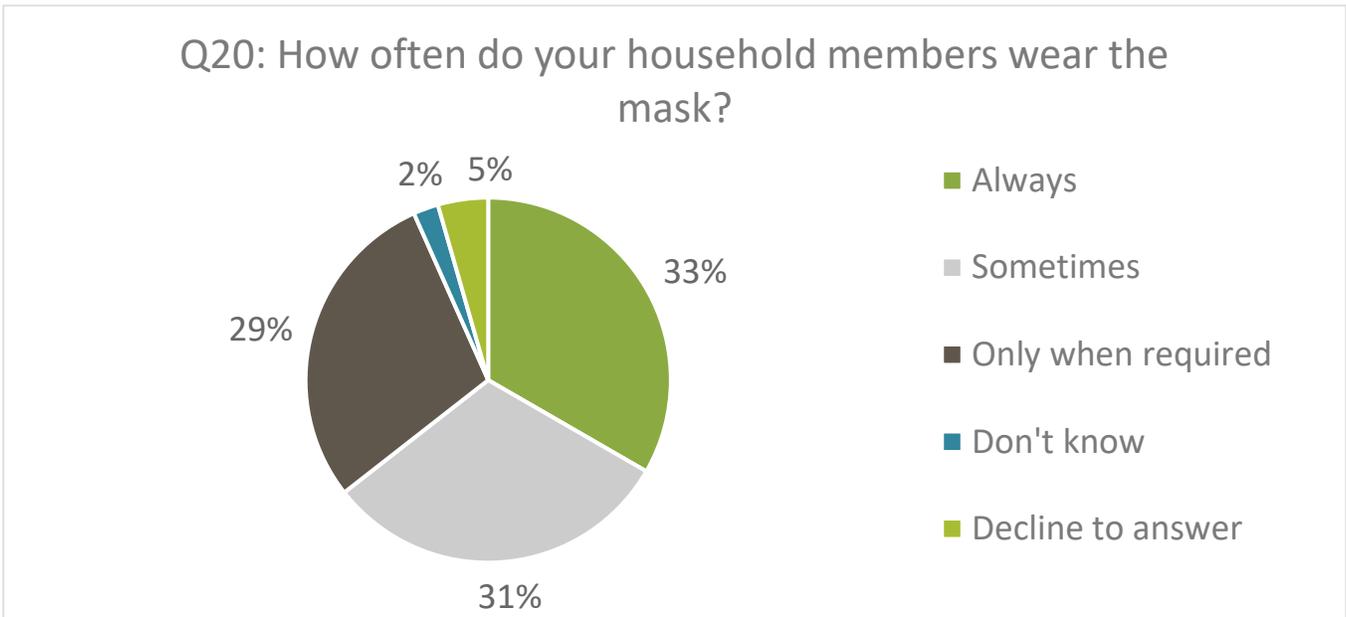
Answer Choices	Responses	Percentage
Work	15	22%
Household member	12	17%
Community (grocery store, restaurant, etc.)	9	13%
Friend or family outside household	7	10%
Domestic travel	1	1%
Large gathering (concert, wedding, etc.)	0	0%
International travel	2	3%
Don't know	13	19%
Declined to answer	2	3%

Q19: Do you or members of your household wear face masks/coverings while at indoor public places?



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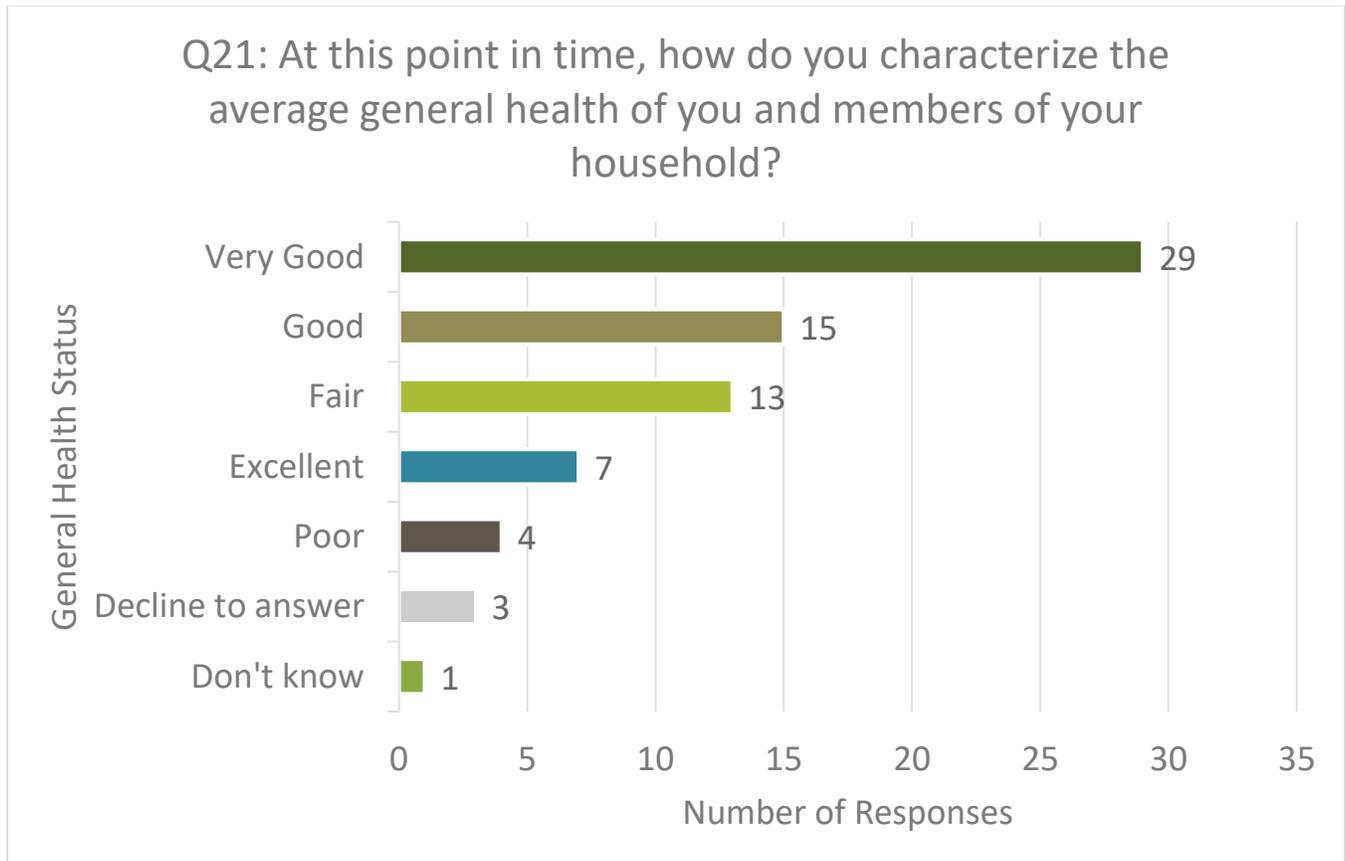
Answer Choices	Responses	Percentage
Yes, all members	29	41%
No, never	25	36%
Yes, some members	14	20%
Decline to answer	2	3%



Q20: How often do your household members wear the mask?		
Answer Choices	Responses	Percentage
Always	15	33%
Sometimes	14	31%
Only when required	13	29%
Don't know	1	2%
Decline to answer	2	5%

Other Health Behaviors

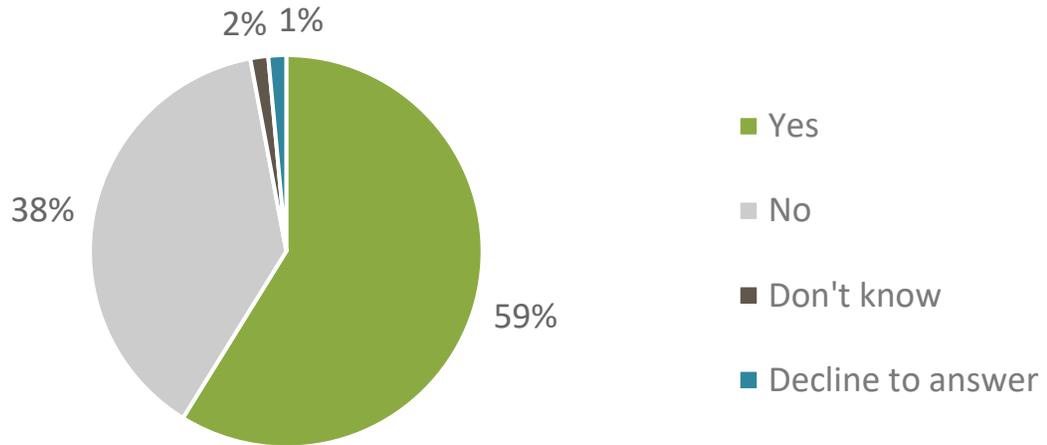
Overall respondents indicated that the general health of themselves and the members of their household was very good (40%) or good (21%). Additionally, all respondents indicated having some level of health insurance whether they were fully covered (92%) or partially covered (8%). A majority of respondents indicated that they or a member of their household had been diagnosed with a chronic medical condition such as diabetes, high blood pressure, or heart disease (59%). Most respondents and members of their household exercise 1-3 times per week (41%) and did not experience any obstacles to routine exercise (21%). The most common obstacles to routine exercise were don't like exercise (14%) and lack of time to exercise (13%). The three most important unhealthy behaviors to the respondents and their community were poor eating habits (15%), drug abuse (14%), and smoking (14%). Most respondents indicated that they and members of their household do not smoke cigarettes or electronic/vapor products on a regular basis (69%). Most of those who do smoke cigarettes or electronic varieties smoke between 5-8 cigarettes each day (37%) with the next most common response being 9-12 cigarettes each day (27%).



Q21: At this point in time, how do you characterize the average general health of you and members of your household?

Answer Choices	Responses	Percentage
Very Good	29	40%
Good	15	21%
Fair	13	18%
Excellent	7	10%
Poor	4	6%
Decline to answer	3	4%
Don't know	1	1%

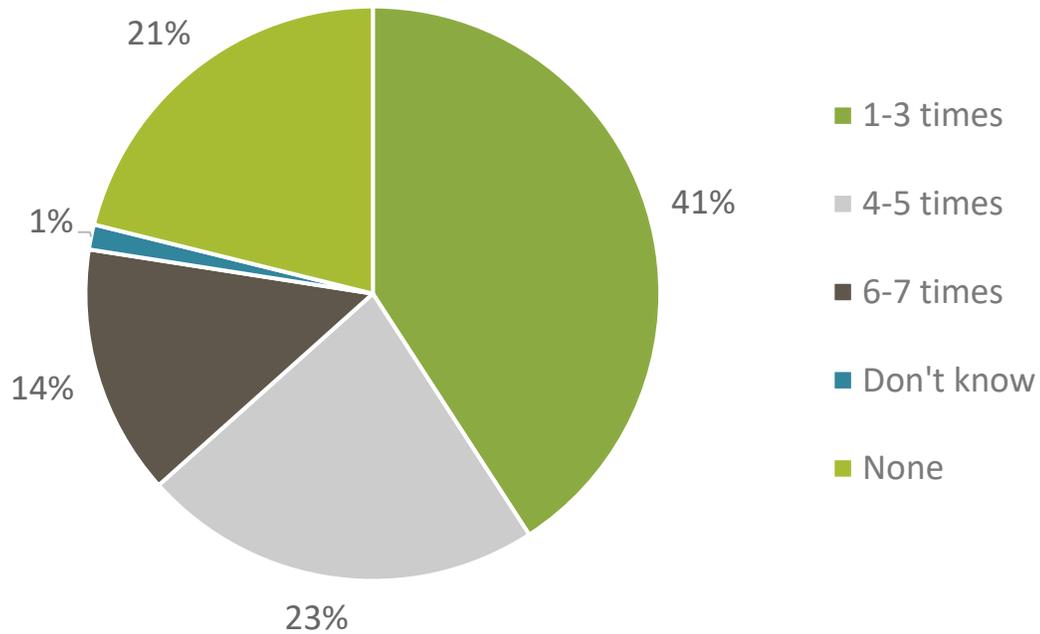
Q22: Have you or members of your household been diagnosed with a chronic medical condition such as diabetes, high blood pressure, heart disease, etc.?



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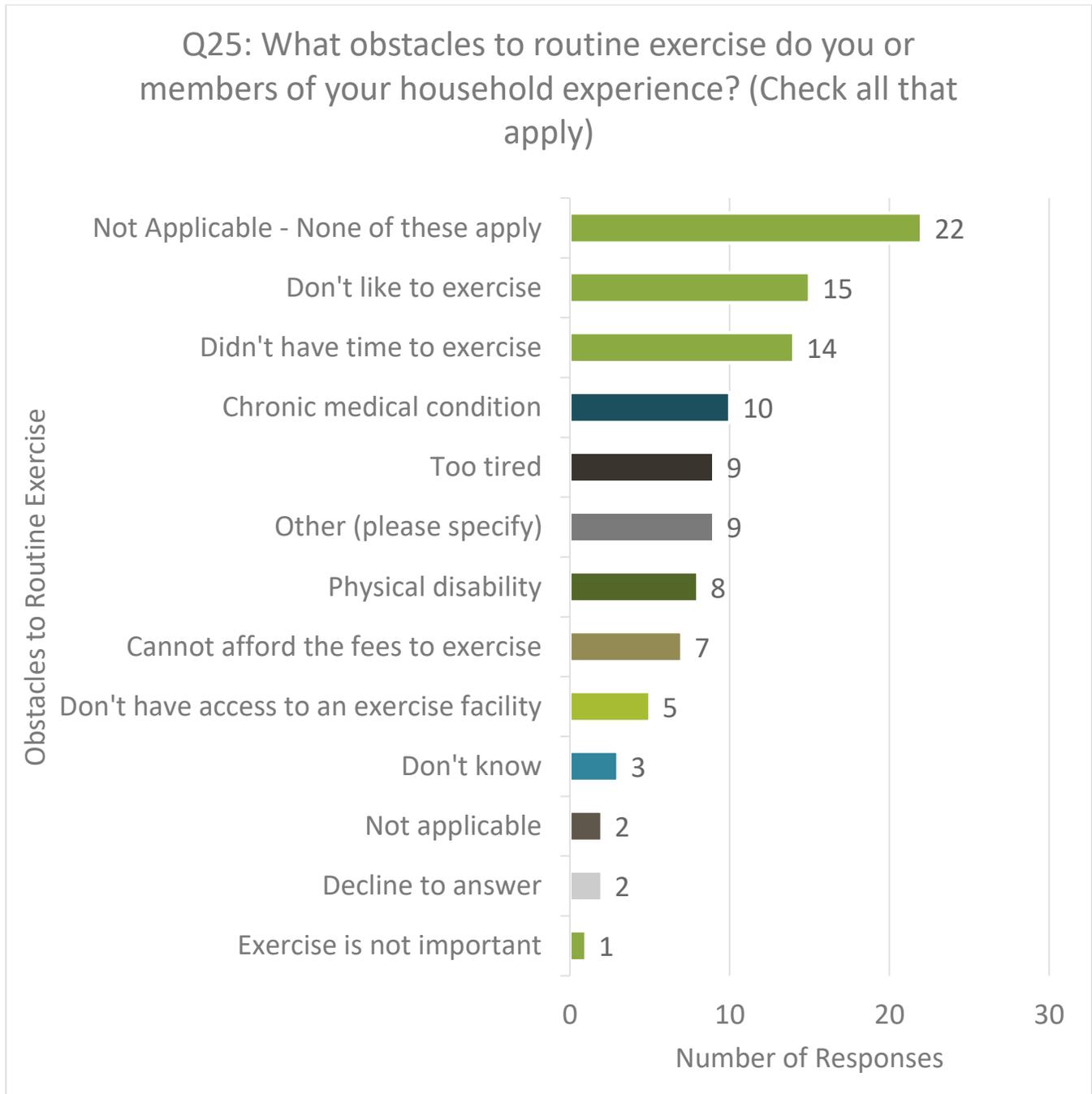
Answer Choices	Responses	Percentage
Yes	40	59%
No	26	38%
Don't know	1	2%
Decline to answer	1	1%

Q24: How many times did most of your household participate in deliberate exercise (such as jogging, walking, golf, weightlifting, fitness classes) that lasted for at least 30 minutes or more in the last week?



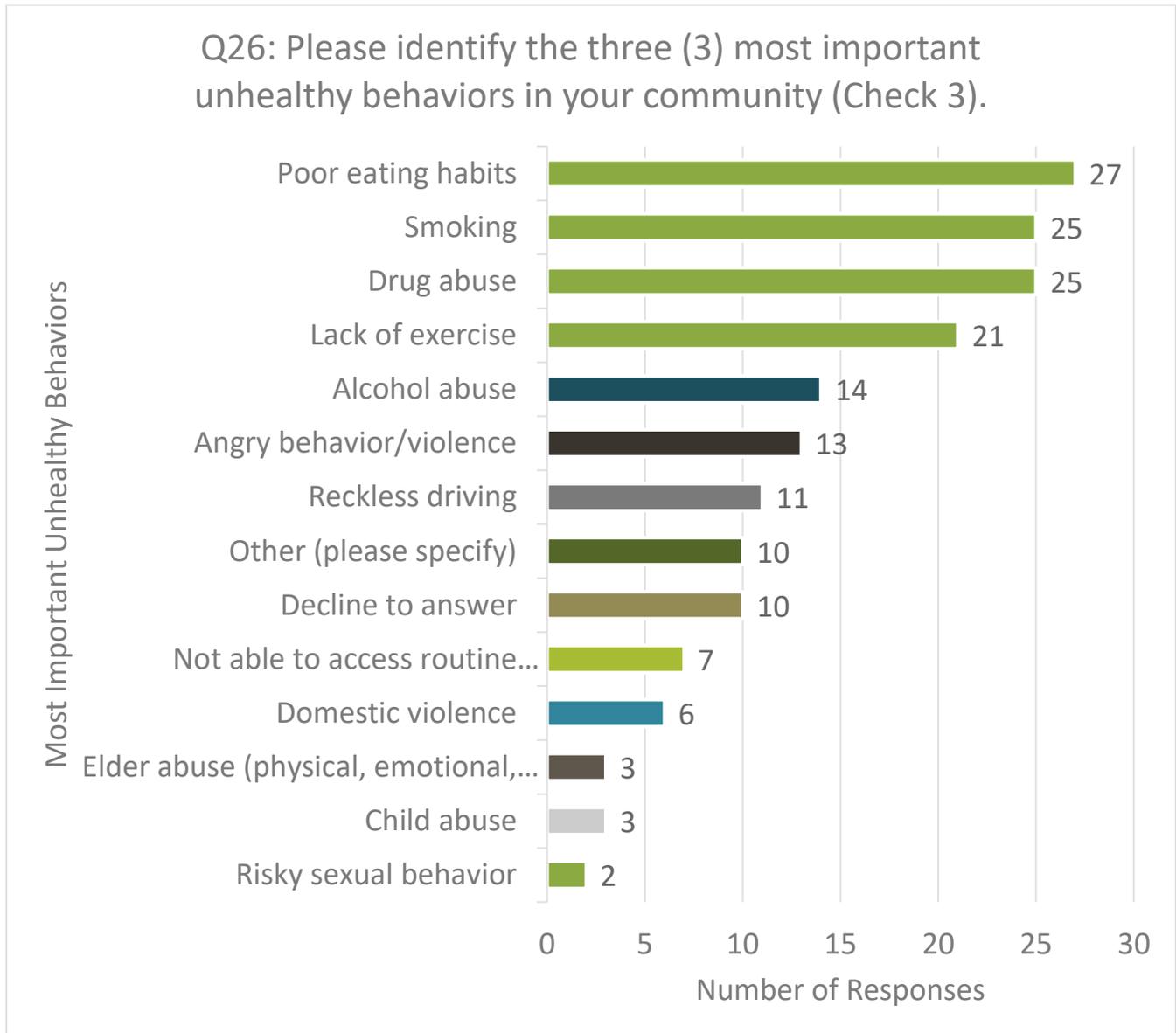
Q24: How many times did most of your household participate in deliberate exercise (such as jogging, walking, golf, weightlifting, fitness classes) that lasted for at least 30 minutes or more in the last week?

Answer Choices	Responses	Percentage
1-3 times	29	41%
4-5 times	16	23%
None	15	21%
6-7 times	10	14%
Don't know	1	1%



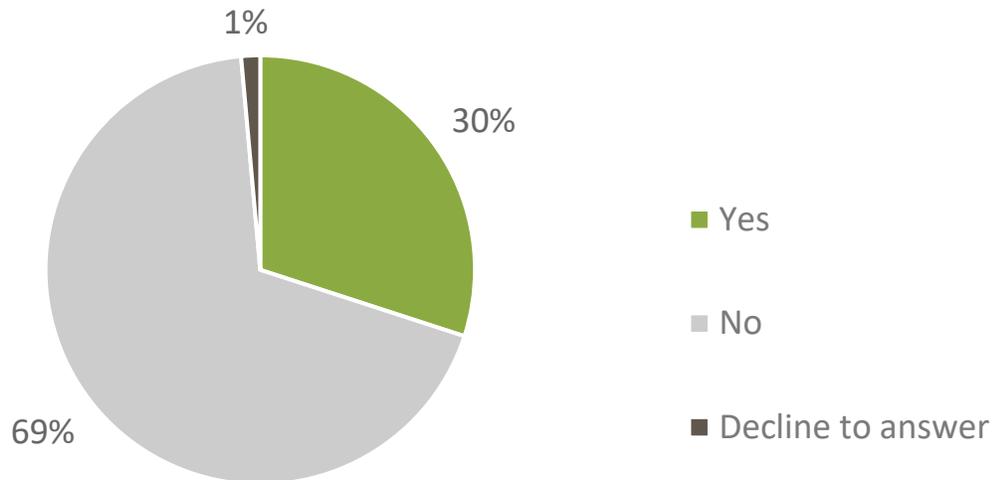
Q25: What obstacles to routine exercise do you or members of your household experience? (Check all that apply)

Answer Choices	Responses	Percentage
Not Applicable - None of these apply	22	21 %
Don't like to exercise	15	14%
Didn't have time to exercise	14	13%
Chronic medical condition	10	9%
Other (please specify): Too busy, Weather – wind, cold, heat, and preexisting injuries	9	8%
Too tired	9	8%
Cannot afford the fees to exercise	7	7%
Physical disability	8	7%
Don't have access to an exercise facility	5	5%
Don't know	3	3%
Decline to answer	2	2%
Not applicable	2	2%
Exercise is not important	1	1%



Q26: Please identify the three (3) most important unhealthy behaviors in your community (Check 3)		
Answer Choices	Responses	Percentage
Poor eating habits	27	15%
Drug abuse	25	14%
Smoking	25	14%
Lack of exercise	21	12%
Alcohol abuse	14	8%
Angry behavior/violence	13	7%
Reckless driving	11	6%
Decline to answer	10	6%
Other (please specify): Dental care, all of the above, or not sure	10	6%
Not able to access routine healthcare/check-ups	7	4%
Domestic violence	6	3%
Child abuse	3	2%
Elder abuse (physical, emotional, financial, sexual)	3	2%
Risky sexual behavior	2	1%

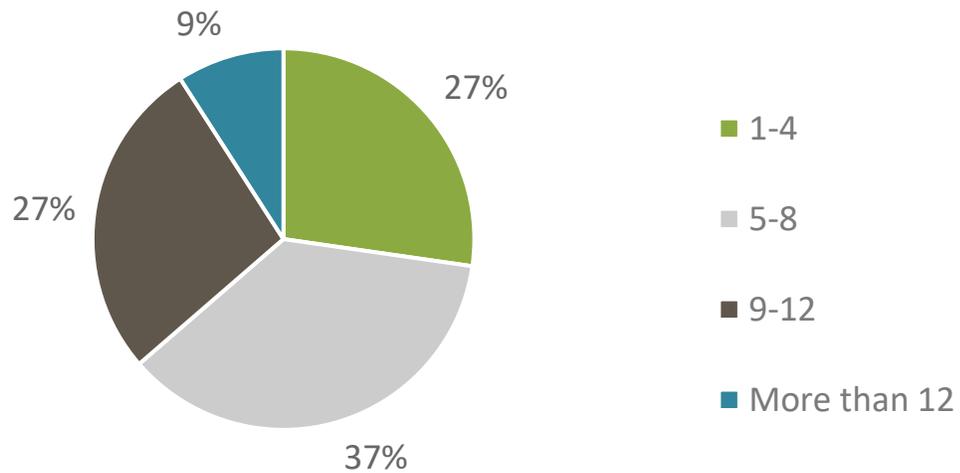
Q31: Do you or any members of your household smoke cigarettes (actual or electronic/vapor) on a regular basis?



Q31: Do you or any members of your household smoke cigarettes (actual or electronic/vapor) on a regular basis?

Answer Choices	Responses	Percentage
No	48	69%
Yes	21	30%
Don't know	1	1%

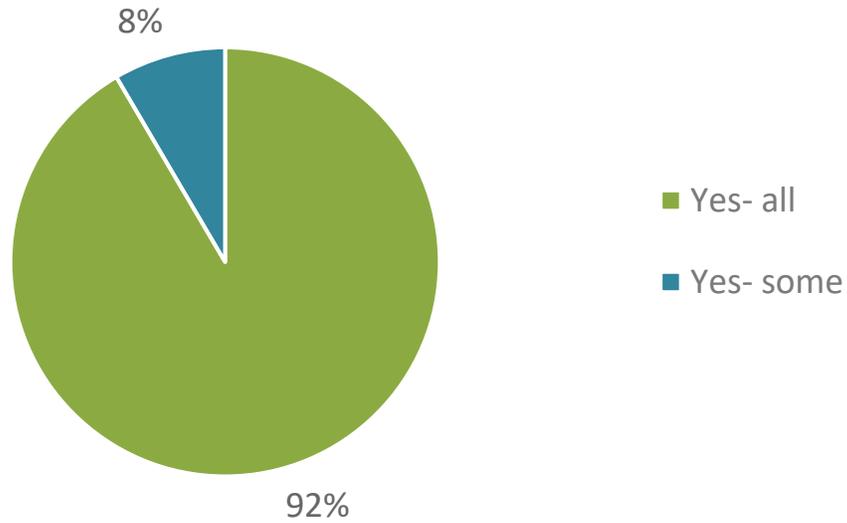
Q32: On a typical day, how many cigarettes do you or members of your household smoke (either actual or electronic/vape)?



Q32: On a typical day, how many cigarettes do you or members of your household smoke (either actual or electronic/vape)?

Answer Choices	Responses	Percentage
5-8	8	37%
1-4	6	27%
9-12	6	27%
More than 12	2	9%

Q33: Are you and members of your household covered by health insurance?



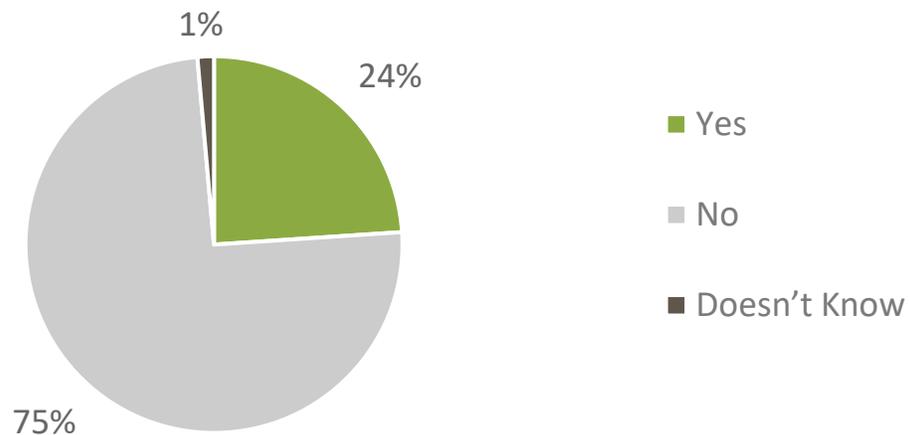
Q33: Are you and members of your household covered by health insurance?

Answer Choices	Responses	Percentage
Yes- all	65	92%
Yes- some	6	8%

Impacts of COVID-19

Since the beginning of the pandemic in January of 2020, a quarter of the survey respondents (24%) did report a diagnosis of depression, anxiety, or other mental illness by a healthcare professional. Overall, most respondents were still able to access needed medical care (80%), though some (16%) did report an inability to get needed medical care at one time. Of those who were not able to get care, reasons reported included a lack of insurance (8%), a lack of available or nearby specialists (8%), a lack of transportation (8%), a large copay (9%), a long appointment wait time (21%), or a lack of available appointments and/or facility space due to COVID-19 surge (13%). Similarly, most respondents were able to access necessary mental health services when needed (90%), but some were not (9%) and reported reasons such as fear (15%) and embarrassment (10%), long appointment wait times (15%), high co-pays (5%), lack of access (5%), and a lack of insurance coverage which included mental health services (5%).

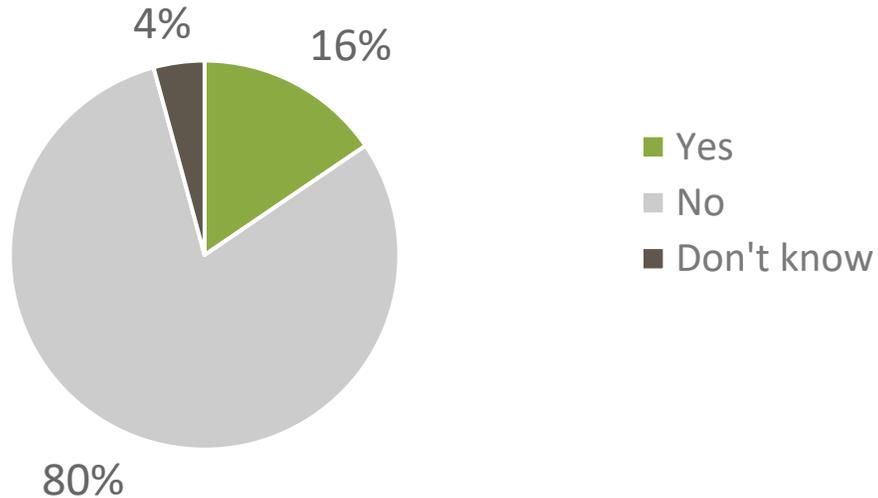
Q23: Since January 2020, have you or any members of your household been diagnosed with depression, anxiety, or any mental illness by a healthcare professional?



Q23: Since January 2020, have you or any members of your household been diagnosed with depression, anxiety, or any mental illness by a healthcare professional?

Answer Choices	Responses	Percentage
No	53	75%
Yes	17	24%
Doesn't Know	1	1%

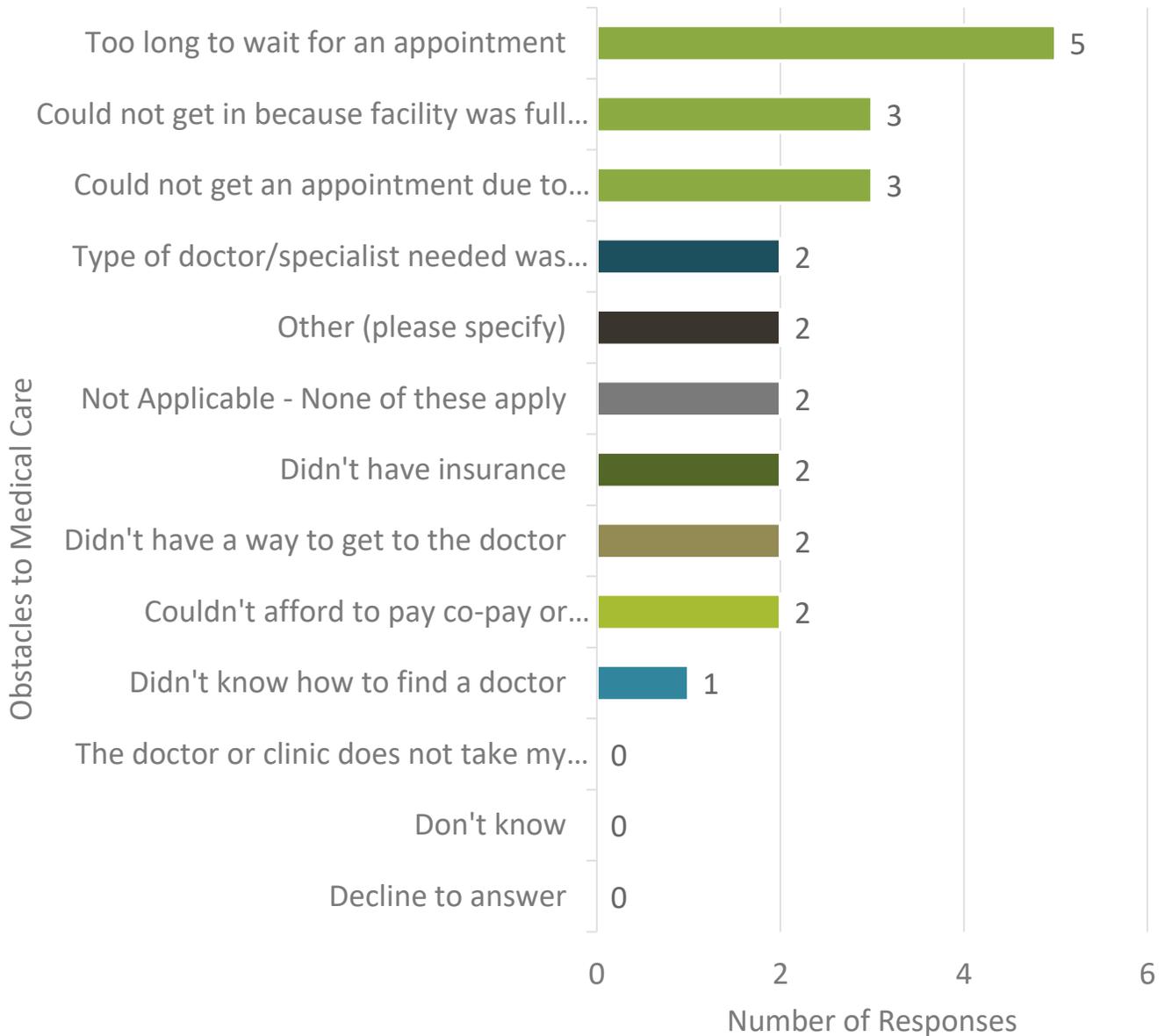
Q27: Since January 2020, was there ever a time when you or any members of your household needed medical care but could not get it?



Q27: Since January 2020, was there ever a time when you or any members of your household needed medical care but could not get it?

Answer Choices	Responses	Percentage
No	57	80%
Yes	11	16%
Don't know	3	4%

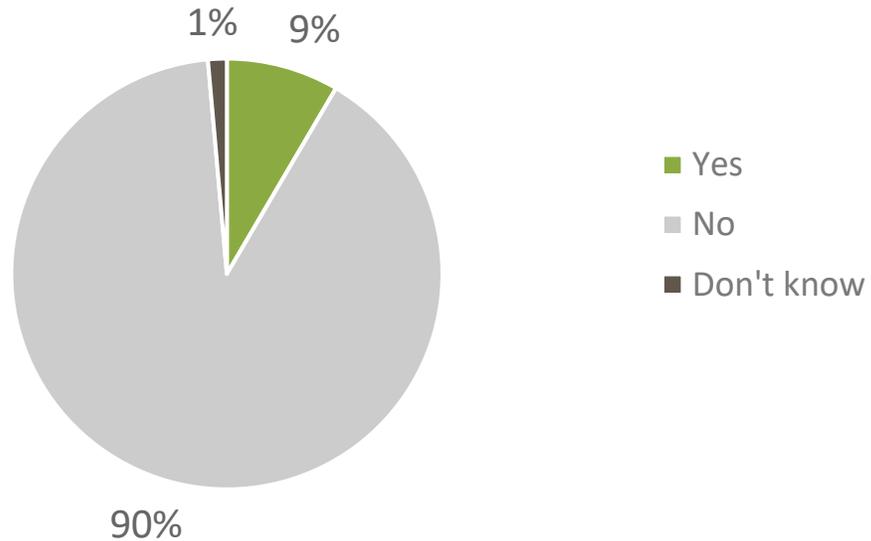
Q28: Why were you or any members of your household unable to get medical care? (Choose all that apply)



Q28: Why were you or any members of your household unable to get medical care? (Choose all that apply)

Answer Choices	Responses	Percentage
Too long to wait for an appointment	5	21%
Could not get an appointment due to COVID-19 illness	3	13%
Could not get in because facility was full due to COVID-19 patients	3	13%
Couldn't afford to pay co-pay or deductible	2	9%
Didn't have a way to get to the doctor	2	8%
Didn't have insurance	2	8%
Not Applicable - None of these apply	2	8%
Other (please specify): Limited appointments and serious illnesses	2	8%
Type of doctor/specialist needed was not available or close to my community	2	8%
Didn't know how to find a doctor	1	4%

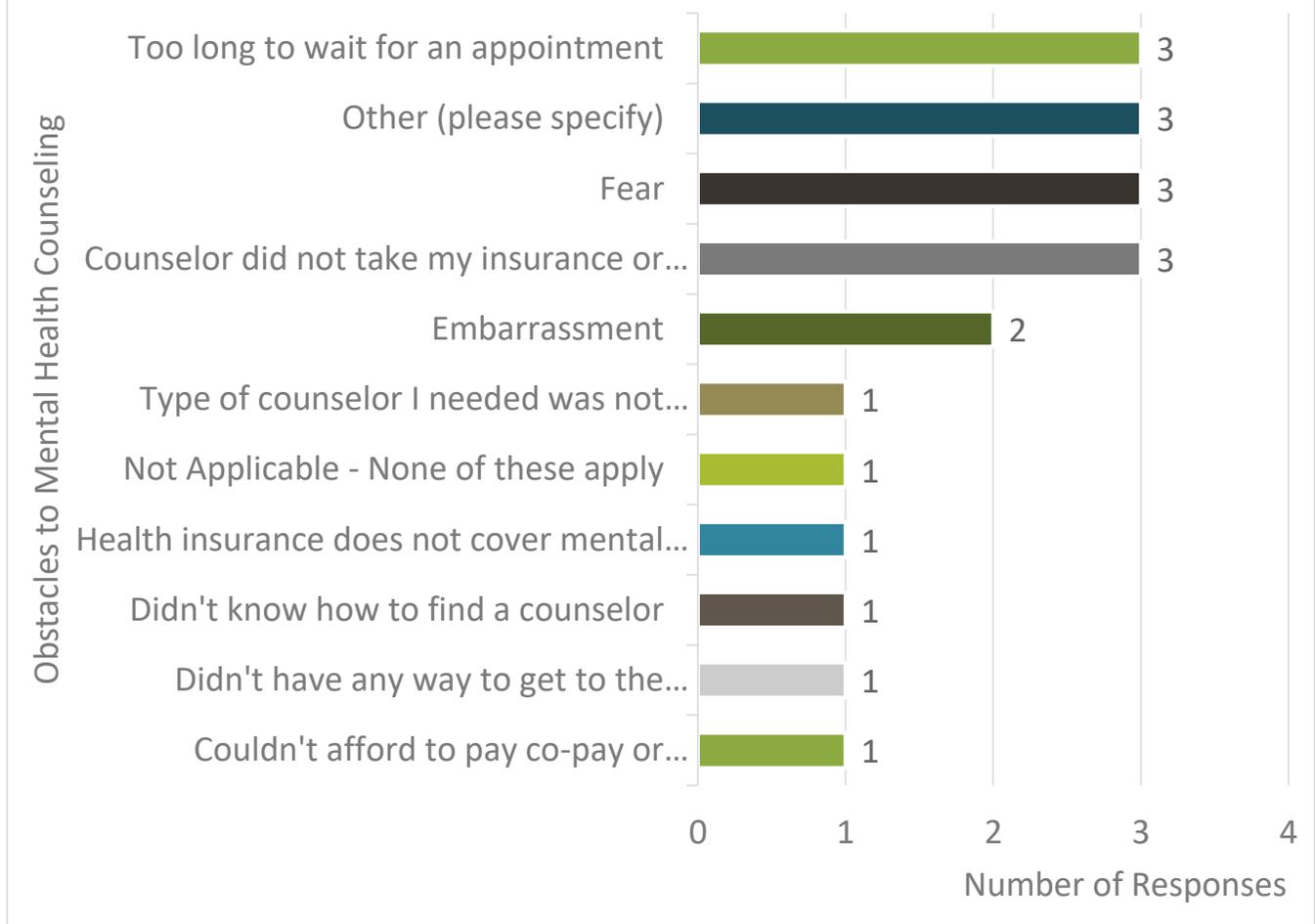
Q29: Since January 2020, was there a time when you or any members of your household needed mental health counseling, but were unable to get it?



Q29: Since January 2020, was there a time when you or any members of your household needed mental health counseling, but were unable to get it?

Answer Choices	Responses	Percentage
No	64	90%
Yes	6	9%
Don't know	1	1%

Q30: Why weren't you or any members of your household able to get mental health counseling?
 (Check all that apply)



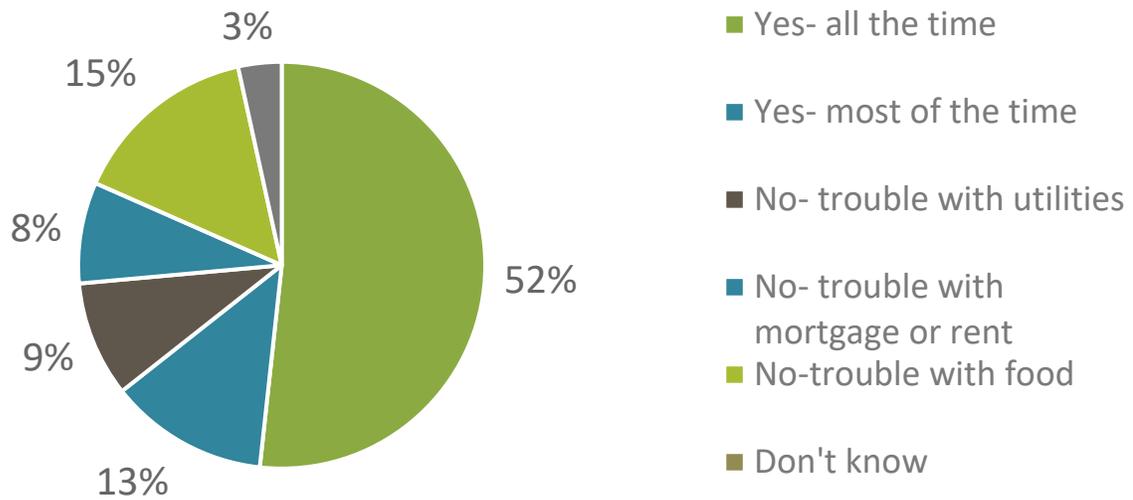
**Q30: Why weren't you or any members of your household able to get mental health counseling?
 (Check all that apply)**

Answer Choices	Responses	Percentage
Counselor did not take my insurance or Medicaid	3	15%
Fear	3	15%
Other (please specify):	3	15%
Too long to wait for an appointment	3	15%
Embarrassment	2	10%
Couldn't afford to pay co-pay or deductible	1	5%
Didn't have any way to get to the counseling	1	5%
Didn't know how to find a counselor	1	5%
Health insurance does not cover mental health care	1	5%
Not Applicable - None of these apply	1	5%
Type of counselor I needed was not available or close to the community	1	5%

Meeting Basic Household Needs

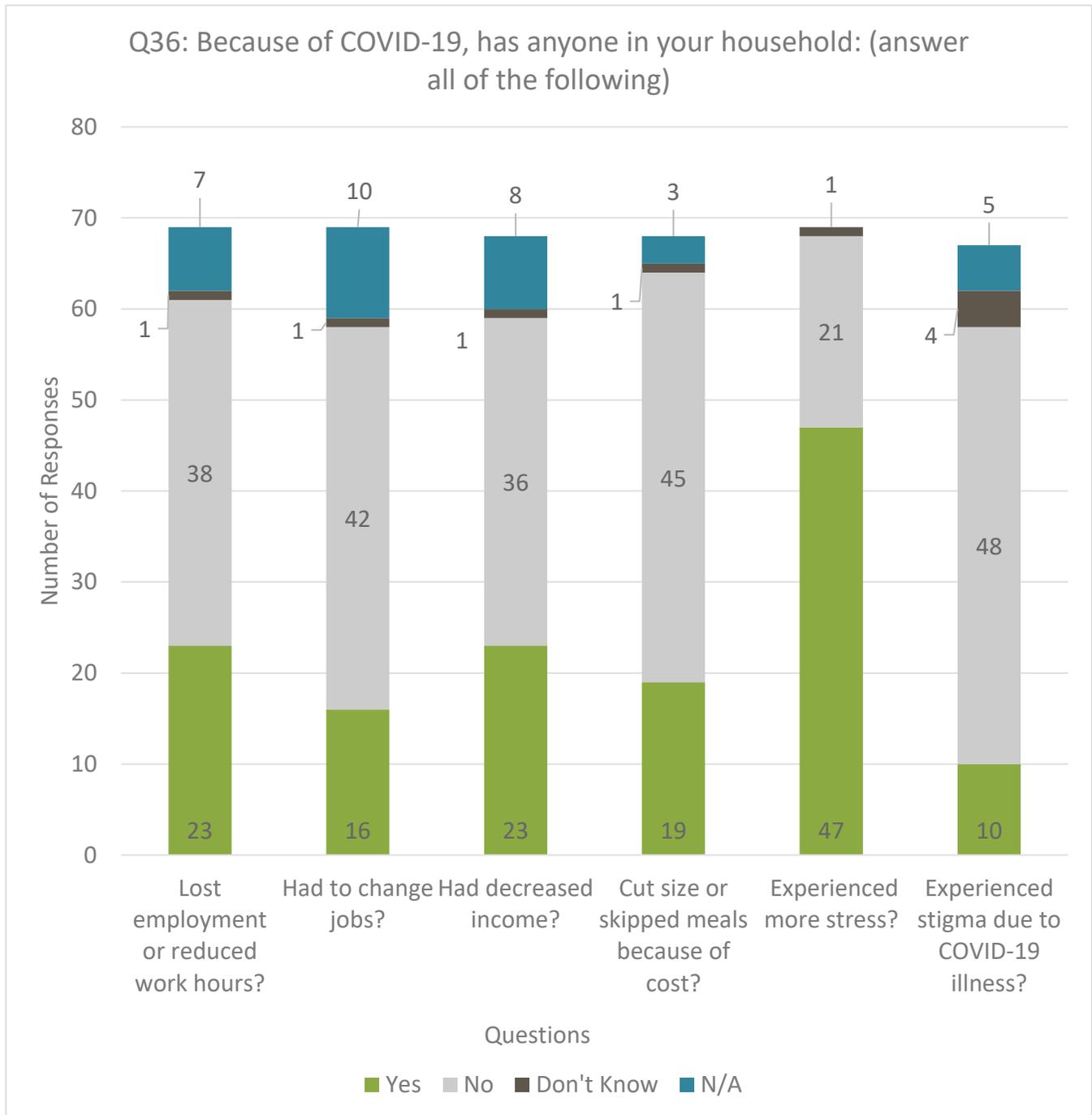
In the last thirty days more than half, (52%) of survey respondents reported their household had enough money to meet basic needs including utilities, mortgage, rent, and food. However, the most common basic need households have not been able to afford in the last 30 days was access to food. This was reflected again when 14% of households indicated that due to COVID-19 they have cut or skipped meals because of cost. Additionally, due to COVID-19, a majority of households have experienced increased stress (34%), lost employment or decreased work hours (17%), and reduced income (17%). Overall, most respondents did not identify any services that would have improved the mental and physical well-being of their household members. However, the most common service that could have improved the mental and physical well-being of household members was technology or internet services (9%). As it related to the COVID-19 pandemic, respondents identified the greatest negative impacts on their households to be lack of safe spaces to exercise and be physically active (6%) and other (6%) which included impacts such as lack of people wearing masks and social distancing, government overreach, lack of factual information regarding the pandemic from the government and media, and adverse reactions to the COVID-19 vaccine. The most common positive assets were access to parks and recreation sites (9%), access to COVID-19 vaccination events (8%), and access to COVID-19 testing (7%). Most respondents indicated that their entire household over 5 years old received one or more COVID-19 vaccinations (47%); however, the second most common response was that respondents and their household members have received no COVID-19 vaccinations (18%). Of the population that has not received any COVID-19 vaccinations, the most common reasons were concerns about vaccine side effects (26%), lack of trust in institutions (20%) and vaccines (13%), and already having been diagnosed with COVID-19 (13%).

Q35: In the last 30 days, has your household had enough money to meet your basic needs (utilities, mortgage/rent, food)? (Check all that apply)



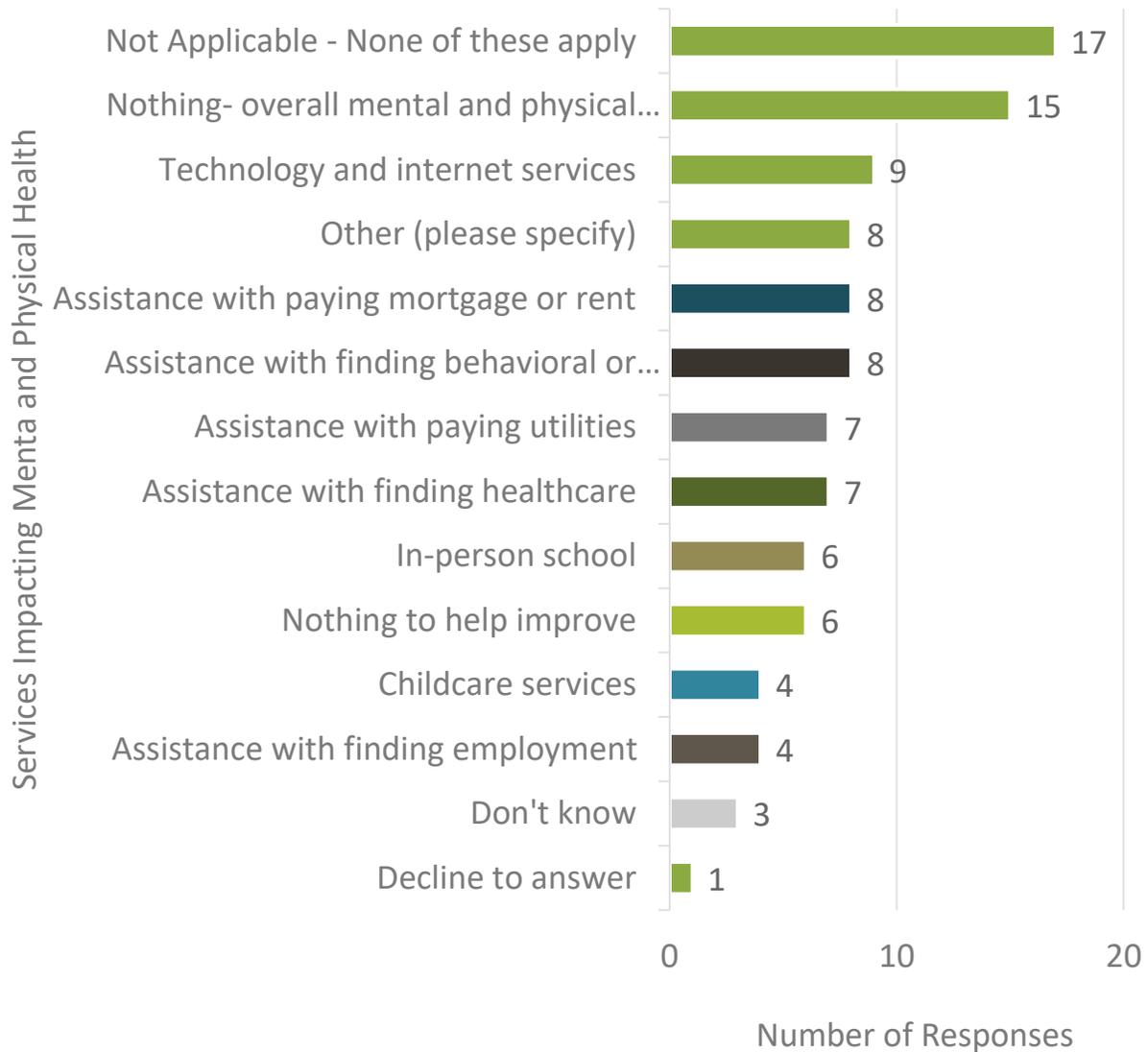
Q35: In the last 30 days, has your household had enough money to meet your basic needs (utilities, mortgage/rent, food)? (Check all that apply)

Answer Choices	Responses	Percentage
Yes- all the time	45	52%
No-trouble with food	13	15%
Yes- most of the time	11	13%
No- trouble with utilities	8	9%
No- trouble with mortgage or rent	7	8%
Other (please specify): Disability and preexisting injuries	3	3%



Q36: Because of COVID-19, has anyone in your household: (answer all of the following)								
	Yes		No		Don't Know		N/A	
Experienced more stress?	47	34%	21	9%	1	11%	0	0%
Had decreased income?	23	17%	36	16%	1	11%	8	24%
Lost employment or reduced work hours?	23	17%	38	16%	1	11%	7	21%
Cut size or skipped meals because of cost?	19	14%	45	20%	1	11%	3	9%
Had to change jobs?	16	11%	42	18%	1	11%	10	31%
Experienced stigma due to COVID-19 illness?	10	7%	48	21%	4	45%	5	15%

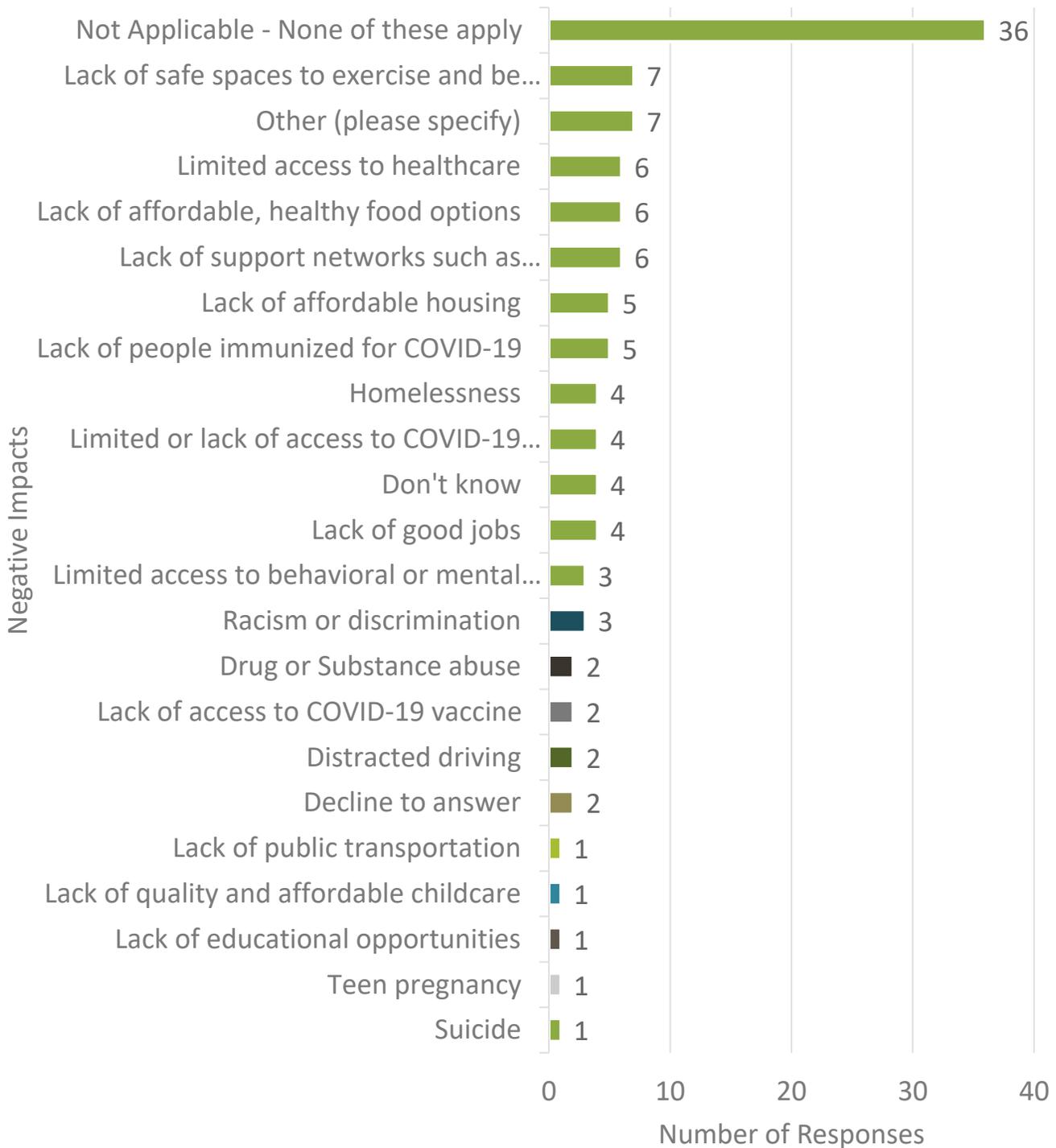
Q37: What, if any, services would have improved the overall mental and physical health of your household in the last year? (Choose all that apply)



Q37: What, if any, services would have improved the overall mental and physical health of your household in the last year? (Choose all that apply)

Answer Choices	Responses	Percentage
Not Applicable - None of these apply	17	16%
Nothing- overall mental and physical health was fine	15	14%
Technology and internet services	9	8%
Assistance with finding behavioral or mental health resources	8	8%
Assistance with paying mortgage or rent	8	8%
Other (please specify): Received help from faith-based community, Less fear mongering in the media and more trustworthy data from the CDC regarding COVID-19, Food Assistance, Assistance with elder care matters, DES office where to get food stamps it was really difficult and you could not go in and had to go online	8	8%
Assistance with finding healthcare	7	7%
Assistance with paying utilities	7	7%
Nothing to help improve	6	6%
In-person school	6	6%
Assistance with finding employment	4	4%
Childcare services	4	4%
Don't know	3	3%
Decline to answer	1	1%

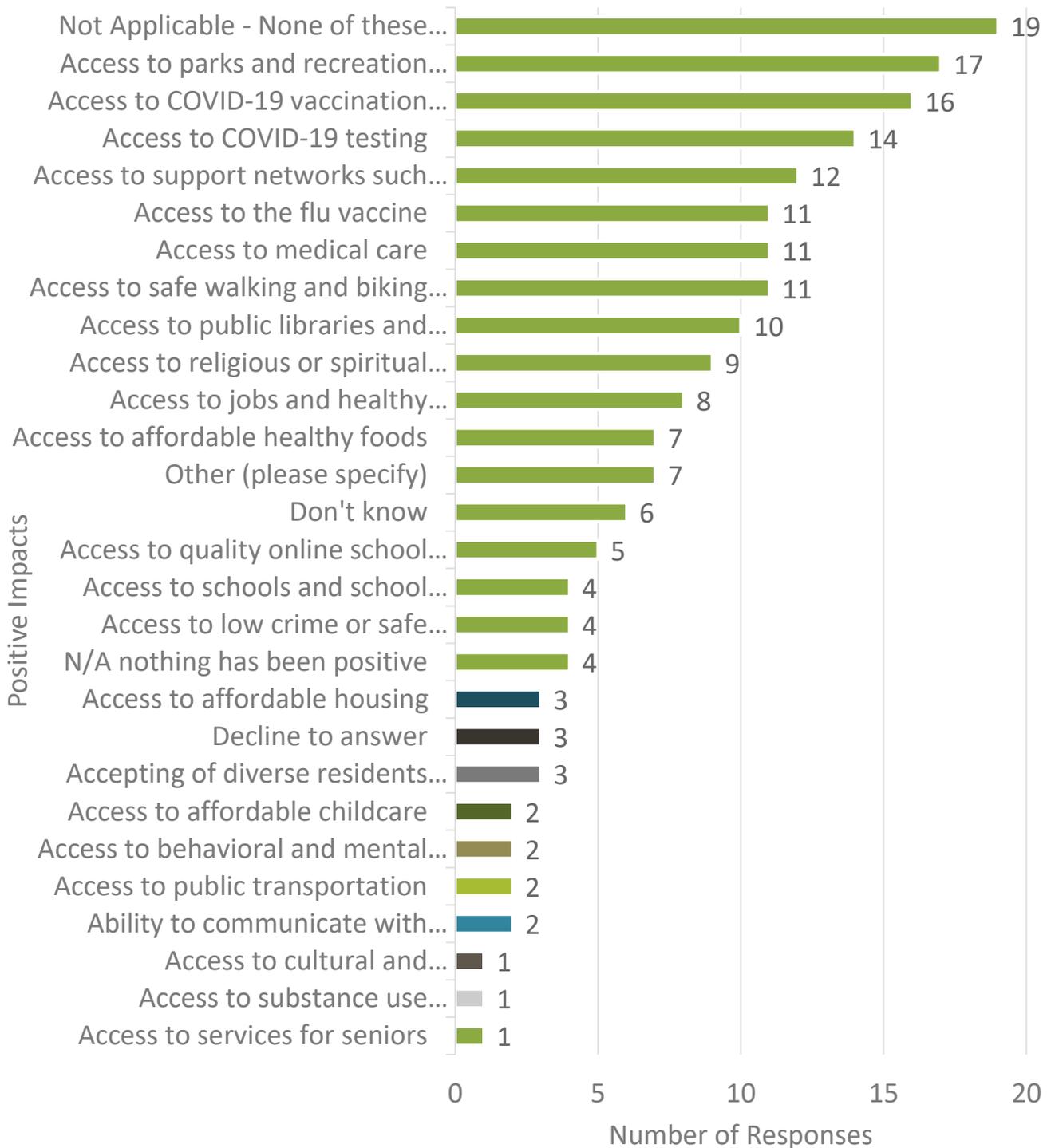
Q38: As it relates to the COVID-19 pandemic, what issues have had the greatest negative impact on your household? (Choose all that apply)



Q38: As it relates to the COVID-19 pandemic, what issues have had the greatest negative impact on your household? (Choose all that apply)

Answer Choices	Responses	Percentage
Not Applicable - None of these apply	36	32%
Other (please specify): Lack of people wearing masks and social distancing, government overreach, lack of factual information regarding the pandemic from the government and media, and adverse reactions to the COVID-19 vaccine	7	6%
Lack of safe spaces to exercise and be physically active	7	6%
Lack of support networks such as neighbors, friends, and family	6	5%
Lack of affordable, healthy food options	6	5%
Limited access to healthcare	6	5%
Lack of people immunized for COVID-19	5	4%
Lack of affordable housing	5	4%
Lack of good jobs	4	4%
Don't know	4	4%
Limited or lack of access to COVID-19 testing	4	4%
Homelessness	4	4%
Racism or discrimination	3	3%
Limited access to behavioral or mental health services	3	3%
Decline to answer	2	2%
Distracted driving	2	2%
Lack of access to COVID-19 vaccine	2	2%
Drug or Substance abuse	2	2%
Suicide	1	1%
Teen pregnancy	1	1%
Lack of educational opportunities	1	1%
Lack of quality and affordable childcare	1	1%
Lack of public transportation	1	1%

Q39: As it relates to the COVID-19 pandemic, what have been the greatest positive assets to your household?
 (Choose all that apply)

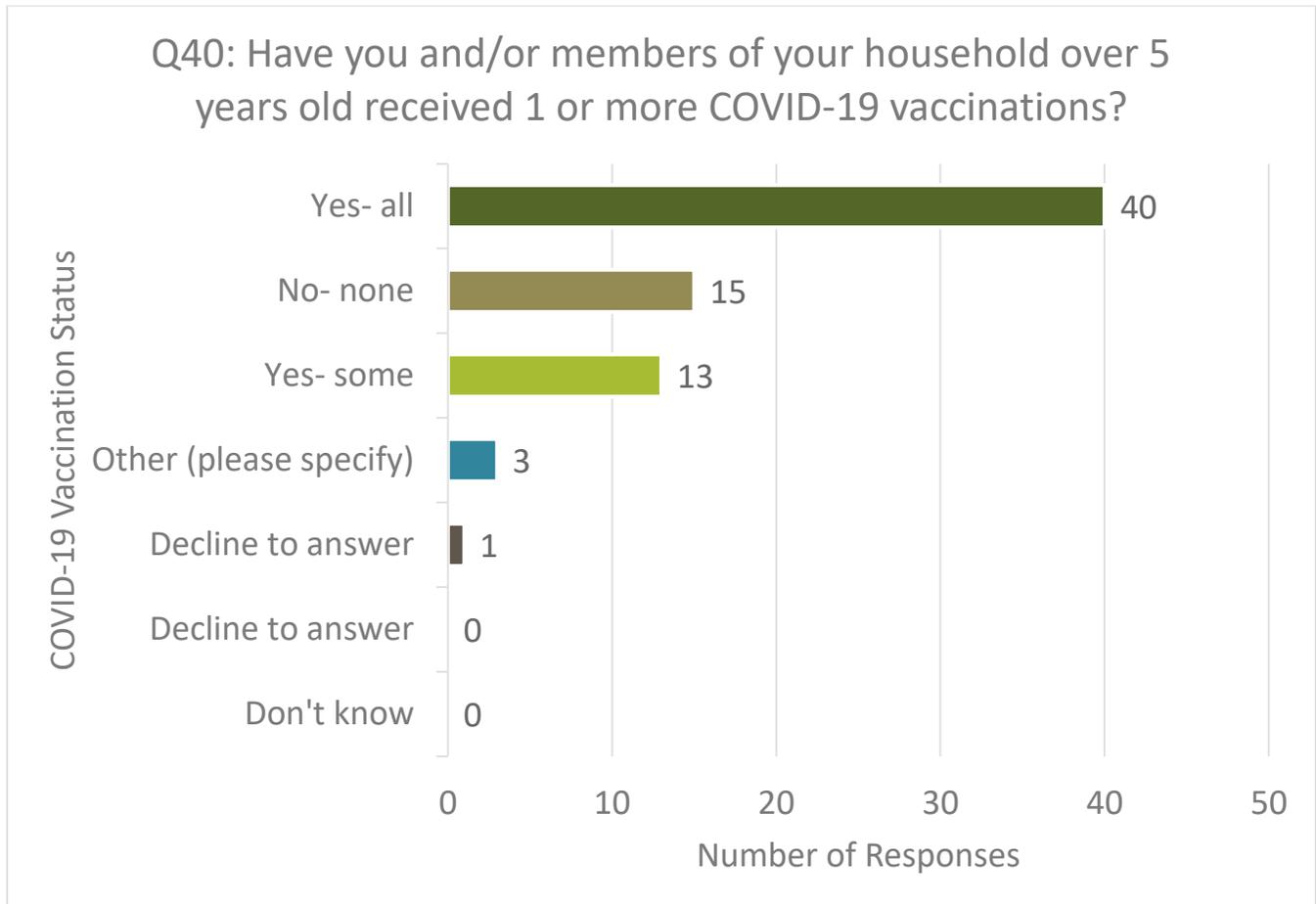


Q39: As it relates to the COVID-19 pandemic, what have been the greatest positive assets to your household? (Choose all that apply)

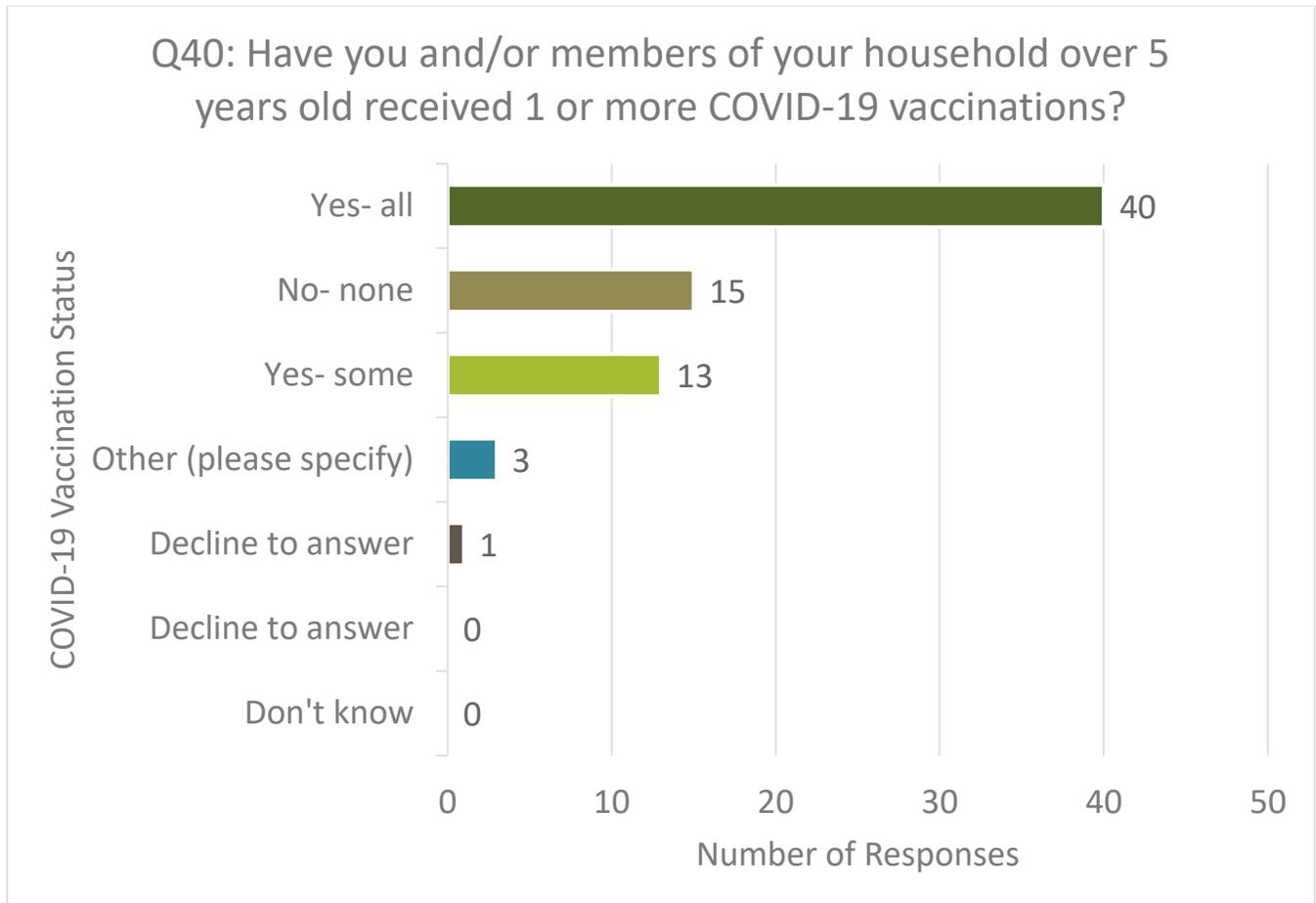
Answer Choices	Responses	Percentage
Not Applicable - None of these apply	19	10%
Access to parks and recreation sites	17	9%
Access to COVID-19 vaccination events	16	8%
Access to COVID-19 testing	14	7%
Access to support networks such as neighbors, friends, and family	12	6%
Access to safe walking and biking routes	11	6%
Access to medical care	11	6%
Access to the flu vaccine	11	6%
Access to public libraries and community centers	10	5%
Access to religious or spiritual events	9	5%
Access to jobs and healthy economy	8	4%
Other (please specify): People were getting better rather than worse after new knowledge about the virus was known but this was hard to get to in our community, happy with the community help and help of faith community, and online religious services	7	4%
Access to affordable healthy foods	7	4%
Don't know	6	3%
Access to quality online school options	5	3%
N/A nothing has been positive	4	2%
Access to low crime or safe neighborhoods	4	2%
Access to schools and school alternatives	4	2%
Accepting of diverse residents and cultures	3	2%
Decline to answer	3	2%
Access to affordable housing	3	2%

Q39: As it relates to the COVID-19 pandemic, what have been the greatest positive assets to your household? (Choose all that apply)

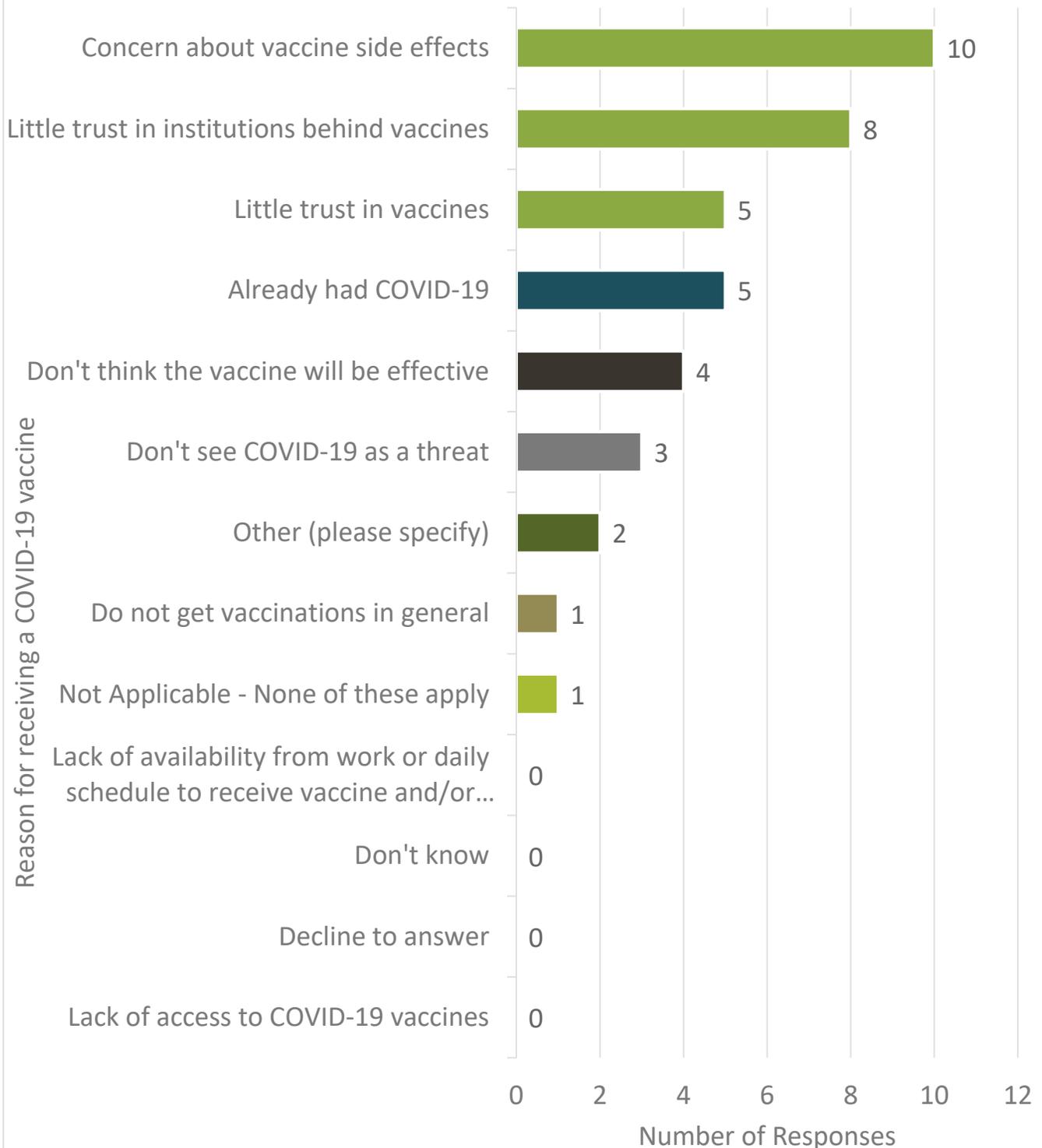
Answer Choices	Responses	Percentage
Ability to communicate with city/town leadership and feel that my voice is heard	2	1%
Access to public transportation	2	1%
Access to behavioral and mental health services	2	1%
Access to affordable childcare	2	1%
Access to services for seniors	1	1%
Access to substance use treatment services	1	1%
Access to cultural and educational events	1	1%



Q40: Have you and/or members of your household over 5 years old received 1 or more COVID-19 vaccinations?		
Answer Choices	Responses	Percentage
Yes- all	40	56%
No- none	15	21%
Yes- some	13	18%
Other (please specify)	3	4%
Decline to answer	1	1%
Don't know	0	0%
Decline to answer	0	0%



Q41: Why have you or members of your household not received a COVID-19 vaccine? (Check all that apply)



Q41: Why have you or members of your household not received a COVID-19 vaccine? (Check all that apply)

Answer Choices	Responses	Percentage
Concern about vaccine side effects	10	26%
Little trust in institutions behind vaccines	8	20%
Already had COVID-19	5	13%
Little trust in vaccines	5	13%
Don't think the vaccine will be effective	4	10%
Don't see COVID-19 as a threat	3	8%
Other (please specify): Don't really want to take vaccines, I don't get anything has virus in it because if it does then I will get it	2	5%
Not Applicable - None of these apply	1	2%
Do not get vaccinations in general	1	1%
Lack of access to COVID-19 vaccines	0	0%
Decline to answer	0	0%
Don't know	0	0%
Lack of availability from work or daily schedule to receive vaccine and/or recover from side effects	0	0%

RECOMMENDATIONS

Based on the data collected and the outcomes of this virtual pilot CASPER in Cochise County, the following recommendations have been compiled for future consideration by Cochise Health and Social Services:

- 1. Conduct a Phase 2 of the CASPER** – Cochise County should consider implementing a “Phase 2” of their virtual CASPER once appropriate resources can be organized to try an alternative methodology. Based on the CDC’s recommendations, Cochise County could conduct another CASPER in which door hangers are distributed to every household in the cluster and only the data from the first 7 respondents in each jurisdiction is considered. This may significantly improve the response rate and help Cochise County reach the 80% completion rate (168 households) necessary to ensure the data collected is generalizable to the entire population. In addition, the data could be compared with the data from Phase 1 to provide further findings regarding various virtual CASPER methodologies for future reference by other jurisdictions.
- 2. Stratification of Clusters** – In order to ensure that critical, diverse population centers in Cochise County are more accurately represented, Cochise County should consider using a stratified sampling methodology for the clusters during future CASPERs. A total of 32 clusters with 8 selected from each of four geographic quadrants would help to produce more coverage for the county as a whole. This modification would require consultation with the CDC.
- 3. Use the results of this CASPER to inform public health priorities and programs as well as future pandemic preparedness** – The data collected, though it cannot be generalized to the larger population, still represents a random sample of a wide spectrum of residents in Cochise County. As such, it can and should be used to inform public health programming for the next few years and inform updates to the county’s planning for future pandemics. The data indicates that some of the unhealthiest behaviors include smoking, drug abuse, and a lack of healthy eating habits. In addition, there seemed to be significant barriers to mental health care during the pandemic, including fear and embarrassment, suggesting stigmas around mental health services. Almost a quarter of the respondents reported mental health illness during the pandemic, while many others reported chronic medical conditions and impairments that impact their access to care. Mask wearing and other protective behaviors seemed to be split evenly across respondents, and health insurance seemed to be available to most of the respondents, though it may not have covered mental health services. Priority programming could include further promotion of resources for those with chronic conditions, smoking, mental and behavioral health conditions, and drug addiction.

APPENDICES

APPENDIX 1: QUESTIONNAIRE/SURVEY

Introduction

Thank you for sharing your household's experience of the COVID-19 pandemic. The purpose of this Community Assessment for Public Health Emergency Response (CASPER) is to assess the impact of the pandemic on the health of community members. We want to get a better idea of how to serve community members and your responses will help us to do this. Your household is one of 210 that were randomly selected throughout the County to participate.

By answering the following questions, you agree to participate. When you answer, think of your entire household, not just yourself as an individual. The survey should take around 30 minutes to complete (there are roughly 40 total questions depending on skip patterns). Your responses are completely anonymous.

If you complete the entire survey, at the end you will be asked to provide your email address in order to receive a digital incentive worth \$50.00. Without an email address you will not be able to receive the incentive, so if you do not have an email address, you may consider asking to use a friend or loved one's email address to receive it.

If you have any questions or require any assistance while completing this survey (including language / translation assistance) please contact us at 213-725-7401. You can also call the number if you change your mind and decline to participate.

* 1. Please enter the unique identifier code # written on the Cochise CASPER door hanger you received. If you are having trouble reading the number, please call the technical assistance phone number listed above.

* 2. Are you at least 18 years or older?

- Yes
 No

Qualifying Factors

If you require any assistance while filling out this survey, call us at 213-725-7401.

3. Is there someone else we can ask to complete the survey who is 18 or over? Please enter their email address here and we will contact them. Your survey answers from this point on will not be considered valid and will not qualify for the digital incentive.

Qualifying Factors

If you require any assistance while filling out this survey, call us at 213-725-7401.

* 4. Do you live in the home where the door hanger was placed?

Yes

No

Qualifying Factors

If you require any assistance while filling out this survey, call us at 213-725-7401.

5. Is there someone else who lives in the home that can complete this survey? Please enter their email address here and we will contact them. Your survey answers from this point on will not be considered valid and will not qualify for the digital incentive.

Demographics

If you require any assistance while filling out this survey, call us at 213-725-7401.

* 6. Does your household own or rent your place of residence?

Own

Rent

Don't know

Decline to answer

Other (please specify)

* 7. Including yourself, how many people live in your household?

* 8. Including yourself, enter how many people living in your household fall into each category: (enter a numerical value)

less than 2 years old?

2-17 years old?

18-64 years old?

65+ years old?

Decline to answer

* 9. What race(s) does your household identify with? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Decline to answer |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | |
| <input type="checkbox"/> Other (please specify) | |

* 10. Do you or any members of your household identify as Hispanic or Latino?

- Yes
 No
 Don't know
 Decline to answer

* 11. What languages are spoken/read in your household? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Simplified Chinese |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Traditional Chinese | <input type="checkbox"/> Decline to answer |
| <input type="checkbox"/> Other (please specify) | |

* 12. What is the highest level of education in your household?

- | | |
|--|---|
| <input type="radio"/> Less than High School | <input type="radio"/> Graduate or professional degree |
| <input type="radio"/> High School degree (GED or equivalent) | <input type="radio"/> Don't know |
| <input type="radio"/> Some college (no degree) | <input type="radio"/> Decline to answer |
| <input type="radio"/> College degree | |
| <input type="radio"/> Other (please specify) | |

* 13. What was your household's total income last year before taxes?

- | | |
|---|---|
| <input type="checkbox"/> Under \$20,000 | <input type="checkbox"/> Between \$80,001 and \$100,000 |
| <input type="checkbox"/> Between \$20,001 to \$40,000 | <input type="checkbox"/> Over \$100,000 |
| <input type="checkbox"/> Between \$40,001 to \$60,000 | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Between \$60,001 to \$80,000 | <input type="checkbox"/> Decline to answer |

* 14. What is the job status of everyone in the household over the age of 18? (check any that apply to at least one member of the household)

- | | |
|---|--|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Part-time | <input type="checkbox"/> Student |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Armed Forces |
| <input type="checkbox"/> Stay-at-home | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Decline to answer |
| <input type="checkbox"/> Other (please specify) | |

Communications

If you require any assistance while filling out this survey, call us at 213-725-7401.

* 15. Does anyone in your household experience any of the following? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Impaired hearing | <input type="checkbox"/> Limited access to technology/communication platforms (internet, phone, media) |
| <input type="checkbox"/> Impaired vision | <input type="checkbox"/> Not Applicable - None of these apply |
| <input type="checkbox"/> Developmental/cognitive disability | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Difficulty understanding English | <input type="checkbox"/> Decline to answer |
| <input type="checkbox"/> Difficulty understanding written material | |
| <input type="checkbox"/> Other (please specify) | |

COVID-19 Knowledge, Attitudes, and Opinions

If you require any assistance while filling out this survey, call us at 213-725-7401.

* 16. Since January 2020, have you or any members of your household tested positive for COVID-19?

- Yes
 No
 Don't know
 Decline to answer

* 17. Since January 2020, do you or any members of your household believe they've had COVID-19, but this was not confirmed via testing?

- Yes
- No
- Don't know
- Decline to answer

18. If you or any members of your household tested positive for COVID-19 or believe they've had COVID-19, how/where do you or your household members think you became exposed? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Household member | <input type="checkbox"/> Domestic travel |
| <input type="checkbox"/> Work | <input type="checkbox"/> International travel |
| <input type="checkbox"/> Friend or family outside household | <input type="checkbox"/> N/A (nobody believed to have had or tested positive for COVID-19) |
| <input type="checkbox"/> Community (grocery store, restaurant, etc.) | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Large gathering (concert, wedding, etc.) | <input type="checkbox"/> Declined to answer |
| <input type="checkbox"/> Other (please specify) | |

* 19. Do you or members of your household wear face masks/coverings while at indoor public places?

- | | |
|---|---|
| <input type="radio"/> Yes, all members | <input type="radio"/> Don't know |
| <input type="radio"/> Yes, some members | <input type="radio"/> Decline to answer |
| <input type="radio"/> No, never | |

COVID-19 Knowledge, Attitudes, and Opinions

If you require any assistance while filling out this survey, call us at 213-725-7401.

20. How often do your household members wear the mask?

- | | |
|--|---|
| <input type="radio"/> Always | <input type="radio"/> Don't know |
| <input type="radio"/> Sometimes | <input type="radio"/> Decline to answer |
| <input type="radio"/> Only when required | |

Physical and Mental Health

If you require any assistance while filling out this survey, call us at 213-725-7401.

* 21. At this point in time, how do you characterize the average general health of you and members of your household?

- | | |
|---------------------------------|---|
| <input type="radio"/> Excellent | <input type="radio"/> Poor |
| <input type="radio"/> Very Good | <input type="radio"/> Don't know |
| <input type="radio"/> Good | <input type="radio"/> Decline to answer |
| <input type="radio"/> Fair | |

* 22. Have you or members of your household been diagnosed with a chronic medical condition such as diabetes, high blood pressure, heart disease, etc?

- Yes
- No
- Don't know
- Decline to answer

* 23. Since January 2020, have you or any members of your household been diagnosed with depression, anxiety, or any mental illness by a healthcare professional?

- Yes
- No
- Don't know
- Decline to answer

* 24. How many times did most of your household participate in deliberate exercise (such as jogging, walking, golf, weightlifting, fitness classes) that lasted for at least 30 minutes or more in the last week?

- | | |
|---------------------------------|---|
| <input type="radio"/> None | <input type="radio"/> 6-7 times |
| <input type="radio"/> 1-3 times | <input type="radio"/> Don't know |
| <input type="radio"/> 4-5 times | <input type="radio"/> Decline to answer |

* 25. What obstacles to routine exercise do you or members of your household experience? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Didn't have time to exercise | <input type="checkbox"/> Chronic medical condition |
| <input type="checkbox"/> Exercise is not important | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Don't have access to an exercise facility | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Don't like to exercise | <input type="checkbox"/> Decline to answer |
| <input type="checkbox"/> Cannot afford the fees to exercise | <input type="checkbox"/> Not Applicable - None of these apply |
| <input type="checkbox"/> Too tired | |
| <input type="checkbox"/> Other (please specify) | |

* 26. Please identify the three (3) most important unhealthy behaviors in your community (Check 3).

- | | |
|---|--|
| <input type="checkbox"/> Angry behavior/violence | <input type="checkbox"/> Not able to access routine healthcare/check-ups |
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Poor eating habits |
| <input type="checkbox"/> Child abuse | <input type="checkbox"/> Reckless driving |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Risky sexual behavior |
| <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Elder abuse (physical, emotional, financial, sexual) | <input type="checkbox"/> Decline to answer |
| <input type="checkbox"/> Lack of exercise | |
| <input type="checkbox"/> Other (please specify) | |

* 27. Since January 2020, was there ever a time when you or any members of your household needed medical care but could not get it?

- Yes
 No
 Don't know
 Decline to answer

Physical and Mental Health

If you require any assistance while filling out this survey, call us at 213-725-7401.

28. Why were you or any members of your household unable to get medical care? (Choose all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Didn't have insurance | <input type="checkbox"/> Could not get in because facility was full due to COVID-19 patients |
| <input type="checkbox"/> Type of doctor/specialist needed was not available or close to my community | <input type="checkbox"/> Too long to wait for an appointment |
| <input type="checkbox"/> Couldn't afford to pay co-pay or deductible | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Didn't have a way to get to the doctor | <input type="checkbox"/> Decline to answer |
| <input type="checkbox"/> The doctor or clinic does not take my insurance or Medicaid | <input type="checkbox"/> Not Applicable - None of these apply |
| <input type="checkbox"/> Didn't know how to find a doctor | |
| <input type="checkbox"/> Could not get an appointment due to COVID-19 illness | |
| <input type="checkbox"/> Other (please specify) | |

Physical and Mental Health

If you require any assistance while filling out this survey, call us at 213-725-7401.

* 29. Since January 2020, was there a time when you or any members of your household needed mental health counseling, but were unable to get it?

- Yes
 No
 Don't know
 Decline to answer

Physical and Mental Health

If you require any assistance while filling out this survey, call us at 213-725-7401.

30. Why weren't you or any members of your household able to get mental health counseling? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Didn't have health insurance | <input type="checkbox"/> Fear |
| <input type="checkbox"/> Couldn't afford to pay co-pay or deductible | <input type="checkbox"/> Embarrassment |
| <input type="checkbox"/> Didn't have any way to get to the counseling | <input type="checkbox"/> Too long to wait for an appointment |
| <input type="checkbox"/> Counselor did not take my insurance or Medicaid | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Didn't know how to find a counselor | <input type="checkbox"/> Decline to answer |
| <input type="checkbox"/> Health insurance does not cover mental health care | <input type="checkbox"/> Not Applicable - None of these apply |
| <input type="checkbox"/> Type of counselor I needed was not available or close to the community | |
| <input type="checkbox"/> Other (please specify) | |

Smoking

If you require any assistance while filling out this survey, call us at 213-725-7401.

* 31. Do you or any members of your household smoke cigarettes (actual or electronic/vapor) on a regular basis?

- Yes
 No
 Don't know
 Decline to answer

Smoking

32. On a typical day, how many cigarettes do you or members of your household smoke (either actual or electronic/vape)?

- | | |
|----------------------------|---|
| <input type="radio"/> None | <input type="radio"/> 9-12 |
| <input type="radio"/> 1-4 | <input type="radio"/> More than 12 |
| <input type="radio"/> 5-8 | <input type="radio"/> Decline to answer |

Health Insurance

If you require any assistance while filling out this survey, call us at 213-725-7401.

* 33. Are you and members of your household covered by health insurance?

- Yes- all Don't know
 Yes- some Decline to answer
 No- none

Health Insurance

If you require any assistance while filling out this survey, call us at 213-725-7401.

34. Why don't members of your household have health insurance? (Check all that apply)

- Cannot afford health insurance Don't know
 Don't know how to get health insurance Decline to answer
 Don't need health insurance Not Applicable - None of these apply
 Not offered by employer
 Other (please specify)

COVID-19 Behaviors and Experiences

If you require any assistance while filling out this survey, call us at 213-725-7401.

* 35. In the last 30 days, has your household had enough money to meet your basic needs (utilities, mortgage/rent, food)? (Check all that apply)

- Yes- all the time No-trouble with food
 Yes- most of the time Don't know
 No- trouble with utilities Decline to answer
 No- trouble with mortgage or rent
 Other (please specify)

* 36. Because of COVID-19, has anyone in your household: (answer all of the following)

	Yes	No	N/A	Don't know	Declined to answer
lost employment or reduced work hours?	<input type="radio"/>				
had to change jobs?	<input type="radio"/>				
had decreased income?	<input type="radio"/>				
cut size or skipped meals because of cost?	<input type="radio"/>				
experienced more stress?	<input type="radio"/>				
experienced stigma due to COVID-19 illness?	<input type="radio"/>				

* 37. What, if any, services would have improved the overall mental and physical health of your household in the last year? (Choose all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Childcare services | <input type="checkbox"/> Assistance with finding behavioral or mental health resources |
| <input type="checkbox"/> In-person school | <input type="checkbox"/> Nothing- overall mental and physical health was fine |
| <input type="checkbox"/> Technology and internet services | <input type="checkbox"/> Nothing to help improve |
| <input type="checkbox"/> Assistance with finding employment | <input type="checkbox"/> Not Applicable - None of these apply |
| <input type="checkbox"/> Assistance with paying utilities | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Assistance with paying mortgage or rent | <input type="checkbox"/> Decline to answer |
| <input type="checkbox"/> Assistance with finding healthcare | |
| <input type="checkbox"/> Other (please specify) | |

* 38. As it relates to the COVID-19 pandemic, what issues have had the greatest negative impact on your household? (Choose all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Child abuse/elder abuse or neglect | <input type="checkbox"/> Lack of quality and affordable childcare |
| <input type="checkbox"/> Distracted driving | <input type="checkbox"/> Lack of access to COVID-19 vaccine |
| <input type="checkbox"/> Domestic violence or sexual assault | <input type="checkbox"/> Lack of educational opportunities |
| <input type="checkbox"/> Gang-related violence | <input type="checkbox"/> Lack of people immunized for COVID-19 |
| <input type="checkbox"/> Gun-related injuries | <input type="checkbox"/> Lack of safe spaces to exercise and be physically active |
| <input type="checkbox"/> Limited or lack of access to COVID-19 testing | <input type="checkbox"/> Lack of support networks such as neighbors, friends, and family |
| <input type="checkbox"/> Lack of affordable, healthy food options | <input type="checkbox"/> Motor vehicle and motorcycle crash injuries |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Racism or discrimination |
| <input type="checkbox"/> Limited access to healthcare | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Lack of affordable housing | <input type="checkbox"/> Teen pregnancy |
| <input type="checkbox"/> Lack of public transportation | <input type="checkbox"/> Not Applicable - None of these apply |
| <input type="checkbox"/> Drug or Substance abuse | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Limited access to behavioral or mental health services | <input type="checkbox"/> Decline to answer |
| <input type="checkbox"/> Lack of good jobs | |
| <input type="checkbox"/> Other (please specify) | |

* 39. As it relates to the COVID-19 pandemic, what have been the greatest positive assets to your household?

(Choose all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Ability to communicate with city/town leadership and feel that my voice is heard | <input type="checkbox"/> Access to jobs and healthy economy |
| <input type="checkbox"/> Accepting of diverse residents and cultures | <input type="checkbox"/> Access to parks and recreation sites |
| <input type="checkbox"/> Access to schools and school alternatives | <input type="checkbox"/> Access to public libraries and community centers |
| <input type="checkbox"/> Access to affordable childcare | <input type="checkbox"/> Access to safe walking and biking routes |
| <input type="checkbox"/> Access to affordable healthy foods | <input type="checkbox"/> Access to substance use treatment services |
| <input type="checkbox"/> Access to COVID-19 testing | <input type="checkbox"/> Access to low crime or safe neighborhoods |
| <input type="checkbox"/> Access to cultural and educational events | <input type="checkbox"/> Access to public transportation |
| <input type="checkbox"/> Access to medical care | <input type="checkbox"/> Access to services for seniors |
| <input type="checkbox"/> Access to affordable housing | <input type="checkbox"/> Access to support networks such as neighbors, friends, and family |
| <input type="checkbox"/> Access to COVID-19 vaccination events | <input type="checkbox"/> Access to religious or spiritual events |
| <input type="checkbox"/> Access to quality online school options | <input type="checkbox"/> N/A nothing has been positive |
| <input type="checkbox"/> Access to behavioral and mental health services | <input type="checkbox"/> Not Applicable - None of these apply |
| <input type="checkbox"/> Access to community programming such as classes and trainings | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Access to the flu vaccine | <input type="checkbox"/> Decline to answer |
| <input type="checkbox"/> Other (please specify) | |

* 40. Have you and/or members of your household over 5 years old received 1 or more COVID-19 vaccinations?

- | | |
|---------------------------------|---|
| <input type="radio"/> Yes- all | <input type="radio"/> Don't know |
| <input type="radio"/> Yes- some | <input type="radio"/> Decline to answer |
| <input type="radio"/> No- none | |

COVID-19 Behaviors and Experiences

If you require any assistance while filling out this survey, call us at 213-725-7401.

41. Why have you or members of your household not received a COVID-19 vaccine? (Check all that apply)

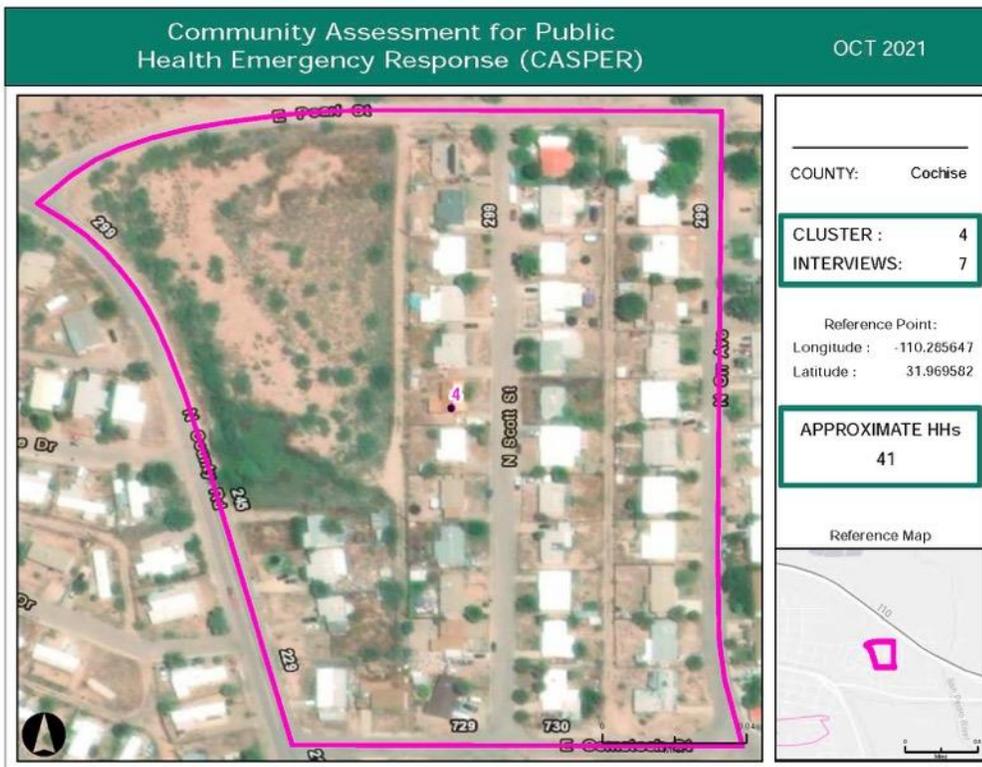
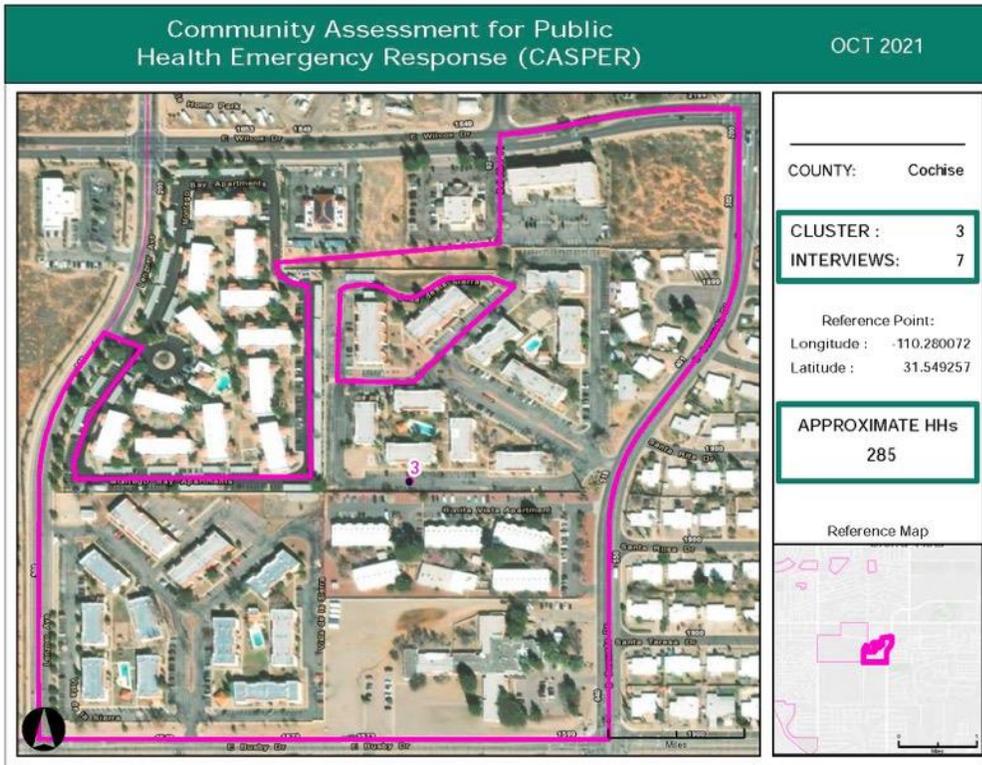
- | | |
|---|---|
| <input type="checkbox"/> Lack of access to COVID-19 vaccines | <input type="checkbox"/> It will cost too much/ don't have the money for it |
| <input type="checkbox"/> Don't see COVID-19 as a threat | <input type="checkbox"/> Don't think the vaccine will be effective |
| <input type="checkbox"/> Already had COVID-19 | <input type="checkbox"/> Lack of availability from work or daily schedule to receive vaccine and/or recover from side effects |
| <input type="checkbox"/> Concern about vaccine side effects | <input type="checkbox"/> Not Applicable - None of these apply |
| <input type="checkbox"/> Little trust in vaccines | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Little trust in institutions behind vaccines | <input type="checkbox"/> Decline to answer |
| <input type="checkbox"/> Do not get vaccinations in general | |
| <input type="checkbox"/> Other (please specify) | |

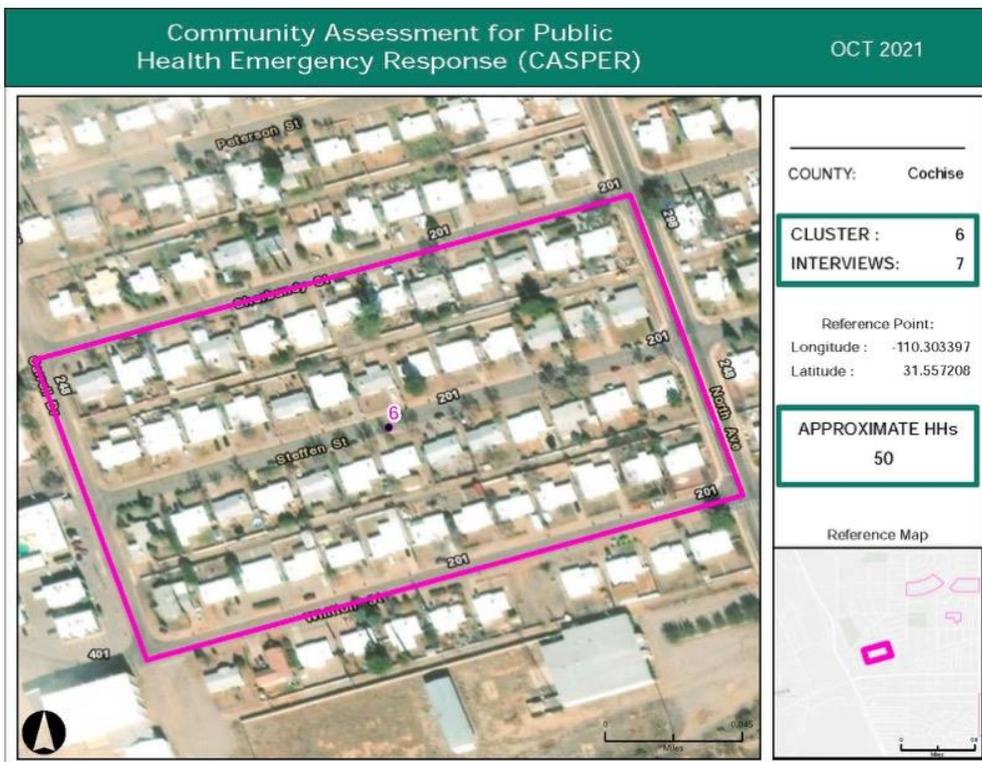
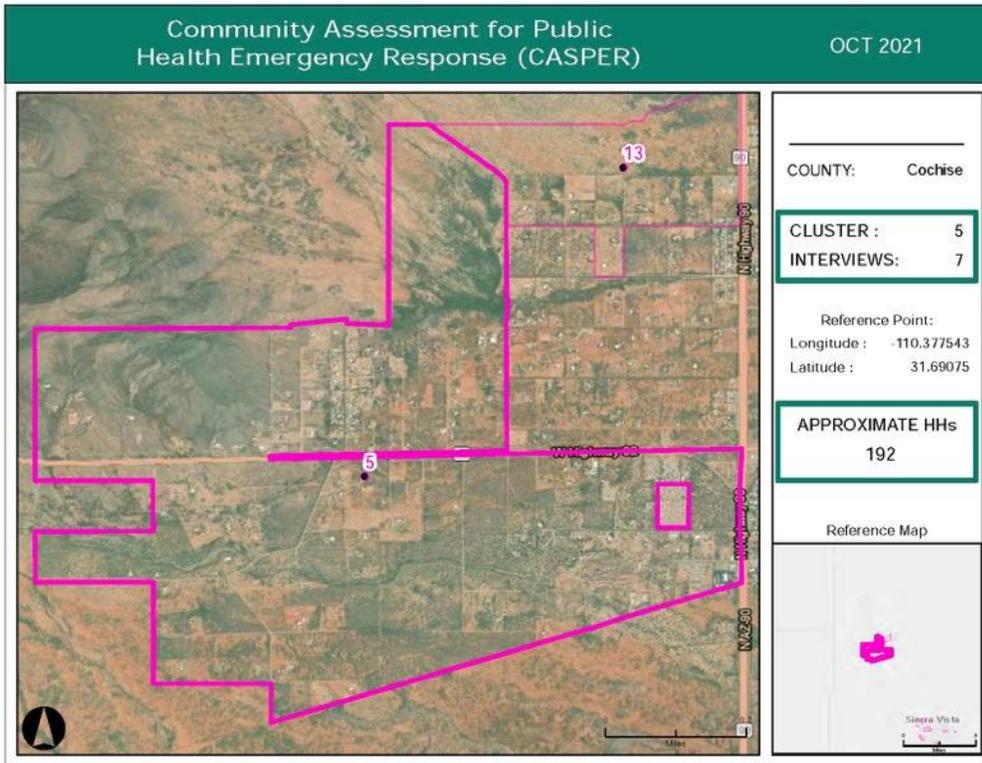
Conclusion

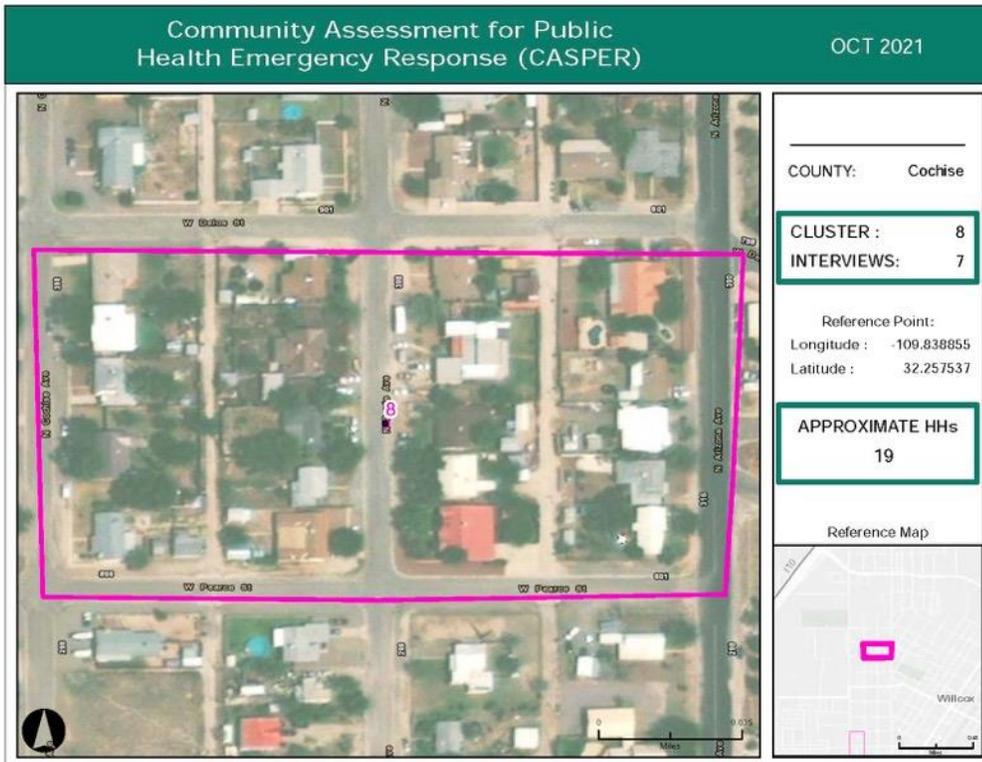
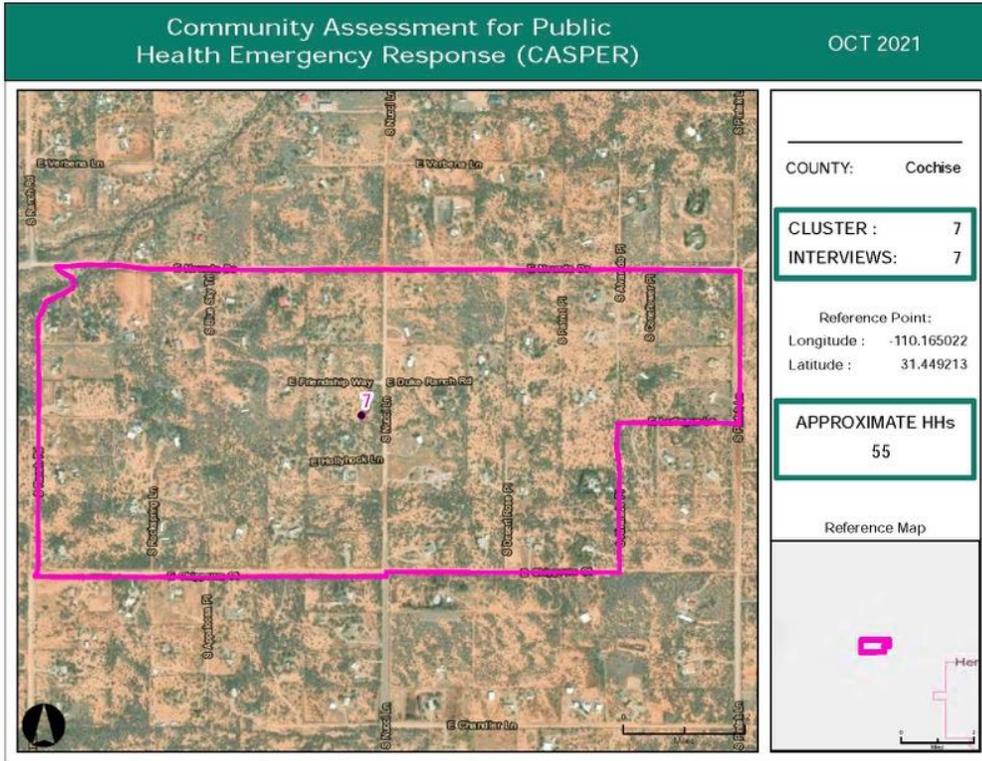
Thank you for your participation in this CASPER survey. Your responses will help us to tailor programs and services to the needs of our community.

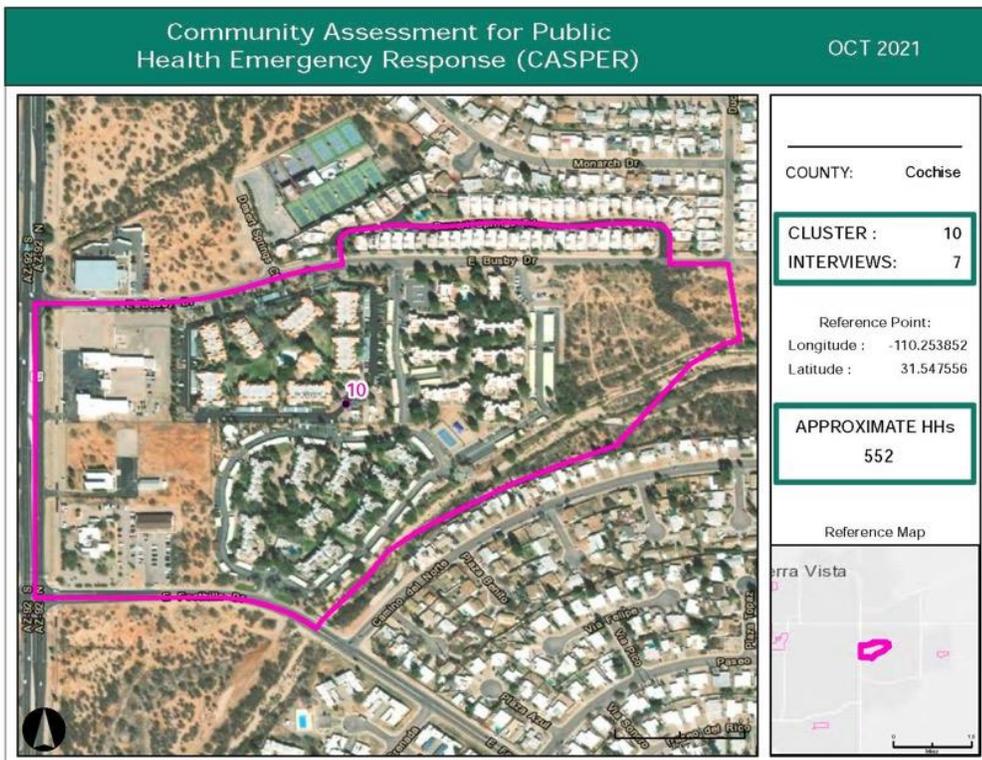
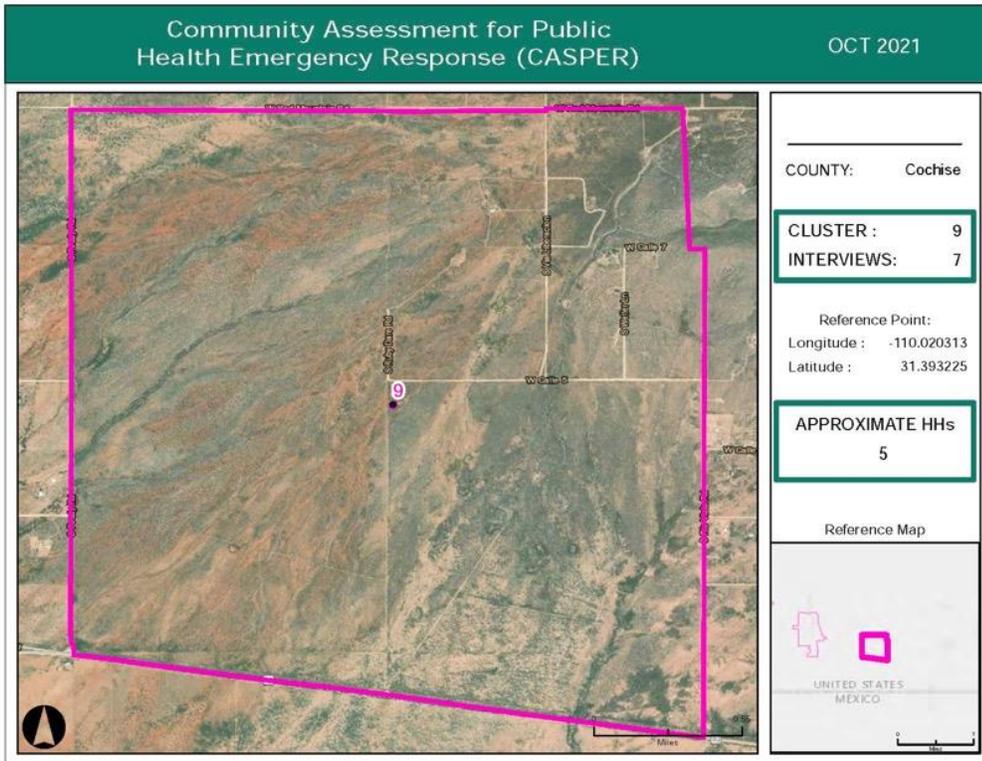
To receive your digital incentive worth \$50.00, please enter your email address below or that of a friend/loved one. The link to redeem your incentive may go into your junk/spam inbox, so please check it. If you do not receive it, you may contact us at 213-725-7401.

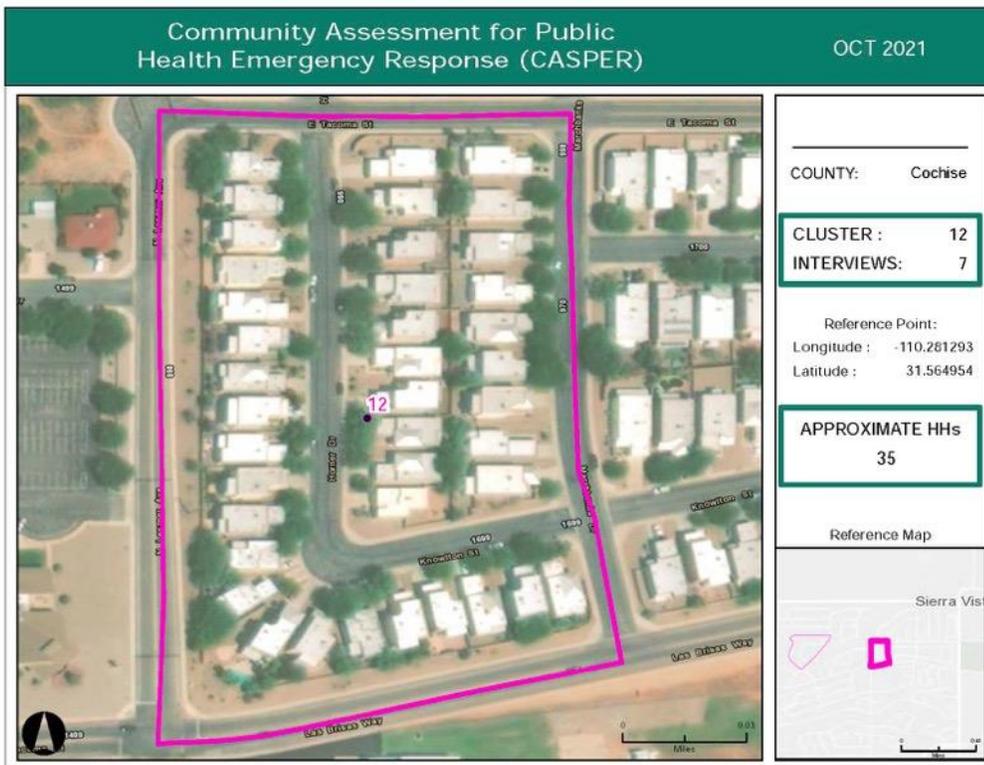
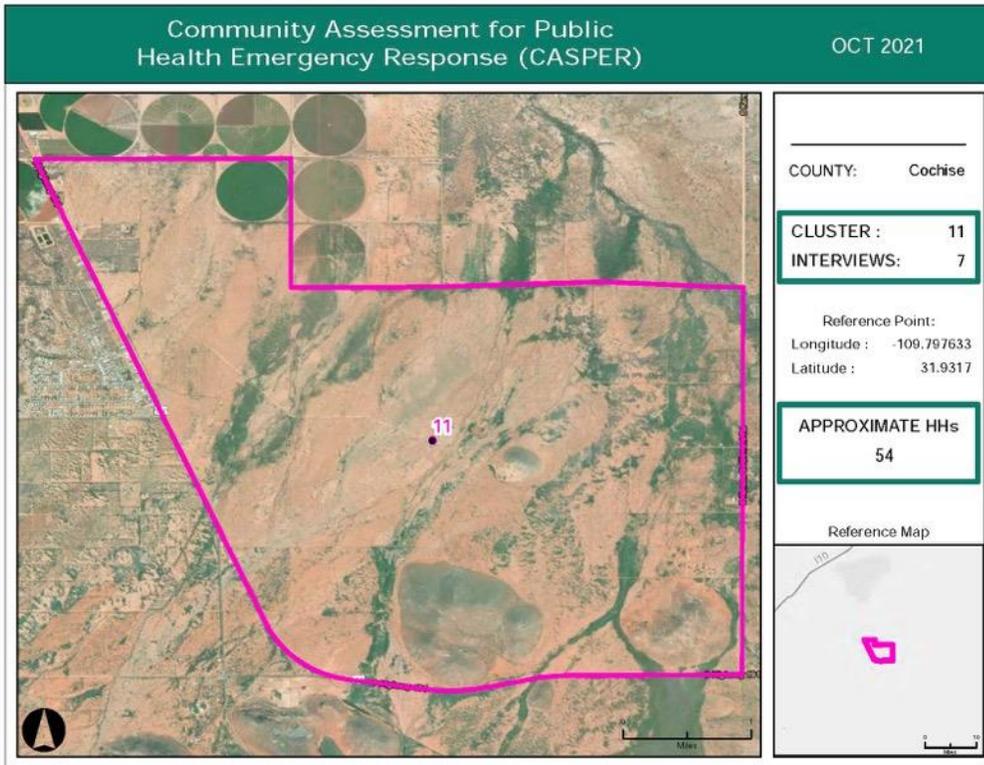
42. Enter an email address below if you would like to receive a \$50.00 gift card in appreciation for your participation in this CASPER survey.

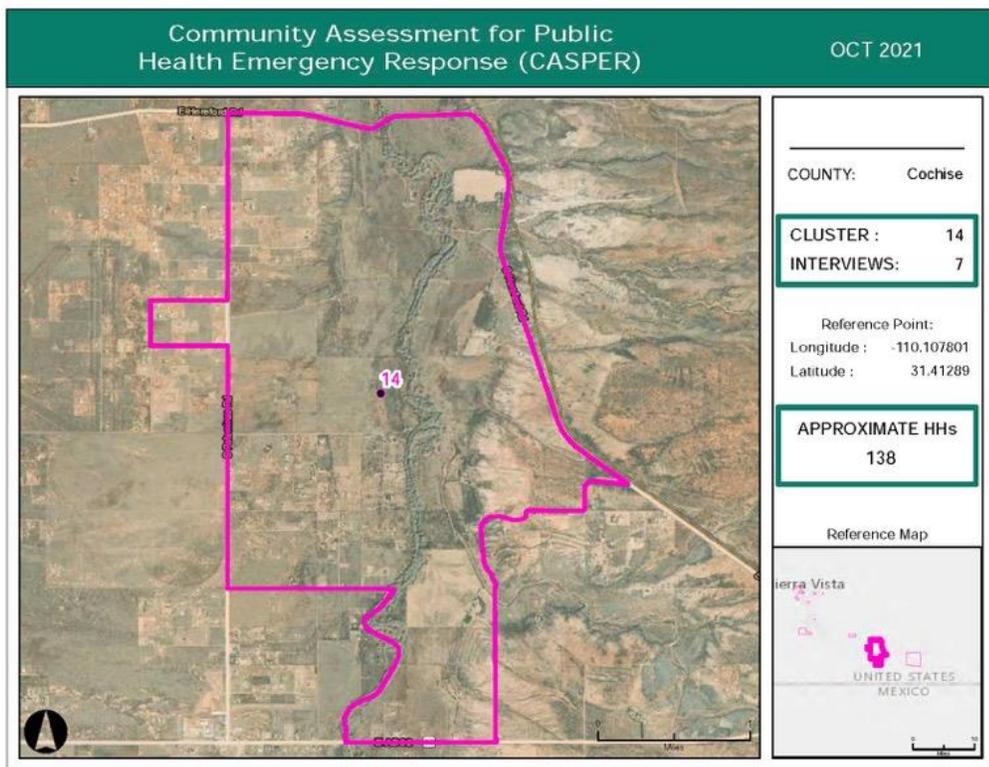
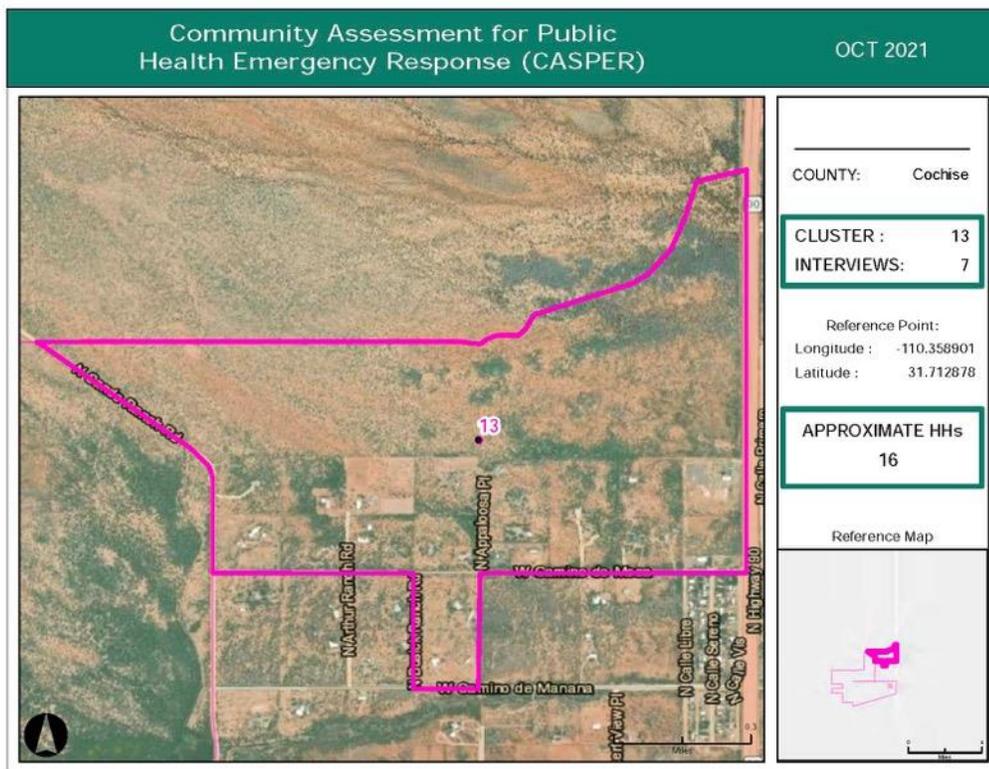


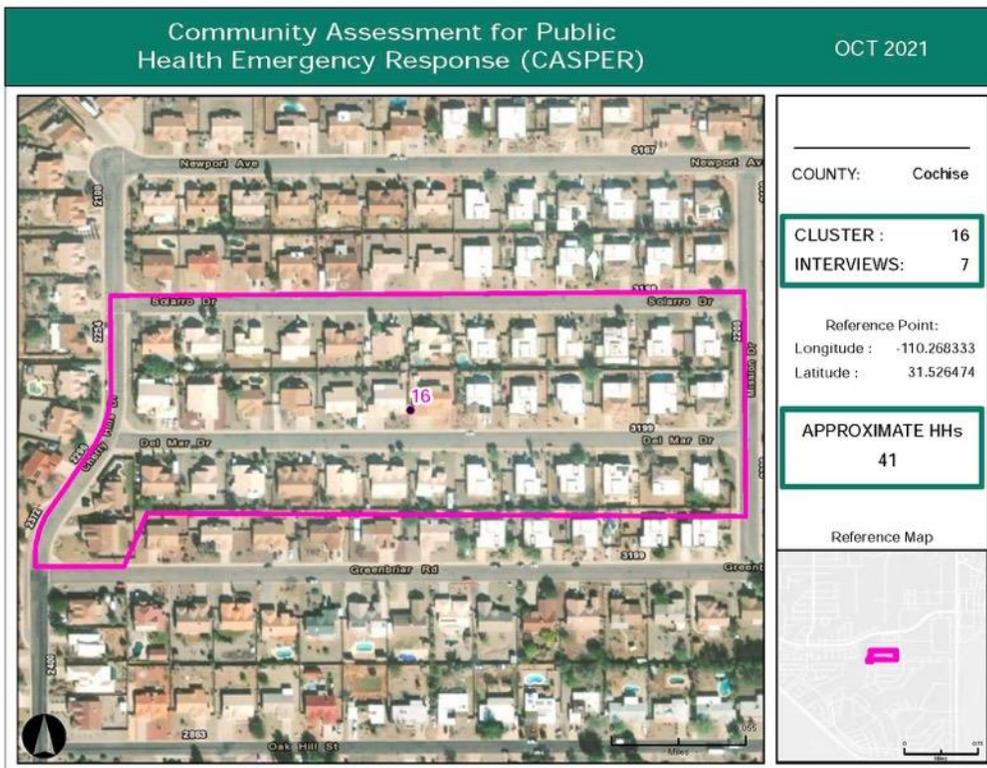
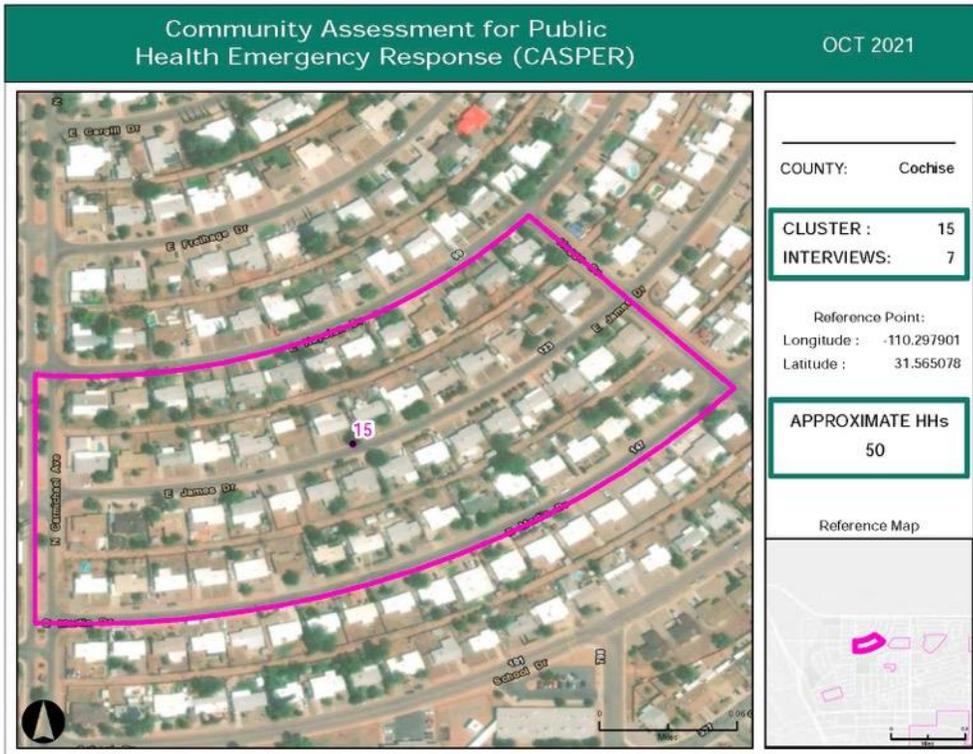


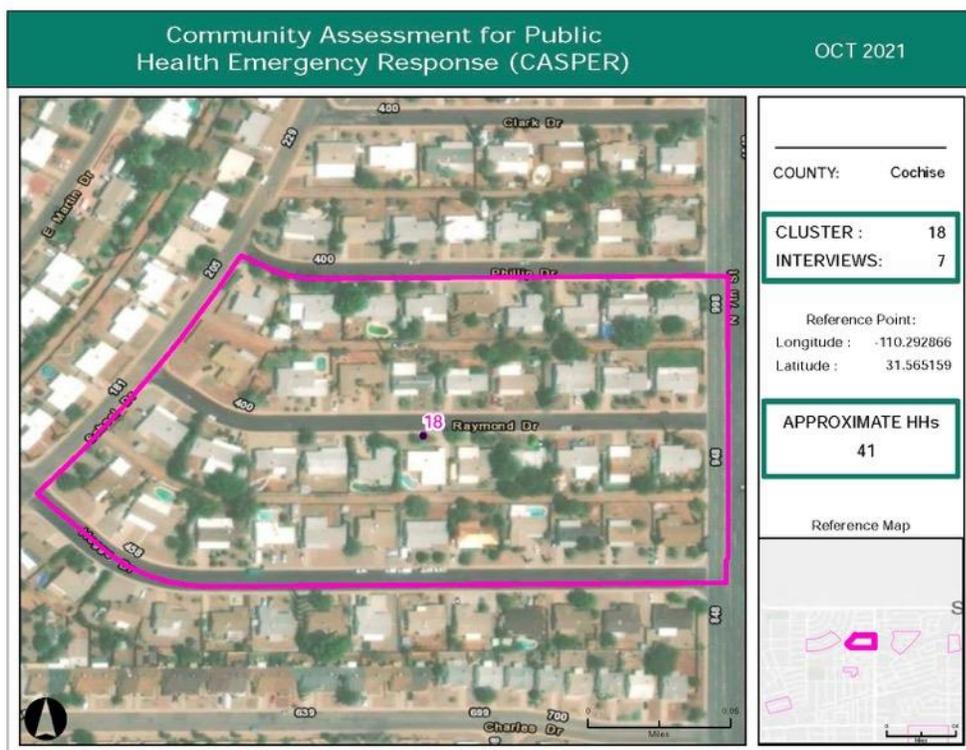
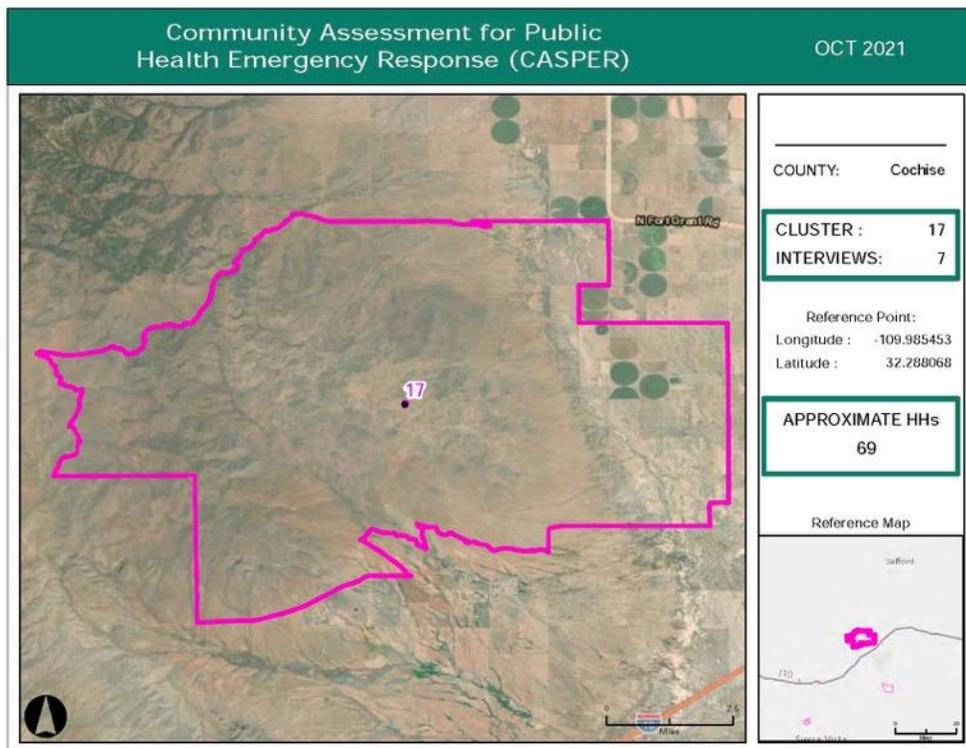


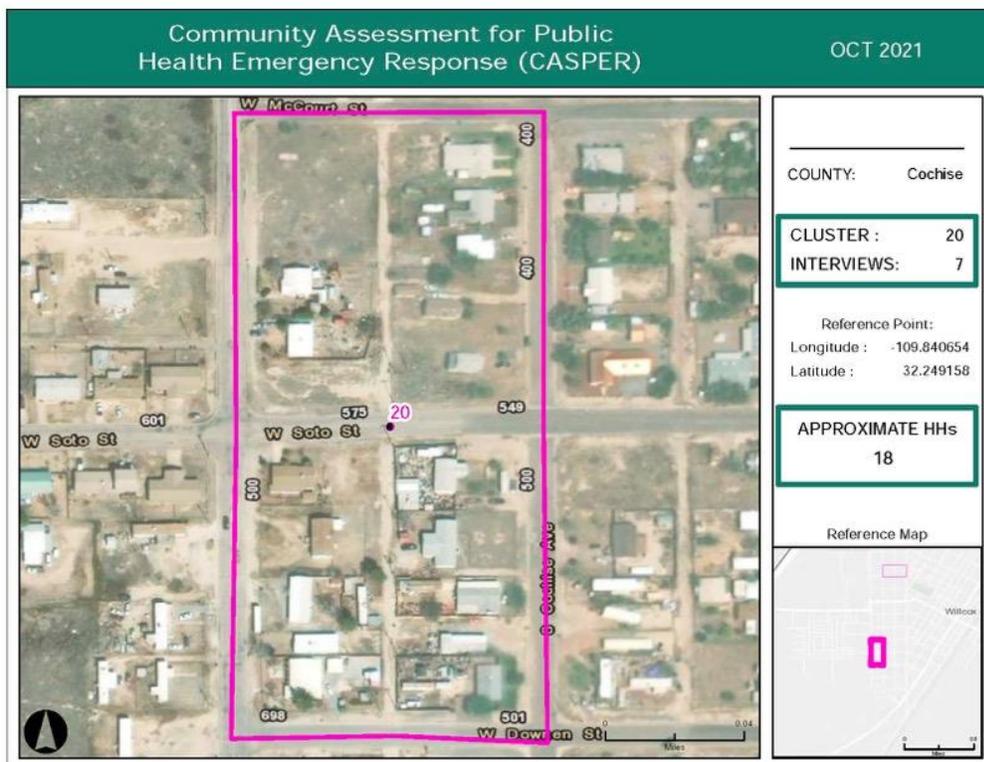
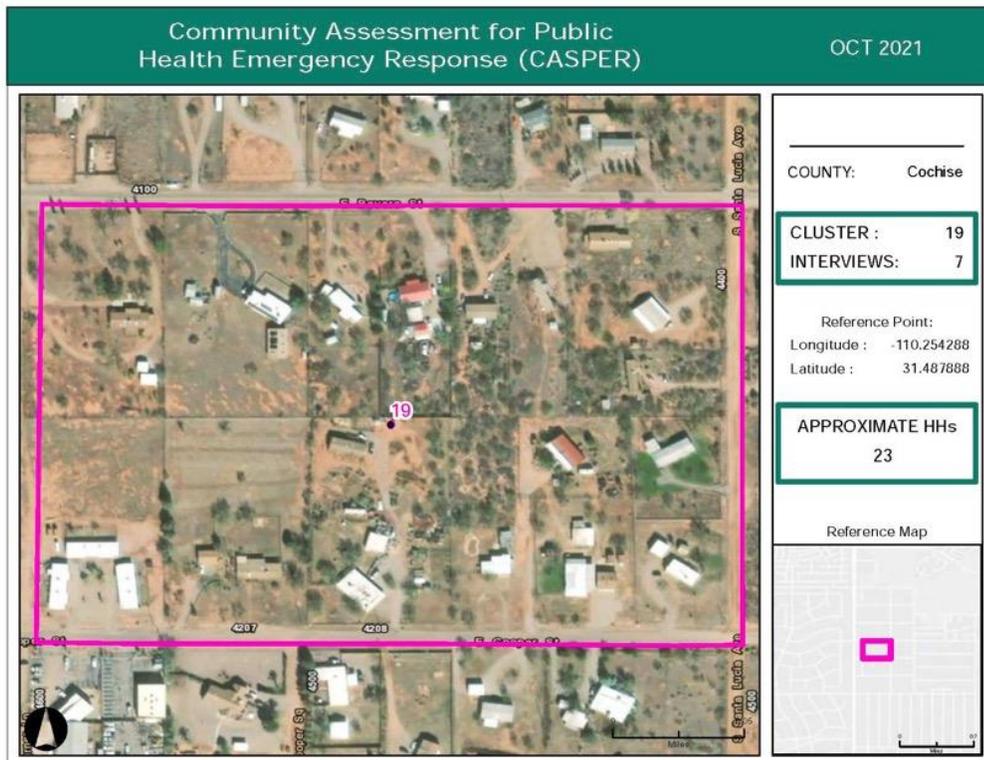


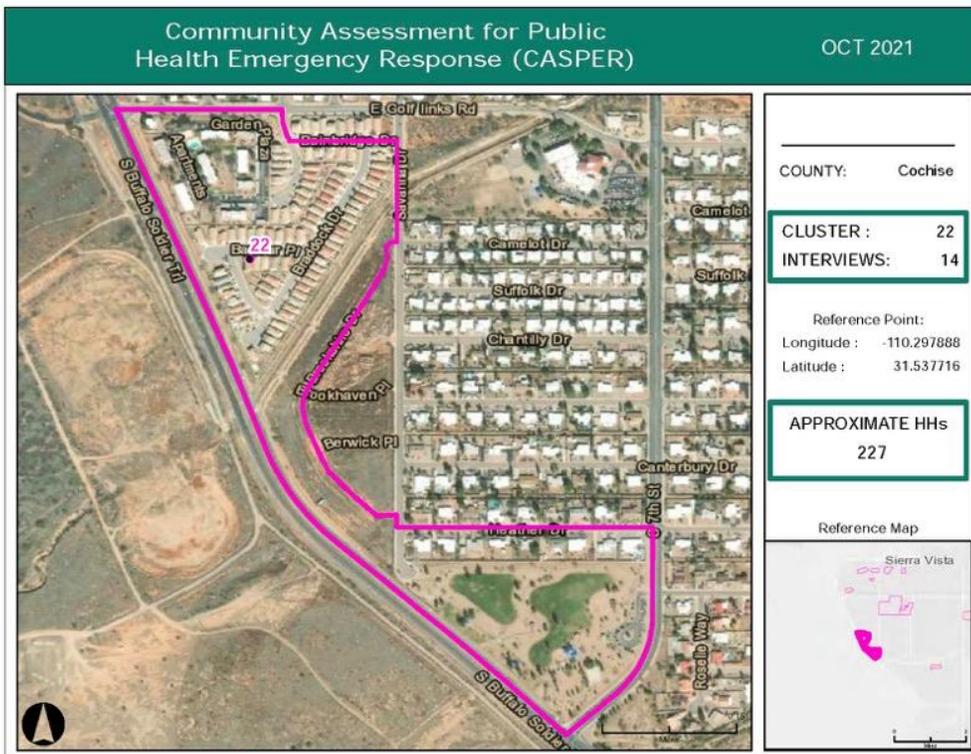
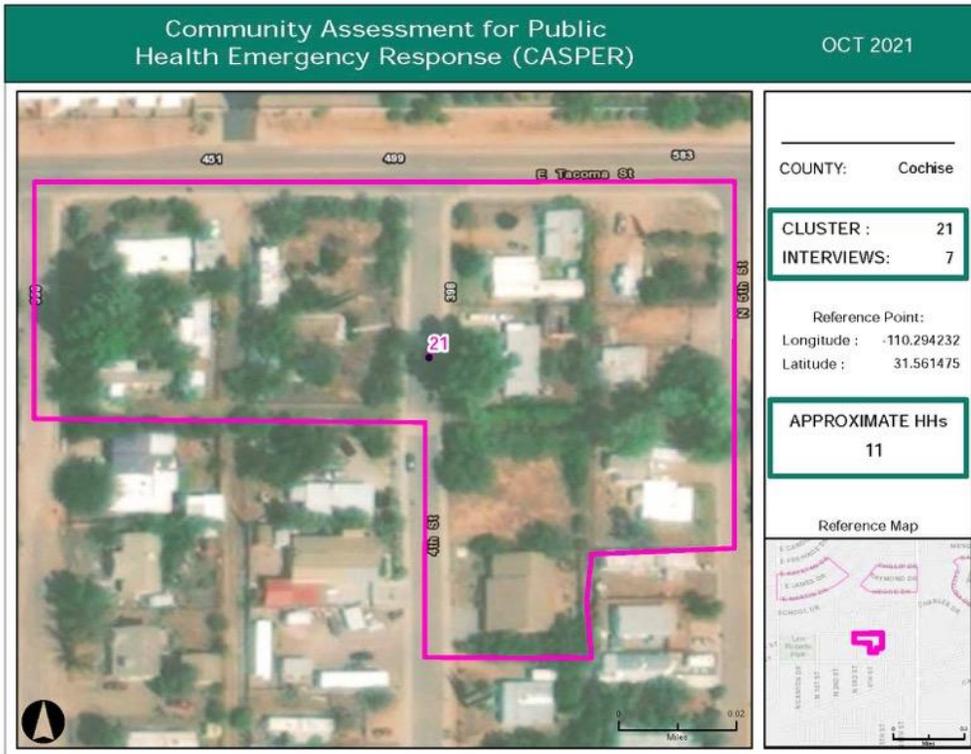


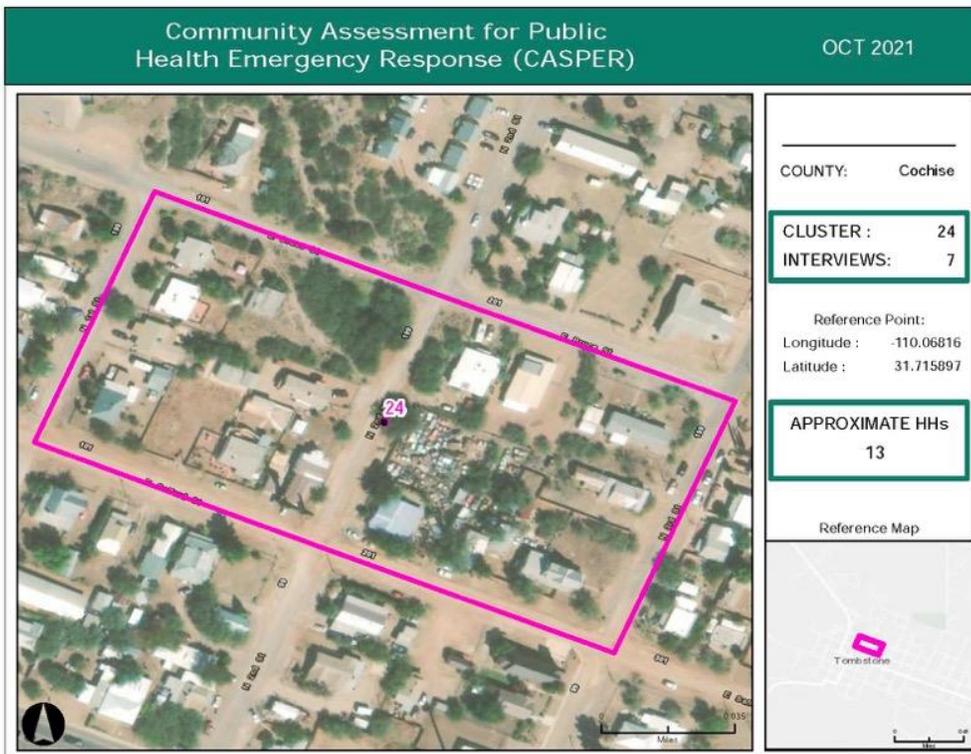
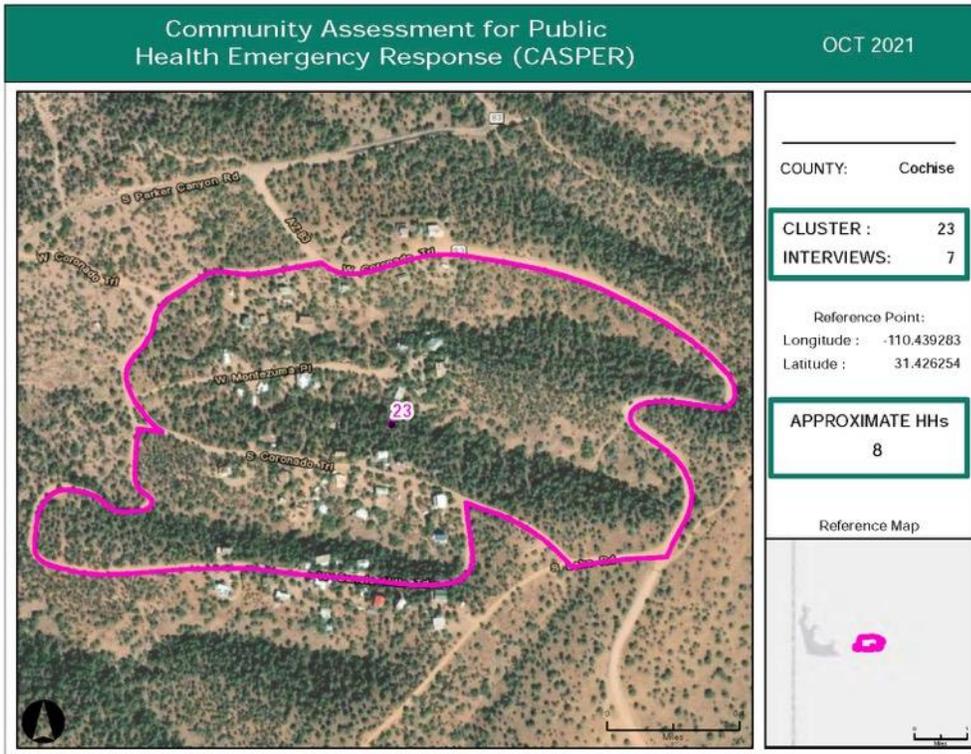


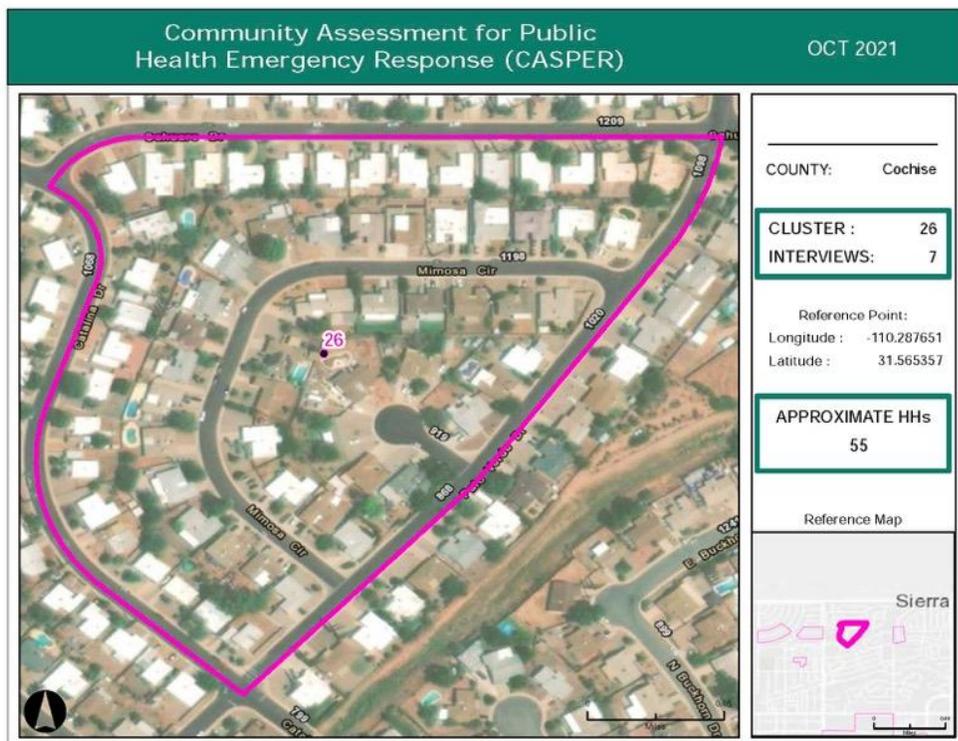
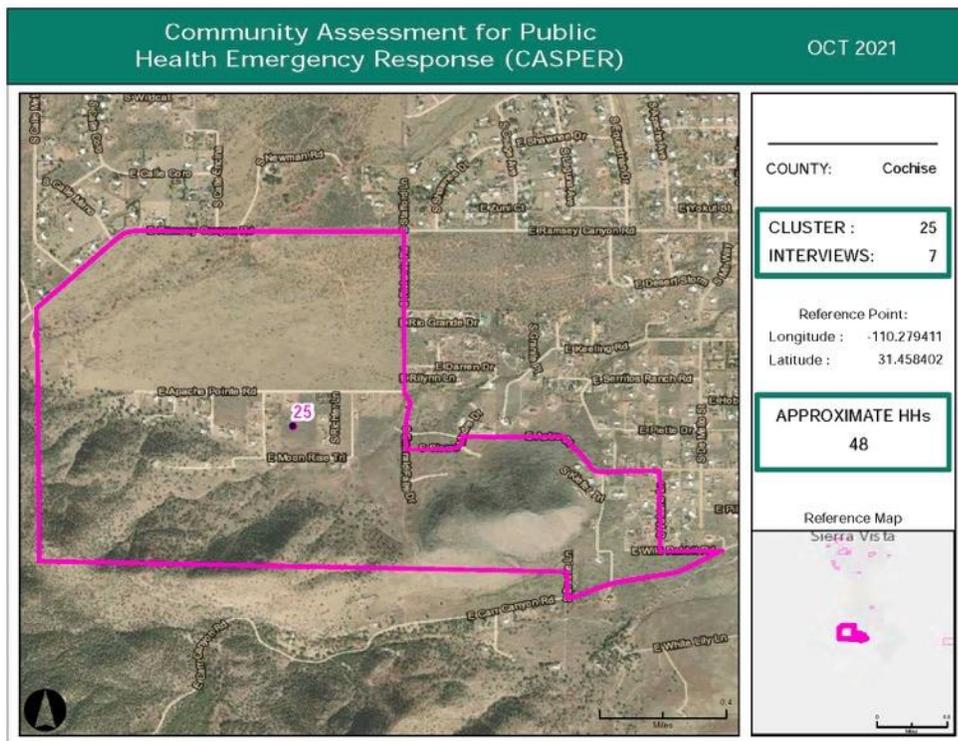


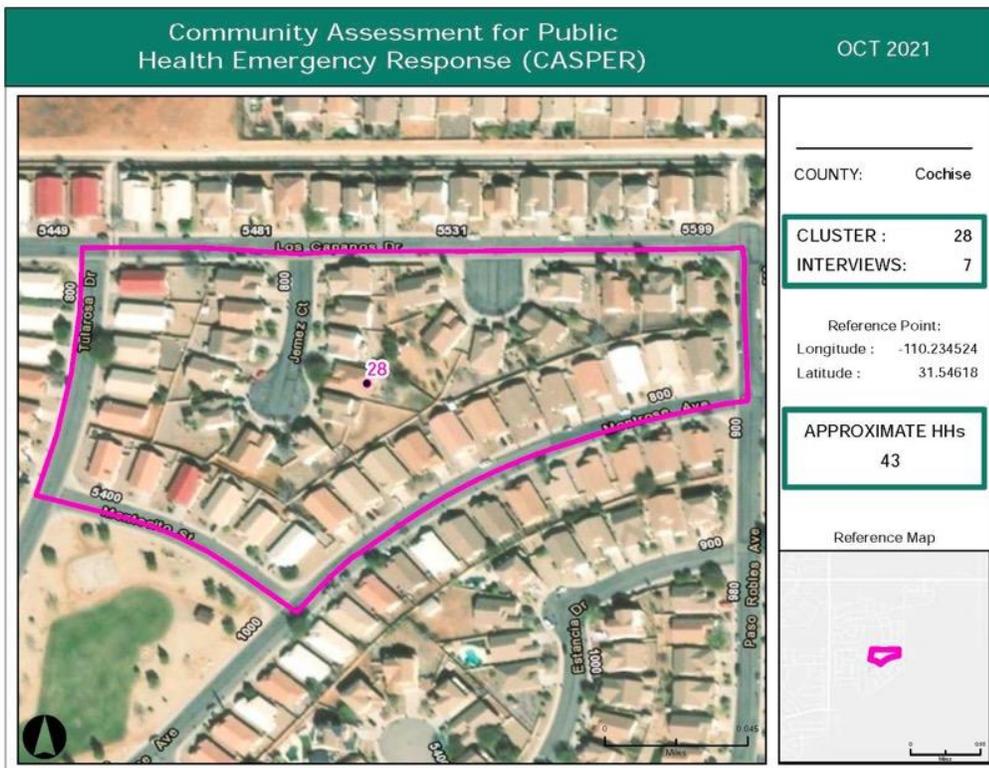
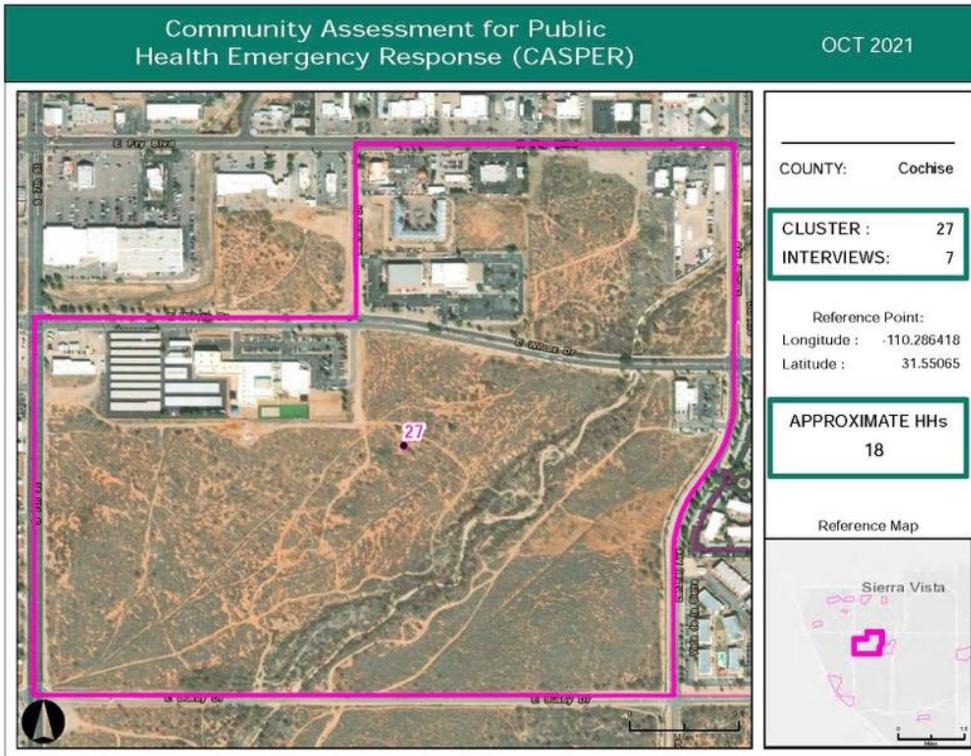


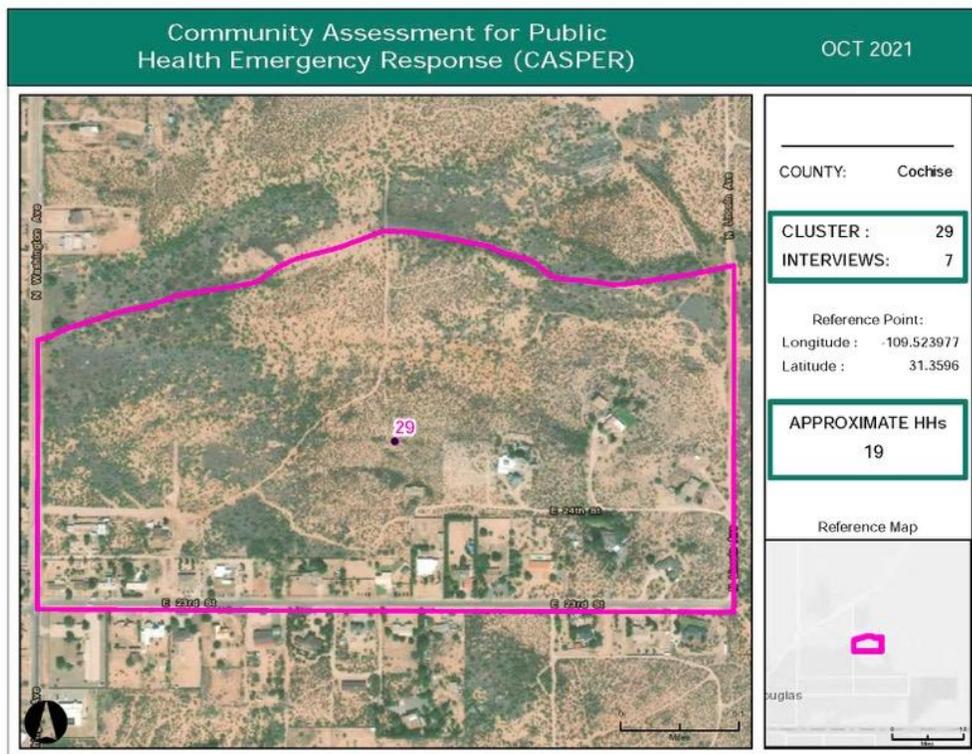












APPENDIX 3: PUBLIC NOTIFICATION MATERIALS

Participate in the Cochise County CASPER

What is a CASPER?

The Community Assessment for Public Health Emergency Response (CASPER) is a type of survey designed by the Centers of Disease Control and Prevention (CDC) to gain information about a community's emergency public health needs.

For more information about Cochise's CASPER, please visit this [link](#).

Why is Cochise Conducting a CASPER?

The CASPER will assess the impact of the coronavirus pandemic on Cochise households and will help identify factors and needs that can improve public health.



How Can You Participate?

Cochise Social & Health Service field teams will distribute bilingual (English & Spanish) doorhangers to randomly selected households.

Each door hanger will provide a unique survey link and QR code to access the online CASPER survey. A phone number to take the survey over the phone will also be included.

Households have seven (7) days to complete the survey. We hope you will participate if selected!

Participating in the survey will help Cochise Health and Social Services receive rapid and accurate results about the community's needs during the pandemic.

When is the CASPER?

– DATES TBD - EARLY MAY 2022 –



Help Cochise County



PARTICIPATE IN THE CASPER SURVEY



What is a CASPER?

The Community Assessment for Public Health Emergency Response (**CASPER**) is a survey designed by the CDC to help gain information about a community's emergency public health needs.

For more information, please visit this [link](#).

Why is Cochise Conducting a CASPER?

The **CASPER** will assess the impact of the coronavirus pandemic on Cochise households and will help identify factors and needs that can improve public health.

Participating in the survey will help Cochise Health and Social Services receive rapid and accurate results about the community's needs during the pandemic.

When is it?

– EARLY MAY 2022 –



How Can You Participate?

Field Teams of Cochise Health & Social Services employees will distribute bi-lingual (English & Spanish) door hangers to randomly selected households.

The door hanger will provide households with a unique survey link or QR code to access the online CASPER survey. A phone number will also be included to take the survey over the phone.

Households will have seven (7) days to complete the survey. We look forward to your participation!





Cochise Health and Social Services

Community Assessment for Public Health Emergency Response (CASPER)



https://www.surveymonkey.com/r/CochiseCASPER_Eng
 [Google Voice Number: (213) 725-7401]

Here is your identifier code:

Directions: Scan the QR Code or enter the link above to access the survey and enter the identifier code above. Or, you can call the phone number above for assistance in completing the survey over the phone. Complete the survey and you will be able to select a digital gift card worth \$50.00 by providing your email address.

YOUR NEIGHBORHOOD HAS BEEN SELECTED!

We are asking for your participation in a digital CASPER survey. CASPER is a survey methodology created by the Centers for Disease Control and Prevention (CDC) to rapidly gather information on the needs of a community. It involves a random selection of households to participate in a questionnaire to assess the overall health and wellness within a community. Cochise Health and Social Services is conducting a CASPER to assess the needs of Cochise County residents throughout the COVID-19 pandemic.

For this CASPER, we are asking households to fill out an online questionnaire of 30 questions (approximately 20-25 minutes) about your health, strengths, and barriers during the COVID-19 pandemic. Participation is completely voluntary. If you decline to participate, please call us at the number above to let us know.

WHY SHOULD I PARTICIPATE?

Your input in this CASPER will help us understand the needs and barriers that the community is facing. This is an opportunity to give insight on your experiences, needs, and assets that can help improve response efforts.

THANK YOU FOR YOUR PARTICIPATION!



Servicios Sociales y de Salud de Cochise

Evaluación de la Comunidad para la Respuesta a las Emergencias de Salud Pública (CASPER)



https://www.surveymonkey.com/r/CASPER_delcondadodecochise
 [Número de Google Voice: (213) 725-7401]

Aquí está su código de identificación:

Instrucciones: Escanea el código QR o entra en el enlace de arriba para acceder a la encuesta e introduce el código identificador indicado aquí. O bien, puedes llamar al número de teléfono que aparece arriba para que te ayuden a completar la encuesta por teléfono. Completa la encuesta y podrás seleccionar una tarjeta de regalo digital valorada en 50 dólares al proporcionar tu dirección de correo electrónico.

¡TU VECINDARIO HA SIDO SELECCIONADO!

Te pedimos que participes en una encuesta digital CASPER. CASPER es una metodología de encuesta creada por los Centros para el Control y la Prevención de Enfermedades (CDC) para reunir rápidamente información sobre las necesidades de una comunidad. Se trata de una selección aleatoria de los hogares a participar en un cuestionario para evaluar la salud general y el bienestar dentro de una comunidad. Los Servicios Sociales y de Salud de Cochise están llevando a cabo una encuesta CASPER para evaluar las necesidades de los residentes del Condado de Cochise durante la pandemia de COVID-19.

Para esta encuesta CASPER, pedimos a los hogares que rellenen un cuestionario en línea de 30 preguntas (de aproximadamente 20 a 25 minutos de duración) sobre el estado de salud, los puntos fuertes y las dificultades durante la pandemia de COVID-19. La participación es completamente voluntaria. Si no deseas participar, por favor, llama al número anterior para hacérselo saber.

¿POR QUÉ DEBERÍA PARTICIPAR?

Tu contribución a esta encuesta CASPER nos ayudará a comprender las necesidades y los obstáculos a los que se enfrenta la comunidad. Esta es una oportunidad para hacernos conocer tu experiencia, tus necesidades y tus recursos que pueden ayudar a mejorar nuestros servicios de respuesta.

¡GRACIAS POR TU PARTICIPACIÓN!

Radio PSA COCHISE COUNTY HEALTH DEPARTMENT

“Survey Coming May 2022”

Due: 4/18/22

On Air: 4/20/22

:30 sec

AE: Jim Blair

Cart: 24551

In early May, the Cochise County Health Department will conduct a Community Assessment for Public Health Emergency Response - or CASPER - to assess the needs of Cochise County residents throughout the COVID-19 pandemic.

If your household is randomly selected, you'll receive a door hanger, then simply complete the anonymous, voluntary survey via telephone or the internet. We've all wanted to do more during the pandemic, and now you can help improve response efforts with your participation!

Keep an eye out in early May to see if your home is selected!